Deployable Teams Standard Operating Guide

Tactical Document

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Texas Department of State Health Services Regional and Local Health Operations Center for Health Emergency Preparedness and Response Response and Recovery Unit



Texas Department of State Health Services

Record of Changes

This page includes a table showing the changes made to this document including the date of the change, a description, and rationale, if applicable, and the name of the person who made the change. Any comments or recommendations for changes to this document should be emailed to <u>PreparednessPlanning@dshs.texas.gov</u>

Date	Description of Change	Name

For more information regarding this document, please contact: The Center for Health Emergency Preparedness and Response's Response and Recovery Unit at the Texas Department of State Health Services <u>PreparednessPlanning@dshs.texas.gov</u>

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Version Control Information

The Response and Recovery Unit (RRU) is responsible for maintaining and updating this Standard Operating Guide (SOG). This document will be reviewed, updated, and approved once every two years or more frequently in response to department policy or procedure changes. Below is the review and update schedule:

June	2021	Review and Comment
September	2019	Effective Date

Submit comments/changes to this document via email to <u>PreparednessPlanning@dshs.texas.gov</u>. Please include the title of this document in the email subject line.

Purpose

This document is meant to serve as a guideline for RRU or State Medical Operations Center (SMOC) personnel to direct the deployment of any Texas Department of State Health Services (DSHS) team(s) in response to an incident, emergency, or disaster.

Scope

This SOG is intended to provide guidance when deploying DSHS team(s) in response to an incident, emergency, or disaster. This SOG is not intended for non-DSHS resources. Resources under contract by DSHS are deployed under other guidelines (e.g. Emergency Medical Task Force, medical staffing, medical shelter, etc.)

Synopsis and Concept of the Operation

DSHS is the primary agency responsible for planning and coordinating Emergency Support Function #8 (ESF #8), Public Health and Medical Services, in Texas.

DSHS teams will be deployed in four phases:

- Phase I: Pre-Deployment Activities
- Phase II: Activation
- Phase III: Deployment
- Phase IV: Demobilization

The SMOC may deploy the following teams to provide support to Local Health Departments (LHDs), Public Health Regions (PHRs), and the Texas Division of Emergency Management (TDEM):

Incident Management Team (IMT)

Mission

The IMT provides Incident Command System (ICS) support in five major functional areas—Command, Operations, Planning and Intelligence, Logistics, Finance and Administration.

Example: An IMT can provide Planning and Intelligence Section support by developing daily SitReps and IAPs within an activated RHMOC. An IMT will likely be made up of experienced RHMOC staff from other PHRs, preferably from the PHR's sister-region.

Specialty Support Teams (SST)

Mission

The SST offers support in alignment with one or more ESF #8 Core Functional Areas (CFAs).

Example: An SST can be a subject matter expert, or team of experts, from Consumer Protection Division that would provide support during a foodborne illness outbreak by assisting local entities to identify the origin of the illness and ensure the safety and security of food products.

ESF #8 Support Specialist (ESS)

Mission

The ESS provides high-level ESF #8 expertise and advisement on emerging ESF #8 requests of the PARM or RHMOC Incident Commander.

Example: An ESS can provide public health and medical consultation, technical assistance, and support to the PARM or RHMOC Incident Commander. An ESS will likely be a sister region PARM.

Initial Reentry Assessment Team (IRAT)*

*The IRAT is not a DSHS team. The IRAT is ordered and deployed by the State Operations Center (SOC) and supported by DSHS.

Primary IRAT Mission

Provide a high-level assessment of conditions and infrastructure in a disaster-affected area.

DSHS IRAT Mission

Assess the status of public health and medical infrastructure and provide emergency medical services for IRAT members (i.e., force health protection).

Example: DSHS will support the IRAT by providing ESS, MIST to perform assessments on infrastructure and ESF #8 needs, and an ambulance for team support.

Description of Deployable Teams

Team I: Incident Management Team (IMT)

Purpose

The IMT provides support during an incident, emergency or disaster that exceeds the capability and/or capacity of the requesting entity. IMTs are a select group with expertise in Command and/or General Staff positions within the Incident Command System (ICS).

Tasks

- 1) Perform ICS position specific functions at Regional Health Medical Operations Center (RHMOC) or
- 2) Provide Emergency Support Function #8 (ESF#8) specific expertise. Serve as ESF #8 liaison to Local Health Departments (LHD), Disaster District Committee (DDC), Regional Advisory Council (RAC), Medical Operations Center (e.g. CMOC, RMOC), local emergency management, or hospital
- 3) Operate at the direction of the assigned Incident Command

Deployment Phases

Phase I. Pre-Deployment Activities

PHR will be responsible for the following pre-deployment activities: Training and Knowledge Requirements, Equipping and Administrative Requirements, and Team Identification and Maintenance Responsibilities.

1) Training and Knowledge Requirements:

The Preparedness and Response Manager (PARM), or designee, in each Public Health Region (PHR) will maintain a roster of eligible personnel. Each PHR will maintain an individual training plan in <u>TXTRAIN</u>. Personnel should have the following training prior to being assigned or deployed as an IMT member:

Training

- Incident Command System (ICS) Training
 - o ICS 100: Introduction to the Incident Command System
 - o <u>ICS 200: Basic Incident Command System for Initial</u> <u>Response</u>

- ICS 300: Intermediate Incident Command System for Expanding Incidents
- ICS 400: Advanced Incident Command System, Command and General Staff
- ICS 700: An Introduction to the National Incident Management System (NIMS)
- o ICS 800: National Response Framework, An Introduction
- o NIMS ICS All-Hazards Position Specific Training
- o <u>Training in psychological first aid/stress management</u>
- Completion of "Deployment 101" training (future link will be added once posted in TRAIN)
- Completion of "DDC 101" training (future link will be added once posted in TRAIN)
- Completion of WebEOC training (training determined by PHR)

Knowledge

- Understanding of the State of Texas Emergency Management Plan and the DSHS roles and responsibilities therein, to include hazard specific annexes, specifically ESF #8
- Understanding of partner PHR organizational structure and RHMOC procedures
 - Recent training and exercise participation with partner PHR is preferable
- Understanding of access and functional needs (AFN)
 - <u>FEMA IS-368: Including People With Disabilities & Others</u> <u>With Access & Functional Needs in Disaster Operations</u>
 - o HHS/ASPR Access and Functional Needs Training
 - <u>Functional and Access Needs: Preparedness and Recovery</u> <u>Issues</u>
 - <u>Functional Needs Support Services (FNSS) in General</u> <u>Population Shelters</u>
- 2) Equipping and Administrative Requirements
 - To avoid use of personal funds during response, it is recommended that team members obtain a state-issued credit card. If unable to obtain a state-issued credit card, employee can

be issued a DART Card or can use personal funds and seek reimbursement later

- Personal Packing Kit
- DSHS issued laptop
- DSHS issued cell phone
- Mobile hotspot (through state-issued cell phone or PHR owned Mi-Fi)
- DSHS Employee Identification
- WebEOC account (multiple server access may be required)
- Texas Red Sky account (as required)
- 3) Team Identification and Maintenance Responsibilities
 - Identify a pool of qualified deployable IMT personnel
 - Prepare those individuals to meet training and equipping requirements before an incident
 - Maintain list of personnel turnover and provide updated list upon request from SMOC or Regional and Local Health Operations Liaison (RLHO)
 - Establish a shadow round/mentoring system to ensure all members obtain experience prior to deployment
 - Personnel may be required to deploy on short notice (12-24 hr)

Phase II. Activation

- The impacted PHR will submit an email request describing the need for support to the SMOC Director or Deputy Director (<u>dshsincidentcmd@dshs.texas.gov</u>).
 - Email will include:
 - o Detail of type of team
 - Number of people requested
 - Reporting location (name of building, if applicable, and address)
 - Reporting point of contact name and phone number
 - o Date needed
 - Expected duration of support
 - Description of incident and tasks to be performed (establishing EOC vs augmenting ongoing operations)
 - o Other special requirements or details, as needed

- Once a request for support is sent by the impacted PHR, the SMOC Director will review the request and forward to the RLHO Liaison for further action
- 3) Once directed by SMOC Command, the RLHO Liaison or Operations Team will send an alert email to all the Regional Directors (RD), Deputy Regional Directors (DRD), and PARMs indicating that there is a possibility of personnel being activated to support a response.
 - Email will contain the following items:
 - Type of projected incident (e.g. Hurricane) or event (e.g. exercise, planned event)
 - Impacted region/area, if known
 - Inquire availability of personnel to deploy
 - Roster of <u>available</u> personnel with in two (2) hours if requested
 - Projected time of deployment
- 4) Once the RLHO Liaison has collected responses from the other PHRs, a list of all available staff will be provided to the SMOC Logistics Section
- 5) SMOC Logistics Section will review all available staff and select those that best meet the needs of the impacted PHR. This should be done in consultation with SMOC Command. The SMOC Logistics Section will notify the final selected personnel via SWN
 - SWN message will include reporting and coordinating instructions
 - Personnel must respond with availability within one hour of receiving the notification
- 6) SMOC Logistics Section will generate activation orders in coordination with SMOC Operations Section and RLHO Liaison
- SMOC Logistics Section will email the final activation orders to selected personnel and complete tasks as listed in the Administration, Logistics, and Finance Section of this SOG

Team II: Specialty Support Teams (SST)

Purpose

SSTs are based on a single specialty or a combination of specialties.

- These teams are organized for a specific purpose, and may be classified as:
 - A strike team (e.g. Sanitarians, Epidemiologists, Case Managers)

- A task force (e.g. CASPER)
- Individual Subject Matter Experts (e.g. Radiation Investigator)
- Some, but not all, of these individuals will be pre-identified by the responsible program (e.g. CPD, LIDS, PHR) to ensure a prompt and adequate response
- Staffing may come from PHRs or Central Office programs depending on the specific operational need and personnel available at the time of response
- Centrally-directed Regional staff who are identified for a deployment are the responsibility of the central office program. The central office program will coordinate the pre-deployment activities below, and coordinate with the SMOC as needed.

Tasks

 Provide subject matter expertise to requesting entities, which include, but are not limited to: RHMOCs, DDCs, RACs, LHDs, and local Emergency Operation Centers (EOCs)

Deployment Phases

Phase I. Pre-Deployment Activities

PHR will be responsible for the following pre-deployment activities: Training and Knowledge Requirements, Equipping and Administrative Requirements, and Team Identification and Maintenance Responsibilities.

1) Training and Knowledge Requirements:

The Preparedness and Response Manager (PARM), or designee, in each Public Health Region (PHR) will maintain a roster of eligible personnel. Each PHR will maintain an individual training plan in <u>TXTRAIN</u>. Personnel should have the following training prior to being assigned or deployed as an SST member:

Training

- Incident Command System (ICS) Training
 - o ICS 100: Introduction to the Incident Command System
 - ICS 200: Basic Incident Command System for Initial Response
 - o <u>ICS 700: An Introduction to the National Incident</u> <u>Management System (NIMS)</u>
 - o ICS 800: National Response Framework, An Introduction
- <u>Training in psychological first aid/stress management</u>

- Completion of "Deployment 101" training (future link will be added once posted in TRAIN)
- Completion of "DDC 101" training (future link will be added once posted in TRAIN)
- Completion of WebEOC training (training determined by PHR)

Knowledge

- Personnel should be subject matter experts and have qualifications as determined by each program for their specialty
- Maintain active professional licenses, if applicable

2) Equipping and Administrative Requirements

- To avoid use of personal funds during response, it is recommended that team members obtain a state-issued credit card. If unable to obtain a state-issued credit card, employee can be issued a DART Card or can use personal funds and seek reimbursement later.
- Equipment and personal protective equipment will be provided by the deploying program
- Personal packing kit
- DSHS issued laptop
- DSHS issued cell phone
- Mobile hotspot (through cell phone or PHR owned Mi-Fi)
- DSHS Employee Identification
- WebEOC account (multiple server access may be required)

3) Team Identification and Maintenance Responsibilities

- It is dependent on the program to identify and roster teams as needed
- The SMOC will contact the Programs to place the rostered teams/personnel on alert or standby, or to deploy personnel, as needed

Phase II. Activation

- The Impacted PHR will submit an email request describing the need for support to the SMOC Director or Deputy Director (<u>dshsincidentcmd@dshs.texas.gov</u>).
 - Email will include:
 - Capability requested (specifically describe what work the team will be supporting)

- Number of people requested
- Reporting location (name of building, if applicable, and address)
- Reporting point of contact and phone number
- o Date needed
- Expected duration of support
- Description of incident and tasks to be performed (establishing EOC vs augmenting ongoing operations)
- Other special requirements or details, as needed
- 2) Once a request for support is sent by the impacted PHR, the SMOC Director will review and approve the request.
- 3) Once directed by SMOC Command, the RLHO Liaison or Operations Team will send an alert email to all the Regional Directors (RD), Deputy Regional Directors (DRD), and PARMs indicating that there is a possibility of personnel being activated to support a response.
 - Email will contain the following items:
 - Type of projected incident (e.g. Hurricane) or event (e.g. exercise, planned event)
 - Impacted region/area, if known
 - Inquire availability of personnel to deploy
 - Roster of <u>available</u> personnel may be requested
 - Projected time of deployment
- 4) Once the RLHO Liaison has collected responses from the other PHRs, a list of all available staff will be provided to the SMOC Logistics Section
- 5) SMOC Logistics Section will review all available staff and select those that best meet the needs of the impacted PHR. This should be done in consultation with SMOC Command. The SMOC Logistics Section will notify the final selected personnel via SendWordNow (SWN)
 - SWN message will include reporting and coordinating instructions
 - Personnel must respond with availability within one hour of receiving the notification
- 6) SMOC Logistics Section will generate activation orders in coordination with SMOC Operations Section and RLHO Liaison
- 7) SMOC Logistics Section will email the final activation orders to selected personnel and complete tasks as listed in the Administration, Logistics, and Finance Section of this SOG

Team III: ESF #8 Support Specialist (ESS)

Purpose

Provide public health and medical consultation, technical assistance, and support to the PARM or RHMOC Incident Commander, as required.

Tasks

- Provide subject matter expertise within the ESF #8 core functional areas and capabilities
- Operate in a manner consistent with ICS and emergency management frameworks
- Provide support in accordance with regional operating procedures
- Develop common operating picture of public health, medical, and behavioral health needs
- Perform duties as assigned by the PARM or designee

Deployment Phases

Phase I. Pre-deployment activities

PHR will be responsible for the following pre-deployment activities: Training and Knowledge Requirements, Equipping and Administrative Requirements, and Team Identification and Maintenance Responsibilities.

1) Training and Knowledge Requirements:

The Preparedness and Response Manager (PARM), or designee, in each Public Health Region (PHR) will maintain a roster of eligible personnel. Each PHR will maintain an individual training plan in <u>TXTRAIN</u>. Personnel should have the following training prior to being assigned or deployed as an ESS member:

Training

- Incident Command System (ICS) Training
 - o <u>ICS 100: Introduction to the Incident Command System</u>
 - o <u>ICS 200: Basic Incident Command System for Initial</u> <u>Response</u>
 - ICS 300: Intermediate Incident Command System for Expanding Incidents
 - ICS 400: Advanced Incident Command System, Command and General Staff

- ICS 700: An Introduction to the National Incident Management System (NIMS)
- o ICS 800: National Response Framework, An Introduction

Knowledge

- Comprehensive understanding of all ESF #8 roles and responsibilities within the ESF #8 core capabilities
- Experience in public health system to include immunizations, preparedness, emergency management, etc.
- Holistic understanding of DSHS finance, administrative, programmatic, and ICS processes / procedures
- Completion of "Deployment 101" training (future link will be added once posted in TRAIN)
- Completion of "DDC 101" training (future link will be added once posted in TRAIN)
- Completion of WebEOC training (training determined by PHR)
- Attend EMTF Medical Incident Support Team (MIST) training
- Attend at least one SMOC exercise or activation
- Attend, at a minimum, one partner PHR RHMOC exercise or activation
- Attend any IRAT meetings/workshops and maintain working knowledge of the TDEM IRAT SOG
- Maintain proficiency on satellite phone and MSAT use
- 2) Equipping and Administrative Requirements
 - To avoid use of personal funds during response, it is recommended that team members obtain a state-issued credit card. If unable to obtain a state-issued credit card, employee can be issued a DART Card or can use personal funds and seek reimbursement later
 - Equipment and personal protective equipment will be provided by the PHR
 - Personal Packing Kit
 - DSHS issued laptop
 - DSHS issued cell phone
 - Mobile hotspot (through cell phone or PHR owned Mi-Fi)
 - DSHS Employee Identification
 - WebEOC account (multiple server access may be required)

- Texas Red Sky account (as required)
- Satellite phone (coordinated through SMOC)
- MSAT (coordinated through PHR)

3) Team Identification and Maintenance Responsibilities

- PARMS will pre-identify ESS personnel, submit the names to RRU and update the list each quarter
- SMOC develops and maintains a master list of personnel within TRAIN and SWN
- PARMS will be responsible for ensuring personnel are trained and will track their readiness on TRAIN
- An ESS call down will be conducted each quarter, via SWN, initiated by RRU to each individual on the ESS roster. ESS members must reply to the call down (email, text or voice) within one hour
- Personnel may be required to deploy on short notice (12-24 hr)

Phase II. Activation

- The Impacted PHR will submit an email request describing the need for support to the SMOC Director or Deputy Director (<u>dshsincidentcmd@dshs.texas.gov</u>).
 - Email will include:
 - o Detail of type of team
 - Number of people requested
 - Reporting location
 - Report to point of contact with phone number
 - Date needed and expected duration of support
 - Description of incident and tasks to be performed (establishing EOC vs augmenting ongoing operations)
 - o Other special requirements or details as needed

Prior to activation, and as directed by SMOC Command, an alert email will be sent by the RLHO Liaison or Operations Team to all the Regional Directors (RD), Deputy Regional Directors (DRD), and PARMs indicating that there is a possibility of personnel being activated to support a response

- Email will contain the following items:
 - Type of projected incident (e.g. Hurricane) or event (e.g. exercise, planned event)
 - Impacted region/area if known

- Projected time of deployment
- Indicate that a SWN notification will go out to staff who are on the ESS list to inquire about availability to deploy
- 2) Once the RLHO Liaison has collected responses from the other PHRs, a list of all available staff will be provided to the SMOC Logistics Section
- 3) SMOC Logistics Section will review all available staff and select those that best meet the needs of the impacted PHR. This should be done in consultation with SMOC Command. The SMOC Logistics Section will notify the final selected personnel via SWN
 - SWN message will include reporting and coordinating instructions
 - Personnel must respond with availability within one hour of receiving the notification
- 4) SMOC Logistics Section will generate activation orders in coordination with SMOC Operations Section and RLHO Liaison
- 5) SMOC Logistics Section will email the final activation orders to selected personnel and complete tasks as listed in the Administration, Logistics, and Finance Section of this SOG

Team IV: Initial Reentry Assessment Team (IRAT)*

*The IRAT is not a DSHS team. The IRAT is ordered and deployed by the State Operations Center (SOC) and supported by DSHS.

Purpose

The DSHS component of the IRAT serves two distinct and separate purposes.

- a. Provide the DDC with a complete and accurate picture of the public health and medical infrastructure to enable the DDC to deploy and/or request the proper number and type of additional public health and medical resources to support the jurisdiction(s).
- b. Provide emergency medical services for IRAT members (i.e., force health protection).

Elements

The DSHS component of the IRAT will be made up of multiple elements.

Personnel	Objective	Vehicles
DSHS ESS	Assess and report on the public health infrastructure	SUV/Truck

EMTF MIST(s)	Assess and report on the medical infrastructure	(ESS and MIST travel in one vehicle)
EMTF Paramedic(s)	Force health protection	Ambulance

Tasks

- DSHS ESS: Identify and assess the status of public health infrastructure and ESF #8 needs
- EMTF MIST(s): Identify, locate, and assess the status of hospitals and medical facilities
- EMTF Paramedic(s): Provide immediate and direct care for or evacuation of wounded, injured, sick IRAT members
- Provide the DDC Chair with reports on local conditions
- Identify and report hazardous material threats to the DDC Chair

Deployment Phases

Phase I. Pre-deployment activities

- 1) ESS ensure completion of all team specific pre-deployment activities as listed in ESS team description section and review the TDEM IRAT SOG
- 2) EMTF MIST personnel meet all EMTF training requirements and review the TDEM IRAT SOG
- 3) EMTF Paramedics meet all EMTF training requirements and review the TDEM IRAT SOG

Phase II. Activation

- 1) SMOC Command Section receives a notice from the SOC that the IRAT will be activated
- 2) SMOC Command Section will review and approve request for IRAT team deployment
- 3) RLHO Liaison will coordinate with the PHRs to identify ESS personnel
- 4) SMOC Logistics Section will coordinate with EMTF State Coordinating Office to identify the MIST(s), paramedic(s), and vehicles (ambulance(s), SUV/truck) that match the needs of the IRAT

Note: Ideally, an IRAT will remain as small as possible in order to move quickly and compress to a small footprint when parked.

5) SMOC Logistics Section will coordinate with SMOC Operations Section and RLHO Liaison to generate the activation order for deployment of individuals

- 6) SMOC Logistics Section will complete tasks as listed below in the Administration, Logistics, and Finance Section
- 7) A SWN notification will be sent to the identified individuals with reporting and coordinating instructions. Personnel must respond within one hour of receiving the call or email

Phase III. Deployment

1) Upon deployment, control of the IRAT is turned over to the DDC for the affected area

Phase III. Deployment (does not include IRAT)

- 1) SMOC Logistics Section will distribute an activation order to the deploying individual, respective RD, DRD, PARM, respective DSHS program and to the impacted RHMOC
- 2) SMOC Logistics Section will assemble a deployment packet for each traveler to include the following:
 - Travel Request Form
 - Hotel confirmation and information
 - Activation order
 - Deployment Instructions
 - Rental car confirmation and information (if applicable)
 - Flight confirmation and information (if applicable)
 - DART Card (if applicable)
 - <u>www.DriveTexas.org</u> link and the latest information regarding road closures in the destination PHR
 - Any additional infrastructure impacts in the destination PHR as stated by daily briefing
- 3) Deployed individual will send an email to their RD, DRD, PARM, SMOC Logistics (<u>dshslogistics@dshs.texas.gov</u>), respective program (e.g., CPD, LIDS), and to the impacted RHMOC that they have arrived at their destination safely
- 4) Deployed personnel will be expected to participate in Emergency Responder Health Monitoring and Surveillance (ERHMS) activities

Phase IV. Demobilization (All Teams)

1) The Incident Commander at the impacted RHMOC will coordinate with the SMOC and the deployed individual to release them from their duties. It is recommended that personnel are not deployed for more than seven

consecutive days. If the requirement extends past seven days, back fill plans will be coordinated through the RLHO Liaison

- 2) Personnel assigned to the IRAT will receive demobilization instructions from the IRAT Commander and will communicate this to the SMOC via email <u>dshsincidentcmd@dshs.texas.gov</u> or by phone at 512-776-4950
- 3) The deployed individual will ensure that their RD, DRD, PARM, and their respective program are aware of their demobilization timeline
- 4) SMOC Logistics Section will draft the demobilization order, and SMOC Operations Section will distribute to the individual, RD, DRD, PARMs, program, and to the impacted RHMOC
- 5) Deployed individual will submit a closure email to the SMOC, RD, DRD, PARM, program, and impacted RHMOC indicating they have returned safely from deployment.

Phase V. Border Operations

- Teams identified in this SOG can deploy anywhere within the state, to include the Texas/Mexico border in coordination with Public Health Regions, Local Health Departments and the Office of Border Public Health.
- 2) Specialty Support Teams can be assembled and deployed to respond to outbreaks, public health threats and disasters to include supporting vector control planning and activities. Vector control subject matter experts can be mobilized and deployed to support ongoing local jurisdiction's vector control and zoonotic disease control planning and activities.
- 3) SSTs deploying to any border region can consist of, but are not limited to, epidemiologists, sanitarians, nurses, and public health specialists to assess border health infrastructure and response capabilities for emerging threats. These teams would be provided training, equipment, consistent with information in this SOG to enhance border health response efforts as needed. SSTs should also include Spanish-speaking DSHS employees or interpreters to support operations.

Areas of Responsibility

Command and Control

The Response and Recovery Unit Command and Control SOG (in development) contains information regarding considerations that are universal to all operations.

Command

- Once authorized to deploy from their home PHR or DSHS office, the deployed personnel will report to a designated individual indicated in the activation order
- The deployed team member will work under the command of the requesting organization

Control

- Requesting organizations cannot relinquish control of the deployed person outside of their program or DSHS (e.g. cannot have them report to another local, regional, state agency or DSHS program)
- Requesting organizations cannot retask or reassign any deployed personnel without the approval of the SMOC (e.g. If a sanitarian deploys to Houston to perform sanitarian duties, they cannot be told to go to Victoria to assist with vaccinations)
- Home PHR or DSHS office maintains administrative control of their personnel regardless of their location. The home PHR or DSHS office is responsible for all administrative actions for the deployed person (evaluation reports, leave requests, etc.) Exception is that all travel related matters will be coordinated by the SMOC

Information Collection, Management, Analysis, and Dissemination

The Response and Recovery Unit Information Collection, Management, Analysis, and Dissemination SOG (in development) contains information regarding considerations that are universal to all operations.

- Deployed IMT, ESS, SST, and IRAT members will report incident information to the Incident Command structure utilizing the requesting organizations procedures
- Deployed SST members will also report information to the appropriate central office program area

Communications

The Response and Recovery Unit Communication SOG (in development) contains information regarding considerations that are universal to all operations.

 Primary means of communication for deployed personnel will be state issued phone (personal cell if no state issued phone) and state email

- Secondary means of communication for ESS members will be satellite phone
- Tertiary means of communication for ESS members will be MSAT
- Satellite phone and MSAT contact information will be collected by SMOC TACCOM and sent to SMOC Planning and Intelligence Section for inclusion in the incident communications list

Administration, Finance, and Logistics

The State Medical Operations Center Administration, Finance, and Logistics SOG (in development) contains information regarding considerations that are universal to all operations.

This section contains information that is specific to the deployment of DSHS teams.

Administration

During a response or activities conducted as a result of an incident(s) that are in accordance with a Governor Issued Disaster Declaration or a declared Public Health Emergency, regulatory statutes may be waived under Texas Government Code 418.016. As such, Incident Command should be attentive to the issuance of a Governor Issued Disaster Declaration to ensure that the enforcement of any state statute or administrative rule regarding contracting or procurement would impede any DSHS emergency response.

Finance

The authorizing, ordering, and payment of supplies or services will follow the processes outlined in the Administration, Finance, and Logistics Standard Operating Guides (in development).

- During a Full SMOC Activation, the Finance Section will request event override code from the DSHS Accounting Director. Each activated individual will use this code in CAPPS.
- During a Limited or Partial Activation sourcing of funds is typically directed through RLHO. Travel will be handled through normal travel procedures.
- During a Full SMOC Activation sourcing of funds will likely be coordinated through the Budget and Accounting Departments
- Travel Office works with SMOC Logistics Section to ensure an accurate number of rooms and rental cars are processed through Central Billing after approval by SMOC Director

 Finance Section will provide a funding code for each event. Each deployed team member will submit for reimbursement through eTravel for any incurred expense.

Logistics

Travel

- SMOC will not coordinate travel for staff who are deploying within their own PHR
- A 24-hour point of contact (POC) from the Travel Office will be present in the SMOC during a response to coordinate travel needs for deployed personnel
- SMOC Logistics Section works with RLHO and Travel Office Liaison(s) to ensure all travel arrangements for deploying personnel are completed (i.e., list of personnel to be deployed, rental vehicle, DART Cards, lodging and equipment)
- Travel Office requires 24-hour notice of non-usage of room notification to ensure the room(s) are not billed
- Personnel rotation schedule will be coordinated with SMOC Logistics Section, Travel Liaison and RLHO Liaison to maintain accurate hotel room needs
- All members of a deployable team must maintain strict adherence to their assigned mission, and personnel will only be reassigned by the SMOC, in writing
- Upon completion of deployment, all deployable team members must ensure they complete all eTravel requirements

References

Parent Documents

- FEMA
 - <u>Functional Needs Support Services in General Population</u> <u>Shelters</u>
- TDEM
 - <u>Texas Division of Emergency Management State Emergency</u> <u>Management Plan</u>
 - <u>Texas Division of Emergency Management State Emergency</u> <u>Management Plan's ESF #8 Public Health and Medical Annex</u>
 - o <u>Functional Needs Support Services (FNSS) Toolkit</u>

- DSHS
 - o <u>Emergency Support Function (ESF) Foundation Guide</u>

Supporting Documents

- Standard Operating Guides
 - o Command and Control SOG (in development)
 - Administration, Finance, and Logistics SOG (in development)
 - Communication SOG (in development)
 - Information Collection Management, Analysis and Dissemination SOG (in development)
- Task Sheets
 - o <u>Creation of an Activation and Deactivation Order</u>
 - Deployment Travel Accommodations task sheet (add link)
 - o <u>Creation of a STAR</u>
- Reference Tools
 - o TBD

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TEXAS Health and Human Services

Texas Department of State Health Services