

ANNEX B

Communications

Tyler County



APPROVAL & IMPLEMENTATION

Annex B

Communications

County Judge

Date

Emergency Management Coordinator

Date

NOTE: The signature(s) will be based upon local administrative practices. Typically, the individual having primary responsibility for this emergency function signs the annex in the first block and the second signature block is used by the Emergency Management Coordinator, Mayor, or County Judge. Alternatively, each department head assigned tasks within the annex may sign the annex.

ANNEX B

COMMUNICATIONS

I. AUTHORITY

See Basic Plan, Section I.

II. PURPOSE

This annex provides information about our communications equipment and capabilities available during emergency operations. Our entire communications system is discussed and procedures for its use are outlined.

III. EXPLANATION OF TERMS

A. Acronyms

CATV	Cable TV
COG	Council of Government
DDC	Disaster District Committee
EAS	Emergency Alert System
EMP	Electromagnetic Pulse
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
IC	Incident Commander
JIC	Joint Information Center
NIMS	National Incident Management System
NRF	National Response Framework
SOC	State Operations Center
SOP	Standard Operating Procedures
RACES	Radio Amateur Civil Emergency Service
TLETS	Texas Law Enforcement Telecommunications System
TRCIP	Texas Radio Communications Interoperability Plan

B. Definitions

Local Computer Network	Local, Metropolitan, or Wide-Area Networks.
State Warning Point	Warning Point for the state operated by the SOC.

IV. SITUATION AND ASSUMPTIONS

A. Situation

1. As noted in the general situation statement in the basic plan, we are at risk from a number of hazards that could threaten public health and safety and personal and government property. A reliable and interoperable communications system is essential

to obtain the most complete information on emergency situations and to direct and control our resources responding to those situations.

2. The Dispatch/Communications Center is located at 702 N. Magnolia Woodville, Texas 75979. It is staffed on a 24-hour basis by the Sheriff Department dispatcher. Equipment is available to provide communications necessary for emergency operations.

B. Assumptions

1. Adequate communications are available for effective and efficient warning, response and recovery operations.
2. Any number of natural or manmade hazards may neutralize or severely reduce the effectiveness of communications currently in place for emergency operations.
3. Additional communications equipment required for emergency operations will be made available from citizens, business, volunteer organizations, and/or other governmental agencies.

V. CONCEPT OF OPERATIONS

A. General

1. A common operating picture within our jurisdiction and across other jurisdictions provides the framework of our communications capabilities. This framework is made possible by interoperable systems. Extensive communications networks and facilities are in existence throughout County to provide coordinated capabilities for the most effective and efficient response and recovery activities. A diagram of the communications network is in Appendix 1.
2. Our existing communications network consisting of telephone, computer, teletype, and radio facilities will serve to perform the initial and basic communications effort for emergency operations. Landline circuits, when available, will serve as the primary means of communication with other communication systems as back up.
3. During emergency operations, all County departments will maintain their existing equipment and procedures for communicating with their field operations units. They will keep the EOC informed of their operations and status at all times.
4. To meet the increased communications needs created by an emergency, various state and regional agencies, amateur radio operators, and business/industry/volunteer group radio systems will be asked to supplement communications capabilities. These resource capabilities will be requested through local and regional mutual-aid agreements and/or the Disaster District, as required.

B. Activities by Phases of Emergency Management

1. Prevention

- a. Maintain a current technology based, reliable, interoperable, and sustainable communications system.
- b. Ensure warning communications systems meet jurisdictional needs.
- c. Ensure intelligence and other vital information networks are operational.
- d. Ensure integrated communications procedures are in place to meet the needs and requirements of County.
- e. Repeater location is equipped with battery back-up and to have a generator back-up. If the repeater area has power failure the battery back-up is good for approximately 4 hours. During this time a generator will be positioned at the repeater site for continued operations.

2. Preparedness

- a. Review and update this communications annex.
- b. Develop communications procedures that are documented and implemented through communications operating instructions (include connectivity with private-sector and nongovernmental organizations).
- c. Thoroughly and continually review the system for improvement including the implementation and institutionalized use of information management technologies.
- d. Ensure communications requirements for Emergency Operations Center and potential Joint Information Center (JIC) are regularly reviewed.
- e. Review After Action Reports of actual occurrences and exercises and other sources of information for lessons learned.
- f. Ensure the integration of mitigation plans and actions into all phases of emergency management as applicable.
- g. Acquire, test, and maintain communications equipment.
- h. Ensure replacement parts for communications systems are available and make arrangement for rapid resupply in the event of an emergency.
- i. Train personnel on appropriate equipment and communication procedures as necessary.
- j. Conduct periodic communications drills and make communications a major element during all exercises.
- k. Review assignment of all personnel.

- l. Review emergency notification list of key officials and department heads.
 - m. Provide the local Telephone Company (Companies) with a list of circuit restoration priorities for essential governmental systems.
3. Response
- a. Select communications personnel required for emergency operations according to the incident.
 - b. Incident communications will follow ICS standards and will be managed by the IC using a common communications plan and an incident-based communications center.
 - c. All incident management entities will make use of common language during emergency communications. This will reduce confusion when multiple agencies or entities are involved in an incident.
 - d. Ensure emergency equipment repair on a 24-hour basis.
 - e. Initiate warning procedures as outlined in Annex A, Warning, if required.
4. Recovery

All activities in the emergency phase will continue until such time as emergency communications are no longer required.

VI. ORGANIZATION AND ASSIGNMENT RESPONSIBILITIES

A. General

- 1. Our emergency communications system is operated by the Sheriff's Office Department and includes a variety of government-owned and operated equipment as well as equipment owned and operated by certain volunteer groups. The departments, agencies, and groups that are part of our communications system are listed in Section VII.C.
- 2. The Sheriff will ensure that warning information received at our warning point, the Dispatch/Communications Center, is disseminated to County officials and, where appropriate, to the public. The responsibility of ensuring the communications system is operational and incorporates all available resources rests with the Sheriff, who may appoint a Communications Coordinator to carry out this task.

B. Task Assignments

- 1. Sheriff will:
 - a. Be responsible for all activities enumerated in this annex in Section V.B, Activities by Phases of Emergency Management.

- b. Supervise the Communications Coordinator.
2. Communications Coordinator will:
- a. Coordinate common communications procedures.
 - b. Develop and maintain a communications resource inventory (See Annex M, Resource Management).
 - c. Ensure a communications capability exists between the Dispatch/Communications Center of the Sheriff's Office and the Emergency Operations Center to include coordination with the telephone company for installation of dedicated telephone lines into the Dispatch/Communications Center and/or EOC.
 - d. Ensure communication restoration procedures are developed.
 - e. Ensure that the local telephone company is forwarded a list of circuit restoration priorities.
 - f. Ensure procedures are in place for dissemination of message traffic.
 - g. Coordinate the inclusion of business/industry and amateur radio operators into the communications network.
 - h. Develop and maintain SOPs to include message-handling procedures and recall rosters for essential personnel. These SOP's will be kept in the Communications/Dispatcher office at the Sherriff's office

3. Radio Operators will be:

Responsible for proper use and maintenance of the equipment and for correct message handling procedures, including routing of all incoming messages and logging all incoming and out-going messages.

4. Public Information Officer will be:

Responsible for monitoring commercial radio and telephone broadcasts for accuracy of public information.

5. Switchboard Operators will be:

Responsible for proper screening and routing of all incoming telephone calls.

VII. DIRECTION AND CONTROL

A. General

- 1. The County Judge establishes general policies for emergency communications.

3. The Communications Coordinator is under the supervision of the Sheriff and is directly responsible for facilities, equipment, and operation of the Dispatch/Communications Center.
4. Communications personnel from individual departments and support agencies, while under control of their own department or agency and operating their own equipment, are responsible for knowing and following the procedures outlined in this annex.
5. During emergency situations involving multiple agencies and/or jurisdictions, the various code systems used for brevity will be discontinued and normal speech will be used to insure comprehension. In addition, local time will be used during transmissions.
6. During emergency situations, communications will be maintained between the Disaster District and the County EOC.

B. Continuity of Government

Each department or agency with communications responsibilities shall establish a line of succession for communications personnel.

C. Existing Communications Systems

1. Local Networks
 - a. Sheriff's Office
 - b. County Road Maintenance
 - c. City Police Department
 - d. Volunteer Fire Departments
 - e. Texas Department of Transportation
 - f. EOC
 - g. IRIS/EAS
2. Other Networks
 - a. Texas Law Enforcement Telecommunications System (TLETS) is a statewide telecommunications network connecting the State Warning Point (the SOC), with approximately 1,292 city, county, state, federal, and military law enforcement agencies in Texas. Emergency communications between state, district, and local governments will be transmitted through this system. The County principal terminal is located at the Sherriff's Office
 - b. Joint Information Center (JIC), Joint Operations Center (JOC), and SOC.
 - c. Individual Amateur Radio Operators

- d. Radio Amateur Civil Emergency Service (RACES) is a state sponsored program composed of amateur radio operators. It is used to supplement state and local government communications systems in emergencies or disaster operations.
- e. Business/Industry/Volunteer Group Radio Systems

VIII. READINESS LEVELS

A. Readiness Level IV - Normal Conditions

See the prevention and preparedness activities in paragraphs V.B.1 and V.B.2 above.

B. Readiness Level III - Increased Readiness

- 1. Alert key personnel.
- 2. Check readiness of all equipment and facilities and correct any deficiencies.

C. Readiness Level II – High Readiness

- 1. Alert personnel for possible emergency duty.
- 2. Monitor situation of possible issuance of warning or alerts.

D. Readiness Level 1 – Maximum Readiness

- 1. Institute 24-hour operations.
- 2. Conduct periodic communication checks.

IX. ADMINISTRATION AND SUPPORT

A. Facilities and Equipment

A complete listing of equipment is included in Appendix 1 of Annex M.

B. Maintenance of Records.

All records generated during an emergency will be collected and filed in an orderly manner so a record of events is preserved for use in determining response costs, settling claims, and updating emergency plans and procedures.

C. Preservation of Records

Vital records should be protected from the effects of disaster to the maximum extent feasible. Should records be damaged during an emergency situation, professional assistance in preserving and restoring those records should be obtained as soon as possible.

D. Communications Protection

1. Radio

a. Electromagnetic Pulse (EMP)

One of the effects of a nuclear detonation that is particularly damaging to radio equipment is EMP. Plans call for the disconnection of radios from antennas and power source when an Attack Warning is issued. A portable radio unit will then be employed as a backup to maintain limited communications with field units. This procedure will be used until an All Clear is announced. Telephones will also be used while operable.

b. Lightning, Wind, and Blast

- 1) Standard lightning protection is used including arrestors and the use of emergency power during severe weather.
- 2) Damaged antennas can be quickly replaced with spare units kept in the the LTI Towers, Lumberton, Texas.
- 3) TxDOT has a Mobile repeaters kept at their compound can be quickly positioned at predetermined locations to resume radio communications in the event of damage to radio towers.

2. Telephone (Common Carrier)

a. Overloaded Circuits

To avoid overloaded circuits during emergencies, citizens will be advised to listen to EAS/IRIS for information and to use telephones only if they have a genuine emergency. If overloaded circuits do become a problem, coordinate with the ATT Telephone Company to begin immediate restoration of priority circuits.

b. Emergency Service

During major emergencies, a direct line to the ATT Telephone Office is activated in the EOC for emergency service calls.

3. Computer Equipment and Facilities

The physical protection of computer equipment and facilities will be maintained under normal and emergency operations to help ensure continuity of communications.

E. Security

1. Measures will be taken to ensure that only authorized personnel will have access to the Dispatch/Communications Center.
2. Communications security will be maintained in accordance with national, state, and local requirements.

F. Training

1. Each organization assigning personnel to the EOC for communications purposes is responsible for making certain those persons are familiar with the agency's operating procedures.
2. The Sheriff will provide just-in-time training on emergency communications equipment and procedures as necessary.

G. Support

If requirements exceed the capability of local communications resources, the County Judge will request support from nearby jurisdictions or state resources from the Disaster District in Angelina County.

X. ANNEX DEVELOPMENT AND MAINTENANCE

- A. The Sheriff will be responsible for maintaining this annex. Each agency will develop SOPs that address assigned tasks.
- B. This annex will be updated in accordance with the schedule outlined in Section X of the Basic Plan.

XI. REFERENCES

- A. Federal Emergency Management Agency (FEMA), Comprehensive Preparedness Guide (CPG-101)
- B. Division Of Emergency Management *Local Emergency Management Planning Guide*. (DEM-10)

APPENDICES

Appendix 1: Communications Table

SUPPORTING DOCUMENTS

1. Common Communications SOP- kept in Communications/Dispatch Office
2. Communications Restoration Guide
3. Amateur Radio Support Agreement

COMMUNICATIONS TABLE

FACILITY	COMMUNICATIONS									
	Cable TV Or Satellite	Phone/Fax	TLETS	RACES	Radio VHF/UHF	Radio HF	Cell Phones	Satellite Phones	Local Computer Network	Internet E-mail
Airport		X					X			X
Department of Public Safety	X	X	X		X	X	X	X		X
Engineering		X			X		X		X	X
EOC	X	X	X	X	X	X	X	X	X	X
External Customers (Citizens, Private Industry)		X		X	X	X	X			X
Fire Department & Mobile Units		X			X		X	X	X	X
Hospital		X			X			X		X
Municipal Utilities		X			X				X	X
National Weather Service	X	X	X							X
Police Department & Mobile Units	X	X	X		X		X	X	X	X
Private Utilities		X			X		X	X		X
Public Works		X			X		X		X	X
Red Cross		X			X		X			X
Shelters		X			X					
Sheriff's Office	X	X	X	X	X		X	X	X	X

ANNEX D

Radiological Protection

Tyler County

Jurisdiction



RECORD OF CHANGES

CHANGE #	DATE OF CHANGE	DESCRIPTION	CHANGED BY

APPROVAL & IMPLEMENTATION

Annex D

Radiological Protection

Signature

Date

Signature

Date

NOTE: The signature(s) will be based upon local administrative practices. Typically, the first signature block is used by the individual having primary responsibility for this emergency function and the second signature block is used by the Emergency Management Director or the Emergency Management Coordinator. Alternatively, each department head assigned tasks within the annex may sign the annex.

ANNEX D

RADIOLOGICAL PROTECTION

I. AUTHORITY

- A. Refer to Section I of the basic plan for general authorities.
- B. OSHA Regulation 29 CFR 1910.120, *Hazardous Waste Operations and Emergency Response*.
- C. Annex D, Radiological Emergency Management, to *the State of Texas Emergency Management Plan*.

II. PURPOSE

The purpose of this annex is to define organizational concepts and procedures, establish the local organization, and to assign responsibilities for an effective operational radiological protection program (RPP) for preparation and response in the event of a radiological emergency affecting this jurisdiction. This will allow our jurisdiction to provide a coordinated response to emergencies involving radioactive materials and for determination and implementation of local measures to protect life, property, and the environment during the course of the event.

III. EXPLANATION OF TERMS

DOE	(US) Department of Energy
DHS	Department of Homeland Security
DPS	Department of Public Safety
DSHS	Department of State Health Services
EOC	Emergency Operations Center
EMC	Emergency Management Coordinator
FEMA	Federal Emergency Management Agency
OSHA	Occupational Safety and Health Administration
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
NIMS	National Incident Management System
NRC	Nuclear Regulatory Commission
RCP	Radiation Control Program
RO	Radiological Officer
RPP	Radiation Protection Program
SMRAP	The Southern Mutual Radiation Assistance Plan
SOP	Standard Operating Procedures
TDEM	Texas Division of Emergency Management
TLETS	Texas Law Enforcement Telecommunications System
TxDOT	Texas Department of Transportation

IV. SITUATION & ASSUMPTIONS

A. Situation

1. General.

- a. See the general situation statement and hazard summary in Section IV.A of the Basic Plan.
- b. Radioactive materials are hazardous materials that receive special coverage in state and federal laws and regulations covering such materials. However, radiological materials are also subject to a number of specific state and federal laws and regulations that control the handling and use of such materials, and plans that establish unique state and federal procedures for handling incidents involving them. In addition, the state and federal agencies that provide advice and assistance to local governments during radiological incidents differ from those that provide advice and assistance during most other hazardous materials incidents
- c. Except for radiological incidents involving federal facilities or federally owned nuclear materials, the State or local government has the responsibility for taking required emergency response actions. Response from this jurisdiction will be in compliance with the National Incident Management System (NIMS) operating principles and protocols, and will constitute general guidance for all responders to the radiological incident. Support may be requested from federal agencies pursuant to the National Response Framework (NRF). The Department of Homeland Security (DHS) has overall responsibility of all actual and potential incident of national significance and accidents or incidents involving nuclear or radioactive materials that may or may not rise to the level on an incident of national significance. Various federal coordinating agencies will lead the response to incidents of lesser severity by coordinating federal radiological monitoring assistance to state and local governments
- d. The Department of State Health Services, Radiation Control Program (DSHS/RCP), as the state radiation control agency, has primary responsibility for the state radiological protection program. DSHS/RCP also provides statewide training for ROs and radiological monitors.
- e. The federal agency responsible for accidents at nuclear facilities licensed by the State of Texas or incidents involving shipments of radioactive materials licensed by the State is the Nuclear Regulatory Commission (NRC). The US Department of Energy (DOE) and Department of Defense (DOD) have the lead federal role in incidents at their facilities or accidents involving their shipments. Each of these federal agencies in addition to the United States Coast Guard (USCG), the Environmental Protection Agency (EPA), and the National Aeronautics and Space Administration (NASA) may serve as a coordinating agency for DHS.
- f. Additional external resources may be available and requested by the State of Texas in accordance with the Southern Mutual Radiation Assistance Plan (SMRAP).

2. Radiological Hazards.

- a. Tyler County susceptible to accidents involving radioactive materials at fixed sites and/or in transport. Hospitals and medical facilities use a wide range of radioactive sources in nuclear medicine, as well as, in research and development programs. Radioactive sources are used to x-ray pipe welds, in well logging, and for many other common industrial and business uses. These sources can be extremely hazardous (life threatening) when removed from their containers, either intentionally or by accident. A variety of radioactive materials are transported on our highways and rail systems, sometimes in unmarked vehicles. Additionally, radioactive materials may be present on some aircraft.

B. Assumptions

1. We may experience radiological emergency situations, which may threaten public health and safety, private or public property and/or the environment, which will necessitate the implementation of protective actions for the public at risk.
2. A nuclear attack against the United States is considered highly unlikely. The deliberate release of radioactive materials by criminals or terrorists in the local area is possible, but considered unlikely.
3. Proper development and execution of a RPP can significantly reduce the number of casualties that could result from a radiological accident. A combination of trained local radiological personnel, operational detection equipment, and containment/decontamination equipment and facilities should be available to detect, assess the threat posed by, and contain radiological accidents.
4. We must be prepared to carry out the initial emergency response on an independent basis. If our resources alone are inadequate to cope with a radiological incident we may request state assistance through our Disaster District. The DSHS/RCP, as the state radiation control agency, will provide advice and assistance to local personnel in responding to an incident involving an actual or suspected radiological release.
5. Local emergency operations, including the use of mutual aid resources, will be directed by local officials, except in those situations where state or federal law requires that a state or federal agency exercise lead responsibility or where local responders lack the necessary expertise and/or equipment to cope with the incident and agree to permit those with the expertise to take charge.
6. The State may request supplemental emergency assistance from other states or from the federal government when local and state resources are insufficient to deal with the emergency.

V. CONCEPT OF OPERATIONS

A. General

1. A basic local radiation protection program (RPP) consists of the Emergency Operations Center (EOC) and an incident response capability that includes one or more Radiological Officers (ROs) to manage the program and trained radiological monitors equipped with appropriate radiation detection and communication equipment.
2. To conduct an effective RPP, we will:
 - a. Maintain information on radiological monitoring instruments by type, number, location, and owner . See Appendix 1 for a list of radiological monitoring devices within our jurisdiction.
 - b. Establish procedures for initial emergency response to radiological accidents. See the Radiological Incident Response Checklist in Appendix 2.
 - c. Establish a radiological incident reporting system. See Appendix 3.
 - d. Appoint personnel and provide training to local emergency responders, emergency management personnel, ROs, and radiological monitors. See Appendix 4.
 - e. Establish procedures for decontamination and recovery operations.

B. Radiological Accidents

1. Discovery. Radiological accidents may be discovered by the public, by businesses that use or transport such materials, or by local responders who are summoned to an accident site. Local personnel are likely to be first emergency responders on the scene of a radiological accident. The first local emergency responder at the scene will take charge, initiating the incident command system (ICS), and serve as the Incident Commander until relieved by a more senior or more qualified individual.
2. Local Notification. The Incident Commander will provide information on the incident to local officials through [Dispatch/the Communications Center] using the Hazardous Materials Incident Report provided in Tab A to Appendix 3. The Incident Commander shall make an initial assessment of the situation, to include an estimate of the likelihood of a release of radiological materials. If it appears that radiological materials have been released into the environment or such a release appears likely, the EOC will be activated to support the incident response.
3. Response Actions. The Incident Commander should identify response resources required and direct the on-scene response to contain or prevent spread of contamination at the incident site. The initial response should be accomplished in accordance with established hazardous materials response criteria and the general checklist in Appendix 2. At least one trained RO or radiological monitor should participate in the response to a known or suspected radiological incident.
4. Protective Actions.
 - a. Short Term.
 - 1) If it appears that a release of radiological materials has occurred or is possible, the Incident Commander is responsible for determining and implementing

appropriate protective actions for the public in the immediate area of the incident. The Incident Commander is also responsible for advising personnel responding to the incident of potential hazards and determining requirements for personal protective equipment (PPE). Responders who lack appropriate hazardous materials training and appropriate PPE should not be committed to radiological incidents.

- 2) If it appears that a radiological release has or may affect areas beyond the incident site, the incident commander should coordinate with the EOC to agree upon a division of responsibilities for warning the public, making required notifications, implementing protective actions for the public in areas beyond the incident site, and obtaining additional resources and technical assistance.
 - 3) Suitable initial public protective actions for a radiological incident may include evacuation and/or sheltering in place. Appendix 4 to Annex Q, Hazardous Materials & Oil Spill Response provides additional information on selecting public protective measures.
- b. Long-term Protective Measures. DSHS/RCP will normally conduct a detailed incident assessment, identify affected areas through radiological monitoring, recommend follow-on protective measures to protect public health, and oversee recovery operations. Long-term protective measures may be implemented by DSHS or other state regulatory agencies and may include controls on the movement and use of livestock, foodstuffs, milk, and feed from contaminated areas and on the use of drinking or irrigation water from contaminated sources.
5. State and Federal Notifications. [Dispatch/The Communications Center) or the EOC, if activated, shall be responsible for making required emergency notifications to state and federal agencies. Radiological releases should be reported to:
- a. The local Department of Public Safety (DPS) office in, Beaumont, Texas., which will relay information to the Disaster District Committee (DDC) and the Texas Division of Emergency Management.
 - b. The DSHS/RCP at 512-458-7460 (24-hour).
 - c. The State Environmental Hotline at 1-800-832-8224.
 - d. The National Response Center at 1-800-424-8802.
 - e. If incident involves a deliberate release of radiological materials, the FBI office in Beaumont, Texas.

See Appendix 3, Texas Radiological Incident Reporting System, and Tab A to Appendix 3, Hazardous Materials Incident Report, for additional information.

6. State & Federal Assistance. The EOC is responsible for coordinating with the DSHS/RCP to obtain technical advice and assistance regarding radiological issues. The DSHS/RCP staff in Austin has the capability to provide advice by telephone to the EOC or directly to the Incident Commander until DSHS/RCP personnel arrive on the scene. The DSHS/RCP may formulate requests for the Governor for additional radiological monitoring and assessment assistance from the federal government or from other states, if required. The County Judge may request other types of state assistance through the Disaster District Committee Chairperson.

7. Situation Updates. The Incident Commander shall provide situation updates to the EOC; the EOC should prepare and transmit situation reports to the Disaster District. See Annex N for guidance on situation reporting.
8. Monitoring of Emergency Workers. Exposure records and medical follow-up will be provided for responders who have entered contaminated areas.
9. US Government Nuclear Materials. In the event of a radiological accident involving nuclear weapons, special nuclear material (SNM), or classified components, the federal agency, which owns that material may declare a National Defense Area (NDA) or National Security Area (NSA) around the site and take exclusive control within that area. NDAs and NSAs are established to safeguard classified information or restricted data, equipment, or material.
10. US Department of Energy (DOE) Shipments. US DOE has jurisdiction on accidents involving DOE transuranic waste shipments. Information on these shipments and guidance on dealing with incidents involving such shipments is provided in Appendix 5.

C. Deliberate Acts

The deliberate release of radioactive materials is a crime under a number of state and federal laws. Any incident of this type must be promptly reported to local and state law enforcement agencies. The Federal Bureau of Investigation (FBI) has lead responsibility for criminal investigations of terrorist acts or terrorist threats involving weapons of mass destruction (WMD), including improvised radiological dispersion devices; the Department of Public Safety (DPS) is the lead state agency. The DHS is responsible for overall coordination of all actual and potential Incidents of National Significance and accidents or incidents involving radiological materials that may or may not rise to the level of an incident of national significance; TDEM is the lead state agency. If a release of radiation is believed to be an act of terrorism, we will ensure the incident is reported to both to the Texas Department of Public Safety (DPS) and the FBI. More information on dealing with terrorist events is provided in Annex V, Terrorist Incident Response.

D. Activities by Phases of Emergency Management

1. Prevention
 - a. Maintain an effective public warning system.
 - b. Establish/maintain a hazardous cargo route.
2. Preparedness
 - a. Establish a RPP system.
 - b. Select and train RPP personnel.
 - c. Ensure responders have data available on local facilities that are licensed to use, store, or transport radiological materials. This information may be obtained from the DSHS/RCP.

- d. Ensure radiation detection instruments are available and operational.
 - e. Educate the public about radiological hazards and protective actions.
3. Response
- a. Activate the RPP system
 - b. Respond in accordance with the guidelines in Appendix 2.
 - c. Provide information and instructions to the public.
4. Recovery
- a. Ensure radiation source material is removed and ensure access to contaminated areas is controlled until they are cleaned up. Cleanup will normally be performed by a contractor supervised by state or federal agencies and paid for by the responsible party, if one can be located.
 - b. Work with state and federal agencies to assess damage, if any.
 - c. Work with the DSHS/RCP to continue area radiation monitoring, if required.
 - d. Work with the DSHS/RCP to determine the cause of the incident and determine liability.
 - e. Keep the public informed about the status of the incident.

VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. The Radiological Officer (RO) is in charge of the RPP on a day-to-day basis. Once a radiological accident occurs, responsibility for managing and directing the response is assigned to the Incident Commander and responsibility for coordinating external support is assigned to the EOC staff.
2. Effective response to a radiological incident requires a coordinated response by local departments, agencies, and officials, together with representatives of the facility or company responsible for the incident, augmented, in certain circumstances, by state and federal agencies with responsibilities for radiological incidents. Technical assistance for a radiological incident may be provided by the facility, by state and federal agencies, or by industry. See paragraph V.B.6, this annex for more information on state and federal assistance.

B. Assignment of Responsibilities

1. The EMC will designate one or more Radiological Officers to coordinate all radiological protection program activities.

2. The Incident Commander (IC) will:
 - a. Manage emergency response resources and operations at the incident site to control the incident.
 - b. Determine and implement protective actions for emergency responders and the public in the vicinity of the incident site.
3. Fire Service(s) will:
 - a. Provide personnel and equipment to contain or control radiological incidents.
 - b. Carry out initial radiological monitoring needed to assess the situation and determine protective actions. State or federal agencies may provide follow-on radiological monitoring assistance.
 - c. Carry out initial decontamination where needed. Large-scale decontamination, if needed, may be coordinated by state or federal agencies.
 - d. Assist in evacuation, if necessary.
4. The Radiological Officer will:
 - a. In January of each year, obtain a current listing of local licensed users of radiological materials from DSHS/RCP, maintain a copy of that list, and provide copies to emergency response elements for use in operational planning.
 - b. Ensure a sufficient number of radiological detection instruments are in-place and operational.
 - c. Ensure selected emergency responders are provided training in radiological monitoring.
 - d. Schedule and conduct an annual review of this annex and coordinate update of the annex, if needed.
5. Law Enforcement will:
 - a. Restrict access to incident sites and contaminated areas to protect public health and safety.
 - b. Organize and conduct evacuations and provide traffic control as needed, if necessary.
 - c. Assist in warning the public, as necessary.

- d. If the release of radiation appears deliberate, control the scene, apprehend suspects, conduct an investigation, and if, the incident appears to be terrorism-related, ensure DPS and the FBI are advised.
6. EMS will:
- a. Provide medical care and transportation for casualties.
 - b. Alert hospitals of the potential for contaminated victims.
7. Hospital(s) will:
- a. Provide medical care for casualties as needed.
 - b. Be prepared to decontaminate contaminated patients.
8. Other Departments & Agencies will:
- a. Provide personnel, equipment, and supplies requested to support emergency operations.
 - b. Provide technical assistance to the Incident Commander and the EOC upon request.
 - c. In accordance with established procedures, provide personnel to staff the Incident Command Post (ICP) or EOC when activated.

VII. DIRECTION & CONTROL

- A. Guidance.** The [County Judge/Mayor] will establish local policies relating to radiological protection and may provide general guidance for emergency operations.
- B. Program Management.** The RO will carry out day-to-day management of the RPP.
- C. Operational Direction.** During radiological incidents, the IC will manage radiological response operations at the incident site. The IC and the EOC shall agree upon a division of responsibilities for specific tasks. Typically, the EOC will conduct support operations, including activating additional resources and requesting external resources, making required notifications and reports, coordinating large scale evacuations and area traffic control, disseminating emergency public information, and other tasks to sustain emergency operations.
- D. Communications.** Telephone, radio, teletype, e-mail, and/or facsimile will be used to transmit reports of radiological incidents, obtain technical assistance, exchange information, and provide direction and control.

VIII. READINESS LEVELS

Most radiological incidents typically occur without warning. Hence, developing a systematic set of increased readiness actions is difficult.

A. Level IV - Normal Conditions.

See the prevention and preparedness activities in Section V.D, Emergency Management Activities by Phase.

B. Level III - Increased Readiness. Increased Readiness may be appropriate if there is a greater than normal threat of a radiological incident. Initiating conditions may include a radioactive source missing in our region, notification that a significant radioactive shipment will be transiting our area, or a significant change in the Homeland Security Threat Level due to a radiological threat. Level 3 readiness actions may include:

1. Monitoring the situation.
2. Informing first responders of the situation.
3. Ensuring the hazardous materials response team (if available) is aware of the situation and can respond if necessary.

C. Level II - High Readiness. High Readiness may be appropriate if there is an increased risk of a radiological incident. Initiating conditions may include a significant radiological shipment is transiting through our area, a radioactive source is missing in our jurisdiction, or notification of a significant change in the Homeland Security Threat Level due to a specific radiological threat. Level 2 readiness actions may include:

1. Monitoring the situation.
2. Alerting personnel for possible emergency duty and deploying personnel and equipment to investigate incidents.
3. Checking equipment and increasing short-term readiness if possible.
4. Issuing public warning and providing public information if necessary.

D. Level I - Maximum Readiness. Maximum readiness is appropriate when there is a significant possibility of a radiological release. Initiating conditions might include a lost radioactive source being located in the local area, activation of radiological alarms at a landfill screening point, an incident at a facility licensed to use radiological materials, or notification of a significant change in the Homeland Security Threat Level due to a specific radiological threat addressing this jurisdiction or facilities possessing radioactive materials. Level 1 readiness actions may include:

1. Investigating the situation and partially or fully activating the EOC to monitor it.
2. Placing first responders in alert status; placing off-duty personnel on standby.
3. Advising appropriate state and federal agencies.

4. Preparing to issue and issuing public warning if it becomes necessary.

IX. ADMINISTRATION & SUPPORT

A. Agreements & Contracts

Should our local resources prove to be inadequate during an emergency; requests will be made for assistance from mutual aid agreements, state and/or federal agencies, and industry in accordance with existing mutual-aid agreements and contracts.

B. Reports & Records

1. Situation Reports. If there has been an actual release of radioactive materials, the EOC should prepare and disseminate a periodic situation report to state and federal agencies, through the DDC, until the situation is resolved. It may be desirable to also disseminate this report to nearby jurisdictions and to those cities or counties that are providing mutual aid resources. See Annex N, Direction and Control, for the format of and instructions for this report.
2. Activity Logs. The ICP and the EOC shall maintain accurate logs recording key response activities; activities to be logged are outlined in Section IX of our Basic Plan.
3. Response & Recovery Expenses. As it may be possible to recover some expenses incurred in responding to a release of radiological materials from the responsible party, insurers, or the federal government, each department or agency shall maintain detailed records of labor costs, equipment usage, and supplies expended to respond to or recover from an actual radiological release.
4. Post-Incident Review. A post-incident critique shall be conducted in the aftermath of any incident that resulted in an actual release of radiological materials.

C. Maintenance of Radiological Equipment

1. All radiological monitoring devices owned by County will be maintained in accordance with the manual of instructions for those instruments.
2. State-owned instrument sets obtained from DSH/RCP are normally exchanged periodically by the DSHS/RCP so they can be serviced and calibrated. The RO will coordinate instrument exchanges, calibrations, and any out-of-cycle maintenance requirements for state-owned instruments with DSHS/RCP.

D. Training

Federal law requires that individuals, who respond to hazardous materials incidents, including radiological incidents, should be adequately trained and equipped for the tasks they will perform. Training is available through a combination of federal, state, and local sources; see Appendix 4.

X. PLAN DEVELOPMENT & MAINTENANCE

- A. Development.** The EMC is responsible for developing and maintaining this annex.
- B. Maintenance.** This annex will be reviewed annually and updated in accordance with the schedule outlined in Section X of the basic plan.

XI. REFERENCES

U.S. Department of Transportation and Transport, *Emergency Response Guidebook*.

FEMA, *Guide for All-Hazard Emergency Operations Planning*, SLG-101.

FEMA, *Guidance for Developing State, Tribal, and Local Radiological Emergency Response Planning and Preparedness for Transportation Accidents*, FEMA-REP-5.

APPENDICES:

Appendix 1 Radiological Instrument Inventory

Appendix 2 Radiological Incident Response Checklist

Appendix 3 Texas Radiological Incident Reporting System

 Tab A Hazardous Materials Incident Report

Appendix 4 Radiological Response Training & Instruments

Appendix 5 Shipments of Transuranic Waste [include only if applicable]

RADIOLOGICAL INSTRUMENT INVENTORY

Type of Instrument	Number in Stock	Location (Office, Vehicle)	City	Owner (Local/State)
Rad. Surveu-6B	1	Fire Station	Woodville	Local
Rad. Survey-1B	2	Fire Station	Woodville	Local
Dosimeter V-742	6	Fire Station	Woodville	Local
Dosimeter Charger	2	Fire Station	Woodville	Local
Rad. Surveu-6B	1	Fire Station	Ivanhoe	Local
Rad. Survey-1B	2	Fire Station	Ivanhoe	Local
Dosimeter V-742	6	Fire Station	Ivanhoe	Local
Dosimeter Charger	2	Fire Station	Ivanhoe	Local

RADIOLOGICAL INCIDENT RESPONSE CHECKLIST

	Action Item	Assigned
	1. If the situation requires it, isolate the site and deny access. <ul style="list-style-type: none"> • Use emergency vehicles, barricades, barrier tape, etc. 	
	2. Classify incident, provide basic situation information to dispatch, and identify response resources required. See Incident Classification page 3, this appendix. <ul style="list-style-type: none"> • Level I – Incident • Level II – Emergency • Level III – Disaster 	
	3. Record situation on a Hazardous Materials Incident Report (see Appendix 3, Tab A) and provide to [Dispatch/Communications Center].	
	4. [Dispatch/Communications Center] should relay situation information to emergency responders, who should dispatch forces in accordance with their SOPs. If separate fire and law enforcement [Dispatch/Communications Centers] are used, the center receiving the initial report should pass it to the other dispatch center.	
	5. Determine extent of danger to responders and establish requirements for personal protective equipment (PPE) and specialized response equipment. See Response Personnel Safety in Annex Q, Appendix 4.	
	6. Ascertain extent of danger to general public; determine specific areas and special facilities (schools, hospitals, nursing homes, prisons, and other institutions), if any, at risk.	
	7. Develop initial action plan to contain and control the release of radiological material.	
	8. Determine appropriate protective actions for the public and special facilities. See Annex Q, Appendix 4. If evacuation is contemplated, see the General Evacuation Checklist in Annex E, Evacuation.	
	9. Initiate warning and issue protective action recommendations for the general public. See Annex A, Warning, and Annex I, Emergency Public Information.	
	10. Warn special facilities, provide protective action recommendations and instructions, and determine requirements for assistance. Provide assistance requested.	
	11. If evacuation will be conducted, provide traffic control and be prepared to provide transportation to those who lack it.	
	12. If evacuation will be conducted, provide traffic control and be prepared to provide transportation to those who lack it.	
	13. Warn other communities that may be threatened by the radiological release.	
	14. If possibility exists of casualties that are contaminated with radiological material, ensure EMS units and hospitals are so advised.	
	15. If evacuation is recommended, staff and open temporary shelters for evacuees. See Annex C, Shelter and Mass Care.	

	Action Item	Assigned
	<p>16. Notifications: See Tab A to Appendix 3 for notification procedures and telephone numbers. The DSHS/RCP must be contacted for radiological accidents. They can provide assistance as needed. See paragraph V.B.6, this annex.</p> <ul style="list-style-type: none"> • Advise the responsible party to report release to state and federal authorities as required by state and federal statutes and regulations. • If the [County/City] is responsible for the release, it must make required notifications to state and federal agencies. • If the responsible part cannot be identified/located, [County/City] should make required notifications, making it clear that the responsible party is presently unknown. 	
	17. If water or wastewater systems are threatened by radioactive contamination, advise system operators so they may implement preventative measures.	
	18. If on-scene technical assistance is required, request assistance from industry or appropriate state or federal agencies.	
	<p>19. If additional response resources are required, request them.</p> <ul style="list-style-type: none"> • Invoke mutual aid agreements. • Summon HAZMAT response contractor, if one is under contract. • Request assistance from the State through the Disaster District. 	
	20. Provide updated information on the incident to the public through media releases.	
	21. Continuously document actions taken, resources committed, and expenses incurred.	
	21. Retain message files, logs, and incident-related documents for use in incident investigation and legal proceedings and to support claims for possible reimbursement from the responsible party or state and federal agencies.	
	22. Assess contamination and determine which areas are safe to re-enter. Determine and implement remediation measures for other areas.	
	23. As evacuated areas are determined to be safe to reenter, advise evacuees and special facilities they may return, providing traffic control as needed.	
	24. Curtail shelter and mass care operations as evacuees depart.	
	25. If some areas will require long-term cleanup before they are habitable, develop and implement procedures to mark and control access to such areas. NOTE: Clean up is the responsibility of the responsible party.	
	26. If some areas will require long-term cleanup before they are habitable, develop and implement procedures to mark and control access to such areas. NOTE: Clean up is the responsibility of the responsible party.	
	27. Assist evacuees who cannot return to their homes in finding temporary housing and obtaining social services.	
	28. Conduct post-incident review of response operations.	

Incident Classification.

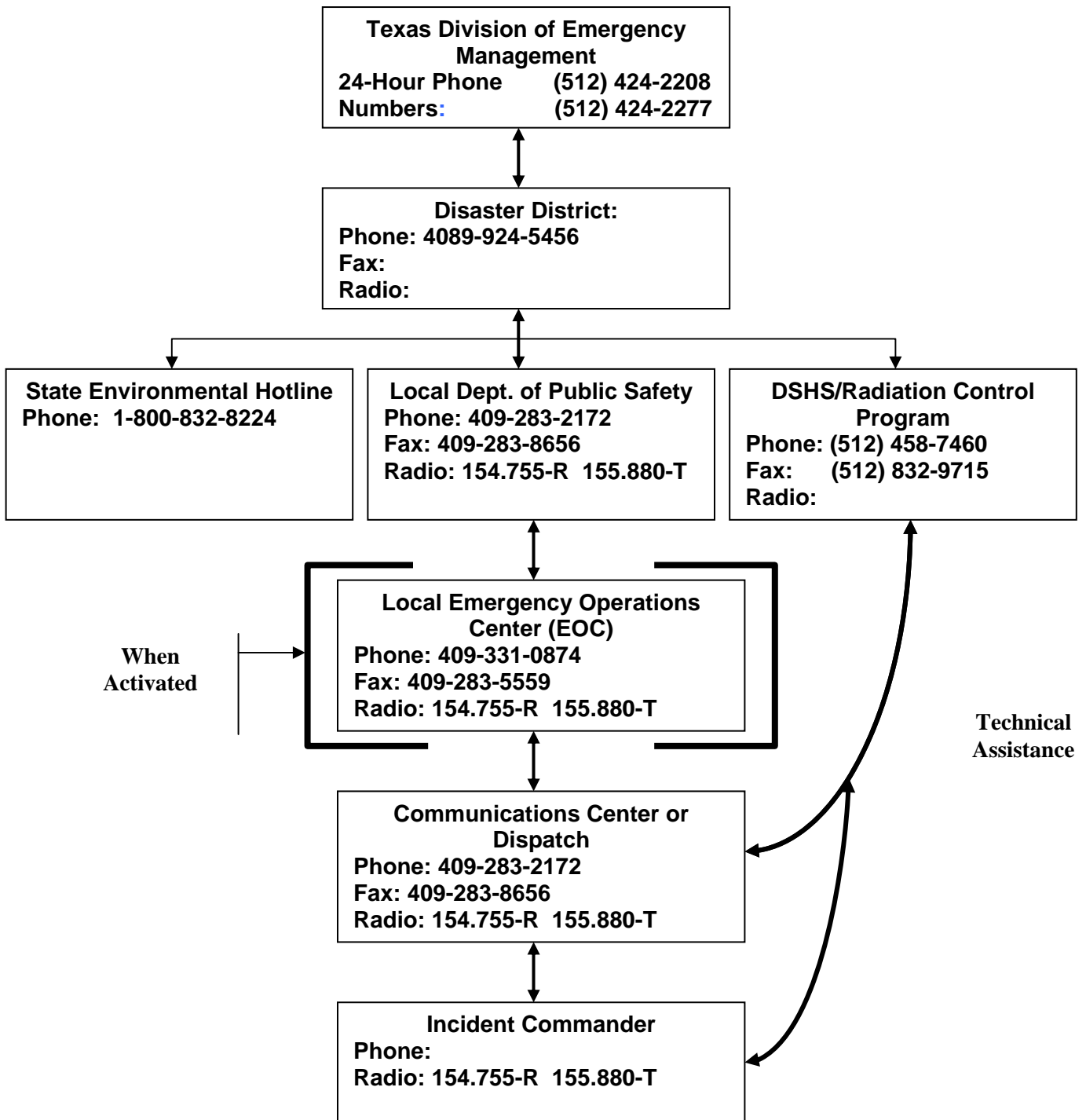
Level I – Incident. An incident is a situation that is limited in scope and potential effects; involves a limited area and/or limited population; evacuation or sheltering in place is typically limited to the immediate area of the incident; and warning and public instructions are conducted in the immediate area, not community-wide. This situation can normally be handled by one or

two local response agencies or departments acting under an Incident Commander (IC), and may require limited external assistance from other local response agencies or contractors.

Level II – Emergency. An emergency is a situation that is larger in scope and more severe in terms of actual or potential effects than an incident. It does or could involve a large area, significant population, or critical facilities; require implementation of large-scale evacuation or sheltering in place and implementation of temporary shelter and mass care operations; and require community-wide warning and public instructions. You may require a sizable multi-agency response operating under an IC; and some external assistance from other local response agencies, contractors, and limited assistance from state and federal agencies.

Level III – Disaster. A disaster involves the occurrence or threat of significant casualties and/or widespread property damage that is beyond the capability of the local government to handle with its organic resources. It involves a large area, a sizable population, and/or critical resources; may require implementation of large-scale evacuation or sheltering in place and implementation of temporary shelter and mass care operations and requires a community-wide warning and public instructions. This situation requires significant external assistance from other local response agencies, contractors, and extensive state or federal assistance.

TEXAS RADIOLOGICAL INCIDENT REPORTING SYSTEM



HAZARDOUS MATERIALS INCIDENT REPORT

INITIAL CONTACT INFORMATION

Check one: **This is an ACTUAL EMERGENCY** **This is a DRILL/EXERCISE**

1. Date/Time of Notification: _____ Report received by: _____
2. Reported by (name & phone number or radio call sign): _____
3. Company/agency and position (if applicable): _____
4. Incident address/descriptive location: _____

5. Agencies at the scene: _____

6. Known damage/casualties (do not provide names over unsecured communications): _____

CHEMICAL INFORMATION

7. Nature of emergency: (check all that apply)
 Leak Explosion Spill Fire Derailment Other
 Description: _____

8. Name of material(s) released/placard number(s): _____

9. Release of materials:
 _____ has ended _____ is continuing Estimated release rate & duration: _____
10. Estimated amount of material, which has been released: _____
11. Estimated amount of material, which may be released: _____
12. Media into which the release occurred: _____ air _____ ground _____ water
13. Plume characteristics:

a. Direction (Compass direction of plume): _____	c. Color: _____
b. Height of plume: _____	d. Odor: _____
14. Characteristics of material (color, smell, liquid, gaseous, solid, etc) _____

15. Present status of material (solid, liquid, gas): _____
16. Apparently responsible party or parties: _____

ENVIRONMENTAL CONDITIONS

17. Current weather conditions at incident site:
 Wind From: _____ Wind Speed (mph): _____ Temperature (F): _____
 Humidity (%): _____ Precipitation: _____ Visibility: _____

18. Forecast: _____

19. Terrain conditions: _____

HAZARD INFORMATION
(From ERG Guidebook, MSDS, CHEMTREC, or facility)

20. Potential hazards: _____

21. Potential health effects: _____

22. Safety recommendations: _____

- Recommended evacuation distance: _____

IMPACT DATA

23. Estimated areas/ populations at risk: _____

24. Special facilities at risk: _____

25. Other facilities with Hazmat in area of incident: _____

PROTECTIVE ACTION DECISIONS

26. Tools used for formulating protective actions
- _____ a. Recommendations by facility operator/responsible party
 - _____ b. *Emergency Response Guidebook*
 - _____ c. Material Safety Data Sheet
 - _____ d. Recommendations by CHEMTREC
 - _____ e. Results of incident modeling (CAMEO or similar software)
 - _____ f. Other: _____
27. Protective action recommendations:
- ____ Evacuation ____ Shelter-In-Place ____ Combination ____ No Action
- ____ Other _____
- | | | | |
|-------|-------|---------------------|-------|
| Time | _____ | Actions Implemented | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

28. Evacuation Routes Recommended: _____

EXTERNAL NOTIFICATIONS

29. Notification made to:
- | | |
|--|----------------------|
| _____ National Response Center (Federal Spill Reporting) | _____ 1-800-424-8802 |
| _____ Texas Environmental Hotline (State Spill Reporting) | _____ 1-800-832-8224 |
| _____ CHEMTREC (Hazardous Materials Information) | _____ 1-800-424-9300 |
| _____ TCEQ (Most Hazmat spills, except as indicated below) | _____ 1-800-832-8224 |
| _____ RRC (Oil/gas spills - production facilities, intrastate pipelines) | _____ |
| _____ DSHS/RCP (Radiological incidents) (24 Hours) | _____ (512) 458-7460 |
| _____ GLO (Petroleum spills in coastal waters or tributaries) | _____ |
| _____ Disaster District [Location: _____] | _____ |
| _____ GDEM State Operations Center (SOC) Austin (24 Hrs) | _____ (512) 424-2277 |

30. Other Information: _____

RADIOLOGICAL RESPONSE TRAINING & INSTRUMENTS

1. The County Radiological Officer (RO) is responsible for coordinating the procedures in this appendix.
2. The purpose of this appendix is to provide guidelines and procedures for maintaining an adequate number of personnel trained to deal with radiological accidents and to maintain radiation detection instruments in operational condition.

- a. Personnel training.

- 1) Tyler County will have 3 individuals trained as radiological officers.
- 2) DSHS Community Preparedness Section provides training for Radiological Officers and radiological monitors. Courses available include:
 - a) Fundamentals Course for Radiological Monitors – 8 hours
 - b) Advanced Course for Radiological Monitors – 32 hours

Additional training is also available from the Federal Emergency Management Agency (FEMA) in the form of independent study or residential training.

- 3) Personnel trained in radiological protection and decontamination techniques should receive the FEMA-approved refresher training at least every three (3) years
- 4) The Hazmat Response Team shall have at least one individual trained in radiological response and on the use of radiation detection instruments on each shift.

- b. Radiation detection instruments

- 1) Inspections, maintenance, and repair of radiation detection instruments will be completed according to the owner's manual for those devices owned by Tyler County.
- 2) Instruments on loan from the State will be inspected, maintained, and repaired according to instructions from the DSHS Community Preparedness Section.
- 3) Instruments sets used to respond to a possible radioactive material accident should be located in vehicles or 24-hour dispatch offices, such as fire stations, law enforcement, or emergency medical service facilities.
- 4) All other radiation detection/measuring instruments, not maintained in 24-hour facilities, should be secured in a dry (low humidity) location.

SHIPMENTS OF TRANSURANIC WASTE

1. Situation

- a. County is on the planned route of shipments of transuranic (TRU) waste from US Department of Energy (DOE) facilities in the Southeast and Midwest to the Waste Isolation Pilot Plant (WIPP) near Carlsbad, New Mexico. Shipments will enter Texas westbound on I-20 from Louisiana, continue west on I-20 to Pecos, Texas, and then proceed north on US 285 into New Mexico.
- b. DOE TRU waste shipments through Texas commenced during 2001. An estimated 3,600 shipments are scheduled to pass through the State over a 20-year period.

2. Assumptions

- a. County may experience a transportation accident involving TRU waste shipments.
- b. In the event of an incident involving a TRU waste shipment, the basic radiological response, notification, and recovery procedures outlined in Annex D will be implemented.
- c. In the event of an incident, external assistance will be available from state and federal radiological response resources.

3. Background**a. TRU Waste**

- 1) TRU waste is waste that is contaminated with man-made radioactive materials having atomic numbers greater than uranium (Z#92). These are alpha-emitting radionuclides with half-lives greater than 20 years in concentrations greater than 100 nanocuries per gram (nCi/g) of waste. A nanocurie is one billionth of a curie.
- 2) TRU waste include such materials as laboratory clothing, rubber gloves, rags, tools, glove boxes, glassware, piping, air filters, plastics, wood, metals, and solidified wastewater sludges contaminated with transuranic isotopes during nuclear weapons manufacturing, plutonium recovery, research and development, and decontamination and decommissioning activities. In addition, some of these wastes contain hazardous chemical constituents and are properly identified as "mixed" transuranic waste.
- 3) External exposure to TRU isotopes is generally not harmful, as human skin shields against alpha particles. The primary hazard is inhalation of fine particulates that might be release as a result of an extremely severe transportation accident. Ingestion is also a potential hazard, but most TRU isotopes are relatively insoluble and are generally passed through the body's digestive system rather than absorbed. An additional hazard is absorption if TRU isotopes were to enter the blood stream through an open wound. Also important to note is that many non-transuranic isotopes are present in TRU waste which may add a significant amount of beta and gamma radiation to the TRU waste, making widely-available gamma detection instruments useful in determining if TRU waste has been released into the environment during an accident.

- 4) TRU waste is further classified as Contact Handled (CH) TRU or Remote Handled (RH). CH TRU-waste can be safely handled with no additional shielding other than that provided by the container, normally a 55-gallon drum or a steel box. Over 97 percent of TRU waste is classified CH. CH waste has radiation dose rates at the package surface of 200 millirem per hour or less. RH TRU waste requires additional heavy shielding for handling and transportation activities. Remote-handled (RH) TRU waste contains activation materials and fission products that decay by beta emission and penetrating gamma radiation; such waste has radiation dose rates at the package surface exceeding 200 millirem per hour.

4. Information for Emergency Planning.

- a. Transport Vehicles. A dedicated fleet of trucks operated by DOE contractors will transport TRU waste shipments to the WIPP. The trucks will pull specially constructed flatbed trailers. Each trailer is configured to transport combinations of up to three Type B Packages certified by the Nuclear Regulatory Commission (NRC) in accordance with 10 CFR 71 and commonly known as either the TRUPACT-II or the HalfPACT. DOE TRU waste shipment vehicles must pass a comprehensive safety inspection at the point of origin and are subject to independent mechanical and radiological inspections; procedures have been established to quickly replace or repair vehicles that malfunction. Drivers are trained in transporting radiological materials and using radiation detection instruments. The transport vehicle, when loaded, is 63.5 feet in length and 13.5 feet in height. Figure 1 on page D-5-4 depicts a truck hauling TRUPACT-II containers.
- b. Transport Containers.
 - 1) Each TRUPACT-II is eight feet in diameter and 10 feet high and will hold some 14 55-gallon drums, two standard waste boxes, or ten 85-gallon overpack waste drums. The TRUPACT-II was designed to prevent the release of radioactive materials during an accident. The Nuclear Regulatory Commission (NRC) certifies these containers, after having passed drop, fire, puncture, and water immersion tests. Figure 2 on page D-5-4 is a cutaway drawing of the TRUPACT-II.
 - 2) The HalfPACT is 8 feet in diameter and 7.5 feet high, capable of holding seven-55-gallon or four 85-gallon overpack waste drums or one standard waste box. This container has been tested to NRC standards.
 - 3) The RH-72B has been developed to transport remote handled (RH) TRU-waste. These shipments are estimated to commence during late 2006. Figure 3 on page D-5-5 is a cutaway drawing of the RH-72B container.
 - 4) The "pipe overpack" is another container used within the TRUPACT-II or HalfPACT to contain wastes contaminated with higher concentrations of plutonium and americium. The filled pipe overpack is placed inside a 55-gallon drum, which is then placed in one of the above transport containers. This container has three key functions: a) To maintain separation of fissile material to prevent an inadvertent uncontrolled nuclear chain reaction from occurring; b) To provide shielding from radiation; and c) to immobilize fine particulate waste material.

- c. Shipment Tracking. All TRU waste shipments will be constantly monitored by a DOE control center at the WIPP, which operates around the clock. Using satellite communications and a computer network, DOE's TRANSCOM system identifies the location of each shipment and provides two-way communication with drivers. The State Emergency Operating Center (EOC) in Austin is equipped with a TRANSCOM terminal to monitor each transuranic waste shipment. The TRANSCOM terminal can also be used by the State EOC to receive information relayed from drivers and pass information to drivers through the TRANSCOM Control Center (TCC).

5. Emergency Notification, Response, & Recovery

- a. Notification. Incidents involving TRU waste shipments may be discovered by local officials, reported to local officials by shipment drivers, reported by the State EOC, or DOE based on information provided over the TRANSCOM system. If local officials discover the incident, ensure that the nearest DPS facility and the DSHS/RCP are notified in accordance with Appendix 3 to this annex. The State may request DOE assistance.
- b. Response. The emergency response to an incident involving a TRU waste shipment should be conducted in accordance with the same accident response guidelines used for other radiological incidents; see Appendix 2 to this annex. Responders should obtain technical guidance from the DSHS/RCP by telephone until RCP staff or DOE personnel arrive at the scene.
- c. Recovery. Decontamination, re-entry, and recovery operations should be conducted in accordance with SOPs. Procedures may need to be modified based on guidance provided by DOE or the DSHS/RCP. DOE should assume responsibility for cleaning up any contamination that may be caused by an incident involving TRU waste shipments.

6. Training & Exercises

- a. Training. Training for responders and local officials relating to TRU waste shipments is available from DSHS Community Preparedness Section. DSHS Community Preparedness Section should be contacted at 512-834-6688 Extension 2021 for information on available training.
- b. Exercises. DOE conducts periodic exercises for state and local responders related to TRU waste shipments. State assistance is available for planning and conducting local tabletop exercises relating to TRU waste shipments. Contact the DSHS Community Preparedness Section or the Technological Hazards Group at the Texas Division of Emergency Management for information on exercise planning.

Figure 1
Transport Vehicle with TRUPACT-II Containers

TRUPACT IIs On Loaded Transport Vehicle



Figure 2
Cutaway of TRUPACT II Container

TRUPACT-II

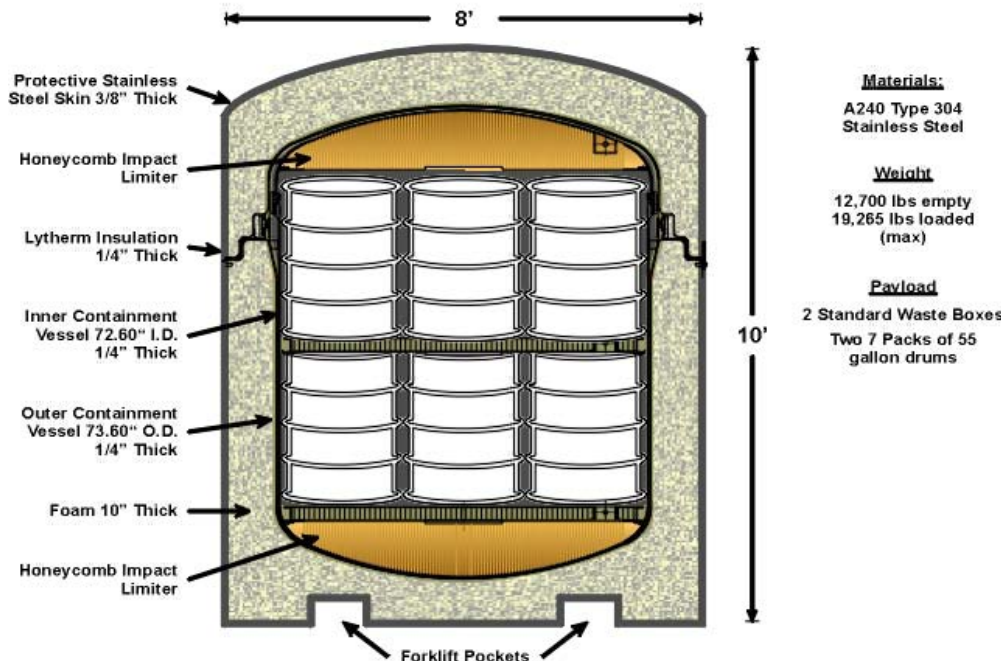
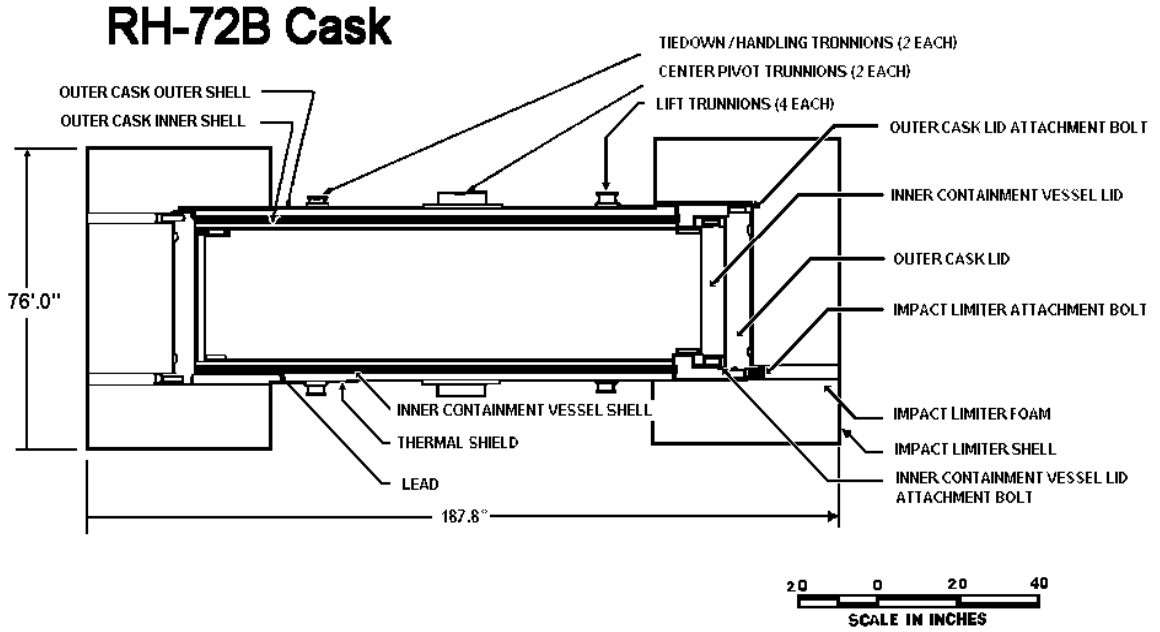


Figure 3
Cutaway of RH-72B Cask



ANNEX H

Tyler County



HEALTH & MEDICAL SERVICES

APPROVAL & IMPLEMENTATION

Annex H

Health & Medical services

This annex is hereby approved for implementation and supercedes all previous editions.

County Judge

Date

Emergency Management Coordinator

Date

NOTE: The signature(s) will be based upon local administrative practices. Typically, the individual having primary responsibility for this emergency function signs the annex in the first signature block and the second signature block is used by the Emergency Management Coordinator, Mayor, or County Judge. Alternatively, each department head assigned tasks within the annex may sign the annex.

RECORD OF CHANGES

Annex H

Health & Medical Services

RECORD OF CHANGES

CHANGE #	DATE OF CHANGE	DESCRIPTION	CHANGED BY

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.

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

DDC	Disaster District Committee
DHS	Department of Homeland Security
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
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

B. Definitions

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

2. Disaster Mortuary Services Team. A team of mortuary service and medical personnel that provide mortuary and victim identification services following major or catastrophic disasters.
3. Joint Information Center. A facility, established to coordinate all incident-related public information activities, authorized to release general medical and public health response information delivered by a recognized spokesperson from the public health and medical community.
4. National Disaster Medical System. A coordinated partnership between Department of Homeland Security (DHS), Department of Health and Human Services Commission, Department of Defense, and the Department of Veterans Affairs for the purpose of responding to the needs of victims of a public health emergency. Non-federal participants include major pharmaceutical companies and hospital suppliers, the national Foundation for Mortuary Care, and certain international disaster response and health organizations.
5. Functional and Access 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 functional and access needs populations may be damaged or destroyed in major emergency situations.
4. Health and medical facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities 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 anti-hypertensive drugs, or regular medical treatment, such as dialysis, may have difficulty in obtaining these medications and treatments in the aftermath of an emergency situation due to damage to pharmacies and treatment facilities and disruptions caused by loss of utilities and damage to transportation systems.
7. Use of nuclear, chemical, or biological weapons of mass destruction could produce a large number of injuries requiring specialized treatment that could overwhelm the local and state health and medical system.
8. Emergency responders, victims, and others who are affected by emergency situations may experience stress, anxiety, and display other physical and psychological symptoms that may adversely impinge on their daily lives. In some cases, disaster mental health services may be needed during response operations.

B. Assumptions

1. Although many health-related problems are associated with disasters, there is an adequate local capability to meet most emergency situations.
2. Public and private medical, health, and mortuary services resources located in our [county/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 [county/city], making it difficult to obtain mutual aid from the usual sources.
8. Appropriate local, State, and possibly federal, tribal medical, public health officials, and organizations 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 Jasper/Newton County Health Department is the local agency primarily responsible for the day-to-day provision of many health and medical services for our community. This department also serves as the Health Authority for our Tyler County.
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.

B. Mental Health Services

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

C. Medical Services

1. Ambulance and Transportation

- a. All ambulances and emergency rescue vehicles serving in our County 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 Senior EMT or paramedic who first arrives on the scene will:
 - 1) Survey the disaster scene.
 - 2) Report to the Incident Commander and establish a triage area.
 - 3) Institute a preliminary screening of casualties and begin stabilizing and transporting those most critically injured.
 - 4) Record the number of casualties transported and their destination.
- d. If the emergency situation warrants, the EMT/paramedic will request, through the Incident Commander, additional ambulances.
- e. Upon arrival of the EMS Control Officer or Triage Officer, all ambulance service personnel will place themselves at his/her disposal and will follow their directions in regard to casualty movement.
- f. The senior 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

- 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 responsibility belongs to the first EMT/paramedic who arrives on the scene to institute triage, confer with the nearest emergency department physician, and to implement actions that may be required by the situation.
- c. If it is apparent there will be mass casualties, the nearest hospital with emergency facilities and others with suitable facilities will be notified.

- d. The EMS Chief or a designated Control Officer 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. This person 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. Registered nurses and paramedics employed with local ambulance services 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 over others as outlined:
 - 1) Red Category – First Priority, most urgent
 - (a) Airway and breathing difficulties
 - (b) Uncontrolled or suspected severe bleeding
 - (c) Shock
 - (d) Open chest or abdominal wounds
 - (e) Severe head injuries
 - 2) Yellow Category – Second Priority, Urgent
 - (a) Burns
 - (b) Major or multiple fractures
 - (c) Back injuries with or without spinal damages
 - 3) Green Category – Third Priority, Non-urgent

Transportation and treatment is required for minor injuries (but not necessarily by EMS personnel), minor fractures, or other injuries of a minor nature.
 - 4) Black Category – Deceased, Non-urgent
3. Off-Shore Response
- a. The need to furnish life support service to mariners or offshore workers could arise at any time. Trained personnel and medical supplies for providing advanced life support to trauma victims are available on the mainland and timely deployment to the scene of the incident can save lives.

- b. A request for offshore medical assistance should include details of the trauma to the extent necessary to determine the victims' needs, location, name and description of the vessel or platform, a description of medical items that are available, and other pertinent information.
- c. The most expedient method of transportation will be used to provide the life support service. This may consist of a helicopter, boat, or a combination of the two.
- d. The Transportation Officer is responsible for the overall coordination of the transportation activity and will be assisted by other agencies as requested.

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/Medical Examiners are responsible for determining cause of death, authorization of autopsies to determine the cause of death, forensic investigations to identify unidentified bodies, and removal of bodies from incident sites.
2. When it appears an incident involves fatalities, the Incident Commander shall request the Communications Center/Dispatch Office make notifications to the [Justice of the Peace/Medical Examiner] and law enforcement requesting a response to the scene.
3. Law enforcement or the Justice of the Peace/Medical Examiner 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 DSHS, TX-1 DMAT can serve as a state-level responder to major emergencies and disasters that require additional medical response resource.

3. Disaster Mortuary Services Team (DMORT)

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

F. Damage Assessment

1. **Casualty Information.** The Health Authority has primary responsibility for gathering information concerning injuries and fatalities resulting from 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 Tyler County and Public Works, 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 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 DSHS and the Tyler County Health Department] to identify appropriate interim measures such as rationing, expedient water treatment, or construction of temporary water delivery systems.
3. **Wastewater Systems.** Wastewater treatment facilities are vulnerable to disaster-related interruptions and their unavailability can have a major impact on the community's health and well-being. The Texas Commission on Environmental Quality (TCEQ), in cooperation with Public Works, has a responsibility for evaluating damage to those facilities, as well as advising local officials concerning expedient sanitation practices that may be required in the affected areas.
4. **Medical Facilities.** The Health Authority has primary responsibility for evaluating damage sustained by medical facilities in a disaster area. The hospitals and nursing homes in Tyler County will provide support in this activity. 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 the 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 County Judge should make requests for such assistance to the DDC Chairperson in Lufkin. Cities must request assistance from their county before requesting assistance from the State.

H. Activities By 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 County officials to ensure water quality.
- c. Coordinate with County 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 REPOSIBILITIES

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 County Health Department functions as the local Health Authority. The Health Authority has primary responsibility for the health and medical services function and shall designate a Health Officer to plan and coordinate public health and medical services during emergency situations. The Health Officer or a designee shall serve as a member of the EOC Staff. Health and medical service response activities at an incident scene will be coordinated through the Incident Commander. Large-scale health and medical efforts shall be coordinated from the EOC.
3. Upon receipt of official notification of an actual or potential emergency condition, it is the responsibility of the Health Authority to receive and evaluate all requests for health and medical assistance and to disseminate such notification to all appropriate public health, medical, and mortuary services.

B. Assignment of Responsibilities

1. General

All agencies/organizations assigned to provide health and medical services supports 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 County Emergency Management Plan, the Health Authority has 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 these services are available as needed, various medical and public health services have been assigned primary or support responsibility for specific activities. Those activities, and the services responsible for their accomplishment, are summarized below.

C. Task Assignments

1. The Health Authority 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 Health Authority will coordinate:
- a. Emergency health and medical activities from the EOC when activated.
 - b. Rapid assessments of health and medical needs.
 - c. Efforts of local health and medical organizations activated for an emergency assessing their needs, obtain additional resources, and ensure that necessary services are provided.
 - d. Emergency medical teams responding to a disaster to ensure the 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. Disposal of dead animals with the [county/city] animal control agency.
 - p. Implementation of measures to prevent or control disease vectors such as flies, mosquitoes, and rodents.
 - q. Preventive health services, including the control of communicable diseases such as influenza, particularly in shelters.
 - r. Food handling and sanitation monitoring in emergency facilities.
3. Emergency Medical Services 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 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. Provide medical guidance, as needed, to EMS.
- e. Coordinate with EMS, other facilities, and any medical response personnel at the scene to ensure the following is accomplished:
 - 1) Casualties are transported to the appropriate medical facility.
 - 2) Patients are distributed 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.
- f. Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
- g. Coordinate with other hospitals and with EMS on the evacuation of affected hospitals, if necessary. Evacuation provisions should specify where patients are to be taken.
- h. Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
- i. Establish and staff a reception and support center at each hospital for relatives and friends of disaster victims searching for their loved ones.
- j. Provide patient identification information to the American Red Cross upon request.

5. The Mental Health Authority will:

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

6. The Justice(s) of the Peace/Medical Examiner will:

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

7. Law Enforcement will:

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

8. Mortuary Services will:

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

9. The Public Works Department/Building & Grounds Department will:

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

10. The Utility Department will:

Coordinate the restoration of utilities service to key medical facilities.

11. The Public Information Office (PIO) will:

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

VII. DIRECTION & CONTROL

A. General

1. The Health Officer, working as a staff member of the County emergency organization, supported by an appropriate network, shall direct and coordinate the efforts of local health and medical services and agencies, and organizations during major emergencies and disasters requiring an integrated response.
2. Routine health and medical services operations may continue during less severe emergency situations. Direction and control of such operations 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 County 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. Center for Disease Control
2. Texas Health Department
3. Jasper/Newton Health Department

VIII. READINESS LEVELS

A. Level IV: 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 III: Increased Readiness:

1. Check readiness of health and medical equipment, supplies, and facilities.
2. Correct any deficiencies in equipment and facilities.
3. Check readiness of equipment, supplies, and facilities.
4. Correct shortages of essential supplies and equipment.

5. Update incident notification and staff recall rosters.
6. Notify key personnel of possible emergency operations.
7. Review procedures for relocating patients and determine the availability of required specialized equipment if evacuation of health & medical facilities may be required.

C. Level II: High Readiness:

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

D. Level I: Maximum Readiness:

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

IX. ADMINISTRATION & SUPPORT

A. Reporting

1. In addition to reports that may be required by their parent organizations, health & medical elements participating in emergency operations should provide appropriate situation reports to the Incident Commander, or if an incident command operation has not been established, to the Health Officer in the EOC. The Incident Commander 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. A record of events must be preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.
2. Documentation of Costs. Expenses incurred in carrying out health and medical services for certain hazards, such as radiological accidents or hazardous materials incidents, may be recoverable from the responsible party. Hence, all departments and agencies 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 County Judge/Mayor and 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 being reviewed should participate in the post-incident review.

D. Exercises

Local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards faced by our County will 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 Health Authority 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/brlho/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

1. Hospitals-

Tyler County Hospital
1100 W Bluff, Woodville, TX 75979
(409) 283-8141

Orchard Assisted Living
805 W Dogwood St, Woodville, TX
75979
(409) 283-5678

2. Clinics-

Tyler County Family Medical Clinic
104 N Beech St
Woodville, TX. 75979
(409) 283-2822

Family Healthcare
920 N. Magnolia
Woodville, TX. 75979
409-283-5556

Woodville Pediatrics
900 W. Bluff
Woodville, TX. 75979
409-283-2090

Dogwood Family Clinic
631 W. bluff
Woodville, TX. 75979
409-331-1000

3. Nursing Homes/Assisted Living-

Dogwood Trails Manor
647 U.S. 190
Woodville, TX
(409) 283-8147

Woodville Convalescent
102 N Beech St
Woodville, TX
(409) 283-2554

Dogwood Terrace Apartments
300 Cobb Mill Rd,
Woodville, TX 75979
(409) 283-3592

4. Dialysis

Woodville Dialysis Center
712 W. Bluff
Pecan Plaza
Woodville, TX 75979

5. Emergency Medical Services

Dogwood EMS
109 W. Live Oak
Woodville, TX. 75979
409-283-3900

ANNEX I

Public Information

Tyler County



RECORD OF CHANGES

CHANGE #	DATE OF CHANGE	DESCRIPTION	CHANGED BY

APPROVAL & IMPLEMENTATION

Annex I

PUBLIC INFORMATION

County Judge

Date

Emergency Management Coordinator

Date

NOTE: The signature(s) will be based upon local administrative practices. Typically, the individual having primary responsibility for this emergency function signs the first signature block and the second signature block is used by the Emergency Management Coordinator, Mayor, or County Judge. Alternatively, each department head assigned tasks within the annex may sign the annex.

ANNEX I

PUBLIC INFORMATION

I. AUTHORITY

- A. See Section I of the Basic Plan for general authorities.
- B. Texas Local Government Code, Chapter 203 (Management and Preservation of Records).
- C. Local legal authorities

II. PURPOSE

The purpose of this annex is to outline the means, organization, and process by which we will provide appropriate information and instructions to the public during emergency situations. This annex also provides for public education to be conducted in advance of emergency situations to reduce the likelihood that citizens will place themselves in hazardous situations that may require an emergency response.

III. EXPLANATION OF TERMS

A. Acronyms

EAS	Emergency Alert System
EMC	Emergency Management Coordinator
EOC	Emergency Operations Center
IC	Incident Command/Commander
ICP	Incident Command Post
JFO	Joint Field Office
JIC	Joint Information Center
JIS	Joint Information System
LWP	Local Warning Point
PIO	Public Information Officer
TV	Television

B. Definitions

Public Information: Information provided to citizens before, during, and after emergency situations/incidents specifically including instructions on how to protect personal health, safety, and property or how to obtain assistance.

IV. SITUATION & ASSUMPTIONS

A. Situation

1. The County faces a number of hazards which may cause emergency situations; see Section IV of the Basic Plan for a summary of those hazards and their possible impact.
2. During emergencies, the public needs timely, accurate information on the emergency situation and appropriate instructions regarding protective actions that should be taken to minimize injuries, loss of life and damage to property.
3. For some slowly developing emergency situations (such as river flooding or hurricanes), there may be several days for local government and the media to provide detailed information about the hazard and what citizens should do.
4. For other emergency situations, there may be no warning, leaving the public information system unable to react rapidly enough to properly inform the public about the hazard and what to do about it. For this reason, it is important that the public be advised of likely hazards and what protective measures should be taken to lessen the effect of an emergency and/or disaster.

B. Assumptions

1. An effective program combining both education and emergency information can significantly reduce loss of life and property. However, many people are unconcerned about hazards until they may be affected and will not participate in or retain pre-emergency education; therefore, special emphasis must be placed on the delivery of emergency information during emergencies and disasters.
2. Local media will cooperate in disseminating warning and emergency public information during emergency situations and may participate in pre-disaster awareness programs and other disaster education activities.
3. Some emergency situations may generate substantial media interest and draw both local media and media from outside the local area, overwhelming the available emergency public information staff.

V. CONCEPT OF OPERATIONS

A. General

1. Pursuant to the National Incident Management System (NIMS) operating principles and protocols, public information efforts should generally focus on specific event-related information. This information will generally be of an instructional nature focusing on such things as warning, evacuation, and shelter. Appendix 2 describes some basic emergency information needs.
2. A special effort should be made to keep the public informed of the general progress of events. Reporting positive information regarding emergency response will help to

reassure the community that the situation is under control. Rumor control must be a major aspect of the informational program. Public feedback should be used as a measure of the program's effectiveness.

3. Education efforts are to be directed toward increasing public awareness about potential hazards and how people should prepare for them. All information and education efforts will rely heavily on the cooperation of every type of media organization.

B. Information Dissemination

1. In the initial stages of an emergency situation, the Local Warning Point may have to take action on time-sensitive hazards. Within the limits of the authority delegated to it, the Local Warning Point (LWP), located at Emergency Management Office will determine if a warning needs to be issued, formulate a warning if necessary, and disseminate it. Pre-scripted emergency messages have been prepared for likely hazards and are included in Annex A, Warning. A list of these messages is provided in Appendix 5. These pre-scripted messages may be used as written or tailored as needed for specific circumstances.
2. As Emergency Alert System (EAS) messages are limited to two minutes, EAS warning messages may have to be supplemented with Special News Advisories prepared by the PIO staff that contains amplifying emergency information. Special News Advisories are generally disseminated to media outlets by fax. [Copies of the pre-scripted messages, which include warning messages and Special News Advisories, are maintained on computers at the Warning Point and in the EOC so that they can be modified quickly.]
 - a. Broadcasters and cable companies must carry national security warnings and messages initiated by the President; they may broadcast alerts and messages initiated by state and local governments. The Federal Communications Commission encourages licensees to broadcast local warning and instruction messages, but the final decision on broadcasting such messages rests with the broadcasters.
 - b. Broadcasters and cable operators will expect EAS to be used for life-threatening emergencies.
3. When the Incident Command System is activated for an emergency situation, the Incident Commander will normally warn the public in and around the incident site. A designated PIO at the Incident Command Post (ICP), assisted by the County PIO staff if necessary, will normally provide information on the emergency situation to the media if the EOC has not been activated. All information relayed to the media by the PIO will be approved by the IC and the County Judge, regardless of the command structure – single or unified.
4. Once the EOC has been activated for an emergency situation, the EOC Supervisor will normally determine the need for additional warning and instructions. The PIO staff will formulate additional warning messages and public instructions, using the sample messages contained in Annex A as a basis, where appropriate. The LWP will normally execute such warnings by activating the warning system, including transmitting EAS messages to broadcasters. The PIO staff will disseminate Special News Advisories and other emergency public information materials to the media directly using its contact list.

5. In the case of large-scale emergencies or disasters where there are substantial external responders from other jurisdictions and/or state or federal agencies and the response and recovery effort may continue for an extended period, a Joint Information Center (JIC) may be established. The JIC, an element of the Joint Information System (JIS) developed to provide information to the public during an emergency, is a working facility where the emergency public efforts of all participating jurisdictions, agencies, volunteer organizations, and other responders can be coordinated to ensure consistency and accuracy. In federally declared incidents, a JIC will typically be set up as part of the Joint Field Office (JFO).
6. The following means will be used to provide emergency information and instructions to the public:
 - a. EAS broadcasts by radio, television, and cable companies.
 - b. Special news broadcasts by radio, television, and cable companies.
 - c. Local newspapers.
 - d. The local government Internet site.]
 - e. Highway Information System

C. Providing Emergency Information to Special Populations

Special populations will be provided information on emergency situations and appropriate instructions by the following methods:

1. Visually-impaired: EAS messages and news advisories on radio, NOAA Weather Radio, or by door-to-door notification
2. Hearing-impaired: Captioned EAS messages and news advisories on television, print media
3. Non-English Speakers: [Interpreters/radio, TV, or cable language newscasts/door-to-door/other]

D. Resources

The PIO shall maintain a Media Roster that contains the names, telephone and facsimile numbers, and E-mail addresses of each of the media resources listed below. See Appendix 1 for roster.

E. Phases of Management

1. Mitigation
 - a. Conduct hazard awareness programs.
 - b. Develop systems to enhance information dissemination during emergency situations.
2. Preparedness
 - a. Develop and distribute educational materials; conduct public education programs.

- b. In coordination with the EMC, prepare pre-scripted warning and public instruction messages for known hazards. See Appendix 5 to this annex for a list of those messages included in Annex A, Warning.
 - c. Brief local media on local warning systems and coordinate procedures for transmitting emergency information to media.
 - d. Conduct public education on warning systems and the actions that should be taken for various types of warnings.
 - e. Train public information staff.
 - f. Brief local officials and emergency responders on working with the media. See Appendix 3.
 - g. Maintain this annex.
 - h. Identify suitable facilities for a Joint Information Center.
3. Response
- a. Develop, obtain authorization, and release public information on the emergency situation.
 - b. Conduct media monitoring to determine the need to clarify issues and distribute updated public instructions.
 - c. Manage rumor control.
 - d. Conduct news conferences and arrange interviews as needed.
4. Recovery
- a. Provide public information relating to recovery process and programs.
 - b. Compile record of events.
 - c. Assess effectiveness of public information and education program.

VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES
--

A. General

1. The overall responsibility for providing emergency information and instructions to the public rests with the County Judge.
2. The County Judge shall provide general guidance for Public Information (PI) programs and appoint a Public Information Officer (PIO).

3. The PIO will manage and coordinate all emergency public information related activities and direct such staff as may be assigned or recruited to assist in those activities.
4. Trained public information specialists will staff PIO positions at the Incident Command Post and in the EOC.

B. Task Assignments

1. The County Judge will:
 - a. Appoint a Public Information Officer (PIO).
 - b. Ensure that the jurisdiction has implemented and institutionalized processes and procedures to coordinate and integrate public information functions including the development of a public education program for emergency situations.
 - c. Authorize release of all IC approved incident information to the media.
 - d. Ensure that a Joint Information Center (JIC) is activated when warranted by the incident.
2. The Public Information Officer (PIO) will:
 - a. Represent and advise the IC on all public information matters relating to the management of the incident.
 - b. Ensure the IC approves the release of all incident-related information.
 - c. Coordinate and integrate public information functions across jurisdictions and functional agencies as required.
 - d. Develop accurate and complete information on the incident for both internal and external consumption.
 - e. Coordinate the overall emergency public information efforts of local government.
 - f. Serve as the official County representative in the JIC.
 - g. Conduct public education programs as an ongoing activity.
 - h. Develop and disseminate public information materials and maintain a stock of materials for emergency use based on hazards likely to confront the jurisdiction. Such materials should include:
 - 1) General materials dealing with the nature of hazards and basic protective actions to take in the event of an emergency, including shelter-in-place and evacuation.
 - 2) Hazard specific instructions on "where to go and what to do" in an emergency.

- 3) Information on how emergency warnings are disseminated and the meaning of warning signals.
 - i. In coordination with the Sheriff and the EMC, develop pre-scripted warning messages for known hazards for use by the local warning point and the EOC.
 - j. Develop methods (i.e., newspaper supplements, prepared TV/radio scripts for broadcast stations) for distribution of EPI materials to the public, to include materials for non-English speaking groups, if appropriate.
 - k. In cooperation with the EMC, coordinate with broadcasters (radio and television stations and cable television companies) to develop procedures for local government to disseminate warning messages and emergency information through the broadcast media.
 - l. Authenticate sources of information, verify for accuracy, and obtain authorization before issuing news releases.
 - m. Provide authorized news releases to the media while keeping the County Judge informed of message content.
 - n. Monitor media coverage of emergency operations for accuracy of reports and issue corrections where necessary.
 - o. Take action to control rumors.
 - p. Brief potential Incident Commanders, department heads and key staff, and the EOC staff on basic public information needs, working with the media, and media access during emergency operations. See Appendices 2, 3 and 4 for further information on these subjects.
 - q. Maintain a media briefing area in the vicinity of the EOC.
 - r. Periodically brief the media on local warning systems and warning procedures.
 - s. Maintain a Media Contact Roster. See Appendix 1.
 - t. Compile printed and photographic documentation of the emergency/disaster.
 - u. Develop public information emergency checklists for known hazards. See Appendix 6.
 - v. Anticipate and be prepared to handle unscheduled inquiries from the media and the public.
 - w. Train a group of government employees and/or volunteers to staff PIO positions at the Incident Command Post and in the EOC.

3. The EMC will:
 - a. Advise the County Judge on when to disseminate emergency instructions to the public.
 - b. Coordinate with the PIO in the development of pre-scripted emergency messages.
 - c. Work with the PIO in public education activities relating to emergency management.
 - d. Identify concerns raised by the public, rumors, and other issues involving citizens to the PIO so they may be addressed in public information activities.
4. All local government departments and agencies will:
 - a. Refer media inquiries during emergency situations to the PIO.
 - b. Assist the PIO in responding to requests for information from the public or the media.
5. Media companies are expected to:
 - a. Disseminate warning messages and special news advisories provided by local government to the public as rapidly as possible.
 - b. Participate in periodic tests of the EAS and other warning systems.
 - c. Provide coverage of emergency management activities.
 - d. Work with PIO and EMC on public educational programs relating to emergencies.
 - e. Check accuracy of information on emergency operations with the PIO or EMC.

VII. DIRECTION & CONTROL

A. General

1. The County Judge/Mayor has overall responsibility for the emergency public information program, shall provide general guidance for emergency-related public education and information activities, shall appoint a PIO, and in conjunction with the IC, approve all information released to the news media.
2. The Public Information Officer shall direct all emergency public information activities, coordinating as necessary with other individuals, departments, and agencies performing other emergency functions.
3. To the extent possible, the PIO shall release, upon approval, all information to the public and the media during emergency operations. During emergency operations, departments and agencies shall refer media inquiries to the PIO.

B. Line of Succession. The line of succession for the Public Information Officer is:

1. Assistant PIO
2. Assistant EMC
3. County Judge's Secretary

VIII. READINESS LEVELS

A. Readiness Level IV - Normal Conditions

See the mitigation and preparedness activities in Section V.E, Emergency Management Activities by Phase.

B. Readiness Level III - Increased Readiness

1. Monitor the situation.
2. Check and update Media Contact Roster.
3. Alert media of the increased threat so they are aware of the situation and are prepared to disseminate warnings and public instructions if necessary.

C. Readiness Level II - High Readiness

1. Monitor the situation.
2. Review pre-scripted warning messages and public instruction messages; draft updated versions or additional messages tailored for the impending threat.
3. Alert personnel for possible emergency operations; identify personnel for increased staffing during primary vulnerability period.
4. Determine requirements for additional pre-emergency public information and instructions and produce and disseminate those materials.
5. Consider placing public information personnel on shifts to provide for increased situation monitoring and to conduct additional public information planning.

D. Readiness Level I - Maximum Readiness

1. Monitor the situation.
2. Update warning messages as necessary.
3. Update public information materials based on current threat and disseminate.
4. Provide information to the media on local readiness activities.
5. Place selected off-duty personnel on standby to increase staffing if necessary.

6. Staff public information positions in the EOC or at the ICP when activated.

IX. ADMINISTRATION & SUPPORT

A. Media Contact Roster

The PIO shall maintain a contact roster for the media organizations that are involved in local emergency management programs provided in Appendix 1.

B. Records

1. The PIO shall maintain a file of all news advisories and press releases issued during emergency operations.
2. The PIO shall also compile and maintain copies of newspaper articles, videotapes of emergency operations and news broadcasts relating to an emergency, and other media materials distributed for use in post-incident analysis and future training activities.

C. Educational Programs

1. The PIO and the EMC shall conduct disaster educational programs to increase citizen preparedness. Educational programs may include presentations in schools and for community organizations, displays at local public gatherings, community meetings, distribution of educational materials, and other activities. The local media may be willing to assist with such activities and local businesses may be willing to sponsor such events and assist with costs. Educational brochures may also be distributed with regularly scheduled government, utility, or business mailings.
2. The PIO is expected to obtain and maintain materials for disaster-related public education. A wide variety of educational materials dealing with emergency management and disaster preparedness are available. Materials include pamphlets, posters, videotapes, CD-ROMs, and complete training curricula for school children. Many publications are available in ready-to-distribute form or as fact sheets whose content can be incorporated into locally developed materials. Materials available include emergency preparedness information of general interest and specialized preparedness publications for school children, the elderly, and people with various disabilities. Public education materials relating to emergency management are available in a variety of foreign languages.
3. The principal providers of disaster-related educational materials are the Federal Emergency Management Agency (FEMA), the American Red Cross (ARC), and the T Division of Emergency Management (TDEM); many agencies and volunteer organizations also published specialized disaster-related educational materials. FEMA publishes a catalog of their publications and both FEMA and the ARC include educational materials on their web sites; see Section XI, References, for their addresses. The TDEM also distributes hazard-specific awareness materials periodically throughout the year to local EMCs as part of state awareness campaigns.

D. Training

Members of the emergency public information staff for whom public information is not their primary daily work should attend public information training, preferably training focusing on emergency public information activities. TDEM and FEMA offer Public Information Officer training.

X. ANNEX DEVELOPMENT & MAINTENANCE

- A. **Development.** The Public Information Officer is responsible for developing and maintaining this annex.
- B. **Maintenance.** This annex will be reviewed annually and updated in accordance with the schedule outlined in Section X of the Basic Plan.
- C. **Operating Procedures.** The Public Information Officer is responsible for developing and maintaining SOPs covering recurring public information tasks.

XI. REFERENCES

- A. FEMA, *FEMA Publications Catalog*
- B. FEMA, *Comprehensive Preparedness Guide (CPG-101)*
- C. FEMA web site: www.fema.gov
- D. American Red Cross web site: www.redcross.org
- E. Department of Homeland Security, *National Incident Management System*

APPENDICES:

Appendix 1	Media Contact Roster
Appendix 2.....	Public Information Needs
Appendix 3.....	Working With the Media
Appendix 4.....	Media Access & Identification
Appendix 5.....	List of Pre-scripted Emergency Messages
Appendix 6.....	Public Information Checklists

Tab A	Public Information Checklist for Flooding
Tab B	Public Information Checklist for Hazmat Incident
Tab C	Public Information Checklist for Hurricanes

MEDIA CONTACT ROSTER

1. Broadcast Television

- A. KBTB, Channel 4, Beaumont Texas
 2955 I-10 East
 Freq 66-72 mh: 24 hr operation
 Contact Name: News Director
 Phone: 409-892-6622 Fax: 409-899-4639
 E-mail Address: news@kfdm.com
- B. KBMT, Channel 12, Beaumont Texas
 525 interstate 10 South
 Freq 205-209 mh: 24 hr operation
 Contact Name: Newsroom Manager
 Phone: 409-833-7512 Fax: 409-833-7512
 E-mail: 12news@12newsnow.com
- C. KBTB, Channel 4, Beaumont Texas
 2955 I-10 East
 Freq 82-88 mh: 24 hr operation
 Contact Name: News Director
 Phone: 409-892-6622 Fax: 409-899-4639
 E-mail Address: news@kfdm.com

2. Radio

- A. KJAS Jasper Texas:
 765 Hemphill St. Jasper TX.
 107.3 24 hour operation:
 Contact Name: Duty Engineer
 Phone: 409-384-4541 Fax: 409-383-1979
 E-mail Address: mlout@kjas.com
- B. KWUD
 105 East Wheat Woodville, TX. 75979
 1490 AM
 Phone 409-283-8500
- C. KTXJ
 Jasper Texas
 102.7 FM and 1350 AM
 409-383-4500

3. Cable Television Company

CMA
 122 North Austin, Jasper TX. 75951
 Woodville City Limits:
 Contact Name:
 Telephone Number; 409-384-6862
 Fax Number: 409-384-7817
 E-mail Address: cmaaccess.com

4. Newspapers

- A. Tyler County Booster
 West Bluff Woodville Texas
 Tyler County:
 General Manager
 Telephone: 409-283-2516
 Fax Number: 409-283-2560
 E-mail Address; tylercountybooster.com
- B. Beaumont Enterprise
 380 Main Beaumont TX
 Ass't City Editor
 Phone: 409-833-3311 ext. 446
 Fax: 409-838-2859
- C. Jasper Newsboy
 702 Wheeler Jasper TX
 Phone: 409-384-3441

PUBLIC INFORMATION NEEDS

1. Background

During emergency situations, it is important to provide the general public with adequate information on the situation as rapidly as possible to alleviate concerns and reduce the likelihood of panic or inappropriate actions. The news media are the primary means of disseminating such information by providing up-to-date information quickly to a wide audience. The information they provide reduces the time and manpower that local government would have to divert from response and recovery tasks to deal with (which could be an overwhelming number of inquiries from the public). Every effort should be made to cooperate with the news media in providing information and in recognition of the rights of the news media to perform their proper function.

2. Information Needs

The following types of information shall be provided to the public as soon as possible in as much detail as possible.

A. What Happened

- 1) Nature of incident or emergency
- 2) Location
- 3) Time of occurrence
- 4) Situation resolved or response on-going
- 5) Cause (Until an investigation has determined the cause with reasonable certainty, it is not advisable to speculate.)

B. Current Response Actions

What actions have been or are being taken to protect public health and safety and public and private property?

C. Known Damages

- 1) Homes
- 2) Businesses
- 3) Government buildings
- 4) Infrastructure – roads, bridges, parks, etc.

D. Casualties

- 1) Number dead and apparent cause
- 2) Number injured and nature/severity of injuries and were being treated
- 3) Number missing and circumstances
- 4) General identification of casualties – age, sex, situation (employee, homeowner, responder, etc.
- 5) Names of casualties – only released after next of kin have been notified

E. Evacuations

- 1) Areas and facilities evacuated
- 2) Approximate number of evacuees

F. Shelter & Mass Care

- 1) Shelters open – name and location
- 2) Approximate number of persons being housed in shelters
- 3) Mass feeding site or other mass care facilities in operation – name, location, and number of persons being served.

G. Status of Utilities

- 1) Electric service
- 2) Telephone system
- 3) Water system
- 4) Sewer system
- 5) Natural gas distribution

H. Road and Facility Closures

I. Organizations Responding

- 1) Local government
- 2) State agencies
- 3) Federal agencies
- 4) Volunteer groups

J. Means of contacting evacuees

K. Areas to which access is restricted and the reason(s) for such restriction

L. For ongoing emergency situations, planned response activities

M. In the recovery phase:

- 1) Disaster assistance programs available
- 2) How to apply for disaster assistance

3. Collection and Dissemination of Information

Information shall be collected and disseminated as soon as possible by the appropriate personnel. All incidents related information must be approved by the IC prior to dissemination.

- A. Where an Incident Command Post has been established and a qualified public information staff member is at the scene, that individual may provide information directly to the media if the EOC is not activated. If no qualified public information staff member is present at the scene, the Incident Commander or a member of his staff should pass situation information to the Public Information Officer for release to the media.

- B. Where an Incident Command Post has been established and the EOC has been activated, information from the incident scene will normally be passed to the Public Information Officer at the EOC. The Public Information Officer will utilize reports from the scene and other available pertinent information to brief the media and prepare news advisories for release to the media.
- C. The Shelter and Mass Care Officer is responsible for collecting information on shelter and mass care activities and providing that information to the PIO.
- D. The Energy and Utilities representative in the EOC is responsible for obtaining information on the status of utilities and providing it to the PIO.
- E. Law Enforcement and Public Works/Engineering are responsible for obtaining information on road closures and facility closures and providing it to the PIO.
- F. The PIO is responsible for collection of information from the Incident Commander, the EOC staff, and other sources and agencies. The PIO staff is responsible for preparation of news releases, for the dissemination of information directly to the news media, and, where appropriate, for making arrangements for announcements directly to the public via radio and/or television hookups.
- G. Hospitals are responsible for dissemination of information concerning casualties and deaths. They generally have policies restricting the release of detailed information without permission of patients or their families. This information that they choose to release will normally be disseminated directly to the news media. The PIO should request that the EOC be provided copies of any information released to the media.

WORKING WITH THE MEDIA

1. What to do when working with the media:

- A. Identify your spokesperson beforehand.
- B. Have a number the media know to call when they need information.
- C. Make certain the person answering the phones knows to whom to direct media calls.
- D. Get all the information you can from those in charge before you talk with the media.
- E. Write out the answers to these questions for **your** use:
 - 1) What happened?
 - 2) When did it happen?
 - 3) Where did it happen?
 - 4) Why did this happen?
 - 5) Who's responsible, involved, injured?
 - 6) How many were hurt or killed? What are their names/ages/addresses?
 - 7) Can I shoot video/take photos? How close can I get?
 - 8) Who can I talk to?
 - 9) What is your agency doing about it?

2. When you talk with the media:

- A. Tell the truth and if related to the incident, ensure the IC has approved the information.
- B. Be courteous and don't play favorites.
- C. Avoid "off the record" remarks.
- D. Never say anything you would not want to see printed or broadcast.
- E. Stay on top of the interview by listening to the reporter's questions.
- F. Don't accept the reporter's definitions of what happened.
- G. Pause, think; ask for more time if you need it.
- H. Respond only to the question you've been asked. Don't speculate.
- I. Stick to the core message

MEDIA ACCESS & IDENTIFICATION
--

1. Media Access

In recognition of the public's right to know as much information as possible about a disaster, local response agencies will cooperate with legitimate news media representatives and provide equal access to information and, within the limits of safety and other response needs, access to incident scene to various news organizations. News media representatives are required to cooperate with response personnel as directed for safety and efficient operation.

- A. The Incident Commander or his designated representative will allow media such access to the incident scene as is consistent with safety and does not disrupt critical operations.
- B. The EMC, in coordination with the PIO, shall establish rules for media access to the EOC. When the EOC is activated, representatives of news media may be provided access to those areas of the EOC designated by the EMC. As a general rule, press briefings will not be conducted in the EOC because they can disrupt on-going EOC operations; briefings will normally be conducted in the press area of the EOC. Photo shoots and interviews may be conducted in the EOC, but these should be scheduled so as to minimize disruption.
- C. Hospitals establish their own rules of access for news media representatives and these may vary for individual circumstances. For emergency situations where there have been substantial casualties, it may be desirable for hospitals to provide a pressroom or other designated area with access to telephones for the use of news media representatives.
- D. When incident scenes are on private property, the property owner may establish and enforce policies with regard to access by the media and other persons who are not emergency responders.

2. Media Identification

Representatives of news media will be considered to have satisfactory identification if they have:

- A. A media company identification card with photo that identifies them as a media representative, unless there is reason to believe that the identification is not genuine.
- B. Texas Department of Public Safety Press identification card.
- C. [A press identification card issued by the [County/City] Public Information Office.]

LIST OF PRE-SCRIPTED EMERGENCY MESSAGES
--

The following pre-scripted emergency messages have been prepared and are included in Annex A, Warning:

1. Warning – General Incident
2. Warning – Road/Facility Closure
3. Warning – Shelter-in-Place
4. Special News Advisory – Pre-Evacuation
5. Warning – Urgent Evacuation
6. Warning – Deliberate Evacuation
7. Special News Advisory – Supplemental Evacuation Information
8. Special News Advisory – Schools & Public Facility Status

PUBLIC INFORMATION CHECKLISTS

This appendix includes the following Emergency Public Information (PI) Checklists:

- Tab A Pubic Information Checklist for Flooding
- Tab B Public Information Checklist for Hazmat Incidents
- Tab C Public Information Checklist for Hurricanes

Public Information Checklist for Flooding

✓	Pre-Emergency Phase
	1. Conduct public education and distribute preparedness materials highlighting local flood risk areas, precautionary actions, and protective actions.
	2. In coordination with the EMC, maintain a set of pre-scripted warning and public instructions messages ready for use. See Annex A to the Basic Plan.
	3. Coordinate with school authorities/PIOs on policies/procedures for announcing school closures.
	4. Review local Hazard Analysis and Annex E to EM Plan to identify potential flood risk areas and evacuation routes.
	5. Coordinate with Animal Control, Animal Shelter, and other organizations to determine availability of facilities for evacuated pets and large animals.
	6. Coordinate with PIOs from local response agencies and volunteer groups and develop an effective PIO-to-PIO communication system.
	Readiness Phase
	1. Ensure PIO receives current information on flood watches & warnings.
	2. Coordinate with the Shelter and Mass Care Officer to determine likely shelter sites.
	3. Coordinate with Law Enforcement to determine planned/likely evacuation routes.
	4. In coordination with the EMC, update precautionary action and evacuation message(s). See Annex A of EM Plan.
	5. Develop maps of likely evacuation areas and evacuation routes that can be provided to the media.
	6. Disseminate property protection and evacuation preparedness information to public through media.
	Emergency Response Phase
	1. Provide evacuation area and evacuation route maps to media.
	2. Release evacuation recommendation through warning system.
	3. Release information on how transportation will be provided for those who lack it.
	4. Release public instructions on securing property, evacuation routes, and what to take with you.
	5. Release information to media on shelter and mass care facilities available.
	6. Release information to media on where persons needing assistance should call.
	7. Release special instructions for those evacuating pets.
	8. Release information on curfews and travel restrictions in effect within evacuation areas.
	9. Release information on disaster welfare inquiry procedures.
	10. Advise the public not to return to the evacuation area until told to do so.
	11. Inform media of emergency response actions and organizations participating.

✓	Post-Emergency Phase
	1. Coordinate with Law Enforcement to obtain information on routes for return of evacuees and areas where reentry is restricted due to damage.
	2. Coordinate with EMC to obtain and release damage assessments to media, updating as additional information becomes available.
	3. Release information to media on return of evacuees and preferred reentry routes, if any.
	4. Release information to media on access controls for damaged areas, if any.
	5. Provide public information on safety precautions for entering damaged buildings and the need to document damage and contact insurance companies.
	6. Release information on disaster relief/recovery programs and facilities.
	7. Release information to media on termination of shelter operations
	8. Release information on debris removal activities.
	9. Release information on volunteer assistance for home cleanup and repair.

Note: This public information checklist is designed for slowly developing floods. For a fast-breaking flood situation, it may not be feasible to conduct some of the readiness activities listed.

Public Information Checklist for Hazmat Incidents

✓	Pre-Emergency Phase
	1. Review local Hazard Analysis and Annex E, to obtain information on potential Hazmat risk areas and evacuation routes.
	2. Conduct public education and distribute preparedness materials highlighting local Hazmat risk areas, precautionary actions, and protective actions.
	3. In coordination with the EMC, maintain a set of pre-scripted warning and public instructions messages ready for use. See Annex A.
	4. Coordinate with school authorities, other PIOs, and local media on policies/procedures for announcing school closures or evacuations.
	5. Coordinate with special facilities or functional and access needs populations and local media on policies/ procedures for announcing closures or evacuations.
	6. Coordinate with PIOs from local response agencies and volunteer groups and develop an effective PIO-to-PIO communication system.
	7. Coordinate with local media to insure thorough understanding of Hazmat response operations and protective actions such as shelter-in-place and evacuation.
	8. Disseminate evacuation preparedness information to the public.
	Readiness Phase
	1. Insure PIO receives current information on potential Hazmat incidents.
	2. Coordinate with the Shelter and Mass Care Officer to determine likely shelter sites.
	3. Coordinate with Law Enforcement to determine planned/likely evacuation routes.
	4. In coordination with the EMC, update precautionary action and evacuation message(s). See Annex A to the Basic Plan.
	5. Develop maps of likely evacuation areas and evacuation routes that can be provided to the media.
	Emergency Response Phase
	1. Provide information to the media and public about the incident to include information on the nature of the incident, the expected duration of the incident, instructions to the community on evacuation or shelter in place procedures, symptoms of contamination, and potential health-risks.
	2. Disseminate property protection and evacuation preparedness information to public through the media.
	3. <i>Shelter in Place Actions</i>
	a. Release shelter in place recommendation through the media.
	b. Provide shelter in place instructions to the media.
	c. Provide maps of geographic area that will shelter in place.

Emergency Response Phase (Continued)	
4.	<i>Evacuation Actions</i>
	a. Release evacuation recommendation through media.
	b. Provide evacuation area and evacuation route maps to media.
	c. Release information on how transportation will be provided for those who lack it.
	d. Release public instructions on securing property, property protection, and what to take with you.
	e. Release information to media on shelter and mass care facilities available.
	f. Release special instructions for those evacuating pets, and insure that you have the information on which shelters will accept pets or available sheltering facilities for animals.
5.	<i>General Actions</i>
	a. Release information to media on where persons needing assistance should call.
	b. Release information on curfews and travel restrictions in effect within evacuation areas.
	c. Release information on disaster welfare inquiry procedures
	d. Advise the public not to return to the evacuation/shelter in place area until told to do so by the proper authorities.
	e. Inform media of emergency response actions and organizations participating.
Post-Emergency Phase	
1.	Coordinate with law enforcement to obtain information on routes for return of evacuees and areas where reentry is restricted due to damage.
2.	Coordinate with EMC to obtain and release damage/contamination assessments to media, and update them as additional information becomes available.
3.	Release information to media on return of evacuees and preferred reentry routes, if any
4.	Release information to media on access controls for damaged areas, if any.
5.	Provide public information on safety precautions for entering damaged areas and the need to document damage and contact insurance companies.
6.	Release information on disaster relief/recovery programs and facilities.
7.	Release information on termination of shelter operations.
8.	Release information on decontamination activities.
9.	Release information on volunteer assistance.
10.	Release information on clean-up/decontamination activities, if needed.
11.	Keep public and media informed of long-term clean-up activities, potential long-term health effects, liability information, and future mitigation efforts.

Note: As most Hazmat incidents occur without significant warning, it may not be feasible to conduct some of the activities listed in the Readiness Phase.

Public Information Checklist for Hurricanes

✓	Pre-Emergency Phase
	1. Conduct public education and distribute preparedness materials highlighting local hurricane risk areas, precautionary actions, and protective actions.
	2. In coordination with the EMC, maintain a set of pre-scripted warning and public instructions messages ready for use. See Annex A to the Basic Plan.
	3. Coordinate with school authorities/PIOs on policies/procedures for announcing school closures.
	4. Review local Hazard Analysis and Annex E to EM Plan, to identify potential hurricane risk areas and evacuation routes.
	5. Disseminate information on the availability of facilities for evacuated pets and large animals.
	6. Coordinate with PIOs from local response agencies and volunteer groups and develop an effective PIO-to-PIO communication system.
	7. Disseminate information emphasizing the need for ride sharing during an evacuation.
	Readiness Phase
	1. Ensure PIO receives current information on hurricane watches & warning.
	2. Coordinate with the Shelter and Mass Care Officer to determine likely shelter sites that could be used during the recovery phase.
	3. Coordinate with Law Enforcement to determine planned/likely evacuation routes.
	4. In coordination with the EMC, update precautionary action and evacuation message(s). See Annex A to the Basic Plan.
	5. Develop maps of likely evacuation areas and evacuation routes that can be provided to the media.
	6. Disseminate property protection and evacuation preparedness information to public through media.
	7. Disseminate information to special need facilities and those in mobile home/trailer parks recommending an early precautionary evacuation.
	Emergency Response Phase
	1. Provide evacuation area and evacuation route maps to media.
	2. Release evacuation recommendation through warning system.
	3. Release information on how transportation will be provided for those who lack it.
	4. Release public instructions on securing property, evacuation routes, and what to take with you.
	5. Release information to media on shelter and mass care facilities available.
	6. Release information to media on where persons needing assistance should call.
	7. Release special instructions for those evacuating pets.
	8. Release information on curfews and travel restrictions in effect within evacuation areas.
	9. Release information on disaster welfare inquiry procedures.
	10. Advise the public not to return to the evacuation area until told to do so.
	11. Inform media of emergency response actions and organizations participating.
	12. Release information on the availability of food service, gas stations, and medical facilities.

✓	Post-Emergency Phase
	1. Coordinate with Law Enforcement to obtain information on routes for return of evacuees and areas where reentry is restricted due to damage.
	2. Coordinate with EMC to obtain and release damage assessments to media, updating as additional information becomes available.
	3. Release information to media on return of evacuees and preferred reentry routes, if any.
	4. Release information to media on access controls for damaged areas, if any.
	5. Provide public information on safety precautions for entering damaged buildings and the need to document damage and contact insurance companies.
	6. Release information on disaster relief/recovery programs and facilities.
	7. Release information to media on termination of shelter operations
	8. Release information on debris removal activities.
	9. Release information on where to obtain disaster mental health/crisis counseling services.
	10. Release information on volunteer assistance for home cleanup and repair.