

Emergency Medical Task Force

RN Strike Team Plan

Extra Regional Deployment

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7/23/2010

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Extra Regional Deployment Operations

Scope

This plan addresses the extra-regional, multi operational period mission profile of the RN Strike Team 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.

Purpose

This plan is designed to ensure the uniform and orderly deployment of the RN Strike Team component of the EMTF across the eight EMTF regions of Texas.

Planning Assumptions

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

1. That 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.
2. That each EMTF region will have pre-identified both the participating Hospital agencies *and* the specific personnel from each agency approved for deployment as part of the EMTF’s deployment package.
3. That each EMTF region will have identified, partnered with, and trained a public safety communications center with 24/7 operations, regarding that region’s EMTF deployment package. This center will be referred to as the region’s “point of contact”.
4. That each EMTF region will have a primary contact phone number, answerable 24/7, that has been publicized to the State’s disaster response entities, including but not limited to: DSHS, DDC, TDEM, etc.
5. That 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.

RN Strike Team Composition

As outlined in the initial EMTF Project Proposal, the RN Strike Team component will be made up of five RN Strike Teams. Each RN Strike Team will consist of five nurses of like specialization plus a Strike Team Leader. Given the operational profile of the RN Strike Teams, discussed later, it is expected that existing technologies will provide each team with common communications. Each EMTF region may wish to expand this capacity via technology to ensure common communications both between the RN Strike Team and other EMTF Components as well as among the distinct RN Strike Teams.

The composition of each team, based on specialty (ER, ICU, Medical/Surgical, Pediatric, etc.), may be limited by resources available to each EMTF Region. As such, it is the guidance of this plan that each of the five RN Strike Teams be composed of personnel with critical care experience, though no rules regarding the distribution of specialty is made.

RN’s with unique specialty focus; (Burn, Neurology, Neonatal, etc.) may all have high and specific value to the EMTF given the mission profile. However, due to the relative rarity and wide variety of specialties

it is not the recommendation of this plan to pre-roster entire strike teams of these personnel in each EMTF region. Rather, EMTF Coordinators who have identified deployable personnel in their regions who hold these specialties may wish to include them as Single Resources attached to the EMTF as part of the most appropriate component.

Pre-Deployment Planning

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 ensure the highest level of preparedness for the EMTF RN Strike Team Component's all-hazard response.

While not all inclusive, included in this document are examples of deployment equipment guidelines. 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.

Tasking

When an event occurs or is to occur (notice or no-notice) that requires extra-regional RN support for multiple operations periods (usually not more than 72 hours) the affected jurisdiction of authority will notify the Disaster District Chair (DDC) of the need. This need, having been appropriately identified as valid, will be passed to the State Operations Center (SOC) who will task the assignment to the appropriate Department of State Health Services (DSHS) Multi-Agency Coordination Center (MACC) or MACC's. The DSHS-MACC will then assign a tasking to request and notify the relevant EMTF region's point of contact.

EMTF 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. In the following sections regarding notification and team rosters deployment time frames are placed for both notice and no-notice events. These time frames are goals of the EMTF, acknowledging that deployment models for RN Strike Teams may exist elsewhere.

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

Notice Event Component Notification

Upon receipt of the DSHS-MACC tasking the tasked EMTF region's point of contact will initiate the Notice Event Notification Procedure. Utilizing the technology identified by the region the point of contact will immediately initiate a call-out to relevant team members and agencies. The activation of this system should mark the starting point for the six-hour deployment window.

Notice Event Component Roster

Each region should have a pre-screened roster of persons (Notice Event Deployment Roster) approved for deployment along with their EMTF team and agency affiliation. This notification will then go to each of the region's primary team members as well as participating agencies. It will be the responsibility of

Comment [RM1]: Red, White or Blue

the primary team members to respond to the notification with their availability, current status and estimated time of arrival at their individual mustering point. Upon notification of the primary team a simultaneous notification should be sent to the region's back-up team. This secondary notification, with an availability request, should be responded to by the secondary team in like manner to the primary team. This dual roster will allow seamless team construction should any primary team members be unable to deploy.

Primary team members, having provided their availability to the point of contact, should proceed to their individual mustering points. Secondary team members, having provided their availability, should consider themselves in a "stand-by" state and await a separate activation notification from the region's point of contact. This "stand-by" status can be anticipated to last up to six hours before deployment determination; however, most often it should be of a much shorter duration.

No-Notice Event Component Notification

Upon receipt of the DSHS-MACC tasking the tasked EMTF region's point of contact will initiate the Notice Event Notification Procedure. Utilizing the technology identified by the region the point of contact will immediately initiate a call-out to relevant team members and agencies. The activation of this system should mark the starting point for the six-hour deployment window.

No-Notice Event Component Roster

Each region should have a pre-screened roster of persons (Notice Event Deployment Roster) approved for deployment along with their EMTF team and agency affiliation. This notification will then go to each of the region's primary team members as well as participating agencies. It will be the responsibility of the primary team members to respond to the notification with their availability, current status and estimated time of arrival at their individual mustering point. Upon notification of the primary team a simultaneous notification should be sent to the region's back-up team. This secondary notification, with an availability request, should be responded to by the secondary team in like manner to the primary team. This dual roster will allow seamless team construction should any primary team members be unable to deploy.

Primary team members, having provided their availability to the point of contact, should proceed to their individual mustering points. Secondary team members, having provided their availability, should consider themselves in a "stand-by" state and await a separate activation notification from the region's point of contact. This "stand-by" status can be anticipated to last up to six hours before deployment determination; however, most often it should be of a much shorter duration.

Mustering

Mustering points will be determined by the EMTF Coordinator at the time of the incident. Ideally, the EMTF will have identified multiple, geographically diverse sites suitable for all apparatus and personnel deployed. 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 Coordinator is in the direction of the deployment. Once mustered, release of the RN Strike Teams into the deployment region will be at the discretion of the EMTF Coordinator. Once released, the

Comment [RM2]: Red, White or Blue

Comment [RM3]: Original references were to the EMTF Commander as these are incident specific operational decisions. While I'm sure in some regions the Coordinator may fill some roll in the EMTF Command Structure that person may not be the "Commander" per say.

RN Strike Team Leader will be responsible for ensuring his assigned personnel arrive at the deployment staging area.

Each region may wish to select sites that have available, lit and secure overnight parking, in cases where team members have mustered with their respective personal vehicles at the mustering point. This deployment model is, for various reasons, not ideal but may be the best option in some regions.

Travel

Travel by the RN Strike Teams will be incident driven. Taking into account the distances, mission profile, infrastructure available in the deployment region and other factors each EMTF region may wish to have multiple travel profiles planned for. These can include, but are not limited to: contingency contracts for rental vehicles, travel by air, travel with another EMTF Component, (AST, Ambus, etc.). Flexibility and an all hazard approach to planning is the recommendation for best mode of travel. If the RN Strike Teams are to travel by ground EMTF regions may wish to plan for vehicles large enough to carry the entire team, with deployment equipment, and suitable to the deployment environment.

When travelling by vehicle, movement will be accomplished convoy style. RN Strike Teams should be aware they may travel with mobile assets that are not production vehicles, having different performance profiles, and they may need to adjust their driving habits as a result. Remember, the key to safety in convoy travel is communication. The route to the deployment area will be at the sole discretion of the EMTF Coordinator, working in cooperation with in theatre, and State, response assets.

Strike Teams should anticipate travel without stops with the exception of refueling. Stops for non-mission essential reasons are discouraged and must be reported by the RN Strike Team Leader to the EMTF Coordinator. Units should travel at the best, safe speed of the slowest unit in the convoy.

Operations

It is beyond the scope of this document to discuss every aspect of operations as a hospital acute care provider. However, certain planning should be made clear. It is the expectation of the EMTF that nurses on the RN Strike Team will operate as caregivers in a hospital environment familiar to them. While the working conditions and patient load are difficult to quantify in advance it is not the intention of this EMTF component to work in austere or environmentally harsh conditions.

Likewise, "off-duty" hours during an RN Strike Team deployment are expected to be both regular and comfortable with logistical support that may include: food, lodging, transportation, etc.

Other working conditions should be consistent with those encountered in the everyday hospital environment.

Demobilization

Demobilization should be anticipated within 72 hours of arrival in the deployment region, though RN Strike Team 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 EMTF Coordinator's discretion. Demobilization will not occur directly from field assignments. Exceptions will be the discretion of the EMTF Coordinator. The RN Strike Team Leader for each RN Strike Team will

ensure that all persons in his care have a comprehensive demobilization briefing and ensure that all incident specific paperwork and forms are being completed appropriately. Travel from the deployment region during demobilization may be different than methods utilized in deployment and will be the discretion of the EMTF Coordinator. RN Strike Team Leaders will be informed of mode of travel and the expectations inherent to that mode.

Each region may adopt a Demobilization Checklist for use by the EMTF Coordinator, RN Strike Team Leaders, and Strike Team members to ensure that appropriate documentation was completed during and after the deployment.

Appendices

Appendix A – Deployment Equipment Guidelines – Personnel

Item Description	Qty	Bag
Uniform/Scrub Shirts	5	Duffel Bag
Uniform/Scrub Pants	5	Duffel Bag
Undergarments	5	Duffel Bag
Work Shoes	1	Duffel Bag
Socks (pair)	7	Duffel Bag
Athletic Shoes	1	Duffel Bag
Mesh Laundry Bag	1	Duffel Bag
Parka / Rain Gear	1-2	Duffel Bag
Towel	1-2	Duffel Bag
Toiletries (keep in portable bag)		Duffel Bag
T-Shirts	2	Duffel Bag
Cold Weather Gear	as needed	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
Extra pair of glasses or extra contact lenses		Duffel Bag
Sunscreen		Duffel Bag
Lip balm with sunscreen		Duffel Bag
Texas road map and map of deployment area		Duffel Bag
Field guides (NIMS, ICS, public health emergencies, emergency response etc.)		Duffel Bag
Feminine items (tampons, makeup etc.)		Duffel Bag

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

Appendix B -

