APPROVAL & IMPLEMENTATION

Annex H

Health & Medical services

Kelly Curry, Chief Operating Officer

Chief Kreger, Fire Chief
Emergency Management Coordinator

Date

9/12/11

Date

9/12/11
# RECORD OF CHANGES

Annex H

Health & Medical Services

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ANNEX H

HEALTH & MEDICAL SERVICES

I. AUTHORITY

See Basic Plan, Section I.

Texas Code of Criminal Procedure, Part 1, Chapter 49, Inquests on Dead Bodies.

Texas Administrative Code Chapter 157, Emergency Medical Care

Texas Health and Safety Code Chapter 121, Local Public Health Reorganization Act

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

ARC       American Red Cross
DDC       Disaster District Committee
DMAT      Disaster Medical Assistance Team
DMORT     Disaster Mortuary Services Team
DSHS      Department of State Health Services
EMS       Emergency Medical Services
EMT       Emergency Medical Technician
EOC       Emergency Operations or Operating Center
FEMA      Federal Emergency Management Agency
ICP       Incident Command Post
ICS       Incident Command System
NDMS      National Disaster Medical System
NIMS      National Incident Management System
PIO       Public Information Officer
SOPs      Standard Operating Procedures
TFDA      Texas Funeral Directors Association
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. **TFDA Disaster Team.** A team of mortuary service 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 nation-wide mutual aid network consisting of federal agencies, businesses, and other organizations that coordinates disaster medical response, patient evacuation, and definitive medical care. At the federal level, it is a partnership between Department of Health and Human Services, the Department of Defense, the Department of Veterans Affairs, and FEMA. 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. **Medical 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 a number of 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, ambulatory care centers, pharmacies, and other facilities for medical/health care and special 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 or because staff are
unable to report for duty as a result 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 antihypertensive 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 city will 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 will require guidance on how to avoid health hazards caused by the disaster or arising from its effects.

7. Some types of emergency situations, including earthquakes, hurricanes, and floods) may affect a large proportion of our city, making it difficult to obtain mutual aid from the usual sources.
8. Appropriate local, State, and possibly federal, public health officials, and organizations will coordinate to determine current medical and public assistance requirements.

V. CONCEPT OF OPERATIONS

A. General

1. This government will 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 Montgomery County Hospital District (MCHD) is local agency primarily responsible for the day-to-day provision of many health and medical services for our community. MCHD works closely with Montgomery County Environmental Health Services for the public health coordination during routine and emergency operations. Both agencies serve under the direction and guidance of the Montgomery County Local Health Authority appointed by the Montgomery County Public Health District.

3. This annex is based upon the concept that the emergency functions of the public health, medical, and mortuary services will generally parallel their normal day-to-day functions. To the extent possible, the same personnel and material resources will 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 will be redirected to the accomplishment of emergency tasks.

4. Provisions must be made for the following:
   a. Establishment of a medical command post at 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. Holding and treatment areas for the injured.
   g. Isolating, decontaminating, and treating victims of hazardous materials or infectious diseases, as needed.
   h. Identifying hazardous materials or infectious diseases, controlling their spread, and reporting their presence to the appropriate state or federal health or environmental authorities.
   i. Issuing health & medical advisories to the public on such issues as drinking water precautions, waste disposal, the need for immunizations, and food protection techniques.
   j. Conducting health inspections of congregate care and emergency feeding facilities.

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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

   All ambulance and patient transportation services will be performed in accordance with and under the guidelines of Montgomery County Hospital District.

   a. All ambulances and emergency rescue vehicles serving Montgomery County and cities will be equipped with International Field Triage Tags 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 situation, the appropriate ambulance service will dispatch the necessary units to the scene.

   c. The EMT or Paramedic who first arrives on the scene will:

      1) Survey the disaster scene.
      2) Report to the Incident Commander (or establish Incident Command) 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 situation warrants, the EMT/Paramedic will request, through the Incident Commander, additional ambulances.

   e. The Incident Commander will establish a Triage Division, and will designate a Triage Officer.

   f. The EMT/paramedic will 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, will provide the ambulance personnel with information relative to situation and/or existing capabilities at the various medical treatment facilities.
2. Triage

All patient triage will be performed in accordance with and under the guidelines of Montgomery County Hospital District.

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

b. The first EMT/paramedic who arrives on the scene has responsibility for instituting triage, conferring with the nearest emergency department about the capacity to treat casualties, and implementing actions that may be required by the situation.

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

d. The EMS Director or designee shall respond to the scene during a medical disaster and shall act as liaison between the on-scene commander and EMS. This individual shall be in charge of patient care, triage, transportation, and all EMS personnel. The EMS Director or designee is responsible for the formal declaration of a medical disaster.

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. Emergency Medical Technicians and paramedics employed with local ambulance services and local Fire Departments and capable of providing advanced life support will respond immediately to the disaster site. They will work with the Triage Officer and apply their skills as required to disaster victims.

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

i. Triage Priorities – Patients with the most severe injuries or conditions or injuries have priority for transportation and treatment. Response will follow triage guidelines established by the MCHD Medical Director.

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 City of Conroe Police Department's Communications Center make notifications to the Justice of the Peace Pct. 2, Montgomery County Forensic Services Department 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 will collect bodies of victims from the scene and from hospitals, morgues, and other locations and arrange with next of kin for the disposition of 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 TDH, TX-1 DMAT can serve as a state-level responder to major emergencies and disasters that require additional medical response resource.

3. Texas Funeral Directors Association (TFDA) Disaster Team

The TFDA Disaster Team assists local authorities in evaluating and characterizing a mass fatality incident, provide situational awareness to the Texas Department of State Health Services, and assist local jurisdictions with initial stages of response.

F. Damage Assessment

1. Casualty Information. The Health Authority has primary responsibility for gathering information concerning injuries and fatalities resulting from emergency and disasters.
Since accurate information concerning casualties is essential in identifying required levels of medical support, information of this type must be forwarded to 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 Montgomery County Environmental Health or City of Conroe Public Works, TCEQ has 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 timely estimates for required repairs will permit the TCEQ and Montgomery County Environmental Health Services 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 Montgomery County Environmental Health and/or City of Conroe 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 Montgomery County Hospital District has primary responsibility for assessing the impact on services caused by damage sustained by area medical facilities. MCHD will receive, catalog and distribute findings to local and regional response partners.

5. Other facilities. The hospitals and nursing homes in Montgomery County/city will provide support in damage assessment. The facility administrator or his designee will gather initial damage reports and identify which patients must be removed pending repairs. This data will be provided to the lead facility to compile for Local Health Authority’s use.

G. Requesting External Assistance.

If health and medical problems resulting from an emergency situation 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 Mayor should make requests for such assistance to the DDC Chairperson in Montgomery County. Cities must request assistance from their county before requesting assistance from the State.

H. Activities By Phases of Emergency Management

1. Mitigation:
   a. Give routine childhood and adult 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 routine epidemiological activities (active and passive surveillance, disease reporting and investigation)
f. Conduct normal public health awareness and volunteer recruitment programs.

2. Preparedness:
   a. Maintain adequate medical supplies.
   b. Coordinate with city officials to ensure water quality.
   c. Coordinate with 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 RESPONSIBILITIES

A. Organization

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

2. The Montgomery County Public Health District (MCPHD) functions as the local health agency for Montgomery County and participating jurisdictions. The MCPHD is a separate political subdivision, governed by a Board of Directors comprised of representatives from Montgomery County, the City of Conroe, Other Municipalities, Other Political Subdivisions and the Montgomery County Hospital District (MCHD). Currently, the Montgomery County Hospital District serves as the operational and fiscal agent for the Montgomery County Public Health District.

3. MCHD, as operational and fiscal agent of the MCPHD, 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 will be coordinated through the Incident
Commander. Large-scale health and medical efforts shall be coordinated from the county/city EOC.

4. 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 NIMS and ICS training.
   b. Ensuring that appropriate SOPs are developed and maintained.
   c. Maintaining current notification procedures to insure trained personnel are available for extended emergency duty in the EOC and, as needed, in the field.

2. Emergency Functions

   Under the city Emergency Management Plan, the Montgomery County Hospital District, Montgomery County Environmental Health Services/ City of Conroe Public Works, under the direction of the Local Health Authority, have primary responsibility to provide the following services in response to emergency situations:

   a. Essential medical, surgical, and 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 that 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. MCHD, on behalf of the MCPHD, will:
   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 Local Health Authority will:
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 establishment of medical command posts.
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. Screen 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 PIO.
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. Implementation of measures to prevent or control disease vectors such as flies, mosquitoes, and rodents.
p. Preventive health services, including the control of communicable diseases, such as influenza, particularly in shelters.
q. Food handling and sanitation monitoring in emergency facilities.
r. Disposal of dead animals (along with county/city animal control, County Commissioners Offices and Texas AgriLife Extension, following standards outlined in the Montgomery County Animal Issues Committee Plan.

3. Emergency Medical Services will:

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 to the City of Conroe Police Department Communication Center/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 will:
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. 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 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) Take into account special designations such as trauma centers and burn centers.
   4) Consider the use of clinics to treat less acute illnesses and injuries.
e. 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.
f. 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.
g. As requested by the Incident Commander, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
h. Establish and staff a reception and support center at each hospital for relatives and friends of disaster victims searching for their loved ones.
i. Provide patient identification information to relevant authorities upon request.

5. The Mental Health Authority will:

   Ensure that 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 will:

   a. Conduct inquests for the deceased and prepared 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 will:

   a. Upon request, provide security for medical facilities, upon request.
   b. Conduct investigations of deaths not due to natural causes.
   c. Locate and notify next of kin.

8. Montgomery County Forensic Services Department will:

   a. Provide for the collection and care of human remains.
   b. Provide autopsy, forensic, and identification analysis and support.
   c. Temporarily store human remains, if required.
d. Establish temporary holding facilities and morgue sites, if required.
e. Will coordinate with Justice of the Peace, Law Enforcement, and emergency health and medical services.

9. TFDA Disaster Team, upon state activation, will:

a. Assess mass fatality incident characteristics to determine the appropriate response resources required.
b. Assist in determining what local response resources are available and size the gap of necessary resources.
c. If additional resources are needed, assist with submitting requests for state or federal assistance and advocating for necessary resources and multi-agency involvement.
d. Assist local jurisdictions with body recovery, transport and establishment of a holding morgue and the recovery and transport of disinterred caskets (when needed).

Information about Mass Fatality Incident response regarding incident site, morgue, and family assistance center operations can be found in the Montgomery County Mass Fatality Plan, Annex W of the Emergency Management Plan for Montgomery County and participating jurisdictions.

10. Hospitals will:

a. Inspect damaged medical facilities.
b. Make temporary repairs to medical facilities.

11. The Montgomery County Hospital District will:

a. Assess impact on services at damaged facilities
b. Coordinate and communicate resource needs for the damaged facility based on impact due to damage received
c. Utilize local and regional resources to coordinate transport of patients, as needed

12. The Service Providers (Entergy, Reliant, TXU and Conroe Public Works) will:

Coordinate in restoring utility service to key medical facilities.

13. The Public Information Office (PIO) will:

Disseminate emergency public information provided by health and medical officials. The Health Officer has primary responsibility for coordination of health & medical information intended for release through public media during emergency operations, with support provided by those public health and medical services responsible for particular aspects of the response. 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/City 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 will 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 will 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 the City of Conroe 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 will 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 Health Officer:
1. Montgomery County Hospital District Chief Operating Officer (or designee)

2. Montgomery County Hospital District Health Services Director or EMS Director (depending on the nature of the incident)

3. Montgomery Environmental Health Services Director

VIII. READINESS LEVELS

A. Level 4: Normal Conditions:

1. Review and update plans and related SOPs.
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 3: 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 2: 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 1: 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 will forward
periodic reports to the EOC.

2. Pertinent information from all sources will 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 will be collected and filed in an orderly manner. This is so a record of events is
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 will
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 EMC shall organize and conduct a review of
emergency operations by those tasked in this annex in accordance with the guidance
provided in Section IX.E 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 that are 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 city should 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 health & medical facilities is provided in Appendix 1.
2. A list of deployable health and medical response resources is provided in Annex M, Resource Management.

X. ANNEX DEVELOPMENT & MAINTENANCE

A. The Montgomery County Hospital District in cooperation with the Fire Department is responsible for developing and maintaining this annex. Recommended changes to this annex should be forwarded as needs become apparent.

B. This annex will 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 covering those responsibilities.

XI. REFERENCES

A. Annex H (Health & Medical Services) to the State of Texas Emergency Management Plan.

B. Texas Department of State Health Services website: www.dshs.state.tx.us.

C. DSHS Public Health Region website: www.dshs.state.tx.us/briho/regions.html. This site contains information on the counties served by the 11 DSHS Public Health Regions.
APPENDICES

Appendix 1 .............................................................................................................. Local Health & Medical Facilities
LOCAL HEALTH & MEDICAL FACILITIES

*PLEASE SEE ATTACHED LETTER FROM, EXECUTIVE DIRECTOR, DAVID RIVES, M.S. FOR FURTHER INFORMATION ON HEALTH AND MEDICAL FACILITIES BASIC RESOURCES.

1. Hospitals
   a. Beacon Specialty Hospital – The Woodlands
      9182 Six Pines Dr.
      The Woodlands, Texas 281-364-0317
   b. Conroe Regional Medical Center
      504 Medical Center Blvd.
      Conroe Texas 936-539-1111
   c. Memorial Hermann – The Woodlands
      9250 Pinencroft Dr.
      The Woodlands, Texas 281-364-2300
      17200 St. Luke’s Way
      The Woodlands, Texas 281-266-2000
   e. Kingwood Specialty Hospital
      300 Kingwood Medical Drive
      Kingwood, Texas 281-312-4000

2. Clinics
   a. Center for Orthopedic & Sports Medicine
      1501 River Pointe Dr.
      Conroe, Texas 936-539-2663
   b. Community Wellness Clinic
      201 Enterprise Row
      Conroe, Texas 936-760-2784
   c. Kelsey Seybold Clinic
      17198 St. Luke’s Way
      The Woodlands, Texas 281-321-4449
   d. Lone Star Family Health Center
      704 old Montgomery Rd.
      Conroe, Texas 936-539-4004
   e. MediClinic
      3401 W. Davis
      Conroe. Texas 936-441-3718/936-441-3862
   f. Montgomery Family Clinic
      15001 Walden Rd.
Montgomery, Texas 936-582-1252

g. Oaks Minor Emergency Center
   25410 IH 45 N, Feeder Rd.
   Spring Texas 281-363-3313

h. Sadler Clinic
   508 Medical Center Blvd.
   Conroe, Texas 936-756-6631 (11 satellite offices)

i. Sadler Clinic
   9201 Pinecroft Ln.
   The Woodlands, Texas 281-297-6300

j. Sadler Clinic
   17191 St. Luke’s Way
   The Woodlands, Texas 281-210-2800

k. Sadler Clinic
   19560 SH 105 W.
   Montgomery, Texas 936-582-1998

l. Sadler Clinic
   6704 Sterling Ridge Dr. Ste. A
   The Woodlands, Texas 281-210-1200

m. Sadler Clinic
   500 W. Montgomery St.
   Willis, Texas 936-856-2925

n. Sadler Clinic
   2912 West Davis
   Conroe, Texas 936-760-7900

o. The Community Clinic
   101 Pine Manor
   The Woodlands, Texas 281-364-7889

p. Urgency Care clinic
   2129 West Davis
   Conroe, Texas 936-494-1110

q. UTMB – Regional Maternal Child Health Clinic
   701 East Davis
   Conroe, Texas 936-525-2800

r. UTMB
   21134 Hwy 59 N.
   New Caney, Texas 281-577-8966
2. Nursing Homes

a. Country Acres – Marjorie Lentz - 936.445.2151
   15705 Franklin Drive, Conroe 77303

b. Caring Hands Senior Care Home – Peter Ghinga - 281.354.5254
   24181 Kelly Road, Porter 77365

c. Empowerment Options – 936.756.6350
   Shenandoah House, 28902 Enchanted Drive, Shenandoah, TX
   Hermitage House, 555 Hermitage, Conroe 77302
   LaSalle House, 12159 LaSalle Oaks, Conroe 77304
   Indian Falls House, 239 Indian Falls, Montgomery 77356

d. Golden Years Personal Care Home - Brenda Ward281.429.9416
   20684 Dry Creek, New Caney 77357 **Not sure if still in business

e. Houston Wee Care Shelter – Cathy Ross – 281.222.5080 ** Emergency Shelter
   28915 S. Plum Cree, Spring 77386

f. HealthSouth Rehab – Kevin Shannon – 281.364.2042
   18550 IH 45 South, Conroe 77384

g. J & D Personal Home Care – Jim Smith – 281.429.1838
   17188 Oak Grove, New Caney 77357

h. J & C Home Care – Carolyn Smith – 281.399.9330
   19874 N. White Oak, New Caney 77357

i. Llewellyn’s Magnolia Place Assisted Living – Barbara Llewellyn – 281.356.3684
   8912 West Lane, Magnolia 77355

j. Pine Shadows Retreat Nursing Home – Danny Swabado 281.354.2155
   (Lewis Health Care Facility, Inc.)
   23450 Pine Shadows Lane, Porter 77365

k. Personal Touch Assisted Living – Cherly Geis – 281.362.1061
   635 Pinewood, Conroe 77385

l. Touchstone Neurorecovery Center – 936.788.7770
   9297 Wahrenberger, Conroe 77304 4 Homes + 1 Vocational Bldg.

m. Touchstone Neurorecovery Center – 936.788.7770
   The Wickburn House – 2106 Wickburn, Spring 77386

   23164 Landrum Village, Montgomery 77356 **2 Homes

o. Sparkling Gems Home Care – Jim Smith 281.429.1838
21536 E. Memorial, Porter 77365

p. TGR #1 – Jackie Teich – 936.231.3127
   11185 Damico Lane, Conroe 77306 (FM 1485)

q. TGR #2 – Robert & Kate Munoz – 936.231.3124
   11120 FM 1485, Conroe 77306

r. Total Loving Care – Leshequa Gasper – 281.399.3718
   23370 Johnson Road, New Caney 77357

s. Ultimate Care by Gods Servants – Debbie Thornton – 281.924.7173
   231 Ridgewood, Oak North Village, TX 77386 (Spring)

t. Unlimited Care Homes – Helen Buckholtz – 713.419.7357
   25703, 25707, 25711 Budde Road, Spring 77380 **3 Homes

u. Willis Residential Treatment Center – Val Williams – 936.760.6926
   115 Business Park Drive, Willis 77378

v. White Oak Farm Assisted Living – Kelly Rhodes - 281.252.9363
   16114 Hartman, Magnolia 77356

4. Other

   Precinct 2 Justice of the Peace 760-5802
   #1 Criminal Justice Drive
   Conroe TX 77301
State Planning Standards Checklist for Annex H, Health & Medical Services

Jurisdiction(s): City of Conroe

Annex Date: 9/12/11  Date of most recent change, if any: ____________
(The date which appears on the signature page)

Note: The annex will be considered Deficient if the italicized standards are not met.

<table>
<thead>
<tr>
<th>This Annex shall:</th>
<th>Section/paragraph</th>
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<tbody>
<tr>
<td><strong>I. Authority</strong></td>
<td></td>
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<tr>
<td>H-1. Identify local, state, and federal legal authorities pertinent to the subject of the annex in addition to those cited in the Basic Plan.</td>
<td>I</td>
</tr>
<tr>
<td><strong>II. Purpose</strong></td>
<td></td>
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<tr>
<td>H-2. Include a purpose statement that describes the reason for development of the annex.</td>
<td>II</td>
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<tr>
<td><strong>III. Explanation of Terms</strong></td>
<td></td>
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<tr>
<td>H-3. Explain or define terms, acronyms, and abbreviations used in the annex.</td>
<td>III</td>
</tr>
<tr>
<td><strong>IV. Situation &amp; Assumptions</strong></td>
<td></td>
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<tr>
<td>H-4. Include a situation statement related to the subject of the annex.</td>
<td>IV.A</td>
</tr>
<tr>
<td>H-5. Include a list of assumptions used in planning for health and medical services operations during emergency situations.</td>
<td>IV.B</td>
</tr>
<tr>
<td><strong>V. Concept of Operations</strong></td>
<td></td>
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<tr>
<td>H-6. Outline the general concept, pursuant to NIMS, for provision of health and medical services during emergency situations.</td>
<td>V.A</td>
</tr>
<tr>
<td>H-7. Describe how medical services will be provided during emergency situations.</td>
<td>V.C</td>
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<tr>
<td>H-8. Describe how mortuary services will be provided during emergency situations.</td>
<td>V.D</td>
</tr>
<tr>
<td>H-9. Describe medical and mortuary assistance that may be available from the state and federal governments.</td>
<td>V.E</td>
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<tr>
<td>H-10. Provide guidance for assessing damage to medical facilities.</td>
<td>V.F</td>
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<tr>
<td>H-11. Outline procedures for requesting state/federal medical assistance.</td>
<td>V.G</td>
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<tr>
<td>H-12. Include a list of actions by phases of emergency management to be taken to ensure adequate health and medical services during emergency situations.</td>
<td>V.H</td>
</tr>
<tr>
<td><strong>VI. Organization &amp; Assignment of Responsibilities</strong></td>
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<tr>
<td>H-13. Describe and/or depict the organization that will carry out the health and medical services function during emergency situations.</td>
<td>VI.A</td>
</tr>
<tr>
<td>H-14. Include a listing by organization or position of the responsibilities for health and medical services tasks during emergency situations.</td>
<td>VI.C</td>
</tr>
<tr>
<td><strong>VII. Direction &amp; Control</strong></td>
<td></td>
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<tr>
<td>H-15. Describe how the health and medical service function will be directed, controlled, and coordinated.</td>
<td>VII.A-C</td>
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<tr>
<td>H-16. Indicate the succession for key health and medical services personnel.</td>
<td>VII.D</td>
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<tr>
<td>H-17</td>
<td>Describe health and medical actions to be taken at the various readiness levels.</td>
<td>VIII</td>
</tr>
<tr>
<td>H-18</td>
<td>Provide guidance regarding health and medical activity reporting.</td>
<td>IX.A</td>
</tr>
<tr>
<td>H-19</td>
<td>Outline policies on maintenance and preservation of records relating to emergency health and medical activities.</td>
<td>IX.B</td>
</tr>
<tr>
<td>H-20</td>
<td>Describe the policy for post-incident review of emergency operations.</td>
<td>IX.C</td>
</tr>
<tr>
<td>H-21</td>
<td>Identify local health and medical facilities and include a list of medical response resources or make reference to such a list elsewhere in the plan.</td>
<td>IX.E Appendix 1</td>
</tr>
<tr>
<td>H-22</td>
<td>Specify the individual(s) by position responsible for developing and maintaining the annex.</td>
<td>X.A</td>
</tr>
<tr>
<td>H-23</td>
<td>Make reference to the schedule for review and update of annexes Included in the Basic Plan.</td>
<td>X.B</td>
</tr>
<tr>
<td>H-24</td>
<td>Identify references pertinent to the content of the annex.</td>
<td>XI</td>
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**FOR LOCAL GOVERNMENT USE**

This Checklist Completed By [Signature] Date 9/12/11

**FOR DEM USE**

<table>
<thead>
<tr>
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<td>DEM Regional Liaison Officer Review</td>
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<td>DEM Preparedness Section Processing</td>
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