

TACTICAL GUIDE

*Companion Document to the
TEXAS PUBLIC HEALTH AND MEDICAL
EMERGENCY MANAGEMENT
5-YEAR STRATEGIC PLAN
2012 – 2016*



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HOW TO USE THIS GUIDE

This Tactical Guide is a companion document to the Texas Public Health and Medical 5-year Strategic Plan. This guide supports objectives of the:

- National Response Framework (NRF)
<http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf>
- National Incident Management System (NIMS)
<http://www.fema.gov/emergency/nims/index.shtm>
- National Health Security Strategy (NHSS)
www.hhs.gov/aspr/osp/nhss/strategy.html
- Medical Surge Capacity and Capability (MSCC): A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies Second Edition (2007)
<http://www.phe.gov/Preparedness/planning/mscc/handbook/Documents/mscc080626.pdf>

The specific tactics, activities, and tasks listed are a compilation from several sources:

- Biennial Implementation Plan (Draft) for the National Health Security Strategy of the United States of America (2011)
<http://www.phe.gov/preparedness/planning/authority/nhss/comments/Pages/default.aspx>
- Centers for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities: National Standards for State and Local Planning (2011)
http://www.cdc.gov/phpr/capabilities/Capabilities_March_2011.pdf
- FY10 Hospital Preparedness Program Guidance, Office of the Assistant Secretary for Preparedness and Response (OASPR)
http://www.phe.gov/preparedness/planning/hpp/documents/fy10_hpp_guidance.pdf
- Department of State Health Services emergency management expert SWOT (strengths, weaknesses, opportunities, threat) analysis
- Survey responses obtained from approximately 150 stakeholders regarding current activities and potential activities for future implementation

The purpose of this Guide is to assist you in determining best approaches. This Guide lists some potential activities/functions that may be undertaken for each strategy outlined in the Strategic Plan. It is not meant to be all-inclusive and other tactics/activities/tasks can be undertaken in support of the strategy/outcome objective.

Applicable activities outlined in the Biennial Implementation Plan are highlighted in **green**. Specific functions related in the CDC Public Health Preparedness Capabilities document

are highlighted in **blue**. Hospital Preparedness Program activities are listed in **orange**. In addition to the color, the table specifies the guidance document in the right hand column.

Although an activity may be highlighted in a color, it does not minimize the importance of integration between public health and medical endeavors. Therefore, activities not listed in a specific color may be seen as either state activities in support of regional and local efforts or cross-cutting activities between public health and medical emergency management.

How the Guide is organized:

The Guide uses an outline approach to detail tactic, activities, and associated tasks for each Strategy listed in the Texas Public Health and Medical Emergency Management Strategic Plan 2012 – 2016. For example, on page 13 the following is listed: First level indicated by a single number (“2”) indicates the tactic with both national standards referenced (green and blue)

Second level indicated by two numbers (“2.1”) lists activities that may be undertaken specific for that tactic

In some cases levels three, four, and five are tasks and sub-tasks that are more prescriptive in nature. These are indicated by three (“2.2.1.”), four (“2.2.1.2), or five (“2.2.1.2.2”) numbers.

Suggested Process:

Step 1: Select either a sub-goal, outcome objective or Strategy from the List (*control + click* to follow the link from the Table of Contents)

Step 2: Review the tactics/activities/tasks/sub-tasks listed for that Strategy

Step 3: Select appropriate tactic/activities/tasks/sub-tasks for your situation

Step 4: Incorporate these into your work plan

Build Community Resilience

Sub-Goal 1	Resilient Communities	
Outcome Objective 1.1	70% of communities are able to withstand and recover from an event/incident impacting health and return to a state of self-sufficiency with limited external support	
Strategy 1.1.1	<i>Improve a community's ability to mitigate and absorb health incidents (Link to Preparedness Capability 1: Community Preparedness and Preparedness Capability 2: Community Recovery)</i>	
Tactics/Activities/Tasks to Consider		Reference
<p>1. Facilitate development of partnerships of government and non-governmental organizations to support community-level efforts for incident response and recovery planning, training, and exercising.</p> <p>1.1. Assist communities in establishing partnerships with government and non-governmental organizations to include nonprofit community-based organizations, faith-based organizations, volunteer organizations, and for profit businesses</p> <p>1.1.1. Build community partnerships to support health preparedness</p> <p style="padding-left: 20px;">1.1.1.1. Establish a partnership (e.g. between local government agencies and non-government organizations (NGOs) including private organizations) to conduct pre-event vulnerability assessments</p> <p>1.1.2. Explore feasibility of creating ongoing leadership circles who meet on a regular basis to discuss preparedness</p>		HPP BIP
<p>1.2. Develop guidance on best practices in active involvement of government and NGOs including the private sector, in local emergency planning committees or other relevant bodies with a role in health</p> <p>1.2.1. Include public health, medical, and mental/behavioral health service agencies that provide essential health services to the community</p> <p>1.2.2. Include guidance on expectations for stakeholder involvement, with information on how to assess effective partnerships and how to maximize the roles and benefits of government and non-governmental leaders on these planning groups or committees</p> <p>1.2.3. Include specific examples from exemplary communities that could be adapted, and provide enough flexibility for local adoption</p> <p>1.2.4. Include how post-incident public health, medical, and mental/behavioral services can be coordinated with organizations responsible for community restoration.</p> <p>1.2.5. Apply for federal funding for data to be used for planning needed medications-predicative models</p> <p>1.2.6. Integrate guidance and standard operating procedures into state and local plans</p> <p style="padding-left: 20px;">1.2.6.1. Integrate existing relationships with Texas Military Forces (TXMF) for Point of Dispensing (POD) manning</p> <p style="padding-left: 40px;">1.2.6.1.1. Consider the use of National Guard Forces in the distribution</p>		BIP BIP BIP

Sub-Goal 1	Resilient Communities	
Outcome Objective 1.1	70% of communities are able to withstand and recover from an event/incident impacting health and return to a state of self-sufficiency with limited external support	
Strategy 1.1.1	Improve a community's ability to mitigate and absorb health incidents (Link to Preparedness Capability 1: Community Preparedness and Preparedness Capability 2: Community Recovery)	
Tactics/Activities/Tasks to Consider		Reference
plan		
1.3. Define roles of federal, state, local partners in all phases of emergency management		
1.3.1. Incorporate the definition of first responder and first receiver into statewide plans including the definition for volunteers		
1.3.2. Define roles and responsibilities for disaster behavioral health partners		
1.4. Foster public health, medical, and mental/behavioral health social networking		
1.4.1. Create jurisdictional networks (e.g., local businesses, community and faith-based organizations, ethnic radio/media, and, if used by the jurisdiction, social networking sites) for public health, medical, and mental/behavioral health information dissemination before, during, and after the incident		CDC PHPC
1.4.1.1. Engage with community organizations to foster public health, medical, and mental/behavioral health social networks		BIP
1.4.1.2. Engage established and local organizations and social networks to develop and disseminate preparedness information and supplies		
1.5. Determine how existing assets can be leveraged to focus on connections between individual and community preparedness		BIP
1.5.1. Develop templates for how to emphasize this connection between individual and community preparedness		BIP
1.6. Leverage all available funding sources to include Department of Homeland Security Urban Area Security Initiative grand funds and Regional Catastrophic Preparedness Initiative grant funds that support health and medical activities.		
2. Foster situational awareness of community risks and threats		
2.1. Establish a consortium of state, territorial, tribal, and local health departments to compile, implement, and evaluate a suite of low-cost easy-to-implement innovative practices that allow public health authorities to collect and analyze data relevant to national health security		BIP
2.1.1. Draft and implement a conceptual and technological approach in consultation with stakeholders which will provide clear and consistent expectations for a situational awareness system		BIP
2.1.1.1. Inventory existing systems		BIP
2.1.1.2. Develop minimal sets of data elements which apply across all threats, but which can also be augmented for specific incidents		BIP
2.2. Develop a taxonomy of decisions and decision-makers to assist identifying who needs what		BIP

Sub-Goal 1	Resilient Communities	
Outcome Objective 1.1	70% of communities are able to withstand and recover from an event/incident impacting health and return to a state of self-sufficiency with limited external support	
Strategy 1.1.1	Improve a community's ability to mitigate and absorb health incidents (Link to Preparedness Capability 1: Community Preparedness and Preparedness Capability 2: Community Recovery)	
Tactics/Activities/Tasks to Consider		Reference
<p>information as part of an information management plan</p> <p>2.3. Conduct formative research at the local level (e.g., community forums) to identify key populations, their information needs, effective media channels (including use of social media), and trusted spokespersons for both response and recovery periods</p> <p>2.3.1. Incorporate the use of mathematical models when developing state and local plans</p> <p>2.4. Conduct risk assessment to prevent or mitigate environmental and other emerging threats</p> <p>2.4.1. Identify the critical components in establishing a community's health security risk profile</p> <p>2.4.1.1. Determine risks to the health of the jurisdiction</p> <p>2.4.1.2. Develop a health security community risk profile template</p>		<p>BIP</p> <p>BIP</p> <p>CDC PHPC BIP</p>
<p>3. Educate community members about health security threats and ways to mitigate effects</p> <p>3.1. Promote training to community partners that may have a supporting role to public health, medical, and mental/ behavioral health sectors (e.g., education, child care, juvenile justice, child welfare, and congregate childcare settings)</p> <p>3.1.1. Coordinate training or guidance to ensure community engagement in preparedness efforts</p> <p>3.2. Integrate information on resilience, specifically the need for community-derived approaches to support the provision of public health, medical, and mental/behavioral health services during and after an incident, into existing training and educational programs related to crisis and disaster preparedness and response</p> <p>3.3. Develop a process to build neighborhood preparedness (similar to neighborhood watch)</p> <p>3.4. Provide guidance to community partners, particularly groups representing the functional needs of at-risk populations, to assist them in educating their own constituency groups regarding plans for addressing preparedness for and recovery from the jurisdiction's identified risks and for access to health services that may apply to the incident</p> <p>3.5. Elicit support from Texas Education Agency (TEA) to implement a requirement in 4th grade that each child complete a disaster plan with their family</p> <p>3.6. Support the integration of Community Emergency Response Teams (CERT) into the health component of response</p> <p>3.7. Develop information materials to educate public officials on the need for public health emergency response capacity</p>		<p>CDC PHPC</p>
<p>4. Incorporate post-incident evaluations into planning and response</p> <p>4.1. Incorporate observations from the current incident to describe actions needed to return to a level of public health, medical, and mental/behavioral health system function at least comparable to pre-incident levels or improved levels where appropriate. Document these</p>		

Sub-Goal 1	Resilient Communities	
Outcome Objective 1.1	70% of communities are able to withstand and recover from an event/incident impacting health and return to a state of self-sufficiency with limited external support	
Strategy 1.1.1	<i>Improve a community's ability to mitigate and absorb health incidents (Link to Preparedness Capability 1: Community Preparedness and Preparedness Capability 2: Community Recovery)</i>	
Tactics/Activities/Tasks to Consider		Reference
<p>items in a written after action report and improvement plan, and implement those corrective actions that are within the purview of public health</p> <p>4.2. Implement corrective actions to mitigate damages from future incidents</p> <p>4.3. Conduct exercises as needed to test all aspects of emergency management</p> <p>4.3.1. Develop a comprehensive regional and statewide exercise schedule to include state, regional, and local exercise events</p> <p>4.3.2. Have a state tested and exercised plan with intrastate partnerships</p> <p>4.3.3. Develop evaluation metrics to gauge performance, inform follow-up action steps, and to develop reevaluation exercise designs that assess the impact of post/actual event/post-exercise interventions</p> <p>4.4. Incorporate evaluation of day to day activities into planning (situational awareness)</p> <p>4.5. Conduct exercises as needed to test all aspects of emergency management</p> <p>4.5.1. Have a state tested and exercised plan with intrastate partnerships</p> <p>4.5.2. Enhance evaluation by exercising response through recovery (e.g. Design full-scale and tabletop exercises that include all mass fatality phases [body recovery, handling, identification, transportation, tracking, storage, disposal of remains and facilitate mental health])</p>		

Sub-Goal 1	Resilient Communities	
Outcome Objective 1.1	70% of communities are able to withstand and recover from an event/incident impacting health and return to a state of self-sufficiency with limited external support	
Strategy 1.1.2	<i>Enhance a community's ability to recover. (Link to Preparedness Capability 2: Community Recovery)</i>	
Tactics/Activities/Tasks to Consider		Reference
<p>1. Coordinate community public health, medical, and mental/behavioral health system recovery operations</p> <p>1.1. Establish recovery coordination capacity to reconstitute health, behavioral health, and social services infrastructure at the community, local and state levels</p> <p>1.2. Establish a work group to develop contingency plan templates to rapidly restore state of self-sufficiency and same level of health and social functioning after adversity</p> <p>1.2.1. Create plans/templates to promote recovery of the affected community members and responders with behavioral health and social services needs</p>		<p>CDC PHPC</p> <p>BIP</p> <p>BIP</p>

Sub-Goal 1	Resilient Communities	
Outcome Objective 1.1	70% of communities are able to withstand and recover from an event/incident impacting health and return to a state of self-sufficiency with limited external support	
Strategy 1.1.2	<i>Enhance a community's ability to recover. (Link to Preparedness Capability 2: Community Recovery)</i>	
Tactics/Activities/Tasks to Consider		Reference
<ul style="list-style-type: none"> 1.2.1.1. Include in templates identification of assets and resources needed to recover within varying timeframes (i.e. 30, 60, 90, 120 days) 1.3. Identify and monitor public health, medical, and mental/behavioral health system recovery needs <ul style="list-style-type: none"> 1.3.1. Develop tools to identify and monitor public health, medical, and mental/behavioral health system recovery needs 1.4. Establish guidance on roles and responsibilities among state and local government as well as non-governmental partners to ensure continuity of health and social services <ul style="list-style-type: none"> 1.4.1. Develop plan on how to maintain continuity of care for health, behavioral health, and social services 1.4.2. Continue to develop plan on how to maintain critical infrastructure for healthcare facilities <ul style="list-style-type: none"> 1.4.2.1. Include provisions for upgrading of security systems; movement of switching rooms and generators; ensuring adequate back up generators or other power sources for key facilities in the region; expanding the functions/services that have back-up power (HVAC, elevators, security systems, etc.); or implementing strategies for managing hazardous medical waste 1.4.3. Develop plan on how to maintain continuity of government for city/county 1.4.4. Develop plan on how to maintain continuity of operations for critical infrastructure for businesses <ul style="list-style-type: none"> 1.4.4.1. Form multi-disciplinary task forces for response, to include regulatory partners, to facilitate return to function of community critical services 		<ul style="list-style-type: none"> CDC PHPC BIP BIP HPP HPP
<ul style="list-style-type: none"> 1. Identify underlying strengths common across communities that support ability to recover <ul style="list-style-type: none"> 1.1. Partner with representatives from the national and local NGOs and /or universities/colleges to: <ul style="list-style-type: none"> 1.1.1. Identify key outcomes for and measures of resilience 1.1.2. Conduct a survey to determine elements of resilience 		<ul style="list-style-type: none"> BIP BIP

Sub-Goal 1	Resilient Communities	
Outcome Objective 1.1	70% of communities are able to withstand and recover from an event/incident impacting health and return to a state of self-sufficiency with limited external support	
Strategy 1.1.3	<i>Incorporate evaluation of post incident recovery operations into preparedness. (Link to Preparedness Capability 2: Community Recovery)</i>	
Tactics/Activities/Tasks to Consider		Reference
<p>1. Incorporate observations from the current incident to describe actions needed to return to a level of public health, medical, and mental/behavioral health system function at least comparable to pre-incident levels or improved levels where appropriate.</p> <p>1.1. Document these items in a written after action report and improvement plan, and implement those corrective actions that are within the purview of public health</p> <p>1.2. Implement corrective actions to mitigate damages from future incidents</p>		CDC PHPC

Sub-Goal 1	Resilient Communities	
Outcome Objective 1.2	70% of communities can access a sufficient number of trained staff	
Strategy 1.2.1:	<i>Develop and maintain state and local workforce (Link to Preparedness Capability 1: Community Preparedness)</i>	
Tactics/Activities/Tasks to Consider		Reference
<p>1. Build public health and medical emergency management human capital capacity</p> <p>1.1. Conduct gap analysis of current workforce</p> <p>1.1.1. Address all present and potential public health professions</p> <p>1.1.1.1. Develop and implement programs to hire and retain public health and medical responders</p> <p>1.1.1.2. Promote ongoing efforts to increase interest in the field of public health</p>		
<p>2. Develop and implement competency-oriented job descriptions and use them to evaluate staff performance and effectiveness</p>		BIP
<p>3. Provide and adhere to NIMS compliant competency-based training and education</p> <p>3.1. Develop trainings to include online and webinar formats</p> <p>3.1.1. Identify the nature and scope of potential concerns from workers that serve during an incident</p> <p>3.1.2. Develop and begin to implement strategies to overcome any resistance</p> <p>3.2. Create disaster response training kits</p> <p>3.3. Review existing learning management systems and assess the feasibility of creating an integrated and coordinated system to monitor health security competencies across sectors</p> <p>3.3.1. Continue to improve existing training access portals, such as TrainingFinder Real-time Affiliate Integrated Network (TRAIN)</p>		<p>BIP</p> <p>BIP</p> <p>BIP</p> <p>BIP</p>

Sub-Goal 1	Resilient Communities	
Outcome Objective 1.2	70% of communities can access a sufficient number of trained staff	
Strategy 1.2.1:	<i>Develop and maintain state and local workforce (Link to Preparedness Capability 1: Community Preparedness)</i>	
Tactics/Activities/Tasks to Consider		Reference
<p>3.4. Deliver and disseminate competency-based training specific to the following groups:</p> <ul style="list-style-type: none"> 3.4.1. Local workforce 3.4.2. Deployable teams 3.4.3. Contracted staff 3.4.4. Extender personnel – Additional personnel to augment workforce (e.g. students, retirees, etc.) 3.4.5. Public Information Officials statewide <p>3.5. Where feasible, conduct joint training for healthcare system workers to include healthcare system workers, local health departments, community healthcare systems, emergency response agencies, public safety agencies, and others</p>		<p>BIP</p> <p>HPP</p>
4. Cross-train staff to encourage flexibility and nimbleness		BIP
5. Establish partnerships between colleges/universities and employers to offer health security-related courses and learning opportunities for staff and volunteers		BIP
6. Evaluate competency based training		
<ul style="list-style-type: none"> 6.1. Link to exercise objectives 6.2. Evaluate day to day operations 		
7. Establish certification/credentialing program		
8. Develop just in time training		

Strengthen and Sustain Health and Emergency Response Systems

Sub-Goal 1	Coordinated response throughout all jurisdictional levels (federal, state, and local)	
Outcome Objective 1.1	100% of public health and medical responses to a natural/man-made incident are consistent with regional/local standards/ practices within National Incident Management System (NIMS)	
Strategy 1.1.1:	<i>Enhance capacity to use NIMS to direct and support an incident with public health and medical service implications. (Link to Preparedness Capability 3: Emergency Operations Coordination)</i>	
Tactics/Activities/Tasks to Consider		Reference
1. Integrate support partners (federal, regional, local) in operational planning 1.1. Integrate planning and awareness with Federal agencies (i.e. Border Patrol, Customs, FAA, TSA, FBI) 1.2. Continue to integrate HHSC Enterprise partners 1.3. Continue to support State Operation Center integration of NIMS 1.4. Continue to support participating healthcare systems in adopting NIMS implementation activities 1.5. Explore establishment of nontraditional partnerships (faith based) 1.6. Explore feasibility using equipment concurrently between hospitals, public health, and emergency management entities 1.7. Explore feasibility for designating one regional coordinator for training and exercises		HPP
2. Develop a comprehensive Incident Response Plan 2.1. Define roles and responsibilities for each jurisdictional level 2.1.1. Include non-medical personnel 2.2. Develop decision matrix for subject matter expert involvement 2.3. Update Chemical, Biological, Radiological, Nuclear (CBRN) components of plans 2.4. Determine activation decision tree and or trigger points 2.4.1. Conduct preliminary assessment to determine need to public activation 2.5. Integrate Functional Needs Shelter Support (FNSS) into operating plans 2.5.1. Include identification and support for at-risk individuals 2.6. Continue to refine full or partial healthcare facility evacuation plans taking into account: 2.6.1. Personnel of other healthcare systems in their region, and within other regions of the State 2.6.2. Equipment and systems of other healthcare systems as well as those offered by the State's office of emergency management or designated agency 2.6.3. Planning and training needed among all participating healthcare systems to ensure the safe evacuation of patients 2.6.4. Safety of facility healthcare workers and family members 2.7. Integrate maintenance of essential health care services for individuals requiring continuous health care outside of a hospital setting		CDC PHPC HPP HPP HPP HPP HPP BIP

Sub-Goal 1	Coordinated response throughout all jurisdictional levels (federal, state, and local)	
Outcome Objective 1.1	100% of public health and medical responses to a natural/man-made incident are consistent with regional/local standards/ practices within National Incident Management System (NIMS)	
Strategy 1.1.1:	<i>Enhance capacity to use NIMS to direct and support an incident with public health and medical service implications. (Link to Preparedness Capability 3: Emergency Operations Coordination)</i>	
Tactics/Activities/Tasks to Consider		Reference
<ul style="list-style-type: none"> 2.8. Increase and maintain competency of Emergency Operations Center (EOC) personnel to include non-natural events <ul style="list-style-type: none"> 2.8.1. Conduct call-down/notification and assembly drills to staff and volunteer mobilization 2.9. Develop Essential Services Function (ESF) #8 regional coordination center(s) 		BIP
3. Develop incident response strategy		CDC PHPC
4. Manage and sustain the public health response		CDC PHPC
4.1. Activate public health emergency operations		CDC PHPC
4.2. Manage and sustain the public health response		CDC PHPC
4.3. Demobilize and evaluate public health emergency operations		CDC PHPC
5. Develop Texas Disaster Medical System (TDMS)		
5.1. Create an integrated public health and medical response system		
5.1.1. Create, organize, and train regional response teams		
5.1.2. Identify a state or regional pool of nurses and physicians that could deploy		
5.1.3. Market the services and function of the medical teams to potential local and regional users		
5.2. Continue to support development of the Emergency Medical Task Force (EMTF) Team		
5.3. Assist rural and smaller facilities in preparing for public health and medical incidents		

Sub-Goal 1	Coordinated response throughout all jurisdictional levels (federal, state, and local)	
Outcome Objective 1.2	90% of response partners will use current/emergent technology to gather and share information from medical, public health, and other health security stakeholders to maintain situational awareness	
Strategy 1.2.1:	<i>Manage situational awareness among response partners across jurisdictions. (Link to Preparedness Capability 4: Emergency Public Information and Warning and Preparedness Capability 6: Information Sharing)</i>	
Tactics/Activities/Tasks to Consider		Reference
1. Define target audience(s) for health related information and public health alerts 1.1. Identify stakeholders to be incorporated into information flow 1.2. Identify individual stakeholder needs and expectations 1.3. Develop methods for identifying target audience(s) before the release health related information 1.3.1. Create representative committees to focus on regional and local specific communication needs and develop mechanisms and strategies to improve communications		CDC PHPC
2. Improve the usability of public health informatics 2.1. Build upon existing situational awareness resources by pursuing new capabilities to generate actionable information across all relevant sources of information 2.1.1. Create and maintain state-wide website to broadcast emergency information 2.1.2. Continue to enhance Texas Public Health Information Network (TxPHIN) through continuous quality improvement 2.1.2.1. Explore integrating ESSENCE, RODS, and BIOSSENCE into TxPHIN 2.1.3. Integrate TxPHIN and the WebEOC system 2.2. Improve training on TxPHIN 2.3. Foster continuity of information systems across Texas 2.4. Develop and maintain WebEOC interoperability 2.4.1. Continue to support Texas WebEOC Interoperable Project (TWIRP) for statewide resource tracking 2.5. Adopt one system for document sharing 2.6. Develop working program such as EMSsystems for the health communication within the state		BIP
3. Communicate expectations for health related information standards to stakeholders 3.1. Involve private hospitals, laboratories, and other industries in national, state, territorial, tribal, and local planning efforts for integrated situational awareness 3.2. Create standardized notification protocols for TxPHIN 3.2.1. Develop a notification system to send notifications to public health officials so they can adequately prepare for press/media releases 3.3. Enhance training on the use of health related information and public health alerts 3.3.1. Increase the reach of the Texas Public Health Information Network (TxPHIN) 3.3.1.1. Develop marketing campaign for TxPHIN to showcase value		BIP

Sub-Goal 1	Coordinated response throughout all jurisdictional levels (federal, state, and local)	
Outcome Objective 1.2	90% of response partners will use current/emergent technology to gather and share information from medical, public health, and other health security stakeholders to maintain situational awareness	
Strategy 1.2.1:	<i>Manage situational awareness among response partners across jurisdictions. (Link to Preparedness Capability 4: Emergency Public Information and Warning and Preparedness Capability 6: Information Sharing)</i>	
Tactics/Activities/Tasks to Consider		Reference
3.3.1.2. Incorporate new functions into TxPHIN		
4. Strengthen and expand existing capabilities to disseminate and share existing health security information quickly 4.1. Identify instances where pre-incident information sharing is needed 4.2. Survey internal and external stakeholders to identify information needs 4.2.1. Explore developing a food surveillance program and participate in Pulse-Net and other food programs such as FSIS/FDA and Food Emergency Response Network (FERN) 4.3. Identify and/or develop pre-incident information sharing systems where stakeholder needs can be met 4.3.1. Identify and develop rules and data elements for sharing 4.4. Exchange information to determine a common operating picture		BIP CDC PHPC CDC PHPC
5. Improve the exchange of public health and law enforcement threat information 5.1. Develop guidance for public health and medical response partners for improving the exchange of information between public health and medical and law enforcement 5.2. Support a collaborative environment for sharing situational awareness information 5.2.1. Develop Memorandums of Understanding (MOUs) between public health and medical and law enforcement to receive and share pertinent CBRN related threat information		BIP
6. Strengthen and expand existing capabilities to disseminate and share existing health security information quickly 6.1. Sustain pre-incident information sharing systems 6.1.1. Incorporate into local and state law enforcement fusion centers 6.1.2. Develop a regular meeting schedule to share relevant public health threat information 6.2. Integrate information systems with federal and state guidelines		BIP

Sub-Goal 1	Coordinated response throughout all jurisdictional levels (federal, state, and local)	
Outcome Objective 1.3	90% of fatality management activities will be coordinated within an Incident Command System	
Strategy 1.3.1:	<i>Enhance support of mass fatality activities. (Link to Preparedness Capability 5: Fatality Management)</i>	
Tactics/Activities/Tasks to Consider		Reference
4. Coordinate communication processes for mass fatalities incidents 4.1. Appoint a state liaison (e.g. state mass fatality coordinator or state medical examiner) to coordinate communication between all participants involved in the process of managing a mass fatality incident 4.2. Develop and maintain a process for communicating with local response agencies on mass fatality issues 4.3. Partner with facilities		
5. Gain situational awareness of fatalities 5.1. Develop tool to coordinate vital statistics related to deaths		
6. Enhance medico-legal capacity at the local, regional, and state level for mass fatality incidents 6.1. Develop legal guidance for local, regional, and state public health response agencies		
7. Create triggers for when to use legal authority for mass fatality incidents		
8. Produce a decision tree for implementing legal power 8.1. Designate a state level mass fatality coordinator or medical examiner to guide medico-legal decision making		

Sub-Goal 1	Coordinated response throughout all jurisdictional levels (federal, state, and local)	
Outcome Objective 1.4	90% of public information is developed, coordinated, and disseminated through an integrated joint information system	
Strategy 1.4.1:	<i>Enhance collaboration and coordination with partners. (Link to Preparedness Capability 6: Information Sharing)</i>	
Tactics/Activities/Tasks to Consider		Reference
1. Continue collaborative relationship with policy makers and media relations		
2. Continue to implement Interoperable Communications technologies 2.1. <i>Integrate all relevant health care and public health organizations into the governance, implementation and refinement of the Statewide Communication Interoperability Plans</i>		BIP

Sub-Goal 1	Coordinated response throughout all jurisdictional levels (federal, state, and local)	
Outcome Objective 1.4	90% of public information is developed, coordinated, and disseminated through an integrated joint information system	
Strategy 1.4.1:	<i>Enhance collaboration and coordination with partners. (Link to Preparedness Capability 6: Information Sharing)</i>	
Tactics/Activities/Tasks to Consider		Reference
(SCIPS)	2.2. Continue to equip participating healthcare systems, to the extent achievable, with communication devices which allow them to communicate horizontally (with each other), and vertically with Emergency Medical System (EMS), fire, law enforcement, local and State public health agencies	HPP
3. Engage private partners in public health response		
3.1. Develop database of healthcare providers to allow increase in messaging		
3.1.1. Encourage physicians to register with state on master call down list		
4. Explore additional options to collaborate with partners to increase the frequency of public messages		
4.1. Assess the location and robustness of social networks, with attention to which community organizations will serve as lead agencies in disseminating risk information and resources to constituents for response and recovery		BIP
4.2. Identify a network analysis tool that can be used easily to gather information on local networks, identify the “hubs” or leaders in those networks, and determine which networks can be used to disseminate information to improve response and recovery		BIP
4.3. Develop guidance for identifying formal and informal networks and the lead actors in a network		BIP
5. (Pre)determine joint information system structure		
6. Align joint information system with local crisis and risk communication plans		
7. Perform functions needed to alert the public and incident management responders during an incident		CDC PHPC
7.1. Activate the emergency public information system		CDC PHPC
7.2. Determine the need for a joint public information system		CDC PHPC
7.3. Establish and participate in information system operations		CDC PHPC
7.4. Establish avenues for public interaction and information exchange		CDC PHPC
7.5. Issue public information, alerts, warnings, and notifications		CDC PHPC

Sub-Goal 1	Coordinated response throughout all jurisdictional levels (federal, state, and local)	
Outcome Objective 1.5	<i>100% of affected persons with medical needs and their companion animals being sheltered are provided timely functional needs support</i>	
Strategy 1.5.1:	<i>Support regional mass care activities. (Link to Preparedness Capability 7: Mass Care)</i>	
Tactics/Activities/Tasks to Consider		Reference
1. Coordinate public health, medical, and mental health mass care services 1.1. Determine public health role in mass care operations 1.2. Coordinate with health care partners to assure medical and mental health services are accessible 1.2.1. Determine mass care needs of the impacted population 1.2.2. Coordinate public health, medical, and mental/behavioral health services 1.3. Coordinate with providers to assure access to medication and assistive devices for individuals impacted by the incident 1.4. Support the coordination of the referral of individuals displaced by the incident to new medical “homes,” including coordinating the transfer of individuals to acute or rehabilitation medical facilities 1.5. Support access to Electronic Health Records (EHR) 1.6. Develop guidance for meeting medical functional needs in general population shelters throughout the state		CDC PHPC CDC PHPC CDC PHPC
2. Strengthen statewide relationships with organizations providing mass care services (i.e. Red Cross, Salvation Army) 2.1. Create statewide Memorandums of Understanding (MOUs) with those organizations that currently do not have an agreement with the state 2.2. Contract with hospitals to provide limited mass care services with an equitable reimbursement rate 2.3. Incorporate Texas Education Agency (TEA), local independent school districts, and colleges/universities into planning for mass care space/location 2.4. Establish intrastate Emergency Management Coordination MOUs		
3. Coordinate with agencies to accommodate and provide care for animals 3.1. Facilitate presence of service animals within shelter populations 3.2. Work with partner agencies to coordinate human sheltering efforts with household pet sheltering efforts 3.3. Facilitate the coordination of partner agencies for animal mass care and sheltering		
4. Expand use of the Texas Evacuee Tracking Network (TxETN) to coordinate and manage the movement of individuals between Functional Needs Support Services (FNSS) shelters and health facilities		
5. Pre position shelter push packs in jurisdictions that have been approved to open shelters		
6. Provide communities with needed resources to acquire needed supplies (e.g. access to state contracts, technical assistance, and guidance on distribution chains)		

Sub-Goal 2	Timely detection and evaluation of adverse health outcomes in the population	
Outcome Objective 2.1	90% of identified adverse health outcomes will be detected within established timeframe for the causation of the event	
Strategy 2.1.1:	<i>Improve systems to timely detect, identify, confirm, and report agents. (Link to Preparedness Capability 12: Public Health Laboratory Testing and Preparedness Capability 13: Public Health Surveillance and Epidemiological Investigation)</i>	
Tactics/Activities/Tasks to Consider		Reference
<p>patterns, and trends in the form of maps, globes, reports, and charts</p> <p>3.3. Explore feasibility of analyzing data at the state level</p>		
<p>4. Strengthen communications and working relationships with local health department</p> <p>4.1. Encourage and support agency staff to disseminate findings from epidemiologic investigations and lessons learned from responses to public health emergencies to strengthen future prevention, preparation, and response</p> <p>4.2. Standardize the courier system</p> <p>4.3. Integrate the state laboratory diagnostic reporting system to enhance routine and real-time surveillance activities reporting</p> <p>4.4. Develop a media/outreach campaign for healthcare providers about the importance of disease surveillance and reporting to encourage more providers to participate</p>		
<p>5. Conduct public health and epidemiological investigations</p>		CDC PHPC
<p>6. Recommend, monitor, and analyze mitigation actions</p> <p>6.1. Monitor long-term health effects</p> <p>6.1.1. Improve follow-up of those exposed to emerging infections</p> <p>6.1.2. Improve tracking and follow-up of those exposed</p>		CDC PHPC BIP BIP BIP
<p>7. Develop epidemiological human capital</p> <p>7.1. Improve coordination of epidemiological capacity</p> <p>7.2. Integrate the roles and functions of individuals performing epidemiologic functions</p> <p>7.2.1. Assess the current activities and functions of individuals in an epidemiology role</p> <p>7.2.2. Identify gaps and opportunity for standardization, including epidemiology capacity, numbers trained, and capabilities</p> <p>7.2.3. Define the role of Department of State Health Services State Epidemiologist</p> <p>7.2.4. Strengthen local health department epidemiology capacity</p> <p>7.2.5. Develop state-wide Disaster Epidemiology Team consisting of State/Regional personnel and local health department volunteers who may be activated to respond to a statewide disaster</p> <p>7.2.6. Integrate epidemiology capacity among state, regions, local health departments, academic and hospitals</p> <p>7.2.7. Leverage opportunities to strengthen and enhance opportunities within and external to DSHS for epidemiology development</p> <p>7.2.7.1. Strengthen communications and working relationships with local health department</p>		

Sub-Goal 2	Timely detection and evaluation of adverse health outcomes in the population	
Outcome Objective 2.1	90% of identified adverse health outcomes will be detected within established timeframe for the causation of the event	
Strategy 2.1.1:	<i>Improve systems to timely detect, identify, confirm, and report agents. (Link to Preparedness Capability 12: Public Health Laboratory Testing and Preparedness Capability 13: Public Health Surveillance and Epidemiological Investigation)</i>	
Tactics/Activities/Tasks to Consider		Reference
<ul style="list-style-type: none"> 7.2.7.2. Encourage and support agency staff to disseminate findings from epidemiologic investigations and lessons learned from responses to public health emergencies to strengthen future prevention, preparation, and response 7.2.8. Engage the USDFA, FDA and Agriculture Commission in integrating agricultural threats into ongoing surveillance activities <ul style="list-style-type: none"> 7.2.8.1. Explore partnerships with Advance Practice Center (APC) for bio-surveillance solutions 7.2.8.2. Invite US Public Health Service Team Applied Public Health Team to Texas for training epidemiology capacities with local, regional, and state epidemiologists 7.2.9. Develop standardized courses for epidemiologists <ul style="list-style-type: none"> 7.2.9.1. Market training opportunities for epidemiologists 7.2.9.2. Expand training in the area of disaster epidemiology field response 		

Sub-Goal 2	Timely detection and evaluation of adverse health outcomes in the population	
Outcome Objective 2.1	90% of identified adverse health outcomes will be detected within established timeframe for the causation of the event	
Strategy 2.1.2:	<i>Further integrate laboratory diagnostic reporting systems to enhance routine and real-time surveillance reporting. (Link to Preparedness Capability 12: Public Health Laboratory Testing)</i>	
Tactics/Activities/Tasks to Consider		Reference
<ol style="list-style-type: none"> 1. Explore the feasibility of integrating data from a variety of difference sources <ol style="list-style-type: none"> 1.1. Continue to integrate all syndromic surveillance systems used within healthcare facilities into one database 1.2. Explore the option to upload documents (such as laboratory reports or epidemiological investigation forms directly into The National Electronic Disease Surveillance System (NEDSS) 1.3. Explore the option to automate disease and lab surveillance systems and reporting 2. Leverage interstate Information Technology (IT) research experience to improve intrastate communication (health alerts, results reporting, etc.) 3. Market laboratory training opportunities to public health 		

Sub-Goal 2	Timely detection and evaluation of adverse health outcomes in the population	
Outcome Objective 2.1	90% of identified adverse health outcomes will be detected within established timeframe for the causation of the event	
Strategy 2.1.2:	<i>Further integrate laboratory diagnostic reporting systems to enhance routine and real-time surveillance reporting. (Link to Preparedness Capability 12: Public Health Laboratory Testing)</i>	
Tactics/Activities/Tasks to Consider		Reference
<p>4. Perform laboratory functions when needed to address actual or potential exposure to any hazard</p> <p>4.1. Manage laboratory activities</p> <p>4.2. Perform sample management</p> <p>4.3. Conduct testing and analysis for routine and surge capacity</p> <p>4.4. Support public health investigations</p> <p>4.5. Report results</p>		<p>CDC PHPC</p> <p>CDC PHPC</p> <p>CDC PHPC</p> <p>CDC PHPC</p> <p>CDC PHPC</p>
<p>5. Increase laboratory capability (tapping National Guard, military and university; explore the use of memorandum of understanding (MOU)s/memorandum of agreement (MOA)s with other states for laboratory testing; use of MOUs/MOAs with critical equipment/supply manufacturers for laboratory testing to enhance capacity)</p>		

Sub-Goal 2	Timely detection and evaluation of adverse health outcomes in the population	
Outcome Objective 2.1	90% of identified adverse health outcomes will be detected within established timeframe for the causation of the event	
Strategy 2.1.3:	<i>Monitor the health of mass care populations. (Link to Preparedness Capability 7: Mass Care)</i>	
Tactics/Activities/Tasks to Consider		Reference
<p>1. Develop a system to complete a facility-specific environmental health and safety assessment in “pop-up” shelters</p>		
<p>2. Conduct health surveillance at shelters to identify cases of illness, injury, and exposure within mass care populations</p> <p>2.1. Monitor facility-specific environmental health and safety, including screening for contamination (radiological, nuclear, biological, or chemical)</p> <p>2.2. Identify additional health needs as part of the agency’s/jurisdictional situational awareness update, and refer those updates through the public health incident management system for additional local, state, or federal assistance as necessary</p>		

Sub-Goal 3	Reduce the predicted rate of incidence and or mortality in a community throughout a public health emergency	
Outcome Objective 3.1	100% of the identified population has access to appropriate medical countermeasures	
Strategy 3.1.1:	<i>Expand medical countermeasure delivery systems to reach all populations. (Link to Preparedness Capability 9: Medical Material Management and Distribution)</i>	
Tactics/Activities/Tasks to Consider		Reference
1. Revise plans to develop flexible, multiple, scalable delivery options/mechanisms 1.1. Retail and hospital pharmacies 1.2. Postal Service 1.3. Contractors 1.4. Community/Rural /Migrant Health Centers 1.5. Federal agencies/centers/military bases 1.6. Point of Dispensing Sites (push vs. pull)		
2. Establish allocation/apportionment methodologies for scarce resources 2.1. Explore strategies to share governmental and private-sector caches to augment local dispensing capacity and capabilities if needed 2.1.1. Continue developing operational plans for storage, rotation and timely distribution of critical antibiotic medications through the supply chain during an emergency, for healthcare workers and their families		BIP HPP
3. Develop criteria to triage illness and exposure (at-risk populations)		
4. Develop system to measure patient outcomes and adverse reactions		
5. Develop guidance for improved inter and intrastate coordination		
6. Conduct an exercise to demonstrate the ability to transport SNS statewide in coordination with distribution partners		

Sub-Goal 3	Reduce the predicted rate of incidence and or mortality in a community throughout a public health emergency	
Outcome Objective 3.1	100% of individuals have access to appropriate medical countermeasures	
Strategy 3.1.2:	<i>Enhance capability for medical countermeasure dispensing (Link to Preparedness Capability 8: Medical Countermeasure Dispensing)</i>	
Tactics/Activities/Tasks to Consider		Reference

Sub-Goal 3	Reduce the predicted rate of incidence and or mortality in a community throughout a public health emergency	
Outcome Objective 3.1	100% of individuals have access to appropriate medical countermeasures	
Strategy 3.1.2:	<i>Enhance capability for medical countermeasure dispensing (Link to Preparedness Capability 8: Medical Countermeasure Dispensing)</i>	
Tactics/Activities/Tasks to Consider		Reference
1. Identify and initiate medical countermeasure dispensing strategies 1.1. Revise toolkit to include all medications and delivery options 1.1.1. Public health officials work within communities to discuss and inform mass dispensing strategies 1.2. Explore efficacy and feasibility of pre-positioning personal or home stockpiles of oral antibiotics for certain groups of responders and volunteers 1.3. Explore feasibility of identifying a competent chain-of-command for dispensing by untrained volunteers when a trained workforce is not available		CDC PHPC BIP BIP BIP
2. Conduct on-going training and exercising specific to medical countermeasure dispensing		
3. Include Texas Military Forces (TMF) in training and exercising to evaluate transportation and community assistance		
4. Build capacity by partnering with non-traditional stakeholders 4.1. Explore expanded use of Point of Dispensing Sites (push vs. pull) 4.2. Explore feasibility of healthcare facility pharmacies maintaining a cache for their staff and families 4.3. Develop and expand private sector distribution sites		
5. Perform functions associated with medical countermeasure dispensing as needed 5.1. Receive medical countermeasures 5.2. Activate dispensing modalities 5.3. Dispense medical countermeasures to identified population 5.4. Report adverse events		CDC PHPC CDC PHPC CDC PHPC CDC PHPC CDC PHPC

Sub-Goal 3	Reduce the predicted rate of incidence and or mortality in a community throughout a public health emergency	
Outcome Objective 3.2	Increase by 20% use/access of non-pharmaceutical interventions	
Strategy 3.2.1:	<i>Facilitate community behavior change. (Link to Preparedness Capability 11: Non-Pharmaceutical Interventions)</i>	
Tactics/Activities/Tasks to Consider		Reference
1. Increase awareness of non-pharmaceutical interventions		

Sub-Goal 3	Reduce the predicted rate of incidence and or mortality in a community throughout a public health emergency	
Outcome Objective 3.2	Increase by 20% use/access of non-pharmaceutical interventions	
Strategy 3.2.1:	<i>Facilitate community behavior change. (Link to Preparedness Capability 11: Non-Pharmaceutical Interventions)</i>	
Tactics/Activities/Tasks to Consider		Reference
<ul style="list-style-type: none"> 1.1. Engage partners and identify factors that impact non-pharmaceutical interventions 1.2. Develop guidance/toolkits for communities to address: <ul style="list-style-type: none"> 1.2.1. Intervention recommendations (decision matrices) based on jurisdictional vulnerability/risk assessment 1.2.2. Secondary effects of non-pharmaceutical interventions 1.2.3. Intervention authority 1.2.4. Roles and responsibilities 1.2.5. External documentation 1.2.6. Mass gathering planning 1.2.7. De-escalation of interventions 		CDC PHPC
<ul style="list-style-type: none"> 2. Improve community acceptance of non-pharmaceutical interventions <ul style="list-style-type: none"> 2.1. Determine non-pharmaceutical interventions 2.2. Promote the recommended intervention to the public 2.3. Develop personal/family/workplace toolkit for use in voluntary isolation (stay-kit) 2.4. Contract with marketing agencies to disseminate information 2.5. Publish information on the benefits of non-pharmaceutical interventions 		CDC PHPC

Sub-Goal 3	Reduce the predicted rate of incidence and or mortality in a community throughout a public health emergency	
Outcome Objective 3.2	Increase by 20% use/access of non-pharmaceutical interventions	
Strategy 3.2.2:	<i>Enhance coordination and collaboration with partners and stakeholders for non-pharmaceutical interventions (Link to Preparedness Capability 11: Non-Pharmaceutical Interventions)</i>	
Tactics/Activities/Tasks to Consider		Reference
<ul style="list-style-type: none"> 1. Coordinate and integrate with jurisdictional to enhance enforcement of authorities <ul style="list-style-type: none"> 1.1. Develop written agreements with law enforcement for enforcing mandatory restrictions 		
<ul style="list-style-type: none"> 2. Implement non-pharmaceutical interventions <ul style="list-style-type: none"> 2.1. Coordinate support services to individuals included in non-pharmaceutical interventions 2.2. Identify and assist stakeholders (health care providers, mental health provider, schools, etc.) that could provide services to individuals involved in a non-pharmaceutical intervention 		CDC PHPC

Sub-Goal 3	Reduce the predicted rate of incidence and or mortality in a community throughout a public health emergency	
Outcome Objective 3.2	Increase by 20% use/access of non-pharmaceutical interventions	
Strategy 3.2.2:	<i>Enhance coordination and collaboration with partners and stakeholders for non-pharmaceutical interventions (Link to Preparedness Capability 11: Non-Pharmaceutical Interventions)</i>	
Tactics/Activities/Tasks to Consider		Reference
2.2.1.	Further develop collaborative relationships with non-traditional partners and community groups	
2.2.2.	Facilitate inclusion of medical subject matter experts in planning and response	
3. Monitor use of non-pharmaceutical interventions	CDC PHPC	

Sub-Goal 4	Consistent, real-time awareness statewide of medical supplies/materiel and equipment purchased for public health and medical incidents	
Outcome Objective 4.1:	90% of all medical supplies/materiel and equipment purchased for public health and medical incidents will be managed through the integrated inventory system	
Strategy 4.1.1:	<i>Develop a statewide medical supply management and distribution tracking system (Link to Preparedness Capability 9: Medical Material Management and Distribution)</i>	
Tactics/Activities/Tasks to Consider		Reference
1. Explore funding option for a statewide management and distribution tracking system		
1.1. Develop and implement an integrated resource tracking strategy that works across sectors and capitalizes on existing resources, including identification of a minimal set of resource data that cuts across situations		
1.2. Identify and address proprietary interests (e.g., for hospitals, pharmaceutical industry, large nationwide laboratories) that may inhibit incorporation of private resources, including approaches for carefully controlled data sharing and maintaining confidentiality of information	BIP	
2. Create a tiered system of entry/tracking		
2.1. Assess current management and supply and distribution system		
2.2. Catalog state-controlled assets		
2.3. Encourage entry of other assets located at local level		
2.4. Maintain updated inventory management and reporting system	CDC PHPC	

Sub-Goal 4	Consistent, real-time awareness statewide of medical supplies/materiel and equipment purchased for public health and medical incidents	
Outcome Objective 4.1:	90% of all medical supplies/materiel and equipment purchased for public health and medical incidents will be managed through the integrated inventory system	
Strategy 4.1.1:	<i>Develop a statewide medical supply management and distribution tracking system (Link to Preparedness Capability 9: Medical Material Management and Distribution)</i>	
	Tactics/Activities/Tasks to Consider	Reference
	3. Establish process within the inventory tracking system to support just-in-time medical supplies and equipment surge. 3.1. Explore feasibility of establishing contracts with vendors for issuance of supplies during incident (contingency contracts) 3.2. Explore the feasibility of establishing statewide contracts 3.3. Explore the feasibility of multi-year contracts 3.3.1. Include LHD on supplies and equipment contracts and discounts 3.3.2. Obtain contracts for rotation of medical supplies and equipment with large hospital, pharmacies, universities, etc 3.4. Continue work with comptroller to determine what state wide contracts currently exist 3.5. Assess options for equipment purchase versus rental	
	4. Plan exercise to test medical supply management and distribution tracking system	
	5. Integrate procedures for rotation of pharmaceuticals into planning documents	
	6. Expand regional caches of supplies to include pharmaceuticals	

Sub-Goal 4	Consistent, real-time awareness statewide of medical supplies/materiel and equipment purchased for public health and medical incidents	
Outcome Objective 4.1:	90% of all medical supplies/materiel and equipment purchased for public health and medical incidents will be managed through the integrated inventory system	
Strategy 4.1.2:	<i>Strengthen local capacity to manage and distribute medical supplies</i> (Link to Preparedness Capability 9: Medical Material Management and Distribution)	
	Tactics/Activities/Tasks to Consider	Reference
	1. Consider the development of statewide deployable team to manage and distribute medical supplies	
	2. Strengthen communications and working relationships with state and local public and private partners to minimize the likelihood of error in the management and distribution of medical supplies 2.1. Develop guidance to address legal and funding issues related to private medication cache.	
	3. Explore options to address limited storage capacity, use of government purchased supplies for other use prior to expiration for supplies 3.1. Ensure storage meets all federal, state, and manufacturer’s storage requirements	
	4. Incorporate recent changes to a hospital accreditation requirements to have hospitals create and individual facility based approach to medical supply management and distribution	
	5. Create standardized lists for supply and equipment	
	6. Perform the functions associated with medical materiel distribution as needed during an incident or exercise 6.1. Direct and activate medical materiel management and distribution 6.2. Acquire medical materiel 6.3. Establish and maintain security 6.4. Distribute medical materiel 6.5. Recover medical materiel and demobilize distribution operations	CDC PHPC CDC PHPC CDC PHPC CDC PHPC CDC PHPC

Sub-Goal 5	Effectively manage, from a systems approach, the health care surge needs of the community resulting from an incident where the public’s health is impacted	
Outcome Objective 5.1:	The health care system will manage an increase of 20% of the population impacted during an incident.	
Strategy 5.1.1:	Expand treatment capacity (Link to Preparedness Capability 10: Medical Surge)	
Tactics/Activities/Tasks to Consider		Reference
1. Form partnerships/community health coalitions to support the delivery of mass casualty care and/or prevent the disruption of required medical/mental health services 1.1. Increase integration and collaboration among system partners to include public health and other medical response partners (include representatives from Regional Advisory Councils (RACs), long term care, rehabilitation, local health departments) 1.1.1. Explore use of outpatient care providers (i.e. community health centers, ambulatory care, nursing homes, private providers, local health department) 1.1.1.1. Address liability issues for outpatient care providers 1.1.2. Explore use of other types of inpatient care facilities (i.e. long term care, rehabilitation hospitals, and state hospitals) 1.1.3. Explore use of schools, hotels, airport hangars, gymnasiums, stadiums, convention centers 1.1.4. Explore the feasibility of using telemedicine 1.1.5. Implement a telephone triage system to assist with surge at the primary care level 1.1.5.1. Call center approach at the local or regional level 1.1.5.2. Use of poison control centers		BIP HPP HPP HPP
2. Develop simple, phased, and practical local or regional plans for rapidly expanding health system capacity 2.1. Revise planning documents to clarify partner’s roles and responsibility throughout the life cycle of the event 2.2. Implement standards for bed reporting to include schedule of reporting and licensed facility bed capacity 2.3. Establish standardized procedures to plan for inventory and resource needs (supplies, equipment, and staff) 2.3.1. Implementation of MOU 2.3.2. Pre-ordering procedures 2.3.3. Just-in-time ordering procedures 2.3.4. Stockpiling options 2.3.5. Contingency contracts for staffing and facility rental		BIP HPP
3. Strengthen information management to improve medical decision-making at the operational and policy level 3.1. Identify the operational and policy questions that must be answered in the following key areas: 3.1.1. Patient tracking 3.1.2. Medical care operations		BIP BIP BIP BIP

Sub-Goal 5	Effectively manage, from a systems approach, the health care surge needs of the community resulting from an incident where the public’s health is impacted	
Outcome Objective 5.1:	The health care system will manage an increase of 20% of the population impacted during an incident.	
Strategy 5.1.1:	Expand treatment capacity (Link to Preparedness Capability 10: Medical Surge)	
	Tactics/Activities/Tasks to Consider	Reference
	<ul style="list-style-type: none"> 3.1.3. Asset and supply chain management 3.1.4. Bed and provider availability on a regional basis 3.2. Determine the data required to answer these questions 3.3. Ensure alignment of systems to acquire and process needed data 3.4. Continue to support HAVBed/WholeBed reporting 	<ul style="list-style-type: none"> BIP BIP BIP BIP HPP
	<ul style="list-style-type: none"> 4. Perform functions associated with medical surge when needed 4.1. Assess the nature and scope of the incident 4.2. Support activation of medical surge 4.3. Support jurisdictional medical surge operations 4.4. Support demobilization of medical surge operations 4.5. Develop mechanisms to swiftly reimburse health care providers, institutions, and suppliers for care, supplies, equipment, and services delivered during a large-scale health incident 	<ul style="list-style-type: none"> CDC PHPC CDC PHPC CDC PHPC CDC PHPC CDC PHPC BIP
	<ul style="list-style-type: none"> 5. Implement an evaluation of surge capability through baseline assessment, obtainment of realistic targets, and rigorous exercises and tests to verify that systems can meet the targets. 5.1. Establish a taxonomy of terms and measures to assess a health care delivery system’s capability to deliver medical care during disasters and other public health emergencies 5.2. Provide communities with guidance, templates, and technical assistance on how to conduct assessments 5.3. Explore options to encourage hospitals to improve day-to-day emergency care capacity as part of a strategy to quickly expand surge capacity in response to a large-scale health incident 5.4. Conduct joint exercises between healthcare system partnerships/coalitions, Metropolitan Medical Response System (MMRS) entities, the local Medical Reserve Corps (MRC), Urban Area Working Groups (UAWG), and the Cities Readiness Initiative (CRI) jurisdictions, to the extent possible 	<ul style="list-style-type: none"> BIP BIP BIP BIP HPP
	<ul style="list-style-type: none"> 6. Deploy mobile clinics/hospitals as needed to areas that do not have adequate medical infrastructure (under auspices of TDMS) 6.1. Continue to develop plans for a mobile medical capability, working with state and local stakeholders to ensure integration of plans and sharing of resources. <ul style="list-style-type: none"> 6.1.1. Address staffing, supply and re-supply, and training of associated personnel <ul style="list-style-type: none"> 6.1.1.1. Continue to form strike teams for specialized licensed personnel 6.2. Continue to implement the Medical Mobile Unit (MMU) initiative 	<ul style="list-style-type: none"> HPP HPP
	<ul style="list-style-type: none"> 7. Continue to identify barriers to adopting electronic health records and develop plans to begin to address them 	<ul style="list-style-type: none"> BIP

Sub-Goal 5	Effectively manage, from a systems approach, the health care surge needs of the community resulting from an incident where the public’s health is impacted	
Outcome Objective 5.1:	The health care system will manage an increase of 20% of the population impacted during an incident.	
Strategy 5.1.1:	<i>Expand treatment capacity (Link to Preparedness Capability 10: Medical Surge)</i>	
	Tactics/Activities/Tasks to Consider	Reference
	7.1. Develop protocols to support the sharing of electronic health information (EHI) when available that meet federal and state data and health information exchange standards.	
	8. Facilitate development of standard guidelines for hospital credentialing	
	8.1. Work with health care entities (including hospitals, primary care physicians, Emergency Medical Services (EMS) agencies, long term care centers, community health centers/Federally Qualified Health Centers (FQHC) to develop surge goals	BIP
	8.2. Work with professional and accreditation organizations to consider, address or develop standards for surge capacity for health care entities	BIP

Sub-Goal 5	Effectively manage the health care surge needs of the community resulting from an incident where the public’s health is impacted through a systems approach	
Outcome Objective 5.1:	The health care system will manage an increase of 20% of the population impacted during an incident.	
Strategy 5.1.2:	<i>Establish a coordinated approach to addressing altered standards of care (Link to Preparedness Capability 10: Medical Surge)</i>	
	Tactics/Activities/Tasks to Consider	Reference
	1. Identify current efforts to address the complex legal issues that arise during large-scale health incidents; initiate and support a coordinated approach to addressing these issues, and develop clear and consistent guidelines for future incidents	BIP
	1.1. Allocation of scarce medical resources	BIP
	1.2. Crisis standards of care	BIP
	1.2.1. Establish guidelines for ethical decision-making	
	1.2.2. Establish policy for changes in scope of practice	
	1.2.3. Establish altered regulatory standards during an incident	
	1.2.3.1. Should include provision of care and allocation of scarce equipment, supplies, and personnel	HPP
	1.3. Alternate care sites	
	1.3.1. Continue developing and improving Alternate Care Site (ACS) plans and concept of operations for providing supplemental surge capacity to the healthcare system	HPP

Sub-Goal 5	Effectively manage the health care surge needs of the community resulting from an incident where the public’s health is impacted through a systems approach	
Outcome Objective 5.1:	The health care system will manage an increase of 20% of the population impacted during an incident.	
Strategy 5.1.2:	<i>Establish a coordinated approach to addressing altered standards of care (Link to Preparedness Capability 10: Medical Surge)</i>	
Tactics/Activities/Tasks to Consider		Reference
<ul style="list-style-type: none"> 1.3.2. Explore home based care as an alternate care site. 1.4. Health information sharing versus privacy 1.5. Organizational liability 1.6. Reimbursement for transport and care of out-of-state patients 1.7. Credentialing/licensing of professional personnel 		<ul style="list-style-type: none"> BIP BIP BIP BIP
<ul style="list-style-type: none"> 2. Establish trigger points for waivers to existing federal/state laws <ul style="list-style-type: none"> 2.1. Clarify the circumstances that trigger waivers to existing federal laws and the process for initiating such waivers 		<ul style="list-style-type: none"> BIP

Sub-Goal 6	Protect the safety and health of public health and medical responders/receivers	
Outcome Objective 6.1:	Protect 100% of responders from adverse safety and health concerns	
Strategy 6.1.1:	<i>Create systems to prevent/mitigate/monitor adverse health events for responders during response and recovery (Link to Preparedness Capability 14: Responder Safety and Health)</i>	
Tactics/Activities/Tasks to Consider		Reference
<ul style="list-style-type: none"> 1. Improve the safety of workers during incidents and in the recovery phase <ul style="list-style-type: none"> 1.1. Standardize responder safety and health activities throughout Texas 1.2. Confirm definition for first responder and first receiver 1.3. Develop and maintain a state plan for responder safety and health 		<ul style="list-style-type: none"> BIP
<ul style="list-style-type: none"> 2. Create functional appendix to Annex H <ul style="list-style-type: none"> 2.1. Include responder group type, work cycle and replacement schedules 2.2. Include direct patient providers in plan development 		
<ul style="list-style-type: none"> 3. Identify safety and personal protective needs <ul style="list-style-type: none"> 3.1. Develop protocols for managing Personal Protective Equipment (PPE) to include: <ul style="list-style-type: none"> 3.1.1. Acquisition (Develop standardized equipment requirements for each responder group 		<ul style="list-style-type: none"> CDC PHPC

Sub-Goal 6	Protect the safety and health of public health and medical responders/receivers	
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Strategy 6.1.1:	<i>Create systems to prevent/mitigate/monitor adverse health events for responders during response and recovery (Link to Preparedness Capability 14: Responder Safety and Health)</i>	
Tactics/Activities/Tasks to Consider		Reference
<ul style="list-style-type: none"> (work cycle and replacement schedules) 3.1.2. Inventory 3.1.3. Storage 3.1.4. Dissemination 3.1.5. Fit-testing 3.1.6. Maintenance 3.2. Continue to support portable or fixed decontamination system capability for managing healthcare workers, as well as others, who have been exposed during all-hazards health and medical disaster events. 3.3. Coordinate with partners to facilitate risk-specific safety and health training <ul style="list-style-type: none"> 3.3.1. Standardize health and safety training for deployable teams 3.4. Predefine safety messages for first responders/first receivers to be used in emergencies 3.5. Identify specific safety needs <ul style="list-style-type: none"> 3.5.1. Identify responder safety and health risks <ul style="list-style-type: none"> 3.5.1.1. Establish position for agency occupational health nurse 3.5.1.2. Implement health screenings and training pre-deployment 3.5.1.3. Develop deployment bags containing PPE, personal hygiene supplies, etc. needed to deploy for specific kinds of incident 3.5.1.4. Work with pharmacies with free or existing cheap antibiotics programs to annually provide doxycycline and/or ciprofloxacin for free to first responders/first receivers with prescription from DSHS 3.6. Improve coordination <ul style="list-style-type: none"> 3.6.1. Integrate hospital responder and community responder efforts for improved coordination 3.6.2. Develop processes and procedures for communicating health and safety risks/recommendations 3.7. Expand responder immunization measures <ul style="list-style-type: none"> 3.7.1. Resolve issues related to the financing of immunizations for first responder 3.7.2. Create a screening tool to provider prescriptions for first responders and families <ul style="list-style-type: none"> 3.7.2.1. Work with pharmacies, as needed, to provide immunizations for first responders and families 3.7.3. Develop policy for immunizations for first responders/first receivers pre-deployment 3.8. Strengthen ability to document immunization status of first responders/first receivers <ul style="list-style-type: none"> 3.8.1.1. Market ImmTrac to first responders to improve participation 3.8.1.2. Mitigate adverse health outcomes for responders first responders/first receivers 		<ul style="list-style-type: none"> HPP CDC PHPC CDC PHPC HPP
4. Sustain health and safety standards for on-site/workplace during incident/event		

Sub-Goal 6	Protect the safety and health of public health and medical responders/receivers	
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Strategy 6.1.1:	<i>Create systems to prevent/mitigate/monitor adverse health events for responders during response and recovery (Link to Preparedness Capability 14: Responder Safety and Health)</i>	
Tactics/Activities/Tasks to Consider		Reference
5. Monitor responders post-incident 5.1. Monitor responder safety and health actions 5.1.1. Create protocols to monitor health status 5.1.2. Conduct exit interviews/surveys 5.1.3. Determine need for long-term monitoring		CDC PHPC
6. Explore funding options for training, deployment, and equipment for first responder/first receiver.		

Sub-Goal 7	Current/emergent technology is used to disseminate information to the public	
Outcome Objective 7.1:	90% of the public is targeted through multiple communication mechanisms	
Strategy 7.1.1:	<i>Expand public information and warning dissemination systems (Link to Preparedness Capability 4: Emergency Public Information and Warning)</i>	
Tactics/Activities/Tasks to Consider		Reference
1. Develop emergency communication plans that coordinate message development and dissemination strategy across all levels of government and with community partners 1.1. Continue to update Crisis and Emergency Risk Communication (CERC) Manual 1.2. Test crisis and emergency risk communications protocols through drills/exercises		BIP BIP
2. Use social media to disseminate and push information 2.1. Continue analysis of current technology and trends 2.2. Explore options for more effective use of media channels (including social media such as Twitter and Facebook) in disseminating public health messages 2.3. Provide a registry that allows individuals to register for automatic updates via web, mobile devices, etc 2.4. Develop, with 2-1-1, a state-wide registry for persons with medical needs and make the data available upon request from local health departments or emergency management leaders		BIP

Sub-Goal 8	A robust volunteer system that can support public health and medical response and recovery	
Outcome Objective 8.1:	Increase by 20% the number of registered/credentialed volunteers	
Strategy 8.1.1:	<i>Integrate new and existing volunteer opportunities (Link to Preparedness Capability 15: Volunteer Management)</i>	
Tactics/Activities/Tasks to Consider		Reference
<p>Health Professional (ESAR-VHP)</p> <ul style="list-style-type: none"> 2.5.2.1. Develop standard operating procedures for use of ESAR-VHP 2.5.2.2. Initiate a marketing campaign for ESAR-VHP, to include use for management of affiliated volunteers 2.6. Leverage Texas Medical Brigade(s) of the Texas State Guard <ul style="list-style-type: none"> 2.6.1. Coordinate use of the military personnel to bolster Medical Reserve Corps (MRCs) 2.7. Develop training program for volunteers <ul style="list-style-type: none"> 2.7.1. Develop and standardized competency levels for non-health related volunteers most likely to be needed in a response <ul style="list-style-type: none"> 2.7.1.1. Develop course material for local jurisdictions 2.7.1.2. Provide training by DSHS staff 2.8. Partner with professional organizations (American Red Cross; United Way, Volunteer Organizations Active in Disasters (VOAD) Texas Citizen’s Corp) and academic institutions to develop standardized training <ul style="list-style-type: none"> 2.8.1. Develop just-in-time training and credentialing of spontaneous volunteers 2.8.2. Develop materials (tool-kit)for on-site training of spontaneous volunteers 2.8.3. Develop educational materials on liability during health incidents to address concerns of the workforce, including volunteers 2.9. Increase use of TRAIN to advertise volunteer training opportunities. 2.10. Integrate training opportunity systems (i.e. TRAIN and American Red Cross) <ul style="list-style-type: none"> 2.10.1. Integrate use of volunteers into state, regional, and local exercises 2.11. Support volunteers during all phases of response (pre-deployment, deployment, post-deployment) <ul style="list-style-type: none"> 2.11.1. Notify volunteers 2.11.2. Organize, assemble, and dispatch volunteers <ul style="list-style-type: none"> 2.11.2.1. Develop deployment briefing for volunteers, including safety and incident-specific training 2.11.3. Demobilize volunteers <ul style="list-style-type: none"> 2.11.3.1. Conduct debriefing for volunteers 2.11.3.2. Foster post-deployment medical screening, stress, and well-being assessment and referral 2.12. Support the development of local volunteer Medical Reserve Corps (MRCs) <ul style="list-style-type: none"> 2.12.1. Reallocate funds to the local level to develop MRCs 2.12.2. Encourage use of National Association of County and City Health Officials (NACCHO) social marketing campaign to educate local health departments on MRCs and how to start one 		<p>BIP</p> <p>CDC PHPC CDC PHPC</p> <p>CDC PHPC</p> <p>HPP</p>
3. Pursue legislative support to protect volunteer healthcare providers and entities when standards		

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Strategy 8.1.1:	<i>Integrate new and existing volunteer opportunities</i> (Link to Preparedness Capability 15: Volunteer Management)	
Tactics/Activities/Tasks to Consider		Reference
<p>of care have been altered due to the environment</p> <ul style="list-style-type: none"> 3.1. Credential out of state licensed professionals 3.2. Grant hospital privileges to licensed professionals for duration of incident. 		