



**NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL**

Regional Trauma System Plan

**Endorsed by NCTTRAC Board of Directors
Date: July 12, 2022**

**Approved by NCTTRAC General Membership
Date: August 9, 2022**

**Supersedes Regional Trauma System Plan
Date: August 10, 2021**

600 Six Flags Drive
Suite 160
Arlington, TX 76011
Phone: 817-608-0390
Fax: 817-608-0399

www.NCTTRAC.org

NCTTRAC serves the counties of Cooke, Fannin, Grayson, Denton, Wise, Parker, Palo Pinto, Ellis, Kaufman, Navarro, Collin, Hunt, Rockwall, Erath, Hood, Johnson, Somervell, Tarrant, and Dallas.

NCTTRAC - Regional Trauma System Plan

Any questions and/or suggested changes to this document should be sent to:

Trauma Committee Chair
600 Six Flags Drive, Suite 160
Arlington, TX 76011

817.608.0390
Admin@NCTTRAC.org

APPROVAL AND IMPLEMENTATION

This plan applies to all counties within Trauma Service Area (TSA) E. TSA-E includes Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise counties.

This plan is hereby approved for implementation and supersedes all previous editions.

Signature on File

Secretary

Date

RECORD OF CHANGES

The North Central Texas Trauma Regional Advisory Council ensures that necessary changes and revisions to The Regional Trauma System Plan are prepared, coordinated, published, and distributed.

The plan will undergo updates and revisions:

- On an annual basis to incorporate significant changes that may have occurred;
- When there is a critical change in the definition of assets, systems, networks or functions that provide to reflect the implications of those changes;
- When new methodologies and/or tools are developed; and
- To incorporate new initiatives.

The Regional Trauma System Plan revised copies will be dated and marked to show where changes have been made.

“Record of Changes” form is found on the following page.

RECORD OF CHANGES

This section describes changes made to this document. Use this table to record:

- Location within document (i.e. page #, section #, etc.)
- Change Number, in sequence, beginning with 1
- Date the change was made to the document
- Description of the change and rationale if applicable
- Name of the person who recorded the change

| Article/Section | Date of Change | Summary of Changes | Change Made by (Print Name) |
|-------------------------|----------------|--|-----------------------------|
| Cover | 12/1/2021 | 1. Removed year from title | Corrine Cooper |
| Pg. 6 Section 1.3 | 5/19/2022 | 2. Added verbiage regarding guideline development and intention | Corrine Cooper |
| Pg 6, Section 2.5 | 12/1/2021 | 3. Updated list of designated trauma facilities. 4. Added hyperlink to refer current list of designated facilities on DSHS website. | Corrine Cooper |
| Pg 8, Section 6.1 | 5/19/2022 | 5. Updated verbiage regarding 911 power outages | Jim Dickerson |
| Pg 9, Section 10 | 1/17/2022 | 6. Updated Diversion and Bypass Policies to accurately reflect current policies within the region. | Jacob Seil |
| Pg 13, Section 13.2.3.1 | 12/1/2021 | 7. Updated SPI Indicators to reflect FY22 SOP | Corrine Cooper |
| Pg. 13, Section 13.4 | 1/17/2022 | 8. Interfacility Transfer Communication statuses updated to reflect current definitions within EMResource | Jacob Seil |
| Pg. 14, Section 14.3 | 6/6/2022 | 9. Updated essential criteria to reflect DSHS TAC | Corrine Cooper |

Final revisions should be submitted to the NCTTRAC Emergency Healthcare Systems Department at EHS@NCTTRAC.org, telephone 817.608.0390.

Table of Contents

| | |
|---|-------|
| 1. SCOPE..... | 7 |
| 2. REGIONAL DEMOGRAPHICS..... | 7 |
| 3. LIST OF RAC OFFICERS..... | 8 |
| 4. STANDING COMMITTEES..... | 8 |
| 5. EVIDENCE OF SYSTEM PARTICIPATION..... | 9 |
| 6. SYSTEM ACCESS..... | 9 |
| 7. COMMUNICATION..... | 9 |
| 8. MEDICAL OVERSIGHT..... | 10 |
| 9. PRE-HOSPITAL TRIAGE CRITERIA..... | 11 |
| 10. DIVERSION POLICIES & BYPASS PROTOCOLS..... | 11 |
| 11. REGIONAL MEDICAL CONTROL..... | 13 |
| 12. FACILITY TRIAGE CRITERIA..... | 13 |
| 13. INTER-HOSPITAL TRANSFERS..... | 14 |
| 14. PLAN FOR DESIGNATION OF POTENTIAL TRAUMA FACILITIES..... | 16 |
| 15. SYSTEM PERFORMANCE IMPROVEMENT PROGRAM..... | 16 |
| 16. REHABILITATION..... | 18 |
| 17. INJURY PREVENTION & PUBLIC EDUCATION..... | 18 |
| 18. COALITION & PARTNERSHIP BUILDING..... | 18 |
| 19. DISASTER PREPAREDNESS & RESPONSE..... | 19 |
| 20. RESEARCH..... | 20 |
| ANNEX A DEMOGRAPHICS & ORGANIZATION..... | A-1 |
| APPENDIX A-1 MAP OF REGION..... | A-2-1 |
| APPENDIX A-2 LIST OF HOSPITALS..... | A-3-1 |
| APPENDIX A-3 EMS, AIR MEDICAL & FRO..... | A-4-1 |
| APPENDIX A-4 LIST OF REHABILITATION RESOURCES..... | A-5-1 |
| ANNEX B GOVERNANCE..... | B-1 |
| APPENDIX B-1 RAC EXECUTIVE COMMITTEE, OFFICERS, BOD..... | B-2-1 |
| APPENDIX B-2 STANDING COMMITTEE CHAIRS / CHAIRS ELECT..... | B-3-1 |
| APPENDIX B-3 NCTTRAC BYLAWS..... | B-4-1 |
| APPENDIX B-4 TRAUMA COMMITTEE SOP..... | B-5-1 |
| ANNEX C SYTEM ACCESS & COMMUNICATIONS..... | C-1 |
| APPENDIX C-1 EMRESOURCE AT A GLANCE..... | C-2-1 |
| APPENDIX C-2 WEBEOC AT A GLANCE..... | C-3-1 |
| ANNEX D TRAUMA TRIAGE TRANSPORT & TRANSFER GUIDELINES..... | D-1 |
| APPENDIX D-1 TRAUMA TRIAGE & TRANSPORT GUIDELINES..... | D-2-1 |
| ATTACHMENT D-1-A ADULT TRAUMA TRIAGE & TRANSPORT ALGORITHM..... | D-2-A |
| ATTACHMENT D-1-B PEDIATRIC TRAUMA TRIAGE & TRANSPORT ALGORITHM..... | D-2-B |
| APPENDIX D-2 TRAUMA TRANSFER GUIDELINES..... | D-3-1 |
| ANNEX E NCTTRAC EMRESOURCE POLICIES / PROCEDURES..... | E-1 |
| ANNEX F AIRCRAFT UTILIZATION & SYSTEMS PERFORMANCE..... | F-1 |
| ANNEX G DISASTER PREPAREDNESS & RESPONSE..... | G-1 |
| APPENDIX G-1 TSA-EREGIONAL PREPAREDNESS STRATEGY..... | G-2-1 |
| APPENDIX G-2 TSA-E REGIONAL MEDICAL RESPONSE STRATEGY..... | G-3-1 |

1. SCOPE

- 1.1 The Trauma System Plan for Trauma Service Area (TSA) – E was developed to meet the requirements within Texas Administrative Code (TAC) § 157.123 and related Department of State Health Services (DSHS) documents forming the Regional Advisory Council (RAC) and Regional Trauma System Essential Criteria RAC Implementation Guidelines. These Guidelines define the regional emergency medical services trauma system plan, the purpose of which is to “facilitate trauma and emergency healthcare system networking within a TSA.”
- 1.2 This plan, updated annually and approved by NCTTRAC membership, is a resource for providers of trauma care across the spectrum, from first responder organizations to rehabilitation facilities. It identifies strategies to focus diverse resources in a collective way to reduce morbidity and mortality due to trauma, and includes additional key components such as injury prevention, public and professional education, system performance improvement, and disaster preparedness.
- 1.3 The Regional Trauma System Plan is a Guideline and has been developed in accordance with generally accepted trauma guidelines. (<https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/>) In addition, the State of Texas DSHS levels of trauma care documents and rules will inform this guideline. (<https://dshs.texas.gov/emstraumasystems/etrauma.shtm>) This plan does not establish a legal standard of care, but rather it is intended as an aid to decision-making in the care of trauma patients. The Regional Trauma System Plan is not intended to supersede the physician’s or caregiver’s judgement.

2. REGIONAL DEMOGRAPHICS

- 2.1 Trauma Service Area E (TSA-E), known as the North Central Texas Trauma Regional Advisory Council (NCTTRAC), incorporates nineteen north central Texas rural, suburban, and urban counties: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise counties. See [Annex A Appendix A-1](#) for map of region. Recent population estimates indicate that 7.97 million people reside within the 15,574.71 square miles of TSA-E, representing over 27% of the entire population of the State of Texas.
- 2.2 The business community includes an international airport, a multiservice regional airport, multiple small airports, a military base, a nuclear power plant, and several regional entertainment venues. Entertainment venues include an NFL stadium, an NBA/NHL arena, an MLB stadium, a NASCAR circuit speedway, several large-scale amusement parks, and many large convention centers that play host to cultural, business, and political events. The region has large college system campuses, multiple community colleges, and medical school campuses. TSA-E is home to an automobile assembly plant and many other national and international business headquarters. These factors must be taken into account when planning an integrated trauma system.
- 2.3 Dallas Fort Worth International Airport is the 3rd busiest airport in the world by aircraft movements and 10th busiest airport in the world by passenger traffic (2019 statistics). Naval Air Station Joint Reserve Base Fort Worth (NAS JRB), also known as Carswell Field, is a military airfield located within TSA-E with 11,300 active duty, Reserve, Air National Guard, and civilian employees working at the base. The Comanche Peak Nuclear Power Plant is a two-unit nuclear-fueled power generating facility located in Somervell County.
- 2.4 Numerous entertainment venues are available to the residents and visitors within TSA-E including Six Flags Over Texas, the Texas State Fair at Fair Park, MayFest in Fort Worth,

and many concert settings and sports arenas. In particular, the American Airlines Center in Dallas is a venue for hockey, basketball, and arena football games as well as concerts and various other events. Globe Life Field in Arlington is home to the Texas Rangers and is located within walking distance from Six Flags and AT&T Stadium in the heart of Arlington and TSA-E. Texas Motor Speedway hosts several NASCAR series, seating over 138,000 spectators in southwestern Denton County.

- 2.5 As of the date of approval for this document NCTTRAC is served by the following:
- 2.5.1 Six Level I adult trauma centers and one Level I pediatric trauma center.
 - 2.5.2 Five Level II adult trauma centers and one Level II pediatric trauma center.
 - 2.5.3 Seventeen Level III adult trauma centers.
 - 2.5.4 Nineteen Level IV adult trauma centers and one Level IV pediatric trauma center.
 - 2.5.5 Five facilities “in active pursuit” of trauma designation.
 - 2.5.6 Numerous acute care hospitals. See list of all hospitals within the region in [Annex A Appendix A-2](#).
 - 2.5.7 Approximately 130 ground and air EMS services and over 140 first responder organizations. See list of all EMS/FRO and Air Medical Providers for the region in [Annex A Appendix A-3](#).
 - 2.5.8 For a current and complete list of all trauma designated facilities, please refer to the [Texas Department of State Health Services](#) website.

3. LIST OF RAC OFFICERS

- 3.1 A list of RAC officers, including members of the Board of Directors and the Executive Committee of the Board of Directors. A list of all Board of Directors are available in [Annex B Appendix B-1](#). The Executive Committee of the Board of Directors consists of the Board Chair, Chair Elect, Secretary, Treasurer and Finance Committee Chair.

4. STANDING COMMITTEES

- 4.1 Committee leadership consists of a Committee Chair, Chair Elect, and Medical Director. These positions are elected for one-year terms; they are chosen by vote of the present and eligible voting members of the committee and ratified by a simple majority vote of the Board of Directors. The Chair Elect automatically ascends to the Chair position at the end of the current Chair’s term. Committees may establish a “core group” by SOP to ensure balanced and appropriate participation in committee activities. NCTTRAC standing committees are open to any individual who wants to attend, with the exception of the System Performance Improvement Committee closed sessions.
- 4.2 A list of standing committees, with the chairperson for each, are available in [Annex B Appendix B-2](#). The list of standing committees, as well as committee’s purpose, Chair terms, job descriptions, and voting participation are defined in the NCTTRAC bylaws. A copy of the bylaws is attached to this plan as [Annex B Appendix B-3](#).

5. EVIDENCE OF SYSTEM PARTICIPATION

- 5.1 Announcements for trauma system planning are sent electronically to NCTTRAC membership to allow participation from interested members and to include a broad range such as physicians, nurses, EMS prehospital providers, and staff. Members have the capability to call in through both audio and visual forms of technology.
- 5.2 Announcements are made at the Board of Directors meetings for maximum visibility of

members to participate. To provide evidence and track actual participation in trauma system planning, rosters are kept at NCTTRAC offices. Trauma designated facilities are required to meet minimum participation guidelines per the NCTTRAC Membership and Participation SOP.

6. SYSTEM ACCESS

- 6.1 All counties in the State of Texas have access to the EMS System utilizing 911 service. Additionally, all Trauma Service Area (TSA) E counties received recent and robust updates including technology for cellular location. In the event 911 is out of service, anyone needing 911 should contact their local city's non-emergency line for EMS, Fire, or Police. These numbers can generally be found on the municipality's website.
- 6.2 The 911 capabilities for all EMS providers allow for efficient dispatch of response teams/agencies to the scene. If the telephone or network communication systems are down, EMS facilities and key agencies have access to two-way radios to communicate with dispatch, hospitals, and the NCTTRAC Emergency Medical Coordination Center (EMCC).
- 6.3 The EMCC helps coordinate response teams for disaster and regional surge responses through TSA-E resource and crisis applications such as EMResource and WebEOC. These responses include Emergency Medical Task Force (EMTF)- 2 composed of Ambulance Strike Teams (AST) and task forces with Ambulance Strike Team Leaders (ASTL), AMBUSes, Mobile Medical Units (MMU), RN Strike Teams and Medical-Incident Support Team (M-IST) personnel, which are also coordinated with DSHS and other EMTFs around the state. NCTTRAC is the lead agency for EMTF-2, which covers not only TSA-E but also TSA-C (Abilene) and TSA-D (Wichita Falls).

7. COMMUNICATION

- 7.1 Communication between hospitals, EMS providers, and medical control entities takes place using a variety of methods. Hospitals communicate information regarding Emergency Department saturation, Emergency Department Advisory status, bed availability numbers, and clinical service line availability by updating dedicated status types in EMResource (see the section on Diversion Policies and Bypass Protocol). Direct communication between EMS providers, hospitals, and medical control entities generally occurs using a combination of cell phones, landline phones, and dedicated radio frequencies. Hospitals, EMS providers, and medical control entities work together to determine the best method of communication for their specific circumstances. For example, in some areas the most effective means of communication is for EMS providers to call the hospital's Emergency Department business line phone using cell phones held by individual paramedics, whereas other areas are better served by the hospital ED using a public safety radio with a dedicated channel for EMS communications.
- 7.2 NCTTRAC supports the implementation of redundant communication systems to ensure that hospitals, EMS providers, and medical control entities can still communicate with one another in the event of a primary communications method failure. In addition to administering the regional EMResource system, NCTTRAC hosts a WebEOC server with information sharing boards and patient tracking boards dedicated to EMS provider and hospital use. Using Hospital Preparedness Program (HPP) funding, NCTTRAC purchased amateur radios and VHF, UHF, and 700/800 public safety radios that can be given to hospitals and EMS providers as a means of redundant communication. NCTTRAC also purchased two Mobile Emergency Response Communications (MERC) trailers that can be

deployed to provide temporary communications capabilities. Additionally, NCTTRAC maintains multiple communications equipment caches that can be deployed in the event of a major communications failure.

- 7.4 Communications between multiple agencies responding to the same scene is generally dictated by the Incident Commander. Most neighboring jurisdictions share common radio frequencies or talk groups that allow for interoperable radio communications – the exact frequencies or radio systems vary based on the jurisdiction having authority. In addition to jurisdiction-specific interoperable systems, it is recommended that EMS providers ensure that their responding units are equipped with radios that have been programmed with the Texas Statewide Interoperability Channels identified in the Texas Statewide Interoperability Channel Plan.

8. MEDICAL OVERSIGHT

- 8.1 The development of a regional system for trauma care requires the active participation of qualified physician providers with expertise and competence in the treatment of trauma patients.
- 8.2 NCTTRAC has an established Medical Directors Committee, which meets quarterly to provide guidance in the development and review of hospital and pre-hospital assessment tools, regional system plans, and triage and transport guidelines. The committee is comprised of the elected committee medical directors of the following committees: Air Medical, Cardiac, Emergency Department Operations, Emergency Medical Services, Pediatric, Perinatal, Regional Emergency Preparedness (Disaster), Stroke, and Trauma. Each Medical Director is responsible for participating with and providing medical oversight for their service line committee, as well as collaborating with other RAC committees and Medical Directors.

9. PRE-HOSPITAL TRIAGE CRITERIA

- 9.1 The survival of the trauma patient is dependent upon rapid recognition/management of life-threatening injuries and rapid transport to an appropriate facility. The NCTTRAC Trauma Triage and Transport Guidelines were developed to assist emergency care providers at the scene, in conjunction with standard medical operational procedures and on-line medical control, to evaluate the level of care required by the injured or ill person and to determine the patient's initial transport destination. These guidelines align with the most recent national Trauma Center Field Triage Criteria outlined in the *American College of Surgeons, Resources for Optimal Care of the Injured Patient* ¹, and the Centers for Disease Control (CDC). The Trauma Triage and Transport Guidelines are reviewed annually and revised as necessary by the EMS and Trauma Committees with a final review and recommendation by the Medical Directors Committee and endorsement by the Board of Directors. See in [Annex D Appendix D-1: NCTTRAC Trauma Triage and Transport Guidelines](#). Regional air transport resources may be appropriately utilized in order to reduce delays in providing optimal trauma care. Refer to [Aircraft Utilization Guidelines](#). These documents are also posted on the NCTTRAC website at www.NCTTRAC.org.

10. DIVERSION POLICIES AND BYPASS PROTOCOLS

- 10.1 As the result of a cooperative effort between NCTTRAC and the Dallas Fort Worth Hospital Council (DFWHC), there is no longer an official category of “divert” in Trauma Service Area (TSA) E. Facilities may communicate information to EMS that may be

relevant in the decision to transport to their destination, such as ED saturation, but may not post a “divert” status or comment within EMResource.

- 10.2 EMResource is the primary tool in TSA-E for hospitals to communicate with EMS providers about any facility issues that may be relevant to EMS patient destination decisions. EMResource is used to report on the saturation level of a facility’s Emergency Department, the overall status of a facility’s Emergency Department, specific clinical service capabilities, facility bed availability, and interfacility transfer availability for MedSurg & ICU patients.
- 10.3 The *Hospital Intake Status* in EMResource is the official method for hospitals to communicate their ED status to pre-hospital partners.
 - 10.3.1 If a hospital can accept incoming EMS traffic with no restrictions and without extended ambulance patient offload times, they should list their status as **Open**. If a facility’s *Hospital Intake Status* is **Open**, they must update their status at least once every 24 hours.
 - 10.3.2 Hospitals experiencing high levels of patient surge can change their *Hospital Intake Status* to **Advisory – ED Surge**; this notifies EMS agencies to anticipate extended patient off-load times and asks them to consider the hospital’s current status when making patient destination decisions. When EMS sees that a potential destination hospital is on **Advisory – ED Surge**, they should consider whether the patient will be better served going to an alternate facility when deciding where to take the patient.
 - 10.3.3 Hospitals unable to accept certain types of patients due to a clinical service closure can change their *Hospital Intake Status* to **Advisory – Capability** and list the types of patients they are unable to accept in the comments. When EMS sees that a potential destination hospital is on **Advisory – Capability**, they should reroute patients of the types listed in the comments to a facility that has the capability to treat that patient. Hospitals can pre-select if they are unable to accept Trauma, Stroke, or STEMI patients, and may utilize an “Other” category for all other patient types.
 - 10.3.4 Hospitals experiencing an internal or external environmental disaster that prevents them from safely accepting any new patients can set their *Hospital Intake Status* to **Closed**. This should only be used when there is an external hazard at the facility that presents a danger to the patient (i.e. fire, flooding, active shooter); hospitals cannot go on **Closed** due to extreme patient surge or hospital staffing shortages.
- 10.4 In addition to *Hospital Intake Status*, NCTTRAC has integrated the use of National Emergency Department Over Crowding Score (NEDOCS) within EMResource for hospitals to help determine emergency department saturation and reporting. Hospitals with emergency departments are required to update their NEDOCS once every 6 hours; if they do not, the system marks their NEDOCS as “Overdue”. EMS providers are required to monitor the NEDOCS of facilities in their service area. This can be accomplished by either actively monitoring EMResource on the website or mobile application or by receiving notifications when the NEDOCS goes above a certain threshold. A high NEDOCS is generally associated with longer patient offload times for EMS.
- 10.5 Trauma Centers can note specific trauma-related service capabilities, such as Hand, Replant, Burn etc., using the appropriate EMResource status types. A full list of Trauma-related status fields can be found in EMResource under the view titled “TSA-E: Trauma”.
- 10.6 All hospitals and EMS providers have the ability to create event notifications in EMResource. These events are used to inform the emergency healthcare partners in TSA-E about any incidents or occurrences that might affect the overall emergency healthcare system in TSA-E. For example, hospitals can create event notifications to

alert EMS providers about construction that affects EMS traffic, or an EMS provider can create an event notification that alerts hospitals to an emergent mass casualty incident.

- 10.7 Proper posting on EMResource is considered the official and standard mechanism for notification in TSA-E. All EMS services are expected to monitor EMResource at all times for current system information. An EMS agency may call a receiving hospital for information on the status of facilities in their area if they do not have access. EMS agencies should use the information within EMResource to help inform patient destination decisions to ensure that all patients receive the appropriate care quickly and effectively.
- 10.8 A full listing of EMResource status types, policies, and procedures in TSA-E can be found in [Annex E: TSA-E EMResource Policies & Procedures](#).

11. REGIONAL MEDICAL CONTROL

- 11.1 Regional Medical Control is defined as a centralized location for receiving on-line and off-line medical orders and for regional development of treatment protocols. As defined, there is no regional medical control in TSA-E.
- 11.2 Presently, each EMS agency has its own Medical Director and Standard Operating Procedures (SOPs). Each medical director has the legal authority and responsibility under Texas Administrative Code, Chapter 197, and the Texas Department of State Health Services (DSHS) Chapter 157 for developing the agency's local protocols and guidelines. TSA-E provides off-line guidelines to each EMS provider and Medical Director as recommended by the EMS, Trauma, and Medical Directors Committees that may be utilized and adopted. Medical Directors within TSA-E assumes the responsibility for trauma oversight as well as specific performance improvement to investigate patient outcomes for their EMS personnel.

12. FACILITY TRIAGE CRITERIA

- 12.1 Patients will be triaged to the appropriate trauma facility, following the NCTTRAC Trauma Triage and Transport guidelines, with injured patients being transported to centers with appropriate capabilities. Each regional trauma center defines its own internal facility triage criteria. There is currently not a regional standard for internal facility triage criteria. Some centers have a single level trauma activation while others have multi-tiered and/or specialty population specific criteria.
- 12.2 The ability of trauma facilities to monitor their resource capabilities is through NCTTRAC's web-based resource and crisis applications, such as EMResource and WebEOC. Individual trauma centers are responsible for determining if a patient exceeds the center's available resources and maintaining current capabilities, including the availability of call coverage for surgical specialties. Communication of hospital capabilities to pre-hospital and hospital providers is addressed through EMResource.

13. INTER-HOSPITAL TRANSFERS

- 13.1 Indications for Patient Transfer
- 13.1.1 Injured patients should be transferred to a higher level of care when the medical needs of the patient outweigh the resources at the initial treating facility. The NCTTRAC Trauma Transfer Guidelines (See [Annex D Appendix D-2](#)) identifies injury patterns that would benefit from a higher level of care and thus should be transferred to a Level I or Level II Trauma Center. Injury criteria includes, but is

not limited to the following:

- 13.1.2 Neurosurgical:
 - 13.1.2.1 Open skull fractures
 - 13.1.2.2 Lateralizing signs
 - 13.1.2.3 Spinal Cord injuries
- 13.1.3 Thoracic:
 - 13.1.3.1 Major chest wall injury
 - 13.1.3.2 Signs suggesting mediastinal injury
 - 13.1.3.3 Continued blood loss from chest injury
- 13.1.4 Extremity Injuries:
 - 13.1.4.1 Fractures with evidence of vascular injury
 - 13.1.4.2 Open long bone fractures
- 13.1.5 Pelvis:
 - 13.1.5.1 Unstable ring fracture
 - 13.1.5.2 Pelvic injuries with ongoing evidence of blood loss
 - 13.1.5.3 Open pelvic injury
- 13.1.6 Multi-System:
 - 13.1.6.1 Multiple long bone fractures
 - 13.1.6.2 Burns with other associated injuries
 - 13.1.6.3 Injury to two or more body systems
- 13.1.7 Comorbid Issues:
 - 13.1.7.1 Greater than 55 years old
 - 13.1.7.2 Less than 5 years old
 - 13.1.7.3 Cardiac or respiratory disease
 - 13.7.7.4 Pregnancy
- 13.1.8 Pediatric*:
 - 13.1.8.1 Intracranial hemorrhage
 - 13.1.8.2 Suspected abuse and neglect
 - 13.1.8.3 *Age <15 according to ACS defined criteria

13.2 Time to Transfer

- 13.2.1 Access to timely trauma care is a system goal in TSA E. The focus should be to reduce time from onset of injury to definitive care. Facilities should provide initial stabilization and timely transport to the closest, most appropriate designated facility with definitive care capabilities. The time required to make the decision to transfer accounts for the greatest transfer delay. It is critical to make the decision to transfer early. Non-essential diagnostic testing and procedures will delay transfer and should be avoided. Attention should be directed at life-saving stabilization. Examples of stabilization that should be undertaken prior to transport include:
 - 13.2.1.1 Maintenance and protection of airway
 - 13.2.1.2 Decompression of tension and simple pneumothorax
 - 13.2.1.3 Establishment of redundant large bore IV or IO
 - 13.2.1.4 Maintenance of normothermia
 - 13.2.1.5 Decompression of stomach if indicated, especially if transported by air
- 13.2.2 Attempts to stabilize the patient should be continued until the transfer is completed; however, the most severely injured patients may not be completely stabilized prior to transfer. Inability to completely stabilize a patient is not a contraindication of transfer.

- 13.2.3 Per NCTTRAC Trauma SPI Performance Indicators and DSHS Trauma Facility Audit Filters:
 - 13.2.3.1 Major or severe trauma patients should be transferred to an appropriate higher level of designated trauma facility within 2 hours of arrival in the ED (single system injuries with ISS less than 10 excluded).
 - 13.2.3.2 Inter-facility transfers should primarily occur within TSA E; however, there may be occasions in which patients are transferred outside of TSA E due to availability of resources or patient/family preference.
 - 13.2.3.3 Inter-facility transfers should not occur more than once per patient. In the event two or more transfers occur before the patient reaches definitive care, a referral shall be made to review by the NCTTRAC SPI Committee.
- 13.2.4 Transferring facilities shall make efforts to send medical records and radiographic studies obtained during initial management to the accepting referral center.
- 13.2.5 Copies of studies may be sent in hard copy or electronically through web-based programs. Exhaustive scanning frequently must be repeated at the receiving facility, often because of the quality of images, failure to transfer the images to the receiving facility, or inability to read the disc transported with the patient. This results in further delays in definitive care and avoidable exposure of the patient to ionizing radiation, and thus should also be avoided.
- 13.2.6 Physician to physician communication is essential between the initial facility and the accepting referral center. Physicians at the comprehensive and major trauma centers should be available for consultation with the sending provider prior to transfer. Early communication with the receiving trauma surgeons can streamline the transfer process and satisfies one of the EMTALA requirements for transfer.
- 13.3 Transfer Agreements
 - 13.3.1 Trauma centers are required to have a process to expedite the transfer of applicable major and severe trauma patients to a higher level of care to include written guidelines, written transfer agreements, and/or the NCTTRAC Trauma Transfer Guidelines. Level I and II trauma facilities may have written transfer agreements with other Level I and II facilities for specialty populations such as pediatrics, burn, replant, etc.
 - 13.3.2 Coordination of the interfacility transfer is the responsibility of the initial facility. Transfers may be coordinated directly with referring hospitals through transfer centers or directly with accepting providers. Transfer Center phone numbers for Level I and II Trauma centers in TSA-E can be found within the NCTTRAC Trauma Transfer Guidelines ([Annex D Appendix D-2](#)).
 - 13.3.3 As referenced in the NCTTRAC Triage and Transport Guidelines ([Annex D Appendix D-1](#)), if a patient and/or family refuses transfer to the accepting referral facility or higher level of care, an emergency physician or trauma surgeon at the referral facility will be notified of the situation. Any refusal shall be documented on the patient record.
- 13.4 Interfacility Transfer Communication
 - 13.4.1 Hospitals should list their ability to accept interfacility transfers in EMResource using the statuses called *Status: MedSurg* and *Status: ICU*. Hospitals can show

that their status to accept MedSurg or ICU level transfers is **Available**, **Available w/Restrictions** (can only accept certain transfers/case-by-base basis), or **Unavailable** (cannot accept any transfers). Hospitals who list their status as **Available w/Restrictions** or **Unavailable** must update the status every 12 hours.

14. PLAN FOR DESIGNATION OF POTENTIAL TRAUMA FACILITIES

- 14.1 As required by DSHS, Trauma facilities within the TSA E region have an obligation to maintain NCTTRAC membership in good standing, as well as meet active participation requirements. Facilities seeking In Active Pursuit (IAP) trauma designation status shall notify DSHS, NCTTRAC, and local providers of IAP intent.
- 14.2 Trauma Facilities that cannot meet an essential criterion must notify the Office of EMS/Trauma Systems, NCTTRAC, all other affected RACs and EMS agencies, and healthcare facilities to which it customarily transfers-out trauma patients or from which it customarily receives trauma transfers-in.
- 14.3 DSHS defines the critical elements that must be reported to the State as the following:
 - 14.3.1 Loss of Trauma Medical Director (all levels)
 - 14.3.2 Loss of Trauma Program Manager / Trauma coordinator (all levels)
 - 14.3.3 Loss of Neurosurgery Coverage (Level I & II)
 - 14.3.4 Loss of Orthopedic Coverage (Level I, II, & III)
 - 14.3.5 Loss of general / trauma surgery capabilities (all levels)
 - 14.3.6 Loss of Trauma Registry (all levels)
 - 14.3.7 Loss of anesthesiology (Level I, II, & III)
 - 14.3.8 Loss of ability to provide acute trauma resuscitation and critical care stabilization
- 14.4 In support of the facility, the NCTTRAC Trauma Committee Systems Performance Improvement (SPI) Subcommittee will help determine appropriate resolution efforts. The facility will notify affected EMS agencies of the limitations of the facility.

15. SYSTEM PERFORMANCE IMPROVEMENT PROGRAM

- 15.1 The NCTTRAC Trauma System Performance Improvement (SPI) Subcommittee is responsible for shared oversight of trauma and emergency healthcare system performance improvement activities. SPI processes are divided among nine (9) service line committees: Air Medical, Cardiac, Emergency Department Operations, Emergency Medical Services, Pediatric, Perinatal, Regional Emergency Preparedness, Stroke, and Trauma.
- 15.2 The Trauma SPI Subcommittee will notify the Trauma Committee Chair of any trauma cases or system issues that have been reported and are in need of review. The Trauma SPI focus group, comprised of the Trauma Committee Chair, Chair Elect, Medical Director, and two elected committee members as approved by the committee. The Trauma SPI focus group will review each reported case/issue in a closed session and make recommendations to the Trauma Committee, the Executive Committee, and as appropriate, the Board of Directors for determinations and action plans.
- 15.3 Data Collection
 - 15.3.1 Regional data collected and managed by a third-party service provider is utilized to support Trauma Committee goals and performance improvement initiatives. Member hospitals with a capable registry are required by the Trauma Committee to submit data through the regional registry to support a comprehensive and

useful data set. Resources are made available through NCTTRAC to facilitate the training of individual members on data submissions. The regional registry utilizes the National Trauma Data Bank (NTDB) inclusion criteria and data set.

- 15.3.2 Other NCTTRAC committees may request registry data. All data requests should be submitted through the NCTTRAC ticket system available on the website. The Executive Committee will approve/deny all data requests. If approved, the Chair or Chair Elect of the committee requesting the data will be required to share the results with the Board of Directors.

15.4 Trauma System Performance Improvement

- 15.4.1 The goal of Trauma System Performance Improvement is to reduce injury and death from trauma in TSA-E by identifying educational needs and opportunities for improvement in trauma patient care and system processes.
- 15.4.2 The Trauma Committee collaborates with the System Performance Improvement (SPI) Committee to define committee goals and trauma performance indicators for the region. The Trauma Committee standards and performance indicators are developed from committee consensus, evidence-based practice guidelines, the *American College of Surgeons Resources for Optimal Care of the Injured Patient*¹, and DSHS Trauma Facility Designation rules/requirements. All designated trauma centers must comply and adhere to the standards of care determined by their verifying and designating agencies.
- 15.4.3 The Trauma Committee monitors regional trauma performance indicators and goals on a monthly dashboard which shall be presented to the committee and the Board of Directors. The trauma performance indicators and goals are reviewed/revised annually and defined in the Trauma Committee SOP, which is attached to this plan as [Annex B Appendix B-4](#).
- 15.4.4 A Trauma Registry Workgroup has been established by the Trauma Committee to assist with evaluating regional data, identifying data needs, providing education to other registrars, and sharing best practices.

16. REHABILITATION

- 16.1 Rehabilitation is the process of helping a patient adapt to a disease or disability by teaching them to focus on their existing abilities. Within a rehabilitation center, physical therapy, occupational therapy, and speech therapy can be implemented in a combined effort to increase a person's ability to function optimally within the limitations placed upon them by disease or disability.
- 16.2 To uphold the continuum of care from illness to health and offer a high-level of service, rehabilitation is a critical service offered within TSA-E through hospital- based programs and private organizations. A list of rehabilitation resources for the region are available in [Annex A Appendix A-4](#).
- 16.3 Transfer protocols for rehabilitation facilities are determined by individual facilities.

17. INJURY PREVENTION AND PUBLIC EDUCATION

- 17.1 Unintentional and intentional injuries are a significant public health concern within the State of Texas. Trauma systems must develop prevention strategies that help control injury as part of an integrated, coordinated, and inclusive trauma system.
- 17.2 Prevention Strategies are based on epidemiologic data that is collected through available local, regional, state, and national patient data systems. Collaboration with community

coalitions and partners, policy makers, and other vested stakeholders defines the interventions targeting specific populations. Intervention programs seek to create a measurable reduction of injury and increase prevention strategies (such as increased use of seatbelts), that have measurable outcomes in a specific timeline. Staffing and community partners are essential for success.

- 17.3 The NCTTRAC Public Education and Injury Prevention committee serves as a resource to identify prevention programs, events, and other prevention resources available to members and the community in TSA-E. Regional, state, and national data will be utilized to determine current trauma trends and address specific priorities. Workgroups and coalitions may also be developed to focus on specific mechanisms and/or populations for educational opportunities.

18. COALITION AND PARTNERSHIP BUILDING

- 18.1 Coalition and Partnership building is a continuous process of cultivating and maintaining relationships with stakeholders within the NCTTRAC trauma service area. Collaboration on injury control and trauma system development with community partnerships are key. Constituents include health care professionals, prehospital providers, insurers, payers, data experts, consumers, advocates, policy makers, trauma center administrators, and media representatives. Coalition priorities are trauma system development, regional system guidelines, financing initiatives and disaster preparedness, system integration, and promoting collaboration rather than competition between trauma centers and prehospital providers. It is desired that every member of NCTTRAC participated in at least one activity or one committee.
- 18.2 Currently most initiatives around Injury Prevention are carried out by members of NCTTRAC hospital and prehospital providers. NCTTRAC supports collaborative partnerships with community leaders to assist with injury awareness and prevention activities.

19. DISASTER PREPAREDNESS AND RESPONSE

- 19.1 Disaster preparedness and response activities among the emergency healthcare system in TSA-E are conducted at the regional level through the Health Care Coalition (HCC). The HCC has been developed and funded as part of the federal Hospital Preparedness Program (HPP). The TSA-E HCC is composed of partner organizations from 4 core groups: hospitals, EMS, public health, and emergency management. These 4 groups work together as the HCC to promote emergency preparedness and healthcare delivery response. The HCC's purpose is to:
 - 19.1.1 Lead collaborative regional planning, formulate strategies, and make recommendations to the NCTTRAC Board of Directors to ensure that the best possible approaches to regional HCC planning can be achieved in TSA-E.
 - 19.1.2 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 and Medicaid Services, Federal Emergency Management Agency, etc.)
 - 19.1.3 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 initiatives.

- 19.2 The TSA-E HCC conducts disaster preparedness activities in accordance with the Trauma Service Area-E Health Care Coalition Regional Preparedness Strategy, which can be found in [Annex G Appendix G-1](#).
- 19.3 Coordinated medical responses that are timely and exercised routinely can mitigate damages and save lives. The response goal of the HCC is to promote resiliency and adequate surge capacity and capability across TSA-E during a mass casualty or disaster situation. Effective response and recovery requires a coordinated effort among public and private entities. Hospitals and healthcare facilities are encouraged to be active participants in emergency preparedness efforts, including partnering with EMS, emergency management, public health, and other entities.
- 19.4 The TSA-E HCC regional response structure promotes jurisdictional cooperation and coordination, but recognizes the autonomy, operational authority, and unique characteristics of each jurisdiction at the facility, local, regional, and state levels.
- 19.5 The TSA-E HCC conducts disaster response activities in accordance with the Trauma Service Area-E Health Care Coalition Regional Medical Response Strategy, which can be found in [Annex G Appendix G-2](#).

20. RESEARCH

- 20.1 NCTTRAC participates in system research on an ad hoc basis. The Board of Directors is responsible for governance and release of the data for all research purposes.

21. REFERENCES

- 21.1 American College of Surgeons, Committee on Trauma. (2022). Resources for optimal care of the injured patient.



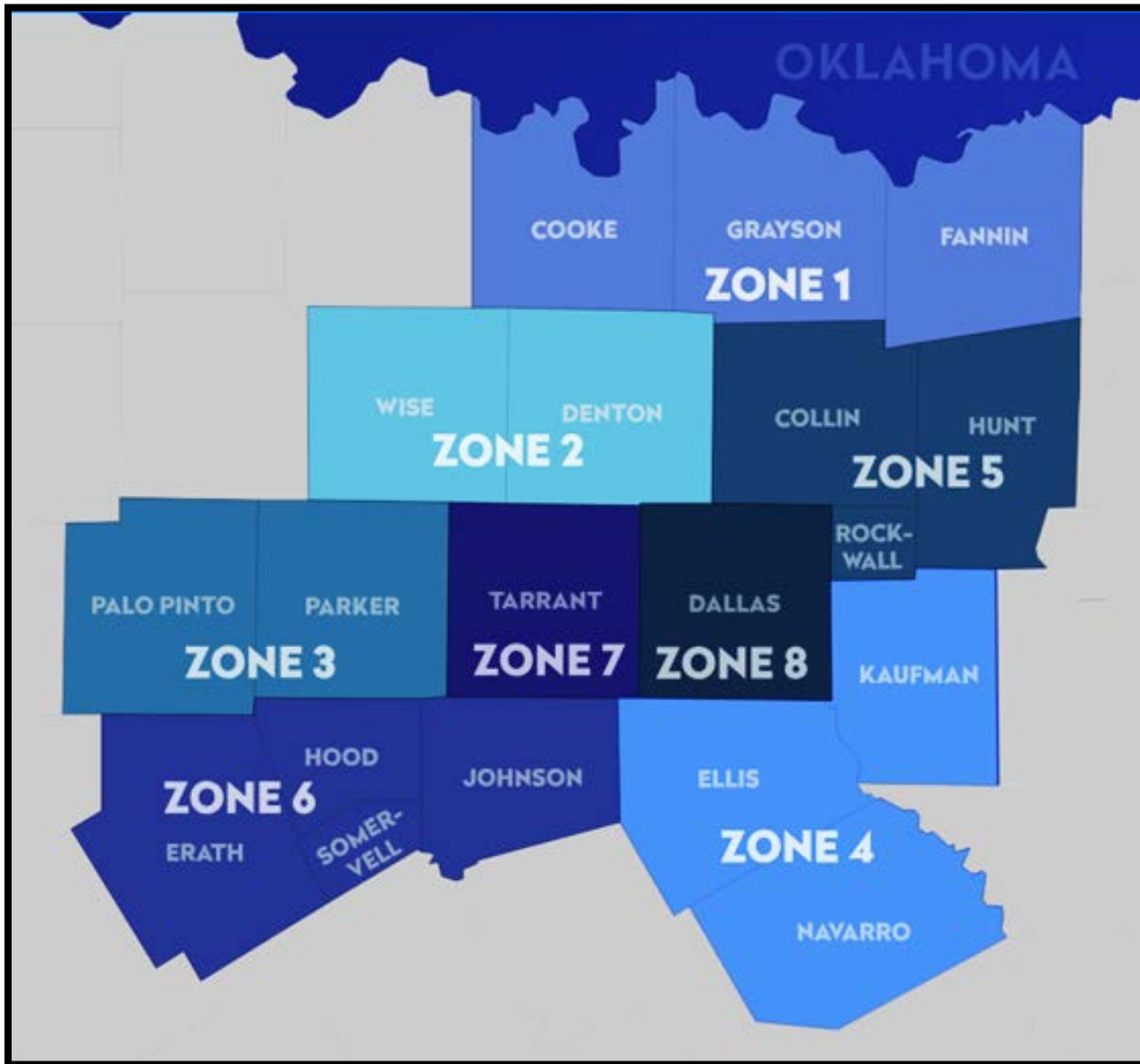
TSA-E Regional Trauma System Plan

Annex A - Demographics and Organization

Annex A

Demographics & Organizations

| | |
|--------------|---|
| Appendix A-1 | Map of Region |
| Appendix A-2 | List of Hospitals |
| Appendix A-3 | List of EMS, Air Medical & FRO Agencies |
| Appendix A-4 | List of Rehabilitation Resources for the region |



| # | NAME | ADDRESS | CITY | COUNTY | TRAUMA LEVEL | IN PURSUIT |
|----|---|------------------------------------|---------------|----------|--------------|------------|
| 1 | ACCEL REHABILITATION HOSPITAL OF PLANO | 2301 MARSH LANE SUITE 200 | PLANO | DENTON | | |
| 2 | ATRIUM MEDICAL CENTER | 2813 S MAYHILL RD | DENTON | DENTON | | |
| 3 | BAYLOR EMERGENCY MEDICAL CENTER | 26791 HIGHWAY 380 | AUBREY | DENTON | | |
| 4 | BAYLOR EMERGENCY MEDICAL CENTER | 620 SOUTH MAIN SUITE 100 | KELLER | TARRANT | | |
| 5 | BAYLOR EMERGENCY MEDICAL CENTER | 511 FM 544 SUITE 100 | MURPHY | COLLIN | | |
| 6 | BAYLOR EMERGENCY MEDICAL CENTER | 12500 SOUTH FREEWAY SUITE 100 | BURLESON | TARRANT | | |
| 7 | BAYLOR EMERGENCY MEDICAL CENTER | 1776 NORTH US 287 SUITE 100 | MANSFIELD | TARRANT | | |
| 8 | BAYLOR EMERGENCY MEDICAL CENTER | 5500 COLLEYVILLE BOULEVARD | COLLEYVILLE | TARRANT | | |
| 9 | BAYLOR EMERGENCY MEDICAL CENTER (ROCKWALL) | 1975 ALPHA SUITE 100 | ROCKWALL | ROCKWALL | | |
| 10 | BAYLOR MEDICAL CENTER AT TROPHY CLUB | 2850 EAST STATE HWY 114 | TROPHY CLUB | DENTON | | |
| 11 | BAYLOR MEDICAL CENTER AT UPTOWN | 2727 EAST LEMMON AVENUE | DALLAS | DALLAS | | |
| 12 | BAYLOR ORTHOPEDIC AND SPINE HOSPITAL AT ARLINGTON | 707 HIGHLANDER BOULEVARD | ARLINGTON | TARRANT | | |
| 13 | BAYLOR SCOTT & WHITE ALL SAINTS MEDICAL CENTER - FORT WORTH | 1400 EIGHTH AVENUE | FORT WORTH | TARRANT | Level III | |
| 14 | BAYLOR SCOTT & WHITE EMERGENCY HOSPITAL - GRAND PRAIRIE | 3095 KINGSWOOD BOULEVARD SUITE 100 | GRAND PRAIRIE | DALLAS | | |
| 15 | BAYLOR SCOTT & WHITE HEART AND VASCULAR HOSPITAL - DALLAS | 621 NORTH HALL STREET | DALLAS | DALLAS | | |
| 16 | BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION | 909 NORTH WASHINGTON AVENUE | DALLAS | DALLAS | | |

| # | NAME | ADDRESS | CITY | COUNTY | TRAUMA LEVEL | IN PURSUIT |
|----|--|--------------------------------|------------|----------|--------------|------------|
| 17 | BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION - FORT WORTH | 6601 HARRIS PARKWAY | FORT WORTH | TARRANT | | |
| 18 | BAYLOR SCOTT & WHITE INSTITUTE FOR REHABILITATION - FRISCO | 2990 LEGACY DRIVE | FRISCO | COLLIN | | |
| 19 | BAYLOR SCOTT & WHITE MEDICAL CENTER - CARROLLTON | 4343 JOSEY LANE | CARROLLTON | DENTON | | |
| 20 | BAYLOR SCOTT & WHITE MEDICAL CENTER - CENTENNIAL | 12505 LEBANON ROAD | FRISCO | COLLIN | Level III | |
| 21 | BAYLOR SCOTT & WHITE MEDICAL CENTER - FRISCO | 5601 WARREN PARKWAY | FRISCO | COLLIN | | |
| 22 | BAYLOR SCOTT & WHITE MEDICAL CENTER - GRAPEVINE | 1650 WEST COLLEGE STREET | GRAPEVINE | TARRANT | Level II | |
| 23 | BAYLOR SCOTT & WHITE MEDICAL CENTER - IRVING | 1901 NORTH MACARTHUR BOULEVARD | IRVING | DALLAS | | |
| 24 | BAYLOR SCOTT & WHITE MEDICAL CENTER - LAKE POINTE | 6800 SCENIC DRIVE | ROWLETT | ROCKWALL | Level III | |
| 25 | BAYLOR SCOTT & WHITE MEDICAL CENTER - MCKINNEY | 5252 WEST UNIVERSITY DRIVE | MCKINNEY | COLLIN | Level III | |
| 26 | BAYLOR SCOTT & WHITE MEDICAL CENTER - PLANO | 4700 ALLIANCE BOULEVARD | PLANO | COLLIN | | |
| 27 | BAYLOR SCOTT & WHITE MEDICAL CENTER - SUNNYVALE | 231 SOUTH COLLINS ROAD | SUNNYVALE | DALLAS | | |
| 28 | BAYLOR SCOTT & WHITE MEDICAL | 2400 N I-35 E | WAXAHACHIE | ELLIS | Level IV | |

| # | NAME | ADDRESS | CITY | COUNTY | TRAUMA LEVEL | IN PURSUIT |
|----|---|------------------------------|------------|---------|--------------|------------|
| | CENTER AT WAXAHACHIE | | | | | |
| 29 | BAYLOR SCOTT & WHITE SURGICAL HOSPITAL AT SHERMAN | 3601 N CALAIS STREET | SHERMAN | GRAYSON | | |
| 30 | BAYLOR SCOTT & WHITE THE HEART HOSPITAL - DENTON | 2801 SOUTH MAYHILL ROAD | DENTON | DENTON | | |
| 31 | BAYLOR SCOTT & WHITE THE HEART HOSPITAL - PLANO | 1100 ALLIED DRIVE | PLANO | COLLIN | | |
| 32 | BAYLOR SURGICAL HOSPITAL AT FORT WORTH | 1800 PARK PLACE AVENUE | FORT WORTH | TARRANT | | |
| 33 | BAYLOR SURGICAL HOSPITAL AT LAS COLINAS | 400 WEST INTERSTATE 635 | IRVING | DALLAS | | |
| 34 | BAYLOR UNIVERSITY MEDICAL CENTER | 3500 GASTON AVENUE | DALLAS | DALLAS | Level I | |
| 35 | CARRUS REHABILITATION HOSPITAL | 1810 WEST HIGHWAY 82 STE 100 | SHERMAN | GRAYSON | | |
| 36 | CARRUS SPECIALTY HOSPITAL | 1810 US HWY 82 WEST STE 200 | SHERMAN | GRAYSON | | |
| 37 | CHILDRENS MEDICAL CENTER OF DALLAS | 1935 MEDICAL DISTRICT DRIVE | DALLAS | DALLAS | Level I | |
| 38 | CHILDRENS MEDICAL CENTER PLANO | 7601 PRESTON ROAD | PLANO | COLLIN | Level IV | |
| 39 | CITY HOSPITAL AT WHITE ROCK | 9440 POPPY DRIVE | DALLAS | DALLAS | | |
| 40 | COOK CHILDRENS MEDICAL CENTER | 801 SEVENTH AVENUE | FORT WORTH | TARRANT | Level II | |
| 41 | CRESCENT MEDICAL CENTER LANCASTER | 2600 WEST PLEASANT RUN ROAD | LANCASTER | DALLAS | | |
| 42 | DALLAS MEDICAL CENTER | 7 MEDICAL PARKWAY | DALLAS | DALLAS | Level IV | |
| 43 | DALLAS REGIONAL MEDICAL CENTER | 1011 NORTH GALLOWAY AVE | MESQUITE | DALLAS | Level IV | |
| 44 | EMINENT MEDICAL CENTER | 1351 W PRESIDENT BUSH HWY | RICHARDSON | COLLIN | | |
| 45 | ENCOMPASS HEALTH REHABILITATION | 3200 MATLOCK ROAD | ARLINGTON | TARRANT | | |

| # | NAME | ADDRESS | CITY | COUNTY | TRAUMA LEVEL | IN PURSUIT |
|----|--|---------------------------|--------------|-----------|--------------|------------|
| | HOSPITAL OF ARLINGTON | | | | | |
| 46 | ENCOMPASS HEALTH REHABILITATION HOSPITAL OF CITY VIEW | 6701 OAKMONT BOULEVARD | FORT WORTH | TARRANT | | |
| 47 | ENCOMPASS HEALTH REHABILITATION HOSPITAL OF DALLAS | 7930 NORTHAVEN | DALLAS | DALLAS | | |
| 48 | ENCOMPASS HEALTH REHABILITATION HOSPITAL OF PLANO | 2800 WEST 15TH STREET | PLANO | COLLIN | | |
| 49 | ENCOMPASS HEALTH REHABILITATION HOSPITAL OF RICHARDSON | 3351 WATERVIEW PARKWAY | RICHARDSON | DALLAS | | |
| 50 | ENCOMPASS HEALTH REHABILITATION HOSPITAL OF THE MID-CITIES | 2304 STATE HIGHWAY 121 | BEDFORD | TARRANT | | |
| 51 | ENNIS REGIONAL MEDICAL CENTER | 2201 WEST LAMPASAS STREET | ENNIS | ELLIS | Level IV | |
| 52 | FIRST BAPTIST MEDICAL CENTER | 8111 MEADOW RD | DALLAS | DALLAS | | |
| 53 | GLEN ROSE MEDICAL CENTER | 1021 HOLDEN STREET | GLEN ROSE | SOMERVELL | | |
| 54 | HUNT REGIONAL MEDICAL CENTER GREENVILLE | 4215 JOE RAMSEY BOULEVARD | GREENVILLE | HUNT | Level IV | |
| 55 | ICARE REHABILITATION HOSPITAL | 3100 PETERS COLONY ROAD | FLOWER MOUND | DENTON | | |
| 56 | JOHN PETER SMITH HOSPITAL | 1500 SOUTH MAIN STREET | FORT WORTH | TARRANT | Level I | |
| 57 | JPS HEALTH NETWORK - TRINITY SPRINGS NORTH | 1000 ST LOUIS AVENUE | FORT WORTH | TARRANT | | |
| 58 | KINDRED HOSPITAL - FORT WORTH | 815 EIGHTH AVENUE | FORT WORTH | TARRANT | | |
| 59 | KINDRED HOSPITAL - DALLAS | 9525 GREENVILLE AVENUE | DALLAS | DALLAS | | |
| 60 | KINDRED HOSPITAL DALLAS CENTRAL | 8050 MEADOW ROAD | DALLAS | DALLAS | | |

| # | NAME | ADDRESS | CITY | COUNTY | TRAUMA LEVEL | IN PURSUIT |
|----|--|--------------------------------|----------------------|---------|-----------------------------|-------------------------|
| 61 | KINDRED HOSPITAL-MANSFIELD | 1802 HIGHWAY 157 NORTH | MANSFIELD | TARRANT | | |
| 62 | KINDRED HOSPITAL-TARRANT COUNTY | 1000 NORTH COOPER STREET | ARLINGTON | TARRANT | | |
| 63 | KINDRED HOSPITAL-TARRANT COUNTY | 7800 OAKMONT BOULEVARD | FORT WORTH | TARRANT | | |
| 64 | LAKE GRANBURY MEDICAL CENTER | 1310 PALUXY ROAD | GRANBURY | HOOD | Level IV with Contingencies | |
| 65 | LIFECARE HOSPITALS OF DALLAS | 1950 RECORD CROSSING ROAD | DALLAS | DALLAS | | |
| 66 | LIFECARE HOSPITALS OF FORT WORTH | 6201 OVERTON RIDGE BLVD | FORT WORTH | TARRANT | | |
| 67 | LIFECARE HOSPITALS OF PLANO | 6800 PRESTON ROAD | PLANO | COLLIN | | |
| 68 | MAYHILL HOSPITAL | 2809 MAYHILL ROAD | DENTON | DENTON | | |
| 69 | MEDICAL CITY ALLIANCE | 3101 NORTH TARRANT PARKWAY | FORT WORTH | TARRANT | Level III | |
| 70 | MEDICAL CITY ARLINGTON | 3301 MATLOCK ROAD | ARLINGTON | TARRANT | Level II | |
| 71 | MEDICAL CITY DALLAS HOSPITAL | 7777 FOREST LANE | DALLAS | DALLAS | Level IV with Contingencies | |
| 72 | MEDICAL CITY DENTON | 3535 SOUTH I-35 EAST | DENTON | DENTON | Level II | |
| 73 | MEDICAL CITY FORT WORTH | 900 EIGHTH AVENUE | FORT WORTH | TARRANT | | |
| 74 | MEDICAL CITY FRISCO A MEDICAL CENTER OF PLANO FACILITY | 5500 FRISCO SQUARE BLVD | FRISCO | COLLIN | | In Pursuit of Level III |
| 75 | MEDICAL CITY LAS COLINAS | 6800 NORTH MACARTHUR BOULEVARD | IRVING | DALLAS | Level III | |
| 76 | MEDICAL CITY LEWISVILLE | 500 WEST MAIN STREET | LEWISVILLE | DENTON | Level III | |
| 77 | MEDICAL CITY MCKINNEY | 4500 MEDICAL CENTER DRIVE | MCKINNEY | COLLIN | Level III | |
| 78 | MEDICAL CITY MCKINNEY - WYSONG CAMPUS | 130 SOUTH CENTRAL EXPRESSWAY | MCKINNEY | COLLIN | | |
| 79 | MEDICAL CITY NORTH HILLS | 4401 BOOTH CALLOWAY ROAD | NORTH RICHLAND HILLS | TARRANT | Level III | |
| 80 | MEDICAL CITY PLANO | 3901 WEST 15TH STREET | PLANO | COLLIN | Level I | |

| # | NAME | ADDRESS | CITY | COUNTY | TRAUMA LEVEL | IN PURSUIT |
|----|--|------------------------------------|-------------|---------|--------------|-------------------------|
| 81 | MEDICAL CITY WEATHERFORD | 713 E ANDERSON ST | WEATHERFORD | PARKER | Level IV | |
| 82 | MESQUITE REHABILITATION INSTITUTE | 1023 NORTH BELT LINE ROAD | MESQUITE | DALLAS | | |
| 83 | MESQUITE SPECIALTY HOSPITAL | 1024 NORTH GALLOWAY AVENUE | MESQUITE | DALLAS | | |
| 84 | METHODIST DALLAS MEDICAL CENTER | 1441 NORTH BECKLEY AVENUE | DALLAS | DALLAS | Level I | |
| 85 | METHODIST CHARLTON MEDICAL CENTER | 3500 WHEATLAND ROAD | DALLAS | DALLAS | Level III | |
| 86 | METHODIST HOSPITAL FOR SURGERY | 17101 DALLAS PARKWAY | ADDISON | DALLAS | | |
| 87 | METHODIST MANSFIELD MEDICAL CENTER | 2700 BROAD STREET | MANSFIELD | TARRANT | Level III | |
| 88 | METHODIST MCKINNEY HOSPITAL LLC | 8000 WEST ELDORADO PARKWAY | MCKINNEY | COLLIN | | |
| 89 | METHODIST REHABILITATION HOSPITAL | 3020 WEST WHEATLAND ROAD | DALLAS | DALLAS | | |
| 90 | METHODIST RICHARDSON MEDICAL CENTER | 2831 E PRESIDENT GEORGE BUSH HWY | RICHARDSON | COLLIN | | In Pursuit of Level III |
| 91 | METHODIST RICHARDSON MEDICAL CENTER CAMPUS FOR CONTINUING CARE | 401 WEST CAMPBELL ROAD | RICHARDSON | DALLAS | | |
| 92 | METHODIST SOUTHLAKE HOSPITAL | 421 E STATE HWY 114 | SOUTHLAKE | TARRANT | | |
| 93 | MUENSTER MEMORIAL HOSPITAL | 605 NORTH MAPLE STREET PO BOX 370 | MUENSTER | COOKE | Level IV | |
| 94 | NAVARRO REGIONAL HOSPITAL | 3201 WEST HIGHWAY 22 | CORSICANA | NAVARRO | Level IV | |
| 95 | NORTH CENTRAL SURGICAL CENTER LLP | 9301 NORTH CENTRAL EXPRESSWAY #100 | DALLAS | DALLAS | | |

| # | NAME | ADDRESS | CITY | COUNTY | TRAUMA LEVEL | IN PURSUIT |
|-----|---|---------------------------------------|---------------|------------|--------------|------------|
| 96 | NORTH TEXAS MEDICAL CENTER | 1900 HOSPITAL BOULEVARD | GAINESVILLE | COOKE | Level IV | |
| 97 | OUR CHILDRENS HOUSE | 1340 EMPIRE CENTRAL DRIVE | DALLAS | DALLAS | | |
| 98 | PALO PINTO GENERAL HOSPITAL | 400 SOUTHWEST 25TH AVENUE | MINERAL WELLS | PALO PINTO | Level IV | |
| 99 | PAM REHABILITATION HOSPITAL OF ALLEN | 1001 RAINTREE CIRCLE | ALLEN | COLLIN | | |
| 100 | PARKLAND MEMORIAL HOSPITAL | 5200 - 5201 HARRY HINES BOULEVARD | DALLAS | DALLAS | Level I | |
| 101 | PINE CREEK MEDICAL CENTER | 9032 HARRY HINES BOULEVARD | DALLAS | DALLAS | | |
| 102 | PLANO SPECIALTY HOSPITAL | 1621 COIT ROAD | PLANO | COLLIN | | |
| 103 | PLANO SURGICAL HOSPITAL | 2301 MARSH LANE SUITE 100 | PLANO | DENTON | | |
| 104 | PROMISE HOSPITAL OF DALLAS INC | 7955 HARRY HINES BOULEVARD | DALLAS | DALLAS | | |
| 105 | REBA MCENTIRE CENTER FOR REHABILITATION | 1200 REBA MCENTIRE LANE | DENISON | GRAYSON | | |
| 106 | SAGECREST HOSPITAL GRAPEVINE | 4201 WILLIAM D TATE AVENUE | GRAPEVINE | TARRANT | | |
| 107 | SAINT CAMILLUS MEDICAL CENTER | 1612 HURST TOWN CENTER DR | HURST | TARRANT | | |
| 108 | SELECT REHABILITATION HOSPITAL OF DENTON | 2620 SCRIPTURE STREET | DENTON | DENTON | | |
| 109 | SELECT SPECIALTY HOSPITAL - DALLAS | 2329 PARKER RD | CARROLLTON | DALLAS | | |
| 110 | SELECT SPECIALTY HOSPITAL - DALLAS (DOWNTOWN) | 3500 GASTON AVENUE 3RD AND 4TH FLOORS | DALLAS | DALLAS | | |
| 111 | STAR MEDICAL CENTER | 4100 MAPLESHADE LANE | PLANO | COLLIN | | |
| 112 | TEXAS GENERAL HOSPITAL | 2709 HOSPITAL BLVD | GRAND PRAIRIE | TARRANT | | |
| 113 | TEXAS HEALTH ARLINGTON | 800 WEST RANDOL MILL ROAD | ARLINGTON | TARRANT | Level IV | |

| # | NAME | ADDRESS | CITY | COUNTY | TRAUMA LEVEL | IN PURSUIT |
|-----|---|--------------------------|--------------|---------|--------------|-------------------------|
| | MEMORIAL HOSPITAL | | | | | |
| 114 | TEXAS HEALTH CENTER FOR DIAGNOSTICS & SURGERY PLANO | 6020 WEST PARKER ROAD | PLANO | COLLIN | | |
| 115 | TEXAS HEALTH HARRIS METHODIST HOSPITAL ALLIANCE | 10864 TEXAS HEALTH TRAIL | FT WORTH | TARRANT | Level IV | |
| 116 | TEXAS HEALTH HARRIS METHODIST HOSPITAL AZLE | 108 DENVER TRAIL | AZLE | TARRANT | Level IV | |
| 117 | TEXAS HEALTH HARRIS METHODIST HOSPITAL CLEBURNE | 201 WALLS DRIVE | CLEBURNE | JOHNSON | Level IV | |
| 118 | TEXAS HEALTH HARRIS METHODIST HOSPITAL FORT WORTH | 1301 PENNSYLVANIA AVENUE | FORT WORTH | TARRANT | Level II | |
| 119 | TEXAS HEALTH HARRIS METHODIST HOSPITAL HURST-EULESS-BEDFORD | 1600 HOSPITAL PARKWAY | BEDFORD | TARRANT | Level III | |
| 120 | TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHLAKE | 1545 SOUTHLAKE BLVD | SOUTHLAKE | TARRANT | | |
| 121 | TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHWEST FORT WORTH | 6100 HARRIS PARKWAY | FORT WORTH | TARRANT | | In Pursuit of Level III |
| 122 | TEXAS HEALTH HARRIS METHODIST HOSPITAL STEPHENVILLE | 411 NORTH BELKNAP | STEPHENVILLE | ERATH | Level IV | |
| 123 | TEXAS HEALTH HEART & VASCULAR HOSPITAL ARLINGTON | 811 WRIGHT STREET | ARLINGTON | TARRANT | | |
| 124 | TEXAS HEALTH HOSPITAL | 1401 E TRINITY MILLS RD | CARROLLTON | DALLAS | | |

| # | NAME | ADDRESS | CITY | COUNTY | TRAUMA LEVEL | IN PURSUIT |
|-----|---|---|--------------|----------|--------------|-------------------------|
| 125 | TEXAS HEALTH HOSPITAL FRISCO | 12400 DALLAS PKWY | FRISCO | COLLIN | | In Pursuit of Level III |
| 126 | TEXAS HEALTH HOSPITAL CLEARFORK | 5400 CLEARFORK MAIN ST | FORT WORTH | TARRANT | | |
| 127 | TEXAS HEALTH HUGULEY HOSPITAL | 11801 SOUTH FREEWAY | BURLESON | TARRANT | Level IV | |
| 128 | TEXAS HEALTH PRESBYTERIAN HOSPITAL ALLEN | 1105 CENTRAL EXPRESSWAY NORTH SUITE 140 | ALLEN | COLLIN | Level IV | |
| 129 | TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS | 8200 WALNUT HILL LANE | DALLAS | DALLAS | Level II | |
| 130 | TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON | 3000 I-35 | DENTON | DENTON | | |
| 131 | TEXAS HEALTH PRESBYTERIAN HOSPITAL FLOWER MOUND | 4400 LONG PRAIRIE ROAD | FLOWER MOUND | DENTON | | |
| 132 | TEXAS HEALTH PRESBYTERIAN HOSPITAL KAUFMAN | 850 ED HALL DRIVE | KAUFMAN | KAUFMAN | Level IV | |
| 133 | TEXAS HEALTH PRESBYTERIAN HOSPITAL PLANO | 6200 WEST PARKER ROAD | PLANO | COLLIN | Level II | |
| 134 | TEXAS HEALTH PRESBYTERIAN HOSPITAL ROCKWALL | 3150 HORIZON ROAD | ROCKWALL | ROCKWALL | | |
| 135 | TEXAS HEALTH SPECIALTY HOSPITAL FORT WORTH | 1301 PENNSYLVANIA AVENUE 4TH FLOOR | FORT WORTH | TARRANT | | |
| 136 | TEXAS INSTITUTE FOR SURGERY AT TEXAS HEALTH PRESBYTERIAN DALLAS | 7115 GREENVILLE AVENUE | DALLAS | DALLAS | | |
| 137 | TEXAS REHABILITATION HOSPITAL OF ARLINGTON | 900 W ARBROOK BLVD | ARLINGTON | TARRANT | | |
| 138 | TEXAS REHABILITATION | 425 ALABAMA AVENUE | FORT WORTH | TARRANT | | |

| # | NAME | ADDRESS | CITY | COUNTY | TRAUMA LEVEL | IN PURSUIT |
|-----|---|----------------------------------|-------------|---------|--------------|------------------------|
| | HOSPITAL OF FORT WORTH | | | | | |
| 139 | TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN | 2222 WELBORN STREET | DALLAS | DALLAS | | |
| 140 | TEXOMA MEDICAL CENTER | 5016 SOUTH US HIGHWAY 75 | DENISON | GRAYSON | Level III | |
| 141 | THE COLONY ER HOSPITAL | 4780 STATE HWY 121 | THE COLONY | DENTON | | |
| 142 | TMC BEHAVIORAL HEALTH CENTER | 2601 CORNERSTONE DRIVE | SHERMAN | GRAYSON | | |
| 143 | TMC BONHAM HOSPITAL | 504 LIPSCOMB | BONHAM | FANNIN | Level IV | |
| 144 | UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS | 6201 HARRY HINES BLVD | DALLAS | DALLAS | | In Pursuit of Level IV |
| 145 | USMD HOSPITAL AT ARLINGTON | 801 WEST I-20 | ARLINGTON | TARRANT | | |
| 146 | USMD HOSPITAL AT FORT WORTH | 5900 ALTAMESA BOULEVARD | FORT WORTH | TARRANT | | |
| 147 | VIBRA HOSPITAL OF RICHARDSON | 401 WEST CAMPBELL ROAD SUITE 300 | RICHARDSON | DALLAS | | |
| 148 | VIBRA SPECIALTY HOSPITAL | 2700 WALKER WAY | DESOTO | DALLAS | | |
| 149 | WEATHERFORD REHABILITATION HOSPITAL LLC | 703 EUREKA ST | WEATHERFORD | PARKER | | |
| 150 | WILSON N JONES REGIONAL MEDICAL CENTER | 500 NORTH HIGHLAND AVENUE | SHERMAN | GRAYSON | Level III | |
| 151 | WISE HEALTH SURGICAL HOSPITAL | 3200 NORTH TARRANT PARKWAY | FORT WORTH | TARRANT | | |
| 152 | WISE HEALTH SYSTEM | 609 MEDICAL CENTER DRIVE | DECATUR | WISE | Level IV | |
| 153 | WISE HEALTH SYSTEM | 2000 SOUTH FM 51 | DECATUR | WISE | | |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|--|------------------------------------|----------------|-------|----------|----------------------|
| First Responder | Ables Springs Fire VFD FRO | 30000 Fm 429 | Terrell | Tx | 75161 | Kaufman |
| Ems Provider | Addison Fire Department | 4798 Airport Pkwy | Addison | Tx | 75001 | Dallas |
| Ems Provider | Air Evac Ems Inc | 1001 Boardwalk Springs Pl. Ste 250 | O'Fallon | Mo | 63368 | Out Of State/Unknown |
| Ems Provider | Allen Fire Department DbA | 310 Century Parkway | Allen | Tx | 75013 | Collin |
| First Responder | Alvord Volunteer Fire Department | Po Box 63 | Alvord | Tx | 76225 | Wise |
| Ems Provider | American Medical Response Ambulance Inc DbA | Po Box 181029 | Arlington | Tx | 76096 | Tarrant |
| Ems Provider | American Medical Response Ambulance Service Inc DbA | 4099 McEwen Rd Ste 200 | Farmers Branch | Tx | 75244 | Dallas |
| Ems Provider | American Medical Response Ambulance Service Inc DbA | 2250 West Hwy 287 Business | Waxahachie | Tx | 75167 | Ellis |
| Ems Provider | American Medical Response Ambulance Service Inc DbA | 3003 C Joe Ramsey Blvd | Greenville | Tx | 75402 | Hunt |
| Ems Provider | American Medical Response Ambulance Services Inc DbA | 3003c Joe Ramsey Blvd. | Greenville | Tx | 75401 | Hunt |
| First Responder | Anna Fire and Rescue Inc DbA | Po Box 487 | Anna | Tx | 75409 | Collin |
| Ems Provider | Argyle Volunteer Fire District DbA | Po Box 984 | Argyle | Tx | 76226 | Denton |
| First Responder | Arlington Fire Department | Po Box 90231, MS 04-0260 | Arlington | Tx | 76004 | Tarrant |
| Ems Provider | Arthur Lee Willis Jr Enterprises LLC DbA | 2002 Academy Lane Ste 200 | Farmers Branch | Tx | 75234 | Dallas |
| Ems Provider | Aubrey Area Ambulance Inc DbA | 200 W Sycamore St | Aubrey | Tx | 76227 | Denton |
| Ems Provider | Azle Fire Department | Po Box 1378 | Azle | Tx | 76098 | Parker |
| First Responder | Bailey Volunteer Fire Dept | Po Box 103 | Bailey | Tx | 75413 | Fannin |
| Ems Provider | Bedford Fire Department | 1816 Bedford Rd | Bedford | Tx | 76021 | Tarrant |
| First Responder | Bell Helicopter / Textron DbA | 3255 Bell Helicopter Blvd | Fort Worth | Tx | 76118 | Tarrant |
| Ems Provider | Bells-Savoy Community Emergency Service Inc DbA | Po Box 132 | Bells | Tx | 75414 | Grayson |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|--|-----------------------------|---------------|-------|----------|---------|
| Ems Provider | Benbrook Fire Department | 528 Mercedes St | Benbrook | Tx | 76126 | Tarrant |
| First Responder | Blue Mound Vol Fire Department | 301 Blue Mound Rd | Blue Mound | Tx | 76131 | Tarrant |
| First Responder | Blue Ridge Vol Fire Dept | 203 W Fm 545 | Blue Ridge | Tx | 75424 | Collin |
| First Responder | Blue Water Oaks VFD | Po Box 330 | Alvarado | Tx | 76009 | Johnson |
| Ems Provider | Bonham Fire Department | Po Box 180446 | Dallas | Tx | 75218 | Dallas |
| First Responder | Bono Volunteer Fire Department DbA | 5536 Hwy 67 W | Cleburne | Tx | 76033 | Johnson |
| First Responder | Boonsville/Balsora Volunteer Fire Department Inc | 280 Cr 3743 | Bridgeport | Tx | 76426 | Wise |
| First Responder | Bosque Valley First Responders Organization DbA | 1560 Alexander Rd. | Stephenville | Tx | 76401 | Erath |
| First Responder | Branch Volunteer Fire Department | Po Box 788 | Princeton | Tx | 75407 | Collin |
| First Responder | Briar - Reno Fire Department | Po Box 1902 | Azle | Tx | 76098 | Parker |
| First Responder | Briar Oaks Volunteer Fire Department Inc | 515 Ward Ln | Burleson | Tx | 76028 | Johnson |
| First Responder | Bristol Volunteer Fire Department Inc | 101 S Old Walnut | Ennis | Tx | 75119 | Ellis |
| First Responder | Brock-Dennis VFD Inc | 1107 Fm 1189 | Brock | Tx | 76087 | Parker |
| First Responder | Burleson Fire Department Fr | 141 W Renfro St | Burleson | Tx | 76028 | Johnson |
| First Responder | Caddo Mills Fire & Rescue DbA | Po Box 429 | Caddo Mills | Tx | 75135 | Hunt |
| First Responder | Callisburg Volunteer Fire Department Inc | 116 McDaniel St | Callisburg | Tx | 76240 | Cooke |
| First Responder | Campbell Volunteer Fire Department Inc DbA | P.O. Box 73 | Campbell | Tx | 75422 | Hunt |
| Ems Provider | CareFlite-Air | 3110 S Great Southwest Pkwy | Grand Prairie | Tx | 75052 | Tarrant |
| Ems Provider | CareFlite-Ground | 1716 Hal Avenue | Cleburne | Tx | 76031 | Johnson |
| Ems Provider | Carrollton Fire Department | 1111 W Beltline Rd Ste 100 | Carrollton | Tx | 75006 | Dallas |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|---|---------------------------|---------------|-------|----------|---------|
| First Responder | Cash Fire Department Association Inc DbA | 4745 Highway 34 South | Greenville | Tx | 75402 | Hunt |
| First Responder | Celeste Volunteer Fire Department Inc DbA | Po Box 145 | Celeste | Tx | 75423 | Hunt |
| First Responder | Central Community Volunteer Fire Department | 4100 Old Agnes Rd | Weatherford | Tx | 76088 | Parker |
| Ems Provider | Children's Medical Center Of Dallas DbA | 1935 Medical District Dr | Dallas | Tx | 75235 | Dallas |
| Ems Provider | Choice Ambulance Services LLC DbA | 321 Cooper Street | Cedar Hill | Tx | 75104 | Dallas |
| First Responder | City Of Alvarado DbA | 104 College Street | Alvarado | Tx | 76009 | Johnson |
| First Responder | City Of Balch Springs DbA | 12500 Elam Rd | Balch Springs | Tx | 75180 | Dallas |
| Ems Provider | City Of Cedar Hill DbA | 1212 W Beltline Rd | Cedar Hill | Tx | 75104 | Dallas |
| Ems Provider | City Of Celina Fire Department | 1413 S Preston Rd | Celina | Tx | 75009 | Collin |
| Ems Provider | City Of Colleyville | 5209 Colleyville Blvd | Colleyville | Tx | 76034 | Tarrant |
| Ems Provider | City Of Corinth DbA | 3501 Fm 2181 Suite B | Corinth | Tx | 76210 | Denton |
| Ems Provider | City Of Dallas Fire-Rescue Department | 1551 Baylor St. Ste. 300 | Dallas | Tx | 75226 | Dallas |
| Ems Provider | City Of Dublin DbA | 213 East Blackjack Street | Dublin | Tx | 76446 | Erath |
| First Responder | City Of Ennis Fire Department DbA | Po Box 220 | Ennis | Tx | 75120 | Ellis |
| Ems Provider | City Of Euless Fire Department | 201 N Ector Dr | Euless | Tx | 76039 | Tarrant |
| Ems Provider | City Of Everman Ems DbA | 400 W Enon Ave | Everman | Tx | 76140 | Tarrant |
| First Responder | City Of Everman Fire Department DbA | 404 W Enon | Everman | Tx | 76140 | Tarrant |
| First Responder | City Of Ferris FD | 111 Ewing St | Ferris | Tx | 75125 | Ellis |
| First Responder | City Of Forest Hill DbA | 6304 Wanda Ln | Fort Worth | Tx | 76119 | Tarrant |
| Ems Provider | City Of Grand Prairie DbA | 1525 Arkansas Ln 3rd Fl | Grand Prairie | Tx | 75052 | Dallas |
| Ems Provider | City Of Grapevine DbA | 1007 Ira E Woods Ave | Grapevine | Tx | 76051 | Tarrant |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|--|------------------------------|-------------|-------|----------|----------|
| First Responder | City Of Haltom City Fire Rescue DbA | 5525 Broadway Ave | Haltom City | Tx | 76117 | Tarrant |
| Ems Provider | City Of Hurst Fire Department | 2100 Precinct Line Road | Hurst | Tx | 76054 | Tarrant |
| Ems Provider | City Of Hutchins DbA | 1525 E Wintergreen Rd | Hutchins | Tx | 75141 | Dallas |
| First Responder | City Of Joshua Fire Department | 101 S Main St | Joshua | Tx | 76058 | Johnson |
| First Responder | City Of Kaufman Fire Department DbA | 301 S Madison | Kaufman | Tx | 75142 | Kaufman |
| Ems Provider | City Of Keene Fire Rescue | 201 W HiLLCrest | Keene | Tx | 76059 | Johnson |
| Ems Provider | City Of Lancaster DbA | 100 Craig Shaw Memorial Pkwy | Lancaster | Tx | 75134 | Dallas |
| Ems Provider | City Of Lewisville Fire Department DbA | Po Box 299002 | Lewisville | Tx | 75029 | Denton |
| Ems Provider | City Of Lucas Fire Rescue | 165 Country Club Rd | Lucas | Tx | 75002 | Collin |
| Ems Provider | City Of Mansfield Fire Department DbA | 1305 E Broad St | Mansfield | Tx | 76063 | Tarrant |
| First Responder | City Of Melissa Fire Department | 3411 Barker Ave | Melissa | Tx | 75454 | Collin |
| Ems Provider | City Of Murphy DbA | 206 N Murphy Rd | Murphy | Tx | 75094 | Collin |
| First Responder | City Of Oak Point DbA | 100 Naylor Rd | Oak Point | Tx | 75068 | Denton |
| First Responder | City Of Pottsboro DbA | Po Box 1089 | Pottsboro | Tx | 75076 | Grayson |
| First Responder | City Of Rockwall Fire Department DbA | 385 S Goliad St | Rockwall | Tx | 75087 | Rockwall |
| Ems Provider | City Of Sachse Fire Department | 3815 Sachse Rd Bldg D | Sachse | Tx | 75048 | Dallas |
| First Responder | City Of Saginaw DbA | 400 South Saginaw Blvd. | Saginaw | Tx | 76179 | Tarrant |
| Ems Provider | City Of Sanger Fire Department DbA | Po Box 1729 | Sanger | Tx | 76266 | Denton |
| First Responder | City Of Seagoville DbA | 1717 N Hwy 175 | Seagoville | Tx | 75159 | Dallas |
| Ems Provider | City Of The Colony DbA | 4900 Blair Oaks Dr | The Colony | Tx | 75056 | Denton |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|---|-----------------------------|---------------|-------|----------|---------|
| Ems Provider | City Of Watauga DbA | 7105 Whitley Road | Watauga | Tx | 76148 | Tarrant |
| Ems Provider | City Of Whitewright Ems DbA | P.O. Box 966 | Whitewright | Tx | 75491 | Grayson |
| First Responder | City Of Willow Park Fire/Rescue Department DbA | 101 Stagecoach Trl | Weatherford | Tx | 76087 | Parker |
| Ems Provider | City Of Wylie Fire Rescue | 2000 N Hwy 78 | Wylie | Tx | 75098 | Collin |
| Ems Provider | Cleburne Fire Department | 114 West Wardville St | Cleburne | Tx | 76033 | Johnson |
| First Responder | Cockrell Hill Volunteer Fire Department Inc DbA | 4125 W. Clarendon Dr | Cockrell Hill | Tx | 75211 | Dallas |
| First Responder | Collinsville VFD | Po Box 557 | Collinsville | Tx | 76233 | Grayson |
| First Responder | Combine Fire Department DbA | 125 Davis Rd | Combine | Tx | 75159 | Kaufman |
| First Responder | Commerce Emergency Corps | Po Box 8 | Commerce | Tx | 75428 | Hunt |
| First Responder | Commerce Fire Department | 1103 Sycamore St | Commerce | Tx | 75428 | Hunt |
| Ems Provider | Cook Children's Medical Center | 124 Texas Way | Fort Worth | Tx | 76106 | Tarrant |
| Ems Provider | Cooke County Ems | 301 West Church St | Gainesville | Tx | 76240 | Cooke |
| First Responder | Cool-Garner Volunteer Fire Department | 2290 Garner School Rd | Weatherford | Tx | 76088 | Parker |
| Ems Provider | Coppell Fire Department | 265 E Parkway Blvd | Coppell | Tx | 75019 | Dallas |
| Ems Provider | Corsicana Fire Department | 200 N 12th Street | Corsicana | Tx | 75110 | Navarro |
| First Responder | Cottdale VFD Fr | Po Box 1987 | Boyd | Tx | 76023 | Wise |
| First Responder | Crandall Volunteer Fire Department | 106 E. Trunk St. Po Box 298 | Crandall | Tx | 75114 | Kaufman |
| First Responder | Cresson Volunteer Fire Department Inc | Po Box 42 | Cresson | Tx | 76035 | Hood |
| First Responder | Cross Timbers Emergency Response Team Inc | Po Box 15 | Stephenville | Tx | 76401 | Erath |
| Ems Provider | Crowley Fire Department | 201 E Main St | Crowley | Tx | 76036 | Tarrant |
| Ems Provider | Dale Aviation Inc DbA | 1500 East Industrial Blvd | Mckinney | Tx | 75069 | Collin |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|--|-------------------------------|--------------|-------|----------|---------|
| First Responder | Dallas County Fire Rescue Association DbA | 600 Commerce St Rm-B-15 | Dallas | Tx | 75202 | Dallas |
| Ems Provider | Dallas Lifecare Ems LLC DbA | 3939 Us Hwy 80 E Ste 463 | Mesquite | Tx | 75150 | Dallas |
| Ems Provider | Dal-Mor LLC DbA | 1316 West Euless Blvd Ste 600 | Euless | Tx | 76040 | Tarrant |
| First Responder | Dalworthington Gardens DPS DbA | 2600 Roosevelt Dr | Dwg | Tx | 76016 | Tarrant |
| First Responder | DCBE / Acton Volunteer Fire Department Inc | 6430 Smoky Hill Ct | Granbury | Tx | 76049 | Hood |
| First Responder | Decatur FD | 1705 S State | Decatur | Tx | 76234 | Wise |
| Ems Provider | Denison Fire Department | 700 W. Chestnut | Denison | Tx | 75020 | Grayson |
| Ems Provider | Denton County ESD No 1 | Po Box 984 | Argyle | Tx | 76226 | Denton |
| Ems Provider | Denton Fire Department | 332 E Hickory Street | Denton | Tx | 76201 | Denton |
| Ems Provider | Desoto Fire Rescue | 211 E Pleasant Run Rd | Desoto | Tx | 75115 | Dallas |
| Ems Provider | DFW Airport DPS | Po Box 610687 | DFW Airport | Tx | 75261 | Dallas |
| First Responder | Dodd City Volunteer Fire Department | Po Box 202 | Dodd City | Tx | 75438 | Fannin |
| First Responder | Double Oak Volunteer Fire Department Inc | 1110 Cross Timbers Dr | Double Oak | Tx | 75077 | Denton |
| Ems Provider | Duncanville Fire Department | Po Box 380280 | Duncanville | Tx | 75138 | Dallas |
| Ems Provider | Eagle Mountain Volunteer Fire Department | 9500 Live Oak Ln | Fort Worth | Tx | 76179 | Tarrant |
| First Responder | East Wise Fire Rescue Inc | Box 69 | Rhome | Tx | 76078 | Wise |
| First Responder | Ector Vol Fire Dept | Po Box 394 | Ector | Tx | 75439 | Fannin |
| First Responder | Edgecliff Village Fire Rescue | 1605 Edgecliff Rd | Fort Worth | Tx | 76134 | Tarrant |
| Ems Provider | Einstein Group LLC DbA | 16490 Lone Star Circle | Fort Worth | Tx | 76177 | Tarrant |
| First Responder | Elmo VFD | Po Box 160 | Elmo | Tx | 75118 | Kaufman |
| Ems Provider | Erath County Emergency Medical Services | 830b East Road | Stephenville | Tx | 76401 | Erath |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|--|--------------------------|----------------|-------|----------|----------|
| First Responder | ESD 6 Volunteer Fire Department | 306 Industrial Road | Waxahachie | Tx | 75165 | Ellis |
| Ems Provider | Farmers Branch Fire Department | 13333 Hutton Dr | Farmers Branch | Tx | 75234 | Dallas |
| First Responder | Farmersville Volunteer Fire Department | 134 N Washington St | Farmersville | Tx | 75442 | Collin |
| First Responder | Fate Department Of Public Safety | Po Box 159 | Fate | Tx | 75132 | Rockwall |
| Ems Provider | Flower Mound Fire Department | 3911 S Broadway | Flower Mound | Tx | 75028 | Denton |
| First Responder | Forney Fire Department | 104 E Aimee Street | Forney | Tx | 75126 | Kaufman |
| First Responder | Forreston Volunteer Fire Department | Po Box 202 | Forreston | Tx | 76041 | Ellis |
| First Responder | Fort Worth Fire Department | 509 W. Felix Street | Fort Worth | Tx | 76115 | Tarrant |
| First Responder | Fort Worth Police Department | 310 Gulf Stream Rd | Fort Worth | Tx | 76106 | Tarrant |
| Ems Provider | Frisco Fire Department | 8601 Gary Burns Drive | Frisco | Tx | 75034 | Collin |
| First Responder | Frost Vol Fire Dept | Po Box 416 | Frost | Tx | 76641 | Navarro |
| First Responder | Gainesville Fire Rescue DbA | 201 Santa Fe Santa Fe St | Gainesville | Tx | 76240 | Cooke |
| Ems Provider | Garland Fire Department | 1500 E State Hwy 66 | Garland | Tx | 75040 | Dallas |
| Ems Provider | Glenn Heights Fire Dept | 1938 S Hampton Rd | Glenn Heights | Tx | 75154 | Dallas |
| First Responder | Godley Fire Dept Fr | Po Box 27 | Godley | Tx | 76044 | Johnson |
| First Responder | Gordonville Vol Fire Dept DbA | Po Box 453 | Gordonville | Tx | 76245 | Grayson |
| Ems Provider | Granbury Hood County Ems Inc DbA | 2200 Commercial Ln | Granbury | Tx | 76048 | Hood |
| First Responder | Granbury Volunteer Fire Department | Po Box 88 | Granbury | Tx | 76048 | Hood |
| First Responder | Grandview Volunteer Fire Department | Po Box 505 | Grandview | Tx | 76050 | Johnson |
| First Responder | Grayson County DbA | 4717 Airport Drive | Denison | Tx | 75020 | Grayson |
| First Responder | Greenville Fire-Rescue | 2603 Templeton Street | Greenville | Tx | 75401 | Hunt |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|--|------------------------------|------------------|-------|----------|----------|
| First Responder | Greenwood Rural Volunteer Fire Department Inc DbA | 1418 Greenwood Cut-Off Rd. | Weatherford | Tx | 76088 | Parker |
| First Responder | Greenwood-Slidell Volunteer Fire Department | Po Box 153 | Slidell | Tx | 76267 | Wise |
| First Responder | Haslet Volunteer Fire Department DbA | 105 Main St | Haslet | Tx | 76052 | Tarrant |
| Ems Provider | Health Transport Inc DbA | Po Box 14274 | Fort Worth | Tx | 76117 | Tarrant |
| First Responder | Heath Department Of Public Safety | 200 Laurence Drive | Heath | Tx | 75032 | Rockwall |
| Ems Provider | Highland Park DPS | 4700 Drexel Dr | Highland Park | Tx | 75205 | Dallas |
| Ems Provider | Highland Village Fire Department | 1200 Highland Village Rd | Highland Village | Tx | 75077 | Denton |
| First Responder | Hood County Station 70 Volunteer Fire Department | 3410 Hilltop Rd | Granbury | Tx | 76048 | Hood |
| First Responder | Indian Creek Volunteer Fire Department | 550 Kiowa Dr. W | Gainesville | Tx | 76240 | Cooke |
| First Responder | Indian Harbor Volunteer Fire Department DbA | 1414 E Apache Trl | Granbury | Tx | 76048 | Hood |
| Ems Provider | Irving Fire Department | 845 W Irving Blvd | Irving | Tx | 75060 | Dallas |
| Ems Provider | JCSD Emergency Medical Group Inc DbA | 14290 Gillis Road Suite A | Farmers Branch | Tx | 75244 | Dallas |
| First Responder | Johnson County ESD 1 | 2451 Service Dr | Cleburne | Tx | 76033 | Johnson |
| First Responder | Josephine VFD | Po Box 212 | Josephine | Tx | 75164 | Collin |
| Ems Provider | Justin Community Volunteer Fire Department Inc DbA | Po Box 613 | Justin | Tx | 76247 | Denton |
| Ems Provider | Keller Fire Rescue | Po Box 770 | Keller | Tx | 76244 | Tarrant |
| First Responder | Kemp Community Volunteer Fire Department Inc | 1307 S Elm St | Kemp | Tx | 75143 | Kaufman |
| Ems Provider | Kennedale Fire Department DbA | 405 Municipal Dr | Kennedale | Tx | 76060 | Tarrant |
| Ems Provider | Krum Fire Department | 400 N. First St | Krum | Tx | 76249 | Denton |
| First Responder | Ladonia Volunteer Fire Department | Paris 203 Paris St Po Box 65 | Ladonia | Tx | 75449 | Fannin |
| First Responder | Lake Worth Fire Department | 3805 Adam Grubb | Lake Worth | Tx | 76135 | Tarrant |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|---|-----------------------------------|-------------------|-------|----------|------------|
| First Responder | Lavon Volunteer Fire Department Inc DbA | 120 School Rd. Po Box 340 | Lavon | Tx | 75166 | Collin |
| First Responder | Leonard Volunteer Fire Department | Po Box 1270 | Leonard | Tx | 75452 | Fannin |
| First Responder | Liberty Chapel Volunteer Firefighters Inc DbA | Po Box 274 | Cleburne | Tx | 76033 | Johnson |
| First Responder | Lindsay Volunteer Fire Department DbA | Po Box 143 | Lindsay | Tx | 76250 | Cooke |
| First Responder | Lipan Vol Fire Dept | Po Box 211 | Lipan | Tx | 76462 | Hood |
| First Responder | Lockheed Martin Aeronautics DbA | Po Box 748 Mail Zone 5905 | Fort Worth | Tx | 76101 | Tarrant |
| First Responder | Locust Community Volunteer Fire Dept | Po Box 1888 | Pottsboro | Tx | 75076 | Grayson |
| First Responder | Lone Camp Volunteer Fire Department Inc DbA | 7236 South Fm 4 | Palo Pinto | Tx | 76484 | Palo Pinto |
| First Responder | Lone Oak Texas Fire Department Inc | Po Box 353 | Lone Oak | Tx | 75453 | Hunt |
| First Responder | Lowry Crossing Fire Department Inc | 1407 S Bridgefarmer Rd | Mckinney | Tx | 75069 | Collin |
| First Responder | Mabank Fire Department DbA | Po Box 1233 | Mabank | Tx | 75147 | Kaufman |
| Ems Provider | Mckinney Fire Department | 2200 Taylor-Burk Dr | Mckinney | Tx | 75071 | Collin |
| First Responder | Mclendon Chisholm Volunteer Fire Department Inc | 1371 W Fm 550 | Mclendon-Chisholm | Tx | 75032 | Rockwall |
| Ems Provider | Medic Rescue Inc DbA | Po Box 2125 | Rockwall | Tx | 75087 | Rockwall |
| Ems Provider | Medical Jets International LLC | Po Box 935 | Forney | Tx | 75126 | Kaufman |
| Ems Provider | Med-Trans Corporation DbA | 209 State Hwy 121 Bypass, Ste. 11 | Lewisville | Tx | 75067 | Denton |
| First Responder | Merit Volunteer Fire Department | Po Box 262 | Merit | Tx | 75458 | Hunt |
| Ems Provider | Mesquite Fire Dept | Po Box 850137 | Mesquite | Tx | 75185 | Dallas |
| Ems Provider | Metropolitan Area Ems Authority DbA | 2900 Alta Mere Dr | Fort Worth | Tx | 76116 | Tarrant |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|--|--------------------------------|----------------------|-------|----------|------------|
| Ems Provider | Midlothian Fire Department | 100 W Avenue F | Midlothian | Tx | 76065 | Ellis |
| First Responder | Millsap Fire / Rescue Inc | 407 South Houston St. | Millsap | Tx | 76066 | Parker |
| Ems Provider | Mineral Wells Fire Ems | Po Box 460 | Mineral Wells | Tx | 76068 | Palo Pinto |
| First Responder | Moss Lake Volunteer Fire Department Inc | 7480 Fm 1201 | Gainesville | Tx | 76240 | Cooke |
| First Responder | Muenster Volunteer Fire Department Inc | Po Box 112 | Muenster | Tx | 76252 | Cooke |
| First Responder | Nevada Volunteer Fire Dept | Po Box 306 | Nevada | Tx | 75173 | Collin |
| First Responder | Newark Volunteer Fire Department | Po Box 478 | Newark | Tx | 76071 | Wise |
| First Responder | North Hood County VFD DbA | Po Box 203 | Granbury | Tx | 76048 | Hood |
| Ems Provider | North Richland Hills Fire Department | 4301 City Point Drive | North Richland Hills | Tx | 76180 | Tarrant |
| Ems Provider | Ohara Flying Service DbA | 1500 Industrial Blvd Ste 118 A | Mckinney | Tx | 75069 | Collin |
| First Responder | Ovilla Fire Department | 105 Cockrell Hill Road | Ovilla | Tx | 75154 | Ellis |
| First Responder | Palo Pinto County ESD 1 | Po Box 460 | Palo Pinto | Tx | 76484 | Palo Pinto |
| Ems Provider | Pantego Fire Department | 1614 S Bowen Rd | Pantego | Tx | 76013 | Tarrant |
| First Responder | Paradise Volunteer Fire Dept | Po Box 97 | Paradise | Tx | 76073 | Wise |
| First Responder | Parker County Emergency Service District 7 DbA | 1418 Greenwood Cutoff Road | Weatherford | Tx | 76088 | Parker |
| First Responder | Parker County ESD 1 DbA | Po Box 323 Po Box 323 | Springtown | Tx | 76082 | Parker |
| First Responder | Parker County ESD 6 DbA | 6300 Granbury Hwy. | Weatherford | Tx | 76087 | Parker |
| Ems Provider | Parker County Hospital District DbA | 725 State St | Weatherford | Tx | 76086 | Parker |
| First Responder | Parker Volunteer Fire Department | 5700 E Parker Rd | Parker | Tx | 75002 | Collin |
| Ems Provider | Pecan Plantation VFD & Ems Inc DbA | 9518 Monticello | Granbury | Tx | 76049 | Hood |
| Ems Provider | Pilot Point Fire Ems DbA | 102 E Main St | Pilot Point | Tx | 76258 | Denton |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|--|------------------------|----------------|-------|----------|------------|
| Ems Provider | Plano Fire Rescue | 1901 K Avenue | Plano | Tx | 75074 | Collin |
| First Responder | Ponder Volunteer Fire Department Inc | Po Box 386 | Ponder | Tx | 76259 | Denton |
| Ems Provider | Possum Kingdom Lake Vol Fire And Amb Service | Po Box 345 | Graford | Tx | 76449 | Palo Pinto |
| Ems Provider | Possum Kingdom Westlake Vol Ems DbA | 4809 Green Acres Rd | Graham | Tx | 76450 | Palo Pinto |
| Ems Provider | Preston Volunteer Emergency Services Inc DbA | Po Box 518 | Pottsboro | Tx | 75076 | Grayson |
| First Responder | Princeton Volunteer Fire Department DbA | 510 Woody Drive | Princeton | Tx | 75407 | Collin |
| Ems Provider | Prosper Fire Department | 1500 East First Street | Prosper | Tx | 75078 | Collin |
| First Responder | Quinlan Volunteer Fire Department Inc | Po Box 2616 | Quinlan | Tx | 75474 | Hunt |
| First Responder | Randolph Volunteer Fire Department | Po Box 131 | Randolph | Tx | 75475 | Fannin |
| First Responder | Red Oak Fire Rescue | 547 N Methodist | Red Oak | Tx | 75154 | Ellis |
| Ems Provider | Rendon Fire Department | 12330 Rendon Rd | Burleson | Tx | 76028 | Tarrant |
| First Responder | Rhome Fire Department | Po Box 228 | Rhome | Tx | 76078 | Wise |
| Ems Provider | Richardson Fire Department | 300 North Greenville | Richardson | Tx | 75081 | Dallas |
| Ems Provider | Richland Hills Fire Rescue | 3201 Diana Drive | Richland Hills | Tx | 76118 | Tarrant |
| First Responder | Rio Vista VFD Fr | 102 Depot Box 93 | Rio Vista | Tx | 76093 | Johnson |
| First Responder | River Oaks Fire Department | 4900 River Oaks Blvd | Fort Worth | Tx | 76114 | Tarrant |
| Ems Provider | Roanoke Fire Department | 201 Fairway Dr | Roanoke | Tx | 76262 | Denton |
| Ems Provider | Rowlett Fire Department DbA | Po Box 99 | Rowlett | Tx | 75030 | Dallas |
| First Responder | Royse City Fire Department | Po Box 638 | Royse City | Tx | 75189 | Rockwall |
| First Responder | Runaway Bay Volunteer Fire Dept | 429 Half Moon Way | Runaway Bay | Tx | 76426 | Wise |
| Ems Provider | Sacred Cross Ems Inc | P.O. Box 447 | Krum | Tx | 76249 | Denton |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|---|--------------------------------|--------------|-------|----------|------------|
| First Responder | Sansom Park Fire Rescue | 5500 Buchanan St | Sansom Park | Tx | 76114 | Tarrant |
| Ems Provider | Santo Vol Fire & Ems Department Db | Po Box 296 | Santo | Tx | 76472 | Palo Pinto |
| Ems Provider | Serenity Ems LLC Db | Po Box 550669 | Dallas | Tx | 75355 | Dallas |
| Ems Provider | Sherman Fire Dept | 318 S Travis | Sherman | Tx | 75090 | Grayson |
| First Responder | Sherwood Shore Voluntary Fire Dept Db | Po Box 602 | Gordonville | Tx | 76245 | Grayson |
| First Responder | Six Flags Over Texas/Hurricane Harbor Inc | Po Box 90191 | Arlington | Tx | 76004 | Tarrant |
| Ems Provider | Somervell County Db | 111 Shepard Street | Glen Rose | Tx | 76043 | Somervell |
| Ems Provider | Southlake DPS | 600 State St | Southlake | Tx | 76092 | Tarrant |
| First Responder | Southmayd Volunteer Fire Department | Po Box 88 | Southmayd | Tx | 76268 | Grayson |
| Ems Provider | Stephenville Fire Dept | 1301 Pecan Hill Dr | Stephenville | Tx | 76401 | Erath |
| Ems Provider | Sterling Ems LLC Db | 1421 E Sandy Lake Rd Suite 100 | Coppell | Tx | 75019 | Dallas |
| Ems Provider | Sunnyvale Fire Rescue Department | 404 Tower Pl | Sunnyvale | Tx | 75182 | Dallas |
| First Responder | Tawakoni South Volunteer Fire Department | 10407 Fm 429 | Quinlan | Tx | 75474 | Hunt |
| First Responder | Tawakoni Volunteer Fire Department | Po Box 2260 | Quinlan | Tx | 75474 | Hunt |
| First Responder | Telephone Volunteer Fire Department Inc | Po Box 116 | Telephone | Tx | 75488 | Fannin |
| First Responder | Terrell Fire Department | 201 East Nash St. Po Box 310 | Terrell | Tx | 75160 | Kaufman |
| First Responder | Tioga Volunteer Fire Department | Po Box 207 | Tioga | Tx | 76271 | Grayson |
| First Responder | Tolar VFD Fr | Po Box 234 | Tolar | Tx | 76476 | Hood |
| Ems Provider | Town Of Fairview | 500 S Hwy 5 | Fairview | Tx | 75069 | Collin |
| Ems Provider | Town Of Little Elm Fire Department Db | 100 W Eldorado Pkwy | Little Elm | Tx | 75068 | Denton |
| Ems Provider | Town Of Westlake Fire Ems Department | 2000 Dove Road | Westlake | Tx | 76262 | Denton |

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|--|-----------------------------|-------------------|-------|------------|---------|
| First Responder | Town Of Westover Hills Db | 5824 Merrymount Rd | Fort Worth | Tx | 76107 | Tarrant |
| First Responder | Trenton Volunteer Fire Dept Inc | 203 N Pearl | Trenton | Tx | 75490 | Fannin |
| Ems Provider | Trophy Club Ems | 295 Trophy Club Drive | Trophy Club | Tx | 76262 | Denton |
| First Responder | Union Valley VFD Fr | Po Box 525 | Royse City | Tx | 75189 | Hunt |
| First Responder | University Emergency Medical Response Db | 800 W Campbell Rd Sg10 | Richardson | Tx | 75080 | Collin |
| Ems Provider | University Park FD | 3800 University Blvd | University Park | Tx | 75205 | Dallas |
| First Responder | Valley View Volunteer Fire Department | 100 South Pecan Creek Trail | Valley View | Tx | 76272 | Cooke |
| Ems Provider | Van Alstyne Fire/Rescue | Po Box 247 | Van Alstyne | Tx | 75495 | Grayson |
| First Responder | Venus VFD Fr Db | Po Box 183 | Venus | Tx | 76084 | Johnson |
| First Responder | Volunteer Fire Department Of North Shore | Po Box | Tioga | Tx | 76271 | Cooke |
| First Responder | Waxahachie Fire Department | 407 Water Street | Waxahachie | Tx | 75165 | Ellis |
| First Responder | Weatherford College Db | 225 College Park Drive | Weatherford | Tx | 76086 | Parker |
| First Responder | Weatherford Fire Department Db | 202 W Oak St | Weatherford | Tx | 76086 | Parker |
| First Responder | Westminster VFD Inc Db | Po Box 691 | Westminster | Tx | 75485-0691 | Collin |
| First Responder | Westworth Village Police Dept Db | 311 Burton Hill Rd | Westworth Village | Tx | 76114 | Tarrant |
| First Responder | White Settlement VFD | 8308 Hanon | White Settlement | Tx | 76108 | Tarrant |
| First Responder | Whitesboro Fire Department | Po Box 340 | Whitesboro | Tx | 76273 | Grayson |
| Ems Provider | Wilmer Fire Department | 128 N Dallas Ave | Wilmer | Tx | 75172 | Dallas |
| Ems Provider | Wise County Ems | Po Box 899 | Decatur | Tx | 76234 | Wise |
| First Responder | Wise County ESD 1 Db | Po Box 828 | Boyd | Tx | 76023 | Wise |



TSA-E Regional Trauma System Plan

Annex A - Demographics and Organization

Appendix A-3: EMS, Air Medical, & FRO

| License Type | Name | Mailing Address | City | State | Zip Code | County |
|-----------------|---|-----------------|------------|-------|----------|--------|
| First Responder | Wise County Sand Flat Fire Department Inc | Po Box 100 | Chico | Tx | 76431 | Wise |
| First Responder | Wolfe City Volunteer Fire Department Inc | Po Box 134 | Wolfe City | Tx | 75496 | Hunt |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|---|------------------------------|--------------|--------|
| Intermediate Care Facility | Cherrywood Community Home | 2900 Port O Call | Plano | Collin |
| Intermediate Care Facility | Collin County Mhmr At Mullins | 1313 Mullins | Plano | Collin |
| Intermediate Care Facility | Cross Bend House | 3019 Cross Bend | Plano | Collin |
| Intermediate Care Facility | Longhorn Community Home | 957 Longhorn Dr | Plano | Collin |
| Intermediate Care Facility | Riverbend Community Home | 3700 Grifbrick | Plano | Collin |
| Nursing Facility | The Belmont At Twin Creeks | 999 Raintree Circle | Allen | Collin |
| Nursing Facility | Victoria Gardens Of Allen | 310 S Jupiter | Allen | Collin |
| Nursing Facility | Settlers Ridge Care Center | 1280 Settlers Ridge Rd | Celina | Collin |
| Nursing Facility | Continuing Care At Highland Springs | 7910 Frankford Road | Dallas | Collin |
| Nursing Facility | The Hillcrest Of North Dallas | 18648 Hillcrest Rd | Dallas | Collin |
| Nursing Facility | Farmersville Health And Rehabilitation | 205 Beech St | Farmersville | Collin |
| Nursing Facility | Lexington Medical Lodge | 2000 West Audie Murphy Pkwy | Farmersville | Collin |
| Nursing Facility | Stonemere Rehabilitation Center | 11855 Lebanon Road | Frisco | Collin |
| Nursing Facility | Victoria Gardens Of Frisco | 10700 Rolater Dr | Frisco | Collin |
| Nursing Facility | Baybrooke Village Care And Rehab Center | 8300 Eldorado Pkwy West | Mckinney | Collin |
| Nursing Facility | Belterra Health & Rehab | 2170 North Lake Forest Drive | Mckinney | Collin |
| Nursing Facility | Mckinney Healthcare And Rehabilitation Center | 253 Enterprise Dr | Mckinney | Collin |
| Nursing Facility | North Park Health And Rehabilitation Center | 1720 N Mcdonald | Mckinney | Collin |
| Nursing Facility | Park Manor Of Mckinney | 1801 Pearson Ave | Mckinney | Collin |
| Nursing Facility | Accel At Willow Bend | 2620 Communications Pkwy | Plano | Collin |
| Nursing Facility | Carrara | 4501 Tradition Trail | Plano | Collin |
| Nursing Facility | Collinwood Care Center | 3100 S Rigsbee Rd | Plano | Collin |
| Nursing Facility | Landmark Of Plano Rehabilitation And Nursing Center | 1621 Coit Rd | Plano | Collin |
| Nursing Facility | Life Care Center Of Plano | 3800 W Park Blvd | Plano | Collin |
| Nursing Facility | The Healthcare Resort Of Plano | 3325 West Plano Parkway | Plano | Collin |
| Nursing Facility | The Legacy At Willow Bend | 6101 Ohio St 500 | Plano | Collin |
| Nursing Facility | The Park In Plano | 3208 Thunderbird Ln | Plano | Collin |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|--|-----------------------|-------------|--------|
| Nursing Facility | Princeton Medical Lodge | 1401 W. Princeton Dr. | Princeton | Collin |
| Nursing Facility | San Remo | 3550 Shiloh Road | Richardson | Collin |
| Nursing Facility | Founders Plaza Nursing & Rehab | 721 S Hwy 78 | Wylie | Collin |
| Nursing Facility | Garnet Hill Rehabilitation And Skilled Care | 1420 McCreary Rd | Wylie | Collin |
| Nursing Facility | Gainesville Nursing & Rehab | 1900 O'neal St | Gainesville | Cooke |
| Nursing Facility | Pecan Tree Rehab And Healthcare Center | 1900 E. California St | Gainesville | Cooke |
| Nursing Facility | Renaissance Care Center | 1400 Black Hill Drive | Gainesville | Cooke |
| Nursing Facility | River Valley Health & Rehabilitation Center | 1907 Refinery Rd | Gainesville | Cooke |
| Intermediate Care Facility | 1515 Northland | 1515 Northland St. | Carrollton | Dallas |
| Intermediate Care Facility | 2100 Cedar | 2100 Cedar Cir | Carrollton | Dallas |
| Intermediate Care Facility | 2321 Greenmeadow | 2321 Greenmeadow Dr. | Carrollton | Dallas |
| Intermediate Care Facility | 6520 Braddock Place? | 6520 Braddock Place | Dallas | Dallas |
| Intermediate Care Facility | 14 Ferris Creek | 9814 Ferris Creek | Dallas | Dallas |
| Intermediate Care Facility | 23 Ferris Creek | 12323 Ferris Creek Ln | Dallas | Dallas |
| Intermediate Care Facility | 27 Ferris Creek | 12327 Ferris Creek | Dallas | Dallas |
| Intermediate Care Facility | Ability Connection Texas Jubilee House | 3108 Jubilee Tr | Dallas | Dallas |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 14255 Haymeadow Dr | Dallas | Dallas |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 3111 Leharve | Dallas | Dallas |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 14163 Haymeadow Dr | Dallas | Dallas |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 5922 Lewisburg | Dallas | Dallas |
| Intermediate Care Facility | Henry House | 7153 Pineberry | Dallas | Dallas |
| Intermediate Care Facility | St. Nicholas Operations Llc | 4612 Heatherbrook Dr | Dallas | Dallas |
| Intermediate Care Facility | Devonshire Home | 1225 Devonshire | Desoto | Dallas |
| Intermediate Care Facility | Live Oak | 812 Live Oak | Desoto | Dallas |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|--|------------------------|---------------|--------|
| Intermediate Care Facility | Meadow Hill Home | 517 Meadow Hill | Desoto | Dallas |
| Intermediate Care Facility | Prairie Creek | 920 Prairie Creek Dr | Desoto | Dallas |
| Intermediate Care Facility | Tate | 525 Tate Dr | Desoto | Dallas |
| Intermediate Care Facility | Valley Glen | 219 Valley Glen | Desoto | Dallas |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 402 W Vinyard | Duncanville | Dallas |
| Intermediate Care Facility | Evergreen Hidden Court Community Home | 5322 Hidden Ct | Garland | Dallas |
| Intermediate Care Facility | Evergreen Lighthouse Community Home | 1205 Wendell Way | Garland | Dallas |
| Intermediate Care Facility | Evergreen Pebblecreek Community Home | 530 Pebblecreek Dr | Garland | Dallas |
| Intermediate Care Facility | Evergreen Pyramid Community Home | 706 Pyramid | Garland | Dallas |
| Intermediate Care Facility | Knoll Point Place Llc | 3446 Knoll Point Dr | Garland | Dallas |
| Intermediate Care Facility | Trinity Manor | 2813 Country Valley Rd | Garland | Dallas |
| Intermediate Care Facility | 1102 Fort Scott Trail | 1102 Fort Scott Trail | Grand Prairie | Dallas |
| Intermediate Care Facility | 3502 Glenda | 3502 Glenda | Grand Prairie | Dallas |
| Intermediate Care Facility | Amicus At Woodside | 2213 Woodside Dr | Grand Prairie | Dallas |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 4925 Embers Trail | Grand Prairie | Dallas |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 2616 Alan A Dale | Irving | Dallas |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 1829 Anna Dr | Irving | Dallas |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 917 Apple Tree Ct | Irving | Dallas |
| Intermediate Care Facility | Fulton Community Home | 2501 Crestview | Irving | Dallas |
| Intermediate Care Facility | Maykus Community Home | 600 Maykus Ct | Irving | Dallas |
| Intermediate Care Facility | Rindie Community Home | 1701 Rindie St | Irving | Dallas |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|--|----------------------------|---------------|--------|
| Intermediate Care Facility | Barry Lane | 234 Barry Lane | Lancaster | Dallas |
| Intermediate Care Facility | Willowood | 731 Willowood | Lancaster | Dallas |
| Intermediate Care Facility | Eastbrook House | 3313 Eastbrook Dr | Mesquite | Dallas |
| Intermediate Care Facility | Evergreen Islandview Community Home | 1901 Island View | Mesquite | Dallas |
| Intermediate Care Facility | Evergreen Valley Creek Community Home | 907 Valleycreek Dr | Mesquite | Dallas |
| Intermediate Care Facility | Harman House | 4237 Ashwood Dr | Mesquite | Dallas |
| Intermediate Care Facility | 1509 Versailles | 1509 Versailles | Richardson | Dallas |
| Intermediate Care Facility | 1809 Auburn | 1809 Auburn | Richardson | Dallas |
| Intermediate Care Facility | Ability Connection Texas Ability House | 615-617 Woodhaven Pl. | Richardson | Dallas |
| Intermediate Care Facility | Ability Connection Texas Wentworth House | 642 Wentworth Dr | Richardson | Dallas |
| Intermediate Care Facility | Autistic Treatment Center, Inc | 406 Fieldwood Drive | Richardson | Dallas |
| Nursing Facility | Balch Springs Nursing Home | 4200 Shepherd Ln | Balch Springs | Dallas |
| Nursing Facility | Carrollton Health And Rehabilitation Center | 1618 Kirby Rd | Carrollton | Dallas |
| Nursing Facility | Heritage Gardens Rehabilitation And Healthcare | 2135 N Denton Dr | Carrollton | Dallas |
| Nursing Facility | The Madison On Marsh | 2245 Marsh Ln | Carrollton | Dallas |
| Nursing Facility | Cedar Hill Healthcare Center | 230 S Clark Rd | Cedar Hill | Dallas |
| Nursing Facility | Crestview Court | 224 W Pleasant Run Rd | Cedar Hill | Dallas |
| Nursing Facility | Sandy Lake Rehabilitation And Care Center | 1410 E Sandy Lake Rd | Coppell | Dallas |
| Nursing Facility | Adora Midtown Park | 8130 Meadow Road | Dallas | Dallas |
| Nursing Facility | Autumn Leaves | 1010 Emerald Isle Dr | Dallas | Dallas |
| Nursing Facility | Brentwood Place Four | 3505 S Buckner Blvd Bldg 5 | Dallas | Dallas |
| Nursing Facility | Brentwood Place One | 3505 S Buckner Blvd Bldg 2 | Dallas | Dallas |
| Nursing Facility | Brentwood Place Three | 3505 S Buckner Blvd Bldg 4 | Dallas | Dallas |
| Nursing Facility | Brentwood Place Two | 3505 S Buckner Blvd Bldg 3 | Dallas | Dallas |

| Facility Type | Facility Name | Physical Address | City | County |
|------------------|---|---------------------------------|--------|--------|
| Nursing Facility | C C Young Memorial Home | 4849 W. Lawther Dr. | Dallas | Dallas |
| Nursing Facility | Crystal Creek At Preston Hollow | 11409 N Central Expwy | Dallas | Dallas |
| Nursing Facility | Diversicare Of Lake Highlands | 9009 White Rock Tr | Dallas | Dallas |
| Nursing Facility | Golden Acres Living And Rehabilitation Center | 2525 Centerville Rd | Dallas | Dallas |
| Nursing Facility | Healthcare Center At The Forum At Park Lane | 7827 Park Lane | Dallas | Dallas |
| Nursing Facility | Lakewest Rehabilitation And Skilled Care | 2450 Bickers St | Dallas | Dallas |
| Nursing Facility | Le Reve Rehabilitation & Memory Care | 3309 Dilido Road | Dallas | Dallas |
| Nursing Facility | Monarch Pavilion Rehabilitation Suites | 6825 Harry Hines Blvd | Dallas | Dallas |
| Nursing Facility | Onpointe Transitional Care At Texas Health Presbyterian Hospital Dallas | 8200 Walnut Hill Lane Main 5 | Dallas | Dallas |
| Nursing Facility | Pearl Nordan Care Center | 1260 Abrams Rd | Dallas | Dallas |
| Nursing Facility | Presbyterian Village North Special Care Ctr | 8600 Skyline Dr | Dallas | Dallas |
| Nursing Facility | Remarkable Healthcare Of Dallas | 3350 Bonnie View Road | Dallas | Dallas |
| Nursing Facility | Senior Care Health And Rehabilitation Center - Dallas | 2815 Martin Luther King Jr Blvd | Dallas | Dallas |
| Nursing Facility | Signature Pointe | 14655 Preston Rd | Dallas | Dallas |
| Nursing Facility | Simpson Place | 3922 Simpson Street | Dallas | Dallas |
| Nursing Facility | Skyline Nursing Center | 3326 Burgoyne | Dallas | Dallas |
| Nursing Facility | South Dallas Nursing & Rehabilitation | 3808 S Central Expwy | Dallas | Dallas |
| Nursing Facility | The Highlands Guest Care Center Llc | 9009 Forest Ln | Dallas | Dallas |
| Nursing Facility | The Legacy Midtown Park | 8280 Manderville Lane | Dallas | Dallas |
| Nursing Facility | The Lennwood Nursing And Rehabilitation | 8017 W Virginia Dr | Dallas | Dallas |
| Nursing Facility | The Meadows Health And Rehabilitation Center | 8383 Meadow Rd | Dallas | Dallas |
| Nursing Facility | The Plaza At Edgemere | 8502 Edgemere | Dallas | Dallas |
| Nursing Facility | The Rehabilitation & Wellness Centre Of Dallas Llc | 4200 Live Oak St | Dallas | Dallas |
| Nursing Facility | The Renaissance At Kessler Park | 2428 Bahama Dr | Dallas | Dallas |
| Nursing Facility | The Villa At Mountain View | 2918 Duncanville Rd | Dallas | Dallas |
| Nursing Facility | The Villages Of Dallas | 550 E Ann Arbor Ave | Dallas | Dallas |
| Nursing Facility | Traymore Nursing Center | 4315 Hopkins Ave | Dallas | Dallas |
| Nursing Facility | Treemont Healthcare And Rehabilitation Center | 5550 Harvest Hill Rd | Dallas | Dallas |
| Nursing Facility | Ventana By Buckner | 8301 N. Central Expressway | Dallas | Dallas |
| Nursing Facility | Villages Of Lake Highlands | 8615 Lullwater Drive | Dallas | Dallas |
| Nursing Facility | Walnut Place | 5515 Glen Lakes Dr | Dallas | Dallas |
| Nursing Facility | Desoto Ltc Partners Inc | 1101 N Hampton Rd | Desoto | Dallas |

| Facility Type | Facility Name | Physical Address | City | County |
|------------------|--|-------------------------|---------------|--------|
| Nursing Facility | Methodist Transitional Care Center-Desoto Llc | 109 Barrows Place | Desoto | Dallas |
| Nursing Facility | Park Manor Health Care And Rehabilitation | 207 E Parkerville Rd | Desoto | Dallas |
| Nursing Facility | Williamsburg Village Healthcare Campus | 941 Scotland Dr | Desoto | Dallas |
| Nursing Facility | Duncanville Healthcare And Rehabilitation Center | 419 S Cockrell Hill Rd | Duncanville | Dallas |
| Nursing Facility | The Laurenwood Nursing And Rehabilitation | 330 W Camp Wisdom Rd | Duncanville | Dallas |
| Nursing Facility | Advanced Health & Rehab Center Of Garland | 1201 Colonel Drive | Garland | Dallas |
| Nursing Facility | Garland Nursing & Rehabilitation | 321 N. Shiloh Rd. | Garland | Dallas |
| Nursing Facility | Legend Oaks Healthcare And Rehabilitation - Garland | 2625 Belt Line Road | Garland | Dallas |
| Nursing Facility | Pleasant Valley Healthcare And Rehabilitation Center | 1525 Pleasant Valley Rd | Garland | Dallas |
| Nursing Facility | Senior Care Beltline | 106 N Beltline Rd | Garland | Dallas |
| Nursing Facility | Winters Park Nursing And Rehabilitation Center | 3737 N Garland Avenue | Garland | Dallas |
| Nursing Facility | Heritage At Turner Park Health & Rehab | 820 Small St | Grand Prairie | Dallas |
| Nursing Facility | Ashford Hall | 2021 Shoaf Dr | Irving | Dallas |
| Nursing Facility | Avante Rehabilitation Center | 225 N Sowers Rd | Irving | Dallas |
| Nursing Facility | Irving Nursing And Rehabilitation | 619 N. Britain Rd. | Irving | Dallas |
| Nursing Facility | Las Brisas Rehabilitation And Wellness Suites | 3421 W Story Rd | Irving | Dallas |
| Nursing Facility | Northgate Plaza | 2101 Northgate Dr. | Irving | Dallas |
| Nursing Facility | The Villages On Macarthur | 3443 N Macarthur Blvd | Irving | Dallas |
| Nursing Facility | Lancaster Ltc Partners Inc | 1515 N Elm St | Lancaster | Dallas |
| Nursing Facility | Millbrook Healthcare And Rehabilitation Center | 1850 W Pleasant Run Rd | Lancaster | Dallas |
| Nursing Facility | Westridge Nursing & Rehabilitation | 1241 Westridge Ave | Lancaster | Dallas |
| Nursing Facility | Windsor Gardens | 2535 W Pleasant Run | Lancaster | Dallas |
| Nursing Facility | Palomino Place | 3160 Gus Thomasson Road | Mesquite | Dallas |
| Nursing Facility | Cheyenne Medical Lodge | 750 Highway 352 | Mesquite | Dallas |
| Nursing Facility | Christian Care Center | 1000 Wiggins Pkwy | Mesquite | Dallas |
| Nursing Facility | Edgewood Rehabilitation And Care Center | 1101 Windbell Dr | Mesquite | Dallas |
| Nursing Facility | Mesquite Tree Nursing Center | 434 Paza Dr | Mesquite | Dallas |
| Nursing Facility | Mesquite Village Healthcare Centre | 825 W. Kearney Street | Mesquite | Dallas |
| Nursing Facility | Town East Rehabilitation And Healthcare Center | 3617 O'hare Dr | Mesquite | Dallas |
| Nursing Facility | Willowbend Nursing And Rehabilitation Center | 2231 Highway 80 E | Mesquite | Dallas |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|--|----------------------|------------|--------|
| Nursing Facility | Cottonwood Creek Healthcare Community | 1111 W Shore Dr | Richardson | Dallas |
| Nursing Facility | Lindan Park Care Center Lp | 1510 N Plano Rd | Richardson | Dallas |
| Nursing Facility | Remington Transitional Care Of Richardson | 1350 E Lookout Dr | Richardson | Dallas |
| Nursing Facility | The Plaza At Richardson | 1301 Richardson Dr | Richardson | Dallas |
| Nursing Facility | The Reserve At Richardson | 1610 Richardson Dr | Richardson | Dallas |
| Nursing Facility | The Village At Richardson | 1111 Rockingham Ln | Richardson | Dallas |
| Nursing Facility | The Manor At Seagoville | 2416 Elizabeth Ln | Seagoville | Dallas |
| Intermediate Care Facility | Bell Community Residence | 2402 Bernard | Denton | Denton |
| Intermediate Care Facility | Candleberry | 2721 Thunderbird St | Denton | Denton |
| Intermediate Care Facility | Carter Community Residence | 3805 Camelot | Denton | Denton |
| Intermediate Care Facility | Davis Community Residence | 1426 Ruddell | Denton | Denton |
| Intermediate Care Facility | Denton State Supported Living Center | 3980 State School Rd | Denton | Denton |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 7501 Riverchase Trl | Denton | Denton |
| Intermediate Care Facility | Educare Community Living Corporation-Texas | 3612 Big Horn Trl | Denton | Denton |
| Intermediate Care Facility | Newton Community Residence | 3112 Cedar Hill | Denton | Denton |
| Intermediate Care Facility | Oakbend Community Residence | 1430 N Ruddell | Denton | Denton |
| Intermediate Care Facility | Oakridge Group Home | 2421 Oakridge | Denton | Denton |
| Intermediate Care Facility | Sandy Oaks I | 1475 S Trinity Rd | Denton | Denton |
| Intermediate Care Facility | Sandy Oaks II | 1475 S Trinity Rd | Denton | Denton |
| Intermediate Care Facility | Country Home | 901 Cross Timbers Dr | Double Oak | Denton |
| Intermediate Care Facility | Laurel House | 50 N Sharon Dr | Krum | Denton |
| Intermediate Care Facility | Pinon House | 4520 Miller Road | Krum | Denton |
| Intermediate Care Facility | Ponderosa | 9554 Rector Road | Sanger | Denton |
| Nursing Facility | Brookhaven Nursing And Rehabilitation Center | 1855 Cheyenne | Carrollton | Denton |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|--|---------------------------|------------------|--------|
| Nursing Facility | Remarkable Healthcare Of Prestonwood | 4501 Plano Parkway | Carrollton | Denton |
| Nursing Facility | Corinth Rehabilitation Suites On The Parkway | 3511 Corinth Parkway | Corinth | Denton |
| Nursing Facility | Cottonwood Nursing & Rehabilitation | 2224n Carroll Blvd | Denton | Denton |
| Nursing Facility | Denton Rehabilitation And Nursing Center | 2229 N Carroll Blvd | Denton | Denton |
| Nursing Facility | Good Samaritan Society - Denton Village | 2500 Hinkle Drive | Denton | Denton |
| Nursing Facility | Good Samaritan Society - Lake Forest Village | 3901 Montecito Drive | Denton | Denton |
| Nursing Facility | Senior Care At Denton Post Acute Care | 2244 Brinker Rd | Denton | Denton |
| Nursing Facility | Vintage Health Care Center | 205 N Bonnie Brae | Denton | Denton |
| Nursing Facility | Cross Timbers Rehabilitation And Healthcare Center | 3315 Cross Timbers Rd | Flower Mound | Denton |
| Nursing Facility | Hollymead | 4101 Long Prairie Road | Flower Mound | Denton |
| Nursing Facility | Prairie Estates | 1350 Main St | Frisco | Denton |
| Nursing Facility | Rambling Oaks Courtyard Extensive Care Community | 112 Barnett Blvd. | Highland Village | Denton |
| Nursing Facility | Longmeadow Healthcare Center | 120 Meadow View Dr | Justin | Denton |
| Nursing Facility | Lake Village Nursing And Rehabilitation Center | 169 Lake Park Rd | Lewisville | Denton |
| Nursing Facility | Vista Ridge Nursing & Rehabilitation Center | 700 E Vista Ridge Mall Dr | Lewisville | Denton |
| Nursing Facility | Cedar Ridge Rehabilitation And Healthcare Center | 1700 N Washington St | Pilot Point | Denton |
| Nursing Facility | Pilot Point Care Center | 208 N Prairie St | Pilot Point | Denton |
| Nursing Facility | Prestonwood Rehabilitation & Nursing Center Inc | 2460 Marsh Ln | Plano | Denton |
| Intermediate Care Facility | Auburn House | 115 Auburn St | Waxahachie | Ellis |
| Intermediate Care Facility | Brandon Way House | 209 Brandon Way | Waxahachie | Ellis |
| Intermediate Care Facility | Bryn Mawr House | 109 Bryn Mawr | Waxahachie | Ellis |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|--|-------------------------------|--------------|----------|
| Intermediate Care Facility | Rock Springs House | 206 Rock Springs | Waxahachie | Ellis |
| Nursing Facility | Bluebonnet Rehab At Ennis | 2300 South Oak Grove Rd | Ennis | Ellis |
| Nursing Facility | Ennis Care Center | 1200 S Hall St | Ennis | Ellis |
| Nursing Facility | Legend Oaks Healthcare And Rehabilitation - Ennis | 1400 Medical Center Drive | Ennis | Ellis |
| Nursing Facility | Renaissance Rehabilitation And Healthcare Center | 220 Davenport | Italy | Ellis |
| Nursing Facility | Midlothian Healthcare Center | 900 George Hopper Road | Midlothian | Ellis |
| Nursing Facility | Red Oak Health And Rehabilitation Center | 101 Reese Dr | Red Oak | Ellis |
| Nursing Facility | Focused Care Of Waxahachie | 1413 W Main St | Waxahachie | Ellis |
| Nursing Facility | Legend Oaks Healthcare And Rehabilitation - Waxahachie | 151 Country Meadows Boulevard | Waxahachie | Ellis |
| Nursing Facility | Pleasant Manor Healthcare And Rehabilitation | 3650 S. Interstate 35 E | Waxahachie | Ellis |
| Intermediate Care Facility | East Rock | 1485 Blackjack | Stephenville | Erath |
| Intermediate Care Facility | Harbin House | 909 Harbin Dr | Stephenville | Erath |
| Intermediate Care Facility | North Rock 1 | 2250 Lingleville Rd | Stephenville | Erath |
| Intermediate Care Facility | North Rock 2 | 2248 Lingleville Rd | Stephenville | Erath |
| Intermediate Care Facility | Rock House | 2254 Lingleville Rd | Stephenville | Erath |
| Intermediate Care Facility | Rock House 2 | 2326 Denman St | Stephenville | Erath |
| Intermediate Care Facility | Warm Springs | 788 N Neblett | Stephenville | Erath |
| Nursing Facility | Abri At Stephenville | 2601 Northwest Loop | Stephenville | Erath |
| Nursing Facility | Mulberry Manor | 1670 Lingleville Rd | Stephenville | Erath |
| Nursing Facility | Stephenville Nursing And Rehabilitation | 2311 West Washington | Stephenville | Erath |
| Intermediate Care Facility | Edwards Street House | 603 Edwards St | Denison | Grays on |
| Intermediate Care Facility | Hyde Park House | 1507 Hyde Park Ave | Denison | Grays on |
| Intermediate Care Facility | Lynn Street House | 108 S Lynn St | Denison | Grays on |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|--|----------------------------|--------------|---------|
| Intermediate Care Facility | Mhmr Svcs Of Texoma Alternate Living Facility li | 1217 Desvoignes Rd | Denison | Grayson |
| Intermediate Care Facility | Evergreen Carriage Estates Community Home | 2304 Carriage Estates Road | Sherman | Grayson |
| Intermediate Care Facility | Evergreen Northbrook Community Home | 1732 Northbrook | Sherman | Grayson |
| Nursing Facility | Homestead Nursing And Rehabilitation Of Collinsville | 501 N Main St | Collinsville | Grayson |
| Nursing Facility | Beacon Hill | 3515 S. Park Avenue | Denison | Grayson |
| Nursing Facility | Denison Nursing And Rehabilitation Lp | 601 E Hwy 69 | Denison | Grayson |
| Nursing Facility | The Homestead Of Denison | 1101 Reba Mcintire Ln | Denison | Grayson |
| Nursing Facility | The Terrace At Denison | 1300 Memorial Dr | Denison | Grayson |
| Nursing Facility | Woodlands Place Rehabilitation Suites | 5600 Woodlands Trail | Denison | Grayson |
| Nursing Facility | Cedar Hollow Rehabilitation Center | 5011 North Us Hwy 75 | Sherman | Grayson |
| Nursing Facility | Focused Care At Sherman | 817 W Center | Sherman | Grayson |
| Nursing Facility | Texoma Healthcare Center | 1000 Hwy 82 E | Sherman | Grayson |
| Nursing Facility | The Homestead Of Sherman | 1000 Sara Swammy Dr | Sherman | Grayson |
| Nursing Facility | Meadowbrook Care Center | 632 Windsor Way | Van Alstyne | Grayson |
| Nursing Facility | Whitesboro Health And Rehabilitation Center | 1204 Sherman Dr | Whitesboro | Grayson |
| Intermediate Care Facility | Granbury House | 826 N. Thorp Springs Road | Granbury | Hood |
| Intermediate Care Facility | 6th And Mesquite | 407 E Sixth St | Tolar | Hood |
| Nursing Facility | Granbury Care Center | 301 S Park St | Granbury | Hood |
| Nursing Facility | Granbury Rehab & Nursing | 2124 Paluxy Hwy | Granbury | Hood |
| Nursing Facility | Harbor Lakes Nursing & Rehab | 1300 2nd St | Granbury | Hood |
| Nursing Facility | Trinity Nursing & Rehab Of Granbury | 600 Reunion Ct. | Granbury | Hood |
| Intermediate Care Facility | ?100 Patti J Street? | 100 Patti J Street | Greenville | Hunt |
| Intermediate Care Facility | ?2500 Terry Place? | 2500 Terry Place? | Greenville | Hunt |

As of 7/20/2021

A-5-10

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf>

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/intermediate-care-facilities-icfiid>

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|---|-----------------------|------------|---------|
| Intermediate Care Facility | Bonnie Lea Group Home | 3408 Bonnie Lea | Greenville | Hunt |
| Intermediate Care Facility | Sayle Street Group Home | 6518 Sayle St | Greenville | Hunt |
| Intermediate Care Facility | Turtle Creek Family Living | 505 Ermine | Greenville | Hunt |
| Intermediate Care Facility | Windy Hill Group Home | 5307 Windy Hill Rd | Greenville | Hunt |
| Intermediate Care Facility | ?2616 Pounds Avenue? | 2616 Pounds Avenue | Tyler | Hunt |
| Nursing Facility | Oak Manor Of Commerce Nursing And Rehabilitation | 2901 Sterling Hart Dr | Commerce | Hunt |
| Nursing Facility | Briarcliff Health Center Of Greenville Inc | 4400 Walnut St | Greenville | Hunt |
| Nursing Facility | Greenville Gardens | 3500 Park St | Greenville | Hunt |
| Nursing Facility | Greenville Health & Rehabilitation Center | 4910 Wellington St | Greenville | Hunt |
| Nursing Facility | Legend Healthcare And Rehabilitation - Greenville | 2300 Jack Finney Blvd | Greenville | Hunt |
| Intermediate Care Facility | Oak House | 208 Alvarado Oaks Dr | Alvarado | Johnson |
| Intermediate Care Facility | Turkey Peak | 908 Browncrest | Burleson | Johnson |
| Intermediate Care Facility | Community Living Concepts Inc | 2764 Co Rd 310 | Cleburne | Johnson |
| Intermediate Care Facility | Featherston | 402 Featherston St | Cleburne | Johnson |
| Intermediate Care Facility | Highland Estates | 1018 Highland Road | Cleburne | Johnson |
| Intermediate Care Facility | Quail Park | 805 Quail Park Lane | Cleburne | Johnson |
| Intermediate Care Facility | Rolling Acres | 2901 Fm 2280 | Cleburne | Johnson |
| Intermediate Care Facility | Spruce House | 802 Berkley | Cleburne | Johnson |
| Intermediate Care Facility | Bluebonnet Residential Center 1 | 524 N Pearson St | Godley | Johnson |
| Intermediate Care Facility | Community Living Concepts Inc | 802 Davis St | Grandview | Johnson |
| Intermediate Care Facility | Community Living Concepts Inc | 712 Stadium Dr | Joshua | Johnson |
| Intermediate Care Facility | Littlebrook Estates | 105 Littlebrook Road | Joshua | Johnson |
| Nursing Facility | Ridgecrest Healthcare And Rehabilitation Center | 561 E Ridgecrest Rd | Forney | Kaufman |

As of 7/20/2021

A-5-11

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf>

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/intermediate-care-facilities-icfiid>

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|---|----------------------------------|-----------|---------|
| Nursing Facility | Kaufman Healthcare Center | 3001 S Houston St | Kaufman | Kaufman |
| Nursing Facility | Sunflower Park Health Care | 1803 Highway 243 East | Kaufman | Kaufman |
| Nursing Facility | Kemp Care Center | 1351 South Elm St. | Kemp | Kaufman |
| Nursing Facility | Mabank Nursing Center | 110 W. Troupe | Mabank | Kaufman |
| Nursing Facility | Countryview Nursing & Rehabilitation | 1900 N Frances St. | Terrell | Kaufman |
| Nursing Facility | Terrell Healthcare Center | 204 W Nash | Terrell | Kaufman |
| Nursing Facility | Windsor Rehabilitation & Health Care Center | 250 W British Flying School Blvd | Terrell | Kaufman |
| Intermediate Care Facility | 45th Street I Community Home | 1348 N 45th St | Corsicana | Navarro |
| Intermediate Care Facility | 45th Street II Community Home | 1348 1/2 N 45th St | Corsicana | Navarro |
| Intermediate Care Facility | Boyd Community Home | 109 Boyd Ave | Corsicana | Navarro |
| Intermediate Care Facility | Donaho House | 1516 W 5th Ave | Corsicana | Navarro |
| Intermediate Care Facility | Edwards Community Home | 701 W 4th Ave | Corsicana | Navarro |
| Intermediate Care Facility | Harmony House I V | 720 Se Cr 0025 | Corsicana | Navarro |
| Intermediate Care Facility | Harmony House Iii | 509 Lakewood | Corsicana | Navarro |
| Intermediate Care Facility | Harmony House V I | 430 Madison Ave | Corsicana | Navarro |
| Intermediate Care Facility | Oaklawn House | 1102 Oaklawn | Corsicana | Navarro |
| Intermediate Care Facility | Sunset Acres House | 5835 Nw Cr 2091 | Corsicana | Navarro |
| Intermediate Care Facility | Tammy House | 1312 Tammy St. | Corsicana | Navarro |
| Nursing Facility | Country Meadows Nursing & Rehabilitation Center | 3301 W Park Row Blvd | Corsicana | Navarro |
| Nursing Facility | Epic Nursing & Rehabilitation | 3210 W. Hwy 22 | Corsicana | Navarro |
| Nursing Facility | Legacy West Rehabilitation And Healthcare | 3300 W. 2nd Ave. | Corsicana | Navarro |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|---|------------------------|---------------|------------|
| Nursing Facility | The Village At Heritage Oaks | 3002 W. 2nd Ave. | Corsicana | Navarro |
| Nursing Facility | Twilight Home | 3001 W Fourth Ave | Corsicana | Navarro |
| Nursing Facility | Kerens Care Center | 809 Ne 4th St. | Kerens | Navarro |
| Intermediate Care Facility | Newton Group Home | 700 McMahon | Newton | Newton |
| Intermediate Care Facility | Northwest 23rd Street | 202 Nw 23rd St | Mineral Wells | Palo Pinto |
| Nursing Facility | Mineral Wells Nursing & Rehabilitation | 316 Sw 25th Ave | Mineral Wells | Palo Pinto |
| Nursing Facility | Palo Pinto Nursing Center | 200 Southwest 25th Ave | Mineral Wells | Palo Pinto |
| Intermediate Care Facility | Elm Court | 928 Elm Court | Azle | Parker |
| Intermediate Care Facility | Tanglewood | 1613 Tanglewood | Azle | Parker |
| Nursing Facility | College Park Rehabilitation And Care Center | 1715 Martin Dr | Weatherford | Parker |
| Nursing Facility | Hilltop Park Rehabilitation And Care Center | 970 Hilltop Dr | Weatherford | Parker |
| Nursing Facility | Keeneland Nursing & Rehabilitation | 700 S Bowie Dr | Weatherford | Parker |
| Nursing Facility | Peach Tree Place | 315 W Anderson St | Weatherford | Parker |
| Nursing Facility | Santa Fe Health & Rehabilitation Center | 1205 Santa Fe Dr | Weatherford | Parker |
| Nursing Facility | Senior Care At Holland Lake | 1201 Holland Lake Dr | Weatherford | Parker |
| Nursing Facility | Weatherford Health Care Center | 521 W 7th St | Weatherford | Parker |
| Nursing Facility | Willow Park Rehabilitation And Care Center | 300 Crowne Point Blvd | Willow Park | Parker |
| Nursing Facility | Beacon Harbor Healthcare And Rehabilitation | 6700 Heritage Parkway | Rockwall | Rockwall |
| Nursing Facility | Broadmoor Medical Lodge | 5242 Medical Dr. | Rockwall | Rockwall |
| Nursing Facility | Highland Meadows | 1870 John King Blvd | Rockwall | Rockwall |
| Nursing Facility | Rockwall Nursing Care Center | 206 Storrs | Rockwall | Rockwall |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|---|------------------------|-----------------|-----------|
| Nursing Facility | Rowlett Health And Rehabilitation Center | 9300 Lakeview Parkway | Rowlett | Rockwall |
| Nursing Facility | Royse City Medical Lodge | 901 W. Interstate 30 | Royse City | Rockwall |
| Nursing Facility | Cherokee Rose Nursing And Rehabilitation | 203 Gibbs Blvd | Glen Rose | Somervell |
| Nursing Facility | Glen Rose Nursing And Rehab Center | 1019 Holden St | Glen Rose | Somervell |
| Nursing Facility | Retama Manor Health And Rehabilitation Center/Rio Grande City | 400 S Pete Diaz Jr Ave | Rio Grande City | Starr |
| Intermediate Care Facility | 1501 Lovers Ln | 1501 E Lovers Ln | Arlington | Tarrant |
| Intermediate Care Facility | 2309 Clearwood Court | 2309 Clearwood Ct | Arlington | Tarrant |
| Intermediate Care Facility | 2410 Edinburgh | 2410 Edinburgh | Arlington | Tarrant |
| Intermediate Care Facility | 4209 Blossom Trail | 4209 Blossom Tr | Arlington | Tarrant |
| Intermediate Care Facility | A & M Care Inc | 2605 Glassboro Cir | Arlington | Tarrant |
| Intermediate Care Facility | Amicus At Rifleman | 405 Rifleman Trail | Arlington | Tarrant |
| Intermediate Care Facility | Amicus At Shawn | 517 Shawn Court | Arlington | Tarrant |
| Intermediate Care Facility | Amicus At Xavier | 817 Xavier Street | Arlington | Tarrant |
| Intermediate Care Facility | Bosque Community Home | 1919 Bosque Ln | Arlington | Tarrant |
| Intermediate Care Facility | California | 2812 California Ln | Arlington | Tarrant |
| Intermediate Care Facility | Cedar Oaks Community Home | 1000 Coke Rd | Arlington | Tarrant |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 5004 Misty Wood Dr | Arlington | Tarrant |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 2310 Sharpshire Ln | Arlington | Tarrant |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 1824 S Fielder | Arlington | Tarrant |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 4700 Mandalay Dr | Arlington | Tarrant |
| Intermediate Care Facility | Evergreen Echo Summit Community Home | 6218 Echo Summit Ln | Arlington | Tarrant |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|--|-------------------------|-----------|---------|
| Intermediate Care Facility | Evergreen Elmgrove Community Home | 4211 Elmgrove | Arlington | Tarrant |
| Intermediate Care Facility | Evergreen Endicott Community Home | 1502 Endicott | Arlington | Tarrant |
| Intermediate Care Facility | Evergreen Jeannette Early Community Home | 329 Montana Dr | Arlington | Tarrant |
| Intermediate Care Facility | Evergreen Salida Community Home | 911 Salida Dr | Arlington | Tarrant |
| Intermediate Care Facility | Evergreen Wagner Community Home | 7905 Peregrine Trail | Arlington | Tarrant |
| Intermediate Care Facility | Fox Hill Community Home | 3202 Fox Hill Dr | Arlington | Tarrant |
| Intermediate Care Facility | Magnolia Community Home | 500 Magnolia | Arlington | Tarrant |
| Intermediate Care Facility | Newstart Living Center V | 4503 Palomino Ct | Arlington | Tarrant |
| Intermediate Care Facility | Quincy House | 2004 Quincy Ct | Arlington | Tarrant |
| Intermediate Care Facility | Racquet Club | 4809 Racquet Club Drive | Arlington | Tarrant |
| Intermediate Care Facility | Reverchon Community Home | 2121 Reverchon Dr | Arlington | Tarrant |
| Intermediate Care Facility | Spring Creek Community Home | 4806 Spring Creek Rd | Arlington | Tarrant |
| Intermediate Care Facility | Denver Trail | 129 Denver Trail | Azle | Tarrant |
| Intermediate Care Facility | James Street Community Home | 708 James St | Azle | Tarrant |
| Intermediate Care Facility | Lakeview Community Home | 1748 Spinnaker Ln | Azle | Tarrant |
| Intermediate Care Facility | Lamplighter Community Home | 104 Lamplighter Ct | Azle | Tarrant |
| Intermediate Care Facility | Training Residence 6 | 1619 Pipeline Road | Bedford | Tarrant |
| Intermediate Care Facility | Walnut Community Home | 3824 Walnut Dr | Bedford | Tarrant |
| Intermediate Care Facility | Cozby Community Home | 106 Cozby St S | Benbrook | Tarrant |
| Intermediate Care Facility | Stella Mae | 716 Stella Mae | Burleson | Tarrant |
| Intermediate Care Facility | Builder Road | 2200 Builder Road | Crowley | Tarrant |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|--|-------------------------------|-------------|---------|
| Intermediate Care Facility | Newstart Living Center I | 305 N Beverly St | Crowley | Tarrant |
| Intermediate Care Facility | Summer House | 1925 Cattle Drive Ct | Crowley | Tarrant |
| Intermediate Care Facility | Amicus At Mills | 512 S Mills Dr | Eules | Tarrant |
| Intermediate Care Facility | Chambers Creek Community Home | 613 Chambers Crk | Everman | Tarrant |
| Intermediate Care Facility | Newstart Living Center II | 1000 Coury Rd | Everman | Tarrant |
| Intermediate Care Facility | Newstart Living Center III | 5124 Queen Ann Ct | Forest Hill | Tarrant |
| Intermediate Care Facility | 2york | 2 York Drive | Fort Worth | Tarrant |
| Intermediate Care Facility | Barcelona | 4308 Barcelona | Fort Worth | Tarrant |
| Intermediate Care Facility | Cibolo House | 3704 Cibolo | Fort Worth | Tarrant |
| Intermediate Care Facility | Country Manor Community Home | 1812 Country Manor Rd | Fort Worth | Tarrant |
| Intermediate Care Facility | Craig Street | 7504 Craig St | Fort Worth | Tarrant |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 1433 Barron Ln | Fort Worth | Tarrant |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 5009 Marble Falls | Fort Worth | Tarrant |
| Intermediate Care Facility | Fairmeadows | 3309 Fairmeadows | Fort Worth | Tarrant |
| Intermediate Care Facility | Forest Creek | 2520 Forest Creek Dr | Fort Worth | Tarrant |
| Intermediate Care Facility | Hastings | 5320 Hastings | Fort Worth | Tarrant |
| Intermediate Care Facility | Huntwick | 3744 Huntwick Dr | Fort Worth | Tarrant |
| Intermediate Care Facility | Kingswood Community Home | 6717 Kingswood Dr | Fort Worth | Tarrant |
| Intermediate Care Facility | Longmeadow Community Home | 4120 Longmeadow Way | Fort Worth | Tarrant |
| Intermediate Care Facility | Mountain Ridge | 717 Mountain Ridge Court West | Fort Worth | Tarrant |
| Intermediate Care Facility | Oakland Park | 4613/15 Menzer | Fort Worth | Tarrant |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|---|----------------------|---------------|---------|
| Intermediate Care Facility | Ohara | 8321 Ohara | Fort Worth | Tarrant |
| Intermediate Care Facility | Poco | 6505 Poco Court | Fort Worth | Tarrant |
| Intermediate Care Facility | Safe Care Iii | 4244 River Birch | Fort Worth | Tarrant |
| Intermediate Care Facility | Safe Care Iv | 7105 Bentley | Fort Worth | Tarrant |
| Intermediate Care Facility | Summer House 2 | 4445 Cartagena Drive | Fort Worth | Tarrant |
| Intermediate Care Facility | Tarrant County Dads Services West Lane | 2620 Meaders | Fort Worth | Tarrant |
| Intermediate Care Facility | Tarrant County Mhmr Services Training Residence 2 | 701 Sandy Ln | Fort Worth | Tarrant |
| Intermediate Care Facility | Tarrant County Mhmr Services Training Residence 5 | 4833 Diaz | Fort Worth | Tarrant |
| Intermediate Care Facility | Training Residence 7 | 6312 Kingswood | Fort Worth | Tarrant |
| Intermediate Care Facility | Training Residence 8 Tarrant County Mhmr | 6341 Juneau | Fort Worth | Tarrant |
| Intermediate Care Facility | Vinewood | 1641 Vinewood | Fort Worth | Tarrant |
| Intermediate Care Facility | Whitman | 6524 Whitman | Fort Worth | Tarrant |
| Intermediate Care Facility | Williams Road | 1136 Williams Road | Fort Worth | Tarrant |
| Intermediate Care Facility | Winifred Community Home | 5724 Winifred Dr | Fort Worth | Tarrant |
| Intermediate Care Facility | Worrell | 5682 Worrell | Fort Worth | Tarrant |
| Intermediate Care Facility | Educare Community Living Corporation - Texas | 4333 Coventry Dr | Grand Prairie | Tarrant |
| Intermediate Care Facility | Walnut Creek Residential Services Inc. | 4611 Yale Dr. | Grand Prairie | Tarrant |
| Intermediate Care Facility | Brookwood Ii | 649 Circle View S | Hurst | Tarrant |
| Intermediate Care Facility | Hurstview Community Home | 540 Hurstview | Hurst | Tarrant |
| Intermediate Care Facility | Newstart, Inc. | 201 Wisteria | Mansfield | Tarrant |
| Intermediate Care Facility | Brookwood I | 2900 Brookwood Ln | Southlake | Tarrant |

| Facility Type | Facility Name | Physical Address | City | County |
|----------------------------|--|-----------------------------------|------------------|---------|
| Intermediate Care Facility | Brookwood III | 2410 Taylor St | Southlake | Tarrant |
| Intermediate Care Facility | Safe Care I | 6517 Brookside Dr | Watauga | Tarrant |
| Intermediate Care Facility | Safe Care II | 8005 Lazy Brook Dr | Watauga | Tarrant |
| Intermediate Care Facility | Lovell House | 5325 Lovell Avenue | Westover Hills | Tarrant |
| Intermediate Care Facility | Alyssa 1 | 9220 Alyssa Dr | White Settlement | Tarrant |
| Intermediate Care Facility | Alyssa 2 | 9212 Alyssa | White Settlement | Tarrant |
| Nursing Facility | Arbrook Plaza | 401 West Arbrook Blvd | Arlington | Tarrant |
| Nursing Facility | Arlington Residence And Rehabilitation Center | 405 Duncan Perry Rd | Arlington | Tarrant |
| Nursing Facility | Arlington Villas Rehabilitation And Healthcare Center | 2601 W Randol Mill Rd | Arlington | Tarrant |
| Nursing Facility | Green Oaks Nursing & Rehab | 3033 W Green Oaks Blvd | Arlington | Tarrant |
| Nursing Facility | Greenbrier Health Care Center | 301 W. Randol Mill Rd | Arlington | Tarrant |
| Nursing Facility | Heritage Oaks | 1112 Gibbins Rd | Arlington | Tarrant |
| Nursing Facility | Home For Aged Masons Clinic Nursing Center | 1501 West Division | Arlington | Tarrant |
| Nursing Facility | Interlochen Health And Rehabilitation Center | 2645 W Randol Mill Rd | Arlington | Tarrant |
| Nursing Facility | Matlock Place Health & Rehabilitation Center | 7100 Matlock Rd | Arlington | Tarrant |
| Nursing Facility | Onpointe Transitional Care At Texas Health Arlington Memorial Hospital | 800 W. Randol Mill Road 6th Floor | Arlington | Tarrant |
| Nursing Facility | Town Hall Estates Arlington Inc | 824 W Mayfield Rd | Arlington | Tarrant |
| Nursing Facility | Azle Manor Health Care And Rehabilitation | 721 Dunaway Ln | Azle | Tarrant |
| Nursing Facility | Bedford Wellness & Rehabilitation | 2001 Forest Ridge Dr | Bedford | Tarrant |
| Nursing Facility | Forum Parkway Health & Rehabilitation | 2112 Forum Parkway | Bedford | Tarrant |
| Nursing Facility | La Dora Nursing And Rehabilitation Center | 1960 Bedford Rd | Bedford | Tarrant |

| Facility Type | Facility Name | Physical Address | City | County |
|------------------|---|--------------------------------|------------|---------|
| Nursing Facility | Parkwood Healthcare Community | 2600 Parkview Ln | Bedford | Tarrant |
| Nursing Facility | Benbrook Nursing & Rehabilitation Center | 1000 McKinley St | Benbrook | Tarrant |
| Nursing Facility | Burleson Nursing & Rehab Center, Inc. Dba Adventhealth Care Center Burleson | 301 Huguley Blvd | Burleson | Tarrant |
| Nursing Facility | Crowley Nursing & Rehab | 920 E Fm 1187 | Crowley | Tarrant |
| Nursing Facility | Westpark Rehabilitation And Living | 900 Westpark Way | Eules | Tarrant |
| Nursing Facility | Allegiant Wellness And Rehab | 724 W. Rendon Crowley Road | Fort Worth | Tarrant |
| Nursing Facility | Arlington Heights Health And Rehabilitation Center | 4825 Wellesley | Fort Worth | Tarrant |
| Nursing Facility | Bridgemoor Of Fort Worth | 6301 Oakmont Blvd | Fort Worth | Tarrant |
| Nursing Facility | Cityview Nursing And Rehabilitation Center | 5801 Bryant Irvin Rd | Fort Worth | Tarrant |
| Nursing Facility | Dfw Nursing & Rehab | 900 W Leuda St | Fort Worth | Tarrant |
| Nursing Facility | Downtown Health And Rehabilitation Center | 424 S Adams St | Fort Worth | Tarrant |
| Nursing Facility | Estates Healthcare And Rehabilitation Center | 201 Sycamore School Rd | Fort Worth | Tarrant |
| Nursing Facility | Fort Worth Transitional Care Center | 850 12th Avenue | Fort Worth | Tarrant |
| Nursing Facility | Ft Worth Southwest Nursing Center | 5300 Alta Mesa Blvd | Fort Worth | Tarrant |
| Nursing Facility | Ft. Worth Wellness & Rehabilitation | 2129 Skyline Dr | Fort Worth | Tarrant |
| Nursing Facility | Garden Terrace Alzheimers Center Of Excellence | 7500 Oakmont Blvd | Fort Worth | Tarrant |
| Nursing Facility | Green Valley Healthcare And Rehabilitation Center | 6850 Rufe Snow Dr | Fort Worth | Tarrant |
| Nursing Facility | Immanuels Healthcare | 4515 Village Creek Rd | Fort Worth | Tarrant |
| Nursing Facility | James L. West Alzheimer's Center | 1111 Summit Ave | Fort Worth | Tarrant |
| Nursing Facility | Legend Oaks Healthcare And Rehabilitation - Fort Worth | 4240 Golden Triangle Boulevard | Fort Worth | Tarrant |
| Nursing Facility | Life Care Center Of Haltom | 2936 Markum Dr | Fort Worth | Tarrant |

| Facility Type | Facility Name | Physical Address | City | County |
|------------------|--|-----------------------------|-------------|---------|
| Nursing Facility | Mira Vista Court | 7021 Bryant Irvin Rd | Fort Worth | Tarrant |
| Nursing Facility | Park View Care Center | 3301 View St | Fort Worth | Tarrant |
| Nursing Facility | Pennsylvania Nursing And Rehabilitation Center | 901 Pennsylvania Ave | Fort Worth | Tarrant |
| Nursing Facility | Remarkable Healthcare Of Fort Worth | 6649 N Riverside Dr | Fort Worth | Tarrant |
| Nursing Facility | Renaissance Park Multi Care Center | 4252 Bryant Irvin Rd | Fort Worth | Tarrant |
| Nursing Facility | Richland Hills Rehabilitation And Healthcare Center | 3109 Kings Ct | Fort Worth | Tarrant |
| Nursing Facility | Ridgmar Medical Lodge | 6600 Lands End Court | Fort Worth | Tarrant |
| Nursing Facility | River Oaks Nursing And Rehabilitation Ltc Partners, Inc. | 2416 Nw 18th Street | Fort Worth | Tarrant |
| Nursing Facility | Stonegate Nursing & Rehab | 4201 Stonegate Blvd | Fort Worth | Tarrant |
| Nursing Facility | The Harrison At Heritage | 4600 Heritage Trace Parkway | Fort Worth | Tarrant |
| Nursing Facility | The Oaks At White Settlement | 8001 Western Hills Blvd | Fort Worth | Tarrant |
| Nursing Facility | The Stayton At Museum Way | 2501 Museum Way | Fort Worth | Tarrant |
| Nursing Facility | Trail Lake Nursing & Rehabilitation | 7100 Trail Lake Dr | Fort Worth | Tarrant |
| Nursing Facility | Trinity Terrace | 1600 Texas St | Fort Worth | Tarrant |
| Nursing Facility | Village Creek Nursing & Rehabilitation Llc | 3825 Village Creek Rd. | Fort Worth | Tarrant |
| Nursing Facility | Wedgewood Nursing Home | 6621 Dan Danciger Rd | Fort Worth | Tarrant |
| Nursing Facility | The Watermark At Broadway Cityview | 5301 Bryant Irvin Rd | Forth Worth | Tarrant |
| Nursing Facility | Marine Creek Nursing & Rehabilitation | 3600 Angle Ave | Ft Worth | Tarrant |
| Nursing Facility | Arden Place Of Grapevine | 1500 Autumn Dr | Grapevine | Tarrant |
| Nursing Facility | Grapevine Medical Lodge | 1005 Ira E. Woods Parkway | Grapevine | Tarrant |
| Nursing Facility | The Lodge At Bear Creek | 3729 Ira E Woods Avenue | Grapevine | Tarrant |

| Facility Type | Facility Name | Physical Address | City | County |
|------------------|--|--------------------------|----------------------|---------|
| Nursing Facility | Hurst Plaza Nursing & Rehab | 215 E Plaza Blvd | Hurst | Tarrant |
| Nursing Facility | Oakmont Guest Care Center Llc | 2712 Hurstview Dr. | Hurst | Tarrant |
| Nursing Facility | Heritage House At Keller Rehab & Nursing | 1150 Whitley Road | Keller | Tarrant |
| Nursing Facility | Keller Oaks Healthcare Center | 8703 Davis Boulevard | Keller | Tarrant |
| Nursing Facility | Pecan Manor Nursing And Rehabilitation | 413 E Mansfield Cardinal | Kennedale | Tarrant |
| Nursing Facility | Lake Lodge Nursing & Rehabilitation | 3800 Marina Dr | Lake Worth | Tarrant |
| Nursing Facility | Lake Worth Nursing Home | 4220 Wells Dr | Lake Worth | Tarrant |
| Nursing Facility | Mansfield Medical Lodge | 301 N Miller Rd | Mansfield | Tarrant |
| Nursing Facility | Mansfield Nursing & Rehabilitation Center | 1402 E. Broad St. | Mansfield | Tarrant |
| Nursing Facility | The Pavilion At Creekwood | 2100 Cannon Dr | Mansfield | Tarrant |
| Nursing Facility | Emerald Hills Rehabilitation And Healthcare Center | 5600 Davis Blvd | North Richland Hills | Tarrant |
| Nursing Facility | Glenview Wellness & Rehabilitation | 7625 Glenview Dr | North Richland Hills | Tarrant |
| Nursing Facility | Arden Place Of Richland Hills | 7146 Baker Blvd. | Richland Hills | Tarrant |
| Nursing Facility | Discovery Village At Southlake | 201 Watermere Drive | Southlake | Tarrant |
| Nursing Facility | The Carlyle At Stonebridge Park | 170 Stonebridge Lane | Southlake | Tarrant |
| Nursing Facility | North Pointe Nursing & Rehabilitation | 7804 Virgil Anthony Blvd | Watauga | Tarrant |
| Nursing Facility | West Side Campus Of Care | 1950 S Las Vegas Trail | White Settlement | Tarrant |
| Nursing Facility | White Settlement Nursing Center | 7820 Skyline Park Dr | White Settlement | Tarrant |
| Nursing Facility | Bridgeport Medical Lodge | 2108 15th St | Bridgeport | Wise |
| Nursing Facility | Decatur Medical Lodge | 701 W. Bennett Rd | Decatur | Wise |
| Nursing Facility | Heritage Place Of Decatur | 605 W. Mulberry St. | Decatur | Wise |



TSA-E Regional Trauma System Plan

Annex A - Demographics and Organization

Appendix A-4: TSA-E Rehabilitation Resources

| Facility Type | Facility Name | Physical Address | City | County |
|------------------|------------------------------------|-------------------|---------|--------|
| Nursing Facility | The Hills Nursing & Rehabilitation | 201 E Thompson St | Decatur | Wise |

Annex B
Governance

| | |
|--------------|--|
| Appendix B-1 | Executive Committee of the Board of Directors |
| Appendix B-2 | Standing Committees with Chairs and Chairs Elect |
| Appendix B-3 | NCTTRAC Bylaws |
| Appendix B-4 | Perinatal Committee SOP |

| NAME | OFFICE | MEMBER ORGANIZATION |
|---------------|---------------|----------------------------------|
| Amy Atnip | Chair | Medical City Plano |
| William Bonny | Chair Elect | Prosper Fire Department |
| Nakia Rapier | Secretary | Baylor University Medical Center |
| Shelly Miland | Treasurer | Texas Health Fort Worth Hospital |
| Brandon Barth | Finance Chair | Flower Mound Fire Department |

| NAME | OFFICE / COMMITTEE | MEMBER ORGANIZATION |
|---------------------|---------------------------|---|
| Jason Piecek | Air Medical Chair | PHI Air Medical |
| Jeff Donson | Air Medical Chair Elect | CareFlite Air |
| Casey Rauschuber | Cardiac Chair | Wise Health System |
| Karen Yates | Cardiac Chair Elect | Methodist Mansfield Medical Center |
| Jessica Lucio | ED OPS Chair | Texas Health Hospital Mansfield |
| Donald Tucker | ED OPS Chair Elect | Medical City Alliance |
| Kevin Cunningham | EMS Chair | Midlothian Fire Department |
| Kevin Sandifer | EMS Chair Elect | Mansfield Fire Department |
| Brandon Barth * | Finance Chair | Flower Mound Fire Department |
| Ricky Reeves | Finance Chair Elect | Texas EMS Granbury |
| John Phillips | Hospital Executive - East | Methodist Dallas Medical Center |
| Corey Wilson | Hospital Executive - West | Texas Health Harris Methodist Fort Worth |
| Ray Fowler | Medical Directors Chair | Desoto Fire Department |
| <i>Vacant</i> | | |
| Colyn Turnbow | Pediatric Chair | Baylor Scott & White All Saints Medical Center - Fort Worth |
| KaLinda Evans | Pediatric Chair Elect | Cook Children's Medical Center |
| Regina Reynolds | Perinatal Chair | Parkland Health & Hospital System |
| Lisa Mason | Perinatal Chair Elect | Children's Medical Center - Dallas |
| Thomas Stidham | REPC Chair | Parkland Health & Hospital System |
| Stephan Epley | REPC Chair Elect | Texas Health Presbyterian Hospital Plano |
| Dr. James Tatum | Stroke Chair | Texas Health Presbyterian Hospital Plano |
| Dr. Robin Novakovic | Stroke Chair Elect | UT Southwestern Medical School |
| Danielle Sherar | Trauma Chair | JPS Health Network |
| James Stephens | Trauma Chair Elect | Methodist Mansfield Medical Center |

**NORTH CENTRAL TEXAS TRAUMA
REGIONAL ADVISORY COUNCIL, INC.
(NCTTRAC)**



BYLAWS

**Reviewed by the NCTTRAC Board of Directors
August 10, 2021**

**Approved by the NCTTRAC General Membership
December 14, 2021**

Supersedes Bylaws approved September 19, 2019



TSA-E Regional Trauma System Plan

Annex B - Demographics and Organization

Appendix B-3: NCTTRAC Bylaws



ANNOTATED INDEX

ARTICLE I: Name

| | | |
|-----|-----------------------------------|----|
| 1.1 | Official Name | 11 |
| 1.2 | Principal Place of Business | 11 |
| 1.3 | Public Access | 11 |

ARTICLE II: Definitions

| | | |
|-------|------------------------------|----|
| 2.1 | NCTTRAC | 12 |
| 2.1.1 | Trauma Service Area- E | 12 |
| 2.1.2 | Realignment Request | 12 |
| 2.1.3 | Participants | 12 |

ARTICLE III: Mission

| | | |
|-------|------------------|----|
| 3.1 | Mission | 13 |
| 3.2 | Vision | 13 |
| 3.3 | Philosophy | 13 |
| 3.3.1 | Prepare | 13 |
| 3.3.2 | Support | 13 |
| 3.3.3 | Respond | 13 |

ARTICLE IV: Membership

| | | |
|-------|---------------------------------------|----|
| 4.1 | Membership in NCTTRAC | 14 |
| 4.1.1 | Membership Categories | 14 |
| 4.1.2 | Membership Status | 14 |
| 4.2 | Equal Opportunity and Access | 14 |
| 4.3 | Financials Not Related to Votes | 14 |
| 4.4 | Participation and Voting | 14 |
| 4.5 | Assessment of Dues and Fees | 14 |

ARTICLE V: Officers

| | | |
|-------|--------------------------------|----|
| 5.1 | Board Officers Defined | 15 |
| 5.2 | Nomination and Election | 15 |
| 5.2.1 | Elections | 15 |
| 5.2.2 | Nominations for Officers | 15 |

| | | |
|-------|--|----|
| 5.2.3 | Nominees Must Accept Nomination | 15 |
| 5.2.4 | Officers Elected at General Membership Meeting | 15 |
| 5.2.5 | Removal of Officers | 15 |
| 5.3 | Chair | 15 |
| 5.3.1 | Job Description | 15 |
| 5.3.2 | Term of Office | 16 |
| 5.4 | Chair Elect | 16 |
| 5.4.1 | Job Description | 16 |
| 5.4.2 | Term of Office | 16 |
| 5.5 | Secretary | 17 |
| 5.5.1 | Job Description | 17 |
| 5.5.2 | Term of Office | 17 |
| 5.6 | Treasurer | 17 |
| 5.6.1 | Job Description | 17 |
| 5.6.2 | Term of Office | 18 |
| 5.7 | Succession of Officers | 18 |
| 5.7.1 | Initial Succession to Secretary | 18 |
| 5.7.2 | All Officers Unavailable – Board Elects Representative | 18 |

ARTICLE VI: Executive Committee of the Board of Directors

| | | |
|-------|---|----|
| 6.1 | Executive Committee of the Board of Directors Defined | 19 |
| 6.1.1 | Chair | 19 |
| 6.1.2 | Chair Elect | 19 |
| 6.1.3 | Secretary..... | 19 |
| 6.1.4 | Treasurer | 19 |
| 6.1.5 | Finance Committee Chair | 19 |
| 6.1.6 | Medical Directors Committee Chair | 19 |
| 6.2 | Election, Removal and Vacancies of Executive Committee..... | 19 |
| 6.2.1 | Election | 19 |
| 6.2.2 | End of Executive Committee Members Term..... | 19 |
| 6.2.3 | Removal of Executive Committee Members | 19 |

| | | |
|-------|---|----|
| 6.3 | Duties of the Executive Committee | 19 |
| 6.3.1 | Eligibility | 19 |
| 6.3.2 | Participation | 19 |
| 6.3.3 | Recommendations | 19 |
| 6.3.4 | Mandatory Meetings | 19 |

ARTICLE VII: Board of Directors

| | | |
|--------|--|----|
| 7.1 | Board of Directors Defined | 20 |
| 7.1.1 | Chair | 20 |
| 7.1.2 | Chair Elect | 20 |
| 7.1.3 | Secretary..... | 20 |
| 7.1.4 | Treasurer | 20 |
| 7.1.5 | Air Medical Committee Chair / Chair Elect | 20 |
| 7.1.6 | Cardiac Committee Chair / Chair Elect | 20 |
| 7.1.7 | ED Operations Committee Chair / Chair Elect | 20 |
| 7.1.8 | EMS Committee Chair / Chair Elect | 20 |
| 7.1.9 | Finance Committee Chair / Chair Elect | 20 |
| 7.1.10 | Hospital Executive – East | 20 |
| 7.1.11 | Hospital Executive – West | 20 |
| 7.1.12 | Medical Director Committee Chair / Chair Elect | 20 |
| 7.1.13 | Pediatric Committee Chair / Chair Elect | 20 |
| 7.1.14 | Perinatal Committee Chair / Chair Elect | 20 |
| 7.1.15 | Regional Emergency Preparedness Committee Chair / Chair Elect | 20 |
| 7.1.16 | Stroke Committee Chair / Chair Elect | 20 |
| 7.1.27 | Trauma Committee Chair / Chair Elect | 20 |
| 7.1.18 | Zones Representative | 20 |
| 7.1.19 | Immediate Past Chair | 20 |
| 7.2 | Election, Removal, and Vacancies of Directors | 20 |
| 7.2.1 | Election | 20 |
| 7.2.2 | Removal | 20 |

| | | |
|-------|---|----|
| 7.2.3 | End of Director's Term Defined | 20 |
| 7.3 | Duties of the Board | 21 |
| 7.3.1 | Act on Behalf of NCTTRAC | 21 |
| 7.3.2 | Determine NCTTRAC Mission and Purpose | 21 |
| 7.3.3 | Ensure Effective Organizational Planning | 21 |
| 7.3.4 | Ensure Adequate Resources | 21 |
| 7.3.5 | Ensure Programs Consistent with Mission | 21 |
| 7.3.6 | Ensure Legal and Ethical Integrity | 21 |
| 7.3.7 | Officers, Directors and Committee Chairs Elect Training | 21 |
| 7.3.8 | Develop Positions for Activism, Advocacy, Endorsement | 22 |
| 7.3.9 | Perform Duties in Good Faith | 22 |
| 7.4 | Requirements of the Board | 22 |
| 7.4.1 | Eligibility | 22 |
| 7.4.2 | Participation | 22 |
| 7.4.3 | Training | 22 |
| 7.5 | Quorum | 22 |
| 7.5.1 | Quorum Defined | 22 |
| 7.5.2 | Vote Required to Transact Business | 22 |
| 7.6 | Meetings | 22 |
| 7.6.1 | Time and Location Set by Chair | 22 |
| 7.6.2 | Agenda | 22 |
| 7.6.3 | Minutes | 22 |
| 7.7 | Reimbursement for Expenses | 23 |
| 7.8 | Attendance at Board Meetings | 23 |
| 7.8.1 | Consecutive Absences | 23 |
| 7.8.2 | Board Discussion and Resolution | 23 |
| 7.8.3 | Cumulative Attendance Record | 23 |
| 7.8.4 | Attendance Roster | 23 |
| 7.9 | Call and Postpone Meetings | 23 |

ARTICLE VIII: Meetings

| | | |
|-------|---|----|
| 8.1 | Open to the Public | 24 |
| 8.2 | General Membership Semi-annual Meetings | 24 |
| 8.2.1 | Voting | 24 |
| 8.2.2 | Postpone or Reschedule | 24 |
| 8.2.3 | Notice of Meetings | 24 |
| 8.3 | Board Quarterly Meeting Requirement | 24 |

ARTICLE IX: Committees

| | | |
|-----------|---|----|
| 9.1 | Standing Committees/Subcommittees Defined | 25 |
| 9.1.1 | Meetings – Open and Closed | 25 |
| 9.1.2 | Quarterly Meeting Requirements | 25 |
| 9.1.3 | Standard Operating Procedure | 25 |
| 9.1.4 | Business Decided by Simple Majority | 25 |
| 9.1.5 | Committee Chair | 26 |
| 9.1.6 | Committee Chair Responsibilities | 26 |
| 9.1.7 | Committee Chair Elect | 27 |
| 9.1.8 | Committee Chair Elect Responsibilities | 27 |
| 9.1.9 | Committee Chair Complaints and Removal | 28 |
| 9.1.10 | Purpose & Responsibilities of Committees/Subcommittees | 28 |
| 9.1.10.1 | Air Medical Committee | 28 |
| 9.1.10.2 | Cardiac Committee | 28 |
| 9.1.10.3 | Emergency Department Operations Committee | 29 |
| 9.1.10.4 | Emergency Medical Services (EMS) Committee | 30 |
| 9.1.10.5 | Finance Committee | 30 |
| 9.1.10.6 | Medical Directors Committee | 30 |
| 9.1.10.7 | Pediatric Committee | 31 |
| 9.1.10.8 | Perinatal Committee | 31 |
| 9.1.10.9 | Regional Emergency Preparedness Committee | 32 |
| 9.1.10.10 | Stroke Committee | 33 |
| 9.1.10.11 | Trauma Committee | 33 |
| 9.2 | Zones | 34 |

| | | |
|-------|---|----|
| 9.2.1 | Current Zones | 34 |
| 9.2.2 | Zone Meetings | 34 |
| 9.2.3 | Quarterly Meeting Requirements | 34 |
| 9.2.4 | Zone Representative Vote | 34 |
| 9.2.5 | Zone Representative | 34 |
| 9.2.6 | Zone Representative's Responsibilities | 35 |
| 9.2.7 | Complaint or Removal of Zone Representative | 35 |
| 9.2.8 | Election of Zones Representative to Board | 35 |

ARTICLE X: Fiscal Policies

| | | |
|--------|---|----|
| 10.1 | Fiscal Year | 36 |
| 10.2 | Financial Records in Accordance with GAAP | 36 |
| 10.3 | Financial Reports | 36 |
| 10.4 | Nonprofit Status | 36 |
| 10.5 | Annual Budget | 36 |
| 10.6 | Contributions and Gifts | 36 |
| 10.7 | Winding Up and Termination of NCTTRAC | 36 |
| 10.8 | Indemnity and Insurance | 36 |
| 10.8.1 | Indemnification | 36 |
| 10.8.2 | Insurance | 36 |
| 10.9 | Limitation of Liability | 36 |
| 10.9.1 | Breach of Director's Duty | 37 |
| 10.9.2 | Act or Omission Not in Good Faith | 37 |
| 10.9.3 | Improper Benefit Transaction | 37 |
| 10.9.4 | Liability by Act or Omission by Statute | 37 |
| 10.10 | Annual Audit | 37 |

ARTICLE XI: Parliamentary Authority

| | | |
|------|--|----|
| 11.1 | "Robert's Rules of Order" as a General Guide | 38 |
|------|--|----|

ARTICLE XII: Amendment of Bylaws

| | | |
|--------|-------------------------------------|----|
| 12.1 | Annual Review | 39 |
| 12.1.1 | Workgroup Lead by Chair Elect | 39 |

| | | |
|--|--|-----------|
| 12.1.2 | Amendments Presented to General Membership | 39 |
| 12.1.3 | Notice to Membership Prior to Adoption | 39 |
| 12.1.4 | Adopting Bylaws Amendments | 39 |
| ARTICLE XIII: Signatures | | |
| 13.1 | Effective Date | 40 |
| ARTICLE XIV: Proxies | | |
| 14.1 | Representation by Proxy | 41 |
| 14.1.1 | Filing Requirement | 41 |
| 14.1.2 | Eligibility | 41 |
| 14.1.3 | Limitations | 41 |
| 14.1.4 | Valid for Ninety Days | 41 |
| 14.2 | Proxy Not Available for Board Meetings | 41 |
| ARTICLE XV: Financial Books and Records | | |
| 15.1 | True and Complete Books and Records | 42 |
| 15.2 | True and Accurate Financial Records | 42 |
| 15.3 | Kept at Principal Office | 42 |
| ARTICLE XVI: Transactions of the Organization | | |
| 16.1 | Executive Director Authority | 43 |
| 16.2 | Depository Accounts | 43 |
| 16.3 | Check Signing Authority | 43 |
| 16.4 | Making Gifts or Contributions | 43 |
| 16.5 | Conflict of Interest | 43 |
| 16.6 | Conducting Business | 43 |
| 16.7 | Expenditure Authority | 43 |
| CERTIFICATE BY SECRETARY | | 44 |
| ATTACHMENT 1: Governance & Organization Chart | | 45 |



TSA-E Regional Trauma System Plan

Annex B - Demographics and Organization

Appendix B-3: NCTTRAC Bylaws



ARTICLE I

Name

1.1 The official name of this organization shall be North Central Texas Trauma Regional Advisory Council, Inc. (NCTTRAC). For member and public education purposes, variations such as, but not limited to, North Central Texas Regional Advisory Council for Trauma, Acute, and Emergency Healthcare may be used in marketing or branding materials.

1.2 The principal place of business of NCTTRAC shall be 600 Six Flags Dr., Suite 160, Arlington, Texas 76011, in the State of Texas, unless and until determined otherwise by the NCTTRAC Board of Directors (Board).

1.3 NCTTRAC will establish and maintain a website for public access to include current information. (www.NCTTRAC.org)

ARTICLE II

Definitions

2.1 NCTTRAC is a 501(c)(3) nonprofit organization which functions according to its duly adopted charter, and federal and state law, including Texas Administrative Code Title 25 §157.2. The organization facilitates the development, implementation, and operation of comprehensive trauma, acute, and emergency healthcare systems based on accepted evidence-based standards of care principles to decrease morbidity and mortality.

2.1.1 The nineteen Texas counties comprising Trauma Service Area (TSA) - E include: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise counties.

2.1.2 The composition of TSA-E may be changed if a county requests realignment into or out of TSA-E to another bordering TSA pursuant to requirements and approval of the Texas Department of State Health Services (DSHS).

2.1.3 NCTTRAC participants may include, but are not limited to, interested healthcare facilities, organizations, agencies, entities, advocates, and professional societies providing or involved in healthcare delivery, education, injury prevention, rehabilitation, and emergency preparedness within TSA-E.

ARTICLE III

Mission

3.1 The Mission of the North Central Texas Trauma Regional Advisory Council is to promote and coordinate a system of quality trauma, acute, and emergency healthcare and preparedness in North Central Texas.

Vision

3.2 To be recognized as a leader for promoting quality trauma, acute, and emergency healthcare and preparedness.

Philosophy

3.3 The philosophies of NCTTRAC are:

3.3.1 We PREPARE through research, data management, education, injury and illness prevention, and emergency management.

3.3.2 We SUPPORT through the development of Regional Plans and Guidelines, resources, communications, and advocacy.

3.3.3 We RESPOND to the needs of the regional emergency healthcare coalition and the State of Texas.

ARTICLE IV

Membership

4.1 Membership in NCTTRAC shall include Voting and Associate Members. The requirements and eligibility for membership in NCTTRAC include submission of a completed membership application, payment of applicable membership dues and Board approval. Additional membership criteria can be found in the Membership & Active Participation Standard Operating Procedure (SOP).

4.1.1 Membership Categories

4.1.1.1 Members

4.1.1.1.1 Organizations, agencies and entities providing health-related care, education, injury prevention, advocacy, rehabilitation or preparedness within TSA-E shall be eligible for voting membership in NCTTRAC.

4.1.1.1.2 Each Member shall have one vote.

4.1.1.2 Associate Members

4.1.1.2.1 Individuals or corporate entities not identified above shall be eligible for associate membership.

4.1.1.2.2 Associate Members are non-voting.

4.1.1.2.3 Additional information on Associate Membership is available in the NCTTRAC Sponsorship & Guest Speaker SOP.

4.1.2 Final determination of Member or Associate Member status shall be approved by the Board.

4.2 NCTTRAC shall maintain equal opportunity and access to all its membership for fair representation and participation.

4.3 NCTTRAC shall assure that dues, fees, or other financial incentives do not determine the number of votes awarded to a Voting Member.

4.4 In order to retain voting privileges, Members shall maintain active and consistent participation according to the Membership & Active Participation SOP.

4.5 NCTTRAC shall assess dues and fees based on a rate schedule that has been approved by the General Membership.

ARTICLE V

Officers

5.1 The officers of NCTTRAC and its Board are: Chair, Chair Elect, Secretary and Treasurer and shall be known as the Officers. The remainder of the Board will be known as Directors as specifically described in Article VII.

5.2 Nomination and Election

5.2.1 Elections for Chair Elect, Secretary, and Treasurer are routinely held at the General Membership Meeting at the end of each odd fiscal year.

5.2.2 Nominations for Officers are accepted in person or in writing until 21 days prior to the election.

5.2.3 Nominees must accept the nomination prior to the election.

5.2.4 Officers shall be elected at a NCTTRAC General Membership Meeting in accordance with the Voting & Elections SOP.

5.2.5 Any Officer may be removed by a majority vote of the NCTTRAC Membership.

5.3 Chair

5.3.1 Job Description

5.3.1.1 The Chair shall set the agenda and preside at all General Membership and Board Meetings and shall have the authority to call emergency or special Board Meetings in accordance with the Conducting Official Business Meetings SOP.

5.3.1.2 The Chair shall appoint a documented representative of a NCTTRAC Member in good standing as an interim officer or Committee Chair to fill any vacancy until a replacement is duly elected.

5.3.1.3 The Chair shall have the authority to appoint the Chairs and/or Leads of all ad-hoc or Committee, workgroups.

5.3.1.4 The Chair represents NCTTRAC at Governor's EMS and Trauma Advisory Council (GETAC) Meetings and other meetings as necessary.

5.3.1.5 The Chair is obligated to communicate appropriate information to whatever audience may be warranted, based on information received.

5.3.1.6 The Chair shall have check signing privileges according to the Transactions of the Organization SOP.

5.3.1.7 The Chair, as an officer of the Board, participates in the hiring, termination, disciplinary actions, and/or performance evaluations of the Executive Director.

5.3.2 Term of Office

5.3.2.1 The duration of the Chair term shall be two years. The Chair ascends from Chair Elect.

5.3.2.2 In the event the Chair is unable to fulfill the term, the Chair Elect shall ascend to Chair. The term of the new Chair shall be the remainder of the unfulfilled term of the previous Chair. The Executive Committee will recommend to the Board for determination if the new Chair will additionally serve the two-year term that would have been served originally.

5.4 Chair Elect

5.4.1 Job Description

5.4.1.1 The Chair Elect shall, in the absence or disability of the Chair, perform the duties and exercise the powers of the Chair, and shall perform such other duties as the Board prescribes.

5.4.1.2 The Chair Elect is a member of the Finance Committee.

5.4.1.3 The Chair Elect may represent NCTTRAC at Governor's EMS and Trauma Advisory Council (GETAC) Meetings and other meetings as necessary.

5.4.1.4 The Chair Elect is obligated to communicate appropriate information to whatever audience may be warranted, based on information received.

5.4.1.5 The Chair Elect shall have check signing privileges according to the Transactions of the Organization SOP.

5.4.1.6 The Chair Elect, as an officer of the Board, participates in the hiring, termination, disciplinary actions, and/or performance evaluations of the Executive Director.

5.4.1.7 The Chair Elect leads the annual bylaws and standard operating procedures review process to include review and continuation of Standing Committees/Subcommittees.

5.4.2 Term of Office

The duration of the Chair Elect term shall be two years. Nominations for Chair Elect shall come from the General Membership. The nominee for Chair Elect must be a documented representative of a NCTTRAC member organization good standing. The Chair Elect shall ascend to Chair. In the event the Chair Elect is unable to fulfill the term, there shall be an election at the next eligible General Membership Meeting to replace the Chair Elect for the remainder of the unfulfilled term.

5.5 Secretary

5.5.1 Job Description

5.5.1.1 The Secretary works with staff to coordinate meeting notification correspondence and support to include meeting location, date, time and agenda.

5.5.1.2 The Secretary is familiar with and refers to, for guidance, the most current edition of "Robert's Rules of Order".

5.5.1.3 The Secretary shall be responsible for determining a quorum at each Board and General Membership Meeting.

5.5.1.4 The Secretary shall be responsible for the minutes and records of all general membership and Board Meetings.

5.5.1.5 The Secretary provides oversight and certification, as appropriate, for all voting actions at each Board and General Membership Meeting.

5.5.1.6 The Secretary shall have check signing privileges according to the Transactions of the Organization SOP.

5.5.1.7 The Secretary may represent NCTTRAC at Governor's EMS and Trauma Advisory Council (GETAC) Meetings and other meetings as necessary.

5.5.1.8 The Secretary is obligated to communicate appropriate information to whatever audience may be warranted, based on information received.

5.5.1.9 The Secretary, as an officer of the Board, participates in the hiring, termination, disciplinary actions, and/or performance evaluations of the Executive Director.

5.5.2 Term of Office

The duration of the Secretary term shall be two years. Nominations for Secretary shall come from the General Membership. The nominee for Secretary must be a documented representative of a NCTTRAC member organization in good standing. In the event the Secretary is unable to fulfill the term, there shall be an election at the next eligible General Membership Meeting to replace the Secretary for the remainder of the unfulfilled term.

5.6 Treasurer

5.6.1 Job Description

5.6.1.1 The Treasurer oversees the financial records of NCTTRAC.

5.6.1.2 The Treasurer is a member of the Finance Committee.

5.6.1.3 The Treasurer shall make a current financial statement available on a scheduled basis, no less than every General Membership Meeting.

5.6.1.4 The Treasurer oversees the outside annual audit review.

5.6.1.5 The Treasurer shall have check signing privileges according to the Transactions of the Organization SOP.

5.6.1.6 The Treasurer may represent NCTTRAC at Governor's EMS and Trauma Advisory Council (GETAC) Meetings and other meetings as necessary.

5.6.1.7 The Treasurer is obligated to communicate appropriate information to whatever audience may be warranted, based on information received.

5.6.1.8 The Treasurer, as an officer of the Board, participates in the hiring, termination, disciplinary actions, and/or performance evaluations of the Executive Director.

5.6.2 Term of Office

The duration of the Treasurer term shall be two years. Nominations for Treasurer shall come from the General Membership. The nominee for Treasurer must be a documented representative of a NCTTRAC member organization in good standing. In the event the Treasurer is unable to fulfill the term, there shall be an election at the next eligible General Membership Meeting to replace the Treasurer for the remainder of the unfulfilled term.

5.7 Succession of Officers

5.7.1 In the event both the Chair and Chair Elect are unable to fulfill their duties, the succession of responsibility will be first to the Secretary then to the Treasurer.

5.7.2 In the event all officers are unable to fulfill their duties, the Board shall elect a representative from the Board to fulfill the duties of the Chair.

ARTICLE VI

Executive Committee of the Board of Directors

6.1 The Executive Committee of the Board of Directors shall be known as The Executive Committee and will consist of:

6.1.1 Chair

6.1.2 Chair Elect

6.1.3 Secretary

6.1.4 Treasurer

6.1.5 Finance Committee Chair

6.2 Election, Removal and Vacancies of Executive Committee members

6.2.1 Each Executive Committee Member is confirmed as a member of the Board after election/appointment by their respective committee/organization or election by NCTTRAC Membership (as stated in Article V Section 5.2 Nominations and Elections) and ratification by the Board.

6.2.2 Each elected Executive Committee Member will hold office until whichever of the following occurs: (a) a successor is elected, (b) resignation, (c) removal from office by the Board or general membership, (d) removal from office by their respective committee, after ratification by the Board, (e) death, or (f) disability.

6.2.3 Officers, as a part of the Executive Committee, but elected by the General Membership, may be removed by a 2/3rds majority vote of the NCTTRAC membership as defined in the Voting & Elections SOP.

6.3 Duties of the Executive Committee

6.3.1 Each Executive Committee Member must be a documented representative of a NCTTRAC member organization in good standing as defined in the Membership & Participation SOP.

6.3.2 The Executive Committee shall participate in Closed Session investigations of a Director removal and provide recommendations to the Board.

6.3.3 The Executive Committee will take recommendations from service line committees that have system performance improvement functions for appropriate designation/accreditation of hospitals related to initial or changes to designation/accreditation. Recommendations will be reviewed and discussed in a closed Executive Committee session to determine the best course to be taken prior to consideration and action by the full board.

6.3.4 The RAC Chair, Chair Elect, or other Board Officers/Directors recognize their responsibility to attend mandatory meetings called by DSHS. Failure to comply with mandatory attendance requirements without prior DSHS approval may be cause for removal.

ARTICLE VII

Board of Directors

7.1 The Board shall consist of:

- 7.1.1 Chair (only votes in the event of a tie)
- 7.1.2 Chair Elect
- 7.1.3 Secretary
- 7.1.4 Treasurer
- 7.1.5 Air Medical Committee Chair / Chair Elect
- 7.1.6 Cardiac Committee Chair / Chair Elect
- 7.1.7 Emergency Department Operations Committee Chair / Chair Elect
- 7.1.8 EMS Committee Chair / Chair Elect
- 7.1.9 Finance Committee Chair / Chair Elect
- 7.1.10 Hospital Executive – East
- 7.1.11 Hospital Executive – West
- 7.1.12 Medical Director Committee Chair / Chair Elect
- 7.1.13 Pediatric Committee Chair / Chair Elect
- 7.1.14 Perinatal Committee Chair / Chair Elect
- 7.1.15 Regional Emergency Preparedness Committee Chair / Chair Elect
- 7.1.16 Stroke Committee Chair / Chair Elect
- 7.1.17 Trauma Committee Chair / Chair Elect
- 7.1.18 Zones Representative
- 7.1.19 Immediate Past Chair (ex officio, non-voting)

7.2 Election, Removal, and Vacancies of Directors

7.2.1 Each Director is confirmed as a member of the Board after election/appointment by their respective committee/organization and ratification by the Board.

7.2.2 Any Director may be removed with or without cause at a Board Meeting by a majority vote of the Board after a Closed Executive Committee investigation and recommendation, provided that proper notice of the intention to act on the matter has been given in the notice calling the meeting.

7.2.3 Each elected Director will hold office until whichever of the following occurs: (a) a successor is elected, (b) resignation, (c) removal from office by the Board, (d) removal from office by their respective committee, after ratification by the Board, (e) death, or (f) disability.

7.3 Duties of the Board

7.3.1 The NCTTRAC Board shall act on behalf of the organization and has the principal responsibility for the organization's mission, and the legal accountability for its operations.

7.3.2 The Board shall determine NCTTRAC's mission and purpose.

7.3.2.1 The Board shall conduct periodic strategic planning to review and update the organization's mission and purpose for accuracy and validity.

7.3.2.2 Each Officer, Director, and Committee Chair Elect should fully understand and support the organization's mission and associated obligations.

7.3.3 The Board shall ensure effective organizational planning.

7.3.3.1 The Board must actively participate with staff in the overall planning process and assist in implementing organizational goals.

7.3.3.2 The Board shall set policy through the development of strong organizational plans including, but not limited to, organizational bylaws, SOPs, and the strategic plan.

7.3.4 The Board shall ensure adequate resources for NCTTRAC to fulfill its mission and shall manage those resources effectively.

7.3.4.1 The Board shall ensure that adequate financial controls are in place to safeguard its resources and preserve the tax-exempt status of the organization.

7.3.4.2 The Board shall actively participate in the development of the annual budget.

7.3.5 The Board shall ensure that NCTTRAC's programs and services are consistent with the organization's mission and shall monitor their effectiveness.

7.3.6 The Board shall ensure legal and ethical integrity and maintain accountability.

7.3.6.1 The Board shall establish pertinent organizational policies and procedures.

7.3.6.2 The Board shall adhere to provisions of the organization's Bylaws and Articles of Incorporation.

7.3.7 The Board shall oversee training of new Officers, Directors and Committee Chairs Elect and assess Board participation and performance.

7.3.7.1 New Officers, Directors and Committee Chairs Elect shall be provided with information related to their Board responsibilities as well as NCTTRAC's history, needs and challenges.

7.3.7.2 The Board shall regularly evaluate its performance to recognize its achievements and determine areas that need to be improved.

7.3.8 The Board shall be responsible for NCTTRAC's statement of position in matters of activism, advocacy and/or organizational endorsement. If time constraints do not allow for position development by full Board consensus the responsibility shall be delegated to the Executive Committee or Officers of the Board If time constraints are extreme.

7.3.9 Each Officer and Director shall perform his or her duties in good faith and in a manner he or she reasonably believes to be in the best interest of NCTTRAC.

7.3.9.1 Each Officer and Director shall perform his or her duties with such care as an ordinarily reasonable and prudent person in a like position with respect to a similar corporation would use under similar circumstances.

7.3.9.2 Each Officer, Director, and Committee Chair Elect shall read and attest to the Conflict of Interest and Code of Ethics SOPs at least annually.

7.3.9.3 Each Officer, Director and Standing Committee Chair Elect shall complete training related to the roles and responsibilities of the Board.

7.4 Requirements of the Board

7.4.1 Each Officer and Director must be a documented representative of a NCTTRAC member organization in good standing as defined in the Voting & Elections SOP.

7.4.2 The Officers and Directors shall participate in accordance with the Membership & Active Participation SOP.

7.4.3 All Officers, Directors and Standing Committee Chairs Elect are required to review and complete the DSHS Board Training requirement at least annually. This training and verification shall be completed within 30 days of elected or appointed participation on the Board.

7.5 Quorum

7.5.1 A quorum is defined as at least 50% of the voting members of the Board who are present at the call for a vote.

7.5.2 A simple majority vote of the quorum is required to act.

7.6 Meetings

7.6.1 Meeting times and locations shall be set by the Chair and posted on the NCTTRAC website calendar.

7.6.2 The NCTTRAC Chair is responsible for approving the Board agenda and making copies available at the meeting.

7.6.3 The Secretary is responsible for ensuring that minutes are acceptable for presentation at meetings.

7.7 Directors are volunteers and not compensated but may be reimbursed for direct expenses in accordance with the Officer / Committee Travel Reimbursement SOP.

7.8 All Officers and Directors are expected to attend all Board Meetings.

7.8.1 If an Officer or Director is absent for two consecutive regular Board Meetings, without accepted excuse, the Officer or Director will be notified by the Board Officers in writing of the consecutive absences.

7.8.1.1 Excused absence requests must be conveyed to the Executive Committee (or delegated Board Officer) for approval prior to the missed meeting.

7.8.1.2 Consensus of the Executive Committee will determine the approval of each excused absence request.

7.8.2 If, after being notified, the Officer or Director misses the next regular Board Meeting, the Chair should bring the situation to the Executive Committee's attention for discussion and resolution.

7.8.3 A cumulative attendance record greater than or equal to 50% unexcused absences will be cause for removal.

7.8.4 Attendance rosters will be maintained on a rolling two-year or individual fiscal year basis as appropriate to Officers/Directors terms of office.

7.9 The Chair has the authority to call or postpone ad-hoc, special, and closed Board Meetings in accordance with the Closing a Meeting SOP. If a special meeting is called, notice of the purpose will be provided along with the notice of the time, date, and location as discussed in Section 8.2.3 herein.

ARTICLE VIII

Meetings

8.1 All meetings are open to the public and posted on the NCTTRAC website with exceptions for special, ad hoc, or closed meetings.

8.2 General Membership Meetings of all NCTTRAC Members are held in compliance with State contract requirements and will include but are not limited to Board and Standing Committee/Subcommittee reports to update the Members on NCTTRAC activities.

8.2.1 Voting will be conducted in accordance with the Voting & Elections SOP.

8.2.2 The Chair has the discretion to postpone or reschedule General Membership Meetings.

8.2.2.1 Except for a catastrophic event, a minimum of twenty-four (24) hours' notice shall be given.

8.2.3 Written or printed notice stating the place, day, and time of the General Membership Meeting will be delivered not less than fifteen (15) days nor more than sixty days (60) before the meeting. The notice will provide the meeting location and the electronic system access information. The notice will be delivered in person, by electronic transmission, or by mail. If a special meeting of Members is called, notice of the purpose or purposes of the meeting will also be provided.

8.3 Board Meetings are held at least quarterly to take action on NCTTRAC's behalf.

ARTICLE IX

Committees

9.1 The Standing Committees established by NCTTRAC are limited to the: Air Medical Committee, Cardiac Committee, Emergency Department Operations Committee, Emergency Medical Services Committee, Finance Committee, Medical Directors Committee, Pediatric Committee, Perinatal Committee, Regional Emergency Preparedness Committee, Stroke Committee, and Trauma Committee. Subcommittees to Standing Committees may be established within these Bylaws. All administrative criteria applicable to Standing Committees, as outlined in this article, shall also apply to Subcommittees. Standing Committees and Subcommittees may be comprised of RAC Member and Non-Member organizations with voting rights as identified in approved Standing Committee SOPs. In addition, non-member agencies or organizations representing key partners in Trauma Service Area–E (TSA-E) are also encouraged to participate regardless of voting status.

9.1.1 Standing Committee/Subcommittee Meetings, apart from closed sessions as defined in the Closing a Meeting SOP, are open to any individual who wants to attend the meeting.

9.1.2 Standing Committees/Subcommittees shall meet at least quarterly.

9.1.3 Standing Committees shall establish and review on an annual basis a Standard Operating Procedure (SOP) that outlines committee makeup, responsibilities, goals, and products (at minimum). A Standing Committee SOP template is provided by NCTTRAC staff as a guide in addressing overarching Board of Directors expectations and considerations on a fiscal year basis.

9.1.4 The business of a Standing Committee shall be decided by a majority of the eligible votes cast as defined in the Committee SOP. The business of Subcommittees will be defined in the affiliated Standing Committee SOP.

9.1.4.1 On each Standing Committee/Subcommittee, there may be formed either a broad member representation or a documented core group of committee representatives that will be the deciding body for that committee's activities. Such documentation will be established in the form of a Standing Committee SOP approved by the Board.

9.1.4.1.1 The core group, documented as the "voting representatives of the committee" may consist of both documented representative of a NCTTRAC Member in good standing, as well as delegated representatives of identified and approved partner agencies or organizations.

9.1.4.1.2 The business of a Standing Committee/Subcommittee with an established core group will be directed by its Chair-derived consensus of attendees or a deliberate vote of its core group.

9.1.4.1.3 In the absence of an established core group for a Standing Committee/Subcommittee, the business of the committee will be directed by its Chair-derived consensus or deliberate vote of a documented representative of a NCTTRAC Member in good standing.

9.1.4.2 No NCTTRAC Voting Member or committee core group organization shall have more than one vote per action item in individual Standing Committee/Subcommittee Meetings.

9.1.4.3 The NCTTRAC Member's Primary Voting Representative may appoint a Standing Delegate to serve as a regular attendee to Standing Committees/Subcommittees for purposes of both subject matter representation and voting.

9.1.4.3.1 Standing Delegates shall be appointed in writing and/or email originating from the NCTTRAC Member's Primary Voting Representative.

9.1.5 The Chair of a Standing Committee/Subcommittee

9.1.5.1 The Standing Committee/Subcommittee Chair term is one year. The Chair of a Standing Committee/Subcommittee ascends from the Committee Chair Elect.

9.1.5.2 The Standing Committee/Subcommittee Chair must be a documented representative of a NCTTRAC Member organization in good standing.

9.1.5.3 The Standing Committee/Subcommittee Chair cannot hold more than one elected position with NCTTRAC at a time.

9.1.5.4 In the event the Standing Committee/Subcommittee Chair is unable to fulfill the term, the Chair Elect shall ascend to Chair. The term of the new Chair shall be the remainder of the unfulfilled term of the previous Committee Chair. The Committee will recommend if the new Chair will additionally serve the one-year term that would have been served originally for review by the Executive Committee and ratification by the Board.

9.1.6 The Chair of each Standing Committee/Subcommittee has the following responsibilities:

9.1.6.1 The Chair of each Standing Committee is a voting member of the Board.

9.1.6.2 The Chair of each Standing Committee in collaboration with NCTTRAC staff is responsible for the development of and adherence to an SOP related to committee functions and membership. Guidance on specific SOP content is provided by NCTTRAC staff as approved by the Board. All committee SOP's will be reviewed annually with the intent of final Board approval prior to the start of the NCTTRAC fiscal year.

9.1.6.3 The Chair of each Standing Committee is responsible for presenting committee and subcommittee reports to the Board on a periodic basis as approved by the Board.

9.1.6.4 The Chair of each Standing Committee/Subcommittee is responsible for representing the collective vote or consensus of the members or core group of the Standing Committee/Subcommittee.

9.1.6.5 The Chair of each Standing Committee/Subcommittee shall vote only in the event of a tie vote of the Standing Committee/Subcommittee.

- 9.1.6.6 The Chair of each Standing Committee/Subcommittee has the authority to call or postpone Standing Committee/Subcommittee Meetings.
- 9.1.6.7 Any workgroup not identified in the approved SOP must be established by the NCTTRAC Chair in accordance with Section 5.3 of these Bylaws.
- 9.1.6.8 Further clarification of responsibilities regarding conduct of meetings is found in the Conducting Official Business Meetings SOP.
- 9.1.7 The Chair Elect of each Standing Committee/Subcommittee is chosen by vote of the present and eligible Voting Members or core group as stated in 9.1.4.1 and approved by a simple majority vote of the Board in accordance with the Voting & Elections SOP.
 - 9.1.7.1 The Standing Committee/Subcommittee Chair Elect term shall be one year.
 - 9.1.7.2 Nominations for Standing Committee/Subcommittee Chair Elect shall come from its present and eligible Voting Members or core group.
 - 9.1.7.3 The Standing Committee/Subcommittee Chair Elect must be a documented representative of a NCTTRAC Member in good standing.
 - 9.1.7.4 The Standing Committee/Subcommittee Chair Elect cannot hold more than one elected position with NCTTRAC at a time.
 - 9.1.7.5 In the event the Standing Committee/Subcommittee Chair Elect is unable to fulfill the term, there shall be an election at the next Standing Committee/Subcommittee Meeting to replace the Chair Elect for the remainder of the term.
- 9.1.8 The Chair Elect of each Standing Committee/Subcommittee has the following responsibilities
 - 9.1.8.1 The Chair Elect assists the Chair with committee/subcommittee functions and assumes the Chair responsibilities for Standing Committee/Subcommittee activity and meeting management in the temporary absence of the Chair.
 - 9.1.8.2 The Chair Elect of each Standing Committee is a voting member of the Board in the absence of the Standing Committee Chair.
 - 9.1.8.3 The Chair Elect of each Standing Committee/Subcommittee has the authority to call or postpone Standing Committee/Subcommittee Meetings in the absence of the Standing Committee Chair.
 - 9.1.8.4 The Chair Elect automatically ascends to the Chair position at the end of the current Chair's term.
 - 9.1.8.5 The Standing Committee/Subcommittee Chair Elect is chosen by vote of the present and eligible Voting Members or core group as stated in 9.1.3 and approved by a simple majority vote of the Board in accordance with the Voting & Elections SOP.

9.1.9 Call for removal of or complaint against any Chair or Chair Elect of a Standing Committee/Subcommittee shall be delegated to the Executive Committee for investigation and recommendation. Recommendation shall be presented to the Board for action.

9.1.10 Purpose and responsibilities of Standing Committees/Subcommittees:

9.1.10.1 Air Medical Committee

9.1.10.1.1 Responsible for affecting and supporting safe air medical operations and high-quality clinical care provided by air medical transport and transfer services in TSA-E.

9.1.10.1.2 Establish standing agenda items and corresponding responsibilities (e.g., by individual appointment, workgroup, or subcommittee) to address, and document in the committee SOP, the following topics:

9.1.10.1.2.1 Professional Development

9.1.10.1.2.2 Injury / Illness Prevention and Public Education

9.1.10.1.2.3 System Performance Improvement

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

9.1.10.1.4 Provide interface with other RAC committees, the Texas Association of Air Medical Service (TAAMS), and the Governor's EMS and Trauma Advisory Council (GETAC).

9.1.10.2 Cardiac Committee

9.1.10.2.1 Responsible for the development of an acute cardiac care system for TSA-E. This includes the development of guidelines for rapid transport to appropriate facilities of patients suffering ST-Elevation Myocardial Infarction (STEMI), and other acute cardiac conditions.

9.1.10.2.2 Establish standing agenda items and corresponding responsibilities (e.g., by individual appointment, workgroup, or subcommittee) to address, and document in the committee SOP, the following topics:

9.1.10.2.2.1 Professional Development

9.1.10.2.2.2 Injury / Illness Prevention and Public Education

9.1.10.2.2.3 System Performance Improvement

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

9.1.10.2.4 Provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

9.1.10.3 Emergency Department Operations Committee

9.1.10.3.1 Responsible for improving Emergency Department operations in TSA-E by engaging in and supporting the development and implementation of clinical guidelines and processes; and enhancing communication, collaboration, and alignment amongst the EDs, ED partners in care, and other NCTTRAC Committees in TSA-E.

9.1.10.3.2 Establish standing agenda items and corresponding responsibilities (e.g., by individual appointment, workgroup, or subcommittee) to address, and document in the committee SOP, the following topics:

9.1.10.3.2.1 Professional Development

9.1.10.3.2.2 Injury / Illness Prevention and Public Education

9.1.10.3.2.3 System Performance Improvement

9.1.10.3.3 Provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the Committee SOP

9.1.10.3.4 Provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

9.1.10.4 Emergency Medical Services (EMS) Committee

9.1.10.4.1 Responsible for coordinating and improving the clinical care provided by all levels of prehospital providers within TSA-E.

9.1.10.4.2 Establish standing agenda items and corresponding responsibilities (e.g., by individual appointment, workgroup, or subcommittee) to address, and document in the committee SOP, the following topics:

9.1.10.4.2.1 Professional Development

9.1.10.4.2.2 Injury / Illness Prevention and Public Education

9.1.10.4.2.3 System Performance Improvement

9.1.10.4.3 Provide guidance in the development and review of pre-hospital assessment tools, regional plans and treatment guidelines, Committee SOP

9.1.10.4.4 Provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC) and keep members informed on latest developments in prehospital transportation and care.

9.1.10.5 Finance Committee

9.1.10.5.1 Responsible for planning, monitoring, and overseeing the organization's financial resources, including, but not limited to, budgeting, financial reporting, and the creation and monitoring of internal controls and financial policies as well as oversight of the annual independent audit.

9.1.10.5.2 Provide interface with other RAC committees, professional associations, and state agencies appropriate to RAC/Member funding considerations.

9.1.10.6 Medical Director Committee

9.1.10.6.1 Responsible for recommending a minimum standard of practice for providers participating in the trauma, acute, emergency healthcare and disaster response system of TSA-E.

9.1.10.6.2 The committee will be comprised of the elected committee medical directors of the following committees: Air Medical, Cardiac, Emergency Department Operations, Emergency Medical Services, Pediatric, Perinatal, Regional Emergency Preparedness (Disaster), Stroke, and Trauma.

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

9.1.10.6.4 Provide interface with other RAC committees, professional associations appropriate to their service lines, and the Governor's EMS and Trauma Advisory Council (GETAC).

9.1.10.7 Pediatric Committee

9.1.10.7.1 Responsible for promoting pediatric expertise through advocacy and education.

9.1.10.7.2 Establish standing agenda items and corresponding responsibilities (e.g., by individual appointment, workgroup, or subcommittee) to address, and document in the committee SOP, the following topics:

9.1.10.7.2.1 Professional Development

9.1.10.7.2.2 Injury / Illness Prevention and Public Education

9.1.10.7.2.3 System Performance Improvement

9.1.10.7.3 Serve as the resource for information regarding pediatric care, pediatric emergency preparedness, and identify needs or trends in the management of injured and acutely ill children.

9.1.10.7.4 Provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the Committee SOP

9.1.10.7.5 Provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

9.1.10.8 Perinatal Committee

9.1.10.8.1 Responsible for the development of a Perinatal Care Region (PCR) in TSA-E including the Perinatal Care Regional System Plan. This plan identifies all resources available in the PCR-E for perinatal care including resources for emergency and disaster preparedness.

9.1.10.8.2 Establish standing agenda items and corresponding responsibilities (e.g., by individual appointment, workgroup, or subcommittee) to address, and document in the committee SOP, the following topics:

9.1.10.8.2.1 Professional Development

9.1.10.8.2.2 Injury / Illness Prevention and Public Education

9.1.10.8.2.3 System Performance Improvement

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

9.1.10.8.4 Provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

9.1.10.9 Regional Emergency Preparedness Committee (REPC)

9.1.10.9.1 Responsible for jointly identifying and recommending plans and solutions that support improvements in TSA-E emergency/disaster preparedness and response between medical emergency preparedness stakeholders.

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

9.1.10.9.2 Serves as the steering committee that provides recommendations and support to the NCTTRAC Board and staff regarding execution of the Texas Hospital Preparedness Program contract as administered by the Texas DSHS for EMTF-2, and TSAs C, D, and E.

9.1.10.9.3 Establish standing agenda items and corresponding responsibilities (e.g., by individual appointment, workgroup, or subcommittee) to address, and document in the Committee SOP, the following topics:

9.1.10.9.3.1 Professional Development

9.1.10.9.3.2 Injury / Illness Prevention and Public Education

9.1.10.9.3.3 System Performance Improvement

9.1.10.9.4 Provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the Committee SOP

9.1.10.9.5 Provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

9.1.10.10 Stroke Committee

9.1.10.10.1 Responsible for development of an acute stroke care system for TSA-E, including the development of guidelines for acute stroke care in Level I, II, and III Stroke Centers as specified in the Regional Stroke Plan.

9.1.10.10.2 Establish standing agenda items and corresponding responsibilities (e.g., by individual appointment, workgroup, or subcommittee) to address, and document in the Committee SOP, the following topics:

9.1.10.10.2.1 Professional Development

9.1.10.10.2.2 Injury / Illness Prevention and Public Education

9.1.10.10.2.3 System Performance Improvement

9.1.10.10.3 Provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the Committee SOP

9.1.10.10.4 Provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

9.1.10.11 Trauma Committee

9.1.10.11.1 Responsible for the oversight of the trauma system for TSA-E, including the TSA-E Regional Trauma System Plan (Plan). This Plan includes strategies to focus diverse resources in a collective strategy to reduce morbidity and mortality due to trauma.

9.1.10.11.1.1 The Professional Development Subcommittee is tasked with identifying and meeting professional development needs for all levels of providers throughout TSA-E.

9.1.10.11.1.2 The Public Education / Injury Prevention (PEIP) Subcommittee is tasked promoting injury and illness prevention and public awareness through advocacy and education.

9.1.10.11.1.3 The System Performance Improvement (SPI) Subcommittee is tasked with shared oversight of emergency healthcare system performance improvement activities with individual service line committees of NCTTRAC.

9.1.10.11.2 Provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the Committee SOP

9.1.10.11.3 Provide interface with other RAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

9.2 Trauma Service Area –E is divided into geographic areas referred to as Zones. NCTTRAC is supportive of member efforts to organize and meet at the local level on specific issues affecting them. The Zones Liaison to the Board of Directors (Zones Liaison) and a Zone Representative for each of the eight (8) geographic zones represent grassroots discussion of issues affecting the trauma and emergency healthcare systems in that area.

9.2.1 The current Zones are:

9.2.1.1 Zone 1 – Cooke, Grayson and Fannin counties.

9.2.1.2 Zone 2 – Denton and Wise counties.

9.2.1.3 Zone 3 – Palo Pinto and Parker counties.

9.2.1.4 Zone 4 – Ellis, Kaufman and Navarro counties.

9.2.1.5 Zone 5 – Collin, Hunt and Rockwall counties.

9.2.1.6 Zone 6 – Erath, Hood, Johnson and Somervell counties.

9.2.1.7 Zone 7 – Tarrant County; and

9.2.1.8 Zone 8 – Dallas County.

9.2.2 Zone Meetings are open to any individual who wants to attend the meeting.

9.2.3 Zone Meetings shall occur at least quarterly and follow the guidance provided by the Zones Communications & Reporting SOP.

9.2.4 Each Zone Representative is chosen by vote of the present and eligible voting members of the Zone.

9.2.4.1 Nominations for each Zone Representative shall come from the Zone membership.

9.2.5 Each Zone Representative has the following responsibilities:

9.2.5.1 Serve as the primary liaison between the zone membership, the Zones Liaison, the Board, NCTTRAC Committee, and staff.

9.2.5.2 Report grassroots activity to the Zones Liaison at least quarterly.

9.2.5.3 Represent the collective vote of the members in the Zone.

9.2.5.4 Call or postpone Zone Meetings.

9.2.5.4.1 Further clarification of responsibilities regarding conduct of meetings is found in the Conducting Official Business Meetings SOP.

9.2.5.5 Ensure that timely Zone Representative elections are held as described in the Zone Communication & Reporting SOP.

9.2.6 The Zones Liaison has the following responsibilities:

9.2.6.1 Serve as the primary liaison between each of the eight (8) Zone Representatives and the Board of Directors, NCTTRAC Committees, and staff.

9.2.6.2 Report grassroots activity to the Board of Directors and NCTTRAC's General Membership on a periodic basis as approved by the Board.

9.2.6.3 Represent the collective vote of the Zone Representatives.

9.2.7 Call for removal of, or complaint against, any Zone Representative shall be delegated to the Executive Committee for investigation and recommendation. The recommendation shall be presented to the Board for action.

9.2.8 Zone Representatives shall biannually elect one Zones Liaison to serve on the Board as a voting member. That voting member cannot simultaneously serve as an Officer or Standing Committee/Subcommittee Chair.

9.2.8.1 The Zones Liaison must be a documented representative of a NCTTRAC Member organization in good standing.

ARTICLE X

Fiscal Policies

NCTTRAC shall maintain current, true, and accurate financial records, including all income and expenditures. All records, books, and annual reports of the financial activity of NCTTRAC shall be kept at the principal office of NCTTRAC.

10.1 The fiscal year for NCTTRAC is defined as the first day of September through the last day of August of the following year.

10.2 NCTTRAC shall maintain financial records in accordance with Generally Accepted Accounting Principles (GAAP).

10.3 NCTTRAC provides financial reports in accordance with contract or grant guidance or as otherwise required by law.

10.4 NCTTRAC is a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, as recognized by the Internal Revenue Service. As such, no one individual or entity may profit from the activities of NCTTRAC.

10.5 The Finance Committee in collaboration with NCTTRAC staff prepares an annual budget. The budget is presented for approval to the Board.

10.6 The Board may accept any contribution, gift, bequest, or devise for the general purpose or for any special purpose of NCTTRAC in accordance with the Financial Policies and Procedures Manual.

10.7 NCTTRAC may be wound up and terminated by a vote of at least 2/3rds of the voting membership present and voting in accordance with the Texas Business Organizations Code (TBOC). Upon winding up and termination, any eligible existing funds of NCTTRAC shall be distributed to an appropriate organization or entity that shall utilize the funds to continue the mission of NCTTRAC.

10.8 Indemnity and Insurance

10.8.1 NCTTRAC will indemnify its Officers, Directors, employees, and agents to the fullest extent permitted by the TBOC and may, if and to the extent authorized by the Board, indemnify any other person whom it has the power to indemnify against liability, reasonable expense, or any other matter.

10.8.2 As may be provided by specific action of the Board, NCTTRAC may purchase and maintain insurance on behalf of any person who is or was an Officer, Director, employee or agent of NCTTRAC against any liability asserted against him or her and incurred by such person in such a capacity or arising out of his or her status, whether or not NCTTRAC would have the power to indemnify him or her against the liability under this Section.

10.9 Limitation of Liability – An Officer/Director of NCTTRAC shall not be liable to NCTTRAC or its Members for monetary damages arising as a result of an act or omission committed by the Director while acting within his or her capacity as a Director, except that this Section shall not eliminate or limit the liability of a Director for:

10.9.1 Breach of an Officer/Director's duty of loyalty to NCTTRAC or its Members.

10.9.2 An act or omission not in good faith that constitutes a breach of duty of the Officer/Director to NCTTRAC or that involves intentional misconduct or a knowing violation of the law.

10.9.3 A transaction from which an Officer/Director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the Director's office; or

10.9.4 An act or omission for which the liability of an Officer/Director is expressly provided for by statute.

10.10 Annual Audit – The NCTTRAC Finance Committee shall ensure that an annual audit of NCTTRAC financial records be performed every year by a qualified agency or individual within four months of the end of the fiscal year. The NCTTRAC Finance Committee is responsible for providing full audit findings to the Board of Directors annually.

ARTICLE XI

Parliamentary Authority

11.1 The most current edition of "Robert's Rules of Order" shall be used as a general guide to parliamentary procedure for meetings.

ARTICLE XII

Amendment of Bylaws

12.1 NCTTRAC Bylaws shall be reviewed at least annually.

12.1.1 A Bylaws workgroup, led by the Chair Elect, shall be assembled for the annual review.

12.1.2 Proposed Bylaws amendments shall be presented at a General Membership Meeting by the Bylaws Workgroup in accordance with the Bylaws.

12.1.3 Copies of proposed Bylaws amendments shall be made available to Members at least 21 days prior to the meeting in which they shall be considered for adoption.

12.1.4 Bylaws amendments, as contained in the notice of such meeting, may be adopted according to the NCTTRAC Membership & Participation SOP.

ARTICLE XIII

Signatures

13.1 These Bylaws shall be effective immediately upon approval by the General Membership and signed and dated by the Secretary unless a later effective date is specified and approved.

ARTICLE XIV

Proxies

14.1 A Voting Member can be represented by proxy.

14.1.1 Such proxy shall be originated and/or signed by the Member's documented Primary Voting Representative and filed with NCTTRAC at least 24 hours prior to the vote as outlined in the Voting & Elections SOP.

14.1.2 Such proxy shall be limited to an individual that represents the same Member organization, agency, or its parent corporation as the Voting Member's Primary Representative assigning proxy.

14.1.3 No individual shall hold more than one proxy at a time, unless granted between Members within the same corporation.

14.1.4 No such proxy shall be valid after the expiration of ninety (90) days from the date of its execution or as otherwise specified.

14.2 Voting by proxy is not available for Board Meetings.

ARTICLE XV

Financial Books and Records

15.1 NCTTRAC shall keep true and complete books and records of accounts, together with minutes of the proceedings of the Board.

15.2 The Board shall maintain current, true, and accurate financial records with full and correct entries made with respect to all financial transactions of NCTTRAC, including all income and expenditures.

15.3 All records, books, and annual reports of the financial activity of NCTTRAC shall be kept at NCTTRAC property.

ARTICLE XVI

Transactions of the Organization

16.1 The Executive Director has the authority to enter into contracts or execute and deliver any instrument in the name of and on behalf of NCTTRAC in accordance with the Transactions of the Organization SOP.

16.2 NCTTRAC shall maintain depository accounts to meet the business needs of NCTTRAC including depositing funds as authorized by the Executive Director.

16.3 Check signing authority shall be established in accordance with the Transactions of the Organization SOP.

16.4 The Board may make gifts or contributions on behalf of NCTTRAC in accordance with the Transactions of the Organization SOP and the Financial Policies and Procedures Manual.

16.5 NCTTRAC Officers, Directors, and Committee Chairs Elect shall sign a Code of Ethics acknowledgement and a Conflict of Interest statement annually and update as needed.

16.5.1 Individuals are required to disclose any conflict of interest to the Executive Committee of the Board at the time that the conflict is identified as outlined in the Conflict of Interest SOP.

16.6 NCTTRAC Members, officers, and staff shall conduct the business of the organization in a manner that is not otherwise prohibited by statute, by the Articles of Incorporation of NCTTRAC, or by these Bylaws.

16.7 Expenditure authority is defined by the Transactions of the Organization SOP.



TSA-E Regional Trauma System Plan

Annex B - Demographics and Organization

Appendix B-3: NCTTRAC Bylaws

CERTIFICATE BY SECRETARY

The undersigned, being the Secretary of North Central Texas Trauma Regional Advisory Council, Inc. hereby certifies that the foregoing Bylaws were duly adopted by the Members of said corporation effective on the 14th day of December 2021.

In Witness Whereof, I have signed this certification on this the 14th day of December 2021.

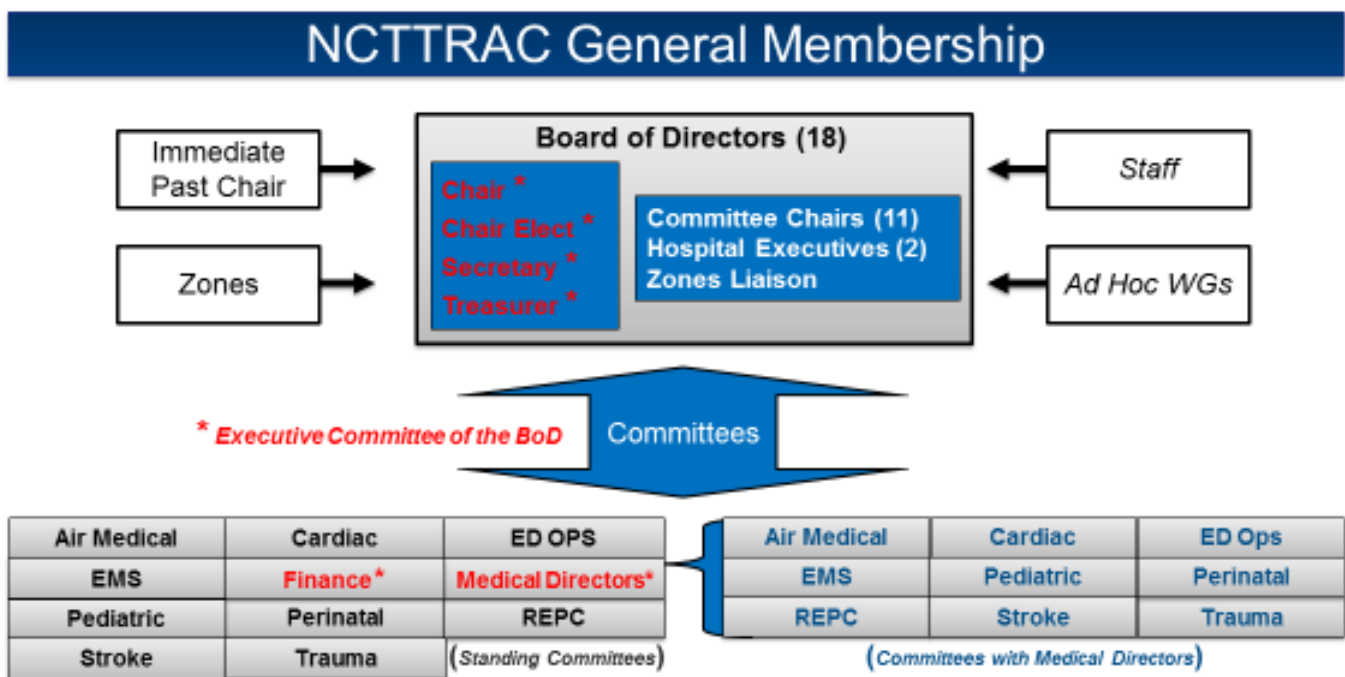
Original Signed by

Nakia Rapier, Secretary

Attachment 1

Governance & Organization Chart

Governance Structure





TSA-E Regional Trauma System Plan

Annex C - System Access & Communications

Board of Directors

Annex C

System Access & Communications

| | |
|--------------|------------------------|
| Appendix C-1 | EMResource at a Glance |
| Appendix C-2 | WebEOC at a Glance |

EMResource serves as the primary day-to-day information sharing platform in the emergency healthcare system within Trauma Service Area E. It has 3 central functions:

1. Capabilities Database
2. Daily Status Updates
3. Event Notifications

Capabilities Database

EMResource allows healthcare facilities and EMS agencies to list their normal operating capabilities. For healthcare facilities, these typically involve clinical service provision – can this facility take burn patients, does it have inpatient psychiatric capabilities, etc. For EMS agencies, these typically involve response capabilities – can this EMS agency provide critical care transport services, can it perform swift water rescues, etc. Service capabilities are generally updated on an as-needed basis as opposed to on a regular schedule.

Daily Status Updates

EMResource allows hospitals to update certain statuses on a daily basis (or more frequently as needed). This ensures that EMS agencies transporting patients and other healthcare facilities looking to transfer patients can make well-informed patient destination decisions. Statuses with daily (or more frequent) update requirements are listed below.

1. *Hospital Intake Status* – Hospitals report on the current status of their Emergency Department’s ability to take patients. An “Open” status should be updated every 24 hours; an “Advisory – Capability” status should be updated every 4 hours; a “Closed” status or an “Advisory – ED Surge” status should be updated every 2 hours.
2. *NEDOCS* – hospitals use the National Emergency Department Overcrowding Score to provide regional partners with a quantifiable ED saturation level. The higher the NEDOCS, the busier the ED, and generally the longer that EMS will have to wait to offload a patient. NEDOCS should be updated every 4 hours.
3. *ED Psych Holds* – hospitals report the number of psych holds in their Emergency Department. This allows emergency response units transporting psychiatric patients to make informed patient destination decisions that ensure the psychiatric patient receives treatment in a timely manner. The more ED Psych Holds, the longer it will take for that psychiatric patient to receive proper treatment.
4. *Bed Availability Reporting* – hospitals report the number of available beds in their facility according to the state and federal hospital bed reporting requirements. These numbers should be updated at least once every 24 hours – since March of 2020, there have been federal and state requirements for hospitals to update this information every 24 hours.
5. *Flight Availability Status* – air medical units report on their availability and location. Air Evac, PHI, and CareFlite have linked their CAD systems with EMResource to ensure that these updates occur in real time.

Event Notifications

EMResource allows any user to publish an event notification that sends email and text alerts to other EMResource users. These are most commonly used for events that affect the emergency healthcare system in TSA-E (such as hospital construction requiring ambulance traffic to take an alternate route) but are also used in emergencies to notify the emergency healthcare system about mass casualty incidents, statewide bed reports, or severe weather.

WebEOC is a web-based incident management software that allows users from multiple entities to communicate via information sharing boards to enhance the common operating picture.

WebEOC is divided into incidents and boards. When a user logs in to WebEOC, they select the incident in which they are operating – each emergency or disaster requiring the use of WebEOC will have its own incident. If there is not yet a custom WebEOC incident for the current event or disaster, users should use the incident titled “!Generic Incident”. NCTTRAC WebEOC

Administrators will rename the “!Generic Incident” to something that describes the current event. All information entered into “!Generic Incident” will be retained in the new incident.

WebEOC has two main functions in the TSA-E HCC: narrative-based information sharing and patient tracking. Narrative-based information sharing occurs in the “Local Medical Events” and “TSA-E Medical Events” boards. HCC member organizations can create narrative-based posts in Local Medical Events to inform the HCC about events happening at their facility or within their organization. The TSA-E Medical Coordination Center uses the TSA-E Medical Events board to inform the HCC as a unit about events affecting emergency healthcare through the TSA-E region.

The NCTTRAC WebEOC Server hosts the *NCTTRAC Regional Patient Tracking Toolkit*. This board is the regionally identified patient tracking software for use in disasters. During a Mass Casualty Incident, hospital evacuation, or other event that involves rapid movement of high volumes of patients, hospitals enter patient information and locations into this platform to aid with family reunification. Limited access to the *NCTTRAC Regional Patient Tracking Toolkit* is provided to local Family Assistance/Reunification Centers to help reunify patients with their families.

A full listing and description of each WebEOC board used by the HCC can be found in the “Response Operations” section of the “Communications and Information Sharing Procedures” part of this document.

While WebEOC is always available, it is best used when it can be actively monitored. For this reason, the EMCC will notify the HCC when they should begin monitoring and posting in WebEOC. These notifications will come via an EMResource notification and the aforementioned email distribution lists.

Annex D
Trauma Triage Transport & Transfer Guidelines

| | |
|--------------|---|
| Appendix D-1 | Trauma Triage & Transport Guidelines |
| | Attachment D-1-A Adult Trauma Triage & Transport Algorithm |
| | Attachment D-1-B Pediatric Trauma Triage & Transport Algorithm |
| Appendix D-2 | Trauma Transfer Guidelines |

Trauma Triage & Transport Guidelines

I. Introduction

- 1.1 Texas Administrative Code, Title 25, Part 1, Chapter 157, Subchapter G, Rule §157.123 establishes the legal framework of the Emergency Medical Services (EMS) Trauma System in the State of Texas; which includes the creation of Regional Advisory Councils and their respective authority to develop an EMS/Trauma System plan based on standard guidelines for comprehensive system development, to include pre-hospital triage criteria, diversion protocols, bypass protocols, and regional trauma treatment guidelines. As such, the North Central Texas Trauma Regional Advisory Council (NCTTRAC) has developed, vetted, and approved the following Trauma Triage and Transport Guidelines for use by North Central Texas EMS providers licensed by the Texas Department of State Health Services (TDSHS).
- 1.2 These guidelines do not establish a legal standard of care, but rather are intended as an aid to decision-making in the care of trauma patients are not intended to supersede the physician's or caregiver's judgement.

II. Overview

- A. For the trauma patient, as for other critically ill patients, assessment is the foundation on which all management and transportation decisions are based.
- B. The survival of the trauma patient is dependent upon rapid recognition/management of life-threatening injuries and rapid transport to an appropriate trauma facility, as outlined on Page 2 of this document. Scene times should be kept to a minimum with only the necessary interventions made to correct immediate life threats. All secondary interventions should be performed en route to an appropriate facility or while awaiting Air Medical evacuation.
- C. The first step in trauma assessment is the **Scene Assessment**/Scene Size-Up. As you approach the scene, assure safety for yourself and the patient while taking BSI precautions. Rapidly identify the number/type of patients and request additional resources as appropriate.
 1. Additional resources (e.g. Air Medical evacuation, special rescue, additional ambulances, police, hazmat) should be notified based off of dispatch information; and requested to proceed with arrival/landing on scene during scene assessment/scene size-up.
 2. Recognition of multi-patient incidents and mass-casualty incidents is critical. In these incidents, priority shifts from focusing all resources on the most injured patient to providing the greatest good to the greatest number of patients.
- D. Once a brief scene assessment/scene size-up has been performed, which may include rapid triage of multiple patients, attention should focus on evaluating individual patients. Individual patients should be assessed/treated based off of initial triage priority.
- E. The **Primary Assessment** begins with a simultaneous, or *global*, overview of the status of the patient's respiratory, circulatory, and neurological systems to identify obvious, significant problems with oxygenation, circulation, hemorrhage, or gross deformities; followed by a rapid focused assessment of Airway, Breathing/Ventilation, Circulation/Bleeding, Disability, and Expose/Environment.
 1. Make immediate interventions to correct life-threats in the order assessed. Progress from BLS (least invasive) to ALS (most invasive), utilizing the most appropriate intervention warranted in a given situation.
 2. **Assess the Patient's Mental Status:** If unresponsive, check for a pulse. If no pulse, initiate CPR per local protocol.

3. **Airway:** While simultaneously applying C-spine precautions (if able), the provider should establish/ensure a patent airway by opening (e.g., jaw-thrust), clearing (e.g., suction), assessing, and intervening with appropriate device.
 4. **Breathing:** Ensure adequate oxygenation and ventilation of the lungs utilizing appropriate oxygen-delivery devices. If abnormal ventilation is present, expose the chest and visually assess for trauma while assessing breath sounds. If an open pneumothorax is present, cover with an occlusive dressing. If a tension pneumothorax is suspected, rapidly decompress the affected side.
 5. **Circulation:** Control massive hemorrhage utilizing appropriate hemorrhage control devices. Observe the color, temperature, and moisture of the skin while rapidly assessing for the presence/location/quality of pulses (e.g., carotid, femoral, and radial) to estimate Blood Pressure and/or perfusion. IV access and fluid administration are secondary to initiation of Rapid Transport.
 6. **Disability:** Rapidly assess Level of Consciousness, pupils, and motor/sensory responses. If Central Nervous System injury suspected, utilize appropriate devices to restrict spinal motion. Observe for increased ICP and signs/symptoms of impending brain-stem herniation (e.g., unequal pupils, bradycardia, hypertension, irregular respirations).
 7. **Expose/Environment:** Rapidly extricate/remove patients from dangerous environments (e.g., fire, snow, pool, etc.). Remove patients clothing in order to fully assess for injury. After assessing, cover patient to maintain normothermia.
- F. The **Secondary Assessment** begins after the recognition/management of life-threatening injuries found in the Primary Assessment, and after a transport decision has been made. The objective of the Secondary Assessment is to identify injuries not initially found.
1. Reassess/Confirm Airway, Breathing, and Circulation. Make appropriate interventions as necessary.
 2. Obtain full, detailed vital signs utilizing available equipment.
 3. Obtain vascular access and administer appropriate fluid boluses to restore/maintain a radial pulse and/or SBP > 90 mmHg. Do not over-resuscitate trauma patients. Do not attempt to restore baseline vital signs.
 4. Perform a detailed head-to-toe physical examination.
 5. Immobilize/Splint suspected fractures and dress secondary wounds. Reassess circulation, motor and sensory after intervention.
 6. Obtain SAMPLE history if able.
- G. Continuously reassess airway, breathing, circulation, and disability. Document vital signs frequently. Make appropriate interventions as necessary.

III. Transport Algorithm

See [Attachment D-1-A: Adult Trauma Triage & Transport Algorithm](#) and [Attachment D-1-B: Pediatric Trauma Triage & Transport](#)

IV. Special Considerations

- A. **Air Medical Evacuation:** When requesting air medical assets, confirm the aircraft's Estimated Time of Arrival (ETA) to the scene, in addition to the aircraft's Total Time for transport (start-up, take-off, move to scene, land, load patient, take-off, move to hospital,

land).

1. If the aircraft's ETA is greater than the time it would take to transport by ground to the closest appropriate facility, initiate ground transport and direct the aircraft to change heading to the respective facility.
2. If the aircraft's Total Time is greater than the time it would take to transport by ground to a Level 1 or Level 2 Trauma Center, initiate ground transport.
3. Air medical assets may be utilized to deliver higher echelons of care and/or specialty services when indicated (e.g., need for advanced airway management, surgical amputation teams, delivery of blood products).

B. Burns: Life threatening traumatic injuries should be identified and treated prior to burns. The following patients generally require treatment at a verified Burn Center per the American College of Surgeons and the American Burn Association. In addition, treatment of these conditions at other facilities often results in transfer to a Burn Center and an overall delay in care.

1. >10% TBSA Partial-thickness burns
2. Full-thickness burns
3. Electrical burns including lightning injuries
4. Chemical burns
5. Inhalation injury
6. Burns to the face, hands, feet, genitalia, and/or major joints

C. Cardiac Arrest: If patients are found to meet one or more the following criteria, CPR may be withheld and the patient declared dead if in accordance with local protocol.

1. Pulseless and apneic in addition to signs incompatible with life (e.g., decapitation, dependent lividity, rigor mortis, and decomposition).
2. No pupillary reflexes, no spontaneous movement, and no organized cardiac rhythm on the ECG greater than 40 complexes per minute.

D. Geriatrics: Traumatic injury in the geriatric population is increasing in prevalence and is associated with higher morbidity and mortality rates compared with younger patients. The risk of injury/death starts to increase after age 55 years. Elderly patients can experience significant injury in spite of relatively trivial mechanism. Because of altered baseline vital signs due to changes associated with aging, preexisting disease (e.g., hypertension), or medications (e.g., beta-blockers), the physiologic response to injury might differ from that seen in younger patients. Alterations in mentation may be attributed to dementia or delirium, potentially leading to late recognition of shock or traumatic brain injury. These factors increase the risk for under-triage by both EMS and ED personnel.

E. Pregnancy: Trauma has become the leading cause of maternal death in the U.S.; therefore, the main principle guiding therapy must be aimed towards aggressive resuscitation of the mother.

1. Any pregnant woman who has reached 20 weeks gestation or more (palpable uterus at/above umbilicus), who has been involved in any trauma, especially a motor vehicular crash, regardless of the absence of any perceived contractions or pain, should be evaluated at the nearest trauma center that has OB capabilities.
2. Increased plasma volume may delay hypotension.
3. Pelvic fractures have increased risk for fetal demise.
4. Carbon monoxide exposure in a pregnant female should be considered a mandatory transport.

5. Stretching of the peritoneum during the third trimester of pregnancy blunts the normal perception of pain. Therefore, relying on complaints of abdominal pain in the pregnant woman to alert the care provider to possible injury is unreliable.
6. Treatment Recommendations:
 - a. Perform Doppler fetal heart rates (FHR) – normal 110-160; every 5 min FHR checks for 30 seconds (if capable).
 - b. Padded stretcher
 - c. Displace the gravid uterus (lateral tilt)
 - d. Normal Saline or Lactated Ringers preferred (500-1000 ml bolus) – refer to local protocol
 - e. Oxygen – keep SpO₂ > 95%
 - f. Consider tocolytics (medical director protocol)

F. Pediatrics: Pediatric is defined by the American College of Surgeons and recognized by GETAC, and NCTTRAC as < 15 years of age. Pediatric patients should be triaged preferentially to a Pediatric Trauma Center.

1. If the term “lethargic” is used by the caregiver, the term needs to be described.
2. When evaluating a patient that has experienced a possible life-threatening event and the parents/guardians refuse medical treatment or transport, contact medical control.

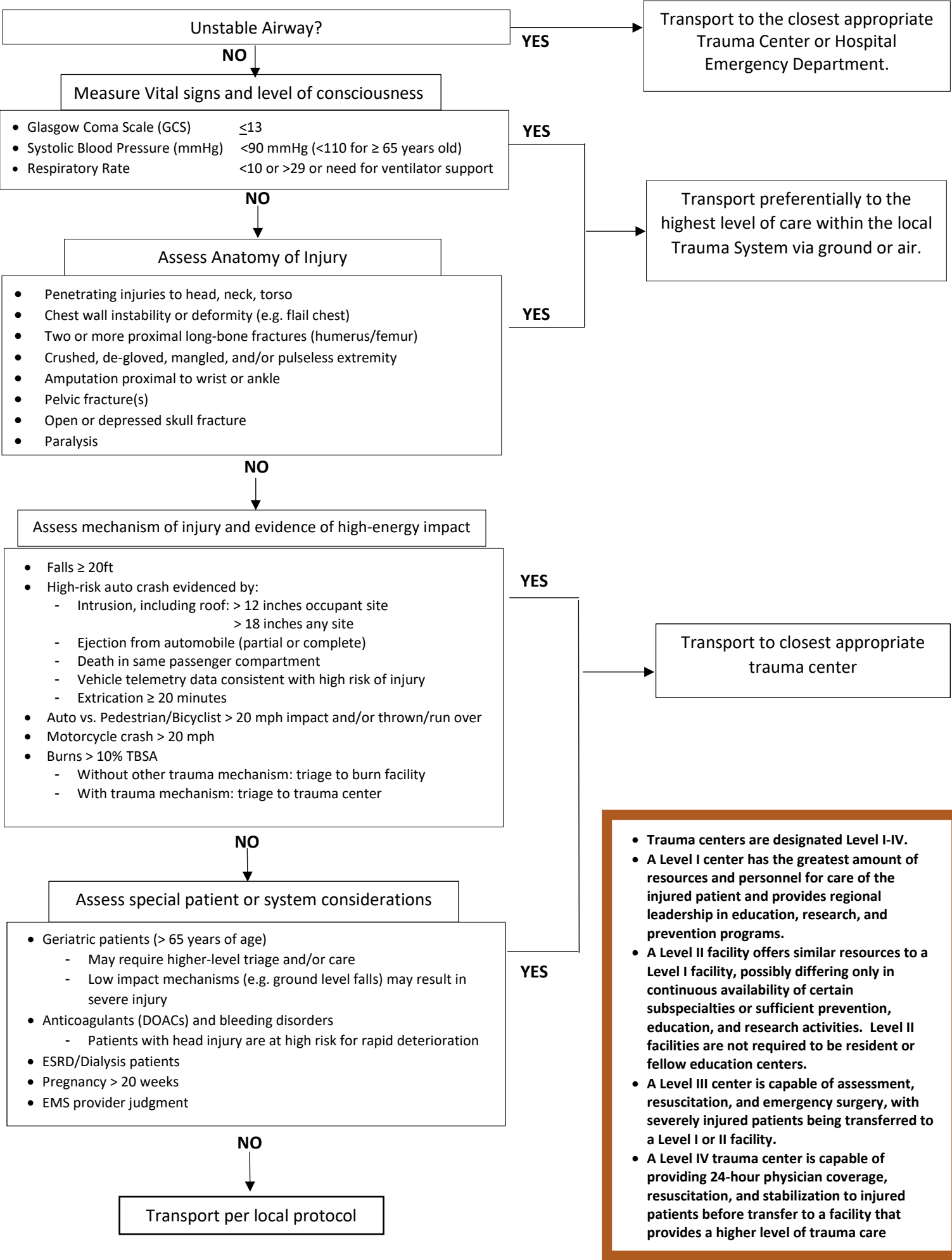
G. Special Needs Population:

1. Have legal guardians or caregivers pre-notify EMS of the presence of a special needs patient in the area.
2. Inform legal guardians or caregivers to notify EMS of specific special needs and request the information be added to EMS call text records.
3. Be prepared and equipped for patient latex allergies.
4. General recommendations:
 - a. Treat ABCs first (like any other patient)
 - b. Ask for help from caregivers (they know the patient best)
 - i. Assume ill or injured if affect or level of consciousness changes
 - ii. Copy, scan, or take picture of the ready sheet from the caregiver
 - iii. Inquire about additional supplies and bring with the patient
 - iv. Look for USB bracelet with patient information
 - c. If the emergency is secondary to the patient's equipment – **USE YOURS**
 - d. Communicate with the patient based upon her/his developmental age, but do not underestimate their ability to communicate based on physical limitations.
 - e. Clear, calm, SLOW, and helpful communication with the patient and caregivers is key to easing the patient's stress.
 - f. Do not rush, if possible
 - g. Never underestimate the strength of some of the special needs patients
 - h. Stay at arm's length away from the agitated patient
 - i. Only use restraints as a last resort
 - j. Some patients respond to items that provide tactile feedback
5. Transport recommendations:
 - a. A slow, careful transfer with two or more people may be required
 - b. Position of comfort
 - c. Do not attempt to straighten contractures as this may result in a fracture
 - d. Transport family member or caregiver with you if possible; if not possible consider a comfort item (e.g., blanket, toy).
 - e. Transport to the patient's medical “home” hospital if possible

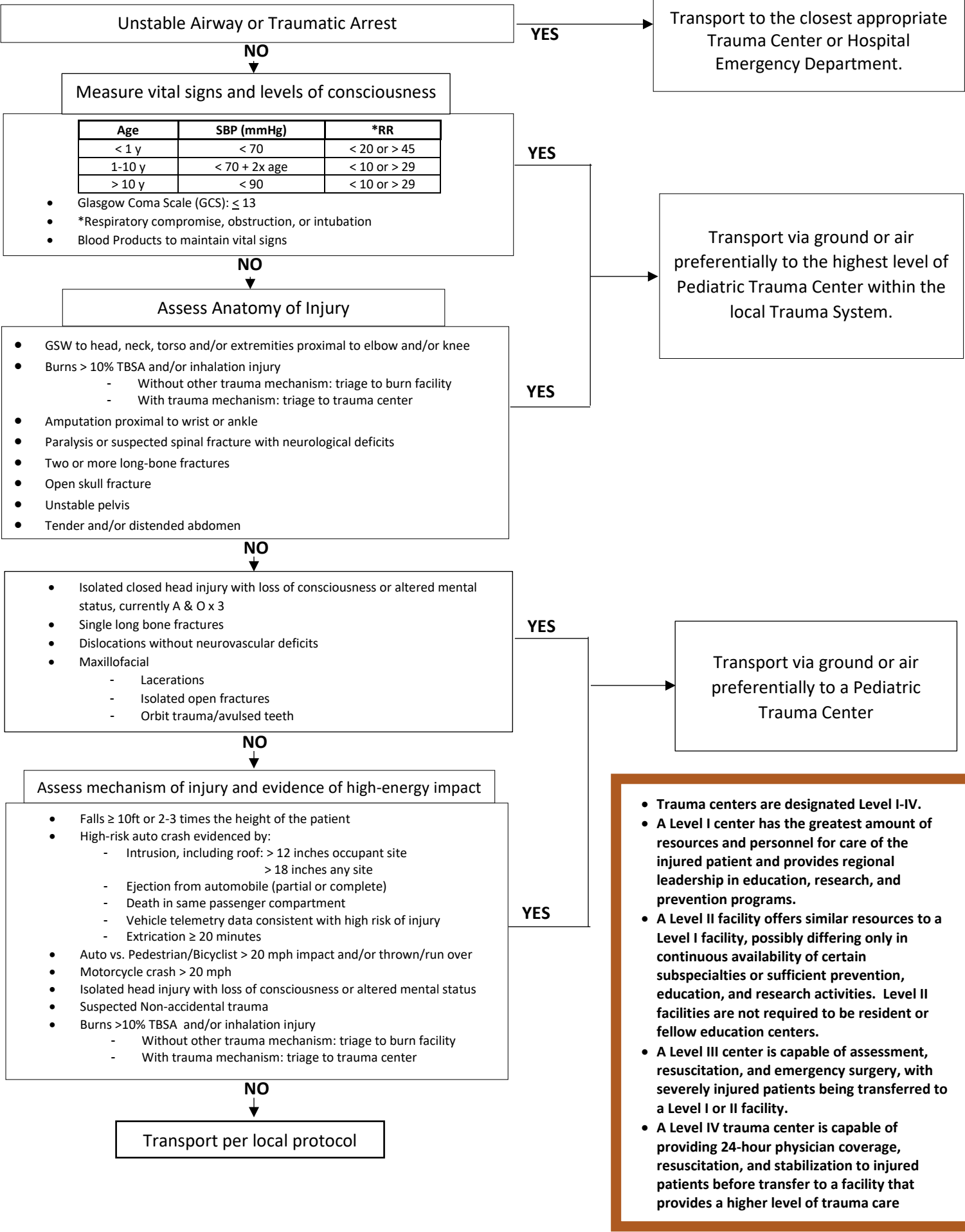
H. Bariatric: Patient habitus does NOT change trauma field triage criteria

1. Agencies need to develop bariatric patient management guidelines
2. Mutual aid inter-agency agreements

3. Equipment:
 - a. Wider stretcher, higher related construction for load handling
 - b. More robust ambulance construction
 - c. Ramp equipment or hoist to load patient into vehicle
 - d. Air mattress for lateral transfers
 - e. Diagnostic equipment to proper fit these patients
- I. **Transfer of Patient Care Info:** The regional standard for Patient Care Report (PCR/ePCR) handoff communication is as follows:
 1. The receiving facility should be notified of patient and patient status prior to EMS arrival.
 2. At the time of transfer of patient care, at a minimum, verbal communication will occur, and a paper short-list and/or electronic draft-report will be delivered.
 3. A final written or electronic full care report will be available within one business day.
 4. *This regional standard expounds upon the minimum requirements set-forth in TDSHS EMS Rule §157.11(m).*



Centers for Disease Control and Prevention. (n.d.). *Guidelines for field triage of injured patients: Recommendations of the national expert panel on Field Triage, 2011*. Centers for Disease Control and Prevention. Retrieved June 8, 2022, from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6101a1.htm>



Centers for Disease Control and Prevention. (n.d.). *Guidelines for field triage of injured patients: Recommendations of the national expert panel on Field Triage, 2011*. Centers for Disease Control and Prevention. Retrieved June 8, 2022, from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6101a1.htm>



For Trauma Transfers Only



*****TRAUMA TRANSFER GUIDELINE*****

As stated in the Trauma Service Area – E Regional Trauma System Plan, this poster should serve as a template for your facility to utilize in the decision-making process regarding what injury patterns seen in trauma patients benefit from a higher level of care and hence an appropriate transfer.

CRITERIA FOR CONDITIONS OF TRANSFER

Neurosurgical:

- Open skull fractures
- Lateralizing signs
- Spinal Cord injuries

Extremity Injuries:

- Fractures with evidence of vascular injury
- Open long bone fractures

Comorbid Issues:

- >55 years old
- Cardiac or respiratory disease
- Pregnancy
- Blood thinners except aspirin

Thoracic:

- Major chest wall injury
- Signs suggesting mediastinal injury
- Continued blood loss from chest injury

Pelvis:

- Unstable pelvic ring fracture
- Pelvic injuries with ongoing evidence of blood loss
- Open pelvic injury

Pediatric:

Age < 15 according to ACS defined criteria

- Intracranial hemorrhage
- Suspected abuse or neglect

Reference ACEP



Multi-System:

- Multiple long bone fractures
- Burns with other associated injuries
- Injury to two or more body systems

SUGGESTED PROCESS FOR TRANSFER

- 1) If you already have transfer agreements with a trauma center, contact them directly per your protocol.
- 2) If you have a victim of trauma that exceeds your capabilities for care (see above criteria) and you have no transfer agreements with a specific trauma center, or they cannot accept your patient, call the transfer center phone number (listed below) associated with the most appropriate destination hospital.

| | |
|--|--------------|
| Baylor Scott & White | 214.820.6444 |
| Baylor University Medical Center (L1) | |
| Baylor Scott & White Medical Center - Grapevine (L2) | |
| Children’s Medical Center Dallas (Pediatric, L1) | 888.730.3627 |
| Cook Children’s Medical Center (Pediatric, L2) | 682.885.3901 |
| John Peter Smith Hospital (L1) | 817.702.8417 |
| Medical City (HCA) | 877.422.9337 |
| Medical City Plano (L1) | |
| Medical City Arlington (L2) | |
| Medical City Denton (L2) | |
| Methodist Dallas Medical Center (L1) | 214.947.4325 |
| Parkland Hospital (L1) | 214.590.6690 |
| Texas Health | 888.730.3627 |
| Texas Health Harris Methodist Hospital Fort Worth (L2) | |
| Texas Health Presbyterian Hospital Dallas (L1) | |
| Texas Health Presbyterian Hospital Plano (L2) | |

- 3) EMResource, a web-based (www.NCTTRAC.org) regional medical capabilities application, is available to assist you in determining current capabilities at hospitals near you. Please contact NCTTRAC staff at (817) 608-0390 or NCTTRAC_EMCC@ncttrac.org for assistance with access credentials if needed.

1. Introduction

1.1 Purpose

1.1.1 The TSA-E Regional EMResource Policies and Procedures document dictates EMResource use in Trauma Service Area E. It defines relevant terms, lays out how resources are organized, describes how the application is administered, defines the status types and their status options, and identifies system performance measures for both individual organizations and regional use.

1.2 Administrative Support

1.2.1 The TSA-E Regional EMResource Policies and Procedures document will be reviewed and updated annually. All revisions and review activities will be noted in the Record of Changes in the front of the document.

2. EMResource Overview

2.1 EMResource General Concept of Operations

2.1.1 EMResource serves as the primary day-to-day information sharing platform in the emergency healthcare system within Trauma Service Area E. It has 3 central functions:

- 2.1.1.1 Capabilities Database
- 2.1.1.2 Daily Status Updates
- 2.1.1.3 Event Notifications

2.2 Capabilities Database

2.2.1 EMResource allows healthcare facilities and EMS agencies to list their normal operating capabilities. For healthcare facilities, these typically involve clinical service provision – can this facility take burn patients, does it have inpatient psychiatric capabilities, etc. For EMS agencies, these typically involve response capabilities – can this EMS agency provide critical care transport services, can it perform swift water rescues, etc. Service capabilities are generally updated on an as-needed basis as opposed to on a regular schedule.

2.3 Daily Status Updates

2.3.1 EMResource allows hospitals to update certain statuses on a daily basis (or more frequently as needed). This ensures that EMS agencies transporting patients and other healthcare facilities looking to transfer patients can make well-informed patient destination decisions. Statuses with daily (or more frequent) update requirements are listed below.

2.3.1.1 Hospital Intake Status – hospitals report on the current status of their Emergency Department’s ability to take patients. An “Open” status should be updated every 24 hours; an “Advisory - Capability” status should be updated every 4 hours; a “Closed” status or “Advisory – ED Surge” status should be updated every 2 hours.

2.3.1.2 NEDOCS – hospitals use the National Emergency Department Overcrowding Score to provide regional partners with a quantifiable ED saturation level. The higher the NEDOCS, the busier the ED, and generally the longer that EMS will have to wait to offload a patient. NEDOCS should be updated every 6 hours.

- 2.3.1.3 ED Psych Holds – hospitals report the number of psych holds in their Emergency Department. This allows emergency response units transporting psychiatric patients to make informed patient destination decisions that ensure the psychiatric patient receives treatment in a timely manner. The more ED Psych Holds, the longer it will take for that psychiatric patient to receive proper treatment.
- 2.3.1.4 Bed Availability Reporting – hospitals report the number of available beds in their facility according to the state and federal hospital bed reporting requirements. These numbers should be updated at least once every 24 hours – since March of 2020, there have been federal and state requirements for hospitals to update this information every 24 hours.
- 2.3.1.5 Flight Availability Status – air medical units report on their availability and location. Air Evac, PHI, and Careflite have linked their CAD systems with EMResource to ensure that these updates occur in real time.
- 2.4 Event Notifications
 - 2.4.1 EMResource allows any user to publish an event notification that sends email and text alerts to other EMResource users. These are most commonly used for events that affect the emergency healthcare system in TSA-E (such as hospital construction requiring ambulance traffic to take an alternate route), but are also used in emergencies to notify the emergency healthcare system about mass casualty incidents, region wide or statewide bed reports, or severe weather.
- 2.5 EMResource Funding
 - 2.5.1 EMResource is funded at the state level through the Hospital Preparedness Program (HPP) as managed by the Department of State Health Services (DSHS). DSHS charges HPP grantees in each Trauma Service Area (TSA) with regional EMResource administrative duties (NCTTRAC is the HPP grantee for TSA-E). Additional EMResource enhancements in TSA-E are funded on a case-by-case basis, but generally the HPP is the first funding stream considered for regional EMResource enhancements.
- 2.6 EMResource Administration
 - 2.6.1 EMResource is administered regionally by NCTTRAC. NCTTRAC employs one primary EMResource Regional Administrator and multiple secondary EMResource Regional Administrators. Questions about regional EMResource administration should be directed to NCTTRAC_EMCC@ncttrac.org. Regional EMResource use is overseen by the NCTTRAC Board of Directors, who may create an EMResource Workgroup as needed to tackle specific tasks. Additional EMResource oversight is provided by the Regional Emergency Preparedness Committee (REPC) and all NCTTRAC clinical committees.
 - 2.6.2 EMResource is administered at the statewide level by the Department of State Health Services (DSHS). DSHS maintains a team of multiple EMResource Statewide Administrators who help coordinate EMResource use throughout Texas. DSHS may require certain data elements to be added to EMResource and/or they may set reporting requirements based on federal or state guidance; in such cases, NCTTRAC will work to identify common data elements to reduce redundant reporting requirements whenever possible.

2.6.3 EMResource is owned by the private company Juvare. Certain administrative actions are only available to Juvare employees. Juvare employs Client Success Managers to support the EMResource Statewide Administrators and the EMResource Regional Administrator.

2.7 EMResource Access

2.7.1 Any individual who is associated with an emergency healthcare facility or organization can access EMResource using a unique username and password. Individuals who need to have an EMResource account created should follow these steps:

2.7.1.1 Go to <http://support.ncttrac.org/Main/frmTickets.aspx>

2.7.1.2 Click “Start Ticket”

2.7.1.3 In the “Department” drop-down menu, select “Crisis Applications – New Account Request (TSA-E/DFW Region).”

2.7.1.4 Fill in the required fields and click “Submit”.

2.7.2 NCTTRAC staff will create user accounts based on the information provided in the support ticket. After an account is created, NCTTRAC staff will send an email to the individual containing their username, password, and links to basic training resources. Individuals must provide an email address that is associated with an emergency healthcare facility or organization - @gmail.com, @outlook.com, etc. will not be accepted.

2.7.3 All users must have a unique username and password and should not share that information with anyone else. The only exception to this policy is for EMS dispatch centers, who may have one generic log-in with view-only access. The password to such an account must be changed at least once per year. EMS agencies are still expected to have at least one user with permission to update statuses and create events on-staff at all times.

3. EMResource Regional Participation Standards

3.1 In order to improve EMResource utilization and ensure data validity, TSA-E has adopted the following participation standards:

3.2 Hospitals

3.2.1 Healthcare facilities must ensure that at least one person with EMResource access is on-site 24/7.

3.2.2 Hospitals must update their “Hospital Intake Status” at least once every 24 hours if the status is “Open”, once every 4 hours if the status is “Advisory – Capability”, and every 2 hours if the status is “Closed” or “Advisory – ED Surge”.

3.2.3 Hospitals must update their “Psych ED Holds” number at least once every 6 hours.

3.2.4 Hospitals must update their “NEDOCS” status at least once every 6 hours.

3.2.5 Hospitals must update their Bed Availability numbers at least once every 24 hours.

3.2.6 Hospitals must update specific service line status types as needed. If a hospital sets a service line status type to “Unavailable” (or any other equivalent indicating a temporary outage or issue), the hospital must update that service line status every 4 hours.

3.2.7 Hospitals must update their EMResource point of contact information annually or as the contact information changes.

- 3.2.8 Hospitals must review the list of EMResource users associated with their facility and contact NCTTRAC with information on any necessary changes. Hospitals must complete this process annually or as users change over.
- 3.3 EMS Agencies
- 3.3.1 EMS Agencies must ensure that at least one person with EMResource access is on-shift 24/7.
- 3.3.2 EMS Agencies must have a method to monitor EMResource for hospital status information. This can include active monitoring of EMResource via computer or mobile application, or it can include relevant status change notifications being sent to EMS Agency staff.
- 3.3.2.1 EMS Agencies must review their service line statuses and make any necessary changes at least annually
- 3.3.3 EMS Agencies must update their EMResource point of contact information annually.
- 3.3.4 EMS Agencies must review the list of EMResource users associated with their agency and contact NCTTRAC with information on any necessary changes. EMS Agencies must complete this process annually.
- 3.4 Status Update Matrix

| Every 2 Hours | Every 4 Hours | Every 6 Hours | Every 24 Hours | As Needed |
|---|---|----------------|---------------------------------|-----------------------|
| Hospital Intake Status: Closed | Hospital Intake Status: Advisory - Capability | NEDOCS | Hospital Intake Status: Open | Service Line Statuses |
| Hospital Intake Status: Advisory – ED Surge | Service Line Statuses marked “Unavailable” | Psych ED Holds | All Bed Availability Categories | |
| | Service Line Statuses marked “Unavailable” | | | |

4. EMResource Organization & Views

- 4.1 General Organization
- 4.1.1 All resources in EMResource are assigned a Resource Type. Resource Type is determined by a resource’s county of residence and by how a resource is licensed according to the Department of State Health Services (DSHS) Licensure Lists. DSHS Licensure Lists can be found at <https://www.dshs.texas.gov/facilities/find-a-licensee.aspx> for medical facilities and at <https://www.dshs.texas.gov/emstraumasystems/formsresources.shtm#OpenRecords> for EMS agencies/First Responder Organizations (FROs).
- 4.1.2 Resource Types use the following naming convention: Z# - Name County Provider Type. The # is the NCTTRAC zone that the county falls into, County is the resource’s county of residence, and the Provider Type is a resource’s provider type as licensed by DSHS.

4.1.3 For example, hospitals in Collin County are listed in Resource Type “Z5 – Collin County Hospitals”. NCTTRAC zones and their composite counties are listed on the following page.

Zone 1

- Cooke County
- Fannin County
- Grayson County

Zone 2

- Denton County
- Wise County

Zone 3

- Palo Pinto County
- Parker County

Zone 4

- Ellis County
- Kaufman County
- Navarro County

Zone 5

- Collin County
- Hunt County
- Rockwall County

Zone 6

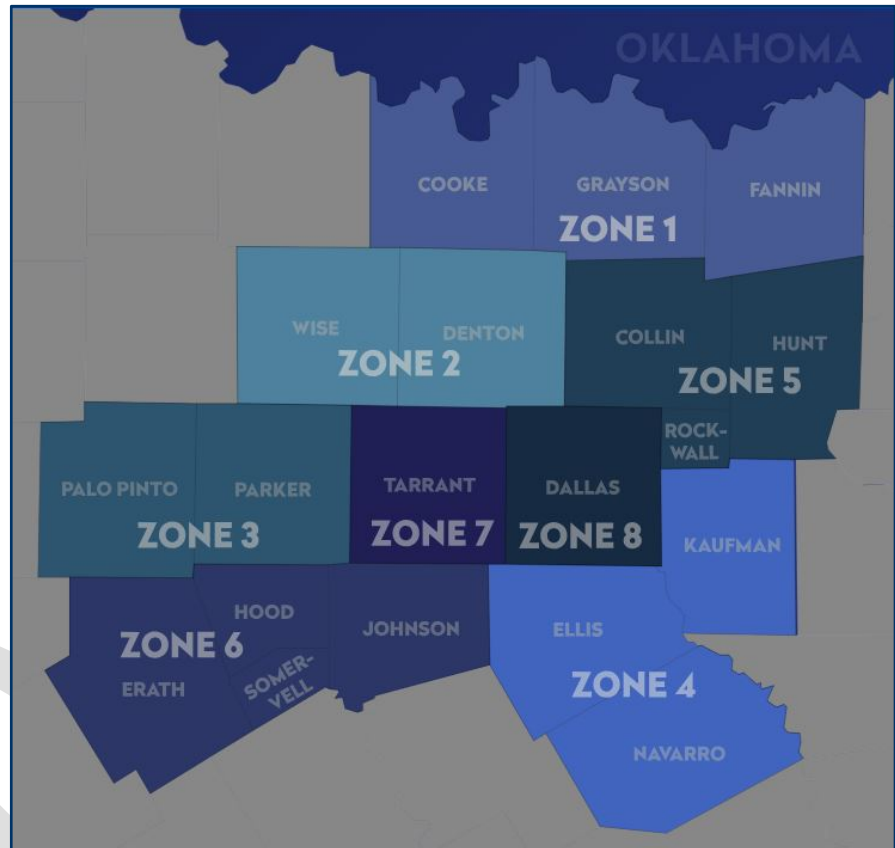
- Erath County
- Hood County
- Johnson County
- Somervell County

Zone 7

- Tarrant County

Zone 8

- Dallas County



4.1.4 Each county has five Resource Types. For example, Dallas County has the following Resource Types: “Z8 - Dallas County Hospitals”; “Z8 – Dallas County Special Facilities”; “Z8 – Dallas County LTC”; “Z8 – Dallas County EMS”; and “Z8 – Dallas County FROs”. An explanation of how resources are divided into their county-based Resource Type can be found below.

4.1.4.1 County Hospitals

4.1.4.1.1 The “County Hospitals” Resource Types is composed of facilities that appear in the DSHS “Directory of General and Specialty Hospitals” that have both “General Hospital” and “Emergency Department” in their “Designation/Services/Accreditation” column.

4.1.4.2 County Specialty Facilities

4.1.4.2.1 The “County Specialty Facilities” Resource Types is composed of facilities that meet one or more of the following criteria:

- 4.1.4.2.2 Facilities that appear in the DSHS “Directory of General and Specialty Hospitals” that have the following listed in their “Designation/Services/Accreditation column”:
 - 4.1.4.2.3 “Special Hospital” and “Mental Health Services”
 - 4.1.4.2.4 “Comprehensive Medical Rehabilitation”
 - 4.1.4.2.5 “Comprehensive Rehab Services” WITHOUT “General Hospital” and “Emergency Department”
 - 4.1.4.2.6 “Long-Term Acute Care”
 - 4.1.4.2.7 “Pediatric” WITHOUT “General Hospital” and “Emergency Department”
 - 4.1.4.2.8 “Special Hospital”
 - 4.1.4.2.9 Facilities that appear in the DSHS “Directories of Ambulatory Surgical Centers”
 - 4.1.4.2.10 Facilities that appear in the DSHS “Directory of Private Psychiatric Hospitals”
- 4.1.4.3 County Long-Term Care Facilities
 - 4.1.4.3.1 The “County Long-Term Care Facilities” is composed of Assisted Living Facilities (ALF), Skilled Nursing Facilities (SNF), and ICF/IID facilities.
- 4.1.4.4 County EMS Agencies
 - 4.1.4.4.1 The “County EMS Agencies” Resource Types is composed of agencies that appear in the DSHS “EMS Providers Agencies” list.
- 4.1.4.5 County FROs
 - 4.1.4.5.1 The “County FROs” Resource Types is composed of agencies that appear in the DSHS “EMS First Responder Organizations” list.
- 4.1.5 There are also Resource Types for individual vehicles or assets. These Resource Types are listed below:
 - 4.1.5.1 Aeromedical
 - 4.1.5.1.1 The “Aeromedical” Resource Type is composed of individual air medical units located within TSA-E. Air medical units that are based outside of TSA-E but provide services within TSA-E will also be included in the “Aeromedical” Resource Type whenever possible.
 - 4.1.5.2 AMBUS
 - 4.1.5.2.1 The “AMBUS” Resource Type is composed of individual AMBUS units located within TSA-E. AMBUSes are part of the Emergency Medical Task Force (EMTF) program, and AMBUS host agencies update EMResource with changes in AMBUS deployment status.
 - 4.1.5.3 Mass Fatality Trailers
 - 4.1.5.3.1 The “Mass Fatality Trailers” Resource Type is composed of individual Mass Fatality Trailers (MFTs) located within TSA-E that were purchased with Hospital Preparedness Program (HPP) funds. A Mass Fatality Trailer is a refrigerated trailer that can hold up to 20 deceased bodies during a Mass Fatality event.
 - 4.1.5.4 MERC Trailers

4.1.5.4.1 The “MERC Trailers” Resource Type is composed of individual Mobile Emergency Response Communications (MERC) Trailers that were purchased with HPP funds. A MERC Trailer is a towable trailer that contains a variety of communications equipment to be used during a communications failure.

4.1.6 Resources that do not fit any of the criteria above will be assigned the Resource Type that best fits. This will be determined by the EMResource Regional Administrator with input from the EMResource Workgroup (when meeting), the Regional Emergency Preparedness Committee (REPC), and the NCTTRAC Emergency Department Operations Committee.

4.2 Region Default View

4.2.1 The Region Default view is the standard view for EMResource in TSA-E. When new users log-in, the Region Default view is the first thing they see. The Region Default view Resource Type structure is listed below.

- Aeromedical
- Z8 – Dallas County Hospitals
- Z7 – Tarrant County Hospitals
- Z6 – Erath County Hospitals
- Z6 – Hood County Hospitals
- Z6 – Johnson County Hospitals
- Z6 – Somervell County Hospitals
- Z5 – Collin County Hospitals
- Z5 – Hunt County Hospitals
- Z5 – Rockwall County Hospitals
- Z4 – Ellis County Hospitals
- Z4 – Kaufman County Hospitals
- Z4 – Navarro County Hospitals
- Z3 – Palo Pinto County Hospitals
- Z3 – Parker County Hospitals
- Z2 – Denton County Hospitals
- Z2 – Wise County Hospitals
- Z1 – Cooke County Hospitals
- Z1 – Fannin County Hospitals
- Z1 – Grayson County Hospitals

4.2.2 The Region Default view Status Types structure is listed below.

4.2.2.1 The “Aeromedical” Resource Type shows the following Status Types as columns on the Region Default view:

- Flight Availability Status
- Comments
- Last Update Time

4.2.2.2 The “County Hospitals” Resource Types show the following Status Types as columns on the Region Default view:

- Hospital Intake Status
- NEDOCS
- Psych ED Holds
- Phone: Transfer Line

- DSHS Trauma Designation
- DSHS Stroke Designation
- Status: MedSurg
- Status: ICU
- Status: 24/7 STEMI
- Status: OB/L&D
- Status: SAFE-Ready
- Status: Bariatric CT/MRI
- Comment

4.3 Resource Detail View

4.3.1 The Resource Detail view shows each status associated with an individual resource. It also shows basic resource information (such as name, point of contact, and address), contains a map that shows the resource's location, and has a list of all users who are associated with that resource.

4.4 Map

4.4.1 The EMResource Map view shows each resource in the system plotted on a map. Events that have been created with addresses will also appear on the map. Users can filter out which resources they want to see using the "Standard Resource Type" filters on the right side of the screen. By default, the TSA-E EMResource Map view shows Aeromedical resources. After setting their own filters, users can then save their map so that those filters appear each time that user opens the map.

4.4.2 Resource icons on the Map change colors based on that resource's current status in their Default Status Type. For example, Aeromedical resource icons will appear green if the unit is "Available At", red if the unit is "Unavailable", and yellow if the unit is "Delayed At" or "Limited Availability".

4.5 TSA-E: Deployable Assets View

4.5.1 The TSA-E: Deployable Assets view shows the deployment status of each deployable resource that was purchased with HPP funds. The Resource Type and Status Type structures are detailed below.

4.5.1.1 AMBUS

- Deployment Status
- 24/7 Point of Contact
- Comments
- Last Update Time

4.5.1.2 Mass Fatality Trailers

- Deployment Status
- 24/7 Point of Contact
- Comments
- Last Update Time

4.5.1.3 MERC Trailers

- Deployment Status
- 24/7 Point of Contact
- Comments
- Last Update Time

4.6 Custom Views

4.6.1 Each EMResource user has the ability to create a custom view that only applies to their individual user account. Within this custom view, users can decide what resources and what statuses they need to see and organize them in whichever way they see fit. Instructions on how to set up an individual custom view can be found in the “Basic Orientation – Custom Views” video found on the NCTTRAC website at the following link: <https://ncttrac.org/programs/healthcare-coalition-hpp/tsa-e/emcc/crisis-applications/>.

4.7 Additional Views

4.7.1 Details regarding additional EMResource views can be found in Section VIII, Additional Views, at the end of this document.

5. Status Types and Definitions

5.1 Healthcare Facilities Status Types

5.1.1 COVID-19 Hospital Data Reporting Fields/Statuses

5.1.1.1 Since March of 2020, the state and federal governments have imposed a wide variety of COVID-19 reporting requirements on hospitals. In Texas, hospitals report data to meet these requirements in EMResource. To find the most current version of the required COVID-19 Hospital Data Reporting fields, please visit the [COVID-19 page on the NCTTRAC website](#).

5.1.1 Hospital Intake Status

5.1.1.1 Reflects the current status of a hospital’s Emergency Department. Should be updated at least once every 24 hours if the status is “Open”, at least once every 4 hours if the status is “Advisory – Capability”, and at least once every 2 hours if the status is “Advisory – ED Surge” or “Closed”. Is also used by facilities without Emergency Departments to indicate overall facility status.

5.1.1.2 Facilities can select from the following status options. Definitions for each status option are provided.

5.1.1.2.1 Open: The ED is open and accepting patients with no limitations.

5.1.1.2.2 Advisory - Capability: Hospital is advising EMS about a clinical service closure so that EMS can make an informed decision regarding patient destinations. Hospitals may still receive EMS patients in order to provide immediate stabilization.. Reason for the Advisory and an ETA to normal operations is mandatory for the comments section. NEDOCS should be updated at the same time. This status option must be updated at least once every 4 hours. Hospitals must select one or more of the following status reasons: “Trauma”, “Stroke”, “STEMI”, or “Other – see comments”. Other examples for when this status is appropriate include (but are not limited to) the following: lack of CT due to a tube failure, Trauma surgeon unavailable, no, OR available for emergent cases, Cath lab unavailable.

5.1.1.2.3 Advisory – ED Surge: Hospital is advising EMS about extended off-load times due to current census and throughput status of the ED so that EMS can make an informed decision regarding patient destinations. This is the status that hospitals should select if they

are dealing with patient numbers that exceed their capacity. Hospitals may still receive EMS patients. This status option must be updated at least once every 2 hours. Comments are mandatory and NEDOCS should be updated at the same time. Examples for when this status is appropriate include (but are not limited to) the following: the ED has a NEDOCS in a Severe or Disaster status for a prolonged period of time, the ED is holding multiple inpatients requiring monitoring and average EMS offload times are greater than 20 minutes, a large influx of patients in a short amount of time has drastically increased EMS offload times.

- 5.1.1.2.4 Closed: The ED is experiencing an internal disaster or facility emergency that is preventing them from safely receiving patients. This facility cannot accept EMS patients. This status option is not to be used for patient surge and should not be used to address internal staffing issues. Comments are mandatory. This status option must be updated at least once every 2 hours. Examples for when this status is appropriate include (but are not limited to) the following: fire, flooding, power outage, water shortage, structural damage, internal disaster, external disaster.

5.1.2 NEDOCS

- 5.1.2.1 The National Emergency Department Overcrowding Score (NEDOCS) is the global standard for measuring patient throughput, helping hospitals measure capacity and reduce overcrowding. This saturation score takes a variety of factors into account to calculate the final score. Update every 6 hours.

- 5.1.2.2 Hospitals enter the following factors to calculate their NEDOCS. These variables are defined by the NEDOCS Organization and can be found at the following link: <https://www.nedocs.org/News/Article/NEDOCS-Variables-and-Definitions>

- 5.1.2.2.1 Number of ED Patients: The total number of patients in the ED. Includes all patients who have walked in the door, but have not been discharged. Includes patients in the waiting rooms, and waiting admits in the ED.

- 5.1.2.2.2 Number of ED Admits: Count all admits waiting for a bed in the ED. Patients moved away from ED to inpatient holding areas should not be counted. Count all ED admits/rollovers/holdovers waiting in ED care for an inpatient bed.

- 5.1.2.2.3 Last Door-to-Bed Time (hours; ex 1.25): Door-to-bed time for the last patient to receive a bed. For example: if you're measuring at 1300 hrs. and the last patient to be placed in a bed was at 1255 hrs, count that patient's door – bed time. When measuring NEDOCS at 1400 hrs, count the person who received the bed last, between 1300 – 1400 hrs. If no one was placed in a bed during 1300 and 1400 hrs, count the patient who received bed at 1255 hrs. Always count the most recent patient's door-bed time. 15 minute increments; for example, enter 2.25 for 2 ¼ hours.

- 5.1.2.2.4 Number of Critical Care Patients in ED: Count the number of patients in 1:1 care. Includes ventilators, ICU admits, critical care patients, trauma patients, and sometimes includes psych holds. Typically a site specific variable, which should include all patients who require a one-to-one nurse care.
- 5.1.2.2.5 Longest ED Admit (hours; ex. 1.25): Count the longest holdover, admit waiting for an inpatient bed in the ED. If four patients are waiting for an inpatient bed, count the patient waiting longest. Time to admit starts upon decision to admit. Decision to admit typically a joint decision between ED and admitting physician. 15 minute increments; for example, enter 2.25 for 2 ¼ hours
- 5.1.2.2.6 Number of ED Beds: Total number of gurneys, chairs, and other treatment benches in use, or staffed. Includes hallways and chairs that are opened up. Do not include un-staffed beds, such as beds in closed areas at night, or un-staffed beds at slow times.
- 5.1.2.2.7 Number of Inpatient Beds (excluding PEDS and OB): Count all inpatient beds regularly staffed. Can differ from licensed IP beds, if some licensed beds virtually not staffed, or staffed in disaster. Count holding beds, including observation beds.
- 5.1.2.3 The final NEDOCS falls into one of 5 categories based on severity. These categories and their score ranges are listed below.
 - Normal (0 – 50)
 - Busy (51 – 100)
 - Overcrowded (101 – 140)
 - Severe (141 – 180)
 - Disaster (181 or higher)
- 5.1.3 Phone: Emergency Department - the direct phone line to contact this facility's emergency department.
- 5.1.4 Phone: House Supervisor - the direct phone line to contact this facility's house supervisor.
- 5.1.5 Command Center Activation Status
 - 5.1.5.1 Reflects the current activation status of a facility's command center. All activations must list a command center point of contact in the comments. Should be updated as needed.
 - 5.1.5.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.5.2.1 Activated: This facility's command center is currently activated. You must list a command center point of contact in the comments. This status option must be updated once every 24 hours.
 - 5.1.5.2.2 Partially Activated: This facility's command center is currently partially activated. You must list a command center point of contact in the comments. This status option must be updated once every 24 hours.
 - 5.1.5.2.3 Not Activated: This facility's command center is currently not activated.
- 5.1.6 Critical Utilities Availability

- 5.1.6.1 Reflects the current status of a facility's critical utilities. If a utility failure occurs, specific details must be noted in the comments. Should be updated as needed.
- 5.1.6.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.6.2.1 Available: This facility has all critical utilities fully available and has no needs.
 - 5.1.6.2.2 Partial Failure: This facility is experiencing a partial utilities failure. Specifics should be noted in the comments. This status option must be updated at least once every 24 hours.
 - 5.1.6.2.3 Total Failure: This facility is experiencing a total utilities failure. Specifics should be noted in the comments. This status option must be updated at least once every 24 hours.
- 5.1.7 DSHS Maternal Designation
 - 5.1.7.1 Reflects the facility's current DSHS Maternal Level of Care Designation as shown on the DSHS Level of Care Designation list. This status can only be changed by an EMResource Regional Administrator. The EMResource Regional Administrator will validate this status for all facilities on a monthly basis. Facilities should contact support@ncttrac.org if they think that their current designation status is in error.
 - 5.1.7.2 The following status options are available:
 - I: Basic
 - II: Specialty
 - III: Subspecialty
 - IV: Comprehensive
- 5.1.8 DSHS Neonatal Designation
 - 5.1.8.1 Reflects the facility's current DSHS Neonatal Designation as shown on the DSHS Neonatal Designation list. This status can only be changed by an EMResource Regional Administrator. The EMResource Regional Administrator will validate this status for all facilities on a monthly basis. Facilities should contact support@ncttrac.org if they think that their current designation status is in error.
 - 5.1.8.2 The following status options are available:
 - I: Well Nursery
 - II: Special Care Nursery
 - III: Intensive Care
 - IV: Adv. Intensive Care
- 5.1.9 DSHS Stroke Designation
 - 5.1.9.1 Reflects the facility's current DSHS Stroke Designation as shown on the DSHS Stroke Designation list. This status can only be changed by an EMResource Regional Administrator. The EMResource Regional Administrator will validate this status for all facilities on a monthly basis. Facilities should contact support@ncttrac.org if they think that their current designation status is in error.
 - 5.1.9.2 The following status options are available:
 - I: Comprehensive

- II: Primary
- III: Support
- 5.1.10 DSHS Trauma Designation
 - 5.1.10.1 Reflects the facility's current DSHS Trauma Designation as shown on the DSHS Trauma Designation list. This status can only be changed by an EMResource Regional Administrator. The EMResource Regional Administrator will validate this status for all facilities on a monthly basis. Facilities should contact support@ncttrac.org if they think that their current designation status is in error.
 - 5.1.10.2 The following status options are available:
 - I: Comprehensive
 - II: Major
 - III: Advanced
 - IV: Basic
- 5.1.11 Facility Type
 - 5.1.11.1 Shows the type of facility for each resource. Can only be updated by the EMResource Regional Administrator.
 - 5.1.11.2 The following status options are available:
 - General Hospital
 - Free-Standing ED
 - Psychiatric Facility
 - ASC
 - Long-Term Acute Care
 - Rehab Facility
 - Specialty Facility
 - Nursing Home
 - Assisted Living Facility
 - ICF/IID
 - Specialty – Pediatric
 - Specialty – Cardiac
 - Specialty – Orthopedics
- 5.1.12 Available Staffed Bed Categories
 - 5.1.12.1 Available Staffed bed categories indicate the current number of available beds of a particular type with the staffing, supplies, and equipment necessary to take care of a patient. In other words, "This is the number of this type of patient that my facility can currently accept."
 - 5.1.12.3
 - 5.1.12.3.1 Available Staffed ED Beds – Number of staffed available beds in the Emergency Department. Do not include occupied beds.
 - 5.1.12.3.2 Available Staffed Med/Surge – Number of staffed available adult MedSurg beds capable of treating adult patients who do not require intensive care. Do not include occupied beds.
 - 5.1.12.3.3 Available Staffed Telemetry Beds – Number of staffed available telemetry beds. Do not include occupied beds. Do not double count beds that were reported as available in other categories.

- 5.1.12.3.4 Available Staffed Adult ICU – Number of staffed available adult ICU beds capable of supporting critically ill patients, including patients with or without ventilator support. Do not include occupied beds.
- 5.1.12.3.5 Available Staffed Pediatric Beds – Number of staffed available pediatric MedSurg beds capable of treating pediatric patients who do not require intensive care. Do not include occupied beds. This count excludes NICU, newborn nursery beds, and outpatient surgery beds.–
- 5.1.12.3.6 Available Staffed Pediatric ICU (PICU) – Number of staffed available pediatric ICU beds capable of supporting critically ill pediatric patients, including patients with or without ventilator support. Do not include occupied beds. This count excludes NICU, newborn nursery beds, and outpatient surgery beds. Note: all pediatric ICU beds should be considered regardless of the unit on which the bed is housed. This includes ICU beds located in non-ICU locations, such as mixed acuity units.
- 5.1.12.3.7 Available Staffed NICU Beds – The number of telemetry-capable Neonatal ICU beds with the staffing, supplies, and equipment currently available to treat ill or premature newborn infants. Should not include beds that are currently occupied.
- 5.1.12.3.8 Available Staffed Burn Beds – Number of staffed available burn beds (approved by the American Burn Association or self-designated). These beds should not be included in other ICU bed counts. Do not include occupied beds.
- 5.1.12.3.9 Available Staffed Psychiatric Beds – Number of staffed available beds on a psychiatric unit. Do not include occupied beds.
- 5.1.12.3.10 Available Staffed Neg Pressure Isolation – Number of staffed available beds that can provide respiratory isolation through negative pressure airflow. Do not include these beds in other bed availability categories. Do not include occupied beds.
- 5.1.12.3.11 Available Staffed Outpatient Beds – Number of staffed available outpatient beds. Do not include occupied beds.
- 5.1.12.3.12 Available Staffed Observation Beds – Number of staffed available observation beds. Do not include occupied beds.
- 5.1.12.3.13 Overflow and Surge Beds – Additional staffed beds that can be utilized if necessary within the walls of the hospital. Could also be called Available Staffed Surge Beds Located in Inpatient and/or Overflow Areas. Do not double-count beds; if you reported an overflow or surge bed in another available bed field, do not report it here.
- 5.1.12.3.14
- 5.1.12.3.15
- 5.1.12.3.16

- 5.1.12.3.17
- 5.1.12.3.18
- 5.1.12.3.19
- 5.1.12.5 MCI Patient Surge Capacities
 - 5.1.12.5.1 MCI Green - The facility's capacity for additional victims with minor needs.
 - 5.1.12.5.2 MCI Yellow - The facility's capacity for additional victims with delayed needs.
 - 5.1.12.5.3 MCI Red - The facility's capacity for additional victims with immediate needs.
 - 5.1.12.5.5 MCI Black - The facility's capacity for additional deceased victims.
- 5.1.12.6 Ventilator/BiPAP Availability
 - 5.1.12.6.1 Available Adult Vents – Total number of adult ventilators available, to include adult ventilators that are capable of ventilating a pediatric patient. Any device used to support, assist, or control respiration through the application of positive pressure to the airway when delivered via an artificial airway.
 - 5.1.12.6.2 Available Pedi Vents – Total number of pediatric specific ventilators available, not to include pediatric ventilators that can also be used as adult ventilators. Any device used to support, assist, or control respiration through the application of positive pressure to the airway when delivered via an artificial airway.
 - 5.1.12.6.3
- 5.1.13 NICU Transfer Line
 - 5.1.13.1 Shows the phone number to call if you need to transfer a NICU patient to this facility.
 - 5.1.13.2 This is a text-entry field.
- 5.1.14 OB Transfer Line
 - 5.1.14.1 Shows the phone number to call if you need to transfer an OB patient to this facility.
 - 5.1.14.2 This is a text-entry field.
- 5.1.15 Psych ED Holds
 - 5.1.15.1 Reflects the current number of psych holds in a facility's emergency department. Psych holds are defined as patients who have undergone a medical screening exam and mental health evaluation and are awaiting transfer or admission for inpatient psychiatric care.
 - 5.1.15.2 This status is a numeric entry field.
 - 5.1.15.3 The "Psych ED Holds" status should be updated at least once every 24 hours. It will be marked "Overdue" after 24 hours without an update.
- 5.1.16 Psych: Adult
 - 5.1.16.1 Reflects the current status of a facility's ability to provide inpatient adult psychiatric services. Should be updated as needed.
 - 5.1.16.2 Facilities can select from the following status options. Definitions for each status option are provided.

- 5.1.16.2.1 Available: This facility currently has inpatient adult psychiatric availability.
- 5.1.16.2.2 Unavailable: This facility temporarily has no inpatient adult psychiatric availability. Comments are mandatory. This status option must be updated every 4 hours.
- 5.1.16.2.3 Not Provided: This facility does not provide inpatient adult psychiatric services.
- 5.1.17 Psych: Adolescent
 - 5.1.17.1 Reflects the current status of a facility's ability to provide inpatient adolescent psychiatric services. Should be updated as needed.
 - 5.1.17.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.17.2.1 Available: This facility currently has inpatient adolescent psychiatric availability.
 - 5.1.17.2.2 Unavailable: This facility temporarily has no inpatient adolescent psychiatric availability. Comments are mandatory. This status option must be updated every 4 hours.
 - 5.1.17.2.3 Not Provided: This facility does not provide inpatient adolescent psychiatric services.
- 5.1.18 Psych: Pediatric
 - 5.1.18.1 Reflects the current status of a facility's ability to provide inpatient pediatric psychiatric services. Should be updated as needed.
 - 5.1.18.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.18.2.1 Available: This facility currently has inpatient pediatric psychiatric availability.
 - 5.1.18.2.2 Unavailable: This facility temporarily has no inpatient pediatric psychiatric availability. Comments are mandatory. This status option must be updated every 4 hours.
 - 5.1.18.2.3 Not Provided: This facility does not provide inpatient pediatric psychiatric services.
- 5.1.19 Psych: Adult Chem. Dep.
 - 5.1.19.1 Reflects the current status of a facility's ability to provide inpatient adult chemical dependency psychiatric services. Should be updated as needed.
 - 5.1.19.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.19.2.1 Available: This facility currently has inpatient adult chemical dependency psychiatric availability.
 - 5.1.19.2.2 Unavailable: This facility temporarily has no inpatient adult chemical dependency psychiatric availability. Comments are mandatory. This status option must be updated every 4 hours.
 - 5.1.19.2.3 Not Provided: This facility does not provide inpatient adult chemical dependency psychiatric services.
- 5.1.20 Psych: Adolescent Chem. Dep.

- 5.1.20.1 Reflects the current status of a facility's ability to provide inpatient adolescent chemical dependency psychiatric services. Should be updated as needed.
- 5.1.20.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.20.2.1 Available: This facility currently has inpatient adolescent chemical dependency psychiatric availability.
 - 5.1.20.2.2 Unavailable: This facility temporarily has no inpatient adolescent chemical dependency psychiatric availability. Comments are mandatory. This status option must be updated every 4 hours.
 - 5.1.20.2.3 Not Provided: This facility does not provide inpatient adolescent chemical dependency psychiatric services.
- 5.1.21 Service: Neonatal Transport
 - 5.1.21.1 Reflects the current status of a facility's ability to provide Neonatal Transport services. Should be updated as needed.
 - 5.1.21.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.21.2.1 Available: This facility can currently provide Neonatal Transport services.
 - 5.1.21.2.2 Unavailable: This facility is temporarily unable to provide Neonatal Transport services. Comments are mandatory. This status option must be updated at least once every 4 hours.
 - 5.1.21.2.3 Not Provided: This facility does not provide Neonatal Transport services.
- 5.1.22 Service: OB Transport
 - 5.1.22.1 Reflects the current status of a facility's ability to provide OB Transport services. Should be updated as needed.
 - 5.1.22.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.22.2.1 Available: This facility can currently provide OB Transport services.
 - 5.1.22.2.2 Unavailable: This facility is temporarily unable to provide OB Transport services. Comments are mandatory. This status option must be updated at least once every 4 hours.
 - 5.1.22.2.3 Not Provided: This facility does not provide OB Transport services.
- 5.1.23 Status: 24/7 STEMI
 - 5.1.23.1 Reflects the current status of a facility's ability to provide 24/7 STEMI services. Does not show any accreditations. Should be updated as needed.
 - 5.1.23.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.23.2.1 Available: This facility can currently provide 24/7 STEMI services.

- 5.1.23.2.2 Unavailable: This facility is temporarily unable to provide 24/7 STEMI services. Comments are mandatory. This status option must be updated at least once every 4 hours.
- 5.1.23.2.3 Not Provided: This facility does not provide 24/7 STEMI services.
- 5.1.24 Status: Anti-Venom
 - 5.1.24.1 Reflects the current status of a facility's ability to provide Anti-Venom services. Should be updated as needed.
 - 5.1.24.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.24.2.1 Available: This facility can currently provide Anti-Venom services.
 - 5.1.24.2.2 Unavailable: This facility is temporarily unable to provide Anti-Venom services. Comments are mandatory. This status option must be updated at least once every 4 hours.
 - 5.1.24.2.3 Not Provided: This facility does not provide Anti-Venom services.
- 5.1.25 Status: Bariatric CT/MRI
 - 5.1.25.1 Reflects the current status of a facility's ability to provide Bariatric CT/MRI services. Should be updated as needed.
 - 5.1.25.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.25.2.1 Available: This facility can currently provide Bariatric CT/MRI services.
 - 5.1.25.2.2 Unavailable: This facility is temporarily unable to provide Bariatric CT/MRI services. Comments are mandatory. This status option must be updated at least once every 4 hours.
 - 5.1.25.2.3 Not Provided: This facility does not provide Bariatric CT/MRI services.
- 5.1.26 Status: Burn
 - 5.1.26.1 Reflects the current status of a facility's ability to provide burn services. Should be updated as needed.
 - 5.1.26.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.26.2.1 Available: This facility can currently provide Burn services.
 - 5.1.26.2.2 Unavailable: This facility is temporarily unable to provide Burn services. Comments are mandatory. This status option must be updated at least once every 4 hours.
 - 5.1.26.2.3 Not Provided: This facility does not provide Burn services.
- 5.1.27 Status: ECMO
 - 5.1.27.1 Reflects the current status of a facility's ability to provide Extracorporeal Membrane Oxygenation (ECMO) services. Should be updated as needed.
 - 5.1.27.2 Facilities can select from the following status options. Definitions for each status option are provided.

- 5.1.27.2.1 Available - Adult: This facility can currently provide Adult ECMO services.
- 5.1.27.2.2 Available – Pedi/NICU: This facility can currently provide Pediatric and Neonatal ECMO services.
- 5.1.27.2.3 Available – All Ages: This facility can currently provide Adult, Pediatric, and Neonatal ECMO services.
- 5.1.27.2.4 Unavailable: This facility is temporarily unable to provide ECMO services. Comments are mandatory. This status option must be updated at least once every 4 hours.
- 5.1.27.2.5 Not Provided: This facility does not provide ECMO services.
- 5.1.28 Status: Hand
 - 5.1.28.1 Reflects the current status of a facility's ability to provide Hand services. Should be updated as needed.
 - 5.1.28.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.28.2.1 Available: This facility can currently provide Hand services.
 - 5.1.28.2.2 Unavailable: This facility is temporarily unable to provide Hand services. Comments are mandatory. This status option must be updated at least once every 4 hours.
 - 5.1.28.2.3 Not Provided: This facility does not provide Hand services.
- 5.1.29 Status: Hyperbaric Chamber
 - 5.1.29.1 Reflects the current status of a facility's ability to provide Hyperbaric Chamber services. Should be updated as needed.
 - 5.1.29.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.29.2.1 Available: This facility can currently provide Hyperbaric Chamber services.
 - 5.1.29.2.2 Unavailable: This facility is temporarily unable to provide Hyperbaric Chamber services. Comments are mandatory. This status option must be updated at least once every 4 hours.
 - 5.1.29.2.3 Not Provided: This facility does not provide Hyperbaric Chamber services.
- 5.1.30 Status: ICU
 - 5.1.30.1 Describes a hospital's ability to accept interfacility transfers requiring ICU-level care. Should be updated once per day if the status is "Available" and once every 12 hours if the status is "Unavailable" or "Available w/Restrictions".
 - 5.1.30.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.30.2.1 Available: This facility can currently accept interfacility transfers of patients requiring ICU-level care.
 - 5.1.30.2.2 Available w/Restrictions: This facility can currently accept interfacility transfers of patients requiring ICU-level care, but with restrictions (i.e. can't accept COVID-positive patients, can only accept Trauma, Stroke, and STEMI patients, etc). List the

restrictions in the comments; comments are mandatory. Must be updated once every 12 hours.

5.1.30.2.2 Unavailable: The facility is temporarily unable to accept any interfacility transfers of patients requiring ICU-level care regardless of patient type. List the reason in the comments; comments are mandatory. This status option must be updated at least once every 12 hours.

5.1.30.2.3 Not Provided: This facility does not have the capability to treat ICU-level patients.

5.1.31 Status: MedSurg

5.1.31.1 Describes a hospital's ability to accept interfacility transfers requiring MedSurg-level care. Should be updated once per day if the status is "Available" and once every 12 hours if the status is "Unavailable" or "Available w/Restrictions".

5.1.31.2 Facilities can select from the following status options. Definitions for each status option are provided.

5.1.31.2.1 Available: This facility can currently accept interfacility transfers of patients requiring MedSurg-level care.

5.1.31.2.2 Available w/Restrictions: This facility can currently accept interfacility transfers of patients requiring MedSurg-level care, but with restrictions (i.e. can't accept COVID-positive patients, can only accept Trauma, Stroke, and STEMI patients, etc). List the restrictions in the comments; comments are mandatory. Must be updated once every 12 hours.

5.1.31.2.2 Unavailable: This facility is temporarily unable to accept any interfacility transfers of patients requiring MedSurg-level care regardless of patient type. List the reason in the comments; comments are mandatory. This status option must be updated at least once every 12 hours.

5.1.31.2.3 Not Provided: This facility does not have the capability to treat MedSurg-level patients.

5.1.32 Status: NICU

5.1.32.1 Reflects the current status of a facility's Neonatal Intensive Care Unit. Should be updated as needed.

5.1.32.2 Facilities can select from the following status options. Definitions for each status option are provided.

5.1.32.2.1 Available: This facility's NICU is currently fully operational.

5.1.32.2.2 Unavailable: This facility's NICU is temporarily unavailable. Comments are mandatory. This status option must be updated at least once every 4 hours.

5.1.32.2.3 Not Provided: This facility does not provide NICU services.

5.1.33 Status: OB/L&D

5.1.33.1 Reflects the current status of a facility's ability to provide OB/L&D services. Should be updated as needed.

5.1.33.2 Facilities can select from the following status options. Definitions for each status option are provided.

- 5.1.33.2.1 Available: This facility can currently provide OB/L&D services.
- 5.1.33.2.2 Unavailable: This facility is temporarily unable to provide OB/L&D services. Comments are mandatory. This status option must be updated at least once every 4 hours.
- 5.1.33.2.3 Not Provided: This facility does not provide OB/L&D services.
- 5.1.34 Status: OR
 - 5.1.34.1 Reflects the current status of a facility's operating rooms. Should be updated as needed.
 - 5.1.34.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.34.2.1 Available: This facility's OR(s) are currently fully operational.
 - 5.1.34.2.2 Unavailable: This facility's OR(s) are temporarily unavailable. Comments are mandatory. This status option must be updated at least once every 4 hours.
 - 5.1.34.2.3 Not Provided: This facility does not provide OR services.
- 5.1.35 Status: Oral/Maxillofacial
 - 5.1.35.1 Reflects the current status of a facility's ability to provide Oral/Maxillofacial services. Should be updated as needed.
 - 5.1.35.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.35.2.1 Available: This facility can currently provide Oral/Maxillofacial services.
 - 5.1.35.2.2 Unavailable: This facility is temporarily unable to provide Oral/Maxillofacial services. Comments are mandatory. This status option must be updated at least once every 4 hours.
 - 5.1.35.2.3 Not Provided: This facility does not provide Oral/Maxillofacial services.
- 5.1.36 Status: PICU
 - 5.1.36.1 Reflects the current status of a facility's Pediatric Intensive Care Unit. Should be updated as needed.
 - 5.1.36.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.36.2.1 Available: This facility's PICU is currently fully operational.
 - 5.1.36.2.2 Unavailable: This facility's PICU is temporarily unavailable. Comments are mandatory. This status option must be updated at least once every 4 hours.
 - 5.1.36.2.3 Not Provided: This facility does not provide PICU services.
- 5.1.37 Status: Replant
 - 5.1.37.1 Reflects the current status of a facility's ability to provide Replant services. Should be updated as needed.
 - 5.1.37.2 Facilities can select from the following status options. Definitions for each status option are provided.
 - 5.1.37.2.1 Available: This facility can currently provide Replant services.
 - 5.1.37.2.2 Unavailable: This facility is temporarily unable to provide Replant services. Comments are mandatory. This status option must be updated at least once every 4 hours.

- 5.1.37.2.3 Not Provided: This facility does not provide Replant services
- 5.1.38 Status: SAFE-Ready
- 5.1.38.1 Reflects the current status of a facility's ability to provide Sexual Assault Forensic Evidence collection services. DSHS defines a SAFE-Ready facility as "A SAFE-Ready facility uses a certified sexual assault nurse examiner or a physician with specialized training to conduct a forensic medical examination of a sexual assault survivor, or uses telemedicine to consult with a system of sexual assault forensic examiners, regardless of whether a report to law enforcement is made." Should be updated as needed.
- 5.1.38.2 Facilities can select from the following status options. Definitions for each status option are provided.
- 5.1.38.2.1 Available: This facility can currently provide SAFE-Ready services.
- 5.1.38.2.2 Unavailable: This facility is temporarily unable to provide SAFE-Ready services. Comments are mandatory. This status option must be updated at least once every 4 hours.
- 5.1.38.2.3 Not Provided: This facility does not provide SAFE-Ready services.
- 5.1.39 Status: Stroke General Service
- 5.1.39.1 Reflects the current status of a facility's ability to provide general stroke services. Should be updated as needed. Does not reflect DSHS designation status.
- 5.1.39.2 Facilities can select from the following status options. Definitions for each status option are provided.
- 5.1.39.2.1 Available: This facility can currently provide general stroke services.
- 5.1.39.2.2 Unavailable: This facility is temporarily unable to provide general stroke services. Comments are mandatory. This status option must be updated at least once every 4 hours.
- 5.1.39.2.3 Not Provided: This facility does not provide general stroke services.
- 5.1.40 Status: Stroke NeuroIR
- 5.1.40.1 Reflects the current status of a facility's ability to provide NeuroIR services. Can only be updated by Level I (Comprehensive) designated facilities. Should be updated as needed.
- 5.1.40.2 Facilities can select from the following status options. Definitions for each status option are provided.
- 5.1.40.2.1 Available: This facility can currently provide NeuroIR services.
- 5.1.40.2.2 Unavailable: This facility is temporarily unable to provide NeuroIR services. Comments are mandatory. This status option must be updated at least once every 4 hours.
- 5.1.40.2.3 Not Provided: This facility does not provide NeuroIR services.
- 5.1.41 Status: Stroke NeuroSurg
- 5.1.41.1 Reflects the current status of a facility's ability to provide NeuroSurg services. Can only be updated by Level I (Comprehensive), Level II

(Primary), or Level III (Support) designated facilities. Should be updated as needed.

5.1.41.2 Facilities can select from the following status options. Definitions for each status option are provided.

5.1.41.2.1 Available: This facility can currently provide NeuroSurg services.

5.1.41.2.2 Unavailable: This facility is temporarily unable to provide NeuroSurg services. Comments are mandatory. This status option must be updated at least once every 4 hours.

5.1.41.2.3 Not Provided: This facility does not provide NeuroSurg services.

5.1.42 Status: Trauma

5.1.42.1 Reflects the current status of a facility's ability to provide Trauma Surgery services.

5.1.42.2 Facilities can select from the following status options. Definitions for each status option are provided.

5.1.42.2.1 Available: This facility can currently provide Trauma Surgery services.

5.1.42.2.2 Unavailable: This facility is temporarily unable to provide Trauma Surgery services. Comments are mandatory. This status option must be updated at least once every 4 hours.

5.1.42.2.3 Not Provided: This facility does not provide Trauma Surgery services.

5.1.43 Status: Therapeutic Hypothermia

5.1.43.1 Reflects the current status of a facility's ability to provide Therapeutic Hypothermia services. Should be updated as needed.

5.1.43.2 Facilities can select from the following status options. Definitions for each status option are provided.

5.1.43.2.1 Available - Adult: This facility can currently provide Adult Therapeutic Hypothermia services.

5.1.43.2.2 Available – NICU: This facility can currently provide Neonatal Therapeutic Hypothermia services.

5.1.43.2.3 Available – Adult/NICU: This facility can currently provide Adult and Neonatal Therapeutic Hypothermia services.

5.1.43.2.4 Unavailable: This facility is temporarily unable to provide Therapeutic Hypothermia services. Comments are mandatory. This status option must be updated at least once every 4 hours.

5.1.43.2.5 Not Provided: This facility does not provide Therapeutic Hypothermia services.

5.1.44 Transfer Line

5.1.44.1 Shows the phone number to call if you need to transfer a patient to this facility.

5.1.44.2 This is a text-entry field.

5.2 EMS/FRO Status Types

5.2.1 Agency Type

- 5.2.1.1 Shows the type of agency for each resource. Can only be updated by the EMResource Regional Administrator. Agencies should contact support@ncttrac.org if their agency type is in error.
- 5.2.1.2 The following status options are available.
 - 5.2.1.2.1 FD EMS
 - 5.2.1.2.2 VFD
 - 5.2.1.2.3 Private EMS
 - 5.2.1.2.4 Hospital EMS
 - 5.2.1.2.5 Public EMS
 - 5.2.1.2.6 Other
- 5.2.2 Dispatch Number
 - 5.2.2.1 Shows the non-emergency phone number to contact this agency's dispatch center. Should be updated as needed.
 - 5.2.2.2 This status is updated using a text entry field.
- 5.2.3 EMS Medical Director
 - 5.2.3.1 Shows the current EMS Medical Director for the agency. Please list a contact phone number in the comments. Should be updated as needed
 - 5.2.3.2 This status is updated using a text entry field.
- 5.2.4 Service: 911 EMS Response
 - 5.2.4.1 Reflects the current status of an agency's ability to perform 911 EMS response. Should be updated as needed.
 - 5.2.4.2 Agencies can select from the following status options. Definitions for each status option are provided.
 - 5.2.4.2.1 Available: This agency can currently perform 911 EMS response.
 - 5.2.4.2.2 Unavailable: This agency is temporarily unable to perform 911 EMS response. This status option must be updated at least once every 4 hours. Comments are mandatory.
 - 5.2.4.2.3 Not Provided: This agency does not perform 911 EMS response.
- 5.2.5 Service: Critical Care Transport
 - 5.2.5.1 Reflects the current status of an agency's ability to perform Critical Care Transport services. Should be updated as needed.
 - 5.2.5.2 Agencies can select from the following status options. Definitions for each status option are provided.
 - 5.2.5.2.1 Available: This agency can currently perform Critical Care Transport services.
 - 5.2.5.2.2 Unavailable: This agency is temporarily unable to perform Critical Care Transport services. This status option must be updated at least once every 4 hours. Comments are mandatory.
 - 5.2.5.2.3 Not Provided: This agency does not provide Critical Care Transport services.
- 5.2.6 Service: HazMat Response
 - 5.2.6.1 Reflects the current status of an agency's ability to perform Hazardous Materials Response operations. Should be updated as needed.
 - 5.2.6.2 Agencies can select from the following status options. Definitions for each status option are provided.

- 5.2.6.2.1 Available: This agency can currently perform Hazardous Materials Response operations.
- 5.2.6.2.2 Unavailable: This agency is temporarily unable to perform Hazardous Materials Response operations. This status option must be updated at least once every 4 hours. Comments are mandatory.
- 5.2.6.2.3 Not Provided: This agency does not have the capability to perform Hazardous Materials Response operations.
- 5.2.7 Service: HCID Response
 - 5.2.7.1 Reflects the current status of an agency's ability to perform High Consequence Infections Disease (HCID) Response operations. Should be updated as needed.
 - 5.2.7.2 Agencies can select from the following status options. Definitions for each status option are provided.
 - 5.2.7.2.1 Available: This agency can currently perform HCID response operations.
 - 5.2.7.2.2 Unavailable: This agency is temporarily unable to perform HCID response operations. This status option must be updated at least once every 4 hours. Comments are mandatory.
 - 5.2.7.2.3 Not Provided: This agency does not have the capability to perform HCID response operations.
- 5.2.8 Service: High Angle Rescue
 - 5.2.8.1 Reflects the current status of an agency's ability to perform High Angle Rescue operations. Should be updated as needed.
 - 5.2.8.2 Agencies can select from the following status options. Definitions for each status option are provided.
 - 5.2.8.2.1 Available: This agency can currently perform High Angle Rescue operations.
 - 5.2.8.2.2 Unavailable: This agency is temporarily unable to perform High Angle Rescue operations. This status option must be updated at least once every 4 hours. Comments are mandatory.
 - 5.2.8.2.3 Not Provided: This agency does not have the capability to perform High Angle Rescue operations.
- 5.2.9 Service: Hospital Patient Transfers
 - 5.2.9.1 Reflects the current status of an agency's ability to perform hospital patient transfers. Should be updated as needed.
 - 5.2.9.2 Agencies can select from the following status options. Definitions for each status option are provided.
 - 5.2.9.2.1 Available: This agency can currently perform hospital patient transfers.
 - 5.2.9.2.2 Unavailable: This agency is temporarily unable to perform hospital patient transfers. This status option must be updated at least once every 4 hours. Comments are mandatory.
 - 5.2.9.2.3 Not Provided: This agency does not perform hospital patient transfers.
- 5.2.10 Service: Swift Water Rescue

- 5.2.10.1 Reflects the current status of an agency's ability to perform Swift Water Rescue operations. Should be updated as needed.
- 5.2.10.2 Agencies can select from the following status options. Definitions for each status option are provided.
 - 5.2.10.2.1 Available: This agency can currently perform Swift Water Rescue operations.
 - 5.2.10.2.2 Unavailable: This agency is temporarily unable to perform Swift Water Rescue operations. This status option must be updated at least once every 4 hours. Comments are mandatory.
 - 5.2.10.2.3 Not Provided: This agency does not have the capability to perform Swift Water Rescue operations.
- 5.2.11 Service: Trench Rescue/Recovery
 - 5.2.11.1 Reflects the current status of an agency's ability to perform Trench Rescue/Recovery operations. Should be updated as needed.
 - 5.2.11.2 Agencies can select from the following status options. Definitions for each status option are provided.
 - 5.2.11.2.1 Available: This agency can currently perform Trench Rescue/Recovery operations.
 - 5.2.11.2.2 Unavailable: This agency is temporarily unable to perform Trench Rescue/Recovery operations. This status option must be updated at least once every 4 hours. Comments are mandatory.
 - 5.2.11.2.3 Not Provided: This agency does not have the capability to perform Trench Rescue/Response operations.
- 5.2.12 Vehicle: Bariatric
 - 5.2.12.1 Reflects the current status of an agency's ability to provide specialty bariatric vehicles. Non-emergency contact information for these vehicles should be listed in the comments.
 - 5.2.12.2 Agencies can select from the following status options. Definitions for each status option are provided.
 - 5.2.12.2.1 Available: This agency has a currently available specialty bariatric vehicle. Please list non-emergency contact information for this vehicle in the comments.
 - 5.2.12.2.2 Unavailable: This agency's specialty bariatric vehicle is temporarily unavailable. This status option must be updated at least once every 4 hours. Comments are mandatory.
 - 5.2.12.2.3 Not Provided: This agency does not have a specialty bariatric vehicle.
- 5.2.13 Vehicle: Mobile Command Center
 - 5.2.13.1 Reflects the current status of an agency's ability to provide a mobile command center. Non-emergency contact information for this asset should be listed in the comments.
 - 5.2.13.2 Agencies can select from the following status options. Definitions for each status option are provided.

- 5.2.13.2.1 Available: This agency has a currently available mobile command center. Please list non-emergency contact information for this vehicle in the comments.
- 5.2.13.2.2 Unavailable: This agency's mobile command center is temporarily unavailable. This status option must be updated at least once every 4 hours. Comments are mandatory.
- 5.2.13.2.3 Not Provided: This agency does not have a mobile command center.
- 5.2.14 Vehicle: Other
 - 5.2.14.1 Lists any other specialty vehicles that an agency might have. The agency should list both the specialty vehicle and the non-emergency contact information for that vehicle.
 - 5.2.14.2 This status is updated by a text entry field.
- 5.3 Other Status Types
 - 5.3.1 24/7 Point of Contact
 - 5.3.1.1 Shows the 24/7 Point of Contact for a deployable asset. Should be updated as needed.
 - 5.3.1.2 This status is updated using a text entry field.
 - 5.3.2 Deployment Status
 - 5.3.2.1 Reflects the current deployment status of a regional deployable asset. Should be updated as needed.
 - 5.3.2.2 Asset hosts can select from the following status options. Definitions for each status option are provided.
 - 5.3.2.2.1 Demobilized: This asset has been demobilized from a deployment.
 - 5.3.2.2.2 Deployed: This asset is currently deployed. Comments are mandatory.
 - 5.3.2.2.3 In Rehab: This asset is currently in rehab from a deployment.
 - 5.3.2.2.4 Mission Capable: This asset is currently capable of deployment.
 - 5.3.2.2.5 On Alert: This asset is currently on alert in anticipation of a potential deployment.
 - 5.3.2.2.6 Out of Service: This asset is currently out of service. Comments are mandatory.
 - 5.3.2.2.7 Partially Capable: This asset is currently partially capable of deployment. Comments are mandatory.
 - 5.3.3 Flight Availability Status
 - 5.3.3.1 Reflects the current status of an air medical unit's availability to respond to calls. For most air medical providers, this status is automatically updated using an API from the air medical provider's CAD system into EMResource.
 - 5.3.3.2 Air medical units can select from the following status options. Definitions for each status option are provided.
 - 5.3.3.2.1 Delayed At: This aircraft is delayed. Enter location/time/weather in comments.
 - 5.3.3.2.2 Unavailable: This aircraft is unavailable. Enter location/maintenance in comments.
 - 5.3.3.2.3 Available At: This aircraft is available. Enter location in comments.
 - 5.3.3.2.4 Limited Availability: This aircraft's availability is limited.

5.3.4 Point of Contact Verified

5.3.4.1 Shows the date that a facility/organization last verified that its Point of Contact in EMResource was correct.

5.3.4.2 This is a text entry field.

6. System Performance Improvement Metrics and Indicators

6.1 Regional

6.1.1 TSA-E uses the following Performance Metrics and Indicators to measure overall EMResource utilization success.

6.1.1.1 At least 75% of hospitals update their Hospital Intake Status at least once every 24 hours 80% of the time. Tracked monthly using EMResource reports. Report will be sent to ED Operations Committee, Trauma Committee, and NCTTRAC Zones.

6.1.1.2 At least 75% of hospitals update their NEDOCS at least once every 6 hours. Tracked monthly using EMResource reports. Report will be sent to ED Operations Committee, Trauma Committee, and NCTTRAC Zones.

6.1.1.3 At least 75% of hospitals update their Psych ED Holds at least once every 6 hours. Tracked monthly using EMResource reports. Report will be sent to ED Operations Committee, Mental Health Workgroup, and NCTTRAC Zones.

6.1.1.4 At least 75% of hospitals and special facilities update their available bed numbers at least once every 24 hours. Tracked monthly. Report will be sent to ED Operations Committee, REPC, and NCTTRAC Zones.

6.1.1.5 At least 75% of hospitals, special facilities, and EMS agencies update their EMResource point of contact at least once per year. Tracked annually using Status Type "Point of Contact Verified".

6.1.1.6 At least 75% of hospitals, special facilities, and EMS agencies review their associated users list and send necessary changes to NCTTRAC at least once per year. Tracked annually using NCTTRAC email records.

6.1.1.7 At least 75% of EMS agencies monitor EMResource for status changes via active monitoring or status change notifications. Tracked annually via regional survey.

6.2 Hospitals

6.2.1 TSA-E uses the following Performance Metrics and Indicators to measure individual healthcare facility EMResource utilization success.

6.2.1.1 Hospital updates its Hospital Intake Status at least once every 24 hours 80% of the time. Tracked monthly using EMResource reports.

6.2.1.2 Hospital updates its NEDOCS at least once every 6 hours. Tracked monthly using EMResource reports.

6.2.1.3 Hospital updates its Psych ED Holds status at least once every 6 hours. Tracked monthly using EMResource reports.

6.2.1.4 Facility updates its available bed numbers at least once every 24 hours. Tracked monthly using EMResource reports.

6.2.1.5 Facility has at least one person with EMResource access on-site 80% of the time. Tracked annually via regional survey.

6.2.2 EMS

- 6.2.2.1 TSA-E uses the following Performance Metrics and Indicators to measure individual EMS Agency EMResource utilization success.
 - 6.2.2.1.1 EMS Agency monitors EMResource for status changes via active monitoring or status change notifications. Tracked annually via regional survey.
 - 6.2.2.1.2 EMS Agency has at least one person with EMResource access on-shift 80% of the time. Tracked annually using regional survey.

7. Accountability

- 7.1. NCTTRAC staff will run monthly reports on update frequency and make available to NCTTRAC Committees. Frequent non-compliance will prompt informal follow-up by NCTTRAC staff; continued non-compliance will prompt review by SPI/related committee. Further actions against non-compliant organizations to be determined by SPI/related committee and pushed to NCTTRAC Board of Directors for action.

8. Additional Views

8.1 Clinical Views

8.1.1 TSA-E: Pediatric

8.1.1.1 Shows all County – Hospitals and County – Special Facilities Resource Types

8.1.1.2 Shows the following status types:

- Hospital Intake Status
- Transfer Line
- IBA: Pedi Monitored
- IBA: Pedi Non Monitored
- IBA: PICU Monitored
- IBA: PICU Non Monitored
- Pedi Only Vents

8.1.2 TSA-E: Perinatal

8.1.2.1 Shows all County – Hospitals and County – Special Facilities Resource Types.

8.1.2.2 Shows the following status types:

- Hospital Intake Status
- DSHS Maternal Designation
- OB Transfer Line
- Service: OB Transport
- Status: OB/L&D
- IBA: OB Antepartum
- IBA: OB L&D
- IBA: OB Recovery and Postpartum
- DSHS Neonatal Designation
- NICU Transfer Line
- Service: Neonatal Transport
- Status: NICU
- Status: ECMO
- Status: Therapeutic Hypothermia

- IBA: NICU Monitored
 - IBA: NICU Non Monitored
- 8.1.3 TSA-E: Psych
- 8.1.3.1 Shows all County – Hospitals and County – Special Facilities Resource Types with licensed psych beds.
- 8.1.3.2 Shows the following status types:
- Hospital Intake Status
 - Psych ED Holds
 - Psych: Pediatric
 - Psych: Adolescent
 - Psych: Adult
 - Psych: Adolescent Chem. Dep.
 - Psych: Adult Chem. Dep.
 - Psych: Child Male (<=12)
 - Psych: Child Female (<=12)
 - Psych: Ado Male (13-17)
 - Psych: Ado Female (13-17)
 - Psych: Adult Male (>=18)
 - Psych: Adult Female (>=18)
 - Psych: Older Adult Male
 - Psych: Older Adult Female
 - Psych: Chem Dep Male
 - Psych: Chem Dep Female
 - Psych: Total Beds
- 8.1.4 TSA-E: Stroke
- 8.1.4.1 Shows all County – Hospitals and County – Special Facilities Resource Types.
- 8.1.4.2 Shows the following status types:
- Hospital Intake Status
 - NEDOCS
 - DSHS Stroke Designation
 - Status: Stroke General Service
 - Status: Stroke NeuroIR
 - Status: Stroke NeuroSurg
- 8.1.5 TSA-E: Trauma
- 8.1.5.1 Shows all County – Hospitals and County – Special Facilities Resource Types.
- 8.1.5.2 Shows the following status types:
- Hospital Intake Status
 - NEDOCS
 - DSHS Trauma Designation
 - Transfer Line
 - Status: Anti-Venom
 - Status: Burn
 - Status: Hyperbaric Chamber
 - Status: ICU

- Status: OR
- Status: Oral/Maxillofacial
- Status: Replant
- Status: Hand
- Status: ECMO
- Status: SAFE-Ready
- Status: Therapeutic Hypothermia

8.2 Zone Views

- Z8 – Dallas
- Z7 – Tarrant
- Z6 – Erath Hood Johnson S-vell
- Z5 – Collin, Hunt, Rockwall
- Z4 – Ellis, Kaufman, Navarro
- Z3 – Parker, Palo Pinto
- Z2 – Denton, Wise
- Z1 – Cooke, Fannin, Grayson

8.2.1 All zone views will contain the County – Hospitals, County – Special Facilities, County – EMS Agencies, and County – FROs located within the identified zone.

8.2.2 Individual zones will eventually have the opportunity to customize their specific zone view. Currently, all zone views have the same status types:

- Facility Type
- Hospital Intake Status
- NEDOCS
- IBA: Emergency Dept
- Psych ED Holds
- Psych: Total Beds
- Transfer Line
- MCI Green
- MCI Red
- MCI Yellow

8.3 Disaster Views

8.3.1 TSA-E: Bed Availability

8.3.1.1 Shows all County – Hospitals and County – Special Facilities Resource Types

8.3.1.2 Shows the following status types:

- IBA: MedSurg Monitored
- IBA: MedSurg Non Monitored
- IBA: Pedi Monitored
- IBA: Pedi Non Monitored
- IBA: Adult ICU Monitored
- IBA: Adult ICU Non Monitored
- IBA: PICU Monitored
- IBA: PICU Non Monitored
- IBA: NICU Monitored
- IBA: NICU Non Monitored
- IBA: Burn Monitored
- IBA: Burn Non Monitored

- IBA: Neg Pressure ER Beds
 - IBA: Neg Pressure Inpatient Beds
 - IBA: Emergency Dept
 - IBA: Operating Rooms
 - IBA: OB Antepartum
 - IBA: OB L&D
 - IBA: OB Recovery and Postpartum
 - Adult & Pedi Vents
 - Adult Only Vents
 - Pedi Only Vents
- 8.3.2 TSA-E: Facility EM
- 8.3.2.1 Shows all County – Hospitals and County – Special Facilities Resource Types
- 8.3.2.2 Shows the following status types:
- Hospital Intake Status
 - Command Center Activation Status
 - Critical Utilities Availability
- 8.3.3 TSA-E: MCI Beds
- 8.3.3.1 Shows all County – Hospitals and County – Special Facilities Resource Types
- 8.3.3.2 Shows the following status types:
- MCI Green
 - MCI Yellow
 - MCI Red
 - MCI Gray
 - MCI Black
 - DSHS Trauma Designation
 - Hospital Intake Status
- 8.4 Resource Type Views
- TSA-E: EMS Agencies
 - TSA-E: FROs
 - TSA-E: LTC Facilities
 - TSA-E: Specialty Facilities
- 8.5 Position-Specific Views
- 8.5.1 EMS/ED (Default View for ED Staff and EMS users)
- Hospital Intake Status
 - NEDOCS
 - Psych ED Holds
 - Status: Trauma
 - DSHS Trauma Designation
 - DSHS Stroke Designation
 - Status: 24/7 STEMI
 - Status: OB/L&D
 - Status: SAFE-Ready
 - MCI: Green, Yellow, Red, Black
 - Helipad
- 8.5.2 Transfer Centers (Default View for Transfer Center users)
- 8.5.2.1 Statuses to be determined

I. Background

The North Central Texas Trauma Regional Advisory Council (NCTTRAC) is an organization designed to facilitate the development, implementation, and operation of a comprehensive trauma care system based on accepted standards of care to decrease morbidity and mortality. The Air Medical Committee for the North Central Texas Trauma Regional Advisory Council is a standing committee that provides recommendations and guidance for air medical operations in the Trauma Service Area - E (TSA-E). It is the mission of the Air Medical Committee to promote safe, ethical, and high-quality patient care during air medical transport for the citizens of Texas.

The purpose of a Regional Advisory Council (RAC) is to develop, implement, and monitor a regional emergency medical service trauma system plan within a TSA. A RAC is an organized group of healthcare entities and other concerned citizens who have an interest in improving and organizing trauma care within a specified Trauma Service Area. RAC membership may include hospitals, physicians, nurses, EMS providers, rehabilitation facilities, dispatchers, as well as other community groups. Regional Advisory Council objectives are to reduce the incidence of trauma through education, data collection and analysis and performance improvement. This is accomplished by providing educational programs and conducting performance improvement efforts that provide guidance and motive to reduce trauma incidents and improve outcomes..

II. Purpose

The purpose of this document is to:


- A. Define the system established by the TSA-E Air Medical programs to assist EMS ground providers and facilitate requesting the closest appropriate aircraft
- B. Describe the review request process and specific indicators for systems performance improvement
- C. Improve patient care, collaboration, and foster a community partnership for all stakeholders within the RAC

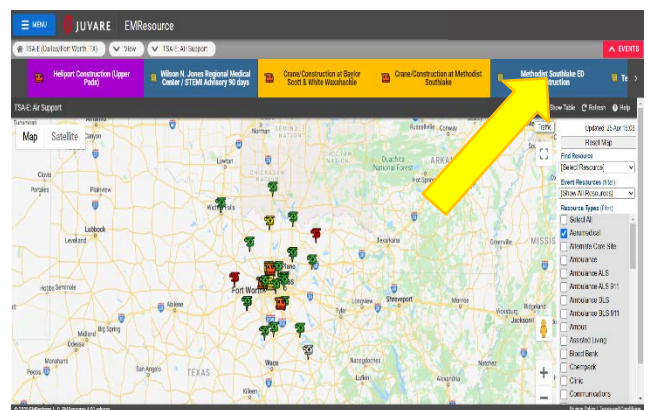
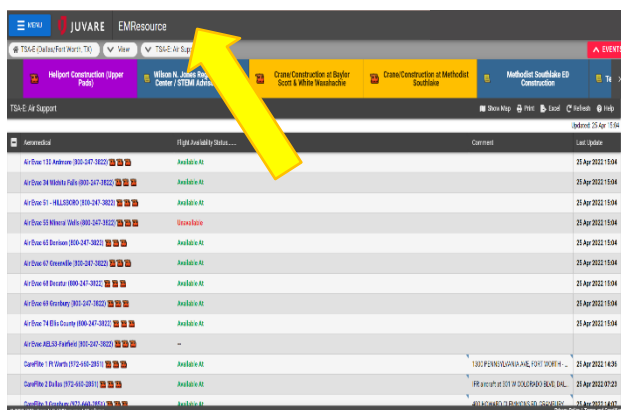
III. Desired Outcomes

The desired outcome is to request the closest appropriate aircraft and integrate air medical providers into the NCTTRAC System Performance Improvement (SPI) process. The goal of the NCTTRAC SPI process is to reduce morbidity and mortality in TSA-E by identifying educational needs and opportunities for improvement in patient care and system processes while preserving and promoting the interworking relationships and collaboration among emergency healthcare providers. For this reason, the NCTTRAC SPI process should only be engaged after collegial attempts have been made to resolve patient care issues or concerns by and between the respective emergency healthcare providers.

- A. Concerns regarding the air medical service(s) may include: safety, patient care, dispatching, or membership services.
- B. The Air Medical Committee recommends that the evaluation of appropriate use of a helicopter rest with the requesting organization.
- C. Performance improvement may include, educational initiatives, process improvement plans and/or recommendations from the NCTTRAC and/or GETAC Air Medical Committees.

IV. Process to Locate, Request, Communicate, and Improve Air Medical Services

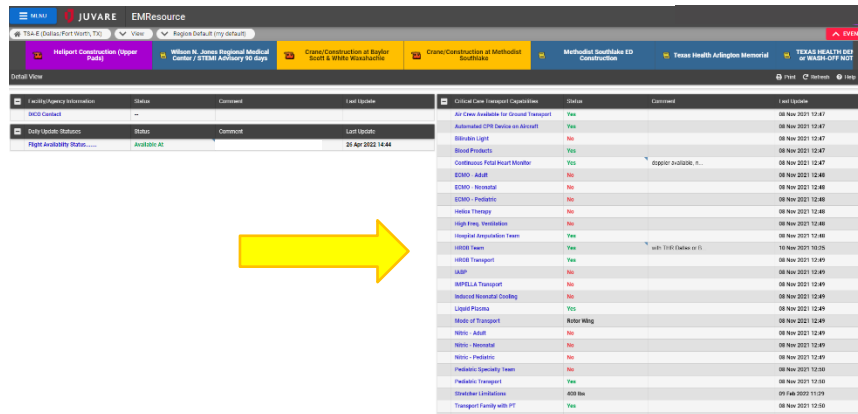
- A. EMResource is a software system that will publish all aircraft in TSA-E, their location, and availability. You can view this in a list or map view.
- B. Obtain a facility or personal login by creating a support ticket with NCTTRAC
 1. Visit our website at <http://ncttrac.org/>
 2. Click on the SUPPORT icon , upper right corner
 3. Click on the TICKETS icon
 4. Click on 'Start Ticket'
 5. In the DEPARTMENT drop down box, choose "Crisis Applications – New Account Request TSA-E/DFW Region"
 6. Click Submit
- C. Once Log In is attained, go to <https://emresource.emsystem.com/login.htm>
- D. You will see a list of area helicopters, hospitals, EMS, and their status (set up a preferred view and notifications so the system is what you need).
- E. Find the **table view** and list of helicopters (pictured below on the left). It will state in **GREEN** "Available at" if available for a call and the location (usually "at base") or **RED** "Unavailable" if on a flight or out of service for a Maintenance Event.
- F. Change and set the helicopter **map view** as your preference (yellow arrow indicates where to change the view, the map view is pictured below on the right). It is a very quick view with the helicopters mapped in their locations (hovering over or clicking on the icon will identify the aircraft). They are colored for their availability:
GREEN=Available
RED= Unavailable for patient flight



All aircraft in your area can be viewed and you will be able to identify the closest **available**

aircraft to your location and call the appropriate provider.

The Critical Care Transport (CCT) Capability Matrix within EMResource shares information about each agency's aircraft capabilities and can be viewed by clicking on an individual aircraft.



| Facility/Agency Information | Status | Comment | Last Update |
|--|--------|---------|-------------------|
| Waco Regional Medical Center / Critical Care Transport | Active | | 21 Apr 2022 14:44 |

| Critical Care Transport Capabilities | Status | Comment | Last Update |
|---|--------|--------------------------|-------------------|
| Air Care (Ambulance for Ground Transport) | Yes | | 08 Nov 2021 13:47 |
| Ambulance (Critical Care Transport) | Yes | | 08 Nov 2021 13:47 |
| Blood Products | Yes | | 08 Nov 2021 13:47 |
| Cardiac Care (Heart Monitor) | Yes | Bigger in Dallas, TX | 08 Nov 2021 13:48 |
| ECMO - Adult | No | | 08 Nov 2021 13:48 |
| ECMO - Neonatal | No | | 08 Nov 2021 13:48 |
| ECMO - Pediatric | No | | 08 Nov 2021 13:48 |
| Helicopter Transport | No | | 08 Nov 2021 13:48 |
| Hospital Discharge Team | Yes | | 08 Nov 2021 13:48 |
| ICU Team | Yes | with 1000 (Dallas or TX) | 10 Nov 2021 10:25 |
| ICU Transport | Yes | | 08 Nov 2021 13:49 |
| ICU Transport | No | | 08 Nov 2021 13:49 |
| IM/ICU Transport | No | | 08 Nov 2021 13:49 |
| Intensive Care Unit | No | | 08 Nov 2021 13:49 |
| Liquid Plasma | Yes | | 08 Nov 2021 13:49 |
| Mass PT Transport | Yes | Mass Mfg | 08 Nov 2021 13:49 |
| Neonatal - Adult | No | | 08 Nov 2021 13:49 |
| Neonatal - Neonatal | No | | 08 Nov 2021 13:49 |
| Neonatal - Pediatric | No | | 08 Nov 2021 13:49 |
| Pediatric Specialty Team | No | | 08 Nov 2021 13:50 |
| Pediatric Transport | Yes | | 08 Nov 2021 13:50 |
| Shockwave Lithotripsy | Yes | | 09 Feb 2022 11:29 |
| Transport Family with PT | Yes | | 08 Nov 2021 13:50 |

Radio communication for Ground to Air, will occur utilizing the preferred contact method and channel as designated by the requesting ground agency, either at the time of the activation or through prearranged channel designation with the Air Provider. In the event of a disaster or MCI situation, the Texas Statewide Interoperability Channel Plan should be implemented. This plan states that radio communication from Ground to Air, authorized by the Texas Government Code and regulated by the FCC, is to be performed on radio channel VMED 28. (see below)

| Label | Receive | Transmit | Station Class | CTCSS RX /TX | Use |
|--------|----------|----------|---------------|--------------|------------------|
| VMED28 | 155.3400 | 155.3400 | FBT / MO | CSQ / 156.7 | Tactical Channel |

- G. **Air Medical Indicators** to be referred to the Air Medical SPI Focus Group **if not met:**
1. Air Medical Services will provide a **launch location of the aircraft responding**
 2. Air Medical Providers participating in the NCTTRAC are operating **on EMResource tracking map, updating and refreshing the aircraft current positions** at least every 3 minutes.
 3. **ETE** (flight time only) will not exceed **5 minutes past time given**
 4. **ETA** (clock time arrival given to include lift time) will not exceed **5 minutes past time given** (ETA is preferred over ETE by the GETAC Air Medical and Specialty Care Transport Committee)
 5. Air Medical Services **scene times should not exceed 20 minutes** (does not include specialty teams)
 6. Air Medical Services **inter-facility transfer times should not exceed 40 minutes** (does not include specialty teams)
 7. First attempt tracheal tube (TT) success should be reported using Ground and Air Medical Quality Transport *Ground and Air Medical qQuality Transport*

- (GAMUT) data and definitions
8. Blood Glucose check for AMS should be reported using GAMUT data and definitions
 9. Provide air medical transport response for inter-facility trauma patients within 60 minutes from the time of the request
 10. Provide air medical transport response for inter-facility transfers for level 1 stroke patients within 30 minutes and 60 minutes for level 2 stroke patients from time of the request.
- H. If a performance **indicator falls outside** of the above parameters and remains unresolved despite appropriate attempts among the involved providers, the event **may be referred to the NCTTRAC Air Medical SPI function group** for review and action
- I. The process for reporting a concern or submitting a referral to the Air Medical SPI function group is detailed below:
1. Go to <https://www.ncttrac.org/>
 2. On the bottom right select [Create A Helpdesk Ticket](#)
 3. Start a Ticket
 4. Choose "Member – SPI Referral Form Request"
 5. Then fill in the necessary fields. Be as specific as possible to allow for a sufficient review.

Annex G

Disaster Preparedness & Response

- Appendix G-1 TSA-E HCC Regional Preparedness Strategy
- Appendix G-2 HCC-E Regional Medical Response Strategy

TSA-E Health Care Coalition Regional Preparedness Strategy



NCTTRAC
600 Six Flags Dr. Suite 160
Arlington TX, 76011
May 2022

RECORD OF REVIEW

| Review | Date | Entered By |
|---|-----------|----------------|
| Approved by REPC | 3/29/2018 | NCTTTRAC Staff |
| Recommended by REPC | 12/4/2018 | NCTTTRAC Staff |
| Approved by the NCTTTRAC Board of Directors | 6/11/2019 | NCTTTRAC Staff |
| NCTTTRAC Staff Review | 1/19/2021 | NCTTTRAC Staff |
| Approved by REPC | 2/2/2021 | NCTTTRAC Staff |
| Approved by the NCTTTRAC Board of Directors | 2/9/2021 | NCTTTRAC Staff |
| NCTTTRAC Staff Review | 5/24/2022 | NCTTTRAC Staff |
| Approved by REPC | 6/7/2022 | NCTTTRAC Staff |
| Approved by the NCTTTRAC Board of Directors | 6/14/2022 | NCTTTRAC Staff |

RECORD OF CHANGES

This section describes changes made to this document. Use this table to record:

- Location within document (i.e., article, section)
- Change Number, in sequence, beginning with 1
- Date the change was made to the document
- Description of the change and rationale if applicable
- Name of the person who recorded the change

| Article/ Section | Change Number | Date of Change | Summary of Changes | Change Made by |
|---------------------|------------------|-------------------|---|-----------------------|
| All | 1 | 1/19/21 | General Review & Touch-Ups | LaShanda Hernandez |
| All | 2 | 12/03/21 | General Review and revisions to the following pages: G-1-19: Top Ten Hazard Vulnerability Analysis Regional Results; revised and included the 2021 hazards G-1-8 – G-1-10: Updated Activities and Responsibilities Matrix G-1-8 G-1-21: A: Appendix E: G-1-22: Update link | Stephanie McKinnis |
| All | 3 | 01/18/22 | Changed font based on the NCTTRAC Style Branding Book guidance. | Stephanie McKinnis |
| All | 4 | 04/12/22 | Cover Page: removed TSA-E G-1-9: Updated the HCC-E Structure G-1-17: Revised 2017 HPP Statement of Work and updated link for LMS. G-1-14: E Health Care Coalition Objectives -Updated Short Term and Long-Term Health Care Coalition objectives. | Stephanie McKinnis |
| All | 5 | 04/19/22 | G-1-15 Updated Appendix B: HCC Member List with the current HPP Contacts 2022 G-1-18 Updated Appendix F: TSA-E Training and Exercise Program | Stephanie McKinnis |
| All | 6 | 5/20/22 | Article V, Section B: Removed Gap Analysis and Responsibilities Matrix to be placed within the IPP. | Jeremy Brettschneider |
| All | 7 | 5/22/22 | Appendix I: Inserted IPP link to | Jeremy Brettschneider |
| All | 8 | 5/23/22 | References II: Updated References Links | Jeremy Brettschneider |

RECORD OF DISTRIBUTION

| To Whom: Person / Agency / Organization | Method of Distribution | Date |
|---|---|-------------|
| Hospital Preparedness Program Participation Agreement Holders | Email addresses provided in Appendix A | 6/14/19 |
| EMTF Agreement Holders | Email addresses provided in Appendix A | 6/14/19 |
| Other Hospital EPC Partners | Via Email Addresses on File | 6/14/19 |
| Other Emergency Management Partners | Via Email Addresses on File | 6/14/19 |
| Other Public Health Partners | Via Email Addresses on File | 6/14/19 |
| Other EMS Partners | Via Email Addresses on File | 6/14/19 |
| HCC | Via NCTTTRAC Website | 6/20/21 |
| REPC | Via Email Addresses on File | TBD |
| Board of Directors | Via Email Addresses on File | 6/20/22 |

TABLE OF CONTENTS

| | |
|---|----|
| Record of Review | 2 |
| Record of Changes | 3 |
| Distribution | 4 |
| I. References | 6 |
| II. Introduction | 7 |
| A. Purpose | 7 |
| B. Scope | 7 |
| C. Administrative Support | 7 |
| III. Health Care Coalition Overview | 8 |
| A. Role of the Health Care Coalition | 8 |
| B. Health Care Coalition Boundaries | 10 |
| C. Health Care Coalition Members | 11 |
| D. Organizational Structure/ Governance | 12 |
| E. Health Care Coalition Objectives | 13 |
| F. Maintenance and Sustainability of the Health Care Coalition | 13 |
| G. Compliance Requirements and Legal Authorities | 14 |
| H. Engagement of Partners and Stakeholders: Health Care Executives | 15 |
| I. Engagement of Partners and Stakeholders: Clinicians | 15 |
| J. Engagement of Partners and Stakeholders: Community Leaders | 15 |
| K. Engagement of Partners and Stakeholders: Special Populations | 15 |
| L. Compliance Requirements and Legal Authorities | 15 |
| IV. Health Care Coalition Risk Summary and Gap Analysis | 17 |
| A. Regional Hazard Vulnerability Analysis – November 2021 | 17 |
| V. Health Care Coalition Workplan | 18 |
| A. NCTTRAC Preparedness Components | 18 |
| B. Preparedness Activity Tracking | 19 |
| VI. Appendices | 19 |
| Appendix A: Definitions | 19 |
| Appendix B: HCC Member List | 21 |
| Appendix C: REPC Standard Operating Procedures | 24 |
| Appendix D: HPP Letter of Agreement | 24 |
| Appendix E: HCC-E Regional Hazard Vulnerability Assessment Report | 24 |
| Appendix F: TSA-E Training and Exercise Program | 24 |
| Appendix G: Bed Availability Tracking | 25 |
| Appendix H: Hospital Planning Guidance | 29 |
| Appendix I: TSA-E Healthcare Coalition Integrated Preparedness Plan | 29 |

I. References

Federal

- [Office of the Assistant Secretary for Preparedness and Response, 2017-2022 Health Care Preparedness and Response Capabilities](#)
- [Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR Parts 403, 416, 418, 441, 460, 482, 483, 484, 485, 486, 491, and 494 \(CMS Emergency Preparedness Rule\)](#)
- [Robert T. Stafford Disaster Relief & Emergency Assistance Act, 42 U.S.C. 5121](#)
- [Emergency Planning and Community Right-to-Know Act, 42 USC Chapter 116](#)
- [Emergency Management and Assistance, 44 CFR](#)
- [National Incident Management System](#)
- [National Response Framework](#)
- [National Strategy for Homeland Security, October 2007](#)

State

- [Government Code, Chapter 418 \(Emergency Management\)](#)
- [Government Code, Chapter 421 \(Homeland Security\)](#)
- [Government Code, Chapter 433 \(State of Emergency\)](#)
- [Government Code, Chapter 791 \(Inter-local Cooperation Contracts\)](#)
- [State of Texas Emergency Management Plan Annex H: Public Health and Medical \(August 2015\)](#)
- [Texas Administrative Code, Title 25, Part 1, Chapter 133, Subchapter C, Rule 133.45 \(Hospital Disaster Preparedness Requirements\)](#)
- [Health & Safety Code, Chapter 778 \(Emergency Management Assistance Compact\)](#)
- [Executive Order of the Governor Relating to Emergency Management and Homeland Security](#)
- [Executive Order of the Governor Relating to the National Incident Management System](#)
- [Administrative Code, Title 37, Part 1, Chapter 7 \(Division of Emergency Management\)](#)
- [The Texas Homeland Security Strategic Plan, 2015-2020](#)
- [The State of Texas Disaster Medical System Overview](#)
- [DSHS Response Operating Guidelines: Fatality Management for Catastrophic Incidents, 2013](#)

Regional and Local

- [NCTTRAC Regional Trauma System Plan \(2022\)](#)
- [TSA-E Regional Health Care Preparedness Coalition, TSA-E Regional High Consequence Infectious Disease \(HCID\) Concept of Operations \(CONOPS\)](#)
- [NCTTRAC HPP Statement of Work \(2017 – 2022\)](#)

II. Introduction

A. Purpose

The Health Care Coalition-E (HCC-E) Regional Preparedness Strategy is intended to provide a guide for current and future HCC-E preparedness activities. The document sets out the processes by which the HCC-E works collectively to develop and test operational capabilities that promote communication, information sharing, resource coordination, and operational response and recovery. This document is built on information gathered from HCC-E membership to identify regional hazards, identify gaps in preparing and responding to those hazards, and prepare a list of action items to close those gaps.

B. Scope

The HCC-E Regional Preparedness Strategy covers HCC preparedness activities for the Hospital Preparedness Program (HPP) 5-year block running from July 1, 2017, through June 30, 2022. The most recent revisions reflect planned activities from July 1, 2021, through June 30, 2022. This document applies to the Health Care Coalition in TSA-E, which covers a 19-county region in North Central Texas. Specific geographical boundaries are identified further in the document. In addition to HCC-E membership, the Preparedness Strategy was informed by the following regional agencies: Department of State Health Services (DSHS) Public Health Region 2/3, Disaster District Committee (DDC) 4A (Hurst), DDC 4B (Garland), DDC 22 (Sherman), North Central Texas Council of Governments (NCTCOG), and Texoma COG. This document does not supersede existing plans for individual agencies, facilities, and jurisdictions.

The HCC-E engages in activities across a continuum of preparedness and response including day-to-day activities, local emergencies, regional emergencies, and statewide disasters. This document is intended to provide guidance for preparedness activities addressing any one of the identified stages of the continuum.

C. Administrative Support

The HCC-E Regional Preparedness Strategy will be reviewed and updated annually. All revisions and review activities will be noted in the Record of Changes in the front of the document. General review procedures involve the following:

1. NCTTRAC staff annually reviews Preparedness Strategy to ensure consistency with other regional plans.
2. NCTTRAC staff annually reviews recent exercise and real-world incidents and incorporates identified areas of improvement into the Preparedness Strategy.
3. Revised Preparedness Strategy Draft is distributed to HCC-E members for review and comments.
4. NCTTRAC staff reviews the Revised Preparedness Strategy Draft and HCC member comments. NCTTRAC staff recommends approval to REPC.
5. REPC votes to recommend approval of Revised Preparedness Strategy by NCTTRAC Board of Directors.
6. NCTTRAC Board of Directors votes to approve the Revised Preparedness Strategy.

III. Health Care Coalition Overview

A. Role of the Health Care Coalition

The HCC-E works with all member organizations to promote emergency preparedness and health care delivery response. Its purpose is to:

- Lead collaborative regional planning, formulate strategies, and make recommendations to the NCTTRAC Board of Directors to ensure that the best possible approaches to regional Health Care Coalition planning can be achieved in TSA-E.
- 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.)
- 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.

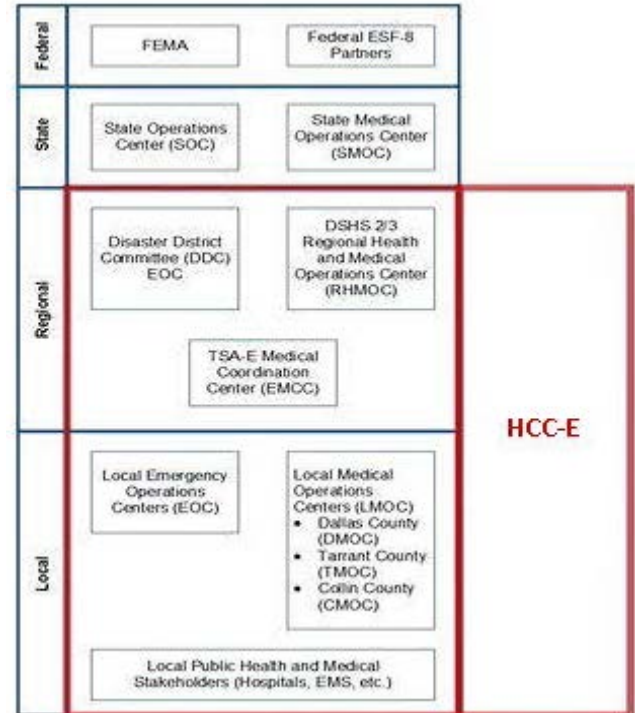
The HCC-E fulfills its purpose by focusing on the four Health Care Preparedness and Response Capabilities as identified by the Office of the Assistant Secretary for Preparedness and Response (ASPR). These four capabilities and the role of the HCC-E and their fulfillment can be found below:

- **Foundation for Health Care and Medical Readiness** – The HCC-E ensures that the community's health care organizations and other stakeholders have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.
- **Health Care and Medical Response Coordination** - The HCC-E works with health care organizations, their jurisdictions, and DSHS Public Health Region 2/3 to plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.
- **Continuity of Health Care Service Delivery** – The HCC-E supports health care organizations in the provision of uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
- **Medical Surge** – The HCC-E supports health care organizations in the delivery of timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC-E, in collaboration with DSHS Public Health Region 2/3, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

The response goal of the HCC is to promote resiliency and adequate surge capacity and capability across the TSA during any emergency incidents. The Health Care Coalition is

composed of many different stakeholders. The diagram below shows the general structure of how the HCC and its stakeholders integrate with the larger ESF- 8 response structure.

A regional medical response that is timely, well-coordinated, and regularly exercised can mitigate damages and save lives. The response goal of the HCC-E is to promote resiliency and ensure adequate surge capacity and capability across the HCC during a mass casualty or disaster situation. Effective response and recovery require a coordinated effort among public and private entities. Hospitals and healthcare facilities are critical during an emergency and therefore must be active participants in emergency preparedness efforts by partnering with EMS agencies, emergency management, public health, and other entities that are active in an emergency response. The HCC-E regional response structure promotes jurisdictional cooperation and coordination, but recognizes the autonomy, operational authority, and unique characteristics of each jurisdiction at the facility, local, regional, and state levels. Figure 1 shows the basic structure of the HCC-E.



As reflected in the State of Texas Emergency Management Plan, Annex H (Public Health and Medical), all emergencies are considered a local responsibility, and legal responsibility for provision of support for emergencies is placed on the senior elected official within the affected jurisdiction. Local HCC partners such as hospitals and EMS agencies must work through these officials when resource needs cannot be met by local assets alone.

Cities and counties may elect to establish local medical operations centers (LMOCs) through which ESF-8 support is coordinated with their jurisdiction's public health and health care providers. While each LMOC operates differently depending on the city/county, these LMOCs are generally composed of representatives from hospitals, EMS, public health, and jurisdictional emergency management. LMOCs serve as a local-level ESF-8 coordinating body for both preparedness and response activities. LMOC member organizations are often represented in HCC-E meetings and activities to ensure consistency between LMOC efforts and HCC efforts. Specific information concerning the coordination between LMOCs and other HCC member organizations during an emergency response will be found in the HCC-E. The HCC-E recognizes the need for a more intentional coordination effort between LMOCs and the HCC-E.

DSHS Public Health Region 2/3 operates the Regional Health and Medical Operations Center (RHMOC) for TSA-E. The RHMOC serves as the regional public health and medical coordination point during regional and statewide incidents. When activated, the RHMOC houses regional public health and medical partners to ensure that regionally-based resources and mutual aid are used for public health and medical response before additional support is requested from outside the region. Generally, the RHMOC coordinates with TSA-E Medical Coordination Center (EMCC) to share information and ensure consistency across any ESF-8 response activities. Specific information concerning the coordination between the RHMOC and the EMCC during an emergency response will be found in the HCC-E Regional Response Strategy.

The HCC-E response is enhanced within TSA-E by partnerships with jurisdictions and health departments that have used other federal and state funding streams to develop health and medical response systems. In addition to the Hospital Preparedness Program (HPP), ESF-8 community preparedness is supported by the Public Health Emergency Preparedness program (PHEP). Within TSA-E, there are six principal PHEP participants:

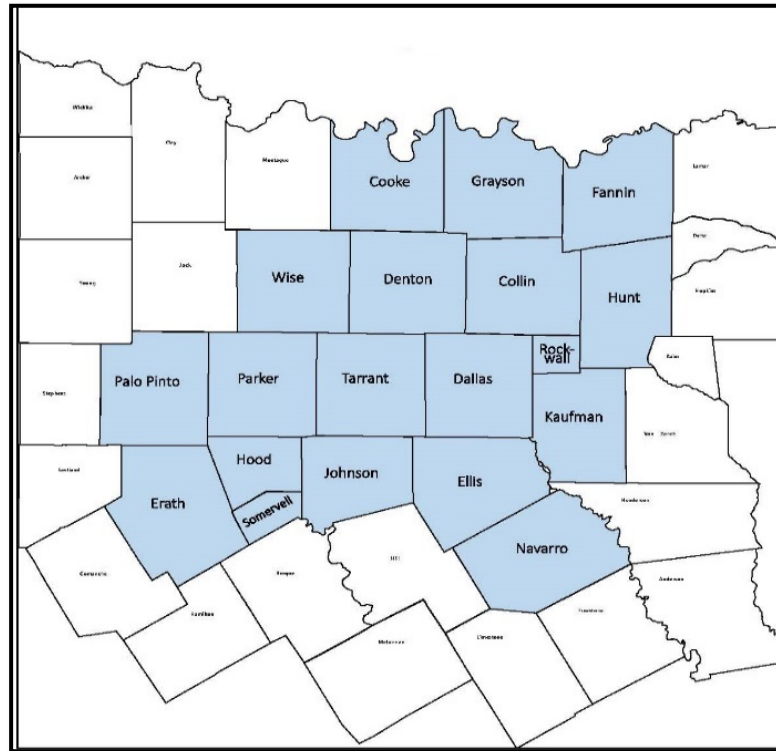
1. DSHS Public Health Region 2/3, serving Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Somervell, and Wise counties
2. Collin County Department of Homeland Security
3. Dallas County Health and Human Services
4. Denton County Health Department
5. Grayson County Health Department
6. Tarrant County Public Health.

A special federal initiative called the Cities Readiness Initiative (CRI) provides additional preparedness focus for counties that fall within the Dallas – Fort Worth metropolitan statistical area. The CRI works to develop, test, and maintain plans to receive and distribute life-saving medications and medical supplies from the Strategic National Stockpile to local communities following a large-scale public health emergency. Initially, the CRI was created specifically for anthrax events, but now includes other public health emergencies. Within TSA-E, this includes Collin, Denton, Dallas, Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Tarrant, and Wise counties. PHEP and CRI coalition partners are responsible for development and improvement of community preparedness to respond to health threats in conjunction with HPP partners. The HCC-E coordinates with its PHEP partners through mutual participation in meetings and exercises. Additionally, PHEP partners regularly attend REPC meetings and incorporate HCC representation in their own planning efforts.

B. Health Care Coalition Boundaries

The geographic boundaries of HCC-E align congruently with Trauma Service Area-E (TSA-E). TSA-E is the geographic area, whereas HCC-E consists of the organizations that make up coalition. The following counties are included in TSA-E:

- Collin
- Cooke
- Dallas
- Denton
- Ellis
- Erath
- Fannin
- Grayson
- Hood
- Hunt
- Johnson
- Kaufman
- Navarro
- Palo Pinto
- Parker
- Rockwall
- Somervell
- Tarrant
- Wise



The HCC-E coordinates with all ESF-8 agencies within its boundaries – this includes DSHS Public Health Region 2/3 and county Public Health Organizations. Additionally, the HCC-E coordinates with adjacent Health Care Coalitions in TSA-C and TSA-D regarding Emergency Medical Task Force (EMTF) activities.

C. Health Care Coalition Members

Membership in the Health Care Coalition is clearly defined in the REPC Standard Operating Procedures (SOP) as the facilities or agencies that have satisfied one or more of the following criteria:

- Signed an HPP Letter of Agreement (LoA) and Memorandum of Sharing (MoS)
- Signed a TX EMTF Memorandum of Agreement (MoA)
- Retrieved a Certificate of Completion from the CMS Guidelines for Health Care Agency Emergency Preparedness Course (this course is hosted on the NCTTRAC Learning Management System (LMS) and is intended for non-hospital CMS agencies)
- Completed Transfer Agreement with NCTTRAC
- Completed other criteria as established and approved by REPC

Membership in the HCC is typically composed of (but not limited to) the following groups:

- Hospitals
- EMS Agencies
- Emergency Management Organizations
- Public Health Agencies
- Medical Societies

- Behavioral Health Services and Organizations
- VA Medical System
- Jurisdictional Emergency Management Partners
- Non-Governmental Organizations
- Outpatient Health Care Delivery Facilities
- Primary Care Providers
- Schools and Universities
- Medical Examiner Offices
- 17 CMS Provider Types

A full list of current HCC members can be found in Appendix B.

D. Organizational Structure/ Governance

The HCC-E is governed by the Regional Emergency Preparedness Committee (REPC). REPC governance is laid out in the REPC Standard Operation Procedures, which can be found in Appendix C.

REPC governance includes two main bodies: the REPC Leadership Group and the REPC Core Group. The REPC Leadership Group may convene on an ad hoc basis to represent REPC in matters necessary to maintain contractual compliance, execute deliverables, and/or endorse emergency, off-cycle purchases for regional benefit. The REPC Leadership Group comprises the following roles:

- REPC Chair
- REPC Chair Elect
- REPC Medical Director
- Immediate Past REPC Chair
- Subcommittee Chairs and Chairs Elect

The REPC Core Group serves as the main governing body for the HCC-E and comprises representatives from hospitals, EMS, public health, emergency management, and other key partnering agencies. The REPC Core Group members hold voting authority within REPC (except where noted in the REPC SOP). The REPC Core Group meets monthly, with any ad hoc meetings occurring as needed. Specific REPC Core Group membership can be found in Appendix C. REPC forms temporary task force, specifically to handle individual projects which work to provide recommendations to the REPC Core Group and the HCC-E at large.

NCTTTRAC staff serves as administrative support for HCC-E and is ultimately responsible for ensuring contractual compliance with the Hospital Preparedness Program.

All other aspects of HCC Governance and Organization can be found in the REPC SOP in Appendix C.

E. Role of Leadership within Member Organizations

Member Organization Leadership (generally defined as the organizational equivalent to a Vice President, Assistant Chief, or above) formally endorses their organization's participation in the Health Care Coalition through a signed Letter of Agreement (LoA) and Memorandum of Sharing (MoS). The LoA also sets out the general expectations of Coalition members. The HPP Letter of Agreement can be found in Appendix D.

HCC member organizations identify the internal roles of their executive leadership on an individual basis. Generally, member leadership is engaged in the individual organization's planning process and provides input, acknowledgement, and approval regarding HCC strategic and operational planning. For major projects, the HCC seeks input and buy-in from the leadership of member organizations prior to execution. This process generally includes member organization discussion with their leadership, regional surveys, and ad hoc meetings dedicated to member organizational leadership.

F. Health Care Coalition Objectives

The following list contains the HCC-E strategic goals for both the short-term (1 year) and the long-term (3 – 5 years). The short-term goals originate in the REPC SOP (Annex C), while the long-term goals were informed by existing HPP guidance.

Short Term Goals (1 Year)

- Approve and oversee subcommittee goals throughout the program year.
- Review and approve HCC Project Proposals throughout the program year.
- Establish Ad Hoc Task Forces, as necessary, to address specific projects.

Long-term Goals (3-5 Years)

- Develop and execute at least one regional or statewide Homeland Security Exercise and Evaluation Program (HSEEP) compliant functional or full-scale exercise and test/validate all four of the Health Care Preparedness and Response Capabilities by June 30, 2024.
- Collaboration between HCC partners and state, regional, and local agencies on emergency management (EM) processes.
- Review and update the Preparedness Strategy annually.
- Review and update the Medical Response Strategy Annually
- Develop and approve an , Burn Surge Response Annex, Chemical Emergency Surge Response Annex, and Radiation Emergency Surge Annex to the HCC Regional Medical Response Strategy prior to June 30, 2024.
- Developing an HCC Continuity of Operations Plan (COOP) in BP3, review and update it annually thereafter.
- Seek alternative funding options to sustain the mission of regional disaster preparedness and response.
- Continue to highlight best practices and lessons learned in HCC meetings.
- Identify and develop capabilities to support vulnerable populations.

In addition to strategic goals, the HCC-E has a number of operational objectives. These objectives will be reviewed annually by the HCC Planning Subcommittee. These are listed below.

- Protect health care personnel, current patients, visitors, and the integrity of the health care system
- Provide the best available medical care for responders, victims, and affected families
- Manage costs, regulatory compliance, and other issues so they do not compromise higher priority objectives
- Develop and use processes that enhance the integration of health care organizations into the community response
- Optimize information sharing among participating health care organizations with jurisdictional authorities to promote a common operating picture
- Enhance resource support by expediting the mutual aid process or other resource sharing arrangements among HCC partners, and by supporting the request and receipt of assistance from local, regional, state, and federal authorities
- Coordinate incident response actions for the participating health care organizations so incident objectives, strategies, and tactics are consistent for the health care response
- Develop the interface between the HCC and relevant regional authorities to establish effective support for health care system resiliency and medical surge.

G. Maintenance and Sustainability of the Health Care Coalition

The HCC-E serves a critical role in the disaster preparedness community. HCC-E member organizations are represented at emergency management and disaster preparedness related committees, task forces, and workgroups throughout the entire geography of TSA-E. Additionally, both individual HCC-E member organizations and official HCC representation take part in both local and regional exercise planning efforts.

HCC-E activities are funded primarily through the Hospital Preparedness Program, while individual member organizations are funded through a variety of revenue sources. The HCC-E seeks to share costs associated with preparedness activities with other stakeholders whenever possible. Cost-sharing strategies include (but are not limited to) partnering with other regional partners to fund multi-disciplinary regional planning efforts, training, and exercises. The HCC-E recognizes that the development of additional revenue streams beyond the HPP will enhance stability and sustainment of HCC-E preparedness activities.

The HCC-E shares information regarding best practices and lessons learned in a variety of ways. REPC has a standing agenda item offering HCC-E members the opportunity to share lessons learned and best practices with the rest of the HCC-E; REPC and its associated Subcommittees and Workgroups also host educational speakers to provide special insight into a specific subject area.

A major component of maintaining the HCC-E is engaging with specific partners and stakeholders within the HCC-E membership. Strategies for engaging specific stakeholder groups can be found below.

H. Engagement of Partners and Stakeholders: Health Care Executives

The role of executive leadership of HCC member organizations in the overall governance of the HCC is noted in part D, subsection 1, “Role of Leadership within Member Organizations”. The HCC also engages health care executives through an existing partnership with the Dallas/Fort Worth Hospital Council, a non-profit organization composed of executive leadership from hospitals throughout the region.

I. Engagement of Partners and Stakeholders: Clinicians

The HCC engages with clinicians (physicians, nurses, paramedics, etc.) on multiple levels. Clinicians represent HCC member organizations in REPC and its associated subcommittees. REPC also has a designated Medical Director on its Leadership Group. The REPC Medical Director supports additional clinical engagement with HCC activities through the establishment of expanded email groups to additional EMS and hospital-based Medical Directors. Individual HCC member organizations regularly engage clinicians within their organization and community in the development of their individual emergency preparedness plans, which inform HCC preparedness activities. For more involved clinician participation, REPC will reach out to existing NCTTRAC clinical committees for input from clinical subject matter experts.

J. Engagement of Partners and Stakeholders: Community Leaders

HCC-E member organizations engage community leaders on an individual level. The HCC-E also engages community leaders at a regional level through regular participation in local and regional emergency preparedness committees and workgroups. NCTTRAC engages in information sharing with state and local elected officials on behalf of the HCC by demonstrating response capabilities, hosting/supporting meeting events, and distributing annual summaries of HCC-E activity in the NCTTRAC Annual Report.

K. Engagement of Partners and Stakeholders: Special Populations

The HCC-E includes member organizations that represent special populations. Each member organization can inform HCC-E plans and activities. Special populations identified in federal and state guidance pediatric patients, pregnant women, seniors, individuals with access and functional needs, and individuals with behavioral health conditions. The HCC-E can address intentional engagement of special populations through representation on the REPC Core Group. To further partner engagement the HCC-E has established a Long-Term Care Task Force (LTC) to address vulnerabilities within long-term care facilities located in TSA-E.

L. Compliance Requirements and Legal Authorities

The HCC-E is informed and governed by several legal authorities. A full list of these legal authorities can be found in the “References” section on page 3 of this document.

NCTTRAC serves as the contractor for the Hospital Preparedness Program as administered by the DSHS. Specific requirements for both NCTTRAC as a contractor and for the HCC-E are listed in the 2020 HPP Statement of Work.

The [ASPR 2017-2022 Health Care Preparedness and Response Capabilities](#) serves as the primary guide for TSA-E HCC preparedness and response activities. This document lists the four main Health Care Preparedness and Response Capabilities, identifies objectives supporting each capability, and lists activities required to complete each objective. The HCC-E performs preparedness and response activities in accordance with the capabilities, objectives, and activities listed in the document.

The [CMS Emergency Preparedness Rule](#) provides federal requirements for HCC member organizations developing internal Emergency Preparedness programs and plans. The HCC-E strives to address gaps identified in the individual plans of HCC member organizations. HCC member organizations are encouraged to share identified gaps with the HCC through the HCC Planning Subcommittee, the Training and Exercise Workgroup, and participation in future regional gap analyses. The HCC will then develop and implement strategies designed to address the identified gaps.

The HCC-E incorporates all 17 provider types who fall under the scope of the [CMS Emergency Preparedness Rule](#). Non-hospital CMS providers are encouraged to register as an HCC member by completing the “Guidelines for Health Care Agency Emergency Preparedness” course on the NCTTRAC Learning Management System (LMS). Individuals can access this course at the following [LMS link](#).

Hospitals and other agencies participating in the Hospital Preparedness Program (HPP) sign a NCTTRAC HPP Letter of Agreement (LoA) that dictates conditions of participation for both the participating agency and for NCTTRAC. These conditions of participation set out specific requirements that hospitals and other agencies must meet to maintain their status as an HPP sub-recipient. The LoA also lays out the responsibilities of NCTTRAC in regard to administering the HPP among its sub-recipients. The NCTTRAC HPP Letter of Agreement can be found in Appendix D.

In addition to the NCTTRAC HPP Letter of Agreement, partner agencies who host deployable regional assets purchased with HPP funds are required to sign resource-specific contracts that lay out specific requirements for the asset host. Current HPP regional assets within TSA-E with resource-specific contracts include 2 Mobile Emergency Response Communications (MERC) trailers, 4 AMBUSES, 4 Mass Fatality Trailers, and 1 Mobile Restroom Trailer. For smaller assets purchased with HPP funds, receiving agencies are required to sign a NCTTRAC Transfer Agreement which lays out the requirements for the use of the transferred items.

HCC member organizations who participate in the Emergency Medical Task Force program are required to sign a TX EMTF Memorandum of Agreement (MOA). The TX EMTF MOA lays out requirements for both the participating agency and for NCTTRAC. Additionally, the TX EMTF MOA identifies what assets a member organization could provide during an EMTF response.

The HCC-E understands the process and information required to request necessary waivers and suspension of regulations. Specifically, the HCC-E refers to the following documents regarding 1135 waivers made available on the CMS website:

- [Authority to Waive Requirements During National Emergencies](#)
- [Requesting an 1135 Waiver](#)

The HCC-E has adopted the North Texas Mass Critical Care Guidelines developed by the North Texas Mass Critical Care Task Force (NTMCCTF). The NTMCCTF was a regional collaboration of physicians, hospitals, ethicists, clergy, legal professionals, public health experts, elected leaders, and others who gathered to create clinical guidelines for use by physicians, hospitals, first responders, and other healthcare professionals during an overwhelming disaster. Crisis standards of care documentation for adults and pediatrics (including clinical treatment guidelines) can be found in the HCC-E Regional Medical Response Strategy in Annex A, North Texas Mass Critical Care Guidelines and the TSA-E Regional Trauma System Plan.

IV. Health Care Coalition Risk Summary and Gap Analysis

A. [Regional Hazard Vulnerability Analysis – November 2021](#)

The Regional Hazard Vulnerability Assessment (HVA) Report is a product of the HCC-E including The North Central Trauma Regional Advisory Council, HCC – E hospital and prehospital partners. The Regional HVA is drawn from information reported by HCC member organizations, including (but not limited to) hospitals, EMS agencies, jurisdictional emergency managers, public health organizations, and non-hospital CMS provider agencies. The Regional HVA compiles hazard vulnerability information reported by the aforementioned partners to identify and prioritize the most significant hazards affecting the HCC-E. The Regional HVA is then used to guide HCC preparedness activities. The Regional HVA is updated annually.

| Top Ten Hazard Vulnerability Analysis Regional Results – November 2021 | |
|---|--------------------------------------|
| 1) | Tornado |
| 2) | Pandemic |
| 3) | Inclement Weather |
| 4) | IT System Outage |
| 5) | Active Shooter |
| 6) | Winter Weather / Freeze Event |
| 7) | Epidemic |
| 8) | HVAC Failure |
| 9) | Power Outage |
| 10) | Mass Casualty Incident |

V. Health Care Coalition Workplan

A. NCTTRAC Preparedness Components

In order to meet the objectives and activities of the HCC system, NCTTRAC has developed a range of supporting capabilities and systems linking pre-hospital and hospital health care delivery agencies to other local and regional agencies. These include:

1. Operation of the TSA-E Medical Coordination Center (EMCC) including the following response support capabilities:
 - 24/7/365 Duty Phone Monitoring
 - Crisis Applications Facilitation and Support
 - Emergency Medical Task Force (EMTF) Coordination
 - Resource Request Coordination and Medical Shelter Resource Support
 - HCC Liaison Support to the DDC and Local EOCs
 - Preparations for Patient Reception/Distribution
2. Development of regional ESF-8 redundant and interoperable communications systems
3. Development of regional information systems linking local, regional, and state partners for common situational awareness. These include patient tracking and distribution, incident command awareness, and resource sharing systems
4. Procurement of regional mobile medical assets and supporting caches
5. Procurement of mass fatality supporting equipment and supplies
6. Provision of mass alerting and notification capabilities
7. Provision of administrative support of a regional volunteer management system for health and medical professionals that interfaces with the state
8. Implementation of a health care provider-to-provider mutual aid/resource sharing system
9. Coordination of the EMTF program, including the following capabilities:
 - 4 AMBUSes
 - Ambulance Strike Teams (AST)
 - Ambulance Staging Management Teams (ASMT)
 - Medical Incident Support Teams (MIST)
 - Registered Nurse Strike Teams (RNST)
 - Mobile Medical Units (MMU)
 - Infectious Disease Response Units (IDRU)
 - Wildland Fire Response Support
10. Provision of regional exercises testing ESF-8 functions and capabilities of local, regional, and state partners
11. Leadership and guidance for development of Health Care Coalition Organization (HCO) all-hazards emergency management plans including:
 - Business Continuity and Continuity of Operations plans
 - Pandemic Response Plans
 - Evacuation and Shelter-in-Place Plans
 - Alternate Care Site
 - Communications Plans
 - Medical Countermeasures plans
 - Fatality Management Plans
 - Decontamination and Personal Protective Equipment Protocols

○ Responder Force Protection

A full explanation of EMCC activities can be found in the [EMCC Standard Operating Guidelines \(EMCC SOG\)](#). In addition to the preparedness activities identified above, the HCC-E plans, develops, and hosts a variety of regional training and exercise events. A full listing of these events can be found in the Integrated Preparedness Plan in Appendix I.

B. Preparedness Activity Tracking

Preparedness activity tracking will be accomplished in two ways. HCC-E preparedness activities will be tracked on a strategic level and reported to DSHS using the Coalition Assessment Tool (CAT). Additional information about the CAT (including the CAT Capability Planning Report Results from November 6, 2018) can be found in Appendix G. HCC-E preparedness activities will be tracked internally using the Activities and Responsibilities Matrix found in the Integrated Preparedness Plan (IPP). The completion of the identified activities will be tracked in the REPC Elements of the NCTTRAC Accountability Scorecard.

VI. Appendices

Appendix A: Definitions

| Acronym | Definition |
|---------|---|
| AMBUS | Ambulance Bus |
| ASM | Ambulance Staging Management |
| ASPR | Assistant Secretary for Preparedness and Response |
| AST | Ambulance Strike Teams |
| CAT | Coalition Assessment Tool |
| CMS | Centers for Medicare & Medicaid Services |
| COG | Council of Governments |
| CST | Coalition Surge Test |
| DBH | Disaster Behavioral Health |
| DDC | Disaster District Chair |
| DHHS | Department of Health and Human Services |
| DSHS | Department of State Health Services |
| EM | Emergency Management |
| EMA | Emergency Management Agency |
| EMCC | TSA-E Medical Coordination Center |
| EMS | Emergency Medical Services |
| EMTF-2 | Emergency Medical Task Force Region 2 |
| ESF-8 | Emergency Support Function-8 |
| HCC | Health Care Coalition |
| HCO | Health Care Organization |
| HVA | Hazard Vulnerability Analysis |
| ICU | Intensive Care Type Unit |

| | |
|----------|--|
| IDRU | Infectious Disease Response Unit |
| IPP | Integrated Preparedness Plan |
| LMHA | Local Mental Health Authority |
| LTC | Long Term Care |
| MHMR | My Health My Resources |
| M-IST | Medical Incident Support Teams |
| MMU | Mobile Medical Unit |
| NCTTRAC | North Central Texas Trauma Regional Advisory Council |
| NICU | Neonatal Intensive Care Type Unit |
| PH | Public Health |
| PICU | Pediatric Intensive Care Type Unit |
| PsySTART | Psychological Simple Triage and Rapid Treatment |
| REPC | Regional Emergency Preparedness Committee |
| RNST | Registered Nurse Strike Team |
| SMHA | State Mental Health Authority |
| SOC | State Operations Center |
| SOP | Standard Operating Procedure |
| START | Simple Triage and Rapid Treatment |
| TDVR | Texas Disaster Volunteer Registry |
| TSA | Trauma Service Area |
| TSA- E | Trauma Service Area E |
| TSA- C | Trauma Service Area C |
| TSA- D | Trauma Service Area D |

Appendix B: HCC Member List

| Organization Name | Organization Type |
|---|-------------------|
| Baylor Heart And Vascular Center Hospital - Dallas | Hospital |
| Baylor Institute for Rehabilitation - Dallas | Hospital |
| Baylor Institute for Rehabilitation - Fort Worth | Hospital |
| Baylor Institute for Rehabilitation - Frisco | Hospital |
| Baylor Medical City Dallas- Uptown | Hospital |
| Baylor Scott & White All Saints Heart Hospital- Denton | Hospital |
| Baylor Scott & White All Saints Medical Center - Fort Worth | Hospital |
| Baylor Surgical Hospital at Fort Worth | Hospital |
| Baylor Surgical Hospital at Las Colinas | Hospital |
| Baylor Scott & White Medical Center - Centennial | Hospital |
| Baylor Scott & White Medical Center - Frisco | Hospital |
| Baylor Scott & White Medical Center - Grapevine | Hospital |
| Baylor Scott & White Medical Center - Irving | Hospital |
| Baylor Scott & White Medical Center - Lake Pointe | Hospital |
| Baylor Scott & White Medical Center - McKinney | Hospital |
| Baylor Scott & White Medical Center - Plano | Hospital |
| Baylor Scott & White Medical Center - Sunnyvale | Hospital |
| Baylor Scott & White Medical Center - Waxahachie | Hospital |
| Baylor University Medical Center | Hospital |
| Burleson Fire Department | Fire Department |
| Carrollton Regional Medical Center | Hospital |
| Children's Medical Center of Dallas | Hospital |
| Children's Medical Center Plano | Hospital |
| City Hospital at White Rock | Hospital |
| Cook Children's Medical Center | Hospital |
| Crescent Medical Center Lancaster | Hospital |
| Dallas Behavioral Healthcare Hospital LLC | Hospital |
| Dallas Medical Center | Hospital |
| Dallas Regional Medical Center | Hospital |
| Encompass Health Arlington | Hospital |
| Encompass Health Rehabilitation Hospital of City View | Hospital |
| Encompass Health Rehabilitation Hospital of Dallas | Hospital |
| Encompass Health Rehabilitation Hospital of Plano | Hospital |
| Ennis Regional Medical Center | Hospital |
| Eules Police Department | Police Department |
| Glen Oaks Hospital | Hospital |
| Glen Rose Medical Center | Hospital |
| Hunt Regional Medical Center Greenville | Hospital |
| John Peter Smith Hospital (JPS) | Hospital / System |
| Kindred Hospital - Fort Worth | Hospital |

| Organization Name | Organization Type |
|---|-------------------|
| Kindred Hospital - Dallas | Hospital |
| Kindred Hospital Dallas Central | Hospital |
| Kindred Hospital-Tarrant County Arlington | Hospital |
| Kindred Hospital-Tarrant County SW | Hospital |
| Life Care EMS | EMS |
| Medical City Alliance | Hospital |
| Medical City Arlington | Hospital |
| Medical City Dallas Hospital | Hospital |
| Medical City Denton | Hospital |
| Medical City Fort Worth | Hospital |
| Medical City Frisco a Medical Center of Plano Facility | Hospital |
| Medical City Green Oaks Hospital | Hospital |
| Medical City Las Colinas | Hospital |
| Medical City Lewisville | Hospital |
| Medical City McKinney | Hospital |
| Medical City North Hills | Hospital |
| Medical City Plano | Hospital |
| Medical City Weatherford | Hospital |
| Methodist Charlton Medical Center | Hospital |
| Methodist Dallas Medical Center | Hospital |
| Methodist Mansfield Medical Center | Hospital |
| Methodist McKinney Hospital LLC | Hospital |
| Methodist Richardson Medical Center | Hospital |
| Navarro Regional Hospital | Hospital |
| North Central Surgical Center LLP | Hospital |
| North Texas Medical Center | Hospital |
| Our Childrens House | Hospital |
| Palo Pinto General Hospital | Hospital |
| Parker County Emergency Management | OEM |
| Parker County ESD 1 | Fire Department |
| Parker County ESD 6 | Fire Department |
| Parkland Memorial Hospital | Hospital / System |
| Reba McEntire Center for Rehabilitation | Hospital |
| Texas Health Arlington Memorial Hospital | Hospital |
| Texas Health Center for Diagnostics & Surgery Plano | Hospital |
| Texas Health Harris Methodist Hospital Azle | Hospital |
| Texas Health Harris Methodist Hospital Cleburne | Hospital |
| Texas Health Harris Methodist Hospital Fort Worth | Hospital |
| Texas Health Harris Methodist Hospital Hurst-Euless-Bedford | Hospital |
| Texas Health Harris Methodist Hospital Southwest Fort Worth | Hospital |
| Texas Health Harris Methodist Hospital Stephenville | Hospital |

| Organization Name | Organization Type |
|--|-------------------|
| Texas Health Huguley Hospital | Hospital |
| Texas Health Presbyterian Hospital Allen | Hospital |
| Texas Health Presbyterian Hospital Dallas | Hospital |
| Texas Health Presbyterian Hospital Denton | Hospital |
| Texas Health Presbyterian Hospital Flower Mound | Hospital |
| Texas Health Presbyterian Hospital Kaufman | Hospital |
| Texas Health Presbyterian Hospital Plano | Hospital |
| Texas Health Seay Behavioral Health Hospital | Hospital |
| Texas Health Springwood Behavioral Health Hospital | Hospital |
| Texas Rehabilitation Hospital of Fort Worth | Hospital |
| Texas Scottish Rite Hospital for Children | Hospital |
| Texoma Medical Center | Hospital |
| THR Alliance | Hospital |
| TMC Behavioral Health Center | Hospital |
| TMC Bonham Hospital | Hospital |
| University of North Texas Health Science Center | Hospital |
| USMD Hospital at Arlington | Hospital |
| USMD Hospital at Arlington | Hospital |
| UTSW William P Clements Hospital | Hospital |
| Vibra Specialty Hospital | Hospital |
| Wilson N Jones Regional Medical Center | Hospital |
| Wise Health System-Decatur | Hospital |

Appendix C: REPC Standard Operating Procedures

The most current REPC Standard Operating Procedures can be found at the following link:
[SOP 2021- 2022 Regional Emergency Preparedness Committee](#)

Appendix D: HPP Letter of Agreement

The most current HPP Letter of Agreement can be found at the following links:
[Public Agency HPP YR 16-20 LOA 032118 Form](#)
[Private Agency HPP YR 16-20 LOA 032118 Form](#)

Appendix E: HCC-E Regional Hazard Vulnerability Assessment Report

The most current HCC-E Regional Hazard Vulnerability Assessment Report may be found at the following link:
[NCTTRAC HCC-E 2021 Hazard Vulnerability Analysis Report](#)

The most current HCC-E Regional Hazard Vulnerability Assessment Report Dashboard may be found at the following link:
[NCTTRAC HCC-E Hazard Vulnerability Report Dashboard](#)

Appendix F: HCC-E Training and Exercise Program

HCC-E leads the Trauma Service Area - E in the development and execution of Homeland Security Exercise Evaluation Program – compliant ESF-8 exercises that integrate hospitals, EMS, public health, emergency management, and long-term care facilities into discussion-based and operations-based exercises. Exercises are based on regional and state hazard vulnerability assessments as well as contractual requirements under the Hospital Preparedness Program (HPP) which funds HCC-E activity.

Regional communications drills testing both internet-based communications and radio systems are routinely conducted. Exercises contain elements testing Hospital Preparedness Program capabilities, including interoperable communications, bed reporting, patient tracking, fatality management, hospital evacuation and / or sheltering in place, and volunteer management. All exercises test the integration of local partners with regional partners, and have incorporated resource sharing, resource requests, and information sharing through local, regional, and state partners. Exercises may run concurrently with intra-regional partner exercises required of DSHS Public Health Region 2/3 and the Public Health Emergency Program, with Cities Readiness Initiative local and regional partners, and with other inter-regional Trauma Service Area partners. All participating agencies produce after action reports and corrective action plans for internal use and provide input for regional development of these documents. Real life events may be used to substitute for exercise play.

The North Central Texas Trauma Regional Advisory Council's (NCTTRAC) HCC-E Integrated Preparedness Plan (IPP) contains preparedness activities including training and exercises necessary to strengthen the core capabilities that are essential to preventing, protecting against, mitigating the effects of, responding to, and recovering from regional threats and

hazards. This organization is pursuing a coordinated preparedness strategy that combines enhanced planning, resource acquisition, innovative training, and realistic exercises to strengthen its emergency preparedness and response capabilities.

The Healthcare Preparedness and Response Program hosts the annual Integrated Preparedness Plan Workshop (IPPW) formally known as the Training and Exercise Planning Workshop (TEPW) to revise the multi-year schedule of preparedness activities. The workshop serves as a forum to coordinate training and exercise activities across organizations in order to maximize the use of resources and prevent duplication of effort throughout the region. The mission results of the coordination and development are culminated in the Integrated Preparedness Plan (see Appendix I), which provides a yearly guide to projected training opportunities and a five-year plan for exercises in the region.

Both the HCC-E Gap Analysis and Activities and Responsibilities Matrix may be found in *Appendix I*.

Additional information about the HCC-E Training & Exercise Program can be found at the following links:

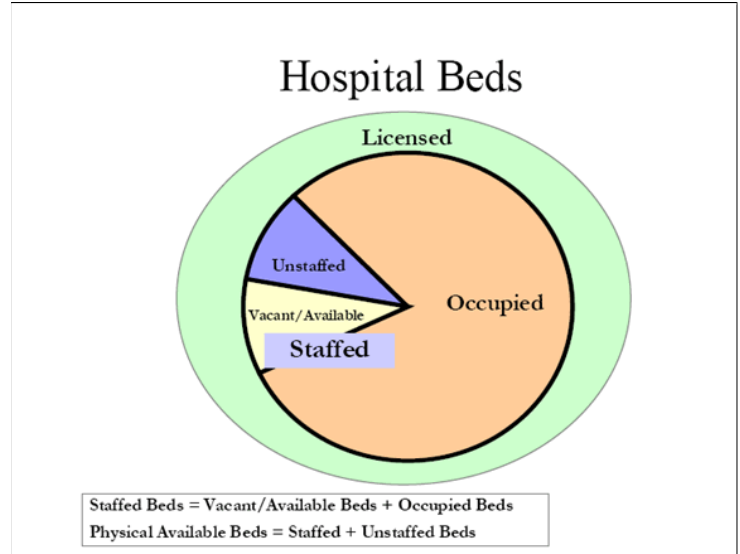
[NCTTRAC TSA-E Training & Exercise Program](#)

Appendix G: Bed Availability Tracking

Due to the COVID-19 pandemic, DSHS has instituted mandatory changes to how the state tracks available beds. A general concept of bed availability is found below, and the table on the next page lists out the actual reportable fields and definitions. Bed availability is reported by hospitals in EMResource at a frequency determined by current events: during “normal” non-response times, hospitals update their bed availability once per month in response to no-notice drills. During active response events, hospitals are expected to report bed availability once per day. NCTTRAC will notify hospitals via EMResource and email notification when daily reporting is required.

The following standard definitions have been developed by the Agency for Health Care Research and Quality (AHRQ), Public Health Emergency Preparedness Program, and incorporated into the national WholeBed standard:

1. **Licensed Beds:** The maximum number of beds for which a hospital holds a license to operate. Many hospitals do not operate all beds for which they are licensed.
2. **Staffed Beds:** Beds that are licensed and physically available for which staff is on hand to attend to the patient who occupies the bed. Staffed beds include those that are occupied and those that are vacant.
3. **Unstaffed Beds:** Beds that are licensed and physically available and have no current staff on hand to attend to a patient who would occupy the bed.
4. **Occupied Beds:** Beds that are licensed, physically available, staffed, and occupied by a patient.
5. **Vacant/Available Beds:** Beds that are vacant and to which patients can be transported immediately. These must include supporting space, equipment, medical material, ancillary and support services, and staff to operate under normal circumstances. These beds are licensed, physically available, and have staff on hand to attend to the patient who occupies the bed.



During a Mass Casualty Incident, hospitals may be asked to report their available beds based on START triage patient categories. These categories refer to acuity of care required as opposed to specific care or age details.

Hospitals should evaluate the potential needs and resources required to manage a mass casualty incident, and project hospital bed availability 4, 24 and 72 hours into the future of an event from the time of hospital notification. It is understood that these numbers represent a “best guess” estimate and that the actual number of beds available in 4, 24 and 72 hours will vary from these estimates, based upon the demands of the incident as well as the “routine”, non-incident-related patient workload. Such beds could be made available by a number of means including:

1. The early discharge of patients
2. Cancellation of elective admissions
3. The transfer of patients to alternate care sites and facilities, and
4. The creation and opening of institutional surge beds.

Department of Health and Human Services (DHHS) evidence suggests that anywhere from 15-25% of a hospital’s bed capacity could be made available by the early discharge of patients and cancellation of elective admissions. Furthermore, evidence suggests that an additional 5-20% of a hospital’s bed capacity could be made available by transfer of stable patients

requiring ward-type care (except for oxygen administration) to a non-hospital alternate care site or facility.

Regional, state, and federal goals in the improvement of bed availability call for the provision of no less than 20% bed availability of staffed members' beds, within 4 hours of disaster inception. Coordinated mechanisms should be established by hospitals supporting this goal.

The table below shows the new COVID-19 Hospital Capacity categories as defined by DSHS.

| Data Field | Definition |
|--|--|
| Available Staffed Adult ICU | Number of staffed available adult ICU beds capable of supporting critically ill patients, including patients with or without ventilator support. Do not include occupied beds. |
| Available Staffed Telemetry Beds | Number of staffed available telemetry beds. Do not include occupied beds. Do not double count beds that were reported as available in other categories. |
| Available Staffed MedSurg | Number of staffed available adult MedSurg beds capable of treating adult patients who do not require intensive care. Do not include occupied beds. |
| Available Staffed Burn Beds | Number of staffed available burn beds (approved by the American Burn Association or self-designated). These beds should not be included in other ICU bed counts. Do not include occupied beds. |
| Available Staffed Pediatric Beds | Number of staffed available pediatric MedSurg beds capable of treating pediatric patients who do not require intensive care. Do not include occupied beds. |
| Available Staffed PICU Beds | Number of staffed available pediatric ICU beds capable of supporting critically ill pediatric patients, including patients with or without ventilator support. Do not include occupied beds. |
| Available Staffed Psychiatry Beds | Number of staffed available beds on a psychiatric unit. Do not include occupied beds. |
| Available Staffed Neg Pressure Isolation | Number of staffed available beds available to provide respiratory isolation through negative pressure airflow. Do not include these beds in other bed availability categories. Do not include occupied beds. |
| Available Staffed ED Beds | Number of staffed available beds in the Emergency Department. Do not include occupied beds. |
| Available Staffed Outpatient Beds | Number of staffed available outpatient beds. Do not include occupied beds. |
| Available Staffed Observation Beds | Number of staffed available observation beds. Do not include occupied beds. |
| Overflow and Surge Beds | Additional staffed beds that can be utilized if necessary, within the walls of the hospital. Could also be called Available Staffed Surge Beds Located in Inpatient and/or Overflow Areas. Do not double-count beds; if you reported an overflow or surge bed in another available bed field, do not report it here. |
| Census: Adult Hospital Beds | Total number of staffed inpatient adult beds that are occupied. |

| Data Field | Definition |
|---------------------------------------|---|
| Census: Adult ICU Beds | Total number of staffed adult ICU beds that are occupied. |
| Census: Pediatrics | Total number of staffed inpatient pediatric beds that are occupied. |
| Census: PICU | Total number of staffed PICU beds that are occupied. |
| Available Adult Vents | Total number of adult ventilators available, to include adult ventilators that are capable of ventilating a pediatric patient. Any device used to support, assist, or control respiration through the application of positive pressure to the airway when delivered via an artificial airway. |
| Ventilators in Use - Adult | Total number of adult ventilators in use, to include adult ventilators that are capable of ventilating a pediatric patient. |
| Available Peds Vents | Total number of pediatric specific ventilators available, not to include pediatric ventilators that can also be used as adult ventilators. Any device used to support, assist, or control respiration through the application of positive pressure to the airway when delivered via an artificial airway. |
| Ventilators in Use - Pediatrics | Total number of pediatric specific ventilators in use, not to include pediatric ventilators that can also be used as adult ventilators |
| BiPAPs Available - Adult | The number of adult bi-level positive airway pressure (BiPAP or BPAP) machines with the staffing, supplies, and equipment currently available to treat adult patients. Typically used for treatment of sleep apnea and may be used to support patients with respiratory insufficiency provided appropriate monitoring (as available) and patient condition. Do not include BiPAP machines currently in use. |
| BiPAPs in Use - Adult | The total number of adult bi-level positive airway pressure (BiPAP or BPAP) machines in use. |
| BiPAPs Available - Peds | The number of pediatric bi-level positive airway pressure (BiPAP or BPAP) machines with the staffing, supplies, and equipment currently available to treat pediatric (<= 17) patients. Do not include BiPAP machines currently in use. |
| BiPAPs in Use - Pediatric | The total number of pediatric bi-level positive airway pressure (BiPAP or BPAP) machines in use. |
| Current Anesthesia Machines Available | Anesthesia machines available (can also be reported as Available Staffed Operating Rooms). |
| Current Anesthesia Machine in Use | Total number of anesthesia machines w/ventilators in use by patients, including suspected and lab confirmed COVID-19 patients admitted to general, isolation or ICU beds. |
| Vents: Transport Available | Number of portable or transport ventilators that are currently available. Do not double count ventilators that were reported in other ventilator availability fields. |
| Vents: Transport in Use | Number of portable or transport ventilators that are currently in use. Do not double count ventilators that were reported in other ventilator availability fields. |

Appendix H: Hospital Planning Guidance

[Texas Administrative Code Title 25, Part 1, Chapter 133, Subchapter C, Rule 133.45](#) and the [CMS Emergency Preparedness Rule](#) both require hospitals to develop all-hazards response plans. Hospitals participating in the Texas DSHS Hospital Preparedness Program are likewise required to develop all-hazards response plans and protocols that include elements identified in the [2017-2022 Health Care Preparedness and Response Capabilities, Capability 2, Objective 1, Activity 1](#). While each document has different specific requirements and should be referenced in the creation and revision of hospital emergency plans, a few common elements are listed below.

1. Hospital evacuation, including horizontal and vertical evacuation, evacuation within the immediate hospital area, and remote evacuation. Evacuation plans should consider communications, medical records, mobile assets, patient tracking, repatriation, staffing, supplies, pharmaceuticals, and transportation requirements.
2. Mass fatality management in which deceased human remains exceed the hospital's storage capacity and where normal mortuary support may not be functioning.
3. Hospital sheltering-in-place, for situations in which it may be safer and more medically responsible to remain within the hospital versus evacuating.
4. Pandemic influenza response addressing alternate care sites, triage of the ill, science-based triggers for action, personal protective equipment, just-in-time training of staff, education of the workforce, education of the ill and caregivers, and equipment and supplies.
5. Alternate care sites. Plans for alternate care sites during pandemic situations should include site locations, bed reporting, staff management, staff, and patient support services, transportation, security, communications, level of care provided and types of patients that can be taken care of and plans for supply and resupply of the alternate care site.
6. Personal Protective Equipment (PPE) and Decontamination planning for the purchase, sustainment, training, use, and rotation of PPE and decontamination equipment. PPE and decontamination plans should be implemented in a way that meets Occupational Safety and Health Administration (OSHA) guidelines required under [29 Code of Federal Regulations §1910.132](#), and [OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents](#).
7. Pharmaceutical cache planning, including considerations for accessing caches, the provision of prophylactic medications and vaccines to hospital personnel and their families, and the stockpiling, rotation, and funding of the cache.
8. Patient tracking and bed reporting plans reflecting hospital staff utilization of EMResource and the WebEOC NCTTRAC Regional Patient Tracking Toolkit (or its future equivalent).
9. Business Continuity plans reflecting health care agency continuity of operations plans and needs.
10. Utility Management plan describes how the organization will manage risks associated with its utility systems i.e. electrical power, HVA systems, gas systems, etc.

[Appendix I: TSA-E Healthcare Coalition Integrated Preparedness Plan](#)

North Central Texas Trauma Regional Advisory Council

Health Care Coalition-E Regional Medical Response Strategy



NCTTRAC
600 Six Flags Dr. Suite 160
Arlington TX, 76011
June 1, 2022

RECORD OF REVIEW

| Review Actions | Date | Review Body |
|--|--|--|
| Initial Draft, consolidation of related publications | 01/07/2019 | Regional Partners & NCTTRAC EMCC Staff |
| Review by the HCC Planning Subcommittee | 12/04/2018 | NCTTRAC Staff |
| Approved by REPC | 06/11/2019 | NCTTRAC Staff |
| NCTTRAC Staff Review and Recommendations for changes and updates | 03/03/2022 03/07/2022 03/22/2022 | NCTTRAC Staff |
| EHS Committees | 6/8/2022 | |
| REPC Approval | 6/7/2022 | |
| Board of Directors Approval | 6/14/2022 | |

RECORD OF CHANGES NOTICE

The North Central Texas Trauma Regional Advisory Council ensures that necessary changes and revisions to the HCC-E Regional Medical Response Strategy are prepared, coordinated, published, and distributed.

The plan will undergo updates and revisions:

- On an annual basis to incorporate significant changes that may have occurred
- When there is a critical change in the definition of assets, systems, networks, or functions that provide to reflect the implications of those changes
- When new methodologies and/or tools are developed; and
- To incorporate new initiatives

The HCC-E Medical Response Strategy revised copies will be dated and marked to show where changes have been made.

The Record of Changes table may be found on the following pages.

RECORD OF CHANGES

This section describes changes made to this document. Use this table to record:

- Location within document (i.e., article, section)
- Change Number, in sequence, beginning with 1
- Date the change was made to the document
- Description of the change and rationale if applicable
- Name of the person who recorded the change

| Article/Section | Change Number | Date of Change | Summary of Change | Change Made by |
|-----------------|---------------|----------------|---|-------------------|
| Whole Document | 1 | 02/03/2022 | Updated language and updated STATS throughout whole document | J. Brettschneider |
| I, C, 1 | 2 | 02/10/2022 | Updated TSA map and HVA | J. Brettschneider |
| I, C, 1c | 3 | 02/16/2022 | Updated trauma facilities | J. Brettschneider |
| II, B | 4 | 02/28/2022 | Updated member roles and responsibilities | J. Brettschneider |
| Unapplicable | 5 | 03/08/2022 | Deleted approval and implementation page / Deleted EMCC activation organization / Deleted EMCC Floor Plan | J. Brettschneider |
| IV, H | 6 | 03/15/2022 | Added transfer centers and transfer phone number table | J. Brettschneider |
| IV, F | 7 | 03/20/2022 | Revised and updated communications and information section | J. Brettschneider |
| III, A/B/C | 8 | 03/28/2022 | Updated TX EMTF section | J. Brettschneider |
| V, A/B/C | 9 | 04/01/2022 | Revised and updated regional mass causality incident section | J. Brettschneider |
| IV, F | 10 | 04/01/2022 | Added family reunification and patient tracking section | J. Brettschneider |
| VII, A | 11 | 04/04/2022 | Updated appendices | J. Brettschneider |
| VIII | 12 | 04/06/2022 | Updated and reformatted Annexes | J. Brettschneider |



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

(This Page Was Intentionally Left Blank)

TABLE OF CONTENTS

| | |
|--|----|
| Record Of Review | 2 |
| Record Of Changes Notice | 2 |
| Record Of Changes | 3 |
| Table Of Contents | 5 |
| I. Introduction | 7 |
| A. Purpose | 7 |
| B. Scope | 7 |
| C. Situation & Assumptions | 7 |
| D. Administrative Coordination | 9 |
| II. Role of the Coalition | 10 |
| A. Summary | 10 |
| B. Member Roles and Responsibilities | 10 |
| C. ESF-8 Lead Agency Integration – Department of State Health Services | 13 |
| D. TSA-E Medical Coordination Center (EMCC) | 14 |
| III. Emergency Medical Task Force-2 | 14 |
| A. Overview | 14 |
| B. Mission | 15 |
| C. Rosters & Notification | 16 |
| IV. Incident Response: General Concept of Operations | 16 |
| A. Incident Planning | 16 |
| B. Readiness Levels | 17 |
| C. Incident Recognition | 18 |
| D. Activation | 19 |
| E. Notifications | 20 |
| F. Communications And Information Sharing | 20 |
| G. Pre-Hospital Patient Transportation | 22 |
| H. Inter-Facility Coordination | 23 |
| I. Patient Tracking | 24 |
| J. EMCC Emergency Facilities | 25 |
| K. Medical Resource Management | 25 |
| L. North Texas Mass Critical Care Guidelines | 27 |
| M. Continuity of Operations | 28 |
| N. Demobilization | 28 |
| O. Recovery | 29 |
| V. Regional Mass Casualty Incident | 30 |
| A. Overview | 30 |
| B. Scope | 30 |
| C. Concept Of Operations | 30 |
| VI. References | 33 |
| A. Federal | 33 |
| B. State | 33 |
| C. Regional And Local | 33 |
| VII. Appendices | 34 |
| Appendix A: HCC Member Contact Information | 34 |
| Appendix B: EMCC Activation Activities | 44 |

| | |
|--|----|
| Appendix C: ICS-213RR..... | 46 |
| VIII. Annexes..... | 47 |
| Annex A: North Texas Mass Critical Care Guidelines: Adult..... | 47 |
| Annex B: North Texas Mass Critical Care Guidelines: Pediatric..... | 48 |
| Annex C: TSA-E Medical Coordination Center Standard Operating Guidelines..... | 49 |
| Annex D: HCC-E Communications & Information Sharing Concept of Operations..... | 50 |
| Annex E: Healthcare Coalition Memorandum of Sharing..... | 51 |
| Annex F: NCTTRAC Regional Assets List..... | 52 |
| Annex G: NCTTRAC Property Transfer Agreement..... | 53 |
| Annex H: HCC -E Infectious Disease Response Annex..... | 54 |
| Annex I: HPP Grantee Continuity of Operations Plan..... | 55 |
| Annex J: The State of Texas Disaster Medical System Overview..... | 56 |
| Annex K: North Central Texas Mass Casualty Incident Framework..... | 57 |
| Annex L: HCC -E Pediatric and Perinatal Surge Annex..... | 58 |
| Annex M: HCC -E Regional Burn Surge Annex..... | 59 |

I. Introduction

A. Purpose

1. The purpose of the Health Care Coalition-E (HCC-E) Regional Medical Response Strategy is to provide an overview of medical response coordination efforts to natural and manmade events that threaten the emergency healthcare system within HCC-E. This strategy describes the HCC-E's support of strategic planning, information sharing, and resource management efforts during large-scale emergency medical response.

B. Scope

1. The HCC-E Regional Medical Response Strategy covers regional medical response coordination efforts to large-scale emergency events affecting the HCC-E. While this strategy lays out activities and efforts that are common to most emergency incidents, not all incidents are the same, and the elements of this strategy that are executed will vary based on the hazard and scope of any individual incident. This strategy only covers the response for the HCC-E; there may be other agencies within the coalition that may also have a response strategy. Similarly, each resource (i.e., EMS agencies, FROs, and Public Health, Emergency Management) may have their own protocols in place. *Please note, these plans do not supersede jurisdictional or agency plans.*
2. The statutory authority of HCC-E is limited to the items defined in the following agreements:
 - a. Hospital Preparedness Program (HPP) Public/Private Letter of Agreement (LoA)
 - b. Healthcare Coalition Memorandum of Sharing (MoS)
 - c. TX Emergency Medical Task Force (EMTF) Memorandum of Agreement (MoA)
 - d. NCTTTRAC Transfer Agreement
 - e. Resource-Specific Memorandums of Agreement (MoA)*Please note, these agreements do not supersede jurisdictional, or agency plans nor existing mutual aid agreements and compacts.*
3. This strategy was developed with the input of and includes (but is not limited to) the following HCC-E partners and components:
 - a. Regional Emergency Preparedness Committee (REPC)
 - b. Trauma Service Area - E Medical Coordination Center (EMCC)
 - c. Emergency Medical Task Force 2 (EMTF-2) Subcommittee
 - d. Participant Hospitals & Hospital Systems
 - e. Participant EMS Agencies
 - f. Participant Public Health Agencies
 - g. Participant Jurisdictional Emergency Managers
 - h. Other Provider Types impacted by CMS Emergency Preparedness Rule

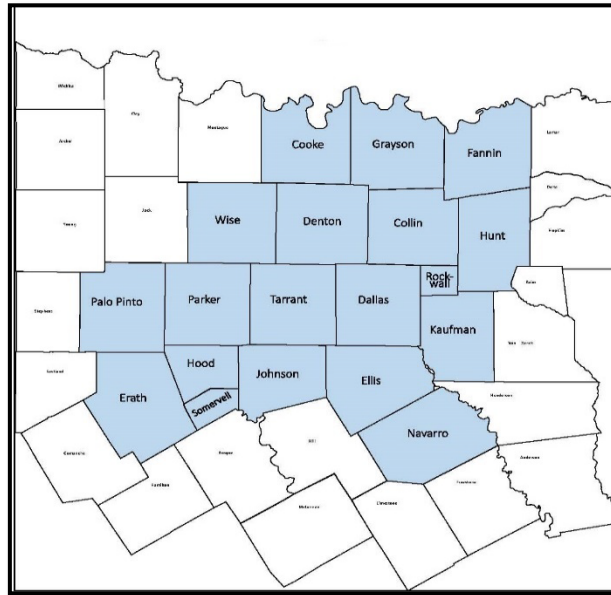
C. Situation & Assumptions

1. Situation

- a. The geographic boundaries of HCC-E align congruently with Trauma Service Area-E (TSA-E). TSA-E is the geographic area, whereas HCC-E consists of the organizations that make up coalition. A regional map, list of counties, and a summarized regional Hazard Vulnerability Assessment (HVA) are in the figures below. The DFW Metro-Area is the pulse of the 19-county region with its four most populous counties, Dallas, Tarrant, Collin, and Denton being central within the region and adjacent to one another. The population of these four counties make up 84% of the total estimated population of 7.7M within TSA-E per census.gov.

County Map of TSA-E

- Collin
- Cooke
- Dallas
- Denton
- Ellis
- Erath
- Fannin
- Grayson
- Hood
- Hunt
- Johnson
- Kaufman
- Navarro
- Palo Pinto
- Parker
- Rockwall
- Somervell
- Tarrant
- Wise



Top Ten Hazard Vulnerability Assessment - 2021

- 1) Tornado
- 2) Pandemic
- 3) Inclement Weather
- 4) IT System Outage
- 5) Active Shooter
- 6) Winter Weather/Freeze Event
- 7) Epidemic
- 8) HVAC Failure
- 9) Power Outage
- 10) Mass Casualty Incident (MCI)

The HVA Dashboard may be found at: <https://ncttrac.org/programs/healthcare-coalition-hpp/tsa-e/training-exercise/>

- b. TSA-E contains the following DSHS Trauma-Designated facilities as of February 16, 2022. Individual facilities can be found in the TSA-E Regional Trauma System Plan or on the DSHS website at <https://dshs.texas.gov/emstraumasystems/etrahosp.shtm>
 1. 7 - Level I Comprehensive Trauma Facilities
 2. 6 - Level II Major Trauma Facilities
 3. 16 - Level III Advanced Trauma Facilities
 4. 20 – Level IV Basic Trauma Facilities
- c. The TSA-E is generally considered to be medically resource rich with regards to capacity and capabilities. The following are the number of some resources within TSA-E as of March 18, 2022:
 1. 154 General Hospitals
 2. 136 Special Care Facilities

3. 113 EMS Agencies
4. 141 First Responder Organizations (FRO)
5. 942 Long Term Care Facilities
6. 18 Psychiatric Hospitals

2. Assumptions

- a. The potential for substantial loss of life is significant during Mass Casualty Incidents (MCI) and patient survival is dependent on the availability and rapid deployment of critical resources.
- b. As established in Texas Disaster Medical System (TDMS), the Department of State Health Services (DSHS) Public Health Region (PHR) 2/3 is the Emergency Support Function-(8) (ESF-8) Lead Agency in TSA-E.
- c. The TSA-E Medical Coordination Center (EMCC) provides support for health and medical care delivery by hospitals and Emergency Medical Services (EMS) agencies. The EMCC is staffed and operated by NCTTRAC with potential support from local medical incident support team members (MIST).
- d. Local jurisdictions should exhaust available resources, including local mutual aid resources, before requesting additional assistance from NCTTRAC.
- e. Emergency Medical Task Force-2 (EMTF-2) may activate in support of a regional disaster. The EMTF-2 Coordination Center is housed in and supported by the EMCC.
- f. EMTF-2 will coordinate with the TX EMTF State Coordination Office (SCO) routinely and in disaster response.
- g. During mass casualty incidents, regionally supported Crisis Standards of Care, or deviation from conventional standards of care and triage may be implemented to provide the highest level of medical care capable of being delivered under disaster conditions. The HCC-E Crisis Standards of Care may be found in Annex A and Annex B, *North Texas Mass Critical Care Guidelines Document* for Adults and Pediatrics. It is important to note that the responsibilities for implementing the crisis standard of care, lies solely with the organization.
- h. Primary medical treatment facilities may be damaged or inoperable after an incident occurs.
- i. The establishment of alternate care sites may be necessary to supplement local healthcare systems. However, barring major infrastructure damage, it is generally preferred to increase surge capacity at existing healthcare facilities as opposed to building temporary care facilities in austere conditions.
- j. Deploying agencies are responsible for responder safety and health during all phases of emergency response.
- k. Hospitals and EMS agencies will coordinate with their local county Emergency Management Office routinely and in a disaster response.

D. Administrative Coordination

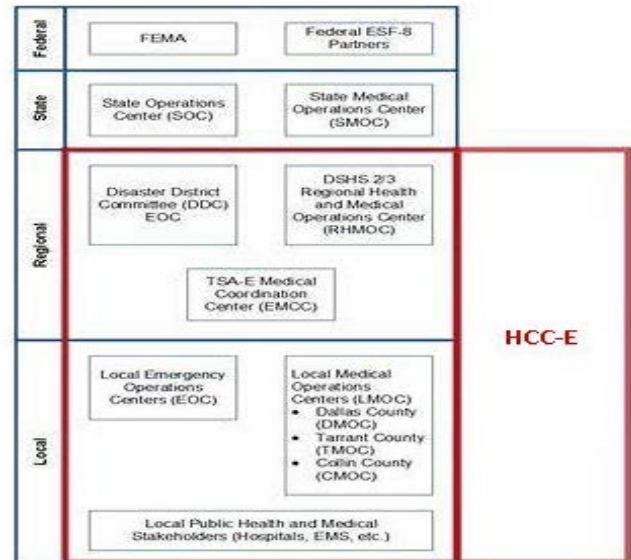
1. The HCC-E Regional Medical Response Strategy will be reviewed and updated annually. All revisions and review activities will be noted in the Record of Changes in the front of the document. General review procedures involve the following:
 - a. NCTTRAC staff annually reviews Response Strategy to ensure consistency with other regional plans.
 - b. NCTTRAC staff annually reviews recent exercise and real-world incidents and incorporates identified areas of improvement into the Response Strategy.
 - c. Revised Response Strategy Draft is distributed to HCC members for review and comments.
 - d. REPC votes to recommend approval of revised Response Strategy.
 - e. NCTTRAC Board of Directors votes to endorse the Revised Response Strategy.

- f. Revised Response Strategy is voted for approval by NCTTRAC General Membership as part of the TSA-E Regional Trauma System Plan.
- g. Revised Response Strategy is submitted into the Assistant Secretary for Preparedness and Response (ASPR) Coalition Assessment Tool (CAT)

II. Role of the Coalition

A. Summary

1. A regional medical response that is timely, well-coordinated, and regularly exercised can mitigate damages and save lives. The response goal of the HCC-E is to promote resiliency and ensure adequate surge capacity and capability across the HCC during a mass casualty or disaster situation. Effective response and recovery require a coordinated effort among public and private entities. Hospitals and healthcare facilities are critical during an emergency and therefore must be active participants in emergency preparedness efforts by partnering with EMS agencies, emergency management, public health, and other entities that are active in an emergency response. The HCC-E regional response structure promotes jurisdictional cooperation and coordination, but recognizes the autonomy, operational authority, and unique characteristics of each jurisdiction at the facility, local, regional, and state levels. Figure 1 shows the basic structure of the HCC-E Health Care Coalition.



B. Member Roles and Responsibilities

1. Generally, the emergency response roles of the HCC-E and its composite partner organizations follow the following structure:
 - a. Individual EMS agencies respond to emergency scenes, provide pre-hospital triage and treatment, and transport patients to appropriate healthcare facilities. Immediate response activities are coordinated and overseen by the local incident command structure.
 - b. Healthcare facilities provide in-depth medical care to patients who arrive at their location (whether via EMS transport, inter-facility patient transfers, or patient self-presentation).
 - c. Some counties maintain County Medical Operations Centers (MOCs) – in TSA-E, these exist in Dallas County (DMOC), Tarrant County (TMOC), and Collin County (CMOC). The exact roles and responsibilities of a County MOC will vary between counties, but generally County MOCs provide medical operations support and coordination within their designated county. County MOCs often serve as the medical liaison between county emergency management and individual healthcare facilities or EMS agencies.
 - d. The TSA-E Medical Coordination Center (EMCC) serves as the regional response support arm of the HCC-E. The EMCC does not direct the response activities of individual HCC partner organizations, but rather it provides coordination and support for those response activities to ensure that overall regional medical needs are being met. While EMCC activities may vary based on the hazard and scope of the incident, generally the EMCC will notify the HCC-E of emergency incidents, gather, and share essential elements of information across the HCC,

coordinate EMTF-2 response activation activities, provide medical resource support for regional medical operations, and help coordinate large-scale patient movement.

- e. County Public Health Agencies serve as the ESF-8 Lead Agency for their counties and provide public health surveillance and response to their jurisdictions.
- f. DSHS PHR 2/3 operates the Regional Health and Medical Operations Center (RHMOCC) and serves as the ESF-8 lead agency within their jurisdiction. The RHMOCC supports and coordinates regional public health related activities whereas the EMCC supports and coordinates regional medical care related activities.
- g. Local emergency management organizations coordinate overall emergency response activities within their jurisdiction. The Texas Division of Emergency Management (TDEM) will activate local Disaster District Committees (DDC) which support and coordinate regional emergency management related activities.

A detailed breakdown of HCC partner organizations and their roles, responsibilities, and resources can be found below.

| HCC Partner Types | Roles & Responsibilities | Resources |
|--|--|--|
| TSA-E Medical Coordination Center (EMCC) | <ul style="list-style-type: none"> Sharing information between HCC members and with other jurisdictional partners Maintaining situational awareness Sharing and coordinating resources Coordinating patient movement and evacuation Assisting with coordination of mass shelter operations Tracking patients and supporting family reunification Coordinating assistance centers and call centers Coordinating psychological care services Providing HCC liaison support to emergency operations centers Coordinating EMTF Activation activities | <ul style="list-style-type: none"> Blue-Med Medical Tent Radiation Detection Portal Drive Thru Screening Tent Flexmort System Mass Fatality Trailer Shelter Support The Mintie Environmental Containment Unit Medical Operations Coordination Kits Plum Case Enterprise RadEye B20 Radiation Survey Meters |
| Emergency Medical Task Force-2 | <ul style="list-style-type: none"> Coordinated regional medical response Emergency medical care Emergency medical transportation Provision of an Alternate Care Site Augmentation of medical personnel HCID medical transportation | <ul style="list-style-type: none"> Ambulance Strike Team Mobile Medical Unit Medical supply cache Medical Incident Support Team Task Force Leaders Infectious Disease Response Unit PPE |
| EMS | <ul style="list-style-type: none"> Provide emergency medical care and transportation Triage & tag patient with unique identifier Activate mutual aid plans or procedures Notify the EMCC about emergent disasters, including MCIs Establish an Ambulance Staging Area | <ul style="list-style-type: none"> MICU AMBUS Special services (USAR, Trench Rescue, Swift Water, etc.) |

| HCC Partner Types | Roles & Responsibilities | Resources |
|---|--|--|
| | <ul style="list-style-type: none"> Request additional EMS resources | |
| Hospitals | <ul style="list-style-type: none"> Provide quality patient care to the sick and injured. Respond to Immediate Bed Availability Request Update EMResource; NEDOCS and ED Status Establish Hospital Command Center Respond to informational surveys (Critical Infrastructure Survey, Supply Shortages Survey, etc.) Participate in Patient Tracking efforts Provide healthcare system LNO to EMCC | <ul style="list-style-type: none"> Trauma designated Hospitals Specialty Care Hospitals Burn Centers Pediatric Hospitals General Acute Hospitals |
| Hospital System Transfer Centers | <ul style="list-style-type: none"> Participates in HCC-E patient coordination and patient transfer calls during mass patient movement (e.g., Evacuations, hurricanes, internal disasters) Day to day operations still applicable | <ul style="list-style-type: none"> Baylor Scott and White Health System Medical City Health System Methodist Health System Texas Health Resources System Children's Health System |
| Emergency Management | <ul style="list-style-type: none"> Disaster Surveys Incident Related Situational Awareness Disaster Summary Outlines Assist local healthcare providers with resource requests through the STAR process | <ul style="list-style-type: none"> City/ County Emergency Managers City Emergency Operation Centers (EOC) County EOCs |
| DSHS PHR 2/3 Regional Health and Medical Operations Center (RHMOCC) | <ul style="list-style-type: none"> Medical material management and distribution Public Health surveillance and epidemiological investigation Coordination of regional infectious disease testing Provide Public Health liaison to regional DDC Coordinate Public Health education and communication efforts Provide Public Health services to non-public health counties | <ul style="list-style-type: none"> Regional Health Medical Operations Center (RHMOCC) Epidemiologist Strategic National Stockpile (SNS) Clinical Field Offices |
| Local Public Health Departments | <ul style="list-style-type: none"> Public Health Surveillance Public Health Education Strategic National Stockpile coordination Points of Dispensing coordination Fatality Management Vector Control Environmental Inspections | <ul style="list-style-type: none"> Epidemiologists SNS Shelter Operations Team Health Department EOC Medical Reserve Corp |
| Texas District Disaster Committee/ Chair (DDC) | <ul style="list-style-type: none"> Assist local officials in carrying out emergency planning, training, and exercises, and developing emergency teams and facilities | <ul style="list-style-type: none"> State Resources |

| HCC Partner Types | Roles & Responsibilities | Resources |
|-----------------------------------|---|---|
| | <ul style="list-style-type: none"> Coordinate resources of state agencies, as requested by local jurisdictions. Collect information for situation reports to state operations center. Receives and processes STAR request Identify urgent needs, advise local officials regarding state assistance, Coordinate deployment of state emergency resources to assist local emergency responders. | |
| Local EMS Medical Control Centers | <ul style="list-style-type: none"> Communication between EMS and Hospitals Situational awareness for their EMS agencies Coordination with mass patient movement | <ul style="list-style-type: none"> 24/7 Operations Medical direction Established communication channels with EMS and Hospitals |

C. ESF-8 Lead Agency Integration – Department of State Health Services

- As the ESF-8 Lead Agency, The Texas Department of State Health Services (DSHS), Public Health Region 2/3 (PHR 2/3) provides essential emergency public health response information during urgent and emergency situations, such as a natural, manmade, or technological disaster. PHR 2/3 Staff will activate, establish, and staff the Regional Health Medical Operations Center (RHMOCC) as a single point of contact for directing regional information to local and statewide public health stakeholders.
- The basic organizational structure of the PHR 2/3 RHMOCC consists of the Command Staff, Operations Section, Logistics Section, Planning Section, and Finance Section. Within each of these sections, subunits are created based on the complexity of the incident, functions needed, and tasks assigned to each unit.
- DSHS and NCTTRAC will mutually support mass casualty events and disasters, including the mutual provision of ESF-8 liaisons to local Emergency Operations Centers (EOCs) and Disaster District Committees (DDCs). Generally, the RHMOCC supports and coordinates regional public health activities whereas the EMCC supports and coordinates regional medical activities. At the DDC level, RHMOCC liaisons and EMCC liaisons are generally stationed next to one another to ensure that all ESF-8 response support efforts are well-coordinated. The RHMOCC and the EMCC communicate during emergency incidents both via point-to-point contact (such as by cell phone, email, or radio) and via information sharing platforms (such as WebEOC).
- The DSHS 2/3 Community Preparedness section is an established notification group in the EMCC Mass Notification System and are notified as HCC-E activity levels change in response to emergencies within the region.

D. TSA-E Medical Coordination Center (EMCC)

- While individual HCC partner organizations are responsible for clinical healthcare delivery and other immediate medical response operations, the EMCC serves as the regional medical response support and coordination arm of the HCC-E. As the HPP Contractor, NCTTRAC staffs and

operates the EMCC. The objective of the EMCC is to support medical services delivery by hospitals and EMS agencies during emergencies.

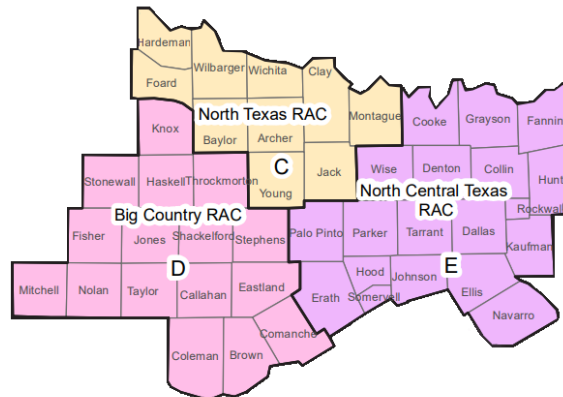
2. The EMCC may support response to local, regional, state, and federal emergencies. Response activities will be scaled as appropriate for the given event and may range from desk support during working hours to 24/7 activation of the EMCC and the provision of liaison officers to work with various regional and state response agencies. Primary functions of the EMCC include:
 - a. Regional event notification
 - b. Information Gathering and Sharing
 - c. Bed availability reporting
 - d. Crisis applications/communications support
 - e. Regional resource coordination
 - f. Patient tracking administration support
 - g. Patient destination decision support
 - h. Medical sheltering support
 - i. EMTF mobilization/activation coordination
3. The EMTF-2 Coordination Center is a component of the NCTTRAC EMCC. The EMTF-2 Coordination Center is activated upon publication of State Mission Assignment (SMA) and/or as an emergency incident escalates and such activity is warranted.
4. The NCTTRAC EMCC works in conjunction with and in support of individual HCC partner organizations and other regional response organizations. The NCTTRAC Executive Director serves as the EMCC Executive Director and maintains final authority for all EMCC actions.
5. Specific details relating to EMCC position structure and internal operations can be found in Annex B, *Trauma Service Area E Medical Coordination Center Standard Operating Guidelines*.

III. Emergency Medical Task Force-2

A. Overview

1. The goal of the Texas EMTF program is to provide a well-coordinated response, offering rapid professional medical assistance to emergency operation systems during large-scale incidents. Eleven Emergency Medical Task Forces can be rostered across Texas.
2. TX EMTF is a regional and statewide medical response capability. NCTTRAC serves as the lead agency for administration of the EMTF-2 Program for North Central Texas (TSA-E – DFW), North Texas (TSA-C – Wichita Falls), and West Central Texas (TSA-D – Abilene). TX EMTF elements will stand ready to provide medical surge support throughout the State of Texas, and regionally as requested for mutual aid. Designated EMTF-2, the regional task force can provide the following:
 - a. Ambulance Strike Team (*Team of paramedics to provide emergency medical services during a disaster*).
 - b. Medical Incident Support Teams (*Provides ESF-8 integrated subject matter expertise to EOCs*).
 - c. RN Strike Team (*Team of Registered Nurses to augment Emergency Department capabilities during a disaster*).
 - d. AMBUS (*Treatment and transport capability for 20+ patients during a disaster*).
 - e. Ambulance Staging Management Team (*Team dedicated to set up and operate a regional ambulance staging area*).

- f. Mobile Medical Unit (*Temporary care facility during a disaster with 16 – 32 beds. Consists of tentage, equipment, and staffing*).
 - g. Infectious Disease Response Unit (*Dedicated transport services and hospital care capability for suspected and confirmed High-Consequence Infectious Disease patients*).
 - h. Wildland Fire Medical Support Teams (*Teams embedded within wildland firefighting units to provide immediate medical care*).
 - i. Air Medical Strike Team (*Air medical transport & evacuation services during a large-scale disaster*).
 - j. Tactical Medic Support Unit (*Support for Large-Scale/Complex Coordinated Terror Incidents*).
 - k. Texas Mass Fatality Operations Response Team (*Operational assistance to medicolegal authorities with site operations, morgue operations, Victim Identification Center, and Victim Information Center operations following a mass-fatality incident*).
3. Asset deployment time may be anywhere between 20 minutes to 2 hours, depending on asset(s) needed and the situation. When called upon by the State, teams and assets will deploy with costs reimbursed by the State. When called upon locally or regionally, costs must be reimbursed by the receiving jurisdiction, or be absorbed by the providing agency. More information on EMTF-2 processes and procedures can be found in Annex B, *Trauma Service Area E Medical Coordination Center Standard Operating Guidelines*.



B. Mission

1. Emergency Medical Task Force 2 (EMTF-2) is designed to respond to disasters or events to provide care and/or transportation. EMTF-2 resources may be requested by contacting NCTTRAC or local Disaster District Chair (DDC).
2. The mission of EMTF-2 is to augment and support the needs of an impacted community with temporary healthcare infrastructure configured to meet incident needs.
3. EMTF-2 will 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. To facilitate this readiness, EMTF-2 will utilize the EMTF Coordinator to assist in ensuring the highest level of preparedness for the EMTF all-hazard response.

C. Rosters & Notification

1. Notification - In the event of a notification of deployment The Texas Emergency Medical Task Force State Coordinating Office (TX-EMTF-SCO) will notify the EMTF-2 Coordinator. The EMTF-2 Coordinator will then send a message via the Everbridge Notification System, polling for specific assets and their availability. EMTF-2 has developed a system of maintaining a pre-screened roster of persons and or assets who have signed Memorandum of Agreement's (MOA) with The Texas Emergency Medical Task Force.
2. Rostering - The EMTF-2 Coordinator will compile a "Roster" of Agencies and their available assets based on their responses to the Everbridge. Member Agencies reports to the EMTF-2 Coordinator will include their personnel and asset information, all of which is captured and entered into the WebEOC Portal. Rostering in WebEOC is the primary method of team availability and roster details from the region to the SCO and SMOC.
3. Activation - The SCO will notify the EMTF-2 Coordinator that the rostered assets have been activated once a State Mission Assignment (SMA) has been granted. The EMTF-2 Coordinator will then notify the rostered assets and have them muster at the NCTTRAC Warehouse. While enroute to the muster point, the EMTF-2 Coordinator will activate tracking devices, enter members into GroupMe, Stage Gear, and assign personnel in WebEOC. Upon completion of pre-deployment tasks, the EMTF-2 Coordinator will ensure all members have been briefed on deployment expectations and safety requirements, have received all radios, tracking gear, and other deployable equipment, and are ready for departure. In coordination with the TX-EMTF SCO, all units will be tracked throughout the entire deployment.
4. Demobilization - The TX-EMTF SCO will notify the EMTF-2 Coordinator its plans to DEMOB from a deployment. The EMTF-2 Coordinator will work with the deployed members to have them muster at the NCTTRAC warehouse upon departure from area of deployment. Upon arrival to NCTTRAC warehouse the EMTF-2 Coordinator will collect any gear that accompanied the deployed members, and track demobilization statuses until all activated resources have demobilized and report to the TX EMTF SCO the region is demobilization complete.
5. Reconstitution - After the deployment is complete, the EMTF-2 Coordinator along with the NCTTRAC Logistics Staff will thoroughly inspect all gear, note any damage or issues. Reconstitution of equipment and communication assets are a major priority in the time following an activation, proper reconstitution is critical to maintaining proper standards are readiness.

IV. Incident Response: General Concept of Operations

A. Incident Planning

1. Immediate emergency response goals and objectives are determined by the Incident Command Structure established by the authority having jurisdiction. Similarly, individual HCC partner organizations are responsible for internal strategic planning and goal setting. If the incident affects the HCC Coalition, leadership will meet virtually to help drive the specific strategic planning and goals.
2. The HCC-E supports regional medical strategic planning efforts through multi-agency coordination. This is usually accomplished through a combination of virtual coordination (via crisis applications and point-to-point communications) and physical coordination in the form of liaison support from HCC partner organizations to the EMCC and from the EMCC to local EOCs.

3. The EMCC will engage in virtual multi-agency coordination during every operating period. This ensures that important information is being gathered and shared across all levels of the emergency healthcare response and that regional ESF-8 response plans, strategies, and objectives are effective and well-informed. Virtual multi-agency coordination activities include:
 - a. Information Sharing as described in the “Communications and Information Sharing” section of this document.
 - b. Point-to-point communication with relevant affected entities, including (but not limited to) the following:
 - i. HCC partner organizations (hospitals, EMS agencies, etc.) in the affected area.
 - ii. County MOCs
 - iii. County Public Health Agencies
 - iv. County EOCs
 - v. DSHS PHR 2/3 RHMOC
 - vi. DDC 4A (Garland)
 - vii. DDC 4B (Fort Worth/Hurst)
 - viii. DDC 22 (Sherman)
 - ix. EMTF State Coordination Office (SCO)
 - x. DSHS State Medical Operations Center (SMOC)
4. The EMCC will provide or arrange HCC liaison support to local EOCs, DDCs, or the RHMOC as needed. EMCC liaisons may be a combination of NCTTRAC staff and/or EMTF-2 Medical Incident Support Team (MIST) members. While ideally the EMCC would provide a liaison to all affected EOCs, personnel resources to fill liaison roles can be scarce. EMCC liaison preference will be given to regional EOCs (such as the DDC or RHMOC) first, county MOCs and EOCs (such as the Dallas Medical Operations Center or the Tarrant County Emergency Operations Center) second, and city EOCs (such as the City of Denton Emergency Operations Center) third.
 - a. To request an EMCC liaison, partner organizations should call the 24/7 Duty Phone at (817) 607-7020. A formal request via a State of Texas Assistance Request (STAR) may be required.
 - b. The EMCC Liaison will serve as a subject matter expert on supporting pre-hospital and hospital emergency medical operations in TSA-E to ensure that regional response strategies, plans, and objectives are consistent with the needs of the HCC-E and its composite partner organizations. Additionally, the EMCC Liaison will help transfer information from the EMCC to the DDC or local EOC and vice versa, including medical resource requests
5. The EMCC may request liaison support from HCC partner organizations to balance EMCC staffing with appropriate subject matter expertise. Representatives from EMS, Public Health, Hospital Systems, and jurisdictional Emergency Management may be requested to augment and inform emergency medical support operations during an EMCC activation. These representatives may be physically located in the EMCC or provide representation virtually.

B. Readiness Levels

1. Many emergencies follow some recognizable build-up period during which actions can be taken to achieve a gradually increasing state of readiness. The EMCC uses a four-tier system. Readiness Levels will be determined by the NCTTRAC Executive Director or as directed under contract with DSHS State Medical Operations Center (SMOC). General actions to be taken at each readiness level are outlined below; specific functions during emergency situations will be directed by the NCTTRAC Executive Director.

2. The following Readiness Levels will be used as a means of recognizing increases in EMCC support posture:
 - a. Normal - Normal refers to situations that are routine in nature and do not cause an interruption in daily operations for NCTTRAC Staff or HCC partner organizations. Limited assistance may be requested from jurisdictions or partners pursuant to established inter-local agreements, mutual aid agreements, or standard operating procedures.
 - b. Elevated - Elevated refers to a situation that presents a greater potential threat than “Normal Conditions” but pose no immediate threat to life and/or property. General readiness actions may include increased situation-monitoring, a review of plans and resource status, determining staff availability, and placing personnel on-call for potential emergency operations. Advisory notifications may be published for general situational awareness.
 - c. Partial Activation - Partial Activation refers to a situation with a significant potential and probability of causing loss of life and/or destruction of property. Declaration of a Partial Activation will normally require some degree of warning to the public. General readiness actions may include continuous situation monitoring, identifying worst-case decision points, increasing preparedness of personnel and equipment, developing/providing the public with information designed to improve emergency health care delivery, preparing for evacuation and shelter operations, and identifying available medical resources including equipment, supplies, and personnel. Other actions may include establishing contact with public health and emergency management partners.
 - d. Full Activation - Full Activation refers to situations in which hazardous conditions are imminent. This condition denotes a greater sense of danger and urgency than is associated with a “Partial Activation” event. During a Full Activation, the EMCC is staffed for 24/7 operations. General readiness actions may include continuous situation monitoring, implementing active resource and information systems support, putting hospitals, EMS, and emergency management professionals on alert, and preparing for the deployment of medical services assets (including EMTF-2). A State Mission Assignment (SMA) will generally accompany a Full Activation and the time-period will generally exceed 12 hours.

C. Incident Recognition

1. Generally, individual HCC partner organizations will be the first to learn about emergent incidents. Upon recognition of an emergent incident that will affect the HCC-E, individual HCC partner organizations should notify the EMCC by calling the 24/7 Duty Phone. The 24/7 Duty Phone can be reached using the following numbers:
 - a. 24/7 Duty Phone Primary Number: 817-607-7020
 - b. 24/7 Duty Phone Secondary Number: 682-225-3559
2. The EMCC actively monitors real-world events which have the potential to impact the healthcare system in TSA-E. Severe weather incidents are often precipitated by some forewarning by the National Weather Service (NWS) in the form of an email NWS Weather Alert. The EMCC will forward significant NWS Weather Alerts to the HCC at-large using email distribution lists and EMResource event notifications. Similarly, planned community events with the potential to turn into a Mass Casualty Incident (MCI) may result in the EMCC notifying the HCC at-large and initiating a bed availability report in EMResource.
3. Information received by the EMCC regarding an incident will be vetted and shared along appropriate distribution lines on EMResource, email, and/or Everbridge. This message will generally reference a created WebEOC incident and will be updated as details of the incident emerge.

D. Activation

1. Individual HCC partner organizations may activate their own command centers, emergency operations centers, or emergency operations plans independently of EMCC activations. Individual HCC partner organizations (including County MOCs) maintain activation criteria and protocols that are specific to their organization, jurisdiction or county, and EMCC activation criteria, methods, and protocols do not supersede those individual procedures.
2. The EMCC is activated in one of three ways:
 - a. At the direction of the NCTTRAC Executive Director, his/her designee, or available senior staff member.
 - b. At the direction of the DSHS SMOC (via a State Mission Assignment)
 - c. At the request of HCC partner organizations and other regional partners. The authority to approve EMCC activation requests rests with the NCTTRAC Executive Director. Partner organizations that can request EMCC activation include, but are not limited to, the following:
 - i. Regional hospitals, EMS agencies, and EMS Medical Directors
 - ii. DDC 4A (Fort Worth/Hurst), DDC 4B (Garland), DDC 22 (Sherman), DDC 7 (Abilene), or DDC 3 (Wichita Falls)
 - iii. DSHS PHR 2/3 (RHMOC)
 - iv. Cities and counties within TSA-E
3. The general process for a partner organization to request an EMCC activation is listed below:
 - a. Affected HCC partners should notify the EMCC using the 24/7 Duty Phone as emergency situations begin to develop. The EMCC 24/7 emergency duty phone may be reached at (817) 607-7020.
 - b. Initial activation requests may be made verbally to start regional support processes – these include (but are not limited to) region-wide alerting, issuing regional bed availability reports, and creation of a WebEOC incident.
 - c. All formal activation requests must be provided in writing within the first 24 hours following the initial request and should originate from the leadership of the requesting organization.
 - d. For non-state activations of the EMCC, a general message such as an ICS-213RR may be used. If email submission of the 213RR is not available, a fax copy of the 213RR may be sent to (817) 608-0399. External partners should establish telephone contact with the EMCC to ensure reception of the request. For state activations of the EMCC, the preferred method is the State of Texas Assistance Request (STAR) in WebEOC. Telephone contact to the EMCC 24/7 Duty Phone at (817) 607-7020 to ensure delivery is recommended.
 - e. If a 213RR is not available in electronic or hard copy form, written activation requests may be provided in any written narrative format. Follow local jurisdiction processes.
 - f. All EMCC activation requests should be concurrently provided to supporting jurisdictional partners. NCTTRAC will provide partners a copy of any activation request when it appears that jurisdictional emergency management partners have not been included in the request distribution.
4. Initial EMCC activation actions can be found in Appendix C, *EMCC Activation Activities*.

E. Notifications

1. The secondary point-to-point communications methods for HCC-E include Public Safety Radio Systems, the D/FW Wide Radio System, the D/FW CONNCT Radio Overlay, Amateur Radio, Satellite Phones, and MSAT units. The secondary information sharing platform for HCC-E is WebEOC. While some HCC partner organizations use public safety radio systems as a means of

point-to-point communication during normal operations, they also play a significant role during emergency response operations as the primary means of interoperable communication between emergency response organizations. Each individual HCC partner organization maintains some combination of primary and secondary communications and information sharing methods. Secondary communications and information sharing methods will be employed as needed during an emergency response scenario.

2. Mass notifications to HCC-E partner organizations occur primarily in EMResource using the “Events” feature. All EMResource users can create events in EMResource, but the EMCC is the primary creator of event notifications. When an emergent incident (such as an active shooter) occurs, HCC partner organizations should create an event notification in EMResource. If they are unable to do so, the EMCC will create the event notification instead. Urgent EMResource event notifications will also be distributed via email using NCTTRAC distribution lists to ensure that all relevant partners are notified.
3. The EMCC also receives EMResource notifications when certain statuses change – for example, when a hospital updates their status to “Closed” in EMResource, the EMCC is notified via email and text message. This notification can then be passed on to other relevant HCC partner organizations. HCC partner organizations also may set up status change notifications in EMResource. Deployable assets (such as AMBUSES, MERC Trailers, or Mass Fatality Trailers) changing their deployment status in EMResource also triggers email and text notifications to EMCC staff. This information can then be passed on to HCC partner organizations as needed.

F. Communications and Information Sharing

1. Information sharing and communication both within HCC-E and from the HCC to external partners occurs on a day-to-day basis during normal operations. The methods used to share information and communication amongst the HCC on a day-to-day basis form the foundation for information sharing and communication methods during response operations. Point-to-point communication during response operations should take place using the same primary methods as during normal operations, but information sharing will expand significantly. The following sections describe the platforms and methods used for communication and information sharing within the HCC to external partners during response operations, alerting and notification procedures, situational awareness, Essential Elements of Information (EEIs) sharing and redundant communications protocols should primary communications systems become inoperable. More details on communication and information sharing in the HCC-E can be found in Annex C, *HCC-E Communications, and Information Sharing Concept of Operations* at the end of this document.
2. The primary point-to-point communications methods for HCC-E include email, cell phones, business phones, fax lines, and public safety radio systems. The primary information sharing platform for HCC-E is EMResource. All the aforementioned systems are used for communication and information sharing on a day-to-day basis in TSA-E and will continue to be used for those purposes during a regional emergency incident.
3. EMTF-2 notifications and alerts are initiated using the Everbridge Notification System. This includes putting EMTF personnel on standby and rostering EMTF response components. The EMTF-2 Coordinator is responsible for issuing EMTF Everbridge alerts and analyzing their responses.

4. Common situational awareness during an emergency scenario is spread and gathered using WebEOC. NCTTRAC hosts an ESF-8 specific WebEOC server that can share information with other WebEOC servers active in TSA-E. Healthcare organizations primarily use the NCTTRAC WebEOC server while public safety and emergency management organizations primarily use one of the other regional servers. A summary of WebEOC boards on the NCTTRAC WebEOC server and their utilization as information sharing tools follows.
 - a. Local Medical Events – the Local Medical Events board is where any healthcare partners with access to the NCTTRAC WebEOC server can create informational posts about what is happening at their facility/agency. For example, a hospital might post that their facility has suffered damage from a tornado. Users who create a post in Local Medical Events have the option to share that post with the TSA-E Medical Events board, which is then shared with other WebEOC servers. Final approval for posts to move from Local Medical Events to TSA-E Medical Events rests with the Executive Director or his designee.
 - b. TSA-E Medical Events – the TSA-E Medical Events board is where NCTTRAC will post regional information for all users such as Situational Reports. During a fusion incident, the information posted in TSA-E Medical Events is visible to the following WebEOC servers: Fort Worth, Dallas County, Plano, McKinney, and LoneStar. For this reason, any posts made to TSA-E Medical Events require EMCC Executive Director approval.
 - c. ESF-8 Events – the ESF-8 Medical Events board is a read-only board for the NCTTRAC WebEOC server. The DSHS State Medical Operations Center (SMOC) will post to this board with any information relating to the incident such as Incident Action Plans or SMOC staffing information.
 - d. North Central Texas Activity Board – the North Central Texas Activity Board is a read-only board for the NCTTRAC WebEOC server. This board is where other regional WebEOC servers post information that is more related to jurisdictional emergency management such as shelter operations information.
5. The Essential Elements of Information (EELs) to be shared among HCC-E will vary depending on the type of hazard or scope of the emergency scenario (for example, the post-Hurricane Harvey IV fluid shortage saw the daily reporting of available IV fluids in EMResource). Generally, all EELs that can be provided as status updates (hospital ED status, bed availability numbers, etc.) are shared through EMResource, whereas all EELs that require a narrative description (facility damage reports, surge protocols executed, etc.) are shared through WebEOC. Custom EELs can be built on-the-fly in EMResource to allow for unanticipated EEL reporting. EELs that are common to most or all incidents are listed below:
 - a. Hospital ED Status (EMResource; updated daily)
 - b. Hospital NEDOCS (EMResource; updated every six hours)
 - c. Hospital Transfer Line Contact (EMResource; updated as needed)
 - d. Hospital Staffed Bed Availability (EMResource; updated daily)
 - e. Hospital MCI Patient Capacity (EMResource; updated daily)
 - f. Hospital Interfacility Transfer Availability (EMResource; updated daily)
 - g. Air Medical Unit Availability (EMResource; updated daily)
 - h. Deployable Asset Deployment Status (EMResource; updated as needed)
 - i. HCC Partner Organizations Response Actions Taken (WebEOC; updated upon request)
 - j. MCI Patient Tracking Information (WebEOC; updated upon request)
6. For incidents involving multiple healthcare facilities and EMS agencies, the HCC-E tracks patients through the NCTTRAC Regional Patient Tracking Toolkit on the NCTTRAC WebEOC server. This system can be used for Mass Casualty/Mass Fatality Incidents (MCI/MFIs) and for hospital evacuations. The Patient Tracking Toolkit serves as a central database of patients associated with

a particular event and their current location with the goal of reunifying patients with their families. There are multiple filters built-in to the Patient Tracking Toolkit to ensure that protected health information (PHI) is not shared beyond what is necessary. Patient records are entered into the tracking toolkit by the hospital that initially receives the patient. The NCTTRAC Regional Patient Tracking Toolkit is composed of 4 parts:

- a. Hospital Patient Log - shows each patient that is currently located at a hospital, including unidentified and non-reunified patients. Allows hospital users to create new patient records for incoming patients. Most data entry will occur in this part of the Patient Tracking Toolkit.
 - b. Patient Transfer Log - shows all patients who have been transferred from one facility to another. Also shows all pending transfers. Allows users to enter transfer information (receiving facility and transfer agency) and creates a date/time record when the patient leaves the transferring facility and arrives at the receiving facility.
 - c. MCI Patient Locator – shows all patients who have been entered into the system and allows users to filter by reunification status. Also shows the phone number that family reunification personnel should call to gain additional information about each patient.
 - d. Missing Persons Log – shows each missing person who has been reported to the Family Assistance/ Reunification team.
7. Certain emergency/disaster scenarios might impact the functionality of primary communications methods. For example, a tornado might damage critical communications infrastructure rendering business and cell phones inoperable, or a cyber security threat might make email communication impossible. In scenarios where primary communications methods go down, individual HCC partner organizations should begin activating their own redundant communications plans and equipment to maintain communication channels with other individual HCC partner organizations. The NCTTRAC EMCC will begin reaching out to HCC partner organizations in the affected area using all secondary communications methods available. For example, in the event of a cell and landline phone outage, the NCTTRAC EMCC will use a satellite phone to call HCC member organizations with satellite phones, will use the D/FW Wide and D/FW Connect regional radio systems to contact HCC partner organizations who have access to those systems, and will use amateur radio to contact all other HCC partner organizations. Individual HCC partner organizations are expected to manage the operation and staffing of secondary communications systems for their organization.

G. Pre-Hospital Patient Transportation

1. Patient Destination Decisions
 - a. To assist EMS with patient destination decision-making, EMCC staff will issue a bed availability request to Hospitals via EMResource.
 - b. Patient destinations for EMS transports are ultimately set by the on-scene command structure. The on-scene command structure can access EMResource to view MCI bed availability at local hospitals to make effective patient destination decisions. If the on-scene command structure is unable to access EMResource, they can call the EMCC using the 24/7 Duty Phone at (817) 607-7020. The EMCC will then relay bed availability information to the on-scene command structure as needed.
 - c. Recent national MCIs have revealed that most MCI patients arrive at healthcare facilities using non-conventional methods of transport (self-transport, civilian vehicles, law enforcement, etc.) For this reason, hospitals cannot assume that they will only receive the number of patients they report to EMS that they can take; similarly, non-Trauma designated facilities should still expect to receive self-presenting Trauma patients who simply aim for the nearest hospital. HCC-E recommends that all hospitals create internal surge plans for up to 20 percent of their number of licensed beds.

2. Patient Transportation

- Responsibility for transporting patients from the patient reception center to area hospitals ultimately lies with the reception center and their EMS partners. NCTTRAC will support patient transportation operations through coordination of local mutual aid mass casualty agreements and/or by rostering EMTF assets as needed. Potential EMTF assets to assist with patient transportation include Ambulance Strike Teams (AST) and Ambulance Buses (AMBUS). AST and AMBUS requests should follow the identified resource request process using a 213RR, and potentially a STAR.
- Upon identification of the patient reception center, NCTTRAC will coordinate with the appropriate decision-makers in charge of patient transports to ensure that everyone is following the same patient distribution plan.

H. Inter-Facility Coordination

- System wide in TSA-E there are 6 healthcare transfer centers. Transfer centers are at centralized location managing all components of a patients transfer into a hospital system. This includes the process of identifying and accepting physician and coordinating the workflow required to place a patient in the most appropriate patient care unit. Below are the following Hospitals and their contact information

| Transfer Centers | Transfer Phone Number |
|--------------------------------------|-----------------------|
| Baylor Scott and White Health System | (214) 820-6444 |
| Medical City Health System | (877) 422-9337 |
| Methodist Health System | (214) 947-4325 |
| Texas Health Resources System | (888) 782-8233 |
| Children's Health System | (888) 730-3627 |
| Cook Children's Medical Center | (682) 885-3901 |

- NCTTRAC will contact regional partners such as transfer centers and Parkland Memorial Hospital to begin working on a patient distribution plan. Other parties (such as perinatal subject matter experts from the NCTTRAC Perinatal Committee, EMS representatives from the patient reception center, and hospital system representatives) will be brought in as needed.
- As the NCTTRAC EMCC receives additional information about mass patient movement into TSA-E (such as confirmation of movement, number of patients, patient conditions, patient manifests, etc.), it will share this information with the regional partners described above. Together, the NCTTRAC EMCC will work with these partners to develop and solidify a patient distribution plan to have the least negative impact on the regional healthcare system. NCTTRAC EMCC will likely not make any actual destination decisions, leaving these to the medical control agencies and medical directors. Additionally, the NCTTRAC EMCC will bring in subject matter experts as needed such as the NCTTRAC Perinatal Committee for NICU transfers.
- During a major statewide or nationwide medical event, TSA-E is likely to receive patients from other affected areas. For example, a hurricane impacting the Houston area would likely see hospitals evacuated to TSA-E. In this type of event, the EMCC will help coordinate the regional reception and distribution of these patients.
- Detailed information regarding mass patient movement into TSA-E can be found in the Annex B, *Trauma Service Area E Medical Coordination Center Standard Operating Guidelines*.

I. Patient Tracking

- Mass Patient Tracking

- a. *NCTTRAC Regional Patient Tracking Toolkit* – the NCTTRAC Regional Patient Tracking Toolkit board serves as centralized database for patients who are associated with an MCI/MFI. The main intent of this board is family reunification – by having each hospital who receives patients associated with an MCI/MFI list them in the Patient Tracking Toolkit, entities involved with family reunification can use that information to link patients with their families.
 - b. NCTTRAC will dedicate a staff member to data quality validation within the NCTTRAC Regional Patient Tracking Toolkit in WebEOC. The NCTTRAC staff member will monitor the patient list and coordinate with hospitals to verify patient locations, dispositions (admitted, discharged, etc.), and remove duplicate patient records.
 - c. MCI Patient Tracking is currently accomplished in TSA-E using the NCTTRAC Regional Patient Tracking Toolkit on the NCTTRAC WebEOC server. The Patient Tracking Toolkit should not replace normal patient record creation by EMS agencies and hospitals. Instead, the Patient Tracking Toolkit is intended to serve as a regional database for all patients associated with an MCI to help track them from their initial receiving facility all the way through their reunification with their family. The planning assumption is that responding EMS agencies will lack the resources necessary to perform immediate patient tracking without impacting direct patient care. For this reason, patient record entry into the Patient Tracking Toolkit begins at the hospital level.
 - d. The EMCC will support dedicated monitoring the Patient Tracking Toolkit and performing data quality management. This individual will contact local hospitals to verify patient locations and remove duplicate or falsified patient records.
 - e. *Texas ETN* – the Texas Emergency Tracking Network board is a state system for tracking general population evacuees from the Texas coast throughout the state. While hospitals in TSA-E are not primary users of this system, they may be asked to use ETN to track any evacuees who are transferred from a regional shelter to the hospital and back. The NCTTRAC EMCC will post instructions for using ETN to both the TSA-E Medical Events board and to EMResource.
2. Family Reunification
- a. NCTTRAC will communicate with county public health departments and the Department of State Health Services (DSHS) Region 2/3 to coordinate the standing up of a regional Family Reunification Center or Family Assistance Center. This Family Reunification Center will take phone calls from family members looking for patients who have been moved into our region. NCTTRAC will not staff or operate the Family Reunification Center but will provide support via crisis applications and other methods as requested.
 - b. The HCC-E supports the reunification of MCI/MFI patients with their families by entering all patients into the *NCTTRAC Regional Patient Tracking Toolkit* in the NCTTRAC WebEOC server. This creates a regional database for hospitals and family assistance centers to locate patients reported missing by their families and begin the reunification process.
 - c. Generally, hospitals continue to follow the same family reunification procedures that they follow for non-MCI unidentified patients. Large-scale regional incidents may see the establishment of jurisdiction-sponsored Family Assistance Centers (FACs) to assist in that endeavor. These jurisdictions sponsored FACs provide a single point of contact for persons missing family members involved in the MCI to file missing persons reports and receive news about victims of the MCI. DSHS PHR 2/3 may support jurisdiction sponsored FACs by establishing a missing persons hotline at their phone bank to field calls from individuals reporting a missing person involved with the MCI.

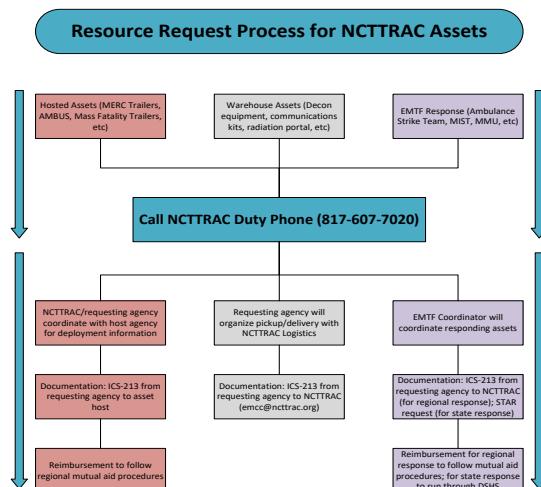
J. EMCC Emergency Facilities

1. The EMCC is located at 600 Six Flags Dr. Suite 150, Arlington, TX 76011. The EMCC has a radio room with multiple redundant communications systems built-in, a large open space with adjustable table and computer/phone setups, bathrooms, and a shower.
2. The NCTTRAC Warehouse is located at 4408 Barnett Blvd, Arlington, TX 76017. The NCTTRAC Warehouse functions as a mobilization, demobilization, and reconstitution site for EMTF personnel and HPP medical supplies and equipment. It is also built out with communications and information system redundancy to ensure that it can serve as a secondary EMCC should the 600 Six Flags Dr. address become inhospitable.
3. While the EMCC maintains the physical space at the 600 Six Flags Dr. address, most EMCC work can be done virtually using email, video conferencing, crisis applications, and point-to-point communications (such as cell phones or business phones). Physical EMCC activation versus virtual EMCC activation will be determined based on the details of the incident at hand.
4. Other relevant emergency facilities for the HCC-E include (but are not limited to):
 - a. Healthcare System Emergency Operations Centers
 - b. City Emergency Operations Centers
 - c. County Medical Operations Centers
 - d. County Emergency Operations Centers
 - e. Regional Health and Medical Operations Center (RHMOCC)
 - f. DDC Emergency Operations Centers
 - g. Public Safety Dispatch Centers
 - h. Hospitals and Health Care Facilities

K. Medical Resource Management

1. Individual HCC partner organizations manage internal resources according to internal plans and procedures. Medical resource management in the immediate response is directed by the Incident Command Structure of the jurisdiction having authority. The HCC-E coordinates the sourcing and delivery of medical response resources at the regional level.
2. HCC partners organizations that receive supplies and equipment purchased with HPP funds are required to sign a Healthcare Coalition Memorandum of Sharing (MoS), NCTTRAC Property Transfer Agreement, or a resource-specific Memorandum of Agreement (MoA). The MoS, MoA, and NCTTRAC Property Transfer Agreement each outline how all HPP-purchased and tracked supplies and equipment can be shared from one HCC partner organization to another based on need. The Healthcare Coalition MoS can be found in Appendix D, *Healthcare Coalition Memorandum of Sharing*.
3. The NCTTRAC Warehouse maintains several medical assets that can assist with large-scale medical response and medical sheltering operations. The EMCC is poised to provide these assets to regional medical response and sheltering partners upon request. Organizations should attempt to fill resource needs through existing mutual aid contracts and through their city/county government prior to requesting resources or assets from NCTTRAC. A summary list of the deployable assets hosted in the NCTTRAC Warehouse can be found in Appendix E, *NCTTRAC Regional Assets List*

4. HCC partner organizations and external partners can request regional assets by contacting the EMCC using the 24/7 Duty Phone at (817) 607-7020. Submission of an official ICS-213RR will be required prior to the transfer of assets. During large-scale emergency events, the WebEOC STAR process may replace the ICS-213RR. All receiving agencies will be required to sign a NCTTRAC Transfer Agreement (Appendix F, *NCTTRAC Transfer Agreement*) upon receipt of requested assets. Figure 6 diagrams the resource request process for NCTTRAC assets.



5. All non-disposable items are required to be returned to NCTTRAC upon completion of their use. The requesting agency should contact the 24/7 Duty Phone at (817) 607-7020 when finished using the items to coordinate the return of the items to the NCTTRAC Warehouse. NCTTRAC Logistics will either receive the items at the NCTTRAC Warehouse or pick up the items from their temporary location. For disposable items, NCTTRAC Logistics will provide the requesting agency with guidance regarding proper disposition paperwork.
6. When deploying resource caches, manufacturer's guidance pursuant to operation and storage may not be available in a disaster response. Certain durable medical equipment and cache crates should be returned to NCTTRAC. Non-durable equipment, medical devices, and drugs should be charged as a disaster response loss/cost. NCTTRAC Logistics will provide guidance to receiving organizations regarding reconstitution and/or disposition of deployed resource caches. If items that require climate control are returned with appropriate records proving sustainment of climate controls, then these items may be returned to the cache during the post-disaster reconstitution phase of operations. If no records validate adherence to manufacturer's guidance during transportation, storage, or operational periods, then returned items shall be quarantined, appropriately disposed of, and charged as a disaster response cost.
7. In addition to supporting regional medical response operations, the NCTTRAC Warehouse holds supplies that can be used to support medical operations in local or regional general population shelters. While not intended to be all that is required to support a medical clinic, Table 2 (shown below) identifies medical support supplies held in the NCTTRAC Warehouse that may support medical operations in a general population shelter.

| Medical Shelter Support Supplies | | |
|----------------------------------|--------------------|------------------|
| Band-Aids | Bandage, Ace 4"x5' | Beds, Bariatric |
| Bedding Linen Kit | Blankets | Care Kit, Infant |

| | | |
|--------------------------|-----------------------------|----------------------------------|
| Coats, Laboratory | Chux | Crutches |
| Diapers, Adult | Drying Towels Disposable | Face shields |
| Forceps/Tweezers, 4 ¾" | Germicidal Wipes | Gloves, Nitrile, S-XL |
| Gowns Patient | Hand Sanitizer | Linen Kit, Infant |
| Liner, Commode, Sanitary | N95 Masks | Personal Belongings Bag |
| Personal Hygiene Kit | Pillowcase | Pillow, Disposable |
| Pulse oximeter, Portable | Otoscope/Ophthalmoscope Set | Scissors, 4 ½" Scrubs Staff, 3XL |
| Scrubs Staff, Med | Scrubs Staff, XL | Sharps Container |
| Sheet, Stretcher | Syringe, Insulin | Tape, 1" Paper |
| Temp Beds | Washcloth | Wheelchairs |

8. Mass fatality incidents require specialized resource support. A summary of HCC-E resource support of mass fatality operations follows.
 - a. Any fatalities associated with mass casualties or large-scale patient movements will be handled through standard procedures between hospitals and county medical examiners offices. The EMCC will support these efforts in any way possible, including giving county medical examiners offices access to the NCTTRAC Regional Patient Tracking Toolkit in WebEOC to assist with next of kin notification.
 - b. NCTTRAC has purchased deployable refrigerated Mass Fatality Trailers (MFT), each with a holding capacity of 20 decedents. There are currently four MFTs in TSA-E with the following agencies: Ferris FD, Burleson FD, Grayson County EMC, and the NCTTRAC Warehouse. For a full list of MFTs, please consult the Regional Assets List. Partner agencies can request the temporary use of an MFT by calling the 24/7 Duty Phone at (817) 607-7020 or contacting the host agency directly.
 - c. In addition to Mass Fatality Trailers, NCTTRAC owns mass fatality management equipment and supplies such as a BioSeal Mass Fatality Response System and multiple cases of post-mortem bags. To request the use of NCTTRAC's mass fatality management equipment, partner agencies should follow the resource request process identified above.

L. North Texas Mass Critical Care Guidelines

1. The HCC-E has adopted the North Texas Mass Critical Care Guidelines developed by the North Texas Mass Critical Care Task Force (NTMCCTF). The NTMCCTF was a regional collaboration of physicians, hospitals, ethicists, clergy, legal professionals, public health experts, elected leaders, and others who gathered to create clinical guidelines for use by physicians, hospitals, first responders, and other healthcare professionals during an overwhelming disaster. Crisis standards of care documentation for adults and pediatrics (including clinical treatment guidelines) can be found in Annex A, *North Texas Mass Critical Care Guidelines*.
2. Individual HCC partner organizations involved in the direct delivery of emergency healthcare services maintain individual emergency operations plans and surge plans that include guidelines intended to prevent the need to implement crisis standards of care for their organization. These guidelines typically cover procedures for conserving critical supplies, substituting available resources, and other methods of adapting clinical practices to ensure that emergency healthcare delivery can continue unimpeded. Additionally, NCTTRAC hosts a cache of durable medical equipment that can be deployed in an emergency scenario to supplement the existing clinical capabilities of a healthcare provider organization. A full listing of the durable medical equipment available can be found in Appendix E, *NCTTRAC Regional Assets List*.

M. Continuity of Operations

1. Individual HCC partner organizations are expected to develop, exercise, and execute individual Business Continuity/Continuity of Operations plans to minimize the impact of a disaster on their ability to provide emergency healthcare services.
2. As the HPP Contractor, NCTTRAC has developed a Continuity of Operations plan that is designed to establish policy and guidance to ensure the execution of mission essential functions and to direct the relocation of personnel and resources to an alternate facility capable of supporting operations. This plan outlines procedures for alerting, notifying, activating, and deploying employees; identify mission essential functions; establish an alternate facility; and roster personnel with authority and knowledge of functions. It also identifies essential personnel, essential functions, organizational order of succession, alternate facilities, and communication and information technology (IT) systems to be used during an interruption of normal operating procedures. The HPP Grantee Continuity of Operations Plan can be found in Annex D, *HPP Grantee Continuity of Operations Plan*.
3. Holistic continuity of operations for the emergency healthcare system in TSA-E are addressed through a combination of individual HCC partner organizations business continuity actions and NCTTRAC continuity of operations actions.

N. Demobilization

1. Demobilization Orders: Full activations are generally accompanied by a mobilization/demobilization order from the DSHS SMOC. This date may be extended or shortened to align with response activities. This order will include the duration of the activation and the estimated financial liability associated with the activation. A notification of the demobilization of the EMCC will be issued to the HCC at-large via email distribution lists.
2. Partial Activations: For incidents that do not reach full activation and in the absence of a DSHS SMA the EMCC Director will scale down support activities with briefings to staff and notifications to the HCC at-large. The EMCC will make direct contact with affected entities to ensure that support is no longer needed prior to reducing activation levels.
3. Archives: The EMCC Staff will archive all mobilization/demobilization orders, activity records, transfer forms, SITREPS etc. associated with an incident for future reference and for development of after-action reviews.
4. Reconstitution & Reimbursement: NCTTRAC Logistics will make every reasonable effort to reestablish a pre-incident level of supplies/equipment. The funding for replacement of supplies/equipment may be requested in a reimbursement packet from NCTTRAC Finance to DSHS Finance. Reimbursement may also flow through jurisdictional or other governmental reimbursement procedures. If no reimbursement opportunities exist, a funding proposal may be moved to REPC for consideration in the Asset Review Process.
5. After Action Review: As the ESF-8 lead agent, DSHS PHR 2/3 is responsible for the development of a region-wide ESF-8 Public Health and Medical After-Action Report. NCTTRAC will coordinate with and support DSHS PHR 2/3 throughout this effort. A series of gatherings may be planned to obtain input from stakeholders. Additionally, EMCC Staff will design a broad survey to capture sustainment and improvement elements with respect to the HCC response. The information

gathered in this survey will provide essential content for a draft after action report. A formal AAR, with improvement plan, will be developed by NCTTRAC Staff, shared among the HCC, and submitted to DSHS HEPRS. HCC Members are encouraged to participate in regional after actions that are multi-discipline and collaborative which allow for integration of medical support activities among all responding entities.

O. Recovery

1. It is mutually beneficial for governmental bodies and healthcare facilities, partners, and coalitions to work together in an organized fashion to expedite recovery efforts after a disaster. Depending on the size and scope of a particular disaster, specific regulatory agencies (local, state, and/or federal) may require specific inspections and approval before allowing occupancy of an affected facility or approval to provide clinical services.
2. Following an evacuation of a healthcare facility or several facilities following a significant regional disaster, the affected hospitals and healthcare facilities will work closely with the authority having jurisdiction and the EMCC to conduct an organized and efficient recovery. For utilizing common language and communicating needs and activities throughout the recovery process, HCC-E will follow a three-phased approach:
 - a. Phase 1 – Damage Assessment
 - b. Phase 2 – Restoration
 - c. Phase 3 – Medically Operational
3. It is important to understand that different hospitals and healthcare facilities may be conducting operations within different phases at the same time. Likewise, specific geographical areas may be operating under different phases based upon damage, accessibility, and security considerations. The identification of phases is at the discretion of the healthcare facility leadership for individual hospitals and healthcare facilities and by the authority having jurisdiction as it pertains to a geographical cordon or secured area.
 - a. Damage Assessment Phase - This phase initiates when emergency response operations are complete, and personnel can begin to make damage assessments. The EMCC will begin to survey regional hospitals and healthcare facilities via EMResource, WebEOC, and/or electronic survey delivered through email. The goal of this phase is for hospitals and healthcare facilities to conduct an in-depth assessment of damage and other impacts of the disaster on their facility. The EMCC will also be gathering pertinent information regarding jurisdictional damages or outages that could potentially impact the healthcare system. This information will be summarized and shared with regional HCC-E Stakeholders, other regional MOCs, and the DSHS SMOC as necessary and warranted to begin the restoration phase.
 - b. Restoration Phase - The restoration phase includes the repair and restoration of services to the affected area or facility, including power, water, sewer, and logistical needs required to make the facility function. The EMCC will actively monitor facilities that are in the restoration phase and will support efforts to reestablish critical services. The provision of certain resources may be available through the EMCC. These resources include electrical power generators, emergency PPE, and emergency durable medical equipment. Additionally, the EMCC may be able to support the identification and logistical coordination of certain services such as waste disposal, medical oxygen, and critical communications. The goal of this phase is to complete repairs to render the facility functional and allow the hospital to provide services to the community. This phase is completed as services are restored and healthcare facilities become capable of caring for patients. The EMCC will share healthcare facility statuses with EMS and

other stakeholders so that patients are directed to the proper care facility. This information will also be shared on EMResource.

- c. **Medically Operational** - This phase describes partial or complete capability to provide patient care within a hospital or healthcare facility. This phase is initiated when the hospital or healthcare facility completes the restoration phase of recovery for the entire facility or a portion of the facility that provides critical services to the community. The goal of this phase of recovery is for the hospital or healthcare facility to return to normal operations or at least provide critical access services such as emergency services. This phase is complete when the hospital becomes fully operational and can provide patient care at the same level as prior to the disaster.

V. Regional Mass Casualty Incident

A. Overview

1. A mass casualty incident (MCI) is generally defined as any emergent incident that generates patients in numbers great enough to overwhelm the local emergency healthcare response capabilities. Each jurisdiction and HCC partner organization will have different thresholds for what constitutes an MCI; the current Regional MCI Framework collaborative project between NCTTRAC, the North Central Texas Council of Governments (NCTCOG), and DSHS PHR 2/3 seeks to standardize regional MCI thresholds to ensure that all regional partners share common language when describing and responding to emergency incidents. This section provides an overview of the HCC-E response to an MCI that affects multiple HCC partner organizations.
2. NCTTRAC partnered with NCTCOG and DSHS PHR 2/3 to develop a Regional Mass Casualty Incident Framework. The Regional MCI Framework will inform HCC-E's response to a mass casualty incident in future iterations of the HCC-E Regional Medical Response Strategy and may be found within this document at *References, Regional and Local, F* or within the NCTTRAC website.

B. Scope

1. Individual HCC partner organizations are responsible for developing and maintaining individual MCI response plans, and this plan does not override or supplant those efforts. Direct healthcare delivery and patient treatment remain the responsibility of individual healthcare providers and on-scene response coordination remains the responsibility of the Incident Command System activated by the jurisdiction having authority. This section describes the general concept of operations for a regional HCC response to a mass casualty incident.

C. Concept of Operations

1. **HCC Notification of MCI**
 - a. Generally, local 911/PSAP is the first entity to be notified of a mass casualty incident. Local 911/PSAP then notifies local emergency responders, who then notify city/county emergency management or public health organizations. It is critical that hospitals be notified of an MCI as soon as possible to allow for the early execution of patient surge plans geared towards enhancing a facility's ability to receive an influx of patients; however, recent national MCIs have shown that often hospitals are first notified by incoming patients themselves. To address this gap, efforts are being made to encourage local 911/PSAPs to notify the EMCC 24/7 Duty Phone of emergency MCIs.
 - b. HCC notification is currently accomplished through the EMResource event notification template "Mass Casualty Incident plus Decedents Held", which sends emergency email and text notifications to HCC partner organizations containing details about the MCI and instructing

hospital users to begin updating the MCI bed availability categories for their facility. The EMResource event notification can be created and distributed by local EMS or by a hospital who begins receiving MCI-related patients. If an EMS agency or hospital is notified about a Mass Casualty Incident and has not seen an EMResource event notification go out, they should create the notification themselves provided that occupying the resources necessary to do so does not affect their ability to provide patient care.

- c. Once an MCI is discovered, local EMS agencies and receiving hospitals should notify the EMCC using the 24/7 Duty Phone at (817) 607-7020. The EMCC will then create the EMResource event notification (if it has not yet been created) and send emails through existing distribution lists to notify the HCC at large about the MCI.
 - d. Efforts to create more targeted hospital notifications based on a facility's proximity to the scene of the incident using the Everbridge notification platform are currently being tested in Dallas County.
2. HCC Common Operating Picture
 - a. To ensure that all HCC partner organizations are operating with up-to-date information regarding the incident and its associated hazards, the HCC-E uses EMResource, WebEOC, and email distribution lists to share information and develop a common operating picture.
 - b. Individual HCC partner organizations update specific statuses in EMResource to inform the HCC about the situation at a particular facility or organization (for example, "Hospital Command Center Status"). Additionally, individual HCC partner organizations use the *Local Medical Events* board on the NCTTRAC WebEOC server to post narrative-based reports regarding what their organization/facility is experiencing and their response actions. These posts can be shared with other WebEOC servers as needed. Similarly, HCC WebEOC users can use the *TSA-E Medical Events* board, the *DFW – North Central Texas Activity* board, and the *ESF-8 Events* board to learn about information being posted on other WebEOC servers.
 - c. In addition to the initial event notifications sent to the HCC at-large, the EMCC will continue to distribute critical information using EMResource event notifications and email distribution lists throughout the course of the incident.
 3. HCC On-Scene Response Support
 - a. On-scene response to a mass casualty incident is the responsibility of the jurisdiction having authority. The jurisdiction having authority will execute their jurisdiction-specific mass casualty plan which generally includes calling for mutual aid from neighboring jurisdictions.
 - b. The HCC supports on-scene response support primarily through the coordination of EMTF assets and teams. A detailed description of EMTF-2 assets, teams, and how to request them can be found in Section VI, *Emergency Medical Task Force-2*.
 4. HCC Hospital Response Support
 - a. As patients generated by a mass casualty incident are transported (by EMS and by non-EMS means) to local hospitals, those hospitals are likely to face resource shortages due to the rapid patient surge. To help support affected hospitals, the EMCC will reach out to hospitals closest to the scene of the mass casualty incident via cell phone and business phone when possible and via public safety radio or amateur radio if cell and business phone services fail. The EMCC will confirm that the hospital is executing internal surge protocols and gather a list of needs for each affected facility.
 - b. At the request of an affected facility, the EMCC will help coordinate deployable EMTF assets including Ambulance Strike Teams (ASTs), AMBUSes, Registered Nurse Strike Teams (RNSTs), and a Mobile Medical Unit (MMU). These assets can help hospitals offload patients



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

to unaffected medical facilities or increase surge capacity to alleviate the resource strain on the affected hospital.

VI. References

A. Federal

1. [Office of the Assistant Secretary for Preparedness and Response, 2017-2022 Health Care Preparedness and Response Capabilities](#)
2. [Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR Parts 403, 416, 418, 441, 460, 482, 483, 484, 485, 486, 491, and 494 \(CMS Emergency Preparedness Rule\)](#)
3. [Robert T. Stafford Disaster Relief & Emergency Assistance Act, 42 U.S.C. 5121](#)
4. [Emergency Planning and Community Right-to-Know Act, 42 USC Chapter 116](#)
5. [Emergency Management and Assistance, 44 CFR](#)
6. [National Incident Management System](#)
7. [National Response Framework](#)
8. [National Strategy for Homeland Security, October 2007](#)

B. State

1. [Government Code, Chapter 418 \(Emergency Management\)](#)
2. [Government Code, Chapter 421 \(Homeland Security\)](#)
3. [Government Code, Chapter 433 \(State of Emergency\)](#)
4. [Government Code, Chapter 791 \(Inter-local Cooperation Contracts\)](#)
5. [State of Texas Emergency Management Plan Annex H: Public Health and Medical \(August 2015\)](#)
6. [Texas Administrative Code, Title 25, Part 1, Chapter 133, Subchapter C, Rule 133.45 \(Hospital Disaster Preparedness Requirements\)](#)
7. [Health & Safety Code, Chapter 778 \(Emergency Management Assistance Compact\)](#)
8. [Executive Order of the Governor Relating to Emergency Management and Homeland Security](#)
9. [Executive Order of the Governor Relating to the National Incident Management System](#)
10. [Administrative Code, Title 37, Part 1, Chapter 7 \(Division of Emergency Management\)](#)
11. [The Texas Homeland Security Strategic Plan, 2015-2020](#)
12. [The State of Texas Disaster Medical System Overview](#)
13. [State of Texas Emergency Management Plan: Public Health and Medical Annex \(H\), August 2015](#)
14. [DSHS Response Operating Guidelines: Fatality Management for Catastrophic Incidents, 2013](#)

C. Regional and Local

1. [NCTTRAC Regional Trauma System Plan \(2014\)](#)
2. [TSA-E Health Care Coalition Regional Preparedness Strategy, December 2018](#)
3. [Health Service Region 2/3 Regional Health Medical Operation Center Procedural Guide, Version 1.0, February 2017](#)
4. [TSA-E Regional Health Care Preparedness Coalition, TSA-E Regional High Consequence Infectious Disease \(HCID\) Concept of Operations \(CONOPS\)](#)
5. [NCTTRAC HPP Statement of Work \(2017 – 2022\)](#)
6. [NCTTRAC Mass Casualty Incident Framework](#)

VII. Appendices

Appendix A: HCC Member Contact Information

| State and Regional Partners | | |
|-----------------------------|-------------------|--|
| Agency | Phone Number | Email |
| TX DPS SOC | 512-424-2208 | SOC2@dps.texas.gov |
| DSHS SMOC | 512-563-4455/4638 | DSHSIncidentCMD@txhhs.onmicrosoft.com |
| TDEM CIS | 512-424-2208 | Support@dps.texas.gov |
| HSR Region 2/3 | 817-264-4616 | HSR23.RHMOC@dshs.texas.gov |
| TDEM Region 1 | 817-212-7013 | Kevin.Starback@tdem.texas.gov |
| DC 4A | 940-452-7757 | Brian.Brumfield@tdem.texas.gov |
| DC 4B | 214-629-4271 | Sarah.Haak@tdem.texas.gov |
| DC 22 | 903-328-7504 | Brian.Brockett@tdem.texas.gov |
| Bio Tel | 214-590-8848 | Luann.mckee@phhs.org |
| EPAB | 817-995-1027 | DHowerton@medstar911.org |
| THR Duty Phone | 844-320-3075 | N/A |
| HCC-C | 640-257-8092 | scomer@ncttrac.org |
| HCC-D | 325-762-6405 | tharbuck@ncttrac.org |

| Healthcare Facilities | | | |
|--|----------------------------|-------------------------------|---|
| Facility Name | ED / Facility Phone Number | Patient Transfer Phone Number | Point of Contact / EM Coordinator |
| Baylor Heart And Vascular Center | 214-820-0600 | 817-433-9600 | Nancy Vish 214-820-3688 nvish@uspi.com |
| Baylor Institute for Rehabilitation - Dallas | 214-820-9537 | 214-820-9300 | Josh Waits 214-820-8909 jwaits@bir-rehab.com |
| Baylor Institute for Rehabilitation - Fort Worth | 817-433-9994 | 817-433-9600 | Josh Wait 817-820-9617 jwaits@bswrehab.com |
| Baylor Institute for Rehabilitation - Frisco | 467-888-5100 | 214-820-9300 | Lindsay Concannon 214-820-8900 lconcannon@bir-rehab.com |
| Baylor Medical Center at Trophy Club | 817-837-4630 | 214-820-6444 | Elizabeth Madigan 518-956-2267 emadigan@uspi.com |
| Baylor Medical Center at Uptown | 214-443-3000 | 214-443-3000 | Gregory Young 214-927-6160 gyoungs@uspi.com |

| Healthcare Facilities | | | |
|---|----------------------------|-------------------------------|---|
| Facility Name | ED / Facility Phone Number | Patient Transfer Phone Number | Point of Contact / EM Coordinator |
| Baylor Scott & White All Saints Medical Center – Fort Worth | 817-922-7070 | 214-820-6444 | Heather Hill 817-922-2869 Heather.Hill@BSWHealth.org |
| Baylor Scott & White Medical Center – Centennial | 580-235-1095 | 214-820-6444 | Leslie Wiebe Leslie.Wiebe@BSWHealth.org 469-764-8170 |
| Baylor Scott & White Medical Center – Frisco | 214-407-5326 | 972-369-2947 | Frank Geasland 214-407-5000/5080/5439 fgeasland@bmcfrisco.com |
| Baylor Scott & White Medical Center – Grapevine | 817-388-3900 | 214-820-6444 817-233-1511 | RJ Johnson 817-424-4819 RJ.Johnson@bswhealth.org |
| Baylor Scott & White Medical Center – Irving | 972-990-8110 | 214-820-6444 | Lawrence Scarbrough 972-990-8444 lawrence.scarbrough@bswhealth.org |
| Baylor Scott & White Medical Center – Lake Pointe | 972-520-8111 | 214-820-6444 | Corey Sockwell 972-520-8198 cory.sockwell@bswhealth.org |
| Baylor Scott & White Medical Center – Plano | 469-814-2500 | 469-820-6444 | Casey Cox 469-814-2527 casey.cox@bswhealth.org |
| Baylor Scott & White Medical Center – Sunnyvale | 972-892-3970 | 214-820-6444 | Deybi Aldana 972-892-6208 Deybi.Aldana@tenethealth.com |
| Baylor Scott & White Medical Center - Waxahachie | 469-843-5070 | 214-820-6444 | John Odip 469-843-5048 jodip@baylorhealth.edu |
| Baylor Surgical Hospital at Fort Worth | 682-703-5632 | 682-703-5641 | Paul Stutes 682-703-5600 stutes@uspi.com |
| Baylor Surgical Hospital at Las Colinas | 972-868-4111 | 972-868-4000 | David Unell 972-868-4004 dunell@uspi.com |
| Baylor University Medical Center | 214-820-2505 | 214-820-6444 | Meghan Illiiee 214-820-7727 milliiee@bhcs.com |
| Children's Medical Center of Dallas | 214-456-3888 | 888-730-3627 | Dana Derossett 214-231-0818 Dana.Derossett@childrens.com |
| Children's Medical Center Plano | 469-303-4925 | 888-303-3627 | Dana Derossett 214-213-0818 Dana.Derossett@childrens.com |

| Healthcare Facilities | | | |
|---|------------------------------|-------------------------------|--|
| Facility Name | ED / Facility Phone Number | Patient Transfer Phone Number | Point of Contact / EM Coordinator |
| City Hospital of White Rock | 214-324-6111 | 214-324-6789 | Gina Donahue 214-893-2778 gina.donahue@cityhospital.us |
| Cook Children's Medical Center | 682-885-4093 | 682-885-3901 | Melinda Weaver 682-885-3958 melinda.weaver@cookchildrens.org |
| Crescent Medical Center Lancaster | 469-297-5477 | 214-757-6524 | Done Runnels 469-297-5417 donnarunnels@cmclancaster.com |
| Dallas Behavioral Healthcare Hospital LLC | 972-982-0897 | 972-897-3738 | Mike Harrington 972-238-4637 mike.harrington@dallasbehavioral.com |
| Dallas Medical Center | 214-766-9451 | 214-320-1693 | Will Blackmon 214-810-5091 wblackmon@primehealthcare.com |
| Dallas Regional Medical Center | 214-320-7190 | 214-320-7190 | Lisa Fox 521-635-3637 lfox1@primehealthcare.com |
| Glen Rose Medical Center | 254-897-1423 | 254-897-1423 | Joe Sillivent 817822-8842 jsillivent@grmf.org |
| Hunt Regional Medical Center Greenville | 903 408-1412 | 903-408-1650 | Bret Freeman 903-408-1260 bfreeman@huntregional.org |
| John Peter Smith Hospital | 817-702-7829 | 817-702-8417 | Aaron Freedman 817-702-7986 afreedki@jpshealth.org |
| Lake Granbury Medical Center | 817-579-2380 | 817-219-1373 | Kenneth Rogers 817-578-6704 kenneth_rogers@chs.net |
| Medical City Arlington | 682-509-6888 | 877-422-9337 | Donald Tucker 682-509-4968 donald.tucker2@hcahealthcare.com |
| Medical City Fort Worth | 817-347-5830 817-347-4250 | 877-422-9337 | Steven Springer 817-347-4352 steven.springer@medicalcityhealth.com |
| Medical City Green Oaks Hospital | 972-770-0830 | 972-324-3700 | Alexis Johnson 972-438-2346 alexis.johnson@medicalcityhealth.com |

| Healthcare Facilities | | | |
|-------------------------------------|----------------------------|-------------------------------|--|
| Facility Name | ED / Facility Phone Number | Patient Transfer Phone Number | Point of Contact / EM Coordinator |
| Medical City Las Colinas | 972-969-2000 | 877-422-9337 | Jeremy Rountree 972-969-2087 jeremy.rountree@hcahealthcare.com |
| Medical City Lewisville | 469-370-2011 | 877-422-9337 | Nathan Fowlkes 469-370-2872 nathan.fowlkes@medicalcityhealth.com |
| Medical City Alliance | 817-639-1001 | 877-422-9337 | Jason Quick 817-239-8218 Jason.Quick@medicalcityhealth.com |
| Medical City Dallas | 972-566-3302 | 877-422-9337 | Craig Brein 972-566-6032 Craig.Brein@MedicalCityHealth.com |
| Medical City Denton | 940-384-3501 | 877-422-9337 | David Bridges 940-384-3488 David.Bridges@MedicalCityHealth.com |
| Medical City McKinney | 972-540-4700 | 877-422-9337 | Cassidi Roberts 972-540-4812 Cassidi.roberts@medicalcityhealth.com |
| Medical City North Hills | 817-255-1801 | 877-422-9337 | Jacob White 817-255-1875 jacob.white@medicalcityhealth.com |
| Medical City Plano | 972-519-1505 | 877-422-9337 | Gary Clouse 469-318-0667 gary.clouse@medicalcityhealth.com |
| Methodist Charlton Medical Center | 214-947-0999 | 214-947-0985 | Jimmy White 214-947-6600 JimmyWhite@mhd.com |
| Methodist Dallas Medical Center | 214-947-8100 | 214-947-4325 | Erin Farrell 214-933-8157 erinfarrell@mhd.com |
| Methodist Mansfield Medical Center | 682-242-7182 | 214-947-2233 | Karen Yates 682-622-7182/7199 karenyates@mhd.com |
| Methodist Richardson Medical Center | 469-201-8000 | 469-204-0725 | Karyn Harris 469-204-8005 KarynHarris@mhd.com |
| Muenster Memorial Hospital | 940-759-6147 | 940-759-6147 | Kerri Synder 940-759-6162 |

| Healthcare Facilities | | | |
|---|----------------------------|-------------------------------|---|
| Facility Name | ED / Facility Phone Number | Patient Transfer Phone Number | Point of Contact / EM Coordinator |
| | | | ksnyder@trhta.net |
| Navarro Regional Hospital | 903-875-8451 | 903-229-0783 | Kristy Hopper 903-654-6820 Kristy.Hopper@navarrohospital.com |
| North Central Surgical Center LLP | 214-930-7539 | 214-265-2810 | Taylor Callis 214-365-8176 tcallis@uspi.com |
| North Texas Medical Center | 940-612-8160 | 940-612-8400 | Carrie Zbierski 940-736-9727 carrie.zbierski@ntmconline.net |
| Palo Pinto General Hospital | 940-325-7891 | 940-328-6391 | Steven Thompson 940-328-6516 sthompson@ppgh.com |
| Parkland Memorial Hospital | 214-590-8000 | 214-590-6690 | Kaitlyn Cross 214-590-6690 kaitlyn.cross@phhs.org |
| Texas Health Arlington Memorial Hospital | 817-960-6205 | 972-955-5404 | Jesse Collin 817-960-6583 jessecollin@texashealth.org |
| Texas Health Harris Methodist Hospital Alliance | 682-212-2300 | 888-782-8233 | Michael Barkman 682-212-2051 MichaelBarkman@texashealth.org |
| Texas Health Harris Methodist Hospital Azle | 817-444-8667 | 888-782-8233 | Robert Potter 817-444-8763/8667 robertpotter@texashealth.org |
| Texas Health Harris Methodist Hospital Cleburne | 817-556-5548 | 888-782-8233 | Catherine Gonzales 817-556-5464 catherinegonzales@texashealth.org |
| Texas Health Harris Methodist Hospital Fort Worth | 817-250-3333 | 888-782-8233 | Elaine Nelson 817-250-3382 elainenelson@texashealth.org |
| Texas Health Harris Methodist Hospital Hurst-Euless-Bedford | 817-848-4611 | 888-782-8233 | Thomas Cassidy 817-848-4358 thomascassidy@texashealth.org |
| Texas Health Harris Methodist Hospital Southlake | 817-488-8777 | 888-782-8233 | Dinah Cannefax 817-748-8700 214-908-9253 dinahcannefax@me.com |
| Texas Health Harris Methodist Hospital Southwest Fort Worth | 682-760-2834 | 682-236-5800 888-782-8233 | Clint Sanders 817-433-6570 clintsanders@texashealth.org |

| Healthcare Facilities | | | |
|---|----------------------------|-------------------------------|---|
| Facility Name | ED / Facility Phone Number | Patient Transfer Phone Number | Point of Contact / EM Coordinator |
| Texas Health Harris Methodist Hospital Stephenville | 254-965-1217 | 888-782-8233 682-236-5800 | James Robardey 254-965-8777 817-528-7630 jamesrobardey@texashealth.org |
| Texas Health Huguley Hospital | 817-551-2729 | 888-782-8233 | Barbara Jarmon 817-551-2466 Barbara.Jarmon@adventhealth.com |
| Texas Health Presbyterian Hospital Allen | 972 747-6110 | 888-782-8233 | James Brown 972 747-6100 jamesbrown2@texashealth.org |
| Texas Health Presbyterian Hospital Dallas | 214-345-7885 | 888-782-8233 | Doug Willis 214-345-8480 DougWillis@texashealth.org |
| Texas Health Presbyterian Hospital Denton | 940-898-7059 | 888-782-8233 | Stephanie Adams 940-898-7061 stephanieadams2@texashealth.org |
| Texas Health Presbyterian Hospital Flower Mound | 469-322-7100 | 888-782-8233 | Amanda Fox 469-322-7112 Amanda.fox@phfmtexas.com |
| Texas Health Presbyterian Hospital Kaufman | 972-932-5531 | 888-782-8233 | Toya White 972-932-7370 toyawhite@texashealth.org |
| Texas Health Presbyterian Hospital Plano | 972-981-8003 | 888-982-8233 | Stephan Nepley 972-981-3156 stephannepley@texashealth.org |
| Texas Health Presbyterian Hospital Rockwall | 469 698-1013 | 888-782-8233 682-236-5800 | Karen Casey 469 698-1723 214-392-0722 karen.casey@phrtexas.com |
| Texas Health Seay Behavioral Health Hospital | 972-981-8303 | 214-552-2899 | Debra Iverson 817-848-4611 debraiverson@texashealth.org |
| Texas Health Specialty Hospital Fort Worth | 817-250-5531 | 682-236-5800 | Leanne Meason 817-250-4521 leamason@texashealth.org |
| Texas Health Springwood Hospital | 817-848-4611 | 817-848-4358 | Thomas Cassidy 817-848-4358 thomascassidy@texashealth.org |
| Texas Scottish Rite Hospital for Children | 214-559-5000 | 214-559-5155 | Kyle Cavin 214-559-8373 kyle.cavin@tsrh.org |

| Healthcare Facilities | | | |
|--|----------------------------|-------------------------------|---|
| Facility Name | ED / Facility Phone Number | Patient Transfer Phone Number | Point of Contact / EM Coordinator |
| Texoma Behavioral Health Center | 903-819-7555 | 903-416-3025 | Donna Glenn 903-819-7555 dglenn@thcs.org |
| Texoma Medical Center | 903-640-7334 | 903-640-7351 | Amy Norwood 903-249-2496 Amy.Norwood@thcs.org |
| Texoma Medical Center Bonham Hospital | 903-583-8585 | 903-640-7351 | John Bird 903-416-4113 John.bird@thcs.org |
| The Heart Hospital Baylor Denton | 214-460-9500 | 214-820-6444 | J D Barbee 469-814-4238 jdbarbee@northtexashospital.com |
| USMD Hospital at Arlington | 817-472-3805 | 817-472-2780 | Ronnie Ursin 817-223-1579 ronnie.ursin@usmdhospital.com |
| UTSW William P Clements Hospital | 214-633-4494 | 972-382-3800 | BJ White 817-463-3767 bj.white@utsouthwestern.edu |
| Veterans Affairs Hospital- Dallas | 214-742-8387 | 972-238-0900 | 817-698-3745 |
| Weatherford Regional Medical Center | 817-609-3082 | 817-338-3800 | Rany Vaughn 817-238-4672 rany_vaughn@chs.net |
| Wilson N Jones Regional Medical Center | 903-870-4122 | 903-870-4485 | Amy Coffman 903-870-4534 acoffman@wnj.org |
| Wise Regional Health System | 214-633-0100 | 877-645-0911 | 214-698-4526 emergencymanagement@wisehealthsystem.com |

| EMS and Fire Agencies | | | | |
|-------------------------|-----------------|------------------|--------------|-----------------------------|
| Agency | Dispatch Number | Point of Contact | Phone Number | Agency Email |
| Acadian Ambulance | 214-585-6347 | Billy Skiles | 337-521-3662 | billy.skiles@acadian.com |
| Addison Fire Department | 469-289-3270 | CJ Alexander | 972-450-7203 | calexander@addisontx.gov |
| AMR Dallas | 469-816-5803 | Marjorie Muccie | 214-414-1240 | marjorie.muccie@amr.net |
| AMR Arlington | 817-861-5555 | Mark Kessler | 817-861-5555 | Mark.kessler@gmr.net |
| Argyle Fire Department | 940-600-2249 | Cameron Miller | 972-341-2394 | cmiller@argylefire.com |
| Azle Fire Department | 817-232-9800 | Thomas Scott | 817-444-7093 | tscott@cityofazle.org |
| Bedford Fire Department | 817-952-2127 | Mark Williams | 817-952-2503 | mark.williams@bedfordtx.gov |

| EMS and Fire Agencies | | | | |
|--|-----------------|------------------|--|------------------------------------|
| Agency | Dispatch Number | Point of Contact | Phone Number | Agency Email |
| Benbrook Fire Department | 817-249-1610 | Jackie Hartman | 817-249-6082 | jhartman@benbrook-tx.gov |
| CareFlite | 972-660-2851 | James Wagner | 817-933-4677 | jwagner@careflite.org |
| Carrollton Fire Department | 214-243-0327 | Steven Heath | 792-466-3393/4739 | ricky.vaughan@cityofcarrollton.com |
| Cedar Hill Fire Department | 469-628-1786 | Mike Harrison | 214-906-1929 972-291-5100 Ext 2333 | mike.harrison@cedarhilltx.com |
| Celina Fire Department | 972-742-9451 | Eric Everson | 972-382-9858 | eeverson@celina-tx.gov |
| Children's Medical Center Transport | 903-724-8049 | Jeff Seale | 903-724-8049 | jeffrey.seale@childrens.com |
| City of Grand Prairie | 214-533-6975 | Robert Fite | 972-237-8301 | rifte@gptx.org |
| City of Lancaster | 972-743-7343 | Stephen Smith | 804-462-5404 | msmith@lancova.com |
| City of Roanoke | 817-822-8991 | Shaun Eager | 817-491-2301 | seager@roanoketexas.com |
| City of Van Alstyne | 903-267-1232 | Robert Dockery | 903-482-6666 | rdockery@cityofvanalstyne.us |
| Cleburne Fire Department | 817-645-0964 | Scott Lail | 817-556-8821 | scott.lail@cleburne.net |
| Colleyville Fire Department | 817-743-4523 | Mark Cantrell | 817-503-1400 | mcantrell@colleyville.com |
| Cook Children's Medical Center Transport | 214-218-3274 | Deborah Boudraux | 682-885-3901 | deborah.boudraux@cookchildrens.org |
| Cooke County EMS | 940-206-0924 | Kevin Grant | 940-668-5560 | Kevin.grant@co.cooke.tx.us |
| Coppell Fire Department | 469-289-3270 | Tim Russell | 972-304-3512 | trussell@coppelltx.gov |
| Crowley Fire Department | 817-297-1638 | Larry Swartz | 817-297-2276 | lswartz@ci.crowley.tx.us |
| Dallas Fire Department | 214-670-5466 | Bobby Ross | 214-670-4609 | bobby.ross@dallascityhall.com |
| Denton Fire Department | 940-349-7920 | Kenneth Hedges | 940-349-8841 | kenneth.hedges@cityofdenton.com |
| Desoto Fire Rescue | 972-989-1328 | Brian Whitacre | 972-230-9682 | bsouthard@desototexas.gov |
| DFW Airport DPS | 972-979-3496 | Jeff Benezue | 972-574-8670 | jbenezue@dfwairport.com |
| Duncanville Fire Department | 972-780-4920 | Mike Ryan | 972-707-3828 | mryan@ci.duncanville.tx.us |
| Erath County EMS | 936-577-2827 | Wesley Green | 817-279-3172 | EMSDirector@co.erath.tx.us |
| Eules Fire Department | 817-832-9540 | Wes Rhodes | 817-685-1600 | cbennett@eulesstx.gov |
| Everman Fire Department | 972-780-4920 | Randy Sanders | 817-293-2923 | s00@evermantx.net |
| Farmers Branch Fire Department | 972-919-2640 | Gabriel Vargas | 972-919-2640 | gabriel.vargas@farmersbranchtx.gov |
| Fisher County Hosp District | 325-669-0015 | Harold Fillingim | 972-237-4627 | hfillingim@sbcglobal.net |
| Flower Mound Fire Department | 972-874-6270 | Strider Floyd | 972-874-6203 | strider.floyd@flower-mound.com |

| EMS and Fire Agencies | | | | |
|----------------------------------|-----------------|------------------------|------------------------------|-----------------------------------|
| Agency | Dispatch Number | Point of Contact | Phone Number | Agency Email |
| Fort Worth Fire Department | 817-392-3000 | Rudy Jackson | 817-923-3890 | Rudy.Jackson@fortworthtxas.gov |
| Frisco Fire Department | 972-523-4560 | Jake Owen | 972-292-6314 | jowen@friscofire.com |
| Garland Fire Department | 972-485-4874 | Glenn Johnson | 972-781-1111 214-287-4777 | gjohnson@garlandtx.gov |
| Glenn Heights Fire Department | 972-223-2478 | Keith Moore | 972-223-1690 | keith.moore@glennheightstx.gov |
| Graham Young County | 940-550-5638 | Kevin Hudson | 817-238-4723 | khudson@grahamrmc.com |
| Granbury/Hood County EMS | 817-579-3307 | Ricky Reeves | 817-279-1408 | rreeves@mytexasems.org |
| Grand Prairie Fire Department | 972-237-8700 | Sheri Adams | 972-237-8208 | sadams@gptx.org |
| Grapevine Fire Department | 817-564-3443 | Jamey Shipler | 817-410-4400 | jshipler@grapevinetexas.gov |
| Highland Village Fire Department | 972-317-0890 | John Glover | 972-317-0890 | jglover@highlandvillage.org |
| Hurst Fire Department | 817-781-7688 | David Palla | 817-788-7246 | dpalla@hursttx.gov |
| Hutchins Fire Department | 972-225-2225 | Matthew Lehmann | 972-225-3522 | mlehmann@cityofhutchins.org |
| Irving Fire Department | 972-721-2514 | Steven Deutsch | 972-721-4653 | sdeutsch@cityofirving.org |
| Keller Fire Department | 817-743-4400 | Shane Gainer | 817-743-4428 | sgainer@cityofkeller.com |
| Kennedale Fire Department | 817-985-2150 | Ryan Florence | 817-478-5322 | rflorence@cityofkennedale.com |
| Keene Fire Department | 817-556-2474 | Matt Gillin | 817-566-2474 | mgillin@keenebroadband.com |
| Krum Fire Department | 940-349-1600 | Corey Gregory | 940-482-6257 | cgregory@krumfire.com |
| Lancaster Fire Department | 972-218-2600 | Laura Hillary | 972-218-2604 | Lhillary@lancaster-tx.com |
| Lewisville Fire Department | 972-219-3640 | Michael Spinuzzi | 972-219-7082 | mspinuzzi@cityoflewisville.com |
| Life Care EMS | 817-599-1197 | Paul Smith | 817-599-1197 | paul.smith@pchdtx.org |
| Little Elm Fire Department | 214-975-0420 | Todd Jamieson | 214-975-0429 | tjamison@littleelm.org |
| Lucas Fire Department | 972-422-8171 | Aaron Alderdice | 972-727-1242 | aalderdice@lucastexas.us |
| Mansfield Fire Department | 817-473-0211 | Kevin Sandifer | 817-804-5772 | kevin.sandifer@mansfield-tx.gov |
| McKinney Fire Department | 903-258-4651 | Russell Griffin | 972-547-2869 | rgriffin@mckinneytexas.org |
| Medical Air Rescue Company | 817-657-6050 | Michael Nelson | 817-682-4000 | mnelson@medicalairrescue.com |
| MedStar Mobile Healthcare | 817-927-9620 | Christopher Cunningham | 817-632-0529 | Ccunningham@medstar911.org |
| Mesquite Fire Department | 972-216-6312 | Justin James | 972-216-6312 | Jjames@mesquitefire.org |
| Midlothian Fire Department | 972-775-3333 | Kevin Cunningham | 972-7775-7664 | kevin.cunningham@midlothian.tx.us |

| EMS and Fire Agencies | | | | |
|--------------------------------------|-----------------|--------------------|--------------|-------------------------------------|
| Agency | Dispatch Number | Point of Contact | Phone Number | Agency Email |
| Mineral Wells Fire Rescue | 817-946-4355 | Ryan Dunn | 940-328-7330 | rdunn@mineralwellstx.gov |
| Mitchell County EMS | 325-242-2529 | Jason Stark | 325-284-2369 | jstark@mitchellcountyhospital.com |
| North Richland Hills Fire Department | 817-281-1000 | Chris Jungst | 817-427-6977 | cjungst@nrhfd.com |
| Pecan Plantation EMS | 817-579-3307 | Sandra Winfield | 817-573-1643 | sandrawin@charter.net |
| Plano Fire Department | 972-207-2085 | James Reyes | 972-841-7945 | jaimer@plano.gov |
| Prosper Fire Department | 972-347-3010 | Scott Diliberto | 972-347-2424 | scott.diliberto@prosperfire.com |
| Richardson Fire Department | 214-215-7010 | Curtis Poovey | 972-744-5700 | Curtis.Poovey@cor.gov |
| Richland Hills Fire Department | 817-616-3750 | Russell Shelley | 817-616-3755 | rshelley@richlandhills.com |
| Roanoke Fire Department | 871-491-8101 | Kevin McCally | 817-491-2301 | kmccally@roanoketexas.com |
| Rowlett Fire Rescue | 469-853-2715 | Chris Brown | 972-412-6231 | cbrown@rowletttx.gov |
| Sachse Fire Rescue | 214-876-8709 | Robert Knappage | 972-495-0975 | rknappage@cityofsachse.com |
| Sacred Cross | 940-566-1188 | Sarah Clasby | 940-556-5588 | sclasby@sacredcrossems.net |
| Sherman Fire Department | 903-209-8141 | Christopher Riso | 903-892-7273 | chriso@ci.sherman.tx.us |
| South Taylor EMS | 325-674-1300 | David Allman | 325-500-4950 | david.allman@southtaylor.ms.org |
| Stephenville Fire Department | 254-918-1210 | Jimmy Chew | 254-918-1243 | jchew@stephenvilletx.gov |
| Stonewall County Ambulance Service | 432-209-1943 | Jaffin Durham | 325-676-6676 | jaffin.durham@stonewallhospital.org |
| Sweetwater Fire Department | 806-217-1306 | William Schafer | 817-328-3773 | willschafer15@gmail.com |
| The Colony Fire Department | 972-625-1887 | Jason Bonds | 972-624-2320 | jbonds@thecolonytx.gov |
| Town of Addison Fire Department | 972-979-5342 | Michael Thomson | 817-372-4622 | mthomson@addisontx.gov |
| Trans Star Ambulance | 940-636-8556 | Ryan Matthews | 972-238-4746 | ryan.matthews@transstar.net |
| University Park Fire Department | 214-978-5370 | Scott Green | 214-987-5388 | sgreen@uptexas.org |
| Watauga Fire Department | 817-514-5897 | Randy Barkley | 817-514-5791 | rbarkley@wataugatx.org |
| Wise County EMS | 940-627-5971 | Randall Preuninger | 940-627-4204 | rpreuninger@ems.co.wise.tx.us |
| Wilmer Fire Department | 972-441-6373 | Mark Hamilton | 972-977-7599 | Mhamilton@wilmertx.gov |
| Wylie Fire Rescue | 972-442-8171 | Brandon Blythe | 972-429-8110 | brandon.blythe@wylietexas.gov |

Appendix B: EMCC Activation Activities

EMCC Activation: The First Five Minutes

1. Upon the decision to activate the EMCC the following should be done:
 - a. All staff meets in the EMCC and assures the safety of their affected family members.
 - b. EMCC Director:
 - 1) Gain access to crisis applications, prepare Sit-rep notes for in-brief, and prepare activation notification (WebEOC, EMResource, Radio Frequencies, etc.)
 - 2) Prepare safety brief for staff
 - 3) Conduct staff muster and accountability
 - c. EMTF Coordinator:
 - 1) Gain access to crisis applications and update EMTF asset statuses
 - 2) Have current EMTF contact lists
 - d. Planning:
 - 1) Gain access to crisis applications
 - 2) Prepare to draft IAP
 - e. Operations:
 - 1) Set up the EMCC with Section placement and supplies
 - 2) Assist with activation notification preparation
 - 3) Gain access to crisis applications
 - f. Logistics:
 - 1) Review sustainability policies / procedures
 - 2) Bring current hard copies of inventory, MOU's and vendor agreements to EMCC
 - g. Administration / Finance:
 - 1) Set up station to begin receiving all calls
 - 2) Print off and bring current EPC Contact List
 - 3) Get phone extension map and prefill ICS 214 Activity Log to make copies
 - 4) Pass around sign in sheet, phone extension map, and ICS 214 Activities Logs to all present
 - h. Information Technologies:
 - 1) At EMCC Director command, roll over Duty Phone (x7020) to Administration
 - 2) Set up phones, computers, security levels, and crisis applications
 - 3) Set up all TV's, VTN, and Smart Boards
 - 4) Troubleshoot any issues from staff
 - 5) Create any visitor access badges as necessary

EMCC Activation Checklist

1. Immediate Actions (First 4 Hours)

- a. Staff Coordination
 - 1) HPP Director contacted
 - 2) Staff Conference Call activated as needed (817-607-7080)
 - 3) NCTTRAC EMCC GroupMe utilized as needed
 - 4) For after-hours notifications: make decision to return to EMCC or work virtually
- b. Appropriate Outside Organization Coordination
 - 1) Contact the relevant partner organizations from the following groups: DSHS; Disaster District Coordinator (DDC); State Coordinating Officer (SCO); Jurisdictional Emergency Management (City/County); Hospitals; EMS/FD; County Public Health
- c. Request Previous EAPs for Situational Awareness
- d. Begin ICS-214 (Activity Log)
- e. Create WebEOC Incident
- f. Develop Briefing for Staff and Potential Partners

- g. Alert Notifications via Everbridge or EMResource
- h. Issue a Bed Report in EMResource (if necessary)

2. Continued Actions (Next 8 Hours)

- a. EMTF Notifications (as Needed)
- b. Logistics Continued Coordination (as Needed)
- c. Expense Report Tracking
- d. Continued Coordination with Outside Partners
- e. Media Reports/Update Situational Awareness
- f. Update Briefing on Status and Needs
- g. Continued Bed Reporting in EMResource (as Needed)
- h. Force Protection Measures for Staff Considerations
 - 1) Extended Operations?
 - 2) Food/Drinks
 - 3) Bathroom
 - 4) Shift work schedule
- i. Communications Plan/Implementation
- j. Applicable Incident Contact Sheet Created/Distributed

3. Continued Actions (Next 24 Hours)

- a. Continued Coordination with Outside Partners
- b. Updated Situational Awareness
- c. Media Updates
- d. Staff Update Briefing
- e. Determination of Work Schedule
- f. Update on Deployed Resources/SitRep
- g. Update on any Additional Needs Requests or Unmet Current Needs
- h. Assess Deployed Units Sustainability
 - 1) Food/Water
 - 2) Hygiene
 - 3) Sleeping Area
 - 4) Supplies
 - 5) Number of Personnel
- i. Consideration of Resource Rest/Replacement

For incidents lasting longer than 24 hours, continue with Items 2 and 3.



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

VIII. ANNEXES

Annex A: North Texas Mass Critical Care Guidelines: Adult



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex B: North Texas Mass Critical Care Guidelines: Pediatric



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex C: TSA-E Medical Coordination Center Standard Operating Guidelines



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex D: HCC-E Communications & Information Sharing Concept of Operations



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex E: Healthcare Coalition Memorandum of Sharing



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex F: NCTTRAC Regional Assets List



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex G: NCTTRAC Property Transfer Agreement



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex H: HCC-E Infectious Disease Response Annex



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex I: HPP Grantee Continuity of Operations Plan



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex J: The State of Texas Disaster Medical System Overview



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex K: North Central Texas Mass Casualty Incident Framework



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

Appendix G-2: HCC-E Regional Medical Response Strategy

Annex L: HCC-E Pediatric and Perinatal Surge Annex



TSA-E Regional Trauma System Plan

Annex G – Disaster Preparedness & Response

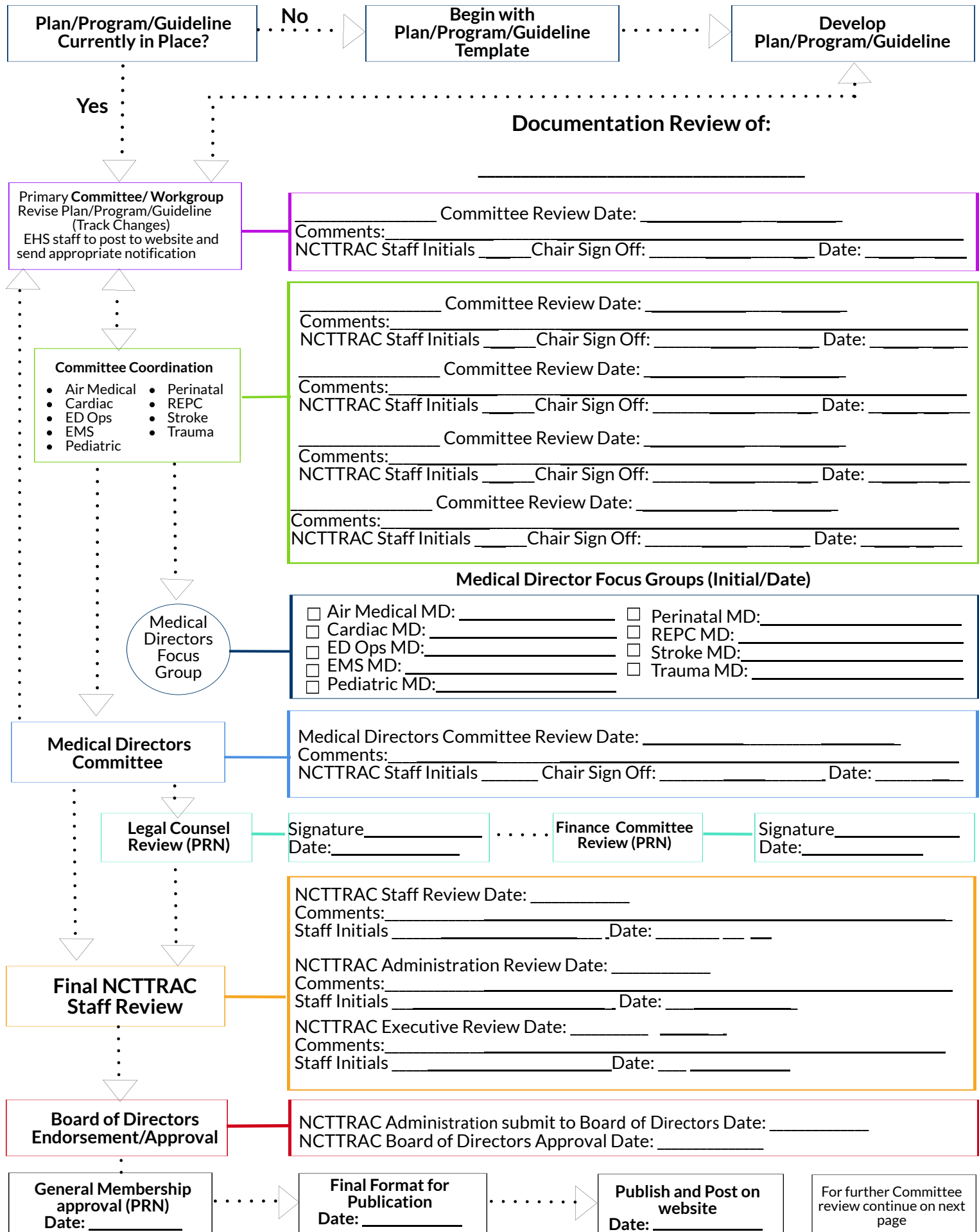
Appendix G-2: HCC-E Regional Medical Response Strategy

Annex M: HCC-E Regional Burn Surge Annex



NORTH CENTRAL TEXAS
TRAUMA REGIONAL ADVISORY COUNCIL

Coordination Flowchart



Committees Continued

_____ Committee Review Date: _____

Comments: _____

NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

_____ Committee Review Date: _____

Comments: _____

NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

_____ Committee Review Date: _____

Comments: _____

NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____

_____ Committee Review Date: _____

Comments: _____

NCTTRAC Staff Initials _____ Chair Sign Off: _____ Date: _____