Piney Woods Regional Response Plan

INFECTIOUS DESEASE PANDEMICS

Tornadoes

Flooding

MASCAS Accidents

Train Derailment

Ice Storm

HAZMAT

Contents

Updated November, 2022

Piney Woods Regional Response Plan

Executive Summary

The purpose of developing and participating in the Piney Woods Regional Health Care Coalition System is to facilitate the coordination of patient care for critically injured patients, pediatric patients, and patients with acute carelessness for disaster preparedness through TSA G and other surrounding counties. These plans are created using an all-hazards approach and tested using scenarios developed from the Hazard and vulnerability assessment or HVA completed annually by member organizations.

The Response Plan was developed to outline the mechanism of asset activation to enhance the member agencies' understanding of when and how regional assets and the Piney Woods Medical Operations Center or G-MOC are activated during an event. The goal of the response plan is to render adequate care to the patients of East Texas in RAC-G during a Medical Surge, Mass Casualty, or another natural or man-made incident that overwhelms the regional hospital system.

Each patient is a unique individual, and each patient's medical condition will be equally unique. Scenarios for his or her care will almost always vary because of the conditions causing the injury or illness, even in the same geographical area or institution. The geographical area affected by the natural or man-made event will be a real-time driver of response. This plan is intended to be a resource and to identify Coalition members and partner agencies within the Piney Woods RAC system.

These guidelines are only suggestions and will be modified as needed based on responses from each hazard. Clinical decisions must be made based on the specific medical condition of the individual, what is believed best for him or her, and the patient's choice, if known. Our regional training and exercise activities support our coordination response plans, and modifications to our programs are made based on the findings.

The purpose of participation in the RAC-G <u>Hospital Preparedness, Health Care Coalition</u> is to facilitate coordination of a regional system for all hazardous disaster patient care of adult, pediatric, trauma, burn, facility evacuation, or medical surge. The G-MOC

and agency responses will be tailored to fit the region's needs as it unfolds. ESF-8 State and Local Public Health partners have been part of the planning efforts of this region, and both the plan and activation require collaboration between our agencies.

Nothing contained in this plan, and no acts by a participant under this Coalition Plan, shall be construed as creating the relationship of a joint venture, partnership, principal/agent, or employer/employee between or among any of its participants. Every Coalition member is solely responsible for its activities and patient care. The coalition seeks to bring training and exercise opportunities to support the individual agencies that will support the current plans and improve effectiveness over time.

Member Resource and Responsibilities

- ✓ 18 EMS agencies
- ✓ 2 Air Medical responders
- ✓ 1 Level I Trauma Center
- ✓ 1 Level II Trauma Centers
- ✓ 14 Hospitals
- ✓ 1 Dialysis center(s)
- ✓ 175 Skilled Nursing and Long Term Care Facilities
- ✓ 5 Primary Care Providers
- ✓ 4 Home Health Agencies
- ✓ 4 Hospice facilities
- ✓ 1 Federal facility
- ✓ 2 Community Emergency Response Teams (CERT)
- ✓ 3 Behavioral Health facilities
- ✓ 7 Specialty Patient Referral Centers
- ✓ Many first responder agencies in 19 counties of TSA-G. 4
- ✓ State/Local Public Health Agencies (Appendix 8)

The Piney Woods Regional Advisory Council Hospital Preparedness Program set a goal to support the region when resources are overwhelmed by providing access to the G-MOC system to help provide the level the response, assets, and care needed in the regarded While each county and many cities in TSA-G have disaster plans in place, our goal in the Health Care Coalition is to offer a flexible structure through our regional G-MOC to provide software systems, access restricted assets like the water filtration system, Disaster response (morgue) trailer and real-time assistance with information coordination.

We coordinate with other emergency response agencies such as public health (ESF-8, DSHS state partners, EMTF, TDEM, law enforcement, and fire rescue to share

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Information, resources, training, and regional exercise opportunities to validate Response plans.

The Medical Operations Center, also known as G-MOC, consists of multiple aspects of acute care, public health (ESF-8, and emergency management, utilizing a multi-disciplinary approach to problem-solving, hazard mitigation, and decision-making. Using a team approach, the Medical Operations Center is managed using a unified command structure.

G-MOC Operations are initially virtual as regional partners evaluate the status of the event, the impact on the region, and the level of activation. Our Local and State Public health officials and ESF-8 partners will be the ones to make the call to activate the G-MOC with the authorization of the State Medical Operations Centering on the occurrence of an event.

The activation level is based on the severity and scope of the incident.

Emergency Activation Awareness and Response Levels

Name	Action
Awareness (Hey)	Communicate to Coalition members and our staff that a possible incident has occurred and may have to respond.
Standby (Ready)	Check the availability of resources and participate in conference calls as needed. This is where mutual aid is to be deployed, and assessments occur to see if we have depleted local resources.
Alert (Set)	A request or the possibility of a request for a specific resource is imminent. The Health Care Coalition partner who houses the equipment is poised and ready to deploy available regional assets. Approval is received in anticipation of deployment from appropriate RAC staff for deployment.

Activation (Go)	Call all agency team personnel to deploy the asset and necessary coordination center/G-MOC personnel. Deployment thru demobilization of assets.

The G-MOC Coordinator assumes the position of Incident Command in an ICS methodology and receives input and advice from various sections of the G-MOC so that the G-MOC presents a unified, educated, and consistent voice to the SMOC and the region. (Appendix four G-MOC staffing)

A crucial role of the activities of the G-MOC is assisting in coordinating and tracking the evacuation of patients from hospitals in the impacted areas placing those patients in the appropriate hospitals based on the resources available. This capability was utilized during Hurricane Ike in a 24-hour operation extending over multiple operational periods.

The patient tracking element includes utilizing hospital bed counts, Trauma and Stroke Designation Levels, and EMS resources to determine the proper placement of each patient to serve their needs when entering or being moved within our regional healthcare system of hospitals. The Trauma and Stroke Designations outline available specialties at each facility.

Integration with the ESF-8 Lead Agency is accomplished with multiple methods. We coordinate planning, training, and exercise annually. Our local and state Public Health partners are well-represented at Quarterly RAC meetings. Local Public Health and regional PHEP partners have seats on our HCC Governance Committee and in our G-MOC. The sheltering caches for PHEP, HPP, and NETHealth are in a joint warehouse to ensure integration and readiness for deployment.

For Coordination during events that do not rise to the level of a full G-MOC activation, our local and state Public Health partners will work virtually as needed to coordinate the required response and activation of assets.

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G-MOC Process Overview

The plan contained in this section is a basic model to guide care during any incident which exceeds the standard operating capabilities of the Health Care system or its partners. It can also support our Public Health and law enforcement partners who responded during Hurricane Harvey to provide shelter tracking at Falkner Park in Tyler. RAC G provided staff to support WebEOC operations to monitor evacuees.

G-MOC Locations – Multi-agency Coordination

- ✓ **Large response Location** – UT Health EMS Training room supports a larger group of agencies for multiagency coordination. Multi-day hurricane response with hospitals receiving patients from affected jurisdictions. This location has a SMART board of multiple displays for situational awareness. Situational awareness includes WebEOC boards, EMResource bed counts and diverts status, and National and Local news capabilities.

- ✓ **RAC Office Conference Room** – This location supports smaller regional response efforts. An example is a single city severe weather response or a single EMTF Infectious disease transport affecting public health and one hospital facility within the region.

- ✓ **Virtual MOC** – This method would only be used for incidents affecting one city or county where the impact will not be felt beyond that region. RAC staff are available 24 hours to respond if a resource request is submitted. The majority of incidents in our region can be handled with virtual activation. RAC Staff is contacted concerning the deployment of a regional asset or the potential of an evacuation. The appropriate parties are notified via email, phone, text, or mass notification as needed. Plans for direct asset deployment are also available on the HCC website.

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Communication and Information Sharing

The communication process between hospitals and pre-hospital providers was greatly improved by utilizing the EMResource within the region. This system provides pre-hospital providers with real-time communication for hospital divert status and bed.

Capacity. The EMResource system was a vital means of communication for our trauma service area during past hurricanes.

Efforts to maintain and provide situational awareness are achieved by leadership from Public Health, ETCOG, regional TDEM, and the RAC working daily in information sharing and collaboration. Any of the platforms below can be utilized as needed.

IT Platforms

These platforms are available at all levels of G-MOC Activation using web-based access portals. RAC Staff and HCC partners utilize smartphones, tablets, and computers with varied providers to increase access during a response.

➢ **Alert Media**– Mass notification system used by the RAC, EMTF, and multiple agencies within the region for emergency and daily operations

➢ **WebEOC** – Used mainly for information sharing and resource request that provides documentation for every incident and event created in the region.

➢ **WAVE** – Information gathering and sharing in a response. Continuity of operations for communications for EMTF.

➢ **EMResource** – Used to notify health care agencies to request updates to bed availability or health-related information such as the number of available beds, patient loads, ER status, etc.

➢ **Email** – Used to communicate with users about training, HCC announcements, and information gathering for reporting.

➢ **Survey Monkey** - Used for the Annual Needs Assessment Survey and periodic information requests, i.e., the Supply Chain Survey.

Alert Notification Procedures

➢ The mass Notification System is WebEOC – text, and email.

➢ Alert Media is the second notification method for the continuity of operations, text, and email.

➢ Email and text are utilized for SOC and TDEM situational awareness reports preceding an event.

➢ When an event is imminent, the communications move to text and direct phone calls as more activities move forward.

➢ MOC activation would result in mass notification, partner emails and direct calls, and conference calls to Coalition member participation.

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Regional Resource Allocations

➢ Patient Distribution and tracking – Utilizing bed counts and Hospital capabilities, the multi-agency G-MOC team of Hospital and EMS members will make that determination.

➢ The G-MOC will prioritize and fill regional Medical needs with the available cache and other resources. State approvals for supply will be requested as needed, and the multi-disciplined team with representation from across the region will determine the most urgent need within the disaster parameters.

➢ RAC G deployable resources

- Emergency response Unit (Morgue Trailer)
  - Located – Tyler Fire
- Two - tow behind generators
  - Located – Tyler Fire and Longview Fire
- One water purification system
  - Located – UT Health East Texas-Tyler

G-MOC processes for supporting patient evacuation and relocation with the proven capability to track patients using spreadsheets during Hurricane Ike. We integrate the newer web-based technology as it is proven to be effective. The WebEOC patient tracking board is being considered at the state level leadership in this region sees this as a significant step forward in patient tracking and looks ahead to participating in training the program for our partners to see in the future.

The plan contained in our Regional Trauma plans is a basic model to guide EMS care during any incident that exceeds the EMS system's standard operating capabilities. The EMS Command Officer is part of the G-MOC during the major evacuation. In the case of Canton, the G-MOC was in virtual operations but communicated with the EMS Command officer on the scene, EMTF 2 coordination center, TDEM partners, and Local and State Public Health, and was abreast of EMS Mutual aid activations. Due to communications, the Level One and Two trauma hospitals were on alert.

Requests are prioritized by the G-MOC leadership and filled based on resource availability, regional need, and population impact. For example, our hospitals and EMS agency infrastructure was not impacted during the Canton Tornado. However, in the Canton area, law enforcement needed generators to remain operational in the initial days of the response. With approval from regional leadership, the large generator was deployed regionally to provide the required power.

Med Surge Response

➢ Where hospitals are overwhelmed, they will reach out to their system partners when appropriate. The G-MOC will begin situational alerts to other alert sites in the region if needed.

➢ When the system partners reach capacity, the G-MOC will start coordinating the resources required for patient transfer and transportation coordination.

➢ In the event our regional hospitals could not contain the transfers, we would reach out to the Dallas area to pick up the excess. The hospitals on the boundary currently have mutual aid agreements to transfer patients to the appropriate hospitals outside our region when needed — including limited bed availability patient types.

➢ The G-MOC would be situationally aware at the virtual level from the beginning and activated fully for tracking if the EMS and Hospital coalition partners became overwhelmed.

Appendix 1 – Acronyms

AAR	After Action Report (debriefing after planned exercise or after actual event)
ASPR	Assistant Secretary for Preparedness and Response (responsible for administering the BHPP program, specifically hospital Bioterrorism Funds)
BHPP	Bioterrorism Hospital Preparedness Program (Federal program)
BT	Bioterrorism
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive (types of threats)
CDC	Centers for Disease Control and Prevention (ultimate public health authority for the U.S.)
CERT	Community Emergency Response Team (a joint effort of FEMA/DHS and USFA)
CHCS	Center for Health Care Services (mental health authority in Bexar County)
COG	Council of Governments (area consortium of governmental agencies)
DHHS	Department of Health and Human Services (Federal)
DMCC	Disaster Medical Operations Center
DOC	Departmental Operations Center
DSHS	Department of State Health Services (State public health authority - formerly TDH)
DTF	Diversion Task Force (for EMS and hospitals)
EHDG	EMS and Hospital Disaster Group(TSA-P decision-making body)
EMSystem	www.EMSystem.com EMS diversion status website utilized by EMS and hospitals
EOC	Emergency Operations Center (center for emergency operations during a disaster)
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FEMA	Federal Emergency Management Agency (Federal agency responsible after disasters)
HCC	Healthcare Coalition
HICS	Hospital Incident Command System (hospital system establishing their EOC)
Hotwash	AAR
HPP	Hospital Preparedness Program
HRSA	Health Resources and Services Administration (Federal agency responsible for administering the BHPP program, specifically hospital BT funds)
IC	Infection Control
IC	Incident Command
ICP	Infection Control Practitioner/Professional
ICS	Incident Command System
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JIC	Joint Information Center
JMOC	Jurisdictional Medical Operations Center
LHA	Local Health Authority
LHD	Local Health Department
LOA	Letter of Agreement
MACC	Multiagency Coordination Center
MCI	Mass Casualty Incident or Multi-Casualty Incident

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MH	PIO
MHMR	Mental Health Mental Retardation
MIR3	Mass Communication System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NDMS	National Disaster Medical System
NERRTC	National Emergency Response and Rescue Training Center (part of TEEX)
NIMS	National Incident Management System (Federally mandated)
OEM	Office of Emergency Management (Federal)
PAPR	Powered Air-Purifying Respirator (for decontamination personnel)
P-FLASH	Practical Front Line Assistance for Support and healing (mental health training)
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer (the Public Relations role in Incident Command Regional Advisory Council (22 RACs in Texas; developed and sanctioned by state)
RAC	Regional Advisory Council
REA	Radiological Emergency Area or Radiological Engineering Assessment
RedBat Software	Epidemiological tracking software
Region 4/5N	Public Health Region4/5N (Regional division of DSHS: TSA-G resides in Region 4/5N)
Region 8	Public Health Region 8 (Regional division of DSHS; TSA-P resides in Region 8
REMPSC	Regional Emergency Medical Preparedness Steering Committee
ROC	(PHR 7) Regional Operations Center
RPHMOC	Regional Public Health and Medical Operations Center
RSO	Radiation Safety Officer (oversees radiation safety at hospitals)
SNS	Strategic National Stockpile (primarily BT pharmaceuticals, ventilators, etc.)
SOC	State Operations Center (State-level EOC)
SMOC	State Medical Operations Center
STAR	State of Texas Assistance Request
TDEM	Texas Division of Emergency Management
TEEX	Texas Engineering and Extension Service (State agency contracted to conduct Regional exercises/drills via their division called NERRTC)
TSA	Trauma Service Area (geographic regions established by DSHS for trauma oversight
TSA-G	Trauma Service Area (geographic region covered by RAC-G)
UASI	Urban Area Security Initiate (grant funding stream under DHS ODP)
WebEOC	Web-based Emergency Operations Center (disaster communication software)
WMD	Weapons of Mass Destruction

Texas Emergency Medical Task Force Region 4 (EMTF-4)

Asset Deployment Plan

This plan is intended to give substance to the call-up and deployment procedure for Emergency Medical Task Force (EMTF 4) regional assets.

The call-up and activation procedures are the same for regional and state deployments. This is a purposeful decision to ensure the least amount of confusion if assets are needed in an emergency.

For a state deployment, EMTF 4 personnel and resources may be activated for state missions only at the request of the DSHS State Medical Operations Center (SMOC) Director, Incident Commander, or his/her designees. A State Mission Assignment number (SMA#) will ensure the state's commitment to funding the deployment before resources are dispatched.

In the event of a Regional deployment request, please review the particular asset sheet for the estimated costs associated with each requested asset. The requesting agency is responsible for the costs of moving the asset, the logistics support to maintain during deployment, and the repair of any wear and tear to the equipment during deployment and demobilization to restore the asset to state deployment capability.

It is our desire as EMTF 4 Leadership that our assets be available to the region in their time of need. It is also our responsibility to maintain the equipment to a standard that supports our response readiness to the state in the event of a disaster.

The cost associated with each asset expense estimate is calculated to cover actual deployment costs, and the costs restore assets to response readiness only.
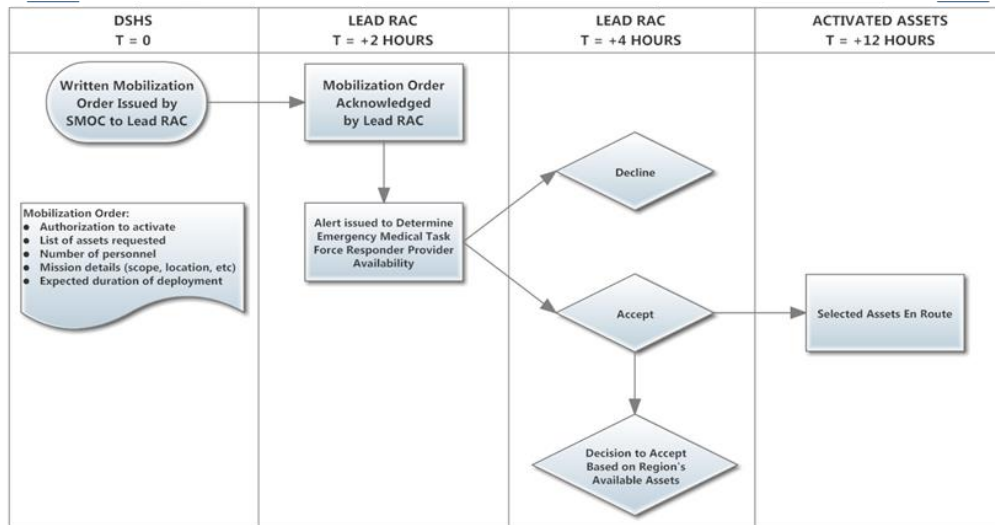
Communication preceding State Resource Activation

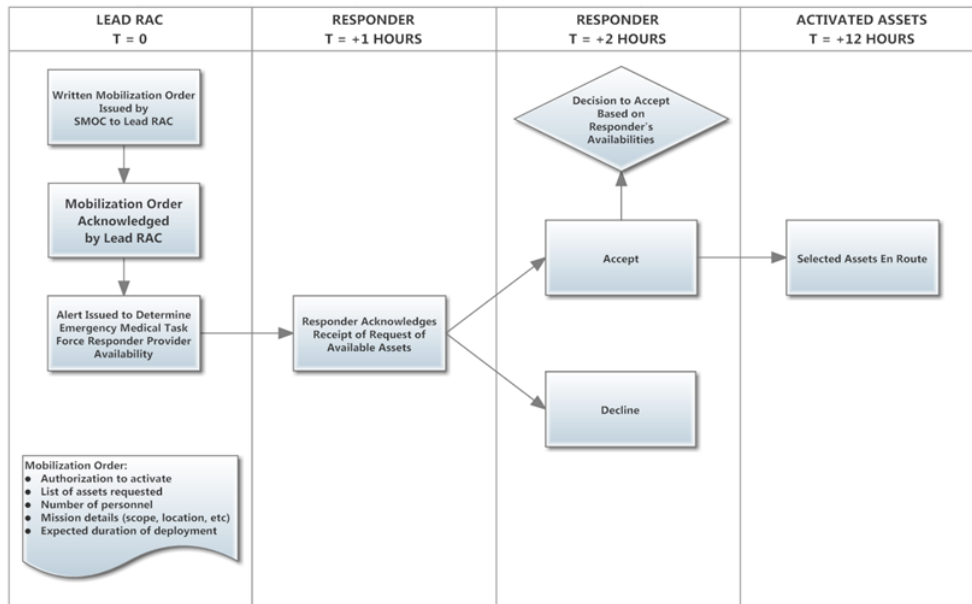| Name	Action	Fiscal Impact	SMA #?
Awareness (Hey)	Tell team members and our staff that a possible incident has occurred and may have to respond to it.	None	No
Standby (Ready)	EMTF Coordinator will check the availability of resources and participate in conference calls	None	No
Alert (Set)	A request or the possibility of a request for EMTF resources is imminent. The SMOC will be responsible for Alert initiations. We will place team members' names in team member slots; EMTF resources should be ready for deployment, vehicles rented/contracted, warehouse, and other team leadership activated.	Yes, probably less than 10k	Yes
Activation (Go)	Call in all team personnel and necessary coordination center personnel. Deployment thru demobilization of assets.	Yes, TBD by scope and typing	Yes

State Deployment call up Process.

DSHS T = 0	LEAD RAC T = +2 HOURS	LEAD RAC T = +4 HOURS	ACTIVATED ASSETS T = +12 HOURS

Written Mobilization Order Issued by SMOC to Lead RAC

Mobilization Order Acknowledged by Lead RAC

Mobilization Order:
- Authorization to activate
- List of assets requested
- Number of personnel
- Mission details (scope, location, etc)
- Expected duration of deployment

Alert issued to Determine Emergency Medical Task Force Responder Provider Availability

Decline

Accept

Selected Assets En Route

Decision to Accept Based on Region's Available Assets

DSHS to RAC Activation Timeline

LEAD RAC T = 0	RESPONDER T = +1 HOURS	RESPONDER T = +2 HOURS	ACTIVATED ASSETS T = +12 HOURS

Written Mobilization Order Issued by SMOC to Lead RAC

Mobilization Order Acknowledged by Lead RAC

Alert Issued to Determine Emergency Medical Task Force Responder Provider Availability

Mobilization Order:
- Authorization to activate
- List of assets requested
- Number of personnel
- Mission details (scope, location, etc)
- Expected duration of deployment

Responder Acknowledges Receipt of Request of Available Assets

Decision to Accept Based on Responder's Availabilities

Accept

Decline

Selected Assets En Route

Lead RAC to Responder Activation Timeline

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EMTF 4 Regional Communications

ICS 205

EMTF 4 has adopted a regional 205 plan for interoperable communications in disaster exercises and deployments.

***See attached addendum form for radio channels.**

EMTF 4 Coordinator

Eric Bailey
(903)571-5012 Cell phone

24-hour call centers for asset activation

Primary

UT Health East Texas EMS
Number: 903-597-2011

Back-Up

LifeNet – EMS - Texarkana, TX
Number: 1-877-572-5537

Ambus

Ambus Primary Call Center

Hopkins County EMS
Number: 903-438-4472

Ambus Point of Contact

Brent Smith - EMS Director
903-348-0477 Cell phone

Jeff Sanderson – Crew Chief
903-335-3453 (903) 314-1051 Cell phone

MMU Point of Contact

    Russell Thrasher
    (903) 737-0629 Cell phone

    Russell Van Bibber
    (903) 314-1267 Cell phone

Task force Leaders

    Brent Smith
    (903)- 348-0477 Cell phone

    Russell Thrasher
    (903) 737-0629 Cell phone

    Alicia Whetsell
    (903) 539-7960 Cell phone

Coordination Center Email

    emtf-4-coordination-center@rac-g.org

Deployable EMTF 4 Program Components

- **Mobile Medical Unit**

- **Ambulance Strike Teams**

- **Ambus – MPV 401**

- **RN Strike Team**

- **Medical Incident Support Team (M-IST)**

- **Infectious Disease Response Unit (IDRU)**

Piney Woods Regional Response Plan

Mobile Medical Unit

Asset Description

The EMTF 4 Mobile Medical Unit (MMU) for State Deployment is a Type III. This is defined as a 16-bed unit with staffing to support 12-hour operation capability.

Due to our regional partnership with North East Texas Regional Advisory Council (NETRAC F), our response-ability can realistically be elevated to a Type 1 MMU. The state defines a Type 1 MMU as a 32-bed unit with staffing to support 24-hour operations capability. By partnering with NETRAC F, we can add the Western Shelter assets and additional equipment purchased by NETRAC to create the above footprint. Additionally, we have trained staff region-wide to support the Type 1 staffing needs.

For a regional deployment, the MMU could be called to support medical operations in the field for missions including but not limited to:

> Clinical support for wildfire rehab
> Clinical support for hospital flu clinics
> Structural support for remote housing

The mission scope will drive the financial cost of the asset.

Call up information

EMTF 4 – 24-hour call centers for asset activation

Primary
UT Health East Texas EMS
Number: 903-597-2011

Back-Up
LifeNet – EMS - Texarkana, TX
Number: 1-877-572-5537

MMU Point of Contact

Russell Thrasher
(903).640.3834 Cell phone

Russell Van Bibber
(903) 474.4788 Cell phone

Piney Woods Regional Response Plan

EMTF 4 Coordinato Eric Bailey (903)571-5012 Cell phone

Call Sign
MMU 4-101

Travel Radio channel
VMED 29 (See Regional 205 for frequencies)

WebEOC data input by dispatchers for deployment.
    Response resources board
    Print the vehicle placard before leaving your home station for the muster location.

Regional Cost
They were assessed at the quoted rate per the deploying call center at the call-up time.

MMU - $500 per day for logistics support
    Additional expenses to be considered

- Transportation cost to the location of the event
- Fuel and supplies to power the generator
- Staffing costs will be reimbursed to the sending agency based on actual payroll documentation for hours worked.
- Reimbursement of any repair or replacement expenses for the following demobilization to restore the asset to deployable condition.

Piney Woods Regional Response Plan

Ambulance Strike Teams

Asset Description

The Strike Team consists of 5 Ambulances with a Strike Team Leader traveling in a separate command vehicle. This team can operate as a functional unit reporting to the incident Command medical operations branch.

For a regional deployment, the Ambulance Strike teams could be called to support medical operations in the field for missions including but not limited to:

> Hospital Evacuation
> Nursing home evacuation
> Mass Casualty Incident

The mission scope will drive the financial cost of the asset.

Call up information

EMTF 4 - 24-hour call centers for asset activation

Primary
UT Health East Texas
Number: 903-597-2011

Back-Up
LifeNet – EMS - Texarkana, TX
Number: 1-877-572-5537

EMTF 4 Coordinator

Eric Bailey
(903)571-5012 Cell phone

Strike Team Leaders Call Signs

TX 1-01
TX 2-01
TX 3-01
TX 4-01
TX 5-01

Piney Woods Regional Response Plan

Radio channel
VMED 29 (See Regional 205 for frequencies)

WebEOC data input by dispatchers for deployment.
    Response resources board
    Print the vehicle placard before leaving your home station for the muster location.

State Deployment
Costs will be covered under the State Mission Assignment Number. The deploying agency's responsibility is to produce the paperwork to the Emergency Medical Task Force Coordinator for submission to the state. The average response time for reimbursement is a minimum of 90 days.

Regional Cost

The actual cost of personnel and vehicles during deployment if not covered under mutual aid.

Piney Woods Regional Response Plan

Ambus

Asset Description
20 patient Ambulance bus equipped with wireless vital signs monitors, 12 lead heart monitors, ventilators, and supplies to treat up to 13 critical patients.

For a regional deployment, the Ambus could be called to support medical operations in the field for missions including but not limited to:

> Multi-patient transports
> Multi-Hospital transports
> Accident scene response for patient stabilization
> Stabilization Unit on the scene of a mass casualty event
> Clinical support for wildfire rehab

The mission scope will drive the financial cost of the asset.

Call Sign
MPV 401

Ambus - Call up information
Ambus Primary Call Center
> Hopkins County EMS
> Number: 903-438-4472
>
> -
Ambus Point of Contact
> Brent Smith - EMS Director
> 903-348-0477 Cell phone (903) 314-1051

EMTF 4 – 24-hour call centers for asset activation
> **Primary**
> UT Health East Texas EMS
> Number: 903-597-2011
>
> **Back-Up**
> LifeNet – EMS - Texarkana, TX
> Number: 1-877-572-5537

Piney Woods Regional Response Plan

EMTF 4 Coordinator
      Eric Bailey
      (903)571-5012 Cell phone

In Route Radio channel
VMED 29 (See Regional 205 for frequencies)

WebEOC data input by dispatchers for deployment
      Response resources board
      Print the vehicle placard before leaving your home station for the muster location.

State Deployment
Costs will be covered under the State Mission Assignment Number. The deploying agency's responsibility is to produce the paperwork to the Emergency Medical Task Force Coordinator for submission to the state. The average response time for reimbursement is a minimum of 90 days.

Regional Cost
An amount of $400 per hour for the bus operation and staffing will be tracked. Hopkins County EMS will mitigate this cost by billing the patient's insurance for the transfer costs. Following this billing process, the remaining balance will be reviewed to ensure that the HCEMS team has met their hard costs for the deployment. If a credit is due, the requesting agency will be notified at that time.

Piney Woods Regional Response Plan

RN Strike Team

Asset Description

The RN Strike team is defined as a 5-person team of Trauma or ICU nurses that can be deployed as a unit to work in the hospital of a requesting facility.

For a regional deployment, the RN Strike Team could be called to support medical operations for missions including but not limited to:

> To support a hospital during the disaster with additional resources
> To relieve staff to rest following an incident

The mission scope will drive the financial cost of the asset.

EMTF 4 - 24-hour call centers for asset activation

Primary
UT Health East Texas EMS
Number: 903-597-2011

Back-Up
LifeNet – EMS - Texarkana, TX
Number: 1-877-572-5537

EMTF 4 Coordinator

Eric Bailey
(903)571-5012 Cell phone

In Route Radio channel

VMED 29 (See Regional 205 for frequencies)

WebEOC data input by dispatchers for deployment

Response resources board
Print the vehicle placard before leaving your home station for the muster location.

State Deployment

Costs will be covered under the State Mission Assignment Number. The deploying agency's responsibility is to produce the paperwork to the Emergency Medical Task Force Coordinator for submission to the state. The average response time for reimbursement is a minimum of 90 days.

Regional Cost

The actual cost of personnel and vehicles during deployment if not covered under mutual aid.

Medical Incident Support Team (M-IST)

Asset Description

Medical Incident Support Team members are qualified leaders from the region who are trained to deploy to an Emergency Operations Center (EOC) to bring knowledge and support to the local jurisdiction in times of disaster. Based on the incident need, they can be deployed individually or as a team.

For a regional deployment, the Medical Incident Support Team could be called to support medical operations for missions including but not limited to:

> To support a hospital during the disaster with additional resources
> To relieve EOC staff as the incident progresses over multiple operational
> Periods
> The expertise of our Regional Deployable M-IST members
>> Fire Rescue
>> Ambulance deployment

The mission scope will drive the financial cost of the asset.
Call information

WebEOC data input by dispatchers for deployment.
> Response resources board
> Print the vehicle placard before leaving your home station for the muster location.

State Deployment

Costs will be covered under the State Mission Assignment Number. The deploying agency's responsibility is to produce the paperwork to the Emergency Medical Task Force Coordinator for submission to the state. The average response time for reimbursement is a minimum of 90 days.

Regional Cost

The actual cost of personnel and vehicles during deployment if not covered under mutual aid.

Piney Woods Regional Response Plan

Infectious Disease Response Unit (IDRU)

Asset Description

The Regional Infectious Disease Response component will be composed of the state Cache of Hospital and EMS Personal Protective Equipment that will be located in our region. This cache would only be deployed with a state mission assignment (SMA).

In addition to the equipment cache, we will have a trained team from ETMC EMS that will have the capability to respond to transport an infectious patient either to the airport to be transported to the UTMB facility in Galveston or to make the whole trip to Galveston with the patient utilizing the plan that is currently being crafted in our IDRU meetings.

We have the regional interest of medical professionals to participate in this program, but we have yet to start the rostering process as the program is still in development.

EMTF 4 – 24-hour call centers for asset activation

Primary
UT Health East Texas EMS
Number: 903-597-2011

Back-Up
LifeNet – EMS - Texarkana, TX
Number: 1-877-572-5537

EMTF 4 Coordinator

Eric Bailey
(903)571-5012 Cell phone

In Route Radio channel

TD

WebEOC data input by dispatchers for deployment

Piney Woods Regional Response Plan

Response resources board
Print the vehicle placard before leaving your home station for the muster location.

State Deployment

Costs will be covered under the State Mission Assignment Number. The deploying agency's responsibility is to produce the paperwork to the Emergency Medical Task Force Coordinator for submission to the state. The average response time for reimbursement is a minimum of 90 days.

Regional Cost

IDRU is a state asset that would not be activated regionally. The Regional plan would be implemented first via a mutual aid.

IDRU – Infectious Disease Response Unit

HCID – High Consequence Infectious Disease

Piney Woods Regional Response Plan

Hospitals:

Behavioral Hospital of Longview/Oceans Healthcare
BSW Texas Spine & Joint Hospital
CHRISTUS Good Shepherd Medical Center - Kilgore
CHRISTUS Good Shepherd Medical Center - Longview
CHRISTUS Good Shepherd Medical Center - Marshall
CHRISTUS Louis & Peaches Owen Heart Hospital
CHRISTUS Mother Frances Hospital - Jacksonville
CHRISTUS Mother Frances Hospital - Tyler
CHRISTUS Mother Frances Hopstial - Winnsboro
CHRISTUS Mother Frances Rehab Hospital
Continue Care - TMFH - Tyler
Everest Rehabilitation Hospital
Freestone Medical Center
Longview Regional Medical Center
Oceans Behavioral Health
Palestine Regional Medical Center
Select Speciality Care Hospital - Longview
UT Health Athens
UT Health Behavioral Health Clinic
UT Health Carthage
UT Health ET Rehabilitation Hospital
UT Health Henderson
UT Health Jacksonville
UT Health Pittsburg
UT Health Quitman
UT Health Speciality Hospital
UT Health Tyler
UT Health Tyler Northeast Campus

Long-Term Care Facilities:

AmCare Pro Home Health
Arebella Kilgore
Arebella Longview, Assisted Living & Memory Center
Arbor Grace (Paramount CLA)
Arbor Healthcare & Rehab - Rusk
Athens Healthcare
Athens Place Group Home
Atria Senior Living
Autumn Leaves Nursing & Rehab
Autumn Wind Alt. Living
Azalea Trail Nursing & Rehabilitation
Bonner Street Nursing & Rehab
Breckenridge
Briarcliff Carthage
Briarcliff Tyler
Buckner Westminster Place
Brookdale
Canton Oaks
Carthage Healthcare Center
Cartmell House - Palestine
Cedar Lake - Malakoff
Center at Grande
Champagne Inc
Community Care Center Crockett
Chandler Nursing Center
Colonial Nursing Home Lindale
Community Health Core Concord Manor
Community Health Core Pine Tree
Community Health Core Teri Lynn
Community Health Core Henderson
Encompass Home Health
Fairfield Nursing & Rehab
Fairview Healthcare & Rehab
Focused Care of Center
Focused Care of Gilmer

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Gardendale Nursing & Rehab
Gilmer Nursing & Rehab
Greenbriar Nursing & Rehab of Tyler
Greenbriar - Palestine
Groveton Nursing Home
Harbor Hospice
Harmony Living Centers
Havencare Nursing & Rehab - Longview
Heartsway Hospice of Northeast Texas - Carthage
Heartsway Hospice of Northeast Texas - Longview
Heartsway Hospice of Northeast Texas - Marshall
Heartsway Hospice of Northeast Texas - Winnsboro
Heights of Tyler
Henderson Health & Rehab
Heritage Health & Rehab - Longview
Heritage House of Marshall
Hopsice of East Texas
Jacksonville Healthcare Center
Kilgore Rehabilition
Lindale Healthcare Center
Longview Hill Nursing & Rehabilitation Center
Marian Place
Marshall Manor
Meadow Lake Health Care Center
Mission Manor Healthcare Residence of Mount Vernon
Oak Brook Healthcare Whitehouse
Oakwood House
Oakwood Place
Park Highland Nursing & Rehab
Petal Hill Nursing Rehab
Pine Tree Lodge Nursing Center Longview
Pittsburg Nursing Center
Prestige Estates
Reunion Plaza Tyler
Rose Trail Nursing & Rehab
Senior Suites Care & Rehab Emery
Stay Kare
Treviso Transitional Care/Skilled Nursing Facility
Trinity Rehabilitation and Healthcare Center
The Arbors Healthcare & Rehab Rusk
Twin Oaks Health & Rehab
The Waterton Healthcare & Rehab Tyler

Piney Woods Regional Response Plan

Tyler Family Circle of Care Tyler
Tyler Family Circle of Care Athens
Van Health Care Center - Van
Watkins-Logan TX State Vet Home Tyler
Wells LTC
Whispering Pines Care Center
Whitehall Rehab & Nursing

Piney Woods Regional Response Plan

Appendix 4 – G-MOC Staffing Document

Purpose:

To establish standards and procedures for staffing the GMOC with qualified personnel.

Procedure:

Job Action for each seat at the GMOC.

- · Administrative
- · Hospital
- · Transportation
- · EMS
- · Public Health (Local and PHEP)
- · Communications
- · Planning
- · Command Structure
    - > Commander and two Deputies
- · Safety Officer
- · Volunteer Management
- · Finance
- · Public Information Officer
- · Radio

Piney Woods Regional Response Plan

All staff needs NIMS in order for the GMOC to be reimbursed. The structure of the ICS setup will be utilized but may need to work better in GMOC due to the culture of teamwork among our partners.

Shifts

- · G-MOC will potentially be open 24 hours daily with a modified shift as needed.
- · Initially, everyone will report, then modify staff as needed with a backup plan to contact personnel after shift.

Piney Woods Regional Response Plan

Appendix 6 – Transfer and Specialty Surge Agreement

Hospital	Multi Trauma	Head Trauma	OB Trauma	Pedi Trauma	Pedi Burn	Adult Burn	Rehab
UT Health Athens	ETMC Tyler	ETMC Tyler	ETMC Tyler	Children's Dallas	Parkland	Parkland	ETMC Tyler
UT Health Carthage	ETMC Tyler	ETMC Tyler	ETMC Tyler	LSU	Parkland	Parkland LSU	ETMC Tyler
Crockett Medical Center	ETMC Tyler	ETMC Tyler	ETMC Tyler	Children's Dallas	Parkland	Parkland	ETMC Tyler
Freestone Medical Center	ETMC Tyler	ETMC Tyler	ETMC Tyler	Children's Dallas	Parkland	Parkland	ETMC Tyler
Christus Good Shepherd Longview	GSMC	GSMC	GSMC	Children's LSU	Parkland	Parkland	GSMC
UT Health Henderson	ETMC-Tyler TMFH-Tyler	ETMC-Tyler TMFH-Tyler	ETMC-Tyler TMFH-Tyler	Children's Dallas	LSU	LSU	LSU
UT Health Jacksonville	ETMC-Tyler TMFH-Tyler	ETMC-Tyler TMFH-Tyler	ETMC-Tyler TMFH-Tyler	Children's Dallas	Parkland	Parkland	ETMC Tyler
Longview Regional	Longview Regional	Longview Regional	LSU	Children's Dallas LSU	Parkland	Parkland	Longview (In-House)
Christus GSMC Marshall	GSMC	GSMC	LSU Schumpert	Schumpert	LSU	LSU	GSMC Longview
UT Health Mt. Vernon	ETMC Tyler	ETMC Tyler	ETMC Tyler	Children's Dallas	Parkland	Parkland	ETMC Tyler
Palestine Regional	ETMC-Tyler TMFH-Tyler	ETMC-Tyler TMFH-Tyler	ETMC-Tyler TMFH-Tyler	Children's Dallas	Parkland	Parkland	
UT Health Pittsburg	ETMC Tyler	ETMC Tyler	ETMC Tyler	Children's Dallas	Parkland	Parkland	ETMC Tyler
UT Health Winnsboro	Presby Dallas	Presby Dallas	Presby Dallas	Presby Dallas	Presby Dallas	Presby Dallas	Presby Dallas
UT Health Quitman	ETMC Tyler	ETMC Tyler	ETMC Tyler	Children's Dallas	Parkland	Parkland	ETMC Tyler
UT Health Trinity	ETMC Tyler	ETMC Tyler	ETMC Tyler	Children's Dallas	Parkland	Parkland	ETMC Tyler
Christus TMFH Jacksonville	TMFH	TMFH	TMFH	Children's Dallas	Parkland	Parkland	Tyler Rehab
Christus TMFH Tyler	TMFH	TMFH	TMFH	Children's Dallas	Parkland	Parkland	Tyler Rehab
UT Health Tyler	ETMC Tyler	ETMC Tyler	ETMC Tyler	Children's Dallas	Parkland	Parkland	ETMC Tyler
UT Health North East Tyler	ETMC Tyler	ETMC Tyler	TMFH	Children's Dallas	Parkland	Parkland	Tyler Rehab

Piney Woods Regional Response Plan

USAGE REQUEST GUIDELINE – <u>Emergency Response Unit</u>
Piney Woods Regional Advisory Council TSA G and
City of Tyler Fire Department Emergency Operations Center
November 08, 2022

- The purpose of this guideline is to ensure the smooth deployment of the Piney Woods Regional Advisory Council Trauma Service Area G (RAC-G) Emergency Response Unit Trailer (hereafter called the Unit). These guidelines are established to help accomplish this goal in an orderly manner.
- Ownership of this Unit has been transferred to the City of Tyler Emergency Management at the Tyler Fire Department (EOC), which has agreed to maintain the Unit for rapid deployment throughout Trauma Service Area G (TSA G). The Unit is stored in Tyler at the Warehouse at 12918 Hwy 64.
- The Unit has been designated for the following:
  - ➢ to transport the RAC-G Water Filtration System throughout TSA G
  - ➢ to act as a DMORT (Mass Fatality) Trailer for both RAC-G and the State of Texas
  - ➢ a refrigeration Trailer as needed
  - ➢ any usage as deemed necessary by the Tyler EOC.

Unit Usage:

1. For regional and/or local usage of the Unit, a request can be made by a RAC-G member facility or the appropriate authority of a City, County, or State of Texas government., i.e., County Judge, EMC, etc.

2. The requesting authority shall contact RAC-G at 903-593-4722 or the Tyler Fire Department EOC at 903-535-0005 or 903-531-1007 (non-emergency Police and Fire dispatch). Once availability is determined, the request will be made in writing to the Tyler EOC for the Unit to be dispatched to the requested jurisdiction and for what purpose. An authorized signature is required for liability purposes and replacement cost purposes.

3. The Unit shall be delivered to the requesting jurisdiction by the Tyler Fire Department or their designee, which will help with the initial setup.

4. Operation and control of the Unit will be the responsibility of the requesting authority until the incident is completed.

5. All normal/reasonable travel expenses and used supplies will be replaced at the cost of the requesting facility/jurisdiction. The unit's return to the storage location after the incident will be the responsibility of the jurisdiction that requested the resource for use.

6. The Unit will be returned in the same condition as it was received, with the addition of an inventory of supplies and materials utilized. RAC-G will assist in replenishing the supplies, but the cost will be the responsibility of the requesting agency.

This agreement may be amended upon the agreement of both parties.

_____   _____   _____   _____
Piney Woods Regional   Date   City of Tyler Fire Department   Date
Advisory Council TSA G

Emergency Response Unit   Adopted November 2022
Guideline Revisions:
8/7/2013 original

Piney Woods Regional Response Plan

Appendix 8 – ESF-8 Contact Information

Piney Woods Regional Advisory Council

Arthur Anderson, MSSW

Deputy Regional Director

Texas Department of State Health Services

Health Service Region 4/5N

2521 West Front Street

Tyler, Texas 75702

903.533.5253 (O)

210-863-8039 (C)

903.5357558 (F)

Calvin Nicholson

2521 West Front Street

Tyler, Texas 75702

Office 903-533-5218 Tyler

Or 903-232-3223 Longview

Cell 903-520-8173

Fax 903-535-7558

Russell Hopkins

Director

Public Health Emergency Preparedness

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903-714-4303 Cell

Piney Woods Regional Response Plan

Appendix 8 – ESF-8 Contact Information

Michael Johnson

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Piney Woods Regional Advisory Council

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