

STANDARD OPERATING PROCEDURE

REGIONAL EMERGENCY PREPAREDNESS COMMITTEE (REPC)

I. Committee Purpose

REPC is responsible for jointly identifying and recommending plans and solutions that support improvements in Trauma Service Area (TSA) - E emergency/disaster preparedness and response between medical emergency preparedness stakeholders. Additionally, REPC serves as the steering committee that provides recommendations and support to the NCTTRAC Board of Directors and staff regarding execution of the Texas Hospital Preparedness Program contract as administered by the Texas Department of State Health Services (DSHS) for EMTF-2, and TSAs C, D, and E. This responsibility includes strategic oversight for Emergency Medical Task Force (EMTF)-2, covering TSA-C, D, and E. Further details of Standing Committee responsibilities are defined under Article IX of the NCTTRAC Bylaws.

The Committee will provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the Committee SOP.

The Healthcare Coalition (HCC) Planning Subcommittee is tasked with providing subject matter expertise in regional all hazards disaster planning support.

The Emergency Medical Task Force (EMTF)-2 Subcommittee is tasked with providing subject matter expertise in regional and state planning, mobilization, recruiting, training, operations, recover, and fiscal responsibilities.

II. Committee Responsibilities

- A. Lead collaborative regional planning, formulate strategies, and make recommendations to the NCTTRAC Board of Directors to ensure that the best possible approaches to regional Healthcare Coalition planning can be achieved in TSA-E.
- B. Identify and assess regional needs in order to develop possible options for strengthening the overall resiliency of regional response capabilities based upon federal and state guidance and best practices (these include the Hospital Preparedness Program, Centers for Medicare & Medicaid Services, Federal Emergency Management Agency, etc.)
- C. Serve to identify the regional priorities set forth by current federal and state guidelines by utilizing input from Subject Matter Experts to set strategic planning goals and objectives.

III. Chair Responsibilities

- A. The Committee Chair serves as the principal liaison between the Committee and the Board of Directors with responsibilities that include, but are not limited to:
 1. One vote on the Board of Directors representing the collective vote of REPC

2. Knowledge of the NCTTRAC Bylaws
 3. Knowledge of NCTTRAC programmatic obligations
 4. Scheduling meetings
 5. Meeting agendas and minutes
 6. Committee reports to the Board of Directors at least quarterly
 7. Standard Operating Procedures.
- B. The Committee Chair must be a documented representative of a member organization of NCTTRAC in good standing as defined in the Membership and Participation SOP.
 - C. The term of the Committee Chair is two years.
 - D. The Committee Chair may not simultaneously hold another elected position in NCTTRAC.
 - E. The Committee Chair only votes at the REPC meeting in the event of a tie.
 - F. The Committee Chair has the authority to call or postpone REPC Committee meetings.
 - G. Upon election or ascension to the REPC Chair position, the incumbent must vacate their responsibility as a REPC Core Group member.

IV. Chair Elect Responsibilities

- A. The Chair Elect assists the Chair with committee functions and assumes the Chair responsibilities for REPC activity and meeting management in the temporary absence of the Chair.
- B. The Chair Elect may serve in lieu of the REPC Chair for Board of Directors responsibilities including voting in the temporary absence of the Chair.
- C. The Committee Chair Elect must be a documented representative of a member organization of NCTTRAC in good standing as defined in the Membership and Participation SOP.
- D. The Chair Elect automatically ascends to the Chair position at the end of the current Chair's term.
- E. The REPC Chair Elect position will be voted on by the REPC Core Group members every two years or when this position has been vacated by incumbent

V. Medical Director Responsibilities

- A. The elected Disaster Medical Director serves as the principal liaison between REPC and the Medical Director Committee.
- B. The Disaster Medical Director is responsible for recommending a minimum standard of practice for providers participating in the trauma, acute, emergency healthcare and disaster response system of TSA-E.

VI. Product Responsibilities (SOPs, SOGs, Protocols, Guidelines, and Plans)

- A. SOP – HPP Procurement Prioritization

- B. SOP – HPP Asset Disposition
- C. Regional Hazard Vulnerability Analysis
- D. Disaster Preparedness Section of NCTTRAC Trauma System Plan
- E. MYTEP
- F. Any Ad Hoc requirements set forth from the HPP

VII. Meetings, Agenda, and Minutes

- A. The Committee will meet at least quarterly.
- B. All related meetings will be held as open meetings.
- C. The Committee will follow a NCTTRAC approved format for the meeting agenda and minutes.
- D. The Committee will normally be provided with staff support to draft minutes and capture attendance information following each meeting as a record of committee activities.
- E. See Article IX of the NCTTRAC Bylaws for further details on standing committees with Core Group representation.

VIII. Annual Committee Goals

- A. Regional Goal:
 - 1. Establish and maintain HCC Planning Workgroup
 - 2. Establish and maintain a HPP Procurement Prioritization System
- B. Contractual Goal:
 - 1. Complete HPP Deliverables

IX. REPC Core Group members (49)

- A. The REPC Core Group members shall be comprised of representatives from hospitals, emergency medical services (EMS), public health, emergency management, and other key partnering agencies. In accordance with the NCTTRAC Bylaws, committee voting authority afforded to REPC Core Group members include those identified in this SOP except where noted.

1. TSA-C Healthcare Coalition Members

- **TSA-C Healthcare Coalition**
(1 representative)
- **TSA-C Emergency Medical Task Force (EMTF) Partnering RAC**
(1 representative)
North Texas Regional Advisory Council

2. **TSA-D Healthcare Coalition Members**
 - **TSA-D Healthcare Coalition**
(1 representative)
 - **TSA- D Emergency Medical Task Force (EMTF) Partnering RAC**
(1 representative)
Big Country Texas Regional Advisory Council
3. **TSA-E Healthcare Coalition Members**
 - **REPC Chair**
 - **REPC Chair – Elect**
 - **Disaster Medical Director**

B. The REPC Core Group members will be comprised of a primary and alternate representative of the following:

1. **Public County Hospitals**
(2 representatives)
John Peter Smith Hospital
Parkland Health & Hospital System
2. **Hospital Systems**
(1 representative from each Hospital System)
Baylor Scott and White Health
Medical City Healthcare
Methodist Health System
Texas Health Resources
3. **Pediatric Hospitals**
(1 representative, selected from peer groups)
4. **Academic Medical Centers**
(1 representative, selected from peer groups)
5. **Hospitals Urban**
(1 representative, selected from peer groups)
6. **Hospitals Rural**
(1 representative, selected from peer groups)
7. **Stand- alone EDs**
(1 representative, selected from peer groups)
8. **Medical Society**
(1 representative, selected from peer groups)
9. **CMS Providers**
(16 representatives, 1 per provider type, selected from peer groups)

Ambulatory Surgical Centers (ASCs)
 Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of
 Outpatient Physical Therapy and Speech-Language Pathology Services
 Community Mental Health Centers (CMHCs)
 Comprehensive Outpatient Rehabilitation Facilities (CORFs)
 Critical Access Hospitals (CAHs)
 End-Stage Renal Disease (ESRD) Facilities
 Home Health Agencies (HHAs)
 Hospices
 Intermediate Care Facilities for Individuals with Intellectual Disabilities
 (ICF/IID)
 Long Term Care (LTC)
 Organ Procurement Organizations (OPOs)
 Programs of All Inclusive Care for the Elderly (PACE)
 Psychiatric Residential Treatment Facilities (PRTFs)
 Religious Nonmedical Health Care Institutions (RNHCIs)
 Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
 Transplant Centers

10. Air Medical EMS

(1 representative, selected from peer groups)

11. EMS

(1 representative from each):

Dallas County EMS

Tarrant County EMS

Collin County EMS

Denton County EMS

At Large Urban Provider (non-fire from Collin, Dallas, Denton, or Tarrant
 Counties, or any provider from Ellis, Grayson, Hood, Hunt, Johnson,
 Kaufman, Parker, Rockwall, or Wise Counties)

*DSHS define counties with 50,000+ inhabitants as metropolitan.

At Large Rural Providers (from Cook, Erath, Fannin, Navarro, Palo Pinto, or
 Somervell Counties)

12. Public Health

(1 representative)

Texas DSHS Health Service Region 2/3 (Member Only – No Voting Authority)

(1 representative selected from peer group)

Dallas County Public Health, Tarrant County Public Health, Collin County
 Public Health, Denton County Public Health, or Grayson County Public
 Health)

13. Disaster Behavioral Health

(1 representative, selected from peer groups)

14. Fatality Management

(1 representative, selected from peer groups)

15. Councils of Government

(2 representatives, selected from peer group)
 North Central Council of Government (COG)
 Texoma Council of Government (COG)

16. Emergency Management

(3 representatives, selected from peer groups)
 Regional Emergency Management Representative
 Urban Emergency Management Representative
 Rural Emergency Management Representative

17. Texas Division of Emergency Management / Disaster District Committees

(2 representatives)

- X. Attendance:** All Core Group members are expected to participate in all REPC and HCC meetings through attendance by their primary or alternate appointee. The minimum standard of attendance will be 7 REPC meetings in the July – June program year. Attendance rosters will be maintained on a rolling program year calendar.
- XI. Voting:** The Chair shall manage voting issues in accordance with existing NCTTRAC bylaws and procedures. Either the REPC Core Group member or designated alternate shall exercise the right to vote on REPC matters as necessary. A simple majority vote of those Core Group members who are present at the call for a vote (in person only) is required to take action. Minutes and voting activity will normally be documented by supporting staff. Each approved vote of the REPC Core Group members will be subject to the final approval or disapproval of the North Central Texas Trauma Regional Advisory Council Board of Directors. The decision of the NCTTRAC Board of Directors is final.
- XII. How constituted:** The REPC Chair shall preside over REPC. The Core Group members will elect a Chair Elect and Disaster Medical Director in accordance with NCTTRAC bylaws. The REPC Core Group members will also vote to identify a Chair Elect as defined in paragraph III above. The REPC Chair, Chair Elect, and Disaster Medical Director must be a documented representative of a member organization of NCTTRAC in good standing as defined in the Membership and Participation SOP.
- XIII. Term:** REPC Core Group members will be considered for continuation or rotation annually, normally in conjunction with the NCTTRAC fiscal year calendar. Changes to committee functional representation can be recommended by a two-thirds majority vote of the REPC Core Group members, modification of this SOP, and subsequent approval by the North Central Texas Trauma Regional Advisory Council Board of Directors.

- XIV. Resignation:** Any representative may voluntarily withdraw from participation, with written notice to the REPC Chair.
- XV. Expulsion:** Any representative can be expelled upon a two-thirds majority vote of the REPC Core Group members and subsequent approval by the North Central Texas Trauma Regional Advisory Council Board of Directors. Any representative identified for potential expulsion has the right to present themselves to the REPC Core Group members and/or the Board of Directors in consideration of such action.
- XVI. Meetings:** Meetings shall be managed in accordance with NCTTRAC Bylaws. Meetings will be held at least six (6) times per calendar year.
- XVII. Subcommittees, Working Groups and Standing Reports:** Subcommittees must be approved in conjunction with a change to the NCTTRAC Bylaws. Working Groups and/or and Standing Reports to REPC may be established at the discretion of the REPC Chair and will operate in due consideration of NCTTRAC’s Bylaws and this SOP. The RAC Chair will establish Workgroups with the consensus of the Board of Directors based on the recommendation of the REPC Chair. REPC has no current subcommittees. Current workgroups include:
- A. EMTF-2 Workgroup
 - B. Training & Exercises Workgroup
 - C. HCC Planning Workgroup
- XVIII. Funds:** The right to execute legal contracts or obligations is reserved for NCTTRAC staff IAW current NCTTRAC Financial Procedures and Policies with oversight by the Regional Emergency Preparedness Committee, Finance Committee and NCTTRAC Board of Directors.
- XIX. Amendments:** This SOP may be altered, amended or repealed in accordance with NCTTRAC policy and with approval of the North Central Texas Trauma Regional Advisory Council Board of Directors.