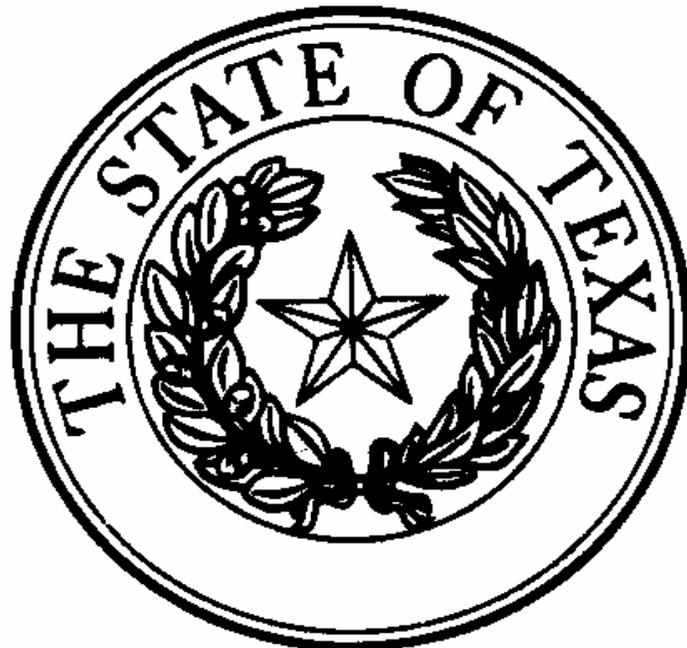


# **Annex H**

## **Health and Medical Services**



### **STATE OF TEXAS EMERGENCY MANAGEMENT PLAN**

**ANNEX H**

**Health and Medical Services**

APPROVAL AND IMPLEMENTATION

This annex was revised in September 2006 and is hereby accepted for implementation. This revision supersedes all previous editions.

September 28, 2006

Date

Signature on File

Eduardo J. Sanchez, M.D.  
Commissioner of Health

## RECORD OF CHANGES

Change Number	Date of Change	Initials and Date Entered

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## EXPLANATION OF TERMS

### ACRONYMS

ARC	American Red Cross
BNE	Board of Nurse Examiners
CAR	Commissioner's Authorized Representative
DADS	Department of Aging & Disability Services
DARS	Department of Assistive & Rehabilitative Services
DDC	Disaster District Committee
DFPS	Department of Family and Protective Services
DHS	Department of Homeland Security
DSHS	Department of State Health Services
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
EOC	Emergency Operations Center
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
GDEM	Governor's Division of Emergency Management
HHSC	Health and Human Services Commission
IC	Incident Commander
ICP	Incident Command Post
JIC	Joint Information Center
JIS	Joint Information System
JFO	Joint Field Office
MACC	Multi-Agency Coordination Center
NDMS	National Disaster Medical System
NIMS	National Incident Management System
RRT	Regional Response Team
RUC	Regional Unified Command
SNS	Strategic National Stockpile
SOC	State Operations Center
SOG	Standard Operating Guide
TAHC	Texas Animal Health Commission
TCEQ	Texas Commission on Environmental Quality
TDCJ	Texas Department of Criminal Justice
TSA	The Salvation Army
TSBME	Texas State Board of Medical Examiners
VMAT	Veterinary Medical Assistance Team

## Definitions

1. Disaster Medical Assistance Team. A team of volunteer medical professionals and support personnel equipped with deployable equipment and supplies that can move quickly to a disaster area and provide medical care.
2. Disaster Mortuary Services Team. A team of mortuary service and medical personnel that provide mortuary and victim identification services following major or catastrophic disasters.
3. Multi-Agency Coordination Center. An interagency EOC established by DSHS during Response Level I or II Emergency Conditions. The MACC serves as the central point of coordination for HHSC agency Health and Medical response, including the coordination of communications with impacted HHSC and DSHS regional offices.
4. National Disaster Medical System. A coordinated partnership between Department of Homeland Security (DHS), Department of Health and Human Services Commission, Department of Defense, and the Department of Veterans Affairs for the purpose of responding to the needs of victims of a public health emergency. Non-federal participants include major pharmaceutical companies and hospital suppliers, the national Foundation for Mortuary Care, and certain international disaster response and health organizations.
5. Veterinary Medical Assistance Team. Highly trained teams established by the American Veterinary Medical Association and sponsored by the American Veterinary Medical Foundation which assist the USDA and states in the control, treatment, and eradication of animal disease outbreaks. Composed of veterinarians, veterinary technicians, scientists, epidemiologists, toxicologists, and other medical and lay support personnel, responsibilities include humane euthanasia, epidemiology, assessment of medical needs of animals, medical treatment and stabilization of animals, animal disease surveillance, zoonotic disease surveillance and public health assessment, technical assistance to assure food and water quality, hazard mitigation, biological and chemical terrorism surveillance, animal decontamination, and medical treatment for working dogs.

## **ANNEX H**

### **Health and Medical Services**

#### **I. AUTHORITY AND REFERENCES**

See State of Texas Basic Plan, Section I

#### **II. PURPOSE**

The purpose of this annex is to provide, pursuant to National Incident Management System (NIMS), operational policies and procedures, guidelines, and instructions for the integrated management of health and medical services in preparation for and in the aftermath of a major emergency or catastrophic incident. It provides for coordinated health and medical services to augment local resources; as well as assistance in damage assessment and the restoration of essential health and medical service within the disaster area.

#### **III. SITUATION AND ASSUMPTIONS**

See State of Texas Basic Plan, Section III.

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

##### **A. STATE SUPPORT AND ASSISTANCE POLICY**

1. State support and assistance will be provided when requested, as quickly and as efficiently as possible. Consistent with the priority of need, attempts to provide assistance will focus on providing supplemental assistance to local government(s) in identifying and meeting the health and medical needs of victims of a major emergency or catastrophic disaster. This support is categorized in the following areas:
  - a. Community evacuation, health and medical assistance;
  - b. Assessment of health and medical needs;
  - c. Public health surveillance, disease prevention and control;
  - d. Medical care personnel;
  - e. Health and medical equipment and supplies, including pharmaceuticals and vaccines;
  - f. Patient evacuation;
  - g. In-hospital care, and hospital facility status;
  - h. Food, drug, and medical device safety;
  - i. Worker health and safety;
  - j. Behavioral health;
  - k. Public health information;
  - l. Victim identification and mortuary services;
  - m. Sheltering and care of persons with medical special needs;

2. Additional support may be obtained by use of state and federal medical response teams such as the Disaster Medical Assistance Teams (DMAT), the Disaster Mortuary Operational Response Teams (DMORT), and the Veterinary Medical Assistance Teams (VMAT). Assistance can also be obtained through activation of the National Disaster Medical System (NDMS) under the auspices of the U.S. Public Health Service or through coordination with the United States Department of Agriculture.
3. The Department of State Health Services (DSHS), along with the designated support agencies, may receive requests for assistance from other areas of concern that affect public and animal health. DSHS representatives will determine which agency or agencies will be requested to provide the required support, and will monitor and coordinate delivery of the support.
4. Upon notification of a significant event requiring State response, DSHS staff will alert pre-identified personnel to be prepared to meet requirements for representing the Health and Medical Services Emergency Support Function (ESF) for the following, if activated:
  - a. State Operations Center (SOC)
  - b. DSHS Multi-Agency Coordination Center (MACC)
  - c. Joint Information Center (JIC)
  - d. State and Federal Joint Field Office (JFO)
  - e. Disaster District Emergency Operations Center (EOC)
  - f. Regional Unified Command (RUC)
  - g. DSHS Regional EOCs
  - h. Regional Response Team (RRT)
  - i. Local EOCs
5. All support agencies and organizations will be notified and requested to provide representation as necessary. Each support agency and organization is responsible for ensuring sufficient program staff is available to accomplish its emergency response mission. Individuals representing agencies and organizations providing health and medical services support will have extensive knowledge of their respective resources and capabilities. These representatives will have direct or rapid access to the appropriate authority for committing those resources during activation.
6. This annex provides for the employment of appropriate resources from multiple Emergency Support Functions (ESFs) during response and recovery operations as a standard practice. Requests for health and medical services support are expected to routinely occur during the majority of significant emergency response and recovery operations regardless of the type of incident, hazard, or other ESFs involved.
7. Some of the ESFs assisting in health and medical services are:
  - a. **Food and Water** – This ESF, led by the Health and Human Services Commission (HHSC), will help local government identify additional (not normally available) sources of food, water, and ice supplies necessary to meet the extended needs of hospital and first aid stations during disasters.

- b. **Mass Care** – This ESF, led by The Salvation Army (TSA), will coordinate efforts, if feasible, to locate and provide specialized temporary shelter and food to those who are sick and/or injured prior to being transported to a temporary or permanent medical facility.
- c. **Transportation** – Agencies from this ESF, led by the Department of Criminal Justice (TDCJ), will assist in moving special needs, injured or sick patients before, during, and after a disaster to temporary or permanent facilities in appropriately configured vehicles.
- d. **Hazardous Materials** – This ESF, led by the Texas Commission on Environmental Quality (TCEQ), will assist the medical community in properly safeguarding and disposing of chemical, biological, and radiological products, and waste either inadvertently exposed as a result of a disaster situation or needing to be used or disposed of in temporary and/or mobile medical facilities.
- e. **Public Information** – In conjunction with their association with the media, agencies from this ESF, led by the Governor's Division of Emergency Management (GDEM), will work closely with the ESF for Health and Medical Services to provide information to the public regarding what actions should be taken either as a precaution or consequence of a disaster to reduce or eliminate adverse health and medical effects.
- f. **Public Works and Engineering** - This ESF, led by the Department of Transportation (TxDOT), will assist in the clean-up and disposal of human and animal remains in a mass casualty event such as a widespread disease, catastrophic disaster or terrorism incident.
- g. **Radiological Protection** – This ESF, led by the Department of State Health Services (DSHS), is responsible for providing a coordinated response to emergencies involving radioactive material and for determining and implementing measures to protect life, property, and the environment in a radiological emergency.

## V. ORGANIZATION AND ASSIGNMENT RESPONSIBILITIES

### A. ORGANIZATION

All ESF groups identified in the Basic Plan are composed of personnel and resources of several state agencies/organizations. Each group is directed by a primary agency selected on the basis of its authority and capability in that particular functional area. The remaining 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/organizations that comprise this ESF group are listed in Appendix 1 of this Annex.

## **B. ASSIGNMENT OF RESPONSIBILITIES**

### **1. GENERAL**

All agencies/organizations assigned to the Health and Medical Services ESF group are responsible for the following:

- a. Designating and training representatives of their agency to serve as group members, and ensure appropriate Action Guides and standard operating guidelines (SOGs) are developed and maintained. All training should hold to standards as set forth in NIMS.
- b. Maintaining current notification procedures to ensure trained agency personnel are available for extended emergency duty in the SOC and Disaster District (EOC) and, as needed, in the JFO, the JIC and incident command posts (ICPs).
- c. Developing and maintaining procedures to ensure a current inventory of agency resources and contact lists are available.
- d. Developing and maintaining NIMS appropriate procedures for identification, locations, commitment, deployment, and accountability of agency emergency support resources.
- e. Providing personnel, equipment, and other assistance to support emergency response and operations within the capabilities of their agencies.
- f. Providing assistance and coordination for 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 for Health and Medical Services ESF is DSHS. DSHS will be responsible for coordination of services, medical equipment, supplies and personnel to meet health and medical needs exceeding the capability of an affected jurisdiction(s). These needs will be met with the staff and material resources currently existing in the state health system, other state assets from various support agencies, private enterprise, voluntary agencies and individuals, and federal resources when needed. As the primary agency responsible for state-level coordination of health and medical services, DSHS will accomplish the following:

- a. Identify and coordinate ESF staffing requirements appropriate to emergency situations.
- b. Process requests for state health and medical assistance and coordinate those requests with the appropriate state support agency or organization representative for action.
- c. Conduct surveillance, case investigation, intervention and control activities for communicable and non-communicable diseases, injuries and animal diseases transmissible to humans.

- d. Facilitate the sheltering and care of persons with medical special needs.
- e. Work with the Texas State Board of Medical Examiners (TSBME) and the Board of Nurses for the State of Texas (BNE) to provide procedures to local governments to verify the professional licensure of physicians and nurses from other states for practice in the State of Texas during disaster response.
- f. Collect information from support agencies and provide status reports concerning emergency support operations in accordance with applicable procedures.
- g. Direct Health and Medical Services ESF group actions to develop and implement Memoranda of Agreement (MOA) and procedures.
- h. Coordinate health and medical activities and issues.
- i. Within capabilities, provide assistance to other states under provisions of existing interstate mutual assistance compacts.
- j. Within capabilities, provide assistance to and coordinate with Mexican state governments pursuant to existing bi-national mutual assistance compacts.
- k. Coordinate required activities created by the implementation and demobilization of health and medical services assistance provided or received under provisions of current mutual assistance compacts.
- l. Organize and oversee training and certification of emergency medical personnel and licensing of hospitals and ambulances.
- m. Provide laboratory services for disease identification and treatment, analysis of water, biological products, and foodstuffs.
- n. Ensure the procurement (through purchase or donations), and distribution of pharmaceuticals, including vaccines and biologicals, consumable medical supplies, medical equipment, and oxygen.
- o. Assess short and long term behavioral health needs of responders and victims and coordinate disaster behavioral health services.
- p. Track on-going support needs and ensure a coordinated response.
- q. Develop public health messages for communicating in emergency incidents in conjunction with the Joint Information System (JIS).
- r. Coordinate private, federal, and voluntary resources.

### 3. SUPPORT AGENCIES/ORGANIZATIONS

#### a. General

All Health and Medical Services ESF members shall be aware of their parent organizations' capabilities to provide assistance and support. They shall be prepared to respond to mission assignments from the primary agency in the deployment and use of agency-owned/leased or otherwise unique assets to support the response and recovery effort. Some agencies will provide support with equipment and personnel, while other agencies will provide their knowledge and expertise in working with response agencies, the vendor community, or commercial organizations/associations in supplying services, or in restoration of disrupted services. A summary of ESF group resources is provided in Appendix 3 to this Annex.

#### b. Health and Human Services Commission (HHSC)

Provide NIMS-compliant ICS trained employees, pre-designated back-up facilities, resources and associated systems to assist in emergencies.

#### c. The Salvation Army (TSA)

- 1) Provide mass feeding operations for special needs shelters.
- 2) Provide pastoral crisis counseling.
- 3) Assist with emergency personnel needs.

#### d. American Red Cross (ARC)

- 1) Provide first aid stations and services.
- 2) Assist in coordinating health and medical volunteers.

#### e. Texas Department of Criminal Justice (TDCJ)

- 1) Provide first aid services.
- 2) Provide medical personnel.
- 3) Assist with medically-related transportation of ill, injured or individuals with special needs.

#### f. Texas Department of Aging and Disability Services (DADS)

- 1) Assist in identifying licensed facilities in disaster areas that house persons with special needs.
- 2) Monitor licensed long-term care facilities for implementation of disaster plans formulated by the facilities and agencies under contract with DADS.

- 3) During emergency and disaster situations, DADS will monitor activities of evacuating facilities and facilitate communication with their destination locations. DADS will also coordinate with local, state, private, and federal resources and agencies in meeting the needs of special needs persons that reside outside facilities licensed by DADS.
  - 4) Provide NIMS-compliant ICS trained employees, pre-designated back-up facilities, resources and associated systems to assist in emergencies
- g. Texas Commission on Environmental Quality (TCEQ)
- 1) Provide assistance in evaluating the quality of potable water.
  - 2) Provide technical assistance for locating and/or establishing an authorized waste disposal facility(s).
  - 3) Provide technical assistance in the disposition of dead livestock and/or poultry as a result of a major emergency or disaster.
- h. Department of Assistive & Rehabilitative Services (DARS)
- 1) Assist with resource information and identify accommodation requirements for persons with disabilities and special needs.
  - 2) Provide liaison between major coalitions, advocacy organizations for persons with disabilities, and the health and medical community during disasters.
  - 3) Provide NIMS-compliant ICS trained employees, pre-designated back-up facilities, resources and associated systems to assist in emergencies
- i. Texas Animal Health Commission (TAHC)
- 1) Prevent, surveil, control, diagnose, and eradicate certain diseases and conditions affecting livestock, poultry, and exotic animals, some of which may have human health implications.
  - 2) Provide advice and assist in the disposition of dead, injured or displaced livestock and poultry as a result of a major emergency or disaster.
  - 3) Provide advice for the care of injured livestock and other animals as a result of a major emergency or disaster.
  - 4) Assist the State and local jurisdictions in coordinating the evacuation and sheltering of companion animals (e.g., pets, service animals, etc.) and livestock as a result of a hurricane or similar event.
- j. Department of Family Protective Services (DFPS)
- Provide NIMS-compliant ICS trained employees, pre-designated back-up facilities, resources and associated systems to assist in emergencies.

## **VI. DIRECTION AND CONTROL**

- A. Direction and control of emergency response and recovery operations within the SOC will be exercised by an SOC Controller who will be a Governor's Division of Emergency Management (GDEM) staff member appointed by the Chief.
- B. A DSHS staff member will serve as the primary agency representative for Health and Medical Services ESF activities within the SOC, and where practical, at all other state emergency direction and control facilities when needed.
- C. Within a Disaster District, the Disaster District Committee (DDC) Chairperson will assign any requests for health and medical services to a DSHS Health Services Region representative or to another support agency representative of the Health and Medical Services ESF if DSHS representation is not available.
- D. The Incident Commander (IC), who will be designated by the appropriate primary agency head, will implement direction and control at the field-deployed command posts. The IC is responsible for coordinating activities with the appropriate DDC Chairperson.

## **VII. EMERGENCY RESPONSE LEVELS/ACTION GUIDES**

See State of Texas Emergency Management Plan, Section VII, for a list of the different emergency response levels and the kinds of activities that characterize each level. Appendix 2 to this Annex contains an Action Guide, which outlines Health and Medical Services ESF group member agency actions.

## **VIII. CONTINUITY OF GOVERNMENT**

### **A. LINES OF SUCCESSION**

Lines of succession for Health and Medical Services ESF personnel designated with emergency management responsibilities will be in accordance with established policies and procedures of the parent agency/organization.

### **B. BACK-UP PERSONNEL**

Health and Medical Services ESF agencies will ensure their respective personnel are trained 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, task responsibilities for their individual agencies, and ensure appropriate Action Guides contain sufficient detail so that alternate or backup personnel can use them in performing their responsibilities.

### **C. PROTECTION OF RECORDS**

Health and Medical Services ESF agencies will ensure all records necessary for emergency management operations can be easily obtained for each member agency in an emergency, and, if needed, these records are also duplicated at another location(s) in the event the primary records are destroyed.

## **IX. ADMINISTRATION AND SUPPORT**

### **A. SUPPORT**

Requests for assistance, which are beyond the capability of the Health and Medical Services ESF agencies, will be returned to the SOC Controller. The SOC Controller may then submit the request for additional assistance to other, appropriate ESFs or to the Federal Emergency Management Agency (FEMA) for resolution in accordance with established procedures.

### **B. AGREEMENTS AND UNDERSTANDINGS**

All agreements and understandings entered into for the purchase, lease, or otherwise use of equipment and services will be in accordance with the provision of state law and procedures. The Proclamation of a State of Disaster, issued by the Governor, may suspend selected rules and regulations that affect response and recovery operations. The specific impact of the situation will be determined by each agency, and the ESF group members will be advised accordingly of administrative and/or procedural changes that may affect emergency operations.

### **C. STATUS REPORTS**

The Health and Medical Services ESF primary agency will maintain the status of all outstanding assistance requests and unresolved ESF-related issues. This information will be summarized into periodic status reports and submitted in accordance with applicable operating procedures.

### **D. EXPENDITURES AND RECORD KEEPING**

1. Each represented agency of the Health and Medical Services ESF group is responsible for establishing administrative controls necessary to manage the expenditure of funds and to provide reasonable accountability and justification for federal reimbursement in accordance with the established guidelines.
2. The first recourse of expenditures by agencies represented on the Health and Medical Services ESF group in response to an emergency, imminent disaster, or recovery from a catastrophic incident, is from funds regularly appropriated to that agency by the Legislature.
3. In accordance with established procedures, state agencies may seek financial assistance. Complete records must be kept in order to qualify for funds from public assistance grants.

### **E. CRITIQUES**

Following the conclusion of any significant emergency event, incident, or exercise, the Health and Medical Services ESF primary agency representative will conduct a critique of the group 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 and submit it to the GDEM Chief.

**X. DEVELOPMENT AND MAINTAINANCE**

- A. The Commissioner of DSHS is the approving authority for this annex and is responsible for its development, maintenance, and implementation. The Commissioner has appointed the Director, Community Preparedness Section, as the Commissioner's Authorized Representative (CAR) on the State Emergency Management Council and for implementation of this annex.
  
- B. The CAR, in conjunction with the Chief of the GDEM, is responsible for conducting an annual review of this annex, coordinating all review and revision efforts, and incorporating the information learned from exercises and actual events into this annex.

## APPENDIX 1 TO ANNEX H

### HEALTH AND MEDICAL SERVICES ESF GROUP ORGANIZATION

**PRIMARY AGENCY:** Department of State Health Services

**SUPPORT AGENCIES:** Health and Human Services Commission (HHSC)

The Salvation Army (TSA)

American Red Cross (ARC)

Texas Department of Criminal Justice (TDCJ)

Texas Commission on Environmental Quality (TCEQ)

Department of Assistive & Rehabilitative Services (DARS)

Department of Aging and Disability Services (DADS)

Texas Animal Health Commission (TAHC)

Department of Family and Protective Services (DFPS)

**APPENDIX 2 TO ANNEX H**

**HEALTH AND MEDICAL SERVICES ESF ACTION GUIDE**

<u>RESPONSE LEVEL</u>	<u>ACTIVATION LEVEL</u>	<u>AGENCY</u>	<u>ACTIONS</u>
IV	Normal Conditions	DSHS (Primary)	*
III	Increased readiness conditions	All Health and Medical Services ESF Agencies	*
II	Escalated response conditions	All Health and Medical Services ESF Agencies	*
I	Emergency conditions (Actual occurrence)	All Health and Medical Services ESF Agencies	*

\*See attached Action Guide for details on actions taken for each response/threat level.

## **ACTION GUIDE TO ANNEX H**

### **RESPONSE LEVEL IV NORMAL CONDITIONS**

- A. Develop and distribute operating procedures for accomplishing Health and Medical Services ESF responsibilities addressed in the State Plan.
- B. Develop contact/call lists to ensure ability to communicate with individuals and locations with Health and Medical Services ESF responsibilities.
- C. Identify the organizations and key personnel (by position/job title) necessary to accomplish Health and Medical Services ESF responsibilities.
- D. Train all key personnel to ensure they understand Health and Medical Services ESF assignments and can accomplish their responsibilities, to include direction and control, lines of succession, delegation of authority, and prolonged staffing requirements during emergency/disaster operations.
- E. Identify all facilities and locations that will provide primary and alternate capabilities to communicate between direction and control facilities.
- F. Develop Health and Medical Services ESF communications plan to ensure primary and alternate capabilities to communicate between direction and control facilities.
- G. Develop Health and Medical Services ESF resource inventories and procedures for accessing required resources to determine their availability for commitment and deployment during emergencies and disaster operations.
- H. Identify situational and administrative reporting requirements and develop procedures to ensure the continual flow of information to the SOC.
- I. Participate in exercises to evaluate effectiveness of procedures and ability to accomplish Health and Medical Services ESF responsibilities.
- J. Review and update procedures to improve effectiveness or to correct deficiencies identified in exercises and/or actual events.
- K. Conduct and/or participate in training designed to enhance the ability of Health and Medical Services ESF personnel to accomplish assigned tasks and responsibilities.
- L. Identify key health and medical service facilities in areas of risk and develop procedures and staffing requirements needed for the rapid assessment of those facilities by the Regional Response Team (RRT) following a major disaster in Texas.

### **RESPONSE LEVEL III INCREASED READINESS CONDITIONS**

- A. Review, update, and distribute Health and Medical Services ESF procedures.
- B. Review and update Health and Medical Services ESF staff/personnel call lists.
- C. Review and update Health and Medical Services ESF resource inventories.
- D. Conduct briefings and/or workshops for all Health and Medical Services ESF personnel to ensure they understand ESF assignments and responsibilities identified in the State Plan.
- E. Identify Health and Medical Services ESF personnel, resource, and capability shortfalls and initiate corrective action prior to onset of disaster response or recovery operations.

### **RESPONSE LEVEL II ESCALATED RESPONSE CONDITIONS**

- A. Implement notification procedure and ensure appropriate key personnel are contacted and provided instructions concerning the situation, tasks, and/or deployment requirements.
- B. Activate direction and control facilities needed to conduct emergency/disaster operations and deploy staff personnel with appropriate equipment and supplies in anticipation of continuous operations for as long as the situation requires.
- C. Implement Health and Medical Services protective action plans and procedures.
- D. Determine current health and medical services situation and reporting requirements and implement appropriate action in accordance with established procedures.
- E. Contact Health and Medical Services ESF agency representative and identify mission requirements that need immediate attention.
- F. Contact Health and Medical Services ESF federal counterparts and ensure they are briefed on the situation and mission requirements.
- G. In accordance with established procedures and/or as directed, provide situational and administrative reports as required.
- H. Develop procedures for reporting status of tasked mission assignments that address resources committed and expenditures of administrative and fiscal assets.

### **RESPONSE LEVEL I EMERGENCY CONDITIONS**

- A. Implement actions to accomplish task assignments.
- B. Report status of task assignments and committed resources.
- C. Gather and analyze situation information and submit status reports to the SOC Controller

## APPENDIX 3 TO ANNEX H

### HEALTH AND MEDICAL RESOURCE SUMMARY

*THE FOLLOWING IS A LIST OF STATE AGENCIES AND THE TYPES OF ASSETS/SERVICES EACH HAS FOR POTENTIAL USE DURING AND AFTER A DISASTER:*

- 1) DEPARTMENT OF STATE HEALTH SERVICES**
  - PERSONNEL
  - TECHNICAL ASSISTANCE
  - SPECIALIZED FACILITIES, TEAMS, AND EQUIPMENT
  
- 2) HEALTH AND HUMAN SERVICES COMMISSION**
  - SPECIALIZED PERSONNEL, FACILITIES AND EQUIPMENT
  
- 3) THE SALVATION ARMY**
  - SPECIALIZED SERVICES
  - VOLUNTEERS
  
- 4) AMERICAN RED CROSS**
  - SPECIALIZED FACILITIES
  - VOLUNTEER PERSONNEL
  
- 5) TEXAS DEPARTMENT OF CRIMINAL JUSTICE**
  - MEDICAL PERSONNEL
  - TRANSPORTATION
  
- 6) DEPARTMENT OF AGING AND DISABILITY SERVICES**
  - TECHNICAL ASSISTANCE
  - SPECIALIZED PERSONNEL, FACILITIES AND EQUIPMENT
  
- 7) TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**
  - TECHNICAL ASSISTANCE
  
- 8) DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES**
  - TECHNICAL ASSISTANCE
  - SPECIALIZED PERSONNEL, FACILITIES AND EQUIPMENT
  
- 9) TEXAS ANIMAL HEALTH COMMISSION**
  - TECHNICAL ASSISTANCE
  
- 10) DEPARTMENT OF FAMILY AND PROTECTIVES SERVICES**
  - SPECIALIZED PERSONNEL, FACILITIES AND EQUIPMENT

**APPENDIX 4 TO ANNEX H**

**Mortuary Management and Disposition of Human Remains (title subject to revision)**

**TO BE PUBLISHED**

**APPENDIX 5 TO ANNEX H**  
**Behavioral Health Services**

**TO BE PUBLISHED**

**APPENDIX 6 TO ANNEX H**  
**Bioterrorism Preparedness and Response Plan**

**UNDER SEPARATE COVER**

**APPENDIX 7 TO ANNEX H**  
**Pandemic Influenza Plan**

**TO BE PUBLISHED**

**APPENDIX 8 TO ANNEX H**  
**Strategic National Stockpile**

**TO BE PUBLISHED**

**APPENDIX 9 TO ANNEX H**  
**Medical Special Needs**

**TO BE PUBLISHED**