



We are a partner to healthcare and emergency response organizations working to prepare for, mitigate, respond to, and recover from emergencies and disasters affecting the residents and guests of North Carolina.

**Responder Rehab / Minor Medical Type IV
3 – 10 Patients**

<p>A TASK & PURPOSE: To provide responder rehab or minor medical capability for at-risk individuals with emergent/acute care medical needs during local/regional events or pre-planned events for up to 24 hour operations periods.</p>	<p>B MISSION / CAPABILITY: The Type IV Responder Rehab / Minor Medical is established to provide medical care for 3-10 patients whose needs cannot be met by the local healthcare infrastructure.</p>
<p>C EMERGENCY SUPPORT FUNCTIONS:</p> <ul style="list-style-type: none"> • ESF 8 	<p>D LIMITATIONS:</p> <ul style="list-style-type: none"> • Local community participation is necessary. • Food services required • Local communications
<p>E PERSONNEL: 7 PAX (12 Hr Ops)</p> <ul style="list-style-type: none"> • 1 – Task Force Leader • 1 – Medical Director / Officer • 2 – Logistics / Comms Specialist • 2 – RN • 2 – EMT/EMTP 	<p>F EQUIPMENT: (Equipment as needed)</p> <ul style="list-style-type: none"> • 1 – SMAT-II Medical/Logistics Supply Trailer (32 ft – 40 ft) • 1 – Medical Support Unit or Appropriate Shelter • 1 – Communications Package (Modified) • 2 – Tow Vehicles (1 ½ Ton)
<p>G REQUIRED SUPPORT:</p> <ul style="list-style-type: none"> • Interpreters (if needed) • Mental Health Team (if needed) • Social Workers (if needed) • Animal Shelters and staff (if needed) • Porta Johns • Force Protection • Trash Removal 	<p>H WORKS WITH:</p> <ul style="list-style-type: none"> • Local jurisdiction – EM, EMS, PH, DSS, and Healthcare System • State Emergency Response Team
<p>I N-HOUR SEQUENCE:</p> <ul style="list-style-type: none"> • 4 hours from request to operational 	<p>J SPECIAL INSTRUCTIONS:</p> <ul style="list-style-type: none"> • See SMRS Con Ops

ESTIMATED COSTS BASED ON HOURLY RATE USING GS RATINGS

Personnel Cost: \$ _____ Equipment Cost: \$ _____ Transportation Cost: \$ _____
Total: \$ _____

***REIMBURSEMENT BASED ON ACTUAL COSTS**