

Emergency Medical Task Force

# Mobile Medical Unit Standard Operating Guideline

DSHS Tasked Deployment

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# Deployment Operations

## Scope

This Standard Operating Guideline (SOG) addresses the Texas Department of State Health Service (DSHS) tasked, multi operational period mission profile of the Mobile Medical Unit (MMU) component of the Emergency Medical Task Force (EMTF). Not addressed in this document is the intra-regional, one or two operational period (<24 hours) mission profile. Those deployment guidelines are maintained by each individual EMTF Region for mutual aid response.

## Purpose

This SOG is designed to ensure the uniform and orderly deployment of the MMU component of the EMTF across the eight EMTF regions of Texas.

## Planning Assumptions

In order to ensure consistency and brevity this SOG makes the following assumptions:

1. This document is to be considered a living document which may be updated from time to time as new information becomes available. The most current copy will be maintained by the EMTF Program Management and will be kept by the State Medical Operations Center (SMOC) and will be posted on the TDMS website.
2. The term “region” or “regions” will be utilized throughout this document and refers to the EMTF regions as defined by the state. Instances where this does not apply will be noted as such.
3. The term “Mobile Medical Unit (MMU)” should be considered to mean the Mobile Medical Unit component either the equipment, the personnel (team) or both.
4. Each EMTF region will have pre-identified, and executed appropriate MOU’s with both the participating healthcare entities *and* the specific personnel from each entity approved for deployment as part of the EMTF’s MMU deployment package.
5. Each EMTF region will have identified, partnered with, and trained a public safety communications/dispatch center with 24/7 operations to serve as the initial contact number for deployment of the EMTF. The EMTF’s 24 hour contact number should be published to the State’s disaster response entities, including but not limited to: , EMTF Program Manager, DSHS SMOC, SOC, Local DDCs, TDEM Staff, etc. This communications center should have a list regarding that region’s EMTF deployment package.
6. Each EMTF region will have a primary point of contact person available to the communication / dispatch center at all times with a backup list of contacts or processes to follow if unable to contact the primary contact.
7. Each EMTF region will have identified and implemented systems or technologies, previously available or novel, with redundancies, designed for the notification of EMTF deployment team members, both at the partnering agency and team member level.
8. MMU teams will pre-identify the MMU Group Supervisors, ensuring each has the appropriate training to serve in that role.

9. Upon activation, units will deploy units which are fully mission capable and able to be self-sustained for at least 72-hours.
10. Team members are expected to be trained in National Incident Management System (NIMS).
11. Memorandums of Agreement (MOA) are established with responding agencies and the Lead RAC, as appropriate.
12. All eight (8) EMTF MMUs have been provided minimal standard recommendations to ensure consistent minimum operational ability across Texas.
13. The MMU will assist with healthcare response when routine capabilities are or may become overwhelmed.
14. The MMU will be primarily used for the initial triage, treatment, stabilization and transfer purposes but may be used for a variety of other missions.
15. This expanded health care delivery system is developed and used in conjunction with local emergency management, emergency medical services, healthcare resources, and public health agencies.
16. Each EMTF region will have established MOU's with appropriate ancillary and non-clinical agencies and personnel for the transportation and establishment of the physical structure of the MMU.
17. The MMU is not intended for Long-term care missions.

## **Mission**

The mission of the MMU is to augment and support the needs of an impacted community with temporary healthcare infrastructure configured to the incident occurring.

## **Pre-Deployment Preparation**

It is incumbent upon each EMTF region to 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. In order to facilitate this readiness, each EMTF region may utilize their EMTF coordinator to assist in ensuring the highest level of preparedness for the EMTF MMU component's all-hazard response.

These documents have been developed through the deployment experience of disaster responders from across the state and may be used as a starting point for each EMTF to ensure their team members have the tools necessary for an efficient and successful completion of their missions.

Homeland Security Presidential Directive-5 (HSPD-5) provides a National Incident Management System (NIMS) through which all incident response agencies and assets are to be integrated and coordinated.

## **Tasking**

When MMU support of multiple operational periods exceeds regional capability, the jurisdiction having authority will notify the Disaster District Chair (DDC) via resource requesting processes. This need,

having been appropriately identified as valid, will be passed to the State Operations Center (SOC) who will task the assignment to the Texas Department of State Health Services (DSHS) State Medical Operations Center (SMOC). The SMOC will then assign a tasking to the most appropriate EMTF region(s). DSHS tasking will be provided formally through written documentation. (Detailed tasking procedures are identified in the SMOC Operations Manual)

## Deployment Time Goals

It is the goal of the EMTF to be an agile, rapid response force dedicated to the public health and safety of the citizens of Texas and others. In the following sections, timely, efficient, modular and prepackaged activations and deployments are the goal of the EMTF.

No contractual obligation or alteration of other contractual documents is implied by the following EMTF deployment time goals.

## Incident Component Notification

When the SMOC receives a request for EMTF assistance, the SMOC will consult with EMTF Program Management to determine the most appropriate region and component to respond to the pending request. Initial communications between the SMOC and EMTF Program Management may happen by phone to expedite the process but the call should be followed immediately with a written summary to assure accuracy of the request. This summary of request should be sent to the predefined email address for EMTF Activations. The SMOC may request that an availability check be done by one or more of the EMTF Regions to assist in determining the most appropriate region to respond. Availability or deployment documents as well as other incident information should be sent to the EMTF Region by using the appropriate predefined EMTF Coordination Center Email address. Once taskings are determined, the appropriate EMTF Coordinator(s) will be notified and will initiate the Incident Notification Procedure. Utilizing the technology identified by the region the point of contact will immediately initiate a call-out to relevant agencies. The activation of this system should mark the starting point for the desired six (6) hour deployment window. For planning purposes, the six (6) hour goal is intended to represent that the tasked assets are en-route to at least an intra-regional mustering point.

## Mustering

MMU teams may utilize predetermined or adhoc mustering points which will be determined upon activation. These sites are *not* considered base camps, rather a common meeting area for final deployment tasks to be completed. Geographical diversity is suggested to ensure the site selected by the MMU Group Supervisor is in the direction of the deployment. Each region may wish to select sites that are lit and allow overnight parking which is secured for cases where team members have arrived in their personal vehicles at the mustering point. This deployment model is, for various reasons, not ideal but may be the best option in some regions.

Once released from the mustering point, the MMU Group Supervisor will be responsible for ensuring his assigned units arrive at the deployment staging area. The MMU Group Supervisor Reports to the Task force Leader which has the overall responsibility for the EMTF components.

## Travel

Travel by the MMU will be accomplished in convoy style. The make-up of the MMU's convoy will be at the discretion of the EMTF MMU Group Supervisor. Members should be aware that they may travel with mobile assets that have different performance profiles, and may need to adjust their driving habits as a result. Remember, the key to safety in convoy is communication. The route to the deployment area will be at the discretion of the EMTF MMU Group Supervisor, working in cooperation with in theatre, and State response assets.

Teams should anticipate efficient travel. Stops for non-mission essential reasons are discouraged and should be at the discretion of the MMU Group Supervisor. Units should travel at the best, safe speed of the slowest unit in the convoy. Road and weather safety should be considered by all.

## Command Operations

It is beyond the scope of this document to address all operational concerns of resources deployed as part of EMTF. However, the following general guidelines can be assumed to apply in most deployments.

Command Operations should be documented on appropriate ICS forms available if unable to utilize WebEOC. A 214 (unit log) should be completed by each unit for each operational period and provided to the MMU Group Supervisor. The MMU Group Supervisor should also complete a 214 (unit log) for each operational period and submit it as a summary to the Operations Section Chief.

MMU Teams will follow an appropriate incident command system structure. Intervening levels of command may be inserted as incident scope affects the span of control.

As a part of any deployment, MMU team members should be prepared to perform a variety of missions, both in and out of the scope of normal daily operations. Concerns related to assigned missions should be forwarded to the MMU Group Supervisor. At all times, it is the intention of the EMTF to "Be Helpful, Be Nice" in all interactions with the public as well as fellow responders and affected region stakeholders.

## Scope of Care<sup>1</sup>

The following descriptions of the MMU's capability are guidelines only; no restrictions, no limitations, or promises of level of care, are implied. Generally, the MMU will not have laboratory or radiology capability. In rare cases, the MMU may be used for specific tasks, including:

### Non-Critical Care Capability

The MMU may be used to assist in providing bed capacity for hospital relief. The staffing, supplies and equipment of an MMU result in a limited scope of care for hospital relief. The minimal scope of care includes:

- nursing care for stabilized internal medicine, trauma, orthopedic, and obstetric patients;

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<sup>1</sup> The intent of the MMU is to provide "fast track" or "urgent care" style medical care for cases with rapid disposition. Mission specific objectives will be dependent on the requesting jurisdiction and/or DSHS tasking.

- medical workups and examinations;
- nursing care for special needs patients;
- ability to provide care for a variety of acuity levels while providing treatment, transfer or discharge;
- administration of vaccines or other countermeasures; and
- preparation for transport for patients who require transfer to hospitals;
- the MMU does not provide surgical services.

If available, the equipment and supplies may allow for resuscitative intervention if needed in individual cases.

### Emergent Care Capability

The MMU may be used to assist in providing acute or emergent care level of services for hospital relief. The staffing, supplies, and equipment of an MMU must be appropriately increased to provide such intensity of care. In rare instances when staffing, supplies, and infrastructure permit, the MMU may be configured to provide emergency intervention. The scope of care for such a configuration includes:

- Administration of intravenous medications and drips;
- Minimal short-term cardiac monitoring; and
- Minimal short-term ventilator support.

### Isolation Capability

The MMU may provide support to isolation operations with the capability to evaluate and hold persons suspected of being either exposed to or affected by an agent requiring isolation. The MMU, with an appropriately configured isolation cache, equipped with staff, and provided with service support facilities enables:

- Holding and segregation of persons suspected or confirmed to have illness;
- Taking of biological samples for submission to local, State or Federal laboratories;
- Short-term isolation of patients pending transfer to a hospital isolation ward;

### Staffing Framework

Staffing of the MMU is a critical task. For the minimal standards of a 16-bed MMU, the following standards are provided. It is expected that for rotational purposes, each EMTF region will roster at least one team with consideration for depth when needed for extended periods of operation.

### Personnel Requirements

Enormous numbers of patients seeking treatment in excess of a region's bed capacity during a disaster, for any reason, will cause healthcare facilities to fill to capacity. Available in-region staff

will also be fully engaged. Each EMTF region will, as part of its deployment package, identify the team required and deployable for MMU operation.

### MMU Team Skill Mix

The MMU team is staffed to maximize the use of limited staffing resources, not only to provide for an expected large quantity of patients, but also to ensure sustainability while providing the highest quality care possible given the limited resources. The team skill mix should be appropriate to adequately care for the patients in the MMU facility within the scope of care planned..

#### **Clinical Staff Minimum Standards**

For each 16-bed unit, clinical staff members listed below will be on-duty for each 12-hour shift, one of which has been designated as the Clinical Unit Leader.

4 – Registered Nurses (R.N.)

1 – Medical Doctor (M.D.) or Doctor of Osteopathic Medicine (D.O.)

1 – Technicians/Clerks

1 – Physician Assistant (P.A.) or Nurse Practitioner (N.P.)

2 – Paramedics or Licensed Vocational Nurses (L.V.N.)

#### **Facilities Staff Minimum Standards**

For each MMU, access to the following facility services should be available on-site through one or more staff members, one of which has been designated as the Facilities Unit Leader.

- Maintenance specialist (general maintenance)
- Environmental Services specialist
- Biomedical technician
- Electrician
- HVAC specialist
- Communications specialist

## MMU Staff Training

It is incumbent upon each EMTF region to 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. . In order to facilitate this readiness, each EMTF region may utilize their EMTF coordinator to assist in ensuring the highest level of preparedness for the EMTF MMU Component's all-hazard response.

While not all inclusive, included in this document are examples of deployment equipment guidelines. These guidelines have been developed through the deployment experience of disaster responders from across the state and may be used as a starting point for each EMTF to ensure their team members have the tools necessary for an efficient and successful completion of their missions.

## MMU Staff Activation

Each region will have pre-screened teams approved for deployment. Rostering and staffing plans may be impacted by the resources available to each EMTF Region. Each region should have appropriate relationships with the facilities & agencies to contribute resources to the formation of the MMU team roster. Each EMTF Region will have, as noted in the planning assumptions, developed a system of notification for these facilities or agencies upon tasking from the State. Following this notification, it will be the responsibility of the stakeholder agencies to activate personnel appropriate to the tasked mission. Stakeholder agencies, upon notification, are to report back to their EMTF Coordinator with their personnel and asset information, current status and estimated time of arrival at their individual mustering point. The EMTF Coordinator will roster the teams in WebEOC so the information is available to the region and the SMOC.

## Safety Considerations

All MMU staff activities involve variables and unknowns which may have a substantial impact on the health and welfare of staff members. These potential risks require frequent identification, assessment, analysis, and planning to minimize their impact. Risks should be assessed based on the likelihood of occurrence and potential severity.

Request for assistance during Convoy Operations or site security may be submitted to the State Medical Operations Center (SMOC) via the proper channels, who will work with the State Operations Center (SOC) to provide this resource if possible.

## MMU Supervision

Homeland Security Presidential Directive-5 (HSPD-5) provides a National Incident Management System (NIMS) through which all incident response agencies and assets are to be integrated and coordinated.

Operating under NIMS principles, each MMU will be integrated into the Incident Command System (ICS) structure implemented by the State and its deploying EMTF.

Unlike other components of the EMTF (Ambulance Strike Teams, Ambus, and RN Strike Teams) the MMU faces unique challenges related to its deployment and operation. Specifically, given the large and complex scope of most foreseeable mission profiles it is apparent that the MMU may require the greatest level of organizational support during the incident. Owing to span of control and other operational factors, elements of the EMTF's overarching support structure may need to be housed within the MMU command structure or those MMU specific positions may need to be filled uniquely for the MMU. Internally, each MMU will follow an ICS structure for a public health or medical emergency and provide necessary operations as stated in the incident action plans (IAPs) for the specific incident.

To ensure organized operations through an incident command structure, the MMU and associated staff will have a clearly defined reporting structure. This structure may be provided within the organization of the MMU, by an overarching support team, or by infrastructure from a jurisdiction having authority.

Consistent with the ICS, each staff position should receive a job action sheet (JAS), which is a simple checklist that describes the role, responsibility, and reporting structure of each position within the ICS structure. These forms should be prepared in advance of the incident for rapid distribution to participating staff on their arrival to the MMU.

## MMU Composition Guidance

This section provides minimum standards as well as operational considerations for each EMTF region to consider as they design and implement their MMU. Currently, the following guidelines should be considered when designing and implementing any portion of the MMU component of the EMTF.

Currently, the minimum requirements of an MMU for a generic mission include:

- Sixteen (16) bed capacity
- Deployable with staff appropriate to mission
- Additional staff, as appropriate
- Supplies sufficient to fulfill primary mission for 72 hours without resupply

## MMU Operations and Logistics

Members of the EMTF most directly related to the specific MMU being deployed may offer their expertise as a resource when determining site selection and mission profile.

### Supplies and Equipment

The MMU has a comprehensive capability of providing ALL supplies (i.e. supplies, equipment, separate trailer, transport trailer, separate structure, etc.) from pre-positioned materials

identified by the EMTF region as the MMU's initial cache. Additional or mission specific supplies will be determined by the State Medical Operations Center (SMOC) tasking. A medical resupply system to continue operations for prolonged periods of time should be established if operational periods may exceed 72 hours.

Operationally, all medical supplies should be stored in a secure, climate-controlled area in close proximity to the patient treatment area. Consideration for this guideline should be made when selecting the physical make-up of the MMU.

The MMU is designed to rapidly surge healthcare capacity into an affected region. Owing to that mission, it is the recommendation of this SOG that supply caches be configured based on interventions to be performed, rather than in bulk caches. This will limit the set up time required for the stocking of treatment areas in the MMU, thus shortening the deployment to open time as well as aid in demobilization and restocking. There are a variety of vendors who repackage disposable supplies in this manner.

MMU supplies (Appendix A and B) may be broken out into categories of care, both to aid in par stocking levels (related to expected patient loads) and cache configuration. The recommended categories for each EMTF MMU are as follows:

- Critical Care Unit (CCU)
- Emergency Room (ER)
- Skilled Nursing Facility (SNF)
- Orthopedics
- Obstetrics (OB)
- Supplies related to all patient care areas (sheets, personal hygiene, gowns, isolation, etc.)

Of these categories, historically the SNF unit supplies have represented the highest demand for disposable supplies. Attached to this SOG is a minimum MMU supply list (Appendix A).

Most pharmaceuticals are labeled with storage temperatures. The United States Pharmacopeia (USP) defines the various temperatures as:

- Controlled Room Temperatures: 59-86° F or 15-30° C.
- Refrigerator: 36-46° F, or 2-8° C.
- Freezer: 32° F and lower or 0° C and lower.

Pharmaceuticals that are stored at other than USP standard temperatures are considered to be "adulterated" and therefore unfit for human use. Proper handling of the MMU's pharmaceutical cache should be considered for all phases of operation: Pre-Deployment, Deployment, Transit of the MMU, Operations, and Demobilization.

Attached to this SOG is a minimum MMU pharmacy cache (Appendix B).

## Communications

### Internal Communications

Mechanisms for internal communication between MMU functional areas and associated staff may be determined by each EMTF region, and may include at a minimum cellular, radio and satellite phone capability. Careful consideration should be made to incorporate interoperability models, not only with other components of the individual EMTF's but also across all teams and may expand to include capabilities to communicate with local resources in the affected jurisdictions. In many cases portable two-way radios may be available and used.

### External Communications

When normal communications are not disrupted and the MMU facility is equipped with phone service, the primary means of communication will be via existing phone lines. The MMU may also be equipped with portable radios, which augment external communications with ambulance transports and support services and serve as the primary option for backup external communications when normal communications are disrupted. Options for alternate backup communications include satellite phones, Internet connections, and fax machines, along with disconnected or wireless methods of communication such as pagers, Blackberries, personal digital assistants, and cellular telephones. Ideally, the MMU may have the capability to participate with the standardized electronic information system employed at the State, local, or regional level that supports clinical management, patient tracking, and command and control.

## Operational Support

The MMU may require the following external support services:

- Waste disposal (routine and bio-hazard)
- Food / potable water for patients and staff
- Security
- Water
- Transportation
- Fuel
- Latrines and showers
- Mortuary

## Security

Physical security of the MMU staff, equipment and the facility is essential. Physical security points include the following:

- Entry and exit points to the area (e.g., the city block), if practicable.
- Access points to the building.
- High-risk or high-value areas within the building, such as the temporary morgue and pharmacy.

## Patient Management

Based on the predetermined role of the MMU, patients may arrive either by private transportation or by ambulance. A receiving area for initial evaluation and registration should be in place and easily accessible for arriving patients.

A medical record system must be planned for and put in place on activation of the MMU. Every patient encounter will be documented using the medical record system planned for the MMU (T-System).

Preprinted order sheets and care plans may facilitate the management of patients, consistent with the planned role of the MMU. A system for tracking patient location within the MMU or disposition after completion of treatment at the MMU must be put in place. These systems will be formalized across the EMTF regions utilizing T-System & WebEOC.

The original patient care records will be maintained by the sponsoring agency or the Lead RAC. A copy of each patient care record is to be submitted to the Department of State Health Services via the reimbursement packet for the incident.

## Staff Management and Support

Private space for staff should be available to include incident briefing and medical report areas as well as eating, sleeping, toilet, showering, and rest facilities apart from the general patient population.

## Demobilization

A strategy for demobilization of the MMU should be developed at the time of mobilization. Criteria for making the determination that the MMU is no longer necessary should be determined in advance. These types of determination factors may involve volume of utilization or benefit vs cost at the current time.

Demobilization will be based upon tasking to the deployment region, though team members may wish to be prepared for a longer duration owing to the type of incident. Demobilization may occur at the deployment staging area or regional mustering point according to the MMU Group Supervisor's discretion. Demobilization should not occur directly from field assignments. Exceptions will be the discretion of the EMTF MMU Group Supervisor. The MMU Group Supervisor will ensure that personnel of the unit will have a comprehensive demobilization briefing and ensure that all incident specific

paperwork and forms have been completed appropriately. Travel from the deployment region during demobilization will be convoy style, along routes prescribed by the MMU Group Supervisor.

Each region shall adopt a Demobilization Checklist (Form ICS 221) for use by the MMU Group Supervisor, and team members to ensure that appropriate documentation was completed during and after the deployment. The Demobilization process shall always include a “Hotwash” and findings of this “Hotwash” are to be included in the documentation packet submitted for reimbursement.



# Appendices

## Appendix A – Supply Cache

Item	Quantity
Adapter, Airway Tube	
Adapter, IV, Injection, w/MLL	
Adaptor, IV, Injection, w/MLL	
Adhesive, Histoacryl	
Airway, Berman, Adult, Red	
Airway, Berman, Infant, Pink	
Airway, Berman, Pediatric, Green	
Airway, Endotrachl, Esophagl, 41 Fr	
Airway, Nasopharyngl, 24 Fr	
Airway, Nasopharyngl, 32 Fr	
Alarm, Carbon Monoxide	
Applicator, Chloro Prep	
Applicator, Sterile	
Arm Board, IV, Adult	
Arm Board, IV, Infant	
Arm Board, IV, Pediatric	
Backboard, straps, 5' disposable	
Backboard, X-Ray Translucent	
Bag, Biohazard, 25" X 34" X 1.2 mm	
Bag, Closed Drainage 2000CC	
Bag, Ice, Large	
Bag, Leg Medium Disposable	
Bag, Patient Belonging	
Bag, Post-Mortem	
Bag, Pressure, 500mL Disposable	
Bag, Specimen, Biohazard	
Bags, Laundry, Yellow	
Bandage, 2" X 4 1/2"	
Bandage, 6-ply, Roll, 4.5" X 147"	
Bandage, Ace Elastic, 2"	
Bandage, Ace Elastic, 3"	
Bandage, Ace Elastic, 4"	
Bandage, Ace Elastic, 6"	
Bandage, Conforming, Sterile, 2"	
Bandage, Conforming, Sterile, 3" X 4.1Yd	
Bandage, Conforming, Sterile, 4" X 4.1Yd	
Bandage, Conforming, Sterile, 6" X 4.5Yd	
Bandage, Elastic, NS, 2" X 4.5 Yd	
Bandage, Elastic, NS, 4" X 4.5 Yd	

Bandage, Elastic, NS, 6" X 4.5 Yd	
Bandage, Kerlix Roll	
Bandage, Knuckle, 1 1/2" X 3"	
Bandage, Quikclot	
Bandage, Quikclot ACS+ 100 Gram Sponge	
Bandage, Quikclot Sponge 50 Gram	
Bandage, Rapid Rhino	
Bandage, Steri Strips 1 in	
Bandage, Steri Strips 1/2 in	
Bandage, Steri Strips 1/4 in	
Bandage, Strip, Packing, Plain, 1/2" X 5Yd	
Bandage, Triangular, NS, 40" X 40" X 56"	
Basin, Bed Pan	
Basin, Bed Pan, Fracture	
Basin, Emesis	
Basin, Emesis, 16 oz	
Basin, Wash	
Battery, 9V	
Battery, AA	
Catheter, Suction, 14 Fr	
Catheter, Suction, 6 Fr	
Catheter, Suction, 8 Fr	
Catheter, Suction, In-Line	
Catheter, Suction, In-Line Long	
Catheter, Thoracentesis, Straight, 32 Fr	
Catheter, Thoracentesis, Straight, 36 Fr	
Catheter, V-Vac	
Cauterizer, Disposable	
Clips, Alligator	
Clnr, Bio Hazard	
Clnr, Cavicide	
Clnser, Hand, Antiseptic, 4oz	
Cloth, Dry Wash, 10" X 13"	
Collar, Extrication, No-Neck	
Collar, Extrication, No-Neck, Infant	
Collar, Extrication, Pediatric	
Collar, Extrication, Reg	
Collar, Extrication, Short	
Collar, Extrication, Tall	
Collection System, Capillary Blood	
Connector, Canister, Suction	

Connector, IV, T	
Connector, Plastic Barrel	
Connector, V-Vac, Double Male	
Container, Sharps, 1.7 QT	
Container, Sharps, Shuttle	
Container, Specimen, w/Lid, 4oz	
Cotton Balls	
Cover, Probe, Temperature	
Crutches, Adult Regular	
Crutches, Adult Tall	
Crutches, Youth	
Cuff, Blood Pressure, Adult	
Cuff, Blood Pressure, Child	
Cuff, Blood Pressure, Infant	
Culturette	
Cup, 60cc	
Cup, Medicine	
Cup, Medicine, 3oz	
Cup, Medicine, 4oz	
Cutter, Ring	
Denture Cup & Lid	
Depressor, Tongue, Reg, 6"	
Detector, CO2	
Detector, ETCO2, Adult	
Detector, ETCO2, Pediatric	
Diaper, Adult	
Diaper, Size 1	
Diaper, Size 3	
Diaper, Size 4	
Doppler, Tria II, 2 mhz, Vascular, Fetal	
Downloader, I-Stat	
Drain, Atrium Chest Drain	
Drain, Penrose Sterile 1/2 in X 12in	
Drain, Unit Chest Dry Suction Single	
Dressing, Abdominal Pad	
Dressing, Adaptic 3X3	
Dressing, Adaptic 3X8	
Glove, Exam, Nonsterile, S	
Glove, Exam, Nonsterile, XL	
Glove, Exam, Sterile, SZ 7	
Glove, Exam, Sterile, SZ 7 1/2	

Glove, Exam, Sterile, SZ 8	
Glove, Surgical SZ 6	
Glove, Surgical SZ 6 1/2	
Glove, Surgical SZ 7	
Glove, Surgical SZ 7 1/2	
Glove, Surgical SZ 8	
Glove, Surgical SZ 8 1/2	
Glucometer	
Glucometer, Wipes	
Gown, Exam, 3-ply, White	
Gown, Isolation	
Gown, Surgical Single Large	
Hamper, Laundry	
Holder, Blood Collection, Vacutainer	
Holder, ET Tube	
Holder, ET, Adult	
Holder, ET, Pedi	
Holder, Foley Cath (Dale)	
Holder, Temperature Probe Covers	
Holder, Vacutainer	
Humidifier, Condenser	
Immobilizer, Hd	
Immobilizer, Knee Large	
Immobilizer, Knee Medium	
Immobilizer, Knee Small	
Immobilizer, Knee X-Large	
Immobilizer, Pedi	
Immobilizer, Shoulder Large	
Immobilizer, Shoulder Medium	
Infuser, Pressure, 1000 ML	
Injection Cap Alaris: 2000E	
Introducer, 6F Percutaneous	
Introducer, Bougie	
Irrigation, NS 1000 ml	
Irrigation, NS 120mL	
Irrigation, Sterile Water	
I-Stat	
I-Stat, Downloader	
I-Stat, Electronic Simulator	
IV Stand, w/Poles	
Jelly, Lubricating, 4oz	

Kit, Blood Collection	
Kit, Blood Gas	
Kit, Central Venous Catheter	
Kit, Cook Melker Cric 3.5 mm	
Kit, Cook Melker Cric 6 mm	
Kit, Cricothyrotomy, 4.0mm, Pediatric	
Kit, Cricothyrotomy, 5.6mm, Adult	
Kit, Emergency Burn	
Kit, Foley Cath Tray 10Fr	
Kit, Foley Cath Tray 14Fr	
Kit, Foley Cath Tray 16Fr	
Kit, Foley Cath Tray 18Fr	
Kit, Incision & Drainage Tray	
Kit, Irrigation Tray	
Needle, Intraosseous, 18ga	
Needle, IO	
Needle, IV, Winged, 21G, 0.75" X 3"	
Needle, Lancet	
Needle, Safety, 1 1/2" X 18Ga	
Needle, Safety, 1" X 22GA	
Needle, Safety, 18G, 1 1/2"	
Needle, Safety, 5/8" X 25GA	
Needle, Spinal 18G X 3.5in	
Needle, Spinal 20G X 3.5in	
Needle, Spinal 22G X 2.5in	
Otoscope	
Oximeter, Digital Pulse	
Pack, Cold	
Pad, ABD, Combine, 5" X 9", Sterile	
Pad, Adhesive Remover	
Pad, Bladder Control, Capri	
Pad, Chloraprep 3ml	
Pad, Chux	
Pad, Defib	
Pad, Eye, Sterile	
Pad, Nail Polish Remover	
Pad, Non-adherent, Sterile, 2" X 3"	
Pad, Non-adherent, Sterile, 3" X 4"	
Pad, Pacing (Adult)	
Pad, Pacing (Pediatric)	
Pad, Prep, Alcohol, Med	

Pad, Underpad	
Padding, Undercast, 4 X 4 Yd	
Paddle, Defibrillation, Adult	
Paddle, Defibrillation, Pediatric	
Pads, Peri OB Single	
Paper, ECG	
Paper, I-Stat Printer	
Paper, Lens Clning, 4" x 6"	
Paper, Monitor	
Pedi-wheel	
Pillows, Disposable	
Pippette, Capillary, Blood Sample	
Power Cord, 12V, Suction	
PPE, Eyewear	
PPE, Fluidshield with Visor	
PPE, Glasses, Safety	
Printer, I-Stat	
Proxima, Basic, Pack IX	
Razor, Disposable	
Reagent, Control, 2.5 ML	
Refrigerator, White, 5.7cu/ft	
Restraint, Arm/Leg Soft Disposable	
Resucitator, Manual, Infant	
Resuscitator, Manual, Adult, w/Mask	
Resuscitator, Manual, Neonatal, w/Mask	
Resuscitator, Manual, Pediatric, w/Mask	
Ring, Tube Gauze Applicator 1"	
Ring, Tube Gauze Applicator 2"	
Sanitizer, Hand, 4oz	
Scalpel, #11	
Scalpel, #15	
Scalpel, Medicut #18	
Splint, Traction, Adult	
Splint, Traction, Pedi	
Splint, Wire,	
Sponge, Lap, Sterile, 18" X 18"	
Sponge, Optipore	
Sponge, Surgical, 8-ply, 4" X 4", NS	
Sponge, Surgical, 8-ply, 4" X 4", Sterile	
Stand, Bio Hazard Bag	
Stapler, Skin	

Stethoscope, Dual-Head	
Strip, Blood Glucose Test	
Stylette, ET, 10 Fr	
Stylette, ET, 14 Fr	
Stylette, ET, 8 Fr	
Suction, Unit	
Suction, Yankauer Tip	
Suture, Blue, Mono, 0, CT-1	
Suture, Braided, Silk, 2-0	
Suture, Braided, Silk, 0,	
Suture, Braided, Silk, Prolene, 0	
Suture, Nylon, 1-0	
Suture, Nylon, 3-0, PS-2	
Suture, Nylon, 4-0, PS-2	
Suture, Nylon, 5-0, PS-2	
Suture, Nylon, 6-0, DS16	
Suture, Vicryl, 4-0, PS-2	
Swab, Alcohol	
Swab, Cotton	
Swab, Prep	
Swab, Rectal	
Syringe, 10CC W/Vial Access Cannula	
Syringe, 10cc, Luer Lock	
Syringe, 20CC Luer Lock	
Syringe, 3CC W/Vial Access Cannula	
Syringe, 5CC W/Vial Access Cannula	
Syringe, 60CC Luer Lock	
Syringe, 6cc, 20G X 1 1/2"	
Syringe, Insulin U-100 1cc	
Syringe, Insulin, 1cc	
Syringe, Insulin, w/Detachable Needle, 1cc	
Syringe, Luer Lock, 10cc	
Syringe, Luer Lock, 30cc	
Syringe, Luer Lock, 60cc	
Syringe, No Needle, 10cc	
Syringe, No needle, 30cc	
Syringe, No needle, Luer Lock, 60cc	
Syringe, Safety Needle, 6mL	
Syringe, Safety, 1cc, 28G X 1/2"	
Syringe, Safety, Tuberculin, 1ml	
Syringe, Safety, w/Needle, 3cc, 21G, 1 1/2"	

Syringe, Safety, with/Needles, 3 ML	
Syringe, Sliptip, 60 cc	
Syringe, TB W/Needle	
Syringe, Tuberculin, Detachable Needle, 1cc	
Syringe, w/ Safety Needle, 6ML	
Syringe, W/Needle 21G X 1 1/2	
Syringe, W/Needle 23G X 1	
Syringe, w/Needle, 1cc, 27G, 1/2"	
Syringe, W/Safety Needle, 6ML	
Tube, Nasopharyngl, 24 Fr.	
Tube, Nasopharyngl, 32 Fr.	
Tube, Salem Sump 16 Fr.	
Tube, Salem Sump 18 Fr.	
Tube, Thoracentesis	
Tube, Vacu Holder Luer Lock	
Tube, Vacutainer Blue 4.5 mL	
Tube, Vacutainer Gold 4 mL	
Tube, Vacutainer Green 4 mL	
Tube, Vacutainer Lavender 4 mL	
Tube, Vacutainer Pink 6 mL	
Tube, Vacutainer Red 5 mL	
Tubing, IV, Extension, 3-way, Large Bore, Stopcock	
Tubing, IV, H Set, Filter Line, Adult/Pediatric	
Tubing, Respiratory Breathing Circuit, Pediatric	
Tubing, Respiratory Breathing Circuit, Universal	
Tubing, Suction Connection, Male Connector, 6'	
Undergarment, Belted	
Urinal, 32oz, Male	
Valve, Heimlich	
Valve, Stopcock 3-Way	
Ventilator	
Ventilator, Circuit, Portable, Universal	
Ventilator, Portable, Accessories	
Wheelchair, 18"	
Wheelchair, Bariatric Capable	
Whiteboard, 3' X 2'	
Wipe, Antimicrobial	
Wound, Cleaner Shur-Cleans	
Battery, C	
Battery, Monitor	
Battery, Rechargeable, 12V	

Blade, Laryngoscope, Macintosh, Size 2	
Blade, Laryngoscope, Macintosh, Size 3	
Blade, Laryngoscope, Macintosh, Size 4	
Blade, Laryngoscope, Miller, Size 0	
Blade, Laryngoscope, Miller, Size 1	
Blade, Laryngoscope, Miller, Size 2	
Blade, Laryngoscope, Miller, Size 3	
Blade, Ring Cutter	
Blanket, Emergency	
Blood Culture Vacutainer Holder	
Bottle, Vacutainer 2000mL	
Broslow Pedi Tape	
Brush, Double Scrub, Sterile	
Brush, Iodophor Paint	
Cable Ties	
Canister, Suction w/Lids, 1200cc	
Cannula, O2/CO2, Oral/Nasal, Adult/Intermediate	
Cannula, O2/CO2, Oral/Nasal, Pediatric	
Cannula, Oxygen, Nasal, Adult	
Cannula, Oxygen, Nasal, Pediatric	
Cartridge, V-Vac, Replacement	
Case, 50 Gal, Job Box	
Case, Carrying	
Case, Carrying, Oximeter	
Case, Hardigg, 3-Drawer	
Case, Hardigg, 4-Drawer	
Case, Medical Equipment	
Case, Medtronic Carrying	
Case, Microscope	
Case, Ventilator	
Casting, One Step, 4" x 30"	
Catheter, 2-way, Foley, 14 Fr	
Catheter, Central Venous, 20 cm	
Catheter, Central Venous, Oximetric Triple Lumen 8.5F	
Catheter, Central Venous, Single Lumen	
Catheter, Coude Foley 16F	
Catheter, External Medium	
Catheter, Female 8F W/Collector	
Catheter, Foley Silicone 12F	
Catheter, Foley Silicone 14F	
Catheter, Foley Silicone 16F	

Catheter, Foley Silicone 18F	
Catheter, Foley Silicone 20F	
Catheter, Foley Temp Sensing	
Catheter, Graduated, Coiled, 14 Fr	
Catheter, Graduated, Coiled, 6 Fr	
Catheter, Graduated, Coiled, 8 Fr	
Catheter, IV Cath Twin 20/22G	
Catheter, IV Catheter, 16GA X 5 1/4	
Catheter, IV, Safety, 14 Ga, 1 1/4"	
Catheter, IV, Safety, 16 Ga, 1 1/4"	
Catheter, IV, Safety, 18 Ga, 1 1/4"	
Catheter, IV, Safety, 20 Ga, 1 1/4"	
Catheter, IV, Safety, 22 Ga, 1"	
Catheter, IV, Safety, 24 Ga, 5/8"	
Catheter, IV, Shielded, 14 GA, 1 3/4"	
Dressing, Eye Pad	
Dressing, Kling 2in	
Dressing, Kling 4in	
Dressing, Multi-Trauma, Sterile, 12" X 30"	
Dressing, Non Adhesive Sterile	
Dressing, Nugauze Iodoform 1/2 in	
Dressing, Nugauze Iodoform 1/4 in	
Dressing, Nugauze Plain 1/2 in	
Dressing, Spandage 2 X 24	
Dressing, Spandage 4 X 24	
Dressing, Spandage 6 X 24	
Dressing, Spandage 8 X 24	
Dressing, Tegaderm 2X3	
Dressing, Tegaderm 4X5	
Dressing, Tegaderm 6X8	
Dressing, Telfa, 3" x 4"	
Dressing, Telfa, 4" x 5"	
Dressing, Transparent, 10 X 12cm	
Dressing, Transparent, 4" x 4", Sterile	
Dressing, Transparent, 6 X 7cm, Sterile	
Dressing, Transparent, w/Label	
Dressing, Trauma, 12" X 30"	
Electrode, ECG	
Empty Drawer	
Envelope, Pill	
Filter, Airlife, Nonconductive	

Filter, Kidney Stone	
Filter, Respiratory Therapy	
Forceps, Alligator	
Forceps, Magil, LG	
Forceps, Magil, Med	
Forceps, Magil, Sm	
Forceps, Needlenose	
Gauze, 2X2 Sterile	
Gauze, 4X4	
Gauze, Coban Wrap	
Gauze, Conforming, Sterile, 2" X 4.1Yd	
Gauze, Over wrap, Petrolatum, 3"X 36"	
Gauze, Stretch, Conforming, Sterile, 2" X 4.1Yd	
Gauze, Stretch, Conforming, Sterile, 2" X 75"	
Gauze, Stretch, Conforming, Sterile, 3" X 4.1Yd	
Gauze, Stretch, Conforming, Sterile, 4" X 4.1Yd	
Gauze, Stretch, Conforming, Sterile, 4" X 75"	
Gauze, Stretch, Conforming, Sterile, 6" X 82"	
Gauze, Stretch, Conforming, Sterile, 6" X 4.5Yd	
Gauze, Surgical Sponge, 8-ply, 4"X4"	
Gauze, Tube	
Gauze, Vaseline 1 X 8	
Gauze, Xeroform 1 X 8	
Gel, Aquasonic	
Glove, Casting, L	
Glove, Exam PF NS LG	
Glove, Exam PF NS MED	
Glove, Exam PF NS SM	
Glove, Exam, Nitrile, LG	
Glove, Exam, Nitrile, M	
Glove, Exam, Nitrile, Med,	
Glove, Exam, Nonsterile, L	
Glove, Exam, Nonsterile, M	
Kit, Irrigation Tray, Bulb Syringe	
Kit, IV, Start	
Kit, Laceration	
Kit, Laryngoscope	
Kit, Lumbar Puncture Tray	
Kit, Nosebleed Tray	
Kit, Obstetrics	
Kit, Pelvic Exam Tray	

Kit, Respirator Protection, Fit Test	
Kit, Staple Remover, Skin	
Kit, Straight Cath	
Kit, Suction Catheter, 10 Fr	
Kit, Suction Catheter, 14 Fr	
Kit, Suture Disposable Tray	
Kit, Suture Removal Tray	
Kit, Thoracotomy Disposable Tray	
Kit, Uresil	
Kit, Urine Dip	
Kit, V-Vac	
Lavage, Gastric	
Lens, Morgan	
Light, Hdlamp, 2610, LED	
Light, Hds-Up, 2600, Black	
Light, Pen	
Light, Perimeter, w/Stand	
Mask, Cone	
Mask, Fluid-Shield, PFr95, Reg	
Mask, Fluid-Shield, PFr95, Small	
Mask, N95, L	
Mask, N95, M	
Mask, N95, S	
Mask, Oxygen, Non-rebreather, Adult	
Mask, Oxygen, Non-rebreather, Pediatric	
Mask, Pocket	
Mask, Procedure	
Mask, Procedure, Fluidshield	
Mask, Shield W/Loop	
Mask, Surgical W/O Visor	
Mask, Surgical, Particulate Respirator, N95, Orange	
Mask, Surgical, Particulate Respirator, N95, SZ R	
Mask, Surgical, Particulate Respirator, N95, SZ Reg	
Mask, Surgical, Particulate Respirator, N95, SZ S	
Mask, TB N95 Regular 3M	
Mask, TB N95 Small 3M	
Meter, Pk Flow	
Microscope, Micromaster	
Nebulizer, Kit w/ T-mouthpiece	
Nebulizer, Small Volume, 7' Tubing, Adult	
Nebulizer, Small Volume, 7' Tubing, Pediatric	

Nebulizer, Small Volume, 7' Tubing, Universal	
Needle, Blood Collection, 21 GA	
Needle, Blood Collection, 21G, 1 1/2"	
Needle, Blood Collection, 22G, 1 1/2"	
Needle, Gripper 19G X 1in	
Needle, Gripper 19G X 3/4 in	
Needle, Hypo 19G X 1 1/2	
Needle, Hypo 21G X 1 1/2	
Needle, Hypo 23G X 1	
Needle, Hypo 27G X 1 1/4	
Scalpel, Medicut #20	
Scissors, Trauma	
Scissors, Utility	
Sensor, Adhesive, Adult	
Sensor, Adhesive, Pediatric	
Sensor, Adult, CO2	
Sensor, Finger Clip	
Sensor, O2, Adult	
Sensor, O2, Infant	
Sensor, O2, Neonatal/Adult	
Set, IV, Administration, Blood "Y"	
Set, IV, Administration, Dial-a-Flow	
Set, IV, Administration, w/Extension, 89", 15ggt	
Set, IV, Administration, w/Extension, 89", 60ggt	
Set, IV, Extension, 6"	
Set, IV, Regulator, Extension	
Set, Tubing, Extension	
Sheet, Drape, 2-ply, 40" X 48"	
Sheet, Drape, Blue	
Sheet, Drape, White	
Sheet, Stretcher	
Sheet, Stretcher, 40" X 72"	
Simulator, I-Stat, Electronic	
Sink, 3 Basin	
Slide, Cover Glass, Microscope	
Slide, Microscope, 39X75 X 1mm	
Sling, Arm Large	
Sling, Arm Medium	
Sling, Arm Small	
Sling, Arm X-Large	
Slipper, Sock Red	

Slipper, Sock Yellow	
Slipper, XLarge Blue	
Specimen Cont Sterile (BG)	
Specula, Otoscope, 4.25mm, Adult	
Specula, Vaginal Disp Medium	
Splint, Aircast Medium Left	
Splint, Aircast Medium Right	
Splint, Aircast Standard Left	
Splint, Aircast Standard Right	
Splint, Aluminum, Foam	
Splint, Cockup Wrist LG Left	
Splint, Cockup Wrist LG Right	
Splint, Cockup Wrist Med Left	
Splint, Cockup Wrist Med Right	
Splint, Cockup Wrist XLG Left	
Splint, Cockup Wrist XLG Right	
Splint, Corrugated. Orange	
Splint, Finger 3/4 Wrap	
Splint, Finger 3/4" x 18	
Splint, Finger 6 inch	
Splint, Finger Baseball MED	
Splint, Finger Baseball LG	
Splint, Finger Cot	
Splint, Foam	
Splint, Orthoglass 2"	
Splint, Orthoglass 4"	
Splint, Orthoglass 6"	
Splint, Pelvic	
Tape, Adhesive Cloth 1 IN	
Tape, Adhesive Cloth 2 IN	
Tape, Cast, Fiberglass, 4" X 30"	
Tape, Cast, Fiberglass, 4" X 4Yd	
Tape, Casting, 4" X 4Yd	
Tape, Cloth, 3"	
Tape, Durapore 1 IN	
Tape, Durapore 2 IN	
Tape, Elastikon 1 IN	
Tape, Elastikon 2 IN	
Tape, Paper 1 IN	
Tape, Paper, 3"	
Tape, Surgical, Cloth 2.5cm X 9m	

Tape, Surgical, Cloth, 2.5cm X 9m	
Tape, Surgical, Paper, 1"	
Tape, Surgical, Paper, 7.5cm X 9m	
Tape, Transpore 1 IN	
Tape, Transpore 2 IN	
Thermometer, Probe Cover	
Thermometer, Turbo Temp	
Thermometer, Tympanic	
Tissue, Kleenex	
Tourniquet, 1" X 18"	
Tourniquet, Soft	
Towel, Sterile Disp W/Hole	
Towelettes, Wash	
Trach, Perc. Cricothyrotomy	
Traction, Leg, QD-4 Unit, Adult	
Transducer, Arterial Disp	
Trap, Mucus	
Tube, Airway Adapter	
Tube, Combitube, 41 Fr	
Tube, Combitube, SA	
Tube, Connecting 3/16"	
Tube, Endotracheal 2.0	
Tube, Endotracheal 2.5	
Tube, Endotracheal 3.0	
Tube, Endotracheal 3.5	
Tube, Endotracheal 4.0	
Tube, Endotracheal 4.5	
Tube, Endotracheal 5.0	
Tube, Endotracheal 5.5	
Tube, Endotracheal 6.0	
Tube, Endotracheal 6.5	
Tube, Endotracheal 7.0	
Tube, Endotracheal 7.5	
Tube, Endotracheal 8.0	
Tube, Endotracheal 8.5	
Tube, Endotracheal 9.0	
Tube, Feeding, 6 Fr, Pediatric	
Tube, Feeding, 8Fr	
Tube, Feeding, Single Port, Pediatric, w/o Stylet, 6Fr	
Tube, Feeding, Single Port, Pediatric, w/o Stylet, 8Fr	
Tube, King Ltd	

Tube, LMA, Size 1.0	
Tube, Nasogastric, 10 Fr.	
Tube, Nasogastric, 16 Fr.	
Tube, Nasogastric, 5 Fr.	
Tube, Nasogastric, 6 Fr.	

## Appendix B – Pharmacy Cache

Item Description	Quantity (ea)
Acetaminophen Oral Liquid 160mg/5mL; 120mL	
Acetaminophen Suppositories 120mg; 12's	
Acetaminophen Suppositories 325mg; 12's	
Acetaminophen Tablets, 325mg; 100s	
Acetazolamide Tablets 250 mg; 100's	
Activated Charcoal; 50gm; 30mL	
Adenosine Injection 3mg/mL; 2mL; 3's	
Albuterol Inhalation Solution 0.083%; 3mL; 25's	
Albuterol Inhalers; 17gm	
Albuterol Syrup 2mg/5mL 480mL	
Albuterol Tablets, 4 mg; 100's	
Amiodarone HCl Injection, 150 mg/3ml; 25 SDV	
Ammonia ampules	
Amoxicillin Capsules 250mg; 100's	
Amoxicillin Oral Susp. 250mg/5mL; 150mL	
Amoxicillin/Clavulanic Chewable 400mg/57mg; 20s	
Amoxicillin/Clavulanic 875mg/125mg Tabs; 20's	
Amoxicillin/Clavulanic Oral Susp 200mg/28.5mg/5mL; 100mL	
Ampicillin Sodim 1GM vials 10's	
Antacid Liquid Reg Str; 150mL; 48 bottles	
Antipyrine/Benzocaine Otic Solution, 15 ml	
Artificial Tears 15 ml	
Aspirin Chewable Tablets, 81mg; 36's	
Aspirin Tablets, 325mg, 100's UD	
Atenolol Tablets 50 mg; 100's	
Ativan IV and PO	
Atropine Injection 0.1mg/mL; 10mL; 10s	
Azithromycin Syrup 200 mg/ 5 ml	
Azithromycin Tabs. 250 mg; 18's	
Bacitracin Ointment 15gm; 1's	
Baclofen Tablets 10 mg, 100's	
Beclomethasone Dipropionate Inhalation 6.7 Gm	
Benazepril HCl Tablets 5 mg, 100's	
Benzoin Tincture, Topical, 4 oz	
Bottle, Plastic, Amber, Liquid, 120ml 100'S	
Bupivacaine (Marcaine) Injection, 0.5%, 30 ml, 25's	
Calamine Lotion, Phenolated, 6 ozs	
Calcium Chloride Injection 10% 10mL; 10s Syr	

Carbamazepine Tablets, 200 mg; 100's	
Cardene IV	
Cefazolin Sod. Injection 1 Gm 10mL; 25's	
Ceftriaxone Inj. 1 Gm; 10's	
Cephalexin Capsules 500 mg; 100's	
Cephalexin Oral Susp. 250 mg/5 ml; 200 ml	
Ciprofloxacin Injection 200mg/20mL; 10 vials	
Ciprofloxacin Tablets 250mg; 100's	
Ciprofloxacin Tablets 500mg; 100's	
Clarithromycin 250 mg/5ml; 100ml	
Clarithromycin XL 500 mg; 14's x 4	
Clindamycin	
Clinical Analyzer, 6+ Cartridge 25's	
Clinical Analyzer, Calibration VER SOL	
Clinical Analyzer, G3+ Cartridge 25's	
Clinical Analyzer, Level-1 Aqueous Control (10 Amps x 1.7ml)	
Clinical Analyzer, Level-3 Aqueous Control (10 Amps x 1.7ml)	
Clonidine HCl Tablets 0.1mg; 100's	
Coumadin	
Cyclobenzaprine HCl Tablets 10 mg; 100's	
Cyclopentolate HCl Opht. Sol.1%; 15 ml	
D50W (Dextrose 50%) Injection 50mL; 24s	
Demerol	
Dexamethasone NA Phosphate Injection 4 mg/ml, 5ml, 25's	
Dextrose 5% & Sodium Chloride 0.45% Inj. 1000 ml; 12's	
Dextrose 5% & Sodium Chloride 0.45% Inj. 500 ml, 24's	
Dextrose 5% & Sodium Chloride 0.9% Inj. 1000 ml, 12's	
Dextrose 5% & Sodium Chloride 0.9% Inj. 500 ml, 24's	
Dextrose 5%, 50 ml Single Dose, 50's	
Diaper Rash Ointment, 30Gm	
Diclofenac Sodium Ophthalmic Solution 0.1%, 2.5 ml	
Dicloxacillin Sodium Capsules, 250 mg equiv., 100's	
Digoxin Injection 0.25 mg/ml, 2 ml, 25 amps	
Digoxin Tablets 0.125mg; 100s	
Diltiazem Hydrochloride injection 5 mg/ml, 5 ml, 6's vial	
Diphenhydramine Capsules 25mg; 100s	
Diphenhydramine Elixir 12.5mg/5mL; 120mL;	
Diphenhydramine Injection 50mg/mL; 1 ml 25 vial	
Divalproex Sodium Tablets 250 mg, 100's	
Dobutamine Hydrochloride Inj. 250 mg/20 ml, 10 vials	
Donnagel Susp. 120ml	

Dopamine Injection 40mg/mL; 10mL; 25s vial	
Doxycycline Hyclate Tabs.,100 mg UD, 100's	
Drowsiness/No Alcohol Labels	
Enalapril Injection 1.25mg/mL; 2mL	
Enalapril Tablets 5mg; 100s	
Epinephrine 1:1,000 (1mg/mL); 30 ml	
Epinephrine 1:10,000 (0.1mg/mL); 10mL; 10s	
Erythromycin Enteric Coated Tablets 250mg; 100s	
Erythromycin Ethylsuccinate Oral Susp 200mg/5mL; 200mL	
Erythromycin Ophthalmic Ointment 5mg/g, 3.5 g Tube	
Etomidate Injection 2 mg/ml 20ml vial; 10's	
Eugenol 1 oz	
Famotidine Tablets 20mg; 100's	
<b>Fentanyl</b>	
Fluocinolone Acetonide Cream 0.025%, 15 g	
Fluorescein Sodium Ophthalmic Strips, Sterile, 100's	
Fluoxetine hydrochloride Capsules 20 mg; 100's	
Fosphenytoin Sodium Injection, 100 mg/2 ml, 10s vial	
Furosemide Injection 10 mg/ml 10 ml, 25's	
Furosemide Tablets 40mg; 100s	
Gabapentin Capsules 100mg; 100's	
Gamma Globulin Injection; 5mL; REFRIG	
Gentamicin Ophthalmic Solution 3mg/ml 5ml	
Gentamycin Injection , 10 mg/ml equiv., 8 ml, 25's vial	
Glucagon for Injection 1mg w/ 1 ml	
Glyburide Tablets 5mg; 100s	
Guaifenesin Syrup; 120mL	
Guaifenesin DM Syrup; 4oz	
Haloperidol Injection 5mg/mL; 10s	
Haloperidol Tablets 1 mg; 100's	
Heparin Lock Flush Kit, 100 units/ml , 25's	
Heparin Sodium Injection 1000 units/ml, 10 ml, 25's	
Hetastarch in Sodium Chloride 6%, 500 ml, 12's	
Homatropine Ophthalmic Solution 5%	
Humulin-NPH 100U/mL; 10mL	
Humulin-Regular 100U/mL; 10mL	
Hydralazine 20mg/ml 1ml 25's	
Hydrochlorothiazide 25mg 100's	
Hydrocortison Cream 1% , 1 oz	
Hydroxyzine Hydrochloride Injection, 50 mg/ml , 10 ml; 25 vials	
Ibuprofen Oral Drops 15 ml	

Ibuprofen Oral Suspension 100mg/5mL; 120mL 24s	
Ibuprofen Tablets 600 mg, 100's	
Imitrex	
Immodium	
Indinavir Capsules 400mg (Crixivan) 180's	
Inhalation Chamber Spacer for MDI	
Insulin Human &d Insulin Isophane Suspension 70/30, 10 ml	
Insulin Lente 100U/ml; 10 ml	
Ipratropium Bromide Inhalation Aerosol, 14 g	
Isosorbide Tablets 10mg; 100s	
Ketamine	
Ketoralac Injection 30mg/mL; 2mL 10s vial	
Label Dispenser	
Label, Auxiliary, 1-10G Shake Well 1000,s	
Label, Discoloration of Urine and Feces	
Label, External Use Only	
Label, For the ear	
Label, For the eye	
Label, For the nose	
Label, May Cause Drowsiness	
Label, No Milk, Dairy	
Label, Rectal Use	
Label, Take with food/milk	
Label, Take with water only	
Label, Vaginal Use Only	
Labels, Prescription	
Labels, Prescription, Rolls	
Labetelol	
Lactated Ringers Injection 1000ml 12's	
Levonorgestrel-28 3's	
Levothyroxine Sodium Tablets 0.1 mg; 100's	
Levothyroxine Sodium Tablets 50 mcg; 100's	
Lidocaine 1% Injection 20mL; 25s	
Lidocaine 1% Injection; 5 mL; 10 syringes/pkg	
Lidocaine 1% w/Epinephrine Injection; 30mL; 5	
Lidocaine 2% Viscous 100mL	
Lidocaine 4% , 50 ml Topical	
Lidocaine/Prilocaine Cream 5gm 10's	
Lindane Lotion 1%; 60mL	
Lindane Shampoo 1%; 60mL	
Lithium Carbonate tablets 300mg, 100's	

Lomotil	
Loperamide HCl Capsules, 2mg; 100's	
Loperamide Solution 1mg/5mL; 60mL	
Lovenox	
Magnesium Sulfate Injection 500 mg/ml 10 ml, 10's	
Mannitol Injection 25%, 50 ml, 25's	
Mebendazole Tablets 100mg 12's	
Meclizine Hydrochloride Tablets 25 mg, 100's	
Methylprednisolone Injection 125mg; 2mL 25s	
Methylprednisolone Sodium Injection 1000mg	
Methylprednisolone Tablets 4 mg; 21's	
Metocloperamide Hydrochloride Tablets 10mg; 100's	
Metoprolol 1mg/ml 5 ml; 12 amps	
Metoprolol Tablets 50mg; 100s	
Metronidazole Injection 500mg/100ml 24's	
Metronidazole Tablets 500mg; 50s	
Miconazole Cream 2% 30gm;	
Miconazole Vaginal Cream 45gm	
<b>Morphine</b>	
Multivitamin for Injection Concentrate , 2 vial set, 10's	
Nafcillin Sodium for Injection 1 Gm , 10's vial	
Nalbuphine Inj. 10mg/ml; 10ml Vial	
Naloxone Hydrochloride Injection 0.4 mg/ml, 1 ml , 10's	
Nasal Spray, Oxymetazoline	
Neomycin/PolymyxinHC Otic Suspension 10mL	
Nevaripine 200mg Tablets; 60's	
Nifedipine Capsules 10mg; 100s	
Nitroglycerin Injection 5mg/mL; 10mL; 10 vials	
Nitroglycerin Sublingual Tablets 0.4mg; 25 x 4s	
Nitroglycerine Transdermal System 0.2mg/hr, 30's	
Nitroprusside Sodium 50 mg;	
Norepinephrine	
Nortriptyline HCl Capsules 25 mg, 100's	
Nupercainal HC 1% Cream 1oz.	
Nystatin Cream 100,000 Units/Gm; 15gm	
Nystatin Oral Suspension 100,000 Units/mL; 60mL	
One Touch ULTRA Strips 50's	
Ophthalmic Irrigating Solution 4 fl ozs	
Oxytocin 10Units/mL; 25 amps	
Pedialyte Solution 8 fl oz; 24s	
Pediazole Oral Suspension; 200mL	

Penicillin G Sodium for Injection, 5 mill units, 10's	
Penicillin V Potassium Tablets 500mg; 100's	
Pepcid	
Permethrin Topical Cream Rinse 60ml	
Phenergan (injectable)	
Phenytoin Oral Suspension, 125 mg/5 ml, 237ml, 8 fl ozs	
Phenytoin Sodium Capsules, 100 mg, 100's	
Plastic Bag, Amber 4"x6", 10 Box/100 Per Bag	
Plastic Bag, Amber 5"x8", 10 Box/100 Per Bag	
Potassium Chloride Injection 2mEq/ml, 10 ml, 25's	
Potassium Supplement 10mEq/tablet; 100s	
Prednisone Tablets 20mg; 100's	
Prednisone Tablets 5mg; 100s	
Pregnancy Kit (Urine)	
Prelone syrup	
Procainamide HCl Injection 100 mg/ml, 10 ml, 25's	
Prochlorperazine Pediatric Suppository 25mg; 12s	
Prochlorperazine Suppository 25mg; 12's	
Prochlorperazine Tablets 10mg; 100s	
Promethazine Suppositories 50 mg, Adult, 12's	
Propafol	
Propranolol HCl Inj., 1 mg/ml 10 vials	
Propranolol HCl Tablets, 20 mg, 100's	
Pseudoephedrine 30mg/Guaifenesin 100mg 4oz.	
Pseudoephedrine Tablets 30mg 24'S	
Racinephrine Inhalation Solution 30 ml	
Reteplase10.4U; 18.1mg,	
Risperidone Tablets 1mg; 60's	
Silver Sulfadiazine Cream 1% 50 gm	
SMZ/TMP DS Tablets, 800/160mg; 100s	
SMZ/TMP Oral Suspension; 100mL	
Sodium Bicarbonate Injection 50mEq; 50mL; 10s Syr	
Sodium Chloride 0.9%, 1000 ml, 12's	
Sodium Chloride 0.9%, 50 ml, 48's	
Sodium Chloride 0.9%, 500 ml, 24's	
Sodium Chloride Inhalation Solution, 3 ml, 100's	
Sodium Chloride Injection 0.9% (Bacteriostatic) 30ml 25's	
Sodium Chloride Injection 0.9% 250ml 24's	
Sodium Chloride, For Irrigation, 0.9%, 12's	
Sodium Sulfacetamide 15% Ophth Soln; 5mL	
Sterile Water for Irrigation 1000mL 16s	

Succinylcholine Chloride Injection 20 mg/ml 10ml	
Terbutaline Sulfate Injection 1 mg/ml, 1 ml ampule, 10's	
Terbutaline Sulfate tablets 5 mg, 100's	
Tetanus & Diphtheria Toxoids Ads (peds); Syr	
Tetanus Immune Globulin , 250 units/syringe; 1s	
Tetanus Toxoid(Tetanus & Diphtheria Toxoids Abs)Adult 5mL	
Tetracaine (Proparacaine) 0.5% Opth Soln; 15mL	
Theophylline Anhydrous, SR Tablets 200mg, 100's	
Thiamine Hydrochloride 100 mg/ml, 1 ml, 25's	
Throat Lozenges	
Timolol Maleate Ophthalmic Solution 0.5%, 5 ml	
Tincture of Benzoin; 4 oz.	
Tobramycin Injection 40mg/mL; 2mL 25 vials	
Trazadone Hydrochloride Tablets 50 mg, 100's	
Triamcinolone Acetonide Cream 0.1%, 15 g	
Triple Antibiotic Ointment; 15gm;	
Tylenol with Codeine (elixir)	
Urine Strips	
Valium	
Valporic Acid Capsules, 250 mg, 100's	
Vancomycin Injection 1 g eq., 10's	
Vasopressin	
Vecuronium Bromide Injection 10 mg, 10 ml vial, 10's	
Verapamil Extended-Release Tablets 240 mg, 100's	
Verapamil Tablets 80mg; 100s	
Versed	
Vials Plastic Lock Cap, 8 dram, 400's	
Vials Plastic Lock Cap, 20 dram 180'S	
Vicodin	
Visine, Eye Drop (Tetrahydrozoline 0.05%)	
Water For Injection, Bacteriostatic 30ml 25's	
Zofran (IV)	
Zofran (ODT)	
Zosyn	

## Appendix C – Deployment Equipment Guidelines – Personnel

Item Description	Qty	Bag
Uniform/Scrub Shirts	5	Duffel Bag
Uniform/Scrub Pants	5	Duffel Bag
Undergarments	5	Duffel Bag
Work Shoes	1	Duffel Bag
Socks (pair)	7	Duffel Bag
Athletic Shoes	1	Duffel Bag
Mesh Laundry Bag	1	Duffel Bag
Parka / Rain Gear	1-2	Duffel Bag
Towel	1-2	Duffel Bag
Toiletries (keep in portable bag)		Duffel Bag
T-Shirts	2	Duffel Bag
Cold Weather Gear	as needed	Duffel Bag
Large Ziplock Bags	Assorted	Duffel Bag
Baby Wipes		Duffel Bag
Hand Sanitizer		Duffel Bag
Woolite		Duffel Bag
Snacks/Drink Mix/MREs		Duffel Bag
Cards/Games		Duffel Bag
Extra pair of glasses or extra contact lenses		Duffel Bag
Sunscreen		Duffel Bag
Lip balm with sunscreen		Duffel Bag
Texas road map and map of deployment area		Duffel Bag
Field guides (NIMS, ICS, public health emergencies, emergency response etc.)		Duffel Bag
Feminine items (tampons, makeup etc.)		Duffel Bag
Cash	\$100.00	
Prescription Medications		

**\*\*\*All clothes should have name and/or initials in at least two places**

## Appendix D – ICS Documentation

ICS Form 201

<b>Incident Briefing</b>	1. Incident Name:	2. Date Prepared:	3. Time Prepared:
<b>4. Map Sketch</b>			
5. Prepared By (Name and Position):			

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## ICS Form 211

Incident Check-In List					1. Incident Name/Number				2. Check-In Location (Complete all that apply)					3. Date/Time			
<i>Check One:</i> RN ST                      AMBUS                      Misc. MMU                        Ambulance									Base	Camp	Staging Area	ICP Restat	Heli base				
Check-In Information																	
4. List Personnel ( <i>overhead</i> ) by Agency & Name –OR– List equipment by the following format:					5. Order/Request Number	6. Date/Time Check-In	7. Leader's Name	8. Total No. Personnel	9. Manifest		10. Crew or Individual's Weight	11. Home Base	12. Departure Point	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Sent to RESTAT Time/Int.
Agency	Single	Kind	Type	I.D. No./ Name					Yes	No							
Prepared By (Name and Position):																	

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## ICS Form 221

Demobilization Checkout		
1. Incident Name/Number	2. Date/Time	3. Demobilization Number
4. Unit/Personnel Released		
5. Transportation Type/Number		
6. Actual Release Date/Time	7. Manifest Yes No	Number
8. Destination	Notified	Name
	Agency Region Area Dispatch	Date
10. Unit Leader Responsible for Collecting Performance Rating		
<b>11. Unit/Personnel</b>		
You and your resources have been released subject to sign off from the following: <i>Demobilization Unit Leader check the appropriate box</i>		
Logistics Section	Signatures	
Supply Unit	_____	
Communications Unit	_____	
Facilities Unit	_____	
Ground Support Unit Leader	_____	
Planning Section	Signature	
Documentation Unit	_____	
Finance Section	Signature	
Time Unit	_____	
Other	Signatures	
_____		
12. Remarks		



