BRIDGING THE GAP IN TEXAS: EMERGENCY MANAGEMENT, ACUTE MEDICAL CARE, AND PUBLIC HEALTH COLLABORATION AND COORDINATION IN DISASTER PLANNING, PREPAREDNESS, RESPONSE, AND RECOVERY

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FIRST, A LITTLE HISTORY ABOUT TEXAS...
TEXAS IS #1

....in disasters in the US
....each with its own unique health and medical problems

- Hurricane Katrina
- Hurricane Rita
- Hurricane Gustav
- Hurricane Ike
- H1N1 Pandemic of 2009
- Wildfires of 2011
- West Nile Virus Outbreak
- Dallas tornadoes of 2012
- West, Texas explosion
- Ice storms of 2013
BEFORE WE BEGIN...

Remember, in Texas:

**All Disasters Start and End Locally**

- Local responsibility
  - Mutual Aid Partners
  - Regional Response
  - State Response
HEALTH AND MEDICAL ISSUES

Hurricanes

- Examples: Katrina, Rita, Ike
- Patient and people tracking
- Evacuation
- 911 system
- Austere environments
- Acute mental health and drug abuse
- Chronic health issues (dialysis, medications, primary care)
- Sheltering (mass care vs medical special needs)
- Loss of health care infrastructure
HEALTH AND MEDICAL ISSUES

Wildfires

- Responder health and safety
- Ongoing community health needs
- Behavioral health services

Wildland firefighters getting pre-shift briefing

Bastrop Wildfire, 2011 Photos by Emily Kidd, MD
Public Health Emergencies

- Examples: H1N1, West Nile
- Need for rapid assessment teams
- Alternate care sites
- Alternate triage / transport protocols
- Vector control
- Responder health and safety (burn-out)
No-notice Events

- Example: West, Texas
- Mass fatality incident management
- Management of responder influx
- Environmental hazards
Disaster Response brings our worlds together

Acute Healthcare
- Trauma/Emergency Care

Public Health
- Surveillance, Education, Vaccination

Human Services
- Social Services, Sheltering, Functional Needs

Epidemiologists, Preventionalists, Sanitarians, etc

Red Cross, Salvation Army, Behavioral Health

Hospitals, EMS, Pvt MDs, etc

Emergency Management
- Planning, Response, Recovery, Mitigation

Coordinators, Homeland Security, Planners

Slide courtesy of Eric Epley, CEM
QUESTIONS IN EVERY INCIDENT

- Programs
- Functions
- Who owns what stuff?
- City vs. county vs. region vs. state vs. federal
- To whom do I hand my baton?
State Operations Center reorganization
Incident Management Teams
Operational Periods
WebEOC
  SOC Clock
  Battle Rhythms
  STAR (response resource tracking, financial reporting)
- Ambulance and Air transport MOAs
- Ambulance Utilization Criteria
- Ambulance Strike Teams & Leaders
- ALS buses
- Responsibilities of sending healthcare facilities
- Hospital bed reporting processes (WebEOC)
- Regionalization (resource coordinating centers, multi-TSA regions, Regional Medical Operations Centers, EMS State deployment concept of operations)
TRACKING ISSUES

- Emergency Tracking Network (ETN)
- State of Texas Emergency Assistance Registry (STEAR)
PUBLIC HEALTH RESPONSE
ASSETS AND PLANS

- Teams
  - RAT, CAT, DOG
  - BHAT
  - CASPER
  - Transportation Triage Teams
  - Shelter Support Teams
  - Sanitarlans
  - Food safety Teams
  - Disaster Mortality Teams

- Sheltering
- Pharmacy
- Dialysis
FUNCTIONAL AND ACCESS NEEDS

- “Medical Special Needs”
- Change to thinking about Functional and Access Needs
- FNSS Toolkit
  - Appropriate shelter choices
  - Appropriate transportation choices
  - ADA compliant Shelters
  - Improved communications
  - Durable medical equipment
TEXAS EMERGENCY MEDICAL TASK FORCE (EMTF)
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<th>Emergency Medical Task Force (EMTF) Texas</th>
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**Overhead Managers – Communications - Facilities**

- **Task Force Leader**
- **Ambulance Staging Manager**
- **Medical Incident Support Team**

### 5 Ambulance Strike Teams
- 5 Ambulances in each Strike Team (25 total ambulances)
- Each Strike Team has assigned Strike Team Leader
- Teams are pre-identified
- No Notice Regional deployment
- State-wide tasked mission assignments
- 200 Ambulances

### 2 AMBUSes
- AMBUS(es) capable of transporting 16-20 litter patients at one time.
- DSHS licensed as a specialty Ambulance
- EMS agencies to staff for 4:1 patient care ratios
- No Notice Regional deployment
- State-wide tasked mission assignments
- 16 AMBUSes

### Mobile Medical Unit
- 16-32 bed capacity
- Able to provide emergency stabilizing care and transfer
- Fully staffed with EM physicians, ER nurses, Paramedics, techs, pharmacy, logistics, clerical and other support
- 6-12 hour launch time for 72 hr. deployment
- 4 Type I & 4 Type III

### 5 RN Strike Teams
- 5 RN’s in each Strike Team (25 total RN’s)
- Each Team has pre-assigned Strike Team Leader
- 4 ER Strike Teams
- 1 Specialty area (Burn, OB, ICU, Pedi, NICU, etc)
- Approx. 72 hr. deployment
- 200 Registered Nurses
Goals:

- Rapidly deployable
- Build upon regional capability
- Integrated command/control elements
- Self-sufficient for (72hrs)
- NIMS compliant
- Modular deployment options
TEXAS EMERGENCY MEDICAL TASK FORCE (EMTF)
THE PROBLEM WITH ALL THE NEW SOLUTIONS....
The Texas Disaster Medical System

- Abbreviated TDMS
- Started 2010
- Collaboration of state and local public health and medical partners
- Coordination of public health and medical plans, resources, teams, and response
Local Public Health Authorities
Local Health Departments
Regional Public Health Authorities
Regional Health Departments (HSRs)
Texas Department of State Health Services
Trauma Service Areas / Regional Advisory Councils

Hospitals and the Texas Hospital Association
Hospital Emergency Management
EMS Agencies – Rural, Urban, & Fire-based
Texas Division of Emergency Management
Forensic Experts / Medical Examiners / JPs
State of Texas Emergency Management Plan

ESF-8 (Public Health and Medical) Plans and Resources

State of Texas ESF-8 Strategy Document

Identification and Coordination of all ESF-8 plans, initiatives, and resources identified in Texas
Strategy document
Local vs. regional vs. state response
MOC purpose, structure, and function
Cataloguing multiple response resources and teams
De-conflicting personnel overlapping teams
Developing standardized training courses for state responders
Integration of response into FNSS expectations
Role of medical and PH responders in general population shelters
Standardization of patient care records
Deconfliction of funding responsibilities
- Liability coverage for responders
- Mass Fatality Regional and State planning and response
- Responder Health and Safety Initiatives
- Resource Typing / Cataloguing
- Mental and Behavioral Health planning and response
- Education standardization
- Expanding the role and standardization of Regional Public Health and Medical Operations Centers (RHMOCs)
- Review and recommendations for new State Health and Medical Annex
Disaster Response brings our worlds together

Acute Healthcare

- Hospitals, EMS, Pvt MDs, etc
- Trauma/Emergency Care

Emergency Management

- Coordinators, Homeland Security, Planners
- Planning, Response, Recovery, Mitigation

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TDMS

Slide courtesy of Eric Epley, CEM
THANK YOU!

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