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Preface

The Texas Division of Emergency Management (TDEM) and the Texas Department of State Health Services (DSHS) developed this Planning Content Guide (“Guide”) as a tool for local emergency management planners to develop their Annex H (Public Health and Medical Services) in collaboration with their local or regional health department preparedness planners.

(Note: If your jurisdiction does not have a local health department, contact your assigned DSHS Health Service Region for assistance. See Attachment 1 of this Guide for contact information.).

This Guide pulls public health and medical specific planning considerations into a single resource and complements additional local, state, and federal agency resources. It draws on the guidelines and requirements established in the Pandemic and All Hazards Preparedness Act (PAHPA), the Americans with Disabilities Act (ADA) and incorporates standards from several federal sources including: the Federal Emergency Management Agency (FEMA) Comprehensive Preparedness Guide (CPG) 101, the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities, the National Preparedness Goal (NPG) and the Office of the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness Capabilities.

Health threats are always present, and almost every type of incident may require some level of public health or medical care response. Saving lives and minimizing health impacts from disasters depend upon public health, EMS, medical care and behavioral health preparedness. A charge this big requires coordination and collaboration to achieve.

Jurisdictions must accept the responsibility for developing, adopting, exercising, and maintaining this annex with support from the state’s established public health and medical infrastructure, as needed. Jurisdictions should also ensure they are engaging the whole community in their planning efforts by including community leaders, private sector partners, non-profit organizations, as well as those with
access and functional needs, those who are elderly, parents of young children, and people with household pets or service animals.
Using this Guide

This guide is divided into 11 planning sections; each section contains corresponding State Planning Standards. Each State Planning Standard contains essential element(s) that are necessary to fulfill the requirements of the standard. This guide also provides clarifying information and additional resources for the successful development of Annex H.

There are 31 total planning standards for Annex H. Each planning standard must be met in order for the annex to be approved. Any state planning standard not adequately addressed will result in a planning deficiency, which may or may not impact the eligibility of a jurisdiction for federal grants administered by TDEM or DSHS.

This Guide should be used along with the following planning documents:

**State Planning Standards Checklist for Annex H:** In accordance with TDEM’s *Preparedness Standards for Emergency Management in Texas (TDEM-100)*, the state planning standards for Local Annex H set requirements that jurisdiction’s must attain to achieve the Intermediate Level of Planning Preparedness. The checklist must be signed and must show the location in the plan where the state planning standard is met.

**Annex H Planning Template:** The outline provides a format or framework for Annex H and ensures that all the standards are addressed. It also provides some example language and a few examples.
Introductory Material

The introductory materials provide accountability and should include the following components:

- **H-1 (Introductory Material). Include the following (a-d):**
  
  a. Cover Page
     
     - The cover page has the title of the annex.
     
     - It should include a date and identify the jurisdiction(s) covered by the plan. (see the “Annex H Outline”)
  
  b. Approval and Implementation Page
     
     - The approval and implementation page introduces the plan and indicates that it supersedes all previous plans.
     
     - It should include a date and should be signed by a local official (e.g., the emergency management director/coordinator, the local/regional health authority). (see p. H-ii in the “Annex H Outline”)

  o Note: Every jurisdiction in the state has either a local health authority (LHA), or a regional health authority who can act in that capacity, that is responsible for enforcing public health laws within his or her jurisdiction.

  o The regional health authority serves as the LHA for those jurisdictions which have not appointed one locally.

  c. Record of Changes
     
     - Each update or change to the annex should be tracked.
The record of changes should contain the description of the change, the date of the change, the location of the change, and the name of the person who made the change.

Other relevant information could be added if considered important by the jurisdiction. (see p. H-iii in the “Annex H Outline”)

d. Table of Contents

The table of contents should be logically ordered and clearly identify the layout of the major sections and subsections of the plan. This will make finding information within the plan easier. (see p. H-v in the “Annex H Outline”)

Purpose, Scope, Situation and Assumptions

The purpose, scope, situation overview, and planning assumptions section explains the plan’s intent, who is involved, and why it was developed.

- **H-2 (Purpose):** Address the purpose for developing and maintaining Annex H.

  The purpose sets the foundation for the rest of Annex H and is a general statement of what the plan is meant to do.

- **H-3 (Scope):** Describe at what times or under what conditions Annex H will be activated and to whom the plan applies.

  The scope should answer when the local or regional health department becomes involved in a response.

- **H-4 (Situation Overview):** Provide an overview of the planning environment by including the following (a-d):

  a. List the **five** threats/hazards expected to result in the highest impact to public health.

     - Locate this data in your jurisdiction’s public health risk assessment (also known as the Texas Public Health Risk Assessment Tool or “TPHRAT”), which can be obtained from your local or regional health department.

     - Insert the “Hazard Risk Indices” bar chart, from your jurisdiction’s completed TPHRAT, as an appendix to Annex
H. (see p. H-1-1, Appendix 1, in the “Annex H Outline” for an example)

b. List critical public health and medical facility infrastructure.

- Include a short description of the jurisdiction’s critical public health and medical-related infrastructure information as an appendix to Annex H, including hospitals, nursing homes, EMS agencies, etc. (see p. H-2-1, Appendix 2, in the “Annex H Outline”)

**ADDITIONAL RESOURCES**

- Regional Advisory Councils in Texas. (Source: The Texas Department of State Health Services, EMS-Trauma Systems).
- Medical Care Facility Data. (Source: The Texas Department of State Health Services, Facility Licensing Group).
- Texas Trauma Facilities. (Source: The Texas Department of State Health Services, Office of EMS/Trauma Systems Coordination).
- Community Mental Health Centers. (Source: The Texas Department of State Health Services, Mental Health and Substance Abuse Division).
- Durable Medical Equipment, Consumable Medical Supplies, and Oxygen Distributors. (Source: The State of Texas Functional Needs Support Services (FNSS) Toolkit under Part II, Tab I – Medical Services).

c. Describe the jurisdiction’s population that may require functional and access needs support services (FNSS) in a disaster.

- Define population distribution and locations, including:
  
  - Approximate percentage of individuals within the community who have a disability, and if possible, the type of disability;
- Others with access and functional needs;
- The elderly;
- Individuals with limited English proficiency; and/or
- Other groups of individuals who may require additional planning considerations prior to a disaster or public health emergency.

- Include specific jurisdictional data as an appendix to this annex. (see p. H-3-1, Appendix 3, in the “Annex H Outline”)

**ADDITIONAL RESOURCES**

- **Vulnerable Populations.** (Sources: The U.S. Census Bureau and the American Community Survey (ACS).

- **County Demographic Profiles.** Includes ACS disability data, Medicaid data, and Total population. (Source: The Texas Department of State Health Services, Community Preparedness Section).

- **The County Health Rankings and Roadmaps Project:** Provides county level data on morbidity, mortality, clinical care health behaviors, socioeconomic status, and the physical environment. (Source: The Population Health Institute at the University of Wisconsin).

- **Social Vulnerability Index.** Measures the social vulnerability of U.S. counties to environmental hazards. (Source: The Hazard and Vulnerability Research Institute at the University of South Carolina).

- **Information about disability service providers within a jurisdiction can be found in the State of Texas FNSS Toolkit under Part I, Tab D – Statewide Disability Stakeholders.**

- d. Describe jurisdictional public health and medical resource limitations.
— Provide a general assessment of this jurisdiction’s public health and medical response capacity.
— Specify known public health and medical limitations in equipment and personnel, including staff to develop plans and acknowledged training gaps.

**H-5 Planning Assumptions**

Include a list of planning assumptions regarding health and medical services operations during emergency situations that address the following:

- Whole community planning
- Disease and injury surveillance and investigation
- Disease containment
- Public information and warning
- Medical countermeasures distribution (SNS)
- First responder health and well-being
- Medical surge
- Patient tracking
- Ancillary Services (e.g., pharmacies, laboratories, x-ray diagnostics, dialysis centers)
- Medical sheltering and alternate care sites
- Medical support to shelters
- On-scene medical triage, treatment, and transport
- Behavioral health care
- Fatality management
- Short and long term recovery operations
- Continuity of Operations
Concept of Operations

The Concept of Operations section explains the decision maker’s or leader’s intent with regard to an operation. It should describe how the response agencies / organizations accomplish a mission or set of objectives in order to reach a desired end-state.

- **H-6 Describe how jurisdiction will assess the incident, determine appropriate activation level, and identify, by position, who has the authority to activate this plan.**
  - Provide the title of the person who will take responsibility for determining whether an incident has public health impacts that require a coordinated public health or medical response.
  - Define how public health and medical services integrate into the incident command structure.
  - You may include a chart or graph depicting a NIMS compliant organizational structure and attach as an appendix to Annex H.

- **H-7 Outline response activities within the Emergency Management activation levels 1-4.**

  Address Information Sharing and Resource Management for each of the four emergency management activation levels:
  - Level IV: Normal Conditions.
  - Level III: Increased Readiness.
  - Level II: High Readiness.
  - Level I: Maximum Readiness.

- **H-8 Outline how a local public health emergency will be declared in coordination with the Department of State Health Services.**
Describe the process for declaring a local public health emergency by answering the following questions:

- What conditions or events will trigger the declaration of a local public health emergency?
- How does the EMD and public health authority coordinate?
- What, if any, entities will be consulted?
- How will the declaration be coordinated with DSHS?

- H-9 Describe how jurisdiction will take into account the physical, programmatic, and communications needs of individuals with disabilities, and others with access and functional needs.

- Describe the actions that will be taken to address the needs of people with and without disabilities who have functional and access needs in the following situations:
  - Quarantine/ shelter in place operations.
  - Medical countermeasure distribution operations.

**ADDITIONAL RESOURCES:**

- The State of Texas FNSS Toolkit, March 2012.

- H-10: Describe how the public health department will fulfill critical public health functional responsibilities and who (agency/organization) will be responsible by addressing the following (a-e):

  a. Describe how the public health department will maintain situational awareness for the populations affected by disease, injured and deaths.
- Describe methods/processes in place to capture the information above from other public and medical health stakeholders.

- Describe how the public health department will report disease, injury, and death information to the EMC. (ex: Web EOC, SitRep)

- Who (agency/organization) will be responsible fulfilling critical public health functional responsibilities. Write which agency/organization in this section.

- Identify what organization/agency will provide EMS services during a disaster.
  
  o *Who (by position) makes this decision?*
  
  o *What tools are used to conduct public health surveillance? When do investigations occur?*
  
  o *Who conducts public health surveillance? What is the surge plan if local or regional resources are not enough?*
  
  o *What additional surveillance measures are put in place during a public health emergency?*

b. Disease Containment: Isolation, Quarantine, Social Distancing, and Decontamination.

- Describe trigger points for disease containment measures by answering the following questions:
  
  o *What partner agencies will support and enforce these efforts?*
o How will the needs of people who are isolated or quarantined be met, including food, water, and medical supplies?

o If an area-wide isolation/quarantine lasts longer than 72 hours how will the public needs be met/coordinated including food, water, and medical supplies?

### ADDITIONAL RESOURCES

- The local health department or assigned DSHS Health Service Region maintains standard operating guidelines (SOG) for Isolation and Quarantine.

### c. Health risk communication

- Describe current systems or methods available to disseminate public health and medical information before, during, and after a local emergency or incident.

  o Who will be responsible for managing information requests from the media?

  o Describe the public health and medical message and health alert approval process and who would approve of those messages.

- Identify and describe risk communication activities at the different emergency response levels to inform the following (but not limited to):

  o The general public including the healthcare community

  o Individuals with limited English proficiency, and

  o Individuals who have access and/or functional needs, including those who are blind, have low vision, are deaf or
hearing impaired, or have a cognitive or intellectual disability.

**ADDITIONAL RESOURCES**

- Information about public information and warning can be found in the State of Texas FNSS Toolkit under Part II, Tab J – Effective Communication.

- The local health department or assigned DSHS Health Service Region maintains a Crisis and Emergency Risk Communication (CERC) plan.

- In this section counties should reference its own specific County’s Annex I – Public Information.

**d.** Rapid distribution and administration of medical countermeasures.

Include Medical Countermeasure Dispensing (“SNS”) Plan maintained by the local health department or assigned DSHS Health Service Region as an appendix to Annex H. (see p. H-4-1, Appendix 4, in the “Annex H Outline”)

**e.** Protecting public health, medical care and first responders from workplace exposures during a public health emergency.

- How will your jurisdiction monitor incident specific stress reactions in first responders?

- Describe activities to mitigate health risks to public health personnel, emergency medical system personnel, medical care personnel, fatality management personnel, disaster behavioral health personnel, and first responders.

- Identify who (by position) who will assure disaster behavioral health / Critical Incident Stress Management (CISM) services are available to responders during an incident.
Identify who (by position) and describe the processes or procedures that address how LHD or assigned DSHS Health Service Region will pro-actively communicate recommendations regarding potential health and safety risks to the Incident Safety Officer or lead response agency.

☐ H-11 Describe how jurisdiction will fulfill critical medical care functional responsibilities by addressing the following:

a. Medical Surge

  – Briefly describe how this jurisdiction will provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community.

    o Who will coordinate healthcare system response?

  – Describe the surge capacity indicators that will trigger medical surge strategies, including establishing alternate care sites.

b. Patient tracking

  – Briefly describe how patient tracking will be accomplished.

  – Describe when patient tracking is initiated during an emergency by answering the following questions:

    o *Who (by position) makes this decision?*

    o *What tools are used for patient tracking?*

    o *How do these tools interface with regional and state systems?*
c. Medical care in shelters

- Identify who will be responsible for providing medical care in general population shelters and established medical shelters.

d. Public Health and Medical Volunteers

- Describe how your jurisdiction organizes and utilizes local volunteers, both medical and non-medical, to supplement existing health and emergency response infrastructure during a public health disaster/crisis.
  
  o Describe the process used to pre-identify, credential, and train volunteers.

**ADDITIONAL RESOURCES:**

- Information about medical care in shelters can be found in the State of Texas FNSS Toolkit under Part II, Tabs: G (Shelter Staffing Recommendations), H (Rapid Assessment (Triage), and I (Medical Services).

- Reference your jurisdiction’s own city/county Local Annex C - Mass Care

- **H-12 Describe how jurisdiction will fulfill critical emergency medical system functional responsibilities.**

  - Address how EMS operations are integrated into healthcare surge operations.

  - What are the EMS roles and responsibilities for on-scene medical triage, treatment, transport, and medical evacuation?

- **H-13 Describe how jurisdiction will assess and provide critical behavioral health functional responsibilities.**
How will your jurisdiction monitor incident specific stress reactions in disaster survivors?

How will your jurisdiction provide crisis counseling services to disaster workers, first responders, and disaster survivors?

How will your jurisdiction address the needs of individuals with mental or behavioral disorders in shelters, Points of Distribution or other congregate settings?

How will disaster survivors have access to substance abuse treatment and support services?

Who in your jurisdiction will take responsibility for establishing and maintaining a registry of victims in a mass violence event?

H-14 Describe how the jurisdiction will fulfill critical fatality management responsibilities.

Identify who (by position(s)) will coordinate and assign entities by answering the following questions:

- Who will ensure the proper and culturally sensitive recovery, handling, identification, transportation, tracking, storage, and the disposition of human remains and personal effects?

- Who will certify cause of death?

- Who will facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident?
H-15 Describe how public health and medical response activities transition to short and long term recovery operations.

- Describe how your jurisdiction will transition from the response phase to the recovery phase for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels.

- Describe how your jurisdiction will assess the impact of an incident on the public health, medical and mental/behavioral health system’s ability to deliver essential services to the community and prioritize healthcare recovery needs.

H-16 Describe how the health department, the local mental health agency, and the healthcare system will maintain continuity of operations during an emergency.

- Describe how the jurisdiction will prioritize essential public health, medical, and mental/behavioral health services; and identify the strategies for how jurisdiction will sustain these services.

ADDITIONAL RESOURCES


ADDITIONAL RESOURCES

- The local health department or assigned DSHS Health Service Region maintains a Continuity of Operations (COOP) plan.
Organization and Assignment of Responsibilities

The organization and assignment of responsibilities section establishes the operational organization that will be relied on to respond to an emergency situation. This section also includes a list of the kinds of tasks to be performed, by position and organization, without all of the procedural details included in appendixes and SOGs. When two or more organizations perform the same kind of task, one should be given primary responsibility, with the other(s) providing a supporting role.

- **H-17 Outline primary and supporting responsibilities assigned to each position/agency/organization that has a mission assignment defined in Annex H.**
  - Outline the roles and responsibilities of primary and supporting agency/organizations that have public health and medical mission assignments in support of Annex H.
  - Include a matrix that identifies primary and supporting agency assignments as an appendix to this annex. (see p. H-5-1, Appendix 5, in the “Annex H Outline”)
  - Identify by agency and position who will be the public health and medical representative to support the EOC.

- **H-18 Identify the agencies/organizations/jurisdictions with which this jurisdiction has public health and medical mutual aid agreements for the quick activation and sharing of personnel, equipment and resources during an emergency.**
Direction, Control, and Coordination

The direction, control, and coordination section outlines activities related to public health and medical; identifies who has tactical and operational control of response assets; explains how multijurisdictional coordination systems support the efforts of organizations to coordinate efforts across jurisdictions while allowing each jurisdiction to retain its own authorities; and provides information on how department and agency plans nest into Annex H (horizontal integration) and how higher-level plans are expected to layer on Annex H (vertical integration).

☐ H-19: Identify the position/agency/organization assigned to the EOC and/or RMOC who has tactical and operational control of public health and medical response assets.

– Describe public health and medical assignments or responsibilities in your jurisdiction’s other emergency management plans.

– Describe the coordination of public health and emergency management during a local response.

– Describe your jurisdiction’s plans for working with health and medical volunteers affiliated with agencies.

☐ H-20: Describe multijurisdictional coordination systems and processes used during an emergency.

ADDITIONAL RESOURCES:

- Suggested areas for mutual aid agreements include: Medical Countermeasure Dispensing, Fatality Management, Medical Materiel, Medical Surge, Responder Safety and Health, and Emergency Operations Coordination.

- Model Memorandums of Understanding. (Source: The Centers for Disease Control and Prevention).
a. Describe the process of coordination between regional public health and local emergency management during a response.

   a. An organization chart can help provide clarification.

   - List any inter-local or mutual aid agreements OR include a statement indicating where those documents are kept and who maintains them.

   - **ADDITIONAL RESOURCES:**

     Jurisdictions may include a copy of its Regional Medical Operations Center plan per the Texas Disaster Medical Service (TDMS).

### Information Collection, Analysis, and Dissemination

The information collection, analysis, and dissemination section describes the critical or essential information common to all operations identified during the planning process. It identifies the type of information needed, the source of the information, who uses the information, how the information is shared, the format for providing the information, and any specific times the information is needed.

- **H-21:** Describe the critical or essential information requirements to maintain public health and medical situational awareness and a common operating picture.

  - Address how this information will be obtained and who (by position) is responsible for obtaining this information:

    o Incident Morbidity/Mortality,
Hospital Bed Reporting,

Critical Medical Equipment Status,
  - Ventilators, Blood products, medications, etc...

Number of Affected Population,

Medical Facility Status, and

Number of Fatalities.

Tactical Communications

This section describes the communication protocols and coordination procedures used between response organizations during incidents and events. It discusses the framework for delivering communications support and how the jurisdiction’s communications integrate into the regional or national disaster communications network. It does not describe communications hardware or specific procedures found in departmental SOPs/SOGs.

☐ H-22: Describe the communication and coordination protocols and tools for reporting health and medical activities during an incident.

  - Explain or depict, using a graphic or flowchart, how jurisdiction maintains communications throughout a public health incident.

  o Describe the process used to collect and disseminate public health and medical information from the local level up to the state.
Describe how this information is shared with the EMC. (Will your RAC/DSHS/local public health authority supply?)

What tools are used to accomplish this (e.g., WebEOC, EMResource, PHIN?)?

Local jurisdictions that do not have a local medical or public health department should contact their DSHS Health Service Regional office for clarification.

Administration, Finance, and Logistics

The administration, finance, and logistics section covers general support requirements and the availability of services and support for all types of emergencies, as well as general policies for managing resources.

- **H-23: Outline policies on maintenance and preservation of records relating to emergency health and medical activities.**
  - Explain where records are kept and retained according to corresponding laws.
  - Describe the actions that will be taken to document the public health and medical costs incurred during response and recovery operations.

- **H-24: Describe the policy for post-incident review of emergency operations.**
  - What is the process for conducting a hot wash, debrief, or after action review (AAR) of the public health and medical activities?
Who is responsible (by position) for gathering all of the information for the AAR?

☐ H-25: Describe the process for identifying shortfalls of medical resources and acquiring those resources locally, regionally or from the state.

- Outline process for obtaining resources from the regional MACC/RMOC, DDC, State or through mutual aid agreements during disaster response and recovery operations.

- Jurisdiction may include one of the following:
  
  o Attach a regional plan to Annex H that includes a resource gap analysis,
  
  o Make a reference to the regional plan or
  
  o EMC may re-state the relevant portion of their plan that addresses this question.

Plan Development and Maintenance

This section discusses the overall approach to planning and the assignment of plan development and maintenance responsibilities.

☐ H-26: Specify the individual(s) by position and agency responsible for developing, approving, and maintaining Annex H.

- Do not include names in this list.

☐ H-27: Describe the process and schedule to review and update Annex H.
- TDEM requires all plans and annexes to be updated every five years.

- TDEM recommends all plans and annexes undergo an annual revision.
  
  o It is recommended that the jurisdiction reference local public health and medical exercises, after-action reviews and improvement plans and real-world events to re-assess local planning efforts.

**H-28: Identify members of the core planning team who assisted in the development of Annex H.**

- List the core planning team members as an appendix to this annex. (see p. H-6-1, Appendix 6, in the “Annex H Outline”)

  o It is recommended that local health officials are part of the core planning team.

  o Your jurisdiction has a variety of coordinating public health and medical preparedness committees that can be utilize (e.g. RACs, COGs, DSHS HSRs and other local health and medical committees).
Authorities and References

The authorities and references section provides the legal basis for public health and medical response activities.

☐ **H-29: Identify the local, State, and Federal laws that specifically apply to the development and implementation of Annex H.**
  
  – Do not include what is already referenced in the Basic Plan.
  
  – List any applicable local, State and Federal statutes that apply to this local annex.

☐ **H-30: Identify the local or regional health department SOGs that support this Annex H.**

  – If jurisdiction does not have a local health department, contact your local DSHS Health Service Regional office for this information.
Acronyms and Definitions

☐ H-31: Identify and define the words, phrases, acronyms, and abbreviations that are used throughout Annex H.

Attachment 1 – DSHS Health Service Regions

HEALTH SERVICE REGION 1 - Lubbock
Regional Headquarters: 6302 Iola Ave
Lubbock, Texas 79424
Phone: (806) 744-3577
FAX: (806) 783-6435
Web site

HEALTH SERVICE REGION 2/3 - Arlington
Regional Headquarters: 1301 South Bowen Road, Suite 200
Arlington, Texas 76013
Phone: (817) 264-4500
FAX: (817) 264-4506
TDD: (817) 264-4505
Web site

HEALTH SERVICE REGION 4/5 NORTH - Tyler
Regional Headquarters: 1517 West Front Street
Tyler, Texas 75702
Phone: (903) 595-3585
FAX: (903) 593-4187
Web site

HEALTH SERVICE REGION 6/5 SOUTH - Houston
Regional Headquarters: 5425 Polk, Suite J
Houston, Texas 77023
Phone: (713) 767-3000
FAX: (713) 767-3049
Web site

HEALTH SERVICE REGION 7 - Temple
Regional Headquarters: 2408 South 37th Street
Temple, Texas 76504
Phone: (254) 778-6744
FAX: (254) 778-4066

HEALTH SERVICE REGION 8 - San Antonio
Regional Headquarters: 7430 Louis Pasteur Drive
San Antonio, Texas 78229
Phone: (210) 949-2000
FAX: (210) 949-2015
Web site

HEALTH SERVICE REGION 9/10 - El Paso
Regional Headquarters: 401 East Franklin, Suite 210
El Paso, Texas 79901
Phone: (915) 834-7675
FAX: (915) 834-7799
Web site

HEALTH SERVICE REGION 11 - Harlingen
Regional Headquarters: 601 West Sesame Drive
Harlingen, Texas 78550
Phone: (956) 423-0130
FAX: (956) 444-3298
Web site
Source: DSHS Regional and Local Health Services, September 2006
Attachment 2 – Texas Trauma Service Areas

**TSA-A  Panhandle RAC**  
6707 Wolflin, Ste. 100  
Amarillo, Texas 79106  
RAC Website:  
[www.panhandlerac.com](http://www.panhandlerac.com)

**TSA-B  RAC (BRAC)**  
3602 Slide Road, Unit B22A  
Lubbock, Texas 79414  
RAC Website:  
[www.b-rac.org](http://www.b-rac.org)

**TSA-C  North Texas RAC**  
#1 Cedar Spring Court  
Wichita Falls, Texas 76310  
RAC Website:  
[www.ntrac.org](http://www.ntrac.org)

**TSA-D  Big Country RAC**  
4404 S Clack Ste. B  
Abilene, Texas 79606  
RAC Website:  
[www.bigcountyrac.org](http://www.bigcountyrac.org)

**TSA-E  North Central Texas Trauma RAC**  
600 Six Flags Dr #160  
Arlington, Texas 76011  
RAC Website:  
[www.ncttrac.org](http://www.ncttrac.org)

**TSA-F  Northeast Texas RAC**  
4090 Summerhill Square  
Texarkana, Texas 75503  
RAC Website:  
[www.netrac.org](http://www.netrac.org)

**TSA-G  Piney Woods RAC**  
100 E Ferguson Street #708  
Tyler, Texas 75702  
RAC Website:  
[www.rac-g.org](http://www.rac-g.org)

**TSA-H  Deep East Texas RAC**  
2915 Atkinson Drive  
Lufkin, Texas 75901  
RAC Website:  
[www.detrac.org](http://www.detrac.org)

**TSA-I  Border RAC**  
200 N. Kansas, Ste. 213  
El Paso, Texas 79901-1410  
RAC Website:  
[www.borderrac.org](http://www.borderrac.org)

**TSA-J  Texas "J" RAC**  
Midland Memorial Hospital- West Campus, 4214 Andrews Hwy  
Midland, TX 79707  
RAC Website:  
[www.texasjrac.org](http://www.texasjrac.org)

**TSA-K  Concho Valley RAC**  
2018 Pulliam Street  
San Angelo, Texas 76905  
RAC Website:  
[www.cvrac.org](http://www.cvrac.org)

**TSA-L  Central Texas RAC**  
2180 N. Main Street, Ste. H-2  
Belton, Texas 76513-1919  
RAC Website:  
[www.tsa-l.com](http://www.tsa-l.com)
TSA-M  Heart of Texas RAC
3000 Herring Avenue
Waco, Texas 76708

RAC Website: www.heartoftexasrac.org

TSA-N  Brazos Valley RAC
Center of Regional Services, PO Drawer 4128, 3991 East 29th Street
Bryan, Texas 77805

RAC Website: www.bvrac.com

TSA-O  Capital Area Trauma RAC
4100 Ed Bluestein, Ste. 200 Austin, Texas 78721-2301

RAC Website: www.catrac.org

TSA-P  Southwest Texas RAC
7500 Highway 90 W, Ste. 200 San Antonio, Texas 78227-4023

RAC Website: www.strac.org

TSA-Q  Southeast Texas RAC
1111 North Loop West, Ste. 160 Houston, Texas 77008-5806

RAC Website: www.setrac.org

TSA-R  East Texas Gulf Coast RAC
201 E. Myrtle
Angleton, Texas 77515

RAC Website: www.rac-r.com

TSA-S  Golden Crescent RAC c/o
Citizens Medical Center
2701 Hospital Drive
Victoria, Texas 77901

RAC Website: www.gcrac.org

TSA-T  Seven Flags RAC
1601 Fremont, Ste. 102
Laredo, Texas 78043

TSA-U  Coastal Bend RAC
1201 Laguna Shores
Corpus Christi, Texas 78418
RAC Website: www.cbrac.org

TSA-V  Lower Rio Grande Valley RAC
1413 Stuart Place Road, Ste. C
Harlingen, Texas 78552

RAC Website: www.tsav.org
Attachment 3 – LMHA’s and OSAR Centers

For a listing of Local Mental Health Authority’s (LMHA) and Outreach, Screening, Assessment and Referral Centers (OSAR) in your area, please refer to the map below or contact the DSHS Mental Health and Substance Abuse Division at:

**Telephone**

512-206-5000

Toll-Free: 866-378-8440

**E-mail**

mhsa@dshs.state.tx.us

Source: DSHS Disaster Behavioral Health Services, January 2013
Attachment 4 – DSHS Health Service Regions

1. **Regional Advisory Councils** in Texas. (Source: The Texas Department of State Health Services, EMS-Trauma Systems).

2. **Medical Care Facility Data.** (Source: The Texas Department of State Health Services, Facility Licensing Group).

3. **Texas Trauma Facilities.** (Source: The Texas Department of State Health Services, Office of EMS/Trauma Systems Coordination).

4. **Local Mental Health Authorities.** (Source: The Texas Department of State Health Services, Mental Health and Substance Abuse Division).

5. **Durable Medical Equipment, Consumable Medical Supplies, and Oxygen Distributors.** (Source: The State of Texas Functional Needs Support Services (FNSS) Toolkit under Part II, Tab I – Medical Services).

6. Vulnerable Populations. (Sources: The U.S. Census Bureau and the American Community Survey (ACS)).

7. **County Demographic Profiles.** Includes ACS disability data, Medicaid data, and Total population. (Source: The Texas Department of State Health Services, Community Preparedness Section).

8. **The County Health Rankings and Roadmaps Project:** Provides county level data on morbidity, mortality, clinical care health behaviors, socioeconomic status, and the physical environment. (Source: The Population Health Institute at the University of Wisconsin).

9. **Social Vulnerability Index.** Measures the social vulnerability of U.S. counties to environmental hazards. (Source: The Hazard and Vulnerability Research Institute at the University of South Carolina).

10. Information about disability service providers within a jurisdiction can be found in the State of Texas FNSS Toolkit under Part I, Tab D – Statewide Disability Stakeholders.


13. The local health department or assigned [DSHS Health Service Region](#) maintains standard operating guidelines (SOG) for Isolation and Quarantine.

14. Information about public information and warning can be found in the **State of Texas FNSS Toolkit** under Part II, Tab J – Effective Communication.

15. The local health department or assigned [DSHS Health Service Region](#) maintains a Crisis and Emergency Risk Communication (CERC) plan.

16. Information about medical care in shelters can be found in the **State of Texas FNSS Toolkit** under Part II, Tabs: G (Shelter Staffing Recommendations), H (Rapid Assessment (Triage), and I (Medical Services).


19. The local health department or assigned [DSHS Health Service Region](#) maintains a Continuity of Operations (COOP) plan.

20. Suggested areas for mutual aid agreements include: Medical Countermeasure Dispensing, Fatality Management, Medical Materiel, Medical Surge, Responder Safety and Health, and Emergency Operations Coordination.