



THE PREPAREDNESS REPORT

IN THIS ISSUE

Farewell to Matt Honza	1
Volunteers in Action	2
Succinct Session Summary	4
2014 - 2015 Influenza Season Overview	5
Regional Training & Exercise Planning	6
DSHS HSR 2/3 Fatality Management	7
Psychological First Aid Training	8
Upcoming Exercises & Trainings	9-10

Upcoming Exercises & Trainings

see pages 9-10



Matt Honza

Farewell to Matt Honza

Matt Honza has announced his resignation from the Texas Department of State Health Services, Health Service Region 2/3. Matt has been a member of the HSR 2/3 Team since 2004, when he joined the Immunizations Program as a temporary clerk. In April of 2005, he accepted a permanent position as a Vaccine Account Representative and later promoted to a Program Specialist II/Team Lead where he managed daycare and school immunization audits. In October of 2012, Matt moved to the Community Preparedness Program as the Strategic National Stockpile (SNS) Coordinator.

During his time with DSHS, Matt has participated in multiple responses including Hurricanes Ike and Gustav, H1N1, and Ebola. He has both planned and participated in exercises at the federal, state, and local levels. Recently, he was honored with a Texas Preparedness Leadership Award for Outstanding Service to the 2014 Ebola Outbreak. Matt's distinguished service to the communities throughout Region 2/3 has been vital to the success of the Community Preparedness Program. Please join our team in congratulating Matt as he moves to Tarrant County Public Health to become their new SNS Coordinator. Although his absence will be felt within our office, we are happy that he will still be a part of our regional preparedness activities.



VOLUNTEERS IN ACTION

Lupe Torres
Community Preparedness

The Medical Reserve Corps (MRC) is a national network of volunteers, organized and managed by the jurisdiction that they serve. MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. Dallas County MRC had 95 volunteers serve 641 hours in support of Dallas County's Ebola response in October 2014. Volunteer efforts included supporting a call center, creating localized CDC informational materials and canvassing neighborhoods.



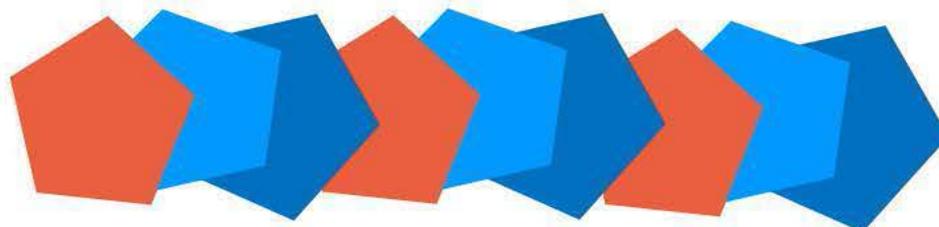
The Collin County MRC also ran a call center to track 40 contacts on the airline with one of the nurses who had contracted Ebola. In February 2015, the Dallas county MRC held the 2015 PREP Rally for Survival for the Dallas community. The event was to help families be aware; be ready and be prepared for unexpected emergencies. It included presenters on several hot topics; Prepare Your Pets For Survival, Putting Together a Supply Kit That Works, Lessons in First Aid and CPR. The public was provided tips on; How To Prepare Their Neighborhood and Taking Care Of Yourself While Taking Care of Others. In May 2015, the Dallas MRC also held "Operation Best Southwest" POD exercise, they set-up four PODS at local school districts and practiced dispensing mass prophylaxis.



MRC Units from Dallas and Collin counties are taking the lead in rehearsing for Emergency Mass Shelter Clinic response. On May 30th, they ran a drill that included role-specific Just-in-Time (JIT) Training conducted by medical and mental health instructors and JIT-Training for non-medical support volunteers.

Dallas County MRC was honored by the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) with the 2015 Community Resilience Award for their demonstrated contributions to resilience at the

community level in their daily unit operations and through involvement in activities or events. **Kudos to the Dallas County MRC!**



VOLUNTEERS IN ACTION continued

Lupe Torres
Community Preparedness

Community Emergency Response Team (CERT) is a program that educates volunteers about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, Medical Operations and team organization. CERT like MRC is also



managed by the jurisdiction that it serves. CERT is about readiness, people helping people, rescuer safety and doing the greatest good for the greatest number. In Parker County, the CERT volunteers are trained in Emergency Preparedness, Incident Command System (ICS), POD set-up and operations and many other areas. In September 2014, Parker county CERT worked with the school districts in conducting drive-thru flu shot clinics for the public and with the hospital district to provide flu shots for first responders.

Region 2/3 is fortunate to have MRC and CERT volunteers, who are trained, participate in drills and exercises and are well prepared to support a public health emergency. Volunteers are asked to register through the Texas Disaster Volunteer Registry (TDVR), which was created to pre-register volunteers and to verify professional licensure. The TDVR is maintained by the Department of State Health Services and provides an efficient way to collect and match volunteers' skills, abilities, and experiences with the needs of a disaster.



For more information on MRC:

www.medicalreservecorps.gov

CERT: <https://www.fema.gov/community-emergency-response-teams>

TDVR: www.texasdisastervolunteerregistry.org

Succinct Session Summary

Heidi Threadgill
Epidemiology

The 84th legislative session commenced on January 13, 2015 and adjourned on June 1, 2015 with more than 11,000 bills filed. Governor Abbott's signature added the finishing touch turning some bills into law while others sailed through after surviving the veto process. This session reviewed bills, like the ones listed below, that stood to have an impact in public health if they weathered the legislative process.

House Bill 91 would allow persons with a permit for selling retail raw milk to expand their trade market. H. B. 91 proposed the sale of raw milk or raw milk products directly to consumers at the permit holder's place of business, the consumer's residence, or at a farmers market. A health advisory statement in regards to the risk associated with raw milk product consumption would be required on the label affixed to the product. With raw milk consumption gaining popularity, this bill had the potential to increase the consumer base. H.B. 91 was left pending in committee on 5/25/15 and may be a bill to keep track of during the next legislative session.

Senate Bill 538 would grant the governor the ability to declare a "state of infectious disease emergency" via proclamation or executive order in consultation with the commissioner of the Texas Department of State Health Services (TDSHS). Such a proclamation or order would give the commissioner of TDSHS authority over policy decisions, procedures, and control measures at the local and state level. The executive order would remain in place until the governor deemed there is no longer an imminent health and safety risk and terminates the proclamation via an executive order. This bill stirred up quite a bit of controversy in regards to whom or what entity has ultimate authority during an infectious disease emergency. S. B. 538 was removed from the Senate schedule on May 12, 2015 and therefore was not filed.

House Bill 2646 proposed amending Section 81.046 of the Health and Safety Code to expand the release of medical and epidemiological information (which includes persons exposed to a person with a communicable disease). Such information may now also be released to governmental entities providing first responders, and to local health departments or local health authorities for a monitoring period which is based on the potential to develop the communicable disease of concern. Only minimum information as determined by a health authority, local health department, governmental entity, or department shall be released. Under this amendment, local health departments or local health authorities shall release the address of a person who is being monitored by public health for a communicable disease to first responders. This bill, with its broad wording, stirred debate between the public health and public safety sectors. H.B. 2646 was signed into law by Governor Abbott on June 17, 2015 and will go into effect on September 1, 2015.

The 84th legislative session concluded with a mix bag of hits and misses across the board. One thing is for certain- public health will be impacted when some of the newly adopted statutes are implemented.



2014 - 2015 Influenza Season Overview

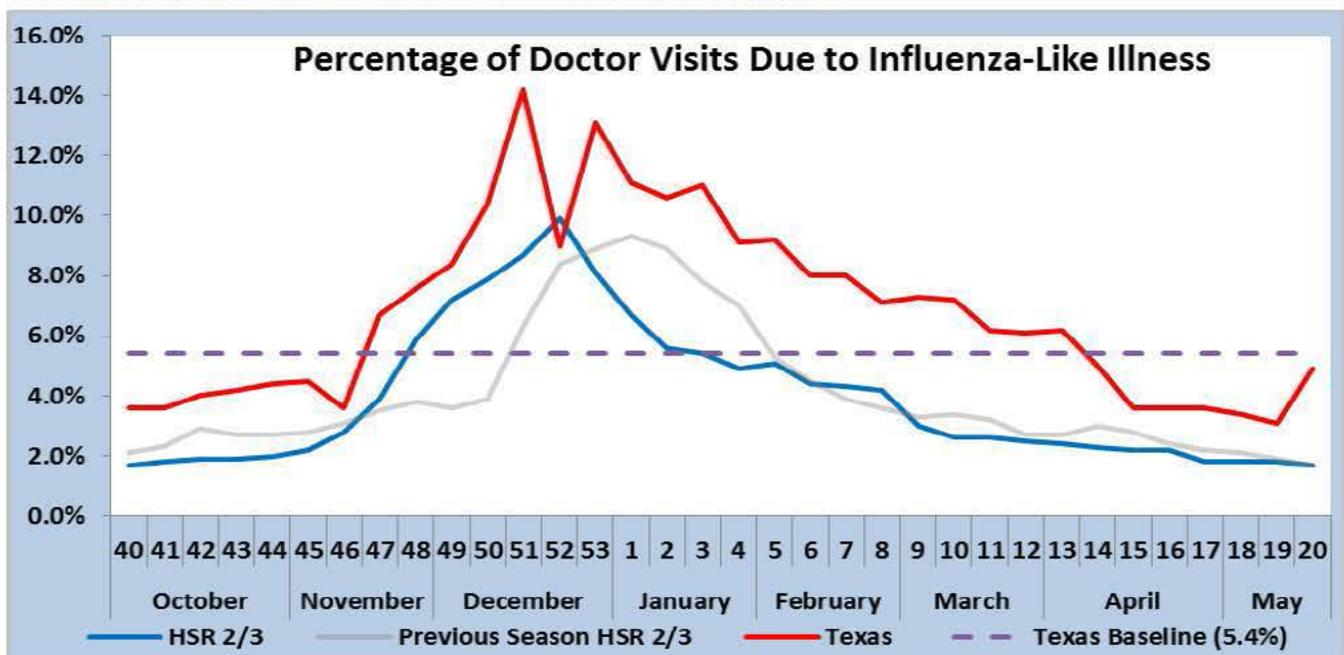
Scott Mize, MPH
Epidemiology

Similar to the previous two seasons, flu activity in the 2014-2015 season began to accelerate in mid to late November and reached a peak around the beginning of the new year. This is considered to be an early start and early peak. National levels of influenza-like illness doctor visits remained above baseline for 20 consecutive weeks, longer than it has in at least a decade. This early rise in activity, and slow decline after the peak, was also seen in influenza-like illness doctor visits in Health Service Region 2/3.

The predominant circulating strain, in Texas and nationally, was H3N2. This is an influenza type A virus that has historically been associated with more severe flu seasons, including higher numbers of influenza-associated hospitalizations and deaths. The rate of hospitalizations for those 65 and older was 322.8 per 100,000 nationally, more than one and a half times higher than in 2012-2013, which was considered to be a severe flu season during which H3N2 influenza virus also predominated.

An additional challenge faced this season, and a possible contributing factor to the high number of influenza-related hospitalizations, was a mismatch of the influenza H3N2 strain used in the vaccine and the predominate circulating strain. 81.4% of H3N2 viruses tested by the CDC were related to, but distinct from, the virus used to create this season's vaccine. Being vaccinated with a related influenza virus may still provide some, although reduced, protection against infection from another strain.

The percentage of deaths due to pneumonia and influenza was high though much of the influenza season, but was consistent with other severe influenza seasons. This percentage is calculated weekly by the CDC using data from death certificates, and is used to measure influenza-associated deaths in all ages since only pediatric deaths are reportable nationally. The number of influenza-associated pediatric deaths was 142, including 16 in Texas, and 4 in Health Service Region 2/3.



Regional Training and Exercise Planning Workshop

Stephanie Patrick M.Ed.
Community Preparedness

To ensure our preparedness partners have the opportunity to collaborate in preparedness planning and implementation, DSHS-HSR 2/3 conducted the Training and Exercise Planning Workshop (TEPW) last month at the regional office. This workshop was conducted under HSEEP guidelines, was documented and served as a discussion-based exercise under the Public Health Emergency Preparedness (PHEP), Cities Readiness Initiative (CRI) and Hospital Preparedness Program (HHP) grant requirements.

The Workshop Message: Ensuring our communities/counties are prepared to respond to public health emergencies cannot be accomplished alone. Collaboration with state and local health departments, other federal agencies, the healthcare delivery system, and private industry is essential to preparing for and responding to health threats.

The agenda included reflection on lessons learned from 2014- 2015 exercises and real-world incidents; summaries of training schedules from each county; a summary of budget period 4 performance goals; a summary of the Ebola Work Plan performance goals; followed by discussions of specific training and exercise needs. In effort to collaborate in preparedness planning, participants were asked to:

- Identify and prioritize common core public health preparedness capabilities.
- Collaborate with other partners on training needs.
- Update their multiyear training and exercise plan to reflect joint exercises.



Representatives from Local Health Departments (PHEP Counties), Emergency Management Organizations (CRI Counties), and the North Central Texas Trauma Region Advisory Council attended the workshop. The ah ha moment involved five counties sharing lessons learned which could help others in their preparedness planning. The participants were provided with program updates and with a presentation on the value of using Joint Exercises to meet their requirements; they were encouraged to conduct a MYTEP workshop, with their stakeholders and community partners, in their county.

HSR 2/3 will have its first PHEP and CRI LISTSERVE. The North Central Texas Trauma Region Advisory Council offered to develop the LISTSERVE, an electronic mailing list. This LISTSERVE will serve as an informational mailing list to exchange information related to public health and PHEP (public health emergency preparedness) and CRI (Cities Readiness Initiative) capabilities to determine a common operation picture.

HSR 2/3 will continue to conduct the Regional Training and Exercise Planning Workshop annually. For information on the regional training and exercise plan, contact Terry LaFon, Terry.LaFon@dshs.state.tx.us.

DSHS HSR 2/3 Conducts Fatality Management Exercise

Brenda Hart
Community Preparedness

The Texas Department of State Health Services (DSHS) Health Service Region 2/3 recently collaborated with the North Central Texas Council of Governments in hosting Operation Flameout; a four-hour mass fatality coordination tabletop designed to identify gaps in regional planning. The exercise was conducted on May 29, 2015 at the Hurst Convention Center. Although many participants were unable to attend the event due to heavy rainfall during the night prior, meaningful discussion highlighted the following outcomes:



- Although numerous resources are located in the region, there are insufficient plans and procedures in place to respond to a mass fatality event. There was much discussion on human remains recovery and which agency would be responsible; it was made clear during the exercise that the Medical Examiner does not send personnel out into the field to collect remains.
- The State of Texas is working to increase fatality management capabilities, but currently there are no mortuary response teams that could be deployed if requested. DSHS, in cooperation with Texas Department of Emergency Management (TDEM), is working with the Texas Funeral Directors Association to build this resource.
- There is still much discussion that needs to take place regarding hospitals and their role during a mass fatality event. Confusion regarding information sharing and family reunification and how hospitals can share protected health information with survivors and other entities following an event remains a challenge that requires additional collaboration.



This exercise provided an opportunity for partners to get together and discuss planning challenges and assumptions. DSHS plans to build on the lessons learned during the discussion and plan to participate in a regional full-scale exercise in early fall of 2016, in collaboration with the North Central Texas Council of Governments. For detailed information on Operation Flameout or a copy of the After Action Review, please contact Brent Archer at: barcher@nctcog.org

Psychological First Aid Training Conducted Throughout the Region

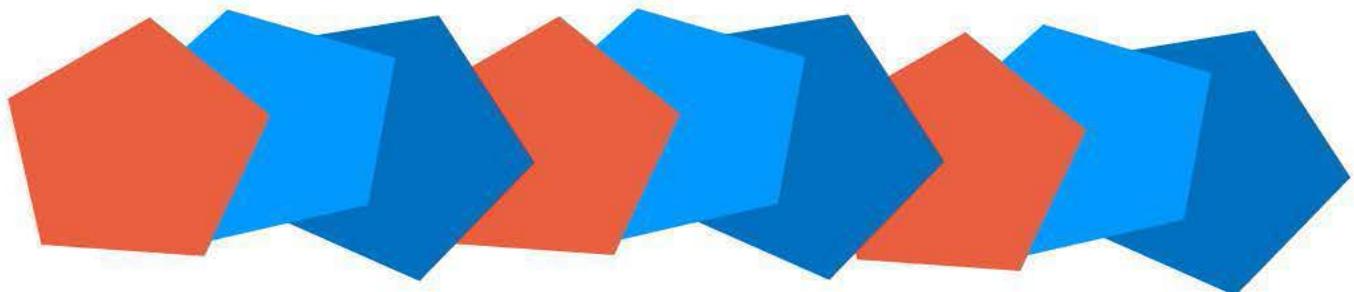
Brenda Hart
Community Preparedness

The Texas Department of State Health Services (DSHS) Health Service Region 2/3 recently completed a discretionary disaster behavioral health project called Listen, Protect, and Connect (LPC). LPC is a community based program for Psychological First Aid that can be delivered by non-mental health professionals, and is intended to support trauma-exposed individuals after a disaster. This model is intended to create effective coping skills for the general public before a disaster occurs by using parents, teachers, primary care and "neighbor-to-neighbor" providers to give basic psychological support.

Just as the model name suggests, Listen is the first step in providing behavioral health care following a disaster. Being willing to listen is important to understand what they are concerned about and what they may need most right now. Protect includes offering information and ideas, giving resources and "pitching in" to support efforts to manage what has happened. By protecting others, you help the entire community "bounce back" faster. Connect is reaching out to your family, friends and neighbors and also making new connections to others and resources around you in your community.

Understanding the effect of a disaster is important to any psychological first aid model. Common reactions may include trouble sleeping, problems at work or school, irritation with others, difficulty concentrating and paying attention, and thinking over and over what happened in the disaster. Most people recover from a disaster with minimal support, but by determining risk factors that indicate the need for further support, communities prevent escalation of poor coping skills into more destructive behaviors and/or Post-Traumatic Stress Disorder (PTSD).

LPC Train the Trainer courses were taught in Sherman, Wichita Falls, and Abilene to a diverse audience that included public health, behavioral health providers, hospitals, and volunteer/civic groups. If you are interested in learning more about the Listen, Protect, Connect model or bringing this training to your organization, please contact Brenda Hart at Brenda.Hart@dshs.state.tx.us



Upcoming Exercises and Training Events

- **The Network for Public Health Law – Radiological Legal Preparedness: Considerations, Research, and Lessons Learned – July 23, 2015**

The webinar will provide an overview of a Radiological Emergency Preparedness (REP) program and protective action guidelines related to evacuation or shelter, emergency worker protections, reception centers, and return after evacuation; highlight key school, emergency planning, and partnership considerations and opportunities for educational facilities; and examine state authorities to isolate, quarantine, and restrict the movement of individuals contaminated or potentially contaminated with radiation.

Registration Instructions:
<https://www.networkforphl.org/webinars/2015/06/23/652/radiological-legal-preparedness-considerations-research-and-lessons-learned>
- **Workshop: Point of Dispensing for Collin County Law Enforcement – August 6, 2015 at Collin County Department of Homeland Security**

The Collin County Department of Homeland Security will be conducting a Points of Dispensing (POD) Security Workshop for Collin County Law Enforcement officials as well as the Independent School Districts. This workshop will begin with a review of the CDC's Strategic National Stockpile (SNS) assets and discuss the different agencies involvement during a SNS deployment. The workshop will include guest speakers from the United States Marshals Service, Texas Department of Public Safety, Texas Department of State Health Services and the North Central Texas Fusion Center. The goal of this training will be to get Collin County Department of Homeland Security, Police Departments and the Independent School Districts together to review, update or produced a new POD security plan for each POD site in Collin County.

For more information, contact: Greg Huffman at ghuffman@co.collin.tx.us
- **PsySTART Victim & Responder Webex – August 7, 2015**

PsySTART is a rapid triage system for individual and population-level triage that provides timely matching to appropriate levels of care in order to promote community and responder resilience.

Course Objectives

 - Review recent changes in the PsySTART Victim and Responder systems
 - Review the use of the Responder system in large scale exercises and response
 - Review the use of the Victim system in an airport aviation disaster exercise with local partners

Click "[here](#)" to register for the meeting via WebEx. Or contact Brandi Farris at bfarris@ncttrac.org
- **The EOC Management and Operations – August 25 – 26, 2015 at Dallas County Office of Emergency Management, Dallas. Course #G-775**

The Dallas County Office of Homeland Security and Emergency Management will be hosting this course. This course explores the role, design, and functions of Emergency Operations Centers (EOCs) and their relationships as components of a multiagency coordination system. Participants will focus on disaster-related examples, activities, and case studies that relate to EOCs and multiagency coordination systems at the local, State, and Federal levels of government.

Registration Instructions: Go to Preparing Texas website <https://www.preparingtexas.org>

Upcoming Exercises and Training Events

- **Jurisdictional Threat and Hazard Identification and Risk Assessment – February 17 – 18, 2016 at NCTTRAC 600 Six Flags Dr. Arlington, TX. Course #MGT-310**

This course prepares participants to complete a jurisdictional Threat and Hazard Identification and Risk Assessment (THIRA) by following the DHS/FEMA THIRA process. The course is designed to enhance the jurisdiction's ability to identify and manage risks associated with human-caused, natural and technological disasters through application of the THIRA process. Target Audience: EMS Technicians/Paramedics, Fire Service, Public Health, Hazardous Materials, Public Works Emergency Management, Health Care, Emergency Communications, etc. Registration Instructions: <https://www.preparingtexas.org/DeliveryDetails.aspx?classid=b19c5d2b-366a-408a-9bbb-b6c0e243793f>
- **Operational Level Response to HazMat / WMD Incidents (CEUs) – April 19 – 21, 2016 at NCTTRAC 600 Six Flags Dr. Arlington, TX**

This course focuses on the unique personal protection challenges that responders face during a weapons of mass destruction (WMD) or terrorist incident. Target Audience: Emergency Medical Service, Fire Service, Public Health, Public Works, Emergency Management, Health Care, Law Enforcement. Registration Instructions: <https://www.preparingtexas.org/ViewCourse.aspx?courseid=e49c397a-77aa-45ce-abf1-09fcffe8d303>
- **Medical Management of Chemical, Biological, Radiological, Nuclear, and Ex-plosive (CBRNE) Events – June 16 – 17, 2016 at NCTTRAC 600 Six Flags Dr. Arlington, TX**

This Course teaches participants to perform patient triage, decontamination, treatment, and transportation in the event of exposure to chemical, biological, radiological, nuclear, and explosive (CBRNE) weapons. Target Audience: EMS Technicians/Paramedics, Fire Service, Public Health, Physicians/Physician Assistants, Hospital/Medical Treatment Facility Personnel, etc. Registration Instructions: <https://www.preparingtexas.org/DeliveryDetails.aspx?classid=5badaeec-66bc-4fb1-85eb-a2ed92a75782>

HSR 2/3 COMMUNITY PREPAREDNESS TEAM

Community Preparedness, DSHS REGION 2/3

1301 S. Bowen Road, Suite 200
Arlington, Texas 76013
Office: 817-264-4541
Fax: 817-264-4557

24/7 ON CALL # 817-822-6786

Ashley Rodriguez

Public Health & Prevention Specialist
817-264-4639
Ashley.Rodriguez@dshs.state.tx.us

Brenda Harless

Administrative Assistant
817-264-4559
Brenda.Harless@dshs.state.tx.us

Brenda Hart

Community Preparedness Planner
817-264-4684
Brenda.Hart@dshs.state.tx.us

Celina Silvestre

Administrative Assistant
817-264-4541
Celina.Silvestre@dshs.state.tx.us

David Retana, MPH

Epidemiology Investigator
817-264-4656
David.Retana@dshs.state.tx.us

Diana Cervantes, MS, DrPH, CPH

Lead Epidemiologist
817-264-4657
Diana.Cervantes@dshs.state.tx.us

Heidi Threadgill

Epidemiology Investigator
817-264-4550
Heidi.Threadgill@dshs.state.tx.us

Irene Key, RN

Community Preparedness Nurse III
972-932-2038
Irene.Key@dshs.state.tx.us

Kristen Tolbert

Epidemiology Investigator
817-264-4569
Kristen.Tolbert@dshs.state.tx.us

Lupe Torres

CRI Coordinator
817-264-4942
Lupe.Torres@dshs.state.tx.us

Matthew Honza

SNS Coordinator
817-264-4663
Matt.honza@dshs.state.tx.us

Michael Felan

Program Specialist
817-264-4662
Michael.Felan@dshs.state.tx.us

Robin Hawkins, RN

Community Preparedness Nurse III
817-264-4611
Robin.Hawkins@dshs.state.tx.us

Scott Mize, MPH

Influenza Surveillance Coordinator
817-264-4706
Scott.Mize@dshs.state.tx.us

Stephanie Patrick

Training Coordinator
817-264-4512
Stephanie.Patrick@dshs.state.tx.us

Steven Pulvino, MPH

Epidemiology Investigator
817-264-4890
Steven.Pulvino@dshs.state.tx.us

Terry LaFon, RN, BSN, MEP

Manager, Community Preparedness
817-264-4551
Terry.LaFon@dshs.state.tx.us

