

State of Texas Strategy for Medical Surge Implementation Process

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Record of Changes

This page includes a table showing the changes made to this document including the date of the change, a description, and rationale, if applicable, and the name of the person who made the change. Any comments or recommendations for changes to this document should be emailed to dshsplanning@dshs.texas.gov.

Date	Description of Change	Name

For more information regarding this document, please contact:
Texas Department of State Health Services State (DSHS)
State Medical Operations Center (SMOC) dshsplanning@dshs.texas.gov.

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State Strategy for Medical Surge Implementation

Introduction

The Health Care Coalitions, working with healthcare facilities, health care systems, emergency medical services providers and local governments are actively engaged in activities to support the response to COVID-19. State and Federal government ramp up operations to provide resource and operational support as these systems approach capacity. The proper coordination of local, regional, state, and Federal actions requires a common operating picture, information sharing and a common set of terms and concepts of operation. This document intends to provide guidance on the overall plan for the State of Texas to support regional and local ESF-8 resources, medical operations centers, and health care coalitions in the implementation of medical surge plans to meet the needs of the community during the current pandemic.

By coalescing on common data points, information sources, and reporting constraints, this plan intends to simplify reporting for operational entities engaged in response, while maximizing the value of data for coordinating agencies and elected officials.

Mission Statement

State of Texas implements medical surge strategy in support of regional healthcare coalitions, health care systems, hospitals and healthcare facilities to ensure the appropriate treatment of COVID-19 patients, and to maintain safe environments for medical providers to continue to provide concurrent care for emergency, non-COVID conditions across Texas.

Objectives

- Through a coordinated statewide approach, leveraging medical resources, information-sharing and non-traditional resources and workforce: Maintain the integrity of the Texas emergency health care system.
- Maximize capacity of existing health care facilities across Texas.
- Utilize innovative approaches to increase non-critical bed capacity in order to decompress health care facilities and allow for in-hospital care of the most critical patients.

- Provide capability to care for COVID-19 patients outside of the hospital and properly assess and mitigate need for readmission.
- Develop common language, statewide tiered approach to health care system support and triggers for higher level of activation/activity within this plan.

Assumptions

- The inpatient environment in a licensed hospital is the most appropriate location to provide critical and acute care to patients, regardless of COVID-19 infection status.
- Well-coordinated low-acuity, minimal care clinical operations facilitated by health care systems or local governments and supported by state and federal resources (both personnel and materiel) can offload strain on healthcare systems and hospitals.
- The health care system will alter existing operations to create additional capacity and availability to provide critical and acute care to COVID-19 patients during the pandemic.
- Without coordinated intervention by local, regional and state agencies, there is not enough existing critical care and general bed capacity to manage patient load during the COVID-19 pandemic.
- Planning activities will include hospitals in rural communities that are more vulnerable to surge.
- Pandemic resource constraints will influence efforts to create overall bed capacity. Primary resource constraints will be personnel, personal protective equipment, ventilators and expendable supplies.
- State and regional staff must plan for action at all levels within this plan to accommodate the rapidly changing nature of the pandemic.

Operational Plan

General Approach

The State of Texas will leverage state and federal resources to support regional and local efforts to support the healthcare system(s) to create additional capacity for critical, emergent COVID-19 patients while maintaining the functionality and accessibility of the emergency healthcare system for trauma, strokes, cardiac and other emergencies. The intent of this plan is to support a prolonged surge in healthcare capacity to 20% of staffed beds within 7 days of implementation of this plan and an additional 20% within 2-3 weeks. Because of the rapidly evolving nature of the threat, local, regional and state stakeholders must plan for implementation requiring innovative and non-traditional solutions to the emerging healthcare needs.

Operational Concept

The overall concept describes a tiered approach that consists of 5 levels that guide activities at the state and regional level to support healthcare operations and resources necessary to provide that critical support. Activities at all levels should focus on support for the current level, and planning must be conducted at all levels to ensure preparedness to accommodate rapid growth and a changing situation. Transition between levels will be managed at the HPP medical operational centers to manage surge within HPP region and report surge changes to the SMOC.

LEVEL 5	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
MAINTAIN STAFFED BEDS	SURGE TO PHYSICAL BEDS	SURGE INSIDE FACILITY	SURGE TO ADJACENT BLDG	SURGE TO BUILDING OF OP
Support Hospital System to maintain current capacity.	Support Hospital System to open all physical beds.	Transition non-traditional care areas such as OR and L&D to care for COVID-19.	Open additional capacity in adjacent medical office or convalescent centers supported by hospital.	Stand up alternate care sites in remote areas that are operated by local gov and/or supported by hosp

Level 5 – Maintain Staffed Beds

Activities within this level focus on enhanced clinical operations to address the threat, to include training and utilization of personal protective equipment (PPE) and alteration of policy and procedure to control spread and protect the facility, patients and staff during the pandemic. Additional activities include increased surveillance, testing, reporting, critical resource sustainment and preparedness activities to avoid movement to the next level.

Level 4 – Surge to Physical Beds

This level is triggered when patient census exceeds current staffed beds available within the facility or as pandemic planning requires. Activities in this level focus on identification and operationalizing additional capacity to accommodate the surge. Additional activities include transition of appropriate patients to long term care, surgical centers and other alternate care sites capable of caring for low/minimal acuity patients, creating critical care capacity within the hospital.

Level 3 – Surge Within the Facility

This level is triggered when traditional inpatient bed locations are occupied, and non-traditional locations must be utilized to accommodate patient care. Examples include modified operating rooms, special procedure suites,

outpatient clinic spaces and public areas like cafeterias, waiting areas or meeting space. The focus in this level is resource support that allows care to continue within the walls of the hospital to minimize the need for duplicative wrap around services required to care for patients, such as imaging, laboratory services and pharmacy.

Level 2 – Surge to Adjacent Facilities

This level is triggered by saturation of non-traditional patient care beds within the hospital facility itself. The limited scope of this level is to identify adjacent, and preferably connected buildings, such as medical office buildings or outpatient centers that can accommodate similar non-traditional patient care areas and continue to be serviced by hospital-based support services, such as imaging, laboratory services and pharmacy.

Level 1 – Surge to Buildings of Opportunity

The final level within this plan is triggered by saturation of all traditional and non-traditional capacity within hospitals and healthcare facilities and adjacent properties. Planning for occupation and make-ready arrangements for buildings of opportunity should be planned in the pre-incident phase. Buildings of opportunity can include dormant healthcare facilities, hotels, open air arenas with medical equipment sets and similar facilities. This plan includes criteria that should be considered in selecting these locations, to including ingress/egress, climate control, security and capacity. Significant resources must be assigned to these operations to meet patient care needs and support requirements, pertaining to pharmacy, imaging and testing. Additionally, donning/doffing areas, kitchens, food service, housekeeping, surveillance and patient care documentation systems must be brought to bear to support the operation of these facilities.

HPP will coordinate with healthcare facilities on patient movement to/from hospital surge sites. Surge Operations will also require a substantial prehospital/EMS support operation for movement of patients to and from hospitals, procedures and home.

Roles and Responsibilities

Health Care Facilities and Health Care Systems

Hospitals and Health Care Systems are the primary provider of critical and acute care services within communities across Texas. Healthcare facilities can be public, private, federally operated, part of a larger health care system, religious-affiliated or non-profit. The level of capability within each facility varies based on many criteria that are outside of the scope of this

plan. However, health care facilities are the best suited entity to provide critical and acute patient care in Texas regardless of COVID-19 infection status. For this reason, activities by local governments, Hospital Preparedness Program Providers, state and federal authorities should focus on direct and indirect support to healthcare facilities as they care for Texans affected by this pandemic.

Health care facilities and systems are responsible for providing the following:

- Health Care Providers (physicians, nurses, technicians, ancillary and support staff)
- Health Care Clinical Infrastructure (beds, monitors, ventilators, testing equipment)
- Electronic Health Record System (patient care documentation)
- Pharmacy, Laboratory, Imaging, Housekeeping, Dietary and other Services
- Facility support

As the resource constraints dictate, health care facilities and systems may require state and federal support and resources to fulfill these responsibilities.

Local Government

Local government has primary responsibility to coordinate with public health, Hospital Preparedness Program Provider, Emergency Medical Services (EMS) and State emergency management to provide support to health care facilities providing surge capability. According to Chapter 418 of the Texas Government Code, local jurisdictions have the authority to request state and federal support for emergency operations, and are additionally responsible for critical services that support hospitals, to include emergency medical services, certain utilities, etc. For this reason, local government play a key role in resource request, coordination and operations during a pandemic. Local government is also responsible for provision of public health in the community, as well, or works closely with the DSHS Regional Offices for key public health functions.

Local Government and Emergency Operations Centers are responsible for providing the following:

- Initial Incident Management Team/Emergency Operations Center support
- Conduit for communication of resource needs and requests
- Member of the Unified Command team
- Law Enforcement Security for operational nodes to include testing and patient care
- Assistance with identification and acquisition of alternate care sites

Hospital Preparedness Program Providers (HPP Providers) / Medical Operations Centers (MOCs)

HPP Providers and Regional Medical Operations play a vital role in coordination of activities, such as reporting, resource coordination and PPE distribution through the Hospital Preparedness Program. Planning and operational deployment of state and federal support is coordinated through the HPP Providers and their Regional Health and Medical Operations Centers.

Hospital Preparedness Providers manage the flow of information to and from health care facilities from the Department of State Health Services, the Texas Division of Emergency Management and the Office of the Governor. Critical data received and reported through the HPP Providers inform planning for bed capacity, ventilator availability, alternate care site selection, staffing and deployment of Emergency Medical Task Force resources. Additionally, the HPP Providers work to distribute state and federal stockpiles of personal protective equipment to healthcare facilities and emergency medical services.

Hospital Preparedness Program Providers are responsible for providing the following:

- Bed reporting, including intensive care, ventilators and other key figures from hospitals
- Managing coordination in the Regional Medical Operations Centers
- Gathering resource needs from hospitals and filling resource requests from supplies and equipment received from the Strategic National Stockpile and State caches
- Communicating resource needs for all levels of this plan to SMOC and SOC.
- Working with local jurisdictions to conduct testing and managing testing supplies.
- Coordinating the communication system between EMS and Hospitals for optimal management and placement of COVID-19 patients within the regional emergency healthcare system
- Managing requests and operational needs of Texas Emergency Medical Task Force.
- Gathering and compiling data points necessary to communicate the status and well-being of the regional emergency health care system.
- Conducting planning session to strategize continued and increased response to COVID-19 within the regional emergency health care system.
- Working with Healthcare Facilities, EMS, Public Health and Long-Term Care facilities to plan for potential impacts to vulnerable communities.
- Working with local jurisdiction and stakeholders to identify and plan for alternate care sites.

State Agency Activities

State Agency support is provided through the State Operations Center (SOC), utilizing resources from the members of the SOC Council/State Agencies and primary coordinated by the Department of State Health Services. State Agency activities must be carefully coordinated to support health care facilities and HPP Providers without circumvent current processes by creating redundant or duplicative efforts at the local level.

State Agencies are primarily responsible for the following:

- Provide public health guidance to Hospitals and EMS from Federal and State sources.
- Coordinating State Agency activity in support of the emergency health care system.
- Communicate with State Leadership and Federal partners regarding resource needs.
- Communicate realistic situational assessment to State/Federal leaders and elected officials.
- Facilitate resource requests process for State and Federal resources.
- Provide declarations and control measures to decrease impact on the healthcare system.
- Manage the request, reception and distribution of state and federal resource caches to RACs.
- Work with contracted providers for wrap-around services for alternate care sites.
- Provide non-clinical manpower resources to augment and support clinical staff during surge.

Emergency Medical Service (EMS) Activities

Emergency Medical Services plays a vital role in the overall care of patients during the pandemic. As the first line of treatment for a significant population of patients, EMS can provide important information to the public, and assist with decision making regarding transport to a health care facility. Many services are working with local public health and health care facilities to conduct in home testing of persons under investigation, and EMS Medical Directors are providing critical training and protocol revisions to expand the scope of EMS personnel in the field.

Emergency Medical Services are primarily responsible for the following:

- Assessment, recognition and subsequent transport of symptomatic individuals to an appropriate health care facility, based on regional criteria and procedures.

- Developing no-transport policies and encouraging the public to remain at home if symptoms do not warrant treatment in the emergency department.
- Facilitate testing in the home to discourage unnecessary emergency department or hospital visits for the purpose of diagnostic testing.
- Utilization of Mobile Integrated Health / Community Paramedicine programs to treat patients in their home and provide real time clinical information to medical directors and emergency room physicians on disease progression in patients monitored in sheltering programs.
- Providing and managing Ambulance Strike Team and AMBUS response to rural communities to move patients in order to decompress critical access hospitals in hard hit areas.

Local Public Health Departments Activities

Local Public Health Departments play an important role in supporting health care systems and emergency medical services with the timely and appropriate care of patients during a pandemic. Beyond the typical epidemiological roles, Public Health Departments at the local and State level provide important guidance on disease progression, personal protective equipment, outbreak “hot spots” and testing criteria.

Local/State Public Health Departments are primarily responsible for the following:

- Integrating Federal Health and Human Services (HHS)/Centers for Disease Control (CDC) and State guidelines on PPE in to a timely and accurate recommendation for pre-hospital and health care environments.
- Developing testing criteria for both the general public and health care workers / first responders that focuses on maintenance of the emergency health care work force.
- Providing timely results for testing with process/procedure guidance for quarantine and treatment of confirmed cases of COVID-19.
- Timely and accurate communication of location of persons under investigation in the community that could expose EMS personnel to positive cases without their knowledge.

Level 5 – Maintain Staffed Beds

Purpose

Activities within this level focus on enhanced clinical operations to address the threat, to include training and utilization of personal protective equipment and alteration of policy and procedure to control spread and protect the facility, patients and staff during the pandemic.

Begins/Ends

Begins with recognition of a potential or actual contagion within the Nation or the State with the potential to result in a pandemic. Local, State and Federal Public Health authorities communicate possible spread within the community. Early recognition and activation of this plan will ensure adequate planning and coordination of activities prior to widespread community impacts.

This phase continues until spread is controlled or until pandemic related hospitalization exceeds traditional staffed bed capability, either due to overwhelming patient presentation or attrition of staff/health care workers who have contracted the virus.

Local Activities

- Activation of local Emergency Operations Plans and Emergency Operations Centers.
- Utilization of local public health, public safety, emergency response, public affairs and human services infrastructure to provide information to the general public on mitigation strategies.
- Develop traffic control and security plans in and around health care facilities.
- Identify potential facilities and resources within the Community that can support alternate care, mass care sheltering or other necessary community infrastructure.
- Monitor state and federal guidance and provide messaging over radio, TV and social media.
- Leverage non-traditional communications platforms, such as road signage, to educate public.
- Prepare emergency declarations and communicate with State and Federal elected officials.
- Issue legal orders for social distancing, quarantine, isolation and closing of public buildings.
- Establish logistics capability to provide health care system support.
- Assess surge capacity within Public Safety agencies to augment EMS staffing.
- Enforce social distancing and other recommendations to conserve continuity of government.
- Establish a joint information center to accommodate media requests.

Health Care Facility Activities

- Activate Hospital Command Center to facilitate data collection and coordination activities with Hospital Preparedness Program Providers and Health Care System, if applicable.
- Conduct assessment of personal protective equipment supply levels, relevant pharmaceutical supply levels and other key resources needed to respond to the pandemic.
- Consider cancellation of elective procedures.
- Develop plans for re-purposing of non-standard patient care areas, such as operating rooms, procedure suites and meeting space.
- Establish employee screening procedures.
- Establish visitation policies that include screening procedures.
- Evaluate patients for early discharge to home or to long term care facilities.
- Develop and conduct just in time training for health care staff who may be required to work in unfamiliar areas, for example training of pediatric or operating room nurses for Adult ICU care.
- Review facility security plan and implement limited access control measures, as necessary.
- Coordinate with local public health and Hospital Preparedness Program Providers in the regional health and medical operations center to manage reporting and resource needs.
- Develop messaging in public and staff areas to minimize spread of the virus.
- Participate in planning efforts and bed reporting.
- Participate in the joint information center to ensure a unified voice with RACs and local government.

Hospital Preparedness Program Providers Activities

- Activate regional health and medical operations centers, in coordination with health care facilities, emergency medical services, public health and local government.
- Initiate (at least) daily bed availability, constrained resource counts (ventilators), health care surveillance reporting and other necessary data sharing to develop a common operating picture.
- Conduct contingency planning for hospital surge, alternate care sites, mass casualty and mass fatality operations.

- Develop communications plans for health care facility leadership, emergency medical services coordination and communication with community leaders / elected officials.
- Work with public health to develop health care worker / first responder PPE recommendations and share widely.
- Develop and implement regional strategy to implement testing capability and leverage health care facility, EMS personnel, and public health to conduct testing for health care workers, first responders and the general public.
- Communicate with State and Federal authorities to establish reporting requirements and timelines to ensure understanding of resource needs.
- Update baseline bed reporting data, to include total staffed beds, average daily census, critical equipment levels, PPE levels and other key information for comparison throughout event.
- Convene health care leadership, EMS medical directors, first responder organizations and other key personnel to develop and communicate regional procedures for triage, testing, tracking and resource requests.

State and Federal Support Activities

- Activate the State Operations Center (SOC; TDEM) and the State Medical Operations Center (SMOC; DSHS) to coordinate the State response to the pandemic. Ensure inclusion of critical state agencies to assist health care facilities, EMS and the Hospital Preparedness Program Providers with activities to maintain the integrity of the statewide emergency health care system.
- Inform decision making of state elected officials to waive requirements that may hinder the response to the pandemic and provide information on regulatory or legislative actions that may increase capacity and capability of the emergency health care system.
- Develop standardized reporting process for Hospital Preparedness Program Providers, local public health departments, hospitals and emergency medical services.
- Establish resource request process and lines of communications for logistics.
- Identify state facilities and other resources that can aid in the pandemic response.
- Work with Federal partners, to include Federal Emergency Management Agency (FEMA), CDC and HHS to establish resource request processes,

reporting requirements and lines of communication for clinical and operational guidance.

- Assess Federal support resources and communicate availability and request processes to HPP Providers and local governments.
- Leverage traditional media and non-traditional/social media resources to communicate messaging to the general public.
- Review state, regional and local plans to ensure compliance with federal procedures.
- Confirm and execute contracts for logistical support, surge support, personnel requirements and other resource needs for sheltering, minimal care medical support and incident management teams for support of local government and HPP operations.
- Establish a plan for assessment, prioritization and distribution of personal protective equipment, pharmaceuticals and other key resources

Strategies to Maintain Capacity at Current Level

- Cancellation of elective surgeries and procedures.
- Re-purposing of non-traditional patient care areas in health care facilities.
- Identify minimal care / long term care capacity within the community for early discharge of patients who can be cared for outside of the hospitals.
- Identify and make ready surge facilities and alternate care sites to decompress hospitals.
- Conduct construction projects to make ready additional alternate care sites and potential preparations for hospital operations in buildings of opportunity, as deemed appropriate.
- Build telemedicine capacity to conduct routine virtual assessments of PUI/PUMs at home to minimize the need for transport to emergency departments.
- Empower EMS providers and home health to assist with management of minimally ill patients at home.
- Establish contracts with sheltering, human services, logistics and incident management teams.
- Develop plans for prioritization on state and federal resources.
- Identify roles for health care workers and first responders who are quarantined, but not symptomatic to continue to contribute to the effort.
- Review plans for escalation to Levels 4-1 and identify steps to mitigate escalation.

- Establish screening criteria for critical infrastructure and key resource personnel to minimize transmission among co-workers and the subsequent impact on Critical Infrastructure and Key Resources.
- Consider visitation policies aimed at reducing risk of disease spread inside a facility.
- Consider employee screening policies to reduce risk of disease spread inside a facility.

Level 4 – Surge to Physical Beds

Purpose

Activities in this level focus on identification and operationalizing additional capacity within health care facilities to accommodate a surge of patients and maintaining the capability and capacity of the overall emergency health care system.

Begins/Ends

Begins when the daily census reaches 95-100% of staffed bed capacity in health care facilities across the State, and/or as available beds decrease below 10% of overall capacity in one or more regions. This trigger may be necessitated by a dramatic increase in case presentation, attrition of EMS or Hospital staff due to exposure, quarantine or development of symptoms or as demanded by pandemic planning.

This phase continues until daily census is maintained at or below 80% for several days or until all physical bed capacity in the hospital is depleted, requiring escalation to Level 3.

Local Activities

- Ensure establishment of Unified Command with Public Health, HPP Providers and EMS.
- Support healthcare facilities and emergency medical services providers with planning and logistic support activities using non-clinical staff to minimize impact on health care work force.
- Continue messaging and public affairs outreach to community and the media to communicate the status of health care facilities, EMS availability, infrastructure and pandemic progression.
- Implement and reinforce traffic control and security plans in and around health care facilities.

- If not already activated, provide resources to make ready alternate sites and non-congregate housing facilities for patients requiring minimal care.
- Assess services for unexpected impact of the pandemic, such as mental health, education, social services and sanitation. Consider additional impact to vulnerable populations, such as the elderly and with functional and access needs.

Health Care Facility Activities

- Transition patient care to the identified surge areas within the facility.
- Transition single patient rooms to double occupancy, as able due to space constraints.
- Early discharge to long term care and/or alternate care sites for patients who don't require hospital level care. Consider home health, EMS mobile integrated health and telemedicine solutions for patient rounding and follow-up.
- Closely monitor stock levels of personal protective equipment and submit resource requests to Hospital Preparedness Program Providers in a timely fashion.
- Continue employee screening procedures to protect patients and staff.

Hospital Preparedness Program Providers Activities

- Work with local health care facilities, emergency medical services and local government to establish criteria for utilization of alternate care sites and long-term care facilities.
- Move to twice daily bed availability, resource counts (ventilators), health care surveillance reporting and other necessary data sharing to develop a common operating picture.
- Collect information about absenteeism, health care worker / first responder illness and help to expedite testing and treatment for staff.
- Activate EMS resources to support long-term care facilities and alternate care sites with dedicated transport resources.
- Communicate requests for additional personnel and ancillary staff to support alternate care sites and non-congregate facilities with State and Federal partners.
- Submit requests for personal protective equipment for various operations and monitor distribution to EMS agencies, health care facilities, testing sites and other critical areas.

State and Federal Support Activities

- Evaluate resource requests from Hospital Preparedness Program Providers and submit requests for Federal agencies for Federal Medical Stations, Disaster Medical Assistance Teams, additional personal protective equipment, ventilators and other supplies to support hospital surge operations.
- Provide approval for contracted human services, mass feeding and mass care/sheltering operations and additional resource needs at the regional and local level. Includes contracts and personnel to operate alternate care sites, as needed.
- Continue to utilize plan for assessment, prioritization and distribution of PPE, pharmaceuticals and other key resources.
- Facilitate waivers of State and Federal regulations governing long term care facilities, health care treatment, Texas Emergency Medical Task Force (EMTALA) and medical legal liability, as necessary.
- Facilitate activation and assignment of EMTALA EMS resources, such as ambulance strike teams, ambulance buses and Medical Incident Support Team personnel as requested by HPP Providers and local EMS / Healthcare Facilities. Utilize Federal EMS Contract assets, if necessary.

Strategies to Maintain Capacity at Current Level

- Activate alternate care sites at a minimal acuity or long-term care level in order to decompress the health care facilities. Facilitate early discharge of patients that do not require hospital level care during their recovery. May be related or unrelated to the pandemic.
- Utilize non-clinical personnel, such as National Guard or volunteers, to augment non-clinical staff in the hospitals performing logistics, decontamination or logistics tasks.
- Augment health care facility plant personnel with National Guard engineering teams to transition non-traditional patient care areas into functional nursing care areas.
- Consider the use of non-congregate facilities, such as hotels, vacant college dormitories or dormant hospitals and long-term care facilities to monitor patients with minimal care needs through telemedicine with EMS Mobile Integrated Health / Community Paramedicine support for hands-on assessments if necessary.
- Identify and make ready surge capacity in medical office buildings, educational facilities and other buildings adjacent or attached to hospitals to accommodate further surge if needed.

- Develop “no-load” criteria with Emergency Medical Services to decrease impact on hospital emergency departments for patients that don’t meet established criteria.
- Establish transfer criteria and transport plan to maintain capacity of critical access hospitals.

Level 3 – Surge Within Facility

Purpose

The focus in this level is resource support that allows care to continue within the walls of the hospital to minimize the need for duplicative wrap around services required to care for patients, such as imaging, laboratory services and pharmacy.

Begins/Ends

Begins with the saturation of all traditional care areas within the facility and innovative use of non-traditional patient care areas, or surge areas is the trigger for this level.

This phase continues until the facility census decreases below traditional bed capacity and all patients placed in surge areas have been transitioned to traditional patient care areas; or when all traditional and non-traditional care areas have been filled.

Local Activities

- Continue to utilize the Unified Command structure to support health care operations.
- Work with joint information center, the media and public affairs staff on messaging for people to stay at home unless they are sick enough to be admitted to a hospital.
- Continue to support triage and prioritization of patients to decompress health care facilities and provide for basic patient needs.
- Implement and reinforce traffic control and security plans in and around health care facilities, alternate care sites, logistical staging areas and critical infrastructure.
- Provide continued EOC support for resource requests and staffing needs on behalf of health care facilities and EMS.

- Activate Public Health resources for surveillance at alternate care sites, shelters and buildings of opportunity in case health care facility capacity is overwhelmed and facilities of last resort are required.

Health Care Facility Activities

- Transition appropriate patient care into non-traditional surge areas within the facility.
- Assess workflow for opportunities to incorporate National Guard, non-clinical volunteers and other personnel provided by local and state government as force multipliers.
- Consider utilizing nursing and medical staff in administrative roles for patient care in non-traditional areas and to supplement patient care providers in step down and medical surgical units.
- Closely monitor stock levels of personal protective equipment and submit resource requests to Hospital Preparedness Program Providers in a timely fashion.
- Execute rental contracts for beds, ventilators, computers and other additional systems needed to transition non-traditional patient care spaces into functional patient rooms.
- Ensure documentation in non-traditional areas is sufficient to meet state and federal regulatory guidelines, to include electronic health record.
- Monitor capability of ancillary services, such as imaging, pharmacy and lab to service non-traditional spaces, and work with Hospital Preparedness Program Providers to augment staff where appropriate.
- Identify potential staff members that can assume patient care and leadership roles in more austere conditions, in the eventuality that plan proceeds to Level 2 or Level 1.
- Continue employee screening procedures to protect patients and staff. Consider staff support needs to enhance workforce availability (daycare, overnight accommodations, etc.)

Hospital Preparedness Program Planner Activities

- Work with local health care facilities, emergency medical services and local government to establish criteria for utilization of alternate care sites and long-term care facilities.
- Continue twice daily bed availability, resource counts (ventilators), health care surveillance reporting and other necessary data sharing to develop a common operating picture.

- Conduct contingency planning for staffing and provision of hospital level care at a building of opportunity or alternate care site.
- Convene clinical leadership from health care facilities, health care systems, emergency medical services and academia for discussion about altered standards of care and rationing of clinical resources.
- Continue to support health care facilities and EMS with personal protective equipment distribution from State and Federal caches. Ensure capability to open alternate care site at higher level of care.
- Activate resources to accommodate mass fatality operations, if necessary.

State and Federal Support Activities

- Evaluate resource requests from Hospital Preparedness Program Providers and submit requests for Federal agencies for Federal Medical Stations, Disaster Medical Assistance Teams, additional personal protective equipment, ventilators and other supplies to support hospital surge operations.
- Provide approval for contracted human services, mass feeding and mass care/sheltering operations and additional resource needs at the regional and local level. Includes contracts and personnel to operate alternate care sites, as needed.
- Continue to utilize plan for assessment, prioritization and distribution of personal protective equipment, pharmaceuticals and other key resources.
- Submit STAR request to TDEM to request support from the National Guard or other resources to assist with safety and security at Alternate Care Sites and other facilities. Utilize personnel for traffic and crowd control as needed.
- Change to: Hospital Preparedness Programs (HPP) and/or Regional Advisory Councils (RAC) seek agreement and approval from elected officials, local governments, health authorities, hospitals, and other stakeholders related to Crisis Standards of Care plans.
- Activate State and Federal resources to support mass fatality operations, if appropriate.
- Implement additional control orders for quarantine around health care facilities and alternate care sites to minimize continued spread and improve security of health care workers.

Strategies to Maintain Capacity at Current Level

- Identify COVID-19 and Non-COVID-19 facilities to isolate virus and minimize spread among compromised individuals. Be prepared to

transition alternate care sites to higher acuity operations if health care facilities are overwhelmed.

- Utilize non-clinical personnel, such as National Guard (ref. STAR request through TDEM) or volunteers, to augment non-clinical staff in the hospitals performing logistics, decontamination or logistics tasks.
- Provide telemedicine resources for lower acuity patients in hotels or alternate care sites. Establish community paramedicine or visiting nurse/doctor coverage for routine follow-up and basic needs for medication and treatments.

Level 2 – Surge to Adjacent Buildings

Purpose

The focus of this level is to identify adjacent, and preferably connected buildings, such as medical office buildings or outpatient centers, nearby hotels, conferences spaces and other non-traditional sources that can accommodate similar non-traditional patient care areas and continue to be serviced by hospital-based support services, such as imaging, laboratory services and pharmacy.

Begins/Ends

Begins with the saturation of all traditional and surge capacity within health care facilities, Level 2 serves to conduct similar transition of non-traditional surge capacity in building immediately adjacent to a health care facility.

This phase continues until capacity decreases to a level below a facility's tipping point or until all possible bed capacity in the hospital and associated buildings is depleted.

Local Activities

- Ensure establishment of Unified Command with Public Health, HPP Providers and EMS.
- Support healthcare facilities and emergency medical services providers with management and acquisition of scarce personal protective equipment resources.
- Provide for the safety and security of health care workers and first responders using law enforcement and contracted locations for rest and rehabilitation between shifts.
- Facilitate expansion of alternate care sites and other similar locations to accommodate need.

Health Care Facility Activities

- Triage and move lower acuity patients into non-traditional sites that are further from advanced clinical capability. Assign specific clinical or non-clinical staff to round on patients in non-traditional locations and notify a specifically identified response team within the facility to respond if patients are found to be compromised during welfare checks.
- Attempt to cohort families to assist each other with activities of daily living.
- Continue discharge to long term care and/or alternate care sites for patients who don't require hospital level care. Consider home health, EMS mobile integrated health and telemedicine solutions for patient rounding and follow-up.
- Closely monitor stock levels of personal protective equipment and submit resource requests to Hospital Preparedness Program Providers in a timely fashion.
- Continue employee screening procedures to protect patients and staff. Consider staff support needs to enhance workforce availability (daycare, overnight accommodations, etc.)

Hospital Preparedness Program Providers Activities

- Work with local health care facilities, emergency medical services and local government to ensure accountability of all patients at non-traditional locations, alternate care sites and non-congregate medical sites.
- Continue twice daily bed availability, resource counts (ventilators), health care surveillance reporting and other necessary data sharing to develop a common operating picture.
- Communicate requests for additional personnel and ancillary staff to support alternate care sites and non-congregate facilities with State and Federal partners.
- Submit requests for personal protective equipment for various operations and monitor distribution to EMS agencies, health care facilities, testing sites and other critical areas.

State and Federal Support Activities

- Coordinate use and assignment of scarce personnel and response team resources with health care facilities, EMS and government supported operations (testing and/or sheltering) to focus resources on areas with the most significant need.

- Continue to provide National Guard, law enforcement and state employee support for non-clinical roles within the response to offload non-clinical duties from healthcare workers.
- Provide waivers and clinical guidance for the use of emergency medical technicians and other medical providers within the hospital under minimal supervision of medical direction.
- Support significant increases in capacity for alternate care sites and sheltering locations with minimal clinical care capability.

Strategies to Maintain Capacity at Current Level

- Consider central location for housing and rehabilitation of health care workers and first responders to protect families and ensure accountability of all personnel, compliance with screening and prevent absenteeism.
- Waive restrictions on student licensing for physicians, nurses, paramedics and allied health personnel. Assign students as force multipliers for hospital staff in team nursing model.
- Provide any available resources for movement of resources, supplies, pharmaceuticals and equipment between the health care facility and adjacent buildings.
- Support ancillary services infrastructure with contracted or private pharmacy, imaging services and commercial laboratories. With health care facility saturation, public testing and other non-patient care activities will likely be discontinued to maximize the work force for direct patient care activities.
- Coordinate with Federal government for contract rental beds, ventilators and equipment, as well as SNS push pack for personal protective equipment and other critical supplies.
- Plan for altered destinations for EMS units to minimize the impact on healthcare facilities and assist hospitals with return to improved capacity.

Level 1 – Surge to Buildings of Opportunity

Purpose

The use of buildings of opportunity and sheltering with minimal patient care capability is a last resort, but must still be coordinated with local government, emergency medical services, clinical care providers and state/federal leadership.

Begins/Ends

Begins with the saturation of all traditional and surge capacity and the general use of sheltering locations and alternate care sites for patients with any level of clinical need.

This phase continues until capacity decreases to a level below saturation of all traditional and non-traditional beds in the community. This level may be well organized and coordinated with health care facilities to prioritize higher acuity patients into hospital beds or may lack detailed coordination depending on the level of community spread and overall impact to the emergency health care system.

Local Activities

- Ensure establishment of Unified Command with Public Health, HPPs and EMS.
- Support healthcare facilities and emergency medical services providers with management and acquisition of scarce personal protective equipment resources.
- Acquisition of additional alternate care site space and application of security for care providers and staff working at each facility.
- Activation of increased legal measures to limit public activity and improve social distancing and minimize further spread in the community.

Health Care Facility Activities

- Support alternate care sites with shelter medical support staff as available to assess people for significant disease requiring transport to a health care facility.
- Maintain health care facility operations.
- Implement guidelines for use of altered standards of care, no-transport protocols and Do Not Resuscitate orders universally.
- Closely monitor stock levels of personal protective equipment and submit resource requests to Hospital Preparedness Program Providers in a timely fashion.
- Continue employee screening procedures to protect patients and staff. Provide accommodations, meals and personal needs of staff during off-duty time to minimize spread to families and friends, improve accountability and prevent absenteeism.

Hospital Preparedness Program Providers Activities

- Activate any available EMS/public safety resource to assist with basic patient care at alternate care sites and hospitals, as able.
- Continue twice daily bed availability, resource counts (ventilators), health care surveillance reporting and other necessary data sharing to develop a common operating picture.
- Coordinate patient movements in and out of hospitals and health care facilities. Maximize community resources like long term care, nursing homes and rehabilitation hospitals to leverage clinical staff for basic level care.
- Innovative use of prehospital providers in assessment and management of complex patients at home or in alternative care sites.
- Continue to track accountability of all personnel participating in response and ensure proper logistical support and safety.

State and Federal Support Activities

- Activate any remaining state response teams for staffing of shelters and alternate care sites.
- Integrate military support into alternate care sites and hospital operations when necessary.
- Continue to provide National Guard, law enforcement and state employee support for non-clinical roles within the response to offload non-clinical duties from healthcare workers.
- Continue to coordinate medical supply chain issues for scarce resources with the Hospital Preparedness Program Providers and medical operations centers.
- Support significant increases in capacity for alternate care sites and sheltering locations with minimal clinical care capability.
- Providing additional waivers to protect health care facilities, systems, providers and organizations providing care in austere conditions or alternate care sites.

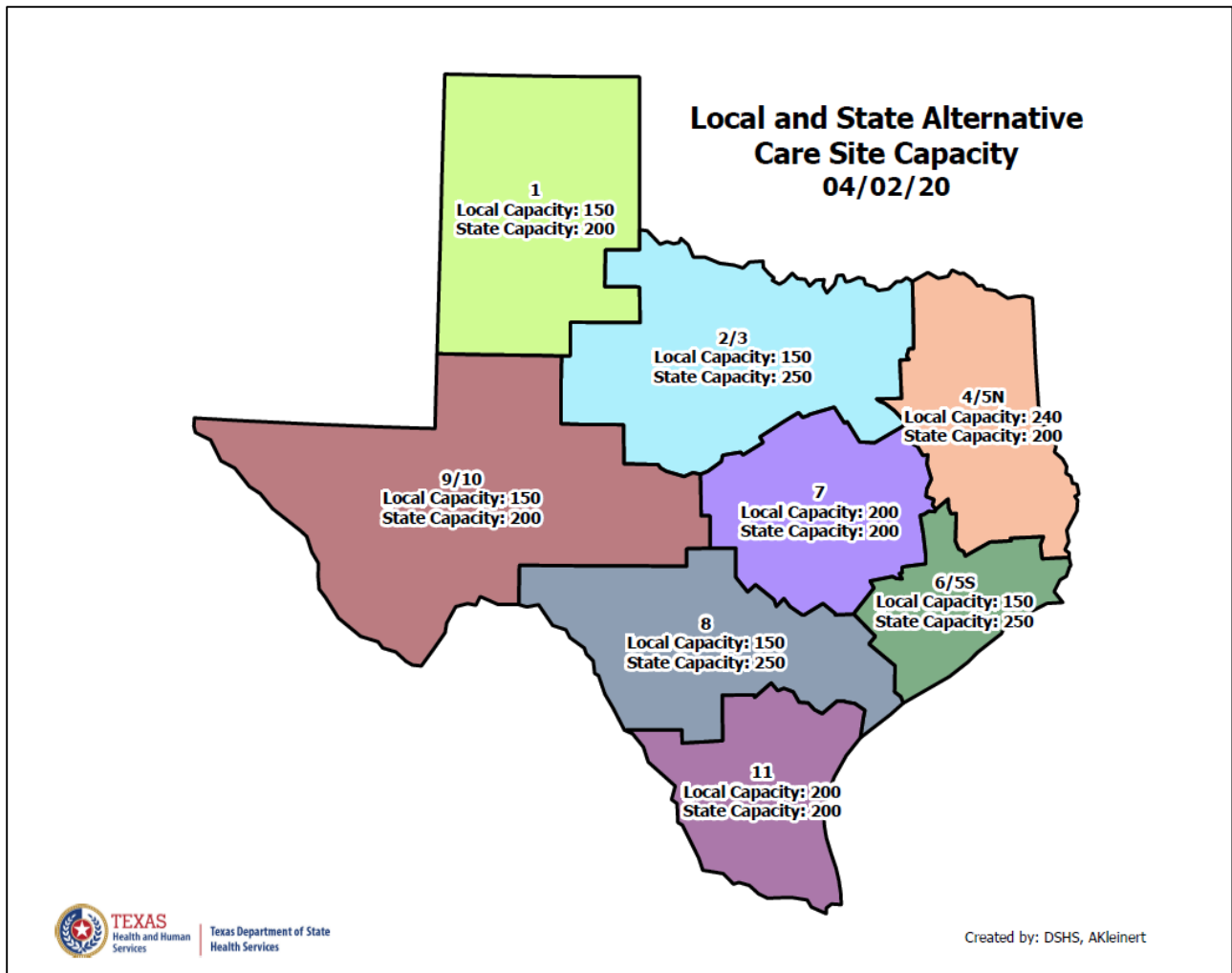
Strategies to Maintain Capacity at Current Level

- Not Applicable

Appendix A – Alternate Care Site Locations

Information gathered from Local jurisdictions, Local Public Health Departments, and Hospital Preparedness Program Providers have resulted in the identification of Alternate Care Sites across the State to support minimal care, non-congregate care and hospital level critical care, as directed by regional HPP Providers, Health Care Systems and local government.

Locations listed below are in various stages of preparation, and each has resource needs that must be met in order to make these sites operational. Those needs include staffing, personal protective equipment, security, engineering support for make ready construction and legal agreements for utilization.



Appendix B – Acronyms

AMBUS – Ambulance Bus

DSHS – Texas Department of State Health Services

EMS – Emergency Medical Services

CDC – Centers for Disease Control

COVID-19 – Coronavirus Disease 2019

ESF – Emergency Support Functions

EMTALA – Emergency Treatment and Labor Act

EMTF - Texas Emergency Medical Task Force

FEMA – Federal Emergency Management Agency

HHS – Health and Human Services

HPP – Hospital Preparedness Program Providers

ICU – Intensive Care Unit

PUI – Person Under Investigation

PUM – Person Under Monitoring

RAC – Regional Advisory Council

SMOC – State Medical Operations Center

SOC – State Operations Center

STAR- State of Texas Assistance Request

TDEM – Texas Division of Emergency Management



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