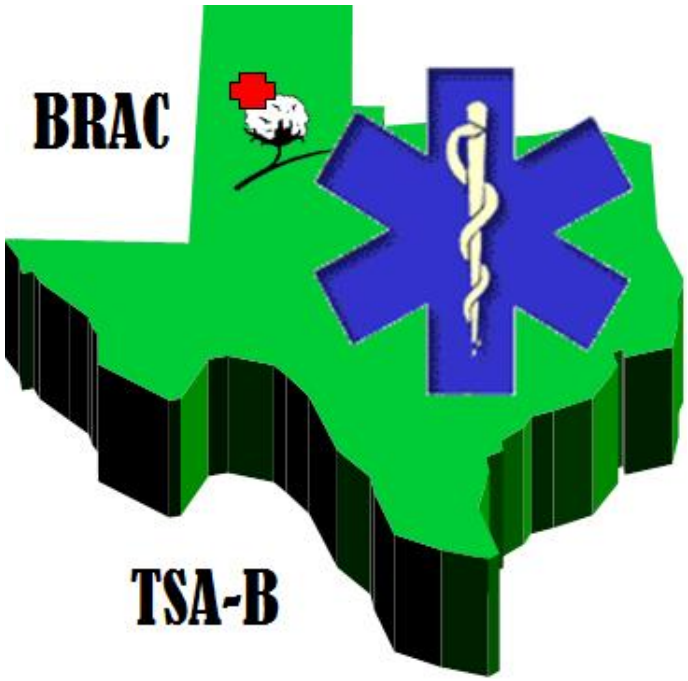
Trauma Service Area-B

Regional Emergency Operations Plan



June 30, 2017

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Plan History

Date	Action	Comments
11/18/14	Approved	Draft plan approved by BRAC
11/15/14	Revised	
03/01/15	Revised	
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5/15/17	Revised	Added section on Resource Demobilization
5/18/17	Revised	Updated Contact Information
6/30/17	Revised	Update Regional Preparedness Coord. Info

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Appendix

1.0 OVERVIEW

1.1 Purpose

The Trauma Service Area – B (TSA-B) Regional Emergency Operations Plan is an operational resource tool for its health care system partners to reference in planning, response and recovery efforts. It provides guidelines for coordinating the emergency response of health care system partners.

1.2 Scope

The plan describes the roles and functions of critical response partners (hospitals, local health jurisdictions, emergency medical services, law enforcement, local emergency managers, etc.), as well as information on how to initiate a response with those partners. The plan and its appendices address general operational concepts, inter-agency communication, memoranda of understanding (acquisition of resources, staff sharing, etc.) and how to request the AMBUS or Emergency Medical Task Force (EMTF) resources.

This plan does not supersede any local or internal emergency response plans. Rather, it is intended to augment and support plans across agencies and disciplines, and to assist in a coordinated emergency response in the event of a mass casualty incident or other type of major incident.

1.3 Planning Assumptions

A mass casualty event or other major disaster could overwhelm the capacity of regional health care partners and resources (staff, supplies, equipment). Development of this plan assumes the following:

- Response partners will respond as detailed in their emergency response plans.
- TSA-B will coordinate closely with health care system partners to assist in ensuring continuation of critical services.
- Emergency response will require the participation of many health care system partners, as well as coordination with multiple communities, government, health care and first responder agencies to ensure a successful response. This coordination will be achieved through the establishing of the Regional Medical Operations Center (RMOC).
- Roles and responsibilities of medical surge response partners are guided by Emergency Support Function (ESF) 8, which includes local, regional and state resources.

2.0 CONCEPT OF OPERATIONS

2.1 Incident Command System / National Incident Management System

In compliance with Presidential Directive – 5 and Assistant Secretary of Preparedness and Response (ASPR) requirements, health care system partners use Incident Command System (ICS) utilized by the National Incident Management System (NIMS) to manage incident response.

Response may be initiated by a dispatch entity, EMS service, hospital, law enforcement, public health, or emergency management and will evolve as necessary to effectively manage a multi-partner incident response, using ICS. The appropriate agency/agencies will assume the Incident Command (IC) or Unified Command (UC) roles, and the ICS structure will be scalable and flexible according to the needs of the incident and considering span of control requirements.

Additionally, many public health agencies, hospitals and other partners have varying levels of ICS training and implementation experience. Hospitals may utilize the Incident Command System or Hospital ICS (HICS) with community partners to respond to and manage significant events internally and as part of a community response. Health care system partners are responsible to share appropriate training with key staff to effectively fulfill ICS roles. HICS forms can be obtained at http://www.b-rac.org/All_forms_5.pdf.

In many cases first responder agencies may arrive at nearly the same time. The first on scene may begin the use of ICS, again with the appropriate lead agency/agencies assuming a Command role, upon its arrival. In a large-scale emergency response, it is likely that UC will be necessary to leverage the expertise of the key responding agencies.

In the event of a pandemic or other public health emergency, the local health jurisdiction may establish ICS as needed and assume a Command role.

An Emergency Operations Center (EOC), Hospital Coordination or Command Center (HCC) or Emergency Coordination Center (ECC) can be opened by the affected jurisdiction to provide strategic overview and coordination of the incident. The EOC may or may not contain a Joint Information Center (JIC) as deemed necessary to support multi-agency/jurisdiction communication to the media and public. The RMOC may be established to coordinate medical resources in support of the EOC.

2.2 Health Care System Partner Roles & Responsibilities

2.2.1 Emergency Medical Services

The dispatch protocol for a Mass Casualty Incident (MCI) is summarized below.

- The local EMS receives a call from its dispatch and responds as directed.
- EMS provides an assessment and size-up of the scene to the on-scene IC.
- Patient Care Procedures are adhered to through each service's protocols.
- The EMS resources on scene report their findings to its dispatch.
- The EMS resources, on scene, determine whether an MCI exists. If yes, the service's MCI plan is implemented.
- Additional resources, including the use of AMBUS, are requested by notifying the Communications Center at UMC EMS.
- The UMC EMS Communications Center will notify the Regional Preparedness Coordinator and or the TSA-B Executive Director and advise them of the MCI.
- The Regional EMS Mass Casualty and Disaster Plan will be activated, by those contacted above.
- As the above events are taking place, EMS providers triage patients according to the regional plan and use triage tags that identify the patient's level of acuity.
- Once adequate resources are on scene, EMS will begin transporting patients to facilities.

2.2.2 Hospitals

Hospitals provide triage, assessment, decontamination, emergency care/treatment, and isolation/quarantine of patients as required as defined in treatment protocols. Each hospital in TSA-B has developed an emergency response plan to address internal activation, emergency staffing, surge capacity including additional bed expansion, isolation patient management, acquisition of additional supplies/equipment/pharmaceuticals, emergency evacuation, shelter-in-place, fatality management, and coordination with the jurisdiction's Emergency Management Coordinator (EMC) and other hospitals in the region.

As patient numbers increase beyond the capacity of the impacted hospital, they will:

- activate their internal Emergency Operations Plan (EOP)
- contact the Regional Advisory Council on Trauma (RAC), TSA-B
- contact the local EOC

During a CBRNE (Chemical, Biological, Radiological, Nuclear and Explosive) event each hospital works with their local EMC. The EMC may share responsibility with the local Health Department, especially if the event involves a communicable disease or if the health of the population is at risk due to the event. Hospitals will contact their local Department of State Health Services office in accordance with their individual infection control policies and notifiable condition requirements.

2.2.3 Department of State Health Services

The role of the regional Department of State Health Services (DSHS) office is to assist with CBRNE events, as well as in the recognition, surveillance, investigation, and prevention of the spread of communicable diseases. DSHS is responsible for coordinating with other health care practitioners, hospitals, veterinarians, other health care professionals, and disease-reporting agencies for disease surveillance and control activities. DSHS is the lead agency, at the state level, for ESF-8 incidents.

2.2.4 Emergency Management

The impacted jurisdiction's EMC will facilitate interagency coordination, provide centralized situation assessment and public information, coordinate the mobilization of local government resources in response to an emergency, and coordinate community disaster recovery. In the event that responding agencies, including the hospitals, have exhausted critical resources available through routine channels and through mutual aid (within the TSA-B region), local EOC will request resources from the regional Disaster District Chair (DDC).

2.2.5 Governmental Partners

TSA-B works closely with law enforcement, fire services, city government offices and county-level agencies where appropriate for planning purposes.

Along with the governmental agencies described above, federal partners who have a presence in TSA-B include the National Weather Service, United States Postal Service, Department of Transportation, Federal Bureau of Investigation and others. Memorandums of Understanding (MOU) addressing staffing and medical surge capacities are in place with relevant partners.

National Disaster Medical System (NDMS) and other scalable surge capacity assistance through the US Department of Health and Human Services may be requested by the impacted jurisdiction's EMC through Texas Division of Emergency Management (TDEM) if response capabilities are exceeded. TDEM will ask the impacted jurisdiction's EMC to describe the need and will then determine which asset(s) are necessary. This may include Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Operational Response Teams (DMORT), International Medical Surgical Response Teams (IMSURT), National Veterinary Response Teams (NVRT), Federal Medical Station (FMS), Strategic National Stockpile (SNS), Cross-Border EMS Response, and others.

2.2.6 Other Partners

The American Red Cross is the only non-profit, non-government agency required by Congressional Charter to undertake disaster relief activities to ease human suffering caused by disasters. As such, they are the only organization in the country that responds to the immediate, disaster-caused basic needs of anyone in our community, with a focus on vulnerable populations who have no safety net

TSA-B is continually developing relationships with the many supportive and specialty services in our region. Examples of the broad base of health care system partners include:

- nursing homes
- long-term care facilities
- urgent care centers
- non-profit organizations
- physician clinics
- renal services
- coroners / medical examiners
- blood centers
- behavioral health services
- volunteer organizations
- faith-based organizations
- medical transportation providers
- technical support

MOUs will be referenced as they are developed.

3.0 SYSTEM RESPONSE & RESOURCE COORDINATION

When the local EOC is notified that an MCI or other major incident exceeds the surge capacity of the affected hospital, the EOC will reference this plan and instruct the affected agency to reference this plan as well. The hospital will also notify the Regional Preparedness Coordinator and Executive Director for TSA-B.

Then the following activities may occur:

- The TSA-B will alert regional hospitals & partners of the event.
- This notification triggers hospitals & health care system partners to evaluate the level of response required and enhances situational awareness.
- Situational awareness may be enhanced by the authority having jurisdiction.
- If a patient is suspected of having been exposed to a CBRNE agent, or of having a notifiable disease, hospitals will notify their local health jurisdiction, who will in turn follow their agency plan for further notification.
- Availability of facilities to receive patients will be coordinated through TSA-B or RMOC.
- Additional resources may be coordinated by the authority having jurisdiction.
- Demobilization of resources will be planned for at the start of the incident. Once a resource is no longer needed, it will be demobilized back to its sending agency.

4.0 COMMUNICATIONS

4.1 Alerting and Patient Distribution

As patient numbers increase beyond the individual hospital capacity, the hospital may activate their EOP and contact the EOC and local EMC as needed. Patients may be distributed based on the features of the event. Alerting is carried out using the systems listed in Section 3.2.

The regional strategy for evacuating patients beyond the affected region is accomplished through TSA-B and RMOC using the Regional EMS Mass Casualty and Disaster Plan and coordination with neighboring Regional Advisory Councils.

4.2 Emergency Communication Systems

The 24/7 contact list is found in Appendix C. The Region has several alternate forms of communication available. Preferred forms of communications may vary by discipline. The alternate forms are listed below in approximate priority of preferred and attempted use.

- **Landlines**
- **Cellular telephones**
- **800 MHz radios**
- **Satellite telephones**
- **WEB EOC:** Web based application used to share situational awareness throughout all aspects of a large incident. Bed status, patient tracking, and general position log information can be placed in this system.
- **EMSystems:** This is another web based program that is used for notification of regional preparedness partners as well as information gathering.
- **SPURS Network (South Plains Unified Regional Systems) through i-Info:** This is the regional (South Plains Association of Governments) notification system. It is web based, but can send email, text or voice messages. Preparedness partners are highly encouraged to sign in to this service to give the region more capability in its notifications.
- **Amateur radios (HAM):** Amateur radio may be used for communication between health care facilities and local, county and state emergency organizations. Frequencies vary by location, and specific radio repeaters are utilized according to the regions communication plan.

4.3 Media / Public Communications

Hospital Public Information Officers (PIOs) will manage the information flow in coordination with public health, emergency management and/or other appropriate partner PIOs. Most hospitals, emergency management agencies and local health jurisdictions have designated PIOs or spokespersons who maintain media contact information.

A Joint Information Center (JIC) may be activated in support of the overall response. With guidance from response partners, information will be coordinated and distributed via electronic, print and informal communications (newspaper, radio, television, social media, etc.) to educate and alleviate the concerns of the general public. The JIC may also utilize a webpage and/or hotline with additional public information that can be regularly updated throughout the response and recovery.

5.0 SURGE CAPACITY

Healthcare system partners operate under these MOUs.

MOU	**Agreement for**
TSA-B hospitals	Shared equipment, supplies, resources & staffing
DSHS Region	Shared equipment, supplies, resources & staffing

Each hospital has internal plans for creating bed space and accessing auxiliary staff locally. As an impacted agency foresees they will be stretched beyond their capacity to respond, they can activate the related MOUs referenced above in accordance with the verbiage & terms of that MOU.

In addition to these regional MOUs, hospitals experiencing equipment and supply shortages may utilize established agreements and relationships with other agencies and/or vendors. Each hospital has emergency delivery agreements established with suppliers of fuel for back-up generator power, medical supplies, laundry service, medical gases, blood, food, potable water, medical equipment rental, service equipment, etc. If an internal or external disaster results in a shortage of essential supplies, 24/7 contacts can be made with the appropriate suppliers.

In the event that hospitals exceed their established agreements and relationships, additional staffing, equipment, supply and transportation requests may be made to EMC, who will then coordinate the request with state agencies.

5.1 Bed tracking

EMSystem is used for Regional Bed Tracking within TSA-B. Bed status is updated daily in EMResource by the facilities. WebEOC, the statewide bed tracking system, is being populated for the bed status of TSA-B. Hospitals are offered training on the capabilities available within WebEOC, and efforts to strengthen WebEOC's usage for situational awareness are ongoing. In a mass casualty response, phones may also be used to get accurate bed counts. WebEOC has many local servers across the state and the State Operations Center (SOC) has one which is called Lone Star. All State Agencies are on Lone Star, but BRAC will continue to give them access to the Lubbock server for local events.

5.2 Alternate Care Facilities

TSA-B has the ability to activate the EMTF resources within its region. The EMTF has a Mobile Medical Unit (MMU) with a 16-bed capacity in the TSA-B Region that can be utilized for an Alternate Care site. TSA-A, which is also part of EMTF 1, has a 16 bed MMU that can be combined with the TSA-B unit for a total of 32 beds. The MMU has full patient care capability. This would be a short-term solution only. Staffing is provided by facilities and agencies in the Region that have executed EMTF Memorandums of Agreement (MOA) with TSA-A.

MOUs exist for the sharing of staff, equipment, and transferring of patients. Hospitals within the region should identify on-site or off-campus locations where an EMTF could be set up.

6.0 CRITICAL ISSUES

6.1 Security

Most hospital emergency response plans indicate a reliance on local police, Department of Public Safety, and/or other agency contracts for facility security during a large-scale event. Building and personnel security procedures are addressed in individual emergency response plans.

Each hospital is responsible for its own policies and procedures for employee identification.

6.2 Access and Functional Needs Populations

All hospitals address access and functional needs populations in their individual emergency response plans, including but not limited to communication, mobility, behavioral and mental health, and age-related issues.

All hospitals have a provision for securing interpreters. Fact Sheets for limited-English-speaking populations are available in various languages, on bioterrorism agents and specific communicable diseases, through local and state resources.

TSA-B works closely with the City of Lubbock Public Health Preparedness Coordinator and the Emergency Management Coordinators in the region to support this function.

6.3 Behavioral Mental Health

TSA-B has a Behavioral Mental Health Response capability through StarCare to provide an effective, organized system to manage the consequences of disaster impacts on the public and emergency responders. The capability is activated in consultation with the jurisdiction's EMC and the RMOC.

In addition, Covenant Medical Center employs mental health personnel.

6.4 Diseases of Significant Concern

Local health department offices will coordinate a response for any outbreak of a significant condition such as: Pandemic Influenza, Smallpox, etc. that public health requires reporting. Each hospital has an internal plan for early recognition of these conditions and has an established partnership with their region. Appendix D also has details on responding to Highly Contagious Diseases and there is a CONOPS for this type of response also.

6.5 Medical Evacuation / Shelter in Place

Hospital shelter-in-place and evacuation procedures are outlined in each location's emergency response plan. Each local EMC may be contacted to activate resources (transportation, etc.) for evacuation. TSA-B may serve as a resource to facilities involved in evacuation to assist with patient destination coordination.

During an evacuation, some hospitals house patients at an adjacent medical building, assisted living facilities, and other area hospitals. In their emergency response plans, each hospital addresses alternate care in the event of an evacuation.

6.6 Patient Decontamination

Each hospital's process for patient decontamination is included in each hospital's EOP or Decontamination Plan.

The South Plains Regional Hazmat Team, maintained by the Wolfforth Volunteer Fire Department, is available to assist facilities with decontamination situations.

6.7 Medical Waste Disposal

All facilities utilize medical waste disposal vendors. When they are overwhelmed, a request for additional containers will be made to the impacted jurisdiction's EMC. The waste is bagged, stored and disposed of in accordance with legal requirements.

6.8 Mass Fatality

All facilities have received disaster pouches and have been given a BioSeal system capable of handling approximately 50 decedents. Each facility also has 50-100 disaster pouches that are to be used to place the Bio-Sealed remains in for movement and transport. If an event is isolated to one area, TSA-B can coordinate movement of units from non-affected areas to the effective area. Other resources are available throughout the state and can be requested through Emergency Management channels.

6.9 Volunteers

6.9.1 Spontaneous Volunteers

Over time, when disaster strike, volunteers will come to the scene. These volunteers can help, but they can also be a hindrance. The scene and hospitals should be secured as soon as possible in order to control the influx of spontaneous volunteers. They should be directed to an area where they can have their credentials verified and then assigned to an appropriate work area. The Texas Disaster Volunteer Registry is used to see if the volunteers are pre-registered in the system. This system has the capability to verify credentials on registered volunteers. Other medical professional credentials can be verified at:

EMS Personnel	https://vo.ras.dshs.state.tx.us
Physicians	https://public.tmb.state.tx.us/hcp_search.searchnotice.aspx
Nursing	https://www.bon.texas.gov/license_verification.asp

6.9.2 Volunteer Management

When the need arises for more certified or licensed help, a request for volunteers can be made across the region. Some volunteers have registered in the Texas Disaster Volunteer Registry (TDVR). This system allows for volunteer's credentials to be checked, and allows the person to maintain their own contact information. The South Plains Chapter of the American Red Cross can also assist in signing up volunteers. These volunteers would have their credentials verified using one of the above websites. A list of volunteers, with verified credentials, would be maintained at the RMOC and then as requests are made, the appropriate volunteer would be contacted.

As volunteers are requested, they will be checked in at the location where they will be working and then checked out when their assignment is completed. The RMOC would be notified so that the volunteer can be reassigned or demobilized. All demobilization would be handled by the RMOC with appropriate paperwork and evaluations completed.

7.0 RECOVERY

7.1 Communication

When it is determined that the situation is contained, through the local EMC or the on-scene IC/UC, TSA-B will communicate to health care agencies via i-Info, EMSystem, WebEOC, phone, radio or other communication methods that the disaster or situation has been contained and the region has returned to a normal state of operation.

7.2 Facility Re-entry Authorization

If a facility has been evacuated because of the event, Hospital Administration, and/or health care agencies in conjunction with lead local, state and/or federal agencies, will authorize re-entry of the facility in accordance with their internal re-entry guidelines.

8.0 TRAINING

Effective use of this coordination plan requires region-wide training in the use of EMSystem & WebEOC bed tracking so that TSA-B can make informed medical decisions regarding patient movement.

Health care system response partners need to be familiar with this plan and how the partner can assist during an MCI response.

9.0 PLAN MAINTENANCE

9.1 Maintaining, Exercising, and Updating the Plan

The master version of the Plan will be maintained on the TSA-B website (www.b-rac.org) and will be shared with regional health care, EMS, emergency management, and other response partners; as well as other coalitions and the general public.

Health care agencies participate in annual local and/or regional exercises. Best practices and lessons learned, identified in after action reports and improvement plans, will be utilized in updating this plan and in planning the necessary training to support the effective use of this plan.

The plan will be reviewed and updated annually or after identification of best practices and lessons learned in regional drills and exercise.

Health care system leadership & response partners are regularly engaged in the planning process by collaborating with the local groups & agencies. All recommendations are considered by the committee.

Appendix A

Glossary

AMBUS - a licensed, by the Texas Department of State Health Services, multi-patient vehicle capable of carrying 20 supine patients, 24 seated patients, 10 wheel-chairs, or any combination of these. The vehicle has piped oxygen, wireless vital sign monitoring system, and full EMS capabilities on board.

ASPR - Assistant Secretary of Preparedness and Response. This is the federal position, in the U.S. Department of Health and Human Services, that is responsible for directing the Hospital Preparedness Program.

CBRNE - Chemical, Biological, Radiological, Nuclear, or Explosive. The acronym used for weapons of mass destruction.

DDC - Disaster District Chair. The Texas Department of Public Safety officer, lieutenant or captain, that is responsible for coordinating State response during a disaster in their respective districts.

DPS - Department of Public Safety. The Texas agency responsible for statewide law enforcement. Made up of the Texas Highway Patrol, Texas Rangers, and Texas Division of Emergency Management.

DSHS - Department of State Health Services. The state regulatory agency responsible for licensing and coordinating health and medical responses in the state. Lead agency for ESF-8, Health and Medical, responses.

DMAT - Disaster Medical Assistance Team. A resource within the National Disaster Medical System that provides a team of medical responders with equipment to augment an overloaded or destroyed medical system in a disaster situation. This is a federal resource and can take up to 72 hours to be deployed, once requested.

DMORT - Disaster Mortuary Team. A federal team that responds to mass fatality incidents or an incident where bodies are displaced from place of interment. Team consists of morticians, anthropologists, forensic scientists, paramedics, law enforcement officer, and other experts needed.

ECC - Emergency Coordination Center. When a facility activates its Incident Command System, the ECC is established as the location where the specific facilities response to the incident is coordinated. This center then communicates with other operation centers as needed.

EMC - Emergency Management Coordinator. The position responsible for a jurisdiction's coordination of resources to a disaster. The EMC manages the Emergency Operations Center and supports Operations by coordinating requests for resources. This position is constitutionally tasked to the Mayor or County Judge, but may be delegated by those positions to another person.

EMTF - Emergency Medical Task Force. A statewide team designed to respond to disasters or events to provide care and/or transportation. This team is made up of eight regions across the State of Texas. EMTF 1 covers the Lubbock and Amarillo areas. Components of the team are: Ambulance Strike Teams; AMBUS; Mobile Medical Units; and Registered Nurse Strike Teams.

EOC - Emergency Operations Center. EOCs coordinate with on-scene incident managers and other agencies and organizations to: acquire, allocate, and track resources; manage and share information; establish response priorities among incidents; provide legal and financial support; and liaison with other jurisdictions and other levels of government. At a minimum, each county has an EOC and many cities have one as well.

EOP - Emergency Operations Plan. A plan for how an agency, facility or jurisdiction will handle a large-scale emergency. The next plan above a plan should not be in conflict to supersede the lower plan, but be able to provide support.

ESF - Emergency Support Function. The primary federal coordinating structures for delivering response core capabilities. ESF #8 is Health and Medical.

FMS - Federal Medical Station. A Federal, deployable all-hazards medical asset designed to support and integrate inside of regional, state, tribal, or local healthcare agencies responding to catastrophic events.

HCC - Hospital Coordination Center, same as ECC, see above.

HCID - High Consequence Infectious Disease

HICS - Hospital Incident Command System

HPP - Hospital Preparedness Program

IC - Incident Commander

ICS - Incident Command System

IDRU - Infectious Disease Response Unit, a team under the EMTF umbrella to respond to a highly infectious patient

IMSURT - International Medical Surgical Response Teams

JIC - Joint Information Center

MCI - Mass Casualty Incident

MOA - Memorandums Of Agreement

MOU - Memorandum Of Understanding

MMU - Mobile Medical Unit

NDMS - National Disaster Medical System

NIMS - National Incident Management System

NVRT - National Veterinary Response Team

PIO - Public Information Officer

RAC - Regional Advisory Council. The organizational group responsible for development of the trauma system in their region of Texas.

RHMOC - Regional Health and Medical Operations Center

RMOC - Regional Medical Operations Center – TSA-B

SMOC - State Medical Operations Center

SNS - Strategic National Stockpile

SOC - State Operations Center

TDEM - Texas Division of Emergency Management

TSA-B - Trauma Service Area B, also known as BRAC. One of 22 RAC's in the State of Texas. These regional boundaries were established by Department of State Health Services as directed by the Omnibus Rural Healthcare Rescue Act, passed by the Legislature of Texas in 1989.

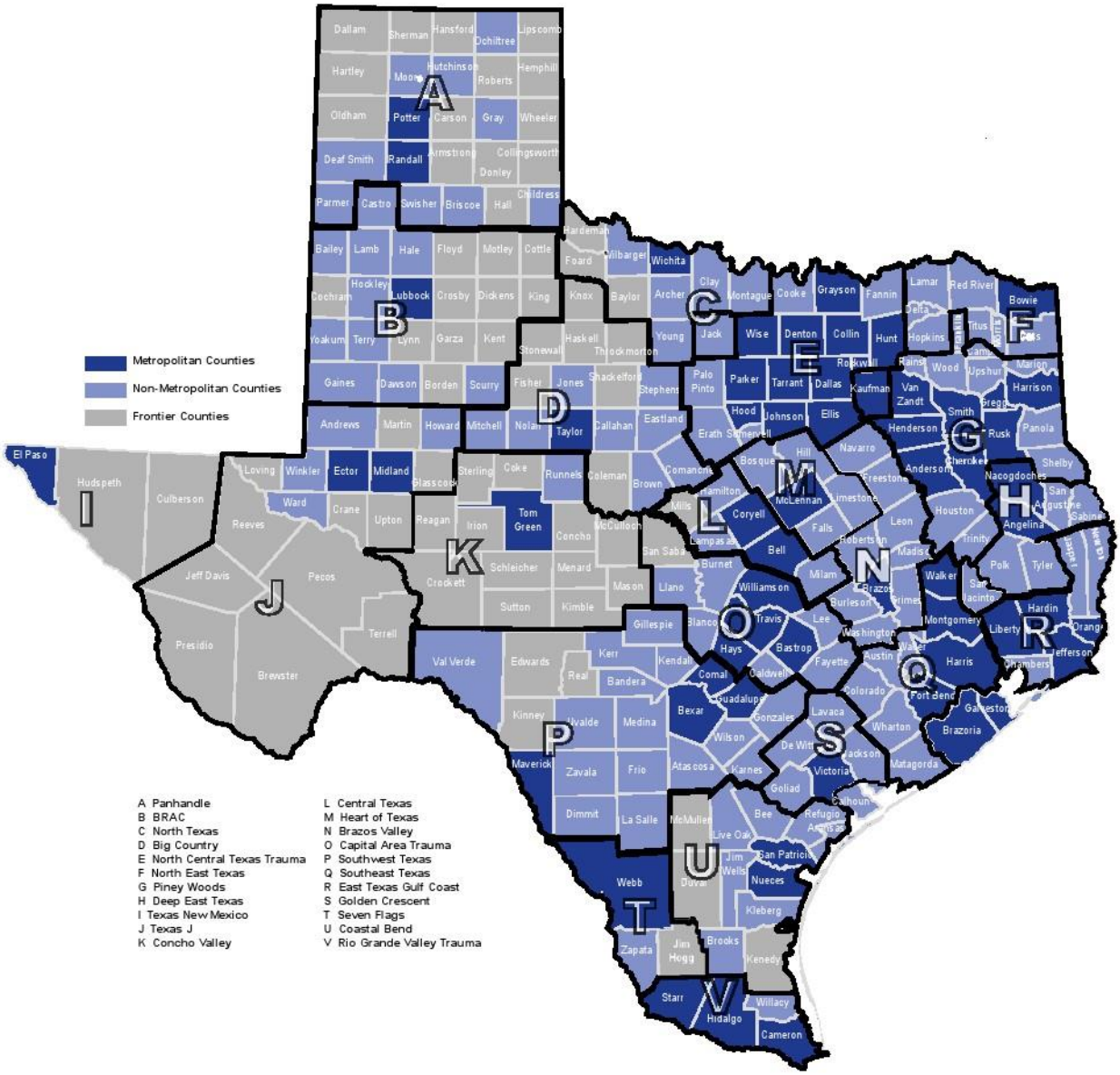
UC - Unified Command

Appendix B

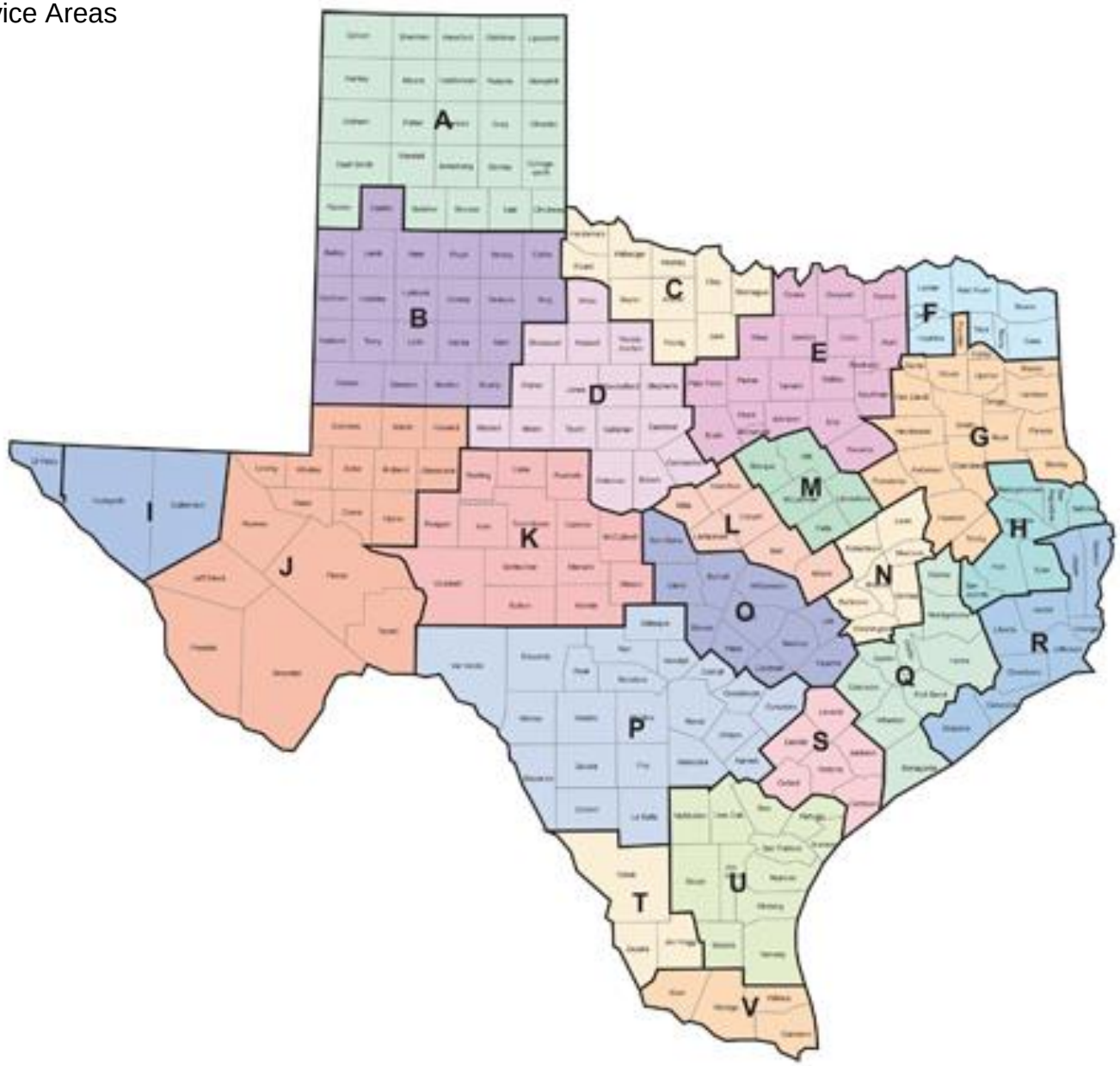
Maps

Trauma Service Area Map showing Urban, Rural and Frontier Counties
Trauma Service Area Map
Texas Public Health Regions – DSHS
Texas Disaster District Regions – with Counties Grouped by Councils of Governments
Texas Emergency Medical Task Force (EMTF)
Council of Governments Map

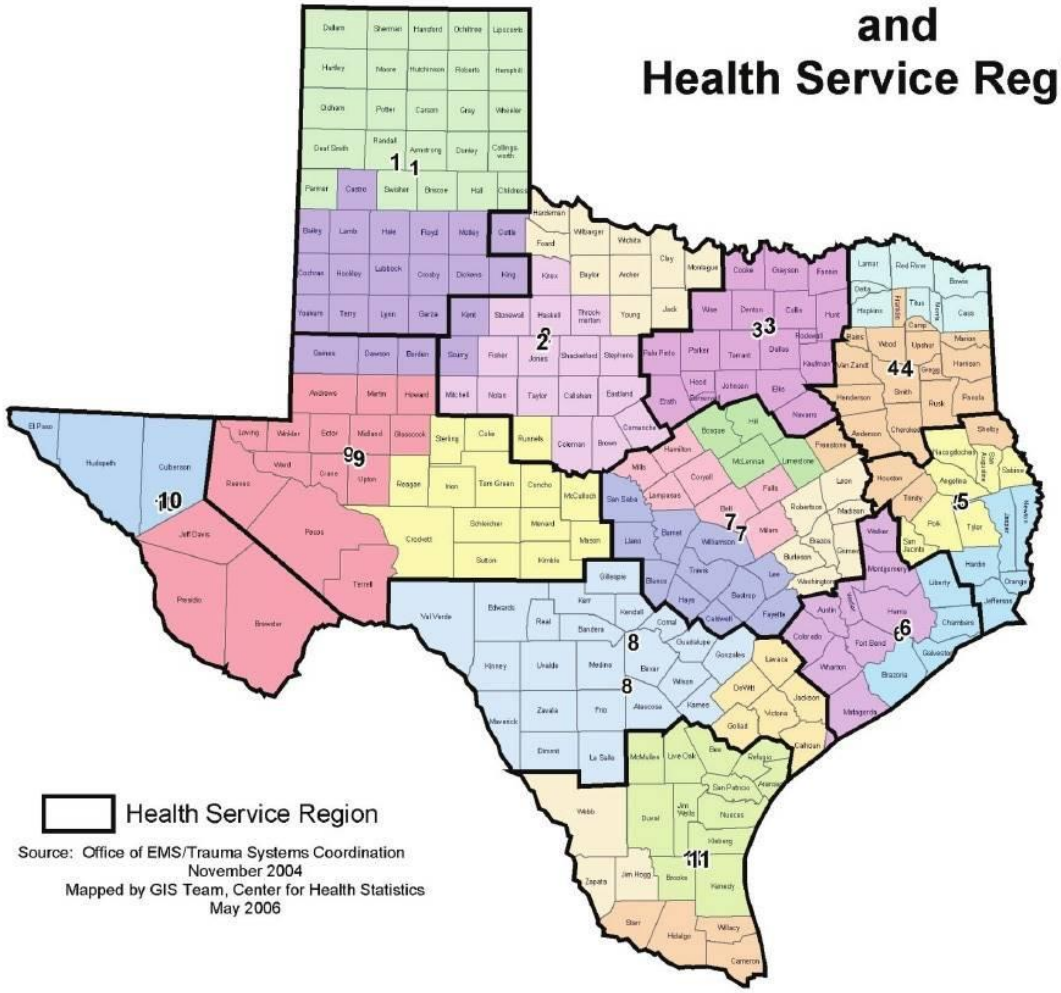
Trauma Service Area Map showing Urban, Rural and Frontier Counties



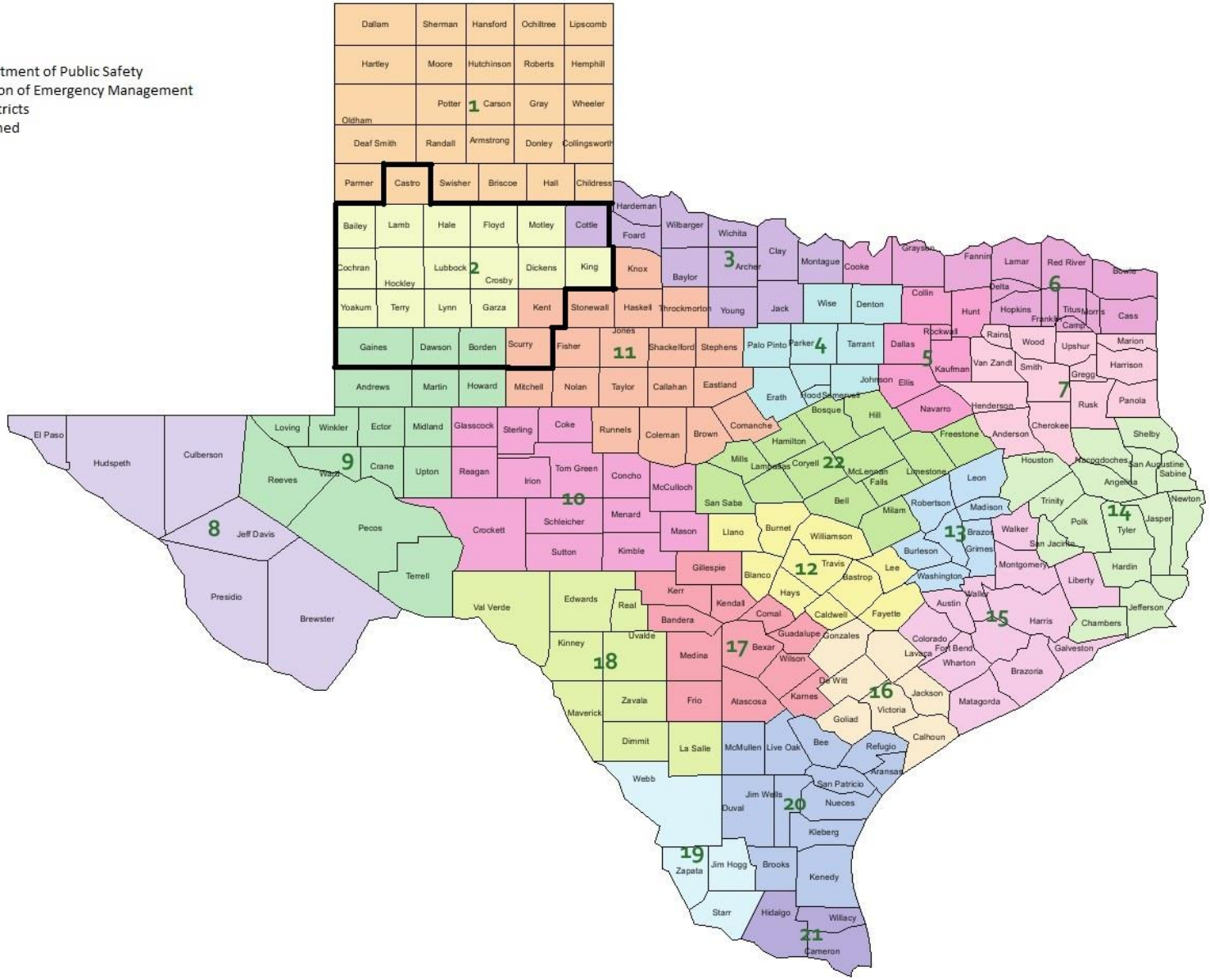
Texas Trauma Service Areas

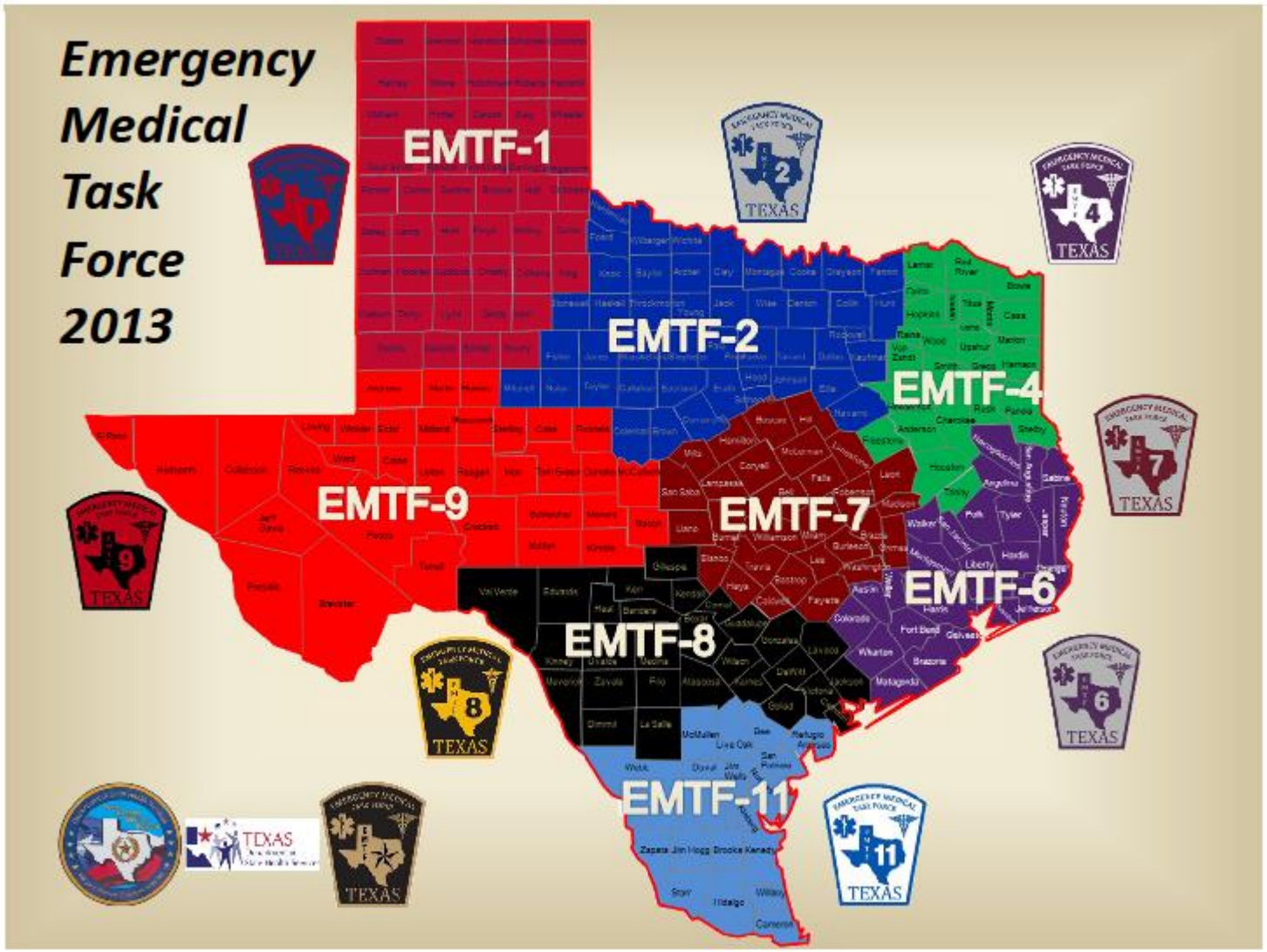


Texas Trauma Service Areas and Health Service Regions

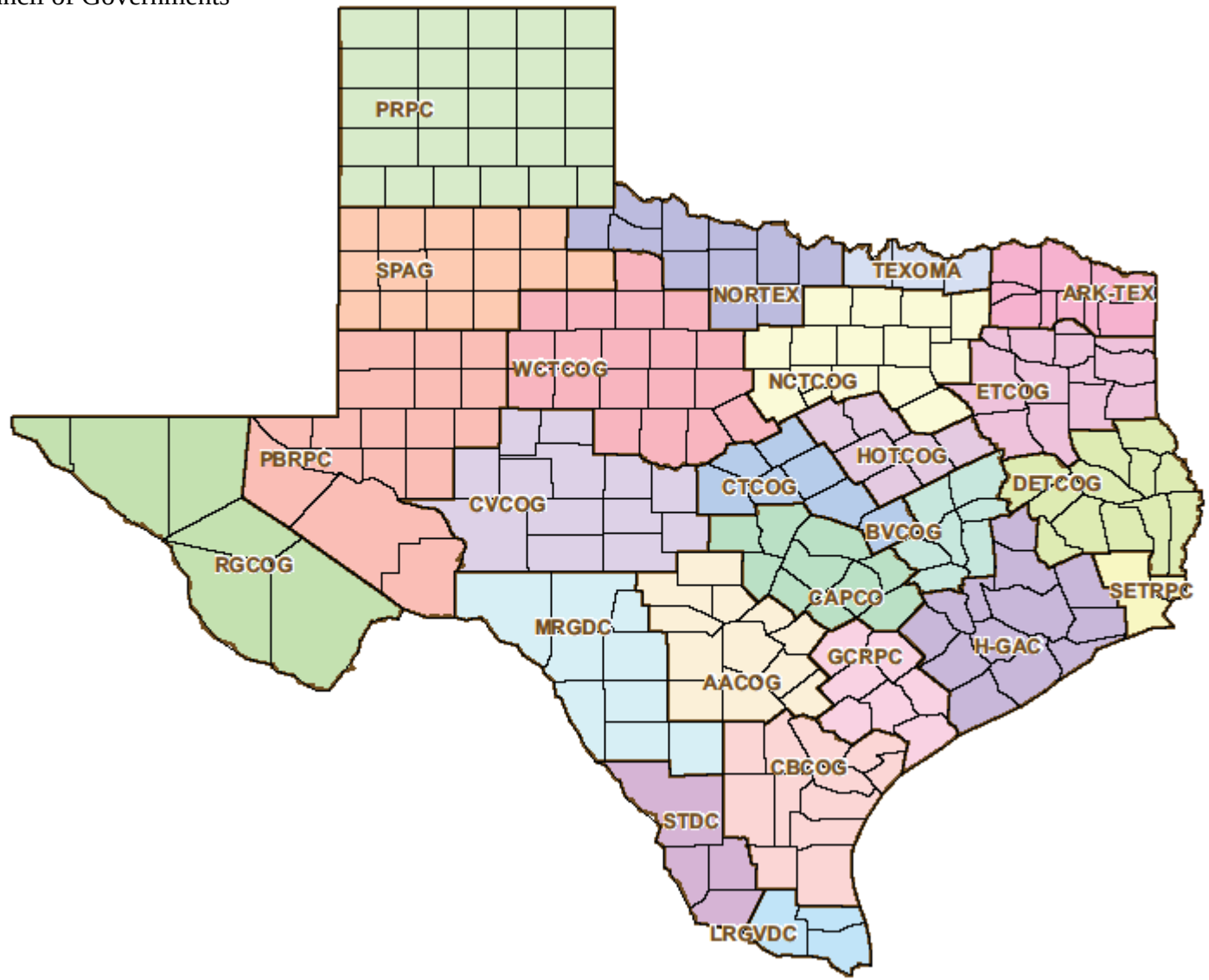


Texas Department of Public Safety
Texas Division of Emergency Management
Disaster Districts
TSA-B Outlined




Emergency
Medical
Task
Force
2013
EMTF-1
EMTF-2
EMTF-4
EMTF-9
EMTF-7
EMTF-6
EMTF-8
EMTF-11
TEXAS

Council of Governments



Appendix C

24 Hour Contact Phone List

Name	Phone Number	Title
Jim Waters	806-535-2638	Executive Director Satellite Phone: 254-543-7401
		Regional Preparedness Coordinator Satellite Phone: 254-543-7400
UMC EMS Comm Center	800-345-9911	AMBUS, Regional MCI Activation or EMTF Request
DSHS Region 1	806-744-3577	Lubbock
DSHS Region 2/3	817-264-4500	Arlington
DSHS Region 9/10	915-683-9492	Midland Office

Facilities and EMS Services

Facility/Agency	Phone Number	Other Information
Amherst VFD/EMS		
Bailey County EMS	806-272-4569 Dispatch 806-272-4390 Office	EOC: Muleshoe PD 806-272-4569 Fax 806-272-3270 EMS Fax: 806-272-3141
Bioterrorism Response Lab (LRN)	806-885-0235	
Borden County EMS		
BRMC EMS	806-637-2511 Dispatch	HCC: 806-637-3551 Terry County EOC: 806-637-4547 Fax: 806-637-9369
Brownfield Regional Medical Center	806-637-3551	HCC: 806-637-3551 Fax: 806-637-1306 Terry County EOC: 806-637-4547 Fax:806-637-9369 Satellite Phone: 254-543-9517
Castro County EMS		
City of Lubbock EMC/PHEP		
Cochran County EMS		
Cochran Memorial Hospital	806-266-5565	HCC: 806-266-5565 Fax: 806-266-5342 Larry Turney: 806-891-2354
Covenant Ambulance Service	806-632-5219	
Covenant Children's Hospital	806-725-1011	HCC: 806-725-6102 Satellite Phone: 863-203-8243
Covenant Hospital – Levelland	806-894-4963	EMC: 806-281-4334 Satellite Phone: 254-543-9526

Facility/Agency	Phone Number	Other Information
Covenant Hospital – Plainview	806-296-4244	EMC: 806-518-8815 Satellite Phone: 254-543-9520
Covenant Medical Center	806-725-1011	HCC: Satellite Phone: 863-203-8238
Covenant specialty Hospital	806-725-9200	HCC: Satellite Phone: 863-203-8254
Crosbyton Clinic Hospital	806-675-2382	HCC: 806-675-2382 Fax: 806-675-8727
Crosbyton Clinic Hospital EMS	806-675-2382	EMC: 806-777-5393 EOC: Crosby County 806-675-7301 Fax: 806-675-8727 Shelia Womack: 806-346-1394
D. M. Cogdell Memorial Hospital	325-574-7230	HCC:325-574-7435 or 325-573-6375 Fax: 325-574-7433 Satellite Phone: 242-204-5785 Brandon Rollins: 325-207-6851 Angela Savedra: 325-207-8699
Denver City EMS	806-215-3244	Dispatch: 806-592-3516
Earth EMS		
Floydada EMS		
Grace Medical Center	806-788-4000	Randy Powell: 806-317-2300
Hale Center EMS Association		
Idalou EMS		Dispatch: 806-775-9913
Kent County EMS		
King County EMS		
Lamb Healthcare Center	806-385-3827 806-385-6411	EMC: 806-385-2073 HCC: 806-385-3827 Fax: 806-385-3998 Satellite Number: 254-543-9551
Levelland EMS		
Littlefield EMS		
Lockney VFD EMS		
Lorenzo EMS		
Lubbock County EMC		
Lubbock Heart & Surgical Hospital	806-687-7777	HCC: 806-687-7777 Ext. 3803 Satellite Phone: 254-543-9531
Lynn County Hospital District	806-998-4533	HCC:
Lynn Co Hospital District EMS	806-561-4505 SO Dispatch	EOC: 806-561-4505 806-998-4533 Ext. 505
Medical Arts Hospital	806-872-2183	HCC: 806-872-2183 EMC: 806-201-2153

Facility/Agency	Phone Number	Other Information
Medical Arts Hospital EMS	806-872-3464	806-872-2183 806-200-1023
Memorial Hospital – Seminole	432-758-5811	HCC: 432-758-4802 Fax: 432-758-4880 Gaines County EOC: 432-209-0922
Muleshoe Area Medical Center	806-272-4524	HCC: 806-272-4524 Fax: 806-272-4274 EOC: 806-272-4569 Fax: 806-272-3270
National Weather Service - Lubbock	806-745-4926	
New Deal Fire EMS		Dispatch: 806-775-9913
Olton EMS	806-385-7900 Lamb County Dispatch	
Paducah EMS	806-492-3131	Fax 806-492-2049 EOC: Cottle County 806-492-2336 Fax 806-492-2049
Petersburg EMS	806-396-2724 Hale County SO Dispatch	
Plains EMS		
Plains Memorial Hospital	806-647-2191	HCC: 806-647-8700
Plainview FD and EMS		
Post-Garza Co. EMS	806-495-3595 Garza County Dispatch	EOC: Garza County 806-495-1813 Fax: 806-495-1195
Ralls Volunteer Ambulance Service		
Ransom Canyon VFD & EMS		Dispatch: 806-775-9913
RRAMS Team	806-535-6004	
Scurry County EMS	325-573-1911	EOC: Scurry County 325-573-1284
Seagraves Loop EMS		
Seminole EMS	432-758-9871 Dispatch	EOC: Gaines County 432-758-9871
Shallowater EMS		Dispatch: 806-775-9913
South Plains Association of Governments	806-454-1284	MACC
South Plains Public Health District	806-215-3228	Sandra Jacquez
Springlake FD First Responders		

Facility/Agency	Phone Number	Other Information
Sudan Fire EMS		
Sunrise Canyon	806-740-1420	HCC: 806-740-1420 Satellite Phone: 254-543-9540 806-790-6911
Star ER	806-701-4141	Fax: 806-701-4147 Bobby Sanchez: 806-244-6932
Texas Tech LRN	806-885-0235	
TrustPoint	806-749-2222	HCC: 806-749-2222 Fax: 806-749-5555
UMC EMS	806-775-9913	800-345-9911 Med 10
University Medical Center	806-775-8200	HCC: 806-775-8523 Fax: 806-775-8580
W. J. Mangold Memorial Hospital	806-652-3373	HCC: 806-652-2714 EMC: 806-292-5401
West Carlisle FD EMS	806-797-0412	Dispatch: 806-775-9913
Wolfforth EMS		Dispatch: 806-775-9913
Yoakum County Hospital	806-592-2121	HCC: 806-592-2121 EMC: 806-592-1454

Appendix D

High Consequence Infectious Disease (HCID) Planning Recommendations

Purpose: Over time, infectious pathogens have emerged at epidemic levels. Coordinating support to local jurisdictions on a regional level will be the function of TSA-B and the Regional Medical Operations Center. The attachments to this document are currently speaking to the Ebola Virus Disease (EVD) outbreak.

Scope: This document recommends elements that should be included in local plans and addresses regional support for dealing with these types of diseases. This is an overarching, high level planning document. This document is intended to assist in developing and to provide support to local plans and does not override them at any time. TSA-B will provide support to the region through this document and the HCID Concept of Operations (CONOPS). This document is limited to supporting EMS, acute care, and public health. Disease specific planning documents will be added as attachments to this appendix.

Planning Assumptions:

- Individual healthcare facilities, EMS agencies and jurisdictions should have a plan for dealing with highly infectious disease patients.
- Partnerships will be established to include, but are not limited to appropriate federal, state, local, private and Non-Governmental organizations.
- Specialized bio containment facilities may not be readily available.
- Healthcare system planning is required to include patient screening, evaluation and transfer protocols, equipment, training and staffing needs, EMS transport protocols and coordination with outpatient/ambulatory care facilities.
- Hospitals, emergency departments and clinic settings must be able to identify persons presenting with a highly infectious disease using the most current guidance being provided by the appropriate authority, and be prepared to isolate, provide basic supportive care, and inform and consult with public health officials.
- Healthcare workers at entry points need to be trained to identify persons for potential infectious disease exposure and be able to employ appropriate infection control and waste management procedures.
- Monitoring of potential exposures may have to be implemented as directed by guidance.
- Facilities able to provide screening, diagnostic and early care, will be identified and be capable of providing care for 24-48 hours prior to transfer.
- Treatment facilities will be identified and have dedicated treatment and PPE donning and doffing areas, skilled and trained staff, appropriate equipment and infection control procedures.
- PPE could be in short supply if there is a large area of outbreak, or suspected outbreak.
- The TSA-B region is used to working in a tiered approach, through the Trauma System and Acute Care System.
- A JIC will be established and all press releases and interviews will be coordinated through this point.

Situational Awareness: Situational awareness is the key to providing for a safe handling of highly infectious disease patients. The following procedures will be followed to insure that situational awareness is available to all that need this information.

- If a facility has a suspected highly infectious disease patient presenting, they should contact TSA-B using the contact information provided in Appendix C of the TSA-B Regional Emergency Operations Plan.
- EMResources and i-Info will be utilized by TSA-B for notification of the appropriate persons as needed.
- EMResources will be utilized to poll facilities and agencies for any needed information on resources and status.
- WebEOC will be utilized to provide situational awareness between facilities, agencies and Emergency Management.
- Situational awareness for a highly infectious disease incident or any other medical incident, must remain confidential. No protected medical information should be placed in a form that is not secured and that can be accessed by a person not authorized to view it.
- TSA-B will work directly with facilities and EMS agencies providing information to the RMOC.

Pre-Hospital Response:

- Each EMS agency must develop its own response plan for assessing, treating and transporting a suspected or confirmed highly infectious disease patient.
- Plan must address the response where suspicion exists from dispatcher obtained information, and from information the personnel receive on scene that the patient has a potential exposure.
- Follow PPE guidance set out by the Centers for Disease Control (CDC), for the pathogen encountered.
- Depending on the pathogen involved, a regional transport plan may be developed. It will be specific to that pathogen and will be an attachment to this appendix.

Appendix D, Attachment 1

Ebola Virus Disease (EVD)
EMS Transport Recommendations

In order to provide for uniform transport of an EVD patient throughout the region, the following recommendations are being made.

Follow the guidelines set out in the TSA-B HCID CONOPS.

Appendix E

Hazard Vulnerability Analysis

EVENT	Scoring Total (Column L-Table 1)	Priority
Severe Weather (Tornado, Ice Strom, Heat Wave, Flooding)	63	1
Utility Failure	54	2
Mass Casualty/Patient Surge	45	3
Infectious Patient	48	4
Wild Fire	20	5
Violence	26	6
Contaminated Patients (Hazmat-Decon)	32	7
Bio-Terrorism	16	8
Hazmat Internal (Spill)	16	9
Evacuation	57	10
Bomb Threat	16	11
Infant/Child Abduction	14	12
Hurricane	8	13

Appendix F

Water Purification System

TSA-B possesses the ability to produce fresh water at the rates of: 23 gallons per minute, 1,380 gallons per hour or 33,120 gallons per day. This is achieved through the use of four pieces of equipment held in the warehouse and ready for deployment at any time. All four systems are mobile and can be set up for operation in a short time. We have one unit, the FW-1200M, which produces 20 gallons per minute or 1200 gallons per hour at peak flow. Then we have three FW-60M units that produce 1 gallon per minute or 60 gallons per hour at peak flow.

All that is needed is a fresh water source with minimal turbidity. This source can be water in the municipal water system, if you are under a Boil Water Notice; water tankers or fire apparatus that has not had surfactant ever added to the tank; or other sources of fresh water. Water source can be held in transport vehicle or we have a 3,000 gallon folding tank.

Purified water can be stored in 1.5 gallon bags, citizen provided containers, or bulk storage. Water can be purified on demand, or run to fill up large capacity storage containers for later use.

The only cost associated with the deployment of the system, will be for replacement of filters used during the operation. Requestor would also be responsible for any damage to the system, due to negligence on the part of the requestor. Fee schedule is as follows. To request deployment of the system contact Tim Berry (806)-535-6004 or Jim Waters (806)-535-2638.

System	Filter Set Cost	UV Lamp *
FW-60M	$350.00	$350.00
FW-1200M	$1,100.00	$650.00

*UV Lamp replacement only if broke during use.

FW-60M

FW-1200M

Appendix G

Facility Location Data

Following is data in regards to facility locations with photos and GPS coordinates.

Name of Entity: Brownfield Regional Medical Center
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 705 E. Felt
City: Brownfield State: TX Zip: 79316

Latitude: 33 11.283 Longitude: -102 16.003
Best Route to ED from main highway:

Other Information:

Name of Entity: Cochran Memorial Hospital
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 201 E. Grant
City: Morton State: TX Zip:

Latitude: 33 43.203 Longitude: -102 45.427
Best Route to ED from main highway:

Other Information:

Name of Entity: Covenant Hospital - Levelland
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 1900 College Ave
City: Levelland State: TX Zip: 79336

Latitude: 33 34.363 Longitude: -102 22.161
Best Route to ED from main highway:

Other Information:

Name of Entity: Covenant Hospital - Plainview
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 2601 Dimmitt Rd
City: Plainview State: TX Zip:

Latitude: 34 12.430 Longitude: -101 44.019
Best Route to ED from main highway:

Other Information:

Name of Entity: Crosbyton Clinic Hospital
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 710 W. Main
City: Crosbyton State: TX Zip:

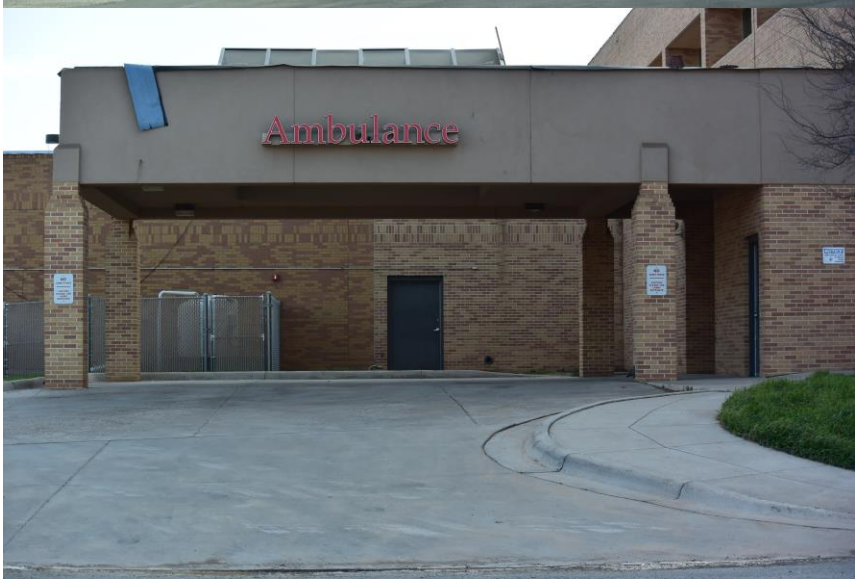
Latitude: 33 39.580 Longitude: -101 14.737
Best Route to ED from main highway:

Other Information:

Name of Entity: D. M. Cogdell Memorial Hospital
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 1700 Cogdell Blvd
City: Snyder State: TX Zip:

Latitude: 32 41.312 Longitude: -100 55.011
Best Route to ED from main highway:

Other Information:



Name of Entity: Lamb Healthcare Center
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 1500 S. Sunset
City: Littlefield State: TX Zip: 79339
Latitude: 33 54.676 Longitude: -102 20.630
Best Route to ED from main highway:

Other Information:

Name of Entity: Lynn County Hospital District
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 2600 Lockwood St.
City: Tahoka State: TX Zip:

Latitude: 33 10.023 Longitude: -101 48.998
Best Route to ED from main highway:

Other Information:

Name of Entity: Medical Arts Hospital
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 2200 N. Bryan Ave
City: Lamesa State: TX Zip: 79331

Latitude: 32 44.919 Longitude: -101 58.031
Best Route to ED from main highway:

Other Information:

Name of Entity: Memorial Hospital
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 209 NW 8th
City: Seminole State: TX Zip:

Latitude: 32 43.267 Longitude: -102 39.296
Best Route to ED from main highway:

Other Information:

Name of Entity: Muleshoe Area Medical Center
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 708 1st Street
City: Muleshoe State: TX Zip:

Latitude: 34 13.291 Longitude: -102 43.672
Best Route to ED from main highway:

Other Information:

Name of Entity: Plains Memorial Hospital
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 310 W. Halsell St.
City: Dimmitt State: TX Zip:

Latitude: 34 33.346 Longitude: -102 18.990
Best Route to ED from main highway:

Other Information:

Name of Entity: W.J. Mangold Memorial Hospital
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 320 N. Main
City: Lockney State: TX Zip:

Latitude: 34 07.622 Longitude: -101 26.412
Best Route to ED from main highway:

Other Information:

Name of Entity: Yoakum County Hospital
Type of Entity: ☒ Acute Care ☐ Specialty ☐ Auxiliary ☐ EMS ☐ First Responder
Physical Address: 412 Mustang Dr.
City: Denver City State: TX Zip:

Latitude: 32 58.111 Longitude: -102 50.180
Best Route to ED from main highway:

Other Information: