

Public Health and Medical Annex (H)

State of Texas Emergency Management Plan

August 2015

This document is intended to provide guidance and is not prescriptive or comprehensive. Use judgment and discretion to determine the most appropriate actions at the time of an incident. These guidelines do not override local or regional plans, but are designed to complement those planning activities. This document does not prohibit any jurisdiction from implementing additional requirements or operating procedures within that jurisdiction.

This document complies with Homeland Security Presidential Directive 5 (HSPD-5), Presidential Policy Directive 8 (PPD-8), the Pandemic and All Hazards Preparedness Act (PAHPA) and takes into account the needs of the whole of community. The state and organizations involved operate within the principles of the National Incident Management System (NIMS) in support of the National Response Framework (NRF).

Section V.B and VI of the **State of Texas Emergency Management Plan** in accordance with NIMS and relevant NRF guidelines, are the foundation for emergency response and recovery operations in Texas.

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Using This Document

This document is part of the State of Texas Emergency Management Plan. This section explains how this annex integrates with the plan and how and where to find additional supporting information.

This document is not designed to be read from cover to cover. Use this page to quickly find the information you need.

| | |
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| Find the goals, objectives, audience and planning assumptions. | 2 |
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When you see a reference arrow (➤), look at the bottom of the page for a hyperlink to additional information from the State of Texas.

For an explanation of the acronyms and terms in this document please refer to the **State of Texas Acronyms and Terms (STAT) Book**.

This annex outlines public health and medical operations, which fall under the emergency support function for public health and medical services and the core capabilities for environmental response/health and safety, fatality management services, public health and medical services, and health and social services.

This document is an annex to the State of Texas Emergency Management Plan, which is composed of a basic plan, functional annexes and hazard annexes, and is designed to integrate vertically with local, regional, tribal and federal plans. This annex is part of one comprehensive state emergency management plan, available online at:

<http://www.txdps.state.tx.us/dem/downloadableforms.htm>

Overview and Purpose

This section defines the scope of this planning document including its goal, objectives, planning assumptions and intended audience.

Goal

Outline functional capabilities, coordination methods and guidelines for state public health and medical response.

Objectives

- Provide information to local, regional, tribal, state and federal decision-makers about the state's planned public health and medical response.
- Outline the direction, coordination and mobilization of public health and medical resources, information and personnel for incident response.
- Describe state strategies to support local public health and medical response operations.

Audience

- State Emergency Management Council representatives
- State Operations Center (SOC) personnel
- State Medical Operations Center (SMOC) personnel
- Disaster district committee (DDC) personnel
- Field response personnel
- Municipal and county officials and Emergency Management Coordinators (EMC)
- Public health and medical stakeholders and partners
- Local Mental Health Authorities (LMHA)
- Local Medical Operations Center (MOC) personnel
- Regional Health and Medical Operations Center (RHMO) personnel
- Justice of the Peace and Medical Examiner Office personnel
- Disaster behavioral health stakeholders
- Human services partners
- Veterinary and animal health partners

Planning Assumptions

- Disasters usually involve public health, medical and behavioral health components.
- The potential for substantial loss of life is significant during mass casualty incidents, and patient survival is dependent on the availability and rapid deployment of critical resources.
- Assessing and meeting the needs of medical patients throughout an incident mitigates the impact of the disaster on individuals with preexisting medical conditions and allows for treatment and stabilization of disaster-related injuries.
- Public health emergencies have the potential to quickly overwhelm local governments and rapidly deplete available resources.
- Local jurisdictions coordinate with their local or regional public health office to ensure partners are aware of locally available public health and medical resources.
- Local jurisdictions exhaust available resources, including local mutual aid resources, before requesting additional assistance from DDCs.

- When state resources are depleted, assistance may be sought from private sector and non-profit partners, other states and the federal government.
- Private and non-profit organization assistance can be requested as needed.
- During mass casualty incidents, Crisis Standards of Care (CSoC) or deviation from conventional standards of care and triage may be implemented to provide the highest level of medical care capable of being delivered under disaster conditions.
- Primary medical treatment facilities may be damaged or inoperable after an incident occurs.
- Establishment of alternative care sites may be necessary to supplement local healthcare systems.
- A statewide public health emergency, causing numerous fatalities, debilitating illnesses or injuries, medical surge, and disruption of normal life support systems is expected to impact statewide economic and social infrastructures.
- The daily commercial travel of individuals, products and livestock has the potential to rapidly disperse infectious disease agents, toxins, chemicals or other contaminants among states and nations.
- The first indications of an act of terrorism or an intentional release of hazardous materials may arise hours to days after the first medical symptoms manifest and are recognized.
- An intentional release or attack using chemical, biological, radiological or nuclear agents may not be initially recognized as a hostile incident or act of terrorism.
- Deploying agencies are responsible for responder safety and health during all phases of emergency management.
- Trained and untrained individuals frequently self-deploy to assist with large-scale disasters, potentially adding to the number of casualties or complicating response operations.

Concept of Operations

This section outlines the concept of operations for the state's planned response in support of public health and medical operations.

Public health and medical activities vary widely in type, scope and complexity. Local and regional resources and mutual aid are used first when an incident with public health and medical impacts occurs. When an incident exhausts local or regional capabilities or additional resources are needed, the state may be called upon to provide support. The state supports impacted local jurisdictions by providing information, coordination, and expertise in addition to supplemental medical, public health, and behavioral health resources.

The Texas Department of State Health Services (DSHS) is the lead entity for planning and coordinating public health and medical response in the state. The Texas Division of Emergency Management (TDEM), a division of the Texas Department of Public Safety (DPS), coordinates statewide emergency response.

Operational Strategies

This section lists state operational strategies that may be used in support of public health and medical operations.

- *Operational Strategy 1: Coordinate Public Health and Medical Operations*
- *Operational Strategy 2: Execute Effective Public Health Response*
- *Operational Strategy 3: Support Provision of Medical Services*
- *Operational Strategy 4: Coordinate Mass Fatality Resource Management*
- *Operational Strategy 5: Coordinate Behavioral Health Services and Activities*
- *Operational Strategy 6: Support Decontamination Services*
- *Operational Strategy 7: Provide Response Resources*

Public health and medical operational strategies apply to all hazards, and may be used to assist with any type of disaster that requires state public health and medical support.

Operational Strategy 1: Coordinate Public Health and Medical Operations

This section outlines coordination mechanisms used to support emergency public health and medical operations.

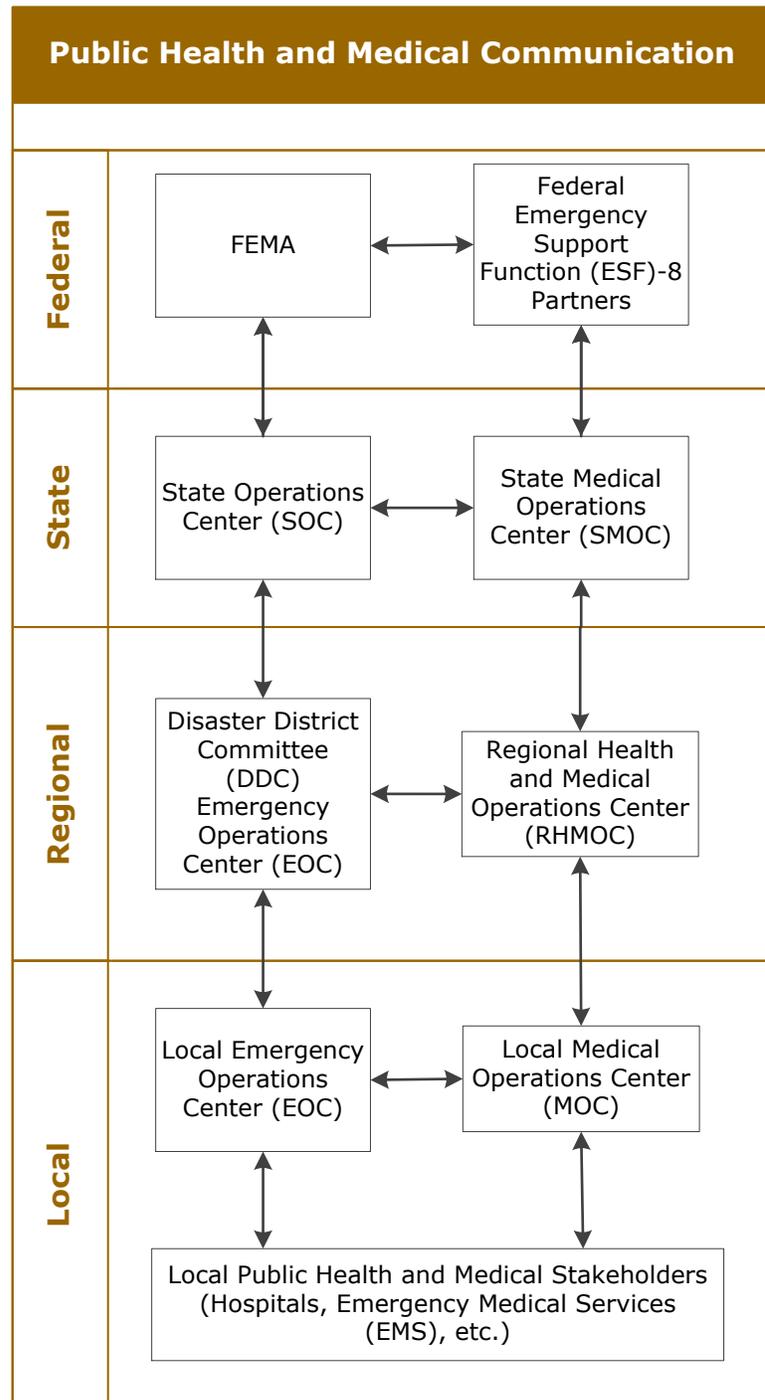
Public health and medical response originates at the local level and can extend all the way to the federal level. Given the potential complexity of public health and medical operations, effective response relies on collaboration among private sector partners, volunteer organizations and public entities at all levels of government.

The chart to the right illustrates communication and information sharing among entities involved in public health and medical response throughout the local, regional, state and federal levels of government.

Local Authority

County judges and city mayors are the designated Emergency Management Directors (EMD) of their jurisdictions, as stated in Texas Government Code, Chapter 418. EMDs may appoint an Emergency Management Coordinator (EMC) to act on their behalf and implement their decisions.

During emergencies and disasters, local emergency management organizations may activate emergency operations centers (EOC).



*This chart shows communication and information sharing between public health and medical entities, not resource request or mission tasking processes.

EOCs coordinate with public health and medical partners, which may include local health departments (LHDs), emergency medical services (EMS) agencies, Trauma Service Area (TSA) Regional Advisory Councils (RAC) and hospitals in accordance with local policies and procedures. Depending on the size and scope of an incident, public health and medical coordination may occur at local EOCs or at jurisdictional medical operations centers (MOC), which may be activated to serve as public health and medical coordination points for local EOCs. If mutual aid agreements are in place, local jurisdictions may call upon them as needed.

Coordination of public health and medical operations within a city or county is the responsibility of the local health department (LHD). In cities and counties that do not have a LHD, Department of State Health Services (DSHS) Health Service Region (HSR) offices are responsible for public health and medical coordination.

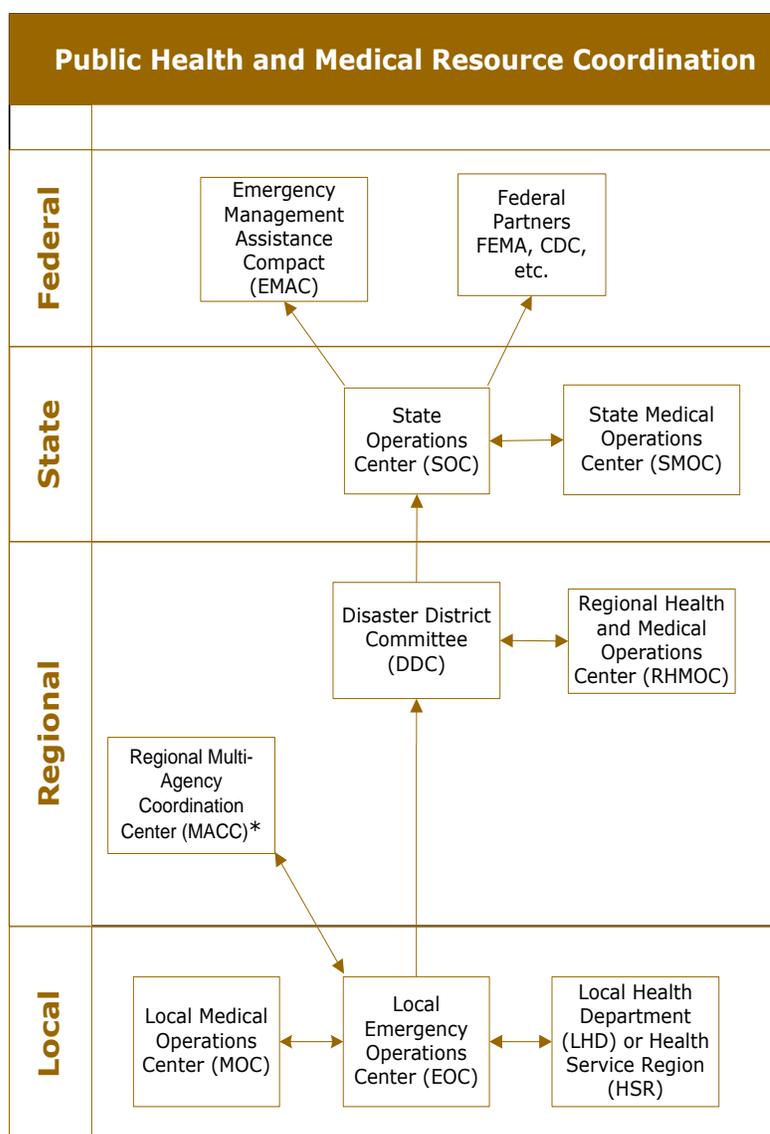
Regional Support

If requested by a local jurisdiction, HSR offices can provide public health and medical coordination assistance to any city or county, regardless of whether or not a LHD resides in that jurisdiction.

If an incident exhausts local public health and medical capabilities, regional support may be requested from the HSR office having authority over that jurisdiction.

The chart to the right shows public health and medical resource coordination across multiple levels of government.

Depending on the size and scope of an incident, HSR offices may activate Regional Health and Medical Operations Centers (RHMO) to serve as regional public health and medical coordination points.



*Coordination with Regional MACCs where applicable.

When activated, RHMOCs house regional public health and medical partners, which may include TSA RAC representatives within the impacted region. Activation of the RHMOC ensures that regionally-based resources and mutual aid are used for public health and medical response before additional support is requested from outside the region. If an incident exhausts regional public health and medical capabilities, state resources may be requested by an RHMOC through the impacted jurisdictions' disaster district committee (DDC).

State Support

DDCs consist of representatives from state agencies and volunteer groups who can provide disaster response and recovery resources within each disaster district. Each DDC is directed by the Texas Department of Public Safety (DPS) Highway Patrol (THP) Division captain or command lieutenant who serves as the DDC Chair.

The RHMOC assists the DDC Chair in identifying, mobilizing and deploying personnel, equipment, supplies and technical support to respond to requests for public health and medical assistance from local governments and state agencies in each disaster district.

If RHMOC resources at the DDC level are inadequate to support the type or amount of assistance requested by a local jurisdiction, DDCs can request additional support from the state using a State of Texas Assistance Request (STAR).

Depending on the size and scope of the incident, the DSHS Central Office may activate the State Medical Operations Center (SMOC) to serve as the state public health and medical coordination point. The SMOC serves as the medical arm of the State Operations Center (SOC), housing state-level public health and medical partners and representatives from federal agencies. Activation of the SMOC ensures that state resources are effectively applied to the response before requesting additional support from outside the state. SMOC personnel work closely with the SOC to coordinate emergency public health and medical operations for any type of incident.

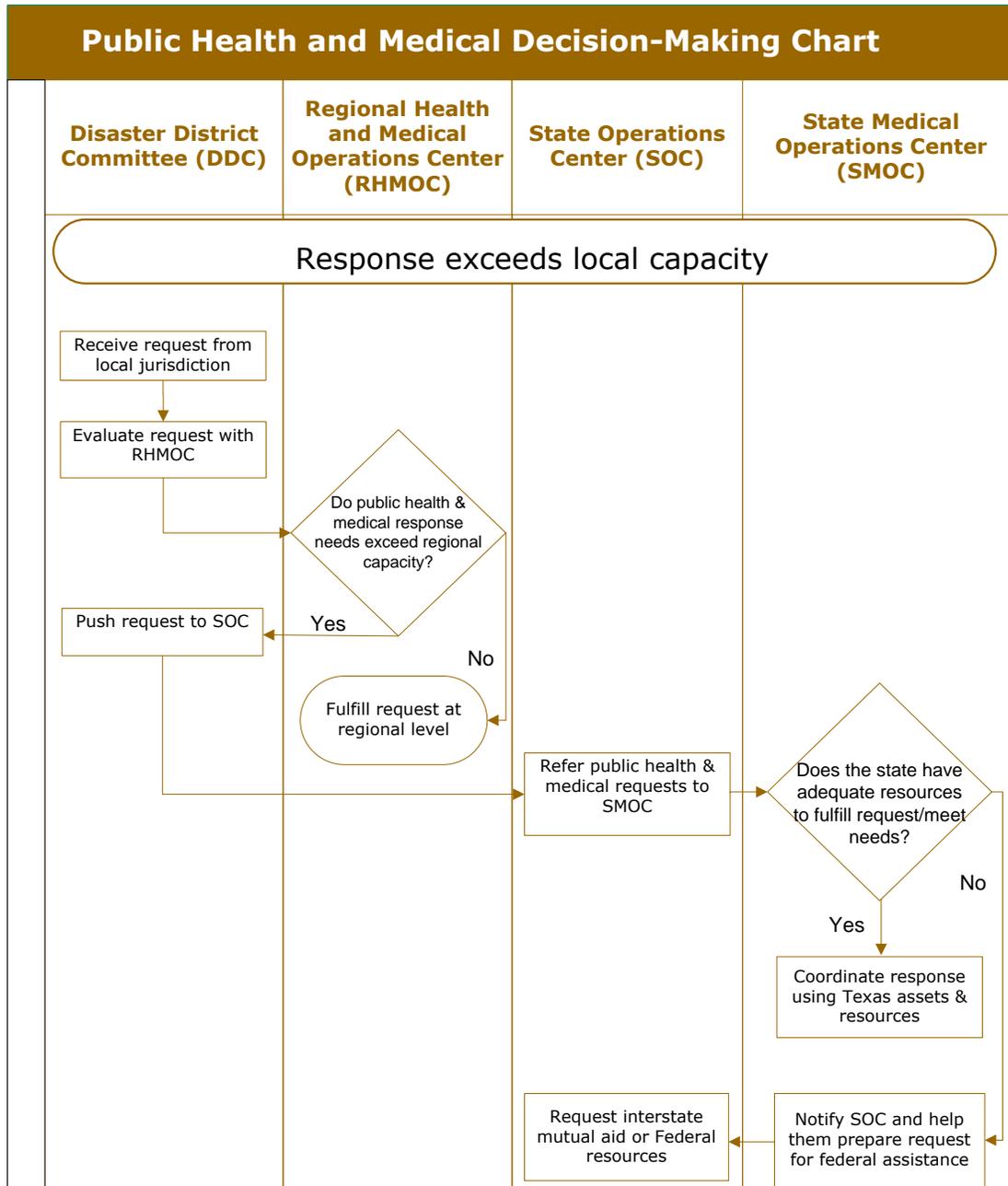
The SOC is staffed year round, 24 hours per day, to monitor and respond to emergencies and disasters throughout the state. When the SOC is activated, emergency management council entities, voluntary organizations and private sector partners coordinate operations and provide resources to fill the unmet operational requirements of affected DDCs.

Interstate Mutual Aid and Federal Support

If an incident exhausts state public health and medical resources, support may be requested from other states through the Emergency Management Assistance Compact (EMAC) or from the federal government through the Federal Emergency Management Agency (FEMA). Assistance requests originate from the SOC, but the SMOC may assist in preparing public health and medical assistance requests.

Resource Support Decision-Making

The chart below provides an overview of state-level resource support decision making to support regional health and medical operations center (RHMO) and disaster district committee (DDC) activities.

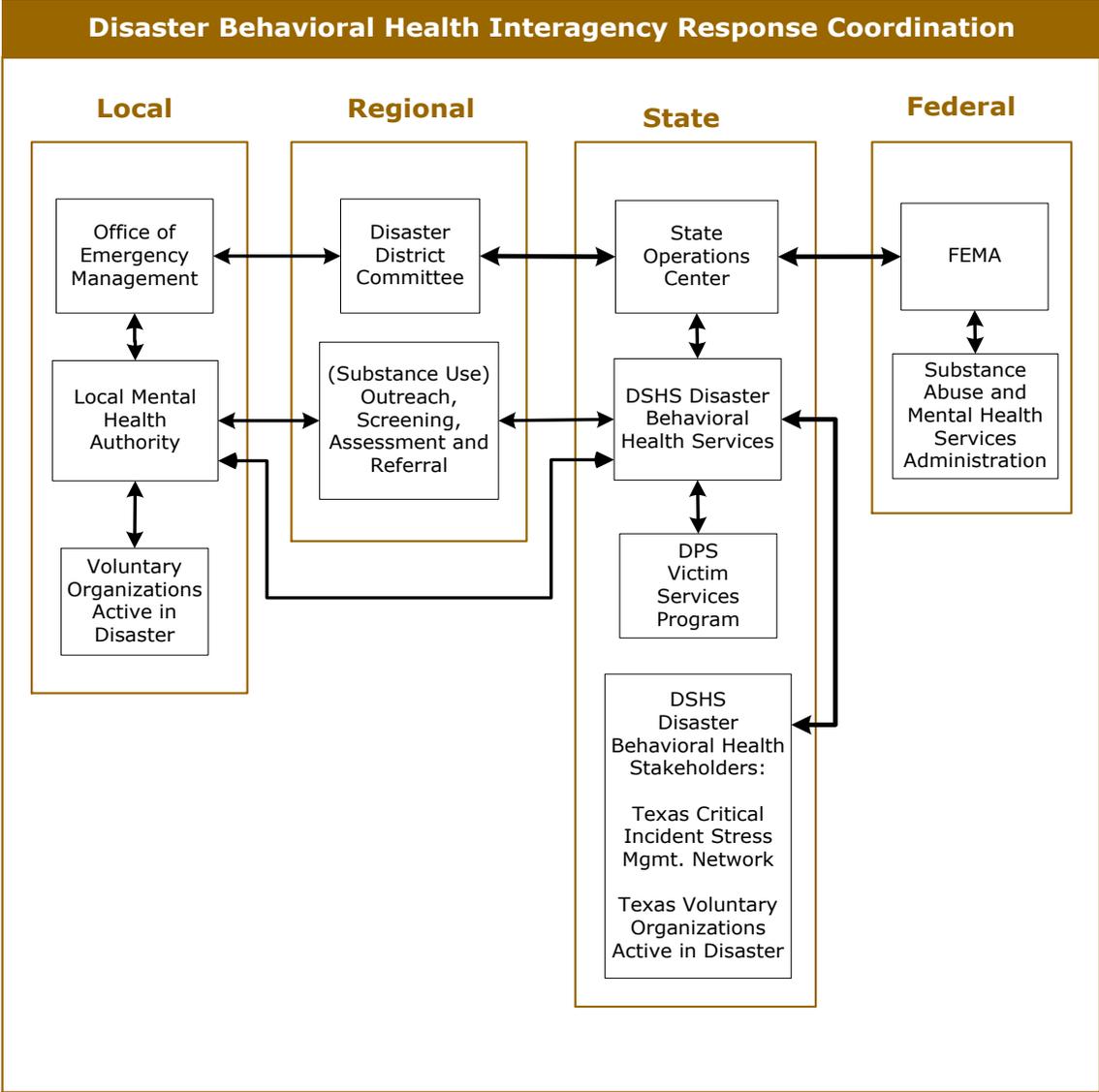


Note: All resource requests are vetted at the SOC and then are assigned to the appropriate agencies.

Disaster Behavioral Health Coordination

In contrast to public health and medical resource coordination, unique mechanisms exist for disaster behavioral health coordination. The chart below illustrates potential interagency coordination for disaster behavioral health (DBH) entities.

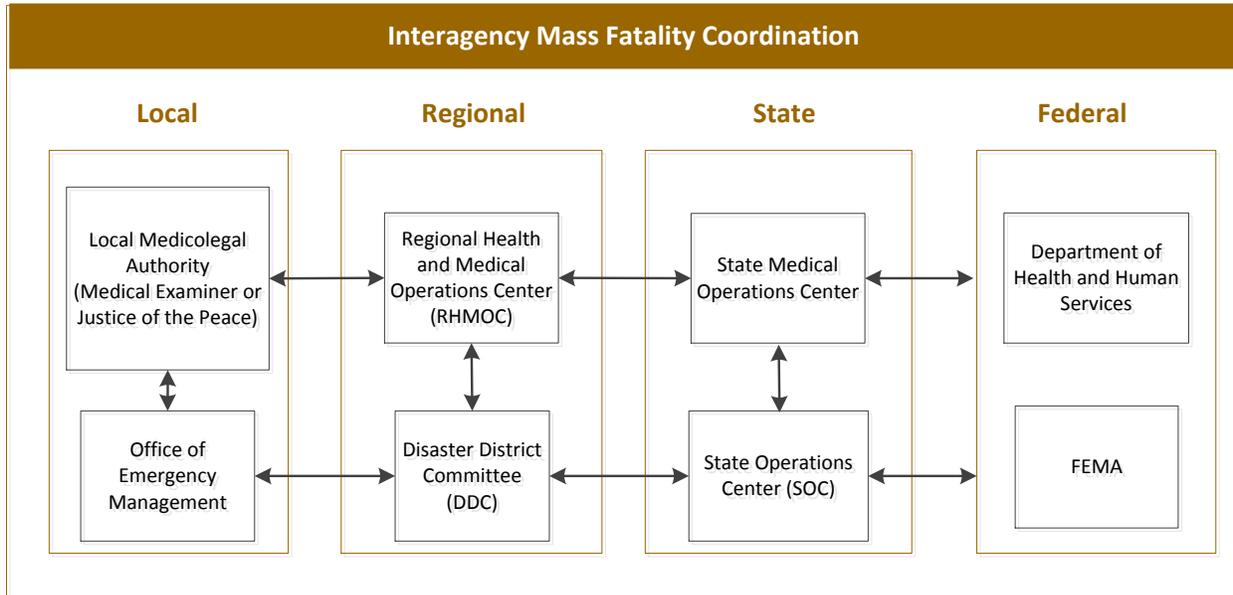
DBH response coordination varies by incident. DBH coordination can start at any level of government. For the purpose of this chart, the public health and medical function is included as part of the emergency operations center at each level of government.



For more information, see [Strategy 5-Coordinate Behavioral Health Services and Activities](#).

Mass Fatality Coordination

The chart below illustrates the flow of information between entities involved in mass fatality response at different levels of government. Mass fatality coordination varies based on incident response needs.



For more information see [Strategy 4-Coordinate Mass Fatality Resource Management](#).

Local Public Health and Medical Entities

The following table summarizes the roles of agents who act on behalf of entities involved in the coordination of local public health and medical response.

| Local Entity | Agent | Role |
|--|---|--|
| Emergency Medical Services (EMS) Organization | EMS Chief or Director | <ul style="list-style-type: none"> Responsible for all operational aspects of the EMS agency, including policy and strategy. |
| | EMS Medical Director | <ul style="list-style-type: none"> Responsible for oversight of all medical care aspects of the EMS agency, including medical protocols, triage, alteration of standards of care when needed during a disaster and destination decisions. |
| Hospital | Medical Director or Emergency Manager or Hospital Representative Designee | <ul style="list-style-type: none"> Provide patient and bed availability information. Coordinate to provide durable medical equipment and other medical resources. |
| Local Health Department | Director or Public Health Emergency Preparedness Manager | <ul style="list-style-type: none"> Responsible for coordinating public health and medical response activities (including acute medical response). May assign staff to local EOCs, local MOCs or both during incidents. May oversee behavioral health resource request coordination through the Local Mental Health Authority (LMHA) during locally-managed incidents. |
| Local Medical Operations Center (MOC) Also referred to as Jurisdictional Medical Operations Center (JMOC) | Medical Operations Center (MOC) Director | <ul style="list-style-type: none"> Support emergency management below the DDC level. Serve as a local public health and medical coordination point. Support one or more local EOCs. May or may not co-locate within a local EOC. Provide a liaison to the local EOC if the EOC is operational and not co-located. Coordinate public health and medical resources responding to an incident in the local area. Coordinate the acquisition and management of local public health and medical resources for response, as well as mutual aid resources. Initiate resource requests through the emergency management process. Manage public health and medical |

| Local Entity | Agent | Role |
|--|---|---|
| <p data-bbox="240 436 513 533">Local Emergency Operations Center (EOC)</p> <p data-bbox="477 583 513 609">or</p> <p data-bbox="214 659 513 756">Local Office of Emergency Management (OEM)</p> | <p data-bbox="539 436 829 533">Emergency Management Director (EMD)</p> | <ul style="list-style-type: none"> <li data-bbox="922 252 1409 277">resources assigned to the local area. <li data-bbox="873 285 1295 310">▪ Initiate mutual aid requests. <li data-bbox="873 319 1393 411">▪ Document financial costs, track resources and perform activities as required during disaster response. <hr/> <ul style="list-style-type: none"> <li data-bbox="873 432 1442 588">▪ The city mayor or county judge serves as the Emergency Management Director (EMD) of each local jurisdiction, as designated by Texas Government Code Chapter 418. <li data-bbox="873 596 1442 688">▪ Responsible for the emergency management activities that occur within their jurisdiction. <li data-bbox="873 697 1442 814">▪ Formally able to declare a local state of disaster, request resources from the State and order evacuations of their jurisdiction to protect life safety. <li data-bbox="873 823 1409 915">▪ May delegate authority to an Emergency Management Coordinator (EMC). |
| <p data-bbox="188 940 513 999">Municipal and County Government</p> | <p data-bbox="539 940 837 999">Local Health Authority (LHA)</p> | <ul style="list-style-type: none"> <li data-bbox="873 932 1442 1150">▪ Currently licensed physician (usually the LHD Director in counties with an LHD), appointed by the county judge to support the DSHS Health Service Region (HSR) to establish, maintain and enforce control measures regarding communicable or infectious diseases. <li data-bbox="873 1159 1442 1251">▪ Ensure the reporting of the presence of contagious, infectious and dangerous epidemic diseases. <li data-bbox="873 1260 1442 1377">▪ Ensure enforcement of state and local public health laws, rules, regulations and ordinances regarding sanitation and quarantine. <li data-bbox="873 1386 1442 1503">▪ Ensure adherence to state law regarding vital statistics collections, including accuracy of birth and death records. <li data-bbox="873 1512 1442 1570">▪ May issue information regarding outbreaks and public health threats. <li data-bbox="873 1579 1442 1638">▪ May or may not serve as the Director of a Local Health Department. |
| <p data-bbox="214 1667 513 1726">Local Mental Health Authority (LMHA)</p> | <p data-bbox="539 1667 837 1759">Community Mental Health Center Disaster Contact(s)</p> | <ul style="list-style-type: none"> <li data-bbox="873 1659 1442 1751">▪ Act as designated local mental health authority (LMHA) for the counties they serve. <li data-bbox="873 1759 1442 1818">▪ Work with LHD or HSRs to coordinate behavioral health resource requests. |

| | | |
|--|--|--|
| Medical Examiner's (ME) Office Justice of the Peace (JP) (In jurisdictions where an ME is not present, the JP assumes ME responsibilities) | Medical Examiner or Judge | <ul style="list-style-type: none"> Oversee offices that conduct inquests to determine the cause and manner of death in counties with a population of one million or more (ME). Conduct inquests to determine the cause and manner of death (JP). Issue death certificates. Provide direction for responding to mass fatality incidents, site operations for human remains recovery, morgue operations and victim identification. Maintain legal custody of a body until release to next of kin. |
| | Local Voluntary Organizations Active in Disaster (VOAD) | |

Regional Public Health and Medical Entities

When local public health or medical services capacity is reached, local emergency operations centers (EOCs) may request assistance from regional-level entities. Requests exceeding regional mutual aid capabilities are routed to disaster district committees (DDC). The table below summarizes the role of each regional authority.

| Regional Entity | Agent | Role |
|--|--|---|
| Regional Advisory Council (RAC) | Regional Trauma System Executive Director | <ul style="list-style-type: none"> Coordinate regional healthcare & EMS activities for trauma service areas (TSA) around the state, as established by State Legislative action or mandate. Develop, implement and maintain regional trauma and emergency healthcare systems comprised of stakeholders including hospitals, EMS agencies and other healthcare entities that provide emergency medical services, trauma and other acute care. |
| Health Service Region (HSR) | HSR Director or Public Health Emergency Preparedness Manager | <ul style="list-style-type: none"> Coordinate public health and medical response activities and serves as the Local Health Director in counties that do not have a local health department. May assign HSR personnel to local EOCs, the RHMOC, or have staff at each location, depending on personnel availability. May coordinate behavioral health resource requests through the LMHA during a locally managed incident. |

| Regional Entity | Agent | Role |
|--|--|---|
| Regional Healthcare Coalition | Hospital Preparedness Program (HPP) Director | <ul style="list-style-type: none"> Oversee, lead, establish and build healthcare disaster preparedness within an assigned trauma service area (TSA). Develop regional healthcare coalitions. |
| Department of State Health Services (DSHS) Health Service Region (HSR) Office | Regional Health and Medical Operations Center (RHMOCC) | <ul style="list-style-type: none"> Coordinate public health and medical response at the Disaster District level. Coordinate resources and mutual aid in conjunction with local and regional emergency response entities. Provide personnel to assist DDC Chairs with public health and medical expertise. May assist in state-level response activities when requested by the State Medical Operations Center (SMOC). |
| Outreach Screening Assessment and Referral (OSAR) | OSAR Disaster Contacts | <ul style="list-style-type: none"> Act as the first point of contact for individuals seeking substance use treatment services. Provide coordinated access to a continuum of substance use disorder treatment services. |

State Public Health and Medical Entities

When local and regional medical service capacity is reached, or when state medical support is required, the SOC coordinates with the SMOC to fill requests. If the state cannot meet mission requirements using state resources, the SMOC may assist the SOC to prepare requests for assistance from other states or the federal government. State agents that may assist in public health and medical coordination are listed in the table below.

| State Entity | Agent | Role |
|---|--|---|
| Department of State Health Services (DSHS) | State Medical Operations Center (SMOC) | <ul style="list-style-type: none"> Facilitate acquisition of state public health and medical resources for the support of state response activities. Provide safety-related information for deployment and demobilization. Can send state public health and medical resources to RHMOCCs for further deployment to local or multi-jurisdictional EOCs. Respond to resource requests through the emergency management process. Coordinate with appropriate federal agencies and documents financial costs. Coordinate behavioral health services with DBH stakeholders during a state response. Co-locate representatives from multiple |

| State Entity | Agent | Role |
|---|--|---|
| | | federal/state/voluntary agencies and organizations to assist with the mission. |
| State Emergency Management Council/Texas Division of Emergency Management (TDEM) | State Operations Center (SOC) | <ul style="list-style-type: none"> ▪ Responsible for statewide coordination of emergency management activities. ▪ Fulfill assistance requests from DDCs. ▪ Provide statewide situational awareness. ▪ Track costs associated with disaster response. ▪ Coordinate with other states and the Federal Emergency Management Agency (FEMA) for resources that state agencies or private contracts are unable to provide. |
| Disaster District Committee (DDC) | Disaster District Committee (DDC) Emergency Operations Center (EOC) | <ul style="list-style-type: none"> ▪ Provide state resource support to local jurisdictions within the disaster district. ▪ Request additional resources from the State Operations Center (SOC) when capabilities within the disaster district are overwhelmed. |
| Commission on State Emergency Communications (CSEC) | Texas Poison Control Network (TPCN) | <ul style="list-style-type: none"> ▪ Provide emergency treatment information and consultive services for poisonings or toxic exposures. ▪ Maintain a network of six regional poison centers located in Amarillo, Dallas, El Paso, Galveston, San Antonio and Temple. ▪ Provide public education activities for teachers, students, and citizens as well as professional educational opportunities for Texas health care providers. |
| Texas Department of Public Safety (DPS) | DPS Victims Services Program | <ul style="list-style-type: none"> ▪ Work with DSHS to provide behavioral health services during a state or federally declared disaster involving crime-related incidents. ▪ Assist Local Mental Health Authorities with family assistance centers involving crime-related incidents. |
| Texas Voluntary Active in Disaster (Texas VOAD) | Voluntary Agency Liaison | <ul style="list-style-type: none"> ▪ Coordinate VOAD agencies for disaster relief support. ▪ Assist with disaster case management, feeding, emotional care and/or spiritual care support, childcare. ▪ Support unmet medical needs. |

Federal Public Health and Medical Entities

Federal entities that may assist with public health and medical coordination are summarized in the table below.

| Federal Entity | Agent | Role |
|---|---|---|
| Federal Emergency Management Agency (FEMA) | FEMA Region VI Regional Response Coordination Center (RRCC) | <ul style="list-style-type: none"> ▪ Coordinate the delivery of federal resources and supplemental assistance to state and tribal governments within FEMA Region VI. ▪ Provide support teams, including Incident Management Assistance Teams to the State Operations Center to coordinate federal assistance. ▪ Fund Crisis Counseling Training and Assistance Program grants. |
| U.S. Department of Health and Human Services | Office of the Assistant Secretary for Preparedness and Response (ASPR) | <ul style="list-style-type: none"> ▪ Conduct preparedness planning and response to build federal emergency medical operational capabilities, countermeasures research, advance development, procurement and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. ▪ Provide federal support, including medical professionals through ASPR’s National Disaster Medical System, to augment state and local capabilities during a disaster. ▪ Fund most hospital preparedness program activities within the state. |
| Substance Abuse and Mental Health Services Administration (SAMHSA) | Center for Mental Health Services Emergency Mental Health and Traumatic Stress Services Branch Office of Policy, Planning and Innovation/Division of Policy Innovation | <ul style="list-style-type: none"> ▪ Lead public health efforts to advance the behavioral health of the nation. ▪ Reduce the impact of substance use and mental illness. ▪ Provide technical assistance and program oversight to DBHS or Crisis Counseling Training and Assistance Program grants. ▪ Fund the SAMHSA Emergency Response Grant (SERG). |

State Coordination Tools

The state uses a number of tools to provide a common operating picture, allowing responders at all levels to make effective, consistent and timely decisions. These coordination tools are outlined in the following table.

Public Health and Medical Coordination Tools

| Tool | Description |
|--|--|
| SMOC Operations Checklist | The SMOC uses an operations checklist that specifies tasks the state may be required to perform during activations. The checklist identifies tasks for applicable State Emergency Management Council (SEMC) agencies and organizations, and facilitates DSHS coordination with partner agencies during SMOC activations. |
| Situation Report (SITREP)¹ | The SOC and the SMOC publish daily situation reports (SITREPs) to summarize key actions taken in response to identified potential threats. The SITREP: <ul style="list-style-type: none"> ▪ Explains the nature of the current threat(s). ▪ Specifies actions taken since the last report. ▪ Identifies committed or staged resources. ▪ Establishes mission priorities for the next operational period. |
| Incident Action Plans (IAP) | IAPs may be published by the SMOC, the SOC, incident management teams or DDCs when activated. IAPs establish incident objectives, provide incident status summaries, and outline communications, medical, and logistical plans for complex incident management. |
| WebEOC² | An Internet-based critical information system that: <ul style="list-style-type: none"> ▪ Captures State of Texas Assistance Requests (STAR). ▪ Provides a standard reporting platform and common operating picture. ▪ Is available to partner organizations. ▪ Captures information posted by local and regional jurisdictions. ▪ Displays deployed response assets. |
| Conference Calls | For more information on conference call coordination please see the conference call table below. |

The state may conduct conference calls to facilitate coordination among responding entities. The various types of conference calls are described in the table below.

Conference Calls

| Call Name | Facilitator | Participants* | Purpose** |
|----------------------|--------------------------------|---|--|
| District Call | TDEM District Coordinator (DC) | Jurisdictions and agencies within a Disaster District | Provide DDC chairs an assessment of the situation and allows local jurisdictions to share information as needed. |

¹ <http://www.txdps.state.tx.us/dem/sitrepindex.htm>

² <http://www.soc.state.tx.us/eoc7/>

| Call Name | Facilitator | Participants* | Purpose** |
|-----------------------------------|--|---|--|
| Regional Call | TDEM State Coordinator(SC) | DCs in specific region, regional and state agency representatives if required | Share information gathered by DCs during district calls to identify trends and coordinate the message. |
| Public Health/Medical Call | State Medical Operations Center (SMOC) | Local, state and federal health and medical partners. | Provide an ESF-8 overview of the current situation through reports from affected disaster districts. |
| Statewide Call | State Operations Center (SOC) | Impacted and potentially impacted jurisdictions and agencies statewide | Disseminate gathered information to state and local partners. |

*Any parties not listed here can forward all questions to their respective office of emergency management.

**The purpose of each call varies based on the situation.

Operational Strategy 2: Execute Effective Public Health Response

This section describes activities that enable effective public health response and capabilities that safeguard communities from public health threats.

At the state level, public health response involves providing supplemental assistance to local jurisdictions to detect and mitigate the effects of incidents with potentially dangerous health consequences.

Public Health Surveillance

Public health surveillance systems help detect the onset of public health emergencies. Public health surveillance involves the continual, systematic collection, analysis and interpretation of health data essential to planning, implementation and evaluation of public health practice.

In a disaster, the purpose of surveillance is to identify potential threats to the public that require immediate disease control actions, the dissemination of information to prevent or control disease or injury, the provision of situational awareness data to assist in planning for future response, and the dissemination of findings to the preparedness community to advance disaster science.

Effective public health surveillance begins at the local and regional levels. Local health departments (LHD) and DSHS Health Service Region (HSR) offices work with a variety of healthcare providers including laboratories, hospitals, school nurses and private physician offices to obtain case reports on infectious and non-infectious diseases and conditions. Case report forms vary by condition, as disease control efforts are driven by modes of transmission and other factors.

The DSHS Infectious Disease Control Unit website³ provides more information on the role of public health surveillance in an infectious disease outbreak and how DSHS works with local health departments and healthcare providers to conduct public health surveillance.

Several Texas laws require that specific information regarding notifiable conditions, outbreaks, exotic diseases and unusual group expressions of disease be reported to the Texas Department of State Health Services (DSHS). The current Texas Notifiable Conditions list is maintained on DSHS' website.⁴

Disaster-Related Morbidity Surveillance

Morbidity surveillance is used to detect and monitor patterns of illness or injury and provides a measure for a public health emergency's impact on the community.

The State Medical Operations Center (SMOC) may initiate active surveillance of patients seen at medical shelters or hospitals when timely, detailed patient-level

³ <http://dshs.state.tx.us/idcu/>

⁴ <http://www.dshs.state.tx.us/idcu/investigation/conditions/#GeneralInstructions>

information is needed for response efforts. Consideration is given to the availability of existing data sources, the healthcare response structure, the ease of data collection and reporting, the potential for sustainable reporting, and the potential for collecting data that is reasonably representative of the groups of interest.

Exposure data reported to the Texas Poison Control Network (TPCN) is provided to the State Medical Operations Center (SMOC) to assist in determining the number and types of exposures during or subsequent to a disaster or public health emergency. When appropriate, TPCN also provides treatment information and consultative services to health care providers and the public.

DSHS Disaster Mortality Surveillance System

Active mortality surveillance provides timely information on the nature and number of deaths while determining if a death is related to a disaster. DSHS' Disaster Mortality Surveillance System collects statewide data on disaster-related fatalities following the precipitating incident with the help of regional and local health departments, medical examiners, justices of the peace, hospitals and other reporting sources. This data includes the assessment of the direct and indirect impacts of an incident and identifies high-risk behaviors that could benefit from immediate public health interventions. This information is gathered and submitted to the SMOC for inclusion in the State Operations Center (SOC) SITREP.

Shelter Surveillance

As congregate settings, disaster shelters are at increased risk for the spread of communicable diseases and offer an ideal setting for foodborne outbreaks. Local public health departments and HSRs conduct shelter surveillance during disasters to monitor public health concerns within shelters.⁷

To assist with this process, DSHS provides shelter surveillance tools that outline minimum data requirements to be collected statewide. These tools assist health practitioners in conducting a rapid assessment of shelter conditions during an incident. The shelter surveillance assessment covers general health and safety and allows for the documentation of immediate needs in shelters.

Post-Disaster Public Health and Medical Assessment

Post-disaster public health and medical assessments are used to identify specific health issues and prioritize public health interventions.

Local public health and medical partners begin their assessments by examining facility availability and medical service accessibility at healthcare facilities such as hospitals, dialysis centers and healthcare clinics. Local mental health authorities and DSHS-contracted substance abuse disorder treatment providers assess the impact of the disaster on their clients, staff, facilities and consumer services. The assessments help the response community identify resource shortfalls and allocate public health and medical resources. Assessments provide situational awareness to

⁷ For more information on shelter and mass care, see the **Mass Care Annex (C)**.

key decision makers, inform activities intended to protect the public and guide repopulation decisions for individuals with medical supervision needs.

Community health assessments are conducted during the early stages of recovery by Community Assessment for Public Health Emergency Response (CASPER) teams. These teams deploy to provide quick, accurate and reliable population-based public health assessments for communities impacted by disasters. CASPER teams perform door-to-door interviews from a sample population and provide an assessment of a community's public health and behavioral health needs.

Initial reports and recommendations are provided within 48 hours after data collection. These reports allow state officials to prioritize resources, provide dynamic messages and enhance health surveillance or public health interventions. For more information on state CASPER teams see the DSHS Deployable Team Response Operating Guidelines (ROG)⁵ or visit the CASPER⁶ webpage.

The SMOC can also deploy Rapid Assessment Teams (RAT) to support incident response prior to or immediately following a disaster or public health emergency. This team provides decision makers with a rapid assessment of the incident and the capabilities of health and medical resources. The RAT provides reports on evacuations, sheltering activities and the integrity of the healthcare infrastructure within an affected community. When possible, a RAT includes a public health physician. As needed, RAT members may supplement regional or local incident command, provide medical support and coordinate with local emergency officials including local public health and medical partners and private contractors.

The Texas Disaster Medical System (TDMS), in conjunction with the Disaster Behavioral Health (DBH) Consortium, has developed disaster behavioral health assessment teams. These teams assess requirements and provide a limited range of disaster behavioral health services. They can also support the local Incident Commander (IC), and RHMOC by serving as a liaison between all entities capable of providing disaster behavioral health services.

Medical Countermeasures

Medical countermeasure distribution is the transport and dispensing of critical pharmaceutical interventions, including vaccines, antivirals, antibiotics or antitoxin to prevent the development of a disease among those who are exposed or potentially exposed to a threat. Providing medical countermeasures to the community quickly and efficiently reduces the impact of public health incidents.

DSHS coordinates request, receipt and distribution of Strategic National Stockpile (SNS) pharmaceuticals and medical supplies. The SNS is a federal repository of antibiotics, vaccines, chemical antidotes, antitoxins and other critical medical equipment and supplies.

5

<http://www.dshs.state.tx.us/commprep/response/1ROG/pdf/2012ROGDeployableTeams.doc>

⁶ <http://www.dshs.state.tx.us/commprep/disasterepi/casper.aspx>

The SNS is rapidly deployed to supplement and resupply local medical resources during public health emergencies. Local jurisdictions are required to develop, maintain and exercise local plans which detail how the jurisdiction receives, distributes and dispenses materials from the SNS to their local population. The Medical Countermeasures (MCM) Plan⁷ provides more information on DSHS SNS distribution and local jurisdiction support coordination.

Laboratory Testing

Public health laboratory testing consists of rapid and conventional testing methodologies, characterization, confirmatory testing, data reporting and investigative support to address actual or potential public health emergencies. Laboratory tests may detect, characterize, or confirm chemical or biological agents in multiple conditions, including clinical, food or environmental samples.

At the state level, DSHS is responsible for the provision and coordination of routine and emergency public health laboratory services. Laboratory capabilities allow the state to maintain awareness of ongoing disease outbreaks, in addition to the identification of the onset, progression and end of public health emergencies that involve disease organisms or chemical agents.

Public health laboratory capabilities in Texas are enhanced by the inclusion of ten Texas laboratories in the national Laboratory Response Network (LRN). The LRN is an integrated network of state and local public health, federal, military and international laboratories that can respond to bioterrorism, chemical terrorism and other public health emergencies.

Through the LRN, rapid laboratory testing capacity can be quickly increased during a public health emergency. This helps to ensure that timely notification and secure messaging is possible.

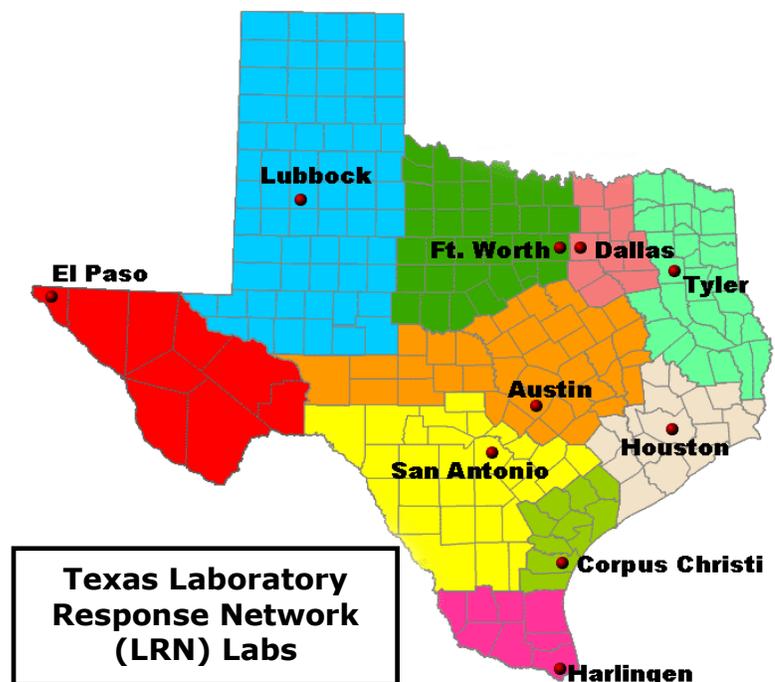


Figure 2 Texas Laboratory Response Network (LRN) Labs and service areas

Emergency laboratory testing and day-to-day laboratory operations are part of the LRN, and are a critical element of an effective public health response.

⁷ http://www.txdps.state.tx.us/dem/documents/planState/annexh_ap8.pdf

Animal Care Coordination

Texans have an emotional and financial investment in the health and well-being of their agricultural resources. The livestock industry is a key segment of the state's economy, as Texas exports more than \$1.5 billion in animals and animal products annually. A disaster affecting animals and agriculture may have far reaching economic impacts both within the state and the nation.⁷

At the state level, the Texas Animal Health Commission (TAHC) coordinates emergency management activities related to household pets and animal agriculture. TAHC helps local jurisdictions find resources to fulfill needs and provide guidance to address animal issues. Additionally, TAHC leads the state's animal response team.

During a public health response TAHC provides support for prevention, surveillance, control, diagnosis and eradication of certain diseases and conditions affecting livestock, poultry, and exotic animals, some of which may have human health implications.

TAHC activates representatives to the SOC during response operations to provide expertise and coordinate the care of injured or displaced household pets and livestock. TAHC can also assist in the disposition of livestock carcasses following a disaster.

When zoonotic incidents occur, in which non-commercial contaminated feed or disease is transmitted from animals to humans, the SMOC coordinates with TAHC to minimize public health impacts.

Water and Wastewater

Safe drinking water and functioning wastewater systems are necessary to maintain healthy communities. Restaurants, medical facilities and other businesses are legally required to have clean water in order to operate. Water and wastewater systems are fragile and can be compromised during a disaster. In order to safeguard public health following disasters, damage assessments are performed as quickly as possible.

To ensure public health safety in establishments that prepare, serve or store food, TCEQ conducts field investigations and collects samples used to assess drinking water, wastewater and other environmental health issues. Those efforts are supported by DSHS through the provision of equipment and supplies, laboratory analysis, technical assistance and consultation.

DSHS can provide recommendations to the public on water intake during drinking water emergencies⁷ and advice on water sanitation.

⁷ For more information on agriculture and livestock, see the **Animals, Agriculture and Food & Feed Safety Annex (O)**.

⁷ For more information on drinking water emergencies, see the **Drought Annex**.

Safety and Security of Drugs, Biologics and Medical Devices

Safe and effective drugs, biologics and medical devices are necessary to maintain a safe and functional health and medical system. Hospitals, healthcare providers and other entities rely on these products to safely provide medical services. During disasters or public health emergencies the distribution system may be disrupted or the storage facilities may be compromised.

DSHS is responsible for ensuring that human and animal drugs, biological products and medical devices are safe and effective for their intended use, properly labeled and free of harmful additives or contaminants. In addition, DSHS monitors the promotion and advertisement of these regulated products in order to prevent the occurrence of unsubstantiated or fraudulent health claims.

DSHS conducts inspections of manufacturers, distributors and retailers of drugs, devices and cosmetic products to assess and enforce compliance with applicable state and federal requirements. In response to complaints and inquiries it receives, DSHS conducts directed investigations where necessary and provides technical guidance to the regulated industry.

Food Safety and Security

Food safety and security is the assurance that food remains uncontaminated and safe for consumption. The Centers for Disease Control estimates that approximately 76 million cases of foodborne illness occur each year, resulting in 5,000 deaths.

The public relies on the assumption that the food available for consumption in Texas is safe, yet the farm to table chain offers multiple opportunities for accidental or deliberate contamination which could impact a large segment of the population.➤

DSHS may be alerted to a threat, hazard or other significant food incident through a variety of means, including public health disease surveillance systems, from external federal, state, tribal and local government agencies, industry, consumers and the news media.

DSHS notifies internal and external partners of impending, ongoing, or resurging food incidents via pre-developed, prioritized notification lists. Once DSHS receives notification, DSHS Central Office epidemiologists coordinate with local and regional health departments and other agencies to conduct epidemiological investigations to determine the causative agent, mode of transmission, persons at risk and recommend appropriate control measures.

The agencies involved in the investigation depend upon the pathogen, the suspected or implicated transmission pathway (person-to-person or indirectly through environmental exposure), number and location of ill persons, and state and federal food safety rules and laws.

➤ For more information on agriculture and livestock, see the **Animals, Agriculture and Food & Feed Safety Annex (O)**.

DSHS compiles information and completes an initial assessment to determine if the incident requires activation of state resources. If a large-scale multi-jurisdictional foodborne outbreak occurs, DSHS coordinates the response in collaboration with federal, state and local partners, and can rapidly deploy Texas Rapid Response Team-Food/Feed recalls.↗

BioWatch

The BioWatch Program uses air samplers to test for threat agents. These detectors collect airborne particles onto filters, which are transported to laboratory response network facilities for analysis. The intent of this system is to provide early warning of a pathogen release, alerting authorities before victims begin to show symptoms. This provides the opportunity to deliver treatments earlier, decreasing illness and fatalities. The Texas Commission on Environmental Quality (TCEQ), DSHS and the Texas Animal Health Commission (TAHC) collaborate with local BioWatch committees to plan appropriate response to BioWatch incidents.

Environmental Hazards

Toxic substances are defined as any chemical or mixture that may be harmful to the environment and human health if inhaled, swallowed or absorbed through the skin. These substances may be manmade or naturally occurring toxins produced by living organisms.↗

DSHS coordinates with TCEQ to assess the risk of substances to human health. This includes developing strategies to minimize risk to people. DSHS may issue an emergency order to protect public health and safety and the environment. If the Commissioner of the Department of State Health Services or a health authority determines that toxic substances or harmful physical agents exist, the commissioner or authorities may impose area quarantines. The area quarantine is to be accomplished by the least restrictive means necessary to protect public health.

In the event toxic exposures are possible or may be occurring, DSHS coordinates with the Texas Poison Control Network (TPCN) to ensure the centers are aware of the substances involved to better enable them to triage and manage calls from the public and healthcare providers.

Risk Communication

Public health risk communication is the dissemination of critical information to the public to allow informed decisions that reduce the risk of injury or the spread of disease, and to mitigate the stress caused by a disaster.↗

↗ For more information on food safety, see the **Animals, Agriculture and Food & Feed Safety Annex (O)**.

↗ For more information on hazardous materials response, see the **HAZMAT and Oil Spill Response Annex (Q)**.

↗ For more information on public information response, see the **Public Information Annex (I)**.

DSHS routinely provides public health messaging to the general public to mitigate the occurrence of disease or injury. During a public health emergency, DSHS enhances existing public health messaging procedures, providing time sensitive and relevant messages via established communication channels.

DSHS coordinates with State Emergency Management Council agencies and provides information to the media from the SMOC and local health authorities. When appropriate, public health alerts are disseminated to health professionals registered in the Public Health Information Network (PHIN) prior to the general public. If a bioterrorism incident occurs, state and federal law enforcement officials may also direct the release of public information.

DSHS has developed pre-scripted risk communication messages specific to a variety of response situations or emergencies; these are available on DSHS' Texas Prepares website.⁸

The Texas Poison Control Network (TPCN) provides information and consultation over the telephone to the general public and medical practitioners for all types of incidents, ranging from exposure to hazardous substances to snakebite and insect stings. If exposures to toxic substances are possible or may be occurring, TPCN provides expertise to assist DSHS in the development of appropriate public health messages pertaining to the toxic exposures. DSHS also may coordinate TPCN services to help communicate information developed by DSHS to the public regarding precautionary actions to reduce or eliminate adverse health or medical effects.

Responder Safety and Health

Responder safety and health describes the ability to protect public health and medical staff and other personnel responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

Texas depends on emergency responders to preserve public safety and health during disaster and emergency situations. To achieve this, responding agencies prioritize the health and safety of their emergency responders. Responding agencies provide continual training prior to an incident and determine the type of protective equipment and resources needed based on potential hazards to ensure responder safety and health during deployment.

Deploying agencies are responsible for the safety and health of their responders during all phases of emergency management. This includes ensuring that first responders are qualified, trained and properly equipped to fulfill their assigned mission. DSHS can provide worker safety and health information to deploying agencies. Responding agencies collaborate with stakeholders in their area to ensure adequate planning for the provision of responder safety and health before, during and after an emergency or disaster.

⁸ <http://www.texasprepares.org/>

Responder behavioral health is an important component of disaster response. If deploying agency resources are unavailable, the DSHS Texas Critical Incident Stress Management (CISM) Network of teams is able to conduct needs assessments, coordinate and provide CISM services to disaster workers and certified first responders. CISM is designed to help prevent or mitigate disabling stress among emergency responders in accordance with the standards established by the International Critical Incident Stress Foundation (ICISF).

Pre-deployment Safety and Health

Prior to deploying, DSHS recommends that deploying agencies have a protocol in place for medical readiness screening to ensure that responders undergo health screenings and receive appropriate immunizations. Immunization records can be submitted to the DSHS ImmTrac registry⁹ system to maintain accurate immunization histories.

Deployment

On-site responder safety is managed through the incident command structure. Deploying agencies provide access to training and any hazard-specific PPE needed. The on-scene safety officer provides recommendations for incident specific safety concerns. Emergency responders are trained to maintain situational awareness and be aware of relevant safety concerns. As local resources become overwhelmed, regional and state assets may be requested to provide emergency responder force protection.

Subject matter experts (state environmental health, state occupational safety & health, epidemiologists, hazard-specific experts, emergency managers, etc.) can be used to identify resources (equipment needed), potential medical risks, environmental exposures, and mental/behavioral risks prior to, during, and post incident. Given the type of incident and subject matter expertise determination, responders can receive personal protective equipment (PPE) recommendations and risk-specific training with protective actions for potential exposure or injury from the deploying agency, Safety Officer, or subject matter expert.

Post-Deployment

Post-deployment responder safety begins immediately and may extend into long-term health tracking. Deploying agencies can promote medical and behavioral health services, create protocols for responder surveillance activities and maintain a database for responders who were exposed or injured either through their agency or through response partnerships. The deploying agency is responsible for post-deployment interviews, assessments and follow-up activities to ensure first responders cope with and recover from a deployment. DSHS has resources available to support these recovery efforts through the Disaster Behavioral Health Services (DBHS) program.

⁹ <http://www.dshs.state.tx.us/immunize/immtrac/default.shtm>

Operational Strategy 3: Support Provision of Medical Services

This section describes state support for the provision of medical services.

Medical services are largely delivered by the private sector, with a few specialized services delivered through state-owned facilities. During a disaster these entities continue to provide services as they are able. When demand exceeds the capacity, the state may supply additional resources to augment existing infrastructure.

The medical services infrastructure in Texas is made up of hospitals, emergency medical services (EMS), local and regional agencies and private sector service providers organized through a network of regional advisory councils (RACs). When an incident exceeds the capacity of local, regional, and private sector providers, the state can support local and regional surge of health and medical resources and additional medical services.

In Texas, local and regional resources are managed locally and bolstered through regional mutual aid agreements.

The state categorizes medical response into the following functional areas:

- Medical Materiel Management and Distribution
- Medical Surge
- Emergency Medical Task Force (EMTF)
- Medical Transport

Medical Materiel Management and Distribution

Medical materiel management and distribution includes the acquisition and distribution of durable medical equipment (DME), consumable medical supplies (CMS), pharmaceuticals and other equipment that may be necessary to address the medical needs of those impacted by a disaster or public health emergency. Meeting the needs of medical patients throughout an incident reduces worsening of preexisting medical conditions and allows for treatment and stabilization of injuries acquired during the disaster.

DSHS augments local capacity to provide medical materiel by procuring and distributing acquired resources through contracts or existing supplies. DSHS has limited caches of medical materiel strategically located throughout the state. Additionally, Regional Advisory Councils (RACs) have limited and varied caches of medical materiel within their jurisdictions. The SMOC supports local and regional response efforts through the standard State of Texas Assistance Request (STAR) request process.

Medical Surge

Medical surge is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure of an affected

community. Expanding the healthcare infrastructure during an incident to meet the increased needs of the affected community is critical to minimizing health and medical impacts.

In coordination with local and regional entities, DSHS works to build medical surge capacity. During a response, Regional Health and Medical Operations Centers (RHMOCC) maintain jurisdiction-wide situational awareness of medical capacity through WebEOC boards that exchange real-time bed availability information. When local or regional medical surge resources are exhausted, the State Medical Operations Center (SMOC) supports local medical shelters and alternate care sites, or establishes state medical shelters and alternate care sites. The SMOC can also support a surge of medical care providers and resources to an affected area if needed.

Medical Shelters

Medical shelters are opened to provide sheltering and care for persons with significant medical needs during a disaster. These shelters promote evacuee health and safety and minimize a potential surge at local healthcare facilities.

Medical sheltering operations may be required for any response that involves the displacement of persons with medical needs, and the responsibility to conduct these operations lies primarily with local jurisdictions. The SMOC supports local medical shelter operations by supplementing local resources, coordinating resources or activating the state medical shelter plan. This includes opening a medical shelter hub, secondary medical shelter locations throughout the state, and Federal Medical Stations when needed. For more information, see the state DSHS Medical Shelter Response Operation Guideline (ROG)¹⁰.

Alternate Care Sites

Alternate care sites are used to address a shortage of available medical facilities due to a surge in healthcare demand or damage to the existing healthcare infrastructure. Establishing an alternate care site allows an impacted community to continue to meet the emergency medical needs of its residents.

Regional Advisory Councils (RAC) maintain plans to establish alternate care sites to augment surge capacity once the surge capacity of a hospital is exceeded by patient demand. Alternate care facilities may be used to function as primary triage sites, provide limited supportive care, offer alternative isolation locations and serve as recovery clinics to assist in expediting the discharge of patients from hospitals. During a response, RHMOCCs deploy and coordinate the resources necessary to conduct alternate care site operations. The SMOC supports alternate care site operations by deploying and/or coordinating resources or personnel when requested.

Medical Personnel

Local jurisdictions may need additional medical personnel at medical shelters, general population shelters, staging and reception areas, points of distribution or

¹⁰ <http://www.dshs.state.tx.us/commprep/response/ROG.aspx>

other locations where medical services are provided including overwhelmed hospitals and EMS agencies.

The SMOC supports local medical staffing needs by activating staffing contracts or deploying existing medical response teams. The SMOC may also provide medical personnel for state-coordinated medical response operations such as state medical shelter operations or state-supported evacuations.

Medical volunteers, including Medical Reserve Corps members, are registered in the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP). ESAR-VHP is a national network of state-based registries that allows health professionals to get their licenses and credentials verified pre-disaster. See the Texas Disaster Volunteer Registry (TDVR)¹¹ website for more information. Individuals registered in this database are trained, managed and deployed at the local level. DSHS may provide technical assistance or trainings to local jurisdiction medical volunteers as needed. Individuals who hold a current, valid healthcare license from a state other than Texas may practice in Texas under the Uniform Emergency Volunteer Health Practitioners Act.

Emergency Medical Task Force (EMTF) Program

The Emergency Medical Task Force (EMTF) program¹² is comprised of eight regions with standardized modular components that are strategically located throughout the state. The goal of the EMTF program is to provide a well-coordinated medical response during a large-scale incident that leverages existing capabilities from regions not directly impacted by the incident.

The eight EMTF Regions function as one team to provide medical response coverage to the entire state and are organized around trauma service areas (TSAs) to leverage the existing capabilities of several trauma systems. To promote coordination of public health and medical stakeholders, the EMTF Regions also share boundaries with the DSHS Health Service Regions (HSR) for 240 of the 254 counties in Texas.

EMTF assets and personnel are regional resources that may be deployed during a state response. To access EMTF resources, a local jurisdiction uses the standard STAR process to define their medical response needs. The SMOC, in coordination with EMTF State Coordination Office (SCO) and the EMTF Regions across the state, then determine the most appropriate resource to fill the request.

The EMTF is capable of being deployed within four hours and is self-sufficient for the first 72 hours of deployment. The EMTF is modular and consist of Ambulance Strike Teams (ASTs), Ambulance Buses (AMBUSes), Registered Nurse Strike Teams (RNSTs), Mobile Medical Units (MMUs), Medical Incident Support Teams (M-IST), and Air Medical Assets. See the Texas Disaster Medical System (TDMS) website¹³ for more information.

¹¹ www.texasdisastervolunteerregistry.org

¹² www.brainshark.com/strac/vu?pi=zI6zYjZBqz4wdMz0

¹³ <http://www.tdms.org/>

Ambulance Strike Teams (AST)

An AST consists of five ambulances which may be deployed to transport patients during a disaster response and a Strike Team Leader. Ambulance Strike Teams are made up of ambulances and medical professionals located throughout the state. The number of ASTs deployed and duration of deployment are incident-dependent. The EMTF can roster twenty five or more ASTs (200 Ambulances) during state tasked missions.

Ambulance Buses (AMBUS)

AMBUSes are licensed specialty ambulances that can transport up to 20 non-ambulatory patients for local or regional or state tasked incidents. AMBUSes may also be used to support medical patient evacuation. An AMBUS Strike Team (ABST) consists of two or more fully staffed multi-patient vehicles intended for use during a large-scale patient movement operation. The mission of the EMTF AMBUS component is to provide the capability for mass transportation and care for the sick and injured, including responders, across a variety of incidents which threaten health and safety.

Registered Nurse Strike Teams (RNST)

A RNST consists of specialized nurses who may be deployed during state-tasked assignments to assist an overwhelmed medical facility. The strike team is made up of five clinically active nurses of like specialization, such as Emergency Room (ER), Intensive Care Unit (ICU), Medical/Surgical, or Pediatric care. Nurses are assigned to a department within a facility that is comparable to their sponsoring agency, and tasked to perform within their skill set and competency within their specialty area.

Medical Mobile Unit (MMU)

A MMU is an expanded healthcare delivery system developed to augment the needs of an impacted community with a temporary healthcare infrastructure. MMUs are configured to the incident. Each EMTF contains one MMU, which consists of large capacity inflatable tents and accompanying medical personnel and equipment necessary to provide emergency care and stabilization in austere environments. The MMU is primarily used for the initial triage, treatment, stabilization and/or the coordination of transfer of patients, but may be used for a variety of other missions.

Medical Incident Support Team (M-IST)

The Medical Incident Support Teams (M-IST) are made up of two to six highly skilled professionals with experience in emergency response deployments, hospital administration, acute medical care and communications. These teams are deployed by the State Medical Operations Center (SMOC) to local and regional emergency operations centers or DDCs to provide assistance and support in the coordination of medical resources in the impacted community in concert with other ESF-8 partners.

M-IST members are prepared to deploy to austere environments and to blend seamlessly into the local Incident Command System (ICS) structure as instructed by the local Incident Commander (IC). Once on scene, the M-IST team's primary job is to serve as a liaison between the local or regional incident command and hospitals, other health care facilities, embarkation hubs, ambulance staging areas,

and search and rescue resources. M-IST team members assist with resource management and tracking, evacuation, assessment, and response to health care facilities. M-IST also provide situational awareness to local, regional and state medical operations centers, activated DDCs, and may assist regional EOCs with continuity of government.

Air Medical Assets

During large scale events or incidents, Air Medical Assets may provide lifesaving patient transfer capability not otherwise available in some situations. Air Medical Assets are included as part of the EMTF capability which can be state mission tasked.

Air Medical Assets include both fixed wing and rotor wing aircraft which are DSHS Licensed Air Ambulances, able to provide advanced life support/mobile intensive care of patients.

Requests for Air Medical Assets are coordinated by the State Medical Operations Center (SMOC) and the EMTF State Coordination Office (SCO) to ensure the most appropriate resources and capabilities are provided.

Medical Transportation

Medical transportation includes the transport of patients during disaster response. This includes evacuation operations and the provision of transportation services to people in medical shelters. The state supports the medical transportation activities of local jurisdictions through the standard STAR process. During some incidents, the state may assist in coordinating the large scale evacuation of medical facilities.[↗](#)

Functional Needs Support Services

Texas is committed to providing functional needs support services (FNSS) to help ensure children and adults with disabilities or access and functional needs maintain their health, safety and independence during public health and medical response operations. For additional information regarding FNSS capabilities, guidance and support, see the FNSS Tool Kit.¹⁴

[↗](#) For more information regarding medical evacuation and repopulation see the **Evacuation and Population Projection Annex (E)**.

¹⁴[FNSS Toolkit](#)

Operational Strategy 4: Coordinate Mass Fatality Resource Management

This section outlines the support the State of Texas can provide to assist local jurisdictions in the recovery of decedents, transport and storage of human remains, morgue operations, and the operation of family assistance centers (FAC).

Disasters and public health emergencies can result in significant loss of life requiring unique and specialized resources to manage human remains in a dignified and respectful manner. The State of Texas has assembled equipment, supplies and limited personnel to support local medico-legal authorities that exceed jurisdictional response capacity. The local medico-legal authority retains legal custody over remains until identity and cause and manner of death have been established and released to a funeral agency or next of kin.

In a mass fatality incident, the State can coordinate support for communities upon request. This support may include securing resources from other states or the federal government. In legislated transportation incidents, the National Transportation Safety Board assumes primary responsibility for coordinating mass fatality operations between the carrier, the local medico-legal authority and impacted families.

The State is prepared to support the following key mass fatality operations:

- Human remains search and recovery
- Morgue operations
- Family Assistance Center operations

Human Remains Search and Recovery

Human remains search and recovery includes the actions taken to conduct human remains and personal effects recovery and evidence collection in a safe and legal manner. It is important that the recovery of human remains be conducted properly so that all personal effects and human remains are recovered for identification purposes. The scene is to be preserved for collection of evidence in order to conduct an investigation into the cause of death.

Local jurisdictions are responsible for the coordination of efforts to search and recover human remains. Through the Regional Health and Medical Operations Centers (RHMOCC), the State Medical Operations Center (SMOC) determines human remains recovery resource gaps and secures additional resources such as body bags, Personal Protective Equipment (PPE), and refrigerated transport trailers to accomplish this function. If necessary, the Texas Funeral Directors Association (TFDA) Strike Team or the Texas Military Forces (TXMF) may be activated to assist local jurisdictions. For incidents involving collapsed structures, Texas Task Force 1 (TX-TF1) may be activated to assist. DSHS fulfills local and regional resource requests through the State of Texas Assistance Request (STAR) process.

Morgue Operations

Morgue operations include admitting and processing human remains, and conducting forensic examinations for determining victim identification and cause and manner of death. Once these steps have been accomplished, human remains may be released for final disposition to the legal next of kin.

Local jurisdictions are responsible for the coordination of efforts to carry out morgue operations. Only 15 counties in Texas retain medical examiner offices, thus most jurisdictions rely on agreements with private pathology services or medical examiner offices to accomplish daily morgue operations. Through the RHMOCs, the SMOC determines resource gaps for fulfillment with state or regional resources, and, if necessary through federal Disaster Mortuary Operational Response Teams.

Family Assistance Centers

In mass fatality incidents, a Family Assistance Center (FAC) is established to provide a safe and secure centralized location for next of kin to gather and receive regular updates. Family members may be interviewed to gather ante mortem information which assists in the victim identification process. These interviews are conducted in a sensitive and professional manner. Behavioral health, spiritual care, child care, mass care, victim assistance (in criminal incidents) and other services are also provided at the FAC.

Local jurisdictions are responsible for establishing a FAC as soon as possible after a mass fatality incident. Through the RHMOC, the SMOC coordinates with the local mental health authority to assess the behavioral health needs of the impacted community, including first responders.

DSHS supports a FAC by fulfilling resource requests submitted through the STAR process. These requests may result in the deployment of TXMF personnel, a TFDA strike team or disaster behavioral health personnel. Non-governmental and faith-based organizations may be activated if requested through the Disaster District Committee (DDC).

During human-caused, crime-related incidents, DPS Victim Services (DPS-VS) can augment disaster behavior health and victim services within the FAC. DPS-VS works in collaboration with DSHS and the Local Mental Health Authority to service individuals within the FAC or at other locations. DPS-VS services could be requested via STAR request fulfillment to the DDC. For more information on operational strategies or a listing of state resources, see the DSHS Fatality Management for Catastrophic Incidents ROG ¹⁵

¹⁵ <http://www.dshs.state.tx.us/WorkArea/DownloadAsset.aspx?id=8589979115>

Operational Strategy 5: Coordinate Behavioral Health Services and Activities

This section describes disaster behavioral health support the state provides to affected populations including existing behavioral health clients during and after a disaster or public health emergency.

Disaster behavioral health (DBH) is the provision of mental health, substance use treatment, and stress management to disaster survivors and responders. The primary goal is to decrease the stress of an incident and mitigate future problems.

As the state mental health authority, DSHS is responsible for the coordination of disaster behavioral health services. This includes guidance, technical assistance, collaboration and coordination with decision makers at all levels of government.

The state coordinates the components of a DBH response into the following functional categories:

- Community Behavioral Health Impact Assessment
- Response Coordination
- Recovery

The table below lists DBH recipients, services, providers and locations.

| Disaster Behavioral Health (DBH) Provision | | Recipient |
|--|---|-----------|
| Service Recipients | <ul style="list-style-type: none"> ▪ Disaster impacted individuals ▪ First responders and disaster workers ▪ Individuals receiving on-going mental health or substance use treatment services ▪ Crime victims ▪ Those with functional or access needs ▪ Other at-risk individuals | |
| DBH Provision | | Services |
| Services Provided | <ul style="list-style-type: none"> ▪ Stress management ▪ Crisis counseling ▪ Spiritual care ▪ Education about common reactions to a disaster and healthy coping strategies ▪ First responder peer support ▪ Information, assessment and referrals to disaster recovery resources | |

| DBH Provision | Provider |
|--------------------------|---|
| Service Providers | <ul style="list-style-type: none"> ▪ Local Mental Health Authority (LMHA) ▪ Texas Critical Incident Stress Management (CISM) Network ▪ Behavioral Health Assistance Teams (BHAT) ▪ Substance Use Treatment Providers ▪ Mobile Crisis Outreach Teams ▪ SAMHSA Disaster Distress Helpline ▪ Trained peers ▪ Local crisis hotlines ▪ Texas VOAD |
| DBH Provision | Locations |
| Service Locations | <ul style="list-style-type: none"> ▪ Texas Joint Assistance Centers (JACs) ▪ Disaster Recovery Centers (DRCs) ▪ Family Assistance Centers (FACs) ▪ Points of Distribution/Dispensing (PODs) ▪ Incident Command Posts (ICPs) ▪ Shelters ▪ Other non-traditional locations (public meetings, memorial services, informal gatherings, congregate settings) |

Community Behavioral Health Impact Assessment

Community behavioral health impact describes the ways in which a disaster has affected the individuals within a community and the community as a whole.

Community behavioral health impact assessment informs the level and duration of DBH services which may be required to bring the whole community to a pre-incident level of functioning.

DBH services include mental health, substance use disorder treatment, emotional and spiritual care and CISM components. LMHAs, OSAR offices, and substance use disaster treatment providers are responsible for pre-disaster preparation, as well as response and recovery efforts to ensure patient and client safety. DSHS provides consultation on DBH matters to LMHA, OSAR, state and federal partners, and other partner agencies and organizations.

At the federal level, all drug addiction treatment medication providers have developed protocols for the provision of emergency care of clients during a disaster. All clients are recommended to have a sufficient amount of medication that allows for evacuation and subsequent connection with a designated local resource. Access to that local resource is made as quickly as possible. If evacuees arrive without such a supply, they are referred to existing drug clinics or hospital emergency rooms. A directory of all public and private licensed clinics can be found at the SAMHSA website.¹⁶

¹⁶ [Division of Pharmacologic Therapies Opioid Treatment Program Directory](#)

Although LMHAs are the first to respond to disasters in their areas for behavioral health needs, large incidents can significantly impact their ability to provide services. In that case, state and federal assistance may be requested and made available. DSHS surveys the LMHA in an affected area to assess the capacity to operate following disasters and the ability to provide DBH support as needed. When behavioral health support is requested, the SMOC deploys DBH responders.

Disaster Behavioral Health Response Coordination

As needed, the SMOC coordinates disaster behavioral health support for individuals, communities, certified first responders and personnel deployed to and demobilizing from a state or federally declared disaster.

The SMOC fulfills requests for state assistance using personnel from partner government and volunteer agencies and organizations. Services are provided based on stated and observed need, and range from psychological first aid (PFA), crisis counseling, Critical Incident Stress Management (CISM) for first responders, spiritual care, and more specialized crisis interventions or professional behavioral health services. All providers practice cultural awareness and provide for functional and access needs.

Disaster behavioral health response teams include a spiritual care service component. DBH response teams work within the RHMOC or DDC as the Behavioral Health Assistance Team. Spiritual care services for survivors are coordinated through the RHMOC or DDC.

Community mental health centers, also referred to as Local Mental Health Authorities (LMHAs) provide services to designated local service areas. There are currently 39 LMHAs in the state. These service areas may include counties within more than one health service region.

Recovery

Resources are available to local communities to coordinate technical recovery assistance to sustain the physical, behavioral, social, economic and spiritual well-being of individuals and families following a disaster.

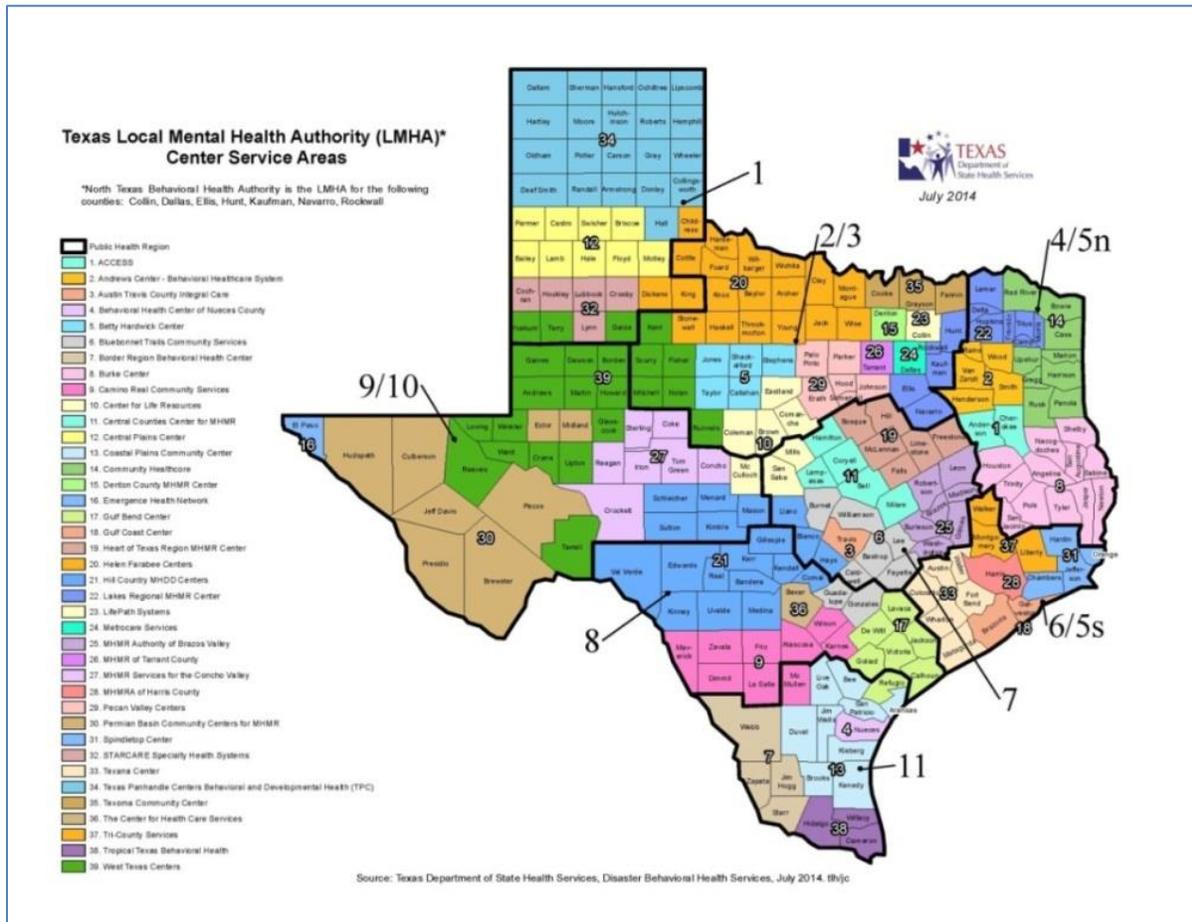
DBHS coordinates with state and federal officials to secure federal grant funding to provide short and longer term disaster behavioral health services. The FEMA Crisis Counseling Assistance and Training Program (CCP) and SAMHSA Emergency Response grants (SERG) provide funding to supplement the delivery of behavioral health services to persons affected by disaster, and to strengthen existing community support systems. As the State Mental Health Authority, DSHS writes, submits and manages the CCP and SERG grants.

The CCP funds disaster behavioral health services for short and longer term recovery in impacted communities. DSHS works with LMHAs to assist with the hiring and management of crisis counseling personnel funded by the CCP grant.

The SERG is designed to meet emergency substance use disorder and mental health needs in local communities which are a direct consequence of a disaster. The

SERG may fund short-term mental health or substance use disorder services and may be utilized without a Presidential Disaster Declaration. In addition, federal funding for counseling services for communities impacted by crime-related incidents is available through the Texas Office of the Governor.

The map below displays the Local Mental Health Authority Service Areas in Texas.



Operational Strategy 6: Support Decontamination Services

This section describes how the state of Texas can assist local first responders with decontamination of affected individuals with exposure to chemical, biological and radiological hazards.

Decontamination Assistance

Decontamination refers to the removal of dangerous materials from personnel and equipment to the extent necessary to prevent potential adverse health effects.

Contamination can be widespread and affect more than one area; therefore, evacuation of large populations, along with monitoring and mass decontamination may need to be accomplished within a certain period of time in order to save lives. Depending on the extent of the incident, these activities may be followed by controlled repopulation of disaster areas, or by relocation of the population that was evacuated.

Local jurisdictions retain primary responsibility for victim screening and decontamination operations. DSHS can provide technical assistance regarding how local jurisdictions can expand their capability to meet their decontamination requirements, including assessing population exposure, collecting and analyzing relevant field samples, and providing advice on protective actions related to human or animal exposures.

When necessary, DSHS can provide technical assistance and consultation on medical treatment, screening and decontamination of injured or contaminated individuals by deploying response teams to the affected jurisdiction and providing trained contact for all facilities treating individuals injured by an accident involving contamination.

DSHS serves in an additional role in decontamination situations where surveillance of the ingestion pathway is warranted.↗

For information about the removal of contaminated or hazardous waste, refer to the Centers for Disease Control and Prevention (CDC) guidance¹⁷ and the United States Department of Labor-Occupational Safety and Health Administration (OSHA)¹⁸ guidance.

↗ For more information on radiological surveillance, see the **Radiological Emergency Management Annex (D)**.

¹⁷ www.cdc.gov/vhf/ebola/hcp/residential-decontamination.html

¹⁸ <https://www.osha.gov/SLTC/hazardouswaste/training/decon.html>

Operational Strategy 7: Provide Response Resources

This section lists state resources that may be used to support public health and medical services during disasters.

Based on needs and operational capabilities, state assistance may consist of technical guidance, on-scene needs assessment, administrative support, and deployment of personnel and equipment for public health and medical operations. The following table shows some of the resources the state may use.

Response Resources

The table below provides an overview of response resources which may be used to support public health and medical operations in the state of Texas.

| Entity | Resource | Use |
|--|---|---|
| American Red Cross (ARC) | Shelter Management Teams, Personnel, Material, Health & Mental Health Services, Responder Canteen Services, Family Assistance Centers | <ul style="list-style-type: none"> Assist local jurisdictions with managing and staffing shelters. |
| | Responder Canteen Services | <ul style="list-style-type: none"> Provide rest and rehabilitation services to emergency responders. |
| Commission on State Emergency Communications (CSEC): Texas Poison Control Network | 24-hour toll-free telephone referral and information service | <ul style="list-style-type: none"> Triage and manage calls related to exposure to potential toxins, poison or other hazardous materials. Provide expertise to develop public health messages relating to toxic exposures. Communicate information to the public. |
| Texas Department of Aging and Disability Services (DADS) | Personnel | <ul style="list-style-type: none"> Support providers' relocation efforts and identify public health assistance destinations. |
| Department of Family and Protective Services (DFPS) | Personnel | <ul style="list-style-type: none"> Support public health and medical services operations with specific expertise regarding children, childcare, older adults and families. |
| Texas Department of Public Safety | Personnel | <ul style="list-style-type: none"> Provide specialized victim services personnel for crime related incidents. |

| Entity | Resource | Use |
|---|--|---|
| Victim Services | | |
| Texas Department of State Health Services (DSHS) | Personnel, Equipment | <ul style="list-style-type: none"> Coordinate public health and medical service equipment, supplies and Emergency Medical Services (EMS). |
| | Behavioral Health Assistance Team (BHAT) | <ul style="list-style-type: none"> Provide early psychological intervention, crisis counseling and referral services to disaster impacted individuals. Assess the need for and provide a limited range of disaster behavioral health services. Support local Incident Commanders, and RHMOCs by serving as a liaison between all entities capable of providing disaster behavioral health services. Evaluate disaster behavioral health status and community needs. |
| | Critical Incident Stress Management (CISM) Teams | <ul style="list-style-type: none"> Provide peer-delivered behavioral health support services for first responders based on the International Critical Incident Stress Foundation (ICISF) CISM training model. Conduct needs assessment. Coordinate and provide CISM services to certified first responders. Prevent and mitigate disabling stress among emergency responders, per ICISF standards. |
| | Command Assistance Team (CAT) | <ul style="list-style-type: none"> Provide public health-trained Incident Management Team (IMT) support to local or regional health and medical operations centers. |
| | Community Health Assessment for Public Health Response (CASPER) Team | <ul style="list-style-type: none"> Provide epidemiologist, GIS technicians and interview capabilities to assist local and regional health departments to conduct community assessments to document |

| Entity | Resource | Use |
|--------|---|---|
| | | <p>population-based basic and public health needs.</p> |
| | <p>Texas Funeral Director Association-Disaster Mortality Strike Team</p> <p>Texas Emergency Medical Task Force (TXEMTF) Teams</p> | <ul style="list-style-type: none"> ▪ Assist local justice of the peace or medical examiner offices to perform fatality impact assessments. ▪ Provide temporary storage for human remains. <ul style="list-style-type: none"> ▪ Respond to disasters or events and provide health and medical emergent and acute medical care and/or transportation. ▪ Ambulance Buses (AMBUS): Used for large-scale events requiring movement of large numbers of patients such as an evacuation or mass casualty event. ▪ Ambulance Strike Teams (AST): Teams of five ambulances with a team leader to provide emergency medical care and transportation, or augmentation of EMS coverage, to an impacted area. ▪ Ambulance Staging Managers (ASM): Trained to provide accountability, logistics & coordination for Ambulances, AMBUSs, & other equipment supporting disaster responses. ▪ Mobile Medical Unit (MMU): A 16-32 bed, rapidly deployable emergent care asset. The MMU team is comprised of ER physicians, ER nurses, Paramedics & techs with the appropriate tent structures & life-saving equipment to provide emergency care & stabilization capability in austere environments for multiple operational periods. ▪ Registered Nurse Strike Teams (RNST): Teams of 5 |

| Entity | Resource | Use |
|--------|---|---|
| | | <p>specialized nurses deployed to assist an over-taxed medical facility, such as a hospital, receiving a surge of patients. RNSTs rapidly deploy to an impacted facility to provide surge staffing relief staffing during disasters.</p> <ul style="list-style-type: none"> ▪ Medical Incident Support Teams (M-IST): Provide support to local jurisdictions, healthcare facilities & local health care infrastructure during disasters across the state of Texas. M-IST personnel deploy to impacted EOCs, Medical Operations Centers, & DDCs to provide integrated ESF-8 support to authorities, government agencies, hospitals, & state response partners during events or incidents. ▪ Air Medical Assets: Include both fixed wing and rotor wing aircraft to provide lifesaving patient transport capability not otherwise available in some situations during large scale events or incidents. Requests for Air Medical Assets are coordinated by the State Medical Operations Center (SMOC) and the EMTF State Coordination Office (SCO) to ensure the most appropriate resources and capabilities are provided. |
| | Evacuation Triage Team (ETT) | <ul style="list-style-type: none"> ▪ Triage evacuees in coastal jurisdictions to assign appropriate medical transportation and shelter placement. |
| | Health and Medical Equipment and Supplies | <ul style="list-style-type: none"> ▪ Meet demand for consumable supplies and durable medical equipment in clinical or shelter settings. |
| | Medical Care Personnel | <ul style="list-style-type: none"> ▪ Support alternate care sites, |

| Entity | Resource | Use |
|---|--|---|
| | | <p>medical shelters, and medical countermeasure points of dispensing (PODs) through contingency contracts with staffing agencies.</p> |
| | Medical Countermeasures | <ul style="list-style-type: none"> Provide vaccines, antivirals, antitoxins and pharmaceuticals to prevent or treat illness. |
| | Medical Countermeasure Receiving, Staging and Storing Team (RSS) | <ul style="list-style-type: none"> Provide management and inventory control for medical countermeasures shipped from the SNS. |
| | Medical Shelter Operations | <ul style="list-style-type: none"> Provide full-service medical shelter services through private sector contracts. |
| | Radiological Emergency Response Team (RERT) | <ul style="list-style-type: none"> Conduct monitoring and assessment for incidents involving radiological or nuclear materials. |
| | Shelter Support Teams (SST) | <ul style="list-style-type: none"> Provide mass care shelter inspections to assure hygienic conditions. |
| | Texas Rapid Response Team-Food/Feed Recalls (TRRT) | <ul style="list-style-type: none"> Provide multi-agency expertise in epidemiology, laboratory, toxicology and environmental areas of study to investigate and institute disease control measures for food or feed related disease outbreaks. |
| | Rapid Assessment Team (RAT) | <ul style="list-style-type: none"> Assess impact of incident on local public health, behavioral health and healthcare infrastructure to pre-determine likely public health impacts and needs for health and medical resource support. |
| Texas Department Health and Human Services Commission (HHSC) | Water, Personnel | <ul style="list-style-type: none"> Coordinate provision of water and ice. Provide damage assessments to state and local government to facilitate effective repopulation. |
| Texas Department Health and Human Services Commission | 2-1-1 Call Center Personnel and Resources | <ul style="list-style-type: none"> Accept requests for special notification, resources of public health and medical service assistance for the |

| Entity | Resource | Use |
|--|---|---|
| (HHSC) 2-1-1 Texas Information and Referral Network (TIRN) | | general public. |
| Office of the State Chemist (OTSC) | Personnel | <ul style="list-style-type: none"> Provide lab support and microbiology analysis. |
| Texas Animal Health Commission (TAHC) | Subject matter expert (SME) assistance for animal carcass- related issues | <ul style="list-style-type: none"> Provide technical expertise for animal carcass identification, removal, and disposal techniques. |
| Texas Commission of Environmental Quality (TCEQ) | Personnel, Equipment | <ul style="list-style-type: none"> Assist in disposing of chemical, biological, and radiological waste products. |
| Texas Department of Criminal Justice (TDCJ) | Personnel, Equipment | <ul style="list-style-type: none"> Assist in transportation, first aid and medical services provision. |
| Texas Division of Emergency Management (TDEM) | SOC Support | <ul style="list-style-type: none"> Assist in coordination of resources for public health and medical operations. |
| | Field Response Personnel | <ul style="list-style-type: none"> Coordinate emergency management assistance with DDCs for public health and medical operations |
| Texas A&M Engineering Extension Service (TEEX) | Personnel | <ul style="list-style-type: none"> Assist in recovering human remains. |
| The Salvation Army (TSA) | Personnel | <ul style="list-style-type: none"> Provide volunteer support and resources for feeding, pastoral care, and emotional and spiritual care. |
| Texas Military Forces (TXMF) | Personnel, Equipment | <ul style="list-style-type: none"> Provide situation assessment and transport capabilities for public health and medical incidents. |
| Texas Volunteer Organizations Active in Disaster (Texas VOAD) | Personnel | <ul style="list-style-type: none"> Assist with disaster case management, feeding, emotional care and/or spiritual care support, childcare, Support unmet medical needs. |

Summary of Responsibilities

This section specifies the responsibilities of stakeholders with capabilities during preparedness, response and recovery.

All state Emergency Management Council agencies and organizations that support public health and/or medical disaster/ incident response are responsible for the tasks listed below.

Common Stakeholder Responsibilities

Use the following table to ensure all Emergency Management Council responsibilities are addressed.

| Phase | Task |
|---------------------|--|
| Preparedness | <ul style="list-style-type: none">▪ Determine staff requirements.▪ Identify specific personnel who can fill extended emergency duty positions in the state operations center (SOC), agency emergency operation centers (EOCs), state medical operations center (SMOC), Disaster District emergency operations center, multi-agency coordination centers (MACCs), the Joint Field Office (JFO), field command posts, traffic control and/or reentry points. Ensure that the number of personnel identified is adequate.▪ Train representatives in accordance with National Incident Management System (NIMS) requirements and ensure that these representatives are made aware of the capabilities of their parent organization to provide assistance and support and be prepared to provide recommendations.▪ Ensure appropriate action guides and standard operating guides are developed and maintained.▪ Develop and maintain contact lists and notification procedures.▪ Develop lists of agency resources and update these lists at least quarterly; when these resources are paid for with federal funds, enter them into the Texas Regional Response Network (TRRN).▪ Develop and maintain procedures for identifying, locating, committing, deploying and accounting for agency emergency support resources. |
| Response | <ul style="list-style-type: none">▪ Assist with fulfilling intrastate and interstate mutual aid when possible.▪ Provide situational and operational status reports in accordance with existing procedures and/or as requested by the primary agency.▪ Support and coordinate accessibility and functional needs support services.▪ Capture costs associated with losses from drought. |

Stakeholder-Specific Responsibilities

The following table shows stakeholder responsibilities organized by function. Some agencies provide personnel and/or equipment, while other agencies offer knowledge and expertise in working with response agencies, the vendor community, commercial organizations or associations that supply or restore services. Stakeholders are listed in alphabetical order.

American Red Cross (ARC)

| Phase | ARC Responsibilities |
|-----------------|---|
| Response | <ul style="list-style-type: none"> ▪ Coordinate and conduct residential damage assessments. ▪ Provide disaster assistance to impacted residents. ▪ Provide relief operation management. ▪ Coordinate with all applicable health departments. ▪ Provide relief operation management. ▪ Provide volunteer medical professionals to ARC shelters, feeding sites, aid stations, assistance centers, etc. for first aid and referral of clients and first responders. ▪ Provide financial assistance for client's disaster caused losses of medicines, durable medical equipment (DME) and consumable medical supplies (CMS). ▪ Provide blood services. ▪ Ensure that Functional Needs Support Services are provided in all ARC supported activities. ▪ Monitor morbidity daily and report to appropriate public health officials. ▪ Provide health and mental health services. ▪ Provide condolence support to families of fatalities under contract at a federally run Family Assistance Center (FAC). ▪ Provide monitoring and solutions for shelter health issues. ▪ Monitor ARC food handling operations, along with public health officials. ▪ Establish a FAC when needed. |

Texas A&M AgriLife Extension Service (ALEXT)

| Phase | ALEXT Responsibilities |
|---------------------|---|
| Preparedness | <ul style="list-style-type: none"> ▪ Sustain all-hazards health preparedness and prevention outreach/education through 550 county extension agents at 250 county offices across the state. ▪ Extension Specialists at 12 Texas A&M AgriLife Research and Extension Centers and at Texas A&M University provide public health educational materials through the Extension Disaster Education Network http://texashelp.tamu.edu and mobile application. |
| Response | <ul style="list-style-type: none"> ▪ Engage AgriLife Communications news and public affairs personnel who maintain longstanding relationships with urban and rural news media, enabling the delivery of up-to-date information to the public during all aspects of public health incidents. ▪ Engage one AgriLife Communications PIO to support the DSHS led Joint Information Center (JIC). |

- Support DSHS consumer education related to public health through AgriLife Extension’s network of 800 subject matter specialists and county extension agents.
- Vector Control Surge – AgriLife Extension personnel are prepared to provide certification courses and continuing education to private, commercial and non-commercial pesticide applicators if there is a surge in local vector control needs.

Texas Department of Aging and Disability Services (DADS)

| Phase | DADS Responsibilities |
|---------------------|--|
| Preparedness | <ul style="list-style-type: none"> ▪ In accordance with the existing HHSC MOA, HHS agencies work cooperatively to provide staff, facilities, and other resources to fulfill public health, medical and human services Emergency Support Function responsibilities, including staffing the State Medical Operations Center (SMOC), during disaster response and recovery as appropriate. ▪ Regulate long-term care facilities and services, including nursing facilities, intermediate care facilities for persons with intellectual and developmental disabilities, assisted living facilities, home health care, adult day care, and adult foster care. ▪ Regulate long-term medical and supportive services for children and adults with developmental disabilities, individuals in residential, patient care and institutional settings, recipients of home health care services, meals-on-wheels recipients, recipients of guardianship services, and recipients of in-home family support services. ▪ Ensure licensed facilities have evacuation plans. ▪ Support DSHS with information on potential medical and functional needs evacuee requirements. ▪ Assist in developing, maintaining, and implementing plans to address the evacuation and sheltering needs of individuals with medical, access and functional needs. ▪ Participate in disaster response exercises and post- incident AARs. |
| Response | <ul style="list-style-type: none"> ▪ Provide and facilitate clarification on policies and procedures during disaster. ▪ Support providers’ work in relocating residents/patients by furnishing information on provider contact names and numbers. ▪ Provide data regarding provider location and capacity to ensure that services can continue to be delivered. ▪ Respond to the SOC and/or DSHS SMOC as applicable. ▪ Gather and analyze situation information ▪ Submits status reports to the SOC ▪ Facilitate communications between DADS, the SMOC, and the SOC. ▪ Regional staff assists local providers with evacuation efforts, and call providers in disaster zones to check status of evacuation and related needs and concerns. ▪ Regional staff assist local DDCs with processing transportation requests and the identification of evacuation destinations. ▪ Provide clarification on policies and procedures during disaster for providers. ▪ Respond to questions regarding reimbursement. ▪ Deploy staff and resources. |

| | |
|-----------------|--|
| | <ul style="list-style-type: none"> Track and report the status of tasked mission assignments and expenditures. Assist in the identification of nursing home facilities. |
| Recovery | <ul style="list-style-type: none"> Staff ensures that facilities damaged by the disaster meet Life Safety Code (LSC) requirements prior to re-occupancy. Relay information to providers regarding status of reentry. Identify personnel to staff the Joint Field Office (JFO), if applicable. |

Texas Department of Family and Protective Services (DFPS)

| Phase | DFPS Responsibilities |
|---------------------|--|
| Preparedness | <ul style="list-style-type: none"> Child Protective Services (CPS) requires children's caregivers to have a disaster plan that ensures the children's safety and includes a requirement to notify CPS of each child's whereabouts and condition as soon as practical after the evacuation. Adult Protective Services (APS) distributes materials on disaster preparedness to APS clients and families, as well as assisting in planning for a disaster evacuation. Assist in developing, maintaining and implementing plans to address the evacuation and sheltering needs of individuals with medical, access and functional needs. Maintain plans designating roles for ensuring business continuity/continuation of the department's mission essential functions. Licensing staff review General Residential, Residential Treatment Center and Child Placing Agency foster home plans and procedures for handling disasters and emergencies, including evacuation procedures, supervision of children and contacting emergency help. |
| Response | <ul style="list-style-type: none"> Serve in the State Operations Center and State Medical Operations Center as a HHS resource. In accordance with the existing HHSC MOA, HHS agencies work cooperatively to provide staff, facilities and other resources to fulfill public health, medical and human service needs. Emergency Support Function responsibilities during disaster response and recovery as requested. Assist local law enforcement with temporary placement of children whose parents/guardians have become incapacitated by the disaster. Activate appropriate personnel to assist in shelter locations as needed. |
| Recovery | <ul style="list-style-type: none"> Participate in after-action reports (AARs) to evaluate the effectiveness and efficiency of preparedness and response activities. Review AARs, evaluate methodology and update plans and procedures. |

Texas Department of Information Resources (DIR)

| Phase | DIR Responsibilities |
|-----------------|---|
| Response | <ul style="list-style-type: none">▪ Provide technical support and band width as needed to support the 211 network.▪ Assist in providing and maintaining voice and data communications in support of an incident. |

Texas Department of Public Safety Victim Services (DPS-VS)

| Phase | DPS-VS Responsibilities |
|-----------------|--|
| Response | <ul style="list-style-type: none">▪ Assist in providing disaster behavioral health (DBH) support to survivors in human-caused incidents.▪ Activate specialized crime victim services in potentially crime related incidents.▪ Assist Local Mental Health Authorities with family assistance centers. |

Texas Department of State Health Services (DSHS)

| Phase | DSHS Responsibilities |
|---------------------|---|
| Preparedness | <ul style="list-style-type: none">▪ Serve as the lead agency for planning for public health and medical response and recovery in the state▪ Lead statewide planning for the evacuation and sheltering of persons with significant medical needs.▪ Establish and maintain public health surveillance networks and protocols to ensure rapid disease reporting and identification.▪ Identify regulatory statutes and rules that can be modified or waived in the incident of a disaster declaration.▪ Provide public information and education related to preparedness and response activities.▪ Ensure that disaster response plans are in accordance to current law.▪ Ensure that jurisdictions without a local public health agency attain health service regions support. Coordinate public health and medical services, equipment, supplies and personnel to meet health and medical needs.▪ Maintain and train deployable teams and resources as necessary to supplement regional and local capabilities and public health activities.▪ Participate in disaster response exercises.▪ Participate in the development of FNSS training and guidance as needed. |
| Response | <ul style="list-style-type: none">▪ Serve as the lead agency for coordinating public health and medical response in the state▪ Facilitate and monitor the evacuation, sheltering and reentry of medical evacuees.▪ Develop public health messages for communicating in emergency incidents in conjunction with the Joint Information System (JIS).▪ Provide oversight in the provision of Emergency Medical Services (EMS) resources at evacuation route comfort stations.▪ Coordinate with health and human service agencies and private health associations for the identification of transportation, treatment and sheltering requirements for evacuees requiring medical care services during large-scale evacuation and shelter |

operations.

- Use ETN information to track state supported medical evacuees.
- Perform enhanced public-health surveillance activities.
- Coordinate public health issues relating to food safety.
- Deploy staff and resources as necessary to supplement regional and local capabilities and public health activities.
- Deploy staff and resources as necessary to supplement regional and local capabilities and medical and EMS activities.
- Coordinate utilization of transportation resources to include securing adequate medical transportation resources for the evacuation of state-operated medical facilities.
- Coordinate EMAC, private, contract and federal medical resources.
- Coordinate mass fatality management as appropriate.
- Serve as the lead agency for all disaster behavioral health (DBH) services.
- Deploy staff and resources as necessary to supplement regional and local capabilities and disaster behavioral health activities.
- Coordinate behavioral health resources.
- Provide community disaster behavioral health messaging to the media.
- Identify disaster behavioral health personnel to staff the Joint Field Office (JFO) and Disaster Recovery Centers (DRC), if applicable.
- Secure federal grant funding for crisis counseling and other behavioral health support services.
- Assess impact of disaster on DSHS contracted behavioral health providers.
- Provide consultation to local and state partner agencies regarding (DBH) matters.
- Coordinate CISM services for first responders.

Recovery

- Serve as the lead agency for coordinating public health and medical recovery in the state
- Demobilize state, EMAC and/or federal health and medical assets.
- Assist with repopulation of state-transported evacuees by coordinating medical transportation assets and providing assistance with case management services.
- Provide public health and behavioral health messages as appropriate.
- Manage the Crisis Counseling Program and SERG grants.
- Coordinate behavioral health resources
- Coordinate responder safety and health demobilization operations. Participate in After-Action Reports (AARs) of the effectiveness and efficiency of preparedness and response activities. Review after-action reports and evaluation methodology and approve appropriate changes to plans and procedures.

Texas Health and Human Services Commission (HHSC)

| Phase | HHSC Responsibilities |
|---------------------|---|
| Preparedness | <ul style="list-style-type: none">▪ Operate 2-1-1 which provides disaster-related information and referral for the public related to evacuations, preparedness such as sand bags, shelters.▪ Operate 2-1-1 to register callers in the State of Texas Emergency Assistance Registry (STEAR).▪ Share information about emergency preparedness education and |

| | |
|-----------------|--|
| | <ul style="list-style-type: none"> training opportunities with staff and stakeholders. Maintain business continuity plans supporting agency essential functions. Assist in developing and maintaining state emergency plans. Participate in disaster response exercises and post-incident AARs. |
| Response | <ul style="list-style-type: none"> Operate 2-1-1 which provides disaster-related information and referral for the public related to basic needs for shelter and food, non-emergency medical assistance and rumor control. Operate 2-1-1 to register callers in the State of Texas Emergency Assistance Registry (STEAR). Serve as primary agency to coordinate Food and Water ESF 11 activities. Administer the Disaster Supplemental Nutrition Assistance Program (D-SNAP), if approved, following a major disaster declaration. Provide SOC emergency management council members with information and reports as requested. Work with regional staff to ensure continuity of agency essential functions. Provide water and ice for medical shelter operations in impacted communities as described in Annex V (Food and Water) of the State of Texas Emergency Management Plan. |
| Recovery | <ul style="list-style-type: none"> Operate 2-1-1 which provides disaster-related information and referral for the public related to basic needs for ongoing shelter and food, recovery assistance and volunteer/donation information. Identify personnel to staff the Joint Field Office (JFO) and Disaster Recovery Centers (DRC), if applicable. Administer the Other Needs Assistance (ONA) Program, following a major disaster declaration. Administer the Disaster Case Management (DCM) Program, following a major disaster declaration. Help disaster victims understand the ONA and DCM programs and assist in the FEMA application process. Provide trained staff to act as state representative for Damage Assessment Teams. Restore agency essential functions to pre-disaster levels. |

Texas Animal Health Commission (TAHC)

| Phase | TAHC Responsibilities |
|-----------------|---|
| Response | <ul style="list-style-type: none"> Support the Federal BioWatch Program at the state level in conjunction with participating local, state, and federal partners. Support DSHS planning efforts where disease issues may have zoonotic implications Regulate the health of livestock prior to livestock entering processing channels. Eradicate or control any disease or agent of transmission for any disease that affects livestock, exotic livestock, domestic fowl, or exotic fowl, including carcasses Inspect shipments of animals or animal products being transported in this state in order to: determine if the shipment presents a danger to the public health or livestock industry through insect infestation or through a communicable or non-communicable |

disease.⁷

- Collect and submit blood samples and other diagnostic specimens for testing for disease
- Determine disposition of livestock exposed to or infected with a disease.
- Provide support to DSHS responses by staffing DDC and/or SOC personnel as needed or if requested.

Office of the State Chemist (OTSC)

| Phase | OTSC Responsibilities |
|-----------------|---|
| Response | <ul style="list-style-type: none">▪ Provide feed and fertilizer investigators for surveillance, inspection, and technical support.▪ Provide authority for stopping sales, and seizing, holding, and condemning product.▪ Provide property access/entry authority.▪ Provide lab support for chemical and microbiology analysis to DSHS.▪ Serve as a support agency for environmental health. |

Texas Commission of Environmental Quality (TCEQ)

| Phase | TCEQ Responsibilities |
|---------------------|--|
| Preparedness | <ul style="list-style-type: none">▪ Support the Federal BioWatch Program at the state level in conjunction with participating local, state, and federal partners. |
| Response | <ul style="list-style-type: none">▪ Provide DSHS with data generated by the BioWatch Program, and work with DSHS and BioWatch partners to supplement data collection as needed.▪ Provide assistance in evaluating the quality of potable water.▪ Provide technical assistance for locating and/or establishing an authorized waste disposal facility(s).▪ Provide technical assistance in the disposition of dead livestock and/or poultry as a result of a major emergency or disaster.▪ Provide technical assistance for properly safeguarding and disposing of chemical, biological, and radiological products and waste resulting from a manmade or natural disaster.▪ Provide technical assistance on environmental and on groundwater and surface water protection issues in local or state consideration of potential sites for interim in-the-ground storage of human remains as the result of mass casualties from disasters.▪ Provide technical assistance for the safe collection and disposal of debris generated as the result of a manmade or natural disaster.▪ Provide technical guidance regarding appropriate disposal of waste to organizations involved in the remediation of biological agents in the environment.▪ In cooperation with response partner agencies (e.g., TXMF, EPA, TAHC, GLO, TDA), provide environmental data to DSHS to assist in the determination of safe reentry and reoccupation.▪ Provide technical assistance in evaluating and monitoring air quality. |

⁷ For more information on livestock and animal product safety, see the **Animals, Agriculture and Food & Feed Safety Annex (O)**.

Texas Department of Criminal Justice (TDCJ)

| Phase | TDCJ Responsibilities |
|-----------------|--|
| Response | <ul style="list-style-type: none"> ▪ Assist in moving those with functional needs, injured or sick patients before, during, and after a disaster to temporary or permanent facilities in appropriately configured vehicles. ▪ Provide transportation assets to deliver medical supplies. ▪ Provide transportation assets in support of mortality surge operations. ▪ Provide first aid services and medical personnel. |

Texas Department of Transportation (TxDOT)

| Phase | TxDOT Responsibilities |
|-----------------|---|
| Response | <ul style="list-style-type: none"> ▪ Assist with any urgent or immediate assistance to deliver supplies via aircraft or ground as requested using TxDOT fleet vehicles. ▪ Assist with non-hazardous debris disposal as requested. |

Texas Division of Emergency Management (TDEM)

| Phase | TDEM Responsibilities |
|---------------------|---|
| Preparedness | <ul style="list-style-type: none"> ▪ Develop planning aids and templates. ▪ Conduct emergency management training and exercises. ▪ Assist partners with actions to develop and implement mutual aid programs. ▪ Develop plans and agreements with independent school districts, public colleges, universities and university systems to provide transportation assets and facilities that enable the execution of state and local evacuation and mass care operations. ▪ Develop policies and procedures to reimburse school districts and public colleges, universities and university systems for evacuation, mass care or transportation-related expenses. ▪ Maintain procedures to reimburse local governments and other support entities for evacuation-related fuel costs. ▪ Facilitate the maintenance of a statewide database to assist in the evacuation of critical transportation needs evacuees including those with medical, access and functional needs. ▪ Coordinate and maintain plans to address evacuation and sheltering needs of evacuees with household pets, service animals and livestock. ▪ Maintain contingency contracts and MOUs with private sector partners to assist with evacuation and sheltering operations. ▪ Assist in the development of regional response and evacuation plans throughout the state. ▪ Encourage local jurisdictions and multi-agency coordination centers (MACCs) to review evacuation plans maintained by in-patient health care facilities within their jurisdictions. ▪ Provide planning assistance, sample planning documents, staff visits and state standards for evacuation and mass care planning. ▪ Provide DC interface with local jurisdictions during the selection of potential resource staging area (RSA), county staging area (CSA) and points of distribution (POD) locations. ▪ Maintain vendor contracts for RSA, CSA and POD support equipment. ▪ Ensure that state-contracted evacuee transportation vehicles are |

-
- as pet-friendly as possible.
 - Coordinate and conduct residential damage assessments and provide disaster assistance to impacted residents.

Response

- Collect, analyze and report information.
- Continually operate the SOC.
- Interface with local and regional jurisdictions and DDCs.
- Coordinate resource needs to assist local governments in conducting response operations.
- Identify and coordinate staffing requirements appropriate to the emergency situation.
- Process requests for assistance and present recommendations to designated direction and control authorities.
- Assess mass care needs, coordinate the activation and deployment of volunteer resources, and coordinate the assignment of state resources to provide disaster assistance to evacuees.
- Provide additional SITREPs as required by operational procedures, directives and as requested by the appropriate direction and control authority.
- Activate or organize shelter teams to open large, initial shelters.
- Provide TXMF with the estimated number of trained shelters and their projected deployment locations.
- Coordinate assistance to register evacuees at shelters.
- Coordinate the transfer of shelter operations from TXMF to trained volunteers in ARC shelters.
- Coordinate deactivation of shelter hubs when they are no longer needed.
- Monitor commodity reports submitted by RSAs.
- Estimate critical transportation requirements.
- Provide animal-transport vehicles and drivers to evacuate animals that are not permitted to board state-contracted buses.
- Review and implement prioritized fuel distribution procedures during an emergency.
- Coordinate activation of shelter hub reception centers and initial shelters with local governments and VOADs.
- Approve the release of emergency public information materials on shelter hub reception centers.
- Coordinate with local EMCs to fill initial shelters to capacity prior to opening additional shelter hubs.
- Ensure that appropriate water and related equipment (e.g., soft-sided animal confinement bags or other carriers, leashes, muzzles) are provided for household pets and service animals at evacuation hubs.
- Coordinate with designated state agencies and local jurisdictions along evacuation routes to identify and assist in staffing rest or comfort stops that can be used for animals and their owners.
- Coordinate and perform mass fatality management responsibilities as appropriate.
- Coordinate mortuary resources as appropriate.

Recovery

- Prepare disaster declarations to facilitate federal assistance.
-

Texas Emergency Medical Task Force (TX-EMTF)

| Phase | EMTF Responsibilities |
|---------------------|--|
| Preparedness | <ul style="list-style-type: none"> EMTF executes MOAs with EMS agencies and hospitals to allow professional emergency clinicians and support personnel to respond. Participate with the GETAC Disaster / Emergency Preparedness Committee and the Texas Disaster Medical System (TDMS) to develop operational plans for response. Conduct regional planning and training sessions with EMS providers and MMU team members to ensure they are properly prepared for missions. Coordinate planning with local emergency management coordinators to ensure proper integration with local response efforts. |
| Response | <ul style="list-style-type: none"> Provide response capability using Ambulance Strike Teams, AMBUSes, Mobile Medical Units, Registered Nurse Strike Teams, Medical Incident Support Team (M-IST) members, and Air Medical Assets Provide or coordinate, triage, stabilization, medical care, transport and/or evacuation with EMTF assets by ground and/or air. Support local healthcare systems with surge capacity or alternate care site capability when appropriate. Provide support to Texas Task Force 1 (TX-TF1) if needed. Coordinate with local emergency management coordinators and Regional Medical Operations Centers to ensure proper integration with local response efforts. Serve as Medical Force Protection as needed. Coordinate with local providers to augment local capabilities and minimize local operational gaps. Provide Response information to the State Medical Operations Center (SMOC) to be included in State Operations Center updates and reports. |
| Recovery | <ul style="list-style-type: none"> Coordinate demobilization operations of EMTF assets. Participate in After Action Reports (AARs) to evaluate the EMTF response. Update Standard Operating Guides (SOGs), plans, or procedures after review of AARs. |

Texas A&M Engineering Extension Service (TEEX)

| Phase | TEEX Responsibilities |
|-----------------|--|
| Response | <ul style="list-style-type: none"> Provide assistance to local medico-legal authorities with mission planning to recover human remains from collapsed structures and secure appropriate specialty mission resources as requested. |

Texas A&M Forest Service (TFS)

| Phase | TFS Responsibilities |
|-----------------|--|
| Response | <ul style="list-style-type: none"> Provide Incident Management Team (IMT) support for planning and logistics and other functional areas as needed. Provide Incident Command Post (ICP) with satellite communications. |

Texas Poison Control Network (TPCN)

| Phase | TPCN Responsibilities |
|---------------------|---|
| Preparedness | <ul style="list-style-type: none">▪ Operate a 24-hour toll-free (1-800-222-1222) telephone referral and information service for the public and health care professionals.▪ Maintain a database of treatment facilities and service availability within the region, and identify and make available to the public and to appropriate health professionals information concerning analytical toxicology, emergency and critical care, antidote locations and quantities, and extracorporeal capabilities within the region.▪ Maintain the Texas subset of the National Poison Data System (NPDS) to document public health trends; this is the only near real-time database of potential exposures and provides early warning of potential threats.▪ Monitor the NPDS Database, utilizing data surveillance to rapidly detect epidemiological trends, outbreaks, and other public health threats.▪ Maintain coordinated staffing to be able to provide surge capacity to respond to public inquiries and needs.▪ Participate in local and regional emergency planning committees to provide input on the development of local/regional response plans. |
| Response | <ul style="list-style-type: none">▪ Provide professional and technical assistance to state agencies requesting toxicological assistance.▪ Provide consultation services concerning medical toxicology.▪ Provide preparedness and response services to emergency responders, health care providers, public health officials, and the public during pandemics, public health emergencies and other hazards incidents, including chemical, biological, radiological, and nuclear incidents.▪ Assist with relaying information to public and health professionals as needed.▪ Triage and management of calls from the public and healthcare providers.▪ Provide expertise in the development of public health messages pertaining to toxic exposures.▪ Communicate TDEM sourced information to the public on what actions that are taken either as a precaution or consequence of an emergency to reduce or eliminate adverse health and medical effects.▪ Respond to public queries concerning potential toxins, poisons, or other hazardous materials. |

The Salvation Army (TSA)

| Phase | TSA Responsibilities |
|-----------------|--|
| Response | <ul style="list-style-type: none"> ▪ Provide volunteer support and resources for pastoral counseling, spiritual ministry, distribution facilities, donations centers and on-site assistance to disaster survivors, responders and evacuees. ▪ Assist in locating, procuring, transporting, storing, preparing and distributing emergency food, water and ice supplies. ▪ Coordinate Salvation Army team member actions appropriate to the disaster situation. ▪ Act as a liaison with state agencies and departments and other recognized voluntary VOADs, typically assigned within the State Operation Center. |

Texas Military Forces (TXMF)

| Phase | TXMF Responsibilities |
|---------------------|--|
| Preparedness | <ul style="list-style-type: none"> ▪ Develop/maintain push packages to meet response phase requirements, update and submit to TDEM annually. ▪ Coordinate with inter-agency partners to successfully execute response phase requirements. ▪ Development and coordination of medical response planning ▪ Provide a medical liaison to SOC /SMOC. |
| Response | <ul style="list-style-type: none"> ▪ Support Texas Medical Task Force Operations. ▪ Support medical triage, stabilization and evacuation efforts. ▪ Support search and recovery operations with Fatality Search and Recovery Teams. ▪ Epidemiological Investigation support for natural or intentionally-caused outbreaks to include: <ul style="list-style-type: none"> ▪ Trend analysis ▪ Vector and pest surveillance ▪ Food and water surveillance and inspection ▪ Risk assessment ▪ Civil Support Team support for rapid response mobile lab operations, CBRN reconnaissance, and agent identification. ▪ Provide secure and non-secure disease communications. ▪ Liaison with civilian/Active Duty medical personnel. ▪ Provide medical intelligence support (Public Health/Bioenvironmental). ▪ Provide force health protection services: <ul style="list-style-type: none"> ▪ Responder occupational/environmental intervention ▪ Personal protective measure advice – CBRN / environmental ▪ Industrial Hygiene / Risk assessment. ▪ Support site / facility selection (bed down) planning for displaced persons, sheltering, and medical holding): <ul style="list-style-type: none"> ▪ Food and water safety and vulnerability assessment ▪ Environmental sampling (soil, water, air) ▪ Risk assessment ▪ Heat index monitoring. ▪ Provide Expeditionary Medical Systems Consequence Management (mobile treatment facility) to support medical sheltering. ▪ Support area operations, logistics and Point of Dispensing (POD) sites for the distribution and movement of medical materiel. |

- Provide trained medical volunteers to support medical triage, stabilization and evacuation efforts.
- Coordinate and perform mass fatality management responsibilities as appropriate
- Augment Texas Medical Task Force operations, medical triage operations, and/or medical stabilization operations.
- Support state patient movement and ground/air patient evacuation operations.
- Provide specialized Chemical, Biological, Radiological, and Nuclear (CBRN) and Non-CBRN assets to support medical operations in a contaminated environment.

Texas Volunteer Organizations Active in Disaster (Texas VOAD)

| Phase | Texas VOAD Responsibilities |
|---------------------|---|
| Preparedness | <ul style="list-style-type: none"> ▪ Coordinate VOAD agencies for disaster relief support. |
| Response | <ul style="list-style-type: none"> ▪ Provide disaster case management upon request. ▪ Provide feeding for disaster victims as appropriate. ▪ Assist DSHS to provide coordination of emotional support, spiritual care and counseling services. ▪ Provide assistance with childcare. ▪ Provide assistance with muck out and debris removal. ▪ Provide assistance with issuance of gas cards. ▪ Provide assistance with hotel acquisition and assistance. ▪ Support unmet medical needs for disaster victims. |

Attachments and Appendices

This section lists the attachments to this document. The attachments to the Public Health and Medical Annex are considered additional reference tools, which are presented as separate documents for your convenience.

Appendix 6: Biological Terrorism Response Plan

This document is published by TDEM as an appendix to the Public Health and Medical Annex. It establishes a concept of operations for state response to a biological terrorism incident.

Find this document at:

http://www.txdps.state.tx.us/dem/documents/planState/annexh_ap6.pdf

Appendix 7: Pandemic Influenza Response

This document is published by TDEM as an appendix to the Public Health and Medical Annex. It provides guidance in preparing for, identifying, and responding to pandemic influenza affecting the state by limiting the spread of the virus, sustaining critical infrastructure, minimizing social disruption, and minimizing serious illness, hospitalizations, and death.

Find this document at:

http://www.txdps.state.tx.us/dem/documents/planState/annexh_ap7.pdf

Authority

Strategic planning guidance and authorities governing the enactment and implementation of this annex are summarized below.

The following table presents specific sources, their relevance to this document, and hyperlinks to their online location.

| Source | Relevance | Link |
|--|--|---|
| Constitution of the State of Texas | Describes the basic principles and laws for the State of Texas, the powers and duties of state government, and guarantee of certain rights to Texas residents. | http://www.constitution.legis.state.tx.us |
| Constitution of the State of Texas, Article 1, Section 30 | Describes the rights of Texas crime victims. | http://www.statutes.legis.state.tx.us/Docs/CN/htm/CN.1.htm#1.30 |
| House Bill No. 746, 83R 5203 SLB-D | Describes Uniform Emergency Volunteer Health Practitioners Act. | http://www.legis.state.tx.us/tlodocs/83R/billtext/pdf/HB00746E.pdf |
| Texas Administrative Code Title 25, Part 1 Chapter 411 | Establishes the Community Mental Health Centers as the LMHA. | http://info.sos.state.tx.us/pls/pub/readtac\$xt.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=411&rl=305 |
| Texas Administrative Code Title 25, Part 1 Chapter 85 | Describes rules for Local Health Authorities. | http://info.sos.state.tx.us/pls/pub/readtac\$xt.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&ti=25&ch=85&rl=1 |
| Texas Administrative Code Title 25, Part 1 Chapter 97 | Authorizes the control of communicable diseases. | http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=97 |
| Texas Agriculture Code Chapter 61, | Presents commercial feed rules. | http://www.statutes.legis.state.tx.us/Docs/AG/htm/AG.61.htm |
| Texas Agriculture Code Chapter 63, | Describes the Texas Commercial Fertilizer Control Act. | http://www.statutes.legis.state.tx.us/Docs/AG/htm/AG.63.htm |

| Source | Relevance | Link |
|---|---|---|
| Texas Agriculture Code Chapter 65, | Presents the commercial fertilizer rules. | http://info.sos.state.tx.us/pls/pub/readtac\$xt.ViewTAC?tac_view=4&ti=4&pt=3&ch=65 |
| Texas Agriculture Code Chapter 141, | Describes the Texas Commercial Feed Control Act. | http://www.statutes.legis.state.tx.us/Docs/AG/htm/AG.141.htm |
| Texas Code of Criminal Procedure Chapter 49, Subchapter A, | Describes role and responsibilities of Justices of the Peace. | http://www.statutes.legis.state.tx.us/Docs/CR/pdf/CR.49.pdf |
| Texas Code of Criminal Procedure Chapter 49, Subchapter B, | Describes role and responsibilities of Medical Examiners. | http://www.statutes.legis.state.tx.us/Docs/CR/pdf/CR.49.pdf |
| Texas Code of Criminal Procedure Chapter 56 | Describes the rights of Texas crime victims. | http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.56.htm#56.02 |
| Texas Code of Criminal Procedure Chapter 57 | Describes the confidentiality of identifying information of sex offense victims. | http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.57.htm |
| Texas Government Code Chapter 418, | Provides authority and mechanisms to clarify and strengthen key roles, as well as authorize and provide for cooperation and coordination of an emergency management system embodying all aspects of pre-disaster preparedness and post-disaster response. | http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.418.htm |
| Texas Government Code Section 418.11, | Describes the Texas Statewide Mutual Aid System. | http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.418.htm#418.018 |
| Texas Government Code Chapter 433, | Describes the circumstances under which the governor may proclaim a state of emergency and designate the area involved. | http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.433.htm |
| Texas Government Code Chapter 469, | Describes the Texas accessibility standards for elimination of architectural barriers. | http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.469.htm |

| Source | Relevance | Link |
|--|--|---|
| Texas Government Code Chapter 791, | Authorizes Interlocal Cooperation Contracts. | http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.791.htm |
| Texas Health and Safety Code Chapter 81, | Describes the Communicable Disease Prevention and Control Act. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm |
| Texas Health and Safety Code Chapter 121, | Describes the Local Public Health Reorganization Act. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.121.htm |
| Texas Health and Safety Code Chapter 121, Subchapter B, | Defines the role and responsibilities of Public Health Authorities. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.121.htm#B |
| Texas Health and Safety Code Chapter 161, | Provides public health provisions. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm |
| Texas Health and Safety Code Section 161.00705, | Describes recording administration of immunization and medication for disasters and emergencies. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm#161.00705 |
| Texas Health and Safety Code Section 161.0211, | Regulates epidemiologic or toxicological investigations. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.161.htm#161.0211 |
| Texas Health and Safety Code Chapter 193, | Regulates death records. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.193.htm |
| Texas Health and Safety Code Section 193.010, | Regulates certificate of death by catastrophe. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.193.htm#193.010 |
| Texas Health and Safety Code Chapter 431, | Describes the Texas Food, Drug, and Cosmetics Act. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.431.htm |
| Texas Health and Safety Code Section 431.081, | Defines adulterated food. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.431.htm#431.081 |

| Source | Relevance | Link |
|--|--|---|
| Texas Health and Safety Code Chapter 508, | Authorizes the commissioner of public health or a health authority to respond to the introduction of an environmental or toxic agent into the environment in a manner similar to that authorized for responding to an outbreak of a communicable disease, as provided in Section 81.085. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.508.htm |
| Texas Health and Safety Code Chapter 671, | Regulates determination of death and autopsy reports. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.671.htm |
| Texas Health and Safety Code Chapter 694, | Regulates burial. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.694.htm |
| Texas Health and Safety Code Chapter 695, | Regulates in-casket identification. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.695.htm |
| Texas Health and Safety Code Chapter 711, | Provides general provisions relating to cemeteries. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.711.htm |
| Texas Health and Safety Code Chapter 713, | Defines local regulation of cemeteries. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.713.htm |
| Texas Health and Safety Code Chapter 714, | Contains miscellaneous provisions related to cemeteries. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.714.htm |
| Texas Health and Safety Code Chapter 716, | Regulates crematories. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.716.htm |
| Texas Health and Safety Code Chapter 771, | Establishes CSEC as the state's authority on emergency communications; and, directs the CSEC to administer the implementation of the poison control network. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.771.htm |
| Texas Health and Safety Code Chapter 777, | Establishes the six regional poison control centers for the state. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.777.htm |
| Texas Health and Safety Code Chapter 778, | Describes the Emergency Management Assistance Compact. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.778.htm |
| Texas Health and Safety Code Chapter 784 | Defines critical incident stress, assures confidentiality of sessions, and provides liability protection for practitioners delivering critical incident stress management services. | http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.784.htm |

| Source | Relevance | Link |
|--|--|---|
| Texas Occupations Code Chapter 651, | Regulates cemetery and crematory services, funeral direction and embalming. | http://www.statutes.legis.state.tx.us/Docs/OC/htm/OC.651.htm |
| Texas Water Code Chapter 13, | Defines water administration, rights, rates and services in Texas. | http://www.statutes.legis.state.tx.us/Docs/WA/htm/WA.13.htm |
| Texas Water Code Chapter 16, | Describes the role and responsibilities of the executive administrator of the Texas Water Development Board. | http://www.statutes.legis.state.tx.us/Docs/WA/htm/WA.16.htm |

Maintenance and Change

This section describes the process by which this document is maintained and updated.

Development

Section 418 of the Texas Government Code defines TDEM as the responsible agent for emergency planning and coordination in the state of Texas. As such TDEM is responsible for ensuring the appropriate development and distribution of this document and any changes thereto. In addition each Emergency Management Council agency is responsible for the development and maintenance of appropriate planning documents to address responsibilities assigned in this plan including standard operating guidelines.

Maintenance

TDEM authorizes and issues changes to this document until such time as it is superseded. This document and all attachments are living documents. Council member representatives are responsible for participating in plan reviews and are required to provide information concerning capability changes that impact their emergency management responsibilities.

TDEM coordinates the plan updating process and maintains the plan after receiving feedback and updates from partner agencies. According to Texas Government Code section 418.188 *Post Disaster Evaluation* state agencies, political subdivisions and interjurisdictional agencies are required to conduct an evaluation of their response to a disaster, identify areas of improvement, and issue a report of the evaluation to TDEM no later than 90 days after TDEM makes the request. That report may be translated into plan updates.

Training, Exercise and After Action Reports

The State of Texas Emergency Management Plan is exercised annually to provide practical, controlled and operational experience to those who have responsibilities. This requirement is applicable to the State Operations Center and each disaster district emergency operations center. Following the conclusion of any significant emergency, incident or exercise, lead agency representatives conduct an after action report (AAR) of the group's activities during that emergency, incident or exercise. Support agencies provide written or oral input and the lead agency representative consolidates all inputs into a final written AAR.

Record Keeping

Lead and support agencies have the ability to ensure all records necessary for emergency management operations are obtainable, and that duplicate records are held at alternate locations.

Record of Changes

This section describes changes made to this document following initial publishing.

The table shows changes made to the document including the date of the change, a description and rationale, if applicable, and the initials of person who made the change.

| Number | Date | Description | Initials |
|--------|------------|--|----------|
| 1 | 04/14/2016 | Remove Texas Health and Safety Code Chapter 97. Added Texas Administrative Code Title 25, Part 1 Chapter 97. | DA |
| 2 | 04/14/2016 | Removed Draft Watermark | DA |
| | | | |

Contributors

This section provides a list of organizations and individuals who contributed to the development of this document.

Contributors who are no longer working with their organizations are indicated in italics.

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| Texas Department of State Health Services | Jennifer Reid |
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| The Salvation Army | Joshua Moseley |
| Texas Department of State Health Services | Joy Counce |
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| Texas Commission on Environmental Quality | Kelly Cook |
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| Texas Department of State Health Services | Michelle Simanek |
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| Texas A&M Forest Service | Paul Hannemann |
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| Texas Division of Emergency Management | Rhonda Lawson |
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| Texas Military Forces | Tory House |
| Texas Emergency Medical Task Force | Victor Wells |
| Border Regional Advisory Council | Wanda Helgesen |
| Texas Department of Public Safety | William Diggs |

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