ANNEX H

HEALTH
&
MEDICAL SERVICES

September 2024

Brazos County Interjurisdictional Emergency Management

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APPROVAL & IMPLEMENTATION

Annex H

Health & Medical Services

Brazos County, EM Coordinator — Date: 9-20-2024

City of Bryan EM, Coordinator — Date: 9/9/2024

City of College Station, EM Coordinator — Date: 9/9/2024

City of Kurten, EM Coordinator — Date: 9/9/24

City of Wixon Valley, EM Coordinator — Date: 9/6/24

Texas A&M University, EM Coordinator — Date: 9/17/24

Brazos County Health District, Director — Date: 9-16-24

RECORD OF CHANGES

Annex H

Health & Medical Services

RECORD OF CHANGES

CHANGE #	DATE OF CHANGE	ENTERED BY	Date Entered

ANNEX H

HEALTH & MEDICAL SERVICES

I. AUTHORITY

See Basic Plan, Section I.

Texas Code of Criminal Procedure, Title 1, Chapter 49, Inquests on Dead Bodies.
FEMA- National Preparedness Goal, Second Edition, September 2015.

II. PURPOSE

The purpose of this annex is to outline the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services to reduce death and injury during emergency situations and restore essential health and medical services within a disaster area.

III. EXPLANATION OF TERMS

A. Acronyms

BCHD	Brazos County Health District
DDC	Disaster District Committee
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Services Team
EMC	Emergency Management Coordinator
DSHS	Department of State Health Services
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMR	Emergency Medical Responder
EOC	Emergency Operations or Operating Center
HHSC	Health and Human Services Commission
ICP	Incident Command Post
ICS	Incident Command System
JIC	Joint Information Center
NDMS	National Disaster Medical System
NIMS	National Incident Management System
PHEPC	Public Health Emergency Preparedness Coordinator
PSA	Public Service Announcement
PIO	Public Information Officer
SOGs	Standard Operating Guidelines
SOPs	Standard Operating Procedures
TCEQ	Texas Commission for Environmental Quality
UC	Unified Command

B. Definitions

1. Disaster Medical Assistance Team. A team of volunteer medical professionals and support personnel equipped with deployable equipment and supplies that can move quickly to a disaster area and provide medical care.

2. Disaster Mortuary Services Team. A team of mortuary service and medical personnel that provide mortuary and victim identification services following major or catastrophic disasters.

3. Joint Information Center. A facility, established to coordinate all incident-related public information activities, authorized to release general medical and public health response information delivered by a recognized spokesperson from the public health and medical community.

4. National Disaster Medical System. A coordinated partnership between Department of Homeland Security (DHS), Department of Health and Human Services Commission, Department of Defense, and the Department of Veterans Affairs for the purpose of responding to the needs of victims of a public health emergency. Non-federal participants include major pharmaceutical companies and hospital suppliers, the National Foundation for Mortuary Care, and certain international disaster response and health organizations.

5. Access and Functional Needs Individuals/Groups. Includes the elderly, medically fragile, mentally and/or physically challenged or handicapped, individuals with mental illness, and the developmentally delayed. These groups may need specially trained health care providers to care for them, special facilities equipped to meet their needs, and require specialized vehicles and equipment for transport. This population requires specialized assistance in meeting daily needs and may need special assistance during emergency situations.

IV. SITUATION & ASSUMPTIONS

A. Situation

1. As outlined in Section IV.A and Figure 1 in the Basic Plan, our area is vulnerable to several hazards. These hazards could result in the evacuation, destruction of or damage to homes and businesses, loss of personal property, disruption of food distribution and utility services, serious health risks, and other situations that adversely affect the daily life of our citizens.

2. Emergency situations could result in the loss of water supply, wastewater, and solid waste disposal services, creating potential health hazards.

3. Hospitals, nursing homes, dialysis clinics, ambulatory care centers, pharmacies, and other facilities for medical/health care and functional and access needs populations may be damaged or destroyed in major emergency situations.

4. Health and medical facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities, generators, or because

staff are unable to report for duty because of personal injuries or damage to communications and transportation systems.

5. Medical and health care facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the "walking wounded" and seriously injured victims transported to facilities in the aftermath of a disaster.

6. Uninjured persons who require frequent medications such as insulin and anti-hypertensive drugs, or regular medical treatment, such as dialysis, may have difficulty in obtaining these medications and treatments in the aftermath of an emergency situation due to damage to pharmacies and treatment facilities and disruptions caused by loss of utilities and damage to transportation systems.

7. Use of nuclear, chemical, or biological weapons of mass destruction could produce a large number of injuries requiring specialized treatment that could overwhelm the local and state health and medical system.

8. Emergency responders, victims, and others who are affected by emergency situations may experience stress, anxiety, and display other physical and psychological symptoms that may adversely impinge on their daily lives. In some cases, disaster mental health services may be needed during response operations.

B. Assumptions

1. Although many health-related problems are associated with disasters, there is an adequate local capability to meet most emergency situations.

2. Public and private medical, health, and mortuary services resources located in our county shall be available for use during emergency situations; however, these resources may be adversely impacted by the emergency.

3. If hospitals and nursing homes are damaged, it may be necessary to relocate significant numbers of patients to other comparable facilities elsewhere.

4. Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for disease and injury.

5. Damage to chemical plants, sewer lines and water distribution systems, and secondary hazards such as fires could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biological and/or radiological substances, contaminated water supplies, crops, livestock, and food products.

6. The public shall require guidance on how to avoid health hazards caused by the disaster or arising from its effects.

7. Some types of emergency situations, hurricanes, pandemics, and floods may affect a large proportion of our county, making it difficult to obtain mutual aid from the usual sources.

8. Appropriate local, State, and possibly federal, tribal medical, public health officials, and organizations shall coordinate to determine current medical and public assistance requirements.

V. CONCEPT OF OPERATIONS

A. General

1. This government shall provide a consistent approach to the effective management of actual or potential public health or medical situations to ensure the health and welfare of its citizens operating under the principles and protocols outlined in the National Incident Management System (NIMS).

2. The Brazos County Health District (BCHD) is the local agency primarily responsible for the day-to-day provision of many health and medical services for our community. BCHD shall contract with a physician who shall serve as the Health Authority for our county. The Health Authority for the county shall assign an Associate Health Authority. The Associate Health Authority shall act as the Health Authority in the absence thereof. The Health Authority may designate a Health Officer in the event of a disaster or in their place.

3. The Mental Health Authority is a local agency that shall be responsible and designated at the time of an incident. The Mental Health Authority may designate an Associate Mental Health Authority. The Health and Human Services Commission (HHSC) requires each authority to ensure appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. Information on disaster mental health services procedures can be found in Annex O (Human Services).

4. This annex is based upon the concept that the emergency functions of the public health, medical, and mortuary services shall generally parallel their normal day-to-day functions. To the extent possible, the same personnel and material resources shall be employed in both cases. Some day-to-day functions that do not contribute directly to the emergency operation may be suspended for the duration of the emergency and the resources that would normally be committed to those functions shall be redirected to the accomplishment of emergency tasks.

5. Provisions must be made for the following:

   a. Establishment of a medical component within the Incident Command Post (ICP) or Unified Command (UC) at or near the disaster site.
   b. Coordinating health & medical response team efforts.
   c. Triage of the injured, if appropriate.
   d. Medical care and transport for the injured.
   e. Identification, transportation, and disposition of the deceased.
   f. Disaster mental health services for both first responders and community members.
   g. Holding and treatment areas for the injured.
   h. Isolating, decontaminating, and treating victims of hazardous materials or infectious diseases, as needed.

i. Identifying hazardous materials or infectious diseases, controlling their spread, and reporting their presence to the appropriate state or federal health or environmental authorities.
j. Issuing health & medical advisories to the public on such issues as drinking water precautions, waste disposal, the need for immunizations, location points of dispensing, and food protection techniques.
k. Conducting health inspections of congregate care and emergency feeding facilities.

B. Mental Health Services

1. Appropriate disaster mental health services need to be made available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. Services may include crisis counseling, critical incident stress management, information and referral to other services, and education about normal, predictable reactions to a disaster experience and how to cope with them.

2. Information on disaster mental health services procedures can be found in Annex O (Human Services).

C. Medical Services

1. Ambulance and Transportation

   a. All ambulances and emergency rescue vehicles serving in our county shall be equipped with a triage system and shall contain at all times, those essential items as specified by the Texas Department of State Health Services (DSHS).

   b. Upon notification of an emergency, the appropriate ambulance service shall dispatch the necessary units to the scene.

   c. The EMR, EMT or paramedic who first arrives on the scene shall:

      1) Survey the disaster scene.
      2) Report to the Incident Commander and establish a triage area.
      3) Institute a preliminary screening of casualties and begin stabilizing and transporting those most critically injured.
      4) Record the number of casualties transported and their destination.

   d. If the emergency warrants, the EMT/paramedic shall request, through the Incident Commander, additional ambulances.

   e. Upon arrival of the EMS Control Officer or Triage Officer, all ambulance service personnel shall position themselves at his/her disposal and shall follow their directions regarding casualty movement.

   f. The senior EMT/paramedic shall report to the Triage Officer and inform the Triage Officer as to what procedures have begun, the location of the triage area, the number of casualties, and the number transported.

g. The EMS Transportation Officer, during the course of the disaster, shall provide the ambulance personnel with information relative to the situation and/or existing capabilities at the various medical treatment facilities.

2. Triage

a. Medical supplies for providing advanced life support to trauma victims shall be stored in a major rescue vehicle or trailer, or every responding organization shall bring a predetermined mass casualty supply package. Adequate supplies for treatment of victims requiring advanced life support shall be stored in the rescue vehicle and mobilized to the scene of a mass casualty disaster.

b. The responsibility belongs to the first EMT/paramedic who arrives on the scene to initiate triage, confer with the nearest emergency department physician, and to implement actions that may be required by the situation.

c. If it is apparent there shall be mass casualties, the nearest hospital with emergency facilities and others with suitable facilities shall be notified.

d. The EMS Chief or a designated Control Officer shall respond to the scene during a medical disaster and shall act as a liaison between the on-scene commander and EMS. This individual shall oversee patient care, triage, transportation, and all EMS personnel.

e. The Triage Officer shall respond immediately to the scene of a local disaster. This person is responsible for the triage of patients, establishing priority of treatment and transportation. This person is also in charge of the care of patients awaiting transportation.

f. The EMS Transportation Officer is responsible for all ambulances and directs the loading and transportation of patients. This person acts as a liaison between the field and the hospitals.

g. Registered nurses and paramedics employed with local ambulance services and capable of providing advanced life support shall respond immediately to the disaster site. They shall work with the Triage Officer and apply their skills as required to care for disaster victims.

h. Equipment and medication for administrating advanced life support to trauma victims shall be transported to the scene by the assigned rescue unit. Additional supplies shall be obtained from local hospitals upon request.

i. Triage Priorities – Patients with the most severe injuries or conditions have priority for transportation and treatment over others as outlined:

1) Red Category – First Priority, most urgent

(a) Airway and breathing difficulties
(b) Uncontrolled or suspected severe bleeding
(c) Shock
(d) Open chest or abdominal wounds
(e) Severe head injuries

2) Yellow Category – Second Priority, Urgent

(a) Burns
(b) Major or multiple fractures
(c) Back injuries with or without spinal damages

3) Green Category – Third Priority, Non-urgent

Transportation and treatment are required for minor injuries (but not necessarily by EMS personnel), minor fractures, or other injuries of a minor nature.

4) Black Category – Deceased, Non-urgent

D. Mortuary Services

1. Law enforcement is responsible for investigating deaths that are not due to natural causes or that do not occur in the presence of an attending physician. Justices of the Peace are responsible for determining cause of death, authorization of autopsies to determine the cause of death, forensic investigations to identify unidentified bodies, and removal of bodies from incident sites.

2. When it appears an incident involves fatalities, the Incident Commander shall request the Communications Center make notifications to the Justice of the Peace and law enforcement requesting a response to the scene.

3. Law enforcement or the Justice of the Peace shall arrange for the transportation of bodies requiring autopsy or identification to morgues or suitable examination facilities. When mass fatalities have occurred, it may be necessary to establish a temporary morgue and holding facilities. Additional mortuary service assistance may be required.

4. Funeral homes shall collect bodies of victims from the scene, hospitals, morgues, and other locations and arrange with next of kin for the disposition of the victims' remains.

E. Medical and Mortuary Assistance

1. Department of State Health Services (DSHS)

When requested by local officials, the DSHS can provide health and medical advice and assistance during emergency situations from its various regional offices.

2. Disaster Medical Assistance Team (DMAT)

a. As noted previously, DMAT is a group of volunteer medical professionals and support personnel equipped with supplies and equipment that can be moved quickly to a disaster area and provide medical care. DMATs are a part of the National Disaster Medical System (NDMS). The DMAT concept involves using volunteer medical professionals to provide emergency services to victims of disasters. Each DMAT is an independent, self-sufficient team that can be deployed within a matter of hours and can set up and continue operations at the disaster site for up to 72 hours with no additional supplies or personnel. The 72-hour period allows federal support,

including medical supplies, food, water, and any other commodity required by the DMAT to arrive.

b. TX-1 DMAT is a federal and state response asset based in Texas. TX-1 DMAT can be activated by the State to respond to emergency events that may not be severe enough to warrant a federal response. Working closely with DSHS, TX-1 DMAT can serve as a state-level responder to major emergencies and disasters that require additional medical response resources.

3. Disaster Mortuary Services Team (DMORT)

The Texas DMORT provides mortuary and victim identification services following major or catastrophic disasters. The team is comprised of volunteer professionals from the mortuary and funeral industries.

F. Damage Assessment

1. Casualty Information. The Health Authority has primary responsibility for gathering information concerning injuries and fatalities resulting from emergencies and disasters. Since accurate information concerning casualties is essential in identifying required levels of medical support, information of this type must be forwarded to the Health Officer in the EOC as soon as it is available to support requests for assistance and for inclusion in required reports.

2. Water Supply Systems. In cooperation with Utility Departments, DSHS, and the Texas Commission on Environmental Quality (TCEQ) have responsibility for evaluating damage to water treatment facilities following disaster occurrences. Because of system vulnerability to numerous forms of contamination and the impact which prolonged shutdown of water treatment facilities could have on public health and welfare, it is essential that rapid and accurate assessments of damage are completed. Accurate and timely estimates for required repairs shall permit the DSHS, TCEQ, and Utility Departments to identify appropriate interim measures such as rationing, expedient water treatment, or construction of temporary water delivery systems.

3. Wastewater Systems. Wastewater treatment facilities are vulnerable to disaster-related interruptions and their unavailability can have a major impact on the community's health and well-being. The Texas Commission on Environmental Quality (TCEQ), in cooperation with Public Works, has a responsibility for evaluating damage to those facilities, as well as advising local officials concerning expedient sanitation practices that may be required in the affected areas.

4. Medical Facilities. The Health Authority has primary responsibility for evaluating damage sustained by medical facilities in a disaster area. The hospitals and nursing homes in Brazos County shall provide support in this activity. The facility administrator or his designee shall gather initial damage reports and identify which patients must be removed pending repairs. This data shall be provided to the lead facility to compile for the Health Authority's use.

G. Requesting External Assistance.

If health and medical problems resulting from an emergency cannot be resolved with local resources, those obtained pursuant to inter-local agreements, or resources obtained by the Resource Management staff in the EOC, local government may request medical or mortuary assistance from the State. The County Judge should make requests for such assistance to the DDC Chairperson in Bryan, TX. Cities must request assistance from their county before requesting assistance from the State.

H. Five Mission Areas of the National Preparedness Goal

1. Prevention:

   a. Give immunizations.
   b. Conduct continuous health inspections.
   c. Promote and encourage the use of the blood donation program.
   d. Conduct specialized training (e.g. hazmat, decontamination, etc.).
   e. Conduct epidemic intelligence, evaluation, presentation, and detection of communicable diseases.
   f. Conduct normal public health awareness programs.

2. Protection:

   a. Promote health.
   b. Protect population health.
   c. Prevent disease and injury through the core functions of assessment, policy development, and assurance.
   d. Public Service Announcements (PSAs) and community outreach.

3. Mitigation:

   a. Promote health.
   b. Protect population health.
   c. Prevent disease and injury through the core functions of assessment, policy development, and assurance.
   d. Public Service Announcements (PSAs) and community outreach.

2. Preparedness:

   a. Maintain adequate medical supplies.
   b. Coordinate with county and/or city officials to ensure water quality.
   c. Coordinate with county and/or city officials to provide safe waste disposal.
   d. Review emergency plans for laboratory activities regarding examination of food and water, diagnostic tests, and identification, registration and disposal of the deceased.
   e. Train and exercise personnel.

3. Response:

   a. Conduct public information programs dealing with personal health and hygiene.
   b. Conduct disease control operations.
   c. Monitor sanitation activities.

d. Ensure that supplies of potable water are available.
e. Conduct environmental health activities regarding waste disposal, refuse, food and water control, and vector control.
f. Begin the collection of vital statistics.

4. Recovery:

a. Compile health reports for state and federal officials.
b. Identify potential and/or continuing hazards affecting public health.
c. Distribute appropriate guidance for the prevention of the harmful effects of the hazard.
d. Continue to collect vital statistics.

VI. ORGANIZATION & ASSIGNMENT REPONSIBILITIES

A. Organization

1. Our normal emergency organization, described in Section VI.A of the Basic Plan and depicted in Attachment 3 to that Plan, shall prepare and carry out health and medical operations during emergency situations.

2. The Brazos County Health District (BCHD) functions as the local Health Authority. The Health Authority has primary responsibility for the health and medical services function and shall designate a Health Officer to plan and coordinate public health and medical services during emergency situations. The Health Officer or a designee shall serve as a member of the EOC Staff. Health and medical service response activities at an incident scene shall be coordinated through the Incident Commander. Large-scale health and medical efforts shall be coordinated from the EOC.

3. Upon receipt of official notification of an actual or potential emergency condition, it is the responsibility of the Health Authority to receive and evaluate all requests for health and medical assistance and to disseminate such notification to all appropriate public health, medical, and mortuary services.

B. Assignment of Responsibilities

1. General

All agencies/organizations assigned to provide health and medical services support are responsible for the following:

a. Designating and training representatives of their agency, to include the National Incident Management System (NIMS) and ICS training.
b. Ensuring that appropriate standard operating procedures (SOPs) and standard operating guidelines (SOGs) are developed and maintained.
c. Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the EOC and, as needed, in the field.

2. Emergency Functions

   Under the Brazos County Interjurisdictional Emergency Management Plan, the Health Authority has primary responsibility to provide the following services in response to emergency situations:

   a. Essential medical, surgical, hospital care and treatment for persons whose illnesses or injuries are a result of a disaster or where care and treatment are complicated by a disaster.
   b. Public health protection for the affected population.
   c. Mortuary and vital records services.
   d. Damage assessment for public health & medical facilities and systems.

3. To ensure these services are available as needed, various medical and public health services have been assigned primary or support responsibility for specific activities. Those activities, and the services responsible for their accomplishment, are summarized below.

C. Task Assignments

1. The Health Authority shall:

   a. Designate a Health Officer to perform pre-emergency planning for emergency health and medical services and coordinate such activities during major emergencies and disasters.
   b. Provide qualified staff to support health and medical operations at the ICP and the EOC.

2. The Health Officer and Health Authority shall coordinate:

   a. Emergency health and medical activities from the EOC when activated.
   b. Rapid assessments of health and medical needs.
   c. Efforts of local health and medical organizations activated for an emergency assessing their needs, obtain additional resources, and ensure that necessary services are provided.
   d. Emergency medical teams responding to a disaster to ensure the integration into the ICP at the disaster site.
   e. Neighboring community health and medical organizations on matters related to assistance from other jurisdictions.
   f. State and federal officials regarding state and federal assistance.
   g. Response units, such as DMAT.
   h. The screening of individual health and medical volunteers obtaining positive identification and proof of licensure of volunteers.
   i. Location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
   j. Information to the news media on casualties, and instructions to the public on dealing with public health problems through the Public Information Officer (PIO) and a Justice of the Peace.
   k. The provision of laboratory services required in support of emergency health and medical services.

l. Immunization campaigns or quarantines, if required.
m. Inspections of foodstuffs, water, drugs, and other consumables that were exposed to the hazard.
n. Inspections of damaged buildings for health hazards.
o. Disposal of dead animals with the county and/or cities animal control agencies.
p. Implementation of measures to prevent or control disease vectors such as flies, mosquitoes, and rodents.
q. Preventive health services, including the control of communicable diseases such as influenza, particularly in shelters.
r. Food handling and sanitation monitoring in emergency facilities.

3. Emergency Medical Services shall:

a. Respond to the scene with appropriate emergency medical personnel and equipment.
b. Upon arrival at the scene, assume an appropriate role in the ICS. Initiate ICS if it has not been established and report unmet needs and information to the EMC/EOC.
c. Triage, stabilize, treat, and transport the injured.
d. Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate facilities.
e. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.). Continue radio and/or telephone communications with hospitals.
f. Direct the activities of private, volunteer, and other emergency medical units, and of bystander volunteers, as needed.
g. Evacuate patients from affected hospitals and nursing homes, if necessary.

4. Hospitals shall:

a. Implement internal and/or external disaster plans.
b. Advise the health and medical services staff in the EOC of conditions at the facility and the number and type of available beds.
c. Establish and maintain field and inter-facility medical communications.
d. Provide medical guidance, as needed, to EMS.
e. Coordinate with EMS, other facilities, and any medical response personnel at the scene to ensure the following is accomplished:
    1) Casualties are transported to the appropriate medical facility.
    2) Patients are distributed to hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, treatment capabilities, and bed capacity.
    3) Consider special designations such as trauma centers and burn centers.
    4) Consider the use of clinics to treat less acute illnesses and injuries.
f. Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
g. Coordinate with other hospitals and with EMS on the evacuation of affected hospitals, if necessary. Evacuation provisions should specify where patients are to be taken.
h. Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.

i. Establish and staff a reception and support center at each hospital for relatives and friends of disaster victims searching for their loved ones.

5. The Mental Health Authority shall:

   Ensure appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. Information on disaster mental health services procedures can be found in Annex O (Human Services).

6. The Justice(s) of the Peace shall:

   a. Conduct inquests for the deceased and prepare death certificates.
   b. Order or conduct autopsies if necessary to determine cause of death.
   c. Order or conduct forensic investigations to identify unidentified bodies.
   d. Authorize removal of bodies from incident sites to the morgue or mortuary facilities.
   e. Provide information through the PIO to the news media for the dissemination of public advisories, as needed.

7. Law Enforcement shall:

   a. Upon request, provide security for medical facilities or the incident site.
   b. Conduct investigations of deaths not due to natural causes.
   c. Locate and notify next of kin.
   d. Work with the District Attorney's office to help provide information for victim advocacy services.

8. Mortuary Services shall:

   a. Provide for the collection and care of human remains.
   b. Establish temporary holding facilities and morgue sites, if required.
   c. Coordinate with emergency health and medical services.

9. The Utility Department(s) shall:

   a. Coordinate the restoration of utilities service to key medical facilities.

10. The Public Information Office (PIO) shall:

    Working with the Joint Information Center (JIC), disseminate emergency public information provided by health and medical officials. The Health Officer has primary responsibility for the coordination of health & medical information intended for release through public media during emergency operations. Additional information on emergency public information procedures can be found in Annex I (Emergency Public Information).

VII. DIRECTION & CONTROL

A. General

1. The Health Officer, working as a staff member of the County emergency organization, supported by an appropriate network, shall direct and coordinate the efforts of local health and medical services and agencies, and organizations during major emergencies and disasters requiring an integrated response.

2. Routine health and medical services operations may continue during less severe emergency situations. Direction and control of such operations shall be by those that normally direct and control day-to-day health and medical activities.

3. External agencies providing health and medical support during emergencies are expected to conform to the general guidance provided by our senior decision-makers and carry out mission assignments directed by the Incident Commander or the EOC. However, organized response units shall normally work under the immediate control of their own supervisors.

B. Incident Command System – EOC Interface

If both the EOC and an ICP are operating, the Incident Commander and the EOC must agree upon a specific division of responsibilities for emergency response activities to avoid duplication of effort as well as conflicting guidance and direction. The EOC and the ICP must maintain a regular two-way information flow.

A general division of responsibilities between the ICP and the EOC that can be used as a basis for more specific agreement is provided in Section V of Annex N, Direction & Control.

C. Disaster Area Medical Coordination

1. In emergency situations involving significant damage to county and/or city medical facilities, each facility shall be responsible for determining its overall status and compiling a consolidated list of resources or services needed to restore vital functions. Each operating unit shall report its status and needs to a single contact point designated by the facility. This facility contact should consolidate the data provided and report it to the Health and Medical staff in the EOC.

2. The Health Officer must be prepared to receive the consolidated requests and channel various elements of those requests to those local health and medical facilities as well as other departments, agencies, and organizations that can best respond. Requests for resources that cannot be obtained through normal sources of supply or through mutual aid by health and medical facilities outside the local area should be identified to the Resource Management staff in the EOC for action.

D. Line of Succession

To ensure continuity of health and medical activities during threatened or actual disasters, the following line of succession is established for the

1. Health Authority:

   a. Associate Health Authority
   b. Director of BCHD

2. Health Officer

   a. Public Health Emergency Preparedness Coordinator (PHEPC)
   b. Deputy Director of BCHD

VIII. READINESS LEVELS

A. Level IV: Normal Conditions

1. Review and update plans and related SOP/SOGs.
2. Review assignment of all personnel.
3. Coordinate with local private industries on related activities.
4. Maintain a list of health & medical resources (see Annex M).
5. Maintain and periodically test equipment.
6. Conduct appropriate training, drills, and exercises.
7. Develop tentative task assignments and identify potential resource shortfalls.
8. Establish a liaison with all private health & medical facilities.

B. Level III: Increased Readiness:

1. Check readiness of health and medical equipment, supplies, and facilities.
2. Correct any deficiencies in equipment and facilities.
3. Check readiness of equipment, supplies, and facilities.
4. Correct shortages of essential supplies and equipment.
5. Update incident notification and staff recall rosters.
6. Notify key personnel of possible emergency operations.
7. Review procedures for relocating patients and determine the availability of required specialized equipment if evacuation of health & medical facilities may be required.

C. Level II: High Readiness:

1. Alert personnel to the possibility of emergency duty.
2. Place selected personnel and equipment on standby.
3. Identify personnel to staff the EOC and ICP if those facilities are activated.

D. Level I: Maximum Readiness:

1. Mobilize health and medical resources to include personnel and equipment.
2. Dispatch health and medical representative(s) to the EOC when activated.

IX. ADMINISTRATION & SUPPORT

A. Reporting

1. In addition to reports that may be required by their parent organizations, health & medical elements participating in emergency operations should provide appropriate

situation reports to the Incident Commander, or if an incident command operation has not been established, to the Health Officer in the EOC. The Incident Commander, or their designee, shall forward periodic reports to the EOC.

2. Pertinent information from all sources shall be incorporated into the Initial Emergency Report and the periodic Situation Report that is prepared and disseminated to key officials, other affected jurisdictions, and state agencies during major emergency operations. The essential elements of information for the Initial Emergency Report and the Situation Report are outlined in Appendices 2 and 3 to Annex N, Direction and Control.

B. Maintenance and Preservation of Records

1. Maintenance of Records. Health and medical operational records generated during an emergency shall be collected and filed in an orderly manner. A record of events must be preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.

2. Documentation of Costs. Expenses incurred in carrying out health and medical services for certain hazards, such as radiological accidents or hazardous materials incidents, may be recoverable from the responsible party. Hence, all departments and agencies shall maintain records of personnel and equipment used and supplies consumed during large-scale health and medical operations.

3. Preservation of Records. Vital health & medical records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency situation, professional assistance for preserving and restoring those records should be obtained as soon as possible.

C. Post Incident Review

For large-scale emergencies and disasters, the County Health Officer and/or EMC shall organize and conduct a review of emergency operations by those tasked in this annex in accordance with the guidance provided in Section X.C of the Basic Plan. The purpose of this review is to identify needed improvements in this annex, procedures, facilities, and equipment. Health and medical services that participated in the emergency operations being reviewed should participate in the post-incident review.

D. Exercises

Local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards faced by our county shall periodically include health and medical services operations. Additional drills and exercises may be conducted by various agencies and services for the purpose of developing and testing abilities to make effective health and medical response to various types of emergencies.

E. Resources

1. A list of local Hospital and Emergency Rooms is provided in Appendix 1.
2. A list of local Health and Medical Facilities is provided in Appendix 2.

3. A list of Skilled Nursing Facilities is provided in Appendix 3.

4. A list of deployable health and medical response resources is provided in Annex M, Resource Management.

X. ANNEX DEVELOPMENT & MAINTENANCE

A. The EMC, with assistance from the Health Officer, is responsible for developing and maintaining this annex. Recommended changes to this annex should be forwarded as needs become apparent.

B. This annex shall be revised annually and updated in accordance with the schedule outlined in Section X of the Basic Plan.

C. Departments and agencies assigned responsibilities in this annex are responsible for developing and maintaining SOPs/SOGs covering those responsibilities.

XI. REFERENCES

A. ESF 8 Public Health and Medical Services to the State of Texas Emergency Management Plan.

B. Texas Department of State Health Services website: www.dshs.texas.gov

C. DSHS Public Health Region website: www.dshs.texas.gov/regions/. This site contains information on the counties served by the 11 DSHS Public Health Regions.

APPENDICES

Appendix 1 – Hospitals/Emergency Rooms

Facility Name	Address	City	Phone Number	Licensed bed count	ER bed count	ICU/Surgical bed count	Isolation bed count	Operating room count	Procedure room count	Minor Procedure room count	MRI Scanner	CT Scanner	Dialysis Unit	X-RAY Capability	Ultrasound Capability	Emergency Power description (Example: up to hrs. without refueling, using ____ fuel type)	Decontaminatio Shower description (examples: attached room, tent and where i shall be set up, or none)
Baylor Scott & White Medical Center	700 Scott & White Drive	College Station	979-207-2500	142	24	16	14	12	7	0	Yes	Yes	Yes	Yes	Yes	Diesel powered backup; 72hr continuous without refuel.	Attached room, tent able to be setup for additional recon in ambulance bay
CapRock Emergency Room	948 Shalliam D Fitch	College Station	979-314-2323	0	8	0	0	0	0	0	No	Yes	No	Yes	Yes	Natural gas	None
CapRock Hospital	3134 Briarcrest Drive	Bryan	979-314-2323	10	9	0	2	0	0	1	No	Yes	No	Yes	Yes	Diesel up to 72 hours	Tent can be set u in ambulance bay
CHI St Joseph Health Rehab Hospital, affiliate of Encompass Health	1600 Joseph Drive, Suite 2000	Bryan	979-213-4300	61	0	0	3	0	0	0	No	No	Yes	Yes	No	Emergency power up to 72 hours without refueling, using diesel fuel.	None
Physician's Premier Emergency Room	2411 Boonville Road	Bryan	979-985-2641	11	11	0	0	0	11	0	No	Yes	No	Yes	Yes	Emergency Power - Natural Gas can run indefinite.	None

Appendix 1 – Hospitals/Emergency Rooms

Facility Name	Address	City	Phone Number	Licensed bed count	ER bed count	ICU/Surgical bed count	Isolation bed count	Operating room count	Procedure room count	Minor Procedure room count	MRI Scanner	CT Scanner	Dialysis Unit	X-RAY Capability	Ultrasound Capability	Emergency Power description (Example: up to hrs. without refueling, using ____ fuel type)	Decontamination Shower description (examples: attached room, tent and where it shall be set up, or none)
St. Joseph College Station Hospital	1604 Rock Prairie Rd	College Station	979-764-5100	147	12	13	16	7	29	0	Yes	Yes	Yes	Yes	Yes	Emergency power for 158 hours	No emergency rooms with integrated Decon Unit (# patients per hour) have isolated units in ER but would have to isolate ER from rest of hospital Expedient outdoor decontamination unit. (can do 4 patients at one time - 20 mins/person) 13 isolation beds (1 in ER)
St. Joseph Health Regional Hospital	2801 Franciscan Drive	Bryan	979-776-2568	247	30	36	31	16	2 endo, 1 cysto	0	Yes	Yes	Yes	Yes	Yes	Up to 24 hours without refueling - diesel	Attached to ER; 3 negative pressure rooms / no tent at this time
The Physicians Centre Hospital	3131 University Drive E	Bryan	979-731-3180	16	1	0	0	4	0	2	Yes	Yes	No	Yes	Yes	Generator up to 96 hours at 50% without refueling, using diesel.	(1) man, tent set up outside of dock loading area at the back of the hospital.

Appendix 2 – Health and Medical Facilities

Facility Name	Address	City	Phone Number	Notes
Brazos County Health District	201 N Texas Avenue	Bryan	979-361-4440	
Brazos County Health & Wellness Clinic	300 E William Joel Bryan Pkwy.	Bryan	979-361-5780	
Cap Rock Urgent Care	1630 Briarcrest Drive, Suite 100	Bryan	979-314-2323	
CHI St. Joseph Express	4421 Hwy. 6 South, Suite 100	College Station	979-731-5200	
CHI St. Joseph Express	2210 E Villa Maria	Bryan	979-821-7629	
DaVita - Bryan Dialysis	1640 Briarcrest Drive, Suite 100	Bryan	979-268-5890	25 patients at a time; no emergency backup, (Divert Company is part Of DaVita and shall bring Emergency generators to them if needed)
DaVita - Rock Prairie Dialysis	1724 Birmingham Road	College Station	979-704-6906	20 patients at a time; no emergency backup (Divert Company is part of DaVita and shall bring them Emergency generators to them if need)
Fresenius Kidney Care (Dialysis)	2390 East 29th Street	Bryan	979-314-1550	
Fresenius Kidney Care (Dialysis)	3314 Longmire Drive	College Station	979-314-1560	
Health For All, Inc.	3030 E 29th Street, Suite 111	Bryan	979-774-4176	
Integrity Urgent Care	11659 FM 2154, Suite 300	College Station	979-326-1486	
Integrity Urgent Care	1289 University Drive	College Station	979-326-1494	
Integrity Urgent Care	3201 University Drive E, Suite 135	Bryan	979-703-1832	
Psychiatry and Behavioral Health	2900 E 29th Street, Suite 300	Bryan	979-774-8200	
Scott and White Clinic	748 N Earl Rudder Freeway	Bryan	979-207-3300	
Scott and White Clinic	1700 University Drive E	College Station	979-691-3300	Walking wounded; no bed #'s: emergency power - 4hrs
Scott and White Clinic	800 Scott & White Drive	College Station	979-207-3300	
Scott and White Clinic	1296 Arrington Road, Suite 100	College Station	979-207-3636	
Texas A & M Physicians Family Clinic	2900 East 29th Street	Bryan	979-776-8440	
Texas Avenue Medical Clinic	1703 E 29th Street	Bryan	979-779-4756	
Texas Brain and Spine Institute	3201 University Drive East, Suite 425	Bryan	979-207-7400	
Veterans Affairs Outpatient	1651 Rock Prairie Road, Suite 100	College Station	979-680-0361	
Women's Care Plus	1602 Rock Prairie Road, Suite 3400	College Station	979-693-0737	

Appendix 3 – Skilled Nursing Facilities

Facility Name	Address	City	Phone Number	Facility Type	Number of Beds	Emergency Power
Accel at College Station	1500 Medical Avenue	College Station	979-272-1000	Skilled Nursing	116 beds	Generator backup.
Arbor Oaks at Crestview	2505 E Villa Maria Road	Bryan	979-774-9938	Independent/Assisted Living	48 Skilled nursing beds, 48 Assisted Living beds, 18 Alzheimer's	Diesel generator 48 hrs. run time.
Bluebonnet Court	3601 Victoria Avenue	College Station	979-693-9699	Assisted Living	48 beds	Propane generator for 168+ hrs.
Broadmoor Court	2601 E Villa Maria Road	Bryan	979-589-7938	Assisted Living	36 beds	Backup power for lights only.
Carriage Inn	4235 Booneville Road	Bryan	979-731-1300	Assisted Living	91 beds	Backup power for lights only.
CHI St. Joseph Rehabilitation Hospital	1600 Joseph Drive	Bryan	979-213-4300	Skilled Nursing	30 beds	No info on generator.
Five Points of College Station	3105 Corsair Drive	College Station	979-213-6105	Skilled Nursing	120 beds	Generator backup.
Fortress Health Nursing and Rehab	1105 Rock Prairie	College Station	979-694-2200	Skilled Nursing	120 beds	Generator power for 72 hrs.
Hudson Creek Care Center	3850 Copper crest	Bryan	979-774-0700	Assisted Living	66 beds	Diesel generator 4 hrs. run time.
Isle of Watercrest	4091 E Chester Drive	Bryan	979-213-4850	Assisted Living	84 beds	Diesel generator 56 hrs. run time for lighting and red plugs.
Lampstand Health and Rehab	2001 E 29th Street	Bryan	979-822-6611	Skilled Nursing	140 beds	Generator 24-48 hrs. run time.
Legacy Nursing and Rehab	2817 Kent Street	Bryan	979-776-7521	Assisted Living	117 beds	Diesel generator 1500 gallons.
Magnified Health and Rehab	1115 Anderson Street	College Station	979-693-1515	Skilled Nursing	115 beds	Generator power for 24-48 hrs. run time.
Melrose Assisted Living	1503 Texas Avenue S	College Station	979-469-7001	Assisted Living	120 beds	No info on generator.
Park at Traditions	3095 Club Drive	Bryan	979-213-4200	Assisted Living	91 Independent beds, 24 memory care beds, 44 assisted living beds	Diesel generator 24 hrs. run time.
Peach Creek Assisted Living	1488 Stokes Circle	College Station	833-687-4872	Assisted Living	32 beds	No generator back-up.
Serenity at Briarcrest	2410 Memorial Drive	Bryan	979-353-0693	Independent Living	180 apts. - 1-2 bedroom	Emergency power for lights only.
Sodalis College Station	3211 Harvey Road	College Station	979-704-5561	Assisted Living	No information.	No info on generator.
St. Joseph Manor Skilled Nursing	2333 Manor Drive	Bryan	979-821-7330	Skilled Nursing	81 beds	Generator power for 65 hrs. at 25% load; 40 hrs. at 50% load.
St. Joseph Manor Assisted Living	2345 Manor Drive	Bryan	979-821-7330	Assisted Living	40 beds	Shared generator with St. Joseph Skilled Nursing.
The Langford	1851 Carroll Fancher Way	College Station	979-704-6600	Independent/Assisted Living	72 Independent living beds	Diesel generator 48 hrs. run time.
Watercrest at Bryan	3801 E Crest Drive	Bryan	979-314-5591	Independent Living	204 units	No emergency power.
Waterford of College Station	1103 Rock Prairie Road	College Station	979-316-9488	Assisted Living	36 assisted living beds, 17 memory care beds	No generator backup.