

ANNEX H



HEALTH & MEDICAL

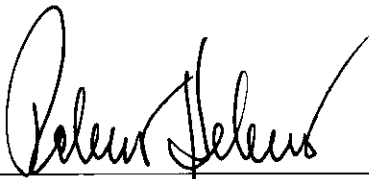
Fort Bend County

APPROVAL & IMPLEMENTATION

Annex H

Health & Medical Services

This annex is hereby accepted for implementation and supersedes all previous editions.

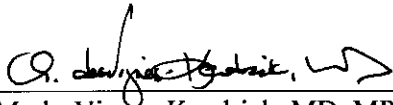


Robert E. Hebert
County Judge
Fort Bend County

7-18-2017

Date

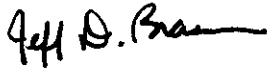
Reviewed by:



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07/07/2017

Date



Jeff D. Braun
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07/10/2017

Date

RECORD OF CHANGES

Annex H

Health & Medical Services

Change #	Changes Made/Pg Number	Entered By	Date Entered
1	NIMS compliant language	Jill Boehm	6/2006
2	Reviewed – No changes	David Olinger	6/2006
3	Reviewed – No changes	David Olinger	10/2006
4	Reviewed – No changes	David Olinger	5/2008
5	Reference to Mass Fatality Plan – Pg. 7, Sec. D, Par. 3 and Pg. 13, Sec. 8	David Olinger	2/2009
6	Reviewed - No changes	David Olinger	7/2010
7	Language changes from “special needs” to “functional needs”	David Olinger	9/2011
8	Included additional preparedness activities in section H.2	David Olinger	4/2012
9	Clarification language re: VI B.2, VII D	David Olinger	4/2012
10	Additions to Legal and law enforcement coordination; action indicators; neighboring jurisdictions; response and recovery roles	David Olinger/Ian Hertel	2/2016
11	Update to Maintenance and Preservation of records	David Olinger/Ian Hertel	3/2016
12	Update to Concept of Operations re: vulnerable populations	David Olinger	5/2016
13	Additional demographic information	David Olinger/Ian Hertel	7/2016
14	Mutual Aid	David Olinger/Ian Hertel	11/2016
15	Added Table of Contents	Ian Hertel	11/2016
16	Updated Geographical Map of Fort Bend County	Alan Spears	6/17

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ANNEX H

HEALTH & MEDICAL SERVICES

I. AUTHORITY

See Basic Plan, Section I.

Texas Code of Criminal Procedure, Part 1, Chapter 49, Inquests on Dead Bodies.

II. PURPOSE

The purpose of this annex is to outline the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services to reduce death and injury during emergency situations and restore essential health and medical services within a disaster area.

III. EXPLANATION OF TERMS

A. Acronyms

ARC	American Red Cross
ASL	American Sign Language
CDC	Centers for Disease Control and Prevention
CMOC	Catastrophic Medical Operations Center
DDC	Disaster District Committee
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DSHS	Texas Department of State Health Services
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FBC	Fort Bend County
FBCCC	Fort Bend County Coordination Council
FBCHHS	Fort Bend County Health & Human Services
FEMA	Federal Emergency Management Agency
HAZMAT	Hazardous materials
HHS	Health and Human Services
ICP	Incident Command Post
ICS	Incident Command System
ISD	Independent School District
JIC	Joint Information Center
MACC	Multi-Agency Coordination Center
MHAFBC	Mental Health America of Fort Bend County
MUD	Municipal Utility District

NDMS	National Disaster Medical System
NIMS	National Incident Management System
OEM	Office of Emergency Management
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
PPE	Personal Protective Equipment
RODS	Real-time Outbreak and Disease Surveillance
SETRAC	South East Texas Regional Advisory Council
SOPs	Standard Operating Procedures
TCEQ	Texas Commission on Environmental Quality
TPHRAT	Texas Public Health Risk Assessment Tool
VOAD	Voluntary Organizations Active in Disaster

B. Definitions

1. Disaster Medical Assistance Team. A team of volunteer medical professionals and support personnel equipped with deployable equipment and supplies that can move quickly to a disaster area and provide medical care.
2. Disaster Mortuary Operational Response Team. A team of mortuary service and medical personnel that provide mortuary and victim identification services following major or catastrophic disasters.
3. Functional and Medical Needs Individuals/Groups. Includes the elderly, medically fragile, mentally and/or physically disabled or handicapped, individuals with mental illness, and the developmentally delayed. These groups may need specially trained health care providers to care for them, special facilities equipped to meet their needs, and require specialized vehicles and equipment for transport. This population requires specialized assistance in meeting daily needs and may need additional assistance during emergency situations.
4. Health Authority. A physician appointed to administer state and local laws relating to public health within the appointing body's jurisdiction
5. Health Officer. The local health authority or their designee appointed to plan and coordinate public health and medical services during emergency situations.
6. Mental Health Authority. The community mental health center appointed by the Texas Department of State Health Services to provide services to a specific geographic area.
7. National Disaster Medical System. A nation-wide mutual aid network consisting of federal agencies, businesses, and other organizations that coordinates disaster medical response, patient evacuation, and definitive medical care. At the federal level, it is a partnership between Department of Health and Human Services, the Department of Defense, the Department of Veterans Affairs, and FEMA. Non-federal participants include major pharmaceutical companies and hospital suppliers, the National Foundation for Mortuary Care, and certain international disaster response and health organizations.
8. Texas Public Health Risk Assessment Tool. A public health focused risk assessment tool that enables jurisdictions to assess its current risk to identified hazards, define its

mitigation efforts based on the Centers for Disease Control and Prevention (CDC) Preparedness Capabilities, and measure the impact of implementing focused mitigation efforts.

IV. SITUATION AND ASSUMPTIONS

A. Situation

1. As outlined in section IV.A and Figure 1 in the Basic Plan, Fort Bend County and its Joint Resolution Jurisdiction are vulnerable to a number of hazards. These hazards could result in the evacuation, destruction of or damage to homes and businesses, loss of personal property, disruption of food distribution and utility services, serious health risks, and other situations that adversely affect the daily life of citizens.
2. Emergency situations could result in the loss of water supply, wastewater, and solid waste disposal services, creating potential health hazards.
3. Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and functional needs populations may be damaged or destroyed in major disaster situations.
4. Health and medical facilities that survive disaster situations with little or no damage may be unable to operate normally due to a lack of utilities and/or staff which are unable to report for duty as a result of personal injuries or damage to communications and transportation systems.
5. Medical and health care facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the “walking wounded” and seriously injured victims transported to facilities in the aftermath of a disaster.
6. Uninjured persons who require frequent medications such as insulin and anti-hypertensive drugs, or regular medical treatment, such as dialysis, may have difficulty in obtaining these medications and treatments in the aftermath of a disaster due to damage to pharmacies and treatment facilities, disruptions caused by loss of utilities, and/or damage to transportation systems.
7. Use of nuclear, chemical, or biological weapons of mass destruction could produce a large number of injuries requiring specialized treatment that could overwhelm the local and state health and medical system.
8. Emergency responders, victims, and others who are affected by disaster may experience stress, anxiety, and display other physical and psychological symptoms that may adversely impact their daily lives. In some cases, disaster mental and behavioral health services may be needed during response and recovery operations.
9. Planning is prioritized based on results from the Texas Public Health Risk Assessment Tool (TPHRAT). The TPHRAT is reviewed and updated every five years by a multi-disciplinary group of representatives from various agencies such as: Health and Human Services (HHS), Office of Emergency Management (OEM), the American Red Cross

(ARC), Mental Health America of Fort Bend County (MHAFBC), hazardous materials response agencies (HAZMAT), such as fire and law enforcement agencies, and Emergency Medical Services (EMS). Significant changes to Annex H (Health and Medical) are presented at the Fort Bend County Coordination Council (FBCCC) meeting for comment. As of January 2015, the top five risks according to the TPHRAT for Fort Bend County are:

- a) Hurricane/Tropical Storm
- b) Tornado
- c) Biological Terrorism (Communicable)
- d) Biological Terrorism (Non-Communicable)
- e) Pandemic Influenza or other High Consequence Infectious Disease

For additional information on the TPHRAT Hazards Risk Indices for Fort Bend County, refer to Appendix H.1A.

B. Assumptions

1. Although many health-related problems are associated with disasters, there is an adequate local capability to meet most emergency situations.
2. Public and private medical, health, and mortuary services resources located in Fort Bend County and the Joint Resolution Jurisdiction will be available for use during disaster situations; however, these resources may be adversely impacted by the disaster.
3. If hospitals and nursing homes are damaged, it may be necessary to relocate significant numbers of patients to other comparable facilities elsewhere.
4. Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for disease and injury.
5. Damage to chemical plants, sewer lines, and water distribution systems and secondary hazards, such as fires, could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biological and radiological substances, and contaminated water supplies, crops, livestock, and food products.
6. The public will require guidance on how to avoid health hazards caused by the disaster or arising from its effects.
7. Some types of emergency situations, such as tornadoes, hurricanes, and flooding, may affect a large proportion of Fort Bend County and its Joint Resolution Jurisdictions making it difficult to obtain mutual aid assistance.
8. State, and possibly federal, assistance will be available upon request to supplement local health and medical resources.
9. The following indicators would suggest that an incident has occurred that could exceed the ordinary capacity of Fort Bend County Health & Human Services (FBCHHS) and possibly the surge capacity of the agency:

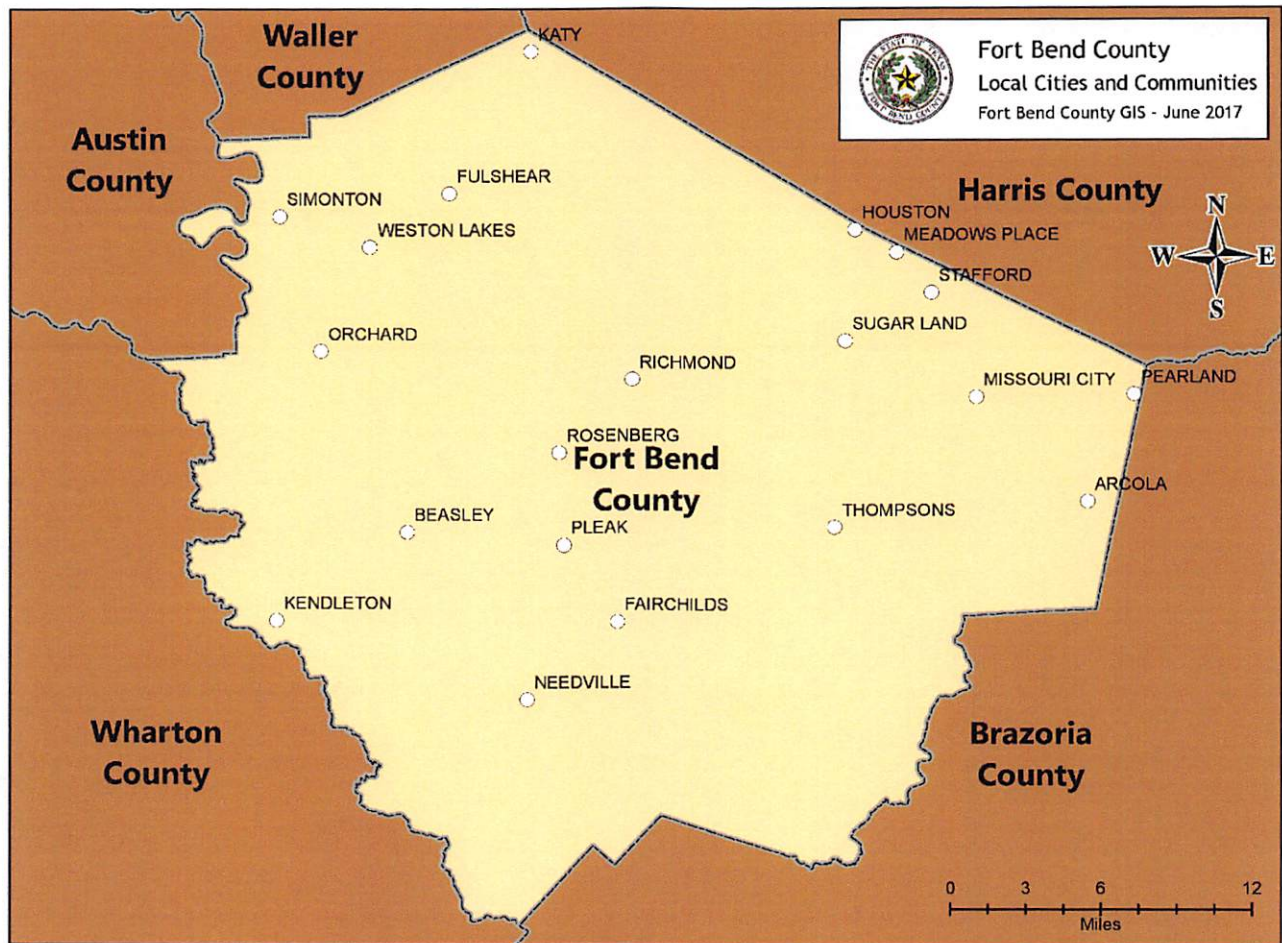
- a) Severe weather reports or forecasts based on the National Weather Service, National Hurricane Center, and/or Impact Weather alerts. [Hurricane/Tropical Storm, Tornado, Flood, Fires (Large-Scale), Drought, Windstorm, Extreme Cold, Lightning, Severe Winter Storm, Extreme Heat, Hailstorm]
- b) An unexplained increase in hospital admissions for patients with unusual symptoms, and/or a spike in syndromic surveillance indicators. [Biological Terrorism, Chemical Terrorism, Biological Disease Outbreak, Food Borne Disease, Radiological Terrorism, Water Supply Contamination]
- c) An overt terrorist action, threat, or claims against the local community, or notification from the Houston Regional Intelligence Service Center (Fusion Center) of such activity. [All Terrorism categories]
- d) An outbreak of a known disease which threatens to overwhelm local healthcare capacity, as reported to FBCHHS by SETRAC through bed capacity monitoring. [Pandemic Influenza, Biological Disease Outbreak, Food Borne Disease, Water Supply Contamination]
- e) Any industrial, transportation, or other type of incident with a public health component reported to local emergency services. [Hazardous Materials Incident, Mass Casualty Incidents]
- f) Reports from local farmers or veterinarians of unusual health problems among animals and livestock. [Agro-terrorism, Agricultural/Animal Disease]
- g) Reports from the general public, private businesses, or chambers of commerce of the failure of critical infrastructure or key resources. [Power Failure, Sewer Failure, Supply Disruption, Cyber-Technical Incident, Communications Failure]
- h) Mainstream media reports, social media trends, or notification from local law enforcement which may lead to a loss of public trust, civil unrest, or a public behavioral health crisis. [Civil Disorder]
- i) Reports of poor environmental quality from the Fort Bend County Environmental Health Department or the Texas Commission on Environmental Quality (TCEQ). [Water Supply Contamination, Air Quality]
- j) Any of the above in a neighboring jurisdiction, which may request mutual aid assistance from Fort Bend County.

V. CONCEPT OF OPERATIONS

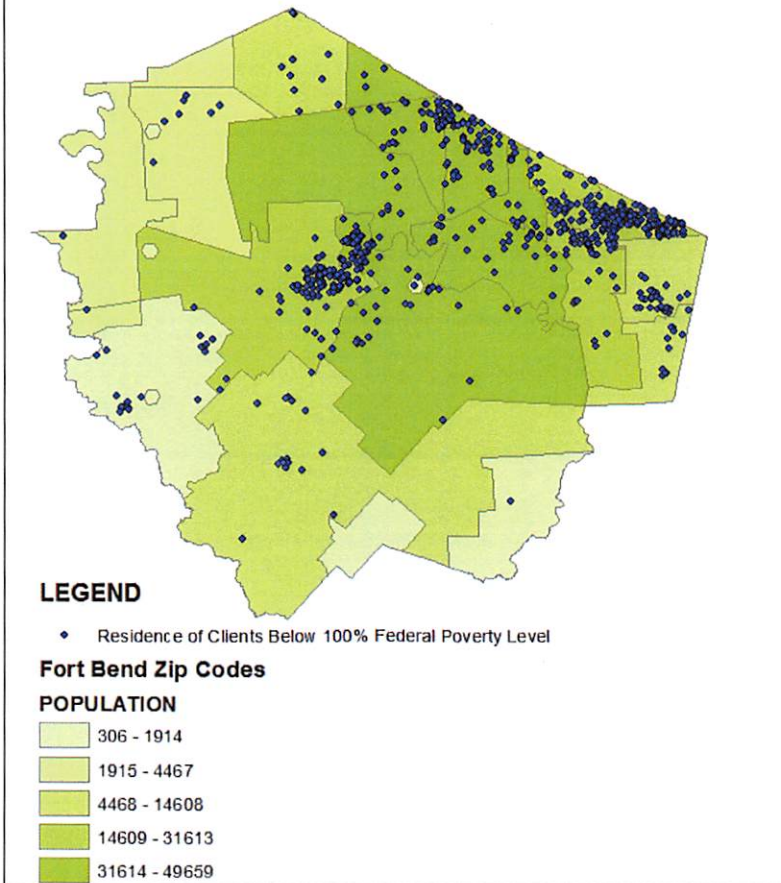
A. General

1. Fort Bend County and its Joint Resolution Jurisdictions will provide a consistent approach to the effective management of actual or potential public health or medical situations to ensure the health and welfare of its citizens operating under the principles and protocols outlined in the National Incident Management System (NIMS).
2. The Fort Bend County and/or Joint Resolution Jurisdiction Health Departments are the local agencies primarily responsible for the day-to-day provision of many health and medical services for the community. This department also serves as the Health Authority for Fort Bend County and its Joint Resolution Jurisdictions.

3. Fort Bend County, with its 20 municipalities, is a dichotomy between suburban communities and more rural agricultural communities. Three of these municipalities cross county borders, including the City of Houston, City of Katy, and the City of Pearland, creating unique governing and planning challenges. The map below illustrates the geographic area within Fort Bend County and the neighboring jurisdictions, which include: Austin County, Brazoria County, Harris County, Waller County, and Wharton County.



2015 Fort Bend Economically Vulnerable Population

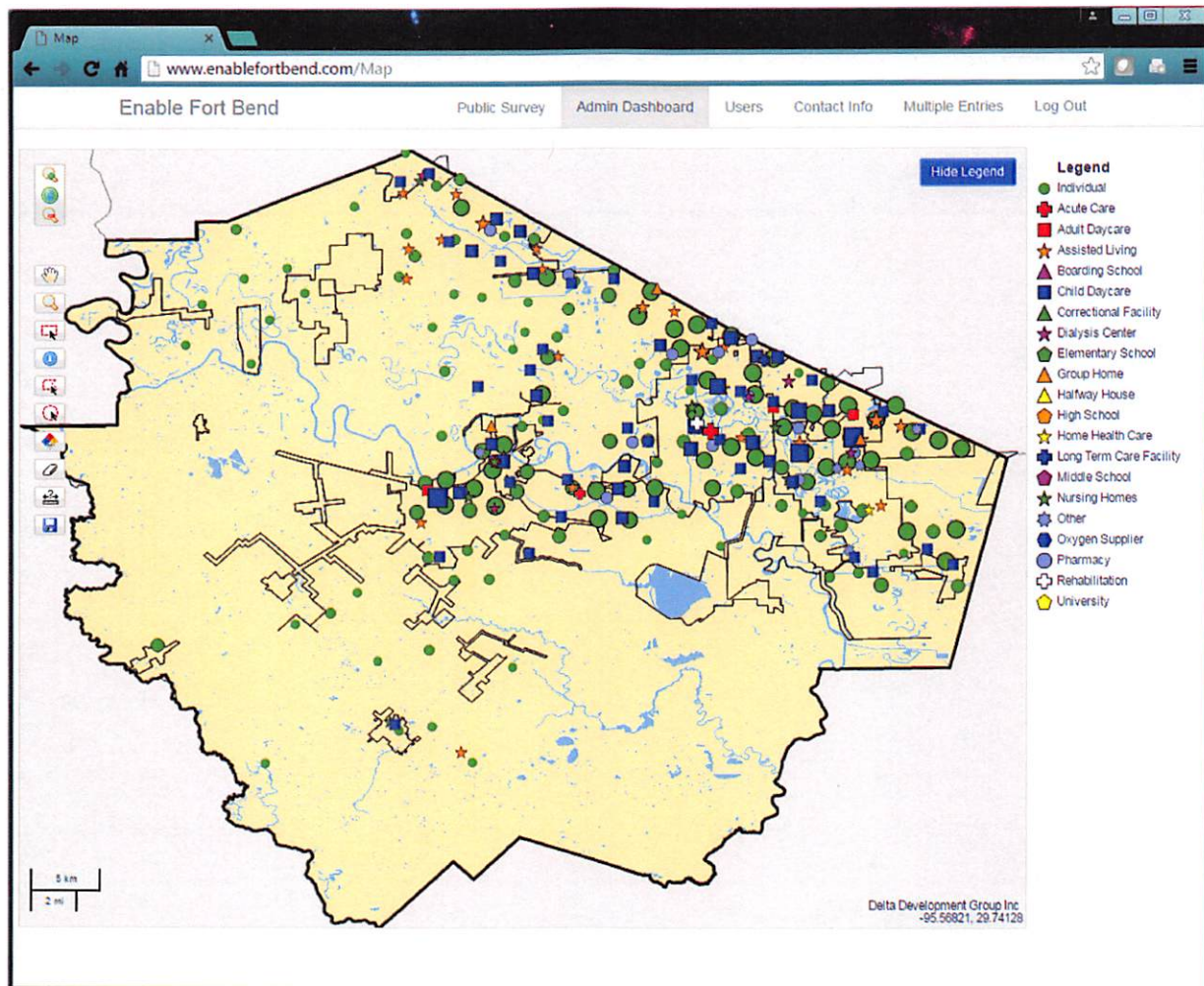


FBCHHS serves the entire population of Fort Bend County, including the residents within 19 of 20 municipalities in the county; the exception being the residents in the City of Houston within Fort Bend County. With a growing population of over 740,000, Fort Bend County is the 10th most populous county in Texas. The population growth rate of 78.57% since 2000 is much higher than the average state rate of 25.13%, making it the third fastest growing county in Texas. The State of Texas Demographer projects Fort Bend County will top 1 million residents by the year 2023.^E

The County's average population density is 714 persons per square mile; density is greater in the County's northeast and less in the west and south.

4. Fort Bend County has the capacity to serve its vulnerable populations through multiple county departments such as Social Services, EMS, Clinical Health Services, Veterans Service, and Indigent Health. Additional services are available such as:
 - a) Translation for individuals who do not speak English, American Sign Language (ASL), and other communication equipment to assist the Deaf and hard of hearing and blind and visually impaired populations.

- b) FBCHHS provides a planning template to local adult and child day cares, nursing homes, and other long term care facilities, such as group homes, to assist with risk assessment and planning for emergencies. Information on local nursing and group homes is maintained by FBCHHS using the Enable Fort Bend system.
- c) Coordinate with local independent school districts (ISDs) and their Safe and Secure Schools program coordinators to plan, train, and exercise for emergency response.
- d) FBCHHS department services include assistance for low income families. Assistance may include utility services, subsistence, and health care.
- e) Residents with functional, access, and medical needs who may require assistance during emergencies can register with the Enable Fort Bend system:
<http://www.enablefortbend.com>.



(Enable Fort Bend Registry)

5. This annex is based upon the concept that the emergency functions of the public health, medical, and mortuary services will generally parallel their normal day-to-day functions. To the extent possible, the same personnel and material resources will be employed in both cases. Some day-to-day functions that do not contribute directly to response and recovery operations may be suspended for the duration of the disaster and the

resources that would normally be committed to those functions will be redirected to the accomplishment of emergency tasks.

6. Provisions must be made for the following:

- a) Establishment of a medical command post at the disaster site.
- b) Coordinating health & medical response team efforts.
- c) Triage of the injured, if appropriate.
- d) Medical care and transport for the injured.
- e) Identification, transportation, and disposition of the deceased.
- f) Holding and treatment areas for the injured.
- g) Isolating, decontaminating, and treating victims of hazardous materials or infectious diseases, as needed.
- h) Identifying hazardous materials or infectious diseases, controlling their spread, and reporting their presence to the appropriate state or federal health or environmental authorities.
- i) Issuing health & medical advisories to the public on such issues as drinking water precautions, waste disposal, the need for immunizations, and food protection techniques.
- j) Conducting health inspections of congregate care, mass care, and emergency feeding facilities.

B. Mental Health Services

1. Appropriate disaster mental health services need to be made available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. Services may include crisis counseling, critical incident stress management, information and referral to other services, and education about normal, predictable reactions to a disaster experience and how to cope with them.
2. Information on disaster mental health services procedures can be found in Appendix 8, Attachment D.

C. Medical Service

1. Ambulance and Transportation

- a) FBCHHS' Emergency Medical Service (EMS) is the primary agency for ambulance and transportation services throughout Fort Bend County (FBC), with the exception of the City of Sugar Land. FBCHHS provides backup EMS services to the City of Sugar Land through coordinated dispatch centers.
- b) All ambulances and emergency rescue vehicles serving in Fort Bend County and/ or its Joint Resolution Jurisdictions will be equipped with International Field Triage Tags and shall contain at all times those essential items as specified by the Texas Department of State Health Services (DSHS) Division of Regulatory Services.
- c) Upon notification of an emergency situation, the appropriate ambulance service will dispatch the necessary units to the scene.

- d) The Senior Emergency Medical Technician (EMT) or paramedic who first arrives on the scene will:
 - 1) Survey the disaster scene.
 - 2) Report to the Incident Commander and establish a triage area.
 - 3) Institute a preliminary screening of casualties and begin stabilizing and transporting those most critically injured.
 - 4) Record the number of casualties transported and their destination.
 - e) If the emergency situation warrants, the EMT/paramedic will request, through the Incident Commander, additional ambulances to be sent to the scene.
 - f) Upon arrival of the EMS Control Officer or Triage Officer, all ambulance service personnel will place themselves at his/her disposal and will follow his/her directives in regard to casualty movement.
 - g) The senior EMT/paramedic will report to the Triage Officer and inform the Triage Officer as to what procedures have begun, the location of the triage area, the number of casualties, and the number transported.
 - h) The EMS Transportation Officer, during the course of the disaster, will provide the ambulance personnel with information relative to the situation and/or existing capabilities at the various medical treatment facilities.
2. Mass Casualty Incident and Triage. Refer to the Fort Bend County Mass Casualty Incident plan, Tab H.8.E2, for additional information
- a) Medical supplies for providing advanced life support to trauma victims will be stored in a major rescue vehicle or trailer, or every responding service will bring a predetermined mass casualty supply package. Adequate supplies for treatment of victims requiring advanced life support will be stored in the rescue vehicle and mobilized to the scene of a mass casualty disaster.
 - b) It is the responsibility of the first EMT/paramedic who arrives on the scene to initiate triage, confer with the nearest emergency department physician, and to implement actions that may be required by the situation.
 - c) If it is apparent that there will be mass casualties, the nearest hospital with emergency facilities and others with suitable facilities will be notified by the Incident Commander
 - d) The EMS Chief or a designated Control Officer shall respond to the scene during a medical disaster and shall act as liaison between the on-scene commander and EMS. This individual shall be in charge of patient care, triage, transportation, and all EMS personnel. This person is responsible for the formal declaration of a medical disaster.
 - e) The Triage Officer shall respond immediately to the scene of a local disaster. This person is in charge of sorting patients to establish priority of treatment and transportation. This person is also in charge of the care of patients awaiting transportation.
 - f) The EMS Transportation Officer is in charge of all ambulances and directs the loading and transportation of patients. This person acts as liaison with the field and the hospitals.
 - g) Registered nurses and paramedics employed with local ambulance services and capable of providing advanced life support in the field will respond immediately to the

disaster site. They will work with the Triage Officer and apply their skills as required to disaster victims.

- h) Triage Priorities – Patients with certain conditions or injuries have priority for transportation and treatment over others. An outline of these conditions is as follows:
 - 1) Red Category – First Priority, most urgent
 - (a) Airway and breathing difficulties
 - (b) Uncontrolled or suspected severe bleeding
 - (c) Shock
 - (d) Open chest or abdominal wounds
 - (e) Severe head injuries
 - 2) Yellow Category – Second Priority, Urgent
 - (a) Burns
 - (b) Major or multiple fractures
 - (c) Back injuries with or without spinal damages
 - 3) Green Category – Third Priority, Non-urgent
Transportation and treatment is required for minor injuries (but not necessarily by EMS personnel), minor fractures, or other injuries of a minor nature.
 - 4) Black Category – Deceased, Non-urgent

D. Mortuary Services

- 1. Law enforcement is responsible for investigating deaths that are not due to natural causes or that do not occur in the presence of an attending physician. Justices of the Peace/Medical Examiners are responsible for determining cause of death and authorizing the following: autopsies to determine the cause of death, forensic investigations to identify unidentified bodies, and the removal of bodies from incident sites.
- 2. When it appears that an incident involves fatalities, the Incident Commander shall request the Fort Bend County Sheriff's dispatch center notify the Justice of the Peace and/or Medical Examiner and law enforcement and request that they respond to the scene.
- 3. Law enforcement or the Justice of the Peace and/or Medical Examiner shall arrange for the transportation of bodies requiring autopsy or identification to morgues or suitable examination facilities. When mass fatalities have occurred, it may be necessary to establish a temporary morgue and holding facilities and obtain additional mortuary service assistance. (More information regarding Mass Fatality Management is located in Appendix 3, Attachment B.
- 4. Funeral homes will collect bodies of victims from the scene and from hospitals, morgues, and other locations and arrange with next of kin for the disposition of remains.

E. Medical and Mortuary Assistance

- 1. Regional Disaster Portable Morgue Unit (DPMU)

The Regional Disaster Portable Morgue Unit can be requested to assist during mass fatality incidents. The DPMU is a self-contained unit with the necessary space and equipment to assist with body/remains processing and identification. The unit is housed and maintained by the Harris County Institute of Forensic Science.

2. Texas Department of State Health Services (DSHS)

When requested by local officials, DSHS can provide health and medical advice and assistance during disaster situations from its various regional offices.

3. Disaster Medical Assistance Team (DMAT)

- a) DMAT is a group of volunteer medical professionals and support personnel equipped with supplies and equipment that can be moved quickly to a disaster area and provide medical care. DMATs are a part of the National Disaster Medical System (NDMS). The DMAT concept involves using volunteer medical professionals to provide emergency services to victims of disasters. Each DMAT is an independent, self-sufficient team that can be deployed within a matter of hours and can set up and continue operations at the disaster site for up to 72 hours with no additional supplies or personnel. The 72-hour period allows federal support, including medical supplies, food, water, and any other commodity required by the DMAT to arrive.
- b) TX-1 DMAT is a federal and state response asset based in Texas. TX-1 DMAT can be activated by the State to respond to disasters that may not be severe enough to warrant a federal response. Working closely with DSHS, TX-1 DMAT can serve as a state-level responder to major emergencies and disasters that require additional medical response resources.

4. Disaster Mortuary Operational Response Team (DMORT)

Texas DMORT provides mortuary and victim identification services following major or catastrophic disasters. The team is comprised of volunteer professionals from the mortuary and funeral industries.

F. Damage Assessment

- 1. Casualty Information. The Health Authority has primary responsibility for gathering information concerning injuries and fatalities resulting from emergencies and disasters. Since accurate information concerning casualties is essential in identifying required levels of medical support, information of this type must be forwarded to the Health Officer in the FBC Emergency Operations Center (EOC) as soon as it is available to support requests for assistance and for inclusion in required reports.
- 2. Water Supply Systems. In cooperation with the FBC Road & Bridge Department, Municipal Utility Districts, and the Joint Resolution Jurisdictions' Public Works departments, DSHS has responsibility for evaluating damage to water treatment facilities following disaster occurrences. Because of system vulnerability to numerous forms of contamination and the impact a prolonged shutdown of water treatment facilities could have on public health and welfare, it is essential that rapid and accurate damage assessments be completed. Accurate, timely estimates for required repairs will permit the DSHS and the Fort Bend County and/or Joint Resolution Jurisdictions' Health

Departments to identify appropriate interim measures such as rationing, expedient water treatment, or construction of temporary water delivery systems.

3. **Wastewater Systems.** Wastewater treatment facilities are vulnerable to disaster-related interruptions and their unavailability can have a major impact on the community's health and well-being. The TCEQ, in cooperation with Public Works, has a responsibility for evaluating damage to those facilities, as well as advising local officials concerning expedient sanitation practices which may be required in the affected areas.
4. **Medical Facilities.** The Health Authority has primary responsibility for evaluating damage sustained by medical facilities in a disaster area. The hospitals and nursing homes in Fort Bend County and the Joint Resolution Jurisdictions will provide support in this activity. The facility administrator or his/her designee will gather initial damage reports and identify which patients must be removed pending repairs. This data will be provided to the lead facility to compile for the Health Authority's use.

G. Community Engagement with Local Organizations

1. FBCHHS will continually engage community organizations to establish new, or renew existing partnerships with private, non-profit, or other governmental entities to assist and ensure community preparedness through the provision of their expertise, resources, personnel, facilities, or other items not readily accessible to FBCHHS.
2. All partnerships between FBCHHS's Public Health Emergency Preparedness (PHEP) program and community agencies shall be formalized through written agreements such as an Inter-local Agreement, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or by informal communication such as e-mails demonstrating their support. When feasible, all informal agreements should be formalized with a written agreement.
3. Development of new partnerships
 - a) FBCHHS PHEP will assess and identify public health preparedness needs and availability of resources through planning, assessments, inventories, exercises, or directives.
 - b) PHEP will identify the capabilities required to fulfill needs.
 - c) PHEP will identify community organizations that may assist to meet identified needs.
 - d) PHEP will establish contact with identified community organizations to request partnership.
 - e) Both PHEP and the identified community-based organization will discuss needs and assess capacity to provide needed resources during a health emergency.
 - f) If formally agreed upon, a written agreement will be drafted and reviewed by both parties, and/or their legal representatives, and signed. If informally agreed upon, the community-based organization will provide a written statement of their support to PHEP.
 - g) Partnering organizations providing any type of services or resources to FBCHHS efforts will be included in future exercises, as appropriate, and maintain periodic communication.

- h) PHEP will also coordinate with FBC OEM to identify new agencies and organizations that become established in FBC.

H. Requesting External Assistance

1. If health and medical problems resulting from an emergency situation cannot be resolved with local resources, those obtained pursuant to inter-local agreements, or resources obtained by the resource management staff in the EOC, local governments may request medical or mortuary assistance from the State of Texas. Fort Bend County will make requests for such assistance to the DDC Chairperson in Pierce, Texas. Cities must request assistance through the Fort Bend County EOC.
2. Mutual Aid is achieved through regional coordination with established MOUs through the Houston-Galveston Area Council and the local Offices of Emergency Management. A regional Multi-Agency Coordination Center (MACC) concept has been developed to support local jurisdictions when assets and resources are needed and can be identified at the regional level. This may also include the afore mentioned CMOC to support health and medical requests. Requests for mutual aid are submitted through the regional crisis information management system, WebEOC. A local request then proceeds up to the next level to be fulfilled: Local request > MACC (regional mutual aid) > Regional DDC (State)/DSHS > State Operations Center. In the event that WebEOC is down, this process is conducted using phone, emails, and fax requests.

I. Surge Capacity

1. Indicators and Early Detection

The following are early warning indicators established to allow FBCHHS to quickly identify an incident or event which may exceed the department's ordinary capacity and may exceed its surge capacity:

- Credible report from response partners or private industry
 - County partners, physician reports, Real-time Outbreak and Disease Surveillance (RODS), hospital or physician phone calls, Regional EMS Systems report, etc.
- Positive lab test
- Single case of disease caused by uncommon agent
- Unusual cluster of disease in the population
- Surveillance system indicated higher than normal level of activity
 - Large number of ill persons with similar disease or syndrome.
 - Decreased school attendance rates.
 - Large number of an unexplained disease syndrome or deaths.
 - A higher morbidity and mortality than expected with a common disease or syndrome.
 - Failure of a common disease to respond to usual therapy.
 - Multiple unusual or unexplained disease entities coexisting in the same patient without other explanation.
 - Disease with unusual geographic or seasonal distribution.
 - Multiple atypical presentations of disease agents.
 - Similar genetic type among agents isolated from temporally or spatially distinct sources.

- Unusual, atypical, genetically engineered, or antiquated strain of agent.
- Endemic disease with unexplained increase in incidence.
- Simultaneous clusters of disease.
- Notification from neighboring jurisdiction of a positive from a Bio-watch sensor.
- Confirmed cases in neighboring jurisdictions

2. Alternate Care Site

FBCHHS maintains a plan for establishing an alternate care site when the need arises or a request is made. See Appendix 2 of Annex C (Shelter & Mass Care) for a list of alternate care sites.

3. Regional Plans

The DSHS Region 6/5 South has worked with all county partners to create several regional coordination plans:

- Regional Epidemiology Coordination Plan
- Regional Public Health Coordination Framework
- Alternate Care Site Plan

4. Hospital/Treatment Center Surge Capacity

FBCHHS works closely with the Southeast Texas Regional Advisory Council (SETRAC). During an incident SETRAC will activate their Catastrophic Medical Operations Center (CMOC) to assist with the ESF-8 (Public Health and Medical Services) response for Fort Bend County and other counties within the region. They are responsible for surge capacity planning and capabilities for medical facilities. SETRAC maintains plans and conducts trainings and exercises for:

- Catastrophic Medical Operations Center (CMOC) Basic Plan (includes the Ambulance Operations Plan and the Regional No-Notice Emergency Medical Response ConOps as annexes)
- Emergency Medical Task Force-6 (EMTF 6)
- Regional Alternate Care Sites
- Alpha Closed POD

5. Sources for Surge Capacity

Reference tables in Annex H.1B

6. Local medical inventories

Category A agents

- Possible Medications/Supplies:
 - Ciprofloxacin, Doxycycline, and other antibiotics (Quantities: Limited)
 - CHEMPACK (several within the Region)
- Location: Local pharmacies, hospitals and local health departments

7. Disease Outbreaks

- Possible Medications/Supplies:

- Tamiflu, N95 Masks, Hand Sanitizers, and other personal protective equipment (PPE)
 - Quantities vary but are limited
- Location: Local pharmacies, FBCHHS warehouse, Regional MOU's

J. Activities By Phases of Emergency Management

1. Mitigation:

- a) Give immunizations.
- b) Conduct continuous health inspections.
- c) Promote and encourage the use of the blood donation program.
- d) Conduct specialized training (e.g. hazmat, decontamination, etc.).
- e) Conduct epidemic intelligence, evaluation, presentation, and detection of communicable diseases.
- f) Conduct normal public health awareness programs.

2. Preparedness:

- a) Coordinate with local partners on the development of response plans.
- b) Maintain adequate medical supplies.
- c) Acquire and maintain appropriate response equipment and materials.
- d) Coordinate with Fort Bend County and its Joint Resolution Jurisdictions' officials to ensure water quality.
- e) Coordinate with Fort Bend County and its Joint Resolution Jurisdictions' officials to provide safe waste disposal.
- f) Review emergency plans for laboratory activities regarding examination of food and water, diagnostic tests, and identification, registration and disposal of the deceased.
- g) Recruit, train and exercise personnel.
- h) Identify and assess facilities suitable for use as alternate care sites and to support medical surge and medical sheltering operations.
- i) Identify and assess facilities to conduct mass prophylaxis operations.

3. Response:

- a) Conduct public information programs dealing with personal health and hygiene.
- b) Conduct disease control operations.
- c) Monitor sanitation activities.
- d) Ensure that supplies of potable water are available.
- e) Conduct environmental health activities regarding waste disposal, refuse, food and water control, and vector control.
- f) Begin the collection of vital statistics.

4. Recovery:

- a) Compile health reports for state and federal officials.

- b) Identify potential and/or continuing hazards affecting public health.
- c) Distribute appropriate guidance for the prevention of the harmful effects of the hazard.
- d) Continue to collect vital statistics.

VI. ORGANIZATION & ASSIGNMENT RESPONSIBILITIES

A. Organization

1. The normal emergency organization, described in Section VI.A of the Basic Plan and depicted in Attachment 3 to that Plan, will plan and carry out health and medical operations during emergency situations.
2. The Fort Bend County and/or Joint Resolution Jurisdiction Health Departments functions as the local Health Authority. The Health Authority has primary responsibility for the health and medical services function and shall designate a Health Officer to plan and coordinate public health and medical services during emergency situations. The Health Officer or a designee shall serve as a member of the EOC Staff. Health and medical service response activities at an incident scene will be coordinated through the Incident Commander. Large-scale health and medical efforts shall be coordinated from the EOC.
3. Upon receipt of official notification of an actual or potential emergency condition, it is the responsibility of the Health Authority to receive and evaluate all requests for health and medical assistance and to disseminate such notification to all appropriate public health, medical, and mortuary services.

B. Assignment of Responsibilities

1. General

All agencies/organizations assigned to provide health and medical services support are responsible for the following:

- a) Designating and training representatives of their agency, to include NIMS and ICS training.
- b) Ensuring that appropriate standard operating procedures (SOPs) are developed and maintained.
- c) Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the EOC and, as needed, in the field.

2. Emergency Functions

Under the Fort Bend County and/or Joint Resolution Jurisdictions Emergency Management Plan, the Health Authority has primary responsibility to coordinate the following services in response to emergency situations:

- a) Essential medical, surgical, and hospital care and treatment outside the hospital setting for persons whose illnesses or injuries are a result of a disaster or where care and treatment are complicated by a disaster.
 - b) Public health protection for the affected population.
 - c) Mortuary and vital records services.
 - d) Damage assessment for public health & medical facilities and systems.
3. To ensure that these services are available as needed, various medical and public health services have been assigned primary or support responsibility for specific activities. Those activities, and the services responsible for their accomplishment, are summarized below.

C. Task Assignments

- 1. The Health Authority will:
 - a) Designate a Health Officer to perform pre-emergency planning for emergency health and medical services and coordinate such activities during major emergencies and disasters.
 - b) Provide qualified staff to support health and medical operations at the Incident Command Post (ICP) and the EOC.
- 2. The Health Officer and Health Authority will:
 - a) Coordinate emergency health and medical activities from the EOC when that facility is activated.
 - b) Rapidly assess health and medical needs.
 - c) Oversee and coordinate the efforts of local health and medical organizations activated for an emergency, assess their needs, help them obtain additional resources, and ensure that necessary services are provided.
 - d) Ensure that emergency medical teams responding to a disaster site establish a medical command post.
 - e) Coordinate with neighboring community health and medical organizations on matters related to assistance from other jurisdictions.
 - f) Coordinate with state and federal officials regarding state and federal assistance.
 - g) Coordinate with incoming response units, such as DMAT, and screen individual health and medical volunteers.
 - h) Ensure that positive identification and proof of licensure is obtained from all volunteers.
 - i) Coordinate the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
 - j) Provide qualified staff to support a County Joint Information Center (JIC).
 - k) Provide, through the Public Information Officer (PIO) or JIC, information to the news media on casualties and instructions to the public on dealing with public health problems.

- l) Coordinate the provision of laboratory services required in support of emergency health and medical services.
- m) Coordinate immunization campaigns or quarantines, if required.
- n) Assess and coordinate the needs of the medical needs population.
- o) Coordinate inspection of food, water, drugs, and other consumables that were exposed to the hazard.
- p) Coordinate inspection of damaged buildings for health hazards.
- q) Coordinate with county and /or city animal control agencies to dispose of dead animals.
- r) Coordinate the implementation of measures to prevent or control disease vectors such as flies, mosquitoes, and rodents.
- s) Establish preventive health services, including control of communicable diseases, such as influenza, particularly in shelters.
- t) Monitor food handling and sanitation in emergency facilities.

3. Epidemiology will:

- a) Maintain and monitor surveillance systems and incoming reports from local hospitals, neighboring jurisdictions, DSHS, CDC, and local physicians.
- b) Investigate disease outbreaks and analyze for significant public health impact.
- c) Conduct outbreak management activities.
- d) Coordinate laboratory testing with local hospitals and providers.

For further information on Epidemiology refer to Annex H.8.C – Epidemiology and Surveillance.

4. Emergency Medical Service will:

- a) Respond to the scene with appropriate emergency medical personnel and equipment.
- b) Upon arrival at the scene, assume an appropriate role in the incident command structure. If incident command has not been established, initiate, it and report to the Communications Center and/or EOC.
- c) Triage, stabilize, treat, and transport the injured.
- d) Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate facilities.
- e) Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.) and radio and/or telephone communications with hospitals, as appropriate.
- f) Direct the activities of private, volunteer, and other emergency medical units, and of bystander volunteers, as needed.
- g) Evacuate patients from affected hospitals and nursing homes, if needed.

5. Hospitals will:

- a) Implement internal and/or external disaster plans.

- b) Advise the Health Officer and medical services staff in the EOC of conditions at the facility and the number and type of available beds.
- c) Establish and maintain field and inter-facility medical communications.
- d) Provide medical guidance, as needed, to EMS.
- e) Coordinate with EMS, other facilities, and any medical response personnel at the scene to ensure the following is accomplished:
 - 1) Casualties are transported to the appropriate medical facility.
 - 2) Patients are distributed to and among hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, and bed capacity.
 - 3) Take into account special designations such as trauma centers and burn centers.
 - 4) Consider the use of clinics to treat less than acute illnesses and injuries.
- f) Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
- g) Coordinate with other hospitals and with EMS on the evacuation of affected hospitals, if necessary. Evacuation provisions should specify where the patients are to be taken.
- h) Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
- i) Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.
- j) Provide patient identification information to the American Red Cross upon request.
- k) Coordinate with FBCHHS Epidemiology to detect and report illness or injury indicative of a public health emergency.

6. The Mental Health Authority will:

Ensure that appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. Information on disaster mental health services procedures can be found in Annex O (Human Services).

7. Social Services will:

- a) Provide appropriate human service assistance during and immediately following a disaster.
- b) Coordinate with local services agencies and Voluntary Organizations Active in Disaster (VOAD) agencies to organize volunteer disaster assistance and ensure basic human services are provided.
- c) Coordinate with FBCHHS to assist the functional and medical needs community.
- d) Engage in disaster case management activities to ensure community needs are met.
- e) Assist with the coordination and operation of a Family Assistance Center following a mass fatality incident.
- f) Assist with community recovery operations by coordinating with the Fort Bend County long-term recovery group, Fort Bend Recovers.

For additional information regarding the role of Social Services in recovery refer to Annex J (Recovery) and Annex O (Human Services).

8. The Justice(s) of the Peace/Medical Examiners will:
 - a) Conduct inquests for the deceased and prepare death certificates.
 - b) Order or conduct autopsies, if necessary, to determine cause of death.
 - c) Order or conduct forensic investigations to identify unidentified bodies.
 - d) Authorize removal of bodies from incident sites to the morgue or mortuary facilities.
 - e) Provide information through the JIC or PIO to the news media for the dissemination of public advisories, as needed.

9. Law Enforcement will:
 - a) Upon request, provide security for medical facilities.
 - b) Conduct investigations of deaths not due to natural causes.
 - c) Locate and notify next of kin.
 - d) Enforce local health ordinances during public health emergencies.

For further information regarding law enforcement and legal issues refer to H.8.C.5: Isolation and Quarantine and Annex U (Legal).

10. Mortuary Services will:
 - a) Provide for the collection and care of human remains.
 - b) Establish temporary holding facilities and morgue sites, if required.
 - c) Coordinate, as necessary, with emergency health and medical services.

For information regarding Mass Fatality Management, refer to Attachment B, to Appendix 3 of Annex H.

11. Fort Bend County Road & Bridge and Parks Department and/or the Joint Resolution Jurisdictions' Public Works Department, Building, and/or Grounds Departments will:
 - a) Inspect damaged medical facilities owned / operated by the jurisdiction.
 - b) Make temporary repairs to medical facilities owned / operated by the jurisdiction.

12. Utility Providers will:
 - a) Coordinate in restoring utility service to key medical facilities.

13. Public Information Office (PIO) will:
 - a) Disseminate emergency public information provided by health and medical officials. The Health Officer has primary responsibility for coordination of health & medical information intended for release through public media during emergency operations,

with support provided by those public health and medical services responsible for particular aspects of the response. Additional information on emergency public information procedures can be found in Annex I (Emergency Public Information).

- b) Support County JIC operations.

14. State Partners

- a) Texas Department of State Health Services – Region 6/5S

- 1) Serves as a liaison between FBCHHS and the DSHS in Austin regarding response guidance and resource requests.
- 2) Provides limited surge capacity for Epidemiological response and incident management.
- 3) Disseminates information regionally and keeps all locals informed.
- 4) Promotes local coordination through regional meetings, conference calls, and emails.

- b) Texas Department of State Health Services – Austin

- 5) Develops and disseminates response guidance to the health service regions and local health departments.
- 6) Serves as a resource for incident management response teams.
- 7) Supports training for local health departments and provides guidance on exercise development.
- 8) Provides laboratory services for specimen determination.
- 9) Provides administrative oversight regarding use of grant funds and gives guidance on proper expenditures during routine and disaster operations.
- 10) Serves as liaison to other state agencies and federal partners, e.g. Texas Animal Health Commission, Texas Department of Agriculture, Centers for Disease Control and Prevention.

- c) Texana Center

- 11) Serves as the Mental Health Authority for Fort Bend County.
- 12) Provides disaster behavioral health surge capacity during emergency response and recovery operations.
- 13) Participates in and supports local workgroups to assist with local planning and response operations.

15. Federal Partners

- a) American Red Cross

- 1) Serves as the primary agency responsible for mass care general population sheltering in Fort Bend County.
- 2) Provides logistical support to FBCHHS during medical needs sheltering operations when co-locating with a general population shelter.
- 3) Provides shelter training for local Medical Reserve Corps volunteers.

For information regarding shelter and mass care, refer to Annex C (Shelter and Mass Care).

- b) Centers for Disease Control and Prevention (CDC)

- 1) Provides local guidance to support emergency response and recovery operations.
 - 2) Maintains extensive website as a resource for local health departments.
 - 3) Assists with local outbreak investigations of national interest.
 - 4) Provides technical support and training regarding epidemiological reporting systems.
 - 5) Maintains adverse effects hotline for local consumer use.
- c) Federal Bureau of Investigation (FBI)
- 1) Assists with joint investigations with local health departments and law enforcement agencies for acts of bio-terrorism.
 - 2) Collects and disseminates information from a regional fusion center regarding potential and ongoing biological threats and outbreaks.
 - 3) Provides joint criminal and epidemiological investigation training.

VII. DIRECTION & CONTROL

A. General

1. The Health Officer, working as a staff member of Fort Bend County and/or the Joint Resolution Jurisdictions' emergency organization and supported by an appropriate staff, shall direct and coordinate the efforts of local health and medical services, agencies, and organizations during major emergencies and disasters requiring a coordinated response.
2. Routine health and medical services operations may continue during less severe emergency situations. Direction and control of such operations will be by those that normally direct and control day-to-day health and medical activities.
3. External agencies providing health and medical support during emergencies are expected to conform to the general guidance provided by senior decision-makers and carry out mission assignments directed by the Incident Commander or the EOC. However, organized response units will normally work under the immediate control of their own supervisors.
4. FBCHHS, the local Health Authority, will participate as part of the Policy Group with the County Judge and/or the Joint Resolution Jurisdictions' Mayors or City Managers, emergency services staff, and the County Attorney or appointed representative. The County Attorney's Office will appoint a staff attorney to serve in the EOC as part of the Policy Group to advise HHS on legal matters. For additional information on legal roles and responsibilities reference Annex U (Legal) of the FBC Emergency Operations Plan and Annex H.8.C.5: Health & Medical H.8.C.5 (Isolation and Quarantine).

B. Incident Command System – EOC Interface

If both the EOC and an ICP are operating, the Incident Commander and the EOC must agree upon a specific division of responsibilities for emergency response activities to avoid duplication of effort, as well as conflicting guidance and direction. The EOC and the ICP must maintain a regular two-way information flow. A general division of responsibilities

between the ICP and the EOC that can be used as a basis for more specific agreement is provided in Section V of Annex N (Direction & Control).

C. Disaster Area Medical Coordination

1. In emergency situations involving significant damage to Fort Bend County and/or the Joint Resolution Jurisdictions' medical facilities, each facility shall be responsible for determining its overall status and compiling a consolidated list of resources or services needed to restore vital functions. Each operating unit will report its status and needs to a single contact point designated by the facility. This facility contact should consolidate the data provided and report it to the Health Officer in the EOC.
2. The Health Officer must be prepared to receive the consolidated requests and channel various elements of those requests to local health and medical facilities as well as other departments, agencies, and organizations that can best respond. Requests for resources that cannot be obtained through normal sources of supply or through mutual aid by health and medical facilities outside the local area should be sent to the Resource Management staff in the EOC for action.

D. Line of Succession

To ensure continuity of health and medical activities during threatened or actual disasters, the following line of succession is established for the Health Officer. The line of succession is broken down into two parts: medical authority and administrative authority.

1. Medical Authority
 - a) Health & Human Services Director
 - b) EMS Medical Director
 - c) Local Health Authority City of Sugar Land
2. Administrative Authority
 - a) Health & Human Services Director
 - b) Health & Human Services Deputy Director
 - c) Public Health Preparedness Coordinator and Clinical Health Services Director

VIII. READINESS LEVELS

A. Level 4: Normal Conditions:

1. Review and update plans and related SOPs.
2. Review assignment of all personnel.
3. Coordinate with local private industries on related activities.
4. Maintain a list of health & medical resources (see Annex M (Resource Management)).
5. Maintain and periodically test equipment.

6. Conduct appropriate training, drills, and exercises.
7. Develop tentative task assignments and identify potential resource shortfalls.
8. Establish a liaison with all private health & medical facilities.

B. Level 3: Increased Readiness:

1. Check readiness of health and medical equipment, supplies, and facilities.
2. Correct any deficiencies in equipment and facilities.
3. Check readiness of equipment, supplies, and facilities.
4. Correct shortages of essential supplies and equipment.
5. Update incident notification and staff recall rosters.
6. Notify key personnel of possible emergency operations.
7. Review procedures for relocating patients and determine the availability of required specialized equipment if evacuation of health & medical facilities may be required.

C. Level 2: High Readiness:

1. Alert personnel to the possibility of emergency duty.
2. Place selected personnel and equipment on standby.
3. Identify personnel to staff the EOC and ICP if those facilities are activated.

D. Level 1: Maximum Readiness:

1. Mobilize health and medical resources to include personnel and equipment.
2. Dispatch health and medical representative(s) to the EOC when activated.

IX. ADMINISTRATION & SUPPORT

A. Reporting

1. In addition to reports that may be required by their parent organizations, health & medical agencies and organizations participating in emergency operations should provide appropriate situation reports to the Incident Commander, or if an incident command operation has not been established, to the Health Officer in the EOC. The Incident Commander will forward periodic reports to the EOC.
2. Pertinent information from all sources will be incorporated into the Initial Emergency Report and the periodic Situation Report that is prepared and disseminated to key

officials, other affected jurisdictions, and state agencies during major emergency operations. The essential elements of information for the Initial Emergency Report and the Situation Report are outlined in Appendices 2 and 3 to Annex N (Direction and Control).

B. Maintenance and Preservation of Records

1. **Maintenance of Records.** Health and medical operational records generated during an emergency will be collected and filed in an orderly manner. This is so a record of events is preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.
2. **Documentation of Costs.** Expenses incurred in carrying out health and medical services for certain hazards, such as radiological accidents or hazardous materials incidents, may be recoverable from the responsible party. Hence, all departments and agencies will maintain records of personnel and equipment used and supplies consumed during large-scale health and medical operations.
3. **Preservation of Records.** Vital health and medical records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency situation, professional assistance for preserving and restoring those records should be obtained as soon as possible.
4. **Agreements and Memoranda of Understanding (MOU)** in support of Annex H (Health & Medical) will be maintained electronically and in hard copy. Documents will be tracked in a spreadsheet and the list reviewed annually to determine which documents need to be renewed and/or updated. Following the review by PHEP staff, additional departments such as Fort Bend County Purchasing Department and County Attorney's Office will be engaged to renew and establish new agreements and MOUs when needed. All MOUs and agreements will be approved through Fort Bend County Commissioner's Court for final approval.

C. Post Incident Review

For large-scale emergencies and disasters, the County Judge of Fort Bend County and/or the Joint Resolution Jurisdictions' Mayors and City Managers and Emergency Medical Coordinator shall organize and conduct a review of emergency operations by those tasked in this annex in accordance with the guidance provided in Section IX.E of the Basic Plan. The purpose of this review is to identify needed improvements to this annex, procedures, facilities, and equipment. Health and medical services that participated in the emergency operations that are being reviewed should participate in the post-incident review.

D. Exercises

Health and medical personnel should attend local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards identified by Fort Bend County and the Joint Resolution Jurisdictions.

Staff will ensure that the Continuity of Operations Plan (COOP) includes health and medical services operations and that those operatives are included in the Fort Bend County Base Plan.

FBCHHS will provide oversight/accountability that additional drills and exercises are conducted by support agencies and staff, routinely identify hazards, develop strategies, and test core capabilities as a means to respond effectively to health and medical emergencies.

E. Resources

1. A list of local health & medical facilities is provided in Appendix 1.
2. A list of deployable health and medical response resources is provided in Annex M (Resource Management).
3. Resources not immediately available will be requested through the Logistics section of the EOC and purchases orders expedited as outline in section 5.3 of the Fort Bend County Purchasing Manual.

X. ANNEX DEVELOPMENT & MAINTENANCE

- A. The Fort Bend County and Joint Resolution Jurisdictions' Health Authorities are responsible for developing and maintaining this annex. Recommended changes to this annex should be forwarded as needs become apparent.
- B. This annex will be revised annually and updated in accordance with the schedule outlined in Section X of the Basic Plan.
- C. Departments and agencies assigned responsibilities in this annex are responsible for developing and maintaining SOPs covering those responsibilities.

XI. REFERENCES

- A. Annex H (Health & Medical Services) to the *State of Texas Emergency Management Plan*.
- B. Texas Department of State Health Services (DSHS) website: www.dshs.state.tx.us.
- C. DSHS Health Services Region website: <http://www.dshs.state.tx.us/regions/default.shtm> . This site contains information on the counties served by the 11 DSHS Health Service Regions.
- D. <http://www.usa.com/fort-bend-county-tx-population-and-races.htm#PopulationbyAge>
- E. <http://osd.texas.gov/Data/Decennial/2010/DPSF>

XII. ANNEX H APPENDICES

Appendix H.1 – Local Health and Medical Facilities

Appendix H.1A – TPHRAT

Appendix H.1B – Surge Table

Appendix H.2 – Warning

Appendix H.2A – Communications

Attachment H.2A.A – 800 MHz Handheld Radio Standard Operating Guidelines

Appendix H.3 – Shelter and Mass Care (Annex C – Shelter and Mass Care)

Attachment H.3.A – Animal Care

Attachment H.3.B – Mass Fatality Management

Attachment H.3.C – Excessive Heat Guideline

Attachment H.3.D – Alternate Care Site Initiative

Appendix H.4 – Radiological Protection

Appendix H.5 – Evacuation

Appendix H.6 – Fire Fighting

Appendix H.7 – Law Enforcement

Appendix H.8 – Health and Medical Services

Attachment H.8.A – Bioterrorism Preparedness & Response Plan

Tab H.8.A.1 – Medical Counter Measures (Strategic National Stockpile)

SOG H.8.A.1.A – Receiving, Staging, and Storing

SOG H.8.A.1.B – Treatment Center Coordination

SOG H.8.A.1.C – Inventory Control

SOG H.8.A.1.D – Repackaging SNS Assets

SOG H.8.A.1.E – Security

SOG H.8.A.1.F – Dispensing

SOG H.8.A.1.G – Command and Control

SOG H.8.A.1.H – Tactical Communications

SOG H.8.A.1.I – Distribution

Tab H.8.A.2 – 1st Responder Prophylaxis

Tab H.8.A.3 – CHEMPACK

SOG H.8.A.3.1 – Controlled Substance Transfer Form

SOG H.8.A.3.2 – Incident Record

SOG H.8.A.3.3 – Revised CHEMPACK SOGs [Guidance from

DSHS]

SOG H.8.A.3.4 – Flow Diagram and Points of Contact

Attachment H.8.B – Dispensing

Attachment H.8.C – Epidemiology and Surveillance

Tab H.8.C.1 – Pandemic Influenza

Tab H.8.C.2 – Severe Acute Respiratory Syndrome (SARS)

Tab H.8.C.3 – Smallpox

Tab H.8.C.4 – Laboratory Response

Tab H.8.C.5 – Isolation & Quarantine

Tab H.8.C.6 – Disease Reporting

Tab H.8.C.7 – High Consequence Infectious Disease Response: Ebola and Other Pathogens

Tab H.8.C.8 – Arbovirus Management Plan

Attachment 1 – Zika Virus Response Guideline

Attachment 2 – Term Contract for Contingency Aerial Spraying for Mosquito Control for Fort Bend County

- Attachment 3 – CDC Arbovirus Testing Algorithms
- Attachment 4 – DSHS Chikungunya, Dengue, and Zika PCR and Serology Specimen Criteria
- Attachment H.8.D – Disaster Behavioral Health
- Attachment H.8.E – Hospital & Medical Services Coordination
 - Tab H.8.E.1 – Triage
 - Tab H.8.E.2 – Mass Casualty Incident Response
- Appendix H.9 – Staffing Management
 - Attachment H.9.A – Volunteers
 - Attachment H.9.B – Worker Safety
- Appendix H.10 – Public Information
 - Crisis and Emergency Risk Communication (CERC) Plan
- Appendix H.11 – Recovery
 - Attachment H.11.A – Continuity of Operations
 - Animal Control EOP
 - Environmental Health Department EOP
 - Emergency Medical Service EOP
 - Administration and Public Health Preparedness EOP
 - COOP Plans
 - Annex 1 – Animal Services
 - Annex 5 – Clinical Health Services
 - Annex 28 – Emergency Medical Services
 - Annex 35 – Health and Human Services
 - Annex 56 – Social Services Department
 - Annex 58 – Veterans Services Office
 - Continuity of Operations Locations
- Appendix H.12 – Public Works
- Appendix H.13 – Energy and Utilities
- Appendix H.14 – Resources Management
- Appendix H.15 – Direction and Control
 - Attachment H.15.A – ICS Organizational Chart
 - Health and Human Services Coordination Center Technical Guidance
- Manual
 - Appendix H.16 – Hazard Mitigation
 - Appendix H.17 – Hazmat & Oil Spill
 - Appendix H.18 – Search and Rescue
 - Appendix H.19 – Transportation
 - Appendix H.20 – Donations Management
 - Appendix H.21 – Legal
 - Appendix H.22 – Terrorist Incident Response
- SNS Technical Guidance Manual

APPENDIX 1 HOSPITALS

ATRIUM Medical Center LTC	11929 W. Airport	Stafford	TX	77477	(281) 207-8350
Christus St. Catherine Health	701 S. Fry Rd.	Katy	TX	77450	(281) 599-5700
Emerus ER Hospital	16000 Southwest Frwy	Sugar Land	TX	77479	(281) 277-0911
Katy Rehabilitation Hospital	21720 Kingsland Blvd.	Katy	TX	77450	(281) 579-5555
Memorial Hermann Sugar Land Hospital	117500 W. Grand Pkwy. S	Sugar Land	TX	77479	(281) 725-5280
Memorial Hermann Katy Hospital	23900 Katy Freeway	Katy	TX	77494	(281) 644-7119
Methodist Sugar Land Hospital	16655 Southwest Freeway	Sugar Land	TX	77479	(281) 726-7819
Oak Bend Medical Center	1705 Jackson St.	Richmond	TX	77469	(281) 341-3000
Oak Bend Medical Center – Williams Way	22003 Southwest Freeway	Richmond	TX	77469	(281) 341-2000
St. Luke's Episcopal Hospital Sugar Land	1317 Lake Pointe Pkwy.	Sugar Land	TX	77478	(281) 277-1228
HealthSouth Sugar Land Rehabilitation Hospital	1325 Highway 6	Sugar Land	TX	77478	(281) 276-7574
Sugar Land Surgical Hospital	1211 Hwy 6, Suite, #70	Sugar Land	TX	77478	(281) 243-1040
Kindred Hospital Southwest LTC	1551 First Colony Blvd.	Sugar Land	TX	77479	(281) 275-6050

Clinics

St. Michael's 24hr Emergency Room	16062 Southwest Freeway @ Hwy 6, Suite #2	Sugar Land	TX	77479	(281) 980-4357
Citizens Health Center	4203 Avenue 'H', Suite #10	Rosenberg	TX	77471	(832) 595-6552
Clinical Health Ser - Missouri City	303 Texas Parkway, Suite #202	Missouri City	TX	77459	(281) 403-8041
Clinical Health Ser. - Rosenberg	4520 Reading Rd., Suite 'A'	Rosenberg	TX	77471	(281) 342-6414
Doctors Clinic	1217 1 st St.	Rosenberg	TX	77471	(281) 342-8761
Access Health	10435 Greenbough Dr., Suite #300	Stafford	TX	77477	(281) 261-4668
Access Health	400 Austin St.	Richmond	TX	77469	(281) 342-4530
Grand Cinco Medical Clinic	2830 Commercial Center Blvd., Suite #102	Katy	TX	77494	(281) 693-1700
Grand Parkway Doctors Center	4911 Sandhill Dr.	Sugar Land	TX	77479	(281) 634-9600
Grand Parkway Pediatrics	5610 W. Park Dr., Suite 'A'	Sugar Land	TX	77479	(281) 494-8687
Hillcroft Medical Clinic	1429 Highway 6	Sugar Land	TX	77478	(281) 491-5200
Hope Women Clinic	1601 Main St., Suite #107	Richmond	TX	77469	(832) 595-6200
IMU Immunization Southwest Clinic	12869 Capricorn St.	Stafford	TX	77477	(281) 313-7468
Katy Urgent Care	21700 Kingsland Blvd., Suite	Katy	TX	77450	(281) 829-6570

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Kelsey Seybold Clinic	11555 University Blvd.	Sugar Land	TX	77478	(713) 442-9100
Med-Cure	4114 Ave. H	Rosenberg	TX	77471	(281) 342-7375
Memorial Hermann Clinic	1002 E. Stadium Dr.	Rosenberg	TX	77471	(281) 762-8383
Minute Clinic	6220 Sienna Parkway	Missouri City	TX	77459	(866) 389-2727
Mt. Houston Urgent Care	11753 W. Bellfort St., Suite #100	Stafford	TX	77477	(281) 495-1178
New Hope Clinic FBC	10435 Greenbough Dr., Suite #300	Stafford	TX	77477	(281) 261-0182
Next Level Urgent Care	10705 Spring Green Blvd., Ste. 600	Katy	TX	77494	(281) 907-9646
Next Level Urgent Care	8720 Hwy 6, Ste 400	Missouri City	TX	77459	(832) 342-9204
Next Level Urgent Care	7101 Grand Pkwy, Ste. 180	Richmond	TX	77407	(832) 304-2309
Next Level Urgent Care	16902 SW Frwy, Ste. 108	Sugar Land	TX	77479	(281) 783-8162
Night Light Pediatric Urgent Care	15551 Southwest Freeway	Sugar Land	TX	77478	(281) 325-1010
Preferred Women's Care	777 S. Fry Rd.	Katy	TX	77450	(281) 398-8484
Redi Clinic	19900 Highway 59	Sugar Land	TX	77479	(281) 341-8330
Redi Clinic	6711 S. Fry Rd.	Katy	TX	77494	(281) 395-5080
Richmond/Rosenberg Clinic	117 Lane Dr., Suite #2	Rosenberg	TX	77471	(281) 633-0148
Signature Care Emergency Care	8910 Hwy 6 S.	Houston	TX	77083	(713) 999-4440
South Texas Medical Clinics, P.A.	2520 B.F. Terry Blvd. (FM 2218)	Rosenberg	TX	77471	(281) 342-6006
South Texas Medical Clinics, P.A.	3006 School St.	Needville	TX	77461	(979) 793-4114
Stafford Community Clinic	13004 Murphy Rd.	Stafford	TX	77477	(281) 265-0006
Stafford Community Clinic	13004 Murphy Rd.	Stafford	TX	77477	(281) 265-0006
Sugar Land Med-Ped Clinic	3533 Town Center Blvd.	Sugar Land	TX	77479	(281) 313-7468
Sugar Land Urgent Care Center	4415 Highway 6	Sugar Land	TX	77478	(281) 494-7773
Total Health Clinic Inc.	4611 S. Main St., Suite #7	Stafford	TX	77477	(281) 277-8396
TX Children Health Center, Sugar Land	15400 SW Freeway., Suite #200	Sugar Land	TX	77478	(281) 494-7010
US Healthworks Southwest	10521 Corporate Dr.	Stafford	TX	77477	(281) 277-7997
US Healthworks SW	10521 Corporate Dr.	Stafford	TX	77477	(281) 277-7991
UTMB Maternal Child	2503 S. Main St., Suite 'B'	Stafford	TX	77477	(281) 499-3004
Wellness Clinic	1110 FM 2234 Rd.	Stafford	TX	77477	(281) 208-0000

Nursing Homes & Assisted Living

Ada's Personal Care Home	2015 Eastfield Circle	Missouri City	TX	77459	(281) 438-1677
Atria Assisted Living	1401 Soldiers Field Dr.	Sugar Land	TX	77479	(281) 494-4200

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Bethel Home Care	7315 Towerview Ln.	Missouri City	TX	77489	(281) 437-2956
Brazosview Healthcare Center	2127 Preston	Richmond	TX	77469	(281) 342-2801
BTTC Pin Oak House / Texana	1818 Collins Rd., Bldg. 'B'	Richmond	TX	77469	(281) 239-1122
BTTC Willow Glen House / Texana	1818 Collins Rd., Bldg. 'A'	Richmond	TX	77469	(281) 239-1122
Calvary Care Living Centers	9517 Pasadero Dr.	Houston	TX	77083	(713) 777-3174
Cambridge Health & Rehab	1106 Golfview	Richmond	TX	77469	(281) 344-9191
Cambridge Square Retirement Center	2700 Avenue N	Rosenberg	TX	77471	(281) 344-8444
Caring People	914 Frost St.	Rosenberg	TX	77471	(281) 344-9911
Cinco Ranch Ranch Alzheimers Special Care Center	3206 South Fry Rd.	Katy	TX	77450	(281)599-3334
Colonial Oaks at First Colony	13825 Lexington Blvd.	Sugar Land	TX	77478	(281) 277-0900
Comfy Home	21819 Hollow Field Lane	Katy	TX	77450	(281) 398-6207
Divine Living Center	15635 Sierra Valle	Houston	TX	77083	(281) 530-0982
Faith Personal Home Care	3718 Lkae Edinburg	Richmond	TX	77469	(281) 762-3381
First Colony Health and Rehabilitation Center	4710 Lexington Blvd.	Missouri City	TX	77459	(281) 499-4710
Fort Bend Healthcare Center	3010 Bamore	Rosenberg	TX	77471	(281) 342-2142
Gems Quality Care Home	1407 River Rock Dr.	Missouri City	TX	77489	(281) 438-9789
Golden Meadows Personal Care	7419 Maczali Street	Missouri City	TX	77489	(281) 438-5515
Golden Splendor	8610 Quail Vista	Missouri City	TX	77489	(281) 835-0662
Greatwood Assisted Living	7001 Riverbrook Drive	Sugar Land	TX	77479	(281) 343-8400
Home Sweet Home Residential Care Facility for the Elderly	13218 Nantucket Dr.	Sugar Land	TX	77478	(281) 704-1164
Jordan House Personal Care Facility	12014 South Meadow Dr.	Stafford	TX	77477	(281) 240-4332
Josephine's Home Care	7510 Dawnbriar Ct.	Missouri City	TX	77459	(281) 437-9800
Medinurse Assisted Living Home	16127 Mission Glen Dr.	Houston	TX	77083	(832) 788-9051
Oak Bend Medical Center SNF	1705 Jackson Street	Richmond	TX	77469	(281) 238-7819
Oasis Lifestyles	11919 W. Airport Blvd.	Stafford	TX	77477	(281) 240-1707
Optimum Personal Care, Inc.	2021 FM 1092	Missouri City	TX	77459	(281) 208-2318
Optimum Personal Care, Inc.	2019 FM 1092	Missouri City	TX	77459	(281) 208-2320
Optimum Personal Care, Inc.	2021-B FM 1092	Missouri City	TX	77459	(281) 403-0789
Optimum Personal Care, Inc.	2021-A FM 1092 (Murphy Rd.)	Missouri City	TX	77459	(281) 403-0779

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Park Manor of Quail Valley	2350 FM 1092	Missouri City	TX	77459	(281) 499-9333
Plantation Personal Care Home	4118 Knight Rd.	Fresno	TX	77545	(281) 431-0995
Quality Personal Care	11750 Padon Rd.	Needville	TX	77461	(979) 618-9199
Quality Personal Care Home	543 Dalewood Dr.	Missouri City	TX	77489	(281) 438-9231
Quality Personal Care Home 5	703 E. Palm St.	Fresno	TX	77545	(281) 431-8418
Richmond Health Care Center	705 Jackson Street	Richmond	TX	77469	(281) 238-8006
Rosenberg Health & Rehabilitation Center	1419 Mahlman Street	Rosenberg	TX	77471	(281) 342-0065
Shepherd Personal Care Home	2810 Troy Dr.	Missouri City	TX	77459	(281) 437-2003
Silverado Senior Living Center	1221 Seventh Street	Sugar Land	TX	77478	(281) 277-1221
Spanish Meadows Nursing & Rehab	1480 Katy Flewellen	Katy	TX	77494	(281) 394-0088
SPJST Rest Home No. 2	3611 Main Street	Needville	TX	77461	(979) 793-4256
Sugar Land Assisted Living, LLC.	3060 Edgewater Dr.	Sugar Land	TX	77478	(281) 313-2500
Sugar Land Health Care Center	333 Matlage Way	Sugar Land	TX	77478	(281) 491-2226
Sugar Land Oaks	151 Commerce Green Blvd.	Sugar Land	TX	77478	(281) 491-6257
The Villa at Willow Colony, LLC.	26110 Willow Colony Ln.	Katy	TX	77494	(281) 395-8728
Wildwood Terrace Assisted Living Facility	15318 Wildwood Glen	Houston	TX	77083	(281) 498-6977
Zimac Care Center, Inc.	10101 Fondren, Suite 136	Houston	TX	77096	(713) 272-7004