

APPENDIX 8
to
ANNEX H



STRATEGIC NATIONAL STOCKPILE
PLAN

APPENDIX 8

STRATEGIC NATIONAL STOCKPILE PLAN

I. AUTHORITY

See Section 1 of the State of Texas Basic Plan and Annex H, Health and Medical Services, to the State of Texas Emergency Management Plan.

II. PURPOSE

The Strategic National Stockpile (SNS) is a federal resource for critical medical assets made available to the State during a public health emergency, disaster, or catastrophic incident to augment local and state resources. The purpose of this appendix is to delineate organizational responsibilities for state level response agencies and recommend actions for local level response agencies. Components of this plan also may be used to distribute mass quantities of pharmaceuticals, vaccines or other medical material from sources other than the SNS.

III. EXPLANATION OF TERMS

A. ACRONYMS

AAR	After Action Report
CDC	Centers for Disease Control and Prevention
DADS	(Texas) Department of Aging and Disability Services
DDC	Disaster District Committee
DEA	Drug Enforcement Agency
DFPS	Department of Family Protective Services
DPS	(Texas) Department of Public Safety
DSHS	Department of State Health Services
DSNS	Division of Strategic National Stockpile (CDC)
EOC	Emergency Operations Center
ESF	Emergency Support Function
GDEM	Governor's Division of Emergency Management
HHSC	Health and Human Services Commission
HSR	Health Service Region (DSHS)
JIC	Joint Information Center
JIS	Joint Information System
LHD	Local Health Department
MACC	Multi-Agency Coordination Center
MI	Managed Inventory
NRP	National Response Plan
NIMS	National Incident Management System
PIO	Public Information Officer
POD	Point of Dispensing
RLO	Regional Liaison Officer

RSS	Receiving, Staging, and Storing (of the SNS)
SNS	Strategic National Stockpile
SOC	State Operations Center
SOG	Standard Operating Guideline(s)
TARU	Technical Advisory Response Unit
TBPC	Texas Building and Procurement Commission
TDCJ	Texas Department of Criminal Justice
TFS	Texas Forest Service
TIMS	Texas Inventory Management System
TxDOT	Texas Department of Transportation
TXMF	Texas Military Forces
TXVOAD	Texas Voluntary Organizations Active in Disaster
TYC	Texas Youth Commission

B. DEFINITIONS

1. **Adult Daycare Facility:** A facility that provides services under an Adult Day Care Program on a daily or regular basis, but not overnight, to four or more elderly or handicapped persons who are not related by blood, marriage, or adoption to the owner of the facility.
2. **Assisted Living Facility:** An establishment that (a) furnishes, in one or more facilities, food and shelter to four or more persons who are unrelated to the proprietor of the establishment, and (b) provides personal care services.
3. **Catastrophic Incident:** Any natural or manmade occurrence that results in extraordinary levels of mass casualties, property damage, or disruptions that severely affect the population, infrastructure, environment, economy, national morale, and/or government functions. An occurrence of this magnitude would result in sustained impacts over a prolonged period of time that would overwhelm local and state capabilities.
4. **CHEMPACK:** A Division of the federal Strategic National Stockpile (DSNS) program that pre-positions antidotes for exposure to nerve agents or organic compounds containing phosphorus (fertilizers, insecticides and herbicides) in self-monitoring storage containers (caches). The purpose of the CHEMPACK program is to enable state and local governments to provide appropriate response within two hours of accidental or intentional exposure.
5. **Disease Control Measures:** Actions necessary to control and prevent communicable disease. They include, but are not limited to education, social distancing measures, immunization, disinfection, decontamination, disinfestation, personal protective equipment and other prophylaxis.
6. **Distribution:** The process of delivering Strategic National Stockpile (SNS) assets from a receiving, staging, and storing (RSS) warehouse facility to points of dispensing (PODs), treatment centers, push sites and/or other locations.
7. **Division of Strategic National Stockpile (DSNS):** A program of the federal Centers for Disease Control and Prevention (CDC) assigned to supplementing and re-supplying state and local public health agencies within the United States

- or its territories in the event of a public health emergency, including biological or chemical terrorism incidents.
8. **Epidemic:** Disease that appears as new cases in a given human population, during a given period, at a rate that substantially exceeds what is expected.
 9. **Health Service Region (HSR):** Extensions of the DSHS Austin office with territories consisting of multiple counties which support local health departments throughout the state and also serve as the local health authority for counties without a local health department.
 10. **Home and Community Support Services Agency (HCSSA):** A person who provides home health, hospice, or personal assistance services for pay or other consideration in a client's residence, an independent living environment, or another appropriate location.
 11. **Intermediate Care Facility for Persons with Mental Retardation (ICF/MR):** A home or establishment that (a) furnishes food, shelter, and treatment or services to four or more persons unrelated to the owner; (b) is primarily for the diagnosis, treatment, or rehabilitation of persons with mental retardation or related conditions; and (c) provides in a protected setting continuous evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each resident function at the resident's greatest ability.
 12. **Local Health Department (LHD):** A governmental public health agency, which is in whole or in part responsible to a city, county or health district. A local health department typically employs one or more full-time professional public health employees, delivers public health services (e.g., immunization, food inspection), serves a definable geographic area, and has identifiable expenditures and/or budgets in the political subdivision(s) it serves. Programs and services provided by LHDs can vary. In Texas, LHDs interact with HSRs, DSHS Austin and the Centers for Disease Control and Prevention (CDC) through various formal (contractual) and informal channels.
 13. **Managed Inventory (MI):** Representing the vast majority of SNS assets, managed inventory provides specific material for response to known threats. These materials are held either in DSNS storage sites or by manufacturers on behalf of DSNS. Managed inventory may be used for initial response, or for additional supplies after an initial 12-hour push package has been delivered. Managed inventory arrives on standard shipping pallets and is designed for a 24 to 36 hours deployment. Mi may be received more quickly depending upon the location of the MI warehouse and the Receiving, Storage and Staging (RSS) site.
 14. **Nursing Facility:** An institution that provides organized and structured nursing care and service, and is subject to licensure under Health and Safety Code, Chapter 242. The nursing facility may also be certified to participate in the Medicaid Title XIX program. Depending on context, these terms are used to represent the management, administrator, or other persons or groups involved in the provision of care to the residents; or to represent the physical building, which

may consist of one or more floors or one or more units, or which may be a distinct part of a licensed hospital.

15. **Pandemic:** An outbreak of an infectious disease occurring in multiple continents and affecting an exceptionally high proportion of the population.
16. **Personal Protective Equipment (PPE):** Protective clothing or gear designed to protect the wearer from injury, illness or death from various hazards, including chemical and biological agents.
17. **Point of Dispensing (POD):** Site(s) within a community set up to distribute mass quantities of prophylactic medicines or vaccines to the public who may have been exposed to a biological pathogen/infectious agent, but are not yet exhibiting symptoms of disease. Individuals who are exhibiting symptoms or appear to be ill should be directed to treatment centers to receive appropriate medical care services.
18. **Prophylactic:** Preventive or protective; a drug, vaccine, regimen, or device designed to prevent, or provide protection against, a given disease or disorder.
19. **Public Health Emergency:** An occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability. Such illness or health condition includes, but is not limited to, an illness or health condition resulting from a natural disaster.
20. **Push Package:** Also known as a 12-Hour Push Package. A push-package may consist of more than 50 tons of medical supplies, equipment, and pharmaceuticals designed to provide a broad spectrum of medical support. Push packages are pre-positioned throughout the country in environmentally controlled, secure facilities near major transportation hubs, so that the assets can be delivered anywhere in the U.S. or its territories within 12 hours of the federal decision to deploy.
21. **Push Site:** Sites with medical or other trained dispensing personnel on staff where preventive medicine will be delivered for internal distribution. Referred to as a push site because preventive medicine is “pushed” to the respective population rather than “pulling” them into a POD. Examples of push sites include nursing homes, prison facilities, and large private industry facilities. Push sites may also include sites with critical need for continuity of operations and/or security such as nuclear industry.
22. **Strategic National Stockpile:** A national repository of antibiotics, chemical antidotes, antitoxins, antivirals, life support medications, intravenous administration, and airway maintenance supplies, and medical or surgical material for use in a declared biological or terrorism incident or other major public health emergency.
23. **Technical Advisory Response Unit (TARU):** Group of five to seven individuals from the DSNS of the CDC consisting of public health experts, logisticians,

and/or emergency response specialists who may be deployed to the state to assist with the management of SNS material.

24. **Texas Inventory Management System (TIMS):** An internet based software application designed by DSHS to track and order SNS materials at the state, region and local levels.
25. **Treatment Centers:** Locations in a community where people who are already symptomatic receive treatment. Treatment centers include hospitals, clinics, and other sites that treat persons who are sick.

IV. SITUATION & ASSUMPTIONS

A. SITUATION

1. Public health emergencies can occur with or without warning and can escalate despite efforts to mitigate their effects.
2. The State of Texas, its governmental entities, public, and private institutions, businesses, and people may be susceptible to public health emergencies.
3. The federal government has determined certain events provide sufficient justification for Strategic National Stockpile (SNS) deployment (see Attachment 1).
4. An epidemic or pandemic disease, and/or bioterrorism event may affect a large number of people over an extended period of time and manifest itself as a large, silent outbreak of disease that occurs days after the release or introduction of an infectious agent into the community. Initially, the spread of disease may not be obvious.
5. The scope of a public health emergency may cover a large geographic area. The type of natural disaster, biological agent, incubation times, location of release, communicability, and location of those exposed will determine actual scope.
6. SNS assets can be deployed as a push package to a designated RSS site within 12 hours of the federal decision to deploy. SNS assets may be deployed from managed inventory (MI) if the threat has been identified and the broad spectrum of antibiotics, medical equipment, and supplies in a push package is not required.
7. CHEMPACK containers have been pre-positioned at confidential strategic locations in the State of Texas.
8. Planning for the receiving, staging, storing, transport, and dispensing (medication distribution) of the SNS is a continuous process involving federal, state, regional and local entities.

B. ASSUMPTIONS

1. Local, regional, state, and federal agencies and organizations will coordinate activities for preparedness, prevention, response and recovery during public health emergencies.
2. Activation of this Appendix assumes that there is a suspected or actual release of a biological, radiological or chemical agent, a natural or man-made disaster, a disease outbreak or other incident requiring the resources of the SNS.
3. Existing public health surveillance systems may detect an incident for which SNS resources will likely be required. The process of surveillance for adverse health effects, or reporting of symptoms and/or syndromes by health care providers in hospitals, medical offices and clinical settings and/or through environmental monitoring is paramount in the prevention of possible spread, response, and recovery efforts.
4. Detection of exposure to biological agents could occur days or weeks after exposed individuals have left the site where a biological release, intentional or unintentional, has occurred.
5. Personnel identified as state and local level responders including critical continuity of operations staff may be at risk of exposure and as such may be among the first to receive prophylactic medication and/or personal protective equipment (PPE) to counteract the affects of the identified hazard. Distribution of prophylaxis to family members of responders also may be included when appropriate and as available.
6. Resources and supplies present in inadequate amounts will be distributed based on epidemiological and response priorities.
7. Security precautions must be addressed as civil unrest may occur at the RSS site, during transport of SNS assets, at any of the points of dispensing (PODs), push sites, and/or treatment centers.
8. The need for medical triage and disaster behavioral health services is anticipated.
9. Because of the sensitive nature of the SNS, the following information may not be released:
 - a. where the SNS is coming from;
 - b. how the SNS is being transported;
 - c. when and where the SNS will arrive;
 - d. where the SNS will be received, staged and stored;
 - e. how, when and by whom the SNS is being transported for local distribution of medications.

Public information and instructions will be disseminated when appropriate to facilitate public access to SNS material.

V. CONCEPT OF OPERATIONS

- A. All response operations involving the SNS are conducted pursuant to the National Response Plan (NRP) and in compliance with National Incident Management System (NIMS) guidelines.
- B. Upon issuance of a pandemic alert, CDC may pre-position medical materials within the state without a request from the state.
- C. Local, regional and state supplies of pharmaceuticals and medical material will be immediately assessed and will be the first to be used in an organized response. Supplies may become rapidly depleted, thus requiring consideration of requesting SNS assets.
- D. Health officials may know there is a public health concern before they fully recognize it as a public health emergency or disaster. Using existing public health surveillance systems, local, health service region (HSR), state (DSHS Austin), and federal (CDC) public health officials will share data and analysis as the situation evolves and initiate control measures as indicated.
- E. Local requests for pharmaceuticals and other medical material may be made according to established protocols for emergency requests for assistance as outlined in the Basic Plan of the State of Texas Emergency Management Plan. This should be done only in coordination with the HSR or local health department (LHD).
- F. It is possible the event may be identified via existing public health surveillance systems rather than through a more traditional incident that requires emergency management coordination. If the need to request large quantities of pharmaceuticals or medical material is anticipated by public health professionals, the LHD, or HSR in counties with no LHD, will notify local emergency management official(s). The local or HSR emergency operations center, and/or the State Operations Center (SOC) may make additional notification to Disaster District Committees (DDCs). (See Attachment 2).
- G. Local requests will be made for the specific materials required rather than a request for SNS assets. The Department of State Health Services (DSHS) in coordination with the Governor's Division of Emergency Management (GDEM) will determine whether or not the need can be met with state resources and evaluate the need to request SNS materials.
- H. The Governor, or his designee(s), is authorized to request SNS assets from the CDC. It is not necessary for the Governor to declare a state of disaster or a state of emergency to request deployment of the SNS.
- I. When the decision to request the SNS is made, DSHS will initiate SNS distribution operations in coordination with other state and federal agencies as well as the affected local jurisdiction(s).
- J. Upon arrival of the SNS in Texas, the Texas Inventory Management System (TIMS) will be activated to track SNS material from point of arrival to point of medication

distribution to PODs, push sites and treatment centers. All supply and re-supply requests will be made using this system or the paper-based backup system in the event of TIMS failure.

- K. SNS response operations may span multiple local jurisdictions and HSRs and require a comprehensive emergency response strategy. When multiple jurisdictions are involved, SNS response operations will be coordinated between local, DDC and HSR emergency operation centers, the ESF8 Multi-Agency Coordination Center (MACC), and the SOC.
- L. The operation of the RSS is a state responsibility managed at the HSR level. Appropriate personnel have been designated to sign for the receipt of SNS assets.
- M. Distribution (transportation of the SNS) is a state responsibility and is planned for by DSHS and HSR in cooperation with supporting state agencies and LHDs.
- N. The Texas Department of Criminal Justice (TDCJ) is the primary agency for the Transportation Emergency Support Function (ESF) in the State and as such will serve as the SNS Distribution Planning Manager to coordinate pre-event planning for the provision of vehicles and drivers in a SNS deployment (see Attachment 3).
- O. Dispensing (medication distribution to the public) is a local responsibility and is planned for by LHDs for their jurisdictions. HSRs assume local responsibilities for counties in which there is no LHD.
- P. Coordination with treatment centers is a shared responsibility between LHDs and HSRs.

VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES
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A. ORGANIZATION

Decisions to initiate a request for pharmaceuticals and medical materials are made on a community-by-community basis by local health authorities in coordination with county judges, mayors and emergency management coordinators. DSHS provides technical support and guidance to affected local officials and responding state agencies. Direction and control of state resources and activities will be conducted from the SOC in coordination with the ESF8 Multi-Agency Coordination Center (MACC).

B. ASSIGNMENT OF RESPONSIBILITIES

1. General

All state agencies and Texas Voluntary Organizations Active in Disasters (TXVOAD) are responsible for the following tasks:

- a. Fulfill roles and responsibilities as assigned in the State of Texas Emergency Management Plan and its supporting Annexes.

- b. Ensure personnel understand their roles and responsibilities during SNS response operations.
- c. Ensure response personnel are appropriately trained in accordance with NIMS guidelines.
- d. Develop standard operating guidelines (SOGs) to operationalize responsibilities designated in this document.
- e. Identify staffing requirements and maintain current notification procedures to ensure appropriately trained agency personnel are available for SNS operations.
- f. Pre-identify by agency location, state agency responders, essential personnel required to maintain continuity of operations, and family members. Provide this information to DSHS Austin on an annual basis to plan for local prophylaxis distribution.
- g. Provide suitable distribution vehicles and licensed drivers as requested
- h. Participate in exercise planning, exercises, and development of after action reports (AAR).
- i. Identify state facilities that meet the push site definition and coordinate with the local health department or HSR to incorporate inclusion of these facilities into local dispensing plans.

2. Primary Agency

- a. The **Department of State Health Services (DSHS)** in Austin is responsible for coordinating state health and medical services statewide and will serve as the primary state agency responsible for coordination of response operations during an SNS deployment. As the primary agency, DSHS will:
 - 1. Oversee SNS preparedness activities; develop, maintain and review the state plan; implement the plan; and serve as final authority of the SNS plan.
 - 2. Develop and maintain comprehensive SNS SOGs to delineate state public health responsibilities, provide guidance to, and templates for regional and local public health responsibilities.
 - 3. Continue to develop disease surveillance networks. Provide ongoing education about potential epidemic diseases and disease outbreaks to local health departments, health practitioners, emergency managers and first responders.
 - 4. Conduct ongoing surveillance for adverse health effects and initiate appropriate control activities involving public and private health care facilities and providers, LHDs, HSRs, DSHS Austin and the CDC.

5. Participate in programs to detect the release of airborne pathogens. Provide warning to the government and public health community of a potential bioterrorism event.
6. Coordinate the initiation of appropriate disease control measures at all levels of public health, including LHDs, HSRs and DSHS Austin.
7. Coordinate state decision-making regarding allocations when resources are scarce or arrive in multiple shipments over extended periods of time. Issue guidance to assist local officials with resource allocation decisions.
8. Communicate SNS related issues with state and federal leadership and external partners as deemed necessary.
9. Coordinate SNS planning with neighboring states and Mexico.
10. Make recommendations to the Governor about the necessity of requesting SNS assets from the CDC. This decision will be made in collaboration with local officials, HSR Directors, the Chief of GDEM and federal officials.
11. Develop, maintain, and provide procedures with related training on the Texas Inventory Management System (TIMS) and its backup.
12. Assemble and train a State RSS Strike Team for emergency assignment to HSRs that have exceeded their response capability.
13. Develop procedures for repackaging bulk SNS materials. Identify and train personnel to implement and execute procedures for repackaging SNS material.
14. Maintain the Public Health Information Network (PHIN) and redundant communication systems for rapidly disseminating health alerts to state, HSR and local health staff. Update the emergency contact database and test capacity.
15. In the event of a public health emergency, the Public Information Officer (PIO) serving on the Command Staff in the ESF8 MACC will be responsible for information dissemination utilizing the Joint Information System (JIS).
16. DSHS managed State Hospitals will coordinate with HSRs or LHDs to develop push site SOGs.
17. Provide guidance and support for volunteer recruitment, training and maintenance.
18. Coordinate with professional medical associations to identify volunteers that can be deployed to a local jurisdictions as requested.

19. Develop, maintain, evaluate and implement SOGs and training related to the use of CHEMPACK assets.
 20. Serve as a liaison between Health Service Regions and the DSNS regarding CHEMPACK and other SNS issues.
 21. Review after-action reports and evaluation methodology and approve appropriate changes in SNS plans and SOGs.
- b. **Health Service Regions (HSRs)** serve as extensions of the DSHS Austin office, supporting LHDs throughout the state and serving as the local health authority for Texans in counties without a local health department. When fulfilling regional coordination responsibilities, HSRs will:
1. Develop, maintain, evaluate, and implement HSR SNS SOGs as needed.
 2. Provide guidance to LHDs and counties without LHDs in developing and exercising local SNS SOGs.
 3. Assure that a Drug Enforcement Agency (DEA) Registrant or his/her designee is available to sign for controlled substances arriving as part of the SNS at the RSS and at receiving treatment facilities.
 4. Take the lead role in planning for and operating the RSS site(s) located in the HSR.
 5. Identify multiple potential RSS sites within the HSR that meet state and federal requirements.
 6. Establish policies to ensure personnel are available and key personnel are appropriately assigned, trained, and licensed (when applicable). Identify volunteers as necessary to fulfill HSR responsibilities.
 7. Develop procedures for coordinating with the CDC's Technical Advisory Response Unit (TARU) staff. Provide transportation for TARU staff from point of arrival to the RSS site.
 8. Coordinate with state and federal prisons and military installations to obtain point of contact information and develop SOGs for medication delivery and administration.
 9. Pre-determine potential delivery routes from the RSS site to POD sites, treatment centers and direct delivery push sites. Secure and maintain confidential lists, distribution routes and maps. Maintain current route mapping software, and be prepared to determine alternative routes as necessary during an event.
 10. The HSRs, in coordination with LHDs will recover and return SNS materials as requested by the CDC, including reusable items such as containers and ventilators.

- c. **Local Health Departments/Districts and HSRs** (when fulfilling LHD recommended responsibilities for counties without an LHD). In coordination with local emergency officials:
1. Provide initial public health response operations, including surveillance for adverse health effects.
 2. Determine the requirement to request pharmaceuticals and other medical materials.
 3. Take the lead role in the development, planning, preparation, exercising, and training for the medication distribution function at the local level.
 4. Establish policies to ensure personnel are available and key personnel are appropriately assigned, trained, and licensed (when applicable). Identify volunteers as necessary to fulfill local responsibilities.
 5. Identify multiple potential POD sites and consider alternative medication distribution methods. Monitor suitability and availability of PODs regularly.
 6. Develop SOGs for the operation and of POD sites.
 7. Plan for the provision of disaster behavioral health services.
 8. Pre-plan with local POD sites, treatment centers and emergency management agencies for unloading equipment and resources.
 9. Coordinate with American Indian Tribal Governments within the jurisdiction to develop POD SOGs.
 10. Coordinate SNS planning with neighboring jurisdictions including Mexican border sister cities.
 11. Identify local level responders (to include state and federal employees working within the community) and develop procedures to provide mass prophylaxis through a system that ensures continuity of operations.
 12. Assist local law enforcement agencies in the development and exercise of security SOGs for the medication distribution function.
 13. Coordinate with treatment centers and organizations identified as push sites to obtain contact information and develop plans and procedures for medication delivery and dispensing. In addition to locally identified push sites, this should include state and federal facilities within the jurisdiction that meet the definition of push site.
 14. Develop SOGs for the movement and distribution of CHEMPACK materials.
 15. Utilize the Public Health Information Network (PHIN) and redundant communication systems to rapidly disseminate and receive health alerts

between State, HSR, and LHD staff. Update the emergency contact database and test capability.

16. The HSR Director or designee, in coordination with the DSHS Press Officer or designee and local public information officers, will release information about local PODs or alternative methods for distributing medications to the public in impacted local jurisdictions without a local health department.
17. Identify vulnerable populations and development alternate methods for disseminating information and distributing medications to these populations.

3. Supporting Agencies

a. Governor's Division of Emergency Management (GDEM)

- 1) Coordinate planning and response operations of Emergency Management Council agencies to support SNS deployment, distribution, security, and other ESFs if necessary and requested.
- 2) Collect information and provide situation reports to all interested parties as required by operational procedures and directives.

b. Texas Department of Criminal Justice (TDCJ)

- 1) Serve as state Distribution Planning Lead.
- 2) Coordinate with DSHS to determine number and type of vehicles required for distribution of the SNS.
- 3) Coordinate with DSHS to assess local transportation resource commitments.
- 4) Coordinate with the Texas Building and Procurement Commission (TBPC) to determine state transportation resource availability and assess the need for additional contingency contracts.
- 5) Coordinate vehicles and drivers from the Texas Department of Criminal Justice (TDCJ), other state agencies, local resources, and/or state approved contractors for distribution of the SNS.
- 6) Work with HSRs to develop SOGs for correctional facilities serving as push sites, to administer medication to inmates, staff and staff families as indicated.
- 7) Coordinate with the Texas Department of Transportation (TxDOT) to provide for refueling of delivery vehicles when commercial and state agency fueling resources are exhausted.

c. Texas Department of Public Safety (DPS)

The security of the SNS is critical and involves extensive coordination of law enforcement agencies at all levels of government. DPS will take the lead in facilitating the transfer of security of the SNS from federal to state to local control and facilitate the movement of the SNS across jurisdictional boundaries.

- 1) Provide a security assessment for the development of SOGs based on the assessment to protect the RSS warehouse, personnel, equipment, and medical materials.
- 2) Coordinate intelligence information critical to SNS operations through the Texas Department of Public Safety – Intelligence Center (see Annex U, Terrorist Incident Response).
- 3) Coordinate the protection of SNS assets and response personnel including the provision of security for:
 - a. Vehicles that move SNS materials from the arrival airport or state line to the RSS warehouse;
 - b. Transportation of CDC's TARU team to the RSS warehouse and the TARU liaison to the SOC;
 - c. The RSS warehouse;
 - d. Trucks delivering SNS materials from the RSS warehouse to local PODs, push sites, or treatment centers.
- 4) Transfer responsibility of security to local law enforcement agencies at PODs and treatment centers.
- 5) Ensure communications between the RSS warehouse and delivery vehicles is available.
- 6) Assist local law enforcement agencies with traffic control along access routes used during distribution of SNS materials.
- 7) Establish rules of engagement for state law enforcement personnel protecting SNS assets and personnel.

d. Texas Military Forces (TXMF)

Military support/National Guard may be required for a number of response activities. All requests for military support will be requested through GDEM and approved by the Office of the Governor. Upon request by GDEM, the Adjutant General's Department will provide available Army and Air National Guard and/or qualified Texas State Guard medical and medical support personnel and related resources.

- 1) Assist in the provision of transportation assets.
 - 2) Provide assistance in all aspects of SNS operations as needed.
 - 3) Work with HSRs and LHDs to develop SOGs for military bases to serve as push sites, distributing medication to staff and staff families as indicated.
 - 4) Provide an air logistics support division to manage shipments of SNS assets as needed.
- e. Texas Building and Procurement Commission (TBPC)
- 1) Maintain a current list of all vehicles assigned to state agencies and provide assistance to TDCJ as required to determine state assets available for distributing the SNS.
 - 2) Through contingency contracts, if required make arrangements to rent or lease needed vehicles.
 - 3) Establish contingency contracts to transport SNS material from the RSS to the PODs, push sites, and treatment centers.
- f. Texas Forest Service (TFS)

The TFS will provide a Distribution Group at the RSS site to coordinate vehicle arrival and departures, loading and unloading of vehicles/loading dock management, tracking of deliveries/delivery trucks, service of vehicles, fuel and drivers for receiving and delivering SNS material to local PODs, push sites and treatment centers.

- 1) Serve as Distribution Chief in the RSS facility.
 - 2) Work with GDEM, TxDOT, TDCJ, law enforcement entities, the HSR, and local emergency management officials to determine the most expeditious and safe routes to deliver SNS material from the RSS to the PODs and treatment centers.
 - 3) Maintain records of vehicle inventories and delivery locations.
 - 4) Assist RSS management with requests for state assistance as necessary.
- g. Texas Department of Transportation (TxDOT)
- 1) Provide information on road closures that may affect the delivery of medical materials.
 - 2) Coordinate with Texas Department of Criminal Justice (TDCJ) to provide for refueling of delivery vehicles when commercial and state agency fueling resources are exhausted.

h. Texas Youth Commission (TYC)

Work with HSRs and LHDs to develop SOGs for youth correctional facilities to serve as push sites and administer medication to residents, staff and their family members as indicated.

i. American Red Cross (ARC)

- 1) Coordinate with local chapters to identify volunteers that can be deployed to other jurisdictions if needed.
- 2) Coordinate with local chapters for the provision of care and feeding of staff/volunteers at the RSS and POD sites as requested.

j. The Salvation Army (TSA)

- 1) Coordinate with local chapters to identify volunteers that can be deployed to other jurisdictions if needed.
- 2) Coordinate with local chapters for the provision of care and feeding of staff/volunteers at the RSS and POD sites as requested.

k. Department of Aging and Disability Services (DADS)

Facilitate the participation of nursing homes, assisted living facilities, adult daycare facilities, Intermediate Care Facilities for Persons with Mental Retardation, Home and Community Support Services Agencies (home health & hospice providers) and providers of services through the various Medicaid waiver programs in planning for the inclusion of their populations in the distribution of the SNS.

l. Department of Family Protective Services (DFPS)

Communicate to primary caregivers their responsibility for accessing SNS material for foster children and adults.

m. Health and Human Services Commission (HHSC)

Coordinate with applicable public information officers the use of the State's 2-1-1 system in the provision of information to the public.

n. Texas Voluntary Organizations Active in Disaster (TXVOAD)

Identify volunteers that can be deployed to a local jurisdiction if local volunteer resources are not sufficient.

VII. DIRECTION & CONTROL

- A. Direction and control of SNS deployment will be exercised in accordance with section V.B and VI of the Basic Plan and in accordance with the NIMS and relevant National Response Plan requirements.
- B. A DSHS staff member will serve as the primary agency representative for the coordination of SNS deployment activities with the GDEM, the ESF8 MACC, DDC EOCs and HSR emergency operation centers.
- C. The HSR Director and the DDC Chairperson in the affected area will share responsibilities at the RSS site(s) in a Unified Command structure.

VIII. EXPENDITURES AND RECORD KEEPING

- A. Each responding agency will maintain a record of all expenditures incurred during response operations for possible federal reimbursement after the event.
- B. DSHS is responsible for establishing administrative controls beyond those outlined in the State of Texas Emergency Management Plan necessary to manage expenditure of funds and to provide reasonable accountability and justification for federal reimbursement in accordance with established guidelines. Processes and procedures for tracking expenditures and record keeping will be detailed in supporting SOGs.

IX. DEVELOPMENT AND MAINTENANCE

A. DEVELOPMENT

- 1. This appendix to Annex H to the *State of Texas Emergency Management Plan* is designed to identify actions to be taken to support state and local jurisdictions in preparing for deployment of the SNS.
- 2. This appendix is based on certain assumptions, and the existence of specific resources and capabilities may be subject to change. Actual measures taken to support local jurisdictions are outlined in SOGs developed in support of this appendix. Flexibility is built into the implementation of this appendix and associated guidelines. Some deviation in the implementation of the operational concepts identified in this appendix and its guidelines may be necessary to protect the health and safety of the public.

B. MAINTENANCE

- 1. DSHS will review annually and update this appendix and supporting SOGs as needed. Revisions will reflect changes in implementation procedures, improved capabilities, changes in rules and regulations, and correction of deficiencies identified in exercises and actual incidents.

2. All agency and organization SOGs will be reviewed annually and updated as needed.

X. REFERENCES

Version 10.02 of Receiving, Distributing, and Dispensing Strategic National Stockpile Assets, August 2006 Centers for Disease Control and Prevention

XI. ATTACHMENTS

- | | |
|---------------------|---|
| ATTACHMENT 1 | Events that can Provide Justification for CDC Deployment of the SNS |
| ATTACHMENT 2 | SNS Request Flow Chart |
| ATTACHMENT 3 | SNS Distribution Plan |

ATTACHMENT 1

EVENTS THAT CAN PROVIDE JUSTIFICATION FOR CDC DEPLOYMENT OF THE SNS

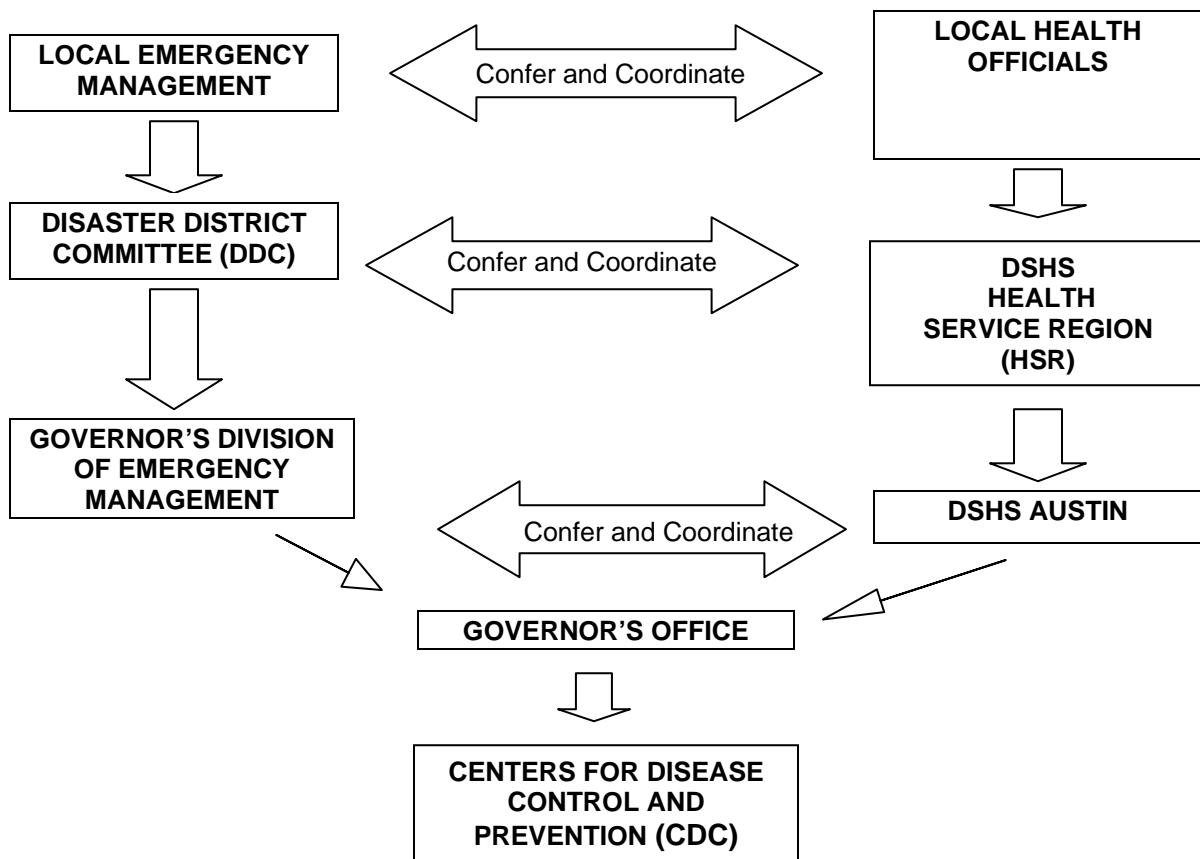
- A. A chemical, biological, radiological, nuclear, or explosive (CBRNE) event.
- B. A medical emergency brought on by a natural disaster.
- C. Claim of release by intelligence or law enforcement.
- D. An indication from intelligence sources or law enforcement of an increased potential for a terrorist attack.
- E. Clinical, laboratory or epidemiological indications including:
 - 1) A large number of persons with similar symptoms, disease, syndrome, or deaths.
 - 2) An unusual illness in a population – single case of disease from uncommon agent, and/or a disease with unusual geographic or seasonal distribution, and/or a disease that is usually present in a geographic area or population group with an unexplained increase in incidence.
 - 3) A higher than normal morbidity and mortality from a common disease or syndrome.
 - 4) A failure of a common disease to respond to usual therapy.
 - 5) Multiple unusual or unexplained disease entities in the same patient.
 - 6) Multiple atypical presentations of disease agents.
 - 7) Similar genetic type in agents isolated from temporally or spatially distinct sources.
 - 8) Unusual, genetically engineered, or an antiquated strain of a disease agent.
 - 9) Simultaneous clusters of similar illness in non-contiguous areas.
 - 10) Atypical aerosol-, food-, or water-borne transmission of a disease.
 - 11) Deaths or illness among animals that precedes or accompanies human disease.
- F. Unexplained increases in emergency medical service requests.
- G. Unexplained increases in antibiotic prescriptions or over-the-counter medication use.

ATTACHMENT 2

SNS REQUEST FLOW CHART

The current emergency management system is used for requesting SNS assets; however, it should operate as a dual process with communication going up and down the public health chain simultaneously with emergency management communication, especially if the event is identified via existing public health surveillance systems rather than a more traditional incident that requires emergency management coordination at its onset.

- When the local jurisdiction identifies an outbreak by case investigations of disease reports or outbreak investigations of disease clusters, the local health department (LHD) may consult with the Health Service Region (HSR). The HSR will consult with the Department of State Health Services (DSHS) headquarters as necessary and appropriate.
- Consultation may occur between local, HSR, and state epidemiologists to determine appropriate control measures based on epidemiological data, including whether the situation calls for mass treatment, prophylaxis, or vaccination. As the situation escalates and is identified as a significant event, the LHD will notify local emergency management officials, the HSR will notify the Disaster District Committee (DDC), and DSHS headquarters will notify the Governor's Division of Emergency Management (GDEM).
- If it is determined some portion of the Strategic National Stockpile (SNS) is required, a recommendation will be made by the Commissioner of Health, in coordination with the GDEM, that the Governor or his designee request the SNS.
- The Governor or his designee will make the official request to the Centers for Disease Control and Prevention (CDC) to deploy the SNS.
- CDC will initiate a conference call including key parties at the local, regional, state and federal level within public health, emergency management and law enforcement agencies to confer and coordinate about specific deployment plans.



ATTACHMENT 3

SNS DISTRIBUTION PLAN

CONCEPT OF OPERATIONS

A. GENERAL

1. SNS Distribution operations will be conducted pursuant to the National Response Plan (NRP) and in compliance with the National Incident Management System (NIMS).
2. The State of Texas has assumed responsibility for ensuring resources are available to securely transport SNS material from the chosen RSS facility(ies) to the following locations:
 - a. PODs
 - b. Treatment centers
 - c. Direct-delivery push sites designated to receive direct shipments from the RSS as opposed to local delivery or pickup.
 1. State and federal prisons
 2. Military installations
 3. Other sites that meet the push site definition that are large enough to warrant direct-delivery.
3. Other state and local push sites not receiving direct shipments will coordinate with LHDs or HSRs to arrange for delivery or to pick up their medications at designated distribution sites. The exact locations will be pre-coordinated with LHD or the HSR, for counties without a LHD, to ensure enough medication is delivered to the designated sites.

B. ACTIVATION

1. Distribution actions delineated in this attachment will commence upon notification from the CDC's DSNS that the SNS will be deployed or upon direction from the Governor, the Director of the Office of Homeland Security, the DPS Director, or Chief of GDEM.
2. Once the scope of the response has been identified and the number of vehicles determined, TDCJ as Distribution Planning Manager, will immediately identify the vehicle sources and assign missions as needed. The delivery of some vehicles may take several hours if located in other parts of the state.

C. DISTRIBUTION VEHICLES

1. General

- a. The number and types of vehicles required will be based upon the type(s) and quantity of SNS material anticipated to be delivered, the number of delivery locations that require materials, and the capabilities of the delivery sites.
- b. All responding agencies and private companies will provide credentialed drivers for their vehicles.
- c. In a massive, multi-county event, local jurisdictions may be asked to meet a delivery vehicle at a mid-point distribution center for pick-up in order to improve the efficiency of distribution to all counties. DSHS HSRs will coordinate with local health departments to outline in advance potential scenarios where this may be appropriate.

2. Local Jurisdiction Vehicles

Some HSR offices have agreements with local jurisdictions or businesses for transportation of SNS material. These vehicles may be utilized before state vehicles are requested. Procedures for coordination with these entities will be developed and maintained by the HSR. All assigned vehicles, regardless of the source, will be under the control of the RSS Distribution Chief until released.

3. State Vehicles

The preferred source of distribution vehicles and drivers will be state agencies; particularly those located in the area of the response. There may be enough state vehicles to accommodate a response that affects one portion of the state; however, if multiple cities are involved, additional transportation resources may be required.

4. Texas Military Forces (TXMF) Vehicles

An alternate source of distribution vehicles will be those under the control of the TXMF, to include airlift assets.

5. Contracts with Private Transportation Resource Companies

- a. The State maintains contingency contracts with private companies for transportation resources including those needed for transporting the SNS. Based on contingency contracts, contractors will provide vehicles and drivers. TBPC will pre-identify private trucking companies who are willing to provide suitable vehicles and drivers for delivery of materials and maintain a list of these companies.
- b. TBPC will provide a representative at the SOC during activations that involve use of contractors for the delivery of the SNS. If possible, the contractor used

will provide a representative at the RSS to assist with dispatch of their vehicles.

D. EQUIPMENT

Very few PODs have all the material handling equipment on site that is needed to unload the SNS materials from the trucks. Trucks equipped with pallet jacks or lift gates will be used to the extent possible, but may not be readily available. Therefore, the LHD and HSR will pre-plan with the local PODs, treatment facilities and emergency management organizations regarding unloading equipment needs.

E. VEHICLE SECURITY

1. The DPS will coordinate security for transportation vehicles.
2. See State Emergency Management Plan, Annex G, Law Enforcement for additional security information.

F. COMMUNICATIONS

Communication will be available between the RSS and the delivery drivers. Backup communications will be accomplished through the law enforcement vehicle escorting the vehicle. In some instances the RSS, drivers, and law enforcement escorts will be provided with handheld radios to allow for ongoing communications. Private contractors will coordinate communications with their vehicles.

G. VEHICLE DRIVERS

1. Credentialing of drivers will be outlined in security standard operating guidelines developed to support this plan.
2. Prophylaxis will be provided to the vehicle drivers upon arrival at the RSS site if appropriate.
3. If the incident is large enough to cause closure of the highways, arrangements will be made with law enforcement to ensure vehicles reporting to the RSS are not detained. Law enforcement will escort all vehicles from the RSS to the delivery locations.

H. DISPATCH AND DISTRIBUTION PROCEDURES

1. The Texas Forest Service will provide a Distribution Group at the RSS to assist with coordination of dispatch vehicles.
2. If vehicles are provided through private contractors, they will attempt to provide a representative at the RSS to coordinate the vehicles being provided by private companies.
3. The RSS Distribution Chief will coordinate with dispatchers to ensure vehicles are available for delivery as the materials are ready for shipment.

I. FUEL SUPPLY AND REPAIR OF VEHICLES

1. The primary means of fuel for vehicles will be:
 - a. Commercial fuel facilities
 - b. State agency refueling facilities, if available in the area.
2. State agency vehicle drivers are issued credit cards to use for fuel.
3. If commercial fuel is not immediately available, the State will facilitate the provision of fuel.
4. State agency vehicles will report to the nearest agency facility for repair should it become necessary.

J. DOCUMENTS MAINTAINED IN STANDARD OPERATING GUIDELINES

1. Vehicle and Fuel Resources
2. DSHS HSR 1 Summary
3. DSHS HSR 2/3 Summary
4. DSHS HSR 4/5N Summary
5. DSHS HSR 6/5S Summary
6. DSHS HSR 7 Summary
7. DSHS HSR 8 Summary
8. DSHS HSR 9/10 Summary
9. DSHS HSR 11 Summary