STATE OF TEXAS

MEDICAL COUNTERMEASURES PLAN

OCTOBER 7, 2011

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

This plan is hereby accepted for implementation and supersedes Appendix 8 to Annex H: Strategic National Stockpile Plan dated April 30, 2009.

10/7/11
Date

David L. Lakey, M.D.
Commissioner of Health
Texas Department of State Health Services

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

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

_____
Date

Awaiting Signature
Nim Kidd
Assistant Director/Chief
Texas Division of Emergency Management

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

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

6/9/11
Date

Brad Livingston
Executive Director
Texas Department of Criminal Justice

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

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

Date 5/31/11

Steven C. McCraw
Director
Texas Department of Public Safety
Texas Homeland Security Advisor

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

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

14 Jan 11
Date

John F. Nichols
Major General, TXANG
Adjutant General

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

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

_____
Date

Awaiting Signature
Ron Piggot
Director
Texas Procurement and Support Services

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

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

6-22-11
Date

Thomas G. Boggus
Director
Texas Forest Service

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

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

6/27/11
Date

Amadeo Saenz Jr., P.E.
Executive Director
Texas Department of Transportation

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

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

6/29/11
Date

Chris Traylor
Commissioner
Texas Department of Aging and Disability Services

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

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

6/2/11
Date

Terri Ware
Chief Operating Officer
Texas Department of Family and Protective Services

APPENDIX 8 TO ANNEX H

MEDICAL COUNTERMEASURES PLAN

APPROVAL AND IMPLEMENTATION

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

Date 6/4/14

Thomas Suehs
Executive Commissioner
Texas Health and Human Services Commission

RECORD OF CHANGES

CHANGE NUMBER	DATE OF CHANGE	INITIALS AND DATE ENTERED

TABLE OF CONTENTS

ATTACHMENTS

1. Medical Countermeasures Organization
2. SNS Request Flow Chart
3. Events that Justify CDC Deployment of the SNS
4. SNS Distribution Plan

STATE OF TEXAS

MEDICAL COUNTERMEASURES PLAN

I. AUTHORITY AND REFERENCES

This plan applies to medical countermeasures operations before, during, and after an emergency or disaster. In addition to the authorities outlined in the Texas Emergency Management Basic Plan and Annex H, strategic planning guidance and authorities governing its enactment and implementation include:

A. STATE

1. Chapter 97 (Control of Communicable Diseases), Texas Administration Code;

2. Chapter 81 (Communicable Diseases), Texas Health and Safety Code;

3. Chapter 121 (Local Public Health Reorganization Act), Texas Health and Safety Code;

4. Chapter 778 (Emergency Management Assistance Compact), Texas Health and Safety Code;

5. Respective agency, department, and commission enabling legislation; and

6. The Texas Homeland Security Strategic Plan 2010-2015, State of Texas Emergency Management Plan, May 2010.

B. FEDERAL

1. Homeland Security Presidential Directive 8: National Preparedness; and

2. Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-188.

C. MUTUAL AID AGREEMENTS AND CONTINGENCY PLANS

1. Emergency Management Assistance Compact (EMAC);

2. Interstate Emergency Response Support Plan (IERSP), October 2009; and

3. Transfer of Strategic National Stockpile (SNS) Assets, January 2010.

D. STRATEGIC NATIONAL STOCKPILE AUTHORITY

The governor of Texas has authority to request SNS assets from the Centers for Disease Control and Prevention (CDC). To facilitate a rapid request process, the following individuals are designated to request SNS assets, if necessary, on the governor's behalf:

1. Commissioner of Health, Texas Department of State Health Services (DSHS);

2. State Epidemiologist, DSHS;

3. Director, Texas Office of Homeland Security;

4. Chief, Texas Division of Emergency Management (TDEM);

5. Adjutant General, Texas Military Forces (TXMF); and

6. Assistant Commissioner, Division for Prevention and Preparedness, DSHS.

II. PURPOSE

A. PURPOSE OF THIS PLAN

The purpose of Appendix 8 is to delineate organizational responsibilities for state level response agencies and recommend actions for local and regional level response agencies for the request, receipt, distribution, and dispensing of medical countermeasures when local and/or state resources have been overwhelmed.

B. RELATIONSHIP TO OTHER PLANNING DOCUMENTS

1. Relationship to Local Emergency Management Plans

   Local emergency plans include specific provisions for requesting, receiving, and dispensing medical countermeasures to aid in managing and resolving emergency situations for which local resources are inadequate.

2. Relationship to Other State Plans

   There are several other incident response plans that reference medical countermeasures distribution, such as the Biological Terrorism Response Plan (Appendix 6 to Annex H) and the Pandemic Influenza Plan (Appendix 7 to Annex H). This document is an all-hazard, functional appendix and is not intended to replace any other state plan, annex, or appendix.

3. Relationship to Interstate Agreements

   Relationship to the interstate agreements is provided for in the State of Texas Emergency Management Plan.

4. Relationship to Federal Contingency Plans

   Relationship to Federal plans is provided for in the State of Texas Emergency Management Plan.

III. EXPLANATION OF TERMS

A. ACRONYMS

CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosive
CDC	Centers for Disease Control and Prevention
CHC	Community Health Center
DADS	(Texas) Department of Aging and Disability Services
DDC	Disaster District Committee
DEA	Drug Enforcement Agency
DFPS	Department of Family and Protective Services
DPS	Department of Public Safety
DSHS	Department of State Health Services
DSNS	Division of Strategic National Stockpile (CDC)
EOC	Emergency Operations Center
EMAC	Emergency Management Assistance Compact
ESF	Emergency Support Function
FQHC	Federally Qualified Health Clinic
HHSC	Health and Human Services Commission
HSR	Health Service Region (DSHS)
ICS	Incident Command System
IERSP	Interstate Emergency Response Support Plan
ImmTrac	Immunization Tracker
LHD	Local Health Department
NRF	National Response Framework
NIMS	National Incident Management System
PHIN	Public Health Information Network
POD	Point of Dispensing
RSS	Receiving, Staging, and Storing (of the SNS)
SMOC	State Medical Operations Center
SNS	Strategic National Stockpile
SOC	State Operations Center
SOG	Standard Operating Guideline(s)
SSAG	Stockpile Service Advance Group
SSLC	State Supported Living Centers
TDCJ	Texas Department of Criminal Justice
TDEM	Texas Division of Emergency Management
TFS	Texas Forest Service
TPASS	Texas Procurement and Support Services
TxDOT	Texas Department of Transportation
TXMF	Texas Military Forces
TYC	Texas Youth Commission
VAAC	Vaccine Allocation Advisory Committee

B. DEFINITIONS

1. CHEMPACK: A program in the federal Division of Strategic National Stockpile (DSNS) that pre-positions antidotes for exposure to nerve agents or organic compounds containing phosphorus (fertilizers, insecticides and herbicides) in self-monitoring storage containers (caches). The purpose of the CHEMPACK program is to enable state and local governments to provide appropriate response within two hours of accidental or intentional exposure.

2. Closed Point of Dispensing: A site(s) within a community set up to dispense mass quantities of medicines, vaccines, medical equipment, or supplies that is

operated by an organization, business, or other entity for its own members, employees, and/or employees' family members and is not open to the general public.

3. Dispensing: The provision of preventative medications or vaccines to individuals.

4. Distribution: The process of delivering medical countermeasures from a receiving, staging, and storing (RSS) warehouse facility to Points of Dispensing (POD)s, treatment centers, push sites, pharmacies, vaccine providers, and/or other locations.

5. Division of Strategic National Stockpile: A program of the federal Centers for CDC assigned to supplementing and re-supplying state and local public health agencies within the United States or its territories in the event of a public health emergency, including biological or chemical terrorism incidents.

6. Health Service Region (HSR): Extensions of DSHS Central Office with territories consisting of multiple counties which support local health departments and also serve as the local health authority for counties without a local health department.

7. ImmTrac: A free, confidential statewide immunization information system designed and maintained by DSHS to consolidate immunization records from multiple sources and store immunization information electronically in one secure central system. ImmTrac offers physicians, other healthcare providers, and authorized users easy online access to immunization history. ImmTrac is used as the record system for prophylaxis or vaccines dispensed to first responders and to the general public through activation of the SNS.

8. Local Health Department (LHD): A governmental public health agency, which in whole or in part is responsible to a city, county or health district. A local health department typically employs one or more full-time professional public health employees, delivers public health services (e.g., immunization, food inspection), serves a definable geographic area, and has identifiable expenditures and/or budgets in the political subdivision(s) it serves. Programs and services provided by LHDs can vary. In Texas, LHDs interact with HSRs, DSHS Central Office, and the CDC through various formal (contractual) and informal channels.

9. State Medical Operations Center (SMOC): An interagency health and medical operations center maintained by the DSHS Central Office to coordinate public health and medical care response activities above the field level, and to prioritize event/incident demands for critical or competing resources. The SMOC facilitates communications between the necessary local, regional, state and federal entities to assemble the assets required to respond to and resolve requests for state public health and medical care assistance.

10. Managed Inventory: Representing the vast majority of SNS threats, managed inventory provides specific medical material for response to known threats. Materials are held either in DSNS storage sites or by manufacturers on behalf

of DSNS. Managed inventory may be used for initial response, or for additional supplies after an initial 12-hour push package has been delivered. Managed inventory arrives on standard shipping pallets and is designed for a 24 to 36 hours deployment. Managed inventory may be received more quickly depending upon the location of the managed inventory warehouse and the RSS site.

11. Medical Countermeasures: Vaccines, antiviral drugs, antibiotics, antitoxins, and other devices provided in support of treatment or prophylaxis to an identified population in accordance with public health guidelines and/or recommendations.

12. Point of Dispensing: In keeping with the definition used by the CDC, a site(s) within a community set up to dispense mass quantities of medicines, vaccines, medical equipment, or supplies to the public who may not yet be exhibiting symptoms of disease.

13. Prophylaxis: A drug, vaccine, regimen, or device designed to prevent, or provide protection against, a given disease or disorder.

14. Public Health Emergency: An occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidence of permanent or long-term disability. Such illness or health condition includes, but is not limited to, an illness or health condition resulting from a natural disaster.

15. Push Package: Also known as a 12-Hour Push Package. A push-package may consist of more than 50 tons of medical supplies, equipment, and pharmaceuticals designed to provide a broad spectrum of medical support. Push packages are pre-positioned throughout the country in environmentally controlled, secure facilities near major transportation hubs, so that the assets can be delivered anywhere in the United States. or its territories within 12 hours of the federal decision to deploy.

16. Push Site: Sites with medical or other trained dispensing personnel on staff where preventative medicine will be delivered for internal distribution. Referred to as a push site because preventive medicine is “pushed” to the respective population rather than “pulling” them into a POD. Examples of push sites include nursing homes, prison facilities, and large private industry facilities. Push sites may also include sites with critical need for continuity of operations and/or security such as the nuclear industry.

17. Stockpile Service Advisory Group (SSAG): CDC deployable team to coordinate with state and local officials so that SNS assets can be efficiently received and distributed upon arrival at RSS sites.

18. Strategic National Stockpile: A national repository of antibiotics, chemical antidotes, antitoxins, antivirals, life support medications, intravenous administration and airway maintenance supplies, and medical or surgical

material for use in a declared biological or terrorism incident or other major public health emergency.

19. Treatment Centers: Locations in a community where people who are already symptomatic receive treatment. Treatment centers include hospitals, clinics, and other sites that treat persons who are sick.

IV. SITUATION AND ASSUMPTIONS

A. SITUATION

See Annex H (Public Health and Medical Services).

B. ASSUMPTIONS

1. An emergency or disaster could quickly exceed available resources at the local level thus requiring additional resources from outside the affected jurisdiction. Local, regional and state supplies of pharmaceuticals and medical material will be immediately assessed and preventative medications will be used in an organized response. Supplies may become rapidly depleted, requiring consideration of requesting medical countermeasures.

2. The State of Texas has a limited supply of medical countermeasures in a state stockpile.

3. Medical materiel received through federal SNS assets is intended to supplement local supplies and inventories when they have been exhausted.

4. CDC may pre-position medical material within the state without a request from the state.

5. Activation of this appendix assumes there is a suspected or actual release of a biological, radiological or chemical agent, a natural or man-made disaster, a disease outbreak, or other event/incident requiring medical countermeasures.

6. Medical countermeasures, through the SNS, will be deployed as a push package to a designated reception site within 12 hours of the federal decision to deploy.

7. Medical countermeasures, through the SNS, will be deployed from managed inventory if the specific disease threat and medical countermeasure needed has been identified and the broad spectrum of antibiotics, medical equipment, and supplies in a push package are not required.

8. Because of the sensitive nature of the SNS, the following information may not be released:

    a. Where the SNS is coming from;

    b. How the SNS is being transported;

c. When and where the SNS will arrive;

d. Where the SNS will be received, staged, and stored; and

e. How, when and by whom the SNS is being transported for local distribution of medications.

9. CHEMPACK containers have been pre-positioned at confidential strategic locations in the State of Texas.

10. Depending on the event/incident, personnel identified as state and local level responders including staff critical for continuity of operations may be at risk of exposure and as such may be among the first to receive medical countermeasures to counteract the effects of the identified hazard. Distribution of medical countermeasures to family members of responders also will be included when appropriate and as available.

11. Resources and supplies present in inadequate amounts may be distributed based on epidemiological and response priorities.

12. Public information and instructions will be disseminated using a variety of technologies, as needed, to assure medical countermeasures information is distributed to the public.

13. Security precautions will be available should civil unrest occur in preparation for distribution to dispensing sites.

V. CONCEPT OF OPERATIONS

A. MEDICAL COUNTERMEASURES POLICY AND STRATEGIES

1. Medical countermeasures response function is conducted pursuant to the National Incident Management System (NIMS) and certain requirements of the National Response Framework (NRF). The delivery of medical countermeasures will be executed in an Incident Command System (ICS) environment.

2. Effective medical countermeasures allocation consists of the following phases:

   a. Request Process;

   b. Receipt of the SNS;

   c. Distribution of Medical Countermeasures; and

   d. Dispensing.

B. MEDICAL COUNTERMEASURES PHASES

1. Request Process

    a. Using appropriate forms and procedures to keep emergency management apprised of the situation, requests will be made for specific materials required rather than a general request for SNS assets (Attachment 2).

    b. DSHS, in coordination with TDEM, will determine whether or not the need can be met with state resources and evaluate the need to request federal assets. Attachment 3 provides a list of events/incidents that justify deployment of the SNS.

    c. The governor, or designee(s) (listed in Section I. Authorities and References), is authorized to request SNS assets from the CDC. It is not necessary for the governor to declare a state of disaster or a state of emergency to request deployment of the SNS.

2. Receipt of the SNS

    a. Upon arrival of the SNS, the inventory management system will be activated to track SNS material from point of arrival to point of medication distribution at PODs, push sites and treatment centers.

    b. The operation of the RSS is a state responsibility managed at the HSR level. Appropriate personnel have been designated to sign for the receipt of SNS assets.

3. Distribution of Medical Countermeasures

    a. The DSHS RSS will send shipments of state stock antiviral medications directly to dispensing sites.

    b. The coordination of the distribution and transport of medical countermeasures is a state responsibility and is planned for by DSHS in cooperation with supporting state agencies and LHDs.

        1) DSHS will execute existing transportation contracts for the distribution of medical countermeasures.

        2) The Texas Department of Criminal Justice (TDCJ) is the primary agency for the Transportation Emergency Support Function (ESF) in the state and as such will serve as the Medical Countermeasures Distribution Planning Lead to coordinate planning for the provision of vehicles and drivers in a medical countermeasures deployment (Attachment 4).

4. Dispensing

    a. Medical countermeasure dispensing operations will be initiated in coordination with other state and federal agencies as well as the affected local jurisdiction(s). Dispensing methods include:

1) Texas Antiviral Distribution Network

Specific processes for distribution and dispensing through HSRs, chain and independent retail pharmacies, Federally Qualified Health Centers (FQHC), and Community Health Centers (CHC) are located in the DSHS Antiviral Allocation, Distribution, and Storage Guidelines and the Texas Antiviral Distribution Network Toolkit.

2) Vaccine Allocation Advisory Committee (VAAC)

The DSHS Vaccine Allocation Advisory Committee may provide guidance and make determinations on the dissemination of vaccines.

3) POD System

Planning for all aspects of dispensing (PODs, closed, PODS, push sites, first responder prophylaxis) are local responsibilities and are planned for by LHDs for their jurisdictions. HSRs assume local responsibilities for counties in which there is no LHD.

4) CHEMPACK

The decision to deploy CHEMPACK assets is made by local officials to avoid any delay in treatment to those exposed to nerve agents or organophosphates.

b. Preventative medication and vaccine dispensing data will be captured on health history forms for entry into ImmTrac to better monitor distribution and efficacy. ImmTrac will capture service data for antivirals, immunizations, and other medications provided in response to the event/incident.

VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. ORGANIZATION

All support groups are identified pursuant to the *State of Texas Emergency Management Plan*. Groups are composed of personnel and resources from several state agencies and/or organizations. Each group is directed by a primary agency selected on the basis of its authority and capability in a particular functional area. The other agencies and organizations within the group are designated as support agencies and organizations based on their ability to provide equipment, personnel, and expertise in support of functional tasks. The agencies and/or organizations that comprise the medical countermeasures group are listed in Attachment 1.

B. ASSIGNMENT OF RESPONSIBILITIES

1. All agencies and organizations assigned to the medical countermeasures group are responsible for the following tasks:

    a. Designating and training representatives of their agency in accordance with applicable NIMS requirements to serve as group members, and ensuring appropriate Action Guides and standard operating procedures (SOPs) are developed and maintained.

    b. Identifying staffing requirements and maintaining current notification procedures to ensure sufficient and appropriate trained agency personnel are available for extended emergency duty.

    c. Developing and maintaining procedures to ensure current inventory of agency resources and contact lists are available.

    d. Developing and maintaining procedures for identification, location, commitment, deployment, and accountability of agency emergency support resources. Major resources paid for with federal funds should be entered into the Texas Regional Resource Network (TRRN), as required, to facilitate assistance pursuant to mutual aid agreements. The TRRN complies with the relevant NIMS performance and interoperability classification standards.

    e. Providing personnel, equipment, and other assistance in support of medical countermeasures operations as capable.

    f. Providing assistance and coordination for the development and implementation of intrastate and interstate mutual aid.

    g. Providing situational and operational status reports in accordance with existing procedures and/or as requested by the primary agency.

2. Primary Agency

    The primary agency responsible for the coordination of medical countermeasures operations is the Texas Department of State Health Services (DSHS). DSHS will accomplish the following tasks and situation reports:

    a. Central Office

        1) Oversee SNS preparedness activities; develop, maintain and review the state plan; implement the plan; and serve as final authority of the SNS plan.

        2) Develop and maintain comprehensive state SNS standard operating guidelines (SOG)s to provide medical countermeasures guidance to regional and local public health jurisdictions.

        3) Identify legal barriers to the use of non-medical models for dispensing medications and, when needed, facilitate the issuance of executive orders and/or proclamations under Section 418.012

of the Government Code that empower prompt and efficient care and treatment of persons victimized or threatened by disaster.

4) Track ongoing federal developments in relation to the Emergency Use Authorization (EUA) of Investigational New Drugs (IND) and their potential application to SNS deployment in the State of Texas.

5) Coordinate with public health and environmental surveillance systems to initiate a rapid response.

6) Provide ImmTrac, a system to track prophylaxis administration.

7) Assist in developing allocation methodologies for medical countermeasures.

8) Maintain situational awareness of medical countermeasures inventory at all levels.

   a) Utilize inventory management system and WebEOC to assess status of medical countermeasures distribution and dispensing statewide. All supply and re-supply requests will be made using this system or the paper-based backup system in the event of system failure.

9) Coordinate medical countermeasures planning with neighboring states.

10) Coordinate with local officials, HSR Directors, the Chief of TDEM, and federal officials to provide recommendations to the Governor about the necessity of requesting federal medical countermeasures.

11) Develop, maintain, and provide procedures with related training on the inventory management system and its backup.

12) Maintain the DSHS Drug Enforcement Agency (DEA) registration for requiring controlled substances from the federal stockpile.

13) Assemble and train a Central Office RSS Strike Team for assignment to a RSS site, or to HSRs that have exceeded their response capability.

14) Maintain procedures for repackaging medical countermeasures.

15) Coordinate with HSRs or LHDs in the development of push site SOGs for DSHS managed State Hospitals.

16) Provide guidance and support for volunteer recruitment, training and maintenance.

17) Coordinate with HSRs to, pre-determine potential delivery routes from the RSS site to POD sites, treatment centers and direct delivery push sites. Secure and maintain confidential lists, distribution routes, and maps.

18) Maintain SOGs and develop training related to the use of CHEMPACK assets.

19) Serve as a liaison between Health Service Regions and the DSNS regarding CHEMPACK and other SNS issues.

b. Health Service Regions

1) Develop, maintain, exercise, evaluate, and implement HSR SNS SOGs.

2) Provide medical countermeasures guidance to LHDs and counties without LHDs in developing and exercising local SNS SOGs.

3) Assure that a DEA designee is available to sign for controlled substances arriving as part of the SNS at the RSS and at receiving treatment facilities.

4) Take the lead role in planning for and operating the RSS site(s) located in the HSR.

5) Identify RSS sites within the HSR that meet state and federal requirements.

6) Ensure personnel are available and key personnel are appropriately assigned, trained, and licensed (when applicable). Identify volunteers as necessary to fulfill RSS HSR responsibilities.

7) Develop procedures for coordinating with the CDC's Stockpile Service Advance Group (SSAG) staff. Provide transportation for SSAG staff from point of arrival to the RSS site or emergency operations center (EOC).

8) Coordinate with state and federal prisons and military installations to obtain point of contact information and delivery locations.

9) In coordination with LHDs, recover and return SNS materiel as requested by DSHS and/or CDC, including reusable items such as containers and ventilators.

10) Maintain and provide to DSHS Central Office an updated confidential list of CHEMPACK cache location primary and back-up Point of Contact (POC).

11) Continue to integrate CHEMPACK into all-hazards emergency plans in order to properly execute use of this asset when responding to an appropriate emergency.

c. Local Health Departments and HSR acting as an LHD

1) Request pharmaceuticals and other medical materials as needed.

2) Coordinate the tracking of individual prophylaxis administration, including entry into ImmTrac.

3) Develop, plan, prepare, exercise, and train for the medication dispensing function at the local level.

4) Ensure personnel are available and key personnel are appropriately assigned, trained, and licensed (when applicable). Identify volunteers as necessary to fulfill local responsibilities.

5) Pre-identify multiple potential POD sites and alternative medication dispensing methods. Monitor suitability and availability of PODs regularly.

6) Develop SOGs for the operation of all POD sites.

7) Pre-plan with local POD sites, treatment centers and emergency management agencies for unloading equipment and resources.

8) Coordinate with tribal governments within the jurisdiction to develop POD SOGs if applicable.

9) Coordinate SNS planning with neighboring jurisdictions.

10) Identify local level responders and develop procedures to provide mass prophylaxis through a system.

11) Coordinate with local law enforcement agencies in the development and exercise of security SOGs for the medication dispensing function.

12) Coordinate with treatment centers and organizations identified as push sites to obtain contact information and develop plans and SOGs for medication delivery and dispensing. In addition to locally identified push sites, this should include state and federal facilities within the jurisdiction that meet the definition of push site.

13) Utilize the Texas Public Health Information Network (PHIN) and/or redundant communication systems to rapidly disseminate and receive health alerts between State, HSR, and LHD staff. Update the emergency contact database and test capability at least annually.

14) The local health authority, in coordination with the HSR director or designee and DSHS press officer or designee, will release information about local PODs or alternative methods for dispensing medications to the public in impacted local jurisdictions.

15) Identify vulnerable populations and develop alternate methods for disseminating information and dispensing medications to these populations.

16) Participate in regional and local process to develop procedures for use of CHEMPACK materials.

3. Support Agencies/Organizations

All tasked medical countermeasures support agency representatives must be aware of the capabilities of their parent organizations to provide assistance and support and be prepared to provide recommendations to primary agency representatives. Agency representatives must respond to mission assignments from the designated coordination and control authority for deployment and commit agency assets to support the response and recovery effort. Some agencies will provide agency personnel and/or equipment, while support from other agencies will be knowledge and expertise in working with response agencies, the vendor community, or commercial organizations or associations in supplying services.

a. Texas Division of Emergency Management

1) Coordinate plans and emergency actions to mobilize, deploy, and control state resources to prepare for, respond to, and recover from an event requiring activation of the SNS.

2) Coordinate requests for state assistance with representatives of departments, agencies, and organizations to identify suitable response assets.

3) Collect information and provide situation reports as required by operational procedures and directives.

b. Texas Department of Criminal Justice

1) Serve as state SNS Distribution Planning Lead.

2) Coordinate with DSHS to determine number and type of vehicles required for distribution of the SNS.

3) Coordinate with DSHS to assess local distribution resource commitments.

4) Coordinate with Texas Health and Human Services Commission (HHSC) and Texas Procurement and Support Services (TPASS)

to determine state transportation resource availability and assess the need for additional contingency contracts.

5) In a response, coordinate vehicles and drivers from TDCJ, other state agencies, local resources, and/or state approved contractors for distribution of the SNS.

6) Work with HSRs to develop SOGs for correctional facilities serving as push sites, to administer medication to inmates, staff and staff families as indicated.

7) Coordinate with TDEM during a response to provide for refueling of delivery vehicles when commercial and state agency fueling resources are exhausted.

c. Texas Department of Public Safety (DPS)

The security of the SNS is critical and involves extensive coordination of law enforcement agencies at all levels of government. DPS will take the lead in facilitating the transfer of security of the SNS from federal to state to local control and facilitate the movement of the SNS across jurisdictional boundaries.

1) Provide a security assessment to protect the RSS warehouse, personnel, equipment, transport, and medical materials.

2) Coordinate intelligence information critical to SNS operations through the Texas Department of Public Safety Fusion Center (see Annex U, Terrorist Incident Response).

3) Coordinate and determine the level of protection for SNS assets and response personnel including the provision of security for:

a) Vehicles that move SNS materials from the arrival airport or state line to the RSS warehouse

b) Vehicles that transport the CDC SSAG to the RSS warehouse and the SSAG liaison to the State Operations Center (SOC)

c) The RSS warehouse

d) Trucks delivering SNS materials from the RSS warehouse to local PODs, push sites, or treatment centers

4) Transfer responsibility of security to local law enforcement agencies at PODs and treatment centers.

5) Assist local law enforcement agencies with traffic control along access routes used during distribution of SNS materials.

6) Establish rules of engagement for state law enforcement personnel protecting SNS assets and personnel.

d. Texas Military Forces

Military support may be required for a number of response activities. All requests for military support will be requested through TDEM and approved by the Office of the Governor. Upon request by TDEM, the Texas Military Forces will provide requested logistical, aviation, and security support.

1) Provide logistics support to include transportation assets.

2) Work with HSRs and LHDs to develop SOGs for TXMF facilities to serve as push sites, distributing medication to staff and staff families as indicated.

3) Provide an air logistics support to manage shipments of SNS assets as needed.

e. Texas Procurement and Support Services

1) Maintain a current list of all vehicles assigned to state agencies and provide assistance to TDCJ to determine state assets available for distributing the SNS.

2) Rent or lease needed vehicles if required, using contingency contracts.

3) Establish contingency contracts to transport SNS material from the RSS to the PODs, push sites, and treatment centers.

f. Texas Forest Service (TFS)

The TFS will provide, if requested, a Distribution Group at the RSS site to coordinate vehicle arrival and departures, loading and unloading of vehicles/loading dock management, tracking of deliveries/delivery trucks for receiving and delivering SNS material to local PODs, push sites and treatment centers.

1) Provide Distribution Group members to work in the Transportation/Distribution Branch at the RSS facility.

2) Work with TDEM, Texas Department of Transportation (TxDOT), TDCJ, law enforcement entities, the HSR, and local emergency management officials to pre-identify the most expeditious and safe routes to deliver SNS material from the RSS to the PODs and treatment centers.

3) Maintain records of cargo manifests and delivery locations.

4) Assist RSS management with requests for state assistance as necessary.

g. Texas Department of Transportation

1) Provide information on road closures that may affect the delivery of medical materials.

2) Coordinate with the Fuels Coordination Team to assist in the refueling of delivery vehicles by preventing depletion of commercial resources.

h. Texas Youth Commission (TYC)

Work with HSRs and LHDs to develop SOGs for youth correctional facilities to serve as push sites for administering medication to residents, staff and their family members as indicated.

i. Department of Aging and Disability Services (DADS)

1) Facilitate the participation of nursing homes, assisted living facilities, adult daycare facilities, Intermediate Care Facilities for Persons with Mental Retardation, Home and Community Support Services Agencies (home health & hospice providers), State Supported Living Centers (SSLC) and providers of services through the various Medicaid waiver programs in planning for the inclusion of their populations in the distribution of the SNS.

2) Facilitate recruitment of volunteer staff to help support the operations of this Appendix.

j. Department of Family Protective Services (DFPS)

1) Communicate to primary caregivers their responsibility for accessing SNS material for foster children and adults.

2) Facilitate recruitment of volunteer staff to help support the operations of this Appendix.

k. Health and Human Services Commission

1) Coordinate with applicable public information officers the use of the state's 2-1-1 system in the provision of information to the public.

2) In coordination with TDCJ, provide HHSC-contracted distribution vehicles and drivers if needed.

VII. COORDINATION AND CONTROL

A. STATE LEVEL PROCEDURES

1. Coordination and control of emergency response and recovery operations in Texas will be exercised in accordance with the State of Texas Emergency Management Plan, and in accordance with NIMS and relevant NRF requirements.

2. DSHS staff will serve as primary agency representatives and will coordinate all medical countermeasures activities within the SOC and the SMOC.

B. REGIONAL LEVEL PROCEDURES

1. Each DSHS HSR, in conjunction with coordinating Disaster District Committees (DDC)s, will be responsible for preparing for distributing and dispensing medical countermeasures within the region.

2. DSHS HSR staff will coordinate medical countermeasures activities with Disaster District EOCs within Regional Medical Operations Centers (RMOC).

VIII. CONTINUITY OF GOVERNMENT

A. LINES OF SUCCESSION

Lines of succession for personnel with emergency management responsibilities will be in accordance with existing policies and emergency management standard operating procedures (SOPs) of each agency/organization.

B. TRAINING

Primary and support agencies will ensure their respective personnel are trained in accordance with NIMS guidelines and prepared to operate in the event regular agency members are absent. They will identify alternate or backup personnel, ensure these individuals understand the lines of succession, pre-delegated authorities, and task responsibilities of their individual agencies, and ensure appropriate action guides contain sufficient detail so alternate and/or backup personnel can use them in performing their responsibilities.

C. RECORD KEEPING

Primary and support agencies will ensure all records necessary for emergency management operations are obtainable from each member agency in an emergency, and, as required, the records are duplicated at an alternate location in the event the primary records are destroyed.

IX. ADMINISTRATION AND SUPPORT

A. SUPPORT

Requests for emergency assistance will be resolved at the lowest level direction and control facility with appropriate response resource capabilities. Requests for assistance normally flow upward from cities to the county, and if unresolved at the

county level, continue upward to the responsible DDC. If the DDC is unable to accommodate the request, it is then forwarded to the SOC and, if needed, to other states or the federal government.

B. AGREEMENTS AND UNDERSTANDING

All agreements and understandings entered into for the purchase, lease, or use of equipment and services will be in accordance with the provisions of state law and procedures. The Proclamation of a State of Disaster issued by the governor may suspend select rules and regulations affecting support operations. The specific impact of the situation will be determined by the nature of the emergency. Medical countermeasures group members will be advised of any administrative and/or procedural changes impacting emergency operation procedures.

C. EXPENDITURES AND RECORD KEEPING

1. Each state agency is responsible for establishing administrative controls necessary to manage the expenditure of funds and provide reasonable accountability and justification for federal reimbursement in accordance with the established guidelines.

2. The first source of expenditures by state agencies in response to an emergency, imminent disaster, or recovery from an event/incident should originate from funds regularly appropriated by the legislature.

3. In accordance with established procedures, state agencies may seek financial assistance from Disaster Contingency Funds.

D. CRITIQUES

1. Following the conclusion of any significant emergency event/incident or exercise, the Primary Agency representatives will conduct a critique of the group's activities during the event/incident or exercise. Support agencies will provide written and/or oral inputs for this critique and the Primary Agency representative will consolidate all inputs into a final written report.

2. Post Disaster Evaluation. Chapter 418, Government Code, requires state agencies, political subdivision, and inter-jurisdictional agencies to conduct an evaluation of their response to a disaster, identify areas of improvement, and issue a report of the evaluation to TDEM no later than 90 days after TDEM makes the request.

X. DEVELOPMENT AND MAINTENANCE

A. DEVELOPMENT

1. DSHS has the overall responsibility for emergency planning and coordination of state resources in the conduct of medical countermeasures distribution.

2. Each tasked member agency of the State Emergency Management Council is responsible for the development and maintenance of appropriate planning

documents to address responsibilities assigned in this plan, to include standard operating procedures.

3. The Commissioner of Health will ensure appropriate distribution of this plan and any changes thereto.

B. MAINTENANCE

1. The Commissioner of Health at DSHS will authorize and issue changes to this plan until such time as the plan is superseded.

2. DSHS will maintain and update this plan, as required. Council member representatives may recommend changes and will provide information concerning capability changes which impact their emergency management responsibilities.

3. Tasked State Emergency Management Council agencies are responsible for participating in the annual review of the plan. The Commissioner of Health at DSHS will coordinate all review and revision efforts, and ensure the plan is updated as necessary, based on lessons learned from medical countermeasures operations, and other changes in organization, technology and/or capabilities.

4. Council members have the responsibility for maintaining annexes, standard operating procedures, notification lists, and resource data to ensure prompt and effective medical countermeasures operations. Agency resource data must be accessible to agency representatives at the SOC and at each affected Disaster District EOC to facilitate the capability of each agency to support its emergency management responsibilities. Council member agencies are also required to conduct and/or participate in training activities designed to enhance their ability to accomplish their responsibilities as assigned by this plan.

5. All medical countermeasures exercises will be designed to best evaluate the effectiveness of this plan and its associated procedures.

ATTACHMENT 1

MEDICAL COUNTERMEASURES DISTRIBUTION RESPONSE ORGANIZATION

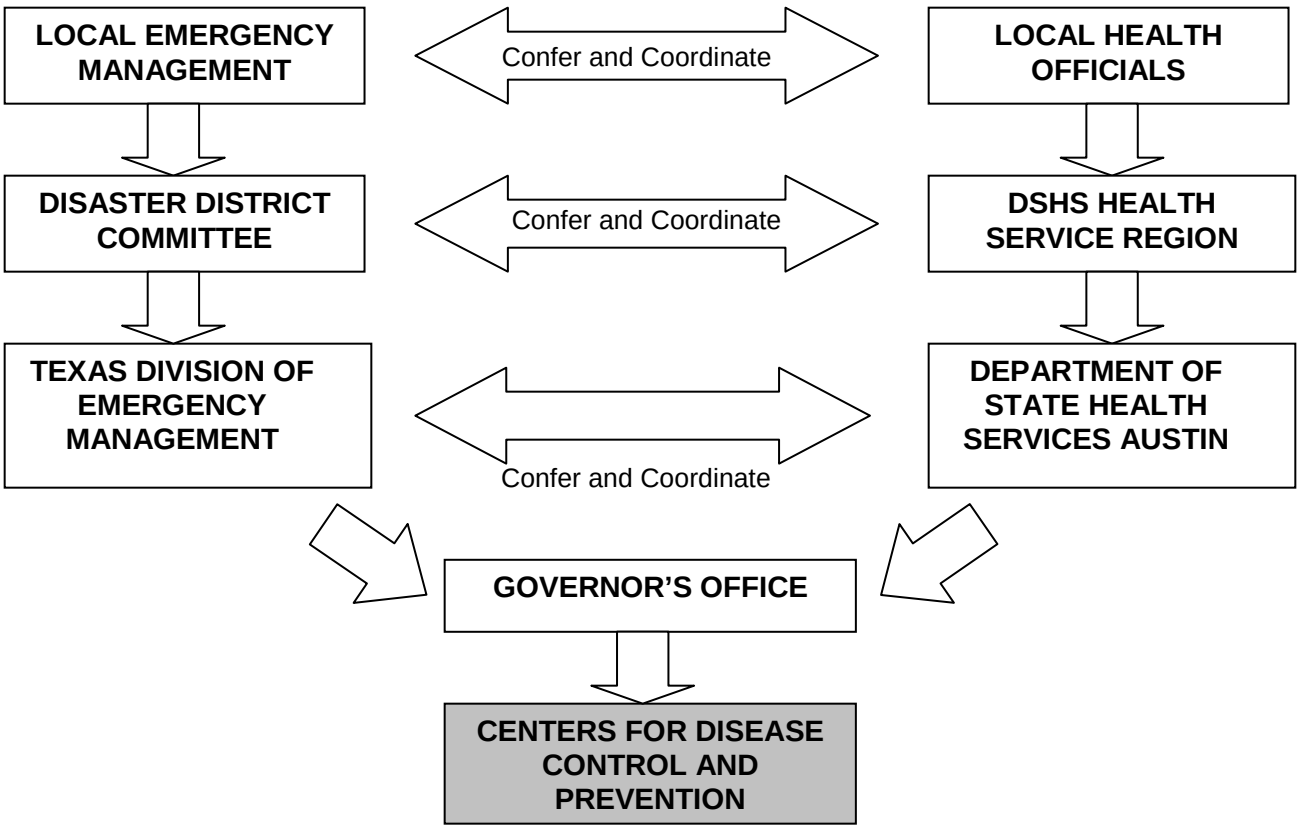
I. PRIMARY AGENCY:	Texas Department of State Health Services
II. SUPPORT AGENCIES:	Texas Division of Emergency Management Texas Department of Criminal Justice Texas Department of Public Safety Texas Military Forces Texas Procurement and Support Services Texas Forest Service Texas Department of Transportation Texas Department of Aging and Disability Services Texas Department of Family Protective Services Texas Health and Human Services Commission
III. NON-COUNCIL AGENCIES:	Texas Youth Commission

ATTACHMENT 2

SNS REQUEST FLOW CHART

Requests for assistance, including the SNS, will follow the process outlined in the State of Texas Emergency Management Plan. Coordination should operate as a dual process with communication going up and down the public health chain simultaneously with emergency management communication, especially if the event is identified via existing public health surveillance systems rather than a more traditional event/incident that requires emergency management coordination at its onset.

- When the local jurisdiction identifies an outbreak by case investigations of disease reports or outbreak investigations of disease clusters, the LHD may consult with the HSR. The HSR will consult with the DSHS headquarters as necessary and appropriate.
- Consultation may occur between local, HSR, and state epidemiologists to determine appropriate control measures based on epidemiological data, including whether the situation calls for mass treatment, prophylaxis, or vaccination. As the situation escalates and is identified as a significant event, the LHD will notify local emergency management officials, the HSR will notify the DDC, and DSHS headquarters will notify the TDEM.
- If it is determined some portion of the SNS is required, a recommendation will be made by the Commissioner of Health, in coordination with the TDEM, that the governor or his designee request the SNS.
- The governor or his designee will make the official request to the CDC to deploy the SNS.
- CDC will initiate a conference call including key parties at the local, regional, state and federal level within public health, emergency management and law enforcement agencies to confer and coordinate about specific deployment plans.



ATTACHMENT 3

EVENTS THAT CAN PROVIDE JUSTIFICATION FOR CDC DEPLOYMENT OF THE SNS

A. A chemical, biological, radiological, nuclear, or explosive (CBRNE) event.

B. A medical emergency brought on by a natural disaster.

C. Claim of release by intelligence or law enforcement.

D. An indication from intelligence sources or law enforcement of an increased potential for a terrorist attack.

E. Clinical, laboratory or epidemiological indications including:

1) A large number of persons with similar symptoms, disease, syndrome, or deaths.

2) An unusual illness in a population – single case of disease from uncommon agent, and/or a disease with unusual geographic or seasonal distribution, and/or a disease that is usually present in a geographic area or population group with an unexplained increase in incidence.

3) A higher than normal morbidity and mortality from a common disease or syndrome.

4) A failure of a common disease to respond to usual therapy.

5) Multiple unusual or unexplained disease entities in the same patient.

6) Multiple atypical presentations of disease agents.

7) Similar genetic type in agents isolated from temporally or spatially distinct sources.

8) Unusual, genetically engineered, or an antiquated strain of a disease agent.

9) Simultaneous clusters of similar illness in non-contiguous areas.

10) Atypical aerosol-, food-, or water-borne transmission of a disease.

11) Deaths or illness among animals that precedes or accompanies human disease.

F. Unexplained increases in emergency medical service requests.

G. Unexplained increases in antibiotic prescriptions or over-the-counter medication use.

ATTACHMENT 4

SNS DISTRIBUTION PLAN

I. CONCEPT OF OPERATIONS

A. GENERAL

1. Medical countermeasures distribution operations will be conducted pursuant to the National Response Framework (NRF) and in compliance with the National Incident Management System (NIMS).

2. The State of Texas has assumed responsibility for ensuring resources are available to securely transport medical countermeasures from the chosen RSS facility(ies) to the following locations:

    a. PODS

    b. Treatment centers

    c. Chain and retail pharmacies

    d. Direct-delivery push sites designated to receive direct shipments from the RSS as opposed to local delivery or pickup.

        1) State and federal prisons

        2) Military installations

        3) Other sites that meet the push site definition that are large enough to warrant direct-delivery

3. Other state and local push sites not receiving direct shipments will coordinate with LHDs or HSRs to arrange for delivery or to pick up their medications at designated distribution sites. The exact locations will be pre-coordinated with LHD or the HSR, for counties without a LHD, to ensure enough medication is delivered to the designated sites.

B. ACTIVATION

Distribution actions delineated in this attachment will commence upon notification from the CDC's DSNS that the SNS will be deployed or upon direction from the Governor, the Director of the Office of Homeland Security, the DPS Director, or Chief of TDEM.

C. DISTRIBUTION VEHICLES

1. The number and types of vehicles required will be based upon the type(s) and quantity of medical countermeasures anticipated to be delivered, the number of delivery locations that require materials, and the capabilities of the delivery sites.

    a. Three sources of vehicles are available to transport the distribution of medical countermeasures:

        1) DSHS will implement transportation distribution contracts as a primary source.

            a) The State maintains contingency contracts with private companies for transportation resources including those needed for transporting the SNS.

            b) Based on contingency contracts, contractors will provide vehicles and drivers.

            c) The TPASS have identified private trucking companies who are willing to provide suitable vehicles and drivers for delivery of materials and maintain a list of these companies.

        2) State vehicles may be used as a secondary source.

            a) Once the scope of the response has been identified and the number of vehicles determined, TDCJ as Distribution Planning Manager, will immediately identify the vehicle sources and assign missions as needed.

            b) The delivery of some vehicles may take several hours if located in other parts of the state.

        3) An alternate source of distribution vehicles will be those under the control of the TXMF, to include airlift assets.

2. Some HSR offices have agreements with local jurisdictions or businesses for transportation of SNS material. These vehicles may be utilized before state vehicles are requested. Procedures for coordination with these entities will be developed and maintained by the HSR. All assigned vehicles, regardless of the source, will be under the control of the RSS Distribution Chief until released.

D. EQUIPMENT

Very few PODs have all the material handling equipment on site that is needed to unload the SNS materials from the trucks. Trucks equipped with pallet jacks or lift gates will be used to the extent possible, but may not be readily available. Therefore, the LHD and HSR will pre-plan with the local PODs, treatment facilities, and emergency management organizations regarding unloading equipment needs.

E. VEHICLE SECURITY

1. The DPS will coordinate security for transportation vehicles.

2. See State Emergency Management Plan, Annex G, Law Enforcement for additional security information.

F. COMMUNICATIONS

Communication will be available between the RSS and the delivery drivers. Backup communications will be accomplished through the law enforcement vehicle escorting the vehicle. In some instances the RSS, drivers, and law enforcement escorts will be provided with handheld radios to allow for ongoing communications. Private contractors will coordinate communications with their vehicles.

G. VEHICLE DRIVERS

1. All responding agencies and private companies will provide credentialed drivers for their vehicles. Credentialing of drivers will be outlined in security standard operating guidelines developed to support this plan.

2. Prophylaxis will be provided to the vehicle drivers upon arrival at the RSS site if appropriate.

3. If the event/incident is large enough to cause closure of the highways, arrangements will be made with law enforcement to ensure vehicles reporting to the RSS are not detained. Law enforcement may escort all vehicles from the RSS to the delivery locations.

H. DISPATCH AND DISTRIBUTION PROCEDURES

1. The Texas Forest Service will provide a Distribution Group at the RSS to assist with coordination of dispatch vehicles.

2. If vehicles are provided through private contractors, they will attempt to provide a representative at the RSS to coordinate the vehicles being provided by private companies.

3. The RSS Distribution Chief will coordinate with dispatchers to ensure vehicles are available for delivery as the materials are ready for shipment.

I. FUEL SUPPLY AND REPAIR OF VEHICLES

1. The primary means of fuel for vehicles will be:

   a. Commercial fuel facilities

   b. State agency refueling facilities, if available in the area

2. State agency vehicle drivers are issued credit cards to use for fuel.

3. If commercial fuel is not immediately available, the State will facilitate the provision of fuel.

4. State agency vehicles will report to the nearest agency facility for repair should it become necessary.

J. DOCUMENTS MAINTAINED IN STANDARD OPERATING GUIDELINES

1. Vehicle and Fuel Resources

2. DSHS HSR 1 Summary

3. DSHS HSR 1 Summary

4. DSHS HSR 4/5N Summary

5. DSHS HSR 6/5S Summary

6. DSHS HSR 7 Summary

7. DSHS HSR 8 Summary

8. DSHS HSR 9/10 Summary

9. DSHS HSR 11 Summary