

Concept Plan for Vehicle and Personnel Staging

North Dakota Department of Health

See Also

_Plan for Disaster Transportation

Staging Area Roles and Responsibilities

Staging Orientation for Staff

Administrative Support Staff Job Action Sheet

Driver Job Action Sheet

Medical Staff Job Action Sheet

Medical Supervisor Job Action Sheet

Transportation-Staging Manager Job Action Sheet

Scope

This overview provides a description of the operation of a vehicle and personnel staging site. A vehicle and personnel staging site is a location for accumulation and management of assets which may be needed for disaster response. Vehicles may include state owned assets or community assets from that community or other communities. Personnel typically assigned to the staging site either working for NDDoH or are under contract to NDDoH operate the site, manage resources and care for any patients being transported. However, other types of personnel assigned to assist NDDoH at the local level may be administratively managed out of the site in some circumstances. When vehicles or staff arrive at the location of the staging site, they may be assigned to the NDDoH staging site or to some other entity (e.g., community, National Guard). This just covers procedures for those assigned to NDDoH management.

Assumptions

1. Disasters may be anticipated (e.g., flood) or unanticipated (e.g., tornado). When possible, the site will be set up and resourced before the disaster. If the disaster is unanticipated, it will take several hours for the site to be staffed and resourced. A rendezvous point for arriving assets (e.g., local EMS facility) will be used until the site can be established.
2. Local assets may be collocated but not be used for the same purposes. That is, EMS personnel assigned to the community may be at the same physical location but continue with routine EMS response, leaving disaster response to units assigned specifically to that purpose.
3. National Guard assets, if collocated, may not be under the control of the site, but will be assigned duties according to an agreement reached between NDDoH and the Guard.
4. The staging site will be directed by NDDoH staff. The site will be located in the same city as the disaster if possible. In some circumstances, a site may serve more than one city when they are both impacted by the disaster and reasonably close to each other.

Activation of a Vehicle Staging Site

Sequence of activation of the staging may depend on the nature of the event. An unanticipated event may require the staging site to initially function with short resources and incomplete setup.

The DOC will:

- 1) Identify units within close proximity to the affected area which can directly support local EMS capacity until the vehicle staging site can be functionally established;
- 2) Identify a location for the site to set up;
- 3) If indicated, identify additional units from a greater distance with instructions to report to the staging site or some alternate site until the staging site is setup;
- 4) Identify a person to act as Staging Manager under the authority of the DOC and dispatch them to the site to set up operations;

The Staging Manager will:

- 1) identify for the DOC additional staff needed or recruit staff to assist with site administration from among the arriving units;
- 2) Ensure all arriving vehicles and all arriving personnel are issued a ID number and entered into the tracking data system;
- 3) Set up communications, notifying the DOC, local EOC, local EMS service, local PHSS, local PSAP, local hospital and local public health unit that it is functioning and available to assist, and provide contact information to each;
- 4) Dispatch units on missions as needed, tracking mission, destination and estimated time of return to the site;
- 5) Use later arriving units to establish a second shift and establish a shift schedule;

Site Staffing

The staging site is part of NDDoH incident command and some aspects of the task may occur in the DOC. For instance, routes for movement of long term care residents evacuated during the disaster will be assigned and routed on paper while staging site manager will direct local assets/patient loading. Communication/direction for a vehicle once it leaves the city/area where the staging site is located will revert to the DOC.

The only NDDOH staff at the site may be a Staging Manager (AKA: Site Commander) and an administrative assistant, but the Staging Manager may request additional staff from the DOC if needed. If missions are occurring 24 hours per day, staff will need to rotate off duty.

Incident command staffing for the site will ensure the following occur:

- Receiving and registering staff and vehicles
- Receiving and allocating missions
- Tracking vehicle and staff location and assignments
- Releasing personnel for special missions (e.g., rescue support) or to meet personal needs (e.g., food)
- Communicating resource needs to NDDoH and local incident command
- Scheduling and communicating shift coverage
- Tracking costs and keeping timesheets

- Ensuring needs of all personnel assigned to the site are met
- Demobilization and material recovery.

Location

In a local disaster event which overwhelms the transport capacity of local EMS, patient transport vehicles from outside the jurisdiction will need to be staged at a site which can allocate resources to transport missions and track vehicle and personnel resources. Requirements for a Vehicle Staging Site include:

- Space for parking a large number of vehicles
- Readily available primary road and interstate road access
- Identified fueling location in the vicinity
- Safely out of the hot zone of the disaster but proximal to the disaster area for rapid mission access
- Fixed building (preferable)
 - Office space for administration of site
 - Office equipment
 - Communications equipment including computers and Internet capability (this can be supplemented with communication kits or the NDDoH communications trailer)
 - Rooms for staff including adequate sleeping and toileting space
 - Wrap around services (cleaning, supply, waste removal, linen, food)

Types of Vehicles

The following types of vehicles are those potentially stationed at the site although NDDoH may not be responsible for assigning missions to all of them:

1. Ambulances belonging to and staffed by impacted community
2. Ambulances brought in from other communities
3. Ambuses owned by ambulance services mobilized to the site.
4. Converted school buses owned by the state and maintained for that purpose (staffed by NDDoH staff and/or contract personnel).
5. Converted school buses owned and operated by private bus companies (staff by contract personnel).
6. Wheelchair coaches mobilized for long term care or internal or external community sources (staffed by contract personnel). It will not be usual for this type of vehicle to be at the site if it belongs to a private entity like a LTCF, but it may in an emergency evacuation setting.
7. Regular buses used for transporting non-medical patients or ambulatory patients (e.g., psychiatric patients).
8. National Guard vehicles deployed to the site.

Vehicle Missions

The following types of vehicle missions may be performed by vehicles staged at the site:

1. Transport of patients from health care facility (HCF) to temporary shelter
2. Transport of patients from HCF or temporary shelter to placement destination
3. Transport of patients from a drop point to a pre-hospital stabilization site (PHSS)

4. Transport of patients from a PHSS to a intermediate or definitive treatment center
5. Evacuation of medical needs patients from threatened area
6. Evacuation of non-medical needs patients from threatened area
7. Movement of human remains when mortuary system is impaired

Vehicle Management Procedures

No vehicle or personnel resources assigned to the staging site should be on any mission without being assigned to the mission by either the Staging Manager/designee or the DOC. If a vehicle or its staff must be used for other purposes (e.g., not disaster related, used by the community for routine EMS response), it will be inactivated and listed as unavailable.

Upon arrival at the staging site, the arriving personnel would complete barcoded forms for each EMS provider and vehicle. The information would be entered into an EMS tracking database. Existing vehicle numbers for ambulances will have been pre-populated using the state radio four digit ID code; the system will also permit other vehicles to be entered which were not pre-populated. Personnel will not have pre-assigned numbers so they will be assigned a number on arrival. The barcode number would be the identifier for each resource – located on the registration form and located on a vehicle placard in the vehicle. The resource team leader (highest level medical provider) also completes a duty shift start roster which includes a bar code from the vehicle and all providers. The duty shift-start and duty shift-end rosters designate the start and end of each 8, 12 or 24 hour shift no matter how many missions are completed during each shift. As each resource was allocated to a mission, the resources would be checked out of the site and checked in as available for duty upon the resource's return to the site. Barcodes for vehicles and personnel will be scannable from the registration sheets at the site with a scanner tethered to a computer (i.e., using scanners like acquired for POD, not the patient tracking system scanner). The site manager will also track air ambulance assignment although the actual resource may be distant from the site. Data will be tracked in the same system as ground based units.

Unless otherwise arranged, disaster-related medical missions for vehicles not under the control of NDDoH will be managed by the DOC (e.g., evacuation of a health care facility through water by a NG vehicle). The DOC will contact the controlling entity (e.g., the SEOC) for that resource and request its use. If vehicles under the control of the community are needed for medical transport, that will typically be coordinated through the regional emergency coordinator or through the local public health unit. For example, when a psychiatric facility in Fargo was evacuated, the local EPR arranged use of a city bus to move the patients to a new facility.

An inadequate number of vehicles or responders will result in triage (sickest first or longer hold times in a pre-hospital stabilization site or hospital) or use of secondary transport options to include:

1. Assignment of multiple patients to a single ambulance or ambulance bus with the same destination.
2. Assignment of multiple patients to a single ambulance or ambulance bus with multiple destinations.

The use of secondary transport options will be routine for some types of transport (e.g., mass movement of long term care residents following an evacuation).

Personnel

Primarily two types of personnel will be located at the site

1. Personnel assigned to a specific transport unit (e.g., ambulance crews);
2. NDDoH volunteer personnel who may be assigned patient care duties to any transport unit on which they are needed (e.g., staffing converted school bus with medical personnel).

Vehicle-assigned personnel will be under contract with NDDoH. Volunteers will also be under contract, but must be registered into the ESAR-VHP system for the state with at least provisional credentialing. Health personnel who arrive on site to volunteer may be used but will need emergency credentialing in the ESAR-VHP system (provisional credentialing). If they have not been credentialed, they can use a computer at the staging site to be provisionally credentialed in about 10 minutes, or if computer is not available, this can be done over the phone by calling the DOC. Each volunteer will be assigned a bar code at registration into the vehicle staging site. The bar code for both vehicle and volunteers assigned to the vehicle for that mission will be scanned into the database at the time of mission assignment.

EMS Protocols

Unless otherwise instructed, EMS units from out of jurisdiction responding to a disaster may use their own local protocols. Changes to protocols would require the approval of the NDDoH designated medical director. For EMS resources provided by local EMS (i.e., from the disaster jurisdiction), protocols will be what the crews use in their home jurisdiction and medical direction will come from their home medical director. In addition to standard protocols, EMS responders may receive disaster-specific instructions for dealing with special situations or conditions, or for dealing with resource management and resource shortages arising from the disaster.

Care of Personnel

The staging area will need to be managed at a location with adequate utilities and connectivity. If the local ambulance site can accommodate some or all the vehicles, that is commonly used. If no fixed building is available, a Reeves Tent system can be set up for the site. Overnight accommodations will be circumstance dependent. It is possible that some or all personnel may be accommodated on cots or on the floor of a fixed site building where the staging site is located. Alternatively, personnel may be accommodated in a staff shelter run by NDDoH or the community. In some cases NDDoH may set up one or more Reeves tents to be used for staff sheltering. Staffing in hotel is possible but unlikely. Meals will be dependent on the situation and may include some combination of catered, site prepared, restaurant, shelter wrap-around services or MREs.

Communications

All personnel must have a phone access and the contact number must be included on the registration information. If they do not have one, they will be temporarily assigned one by NDDoH. Additional communication equipment may be assigned according to position. The Site Commander may have access to a land line at the fixed building site or may depend on cell phone for primary communication.

The fixed site building is likely not to be on the StageNet network, but daily briefings by the DOC with health care and public health should be available by webcast in most circumstances.

Online Software

The online database in use at the time of this writing is ZOHO. Only the Staging Manager or designee will access and input data into the software. Should internet access not be available, a paper system can be used.

Security

No onsite security will be routinely provided. If security assistance is needed, the Staging Manager will call 911. In specific situations where safety is a heightened concern, the DOC may make arrangements for on-site security at all times. All staff (NDDoH, contract, volunteer) must wear two card identification if assigned to the staging site under NDDoH incident command. Site management staff will also wear a vest with identifying job title.

Disaster-Related Threats: Contamination, Contagion, Hazardous Areas

If the disaster is associated with contamination of patients, medical transport vehicles would not be used to transport patients that had not been grossly decontaminated. If the disaster involves a contagious illness, EMS will be provided with specific instructions for worker protection and provided with worker protection materials (e.g., N95 respirators), although assignment to transport potentially contagious patients would be limited to those transport workers fit tested for a respirator or who had access to a PAPR. Worker protection principles related to entry into dangerous areas are not different for a disaster response than for usual EMS duty – medical transport workers are not to put themselves into danger situations or locations. Rescue operations will be carried out by teams specifically trained in rescue procedures.

Unit Recruiting and Reimbursement

NDDoH will notify EMS services across the state of disaster-specific needs for EMS units, vehicles and personnel, by specific resource type (e.g., ALS, BLS, ambus unit). NDDoH would ensure that EMS got paid according to reimbursement rates established for disaster response. In pre-planned events in which units are to be mobilized to a vehicle staging site for stand-by, units would be notified of rules for eligibility to respond. Standby for a planned event will require that the service be able to maintain usual EMS services in their home jurisdiction, that is, only mobilizing excess capacity (as opposed to base capacity needed to maintain full local EMS services).

In an urgent situation (e.g., levee breach) requiring a large and immediate EMS surge, NDDoH may request units to mobilize base capacity if the unit is within a specific distance of the disaster area. The distance may depend on the number of units needed in the particular situation. Generally base capacity would not be mobilized from further than one hour away if possible and a service would not mobilize all of its capacity unless it had arranged for cross coverage from a neighboring service during the time of absence.

Demobilization

It is likely that demobilization for staging sites will be by stepped force reduction; that is, as the situation de-escalates (i.e., most disaster related movement is complete), some of the units may be discharged. If a unit is discharged or has to leave permanently, its status will be changed to unavailable in the tracking system. Because patient repatriation can be conducted non-emergently, the DOC typically chooses to coordinate that process from the DOC and not maintain a vehicle staging site. Even if demobilized, a DOC representative may be present in the community during repatriation to coordinate local assistance for patient unloading.