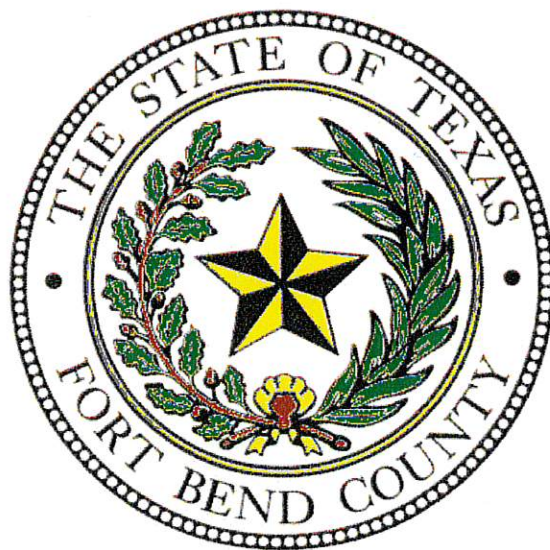


# **ANNEX N**



## **DIRECTION & CONTROL**

**Fort Bend County**

# APPROVAL & IMPLEMENTATION

## Annex N

### Direction & Control

Approved:

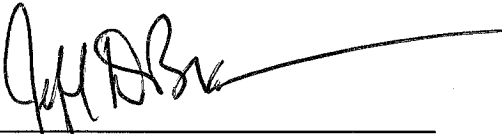


Robert E. Hebert  
Fort Bend County Judge

11/6/18

Date

Reviewed by:



Jeff D. Braun  
Emergency Management Coordinator  
Fort Bend County

10/16/18

Date

# RECORD OF CHANGES

## Annex N

### Direction and Control

Change #	Page #	Changes Made	Recorded by/Date of Change
1		NIMS	D. R. Jan / 10-15-05
2	Multiple	National Response Plan (NRP) to National Response Framework (NRF)	Janette Walker/12-11-09
3	21	EOC Staff Roster	Janette Walker/12-15-09
4	Multiple	Assistant to Deputy	Janette Walker/12-15-09
5	Multiple	Removed City Manager	Janette Walker/12-15-09
6	14	Added PIER, WebEOC, i-INFO	Janette Walker/12-15-09
7	Tab D	Added New operations Room Diagram & 2 <sup>nd</sup> Floor Layout	Janette Walker/12-15-09
8	Appendix 4	Animal Issues Committee Plan	Janette Walker/12-15-09
9	Multiple	Add Appendix 4	Alan Spears 09/2013
10	Tab B to Appendix 1	Added EOC Activation-Deactivation Checklist	Alan Spears 12-01-14
11	Tab K to Appendix 1	Added First Aid Station Plan	Alan Spears 07-09-15
12	Tab C to Appendix 1	Added task to Activation Checklist	Alan Spears 8-2-17
13	Tab B to Appendix 1	Insert ICS 203 in place of Staff Roster	Alan Spears 7-5-18
14	Tab D to Appendix 1	Update EOC floor plan	Alan Spears 7-5-18
15	Tab F to Appendix 1	Update forms	Alan Spears 7-5-18
16	Tab H to Appendix 1	Update General Message for to ICS 213	Alan Spears 7-5-18
17	Appendix 4	Added Appendix 4 Animal Issues Committee	Alan Spears 7-5-18
18	Appendix 4	Added Large and Small Animal Shelter Plans	Alan Spears, Kristina Francis 10-15-2018

## ANNEX N DIRECTION AND CONTROL

### I. AUTHORITY

Refer to Section I of the Basic Plan for general authorities.

### II. PURPOSE

This annex describes our concept of operations and organization for direction and control of such operations and assigns responsibilities for tasks that must be carried out to perform the direction and control function.

### III. EXPLANATION OF TERMS

AIC	Animal Issues Committee
DDC	Disaster District Committee
DPS	Department of Public Safety
EOC	Emergency Operations or Operating Center
EMC	Emergency Management Coordinator
FEMA	Federal Emergency Management Agency
OSHA	Occupational Safety and Health Administration
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
NIMS	National Incident Management System
NRF	National Response Framework
SOP	Standard Operating Procedures
TDH	Texas Department of Health
TDEM	Texas Division of Emergency Management
TLETS	Texas Law Enforcement Telecommunications System

### IV. SITUATION & ASSUMPTIONS

#### A. Situation

1. Fort Bend County and its Joint Resolution Jurisdiction Cities are vulnerable to many hazards, which threaten public health and safety and public or private property. See the general situation statement and hazard summary in Section IV.A of the Basic Plan.
2. The Fort Bend County Office of Emergency Management and/or the Joint Resolution Jurisdiction, the direction and control organization, must be able to activate quickly at any time day or night, operate around the clock, and deal effectively with emergency situations that may begin with a single response discipline and could expand to multi-

discipline requiring effective cross-jurisdictional coordination. These emergency situations include:

- a. Incident. An incident is a situation that is limited in scope and potential effects. Characteristics of an incident include:
  - 1) Involves a limited area and/or limited population.
  - 2) Evacuation or in-place sheltering is typically limited to the immediate area of the incident.
  - 3) Warning and public instructions are provided in the immediate area of the incident, not community-wide.
  - 4) Typically resolved by one or two local response agencies or departments acting under an incident commander.
  - 5) Requests for resource support are normally handled through agency and/or departmental channels.
  - 6) May require limited external assistance from other local response agencies or contractors.
  - 7) For purpose of the NRF, incidents include the full range of occurrences that require and emergency response to protect life or property.
- b. Emergency. An emergency is a situation larger in scope and more severe in terms of actual or potential effects than an incident. Characteristics include:
  - 1) Involves a large area, significant population, or important facilities.
  - 2) May require implementation of large-scale evacuation or in-place sheltering and implementation of temporary shelter and mass care operations.
  - 3) May require community-wide warning and public instructions.
  - 4) Requires a sizable multi-agency response operating under an Incident Commander. The EOC may be activated.
  - 5) May require some external assistance from other local response agencies, contractors, and limited assistance from state or federal agencies.
  - 6) For the purpose of the NRF, an emergency (as defined by the Stafford Act) is "any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of catastrophe in any part of the United States."
- c. Disaster. A disaster involves the occurrence or threat of significant casualties and/or widespread property damage that is beyond the capability of the local government to handle with its organic resources. Characteristics include:
  - 1) Involves a large area, a sizable population, and/or important facilities.
  - 2) May require implementation of large-scale evacuation or in-place sheltering and implementation of temporary shelter and mass care operations.
  - 3) Requires community-wide warning and public instructions.
  - 4) Requires a response by most or all local response agencies. The EOC and one or more incident command posts (ICPs) may be activated.
  - 5) Requires significant external assistance from other local response agencies, contractors, and extensive state or federal assistance.
  - 6) For the purpose of the NRF, a *major disaster* (as defined by the Stafford Act) is any catastrophe, regardless of the cause, which in the determination of the

President causes damage of sufficient severity and magnitude to warrant major disaster federal assistance.

- d. Catastrophic Incident. For the purpose of the NRF, this term is used to describe any natural or manmade occurrence that results in extraordinary levels of mass casualties, property damage, or disruptions that severely affect the population, infrastructure, environment, economy, national morale, and/or government functions. An occurrence of this magnitude would result in sustained national impacts over prolonged periods of time, and would immediately overwhelm local and state capabilities.

## **B. Assumptions**

1. Many emergency situations occur with little or no warning. If warning is available, alerting the public, recommending suitable protective actions, taking preventative measures, and increasing the readiness of and deploying emergency response forces may lessen the impact of some emergency situations.
2. The Fort Bend County Office of Emergency Management and/or the Joint Resolution Jurisdiction Cities will use their own resources to respond to emergency situations and, if needed, request external assistance from other jurisdictions pursuant to interlocal agreements or from the State. Since it takes time to summon external assistance, it is essential for us to be prepared to carry out the initial emergency response on an independent basis.
3. Emergency operations will be directed by local officials, except where state or federal law provides that a state or federal agency must or may take charge or where local responders lack the necessary expertise and equipment to cope with the incident and agree to permit those with the expertise and resources to take charge.
4. Effective direction and control requires suitable facilities, equipment, procedures, and trained personnel. Direction and control function facilities will be activated and staffed on a graduated basis as needed to respond to the needs of specific situations.
5. Fort Bend County and its Joint Resolution Jurisdictions have adopted the National Incident Management System (NIMS) and have implemented all the NIMS procedures and protocols, which will allow for effective work with mutual aid partners, and state and federal agencies during any type of incident response.

# **V. CONCEPT OF OPERATIONS**

## **A. General**

1. Our direction and control structure for emergency operations is pursuant to the NIMS, which employs two levels of incident management structures.
  - a. The Incident Command System (ICS) includes a core set of concepts, principles, and terminology applicable to single or multiple incidents regardless of their scope.

- b. Multi-agency Coordination Systems integrate a combination of facilities, equipment, personnel, procedures, and communications into a common framework, which allows for the coordination and support of incident management.
2. An Incident Commander (IC) using response resources from one or two departments or agencies, will normally handle emergency situations classified as incidents. The EOC will generally not be activated.
3. During major emergencies and disasters, both an ICP and the EOC will generally be activated. The Incident Commander will manage and direct the on-scene response from the ICP. The EOC will mobilize and deploy resources for use by the Incident Commander, coordinate external resource and technical support, research problems, provide information to senior managers, disseminate emergency public information, and perform other tasks to support on-scene operations.
4. For some types of emergency situations, the EOC may be activated without activating an incident command operation. Such situations may include:
  - a. When a threat of hazardous conditions exists but those conditions have not yet impacted the local area. The EOC may accomplish initial response actions, such as mobilizing personnel and equipment and issuing precautionary warning to the public. When the hazard impacts, an ICP may be established, and direction and control of the response transitioned to the Incident Commander
  - b. When the emergency situation does not have a specific impact site, but rather affects a wide portion of the local area, such as an ice storm.
5. For operational flexibility, both ICS and EOC operations may be sized according to the anticipated needs of the situation. The structure of ICS is specifically intended to provide a capability to expand and contract with the magnitude of the emergency situation and the resources committed to it. The EOC may also be activated on a graduated basis.

#### **B. Incident Command Operations**

1. The first local emergency responder to arrive at the scene of an emergency situation will serve as the Incident Commander until relieved by a more senior or more qualified individual. The Incident Commander will establish an ICP, provide an assessment of the situation to local officials, identify response resources required, and direct the on-scene response from the ICP.
2. The Incident Commander is responsible for carrying out the ICS function of command – making operational decisions to manage the incident. The four other major management activities that form the basis of ICS are operations, planning, logistics, and finance/administration. For small-scale incidents, the Incident Commander and one or two individuals may perform all of these functions. For more serious emergency situations, individuals from various local departments or agencies or from external response organizations may be assigned to separate ICS staff sections charged with those functions. For these serious emergency situations, it is generally desirable to transition to a Unified Command.

3. If the EOC has been activated, the Incident Commander shall provide periodic situation updates to the EOC.
4. A Unified Command structure helps to ensure that all participating agencies are involved in developing objectives and strategies to deal with the emergency.

### **C. EOC Operations**

1. The EOC may be activated to monitor a potential emergency situation or to respond to or recover from an emergency situation that is occurring or has occurred. The EOC will be activated at a level necessary to carry out the tasks that must be performed. The level of activation may range from a situation monitoring operation with minimal staff, to a limited activation involving selected departmental representatives, to a full activation involving all departments, agencies, volunteer organizations, and liaison personnel.
2. The principal functions of the EOC are to:
  - a. Monitor potential threats.
  - b. Support on-scene response operations.
  - c. Receive, compile, and display data on the emergency situation and resource status and commitments as a basis for planning.
  - d. Analyze problems and formulate options for solving them.
  - e. Coordinate among local agencies and between Fort Bend County and/or Joint Resolution Jurisdiction governmental leaders and Departments, and state and federal agencies, if required.
  - f. Develop and disseminate emergency public information and warnings.
  - g. Prepare and disseminate periodic reports.
  - h. Coordinate damage assessments activities and assess the health, public safety, local facilities, and the local economy.
  - i. Request external assistance from other jurisdictions, volunteer organizations, businesses, or from the State.

### **D. ICS - EOC INTERFACE**

1. When both an ICP and the EOC have been activated, it is essential to establish a division of responsibilities between the ICP and the EOC. A general division of responsibilities is outlined below. It is essential that a precise division of responsibilities be determined for specific emergency operations.
2. The Incident Commander is generally responsible for field operations, including:
  - a. Isolating the scene.



- b. Directing and controlling the on-scene response to the emergency situation and managing the emergency resources committed there.
  - c. Warning the population in the area of the incident and providing emergency instructions to them.
  - d. Determining and implementing protective measures (evacuation or in-place sheltering) for the population in the immediate area of the incident and for emergency responders at the scene.
  - e. Implementing traffic control arrangements in and around the incident scene.
  - f. Requesting additional resources from the EOC.
  - g. Keeping the EOC informed of the current situation at the incident site.
3. The EOC is generally responsible for:
- a. Mobilizing and deploying resources to be employed by the Incident Commander.
  - b. Issuing community-wide warning.
  - c. Issuing instructions and providing information to the general public.
  - d. Organizing and implementing large-scale evacuation and coordinating traffic control for such operations.
  - e. Organizing and implementing shelter and mass care arrangements for evacuees.
  - f. Requesting assistance from the State and other external sources.

4. Transition of Responsibilities

Provisions must be made for an orderly transition of responsibilities between the ICP and the EOC.

- a. From EOC to the ICP. In some situations the EOC may be operating to monitor a potential hazard and manage certain preparedness activities prior to establishment of an ICP. When an ICP is activated under these circumstances, it is essential that the Incident Commander receive a detailed initial situation update from the EOC and be advised of any operational activities that are already in progress, resources available, and resources already committed.
- b. From the ICP to the EOC. When an incident command operation is concluded and the EOC continues to operate to manage residual response and recovery activities, it is essential that the Incident Commander brief the EOC on any on-going tasks or operational issues that require follow-on action by the EOC staff.

## 5. Extended EOC Operations

While an incident command operation is normally deactivated when the response to an emergency situation is complete, it may be necessary to continue activation of EOC into the initial part of the recovery phase of an emergency. In the recovery phase, the EOC may be staffed to compile damage assessments, assess near term needs, manage donations, monitor the restoration of utilities, oversee access control to damaged areas, and other tasks.

In some large-scale emergencies or disasters, emergency operations with different objectives may be conducted at geographically separated scenes, in which case it may be necessary to employ a Unified Area Command. In such situations, more than one incident command post may be established. In this situation occurs, it is particularly important that the allocation of resources to specific field operations be coordinated through the EOC.

## E. Activities by Phases of Management

### 1. Mitigation

- a. Establish, equip, and maintain an EOC and an Alternate EOC.
- b. Identify required EOC staffing; see Tab B to Appendix 1.
- c. Prepare maintain maps, displays, databases, reference materials, and other information needed to support ICP and EOC operations.
- d. Identify and stock supplies needed for ICP and EOC operations.
- e. Develop and maintain procedures for activating, operating, and deactivating the EOC. See Appendix 1 and its tabs.

### 2. Preparedness

- a. Identify department/agency/volunteer group representatives who will serve on the EOC staff and are qualified to serve in various ICP positions.
- b. Pursuant to NIMS protocol, conduct NIMS training for department/agency/volunteer group representatives who will staff the EOC and ICP.
- c. Maintain maps, displays, databases, reference materials, and other information needed to support ICP and EOC operations
- d. Test and maintain EOC equipment to ensure operational readiness.
- e. Exercise the EOC at least once a year.

### 3. Response

- a. Activate an ICP and the EOC if necessary.

- b. Conduct response operations.
  - c. Deactivate ICP and EOC when they are no longer needed.
4. Recovery
- a. If necessary, continue EOC activation to support recovery operations.
  - b. Deactivate EOC when situation permits.
  - c. Restock ICP and EOC supplies if necessary.
  - d. For major emergencies and disasters, conduct a review of emergency operations as a basis for updating plans, procedures, and training requirements.

<b>VI. ORGANIZATION &amp; ASSIGNMENT OF RESPONSIBILITIES</b>
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**A. Organization**

1. The Fort Bend County Office of Emergency Management and/or the Joint Resolution Jurisdictions normal emergency organization, described in Section VI.A of the Basic Plan, will carry out the direction and control function during emergency situations.
2. The organization of incident command operations will in accordance with standard ICS organizational principles. The specific organizational elements to be activated for an emergency will be determined by the Incident Commander based on the tasks that must be performed and the resources available for those tasks.
3. The organization of the EOC is depicted in Tab A to Appendix 1. The EOC may be activated on a graduated basis. Department/agency/volunteer group EOC staffing requirements will be determined by the Fort Bend County Judge and/or the Joint Resolution Jurisdiction Majors based on the needs of the situation.

**B. Assignment of Responsibilities**

All personnel assigned responsibilities in this plan are trained on NIMS concepts, procedures, and protocols.

1. The Fort Bend County Judge and/or Joint Resolution Jurisdiction Mayors will:
  - a. Establish general policy guidance for emergency operations.
  - b. Direct that the EOC be partially or fully activated.
  - c. When appropriate terminate EOC operations.
2. The Fort Bend County Emergency Management Coordinator and/or the Joint Resolution Jurisdiction Emergency Management Coordinators will:
  - a. Develop and maintain the EOC Staff Roster and EOC operating procedures.
  - b. Activate the EOC when requested or when the situation warrants.

- c. Serve as an EOC Supervisor.
  - d. Advise the Fort Bend County Judge on emergency management activities.
  - e. Coordinate resource and information support for emergency operations.
  - f. Coordinate emergency planning and impact assessment.
  - g. Coordinate analysis of emergency response and recovery problems and development of appropriate courses of action.
3. The Incident Commander will:
- a. Establish an ICP and direct and control emergency operations at the scene.
  - b. Determine the need for and implement public warning and protective actions at and in the vicinity of the incident site.
  - c. Provide periodic situation updates to the EOC, if that facility is activated.
  - d. Identify resource requirements to the EOC, if that facility is activated.
4. Departments/Agencies and Volunteer Groups assigned responsibilities for ICP or EOC operations will:
- a. Identify and train personnel to carry out required emergency functions at the ICP and the EOC.
  - b. Provide personnel to staff the ICP and the EOC when those facilities are activated.
  - c. Ensure that personnel participating in ICP and EOC operations are provided with the equipment, resource data, reference materials, and other work aids needed to accomplish their emergency functions.

## VII. DIRECTION & CONTROL

- A. General.** The Fort Bend County Judge and/or the Joint Resolution Jurisdiction Mayors will provide general guidance for the direction and control function, pursuant to NIMS protocols.
- B. Incident Command Operations.** The first responder on the scene will take charge and serve as the Incident Commander until relieved by a more senior or qualified individual or an individual designated by the Fort Bend County Judge and/or the Mayors or City Managers of the cities that are a part of the Joint Resolution Jurisdiction. An ICP will normally be established at the incident scene; the Incident Commander will direct and control response forces from that command post. Attachment 7 to our Basic Plan provides a detailed description of our incident management system, the NIMS.
- C. EOC Operations**
- 1. The Fort Bend County Judge and/or Joint Resolution Jurisdiction Mayors may request that the EOC be activated. A decision to activate the EOC is typically made on the basis of staff recommendations.
  - 2. The Fort Bend County Emergency Management Coordinator and/or the Emergency Management Coordinators of Joint Resolution Jurisdiction Cities and/or their Staff may activate the EOCs. They will normally determine the level of EOC staffing required based upon the situation and also notify appropriate personnel to report to the EOC.

3. Any department or agency head dealing with a significant health or safety issue that requires inter-agency coordination may request that the Fort Bend County Judge or Emergency Management Coordinator and/or the Joint Resolution Jurisdiction Mayors to activate the EOC to provide a suitable facility to work the issue.
4. The Deputy Emergency Management Coordinator for Fort Bend County or the Joint Resolution Jurisdictions Emergency Management Coordinator will serve as the EOC Manager.

## **VIII. READINESS LEVELS**

### **A. Level 4--Normal Conditions**

See the mitigation and preparedness activities in sections V.E.1 and V.E.2.

### **B. Level 3--Increased Readiness**

1. Check status of EOC equipment and repair or replace as needed.
2. Check status of EOC supplies and restock as needed.
3. Update EOC resource data.
4. Alert staff, determine personnel availability, and update EOC staff call lists.
5. Consider limited activation of EOC to monitor situation.
6. Consider situation briefings for senior staff.

### **C. Level 2-- High Readiness**

1. Update EOC staffing requirements based on threat.
2. Determine specific EOC staff assignments and alert staff.
3. Monitor potential emergency situation and determine possible impact areas.
4. Update maps, charts, displays and resource data.
5. Consider situation briefings for EOC staff.
6. Consider partial activation of EOC if this has not already been accomplished.
7. Check status of Alternate EOC and Mobile Command Post.

### **D. Level 1-- Maximum Readiness**

1. Summon EOC staff and activate the EOC.

2. Monitor situation.
3. Update maps, charts, displays, and resource lists.
4. Arrange for food service if needed.
5. Determine possible hazard impact areas and potential hazard effects.
6. Conduct briefings for senior staff and EOC staff.
7. Formulate and implement precautionary measures to protect the public.
8. Coordinate with adjacent jurisdictions that may be affected.

<b>IX. ADMINISTRATION &amp; SUPPORT</b>
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**A. Facilities & Equipment**

1. EOC
  - a. The Fort Bend County EOC is located at 307 Fort Street, Richmond, Texas 77469 and is maintained by the Fort Bend County Facilities and Planning Department.
  - b. The EOC is equipped with the following communication equipment necessary for conducting emergency operations:
    - i. Video Conferencing
    - ii. Integrated Voice Response / Conference Calling
    - iii. Low Band Transceivers
    - iv. High Band Transceivers
    - v. VHF Band Transceivers
    - vi. 800 Trunking Transceivers
    - vii. Internet Access
    - viii. Fax Machines
    - ix. Telephones at all functional positions
    - x. WebEOC
    - xi. i-INFO
    - xii. Mobile Voice and Data Redundancy Unit (2 units)

(See Annex B, Communications, for communications connectivity.)
  - c. The EOC is equipped with emergency generator and a 1000 gallon supply of fuel.
  - e. Food for the EOC staff will be provided by the Logistics Section

2. Alternate EOC

- a. Should the primary EOC become unusable, either of two locations may be used as an alternate EOC.

Alternate 1 – The first alternative location is in the basement of the Jane Long Building located at 500 Liberty Rd, Richmond, TX 77469

Alternate 2 - The second alternative location is one of the Fort Bend OEM Mobile Voice and Data Redundancy trailers located at 307 Fort St. Richmond, Texas 77469

- b. Communications available at each facility include

- i. High Band Transceivers
- ii. VHF Band Transceivers
- iii. 800 Trunking Transceivers
- iv. Internet Access
- v. Fax Machines
- vi. Telephones
- vii. WebEOC
- viii. I-INFO

- c. Current limitations at the alternate locations include some levels of technology.

3. Mobile Command Post

The Incident Commander may request that the Mobile Command Vehicle, operated by The Fort Bend County Sheriff's Office, be deployed for use as an on-scene command post.

- a. Communications capabilities of the Mobile Command Vehicle include:

- i. VHF Transceivers
- ii. UHF Band Transceivers
- iii. 800 Trunking Transceivers
- iv. Internet Access
- v. Fax Machines
- vi. Cellular Phone Service
- vii. Full CAD Capabilities

4. Regional Communications Unit

- a. The Incident Commander may request that the Regional Communications Unit, operated by the Fort Bend County Emergency Radio Operators Group, be deployed for use as an on-scene command post.

Communications capabilities of the Regional Communications Unit include:

- i. VHF Transceivers
- ii. UHF Band Transceivers

- iii. 800 Trunking Transceivers
- iv. Amateur Radio Communications
- v. Internet Access
- vi. Cellular Phone Service

## **B. Records**

### **1. Activity Logs**

The ICP and the EOC shall maintain accurate logs recording key response activities, including:

- a. Activation or deactivation of emergency facilities.
- b. Emergency notifications to other local governments and to state and federal agencies.
- c. Significant changes in the emergency situation.
- d. Major commitments of resources or requests for additional resources from external sources.
- e. Issuance of protective action recommendations to the public.
- f. Evacuations.
- g. Casualties.
- h. Containment or termination of the incident.

The Fort Bend County Office of Emergency Management shall utilize WebEOC management software in the Emergency Operations Center to record EOC activities. The Emergency Operations Log sheet (Tab F to Appendix 1) will be used as an alternate method of recording EOC activities. ICPs shall use the Unit Log (ICS form 214) or an equivalent. The Joint Resolution Jurisdiction Cities will use similar logs so that the documentation of events, resources utilized and costs incurred may be more easily accumulated.

### **2. Communications and Message Log**

Communications facilities shall maintain a communications log. The EOC shall utilize electronic means of maintaining a record of messages sent and received. The EOC Message Log (Tab G to Appendix 1) will be used as an alternate method of recording communications and messages.

### **3. Cost Information**

- a. *Incident Costs* - All department and agencies shall maintain records summarizing the use of personnel, equipment, and supplies during the response to day-to-day incidents to obtain an estimate of annual emergency response costs that can be used as in preparing future department or agency budgets.
- b. *Emergency or Disaster Costs* - For major emergencies or disasters, all departments and agencies participating in the emergency response shall maintain detailed of costs for emergency operations to include:



- 1) Personnel costs, especially overtime costs
- 2) Equipment operation costs
- 3) Costs for leased or rented equipment
- 4) Costs for contract services to support emergency operations
- 5) Costs of specialized supplies expended for emergency operations

These records may be used to recover costs from the responsible party or insurers or as a basis for requesting reimbursement for certain allowable response and recovery costs from the state and/or federal government.

### **C. Reports**

#### **1. Initial Emergency Report**

An Initial Emergency Report should be prepared and disseminated for major emergencies and disasters where state assistance may be required. This short report is designed to provide basic information about an emergency situation. See Appendix 2 for the report format.

#### **2. Situation Report**

For major emergencies and disasters where emergency response operations continue over an extended period, a Situation Report should be prepared and disseminated daily. This report is designed to keep the Disaster District, other jurisdictions providing resource support for emergency operations, and jurisdictions that may be affected by the emergency situation informed about the current status of operations. See Appendix 3 for the report format.

### **D. Agreements & Contracts**

Should Fort Bend County's and/or the Joint Resolution Jurisdiction's local resources prove to be inadequate during an emergency, requests will be made for assistance from other neighboring jurisdictions, other agencies, and industry in accordance with existing interlocal agreements and contracts.

### **E. EOC Security**

1. Access to the EOC will be limited during activation. All staff members will sign in upon entry and wear their EOC staff badge.
2. Individuals who are not members of the EOC staff will be identified and their reason for entering the EOC determined. Visitors with a valid need to enter the EOC will be issued a Visitor badge by the EOC Administrative staff, which will be surrendered upon departure.

### **F. Media**

Media relations will be conducted pursuant to the NIMS. See Annex I, Public Information.

## X. ANNEX DEVELOPMENT & MAINTENANCE

### A. Development

1. The Fort Bend Office of Emergency Management Coordinator is responsible for the development and maintenance of this annex.
2. The Fort Bend Office of Emergency Management Deputy Coordinator is responsible for the development and maintenance of EOC Standard Operating Guidelines.

### B. Maintenance.

This annex will be reviewed annually and updated in accordance with the schedule outlined in Section X of the Basic Plan.

## XI. REFERENCES

A. DEM, *Local Emergency Management Planning Guide* (DEM-10)

B. FEMA, *Guide for All-Hazard Emergency Operations Planning* (SLG-101).

### APPENDICES

Appendix 1..... Emergency Operations Center

Tab A	EOC Organization
Tab B	EOC Organizational Assignment List (ICS 203)
Tab C	EOC Activation/Deactivation Checklist
Tab D	EOC Floor Plan
Tab E	EOC Operations
Tab F	EOC Activity Log (ICS 214)
Tab G	EOC Message Form (Internal)
Tab H	EOC General Message Form (ICS 213)
Tab I	EOC Info/Action Record
Tab J	EOC Alternate Locations
Tab K	EOC First Aid Station Plan

Appendix 2..... Initial Emergency Report

Appendix 3..... Situation Report

Appendix 4 .....Animal Issues Committee Plan

## **EMERGENCY OPERATIONS CENTER**

### **1. Organization & Staffing**

- A. The general organization of the Fort Bend County Office of Emergency Management EOC during a full activation for emergency operations is depicted in Tab A to this appendix. For a partial activation of the EOC, only those staff members required to deal with a particular emergency situation will be summoned to the EOC.
- B. A sample EOC Staff Roster is provided in Tab B to this appendix. The Emergency Management Coordinator or Deputy Coordinator shall maintain and distribute a current EOC Staff Roster, including the names of EOC team members and contact information (office and home telephone numbers and pager numbers) for those individuals.

### **2. Facilities**

- A. Procedures for activation and deactivating the EOC (and alternate EOC) are provided in Tab C.
- B. The floor plan for the EOC (and the Alternate EOC) is provided in Tab D.

### **3. EOC Operations**

General operating guidelines for the EOC are provided in Tab E.

### **4. EOC Log**

The Basic Plan requires that the EOC maintain accurate logs recording response activities, including:

- A. Activation and deactivation of the EOC.
- B. Emergency notifications to other local governments and to state and federal agencies.
- C. Significant changes in the emergency situation.
- D. Major commitments of resources or requests for additional resources from external sources.
- E. Issuance of protective action recommendations to the public.
- F. Evacuations.
- G. Casualties.
- H. Containment or termination of an incident.

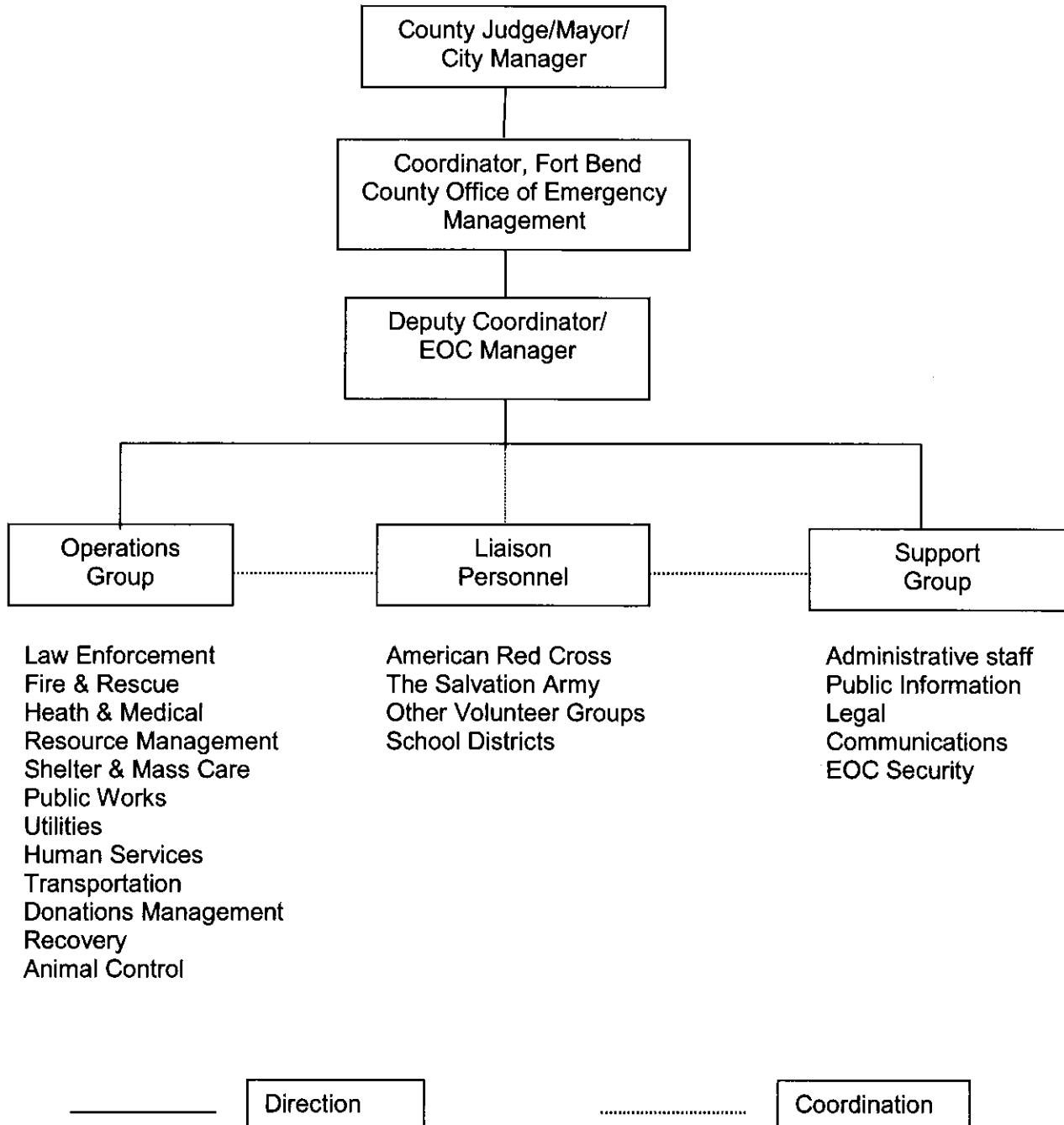
The EOC Log, provided in Tab F shall be used to record this information and other pertinent information.

### **5. Message Handling**

- A. All messages sent by or received in the Fort Bend County Office of Emergency Management EOC will be recorded in the EOC Message Log, a copy of which is provided in Tab G.

- B. Outgoing messages will normally be prepared on an EOC Message Form, which is also used to specify how the message should be sent and record the time of dispatch and message number. A copy of the form is provided in Tab H to this appendix. Typed messages may be simply be attached to the form.
- C. Incoming verbal messages will be recorded on an EOC Info/Action Record, a copy of which is provided in Tab I to this appendix. For messages that require action, the form is used to assign responsibility for action to EOC staff members and to record the action taken.

**THE FORT BEND COUNTY  
EMERGENCY OPERATIONS CENTER  
ORGANIZATION CHART**





**FORT BEND COUNTY EMERGENCY OPERATIONS CENTER (FBC EOC)**  
**FBC EOC ICS 203**  
**ORGANIZATION ASSIGNMENT LIST**

INCIDENT NAME	DATE PREPARED	TIME PREPARED
OPERATIONAL PERIOD		

Position	Name	Branch II - Communications	
Command Staff		Branch Director	
Commander		Support	
Deputy		a. Phone Bank Unit	
Safety Officer			
Information Officer			
Liaison Officer			
<b>Planning Section</b>		b. EMROG Unit	
Chief			
Support			
Controller			
Technical Support Unit			
Situation Unit		CST Unit	
Documentation Unit			
Resources Unit			
Demobilization Unit			
Technical Specialist		<b>Finance Section</b>	
Technical Specialist		Chief	
Human Resources		Compensation Claim	
<b>Branch I - GIS</b>		Procurement	
Branch Director		Time	
Support		Cost	
<b>Logistics Section</b>		<b>Operations Unit</b>	
Chief		Chief/EOC Manager	
Support		Deputy	
Access Control Unit		<b>Branch I – Fire</b>	
Ordering Manager		Branch Director	
Supply Unit		Support	
Facilities Unit		Division/Group	
Communications Unit		<b>Branch II – Law Enforcement</b>	
Medical Unit		Branch Director	
Security Unit		Support	
<b>Branch I - Transportation</b>		Division/Group	
Branch Director		Division/Group	
Support		Division/Group	
Division/Group		<b>Branch III – Road and Bridge</b>	

Branch Director		Division/Group	
Support		<b>Branch VII – Health and Human Services</b>	
Division/Group		Branch Director	
Division/Group		Support	
Division/Group		Support	
<b>Branch IV – Utilities</b>		<b>Branch VIII – American Red Cross</b>	
Branch Director		Branch Director	
Support		Support	
Division/Group		Support	
Division/Group		<b>Branch IX – Community Partners in Preparedness (Non-Profits)</b>	
<b>Branch V – CenterPoint</b>		Branch Director	
Branch Director		Support	
Support		Agency	Name
Division/Group			
Division/Group			
<b>Branch VI – EMS</b>			
Branch Director			
Support			
Division/Group			

<b>PREPARED BY:</b>	<b>POSITION/TITLE:</b>
<b>SIGNATURE:</b>	<b>DATE/TIME:</b>

## EOC ACTIVATION / DEACTIVATION CHECKLIST

### 1. General

- A. The Fort Bend County Judge/Emergency Management Coordinator/Deputy Coordinator may request that the EOC be activated. A decision to activate the EOC is typically made on the basis of staff recommendations.
- B. The level of EOC staffing will normally be determined by requirements of the situation.
- C. The EMC or Designee is responsible for maintaining the EOC Staffing Roster and ensuring that appropriate EOC staff members are notified to report to the EOC in the event the facility is activated.

### 2. Activation Checklist

	Action
<input type="checkbox"/>	Determine level of EOC staffing required
<input type="checkbox"/>	Determine Readiness Level
<input type="checkbox"/>	Consider Operation Period
<input type="checkbox"/>	Consider Shift Changes
<input type="checkbox"/>	Notify County Judge
<input type="checkbox"/>	Notify Disaster District Chair/District Coordinator
<input type="checkbox"/>	Notify Dispatch
<input type="checkbox"/>	Notify EOC Activation Roster
<input type="checkbox"/>	Activate CST
<input type="checkbox"/>	Forward Phone & Email to EOC Address
<input type="checkbox"/>	Notify FBC Jurisdictions/Agencies (E.G. Hospitals, Schools, Etc...)
<input type="checkbox"/>	Notify RHSCC/UACC
<input type="checkbox"/>	Notify American Red Cross
<input type="checkbox"/>	Distribute Information-Web EOC Incident Name
<input type="checkbox"/>	Secure EOC Entrance (Sign-in Sheet, Badges)
<input type="checkbox"/>	Consider activation of Phone Bank
<input type="checkbox"/>	Ensure name placards in place
<input type="checkbox"/>	Ensure ICS Vests in place
<input type="checkbox"/>	Activate AM Alert Signs
<input type="checkbox"/>	Confirm AM Alert Signs are flashing
<input type="checkbox"/>	Ensure appropriate PSAs playing on AM1670
<input type="checkbox"/>	Ensure air conditioning is working
<input type="checkbox"/>	Send out EOC Contact Info
<input type="checkbox"/>	Clean off desks so offices can be used for break out meetings



✓	Action
<input type="checkbox"/>	Clean all marker boards
<input type="checkbox"/>	Test phones
<input type="checkbox"/>	Test radios
<input type="checkbox"/>	Test fax machines
<input type="checkbox"/>	Test computers
<input type="checkbox"/>	Test computer printers
<input type="checkbox"/>	Test GIS plotter
<input type="checkbox"/>	Test monitors
<input type="checkbox"/>	Test VTC system
<input type="checkbox"/>	Load paper in equipment
<input type="checkbox"/>	Ensure extra paper in stock
<input type="checkbox"/>	Test projectors
<input type="checkbox"/>	Confirm extra projector bulbs in stock
<input type="checkbox"/>	Test copiers
<input type="checkbox"/>	Test PA System
<input type="checkbox"/>	Test Emergency Generator
<input type="checkbox"/>	Ensure adequate generator fuel available
<input type="checkbox"/>	Ensure job aids placed at equipment
<input type="checkbox"/>	Ensure each console adequately supplied
<input type="checkbox"/>	Ensure all phone lists are up to date
<input type="checkbox"/>	Ensure ICS forms are available
<input type="checkbox"/>	Test cable television
<input type="checkbox"/>	Set up two laptops in Command
<input type="checkbox"/>	Set up two laptops in Finance
<input type="checkbox"/>	

#### Initial Activation Tasks

✓	Action
<input type="checkbox"/>	Complete initial Emergency Report
<input type="checkbox"/>	Complete initial news release
<input type="checkbox"/>	Distribute initial news release (Email, Twitter, Etc....)
<input type="checkbox"/>	Ensure ability to monitor all media types
<input type="checkbox"/>	Confirm Controller designation
<input type="checkbox"/>	Conduct initial briefing of personnel
<input type="checkbox"/>	Develop situational awareness map
<input type="checkbox"/>	Need to keep 2-1-1 informed
<input type="checkbox"/>	Any info. about fatalities/injuries must be reported to Command
<input type="checkbox"/>	Meeting schedule needs to be developed
<input type="checkbox"/>	Coordinator with County HHS to get Enable Fort Bend data
<input type="checkbox"/>	Determine who will take activation photos in EOC
<input type="checkbox"/>	Determine PIO requirements (JIC Needed?)
<input type="checkbox"/>	Determine requirements for food service
<input type="checkbox"/>	Establish necessary lines with Sheriff's Office (Liaison, Dispatch)
<input type="checkbox"/>	Confirm EOC staffing & possible gaps in staffing

### Objectives/Strategies

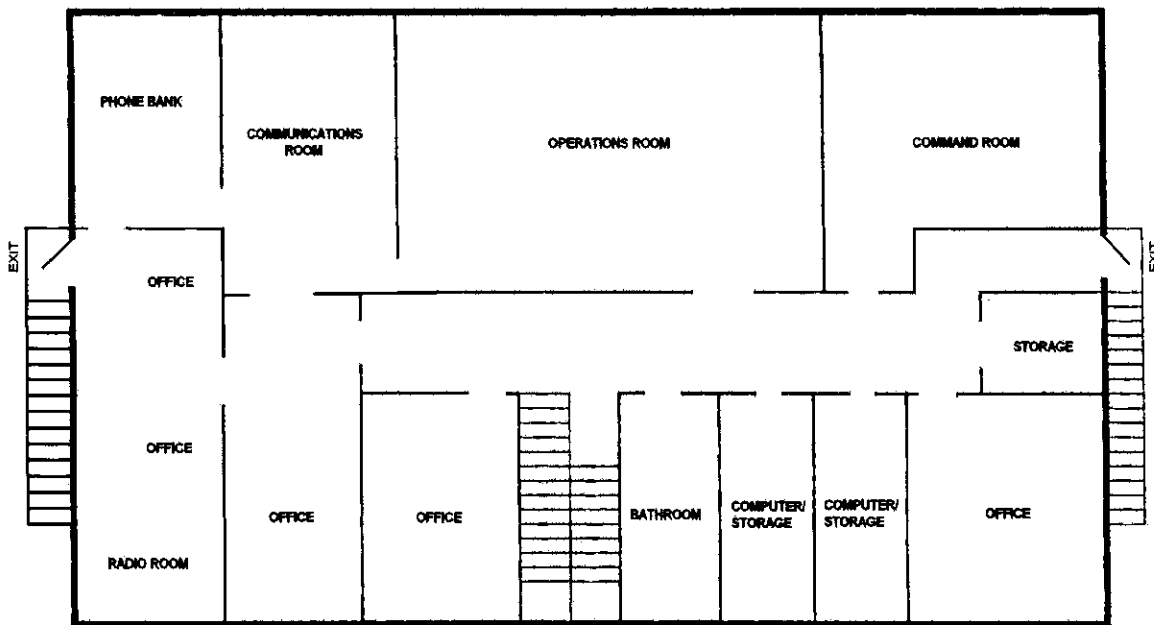
<input checked="" type="checkbox"/>	<b>Action</b>
<input type="checkbox"/>	<b>Assessment</b>
<input type="checkbox"/>	Conditions?
<input type="checkbox"/>	Actions?
<input type="checkbox"/>	Needs?
<input type="checkbox"/>	<b>IAP Development</b>
<input type="checkbox"/>	Objectives
<input type="checkbox"/>	Current Priorities
<input type="checkbox"/>	Strategy to Achieve Objectives
<input type="checkbox"/>	Assignments to Implement strategies
<input type="checkbox"/>	Designate Operational Period
<input type="checkbox"/>	Designate Shift Changes
<input type="checkbox"/>	Safety Issues
<input type="checkbox"/>	Keep EOC in loop with Event Log/Sit Rep
<input type="checkbox"/>	Finance/Purchasing Issues-(213 RRS/Pos)
<input type="checkbox"/>	Logistical Needs
<input type="checkbox"/>	<input type="checkbox"/> Food <input type="checkbox"/> Equipment
<input type="checkbox"/>	<input type="checkbox"/> Tech Support <input type="checkbox"/> NGO Support
<input type="checkbox"/>	<input type="checkbox"/> Facility Support <input type="checkbox"/> Donations Management
<input type="checkbox"/>	<input type="checkbox"/> Volunteers
<input type="checkbox"/>	<input type="checkbox"/> Staffing

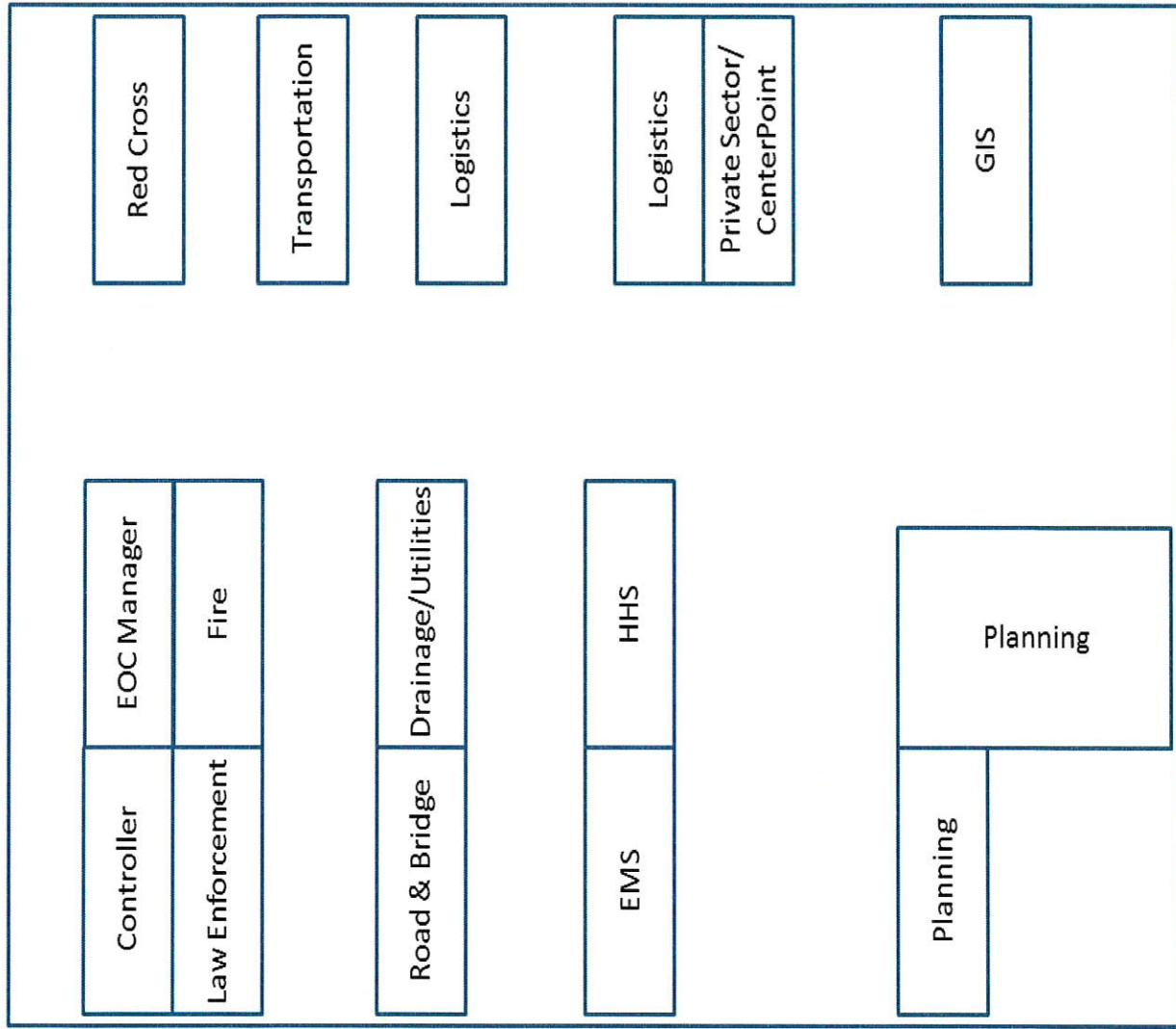
### Deactivation

<input checked="" type="checkbox"/>	<b>Action</b>
<input type="checkbox"/>	Determine time for deactivation
<input type="checkbox"/>	Determine Readiness Level
<input type="checkbox"/>	Notify County Judge of deactivation/readiness level
<input type="checkbox"/>	Notify Disaster District Chair/District Coordinator
<input type="checkbox"/>	Notify Dispatch
<input type="checkbox"/>	Notify EOC Activation Roster
<input type="checkbox"/>	Notify FBC Jurisdictions/Agencies (E.G. Hospitals, Schools, Etc.)
<input type="checkbox"/>	Notify RHSCC/UACC
<input type="checkbox"/>	Notify American Red Cross
<input type="checkbox"/>	Deactivate AM Alert signs
<input type="checkbox"/>	Change AM Alert PSAs if necessary
<input type="checkbox"/>	Turn off all electrical equipment that is no longer needed
<input type="checkbox"/>	Replenish paper in equipment as necessary
<input type="checkbox"/>	Replenish working supplies as necessary
<input type="checkbox"/>	Determine generator fuel status and arrange for refueling (if needed)
<input type="checkbox"/>	Empty trash
<input type="checkbox"/>	Clean up kitchen/staging area
<input type="checkbox"/>	Assemble all messages, reports, documents in file
<input type="checkbox"/>	Distribute final versions of situation report and incident action plan
<input type="checkbox"/>	Turn in all documents to Document Unit Leader
<input type="checkbox"/>	Complete After Action Review or schedule date/time for AAR
<input type="checkbox"/>	Clean marker boards
<input type="checkbox"/>	Clean consoles

2<sup>nd</sup> Floor EOC Layout

2ND FLOOR





**EOC Operations Room**

**FORT BEND COUNTY OFFICE OF  
EMERGENCY MANAGEMENT  
EOC OPERATIONS**

**SCOPE & RESPONSIBILITIES**

**I. EOC MANAGER**

- A. This position will be filled by the Deputy Emergency Management Coordinator or his designee and will be responsible for all the internal operations of the EOC.
- B. The Manager will coordinate all EOC activities to maintain a high level of efficiency and effectiveness, to minimize confusion while maximizing the exchange of information between all support functions and task groups.
- C. The Assistant EOC Manager will fill this position in the absence of the EOC Manager.

**II. TASK IDENTIFICATION – EOC OPERATIONS**

**A. Executive Committee**

- 1. Activation stages
  - a) Scheduling
  - b) Call pyramid
- 2. Training Sessions
  - a) Pre-disaster exercises
  - b) Post-disaster critiques
  - c) Dynamic alterations in staffing projections
- 3. Briefing Sessions
  - a) EM Coordinator scheduling
  - b) Question and answer session with EOC staff
  - c) Morning and evening, each day of activation
  - d) PIO information gathering and dissemination
  - e) Problem solving and decision making
  - f) Activity coordination
  - g) Staffing realignments and adjustments

**B. Security**

- 1. Identify and train a cadre of personnel
  - a) Local City Police
  - b) Sheriff Department
  - c) Precinct Constables
  - d) Cross trained fire service representatives

2. Identification system of badges and/or passes
  - a) Purple “EOC Staff” badges for CST/CERT Volunteer EOC Support Staff, EMROG, and EOC personnel
  - c) Red “V” badge for officials and visitors
  - e) Green “M” badges for media personnel
3. Logging-in and logging-out procedures
  - a) Log book signature for all people who enter the EOC.
  - b) Return of badges and signing-out upon exiting EOC.
4. Identify, mark, and secure all restricted and limited access areas. Develop security and access procedures for these areas:
  - a) Communications Room; Liaison area within radio room
  - b) Message Center
  - c) Phone Bank
  - d) EOC Staff Offices
  - e) Media and press conference areas
5. Records security and maintenance
6. Equipment and supplies storage areas
7. Personal property room

C. Communications

1. Governmental Frequencies
  - a) Sheriff’s Office and the EOC on 800 mhz
  - b) Local police through 800 mhz at EOC
  - c) Local fire departments through Fire Dispatch and 800 mhz at EOC
  - d) County Commissioners radio system
    - (1) Road and Bridge Department
    - (2) Commissioners’ Offices
    - (3) Drainage District
    - (4) Animal Control
  - e) Department of Public Safety on 800 mhz at EOC
  - f) Division of Emergency Management – State Operating Center
  - g) Highway Patrol Sub District 2C at Pierce on VHF
2. Emergency Management Frequencies
  - a) Amateur Radio Operators
    - (1) VHF & UHF Repeaters
    - (2) VHF & UHF Simplex
    - (3) HF Sideband and AM
    - (4) Digital VHF and UHF

- b) Simplex
  - (1) VHF – 155.265 Mhz
- c) EAS/PIES on UHF
- 3. Civil Air Patrol Frequencies
  - a) Texas CAP 1307 for EOC coordination on VHF
  - b) Liaison with FEMA on HF
  - c) Liaison with FAA
- 4. Close Jurisdictional Frequencies
  - a) Houston EOC on VHF Amateur Repeater
  - b) Brazoria County EOC on Amateur VHF
  - c) Wharton County EOC on Amateur VHF
- 5. Radio Room
  - a) Staffing with shift working radio officers to control activities
  - b) Staffing with sufficient radio operators
  - c) Scheduling on and off times for rest periods
  - d) Standard Operation Procedures (SOPs)
    - (1) Operations protocols
    - (2) Net Manager
    - (3) Net Control Operators
    - (4) Traffic handling procedures
    - (5) Identification
      - (a) NCS
      - (b) EOC
      - (c) Operators
- 6. Logging procedures
  - e) Standardized message forms for both radio and telephone operations
  - f) Equipment
    - (1) Radios
    - (2) Antennas
    - (3) Computers
    - (4) Power supplies
    - (5) Emergency power
    - (6) Other
- 7. Shelters
  - a) Staffing
  - b) Coordination
  - c) Communications
  - d) Scheduling
  - e) Required equipment and supplies

D. Operations

- 1. Administrative

- a) Preparation of approved information for use by the PIO and other communications media, e.g.: Telephone Bank.
  - b) Data maintenance, display and compilation for rapid and accurate retrieval for presentation to decision makers.
  - c) Liaison roles to enable better response to requests for information and assistance from and to outside services.
  - d) Exposure to communications and routing procedures for a clear understanding of when and where information should be disseminated through the EOC.
  - e) Act as information distribution coordinator.
  - f) Runners
    - (1) Staffing
    - (2) Scheduling
2. Telephone Bank
- a) Provide accurate information to concerned citizens.
  - b) Route complaints and other problems to the proper EOC authorities, for their handling.
  - c) Maintain a staffing level to allow for breaks and for rotating people in and out of the work environment.
  - d) Scheduling of operators to maximize telephone coverage.
  - e) A liaison must be appointed to supply correct, timely and properly approved information releasable to the outside citizens, businesses, etc. This information will be supplied by the PIO and his/her staff.
  - f) Standard Operating Procedures (SOP's).
    - (1) Proper answering techniques.
    - (2) Information given in a concise and polite manner.
    - (3) Empathize with their problems. Do not argue.
    - (4) Answer questions with scope of knowledge. Do not speculate or give misinformation.
    - (5) People calling this telephone bank will be very concerned about their health, welfare and the status of their property. Try to relieve their apprehensions by being calm and courteous.
    - (6) Refer persistent and difficult callers to EOC management by taking a message. Record full name, telephone number, date and time with a brief description of the problem. The liaison will have instructions on how to bring this information to the attention of the proper EOC personnel.
    - (7) All media calls will be handled by the PIO ONLY. They may become difficult, so take a message and let the liaison handle the distribution to the PIO.
    - (8) Do not accept ANY collect calls. This is unacceptable procedure.
3. Message Center
- a) Incoming traffic
  - b) Outgoing traffic



- c) Priorities
    - (1) Emergency traffic – handling and routing procedures.
    - (2) Health and welfare – handling and distribution.
  - d) Staffing
  - e) Scheduling
  - f) Rotation procedures
  - g) Standardized message forms
4. Executive Conference Room (Command)
- a) A private, secure and quiet room to be used by the county Disaster Committee for data analysis and decision making.
  - b) Map plotting and status board updating.
    - (1) A liaison person responsible for the maintenance and updating of all pertinent maps, charts, etc. with current information communicated to the EOC from the field.
    - (2) This data will be displayed and reviewed by the County Committee and other designated personnel from appropriate jurisdictions.
    - (3) Since this information will be the basis for present and future planning and action decisions, it must be accurately posted and displayed.

E. Logistics

- 1. Boarding of staff, reservists and volunteers.
  - a) Food preparation area
  - b) Dining area
  - c) Refuse disposal
  - d) Cleanup and sanitation
  - e) Ordering of supplies
  - f) Pickup and delivery
  - g) Staffing
  - h) Scheduling
- 2. Sleeping and resting
  - a) Bunks and/or pallets
  - b) Blankets
  - c) User supplied pillows and sheets
  - d) Gender separation
  - e) Staffing
  - f) Security
  - d) Scheduling
- 3. Bathing, cleanup and sanitation
  - a) Bathrooms
  - b) User supplied toiletries
- 4. Recreation
  - a) Separate areas

b) Scheduling

F. Liaison

1. Flood control specialist – Engineering
2. Drainage District representative
3. Road & Bridge representative
4. Other designated county personnel

G. Resources Management

1. Coordinate all incoming resources, from staging areas external to the county, to staging areas within the county.
2. Develop resource lists from all appropriate suppliers.
3. Coordinate the delivery of supplies, food, water, clothes, dry goods, etc., to the proper staging areas throughout the county.
4. Procure resources from private and public businesses.
5. Coordinate with the Red Cross and other providers of emergency goods for the effective distribution to the citizens.
6. Maintain an accurate database of all resources for a post-disaster analysis.
7. Coordinate with the PIO for communicating the locations of the staging areas throughout the county.
8. Coordinate with adjoining jurisdictions on resource management issues.
9. Develop lists of all available county resources that could be utilized.

III. PUBLIC INFORMATION OFFICER (PIO)

- A. In charge of and responsible for the release of accurate, timely, and instructional information. This position is absolutely KEY to any disaster operations. It takes a “special” individual to properly handle this job. An assistant with similar characteristics is also very important.
- B. A “low keyed” person who is “slow to boil”. Must have the ability to empathize, yet be firm.
- C. Must convey credibility with conciseness and portray a positive attitude.
- D. Attempt to maintain a schedule of press conferences that allow for the PIO rest periods. A staff would prepare the necessary “releasable” information.
- E. Staff briefing sessions with the PIO would negate the release of misinformation as well as to open channels for a free exchange of information.
- F. Information sources must remain credible. Dubious, questionable and speculative information must be recognized and filtered out.

- G. Develop a cadre of reliable information sources prior to emergencies and call upon them for assistance.
- H. Develop specific SOP's for the PIO operations.
- I. Exercise personnel to a disaster level that will allow for useful critique and the implementation of beneficial changes.

## ACTIVITY LOG (ICS 214)

[illegible]

No. \_\_\_\_\_

Message Form

Urgent?

☐

Date: \_\_\_\_\_  
To: \_\_\_\_\_  
From: \_\_\_\_\_  
Local Time: \_\_\_\_\_ AM PM  
Circle One

Memo: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Radio: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Nature of Emergency:**

**Location:**

**Phone:**

**Area Code**

**Number**

**Information:**

**Action Taken:**

**Initials**

**Time**

<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>

**Message Center**

Completion: \_\_\_\_\_  
Initials Time

Input Completion: \_\_\_\_\_  
Initials Time

GENERAL MESSAGE		
TO:		POSITION:
FROM:		POSITION:
SUBJECT:	DATE:	TIME:
MESSAGE:		
SIGNATURE:		POSITION:
REPLY:		
DATE:	TIME:	SIGNATURE/POSITION:

ICS 213

NFES 1336

<b>EOC INFO/ACTION RECORD</b>		
<b>Date:</b>	<b>Time:</b>	<b>Message #</b>
<b>Received By</b>		
<b>Message From</b>		
<b>Contact Number/ Location</b>		
<b>Message, Issue, Problem or Information:</b>		
<input type="checkbox"/> <b>Info Only</b> <input type="checkbox"/> <b>Post on Display Board</b> <input type="checkbox"/> <b>Plot on Map</b>		
<input type="checkbox"/> <b>Action Required.</b> <b>Action Assigned To:</b>		
<b>Action Taken</b>		
<b>DISTRIBUTION:</b>		

### ALTERNATE EOC LOCATIONS

Primary Location	County Emergency Operations Center (EOC) 307 Fort Street Richmond, TX 77469
Continuity Location 1	Alternate EOC Jane Long Building - Basement 500 Liberty Richmond, TX 77469
Continuity Location 2	Mobile Voice Data Redundancy Trailers (2) County Emergency Operations Center (EOC) – Back Parking Lot 307 Fort Street Richmond, TX 77469



# **First Aid Station Plan**

## RECORD OF CHANGES

[illegible]

## I. EXPLANATION OF TERMS

### A. Acronyms

EOC	Emergency Operations Center
EMC	Emergency Management Coordinator
EMS	Emergency Medical Service
FBC	Fort Bend County
HHS	Fort Bend County Health and Human Services
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
NIMS	National Incident Management System
NRF	National Response Framework
OEM	Office of Emergency Management

### B. Definitions

1. First Aid: Emergency aid or treatment given to someone injured, suddenly ill, etc., before regular medical care can be secured.
2. Emergency Medical Care: This includes critical, life-saving medical intervention performed by certified and licensed personnel, such as EMS, this includes treating of someone injured or suddenly ill beyond basic first aid care. This can also be known as *short-term medical care* in this plan.
3. Non-Emergency Medical Care: This includes *long-term medical care* that is part of a person's regular, pre-arranged health insurance plan with their employer or their spouse's employer. Prescription drugs, hospital stays and doctor office visits are included under long-term care and are beyond the scope of this plan.
4. Long-Term Medical Care: Refers to pre-arranged health insurance plan with their employer or their spouse's employer. See Non-Emergency Medical Care.
5. Short-Term Medical Care: Refers to critical, life-saving medical intervention performed by certified and licensed personnel. See Emergency Medical Care.

## II. PURPOSE

The purpose of this the First Aid Station Plan (FASP) is to provide a basic framework for the organization, operation, responsibilities of First Aid Station personnel, procedures and parameters to operate a first aid station for the Emergency Operations Center (EOC) personnel during an activation.

### **III. SITUATION & ASSUMPTIONS**

#### **A. Scope**

1. The EOC First Aid Station will be activated and deactivated at the discretion of the Incident Commander.

#### **B. Situation**

1. This plan defines an emergency that affects public safety, public health, public and private property and necessitates the need for activation of the EOC.
2. The procedures are intended to provide critical intervention, basic short-term care to EOC personnel in the event of an injury.
  - a. Short-term intervention care refers to during the operational shift of the injured EOC staff member.
  - b. Long-term medical care is beyond the scope of this plan.
3. Stress of working in the EOC during night and irregular hours can put mental and physical stress on any individual beyond their normal capacity. This is why training of EOC personnel in mental health first aid and CPR is critical to prevention of illness and injury.
4. This plan also outlines situations where the injury of the EOC personnel may demand extra resources or knowledge that may be out of the scope of the EOC medics and may require proper transfer of injured EOC personnel to the County Clinic or hospital.

#### **C. Assumptions**

1. Majority of injuries occur without warning. The EMC and the EOC Manager will take the appropriate preventative steps to ensure that EOC personnel are reasonably safe from experiencing an injury in the EOC and OEM building.

2. All EOC personnel, including volunteers, are made aware of certain risks that are inherent to working in an EOC during times of activation; and are willing to accept some of those risks that are inherent to being employed or contracted by Fort Bend County.
3. This plan refers specifically to EOC personnel, including volunteers, that work during partial and full-scale activations in the EOC located at Fort Bend County Office of Emergency Management, 307 Fort Street, Richmond, Texas 77469.
  - a. This plan does not refer to first response personnel in the field that are under the command of the Operation Section Chief and Incident Commander.
4. All EOC personnel, both FBC employees and EOC volunteers, will take reasonable preventative measures to ensure that their personal health and well-being is not affected by working during an EOC activation.
5. If any pre-existing health conditions prevent any EOC personnel from performing their duty to the fullest of their ability, it is the responsibility of that EOC employee to discuss concerns with their immediate supervisor in the event that a replacement or substitute is needed.
6. All EOC personnel are employees with Fort Bend County or volunteers with Fort Bend County, and have undergone appropriate training that qualifies them to work in the EOC during the onset of an incident.
7. All medics staffing the EOC First Aid Station will have undergone appropriate training that permits them to treat and triage EOC personnel.

#### **IV. CONCEPT OF OPERATIONS**

##### **A. General**

1. A basic first aid station consists of appropriate medical equipment, medical supplies and staffs one or more medics

2. To operate an effective first aid station, FBC OEM will:
  - a. Work with FBC EMS to allocate trained personnel to staff the EOC
  - b. Maintain upkeep of all medical equipment, replenish medical supplies and maintain staffing agreements with FBC EMS
  - c. Follow EMS plans, procedures, and guidelines for treatment, triage, stabilization and transfer of injured EOC personnel.
    - i. This can include a wide spectrum of injuries from minor injuries (e.g. paper cuts on fingers) to major injuries (e.g. breaking a leg or hip by tripping and falling down the stairs) or contracting of communicable diseases (e.g. pandemic flu)
    - ii. Appropriate guidelines and procedures will be outlined in this plan.

## **V. RESPONSIBILITIES**

### **A. Responsibilities**

#### **1. EMS**

##### **a. EOC Medic**

- i. *Inventory:* At the beginning of their shift, and at the beginning of each operational period, the EOC Medic needs to check all first aid supplies are fully stocked.
- ii. *Replenishment:* If supplies are low, it is the duty of the EOC Medic to either restock those supplies or to request replenishment from the Deputy EMC or EOC Manager.
- iii. *Stabilization:* It is the responsibility, and under the EOC Medics' discretion, to treat, triage and stabilize any injured EOC personnel who may experience an injury that exceeds basic first aid care. It is also under the EOC Medics' discretion to determine whether an injured EOC staff member is fit for duty after the onset of an injury.

- iv. *Demobilization:* At the end of the incident (wrap-up), it is the duty of the EOC Medic stationed for the operational period to check the status of all supplies and equipment and review the checklist of all first aid supplies that are stocked or running low.

2. OEM

a. EMC

- i. Oversee practices, procedures and policies that encourage a safe workplace environment.

b. Deputy EMC

- i. EOC Readiness Checklist.
  - Any items that are not completed, need follow up or assign EOC personnel to perform incomplete tasks.
- ii. Restock and replenish supplies for first aid kits, medical kits, and make sure all medical equipment is in working order.
- iii. Contacts Director of EMS to request medics to staff the First Aid Station.

<b>VI. LOCATION</b>
---------------------

- A. The First Aid Station will be set up in the Storage Room D, located at the end of the Media Room.

- 1. It will have clear access to the men's and women's bathrooms, sink and loading dock.
- 2. Any storage items, equipment, or vehicles that may block the entrance and exit of the First Aid Station and interferes with its' operation will be removed from the area.

**B.** The EOC will contain a designated Medicine Cabinet for anyone that may need basic first aid care.

1. It will be clearly marked and located in the Phone Bank room.
2. Which EOC position? Will be responsible for holding the key to the cabinet and for granting access to EOC personnel in order to keep track of basic first aid supplies.

## **VII. EMERGENCY PREPAREDNESS & PREVENTION**

### **A. General**

1. Preparedness actions are to be taken both before and following the development of emergency conditions and should identify ways of preparing for an emergency, increasing response readiness in a uniform and coordinated manner, and helping reduce incidents of employee injuries at the workplace during the times of an EOC activation.
2. The Safety Officer will make appropriate recommendations to ensure safety of all EOC personnel at the beginning of each operational period as needed.

### **B. Preventative Actions**

1. All EOC personnel are encouraged to complete CPR training offered by Fort Bend County or by a certified CPR trainer.

## **VIII. RESOURCE READINESS**



1. Should the designated personnel and resources of Fort Bend County prove to be inadequate during an emergency; requests will be made for assistance from other County departments.

a. Assistance may include equipment, supplies or personnel.

2. In the event that the County lacks sufficient resources for the First Aid Station, other arrangements shall be made with outside jurisdictions, agencies or industry, as deemed necessary, and at the discretion of the EMC.
3. It is highly encouraged to enter all agreements, pre-existing or otherwise, in writing and signed by the designated appropriate personnel at FBC OEM.

#### **B. Equipment and Supplies**

1. FBC OEM has equipment available for in-house use that can be allocated for the First Aid Station. This includes:
2. Other equipment can be contracted to provide equipment during an emergency event, [refer to Annex M, Resource Management.]

### **IX. TRAINING & EXERCISES**

**A.** There will be training and exercises on First Aid Station Plan.

**B.** CPR training for OEM personnel and all EOC personnel.

**C.** Mental Health First Aid

1. Potential EOC staff - Psychological First Aid training – Dr. Connie Almeida, Ph.D., FBC Behavioral Health Services
2. Risk Management and Mental Health America offers the class in the County
3. Mental First Aid training?

## **X. EMERGENCY ACTION PLAN DEVELOPMENT & MAINTAINENCE**

A. FBC OEM is responsible for reviewing and maintaining this plan.

1. The recommended cycle for review is every 3 years.
2. To keep track of changes see page 5, Record of Changes.
3. To maintain up-to-date on training see page [X].

## **XI. AUTHORITIES AND REFERENCES**

### **FEDERAL**

1. National Terror Alert Resource Center (NTARC). "National Terror Alert: Terrorism Survival Guide: First Aid: Checklist."  
[www.nationalterroralert.com/readyguide/firstaidchecklist.html](http://www.nationalterroralert.com/readyguide/firstaidchecklist.html) [Accessed January 2015].

## **XIII. TABS**

<b>Tabs</b>	1	Equipment Checklist
	2	Supply Checklist

**Tab 1**  
**EQUIPMENT CHECKLIST**

[illegible]

**Tab 2**  
**SUPPLY CHECKLIST**

Amount	Unit	Item	Specifications	Yes: ✓ No: ✕
1	Each	Basic First Aid Book	Plain language	
2	Each	Bandages	Ace, elastic, 4"	
4	Each	Bandages	Gauze, 2"x2"	
2	Each	Bandages	Gauze, 3"x3"	
3	Each	Bandages	Gauze, 4"x4"	
3	Each	Triangular Bandages	--	
1	Box	Band-Aids, Assorted	Flexible, moisture resistant	
1	Box	Bicarbonate of Soda	--	
1	Box	Butterfly sutures or Leukostrips	--	
1	Each	Cold/Heat Pack	Reusable	
1	Box	Cotton Swabs		
1	Box	Dental Floss		
1	Box	Epsom Salts		
1	Each	Eyedropper		
2	Rolls	First Aid Tape	1/2"x 10 yards and 1"x 5yards	
4	Pair	Gloves	Lightweight, rubber for medical and hygiene purposes	
1	Tube	Insect Repellent		
1	Bottle	Isopropyl Alcohol		
1	Box	Moistened Towelettes		
1	Each	Nail Clipper		
1	Box	Razor Blades	Single edge	
1	Box	Safety Pins	Assorted sizes	
1	Each	SAM splint		
2	Each	Scalpel		
1	Each	Scissors	Surgical pointed	
1	Each	Snake bite kit		

Amount	Unit	Item	Specifications	Yes: ✓ No: ✕
1	Bottle	Soap	Liquid, antibacterial	
6	Each	Tongue Depressors	Disposables	
2	Each	Thermometers	Disposal OR 1 digital, no breakables with mercury	
1	Each	Tweezers		
1	Tube	Analgesic Cream	Camphophenique, Paraderm Plus	
1	Box	Antacid	Mylanta, Tums, Pepto-Bismol	
1	Series	Antibiotic	Tetracycline for general infections	
1	Box	Anti-Diarrheal	Imodium, Diasorb, Lomotil	
1	Box	Anti-fungal	Desenex, Micatin, Tinactin, Lotrimin	
1	Box	Antihistamine	Benadryl, Claritin	
1	Tube	Antiseptic Ointment	Neosporin, Dettol	
1	Each	Anti-Toxin	DMSO	
1	Tube	Burns	Hydrocortisone, Derm-Aid	
1	Box	Cold/Flu Tablets	Nyquil, Repetabs	
1	Box	Constipation	Ex-Lax, Dulcolax, Durolax	
1	Bottle	Cough Syrup	Robitussin, Dimetapp	
1	Bottle	Eye Drops	Visine	
1	Tube	Hemorrhoid Relief	Preparation H, Anusol	
1	Box	Ibuprofen	Advil, Nurofen, Paracetamol	
1	Tube	Itching	Dibucaine, Paraderm, Lanacane	
1	Tube	Lip Balm	ChapStick, Blistex	

Amount	Unit	Item	Specifications	Yes: ✓ No: ✗
1	Tube	Lubricant, Water Soluble	K-Y Jelly	
1	Bottle	Nasal Decongestant	Sinex, Ornex	
1	Box	Nausea, Motion Sickness	Kwells, Dramamine, Travacalm, Meclizine	
1	Box	Non-Aspirin Pain Reliever	Tylenol	
1	Box	Pain, Fever Reducer	Panadeine, Mobigesic	
1	Jar	Petroleum Jelly	Vaseline	
1	Bottle	Poison Ivy/Oak Ointment		
1	Packet	Poison Absorber	Activated charcoal	
1	Bottle	Radiation Protection	Potassium Iodide-[KI], Potassium Iodate-[KIO3]	
1	Bottle	Sunburn Relief	Solarcaine, Paxyl	
1	Bottle	Sunscreen	SPF 15 at least	
1	Bottle	Vomit Inducer	Ipecac, Activated charcoal	
1	Tube	Yeast Infection Treatment	Gyne-Lotrimin, Monistat	

## INITIAL EMERGENCY REPORT

### 1. PURPOSE

The purpose of this report is to advise the State of Texas DEM (through the local Highway Patrol District office in Rosenberg) that nearby jurisdictions that may be affected, and jurisdictions that may provide resources under a mutual aid agreement of an incident that has the potential to become a major emergency or disaster. An Initial Incident Report should be dispatched as soon as it becomes apparent that an incident has the potential to become a serious emergency situation. The report should be sent in written form (such as TLETS teletype or facsimile) if possible. If this is infeasible, a verbal report should be made by telephone or radio.

### 2. FORMAT

**DATE/ TIME:**

**FROM**

Fort Bend County

**TO:**

DPS Rosenberg, District Commander

[Adjacent affected jurisdictions, jurisdictions from which resources may be requested pursuant to interlocal agreements]

**SUBJECT:**

**INITIAL EMERGENCY REPORT**

- A. TYPE OF INCIDENT:
- B. DATE & TIME OF OCCURRENCE:
- C. DESCRIPTION: (a short description of what happened or is occurring)
- D. AREA AFFECTED:
- E. RESPONSE ACTIONS UNDERWAY
- F. ASSISTANCE REQUIRED, IF ANY:
- G. POINT OF CONTACT INFORMATION:

## SITUATION REPORT

### 1. PURPOSE

The purpose of this report is to advise the State of Texas DEM (through the local Highway Patrol District Office in Rosenberg) that nearby jurisdictions that may be affected, and jurisdictions that are providing resources under a mutual aid agreement of the status on an ongoing major emergency situation. It may also be useful to provide this report to local officials who are not working at the EOC to keep them informed of the situation. A Situation Report should be prepared and disseminated at least once a day. The report should be sent in written form (such as TLETS teletype, facsimile, or e-mail).

### 2. FORMAT

**DATE/ TIME:** 02-10-04/1820  
**FROM** Fort Bend County EOC  
**TO:** DPS Rosenberg, District Commander  
Fort Bend County SO  
Sugar Land PD  
  
**SUBJECT:** **SITUATION REPORT # 1**  
**FOR [Explosion] Covering the Period**  
**From 02-10-04 / 1820 To 02-10-04 / 2100**

- A. CURRENT SITUATION:  
*[What is being done about the emergency situation and by whom? Are there any problems hampering the emergency response? Is the situation getting worse, remaining stable, or winding down?]*
- B. AREAS AFFECTED:
- C. RESPONDING AGENCIES/ORGANIZATIONS:  
*[Include local, state, and federal responders plus volunteer groups]*
- D. CASUALTIES (cumulative):
1. Fatalities
  2. Injured:
  3. Missing:
- E. ESTIMATED DAMAGES (cumulative):
1. Homes Destroyed/Damaged:
  2. Businesses Destroyed/Damaged:
  3. Govt Facilities Destroyed/Damaged:
  4. Other:
- F. EVACUATIONS (cumulative): *[Estimated number of evacuees]*
- G. SHELTERS (cumulative):
1. Number of Shelters Open:
  2. Estimated Occupants:
- H. ROAD CLOSURES:
- I. UTILITY OUTAGES:
- J. COMMENTS:



3. **SAMPLE REPORT** [This is a sample report. Do not include in your annex unless using as preformatted report for specific situations.]

**DATE/ TIME:**

**FROM** Fort Bend County  
**TO:** DPS Rosenberg, DDC Chairperson  
DPS Rosenberg, DPS Regional 2C Headquarters  
[Adjacent affected jurisdictions]  
[Jurisdictions providing mutual aid resources]

**SUBJECT: SITUATION REPORT # 1  
FOR NALCO CHEMICAL FACILITY EXPLOSION  
Covering the Period from 10-02-04 to 02-11-04**

- A. **CURRENT SITUATION:** The fire at the Nalco Chemical Facility has been extinguished. Chemical plant continues to burn. Search & rescue team has recovered 3 bodies in collapsed buildings. Firefighters recovered another body. Spilled hazmat in temporary dikes and berms being recovered by contractor Hazwaste, Inc. Evacuees at shelter at Wharton School operated by the Sugar Land ISD. Pesticide residue may have contaminated 2 residential blocks south of plant; assessment underway by TNRCC and EPA.
- B. **AREAS AFFECTED:** 1 business block, 8 residential blocks
- C. **RESPONDING AGENCIES/ORGANIZATIONS:**  
Local: Sugar Land Fire Department, Richmond Volunteer Fire Department  
State: TNRCC, TxDOT, Dept of Ag, TEEX Search & Rescue Team, DEM RLO  
Federal: US EPA  
Volunteers: Salvation Army
- D. **CASUALTIES (cumulative):**  
1. Fatalities: 4  
2. Injured: 11  
3. Missing: 2
- E. **ESTIMATED DAMAGES (cumulative):**  
1. Homes Destroyed/Damaged: 8//12  
2. Businesses Destroyed/Damaged: 6/2  
3. Govt. Facilities Destroyed/Damaged: 1/0  
4. Other:
- F. **EVACUATIONS (cumulative):** Estimated 260
- G. **SHELTERS (cumulative):**  
1. Number of Shelters Open: 1  
2. Estimated Occupants: 120
- H. **ROAD CLOSURES:**  
1. Highway 90a between Highway 6 and Highway 59  
2. County Road 359 between city limits and Co. 527.
- I. **UTILITY OUTAGES:** Electrical and water service shut off to four blocks area surrounding the Nalco Chemical Facility.
- J. **COMMENTS:**  
1. Some fire units will remain at the site to assure re-ignition does not take place.  
2. TNRCC believes it will take another 24 hours to fully map contaminated areas of downtown.

3. Search and rescue team believes it will complete search of collapsed buildings this evening.

**APPENDIX 4  
to  
ANNEX N**

**ANIMAL  
ISSUES  
COMMITTEE  
PLAN**

**Fort Bend County**

## **Record of Changes**

### **APPENDIX 4**

to

### **ANNEX N**

## **ANIMAL ISSUES COMMITTEE PLAN**

<b>Change #</b>	<b>Date of Change</b>	<b>Entered By</b>	<b>Date Entered</b>
1		Joe W. Mask	03-31-09
2	May 2013	Kathy Renfrow and Caroline Egan	5-7-2013
3	July 2013	Kathy Renfrow and Caroline Egan	7-3-2013
4	February 2018	Charity Dominguez	02-28-18
5	September 2018	Alan Spears-Added Household Pet, and Livestock Plans	9-25-18

# **ANIMAL ISSUES COMMITTEE PLAN**

## **I. AUTHORITY**

Refer to Section I of the Basic Plan and to Annex N, Appendices 1 and 2.

## **II. PURPOSE**

- A. Emergencies and disasters frequently involve animals as well as people. Consequently, preparation for, response to, recovery from, and mitigation of animal situations related to disasters should be an integral part of any emergency management activity.
- B. An important goal for direction and control activities related to any emergency or disaster situation is to know who to contact and having the confidence that the individuals identified are fully prepared to provide advice for handling the situation.
- C. An animal issues committee is an integral part of the local emergency management team and is an essential asset to the community. This plan outlines the types of individuals that make up the Fort Bend County Animal Issues Team as well as some of the responsibilities they would have and the situations they may encounter.
- D. The mission of the Fort Bend County Animal Issues Committee is to serve as an advisory group for local animal and government authorities as well as animal owners by providing support for the protection and care of animals prior to, during and after an emergency incident.

## **III. EXPLANATION OF TERMS**

### **A. Acronyms and Abbreviations**

AHT	Animal Health Technician (Federal Government)
AIC	Animal Issues Committee
APHIS	Animal and Plant Health Inspection Service (USDA)
ARC	American Red Cross
AgriLife	Texas AgriLife Extension Service
ASO	Animal Services Officer
CAFO	Concentration Animal Feeding Operation
CARP	Community Animal Response Plan
DSHS	Texas Department of State Health Services
DPS	Texas Department of Public Safety
EAD	Emerging Animal Disease
EPA	Environmental Protection Agency (Federal Government)
FAD	Foreign Animal Disease
FEAD	Foreign and Emerging Animal Disease
FSA	Farm Service Agency (USDA)

HSUS	Humane Society of the United States
ICP	Incident Command Post
NIMS	National Incident Management System
NPS	National Park Service
NRCS	Natural Resources Conservation Service (USDA)
NRF	National Response Framework
SITREP	Situation Report
SPCA	Society for the Prevention of Cruelty to Animals
TACA	Texas Animal Control Association
TAHC	Texas Animal Health Commission
TAMUS	Texas A&M University System
TCEQ	Texas Commission on Environmental Quality
TDA	Texas Department of Agriculture
TDCJ	Texas Department of Criminal Justice
TDEM	Texas Division of Emergency Management
TPWD	Texas Parks and Wildlife Department
TRACE	Texas Rural Awareness, Compliance, and Education (Program)
TSSWCB	Texas State Soil and Water Conservation Board (see also NRCS)
TVMA	Texas Veterinary Medical Association
TXDOT	Texas Department of Transportation
USDA	United States Department of Agriculture
USFWS	United States Fish and Wildlife Service
VMAT	Veterinary Medical Assistance Team
VMO	Veterinary Medical Officer (Federal)
VS	Veterinary Services (APHIS)
WS	Texas Wildlife Services

#### B. Definitions

1. Animal Health Inspector (Livestock Inspector) - An animal health technician assigned to the Texas Animal Health Commission (TAHC) who may work with Fort Bend County and Joint Resolution Jurisdictions in his or her TRACE capacity to assist us in solving animal health and welfare issues (similar to a Federal AHT)
2. Animal Health Technician (AHT) - An individual, assigned to the federal government, who may work with Fort Bend County and Joint Resolution Jurisdictions in his or her TRACE capacity to assist us in solving animal health and welfare issues animal health inspector (TAHC).
3. Animal Services Officer (ASO) - The person who has the overall responsibility for animal-related issues within Fort Bend County and Joint Resolution Jurisdictions during an incident.
4. Congregate Household Pet Shelters – Any private or public facility that provides refuge to rescued household pets and the household pets of shelters in response to a declared disaster or emergency.
5. Depopulation – A term used in the animal industry of the United States for the humane destruction of both sick and exposed or non-exposed animals in a certain area to prevent the spread of a contagious animal or zoonotic disease

6. Diagnosis – In regards to this appendix, a determination as to why animals are affected by disease, trauma, poisoning, drowning, etc.
7. Diagnostician – For this appendix, a veterinarian, toxicologist, pathologist, or other medically-trained person who examines animals and collects diagnostic specimens to determine why animals have died
8. Emerging Animal Disease (EAD) - A new animal disease or a new form of an old disease
9. Epidemiologist – For the purposes of this appendix, a veterinarian who is trained in identifying diseases of animals and can assist in determining why animals have died, how an animal disease was introduced into an animal population, how the disease spreads within the animal population, and what actions will be necessary to contain and eliminate the disease
10. Field Veterinarian – A veterinarian assigned to the TAHC
11. Foreign Animal Disease (FAD) – A disease that does not currently exist within the borders of the United States. Once a disease become endemic to the U.S. (i.e., with little chance of it ever being totally eradicated), it no longer is considered a FAD
12. Foreign and Emerging Animal Diseases (FEADs):
  - a. Are usually, but not always, highly infectious and contagious and have the potential for rapid spread, irrespective of national borders
  - b. Can have serious socio-economic or public health consequence and a major impact on the international trade of animals, animal products, and animal by-products
13. Holding Facility – A designated facility within our community that may be used temporarily to house and feed animals during disaster evacuations or following the aftermath of a disaster event
14. Household Pet - A domesticated animal, such as a dog, cat, bird, rabbit, rodent, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes can travel in commercial carriers, and be housed in temporary facilities. Household pets do not include reptiles (except turtles), amphibians, fish, insects/arachnids, farm animals (including horses), and animals kept for racing purposes.
15. Pathologist - For this appendix, a scientist who interprets and diagnoses the changes caused by a disease in animal tissues and thereby assists in determining why an animal or group of animals may have died
16. Premises – The property where the animal is located
17. Service Animal - Any dog or other animal individually trained to **do work or perform tasks for people with disabilities**. Service animals' jobs include, but are not limited to: guiding individuals with impaired vision; alerting individuals with impaired hearing

(to intruders or sounds such as a baby's cry, the doorbell, and fire alarms); pulling a wheelchair; retrieving dropped items; alerting people of impending seizures; and assisting people who have mobility disabilities with balance or stability

18. Texas Animal Health Commission (TAHC) – A state agency, separate from the Texas Department of Agriculture (TDA), which was created in 1893. Its mission and role is to assure the marketability and mobility of Texas livestock and to sustain and continue to make a vital contribution to wholesome and abundant supply of meat, eggs, and dairy products. TAHC makes and enforces regulations to prevent, control, and eradicate specific infectious and/or contagious animal diseases that endanger livestock.
19. TAHC-APHIS/VS/TX Memorandum of Understanding – The agreement by which Federal TAHC veterinarians and inspectors work in a “seamless” relationship with APHIS-VS-TX veterinarians and inspectors (i.e., requests for animal health assistance to our jurisdiction may come from either state or federal personnel).
20. Toxicologist – For the purposes of this appendix, a scientist who assists in determining why animals have died, especially if a hazardous substance is suspected
21. TRACE Representative – A TAHC or USDA/APHIS/VS/TX veterinarian, animal health technician, or animal livestock inspector assigned to Fort Bend County to provide assistance for animal emergency management, public information, and educational purposes
22. Veterinary Medical Officer (VMO) – A veterinarian employed by the federal government
23. Zoonotic disease – A disease that is transmissible to humans as well as animals

#### IV. SITUATION AND ASSUMPTIONS

##### A. Situation

1. Companion animals (i.e., household pets), livestock, and non-domesticated (i.e., wild) animals may be affected by all types of natural and man-made emergencies and disasters.
  - a. Natural disasters that could affect animals in Texas include disease, floods, fires, lightning strikes, windstorms, tornadoes, hurricanes, drought, toxic forage, excessive heat, severe weather and winter storms.
  - b. Man-made disasters affecting animals result from a myriad of causes such as traffic and other accidents, poisoning, power outages, bioterrorism, hazardous material spills, explosions, radiation incidents, and other biological or chemical events.
2. Animals may be injured, lost, abandoned, or die during or after an emergency or disaster situation.



3. To enhance the welfare of animals during disaster situations, activities may involve many functions such as evacuation, search and rescue, capture, identification, sheltering, feeding, transporting, and medical assistance.
4. In other cases, the diagnosis and control of an animal disease, as well as the proper disposal of diseased animal carcasses, could be a significant issue.

**B. Assumptions**

1. There are individuals in Fort Bend County who are knowledgeable and skilled in understanding and working with animals and responding to animal-related emergency situations.
2. These individuals may not know the government personnel in Fort Bend County and Joint Resolution Jurisdictions who respond to emergency events involving animals, or they may not understand their responsibilities.
3. Fort Bend County and Joint Resolution Jurisdictions elected officials, emergency management personnel, and emergency responders may not be fully aware of how to handle certain situations involving animals, and they also may not be aware of the existence of various types of animal experts in the community.
4. Fort Bend County would benefit significantly by having a viable animal issues committee or team that could help Fort Bend County and Joint Resolution Jurisdictions prepare for, respond to, recover from, and/or mitigate animal-related emergency situations.

**V. CONCEPT OF OPERATIONS**

**A. General**

1. An Animal Issues Committee (AIC) will be created to plan for, respond to, recover from, and mitigate against emergency or disaster situations involving animals.
2. The AIC will consist of government officials as well as private citizens who have an interest or skill in working with animals.
3. The AIC will have an animal-related mission, which will vary depending on the needs of the community.
4. The AIC will prepare animal-related planning appendices to selected functional annexes of the Fort Bend County Emergency Operations Plan.
5. If appropriate, the AIC will ensure adequate training is provided for personnel who may respond to animal-related emergency or disaster situations as well as assisting during exercises related to animal issues involving disasters.

**B. Animal Issues Committee Composition**

1. The AIC will consist of a group of individuals with varied backgrounds, experience, skills, and interests that are generally related to the care and/or welfare of companion animals, livestock, or wildlife.
2. Members of the AIC will consist of the following types of individuals:
  - a. Animal Control Officer (ACO) and ACO personnel (*a key committee member*)
  - b. Veterinarian(s) from private practice, industry, government, public health, the military, and/or the local or regional TVMA organization (*a veterinarian is being identified to assist the Committee in each jurisdiction*)
  - c. Veterinary technician(s) from local veterinary offices
  - d. TAHC or USDA/APHIS/VS "TRACE" representative (*to represent state animal health; one state or federal person assigned to each county*)
  - e. Public works representative (*for traffic control and carcass disposal issues*)
  - f. County Extension Agent for Agriculture (AgriLife) (*for animal disease and non-disease issues*)
  - g. Animal humane association or organization representative(s) [e.g., HSUS, SPCA, TACA, Noah's Wish, etc.] (*for companion animal rescue and sheltering issues*)
  - h. Emergency management coordinator and personnel
  - i. Elected Officials (*as appropriate to the mission of the Committee*)
  - j. Farm Bureau representative (*if available; useful for animal disease issues*)
  - k. Local animal industry representative(s) from concentrated animal feeding operations (CAFOs) (*as appropriate to the Committee's mission*)
  - l. Allied agriculture industry representatives (e.g., feed stores, pet stores, feed mills, livestock markets, food production/processing facilities, slaughter and rendering plants, fuel outlets, equipment stores, animal boarding facilities such as kennels and stables, etc.) (*as appropriate to the Committee's mission*)
  - m. Animal association representatives (e.g., cattlemen's, breeders, dairy, and exotic/alternative livestock groups to kennel clubs, horse clubs, and game bird fanciers) (*as appropriate to the Committee's mission*)
  - n. Correctional facility representative (if the local prison(s) has an agriculture component) (TDCJ) (*as appropriate to the Committee's mission; can be useful for all aspects of handling livestock in an emergency*)
  - o. Environmental representative (TCEQ, TSSWCB, NRCS, and/or EPA) (*for carcass disposal, disinfection issues and for disease issues involving cleaning, disinfection, and carcass disposal*)

- p. USDA FSA representative *(if available and appropriate for the mission of the Committee; can be useful for obtaining agriculture funds and other agricultural-related assistance)*
- q. Vocational agriculture science teacher(s) *(as appropriate)*
- r. County fair representative *(as appropriate)*
- s. Law enforcement representatives including Fort Bend County Sheriff's Office and Texas Department of Public Safety (DPS) *(important for traffic control and quarantine enforcement in an animal disease situation)*
- t. Private and/or public landfill representative *(important for carcass disposal issues)*
- u. Public Information Officer *(as appropriate)*
- v. Local media representative *(as appropriate)*
- w. Public health representative (veterinarian, epidemiologist, sanitarian, etc. from the local health department or TDH) *(as appropriate to the mission of the Committee)*
- x. Tribal representative *(if available and as appropriate to the mission of the Committee)*
- y. Animal research or laboratory representative *(if available, and as appropriate to the mission of the Committee)*
- z. Higher education representative who is associated with animals or animal husbandry (community college, university, etc.) *(if available, and as appropriate to the mission of the Committee)*
- aa. Zoo representative *(if available, and as appropriate to the mission of the Committee)*
- bb. TPWD and/or NPS wildlife representative (e.g., fish and game wardens) *(if available, and as appropriate to the mission of the Committee)*
- cc. AgriLife-WS representative (for predator and scavenger control) *(if available, and as appropriate to the mission of the committee)*
- dd. Volunteers interested in animal care and welfare (individuals and/or groups) *(as appropriate to the mission of the Committee)*
- ee. "Public at Large" representative *(as appropriate to the mission of the Committee)*

## VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. The Animal Issues Committee (AIC) will meet as often as necessary at a time and place prescribed by the committee members or by the Fort Bend County Office of Emergency Management.
2. The Committee will be an "advisory" group to help solve animal-related emergency or disaster issues within the community. It will not be a tasking (i.e., direction and control) organization.
3. Committee members may, however, in their own capacity, or through their daily employment, supervise or participate in activities involving animals to include medical assistance, search and rescue, capture, evacuation, transportation, sheltering, donations management, carcass disposal, and disease eradication.

B. Assignment of Responsibilities

1. The Animal Issues Committee will consider both non-disease and disease topics.
  - a. "Non-disease issues" to be considered are:
    - (1) Evacuation and transport of animals from actual disaster locations or affected areas
    - (2) Sheltering and caring for animals during and after emergencies and disasters in holding facilities or other types of shelters
    - (3) Search and rescue capabilities or teams
    - (4) Capture and holding of stray or lost animals affected by a disaster
    - (5) Animal identification and relocation activities
    - (6) Medical care or humane euthanasia for animals injured in an emergency or disaster
    - (7) Disposal of animal carcasses affected by an emergency or disaster situation to eliminate any disease spread from decaying animals and to eradicate any foul odors and unsightly views
    - (8) Wildfire nuisance situations
    - (9) Administration and logistical support for animal-related emergency or disaster activities (e.g., overturned livestock truck, hazardous materials accident in proximity to animals, etc.)
    - (10) Development of county profiles (locations, types, sizes, and other agricultural demographics) of animal-related production, processing, marketing, and carcass disposal facilities/operations
    - (11) Dissemination of public information regarding animal-related issues

- b. "Disease issues," in which the AIC can lend support to state and federal authorities in a disease response situation will include:
- (1) Quarantining and containment activities for disease situations
  - (2) Coordination of cleaning and disinfection activities for disease eradication
  - (3) Traffic control activities to include determination of traffic flow within and in proximity to the quarantine area; setting up signage and traffic barriers; establishment and operation of inspection, cleaning, and disinfection stations
  - (4) Obtaining and using appropriate communications capabilities and equipment
  - (5) Operations and communications of the local ICP for animal disease response activities
  - (6) Obtaining appropriate equipment and vehicles for transportation of diseased animals and animal products from one location to another for slaughter and/or disposal
  - (7) Zoonotic public health issues (e.g., rabies vaccinations, West Nile Virus prevention, etc.)
  - (8) Identification of an appropriate labor force pool
  - (9) Working depopulation and indemnification issues
  - (10) Determination of the number and location of disposal sites in the local area that could be used in an emergency to dispose of diseased carcasses while minimizing the spread of disease
  - (11) Dissemination of public information
  - (12) Vector and scavenger control activities
  - (13) Local economic impact issues
  - (14) Developing county profiles (locations, types, sizes, and other agricultural demographics) of animal-related production, processing, marketing, and carcass disposal facilities/operations
  - (15) Obtaining appropriate equipment, chemicals, and drugs for the capture, transportation, confinement, euthanasia, disposal, cleaning and disinfection, traffic control, and other operations related to disease control and eradication operations
  - (16) Providing administration and logistical support for animal disease response and eradication activities

## **VII. DIRECTION & CONTROL**

- A. The Animal Issues Committee will provide support to and work under the auspices of the Fort Bend County Office of Emergency Management.
- B. When an emergency or disaster situation arises, the AIC will respond as outlined in their individual agency plans and the Fort Bend County Community Animal Response Plan. This would depend upon the situation and could include a meeting of all or only selected group members, either at a designated location or simply by phone or email.
- C. Generally, the AIC will not perform as a response organization. It will function as an advisement group to assist government authorities in their decision-making process associated with animal-related emergency and disaster situations. In many cases, the success of the AIC will depend on the soundness of their pre-disaster planning and support activities provided to local government officials.
- D. All animal response efforts will be performed as specified in the Fort Bend County Community Animal Response Plan (CARP).

## **VIII. READINESS LEVELS FOR THE ANIMAL ISSUES COMMITTEE**

- A. Readiness Level IV – Normal Conditions
  - 1. Meet on an annual basis
  - 2. Develop appropriate plans, or maintain and periodically revise those already written
  - 3. Develop animal-related “injects” for use during exercises and drills, and promote the use of these injects as well as the employment of the jurisdiction’s Animal Issues Committee in these events
  - 4. Develop a contact list of committee members and local authorities
  - 5. Develop equipment lists and maintain equipment readiness
  - 6. Participate in local training and exercises
  - 7. Participate in critiques of the jurisdiction’s exercises and drills where animal issues were involved
  - 8. In conjunction with local environmental agencies and producer organizations, plan for the disposal of large numbers of diseased animals and animal products
  - 9. Identify appropriate disposal site(s) in the local area that will accept diseased and non-diseased animals and their products (e.g., eggs, milk, etc.)
- B. Readiness Level III – Increased Readiness
  - 1. Review the personnel contact list for accuracy

2. Review animal-related response, traffic control, and carcass disposal plans
3. Check on availability of key committee personnel
4. Review the designated equipment list, know the whereabouts of the needed items, and ensure they are operable
5. Ensure appropriate medical information is available for care of animals

C. Readiness Level II – High Readiness

1. Test communications among committee members and key committee personnel
2. Check on availability and readiness of needed equipment and information

D. Readiness Level I – Maximum Readiness

1. Notify the appropriate emergency management coordinator that Animal Issues Committee personnel are available and how they can be reached
2. Report, if needed, to the Fort Bend County or Joint Resolution Jurisdictions Emergency Operations Centers (EOC) or other designated facility
3. Assemble the full committee, as needed

**IX. ADMINISTRATION & SUPPORT**

A. Resource Support and Readiness

1. Any resources (equipment, materials and supplies) needed by the Animal Issues Committee or its members will be identified and listed.
2. Needed resources will be checked for availability and operability on a periodic basis to include at Readiness Level III (see para. VIII.B. above).

B. Communications

1. The Animal Issues Committee should decide what type of real-time communications method(s) would be most appropriate among the members for various situations such as alerting, emergency responses, exercises, and disaster situations (e.g., should it be via telephone or cell phone, radio broadcast announcement, via email, etc.).
2. Once the most appropriate type(s) of communications are established for each situation, the Animal Issues Committee should keep an up-to-date listing of their members; the individual animal-related expertise of each member; and the most appropriate method of contact during working hours, after-hours, weekends, holidays; etc. (see Attachments 1 and 2).

### C. Key Facilities

1. The Animal Issues Committee has established the Fort Bend County Office of Emergency Management as the meeting location at which the group can convene on a periodic basis to consider the myriad of animal issues affecting Fort Bend County and/or Joint Resolution Jurisdictions.
2. During exercises, as well as actual emergencies, the Animal Issues Committee should decide how they will respond to each and from which location [e.g., by simply using phone contact among the members, convening at the regular meeting facility, operating from another designated emergency location, staffing the jurisdiction's emergency operating center (EOC), etc.].

### E. Reporting

1. During response operations (exercises or actual emergencies), if appropriate, situation reports (SITREPs) will be provided to the jurisdiction's emergency operating center (EOC) and/or incident commander (IC), as requested.
2. If appropriate, a SITREP format will be developed that either meets the jurisdiction's requirements or, if no specific format is required, than one that most appropriately reports the Animal Issues Committee's activities, challenges, and achievements during a variety of situations.

### F. Records

1. Meeting minutes – The Animal Issues Committee should keep a written record of each meeting in order to maintain an accurate accounting of items discussed and actions taken.
2. Activity logs – During exercises/drills and actual response events, the Committee should maintain a log of the various issues considered and actions taken (see Attachment 3).
3. Documentation of costs – If the animal issues committee responds as a separate entity, then expenses incurred in carrying out the response operations for certain events may be recoverable from the responsible party, or from the state or federal governments depending upon the situation. Therefore, records of supplies and equipment used/consumed as well as regular and overtime hours of committee members during a response or exercise operation should be recorded.
4. Written and cost documentation records, maintained by the Committee, should be protected and "duplicated/backed-up" to the maximum extent feasible to preclude them from being destroyed in an emergency or disaster situation.

### G. Post Incident Review

1. Animal Issues Committee representative(s) should participate in after-action reviews of any emergency event response by the jurisdiction in which a member(s) from the Committee was involved.



2. A committee member(s) should also participate in any exercise critique where animal issues were a part of the scenario.

#### **X. ATTACHMENT DEVELOPMENT & MAINTENANCE**

- A. The Fort Bend County Office of Emergency Management is responsible for developing and maintaining this appendix. Recommended changes to this appendix should be forwarded as needs become apparent.
- B. The AIC will meet annually to review and update this appendix, contact information and the Fort Bend County Community Animal Response Plan.

#### **XI. ATTACHMENTS**

- 1) Animal Issues Committee Members
- 2) Animal Issues Committee Contact List - Activation
- 3) Animal Issues Committee Activity Log
- 4) Household Pet Mass Care and Shelter Standard Operating Guidelines
- 5) Large Animal and Non-Commercial Livestock Mass Care and Shelter Standard Operating Guidelines

Attachment 1

# MEMBERS – FORT BEND COUNTY ANIMAL ISSUES COMMITTEE

Jurisdiction	Contact	Office Phone	Mobile Phone	Email Address	Service / Title	Managing Agency
Beasley	Kenneth Reid	979- 387-2775	832-398-6879	chsecretary@consolidated.net	Mayor/EMC	City of Beasley
Fort Bend County	*Charity Dominguez	281-238-3413	281-202-9573	charity.dominguez@fortbendcountytexas.gov	Planning Coordinator	Fort Bend County
Fort Bend County	*Rodney Garcia	281-633-7590		rodney.garcia@fortbendcountytexas.gov	Assistant Director	Fort Bend County
Fort Bend County	Doug Barnes	281-238-3417	713-298-7490	Doug.Barnes@fortbendcountytexas.gov	Senior Planning Coordinator	Fort Bend County
Fort Bend County	Jeff Braun	281-342-6185	832-473-1068	Jeff.Braun@fortbendcountytexas.gov	EMC	Fort Bend County
Fort Bend County	*Kaye Reynolds	281-238-3519	832-407-7385	Kaye.Reynolds@fortbendcountytexas.gov	Deputy Director	Fort Bend County
Fort Bend County	Marc Grant	281-238-3604	832-473-2730	Marc.Grant@fortbendcountytexas.gov	Road and Bridge Commissioner	Fort Bend County
Fort Bend County	Mark Vogler	281-342-2863		Mark.Vogler@fortbendcountytexas.gov	Chief Engineer	Fort Bend County
Fort Bend County	*Mary Staff	832-471-2590	281-642-3664	Mary.Staff@fortbendcountytexas.gov	Fairgrounds Manager	Fort Bend County
Fort Bend County	Jeff Stewart	281-342-9480	713-203-5216	Jeffrey.Stewart2@redcross.org	Disaster Program Manager	Red Cross
Fort Bend County	*Andrea Muegge	281-342-1512		Andrea.muegge@fortbendcountytexas.gov	Veterinarian	Fort Bend County

Jurisdiction	Contact	Office Phone	Mobile Phone	Email Address	Service / Title	Managing Agency
Fort Bend County	*Rene Vasquez	281-633-7589	281-344-7614	Rene.Vasquez@fortbendcountytexas.gov	Director Animal Services	Fort Bend County
Fort Bend County	*John Gordy	281-633-7006	832-344-8075	john.gordy@ag.tamu.edu	County Extension Agent	Texas A&M
Fort Bend County	Scott Wieghat	281-238-3607	832-473-2961	Scott.Wieghat@fortbendcountytexas.gov	Special Projects Coordinator	Fort Bend County
Fort Bend County	*Tanner Eddleblute	281-509-5121		Tanner.Eddleblute@fortbendcountytexas.gov	Livestock Deputy	Fort Bend County
Fort Bend County	Vince Mannino	281-633-7038	713-501-0618	Vmannino@ag.tamu.edu	County Extension Director	Texas A&M
Fort Bend County	*William Jenkins		832-473-7852	William.Jenkins@fortbendcountytexas.gov	Livestock Deputy	Fort Bend County
Fort Bend County	Jackie Brady	281-633-7370	281-725-1177	jackie.brady@fortbendcountytexas.gov	Canine Leadership	Fort Bend County
Fort Bend County	Barbara Vass	281-238-2277		Barbara.vass@fortbendcountytexas.gov	Animal Services	Fort Bend County
Fulshear	Felix Vargas	281-346-2202		fvargas@fulsheartexas.gov	EMC	Fulshear
Missouri City	Dakota Duncan	281-403-4370	765-432-5284	Dakota.Duncan@Missouricitytexas.gov	EMC	Missouri City
Needville	Dr. John Stern	979-793-6262		drsternnah@yahoo.com	Veterinarian (FBC SO Contract Vet)	Needville Animal Hospital
Orchard	Al Petry	979-478-7575	281-750-1085	ovfd504@gmail.com	EMC	City of Orchard

Annex N-Direction and Control  
Appendix 4

Jurisdiction	Contact	Office Phone	Mobile Phone	Email Address	Service / Title	Managing Agency
Pleak	Jordan Blegen	281-342-3692	832-483-2269	pleakvfd@yahoo.com	EMC	Pleak
Richmond	Don Brehm	281-341-9005		Brehm1981@gmail.com	Animal Supplies	Brehm's Feed Co.
Richmond	Terri Vela	281-342-5456		tvela@richmond	EMC	City of Fulshear
Richmond	Brad Hines	281-344-4298		Brad.Hines@hhsc.state.tx.us	EMC	Richmond State Supportive Living Center
Rosenberg	Bill Adams	832-595-3600		wadams@rosenbergtx.gov	EMC	City of Rosenberg
Rosenberg	Renee McAnally*	832-595-3490		rmcanally@rosenbergtx.gov	Director Animal Control	City of Rosenberg
Rosenberg	Veronica Crum	281-232-6898 x2		veronica.crum@tx.usda.gov	USDA	
Simonton	Stephan Sear		281-643-2207	eoc@simontontexas.gov	Assistant Coordinator	Simonton OEM
Stafford	Dr. Heather Puksta	281-499-3538	225-270-3581	hpuksta@staffordoaks.com	Veterinarian	Stafford Oaks Veterinary
Stafford	Pete Ramirez	281-261-5950		Pramirez@staffordtx.gov	Animal Control	City of Stafford
Sugar Land	Kathryn Ketchum	281-275-2364		Kketchum@sugarlandtx.gov	Animal Services Manager	City of Sugar Land
Sugar Land	*Pat Hughes	281-275-2860	281-757-2526	phughes@sugarlandtx.gov	Assistant Fire Chief/EMC	City of Sugar Land

Annex N-Direction and Control  
Appendix 4

Jurisdiction	Contact	Office Phone	Mobile Phone	Email Address	Service / Title	Managing Agency
Sugar Land	*Frank Garza	281-275-2805	832-731-0194	fgarza@sugarlandtx.gov	Emergency Management Specialist	City of Sugar Land
Sugar Land	Sabrina Abdulla	281-275-2364		sabdulla@sugarlandtx.gov	Shelter Coordinator	City of Sugar Land
Thompsons	James Pirie	281 343-9929	832-656-5844	jamesamber88@gmail.com	Chief	Town of Thompsons
Weston Lakes	Barrett Shephard	281-533-0907	713-907-8394	cbs6575@gmail.com	EMC	City of Weston Lakes

\*Active AIC Member

Attachment 2

ANIMAL ISSUES COMMITTEE CONTACT LIST – ACTIVATION

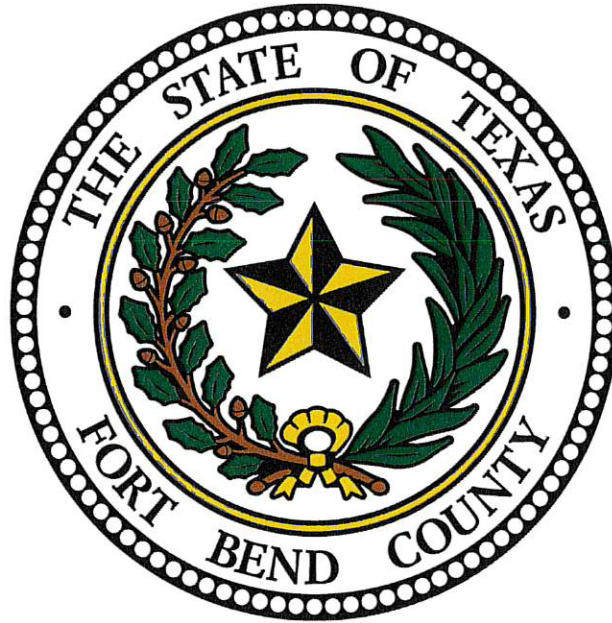
Person or Agency	Office Phone	Cell Phone	Home Phone	Notified By	Time Notified	Comments

### Attachment 3

## ANIMAL ISSUES COMMITTEE ACTIVITY LOG

[illegible]

## Attachment 4



# Fort Bend County, Texas Household Pet Mass Care and Shelter Standard Operating Guidelines



Planning Standards	
1. Operations performed under this Standard Operating Guideline will be NIMS compliant.	<a href="#">Organization</a>
2. Situational awareness of the status, needs, and capacity of household pet sheltering operations will be provided to Incident Command.	<a href="#">Concept of Operations</a>
3. Emergency household pet sheltering will employ biosecurity approaches focused on limiting development and spread of infectious diseases in sheltered animals.	<a href="#">Biosecurity</a>
4. Emergency household pet sheltering will be performed in a manner that preserves animal health, well-being, and welfare.	<a href="#">Provision of care</a>
5. Emergency household pet sheltering will be performed in a manner consistent with maintaining continuity of animal ownership.	<a href="#">Discharge Data Management</a>
7. Emergency household pet sheltering capacity will be determined and provided to Incident Command.	<a href="#">Capacity Determination</a>
8. This document will identify the mechanisms for acquisition of resources from local and regional resources	<a href="#">Acquisition of Resources</a>
9. This document will identify the mechanism for acquisition of resources that cannot be procured through local or regional resources	<a href="#">Acquisition of Resources</a>
10. Emergency household pet sheltering operations will provide for the safety and well-being of personnel performing animal sheltering, owners, and sheltered animals	
11. Emergency household pet sheltering will be performed in a manner consistent with financial accountability standards of Fort Bend County, Texas.	
12. Communications involving household pet issues will be managed through the incident Public Information Officer.	
13. Emergency household pet sheltering plans will accommodate admittance of service and emotional assistance animals in mass care and shelter facilities for humans.	
14. Emergency household pet sheltering plans will accommodate human mass care and shelter facilities electing to provide co-located pet sheltering for animals belonging to emergency shelter residents.	

## General

Emergency sheltering for household pets belonging to residents of Fort Bend County, Texas will be performed as an integrated component of overall emergency response operations. Emergency household pet sheltering will be initiated by order of the Fort Bend County Judge or their designee.

## Purpose, Scope, Situation, Assumptions, and Limitations

### INTENDED AUDIENCE

This document is written for personnel participating in providing for the mass care and shelter of household pets during declared emergency and disaster incidents.

### PURPOSE

The purpose of this document is to provide guidance for providing for mass care and shelter of household pets and service and emotional support animals during declared emergency and disaster incidents in Fort Bend County, Texas.

### SCOPE

Emergency mass care and shelter will be provided for household pets and service and emotional support animals as defined in FEMA Disaster Assistance Policy 9523.19.

### SITUATION

#### Hazards

- Hurricane
- Flood
- Fire
- Drought/heat
- Tornado
- Winter storm
- Hazardous materials

#### Animal Populations

A variety of species of animals reside in Fort Bend County, Texas and may require mass care and shelter during emergency and disaster situations. The estimated population of household pets in Fort Bend County, Texas as predicted by the AVMA Pet Calculator is provided below.

- Dogs: 166,440
- Cats: 181,830
- Exotics: 20,235

The numbers provided above are the total predicted household pet population. Recent history supports emergency household pet sheltering requirements at approximately 250-300 animals. This includes household pets that may have been provided shelter in co-located sheltering facilities.

## Personnel

Fort Bend County Animal Services will provide staffing for emergency household pet sheltering performed at non-co-located emergency household pet shelters. Staffing for Fort Bend County Animal Services will be through Fort Bend County employees and the shelter's volunteers.

## Resources

Fort Bend County Animal Services will provide all required supplies for emergency household pet sheltering performed at the Fort Bend County Animal Services shelter facility.

Fort Bend County Animal Services has a limited number of kennels and ancillary supplies to support emergency household pet sheltering performed at the Fort Bend County, Texas Fairgrounds facility. Additional resources will be required if the Fort Bend County Animal Services shelter facility is not available or if household pet sheltering needs exceed the capacity of the shelter facility.

Fort Bend County Animal Service will support sheltering of service and emotional support animals at human shelter facilities through provision of supplies upon request.

Fort Bend County Animal Service will support sheltering of household pets at human shelters electing to provide for co-located sheltering of shelter resident owned animals through provision of supplies upon request.

## Facilities

The primary emergency household pet shelter facility is:

Fort Bend County Animal Services  
1210 Blume Road  
Rosenberg, Texas 77471  
281-342-1512

Point of Contact: Rene Vasquez, FBC Director of Animal Services

The secondary emergency household pet shelter facility is:

Fort Bend County Fairgrounds  
4310 TX 36, Rosenberg, Texas 77471  
832.471.1803

Point of Contact: Mary Staff, FBC Fairgrounds Manager

## Assumptions

The primary or secondary emergency household pet shelter facility will be undamaged and available for emergency household pet sheltering operations.

Required personnel will be available for emergency household pet sheltering operations.

Resource shortfalls will be obtained through local procurement or from regional, state, or federal sources.

Veterinary medical support will be available from local, regional, or state resources.

Sheltering resources, kennels, bowls, litter boxes, etc., will be provided by owners or available from local, regional, or state resources.

Local veterinary medical resources will be available for animals whose injuries or health conditions preclude admission to the Fort Bend County emergency animal shelter.

The Fort Bend County emergency animal shelter will remain in operation for a maximum of five days.

Animals that are not retrieved by their owners at the end of emergency shelter operations will be handled as per existing Fort Bend County, Texas stray animal ordinances.

The Fort Bend County, Texas Animal Services will provide quarantine of rabies suspects and those animals involved in bite incidents.

Dog kennels are assumed to average a size of 36"x24". This size of kennel is appropriate for a medium-sized dog (40-50 lbs.).

The average feline kennel size is estimated at 24" x 24". This size kennel is appropriate for a medium size cat.

Exotic pet housing will be of variable sizes and must be provided by owners.

## Limitations

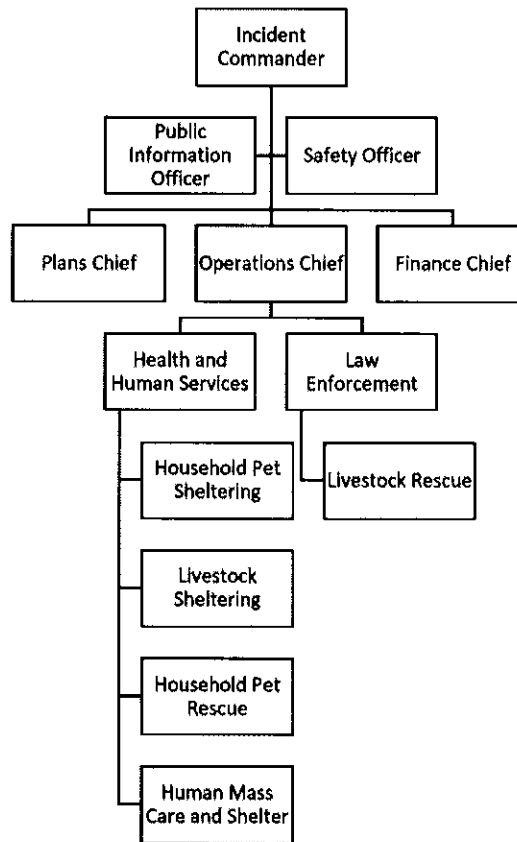
The Fort Bend County emergency animal shelter is limited to animals requiring limited veterinary medical support.

Emergency animal sheltering will only be provided by Fort Bend County if the animal can be safely and humanely sheltered at the identified facilities.

Emergency household pet sheltering capacity will be diminished if resident animals inhabiting the Fort Bend County Animal Services facility cannot be transferred to non-impacted animal shelter organizations.

## Organization

The Organization Chart depicted below is intended to demonstrate the position of animal-related functions. See the Fort Bend County, Texas Emergency Operations Plan for the complete organization chart.



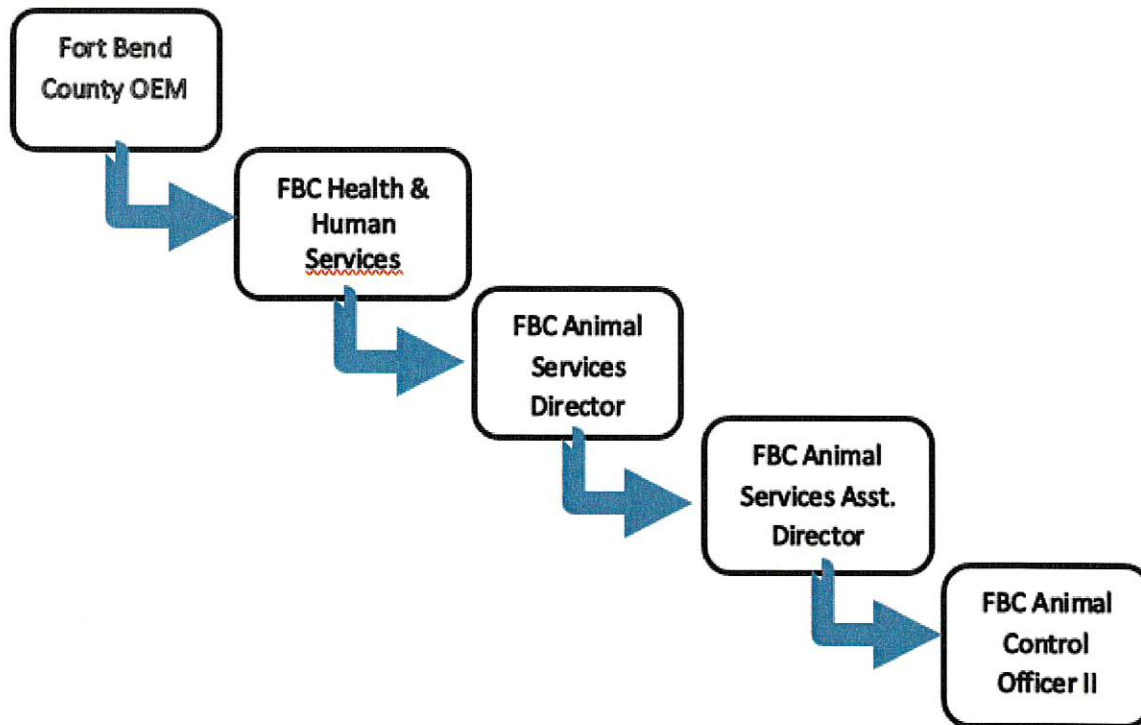
## Activation

The Fort Bend County Office of Emergency Management (OEM) will notify Fort Bend County Animal Services of the need for emergency household pet sheltering.

- OEM will notify Animal Services during Readiness Level 3 if an increased risk for household pet sheltering is anticipated.
- OEM will notify Animal Services when emergency household pet sheltering is to start.
- OEM will provide a briefing of the emergency or disaster situation to include anticipated emergency household pet sheltering requirements.

Fort Bend County Animal Services will notify all employees of emergency household pet sheltering operations and develop a staffing roster consistent with the emergency incident

Fort Bend County Animal Services will complete an emergency household pet shelter capacity determination and report to the Emergency Operations Center.





# Concept of Operations

## Human Mass Care and Shelter

### Animal-related Information

#### OVERVIEW

Emergency Human Mass Care and Shelter facilities are required by statute to provide for sheltering of service and emotional support animals belonging to citizens presenting for emergency shelter. Shelter conditions must maintain the animal's ability to support their owner throughout the duration of their stay in the emergency shelter.

Emergency human mass care and shelter facilities may elect to provide co-located sheltering of household pets.

Fort Bend County, Texas will support sheltering of service and emotional support animals and household pets through provision of resources upon request and as available.

#### REPORTING

Emergency human mass care and shelter facilities will provide the following animal-related information in daily situational reports.

- Number of service and emotional support animals
- Number of household pets receiving co-located sheltering
- Unmet animal-related needs

The Situation Report form is provided as Attachment 2.

# Concept of Operations

## Emergency Household Pet Shelter

### READINESS LEVELS

#### Readiness Level 4 – Normal Conditions

1. Maintain Emergency Household Pet Sheltering Standard Operating Guideline in a current state.
2. Perform annual emergency household pet shelter exercise.

#### Readiness Level 3 – Increased Readiness

1. Convene a meeting of the emergency household pet sheltering sub-committee.
2. Review the personnel contact list for accuracy.
3. Perform pre-event facility and equipment inspection (form attached as Attachment 1).
4. Perform or complete any required remedial measures to emergency household pet shelter resources.
5. Review Emergency Household Pet Sheltering Standard Operating Guidelines
6. Confirm availability of personnel, volunteers, facilities and equipment.
7. Communicate with provider of secondary emergency animal sheltering facility.
8. Develop a plan for transferring resident animals to non-impacted animal shelter organizations.

#### Readiness Level 2 – High Readiness

1. Test communications among emergency animal sheltering operations staff.
2. Confirm availability and operational status of required resources and personnel.
3. Confirm availability of critical personnel.
4. Receive briefing on emergency situation.
5. Stage necessary resources.
6. Initiate transferring of resident animals to non-impacted animal shelter organizations.

#### Readiness Level 1 – Maximum Readiness

1. Test communications among emergency animal sheltering operations staff.
2. Deploy necessary resources to shelter location.



## CAPACITY DETERMINATION

The emergency household pet shelter capacity will be calculated at the beginning of emergency operations and repeated on a daily basis. Capacity determination analysis will be provided in daily situational reports.

Fort Bend County Animal Services Facility	
A. Facility: Maximum capacity when the Animal Services Shelter is not damaged by the incident is:	160 dogs 40 cats
B. Resident household pet census	
C. Total Fort Bend Animal Services facility based capacity <i>Subtract from row B from row A</i>	
Fort Bend County Fairgrounds (The fairgrounds capacity is based on the number of kennels that can be set up.)	
D. Number of available kennels	
E. Total facility based capacity Add rows C and D	
Personnel	
F. Animal care (1 trained personnel can provide care for 25 animals per day.)	
Requested and receive 200 kennels and ancillary supplies from the Texas Division of Emergency Management	200 household pets

## REPORTING

The Situational Report form is to be completed and submitted according to the schedule provided by the Fort Bend County Office of Emergency Management.

The purpose of the Situational Report is to provide Incident Command with real-time information on the status of household pet sheltering operations in Fort Bend County, Texas. The Situation Report Form is provided as Attachment 2.

## **Establishing the Emergency Household Pet Shelter**

### **FORT BEND COUNTY, TEXAS ANIMAL SERVICES FACILITY**

1. The Fort Bend County Animal Services Facility is a purpose-built structure designed for sheltering household pets and does not require changes in the facility structure to function in emergency situations.
2. The Fort Bend County Animal Services Facility will attempt to transfer resident animals that are beyond required hold periods to non-impacted animal shelter organizations when notified to move to Readiness Level 3 or when no-notice incidents are anticipated to result in emergency animal sheltering requirements exceeding the shelter's available capacity.

### **FORT BEND COUNTY FAIRGROUNDS**

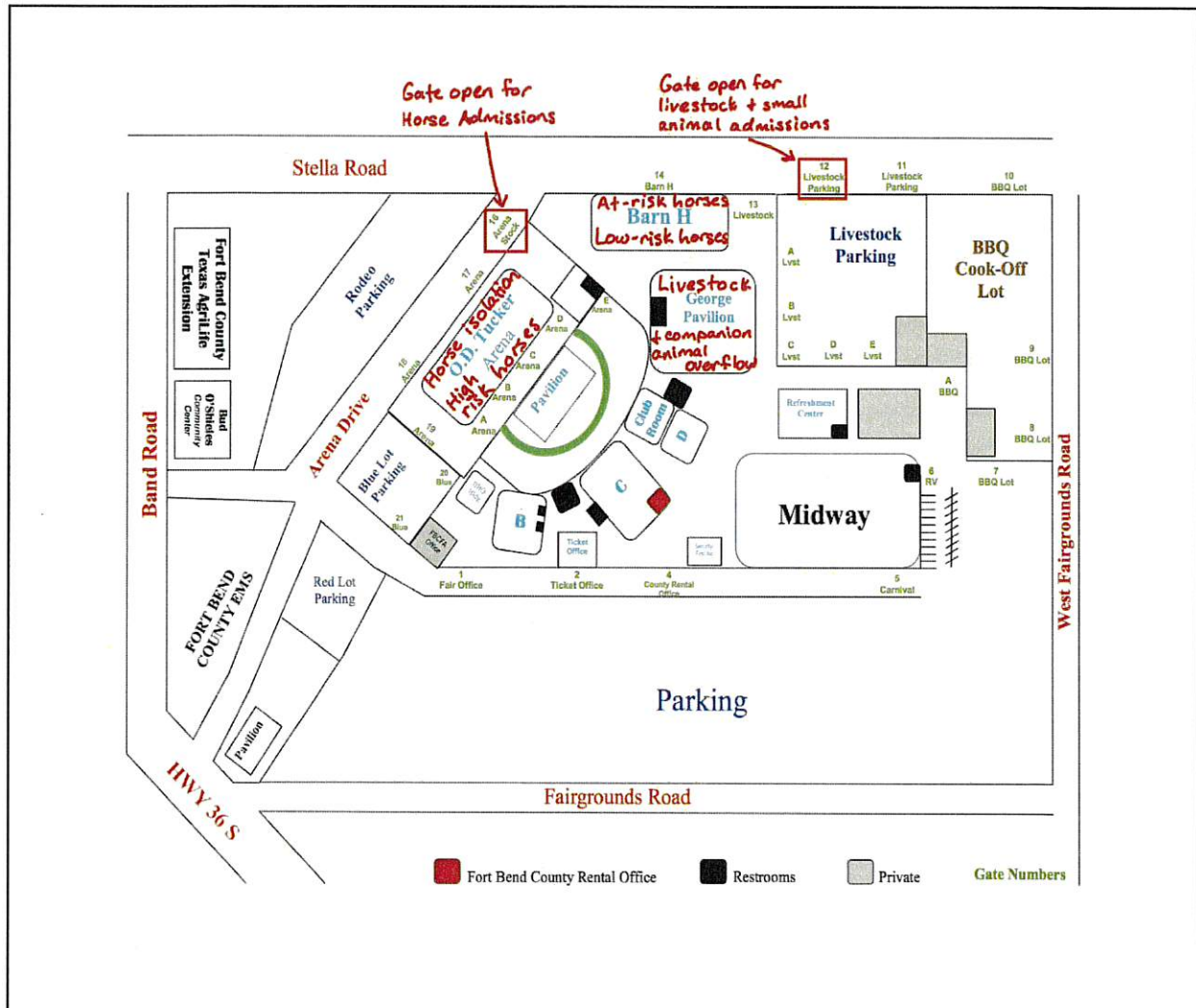
The Fort Bend County Fairgrounds will serve as the facility for household pet sheltering under the following scenarios.

1. Fort Bend County Animal Service Shelter facility is damaged and not available for use as an emergency household pet shelter.
2. Emergency household pet sheltering needs exceed available capacity at the Fort Bend County Animal Services Shelter facility.

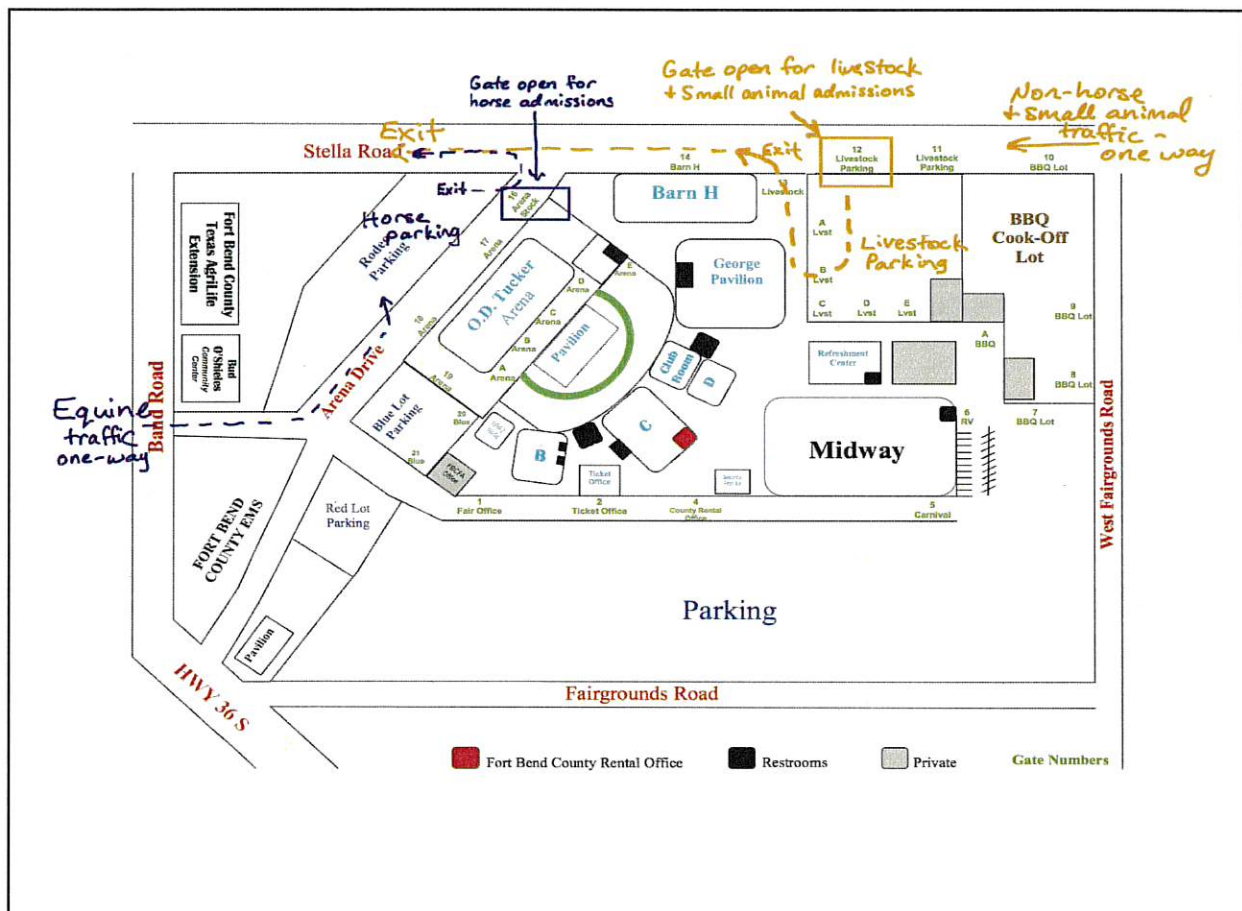
### **Activation of Emergency Household Pet Sheltering at Fort Bend County Fairgrounds**

1. The Fort Bend County Animal Services Director will notify Fort Bend County AgriLife Extension of the need to perform emergency household pet sheltering operations at the Fort Bend County Fairgrounds facility George Pavilion.
2. Fort Bend County AgriLife Extension will inform the Fort Bend County Animal Services Director of the availability of swine/small ruminant pens for emergency household pet sheltering.
3. Fort Bend County Animal Services Director will initiate loading and transport of kennels, ancillary supplies, and computing resources to the Fort Bend County Fairgrounds facility.
4. The specific location of emergency household pet sheltering under the George Pavilion will be dependent on the presence of show livestock emergency sheltering operations and emergency veterinary medical operations.
5. A diagram of the Fort Bend County Fairgrounds facility is provided below.

## Overview of Fort Bend County Fairgrounds



## Fort Bend County Fairgrounds Traffic Flow



1. Traffic flow for delivery and pick up of household pets will be from West Fairgrounds Road to Gate 12 on Stella Road then exit through Gate 13.
2. Signage will be appropriately placed to direct traffic to the desired route and prevent entry of traffic to remainder of fairground property.
3. Law enforcement officers will be assigned to direct traffic in the absence of signage.

## George Pavilion

The following operational areas may be present under George Pavilion

1. Show Livestock Shelter
  - a. Admissions
  - b. Show livestock containment
  - c. Show livestock decontamination
2. Household Pet Shelter
  - a. Household Pet Admissions
  - b. Household Pet decontamination
  - c. Household Pet housing
3. Veterinary Medical Operations
4. First responder rest area

## Household Pet Shelter Operational Area Requirements

1. Admissions
  - a. Desk and chairs
  - b. Electricity
  - c. Wi-Fi access
2. Household Pet decontamination (located at wash racks)
  - a. Donning and doffing area (may be required)
  - b. Household pet holding area
  - c. Decontamination area
3. Household Pet housing
  - a. Kennels (primary containment)
  - b. Secondary containment
  - c. Food and supply storage area
  - d. Household pet walking areas
  - e. Separate canine and feline areas

## ACQUISITION OF RESOURCES

Acquisition of resources required exceeding current inventory of Fort Bend County Animal Services will be through the following mechanisms.

1. Local procurement from existing vendors
2. Acquisition from regional jurisdictions through existing mutual aid agreements
3. Submission of a State of Texas Assistance Request (STAR) to the State Emergency Operations Center. An example STAR request for household pet sheltering supplies is provided as Attachment 3.

## DATA MANAGEMENT

1. Information management will be performed with the Fort Bend County Animal Services Chameleon Shelter Management Program
2. Chameleon job aid and description are provided in Attachment 4.
3. If internet access is not available, Fort Bend County Animal Services back-up paper forms will be used. All forms are provided in Attachment 5.

## ADMISSIONS

### Pre-incident Admissions

Admission of household pets being provided emergency shelter will be performed as per existing Fort Bend County Animal Service protocols.

1. This includes photographing each animal and documenting ownership or place of rescue.
  - a. Animal is sideways and picture includes the feet and tail
  - b. Person holding animal does not block the view of the body of animal
  - c. Picture is properly lit and animal can easily be seen
2. Medications being presented with the animals will be handled as described in the Provision of Care section.

### Post-incident Admissions

1. Household pets admitted during or after an incident occurs will be admitted as follows.
2. Animals will be decontaminated and evaluated as part of the admissions process.
  - a. Decontamination and medical evaluation will be performed at one of the locations described below.
    - i. Fort Bend County Fairgrounds if veterinary medical and animal decontamination operations are established
    - ii. Fort Bend County Animal Services facility
3. Remainder of admissions process will be performed as per existing Fort Bend County Animal Service protocols. This includes photographing each animal and documenting ownership or place of rescue.
4. Medications being presented with the animals will be handled as described in the Provision of Care section.

## Found/Rescued Animals

1. Animals will be decontaminated and evaluated as part of the admissions process.
  - a. Decontamination and medical evaluation will be performed at one of the locations described below.
    - i. Fort Bend County Fairgrounds if veterinary medical and animal decontamination operations are established
    - ii. Fort Bend County Animal Services facility
2. It is the goal of Fort Bend County Animal Services to return all strays entering the Shelter to their owners and to provide assistance to those who have lost pets or to individuals who have found animals. Fort Bend County Animal Services shelter defines reasonable attempts to contact the owner as:
  - a. checking lost reports;
  - b. checking found reports;
  - c. checking newspaper ads
  - d. listing the animal on the [fortbendcountypets.com](http://fortbendcountypets.com) website.
  - e. If the owner is known, reasonable attempts include phone calls and impound notices (See Appendix A of Fort Bend County Animal Shelter Policies and Procedures Manual) left on door of the last known address.

## TRIAGE AND RISK CLASSIFICATION

Triage and risk classifications will be performed as per existing Fort Bend County Animal Services protocols

## PROVISION OF CARE

1. Provision of care for household pets being provided emergency shelter will be performed as per existing Fort Bend County Animal Service protocols
  - a. Animals whose owners are present will be cared for by their owners.
  - b. Fort Bend County Animal Services will ensure that animals being cared for by their owners are cared for in a manner consistent with Fort Bend County Animal Service protocols.
  - c. Fort Bend County Animal Services will provide for care of household pets whose owners are not present
2. Owned animals who present with medication will be handled as follows:
  - a. Non-controlled medications will remain with the owner and be administered by the owner to the extent of owner capability.
  - b. Controlled medications will be appropriately labelled and stored in the facility lock-box. Administration of controlled medications will be administered by the owner to the extent of owner capability.
3. Veterinary medical support for household pets being provided emergency shelter will be provided by:
  - a. Fort Bend County Animal Services Staff Veterinarian or
  - b. Veterinary medical operations located at the Fort Bend County Fairgrounds.

## Euthanasia

### Owned animals

1. Euthanasia of severely injured or ill owned animals will be handled as per existing veterinarian/client relationships.

### Stray or Found animals

1. In the event that an owner cannot be contacted, Fort Bend County Animal Services may declare the animal a “ward” of the county and authorize euthanasia. This will only be performed if compromised animal welfare cannot be mitigated.
  - a. A checklist for euthanasia is compiled and is used to check against lost reports of animals on file.
  - b. Chameleon records for animals on the checklist are printed and are attached to the checklist.
  - c. The checklist with any file attachments is given to the Director, Assistant Director or ACO2 for final approval.
  - d. The staff person performing the euthanasia ensures that the animal is checked against lost reports, adoption applications, special holds, etc., to ensure proper documentation prior to the animal being euthanized.
  - e. On the kennel card printed from the Chameleon record, “EU” will be written and circled by the Director, Assistant Director or ACO2 with the date of euthanasia and their complete signature below the date. **Under no circumstances is an animal to be euthanized without this exact signed and dated information on the paperwork.**



## Euthanasia Procedure

- a. A hard copy of the kennel card is printed from Chameleon of the animal to be euthanized.
- b. The hold date on the kennel card of that animal is checked to make sure that the current date is past the hold date on the kennel card.
- c. The animal is re-scanned for a microchip.
- d. Confirm that there is no owner information listed on the kennel card.
- e. Check Chameleon to make sure no holds – foster, rescue or adoption are noted.
- f. Make sure the description on the card and picture attached to the kennel card matches the animal in the cage.
- g. The Director, Assistant Director or ACO2 and have noted the hard copy of the kennel card with “EU” circled with a date and full signature.
- h. Go to Euthanasia room with the animal. Only one animal at a time should be in the Euthanasia room.
- i. Check that all steps detailed on the laminated Pre-Euthanasia checklist sign on the wall have been followed before performing euthanasia.
- j. Make sure that an employee certified for euthanasia will perform the procedure according to DHS protocol.
- k. Stay with the animal until death is determined.
- l. After death, put animal in the appropriate plastic bag.
- m. Unless animal shelter personnel are going directly to landfill, animal’s body should be put into walk in freezer until it is taken to landfill.

## BIOSECURITY

Biosecurity will be performed as per existing Fort Bend County Animal Services protocols.

## SAFETY AND SECURITY

### Fort Bend County Animal Services facility

Safety and security will be addressed as per existing Fort Bend County Animal Services protocols.

### Fort Bend County Fairgrounds

1. Ingress and egress will be through a single point as described in the “Establishing the Emergency Household Pet Shelter” section above.
2. Security will be provided by the law enforcement section for the duration of emergency household pet sheltering operations
3. Kennels will remain latched when household pets are not being provided care and visitation by owners.

## **DISCHARGE OF HOUSEHOLD PETS**

1. Domestic animals housed at Fort Bend County Animal Services facility leave in one of following ways:
  - Returned to owner (redemption)
  - Fostered until adoption
  - Adopted
  - Transferred to another agency or organization
  - Transferred to rehabilitation
  - Humanely euthanized if all other options are exhausted
2. Discharge of household pets will be performed as per existing Fort Bend County Animal Services protocols.
  - a. Proof of Ownership
    - i. The mission is to GET THE ANIMAL HOME. Therefore the following guidelines have been put into place. Proof of ownership can be determined in many ways:
      1. ID tag, rabies tags, license tags or microchip
      2. Veterinary records
      3. Pictures
      4. Bill of sale
      5. Registration papers
    - ii. If the above are lacking, take into consideration:
      1. Where the animal was lost compared to where found
      2. Zip code
      3. Description
      4. Coordinating dates
      5. How the animal reacts to the person
      6. Neighbors' identification
  - b. Properly discharge animal out of Chameleon database
3. Unclaimed animals will be held at the FBC Animal Services Shelter
  - a. Three day period for the owner reclaim a lost pet.
  - b. Animals with an ID or that are well groomed and healthy appearing, i.e. appear to have been recently cared for by an owner, are held for a minimum of 10 days.
4. Fort Bend County may elect to extend normal "hold periods".

## **MORTUARY MANAGEMENT**

Disposition of household pets that are euthanized or die will be handled as per existing Fort Bend County Animal Services protocols.

## Attachment 1: Facility Inspection Form

Name of Facility: \_\_\_\_\_

Facility Representative: \_\_\_\_\_

Household Pet Shelter Representative: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Household Pet Shelter Areas

Area	Comments

## Situation Report

Incident:		Date:		Time:	
Household Pet Shelter Facility:				co-located?	yes/no
Total Household Pet, Service Animal, & Emotional Support Animal Capacity:					
Number of Service Animals					
Number of Emotional Support Animals:					
Number of Household Pets:					
Remaining Capacity					
<b>Unmet Needs/Resource Requests</b>					
<b>Description</b>		<b>Number requested</b>		<b>Required Date</b>	
<b>Prepared By:</b>					

## Shelter Support STAR

### State of Texas Assistance Request (Training)

[Return To List](#)[Print / PDF](#)[Follow](#)

#### Requestor Information

**Request No:** DDC - CAPITAL-49484 (TX)  
**Requestor Name:** HembyOlivia9284  
**Requestor Position:** Ops TAHC  
**Requestor Phone #:** 512-719-0778  
**Requestor Email:** olivia.hemby@tahc.texas.gov  
**Requestor Signature:**  
**Initial Request Date:**  
**Incident Name:** 2018 Daily Ops Log  
**Requesting Entity:** DDC-CAPITAL

#### Item/Mission Description

**Item/Mission:** Cages for Companion Animal Sheltering  
**Qty:** 250  
**Unit:** Each  
**When Needed?** 09/03/2018 7:00 AM  
**For How Long** Demob Item (14 Days)  
**Mission Description:** Need two hundred and fifty (250) wire cages for containment of companion animals in animal shelter. Cages should be XL-size to accommodate large breeds: 54.75"L x 36.8"W x 45.5"H approximately. Can receive in pallets. Sheltering operations anticipated to be at least 14 days in duration; may extend, as needed.  
**Purpose of Request:** No cages available, as all local resources exhausted. Area retailers are impacted by disaster and inventory is unavailable.  
**File Attachment:**

#### Delivery Address

**Destination:** TAHC Central Office  
2105 Kramer Lane  
Austin, TX - 78758  
30.388719 / -97.711053  
Staging in Parking Lot to West of building, between building and light pole  
**Point of Contact:** Olivia Hemby  
512-201-7642  
olivia.hemby@tahc.texas.gov  
512-719-0721

#### Responsible Party/Following

**Responsible Party:**  
**Following:**

#### Routing Notes

**Notes:**  
**Canceled Notes:**

#### Request Status

**Request Level:**  
**Request Status:**

#### DDC Authorizing Section

**Signature:**  
**Date / Time:**  
**Comments:**

#### Associated Actions

## Chameleon Job Aid

### THE PERSON WINDOW

The person window is one of the key components of the Chameleon program, many tasks and procedures thorough out the system will require one. Now even though this is a key component of the system it is important to remember that most, if not all, tasks will not begin from this window. You will normally POPUP from a Person ID field located on windows such as Kennel, Activity, Tag/Link, etc. This is an example of how to FIND or create a record in the Person Window.

1. Clear the Window, press CLEAR.
2. Begin in the LAST NAME field. Input the persons last name then tab to the FIRST NAME field and input the person's first name. Press FIND, if there are any matches they will be displayed on the screen and/or in the listbox. If the person in questions already has a record in the database no further action is required. If they do not have a record or you wish to change any information of the existing record, proceed to the next step.
3. Tab to the DOB field. This field is optional only enter it if the procedure you are performing requires the persons date of birth
4. Tab to the STATUS field. This is an optional description field. If you want to identify this person as someone other than the normal client POPUP and choose the correct value.
5. Tab to the NUMBER field. This is the first of the following 10 addresses fields; STREET NUMBER, DIRECTION, NAME, TYPE, QUADRANT, APARTMENT, CITY, STATE, ZIP, ZIP+4. Enter the person's primary residential address in these fields. There is a separate field for each component of the address.
6. Tabbing from the ZIP+4 field puts you into the AREA CODE field. This is the first field of the phone number section which consists of 6 fields; AREA CODE, PHONE NUMBER, TYPE, ALTERNATE AREA CODE, ALTERNATE PHONE NUMBER, ALTERNATE TYPE. Enter the person's primary phone number in the first row. If they have an alternate number this can be entered in the second row. The fields to the left of both the first and second numbers can be used to identify the number type or extension.
7. Tabbing from the last phone field will put your cursor the alternate address section. If this person has an additional address, for instance a separate mailing address or work address, you can enter it into the following fields. If you do enter an additional address be sure to POPUP and choose the appropriate identifier in the TYPE field following the alternate address fields.
8. Tab to the GEO field. This is an optional field used to indicate the geographical area for this person record. If you use this field press POPUP and choose a value. Press tab to go to the next field, JURISDICTION. This is an optional field that can be used to identify the person's jurisdiction.
9. Tab to IDENTIFIER. This field and the one below are used to capture one or two id numbers of the person in question. Such as a driver's license number.
10. Tab to TOT ANIMAL. An optional reference field that can be used by some agencies to show how many animals were witnessed at their address.
11. Tab to EMAIL ADDRESS. Enter the person's email address if it's available.
12. The last fields on the screen are referred to as flag fields. They either blank or have the value 'Y' some are set automatically however all can be set manually if needed.

- **BAD CHECK**, this person has passed a bad check to us. It is set by the performing the bad check process from the receipt window or can be set manually.
- **BITE**, this person was either the owner or victim of a biting animal. It is set by storing a record in the bite window.
- **MEMO**, a memo record exists for this person. It is set automatically when a memo record is stored.
- **DONOR**, this person has made donations to the shelter. It automatically sets when a donor record is stored.
- **NO ADOPT**, this flag is set manually when an employee determines that this person would not be a suitable home for one of the shelters animals. This should not be set without an accompanying memo record.
- **DANGER**, this flag is set manually when an employee knows this person represents a physical threat to staff. This should not be set without an accompanying memo record.

13. If you have just input a new person record press F9 to STORE. If you are changing an already existing person record press F8 to UPDATE the record.

**Person**

File Commands Procedures Reports Extras Help

Person ID: P999934, Last Name: EWING, First Name: 2 JEFF, DOB: 3 / / , Status: 4 STA

Number	Dir	Name	Type	Qdt	Apt
113		5 MAIN	ST		
SANTA CRUZ CA 95060					

Phone: 831 429-1562, 303 914-8030, WORK, SUPP

Number	Dir	Name	Type	Qdt	Apt
		7 PO BOX 113			
SANTA CRUZ CA 95060					

Geo Identifier: 8 CDL# B5574893, 9

Type: MAIL, Tot Animals: 10

Email Address: 11 jeff@chameleonbeach.com

Bad Check: 12 ☐ Bite ☐ Memo ☐ Donor ☐ No Adopt ☐ Danger ☐

Person ID	Last Name	First Name	Phone	No	Dir	Street	Apt	Zip

Image 1 of 1

## THE ANIMAL WINDOW



The Animal Window is one of the key components of the Chameleon program, many tasks and procedures thorough out the system will require one. Now even though this is a key component of the system it is important to remember that most, if not all, tasks will not begin from this window. You will normally POPUP from a Person ID field located on windows such as Kennel, Activity, Tag/Link, etc. This is an example of how to FIND or create a record in the Animal Window.

1. Clear the Window, press CLEAR.
2. Begin in the NAME field. Input the animal's name if there is one
3. Tab to TYPE, POPUP and choose value that best describes the type of animal you are creating this record for.
4. Tab to SEX, POPUP and choose the correct sex of the animal. Choose S for spayed or N for neutered only if you were able to verify the animal was actually altered.
5. Tab to the YR field. These next 3 fields (YR, MO, & DOB) have to do with determining the animal's age. If you know the animal's date of birth, skip the YR and MO field and just input it in the DOB field. If you don't know the animal's date of birth input the amount of years/months in the YR and MO fields, when you tab out of the MO field the date of birth will auto-calculate.
6. Tab to COLOR, LOOKS LIKE field. The following six fields deal with the animals color and breed there are POPUP lists for all. Color and Breed rows are divided into 3 columns. LOOKS LIKE fields are used for searching, they group all colors and breeds so that searching by them will likely encompass the abundant difference of opinion that usually exists. PRIMARY fields describe the color and breed that are most prevalent in the animal. SECONDARY fields are available for further description, leave these blank if the animal is a solid color/pattern or a pure breed animal.
7. Tab to CONDITION, POPUP and choose the animal's current condition.
8. Tab to STATUS, this field along with the next field, STATUS DATE indicates whether the animal is ACTIVE or DEAD as of the STATUS DATE field. These fields are defaulted to ACTIVE as of TODAYS DATE.
9. Tab to BITE, type a "Y" in this field if the animal has been involved in a bite.
10. Tab to SIZE. If the animal in question is a puppy or kitten POPUP and choose those values else choose the size the animal will be as an adult.
11. Tab to COAT. The next 5 fields (COAT, EARS, TAIL, MUZZLE, & TEMPERAMENT) are optional fields, there are POPUP lists for all. Only use these if the animal in question has traits that differ from the breed already describes in the above BREED fields.
12. Tab to COLLAR COLOR, POPUP and choose the color of the collar if the animal was wearing one. Tab to COLLAR TYPE, POPUP and choose the value that best describes the collar.
13. Tab to MARKINGS. Use this field to type in any unique traits that have not already been described in previous fields.
14. The next group of 5 fields are reserved for spay/neuter follow up. This section is typically completed at the time of adoption if the animal is not altered. You can input the group number of the vet in the VET ID, the due date in the DUE field, if your shelter issues pre-printed vouchers input the number in the VOUCHER NO field, if the voucher has an expiration date input that in the CONTRACT EXPIRES field. The COMPLETED



field can be updated at a later time if you need to track when the spay/neuter is completed.

15. If you have just input a new ANIMAL record, press F9 to STORE. If you changed an already existing animal record press F8 to UPDATE the record.

Animal

File
Commands
Procedures
Reports
Extras
Help

Animal ID
Animal Name
Type
Sex
Yr
Mon
DOB

A999999
ROBIN
CAT
4
0
00
03/22/96

Looks Like
Primary
Secondary

Color
W
CALICO
WHITE

Breed
SHORTHAIK
DOMESTIC SH

Condition
Status
Status Date
Bite

NORMAL
ACTIVE
03/22/02

Size
Coat
Ears
Tail
Muzzle
Temper

SMALL
PIKED
CALICO PATCHES OVER WHITE

Collar Color
Collar Type
Markings

RED
PIKED
CALICO PATCHES OVER WHITE

Vet ID
Due
Completed
Voucher No
Contract Expires

G

Name
Type
Size
Sex
Color
Breed
DOB
Animal ID

ROBIN
CAT
SMALL
S
CALICO
DOMESTIC SH
03/22/96
A999999

Image 1 of 3

## Back-up Paper Forms

### Intake Questions for Owner/Agent

## Pets/Companion Animals

#### FOR SHELTER USE ONLY:

Owner ID #:	_____	Animal ID #:	_____
Animal Name:	_____		
Shelter:	_____		

1. Previous location of animal (if known)

\_\_\_\_\_

2. Health or Behavior Issues:

--

3. Animal Information:

Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Age (estimated): \_\_\_\_\_

Hair Type (Short, Medium, Long): \_\_\_\_\_

☐ Male ☐ Female

Neutered/Spayed/Intact: \_\_\_\_\_

How long have you owned the pet?

(Months/Years): \_\_\_\_\_

Microchipped: ☐ Yes ☐ No

Number: \_\_\_\_\_

4. Current Immunizations:

☐ Tetanus

☐ Rabies

☐ EEE/WEE

☐ West Nile

☐ Influenza

☐ Rhinopneumonitis

☐ Other:

☐ \_\_\_\_\_

Date: \_\_\_\_\_

☐ \_\_\_\_\_

Date: \_\_\_\_\_

☐ \_\_\_\_\_

Date: \_\_\_\_\_

5. Is your animal currently on any medications? ☐ Yes ☐ No

Name	Route	Dosage	Frequency

Did you bring these medications with you? ☐ Yes ☐ No

6. Is your animal allergic to any drugs or medications?

☐ Yes ☐ No

If YES, which ones:

\_\_\_\_\_

7. What is your animal's normal daily diet?

Amount of Food: \_\_\_\_\_

Type (Dry or Wet): \_\_\_\_\_

Frequency: \_\_\_\_\_

Supplements: \_\_\_\_\_

Owner brought food:

☐ Yes

☐ No

Quantity: \_\_\_\_\_

Type: \_\_\_\_\_

8. Other special care instructions, questions, or concerns?

\_\_\_\_\_

I hereby certify that I am the guardian and/or owner of the household animal described herein and have the authority to surrender the household animal to Fort Bend County Animal Services for temporary emergency care and sheltering. I further certify that the information provided to be accurate to the best of my knowledge. I agree to reclaim this household animal within 24 hours' notice from Fort Bend County Animal Shelter.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

## Animal Owner Sheltering Agreement

**Signature indicating agreement of the Animal Owner or Agent to the following is required on the *Fort Bend County Emergency Animal Shelter Admission Form***

I, the animal owner (or agent for the owner), understand that an emergency exists and that limited arrangements have been made to allow my animal(s) to remain in a shelter. I understand and agree to abide by the rules contained in this agreement and will explain them to the other members of my household.

- ☐ I will maintain proper identification on my animal and its carrier at all times. I understand that the shelter will require proper identification (normally a picture ID) for me to be allowed into the shelter to care for my animal.
- ☐ I certify that my companion animal is current on rabies vaccinations. Rabies vaccination is required.
- ☐ I grant permission for shelter staff to examine my animal and to administer medications that I provide if I am unable to do so. I certify that the directions for the route, dosage and frequency of medication are written on the container or I will provide them at the time of the surrender of my animal. I also understand that a licensed veterinarian may prescribe treatment for my animal to alleviate pain or suffering.
- ☐ I certify that my animal has no history of aggressive behavior and has not been diagnosed with any contagious diseases for which it has not received successful treatment. I further understand that my animal may be removed to an isolated location if it becomes unruly or aggressive, shows signs of contagious disease, is infested with parasites, or begins to show signs of stress-related conditions.
- ☐ I agree to keep my animal inside an approved carrier with its door latched and secured at all times except when permitted by shelter staff. During those times – whenever the carrier door is open or my animal is out of its carrier– I will properly control my animal with a leash, harness, and muzzle (if necessary). Visiting hours will be strictly limited.
- ☐ I understand that I can visit my animal during business hours of the shelter. I understand that these hours may change during the event and that my animal will be cared for if I am unable to come during those hours.
- ☐ I agree that only one person per household will be allowed to enter the living quarters in the shelter during visiting hours. That visitor must be at least 18 years of age. I will not permit other shelter visitors to handle or approach my animal, either while it is in its carrier or during exercise time. I agree not to handle or approach other people's animals.
- ☐ I understand and agree that any decision concerning the care and welfare of my animal and the shelter population as a whole are within the sole discretion of the Shelter Manager whose decisions are final.
- ☐ I understand that the closing date of the emergency animal shelter will be determined by the nature or requirements of the incident. I will need to claim my animal within 24 hours of shelter closure, or within the appropriate time determined by the shelter supervisor. If I fail to do so, I understand that ownership of my animal will be transferred to Fort Bend County Animal Services at a timeframe that will be determined by Fort Bend County Animal Services.

- ☐ I understand that an animal that is abandoned or unclaimed by an owner may be moved to the nearest available animal control facility. Shelter staff will post information about such abandoned or unclaimed animals on-line at <http://www.petfinder.com> and/or [www.fortbendcountypets.com](http://www.fortbendcountypets.com). Final disposition of these animals will be left to the discretion of the animal control facility.
- ☐ I acknowledge that my failure to follow these rules may result in the removal of my animal from the shelter.
- ☐ I understand that this is an emergency animal shelter and that my animal will be in close contact with other pets, recuse animals, etc. I understand that my animal is at a higher risk to contract diseases.

In consideration for participating in the foregoing Fort Bend County Emergency Animal Shelter Agreement, I hereby fully release, forever discharge, and agree to hold harmless, for any and all purposes, Fort Bend County, its agents, servants, employees or volunteers, of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, including any injury to my animal, including death, arising directly or indirectly from the participation in the sheltering agreement. I further agree to indemnify Fort Bend County against all losses, liabilities, claims, causes of action, and other expenses, including reasonable attorney's fees, arising from activities of Fort Bend County, its agents, servants, employees or volunteers, performed under this sheltering agreement that result from the negligent act, error, or omission of Fort Bend County or any Fort Bend County's agents, servants, employees or volunteers.

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

I hereby agree to hold harmless all persons, organizations, corporations or government agencies involved in the care and sheltering of my animal(s). I further agree to indemnify any persons or entities which may have suffered loss or damage as a result of the care and sheltering of my animal.

---

Owner Signature

---

Date

---

Shelter Staff Signature

---

Date

## Animal Activity Log

Animal Name: _____	Cage #: _____
Animal ID #: _____	Owner ID #: _____
Shelter: _____	
Admission Date: _____	
Owner's Name: _____	
Phone Number: _____	

Special Diet or Medications (include name, dosage, and frequency):

Behavioral or other care issues:

### Animal Care Sheet

Date	Time	Food	Water	Medication	Walk	Initials
	a.m.					
	p.m.					
	a.m.					
	p.m.					
	a.m.					
	p.m.					
	a.m.					
	p.m.					
	a.m.					
	p.m.					
	a.m.					
	p.m.					

## Shelter Release to Veterinary Care

The animal described below has been released from care at the \_\_\_\_\_  
\_\_\_\_\_ Emergency Animal Shelter and will be transferred and cared  
for by the veterinary facility named below.

Animal Name: \_\_\_\_\_ Cage #: \_\_\_\_\_  
Animal ID #: \_\_\_\_\_ Owner ID #: \_\_\_\_\_  
Animal Description: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Medical Treatment Provided to Animal: \_\_\_\_\_  
\_\_\_\_\_

Treatment Provided By: \_\_\_\_\_

Name of Veterinary Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(Business)

(Emergency/After Hours)

The undersigned veterinary facility hereby acknowledges receipt of the above described animal, and agrees to provide humane care, adequate shelter, and food to this animal while in his/her foster care; and agrees to hold harmless all persons, organizations, or government agencies involved in the rescue, care, and sheltering of this animal. The animal's owner agrees to be responsible for any veterinarian, food, or care expenses incurred during the foster care period.

Veterinary Facility Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Veterinary Facility Print Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Print Name: \_\_\_\_\_

Emergency Animal Shelter Staff Signature: \_\_\_\_\_

Staff Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGN IN TRIPLICATE**

## Treatment Orders and Treatment Log

Animal Name: _____	Cage #: _____
Animal ID #: _____	Owner ID #: _____
Shelter: _____	Admission Date: _____
Owner's Name: _____	Phone Number: _____

### Treatment Orders

Date/Time	Treatment	Amount	Route	Schedule	Ordered By

### Treatment Log

Date/Time	Treatment	Amount	Route	Given By



## Animal Discharge Form

### ANIMAL INFORMATION

Animal Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Birth Date: \_\_\_\_\_ ☐ Actual ☐ Estimated

Weight: \_\_\_\_\_ ☐ Actual ☐ Estimated

Permanent ID

Tag / Microchip: ☐ YES ☐ NO Number: \_\_\_\_\_

RFID: \_\_\_\_\_

### BELONGINGS BROUGHT WITH THE ANIMAL:

--

### Discharge/Movement of Animal

I am claiming full responsibility for the animal described in the information above. By signing this, Fort Bend County is no longer responsible for the care, movements and whereabouts of this animal.

Owner/Agent Name (Print): \_\_\_\_\_

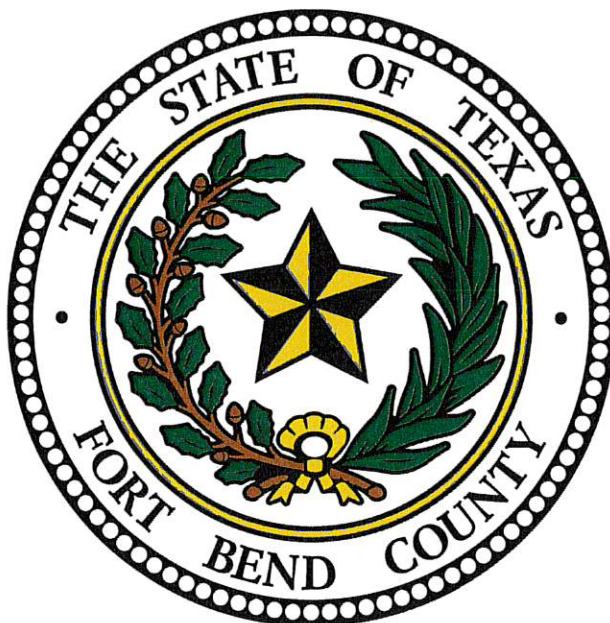
Owner/Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The animal described above was moved to \_\_\_\_\_ on this  
date \_\_\_\_\_ at this time \_\_\_\_\_ AM/PM, by \_\_\_\_\_  
for the following reason(s):

--

Attachment 5



Fort Bend County, Texas  
Large Animal and  
Non-Commercial Livestock  
Mass Care and Shelter  
Standard Operating Guidelines  
August 1, 2018

Planning Standards	
1. Operations performed under this Standard Operating Guideline will be NIMS compliant.	
2. Situational awareness of the status, needs, and capacity of animal sheltering operations will be provided to Incident Command.	
3. Emergency animal sheltering will employ biosecurity approaches focused on limiting development and spread of infectious diseases in sheltered animals.	
4. Emergency animal sheltering will be performed in a manner that preserves animal health, well-being, and welfare.	
5. Emergency animal sheltering will be performed in a manner consistent with maintaining continuity of animal ownership.	
7. Emergency animal sheltering capacity will be determined and provided to Incident Command.	
8. This document will identify the mechanisms for acquisition of resources from local and regional resources	
9. This document will identify the mechanism for acquisition of resources that cannot be procured through local or regional resources	
10. Emergency animal sheltering operations will provide for the safety and well-being of personnel performing animal sheltering, owners, and sheltered animals	
11. Emergency animal sheltering will be performed in a manner consistent with financial accountability standards of Fort Bend County, Texas.	
12. Communications involving animal issues will be integrated with the incident Public Information Officer.	

## General

Emergency sheltering for non-commercial livestock belonging to residents of Fort Bend County, Texas will be performed as an integrated component of overall emergency response operations. Emergency livestock sheltering will be initiated by order of the Fort Bend County Judge or the designee.

## Purpose, Scope, Situation, Assumptions, and Limitations

### INTENDED AUDIENCE

This document is written for personnel participating in providing for the mass care and shelter of non-commercial livestock during declared emergency and disaster incidents.

### PURPOSE

The purpose of this document is to provide guidance for providing for mass care and shelter of non-commercial livestock during declared emergency and disaster incidents in Fort Bend County, Texas.

Emergency mass care and shelter will be provided for horses and non-commercial livestock. Commercial livestock will be the responsibility of their owners. Fort Bend County, and the State of Texas may elect to support shelter-in-place efforts through establishment of Animal Supply Points and transportation of feed to areas that cannot be accessed by their owners. Owners who need to use the emergency non-commercial livestock shelter are responsible for the transportation of their animals to the fairgrounds.

### SITUATION

#### Hazards

- ☐ Hurricane
- ☐ Flood
- ☐ Fire
- ☐ Drought/heat
- ☐ Tornado
- ☐ Winter storm
- ☐ Hazardous materials
- ☐

#### Animal Populations

The AVMA Pet Calculator estimates that there are 4,000 horses in Fort Bend County, Texas. This estimate is based on national horse owning characteristics and is a human population

based estimate. The presence of urban population centers in Fort Bend County, Texas may incorrectly inflate the county's equine population.

The maximum number of livestock present in Fort Bend County, Texas based on the 2012 livestock census is as follows.

- Cattle: 28,000
- Sheep and goats: 622
- Swine: 400
- Poultry: 2,081

The estimated number of livestock intended for livestock shows is as follows:

Type	Number
Halterd Cattle	~215
Head of "Commercial Heifer pen of two"	~100
Goats	~180
Lambs	~140
Swine	~225

## Personnel

The following agencies/entities will be responsible for providing for livestock sheltering.

Agency/Entity	Responsibilities
Fort Bend County Sheriff's Office	<ul style="list-style-type: none"> <li>• Provide daily care of rescued horses whose owners have not been identified</li> <li>• Identify populations of animals requiring shelter-in-place support</li> <li>• Oversee livestock rescue</li> <li>• Coordinate transport of rescued horses to the Fort Bend County Fairgrounds</li> </ul>
Fort Bend County AgriLife extension	<ul style="list-style-type: none"> <li>• Manage livestock shelter operations</li> <li>• Manage Animal Supply Point</li> <li>• Coordinate volunteers participating in providing emergency shelter for horses and non-commercial livestock</li> <li>• Provide daily livestock sheltering situational reports to Fort Bend OEM through the Health and Human Services desk</li> </ul>
Horse and Non-Commercial Livestock owners	<ul style="list-style-type: none"> <li>• Provide for the daily care and well-being of their animals</li> <li>• Adhere to the emergency shelter rules and standards</li> </ul>

## Resources

Fort Bend County AgriLife Extension and the Fort Bend County Fairgrounds will provide the facility for emergency sheltering of non-commercial livestock. They will also supply utensils for cleaning stalls and maintaining the facility in a clean and orderly state.

Fort Bend County Sheriff's Office will provide feed and ancillary supplies (feed buckets, water troughs, etc.) required for sheltering rescued livestock whose owners have not been identified or are not present.

Citizens whose livestock are being provided emergency shelter at the Fort Bend County Fairgrounds facility will provide all required feed and ancillary supplies required for the care of their animals.

## Facilities

The primary emergency non-commercial livestock shelter facility is:

Fort Bend County Fairgrounds  
4310 TX Hwy 36, Rosenberg, Texas 77471  
832.471.1803  
Point of Contact: Justin Saenz

## Assumptions

The Fort Bend County Fairgrounds facility will be undamaged and available for emergency horse and Non-Commercial Livestock sheltering operations.

Required personnel will be available for emergency non-commercial livestock sheltering operations.

Resource shortfalls will be obtained through local procurement or from regional, state, or federal sources.

Veterinary medical support will be available from local, regional, or state resources.

Sheltering resources, feed, feed buckets, water troughs, etc., will be provided by owners or available from local, regional, or state resources.

Local veterinary medical resources will be available for animals whose injuries or health conditions preclude admission to the Fort Bend County Fairgrounds emergency non-commercial livestock shelter.

The Fort Bend County Fairgrounds emergency non-commercial livestock shelter will remain in operation for a maximum of five days, or at the discretion of the shelter supervisor.

Animals that are not retrieved by their owners at the end of emergency shelter operations will be handled as per existing State of Texas estray ordinances.

## Limitations

The Fort Bend County Fairgrounds emergency non-commercial livestock shelter is limited to animals requiring limited veterinary medical support.

Sheltering facilities for non-halter-broke cattle are limited to the ability to hold a small number of gentle cattle.

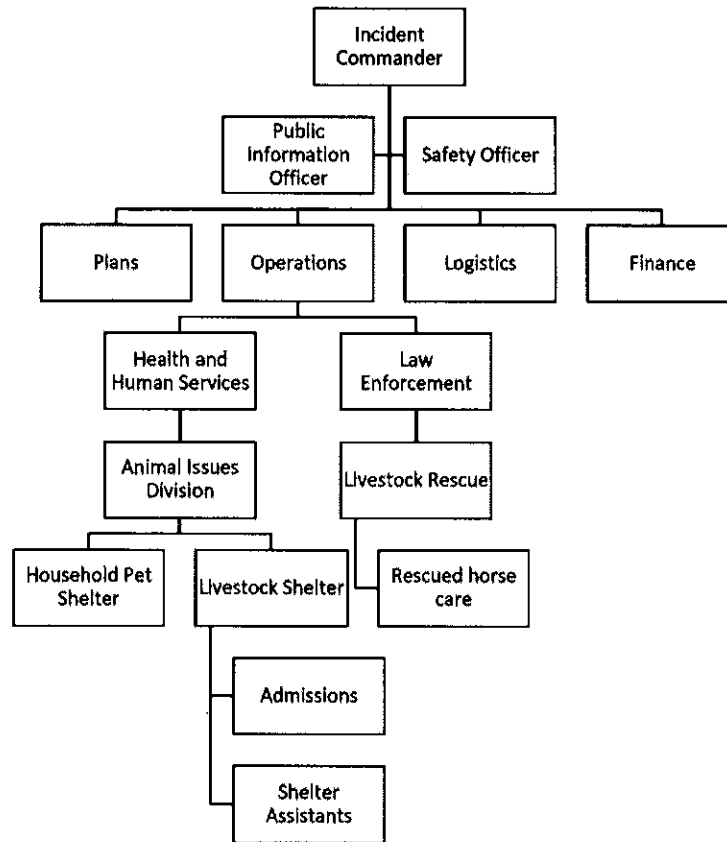
Emergency animal sheltering will only be provided by Fort Bend County if the animal can be safely and humanely sheltered at the identified facilities.

Emergency non-commercial livestock sheltering capacity will be diminished if identified buildings or facilities are required for use by first responders.



## Organization

The Organization Chart depicted below is intended to demonstrate the position of animal-related functions. See the Fort Bend County, Texas Emergency Operations Plan for the complete organization chart.



## POSITION DESCRIPTIONS

Position descriptions for Command Staff may be found in the Fort Bend County, Texas Emergency Operations Plan. The position descriptions below are focused on responsibilities required for sheltering of non-commercial livestock.

Position	Source	Responsibilities
Health and Human Services Branch Director	Fort Bend County Dept. of Health and Human Services	<ul style="list-style-type: none"> <li>Oversee and coordinate animal related operations</li> </ul>
Household Pet Shelter Supervisor	Fort Bend County Animal Services	<ul style="list-style-type: none"> <li>Oversee and coordinate household pet sheltering</li> </ul>
Livestock Shelter Supervisor	Fort Bend County AgriLife Extension	<ul style="list-style-type: none"> <li>Oversee and coordinate emergency sheltering of horses and non-commercial livestock</li> <li>Determine the need for establishing an Animal Supply Point</li> <li>Oversee the Animal Supply Point if established</li> </ul>
Livestock Admissions Assistant(s)	Fort Bend County AgriLife Extension	<ul style="list-style-type: none"> <li>Admit horses and non-commercial livestock</li> <li>Identify admitted horses and non-commercial livestock</li> <li>Enter owner and animal information into the Fort Bend County Livestock Shelter database</li> </ul>
Livestock Shelter Assistants	Fort Bend County AgriLife Extension	<ul style="list-style-type: none"> <li>Monitor owner-provided livestock care</li> </ul>
Livestock Rescue Supervisor	Fort Bend County Sheriff's Office	<ul style="list-style-type: none"> <li>Oversee and coordinate livestock rescue operations</li> <li>Provide for daily husbandry needs of rescued livestock</li> </ul>

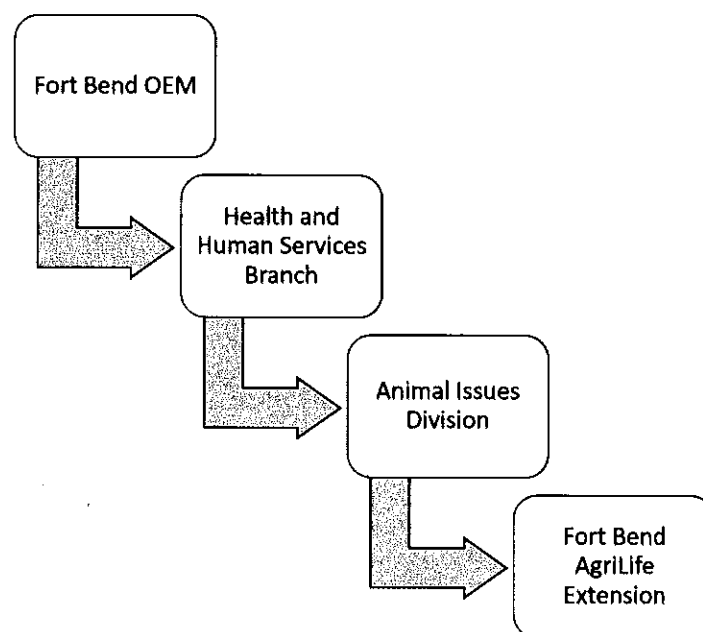
## Activation

The Fort Bend County Office of Emergency Management (OEM) will notify Fort Bend County AgriLife Extension of the need for emergency horse and Non-Commercial Livestock sheltering.

- OEM will notify AgriLife Extension during Readiness Level 3 if an increased risk for horse and Non-Commercial Livestock sheltering is anticipated.
- OEM will notify Fort Bend County AgriLife Extension when emergency horse and Non-Commercial Livestock sheltering is to start.
- OEM will provide a briefing of the emergency or disaster situation to include anticipated emergency horse and Non-Commercial Livestock sheltering requirements.

Fort Bend County AgriLife Extension will notify all employees of emergency horse and non-commercial livestock sheltering operations and develop a staffing roster consistent with the emergency incident

Fort Bend County AgriLife Extension will complete an emergency horse and non-commercial livestock shelter capacity determination and report to the Emergency Operations Center.



# Concept of Operations

## Emergency Horse and Non-Commercial Livestock Shelter

### READINESS LEVELS

#### Readiness Level 4 – Normal Conditions

1. Maintain Emergency Non-Commercial Livestock Sheltering Standard Operating Guideline in a current state.
2. Perform annual emergency livestock shelter exercise.

#### Readiness Level 3 – Increased Readiness

1. Convene a meeting of the emergency non-commercial livestock sheltering sub-committee.
2. Review the personnel contact list for accuracy.
3. Perform pre-event facility and equipment inspection (form attached as Attachment 1).
4. Perform any required remedial measures to emergency livestock shelter resources.
5. Review Emergency Livestock Sheltering Standard Operating Guidelines
6. Confirm availability of personnel, volunteers, facilities and equipment.

#### Readiness Level 2 – High Readiness

1. Test communications among emergency non-commercial livestock sheltering operations staff.
2. Confirm availability and operational status of required resources and personnel.
3. Confirm availability of critical personnel.
4. Receive briefing on emergency situation.
5. Stage necessary resources.

#### Readiness Level 1 – Maximum Readiness

1. Test communications among emergency non-commercial livestock sheltering operations staff.
2. Deploy necessary resources to shelter location.

## CAPACITY DETERMINATION

The emergency non-commercial livestock shelter capacity will be calculated at the beginning of emergency operations and repeated on a daily basis. Capacity determination analysis will be provided in daily situational reports.

<b>Fort Bend County Fairgrounds Facility</b>	
<b>Equine Capacity</b>	
A. Barn H (low-risk and at-risk)	100 head
B. Rodeo Arena (hi-risk and rescued)	60 head
C. Total Equine capacity	160 head
<b>Non-Commercial Livestock</b>	
D. Show cattle	168 head
E. Small Ruminants	162 head
F. Swine	160 head
F. Poultry	~5,000
G. Facility-based capacity	
<b>Personnel</b>	
Admissions personnel (3 people per 10 head admitted or discharged /hour)	

## REPORTING

The Situational Report form is to be completed and submitted according to the schedule provided by the Fort Bend County Office of Emergency Management.

The purpose of the Situational Report is to provide Incident Command with real-time information on the status of household pet sheltering operations in Fort Bend County, Texas. The Situation Report Form is provided as an attachment.

## ESTABLISHING THE EMERGENCY LARGE ANIMAL SHELTER

### Building Utilization

The primary facility for large animal emergency sheltering will be located at the Fort Bend County Fairgrounds. The following buildings will be utilized:

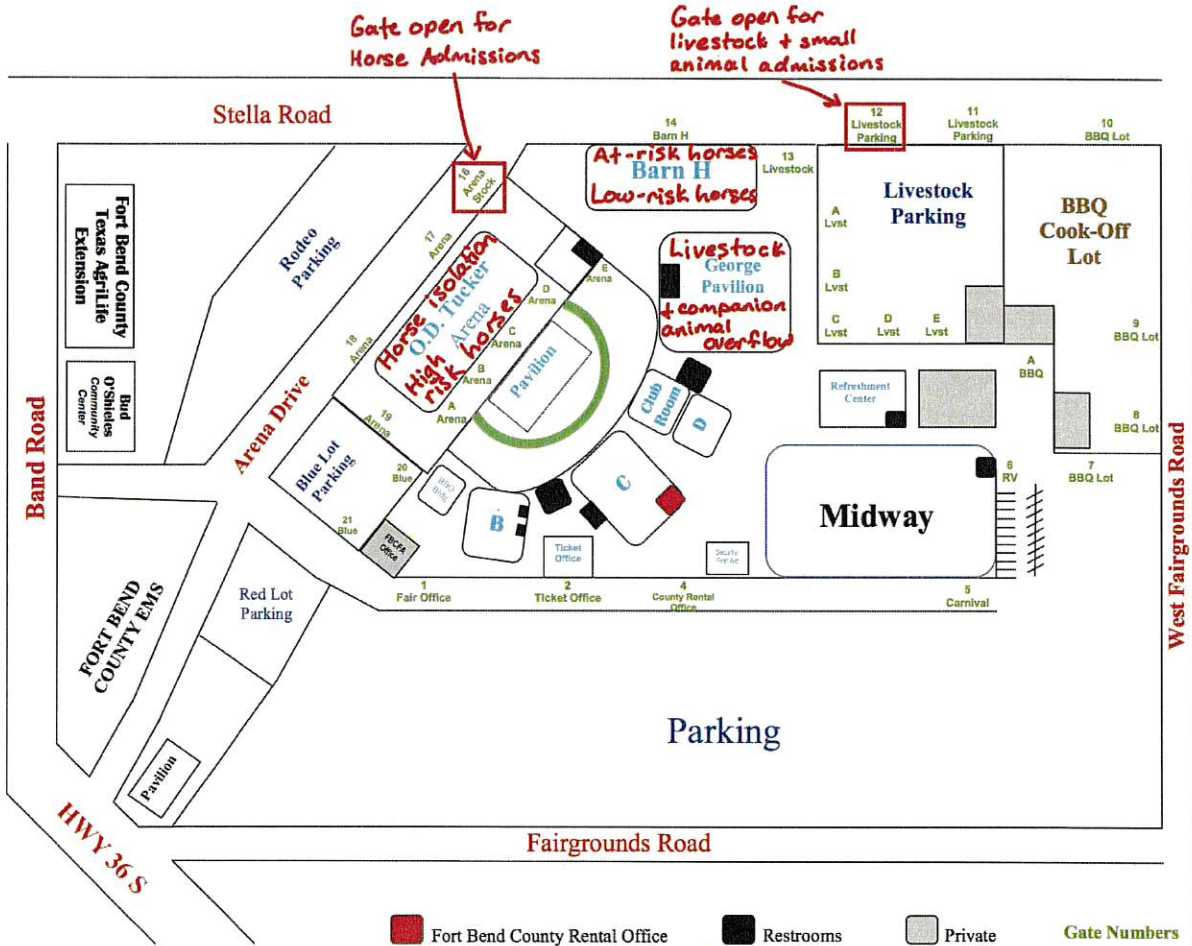
- Barn H
  - 100 stalls for horses
- O.D Tucker arena
  - Holding areas for 60 head
- George Pavilion
  - 85,000 sq. ft.
    - 160 - 6'x6' pens
    - 162 - 4'x6' pens
    - 50 - 10'x10' pens
  - This area may be shared with the household pet emergency shelter, based on capacity and demand at Fort Bend County Animal Services
  - Small-hoofed animal pens will be set-up from June through November, but will need special request for set-up from December through May.

Entrances to the large animal emergency shelter area will be through gate 16 for horses and gate 12 for livestock.

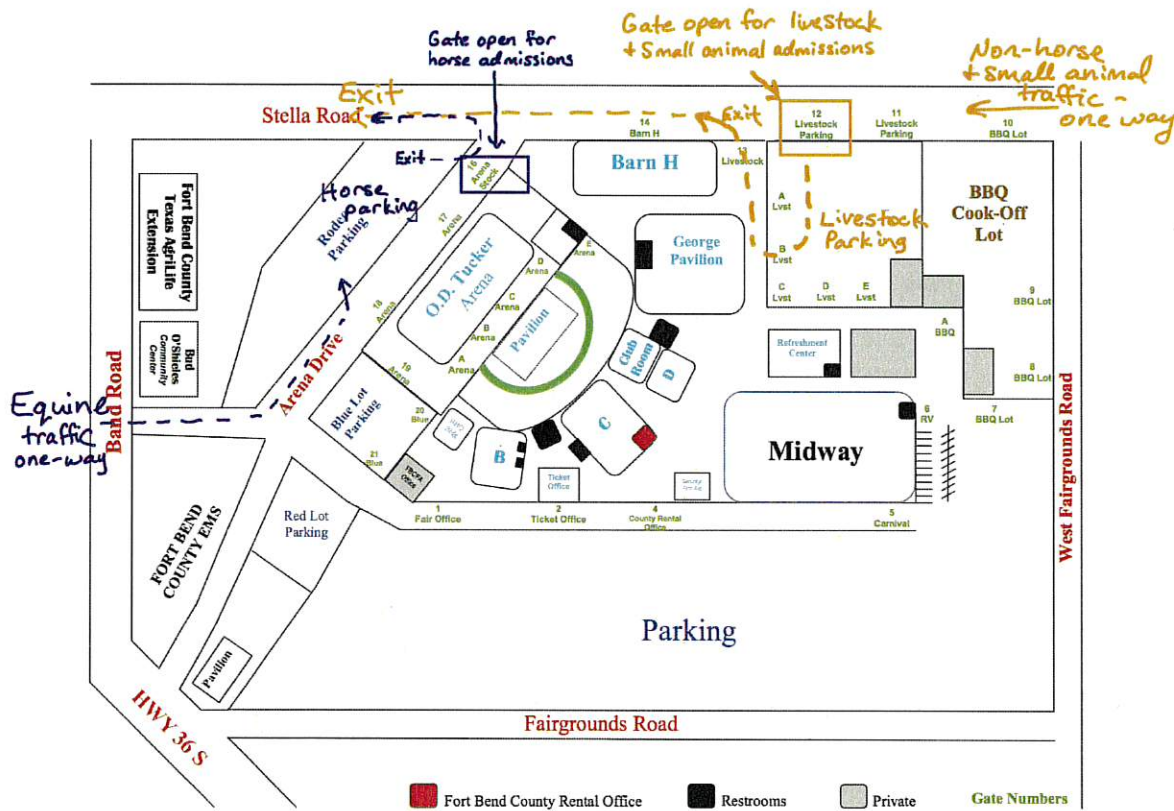
### Enclosure Layout Guidelines

- A trash can and sanitation station will be placed at the end of each row of enclosures or stalls. Dilute bleach (9 parts water and 1 part bleach in a spray bottle), paper towels, hand sanitizer, and gloves will be available at each sanitation station.
- Barn H
  - Unless capacity precludes, one stall will remain empty between each horse
- O.D. Tucker Arena
  - A minimum of 3 feet will be maintained between portable stalls
- George Pavilion
  - A minimum of 3 feet will be maintained between portable stalls
  - A minimum of 8 feet will separate the livestock enclosures from the Companion Animal Emergency Shelter overflow enclosures

Fort Bend County Fairgrounds Facility Layout



## Fort Bend County Fairgrounds Traffic Flow





## DATA MANAGEMENT

Data management will be performed using the TAMU VET emergency animal sheltering Excel database. Paper back-up forms are provided as attachments.

## ADMISSIONS

### Pre-Incident Admissions

Admission of large animals being provided emergency shelter will be performed through Agrilife Extension.

The admissions process will be as follows:

1. Identifying information collected will include:
  - a. Photograph of each animal
  - b. Documenting ownership or place of rescue
  - c. Proof of Coggins to retain a copy
    - i. Hard copy highly recommended
  - d. Any identifying ear tags, brands, or tattoos.
2. A visual exam of each animal will be performed. The animals will be classified as low-risk/ high-risk/ at-risk/ isolation, based on the criteria in the Triage and Risk Classification section.
3. Medications being presented with the animals will be handled as described in the Provision of Care section.
4. All animals will be identified using the following system:
  - a. Each owner will be assigned a unique number
  - b. Each animal will be assigned a 3-digit sequential number (001, 002, etc.)
  - c. The owner number and animal number will be marked on the animal's left hip using a light blue water-based latex paint in the following format:
    - i. [owner number] -- [animal number]
  - d. EXAMPLES
    - i. Owner 2 has 1 animal, it will be identified as 2-001.
    - ii. Owner 3 has 3 animals. They will be identified as 3-001, 3-002, and 3-003

### Post-Incident Admissions

Large animals admitted during or after an incident occurs will be admitted as follows:

1. Horses and Non-Commercial Livestock that are rescued and presented in the absence of their owners will be admitted under Fort Bend County. Fort Bend County will be assigned "Owner number" 001.
2. If rescuers have information on who actually owns the animals, this information will be entered in the comments section.
3. Animals will be decontaminated if necessary and physically evaluated as part of the admissions process above.
  - o Decontamination and medical evaluation will be performed at the Fort Bend County Fairgrounds if veterinary medical and animal decontamination operations are established
  - o All animals that are retrieved from floodwaters should be decontaminated due to the elevations in bacterial and viral loads that are typically present in floodwaters.

- The Safety Officer in consultation with Hazardous Materials specialists will determine the need for livestock decontamination in incidents other than floods.
- 4. Remainder of admissions process will be performed through Agrilife Extension as described in the Pre-Incident Admissions section.

## TRIAGE AND RISK CLASSIFICATION

Triage and risk classification will be performed during initial intake exam. Triage and risk classification will be performed by veterinary medical professionals if veterinary medical operations have been established as part of response efforts. The following information is intended as guidance for establishing risk-classification by the non-veterinarian. Animals will be sorted into the following categories and housed in corresponding holding areas (refer to map above for locations):

### High-risk:

High-risk animals are defined as animals whose test status, vaccination history, or presenting condition indicates that they represent a threat for the spread of infectious diseases to other sheltered horses or livestock. These animals are those without proof of Equine Infectious Anemia status (EIA, Coggins), do not qualify for isolation or have cleared isolation evaluation by a veterinarian, are suspicious of having an infectious disease but are not showing clinical signs yet, or those needing medical care including but not limited to:

- Wounds
- Laminitis
- Fast respiratory rate or effort (heat stress)

If any concerning clinical signs are observed, the animal will be classified as high-risk and referred to an on-site veterinarian for further evaluation. If no veterinarian is available, the animal will be placed in isolation and evaluated as soon as possible by the veterinarian.

### Isolation:

These animals show clinical signs of diseases that could be easily spread to others. Animals will be placed into isolation based on the recommendation of a veterinarian or qualified admissions personnel. The animal will be moved to high-risk after being cleared through evaluation by a veterinarian. These are animals who present with:

- Equine:
  - Gastrointestinal upset: diarrhea, colic, or not eating.
    - Signs of colic: flank watching, rolling, laying down, pain/sweating
  - Respiratory signs: coughing, sneezing, nasal/ocular discharge, respiratory distress
  - Neurologic disease: behavior change (dull, aggressive), head tilt, head pressing, circling, abnormal gait
  - Skin disease: pimples, blisters, or sores in mouth or on feet
  - Fever, Sweating
    - Temperature > 101.5 F
- Food-animal (cattle, goats, sheep, pigs):
  - Same as equine with special attention to:
    - Bloat (abdominal distention)
- Other (llamas, alpacas)
  - Same as equine with special attention to:
    - Heat-stress: fast respiratory rate and effort

**If there is any uncertainty of an animal's status, the animal will be placed in isolation until evaluated by a veterinarian. Personal protective equipment must be worn while interacting with these animals. Please refer to the Biosecurity section below for PPE, disinfecting, and visitation protocols.**

**Low-risk:**

These animals are at decreased risk of spreading disease to others and:

- Appear healthy
- Do not have any of the above listed symptoms in high risk or isolation sections
- Have proof of Coggins status (horses only)

**At-risk:**

Young (<10 months old) or geriatric (>15 years) animals and:

- Appear healthy
- Do not have any of the above listed symptoms in high risk or isolation sections
- Have proof of Coggins status (horse only)

**PROVISION OF CARE**

Provision of care for horses and Non-Commercial Livestock animals being provided emergency shelter will be performed as described below.

- Fort Bend County AgriLife Extension
  - Will establish AM and PM Feeding times
  - Will check-in and check-out owners coming to the facility to feed their horses and Non-Commercial Livestock.
  - Will perform walk-through after published feeding times. Empty or low water buckets, absence of hay, and soiled stalls will be considered an indicator that animals have not been provided an appropriate level of care. In the event that an animal has not been cared for, AgriLife Extension personnel will provide the following.
    - 2 flakes of hay
    - Will fill water buckets/troughs
- Horse and Non-Commercial Livestock Owners
  - Will check-in and check-out at appropriate locations when caring for their animals
  - Will provide nutritional support appropriate for stalled animals
    - Owner supplied feed will be stored in designated areas in or near the building or barn with the owner and animal ID numbers and building name where the animal is located.
  - Will maintain their stalls and areas around their assigned stalls in a clean state
    - Once daily cleaning of the animal's enclosure is the minimum required
  - Will apply fly repellants so as to prevent spread of vector-borne diseases
- Fort Bend County Livestock Deputies
  - Will coordinate feeding and care of rescued horses and livestock as per existing Fort Bend County Sheriff's Office protocols
  - Will apply fly repellants so as to prevent spread of vector-borne diseases

## Medication Protocols

All animals requiring medication will have a treatment sheet posted outside their enclosure. All treatment records must include drug names, amount, route (by mouth, intravenous, etc.), date, and time administered on this sheet. A list of all animals requiring medication administration and what medication is to be administered to those animals will remain with Admissions.

Owned animals who present with medication/require medication administration will be handled as follows:

- Non-controlled medications will remain with the owner and be administered by the owner to the extent of owner capability.
- Controlled medications will be appropriately labelled and stored in the on-site veterinarian's lock-box. Administration of controlled medications will be administered by the on-site veterinarian.
- The owner of animals who have not received required medication at the time of the walkthrough will be contacted by Agrilife Extension in regards to medicating their animals. If the owner cannot be reached, Agrilife Extension will consult with the on-site veterinarian.

Unowned animals who require medication administration will be handled as follows:

- Non-controlled medications will be appropriately labelled and stored in a predetermined location. Medications will be administered by Livestock Deputies or Designated Representatives.
- Controlled medications will be appropriately labelled and stored in the on-site veterinarian's lock-box. Controlled medications will be administered by the on-site veterinarian.

## Veterinary Care

- Veterinary medical support for large animals being provided emergency shelter will be provided by veterinary medical operations located at the Fort Bend County Fairgrounds.
- Euthanasia of severely injured or ill owned animals will be handled as per existing veterinarian/client relationships.
  - In the event that an owner cannot be contacted, Fort Bend County Livestock Sheriff Office may declare the animal a "ward" of the county and authorize euthanasia, per veterinarian recommendation. This will only be performed if compromised animal welfare cannot be mitigated.

## Biosecurity

### Owner Instructions

The following rules have been established to help prevent the spread of infectious diseases in horses and non-commercial livestock being provided emergency shelter by Fort Bend County, Texas. Strict adherence to these rules is required.

1. Owners must sign in and out on a visitation log kept by Admissions for all visitations (records names of visitors, animal and owner ID numbers, date, time in, and time out)
2. **Direct physical contact with animals that do not belong to you is strictly prohibited.**
3. Nose-to-nose contact between animals should be prevented
4. A risk classification has been assigned to your animal(s). This classification is assigned as part of the Fort Bend County Emergency Livestock Shelter Biosecurity plan. If you have animals of different risk classifications, provide their care in the following order.
  - a. At-risk
  - b. Low-risk
  - c. High-risk
  - d. Isolation
5. Wash hands with soap and water prior to and after visitation and between animals.
6. Remove all soil, organic material and body fluids from shoes when exiting a stall or pen.
7. Do not allow the ends of water hoses to be submerged in water buckets. If this inadvertently occurs please notify Fort Bend County AgriLife Extension prior to filling another animal's water bucket.
8. Clean stalls and pens a minimum of once daily and dispose of manure and soiled shavings...
9. Do not provide hay or water to animals that do not belong to you.
10. If you notice an animal that has not been fed or watered, please report the stall or pen number to Fort Bend County AgriLife Extension Agents.
11. Report stall and pen number to Fort Bend County AgriLife Extension Agents if you are concerned about the health and well-being of your animal(s) or other animals being provided emergency shelter.
12. Apply fly repellent as per label directions.
13. Isolation protocols that will be used in the isolation area will be dependent on the nature of the clinical problems present. If you have a horse that is assigned to isolation, the required protective measures will be provided to you by Fort Bend County AgriLife Extension personnel.
14. Monitor horses for clinical signs that are indicative of the potential for an infectious disease. These include the following.
  - a. White or yellow nasal discharge
  - b. Loose feces
  - c. Off-feed
  - d. Depressed mentation
  - e. Excess salivation
15. Report the presence of clinical signs identified above and other health concerns to Fort Bend County AgriLife Extension personnel.

## Biosecurity guidelines for livestock shelter personnel

### Low-risk, at-risk, and high-risk locations

Animals being provided emergency shelter are at an increased risk for development of infectious diseases. Monitoring owner compliance with the Biosecurity Owner Instructions is a key step in preventing the spread of infectious diseases in horses and non-commercial livestock being provided emergency shelter.

1. Provide all owners a copy of the Biosecurity Owner Instructions provided on the previous page.
2. Monitor and enforce owner compliance with provided instructions.
3. Monitoring sheltered horses and non-commercial livestock should be performed in the following order.
  - a. At-risk
  - b. Low-risk
  - c. High-risk
  - d. Isolation
4. Wash hands with soap and water prior to and after entering the different risk classification housing areas.
5. Remove all soil, organic material and body fluids from shoes when exiting a stall or pen and when moving to housing areas for different risk classifications.
6. If ends of water hoses are reported to have been submerged in water buckets, disinfect with Clorox mixed at a ratio of 1 part Clorox and 9 parts water.
7. Monitor horses for clinical signs that are indicative of the potential for an infectious disease. These include the following.
  - a. White or yellow nasal discharge
  - b. Loose feces
  - c. Off-feed
  - d. Depressed mentation
  - e. Excess salivation
8. Take one of the steps below if clinical signs are noticed or reported.
  - a. Request and then confirm that owner seeks and receives guidance from their regular veterinarian and ask that you be provided with the presumptive diagnosis and mitigating steps.
  - b. Notify the veterinary medical operations if veterinary medical operations have been established in Fort Bend County.
9. Isolation protocols that will be used in the isolation area will be dependent on the nature of the clinical problems present. General recommendations are provided on the following page.

## Isolation

1. The isolation area will include rescued horses, horses assigned to isolation by veterinary medical operations, and horses and Non-Commercial Livestock that have been rescued and whose owners are not present.
2. Access to isolation will be limited to the designated caregiver of that animal. Caregiver will not be allowed to care for other animals they may own at the facility.
3. The level of personal protective equipment required will be dependent on the specific conditions of horses and non-commercial livestock housed in isolation areas.
4. General personal protective equipment recommendations.
  - a. Examination gloves
  - b. Outer clothes (The following options provide varying degrees of protection)
    - i. Cover-alls
      1. **Note: Cover-alls will not provide an effective barrier if conditions are such that the material becomes moist or wet.**
    - ii. Rain suit
    - iii. Disposable Ty-Vek suits
  - c. Rubber boots
  - d. Respiratory protection in the form of N-95 masks or other form of respirator may be required.
5. The following steps should be taken after exiting a stall or pen
  - a. Remove organic material from rubber boots
  - b. Spray Rain suit or disposable Ty-Vek suit with dilute Clorox (1 part Clorox and 9 parts water)
    - i. If cloth cover-alls are used, remove.
  - c. Remove exam gloves, wash hands, and replace prior to entering another stall or pen
6. The following steps should be taken prior to exiting the isolation area.
  - a. Remove organic material from rubber boots
  - b. Spray Rain suit or disposable Ty-Vek suit with dilute Clorox (1 part Clorox and 9 parts water)
    - i. If cloth cover-alls are used, remove.
  - c. Remove exam gloves and wash hands
  - d. Don foot wear
7. If animals are isolated as a result of a reportable disease, personal protective equipment and disinfection protocols will be defined by the regulatory agency.

## Safety and Security

### Fort Bend County Fairgrounds

- Ingress and egress will be through two separate points as described in the “Establishing the Emergency Non-Commercial Livestock and Large Animal Shelter” section above:
  - Ingress for horses will be via Band Road/Highway 36S into Arena Dr.
  - Ingress for other livestock and household pets will be via Stella Rd.
  - Egress will be through a single point via Stella Rd.
- Security will be provided by the law enforcement section in the FBC Emergency Operations Center for the duration of emergency livestock and large animal shelter.
- Stalls will remain secured when large animals are not being provided care and visitation by owners.

## DISCHARGE

### Horses and Non-Commercial Livestock presented by owners

1. Owners will notify Fort Bend County AgriLife Extension when they are ready to remove their animals from the shelter.
2. Fort Bend County AgriLife Extension personnel will perform the following steps.
  - a. Compare owner and animal numbers
  - b. Compare official government identification method (driver's license) with recorded information
  - c. Record license plate numbers of vehicles and trailers used to transport animals
3. Fort Bend County AgriLife Extension will ensure that owners remove all supplies and feed materials from the facility.
- 4.

### Rescued Horses and Non-Commercial Livestock

1. Rescued horses and Non-Commercial Livestock will be released to owners as per existing Fort Bend County Sheriff's Office Livestock Division protocols.

## Unclaimed Animals

The disposition of unclaimed animals will be handled as per Fort Bend County and State of Texas Estray statutes. Fort Bend County may elect to extend required holding times.



## MORTUARY MANAGEMENT

### Non-infectious disease incidents

Disposition of household pets that are euthanized or die will be handled as per existing Fort Bend County Road and Bridge protocols or as part of the county's debris management program during non-infectious incidents.

### Infectious disease incidents

Carcass disposal during infectious disease incidents will be as dictated by the Texas Animal Health Commission and the United States Office of Agriculture.

## Situation Report

Incident:		Date:		Time:	
Non-Commercial Livestock Facility:				co-located?	yes/no
Total Animal Capacity:					
Number of Horses:					
Number of Goats:					
Number of Sheep:					
Number of Poultry:					
Number of other animals not listed:					
Remaining Capacity:					
<b>Unmet Needs/Resource Requests</b>					
<b>Description</b>		<b>Number requested</b>		<b>Required Date</b>	
<b>Prepared By:</b>					

## Fort Bend County Emergency Animal Shelter Admissions Form

### Equine Animals

**FOR SHELTER USE ONLY:**

Owner ID #:	_____	Animal ID #:	_____
Animal Name:	_____		
Shelter:	_____		
Admission Date:	_____		
<b>Take and Save Photo of Animal with ID number</b>			

**INSTRUCTIONS:** *Fill out one form per animal admitted to the emergency animal shelter.*

**OWNER / AGENT FOR OWNER**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Owner DL or Government ID#: \_\_\_\_\_

**SECONDARY CONTACT**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ANYONE OTHER THAN THE ABOVE THAT WILL BE PROVIDING CARE FOR OR PICKING UP THIS ANIMAL**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**REGULAR VETERINARIAN CONTACT INFORMATION**

Clinic Name: \_\_\_\_\_

Veterinarian's \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

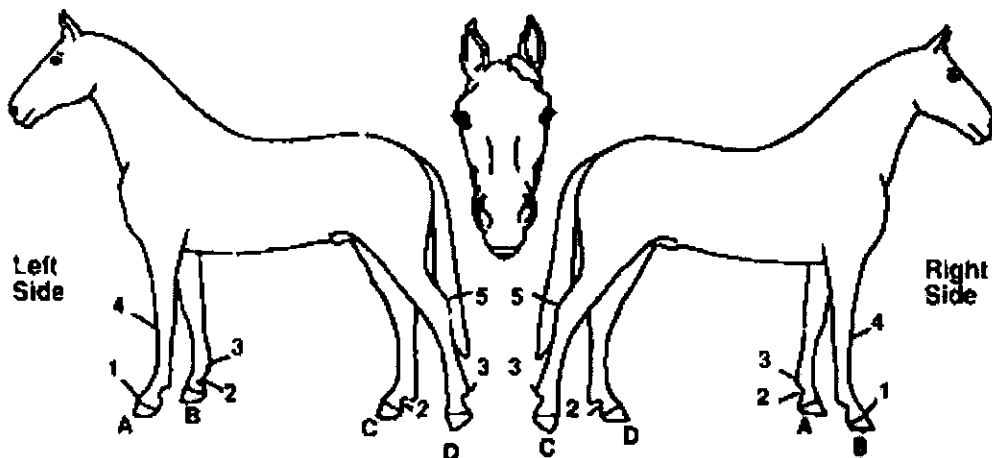
**ANIMAL INFORMATION**

Animal Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Sex: ☐ Gelding ☐ Stallion ☐ Mare  
Birth Date: \_\_\_\_\_ ☐ Actual ☐ Estimated  
Weight: \_\_\_\_\_ ☐ Actual ☐ Estimated

Permanent ID

Tag / Microchip: ☐ YES ☐ NO Number: \_\_\_\_\_  
RFID: \_\_\_\_\_  
Ear Tags: \_\_\_\_\_  
Brands: \_\_\_\_\_  
Tattoos: \_\_\_\_\_  
Other: \_\_\_\_\_

Detailed Description of Animal/Distinct Markings:



**IS THIS ANIMAL INSURED?**

*Please Circle:*

Yes

No

**BELONGINGS BROUGHT WITH THE ANIMAL:**

**ANIMALS WITH NO DESIGNATED OWNER:**

Detailed description of when and where this animal was found (date found, GPS coordinates, street names, landmarks, etc.):

I hereby certify that I am the guardian and/or owner of the household animal described herein and have the authority to surrender the household animal to Fort Bend County Animal Services for temporary emergency care and sheltering. I further certify that the information provided to be accurate to the best of my knowledge. I agree to reclaim this household animal within 24 hours' notice from Fort Bend County Animal Shelter.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**I acknowledge that I have read/been read and understand the *Animal Owner Sheltering Agreement* agree to abide by all emergency animal shelter rules.**

Owner/Agent Name  
(Print):

\_\_\_\_\_

Owner/Agent Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

## Fort Bend County Emergency Animal Shelter Admissions Form

### Non-Commercial Livestock

<b>FOR SHELTER USE ONLY:</b>	
Owner ID #:	Animal ID #:
Animal Name:	
Shelter:	
Admission	
Date:	
Take and Save Photo of Animal with ID number	

**INSTRUCTIONS:** *Fill out one form per animal admitted to the emergency animal shelter.*

#### OWNER / AGENT FOR OWNER

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Owner DL or  
Government ID#: \_\_\_\_\_

#### SECONDARY CONTACT

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### ANYONE OTHER THAN THE ABOVE THAT WILL BE PROVIDING CARE FOR OR PICKING UP THIS ANIMAL

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**REGULAR VETERINARIAN CONTACT INFORMATION**

Clinic Name: \_\_\_\_\_  
Veterinarian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**ANIMAL INFORMATION**

Animal Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Sex: ☐ Male ☐ Female  
Birth Date: \_\_\_\_\_ ☐ Actual ☐ Estimated  
Weight: \_\_\_\_\_ ☐ Actual ☐ Estimated  
  
Permanent ID ☐ YES ☐ NO  
Tag / Microchip: NO Number: \_\_\_\_\_  
RFID: \_\_\_\_\_  
Ear Tags: \_\_\_\_\_  
Brands: \_\_\_\_\_  
Tattoos: \_\_\_\_\_  
Other: \_\_\_\_\_  
Detailed Description of Animal/Distinct Markings:

**IS THIS ANIMAL INSURED?**

*Please Circle:* Yes No

**BELONGINGS BROUGHT WITH THE ANIMAL:**

--

**ANIMALS WITH NO DESIGNATED OWNER:**

Detailed description of when and where this animal was found (date found, GPS coordinates, street names, landmarks, etc.):

--

I hereby certify that I am the guardian and/or owner of the household animal described herein and have the authority to surrender the household animal to Fort Bend County Animal Services for temporary emergency care and sheltering. I further certify that the information provided to be accurate to the best of my knowledge. I agree to reclaim this household animal within 24 hours' notice from Fort Bend County Animal Shelter.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**I acknowledge that I have read/been read and understand the *Animal Owner Sheltering Agreement* agree to abide by all emergency animal shelter rules.**

Owner/Agent Name  
(Print):

\_\_\_\_\_

Owner/Agent Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



## Animal Activity Log

Animal Name: _____	Stall #: _____
Animal ID #: _____	Owner ID #: _____
Admission Date: _____	
Owner's Name: _____	
Phone Number: _____	

Special Diet or Medications (include name, dosage, and frequency):
Behavioral or other care issues:

## Animal Care Sheet

Date	Time	Food	Water	Medication	Walk	Initials
	a.m.					
	p.m.					
	a.m.					
	p.m.					
	a.m.					
	p.m.					
	a.m.					
	p.m.					
	a.m.					
	p.m.					
	a.m.					
	p.m.					

## **Animal Owner Sheltering Agreement**

**Signature indicating agreement of the Animal Owner or Agent to the following is required on the Fort Bend County Emergency Animal Shelter Admission Form**

I, the animal owner (or agent for the owner), understand that an emergency exists and limited arrangements have been made to allow my animal(s) to remain in a shelter. I understand and agree to abide by the rules contained in this agreement and will explain them to the other members of my household.

- ☐ I will maintain proper identification on my animal and its pen/stall at all times. I understand that the shelter will require proper identification (normally a picture ID) for me to be allowed into the shelter to care for my animal.
- ☐ I will present my horse's negative Coggins documentation. I understand that my horse may be housed with other horses that have unknown Coggins status.
- ☐ I grant permission for shelter staff to examine my animal and to administer medications that I provide if I am unable to do so. I certify that the directions for the route, dosage and frequency of medication are written on the container or I will provide them. I also understand that a licensed veterinarian may prescribe treatment for my animal to alleviate pain or suffering.
- ☐ I certify that my animal has no history of aggressive behavior and has not been diagnosed with any contagious diseases for which it has not received successful treatment. I further understand that my animal may be removed to an isolated location if it becomes unruly or aggressive, shows signs of contagious disease, is infested with parasites, or begins to show signs of stress-related conditions.
- ☐ I agree to keep my animal inside an approved pen/stall with its door latched and secured at all times except when permitted by shelter staff. During those times – whenever the pen/stall door is open or my animal is out of its pen/stall – I will properly control my animal with a harness/halter. Visiting hours will be strictly limited.
- ☐ I understand that I am expected to properly feed, water, clean, and exercise my animal and sign the pet care sheet twice per day. I am also expected to clean and sanitize – properly dispose of waste and disinfect – the area used by my animal.
- ☐ I agree that only one person per household will be allowed to enter the living quarters in the shelter. That visitor must be at least 18 years of age. I will not permit other shelter visitors to handle or approach my animal, either while it is in its pen/stall or during exercise time. I agree not to handle or approach other people's animals. Additional household members may be allowed entry at the discretion of shelter manager, or his/her designee.
- ☐ I understand and agree that any decision concerning the care and welfare of my animal and the shelter population as a whole are within the sole discretion of the Shelter Manager whose decisions are final.

- ☐ I understand that I am expected to claim my animal(s) within 24 hours of the end of the event. If I fail to do so, the disposition of my animal(s) will be handled as per Fort Bend County and State of Texas Estray statutes. Fort Bend County may elect to extend required holding.
- ☐ If I am unable to move my animal back to its previous location, a stall may be available for rent at the fairgrounds for \$15/day.
- ☐ I acknowledge that my failure to follow these rules may result in the removal of my animal from the shelter.

In consideration for participating in the foregoing Fort Bend County Emergency Animal Shelter Agreement, I hereby fully release, forever discharge, and agree to hold harmless, for any and all purposes, Fort Bend County, its agents, servants, employees or volunteers, of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, including any injury to my animal, including death, arising directly or indirectly from the participation in the sheltering agreement. I further agree to indemnify Fort Bend County against all losses, liabilities, claims, causes of action, and other expenses, including reasonable attorney's fees, arising from activities of Fort Bend County, its agents, servants, employees or volunteers, performed under this sheltering agreement that result from the negligent act, error, or omission of Fort Bend County or any Fort Bend County's agents, servants, employees or volunteers.

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

I hereby agree to hold harmless all persons, organizations, corporations or government agencies involved in the care and sheltering of my animal(s). I further agree to indemnify any persons or entities which may have suffered loss or damage as a result of the care and sheltering of my animal.

\_\_\_\_\_  
Animal(s) Owner Signature

\_\_\_\_\_  
Date

Animal Identification Number	Location

## Shelter Release to Veterinary Care

The animal described below has been released from care at the \_\_\_\_\_  
Emergency Animal Shelter and will be transferred and cared for by the veterinary facility below.

Animal Name: \_\_\_\_\_ Stall #: \_\_\_\_\_  
Animal ID #: \_\_\_\_\_ Owner ID #: \_\_\_\_\_  
Animal Description: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Medical Treatment Provided to Animal: \_\_\_\_\_  
\_\_\_\_\_

Treatment Provided By: \_\_\_\_\_  
Name of Veterinary Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
(Business) (Emergency/After Hours)

The undersigned veterinary facility hereby acknowledges receipt of the above described animal, and agrees to provide humane care, adequate shelter, and food to this animal while in his/her foster care; and agrees to hold harmless all persons, organizations, or government agencies involved in the rescue, care, and sheltering of this animal. The animal's owner agrees to be responsible for any veterinarian, food, or care expenses incurred during the foster care period.

Veterinary Facility Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Veterinary Facility Print Name: \_\_\_\_\_  
Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner's Print Name: \_\_\_\_\_  
Emergency Animal Shelter Staff Signature: \_\_\_\_\_  
Staff Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGN IN TRIPLICATE**

## Veterinary Medical Release Form

### FOR SHELTER USE ONLY:

Owner ID #: \_\_\_\_\_ Animal ID #: \_\_\_\_\_  
Animal Name: \_\_\_\_\_  
Shelter: \_\_\_\_\_

Owner/Agent  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Owner DL or  
Government ID#: \_\_\_\_\_

Animal Name: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Color/Distinct Markings: \_\_\_\_\_

Known Medical Problem(s): \_\_\_\_\_

**Please read the following and initial next to each stating that you understand and agree with these terms (continued on next page).**

\_\_\_\_\_ I will permit my pet to be examined as needed by the Veterinary personnel on staff and understand if medical or stress conditions are present I further agree to the administration of medication to alleviate any symptoms.

\_\_\_\_\_ Should a *medical emergency* arise past basic medical care (vaccines, oral or injectable medications) and you cannot be reached by phone, which of the following actions would you like pursued (check all that apply):

\_\_\_\_\_ If my animal is in need of emergency surgery, I wish my pet to be re-located to an Animal Hospital for full anesthesia and surgery.

\_\_\_\_\_ If my animal is in need of intensive hospital care such as intravenous fluids or constant monitoring, I wish my pet to be re-located to an Animal Hospital.

\_\_\_\_\_ I understand that should the previous actions be taken, that I will be responsible for further costs associated with the medical attention needed for my animal.

\_\_\_\_\_ If none of the above options are selected, I understand that if it is the Veterinarian's judgment that my animal cannot be humanely maintained given the constraints set by the location and supplies available at the temporary shelter, my pet will be humanely euthanized.

I authorize the Veterinarian-On-Duty to establish if intensive medical/surgical treatment is necessary. I certify that I have read and fully understand the above authorization for medical/surgical treatment. I understand that basic medical care and stabilization will be provided for my animal at the emergency animal shelter, but without the above consent further actions needed to medically assist my animal cannot be provided. I also certify that no guarantee or assurance has been made as to the results that may be obtained. Further, I understand that all fees occurred at an independent animal hospital/veterinarian clinic are my sole responsibility and I agree to pay those fees. I also understand that I am responsible for all finance, collections, and attorney fees incurred if I do not pay these charges.

**Owner/Agent Name (Print):** \_\_\_\_\_

**Owner/Agent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Treatment Orders/Treatment Log

Animal Name: _____	Stall #: _____
Animal ID #: _____	Owner ID #: _____
Shelter: _____	Admission Date: _____
Owner's Name: _____	Phone Number: _____

### Treatment Orders

Date/Time	Treatment	Amount	Route	Schedule	Ordered By

### Treatment Log

Date/Time	Treatment	Amount	Route	Given By

## Intake Questions for Owner/Agent

### Equine Animals

**FOR SHELTER USE ONLY:**

Owner ID #:	_____	Animal ID #:	_____
Animal Name:	_____		
Shelter:	_____		

1. Has your animal been Coggins tested?    ☐ Yes                      ☐ No

2. Health or Behavior Issues:

--

3. Current Immunizations:

- ☐ Tetanus
- ☐ EEE/WEE
- ☐ Influenza
- ☐ Other:

- ☐ Rabies
- ☐ West Nile
- ☐ Rhinopneumonitis

<input type="checkbox"/> _____	Date: _____
<input type="checkbox"/> _____	Date: _____
<input type="checkbox"/> _____	Date: _____

4. Is your animal currently on any medications?    ☐ Yes                      ☐ No

Name	Route	Dosage	Frequency

Did you bring these medications with you?    ☐ Yes                      ☐ No

5. Is your animal allergic to any drugs or medications?    ☐ Yes                      ☐ No

If YES, which ones:



---

---

6. What is your animal's normal daily diet?

Amount of Hay: \_\_\_\_\_ Frequency: \_\_\_\_\_

Amount of Grain: \_\_\_\_\_

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Supplements: \_\_\_\_\_

Owner brought food: ☐ Yes ☐ No

Quantity: \_\_\_\_\_ Type: \_\_\_\_\_

7. Other special care instructions, questions, or concerns?

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---

## Intake Questions for Owner/Agent Non-Commercial Livestock Animals

**FOR SHELTER USE ONLY:**

Owner ID #:	_____	Animal ID #:	_____
Animal Name:	_____		
Shelter:	_____		

**1. Health or Behavior Issues:**

--

**2. Current Immunizations:**

<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rabies
<input type="checkbox"/> EEE/WEE	<input type="checkbox"/> West Nile
<input type="checkbox"/> Influenza	<input type="checkbox"/> Rhinopneumonitis
<input type="checkbox"/> Other:	
<input type="checkbox"/> _____	Date: _____
<input type="checkbox"/> _____	Date: _____
<input type="checkbox"/> _____	Date: _____

**3. Is your animal currently on any medications?** ☐ Yes ☐ No

Name	Route	Dosage	Frequency

Did you bring these medications with you? ☐ Yes ☐ No

**4. Is your animal allergic to any drugs or medications?** ☐ Yes ☐ No

If YES, which ones:

_____
_____

5. What is your animal's normal daily diet?

Amount of Hay: \_\_\_\_\_ Frequency: \_\_\_\_\_

Amount of Grain: \_\_\_\_\_

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Supplements: \_\_\_\_\_

Owner brought food: ☐ Yes ☐ No

Quantity: \_\_\_\_\_ Type: \_\_\_\_\_

6. Other special care instructions, questions, or concerns?

---

---

---

## Animal Discharge Form—Equine

### ANIMAL INFORMATION

Animal Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: ☐ Gelding ☐ Stallion ☐ Mare

Birth Date: \_\_\_\_\_ ☐ Actual ☐ Estimated

Weight: \_\_\_\_\_ ☐ Actual ☐ Estimated

#### Permanent ID

Tag / Microchip: ☐ YES ☐ NO Number: \_\_\_\_\_

RFID: \_\_\_\_\_

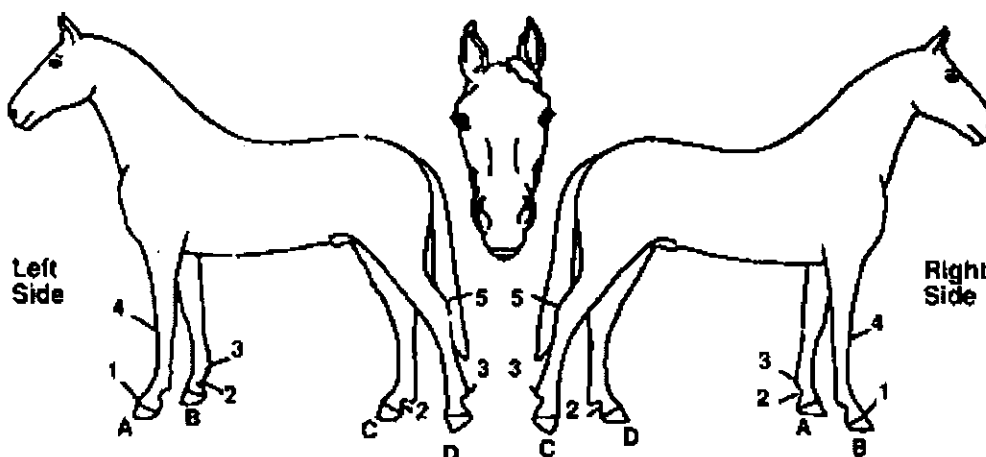
Ear Tags: \_\_\_\_\_

Brands: \_\_\_\_\_

Tattoos: \_\_\_\_\_

Other: \_\_\_\_\_

Detailed Description of Animal/Distinct Markings:



**BELONGINGS BROUGHT WITH THE ANIMAL:**

--

**Discharge/Movement of Animal**

**I am claiming full responsibility for the animal described in the information above. By signing this, Fort Bend County is no longer responsible for the care, movements and whereabouts of this animal.**

**Owner/Agent Name (Print):** \_\_\_\_\_

**Owner/Agent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
The animal described above was moved to

\_\_\_\_\_ on this date \_\_\_\_\_ at this  
time \_\_\_\_\_ AM/PM, by \_\_\_\_\_ for the following reason(s):

--

## Animal Discharge Form—Non-Commercial Livestock

### ANIMAL INFORMATION

Animal Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Birth Date: \_\_\_\_\_ ☐ Actual ☐ Estimated

Weight: \_\_\_\_\_ ☐ Actual ☐ Estimated

#### Permanent ID

Tag / Microchip: ☐ YES ☐ NO Number: \_\_\_\_\_

RFID: \_\_\_\_\_

Ear Tags: \_\_\_\_\_

Brands: \_\_\_\_\_

Tattoos: \_\_\_\_\_

Other: \_\_\_\_\_

Detailed Description of Animal/Distinct Markings: \_\_\_\_\_

Belongings brought in with the animal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I am claiming full responsibility for the animal described in the information above. By signing this, Fort Bend County is no longer responsible for the care, movements and whereabouts of this animal.**

**Owner/Agent Name (Print):** \_\_\_\_\_

**Owner/Agent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The animal described above was moved to \_\_\_\_\_  
\_\_\_\_\_ on this date \_\_\_\_\_ at this time  
\_\_\_\_\_ AM/PM, by \_\_\_\_\_ for the following reason(s):

