

ANNEX H

STUDENT HEALTH & MEDICAL SERVICES



APPROVAL & IMPLEMENTATION

Annex H

Student Health & Medical Services

This emergency management plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

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RECORD OF CHANGES

Annex H

Student Health & Medical Services

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ANNEX H

STUDENT HEALTH & MEDICAL SERVICES

I. AUTHORITY

See University of Texas at Arlington (UTA) Basic Plan, Section I
Texas Code of Criminal Procedure, Part 1, Chapter 49, Inquests on Dead Bodies

II. PURPOSE

The purpose of this annex is to outline the organization, operational concepts, responsibilities, and procedures to accomplish coordinated student health and medical services at UTA. This annex would help to reduce death and injury during emergency situations and restore essential health and medical services to students within a disaster area at UTA. In extraordinary circumstances, perhaps a mass casualty, staff, and faculty would be included within this annex.

The primary responsibility of this annex is assigned to City of Arlington (Arlington) Fire Department and Arlington Public Health Authority, with supporting agencies; American Medical Response (AMR) ambulance, Arlington Police Department, Arlington Memorial Hospital, Tarrant County Medical Examiner, Tarrant County Public Health Department (TCPHD), UTA Health Services, UTA Police Department, UTA Counseling and Psychological Services, as appropriate.

III. EXPLANATION OF TERMS

A. Acronyms

Arlington	City of Arlington
AMR	American Medical Response
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Services Team
DSHS	Department of State Health Services
EOC	Emergency Operations Center
IC	Incident Commander
ICS	Incident Command System
MMRS	Metropolitan Medical Reserve System
NDMS	National Disaster Medical System
NIMS	National Incident Management System
SNS	Strategic National Stockpile
TCPHD	Tarrant County Public Health Department
TX	Texas
UTA	University of Texas at Arlington
VMI	Vendor Management Inventory
WMD	Weapons of Mass Destruction

B. Definitions

1. Disaster medical assistance team (DMAT). A team of volunteer medical professionals and support personnel equipped with deployable equipment and supplies that can move quickly to a disaster area and provide medical care.
2. Disaster mortuary services team (DMORT). A team of mortuary service and medical personnel that provide mortuary and victim identification services following major or catastrophic disasters.
3. Joint Information Center. A facility established to coordinate all incident-related public information activities and 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 (NDMS). A coordinated partnership between Department of Homeland Security, Department of Health and Human Services Commission, Department of Defense, and the Department of Veterans Affairs for the purpose of responding to the needs of victims of a public health emergency. Non-federal participants include major pharmaceutical companies and hospital suppliers, the national foundation for mortuary care, and certain international disaster response and health organizations.
5. Special 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 would 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 would 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, UTA is vulnerable to a number of hazards. These hazards would result in the evacuation, destruction of or damage to facilities and/or buildings, loss of personal property, disruption of food distribution and utility services, serious health risks, and other situations that adversely affect the daily life of students, and in some cases faculty and staff.
2. If these hazards overwhelm UTA resources, Arlington Fire Department would be the primary agency and Arlington's Annex H Health and Medical Services would be followed:
 - a. Emergency situations would result in the loss of water supply, wastewater, and solid waste disposal services, creating potential health hazards.
 - b. Hospitals, pharmacies, and other facilities for medical/health care and functional needs populations would be damaged or destroyed in major emergency situations.

- c. Health and medical facilities that survive emergency situations with little or no damage would 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.
- d. Medical and health care facilities that remain in operation and have the necessary utilities and staff would be overwhelmed by the “walking wounded” and seriously injured victims transported to facilities in the aftermath of a disaster.
- e. Use of nuclear, chemical, or biological weapons of mass destruction (WMD) would produce a large number of injuries requiring specialized treatment that would overwhelm the campus.
- f. Emergency responders, victims, and others who are affected by emergency situations would experience stress, anxiety, and display other physical and psychological symptoms that would adversely impinge on their daily lives. In some cases, UT Arlington Counseling and Psychological Services would support Arlington during response operations.

B. Assumptions

1. Although many health-related problems are associated with disasters, there would not be an adequate capability to some emergency situations on campus. If so, Arlington’s Annex H Health and Medical Service would be followed:
 - a. Public and private medical, health, and mortuary services resources located in Arlington would be available for use during emergency situations; however, these resources would be adversely impacted by the emergency.
 - b. If hospitals and nursing homes are damaged, it would be necessary to relocate significant numbers of patients to other comparable facilities elsewhere.
 - c. Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters would increase the potential for disease and injury.
 - d. Damage to chemical plants, sewer lines and water distribution systems, and secondary hazards, such as fires, would 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, and contaminated water supplies, crops, livestock, and food products.
 - e. UTA would require guidance on how to avoid health hazards caused by the disaster or arising from its effects.
 - f. Some types of emergency situations, including earthquakes, tornadoes, hurricanes, and floods, would affect a large proportion of Arlington, making it difficult to obtain mutual aid from the usual sources.

- g. Appropriate local, state, and possibly federal, tribal medical, public health officials, and organizations would coordinate to determine current medical and public assistance requirements. In a mass casualty event the level of care would be less than day-to-day medicine as the city knows it.

V. CONCEPT OF OPERATIONS

A. General

1. Arlington would 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. Arlington Fire Department in collaboration with AMR is the local agency primarily responsible for the day-to-day provision of many health and medical services for Arlington. This department also serves as the health authority. However, during a small incident on campus, UTA Health Services are the campus primary agency for the day-to-day provision of health and medical services for the students.
3. Arlington is based upon the concept that the emergency functions of the public health, medical, and mortuary services would generally parallel their normal day-to-day functions. To the extent possible, the same personnel and material resources would be employed in both cases. Some day-to-day functions that do not contribute directly to the emergency operation would be suspended for the duration of the emergency and the resources that would normally be committed to those functions would be redirected to the accomplishment of emergency tasks.
4. Arlington provisions would be made for the following:
 - a. Establishment of a medical command post at the disaster site.
 - b. Coordinating health and 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.
5. When local, operational area, regional, and state resources (including the Metropolitan Medical Response System (MMRS)) are exhausted, federal resources would be accessed

through required state channels. The Federal Emergency Management Agency would be requested to activate the NDMS. Arlington Emergency Operations Center (EOC) would determine a casualty management strategy that incorporates NDMS and would provide patient transportation and care.

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 would 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 (AMR Services System)

1. Ambulance and transportation

Upon notification of an emergency situation, AMR would dispatch necessary units to the scene for the transport of casualties.

2. Triage
 - a. Medical supplies for providing advanced life support to trauma victims would be stored in a major rescue vehicle or trailer, or every responding service would bring a predetermined mass casualty supply package. Adequate supplies for treatment of victims requiring advanced life support would be stored in the rescue vehicle and mobilized to the scene of a mass casualty disaster.
 - b. The triage officer would 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.
 - c. Registered nurses and paramedics employed with local ambulance services and capable of providing advanced life support would respond immediately to the disaster site. They would work with the triage officer and apply their skills as required to disaster victims.

3. Strategic National Stockpile (SNS)

During a national emergency, state, local, and private stocks of medical material would be depleted quickly. State and local first responders and health officials can use the SNS to bolster their response to a national emergency with a 12-hour push package, vendor managed inventory (VMI), or a combination of both, depending on the situation. The SNS is not a first responder tool. The SNS is organized for flexible response. The first line of

support lies within the immediate response 12-hour push package. These are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for a badly defined threat in the early hours of an event. These push packages are positioned in strategic locations and secure warehouses, ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets. If the incident requires additional pharmaceuticals and/or medical supplies, follow-up VMI supplies would be shipped to arrive 24-36 hours. The requirement to activate TCPHD SNS plan is situational dependent. The decision would be made by the TCPHD director. Public health decisions must be implemented with consideration of emergency functions and the impact on public health entities. The county judge, in collaboration with the public health director, would declare a public health emergency and request assistance. The public health director would advise the county judge as appropriate.

D. MMRS Arlington

In the event of a terrorist incident involving WMD, the MMRS resources would be utilized to integrate the full range of medical assets available to a community.

Operational areas of particular concern during a terrorist event would include:

- a. Detection, identification, and sampling
- b. Hospital/public health coordination
- c. Medical treatment/management
- d. Decontamination
- e. Mass prophylaxis
- f. Communications
- g. Public information officer/media relations
- h. Law enforcement coordination
- i. Mental health/critical incident stress debriefings
- j. Mortuary and forensic activities

E. Mortuary Services

1. Arlington 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. Tarrant County Medical Examiner is 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, Arlington incident commander (IC) would request Arlington Communications Service Department make notifications to the Tarrant County Medical Examiner and Arlington's law enforcement requesting a response to the scene.
3. Arlington law enforcement or the Tarrant County Medical Examiner should arrange for the transportation of bodies requiring autopsy or identification to morgues or suitable examination facilities. When mass fatalities have occurred, it would be necessary to establish a temporary morgue and holding facilities. Additional mortuary service assistance would be required.
4. Funeral homes would 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.

F. 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. 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 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. Texas (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 would not be severe enough to warrant a federal response. Working closely with DSHS, TX-1 DMAT can serve as a state-level responder to major emergencies and disasters that require additional medical response resource.

3. DMORT

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

F. Damage Assessment

1. Casualty information. The health authority has primary responsibility for gathering information concerning injuries and fatalities resulting from 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 the health officer in the EOC as soon as it is available to support requests for assistance and for inclusion in required reports.

2. Water supply systems. In cooperation with city water utilities, DSHS 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 would have on public health and welfare, it is essential that rapid and accurate assessments of damage are completed. Accurate and timely estimates for required repairs would permit the DSHS and the Arlington Water Utilities 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, in cooperation with Arlington Water Utilities, has a responsibility for evaluating damage to those facilities, as well as advising local officials concerning expedient sanitation practices that would be required in the affected areas.
4. Medical facilities. The Arlington Fire Department has primary responsibility for evaluating damage sustained by medical facilities in a disaster area. The hospitals and nursing homes in Arlington would provide support in this activity. The facility administrator or his designee would gather initial damage reports and identify which patients must be removed pending repairs. This data would be provided to the lead facility to compile for the health authority's use.

G. Requesting External Assistance

In the event of a mass casualty incident or 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 Arlington EOC, local government would request medical or mortuary assistance from the State. The Arlington Fire Department Office of Emergency Management would make requests for such assistance to the disaster district committee chairperson through Tarrant County Office of Emergency Management. Cities must request assistance from their county before requesting assistance from the State.

H. Phases of Emergency Management

1. Prevention
 - a. Give immunizations.
 - b. Conduct continuous health inspections.
 - c. Promote and encourage the use of the blood donation program.

- d. Conduct specialized training (e.g. HazMat, decontamination, etc.).
 - e. Conduct epidemic intelligence, evaluation, presentation, and detection of communicable diseases.
 - f. Conduct normal public health awareness programs.
2. 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. Arlington Health Authority normally represents public health on the EOC staff. Response activities would be coordinated from the EOC. Any essential medical, surgical, or hospital treatment for persons whose illnesses or injuries are a result of a disaster would be coordinated by the EOC with the TCPHD authority and the Arlington emergency medical service medical director.
2. UTA Health Services would be the initial on-scene response and support. UTA Health Services would collaborate with Arlington fire chief on health related issues for the demographic population treated. UTA Health Services would have limited resources, however would continue to support Arlington, as appropriate.
3. Upon receipt of official notification of an actual or potential emergency condition, it is the responsibility of the Arlington Fire Department to receive and evaluate all requests for health and off-site medical assistance and to disseminate such notification to all appropriate public health, medical, and mortuary services. In addition, the EOC manager would commit the Arlington Fire Department resources and notify the TCPHD authority and Arlington Environmental Health when required.
4. In the event of a WMD incident, the MMRS would be implemented and incorporated into the IC structure. Incident management of a WMD incident would take several forms. When there is a defined scene, normal incident management structures would be implemented. Because Arlington and Tarrant County do not have sufficient internal resource to deal with a large scale WMD incident, most if not all, responses would be multi-jurisdictional.
5. In the event a unified command is established, the unified command group would include individuals designated by their jurisdictions or by various key departments within a jurisdiction. This group is responsible for developing overall objectives, strategy and priorities for the incident. In order for effective implementation and communication in achieving these objectives, an IC is selected from this group to be in charge of incident operations.
6. If an area command is established, the area commander would provide coordination of multiple incidents by prioritizing incidents for allocation of scarce resources. Area commanders work directly with IC and EOC to ensure that all of the incident sites' and scenes' needs are met.
7. In the case of a chemical, biological, or radiological event, Arlington Health Authority, in coordination with the Arlington Fire Department, has the authority to take all preventative measures to prevent any disease or threat to public health.

B. Assignment of Responsibilities

1. General

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

- a. Designating and training representatives of their agency, to include NIMS and Incident Command System (ICS) training.
 - b. Ensuring that appropriate best practice guidelines are developed and maintained.
 - c. Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the EOC and, as needed, in the field.
2. Emergency functions

Under the Arlington Emergency Management Plan, the Arlington Fire Department has primary responsibility to provide the following services in response to emergency situations:

- a. Identify facilities that would be expanded into emergency treatment centers for disaster victims.
 - b. Coordinate with Arlington Health Authority and Arlington Environmental Health regarding all essential off-site 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.
 - c. Public health protection for the affected population.
 - d. Provide mortuary and vital records services.
 - e. Coordinate with the tax assessor-collector or his designated representative to conduct damage assessment for Arlington.
 - f. Assist in coordination and monitoring of the evacuation of hospitals and nursing homes to include continuing medical care for those that cannot be evacuated.
3. To ensure these services are available as needed, various medical and public health services have been assigned primary or support responsibility for specific activities. Those activities, and the services responsible for their accomplishment, are summarized below.

C. Task Assignments

Arlington Health Authority and TCPHD authority

- a. Provide qualified staff to support health and medical operations at the incident command post and the EOC.
- b. Coordinate emergency health and medical activities from the EOC when activated.
- c. Obtain situation reports from the medical group at the incident scene.

- d. Provide rapid assessments of health and medical needs.
- e. Assess the efforts of local health and medical organizations activated for an emergency assessing their needs, obtain additional resources, and ensure that necessary services are provided.
- f. Coordinate emergency medical teams responding to a disaster to ensure the establishment of medical command posts.
- g. Collaborate with neighboring community health and medical organizations on matters related to assistance from other jurisdictions.
- h. Coordinate with state and federal officials regarding state and federal assistance.
- i. In a biological incident, identify what type of biological agent/disease and begin comprehensive medical intervention immediately.
- j. In a mass casualty incident, request buses to report to the scene to collect victims and keep them out of the weather.
- k. Identify the medication/antidote needs of each faculty and assist them in obtaining the needed items.
- l. If needed, request access to the SNS.
- m. Coordinate distribution of pharmaceuticals to medical facilities and clinics.
- n. Provide hospitals with guidance regarding decontamination procedures for victims who self-refer agent treatment protocols, and other information requested by medical facilities.
- o. Coordinate with response units, such as DMAT.
- p. Screen individual health and medical volunteers, obtaining positive identification and proof of licensure of volunteers.
- q. Coordinate the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
- r. Coordinate with the news media on casualties and instructions to the public on dealing with public health problems through the public information officer.
- s. Organize immunization campaigns or quarantines, if required.
- t. Direct inspections of foodstuffs, water, drugs, and other consumables that were exposed to the hazard.

- u. Manage inspections of damaged buildings for health hazards.
- v. Coordinate with Arlington Animal Services Department for the disposal of dead animals.
- w. Implement measures to prevent or control disease vectors.
- x. Develop and implement a medical management plan.
- y. Manage preventive health services, including the control of communicable diseases such as influenza, particularly in shelters.
- z. Coordinate food handling and sanitation monitoring in emergency facilities.
- aa. Assure effective liaison with local emergency medical service agencies and medical facilities.
- bb. Ensure continuous medical performance, evaluation, and coordination with all available local medical entities.

Arlington Fire Department

- a. Identify facilities that would be expanded to emergency treatment centers for disaster victims.
- b. Coordinate with TCPHD health authority and Arlington Environmental Health regarding all essential offsite medical, surgical, and hospital care and treatment.
- c. Provide public health protection for affected population.
- d. Provide mortuary and vital records services.

Arlington Fire Department medical director

- a. Coordinate with TCPHD health authority and Arlington Environmental Health to designate a health office to perform pre-emergency planning for emergency health and medical services.
- b. Coordinate with TCPHD housing authority and Arlington Environmental Health to provide qualified staff to support health and medical operations at the city incident command post and EOC.
- c. Coordinate with TCPHD housing authority and Arlington Environmental Health to perform the research needed to identify the agency(s) involved, physical characteristics, appropriate person protective equipment and information about possible signs and symptoms to be observed, treatments to be initiated, antidotes to be utilized, and possible long term effects.

AMR

- a. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.).
- b. Continue radio and/or telephone communication with hospitals.
- c. Direct activities of private, volunteer, and other emergency medical units, and of bystander volunteers, as needed.
- d. Evacuate patients from affected hospitals and nursing homes if necessary.
- e. Implement system of patient tracking.
- f. Conduct investigations of deaths not due to natural causes.
- g. Locate and notify next of kin.

Tarrant County Medical Examiner's office

- a. Authorize removal of bodies from incident site to the morgue or mortuary facilities.
- b. Provide information through public information officer to news media for the dissemination of public advisories as needed.

Arlington Public Works Department

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

Arlington water utilities department

Coordinate the restoration of utilities services to key medical facilities.

UTA health services

- a. Respond to the scene on campus 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 UT Arlington Dispatch Communications Center.
- c. Triage, stabilize, and treat the injured (to include students, faculty, and staff).
- d. Coordinate with Arlington Fire Department to contact hospitals to ensure casualties are transported to the appropriate facilities. Arlington mutual aid agreement would be imposed.

- e. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.). Continue telephone communications with hospitals.
- f. Depending on the type or extent of the situation, UTA Health Services would have limited resources, however, would act as a support to Arlington Fire Department.

UT Arlington Police Department

- a. Upon request, provide security for medical facilities.
- b. Conduct investigations of deaths not due to natural causes.
- c. Coordinate with the media department to locate and notify next of kin for students.

Facilities management

- a. Inspect damaged medical facilities.
- b. Make temporary repairs to medical facilities.
- c. Coordinate with Arlington Fire Department for the restoration of utilities service to key medical facilities.

UTA public information officer

Disseminate emergency public information provided by health and medical officials. The health officer has primary responsibility for the coordination of health and medical information intended for release through public media during emergency operations. Additional information on emergency public information procedures can be found in Annex I, Emergency Public Information.

VII. DIRECTION & CONTROL

A. General

1. Arlington Health Authority and Medical Operation battalion chief, working as a staff member of Arlington Fire Department emergency organization, supported by an appropriate network, would direct and coordinate the efforts of local health and medical services, agencies, and organizations during major emergencies and disasters requiring an integrated response.
2. Routine health and medical services operations would continue during less severe emergency situations. Direction and control of such operations would 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 IC or the EOC. However, organized response units would normally work under the immediate control of their own supervisors.

B. ICS – EOC Interface

If both the EOC and an incident command post are operating, the IC 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 incident command post must maintain a regular two-way information flow. A general division of responsibilities between the incident command post and the EOC that can be used as a basis for more specific agreement is provided in Section V., of Annex N, Direction and Control.

C. Disaster Area Medical Coordination

1. In emergency situations involving significant damage to the city medical facilities, each facility would be responsible for determining its overall status and compiling a consolidated list of resources or services needed to restore vital functions. Each operating unit would report its status and needs to a single contact point designated by the facility. This facility contact would consolidate the data provided and report it to the health and medical staff in the EOC.
2. Arlington EOC 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 supply chains or through mutual aid by health and medical facilities outside the local area would be identified to the resource management staff in the EOC for action.

VIII. READINESS LEVELS

A. Normal Conditions - Level 4

1. Review and update plans and related standard operating procedures.
2. Review assignment of all personnel.
3. Coordinate with local private industries on related activities.
4. Maintain a list of health and 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 and medical facilities.

B. Increased Readiness - Level 3

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 and medical facilities would be required.

C. High Readiness - Level 2

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 incident command post if those facilities are activated.

D. Maximum Readiness - Level 1

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 would be required by their parent organizations, health and medical elements participating in emergency operations would provide appropriate situation reports to the IC, or if an IC operation has not been established, to the health officer in the EOC. The IC would forward periodic reports to the EOC.
2. Pertinent information from all sources would 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 Support Documents 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 would be collected and filed in an orderly manner. A record of events must be preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.
2. Documentation of costs. Expenses incurred in carrying out health and medical services for certain hazards, such as radiological accidents or hazardous materials incidents, would be recoverable from the responsible party. Hence, all departments and agencies would maintain records of personnel and equipment used and supplies consumed during large scale health and medical operations.
3. Preservation of records. Vital health and medical records would be protected from the effects of a disaster to the maximum extent possible. If records are damaged during an emergency situation, professional assistance for preserving and restoring those records would be obtained as soon as possible.

C. Post Incident Review

For large-scale emergencies and disasters, Arlington emergency management coordinator would organize and conduct a review of emergency operations by those tasked in this annex. The purpose of this review is to identify needed improvements in this annex, procedures, facilities, and equipment. Health and medical services that participated in the emergency operations being reviewed would participate in the post-incident review.

D. Exercises

Local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards faced by the city would periodically include health and medical services operations. Additional drills and exercises would 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 and medical facilities is provided in Support Document 1.
2. A list of deployable health and medical response resources is provided in the Arlington's Annex M, Resource Management.

X. DEVELOPMENT & MAINTENANCE

- A. Arlington Fire Department is the primary agency. UT Arlington is responsible for reviewing and maintaining this annex. Recommended changes to this annex would be forwarded to Arlington as needs become apparent.
- B. This annex would be revised every two years 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 best practice guidelines covering those responsibilities.

XI. REFERENCES

- A. Annex H, Health & Medical Services to the *State of Texas Emergency Management Plan*
- B. Texas DSHS website: www.dshs.state.tx.us
- C. DSHS public health region website: www.dshs.state.tx.us/brlho/regions.html. This site contains