

Emergency Medical Task Force

Ambulance Strike Team Standard Operating Guidelines

DSHS Tasked Deployment

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Deployment Operations

Scope

This Standard Operating Guideline (SOG) addresses the Texas Department of State Health Services (DSHS) tasked, multi operational period mission profile of the Ambulance Strike Team (AST) component of the Emergency Medical Task Force (EMTF). Not addressed in this document is the intra-regional, one or two operational period (<24 hours) mission profile or mutual aid response.

Purpose

This SOG is designed to ensure the uniform and orderly deployment of the AST component of the EMTF across the eight EMTF regions of Texas.

Planning Assumptions

In order to ensure consistency and brevity this SOG makes the following assumptions:

1. This document is to be considered a living document which may be updated from time to time as new information becomes available. The most current copy will be maintained by the EMTF Program Management and will be kept by the State Medical Operations Center (SMOC) and will be posted on the TDMS website.
2. The term “region” or “regions” will be utilized throughout this document and refers to the EMTF regions as defined by the state. Instances where this does not apply will be noted as such.
3. The term “Ambulance Strike Team” should be considered to mean “Ambulance Strike Team and/or “Ambulance Task Force”
4. Each EMTF region will have pre-identified the Emergency Medical Service (EMS) agencies for deployment as part of the EMTF’s Ambulance Strike Team component.
5. Each Ambulance shall be licensed as an Ambulance by the Department of State Health Services to become a deployable asset and must maintain the license to remain deployable.
6. Each EMTF region will have executed appropriate MOU’s with partnering agencies and personnel to allow for a State tasked mission.
7. Each EMTF region will have identified, partnered with, and trained a public safety communications/dispatch center with 24/7 operations to serve as the initial contact number for deployment of the EMTF. The EMTF’s 24 hour contact number should be published to the State’s disaster response entities, including but not limited to: , EMTF Program Manager, DSHS SMOC, SOC, Local DDCs, TDEM Staff, etc. This communications center should have a list regarding that region’s EMTF deployment package.
8. Each EMTF region will have a primary point of contact person available to the communication / dispatch center at all times with a backup list of contacts or processes to follow if unable to contact the primary contact.
9. Each EMTF region will have identified and implemented systems or technologies, previously available or novel, with redundancies, designed for the notification of EMTF deployment team members, both at the partnering agency and team member level.
10. Each EMTF Region will pre-identify the Ambulance Strike Team Leaders (ASTLs), ensuring each has the appropriate training to serve in that role.

11. Upon activation, units will deploy units which are fully mission capable and able to be self-sustained for at least 72-hours.
12. Team members are expected to be trained in National Incident Management System (NIMS).
13. FEMA typing is acknowledged; to support common terminology, Ambulance Strike Teams will be based on Basic (BLS) or Advanced Life Support (ALS) while Texas also recognizes Mobile Intensive Care Units (MICUs). Task Forces will be seen as five (5) Ambulance Strike Teams with Leaders & a Group Supervisor; however, no “rules” are set in this document regarding team composition though the recommendation to each region is that Type II Strike Teams(ALS) are preferable to Type IV (BLS).
14. Memorandums of Agreement (MOAs) are to be established between responding agencies and the Lead RAC, as appropriate.

Mission

The mission of the Ambulance Strike Team is to provide supplemental medical transportation during large scale patient movements or other special circumstances

Ambulance Strike Team Composition

The Ambulance Strike Team component will be made up of five (5) ambulance strike teams. Each ambulance strike team is five (5) ambulances under the direction of an Ambulance Strike Team Leader (ASTL) in a separate vehicle. The six (6) vehicles in the strike team (five (5) ambulances plus ASTL vehicle) must have common communications. To expand on this capability, it is the recommendation that all vehicles in the Ambulance Strike Team component share common communications with each other and the rest of the EMTF Components. This recommendation is met with the member agency compliance with the TICP.

Specialty ambulances, (bariatric capable, Critical Care Transport (CCT), or Neonatal Transport units, etc.) may all have high and specific value to the EMTF, given the mission profile. However, due to the rarity and wide variation of capabilities of these types of apparatus, it is not the recommendation of this SOG to pool a “Specialty” Strike Team in place of a traditional one. Rather, EMTF Coordinators who have identified these assets in their region may wish to include them as Single Resources attached to the EMTF as part of the most appropriate component.

Pre-Deployment Preparation

It is incumbent upon each EMTF region to ensure that member agencies and deployment personnel are adequately prepared to perform at their highest level under the dynamic and often adverse circumstances faced in disaster medical operations. In order to facilitate this readiness, each EMTF region may utilize their EMTF coordinator to assist in ensuring the highest level of preparedness for the EMTF Ambulance Strike Team Component’s all-hazard response.

While not all inclusive, included in this document are examples of deployment equipment guidelines (see Appendix B). These guidelines have been developed through the deployment experience of disaster

responders from across the state and may be used as a starting point for each EMTF to ensure their team members have the tools necessary for an efficient and successful completion of their missions.

Homeland Security Presidential Directive-5 (HSPD-5) provides a National Incident Management System (NIMS) through which all incident response agencies and assets are to be integrated and coordinated.

Tasking

When EMS support of multiple operational periods exceeds regional capability, the jurisdiction having authority will notify the Disaster District Chair (DDC) via resource requesting processes. This need, having been appropriately identified as valid, will be passed to the State Operations Center (SOC) who will task the assignment to the Texas Department of State Health Services (DSHS) State Medical Operations Center (SMOC). The SMOC will then assign a tasking to the most appropriate EMTF region(s). DSHS tasking will be provided formally through written documentation. (Detailed tasking procedures are identified in the SMOC Operations Manual)

Deployment Time Goals

It is the goal of the EMTF to be an agile, rapid response force dedicated to the public health and safety of the citizens of Texas and others. In the following sections, timely, efficient, modular and prepackaged activations and deployments are the goal of the EMTF.

No contractual obligation or alteration of other contractual documents is implied by the following EMTF deployment time goals.

Incident Component Notification

When the SMOC receives a request for EMTF assistance, the SMOC will consult with EMTF Program Management to determine the most appropriate region and component to respond to the pending request. Initial communications between the SMOC and EMTF Program Management may happen by phone to expedite the process but the call should be followed immediately with a written summary to assure accuracy of the request. This summary of request should be sent to the predefined email address for EMTF Activations. The SMOC may request that an availability check be done by one or more of the EMTF Regions to assist in determining the most appropriate region to respond. Availability or deployment documents as well as other incident information should be sent to the EMTF Region by using the appropriate predefined EMTF Coordination Center Email address. Once taskings are determined, the appropriate EMTF Coordinator(s) will be notified and will initiate the Incident Notification Procedure. Utilizing the technology identified by the region the point of contact will immediately initiate a call-out to relevant agencies. The activation of this system should mark the starting point for the desired two (2) hour deployment window. For planning purposes, the two (2) hour goal is intended to represent that the tasked assets are en-route to at least an intra-regional mustering point.

Incident Component Staffing

Each region should have appropriate relationships with the region's EMS agencies to contribute resources to the formation of the AST roster. Each EMTF Region will have, as noted in the planning assumptions, developed a system of notification for these stakeholder agencies upon tasking from the

State. Following this notification, it will be the responsibility of the stakeholder agencies to activate personnel appropriate to the tasked mission. Stakeholder agencies, upon notification, are to report back to their EMTF Coordinator with their personnel and asset information, current status and estimated time of arrival at their individual mustering point. The EMTF Coordinator will roster the teams in WebEOC so the information is available to the region and the SMOC.

Mustering

Ambulance strike teams may utilize predetermined or adhoc mustering points which will be determined upon activation. These sites are *not* considered base camps, rather a common meeting area for final deployment tasks to be completed. Geographical diversity is suggested to ensure the site selected by the EMTF Ambulance Group Supervisor is in the direction of the deployment. Each region may wish to select sites that are lit and allow overnight parking which is secured for cases where team members have arrived in their personal vehicles at the mustering point. This deployment model is, for various reasons, not ideal but may be the best option in some regions.

Once released from the mustering point, the Ambulance Strike Team Leader (ASTL) will be responsible for ensuring his assigned units arrive at the deployment staging area. The Ambulance Strike Team Leaders (ASTLs) report to the Ambulance Group Supervisor (AGS) which has the overall responsibility for the Ambulance Task Force.

Travel

Travel by the ASTs will be accomplished in convoy style. The make-up of the AST's convoy will be at the discretion of the EMTF Ambulance Group Supervisor but will be no smaller than a single strike team. AST members should be aware that they may travel with mobile assets that are not ambulances, having different performance profiles, and may need to adjust their driving habits as a result. Remember, the key to safety in convoy is communication. The route to the deployment area will be at the discretion of the EMTF Ambulance Group Supervisor, working in cooperation with in theatre, and State response assets.

Strike Teams should anticipate efficient travel. Stops for non-mission essential reasons are discouraged and should be at the discretion of the AST Leader. Units should travel at the best, safe speed of the slowest unit in the convoy. Road and weather safety should be considered by each ASTL and the AGS.

Operations

It is beyond the scope of this document to address all operational concerns of any single resource deployed as part of EMTF. However, the following general guidelines can be assumed to apply in most deployments.

Operations should be documented on appropriate ICS forms available in Appendix E if unable to utilize WebEOC. A 214 (unit log) should be completed by each unit for each operational period and provided to their ASTL. Each ASTL & the AGS should also complete a 214 (unit log) for each operational period.

Ambulance Strike Teams will follow an appropriate incident command system structure. A single resource (ambulance) will report to a Strike Team Leader and the Strike Team Leader in turn reports to

the Ambulance Group Supervisor. Intervening levels of command may be inserted as incident scope affects the span of control.

As a part of any deployment, team members on the ambulance component of EMTF should be prepared to perform a variety of missions, both in and out of the scope of normal daily operations. Concerns related to assigned missions should be forwarded to the ASTL. At all times, it is the intention of the EMTF to “Be Helpful, Be Nice” in all interactions with the public as well as fellow responders and affected region stakeholders.

It may be necessary at times to “assign” a single resource or strike team under the command of either another responding agency or local jurisdiction. This neither relieves the ASTL or EMTF command structure of their responsibility to the unit nor does it remove the resource or strike team from the EMTF chain of command. Rather, it is an opportunity for close cooperation between the two entities in order to accomplish locally significant missions.

All other operational concerns and questions should be forwarded to the appropriate person in the EMTF Command structure.

Safety Considerations

All AST activities involve variables and unknowns which may have a substantial impact on the health and welfare of staff members. These potential risks require frequent identification, assessment, analysis, and planning to minimize their impact. Risks should be assessed based on the likelihood of occurrence and potential severity.

Request for assistance during Convoy Operations may be submitted to the State Medical Operations Center (SMOC) via the proper channels, who will work with the State Operations Center (SOC) to provide this resource if possible.

Medical Records

Medical records will be recorded using the EMS agencies routine documentation method. Paper copies should be made available to the ASTL, ideally, at the end of each operational period or at last during demobilization, for all patient encounters.

The original patient care records will be maintained by the sponsoring agency or the Lead RAC. A copy of each patient care record is to be submitted to the Department of State Health Services via the reimbursement packet for the incident.

Demobilization

Demobilization will be based upon tasking to the deployment region, though AST members may wish to be prepared for a longer duration owing to the type of incident. Demobilization may occur at the deployment staging area or regional mustering point according to the Ambulance Group Supervisor’s discretion. Demobilization should not occur directly from field assignments. Exceptions will be the discretion of the EMTF Ambulance Group Supervisor. The ASTL for each AST will ensure that all units in

his care have a comprehensive demobilization briefing and ensure that all incident specific paperwork and forms have been completed appropriately. Travel from the deployment region during demobilization will be convoy style, along routes prescribed by the Ambulance Group Supervisor.

Each region shall adopt a Demobilization Checklist (Form ICS 221) for use by the Ambulance Group Supervisor, ASTL, and Strike Team members to ensure that appropriate documentation was completed during and after the deployment. The Demobilization process shall always include a “Hotwash” and findings of this “Hotwash” are to be included in the documentation packet submitted for reimbursement.

Appendices

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Typed Resource Definitions

Emergency Medical Services Resources



FEMA 508-3
(March 2009)

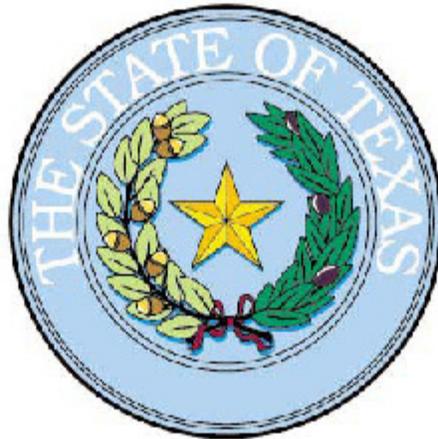
Appendix B – Deployment Equipment Guidelines – Personnel

Item Description	Qty	Bag
Uniform / Tactical Shirts	5	Duffel Bag
Uniform / Tactical Pants	5	Duffel Bag
Undergarments	5	Duffel Bag
Boots (waterproof)	1	Duffel Bag
Socks (pair)	7	Duffel Bag
Sleeping Bag (compression type)	1	Duffel Bag
Mesh Laundry Bag	1	Duffel Bag
Parka / Rain Gear	1-2	Duffel Bag
Sweatshirt	1	Duffel Bag
Keep Dry Bag	1	Duffel Bag
Day Pack (with water capability)	1	Duffel Bag
Towel	1-2	Duffel Bag
Toiletries (keep in portable bag)		Duffel Bag
Ball Caps	1-2	Duffel Bag
T-Shirts	2	Duffel Bag
Cold Weather Gear	as needed	Duffel Bag
Headlamp	1	Duffel Bag
Large Ziplock Bags	Assorted	Duffel Bag
Baby Wipes		Duffel Bag
Hand Sanitizer		Duffel Bag
Woolite		Duffel Bag
Snacks/Drink Mix/MREs		Duffel Bag
Cards/Games		Duffel Bag
Small Fold Up Stool		Duffel Bag
Self-Inflating Sleep Pad w/pillow		Duffel Bag
Flashlight (head lamp and hand held)		Duffel Bag
Batteries		Duffel Bag
Extra pair of glasses or extra contact lenses		Duffel Bag
Sunscreen		Duffel Bag
Lip balm with sunscreen		Duffel Bag
Insect repellent		Duffel Bag
Texas road map and map of deployment area		Duffel Bag
Field guides (NIMS, ICS, public health emergencies, emergency response etc.)		Duffel Bag
Toilet paper or wet wipes		Duffel Bag
Feminine items (tampons, makeup etc.)		Duffel Bag

*****All clothes should have name and/or initials in at least two places**

Appendix C – Self Sustainment Supplies

Item Description	Qty
Water (case)	2
MREs (case)	2
Hand Sanitizer	2
Fuel Card	1
Cell phone	1
Texas inoperability channel programmed radio	1



Texas Statewide Interoperability Channel Plan

For FCC Designated Public Safety Interoperability Channels 150 MHz – 800 MHz Bands

**Developed By
Texas Statewide Interoperability Executive Committee (TSIEC)**

Revised April 20, 2009 (Change #11)

Appendix E – ICS Forms

ICS Form 201

Incident Briefing	1. Incident Name:	2. Date Prepared:	3. Time Prepared:
4. Map Sketch			
5. Prepared By (Name and Position):			

ICS Form 211

Incident Check-In List					1. Incident Name/Number				2. Check-In Location (Complete all that apply)					3. Date/Time			
<i>Check One:</i>					AMBUS Ambulance	AMBUS Ambulance	Base	Camp	Staging Area AMBUS Ambulance	ICP Restat Misc.	Heli base	Misc.					
RN ST	Ambulance	Misc	MMU	AMBUS													
Check-In Information																	
4. List Personnel (<i>overhead</i>) by Agency & Name –OR– List equipment by the following format:					5. Order/Request Number	6. Date/Time Check-In	7. Leader's Name	8. Total No. Personnel	9. Manifest		10. Crew or Individual's Weight	11. Home Base	12. Departure Point	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Sent to RESTAT Time/Int.
Agency	Single	Kind	Type	I.D. No./ Name					Yes	No							
Prepared By (Name and Position):																	

