



MEMORANDUM OF AGREEMENT
between
LEAD REGIONAL ADVISORY COUNCIL
and
SPONSORING ENTITY
for
EMERGENCY MEDICAL TASK FORCE

1. PARTIES

The Parties to this Memorandum of Agreement (“Agreement”) are a Department of State Health Services designated Lead Regional Advisory Council (“Lead RAC”) **North Central Texas Trauma Regional Advisory Council**, properly authorized to do business in the State of Texas, and _____, as a Sponsoring Entity, hereafter referred to as “Sponsoring Entity” that wishes to participate as a member of the Emergency Medical Task Force (“EMTF”).

Entities eligible to participate in the Emergency Medical Task Force Program include:

- a. Pre-hospital Emergency Medical Services Providers
 - i) Must be a DSHS Licensed Emergency Medical Services Provider or First Responder Organization (FRO).
 - ii) Must meet Texas Department of State Health Services (DSHS) requirements for minimum, lawful staffing per applicable DSHS licensure.
 - iii) Must have at least twelve (12) months of experience providing emergency medical services in the State of Texas.
 - iv) Must maintain a business office within the boundaries of the State of Texas.
 - v) Must adhere and abide by all federal, state and local laws and rules and must adhere and abide by the Texas Health & Safety Code, Chapter 773, Emergency Medical Services and the Texas Administrative Code, Title 25: Health Services, Chapter 157: Emergency Medical Care during the time of its deployment to provide mutual aid in a pending or actual disaster.

- b. Healthcare Facility Clinical Personnel
 - i) Must operate a Department of State Health Services licensed General Hospital.
 - ii) Must maintain a business office within the boundaries of the State of Texas.
 - iii) Must adhere and abide by all federal, state and local laws and must adhere and abide by the Texas Health & Safety Code, Chapter 241, Hospitals and the Texas Administrative Code, Title 25: Health Services, Chapter 133: Hospital Licensing.

- c. Physician and Professional Clinical Groups
 - i) Must be a business doing business in the State of Texas, providing board certified Emergency Medicine Physicians, Physician Assistants and Nurse Practitioners.
 - ii) Must maintain a business office within the boundaries of the State of Texas.

2. EXECUTIVE SUMMARY

The Texas Emergency Medical Task Force is comprised of eight regional teams, strategically located throughout the State of Texas, aligned with the DSHS Public Health Regions. These regional teams leverage existing relationships with EMS Providers, Fire Departments, Hospitals and Healthcare Organizations to provide personnel and essential resources available to respond within its specific region or throughout the State when needed. In general, regional deployments are shorter than 12 hours in duration and are initiated at the request of a local partner or jurisdiction. This type of activation constitutes regional mutual aid; therefore reimbursement may not be available. Activations originating at the state level will include a mechanism for reimbursement through a State Mission Assignment (“SMA”). Additionally, an incident that exceeds twelve (12) hours in duration will include a mechanism for reimbursement per Chapter 418 of the Texas Government code. It is important to note that an incident which warrants a State Mission Assignments can occur anywhere within the State of Texas and that Parties to this memorandum may be activated on a regional mutual aid request and transitioned to a State Mission Assignment when the incident exceeds the State threshold based on complexity, duration or cost. Additionally, the Emergency Medical Task Force may be activated by the State of Texas to respond outside the State, if requested by other States or through the Federal Emergency Management Agency, the Federal Health and Human Service Department or another duly authorized federal agency.

The Emergency Medical Task Force Program consists of seven components: Task Force Leadership, Ambulance Strike Teams, Ambulance Buses, Mobile Medical Units, Registered Nurse Strike Teams, Medical Incident Support Teams and Ambulance Staging Management Teams. These components provide maximum flexibility for the activation, deployment and utilization of specialized teams and resources needed for unique situations and missions resulting from tragedies, such as hurricanes, tornadoes, earthquakes, wildfire, flooding, terrorism and any other natural or manmade disaster.

The Emergency Medical Task Force relies on active participation from partners and stakeholders within each region and across the State of Texas to provide this valuable response capability to the citizens of Texas.

3. PREEMPTION

- a.** This Agreement is not intended to replace any mutual aid agreement or compact that a Sponsoring Entity legally has in place in its community.
- b.** Any business or contractual relationship that exists outside the scope of this Agreement between the Lead RAC and the Sponsoring Entity shall remain in full effect, and where provisions are applicable to multiple agreements, the Parties agree to comply with the higher standard.

- c. Parties agree that the Sponsoring Entity has the right to accept or decline an activation request during the process.
- d. The Lead RAC has final authority to assign Resources to positions within the team for a specific activation.

4. LIABILITY

- a. Sponsoring Entity shall have no right, and does by this Agreement waive its right, to file a claim(s) against DSHS, the State of Texas, and the Lead RAC for any personal or property injuries, damages or requests for State subrogation for any tort that they may incur during activation or arising therefrom, or any other claims filed against them as a result of their activities during activation. DSHS, the State of Texas, and the Lead RAC do not waive any immunity from suit or liability that they may have under state/federal laws and the Texas constitution notwithstanding the above. To the extent that Resource is a local governmental entity, unit of State government, or a Texas political subdivision, the waivers provided herein are further subject to state law and the Texas constitution which may make them unenforceable in whole or in part.
- b. Sponsoring Entity shall assume responsibility for liability claims, malpractice claims, disability claims, workers' compensation claims, attorneys' fees, and other incurred costs to the extent required by Texas law for its personnel and equipment.
- c. The Sponsoring Entity shall continue to assume legal and financial responsibility of the personnel and equipment for the duration of activation or deployment.

5. RESOURCE CREDENTIALING

- a. Sponsoring Entity shall ensure that all personnel meet all licensing, training and certification requirements related to his/her particular profession and/or mission.
- b. Sponsoring Entity shall ensure that all personnel are actively employed and engaged in the clinical specialty which they are assigned within the team.

6. REIMBURSEMENT

- a. Summary
 - i) The Emergency Medical Task Force Program, in conjunction with the Department of State Health Services, committed to timely reimbursement of Sponsoring Entities that provide resources and personnel in times of disaster.
 - ii) Sponsoring Entities are encouraged to file their reimbursement packets through their Lead RAC as quickly as possible to ensure timely reimbursement from DSHS but no later than 6 (six) months after the demobilization.

iii) Reimbursement for costs associated with EMTF activities will be process and paid within 45 days. The 45 day reimbursement timeline will begin only after a completed reimbursement packet is accepted by the Department of State Health Services.

7. TERM

- a. The term of this Agreement is ongoing until cancelled by either part with 30 day written notice to the other. This Agreement will be governed by and construed in accordance with the laws of the State of Texas without regard to its conflicts of law rules.

8. MODIFICATION

- a. This Agreement constitutes the complete agreement between the Parties relating to the matters specified in this Agreement, and supersedes all prior representations or agreements, whether written or oral, with respects to such matters.
- b. This Agreement may only be modified through a written amendment signed by the Parties and thus no oral modifications hereof shall be permitted. The Parties agree to take such action as is necessary to amend this Agreement periodically as may be required by federal or State law.
- c. Operational plans and administrative procedures pertaining to the participation of the Sponsoring Entity within the program will be facilitated through the Sponsoring Entity Point of Contact, listed below. Changes to the individual identified as the Sponsoring Entity Point of Contact shall be submitted in writing by the authority signed below.

Sponsoring Entity Point of Contact:

Title:

Phone Number:

Email Address:

- d. Any notice required under this Agreement to be given to either the Lead RAC or the Sponsoring Entity shall be made in writing to:

Lead RAC: NCTTRAC	Entity:
Attn to: Rick Antonisse Executive Director	Attn to:
Address: 600 Six Flags Dr Suite 160	Address:
City, State: Arlington, TX	City, State:
Zip: 76011	Zip:

IN WITNESS WHEREOF and acknowledging acceptance of the foregoing, the Parties affix their signatures hereto

Lead RAC: NCTTRAC

Sponsoring Entity

North Central Texas Trauma Regional
Advisory Council
Lead RAC Legal Name

Sponsoring Entity Legal Name

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date



Texas Emergency Medical Task Force

Memorandum of Agreement Deployment Contacts and Planning Numbers

Entity Name: _____

Mailing Address: _____

City, State Zip Code: _____

Provider / License: _____

Sponsoring Entity Point of Contact:

Name: _____

Title: _____

Preferred Points of Contact:

Mobile: _____

Office: _____

Email: _____

Authorized to Deploy Entity Assets and or Personnel:

Name: _____

Title: _____

Preferred [24/7] Points of Contact:

Mobile: _____

Office: _____

Email: _____

Name: _____

Title: _____

Preferred [24/7] Points of Contact:

Mobile: _____

Office: _____

Email: _____

The following information is needed for planning purposes only. The following numbers are NOT binding. Each entity will have the ability to accept or decline each deployment and will determine the quantity of assets available to deploy.



Texas Emergency Medical Task Force

Memorandum of Agreement Deployment Contacts and Planning Numbers

Please provide the most accurate estimate of what could be deployed when called upon, if in a deployment scenario that will have minimal impact locally.

___ AMBUS

Ambulances:

___ TX MICU

___ ALS [w/HAZMAT] Type I

___ ALS [w/o HAZMAT] Type II

___ BLS [w/HAZMAT] Type III

___ BLS [w/o HAZMAT] Type IV

Additional Personnel / Assets:

[not attached to the above]

___ Paramedics

___ EMT-Intermediate

___ EMT-Basic

___ Logistics Crew

___ Other: _____

___ Other: _____

___ Other: _____

___ Other: _____

Leadership Personnel:

___ Ambulance Strike Team Leader

___ With Vehicle

___ Ambulance Staging Manager

___ Medical Incident Support Team Member

___ Task Force Leader

___ Operations Manager

___ Group Supervisor (not MMU)

Mobile Medical Unit /

Registered Nurse Strike Team Personnel:

___ Group Supervisor

___ Physicians

___ Mid-Level Practitioner

___ Registered Nurse

___ Paramedic

___ Pharmacy Technician

___ Patient Care Technician

___ Clerk

___ Logistics Manager

___ Logistics Specialist