

HEALTH AND HUMAN SERVICES DEPT.



OPERATION LONE STAR

2011 - 2012



GOOD STORY  BEST PRACTICES

JULY 23-27, 2012
PANDEMIC RESPONSE

Operation Lone Star 2012

Summary for Hidalgo County Medical Point Of Dispensing (MPOD)

Cumulative Total Patients Entering Site: 3675

Cumulative Total Patient's Registered: 3133

Cumulative Total Patients Seen: 2,876

Cumulative Total Services Provided: 15,717

Palmview MPOD

Total Patients Seen: 1,284

Services Provided: 7,549

Total Vaccines Administered: 809

Total Number of Individuals Vaccinated: 348

Average vaccines administered per individual: 2.32

Total Value of Vaccines Administered: \$80,371.92

Total Number of Medical Patients: 983

Total Value of Medical Exams Provided: \$189,740

Top 3 Adult Diagnoses*

- 1) Hypertension
- 2) Diabetes mellitus
- 3) Obesity

Top 3 Pediatric Diagnoses*

- 1) Allergic rhinitis
- 2) Obesity
- 3) Headache

PSJA MPOD

Total Patients Seen: 1,592

Services Provided: 8,168

Total Vaccines Administered: 666

Total Number of Individuals Vaccinated: 269

Average vaccines administered per individual: 2.48

Total Value of Vaccines Administered: \$62,393.24

Total Number of Medical Patients: 1,305

Total Value of Medical Exams Provided: \$221,700

Top 3 Adult Diagnoses*

- 1) Hypertension
- 2) Diabetes mellitus
- 3) Obesity

Top 3 Pediatric Diagnoses*

- 1) Obesity
- 2) Anemia
- 3) Upper respiratory infection

OLSS2012 Cumulative Summary for Hidalgo County MPODS

(Includes both PJSA & Palmview sites)

Type of Data Collected	23-Jul	24-Jul	25-Jul	26-Jul	27-Jul	Total or Median*
Local Volunteers	241	219	249	182	242	241
LHD Employees	35	36	34	26	28	34
DSHS Employees	3	5	4	2	4	4
HHSC Employees	4	2	3	6	3	3
USPHS Soldiers	44	10	10	11	10	10
Tx Military Forces Soldiers	43	77	77	68	83	77
Total Site Staff	370	349	377	295	370	370
# Pts Entering Site	550	729	849	911	636	3675 ✓
# Pts LBR	11	11	26	6	16	70
# Pts Registered	526	610	731	752	514	3133 ✓
# Pts Exiting Site	456	572	625	732	491	2876
# Security Breaches (Registered - Exiting)	70	38	106	20	23	257
# Patients seen by Smoking Cessation	5	0	0	0	0	5
# Patients seen by Veterans Services	0	0	0	0	0	0
# Pts Seen in Vitals**	508	572	602	728	514	2924
# Medical Visits**	372	487	490	514	425	2288
# Pts Received Rx	93	89	85	92	56	415
# Dental Pts	0	0	0	0	0	0
# Pts Immunized	117	119	115	152	114	617
# Pts Sent to Isolation Area	5	2	6	3	4	20
# Referrals Given**	28	17	68	47	34	194
# Medical X-Rays**	0	0	0	0	0	0
# Drugs Prescribed**	141	142	127	122	109	641
# Immunizations Given**	246	297	291	365	276	1475
# Dental Procedures Performed**	0	0	0	0	0	0
# Dental X-Rays**	0	0	0	0	0	0
# Diabetic Screenings**	446	458	474	553	285	2216
# Nutritional Assessments**	181	139	68	164	30	582
# Mental Health Services**	41	44	38	28	47	198
# Visual Screenings**	338	465	547	572	386	2308
# Eye Exams**	0	0	0	0	0	0
# Hearing Tests**	249	439	546	581	416	2231
# Social Services**	92	215	133	136	84	660
Total Services Provided**	2642	3275	3384	3810	2606	15717
Total Patients Seen	456	572	625	732	491	2876

*Median values are provided for the following: local volunteers; LHD, DSHS, HHSC employees; TX military and USPHS soldiers; and total site staff.

**Denotes services included in "Total Services Provided"

OLS2012 Daily Incident Summary for the PSJA MPOD, Hidalgo County, TX

Type of Data Collected	23-Jul	24-Jul	25-Jul	26-Jul	27-Jul	Total or Median*
Local Volunteers	106	99	149	99	137	106
LHD Employees	15	15	15	15	15	15
DSHS Employees	2	3	2	0	1	2
HHSC Employees	2	1	2	2	2	2
USPHS Soldiers	38	5	5	5	5	5
TX Military Forces Soldiers	5	38	38	38	38	38
Total Site Staff	168	161	211	159	198	168
# Pts Entering Site	245	314	464	474	339	1836
# Pts LBR	4	1	9	5	12	31
# Pts Registered	230	309	453	435	318	1745
# Pts Exiting Site	206	298	358	425	305	1592
# Security Breaches (Registered - Exiting)	24	11	95	10	13	153
# Patients seen by Smoking Cessation	0	0	0	0	0	0
# Patients seen by Veterans Services	0	0	0	0	0	0
# Pts Seen in Vitals**	230	285	335	411	318	1579
# Medical Visits**	183	261	269	314	278	1305
# Pts Received Rx	30	36	30	48	18	162
# Dental Pts	0	0	0	0	0	0
# Pts Immunized	40	45	45	79	60	269
# Pts Sent to Isolation Area	4	2	6	2	3	17
# Referrals Given**	0	3	3	5	2	13
# Medical X-Rays**	0	0	0	0	0	0
# Drugs Prescribed**	60	62	50	61	39	272
# Immunizations Given**	78	127	128	204	129	666
# Dental Procedures Performed**	0	0	0	0	0	0
# Dental X-Rays**	0	0	0	0	0	0
# Diabetic Screenings**	176	289	274	311	162	1212
# Nutritional Assessments**	0	44	0	0	0	44
# Mental Health Services**	24	22	37	28	14	125
# Visual Screenings**	145	250	346	361	256	1358
# Eye Exams**	0	0	0	0	0	0
# Hearing Tests**	137	215	336	371	278	1337
# Social Services**	10	73	75	74	25	257
Total Services Provided	1043	1631	1853	2140	1501	8168
Total Patients Seen	206	298	358	425	305	1592

*Median values are provided for the following: local volunteers; LHD, DSHS, HHSC employees, TX military and USPHS soldiers; and total site staff.

**Denotes services included in "Total Services Provided"

Value of the Medical Exams Performed at OLS 2012, PSJA High School, San Juan, TX, Hidalgo County

	Number of Medical Exams Provided				Cost Analysis			
	Basic Exam	Complex Exam	Extended Exam	Daily Total Exams	Basic Exam (99-202; \$130)	Complex Exam (99-203; \$185)	Extended Exam (99-204; \$265)	Total Cost
Monday, July 23	43	60	20	123	\$5,590.00	\$11,100.00	\$5,300.00	\$21,990.00
Tuesday, July 24	65	92	16	173	\$8,450.00	\$17,020.00	\$4,240.00	\$29,710.00
Wednesday, July 25	82	71	18	171	\$10,660.00	\$13,135.00	\$4,770.00	\$28,565.00
Thursday, July 26	51	73	35	159	\$6,630.00	\$13,505.00	\$9,275.00	\$29,410.00
Friday, July 27**				0	\$0.00	\$0.00	\$0.00	\$0.00
error adjustment	305	0	0	305	\$39,650.00	\$0.00	\$0.00	\$39,650.00
total adult exams	546	296	89	931	\$70,980.00	\$54,760.00	\$23,585.00	\$149,325.00

*When a difference arose between the number of medical exams given by a site's physicians and the number of individual medical visits recorded from a site's exit station or bar coding system, the difference was recorded as an error adjustment and the higher number used in analysis.

** The diagnoses and procedures worksheets for Friday, July 27 were not provided to the HMOC, and data is not available for this day.

	Number of Medical Exams Provided				Cost Analysis			
	Basic Exam	Complex Exam	Extended Exam	Daily Total Exams	Basic Exam (99-202; \$130)	Complex Exam (99-203; \$185)	Extended Exam (99-204; \$265)	Total Cost
Monday, July 23	24	12	11	47	\$3,120.00	\$2,220.00	\$2,915.00	\$8,255.00
Tuesday, July 24	56	18	14	88	\$7,280.00	\$3,330.00	\$3,710.00	\$14,320.00
Wednesday, July 25	36	15	33	84	\$4,680.00	\$2,775.00	\$8,745.00	\$16,200.00
Thursday, July 26	37	31	87	155	\$4,810.00	\$5,735.00	\$23,055.00	\$33,600.00
Friday, July 27**				0	\$0.00	\$0.00	\$0.00	\$0.00
total pediatric exams	153	76	145	374	\$19,890.00	\$14,060.00	\$38,425.00	\$72,375.00

** The diagnoses and procedures worksheets for Friday, July 27 were not provided to the HMOC, and data is not available for this day.

	Total Basic Exams	Total Complex Exams	Total Extended Exams	Grand Total Exams Given	Total cost for basic exams	Total cost for complex exams	Total cost for extended exams	Total Cost of Exams Provided
	699	372	234	1,305	\$90,870.00	\$68,820.00	\$62,010.00	\$221,700.00

These data are based on patient office visit codes for 2009 as follows:

99-202, Basic exam (ex. acute brief exam; single focus)

99-203, Complex exam (2-3 body systems)

99-204, Extended exam (history & all body systems)

OLS 2012 Vaccine Usage at the PSJA MPOD, Hidalgo County, TX

Vaccine Type (Brand)	Number of Vaccines Administered						TOTAL	Dollar Amount*	Total Value	Administration Fee [^]
	23-Jul-12	24-Jul-12	25-Jul-12	26-Jul-12	27-Jul-12					
DTaP ¹ (Tripedia)	0	0	0	0	0	0	0	\$23.68	\$0.00	\$0.00
DTaP ¹ (Daptacel)	1	4	6	9	5	25	\$25.29	\$632.25	\$371.25	
DTaP--Hep B-IPV ⁴ (Pediarix)	0	0	2	0	3	5	\$70.72	\$353.60	\$74.25	
DTaP--IPV/Hib ⁴ (Pentacel)	0	0	0	0	0	0	\$80.43	\$0.00	\$0.00	
DTaP-IPV ² (Kinrix)	6	4	0	0	0	10	\$48.00	\$480.00	\$148.50	
Hep A, ⁵ pediatric (Havrix)	8	12	12	13	6	51	\$28.74	\$1,465.74	\$757.35	
Hep A, ⁵ pediatric (Vaqta)	0	0	0	0	0	0	\$30.74	\$0.00	\$0.00	
Hep B, ⁵ pediatric (Engerix-B)	2	5	4	6	3	20	\$21.37	\$427.40	\$297.00	
Hep B, ⁵ pediatric (Recombivax HB)	0	0	0	0	0	0	\$23.58	\$0.00	\$0.00	
Hib ⁵ (ActHIB)	1	3	8	3	4	19	\$25.47	\$483.93	\$282.15	
Hib ⁵ (Hiberix)	0	0	0	0	0	0	\$22.83	\$0.00	\$0.00	
HPV4 ⁵ (Gardasil)	18	30	28	53	32	161	\$130.27	\$20,973.47	\$2,390.85	
IPV, ⁵ polio (Ipol)	2	8	3	13	8	34	\$26.66	\$906.44	\$504.90	
MCV4, ⁵ meningococcal (Menactra)	8	13	21	30	22	94	\$109.66	\$10,308.04	\$1,395.90	
MMR ¹	9	16	5	15	9	54	\$52.07	\$2,811.94	\$801.90	
PCV13 ⁵ , pneumococcal (Prevnar 13)	5	3	7	3	5	23	\$120.95	\$2,781.85	\$341.55	
RV1, ⁵ rotavirus (Rotarix)	0	0	0	1	3	4	\$106.57	\$426.28	\$59.40	
RV5, ⁵ rotavirus (Rota Teq)	0	0	0	0	0	0	\$72.34	\$0.00	\$0.00	
Td ³ (Decavac)	0	0	0	1	0	1	\$21.15	\$21.15	\$14.85	
Td ³ (Massachusetts Biological Laboratory)	0	0	0	0	1	1	\$15.00	\$15.00	\$14.85	
Tdap ¹ (Adacel)	5	12	21	28	16	82	\$39.93	\$3,274.26	\$1,217.70	
Tdap ¹ (Boostrix)	0	0	0	0	0	0	\$37.55	\$0.00	\$0.00	
Varicella ² (Varivax)	13	17	11	29	12	82	\$87.10	\$7,141.79	\$1,217.70	
TOTAL Vaccines Administered	78	127	128	204	129	666	Total Value	\$52,503.14	\$9,890.10	
# Individuals Vaccinated	40	45	45	79	60	269	Grand Total Value	\$62,393.24		
Avg Vaccines/Individual	1.95	2.82	2.84	2.58	2.15	2.48				

*The dollar amount for most vaccines was obtained from the CDC at <http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html> using the price list last updated on 7/6/12. For Tripedia (DTaP) and Hiberix (HIB) the price list last updated on 2/1/12 was used and for Decavac (Td) the price list last updated on 1/24/12 was used.

¹Vaccine cost includes \$2.25 dose Federal Excise Tax

²Vaccine cost includes \$3.00 per dose Federal Excise Tax

³Vaccine cost includes \$1.50 per dose Federal Excise Tax

⁴Vaccine cost includes \$3.75 per dose Federal Excise Tax

⁵Vaccine cost includes \$0.75 per dose Federal Excise Tax

[^] A physician may charge \$14.85 per dose of vaccine.

OLS2012 Daily Incident Summary for the Palmview MPOD, Hidalgo County, TX

Type of Data Collected	23-Jul	24-Jul	25-Jul	26-Jul	27-Jul	Total or Median*
Local Volunteers	135	120	100	83	105	105
LHD Employees	20	21	19	11	13	19
DSHS Employees	1	2	2	2	3	2
HHSC Employees	2	1	1	4	1	1
USPHS Soldiers	6	5	5	6	5	5
Tx Military Forces Soldiers	38	39	39	30	45	39
Total Site Staff	202	188	166	136	172	172
# Pts Entering Site	305	415	385	437	297	1839
# Pts LBR	7	10	17	1	4	39
# Pts Registered	296	301	278	317	196	1388
# Pts Exiting Site	250	274	267	307	186	1284
# Security Breaches (Registered - Exiting)	46	27	11	10	10	104
# Patients seen by Smoking Cessation	5	0	0	0	0	5
# Patients seen by Veterans Services	0	0	0	0	0	0
# Pts Seen in Vitals**	278	287	267	317	196	1345
# Medical Visits**	189	226	221	200	147	983
# Pts Received Rx	63	53	55	44	38	253
# Dental Pts	0	0	0	0	0	0
# Pts Immunized	77	74	70	73	54	348
# Pts Sent to Isolation Area	1	0	0	1	1	3
# Referrals Given**	28	14	65	42	32	181
# Medical X-Rays**	0	0	0	0	0	0
# Drugs Prescribed**	81	80	77	61	70	369
# Immunizations Given**	168	170	163	161	147	809
# Dental Procedures Performed**	0	0	0	0	0	0
# Dental X-Rays**	0	0	0	0	0	0
# Diabetic Screenings**	270	169	200	242	123	1004
# Nutritional Assessments**	181	95	68	164	30	538
# Mental Health Services**	17	22	1	0	33	73
# Visual Screenings**	193	215	201	211	130	950
# Eye Exams**	0	0	0	0	0	0
# Hearing Tests**	112	224	210	210	138	894
# Social Services**	82	142	58	62	59	403
Total Services Provided	1599	1644	1531	1670	1105	7549
Total Patients Seen	250	274	267	307	186	1284

*Median values are provided for the following: local volunteers; LHD; DSHS; HHSC employees; TX military and USPHS soldiers; and total site staff.

**Denotes services included in "Total Services Provided"

Value of the Medical Exams Performed at OLS 2012, Palmview High School, Mission, TX, Hidalgo County

	Number of Medical Exams Provided				Cost Analysis			
	Basic Exam	Complex Exam	Extended Exam	Daily Total Exams	Basic Exam (99-202; \$130)	Complex Exam (99-203; \$185)	Extended Exam (99-204; \$265)	Total Cost
Monday, July 23	40	52	31	123	\$5,200.00	\$9,620.00	\$8,215.00	\$23,035.00
Tuesday, July 24	34	51	54	139	\$4,420.00	\$9,435.00	\$14,310.00	\$28,165.00
Wednesday, July 25	43	36	44	123	\$5,590.00	\$6,660.00	\$11,660.00	\$23,910.00
Thursday, July 26	32	48	28	108	\$4,160.00	\$8,880.00	\$7,420.00	\$20,460.00
Friday, July 27	23	38	14	75	\$2,990.00	\$7,030.00	\$3,710.00	\$13,730.00
error adjustment		0	0	0	\$0.00	\$0.00	\$0.00	\$0.00
total adult exams	172	225	171	568	\$22,360.00	\$41,625.00	\$45,315.00	\$109,300.00

*When a difference arose between the number of medical exams given by a site's physicians and the number of individual medical visits recorded from a site's exit station or bar coding system, the difference was recorded as an error adjustment and the higher number used in analysis.

	Number of Medical Exams Provided				Cost Analysis			
	Basic Exam	Complex Exam	Extended Exam	Daily Total Exams	Basic Exam (99-202; \$130)	Complex Exam (99-203; \$185)	Extended Exam (99-204; \$265)	Total Cost
Monday, July 23	32	13	21	66	\$4,160.00	\$2,405.00	\$5,565.00	\$12,130.00
Tuesday, July 24	23	15	49	87	\$2,990.00	\$2,775.00	\$12,985.00	\$18,750.00
Wednesday, July 25	33	23	42	98	\$4,290.00	\$4,255.00	\$11,130.00	\$19,675.00
Thursday, July 26	40	28	24	92	\$5,200.00	\$5,180.00	\$6,360.00	\$16,740.00
Friday, July 27	25	32	15	72	\$3,250.00	\$5,920.00	\$3,975.00	\$13,145.00
total pediatric exams	153	111	151	415	\$19,890.00	\$20,535.00	\$40,015.00	\$80,440.00

	Total Basic Exams	Total Complex Exams	Total Extended Exams	Grand Total Exams Given	Total cost for basic exams	Total cost for complex exams	Total cost for extended exams	Total Cost of Exams Provided
	325	336	322	983	\$42,250.00	\$62,160.00	\$85,330.00	\$189,740.00

These data are based on patient office visit codes for 2009 as follows:
 99-202, Basic exam (ex. acute brief exam; single focus)
 99-203, Complex exam (2-3 body systems)
 99-204, Extended exam (history & all body systems)

OLS 2012 Vaccine Usage at the Palmview MPOD, Hidalgo County, TX

Vaccine Type (Brand)	Number of Vaccines Administered							TOTAL	Dollar Amount*	Total Value	Administration Fee [^]
	23-Jul-12	24-Jul-12	25-Jul-12	26-Jul-12	27-Jul-12	28-Jul-12	29-Jul-12				
DTaP ¹ (Tripedia)	0	1	0	0	0	0	0	1	\$23.68	\$23.68	\$14.85
DTaP ¹ (Daplace)	0	0	1	1	2	2	5	8	\$25.29	\$202.32	\$118.80
DTaP-Hep B-IPV ⁴ (Pediarix)	2	1	1	1	1	1	0	5	\$70.72	\$353.60	\$74.25
DTaP-IPV/Hib ⁴ (Pentacel)	0	0	0	0	0	0	0	0	\$80.43	\$0.00	\$0.00
DTaP-IPV ² (Kinrix)	5	7	4	4	4	0	0	20	\$48.00	\$960.00	\$297.00
Hep A _{1,5} pediatric (Havrix)	0	0	0	0	0	0	0	0	\$28.74	\$0.00	\$0.00
Hep A _{1,5} pediatric (Vaqta)	9	22	13	10	10	9	9	63	\$30.74	\$1,936.90	\$935.55
Hep B _{1,5} pediatric (Engerix-B)	1	6	5	2	2	5	19	19	\$21.37	\$406.03	\$282.15
Hep B _{1,5} pediatric (Recombivax HB)	0	0	0	0	0	0	0	0	\$23.58	\$0.00	\$0.00
Hib ⁵ (ActHIB)	2	5	3	3	3	4	17	17	\$25.47	\$432.99	\$252.45
Hib ⁵ (Hiberix)	0	0	0	0	0	0	0	0	\$22.83	\$0.00	\$0.00
HPV4 ⁵ (Gardasil)	50	33	49	51	39	39	222	222	\$130.27	\$28,919.94	\$3,296.70
IPV _{1,5} polio (Ipol)	0	7	3	3	3	5	18	18	\$26.66	\$479.88	\$267.30
MCV4 _{1,5} meningococcal (Menactra)	41	25	28	28	28	26	148	148	\$109.66	\$16,229.68	\$2,197.80
MMR ¹	7	12	14	10	7	7	50	50	\$52.07	\$2,603.65	\$742.50
PCV13 ⁵ , pneumococcal (Prenar 13)	4	7	4	4	4	4	23	23	\$120.95	\$2,781.85	\$341.55
RV1 _{1,5} rotavirus (Rotarix)	0	0	0	0	0	0	0	0	\$106.57	\$0.00	\$0.00
RV5 _{1,5} rotavirus (Rota Teq)	0	0	0	0	0	0	0	0	\$72.34	\$0.00	\$0.00
Td ³ (Decavac)	0	0	0	0	0	0	0	0	\$21.15	\$0.00	\$0.00
Td ³ (Massachusetts Biological Laboratory)	0	0	0	0	0	0	0	0	\$15.00	\$0.00	\$0.00
Tdap ¹ (Adacel)	0	0	0	0	0	0	0	0	\$39.93	\$0.00	\$0.00
Tdap ¹ (Boostrix)	28	18	22	25	22	22	115	115	\$37.55	\$4,318.25	\$1,707.75
Varicella ⁵ (Varivax)	19	26	16	18	18	21	100	100	\$87.10	\$8,709.50	\$1,485.00
TOTAL Vaccines Administered	168	170	163	163	161	147	809	809	Total Value	\$68,358.27	\$12,013.65
# Individuals Vaccinated	77	74	70	73	54	348	348	348	Grand Total Value	\$80,371.92	
Avg Vaccines/Individual	2.18	2.30	2.33	2.21	2.72	2.32					

*The dollar amount for most vaccines was obtained from the CDC at <http://www.cdc.gov/vaccines/programs/vfc/awardees/Vaccine-management/price-list/index.html> using the price list last updated on 7/6/12. For Tripedia (DTaP) and Hiberix (Hib) the price list last updated on 2/1/12 was used and for Decavac (Td) the price list last updated on 1/24/12 was used.

¹Vaccine cost includes \$2.25 dose Federal Excise Tax

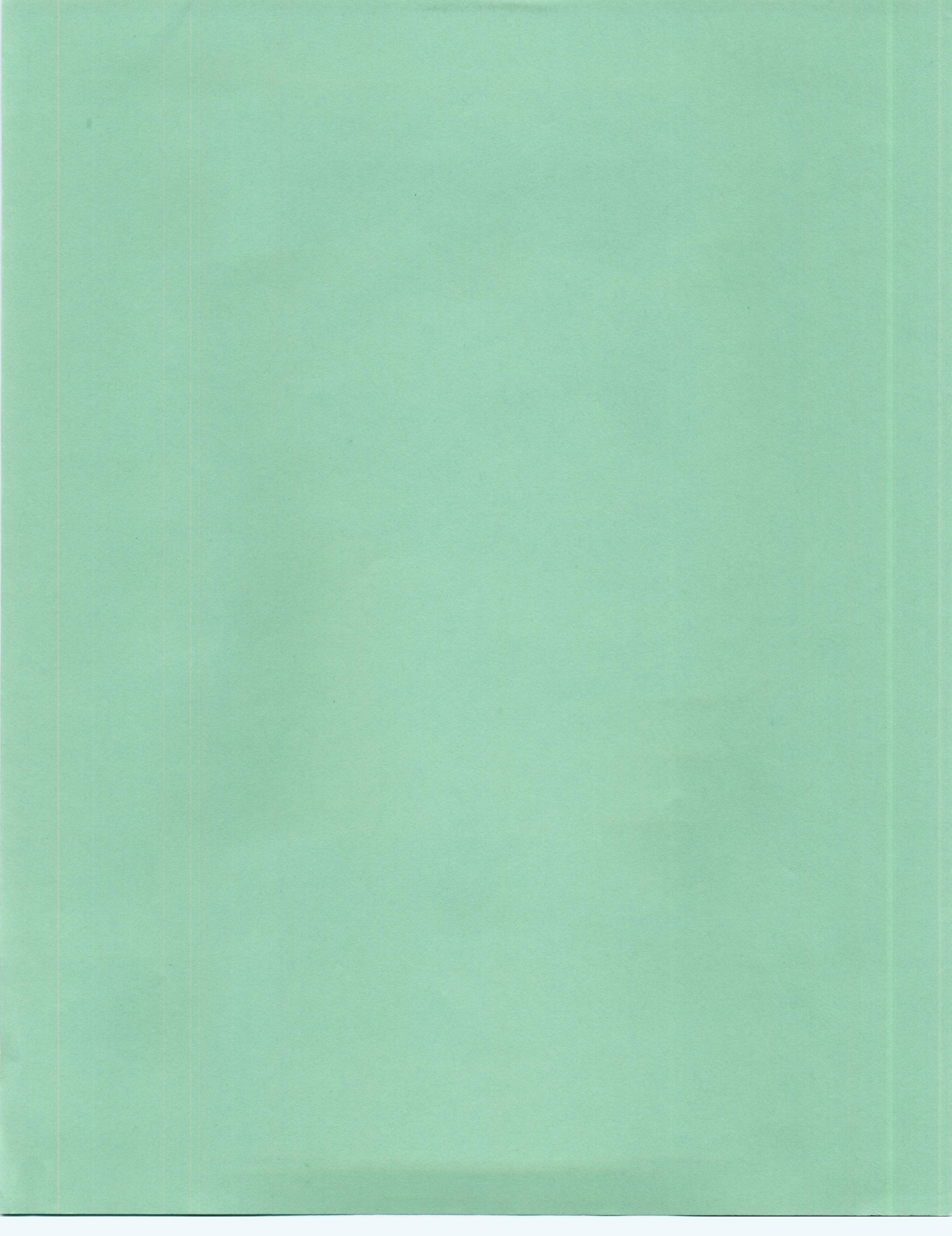
²Vaccine cost includes \$3.00 per dose Federal Excise Tax


³Vaccine cost includes \$1.50 per dose Federal Excise Tax

⁴Vaccine cost includes \$3.75 per dose Federal Excise Tax

⁵Vaccine cost includes \$0.75 per dose Federal Excise Tax

[^] A physician may charge \$14.85 per dose of vaccine.





Disaster Preparedness & Response

Texas Engineering Extension Service

Preparing the Nation Through Training

Texas A&M Engineering Extension Service (TEEX) was established in 1998 to enhance the capabilities of emergency responders and local officials to prepare for, respond to, and recover from catastrophic events resulting from natural events, man-made accidents, or terrorist attacks. Congressionally mandated and partially funded by the U.S. Congress, TEEX was the founding member of the **National Domestic Preparedness Consortium (NDPC)**. Since its inception, TEEX has provided local, state, and federal jurisdictions with high-quality, hands-on, scenario-driven leadership training, exercises, and technical assistance.

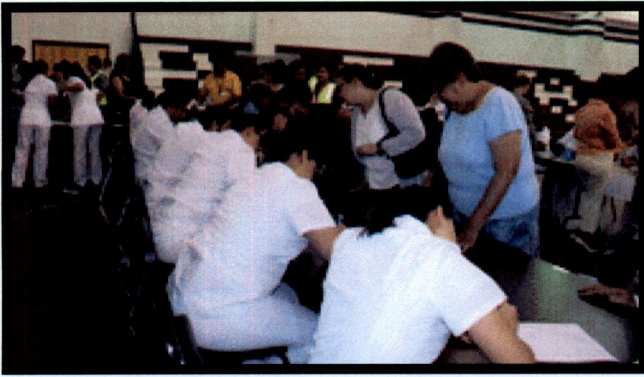
TEEX clients and customers include state and federal agencies, municipal and county governments, private industries, public school systems and university campuses, law enforcement agencies, emergency medical services, fire departments, public works departments, utility companies, and public health agencies. Since 1998, TEEX has provided training for more than 368,900 responders in over 8,100 jurisdictions in all 50 states, U.S. territories, and the District of Columbia.

The preceding article was published in the TEEX A&M Engineering Extension Service:

2012 Strategic National Stockpile Exercise

Dispenses "medication" to 780 people in One Hour

(see next page)



Strategic National Stockpile exercise dispenses “medication” to 780 people in one hour

Recent reports of a new SARS-like virus reinforce the importance of training and exercises for rapidly distributing vaccines or other medications to large groups of people.

TEEX recently facilitated and evaluated a Strategic National Stockpile (SNS) Exercise at the Pharr-San Juan-Alamo (PSJA) High School in Pharr, Texas. The mission of the Strategic National Stockpile Program is to ensure the availability and rapid deployment of life-saving pharmaceuticals, medical supplies, and equipment necessary to counter the effect of biological, chemical, nerve agents and in naturally occurring disasters like public health pandemics, said **Gary Meaney**, Training Manager with TEEX Emergency Services Training Institute. The Centers for Disease Control and Prevention (CDC) require such exercises be held every five years, he added.

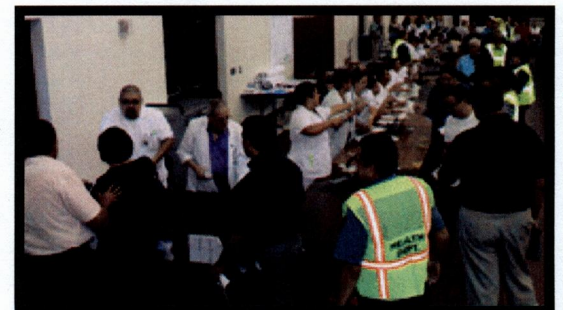
This exercise tested the Hidalgo County Health and Human Services Department’s (HCHHSD) local SNS plan. Performance measures tested included notification, activation, staffing, training and assembly of personnel and equipment to be operational within a targeted timeframe. This exercise utilized a unique software and a scanning process developed by the Hidalgo County Health and Human Services Department which captures in real-time a person’s arrival, registration, dispensing of medication and departure from the Point of Dispensing (POD) facility. While the department’s SNS plan for the Point of Dispensing site called for registering and dispensing medication to 500 people per hour (the CDC standard), they successfully processed 780 people in an hour, Meaney said.

(In photos, citizens ‘register’ as part of Strategic National Stockpile exercise in Pharr, TX.)

Additional exercise participants included Valley Grande Institute, RGV Careers, and South Texas College, Texas Military Forces, Texas National Guard, Hidalgo County Emergency Management and Safety, and University of Texas-Pan American.

The Strategic National Stockpile (SNS) is a national supply of antibiotics, chemical antidotes, antitoxins, anti-virals, life support medications, intravenous administration supplies, airway maintenance supplies, and medical and surgical material, for use in a biological or terrorism incident or with any other major public health emergency.

Hidalgo County Health and Human Services Department’s has partnered with Independent School Districts (ISD) within Hidalgo County to participate with the Strategic National Stockpile (SNS). The school districts play a major role assisting Hidalgo County when planning for mass vaccination for all residents of Hidalgo County. The school sites are utilized as Points of Dispensing (PODs) where the public may access vaccinations during a public health threat.





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Exercise Planning and Program Management: Operation Lone Star 2011 – H1N1 Mass Prophylaxis Full-Scale Exercise

SUMMARY

During the week of July 25 to July 29, 2011 and in conjunction with Operation Lone Star, the Hidalgo County Health and Human Services Department conducted a Full Scale Exercise (FSE) of two Mass Prophylaxis Points of Distribution (POD) using an H1N1 Pandemic Influenza scenario and Master Scenario Evaluation List (MSEL) injects. Operation Lone Star is a two week event that has been conducted annually for the past 12 years in the Lower Rio Grande Valley which exercises medical readiness while providing over 13,000 free medical services to people in South Texas. Hidalgo County provides services during week one that include health screenings and treatments, immunizations, student physicals, hearing and vision exams, behavioral health evaluations and provision of a limited pharmacy. Operation Lone Star is a joint project of the Texas Department of State Health Services, the United States Public Health Service, the Texas Military Forces, and various Hidalgo County agencies. Other participants include public school districts, nursing students, EMS, law enforcement, civilian volunteers, businesses, and non-profit organizations from Hidalgo County. It is considered the largest non-emergency humanitarian effort of its kind in the United States. Information was also provided and referrals were made by on-site healthcare providers for follow up treatment and for a wide variety of programs and social services to include: Texas Medicare; Children's Health Insurance Program (CHIPs); mental and behavioral health; support for families of children with disabilities, chronic illnesses or other special needs; Women, Infants, and Childrens (WIC) Program, and indigent healthcare programs.

BACKGROUND

On July 20th, 2011, one week prior to Operation Lone Star 2011, the Hidalgo County Health and Human Services Department conducted a one day Table Top Exercise to familiarize participants with the H1N1 Pandemic Influenza scenario and the potential situations that would require coordination and decision making between agencies. The agencies participating in the Table Top Exercise were the Hidalgo County Emergency Operations Center, the Hidalgo County Health and Human Services Department, the La Joya Independent School District, Pharr San Juan Alamo Independent School District, the Texas Department of State Health Services Public Health Region 11, Hidalgo County Budget and Management Office, local EMS, and the Hidalgo County Sheriff's office. During the Table Top Exercise, participants were organized into work groups by POD site, and by agency roles, and were asked to discuss and subsequently present a group solution to a particular exercise inject. As a result of the Table Top Exercise, each participating agency within Hidalgo County established a functional working relationship with their operational counterparts. The Table Top Exercise laid the groundwork for continuity of operations between agencies for the upcoming Operation Lone Star 2011 and the H1N1 Pandemic Influenza FSE.



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FULL SCALE EXERCISE OBJECTIVES

- Identify gaps related to mass vaccination planning and implementation, vaccine delivery, vaccine administration, and related planning and implementation shortfalls
- Identify gaps related to mass vaccination communications both in message and in delivery systems: pre mass vaccination campaign, during and post mass vaccination campaign
- Identify gaps in pandemic response capabilities including, but not limited to, implementation of mass vaccination campaigns at local levels
- Identify gaps related to coordination with all other agencies and organizations required to operate a mass prophylaxis site
- Identify gaps related to initiating call down lists for mass prophylaxis site staffing
- Identify gaps related to mass prophylaxis site operations ensuring sites are established in accordance with appropriate plans and MOUs.

DESCRIPTION OF THE MASS IMMUNIZATION POINT OF DISTRIBUTION (POD) SITE

General:

The Hidalgo County Health and Human Services Department set up two mass prophylaxis sites for Operation Lone Star. The physical facilities for the POD sites were provided by two school districts: La Joya Independent School District and Pharr San Juan Alamo Independent School District. One POD site was at the Palmview High School in Mission, Texas and the second POD site was at Pharr-San Juan-Alamo (PSJA) High School located in San Juan, Texas. The high schools are existing SNS POD sites for dispensing. The physical layout of the Palmview High School POD site included the school gymnasium and the class rooms in the Career and Technology building the building that are located behind the gymnasium. The Pharr San Juan Alamo High School utilized two gymnasiums, and various adjacent classrooms within the school's main floor area.

Incident Command Posts (ICP):

The ICP's were set up in both POD sites.

The Incident Commander was supported by a Safety Officer, Security Officer, Public Information Officer from the Hidalgo County Health and Human Services Department, and a Public Information Officer from the U.S. Public

Time Unit Supervisor. Remote cameras were connected to WebEOC and enabled the Incident Command Post to observe activities at the gymnasium entrance and within the gymnasium.

Health Service. The Incident Command staff included a Logistics Section, a Planning Section, an Operations Section, a Visual Triage and Isolation Supervisor, an Administrative and Finance Section, and a



GOOD STORY



Incident Command Post Teleconference with representatives from the Texas Military Forces and the United States Public Health Service at La Joya ISD

Teleconferences were held twice daily by the Operational Lone Star 2011 Command Post at the Headquarters of Health Service Region 11 and included: the Texas Department of State Health Services in Austin, Texas; the Hidalgo County Emergency Operations Center; the Hidalgo County Health and Human Services Emergency Operations Center; the Palmview High School POD's Incident Command Post, and the PSJA High School POD's Incident Command Post.

Planning Section:

The the Planning Section Chiefs coordinated with the the igh school custodial staff to set up the tables and chairs in the high school gymnasium and in the medical wing. The planning section supervised communications and the WebEOC Situation Units that were located in the Incident Command Posts.

Operations Section:

The Operation Chiefs were responsible for managing the initial entry point for clients at the entrance to the gymnasiums. The client flow with controlled ingress and egress was directed and controlled by members of the Texas Military Forces. Security was provided by the District Police Departments, and the Hidalgo County Constable and Hidalgo County Sheriff's Office. However, in spite of these escort and security measures, some clients exited the process without being checked out by the POD staff and without turning in their individual medical folders.



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Lines formed early at the Palmview High School Gymnasium

Waiting area in the gymnasium foyer

The waiting areas in the gymnasiums provided seating areas for clients to sit down as they were waiting to start the registration process. Lines began to form in front of the gymnasiums well before sunrise. Clients were admitted to the gymnasiums foyer promptly at 8:00 a.m. Once the sites opened, clients were moved inside as quickly as possible due to the July hot weather conditions. As clients entered the gymnasium foyer, EMTs and Paramedics performed a visual triage. Those clients with evidence of (or with) visible signs of illness were separated and directed to an isolation area where they had a temporal thermometer scan and a quick medical triage. If indicated, a respiratory mask was given to the client.

A Tyvek wrist band with a bar code was placed on the wrists of those clients with no apparent signs of illness. Tyvek wristbands offer a cost effective and simple solution for entry control, visitor management, exit control and capturing critical data.. Only clients wishing to receive services were banded. The bar code on the wrist band was scanned and the data was entered into a laptop computer that was connected to a master data base server at the Hidalgo County Health and Human Services Department. The ICP commander could then track the location and number of clients as they registered in the gymnasium and moved from station to station within the gymnasium and to the medical screening and immunization stations. At the last station a final wrist band scan was done to check the client out of the POD. The individual medical record folder was then collected and filed by the POD staff.



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Gym Wing Supervisor: **Operation Lone Star 2011 Registration and Consent for Uncompensated Care**



Wrist band scanning for client registration



Medical histories and screening in the high school gymnasium

As clients entered the gymnasium their wrist bands were scanned again and each person received a folder of forms for registration, interview, medical screening and record of physical exam and general consent forms. The General Consent form was consent for uncompensated care and stated that Operation Lone Star was a volunteer project and that a health care volunteer was immune from civil liability as long as actions taken were in good faith and within the scope of duties of the organization providing the services. Groups of clients were escorted from the waiting area and seated in bleachers in the gymnasium to wait their turn for registration. Registration tables were set up in the gymnasium and entire families were interviewed together. Bilingual interviews were conducted to record health histories and medical concerns. Measurements of vital signs, blood sugar for diabetes and blood pressure/pulse were made at the “Vital Signs” tables before clients were referred for additional services. The Medical Director wrote a standing order for vital signs.

Hidalgo County Health and Human Services Department Standing Delegation for Vital Signs

For all nurses and volunteers: Any client with any of the following (with or without signs/symptoms) must be routed to a physician immediately:

- Fasting or Random Blood Sugar of (FBS/RBS) 300 or greater
- Systolic Blood Pressure of 170 (170/) or greater
- Diastolic Blood Pressure of 100 (/100) or greater
- Pulse greater than 100
- Temperature greater than 101.4



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Wellness Survey

The wellness survey stated that information could be provided about the following:

Do you worry about family and friends that have a lot of stress?

Do you get enough exercise?

Do you have trouble sleeping?

Would you like information about how you and your family can eat healthier?

Do you worry that you or someone you are close to smokes too much?

Do you worry that you or someone you are close to drinks too much?

Do you feel connected to your family, friends or community?

Health Education Task Force Leader

In addition to registration, health education stations were set up in the gymnasium and were staffed by educators for diet, nutrition and diabetic education; heart health; smoking cessation; Veterans Affairs; hemoglobin testing, and veterinary medicine.

Faculty and vocational nursing students from the South Texas College and Rio Grande Valley Careers, and Valley Grande Institute helped staff the different stations and scan client wrist bands.



Once initial screening was completed and after clients had visited the health education stations, wrist bands were scanned and clients were checked out of the gymnasium. Military staff and/or students from high school Junior ROTC escorted clients from the school gymnasium to the Medical Wing..

Medical Wing:

The classrooms were used for the immunization station, medical exam rooms, hemoglobin testing, vision screening, hearing screening, the pharmacy, wellness screening, speech development, and social services. The Incident Command Post and the Texas Military Forces Command Post were also set up in adjoining classrooms in this area. Evaluations by specialists for physical, mental and emotional health were available at no charge. Prescriptions of select prescription medications were filled at no cost to the client in the on-site pharmacy. Prescriptions could also be filled at discounted rates with participating pharmacies if the medications needed were not available on-site. Healthcare providers offered evaluations and/or assistance for a wide variety of services including school physicals, vision, hearing, low cost prescription resources, 211 registration, and contact information for low cost health care. The following rooms were set up in the Medical Wing:



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Immunization Station

Clients could take advantage of free immunizations for infants, children and adults. Clients completed immunization registration and patient consent forms. The Texas Vaccines for Children Program evaluated patient eligibility and the source of funds for the Texas Department of State Health Services to be reimbursed for vaccines. The Department of State Health Services Immunization Branch Adult Safety Net Vaccination Program determined and recorded eligibility of adults receiving vaccine supplied by the Texas Department of State Health Services. Verification of responses was not required and it is a self-declaration of eligibility by the adult presenting for services. The staff completed a daily immunization program clinical evaluation form that recorded the number and types of vaccines that were administered. All immunizations were entered into the Texas Immunization Registry, i.e. “*ImmTrac*.” This is a free and confidential statewide registry designed and maintained by the Texas Department of State Health Services to consolidate immunization records from multiple providers and store immunization information electronically in one secure central system. ImmTrac offers physicians and other healthcare provider’s easy access to patient immunization history.

Vision Room

The Healthy Eyes Eyeglasses Program provided eyeglasses only to those clients who qualified. The client had to present a copy of their current eye prescription that must be less than one year old. Age-related macular degeneration was assessed during vision evaluations by Valley Vitro Retinal Consultants and Valley Retina Institute.

Hidalgo County Women’s and Infant’s Program and Hemoglobin Screening

The Special Supplemental Nutrition Program for Women, Infant and Children, popularly known as WIC, is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. WIC provides nutrition education and counseling, nutritious foods, and help accessing health care to low-income women, infants, and children. A hemoglobin determination could be made by physician referral to detect anemia, i.e., low-iron levels in the blood according to WIC standards

Hearing Room

The hearing room was staffed by an audiologist and an assistant. A portable device was used to screen the hearing for those clients who chose this service. An office inside of the hearing screening classroom was used as a quiet environment for the hearing screening. The hearing screening results were provided to clients for their use for follow up with a hearing aid service.



GOOD STORY

Pediatric Speech, Physical, Occupational Screening

Speech screening was available upon request to evaluate age appropriate reception, expression, articulation, voice, and fluency for children who were 1 to 6 years of age.

Medical Wing staffed by the Texas Military Forces and United States Public Health Service Per POD site:

- **7 Medical Exam Rooms**
- **1 Medical Exam Room - Behavioral Health (USPHS)**
- **2 Medical Exam Rooms – Physiologists (USPHS)**

There were seven Medical Exam rooms, a Medical Exam Room for Behavior Health, and two Medical Exam Rooms for Physiologists. The medical exam rooms were staffed by members of the United States Public Health Service (USPHS) and the Texas State Guard (TSG). Picture of healthcare providers is shown on the right.



Group Picture of the healthcare providers from the Texas Military Forces and the United States Public Health Service at La Joya ISD POD

Texas Military Forces (75 members)

The Medical Brigade was led by Brigadier General Luis Fernandez, M.D. who also saw clients in the medical exam rooms at one POD site. Other members included: MDs, RNs, LVNs, Pharmacist and Pharmacy Techs, EMT-P, supply, and Infection Control.

Texas United States Air Force Reserve

The Texas USAF Reserve provided satellite Communication and Information Technology.

United States Public Health Service Federal Task Force (25 Members)

The USPHS provided MDs, a DVM, NPs, RNs, Social Workers, Psych-MD, Psychologist, Nutritionist, Physiologist, Pharmacists and Social Services. They were supported by the American Red Cross and the school districts.



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Credentialing

The Texas Medical Brigade of the Texas Military Forces and the members of the United States Public Health Service provided healthcare professionals for medical screening, immunizations, and dispensing of pharmaceuticals for prescriptions written by healthcare providers within the POD. The Texas Department of State Health Services, Health Service Region 11, Medical Director wrote a standing order for vital signs and authorized local pharmacies within Hidalgo County to honor prescriptions written by the physicians from the Texas Medical Brigade and the U.S. Public Health Service during medical screening at each POD.

Pastoral Services

The Texas State Guard Chaplain was available for pastoral counseling. Literature was also provided for the clients who wished to access it free of charge.

Pharmacy Room (USPHS and TXSG)

The prescription room included an extensive formulary for follow up prescriptions written on site at no cost to the client. Pharmacists and pharmacy technicians were provided by the United States Public Health Service and the Texas State Guard.

Social Services and Wellness Room

- The Hidalgo County Health and Human Services staffed the Social Services room. Information and consultation was provided for baby shots (Immunizations), income guidelines for Children's Health Insurance Program (CHIP) and Children's Medicaid. Both programs cover office visits, prescription drugs, dental care, eye exams, glasses, and much more.
- Information was provided for services for pregnant women and children under 18 years of age; services for autism; services to children from birth to 3 years of age; services to clients in their homes, and the Texas Parent to Parent program which provides support and information for families of children with disabilities, chronic illness and other special needs. The names of agencies and points of contact for referrals were also provided upon request.
- Information was also provided for prescriptions services, protective services, radiation treatment, senior services, social security, long term care, TB disease, STD-HIV reporting, transportation, housing/shelters and aides, and alternate resources, such as Catholic Charities, Salvation Army, VA Benefits, VA Homeless Program, VA Hospital, and Hidalgo County Indigent Program.

STAR Emergency Medical Services

Backup and on site Emergency Medical Treatment EMT was available all day and throughout the exercise and included EMS trained personnel with a designated EMT room and an



GOOD STORY

ambulance parked on site. Several emergency transports to local hospitals occurred during Operation Lone Star 2011

Healthcare Providers and Services - Lower Rio Grande Valley

Representatives from the following private healthcare providers were on-site to coordinate referrals for follow-up health care or counseling:

- ABC Pediatric Rehabilitation & Autistic Development Center, Edinburg, Texas
- Children's Day & Night Family Clinic, Pharr, Texas
- Dynamic Children Therapy Service, McAllen, Texas
- Kool Smiles Pediatric Dentistry Community Educator, McAllen, Texas
- Molina Health Care of Texas, Children's Health Insurance Program (CHIP)
- Nuestra Clinica Del Valle (Family Practice), Mission, Texas
- Valley Vitro Retinal Consultants (vision and glaucoma screening), Mission, Texas
- Valley Retina Institute, McAllen, Texas
- Mission Hospital, Mission Texas
- Texas Tropical Behavioral Health, Edinburg, Texas
- Weslaco Medical Reserve Corps, Weslaco Texas
- Texas Health and Human Services Commission

Other Local, County or Businesses

- **Water Mill Express, McAllen, TX**
- **TX AgriLife Extension Services, Edinburg, TX**
- **Hidalgo County Safety Department, Edinburg, TX**

Check Out Station.

At end of the final visit, the client's wrist band was scanned, all documents were retrieved, and the client was checked out of the POD. Wrist bands were removed and placed in the clients medical folder for medical record storage. The wrist band scanning process captured the time of initial entrance, the progressing time through the various POD stations, the services received, and the actual exit time of the client from the site.

DESCRIPTION OF THE H1N1 FULL SCALE EXERCISE (FSE)

Exercise Development

The full scale exercise for the mass prophylaxis point of distribution sites was developed by the Hidalgo County Health and Human Services Department (HCHHSD). The exercise developers used the information already written in existing H1N1 and Mass Prophylaxis contingency plans to set up the Point of Distribution (POD) as a mass prophylaxis site. The HCHHSD developed an organizational diagram and designated personnel to serve as section chiefs within the POD.



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The National Incident Management System (NIMS) was used for command and control. The Incident Commander and the Incident Commander Deputy supervised the POD staff and provided the necessary briefings and just-in-time training for volunteers who manned various stations within the POD. The Incident Commander was assisted by representatives from the United States Public Health Service (USPHS) and the Texas Military Forces (TMF) who served as points of contact for their respective organizations.

Scenario and Exercise Conduct

Although the exercise start date was July 25, 2011; the timeline for the national exercise scenario was backdated to July 9, 2009. A newspaper reported that five people had died the previous month from the H1N1 swine flu in Hidalgo County, this is the highest number of cases in Texas. Many of the residents in Hidalgo County live in unincorporated communities called *Colonias* (neighborhoods) along the Texas/Mexico border. *According to the Texas Secretary of State*, Hidalgo County has 942 colonias which is the highest for any county in the state. These neighborhoods might lack water and sewer systems, sanitary housing and access to basic medical services. The scenario script continued to be developed with announcements of events as they unfolded, i.e., on August 10, 2010 the World Health Organization declared a post-pandemic period; and on September 8, 2010 the virus was reported as passing from human to human without contact with pigs. The timeline of scenario events continued to build in intensity until Hidalgo County finds it necessary on October 17, 2011 to initiate mass prophylaxis operations for the pandemic strain of Novel H1N1 for the people in South Texas.

Exercise Evaluation Standard

The following FEMA Exercise Evaluation Guides (EEGs) were used as the evaluation standard for the full scale exercise. The EEGs were applicable for establishing POD communications, staffing, and setting up the POD Incident Command Post, emergency public information, and mass prophylaxis operations during the H1N1 Pandemic Influenza FSE:

- Communications
- Emergency Operations Center Management
- Emergency Public Information and Warning
- Mass Prophylaxis – Staff Call-Down Drill
- Mass Prophylaxis

The FEMA EEG for Mass Prophylaxis includes the following capability descriptions and capability outcomes and has seven activities:

- Capability Description:

Mass Prophylaxis is the capability to protect the health of the population through administration of critical interventions (e.g., antibiotics, vaccinations, antivirals) to prevent the development of disease among those who are exposed or potentially exposed to public health threats. This capability includes the provision of appropriate follow-up and



GOOD STORY

monitoring of adverse events, as well as risk communication messages to address the concerns of the public.

- Capability Outcome:

Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals. Public information strategies include recommendations on specific actions individuals can take to protect their family, friends, and themselves.

- Activities within the Mass Immunization site:

- Activity 1: Direct Mass Prophylaxis Tactical Operations
- Activity 2: Activate Mass Prophylaxis
- Activity 3: Conduct Triage for Symptoms
- Activity 4: Conduct Medical Screening
- Activity 5: Conduct Mass Dispensing
- Activity 6: Adverse Events Monitoring
- Activity 7: Demobilization

H1N1 Full Scale Exercise (FSE) Master Scenario Event List (MSEL) Injects

The scenario for the H1N1 FSE was the same as the scenario for the earlier Table Top Exercise that was conducted on July 20, 2011. The MSELs and injects for the FSE were a follow on to the TTE. Since the full scale exercise was being conducted simultaneously with Operation Lone Star and lasted for a full week with real (not simulated) clients, every effort was made by the evaluators to not interrupt the actual operational flow within the POD during the reception and screening of clients. MSEL injects were focused on key events that had to take place for the smooth operation of the POD. The evaluators observed the actions being taken by the County Health Department staff who were supervising the operation of the various sections within the POD and not on members of any other support entity. This approach was necessary to allow the staff to realize the maximum benefit of the full scale real-time operation of an H1N1 POD without unnecessary interruptions to discuss national events. Observations, questions, interviews and indicated mentoring that resulted from actions taken in response to a specific MSEL event were directed towards the ICP commander and/or the deputy at a time that was convenient for them.

MSELs were selected by the Observer/Controllers (OCs) that most closely matched the actual ebb and flow of an H1N1 mass prophylaxis site. Other MSELs were more appropriate to the Hidalgo County Emergency Operations Center and the Hidalgo County Health and Human Services Department and were not used at the PODs. The written After-Action Report was therefore a commentary on the actions taken by the POD staff in response to a specific MSEL inject during a five day period. Evaluator observations of events were in real-time, rather than by the injection of a national event associated with the H1N1 scenario script. If a scripted scenario



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event was unlikely to occur at the POD site, but was selected for evaluation, the appropriate POD staff member was interviewed to determine what the response would be to that event. For example: “What would you do in the event of a power failure?” The initial response often prompted additional questions that provided the evaluators with a more complete understanding of the individual’s knowledge and understanding of his role in the application of that portion of the plan to the situation.

Communications

The POD staff used rechargeable “Walkie-talkie” radios for communication within the POD. External communications with the Hidalgo County Health and Human Services Emergency Operations Center was accomplished with a version of Web EOC and hand held communications devices. Although many of the players had cell phones, poor signal strength within the high school classrooms made cell phones an unreliable means of communication. The Texas Military Forces set up a satellite communications systems that had both a land line and a wireless internet component. This system worked well, until the last day of the exercise when sun spot activity blocked out the satellite signal. At this time land line telephone lines and internet connections were used that were located next to the Incident Command Post. Daily teleconferences took place at 10:30am and 4:00pm and were led by the Health Director of the Texas Department of State Health Services Public Health Region 11.



Texas State Guard briefs Eduardo Olivarez, Hidalgo County Health and Human Services on the satellite communications system



Texas State Guard demonstrates the wireless internet router and the land line telephone for the satellite communications system

OPERATION LONE 2011 STAR POD SUMMARY

Hidalgo County Health and Human Services Department Diagnostic Services Provided:

Code	Diagnosis	Code	Diagnosis	Code	Diagnosis	Physical Exams
706.1	Acne	692.0	Dermatitis - Contact	724.2	Lumbago	



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477.9	Allergic- Rhinitis	558.9	Diarrhea	278.0	Obesity	Well Adult
285.9	Anemia	719.4	DJD	381.0	Otitis Externa	Well Child/
300.0	Anxiety	230.0	DM-Insulin	382.0	Otitis Media	Sports
493.9	Asthma	250.0	DM-Oral	427.9	Palpitations	
466.0	Bronchitis	780.6	Fever	848.9	Sprain/Strain	
556.9	Colitis	535.5	Gastritis	244.0	Thyroid	
564.0	Constipation	533.8	GERD	305.1	Tobacco use	
311.0	Depression NOS	307.8	Headache	465.9	URI	
691.8	Dermatitis- Eczema	401.9	HTN	595.0	UTI	
110.5	Dermatitis - Fungal	272.0	Hypercholesterolemia	V41.0	Vision	

Service Counts for Hidalgo County Mass Prophylaxis POD Sites:

<i>Service</i>	<i>Pharr San Juan Alamo ISD PSJA High School</i>	<i>La Joya ISD Palmview High School</i>
Mental/Behavioral Health	6	
Diabetic Screening	1104	835
Eye Screening	827	325
Hearing Screening	791	
Heart Disease Information		5
Medical Services	2055	1746
Clients Immunized	776	910
Vaccine Doses Administered	1553	1784
Nutrition/Diabetic Education	194	484
Poison Control	1	1
Smoking Cessation	194	5
Veteran's Affairs		2
Vital Statistics	1537	1193

H1N1 FULL SCALE EXERCISE OBSERVATION SUMMARY AND RECOMMENDATIONS

Sustain: The "Big Things"

- The POD Plan
- Layout of the POD in the Palmview HS
- Client flow through check in tagging, medical Screening, Medical Building services, and check out
- Core HCHSD Staffing and volunteer staffing, i.e. sources of volunteers, volunteers may not always show up, priority for realigning available staffing with what you have at the time

Improve: The "Details"



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- Source of core staffing and volunteers, i.e. where do volunteers come from and what circumstances would cause them not to show up when needed
- Quantity and types of medical equipment, i.e. what shortages occurred during POD operation and what are the sources of additional equipment
- Quantity and types of communications equipment used and what additional communications equipment and capability was needed, i.e. active landlines and internet outlets in rooms used by the POD staff and for POD services
- Choices for redundant communications support, i.e. sources and availability of satellite, communications trailers, communications vans, and Ham radios with operators, etc.
- Prepositioned vaccine supplies, i.e. are supplies available and in the quantities needed
- Prepositioned formulary, i.e. are quantities adequate and what are sources of resupply
- Source and adequacy of backup power, i.e. generators and light sets with operators

Quick Fix: Review “The Process” and fix what can be fixed now! *What did not work and what needs to be done to fix it, i.e. what adjustments or changes were made in the POD Plan and why?*

- Client registrations did not equal exit count, i.e. clients leaving without tagging out and not leaving medical folders – document. What procedural changes can be made in the plan?
- Communication and coordination between key staff members left gaps, i.e. what was done in the current shift and what needed to be done during the follow-on shift? How best to relay information during shift changes with a limitation imposed by an 8 hour work day during a 12 hour plus POD operation?
- Shift changes left gaps in services at a variety of stations, i.e. medical screening and immunizations. What procedural changes can be made in the plan to sustain capability during a shift change?
- The Communications plan left gaps in communications both within and outside of the POD, i.e. not enough hand held Walkie-Talkies; no telephone or internet drops in rooms; Texas Medical Forces satellite rendered inoperable by Sun Spot activity. What actions can be taken now to fix the communications plan? I.e. start the process to purchase or borrow communications trailers or vans, etc.

CONCLUSION

During the week of July 25 to July 29, 2011 in conjunction with Operation Lone Star 2011, and in coordination with the Texas Military Forces and the United States Public Health Service, the Hidalgo County Health and Human Services Department provided free health services and consultation for approximately **2700** infants, children and adults while simultaneously conducting a full scale H1N1 exercise at two mass prophylaxis Point of Distribution (POD) sites. The free health care services and follow up referrals will enhance the healthcare for the low income families living in the colonias in Hidalgo County. The data gathered during the H1N1 full scale exercises will enable the Hidalgo County Health and Human Services Department to further refine its Strategic National Stockpile and Pandemic Influenza Response Plans.



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GOOD STORY

REFERENCES

- FEMA Exercise Evaluation Guides (EEG) https://hseep.dhs.gov/pages/1002_EEGLi.aspx
 - Communications
 - Emergency Operations Center Management
 - Emergency Public Information and Warning
 - Mass Prophylaxis – Staff Call-Down Drill
 - Mass Prophylaxis
- Hidalgo County Health and Human Services Department, Strategic National Stockpile Plan (Draft), February 11, 2011
- Hidalgo County Health and Human Services Department, Strategic National Stockpile Supply Request Procedures (Draft), January 2010
- Hidalgo County Health and Human Services Department, Strategic National Stockpile Dispensing Procedures (Draft), April 2010
- Hidalgo County Health and Human Services Department, Pandemic Influenza Plan (Draft), April 2009
- Hidalgo County Health Department EOC, Operational Lone Star 2011, Demobilization Check-Out, July 29, 2011

RESOURCES

- Hidalgo County Health and Human Services, County Indigent Health Care Program (CIHCP) http://lrgv.tx.networkofcare.org/aging/text/resource/agencydetail.cfm?pid=HidalgoCountyHealthandHumanServicesCountyIndigentHealthCareProgramCIHCP_984_1_0
- Lower Rio Grande Valley Development Council, Community Emergency Response Teams, <http://www.citizencorps.gov/cc/showCert.do?id=47487>
- Texas A&M University, Centers for Housing and Urban Development (CHUD) / TAMU Colonias AmeriCorps Disaster Recovery and Preparedness <http://archone.tamu.edu/college/news/newsletters/fall2009/stories/ameriCorps.html>
- Texas AgriLife Extension Services, Texas A&M System <http://agrilifeextension.tamu.edu/>
- Texas Department of Assistive and Rehabilitative Services (DARS), Division for Blind Services <http://www.dars.state.tx.us/dbs/dbsconsumer/consumerinfo.aspx>
- Texas Department of State Health Services, Area Command Demobilization Plan, Operation Lone Star 2011, Operational Period July 25 to July 29, 2011
- Texas Department of State Health Services, Disaster Behavioral Health Services <http://www.dshs.state.tx.us/mhsa-disaster/>
- Texas Department of State Health Services, Health Service Region 11, Programs and Services <http://www.dshs.state.tx.us/region11/default.shtm>
- Texas Department of State Health Services, County Indigent Health Care Program Directory of County Contacts http://www.dshs.state.tx.us/cihcp/county_locator.shtm
- Texas Department of State Health Services, Promotora (Community Health Workers) <http://www.dshs.state.tx.us/library/chw.shtm>
- Texas Department of State Health Services, Texas Immunization Registry, ImmTrac Quick Guide with links to ImmTrac registrations and Consent Forms <http://www.dshs.state.tx.us/immunize/immtrac/>



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GOOD STORY

- Texas Department of State Health Services, Texas Health Steps Outreach, <http://www.dshs.state.tx.us/thsteps/about.shtm>
- Texas Department of State Health Services, Women, Infants and Children (WIC) Program <http://www.dshs.state.tx.us/wichd/default.shtm>
- Texas Health and Human Services Commission, 2-1-1 Finding Help in Texas <https://www.211texas.org/211/>
- Texas Health and Human Services Commission, Texas Medicaid, Children’s Health Insurance Program (CHIP) <http://www.hhsc.state.tx.us/>
- Texas Health & Safety Code Chapter 48. Training and Regulation of Promotoras and Community Health Workers, 2005 <http://law.justia.com/codes/texas/2005/hs/002.00.000048.00.html>
- Tyvek bar code wristbands <http://www.cheapwristbands.com/barcode.htm>
- Texas Secretary of State, Border Colonias <http://www.sos.state.tx.us/border/colonias/reg-colonias/hidalgo.shtml>

H1N1 FULL SCALE EXERCISE PLANNERS, TRAINERS and EVALUATORS

Hidalgo County Health and Human Services

1302 South 25th Avenue
Edinburg, Texas 78539

Point of Contact:

Eduardo (Eddie) Olivarez, Health Director
Phone: (956)-383-622

Disaster Preparedness and Response

Texas Extension Engineering Service (TEEX)
The Texas A&M University System
301 Tarrow

College Station, Texas 77840-7896

Point of Contact:

Gary Meaney, Training Manager
Phone: (979)-458-0857

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Operation Lone Star (OLS) Humanitarian Mission

PURPOSE

To provide free educational, preventive, evaluative and medical care services to the medically indigent and those most in need along the Texas/Mexico border while practicing medical readiness for the area.

To utilize the annual Operation Lone Star events as an opportunity to:

- practice joint military and civilian public health operations and unified ICS command (Appendix-1)
- evaluate participant tracking software and documentation
- test POD and mass care plans
- train and exercise responders and volunteers
- to evaluate effectiveness of outreach campaigns and mass public information communications
- test multi-force security integration
- evaluate effectiveness of stand-alone and back up communication equipment
- evaluate public health impact of Operation Lone Star on participants and community
- evaluate target capabilities according to HSEEP (Homeland Security Exercise and Evaluation Program) national standards.

SUMMARY

Operation Lone Star is the country's largest non-emergency military and civilian public health event. "We have hundreds of Texas Military Forces and U.S. Military Forces personnel working alongside public health, department of health, county, and local volunteers." Eduardo Olivarez, Chief Administrative Officer, Hidalgo County Health Department. ¹ (Appendix 2 Operation Lone Star Partners and Contributors)

Citizenship status is not asked of those who seek medical assistance. Services available include health screenings and treatments, immunizations, student physicals, hearing and vision exams, behavioral health evaluation, and a limited pharmacy. The program is put on by a myriad of organizations, including U.S. and Texas Military Forces, the Department of Health and Human Services, and county health departments. Last year [2010], more than 12,000 people received medical services during the operation, and about 100,000 people have been helped over its 12-year history. ¹ (Appendix 3 Where We Have Been)



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“For the Texas State Guard's Medical Brigade and the Texas Army National Guard's 111th Multifunctional Medical Brigade, Operation Lone Star is a vital training mission providing hands-on experience in delivering mass medical care in partnership with local public health authorities.” Col. Donald Prince, Commander of the Joint Task Force OLS² (Appendix 4 Texas Military Forces-State Guard Fact Sheet)

Operation Lone Star involves the Department of State Health Services (DSHS), Texas Army National Guard, Texas State Guard, Laredo Public Health Services, Hidalgo County Health and Human Services and Starr County Health Services. A contingent of medical personnel from the U.S. Public Health Service also contributes personnel and services.²

The USPHS mental health team provided nutrition counseling and healthy eating plans, wellness and mental health screenings (i.e. stress management, anger management, depression, etc.) and a host of other education and counseling services, in both English and Spanish.³

CAPT Kimberly Elenberg, Director of Training in the Surgeon General's Office of Force Readiness, sees OLS as an opportunity for USPHS officers to provide direct health services to underserved communities, while putting into action their cultural competencies in an emergency responder training exercise. This year, 2011, marks the first time that USPHS response teams have participated in OLS and represents the ongoing commitment of the USPHS and the Department of Health and Human Services to increase access to health care and associated services for the underserved.³

The USPHS response assets are comprised of teams with their own respective missions. Some of the teams are small and highly specialized while others are large and better able to accomplish missions with a large footprint. There are three teams currently participating in OLS, all operating under a unified command structure, PHS-1. The USPHS teams participating in OLS are a [Rapid Deployment Force Team \(RDF-1\)](#), [Mental Health Team \(MHT-1\)](#) and a [Service Access Team \(SAT-1\)](#). Together they comprise the PHS-1 unified team totaling 124 USPHS officers, commanded by CAPT Wendy Fanaselle, RDF-1 Team Leader.³ (see References in the Appendix 5, 6, and 7 for RDF-1, MHT-1 SAT-1)

“Operation Lone Star is a chance for people to get good, basic health care and learn what they can do to help prevent future health problems. For some, this is the only opportunity all year to see a doctor.”

David L. Lakey, M.D. Commissioner, Texas Department of State Health Services¹



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Other key partners included school districts which provided POD facilities, security and personnel, sheriff departments served as additional layers of security, emergency medical personnel and emergency transport services remained on site and private medical providers volunteered specialized examinations. Local community college students were utilized for screening and translation services. Jr ROTC students volunteered as escorts. Multiple service organizations offered a wide array of information, education and services enrollment opportunities.

Eduardo Olivarez, Chief Administrative Officer for Hidalgo County Health and Human Services, concluded his interview with the *Guardian* at the San Juan clinic by noting that the secret to Operation Lone Star's success over the years has been the willingness of the different groups involved to work as a united team for the greater good. "We are thankful for the support of our Governor and the Health and Human Services Commissioner, the South Texas legislative delegation and our County Judge and Commissioners." He called it a "tremendous" collaborative event.¹

[editors granted permission to quote from articles with attribution]

DESCRIPTION

This Best Practice provides an overview of Operation Lone Star and major concepts, including federal, state and local roles and responsibilities, target population, composition and delivery.

OLS Program Overview

Operation Lone Star began as an annual event in 1999 and has evolved over the years into the largest non-emergency joint civilian and military humanitarian effort in the United States. It is a massive collaborative effort designed to bring a wide array of services to the medically indigent and medically underserved populations along the Texas/Mexico border.

The Population

Many of the area's citizens live in unincorporated areas called *colonias*, Spanish for community or neighborhood. These neighborhoods might lack water and sewer systems, sanitary housing and access to basic medical services. According to the Texas Secretary of State, Hidalgo County has 942 colonias which is the highest for any county in the state. Environmental health remains one of the most pressing problems in the border area.



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Nine of the poorest counties in the United States lie along the U.S. side of the border. The United States and Mexico have spent millions of dollars building adequate water and wastewater infrastructure; to date, these improvements have impacted more than 6.7 million border residents. In many ways, the environmental problems found on the border are among the most extreme faced by either Mexico or the United States today.

Colonias can be found in Texas, New Mexico, Arizona and California, but Texas has both the largest number of *colonias* and the largest *colonia* population. Approximately 400,000 Texans live in *colonias*. Overall, the *colonia* population is predominately Hispanic; 64.4 percent of all *colonia* residents and 85 percent of those residents under 18 were born in the United States. There are more than 2,294 Texas *colonias*, located primarily along the state's 1,248 mile border with Mexico.⁴

The development of Texas *colonias* dates back to at least the 1950s. Using agriculturally worthless land, land that lay in floodplains or other rural properties, developers created unincorporated subdivisions. They divided the land into small lots, put in little or no infrastructure, then sold them to low-income individuals seeking affordable housing. *Colonia* residents generally have very low incomes.⁴

Current law requires developers to provide basic infrastructure. As of 2011, the Attorney General of Texas puts the population in Texas *colonias* closer to 500,000.⁵ A map and data base for Texas *colonias* can be found at https://maps.oag.state.tx.us/colgeog/colgeog_online.html#app=a527&1d99-selectedIndex=1

These low-lying areas are also subject to tropical storms, hurricanes and wide spread flooding. Operation Lone Star is scheduled during summer months for various planning concerns which include: better weather conditions, availability of school facilities for these events, and

Client Services and Process

A list of service providers and support staff by organization is provided in Appendix 2. Posted signs at the POD sites, along with assistance from the Texas Military Forces and uniformed law enforcement, directed arriving clients to designated parking and places where clients could await entry into the POD lobby. Uniformed law enforcement patrolled the parking lots, campus and buildings to provide additional security. Attention



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was given to provide protection from weather events and to provide ample access to shade, water and restrooms.

As clients entered the waiting area, EMTs and Paramedics performed visual triage to detect clients with evidence or visible signs of possible communicable illness. These were segregated, scanned with a temporal thermometer for temps over 100.4 and received indicated PPE. Individuals with signs of illness were banded and fast-tracked for secondary triage and a more thorough medical evaluation. A bar coded wrist band was placed on every individual using any OLS service and scanned to populate the number of registered clients.

The wrist band was marked with a unique number and bar code to facilitate tracking client progress through check-points and at key service locations to capture utilization numbers. A final exit scan was done to check the client out of Operation Lone Star. At exit the medical record folder was collected and filed by the POD staff. Important documents such as school physicals and prescriptions remained with the client. Children were entertained with hula hoops and jump ropes as part of the Michelle Obama Health Initiative.

Managed groups of clients moved from the lobby waiting area into client intake where a second bar code scan occurred and a folder of registration, interview, screening and physical record and consent forms were issued. Bilingual interviews were conducted to record health history and concerns. Before referral for additional services, measurements of vital signs, blood sugar, height, weight and BMI were determined.

While waiting for services clients could visit with a veterinarian, veterans' affairs, and educators on diabetes, heart health, smoking cessation, diet and nutrition. Once initial screening was completed, wristbands were scanned a third time and clients were escorted or directed to immunizations, medical services, mental health and counseling, social services, pharmacy, hemoglobin (anemia screening), vision, hearing, additional educational opportunities and referrals.

Adults, infants and children were stopped at the vaccination suite for immunization status, counseling and administration of indicated vaccines. Clinic intake staff accessed existing records through the State ImmTrac system. Evaluations by physical, mental and emotional health specialists were available at no charge. Hemoglobin determination was



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by referral and prescriptions of select drugs were filled on site. Providers offered evaluation or assistance with a wide variety of specialized services including school physicals, vision, hearing, low cost prescription resources, Texas-211 evacuation and special needs registration, and contact information for low cost health care.

At end of the final station, the client checked out, the wrist band was scanned and all clinic documents were retrieved. The wrist band scanning process captured the entrance, progress and exit of the client by time stamping each step. Texas Military Forces, JROTC, Pharr San Juan Alamo School ISD and La Joya ISD police (respectively) and Hidalgo County Sheriff officers cooperated to provide security, direct traffic and parking, manage patient flow and control entrances and exits.

Operational Concept

While the United States Public Health Service (USPHS) Commissioned Corps and the Texas Military Forces retained full command and control responsibility for their own federal and state units, their medical mission operations fell under operational control of the ICP Commander (Hidalgo County Health and Human Services) in the POD.

The Officer-in-Charge (OIC) for the Texas Military Forces established a Technical Operations Center (TOC) locating the headquarters staff in a room adjacent to the POD Incident Command Post. The rationale for this decision was that Texas Military Forces have ongoing administrative, personnel, and logistics issues unrelated to the PODs medical mission. To compensate for not being located in the ICP, the Texas Military OIC and/or liaison officer maintained constant physical or radio contact with the POD incident commander.

The USPHS did not establish a designated ops center in the POD, but designated an onsite operational headquarters for their team-specific functions. The USPHS Team Leader/PIO and Safety Officer coordinated with Texas Military Forces and Hidalgo County Health and Human Services Department (HCHHSD) POD staff to resolve staffing, supply, and safety issues, e.g., the recognized need for healthcare provider breaks or the need to reconfigure medical clinics. USPHS established a rear command headquarters located at their billeting site in order to coordinate multiple area USPHS OLS strike teams.



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Both team leaders emphasized that they were there to provide medical practitioners, logistical and operational support for the POD and were not there in a POD command role. The two support team leaders attended all ICP briefings and meetings with the POD Incident Commander. In effect the team leaders and the IC command staff functioned as a unified command while operating out of adjoining rooms.

The Unified Command structure allowed entities with different authorities and responsibilities to work together effectively without affecting individual entity authority, responsibility, or accountability. Under the Unified Command a single, coordinated Incident Action Plan directed all activities.

Communication Redundancy

The Texas Military Forces provided a self-sustaining communication system including a satellite transmission, internet and telephone connectivity with military grade encryption, antennae and a mobile radio communication trailer with a 12 KW generator and multiple band width patch capability.

When activated, the mobile radio communication trailer provides robust communication capabilities including Motorola XT 5000 IP enabled radios; Cisco IPICS a comprehensive IP-based-Interoperability and Collaboration System dispatch and incidence response system and a patch panel with the capability of connecting UHF, VHF, Low VHF, 800 radios. It supports a 40 foot mast antenna and a 12 Kw generator with a fuel cell and a spider power outlet. It remained on stand-by at each Operation Lone Star event site.

Significant Events

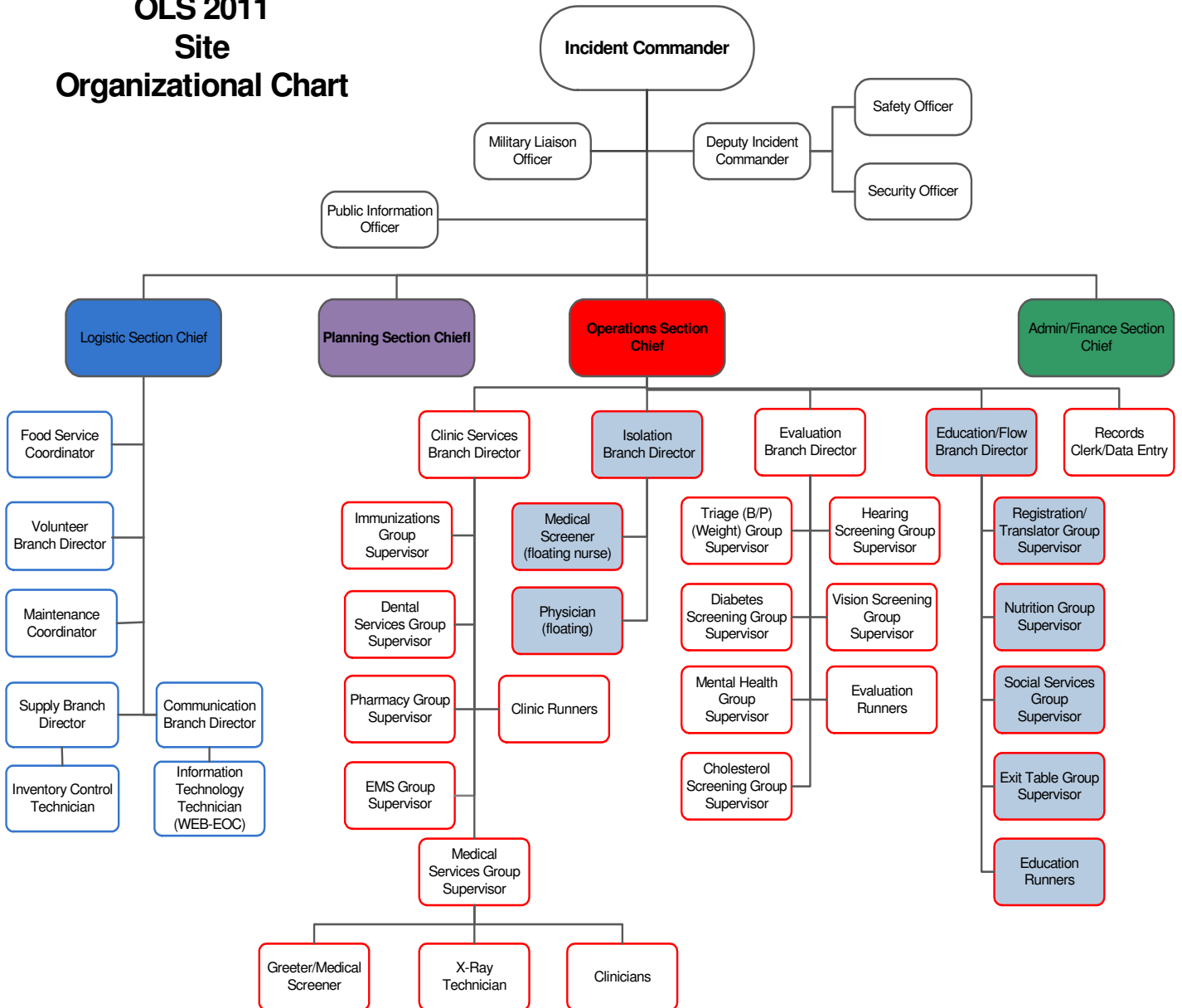
Texas Military Forces utilized their communication system to monitor the National Hurricane Center and map the progress of a tropical storm and impending hurricane approaching the site of Operation Lone Star in Hidalgo County. They used their capabilities to provide real time status reports and assisted in the development of emergency action plans.



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Appendix 1

OLS 2011 Site Organizational Chart





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Appendix 2

Operation Lone Star Partners and Contributors

Hidalgo County Health and Human Services Department

Environmental Health

BIO/PHEP (Public Health Emergency Preparedness)

Emergency Preparedness

Immunizations

Client Services

Women, Infants and Children

Indigent Program

Public Information Officer

WebEOC IT web-enabled crisis information sharing system

DSHS (Department of State Health Services) Region XI

Promotoras trained community liaisons for local services

Community Educator

La Joya Independent School District

La Joya ISD Police Department

[Pharr San Juan Alamo Independent School District](#)

[Pharr San Juan Alamo ISD Police](#)

United States Public Health Service Commissioned Corps

Federal Task Force-25 Members: MD, DVM, NP, RN, MSW, Psych-MD, Psychologist, Nutritionist, Physiologist, Pharmacists and Social Services. Supported provided by the American Red Cross and La Joya ISD.

Texas Military Forces --Medical Brigade

Brigadier General Luis Fernandez and approximately 75 members

MD, RN, LVN, Pharmacist and Pharmacy Techs, EMT-P, USAR (Urban Search and Rescue), Satellite Communication, IT, Infection Control, and

Student Volunteers attached to Texas Military Forces Medical Guard

South Texas College Nursing Instructors and Students

Rio Grande Valley Careers College

Phlebotomy and Nursing

Hidalgo County Sheriffs Department

Hidalgo County Safety Office

Ameri-Corps Texas A & M CHUD (Center for Housing and Urban Development)Colonias

Texas Behavioral Health

Agri-Life Extension Services

Palmview Army Junior ROTC (Reserve Officers' Training Corps)



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ABC Pediatric Rehab

Dynamic Children Therapy

Kool Smiles Pediatric Dentistry Community Educator

211 Texas Telephone connection to community Health and Human Services

Molina Health Care (CHIPS) Children's Health Insurance Program

Mission Day and Night Family Practice

Texas Health Steps Outreach

CERT (Community Emergency Response Teams)

Valley Vitreo-retinal Consultants-vision and glaucoma screening

STAR Emergency Medical Services

Nuestra Clinica Del Valle

DARS (Department of Assistive and Rehabilitative Services) Division for Blind Services

[Water Mill Express](#)



BEST PRACTICE

Appendix 3

Operation Lone Star

Where We Have Been

	# Medical visits	Total Pts Screened	Total Pts Seen	Entering	Registering	Exiting	Services Given
1999			4,878				
2000			5,600				
2001			6,332				
2002	5,111		6,184				
2003			6,402				
2004	4,481		8,121				15,826
2005	4,148		5,801				14,212
2006	4,208	5,838					14,590
2007	7,377	13,148					29,826
2008	5,599			11,817		10,824	53,299
2009	6,698			13,483	12,645	12,351	57,742
2010	6,804		12,064	13,998	12,415	11,945	60,442

Year	# sites	Location of sites
1999	3	Hidalgo and Starr
2000	3	Hidalgo
2001	3	Hidalgo
2002	3	Hidalgo and Cameron
2003	3	Hidalgo and Cameron
2004	3	Hidalgo, Cameron, and Starr
2005	3	Hidalgo, Cameron, and Starr
2006	6	Hidalgo (2), Cameron, and Starr (2), and Willacy
2007	7	Hidalgo (2), Cameron, Starr, and Willacy, Zapata and Webb
2008	7	Hidalgo (2), Cameron, Starr, Zapata, Jim Hogg and Webb (not in Willacy due to Dolly)
2009	8	Hidalgo (2), Cameron, Starr, Willacy, Zapata, Jim Hogg, and Webb (plus a one day mobile clinic)
2010	7	Hidalgo (2), Cameron, Starr, Willacy, Zapata, and Webb



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Appendix 4

Texas State Guard Fact Sheet No. 01-11

FACT SHEET



Texas State Guard

The Texas State Guard is one of three branches of the Texas Military Forces (TXMF), operating under the command of the Adjutant General of Texas and the Governor as Commander-in-Chief of all state military forces. The TXMF includes the Texas Army National Guard and the Texas Air National Guard.

The mission of the Texas State Guard (TXSG) is to provide mission-ready military forces to assist state and local authorities in times of state emergencies; to conduct homeland security and community service activities under the umbrella of Defense Support to Civil Authorities; and to augment the Texas Army National Guard and Texas Air National Guard as required.

Headquartered at Camp Mabry in Austin, Texas, the TXSG functions as an organized state militia under the authority of Title 32 of the U.S. Code and Chapter 431 of the Texas Government Code.

The TXSG is comprised of more than 2000 volunteers organized into four components – Army, Air, Medical and Maritime – with individual units assigned throughout the state. Under the umbrella of Defense Support to Civil Authorities, the TXSG maintains trained and ready teams to perform the following emergency response functions:

- Mass care/Functional needs care
- Emergency communications
- Special needs evacuation tracking
- Wide area damage assessment
- Medical support
- Points of distribution
- Support to the State Operations Center
- Small boat operations
- Land and water search and rescue
- Dive teams
- Chaplain and legal support

In recent years the TXSG has been called to active duty for nine hurricanes (Katrina, Rita, Dean, Humberto, Dolly, Eduard, Gustav, Ike, and Alex), the Eagle Pass tornado in 2007, and severe flooding in Marble Falls in 2007. TXSG is the lead military component for Operation Lone Star in the Rio Grande Valley – the state’s annual humanitarian medical mission. TXSG personnel also provide support to the state’s annual Oral Rabies Vaccination Program and the Joint Operations Intelligence Center.

TXSG personnel train at least one day per month and attend a four-day annual training exercise. They receive no pay for monthly training, purchase their own uniforms, and are responsible for their own transportation and meals during training.

TXSG has developed a robust Professional Military Education program to enable all TXSG personnel to develop and enhance individual skills, capabilities and competencies.

For more information about the Texas State Guard, go to: www.txsg.state.tx.us

*Prepared by Texas State Guard Public Affairs Office
Approved for Public Release
Current as of March 1, 2011*



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Appendix 5



U.S. Public Health Service Commissioned Corps

FACT SHEET

Rapid Deployment Forces



Rapid Deployment Forces Can Provide Resources

The U.S. Public Health Service (USPHS) Rapid Deployment Forces (RDF) provide resources and assistance to State, Tribal and local health authorities throughout the United States. They were created in 2006 as part of the National Response Framework's ESF-8 public health and medical asset provisions. Like all Commissioned Corps response teams, they may be deployed in response to an ESF-8 or non-ESF-8 public health emergency. There are currently five RDF, each of which is a workforce comprising 125+ trained USPHS Commissioned Corps officer responders. Yet each RDF is scalable, and can provide only those resources needed. The RDF is also responsive; as a Tier 1 team the RDF can deploy within 12 hours of activation. Each RDF is on-call one out of every 5 months and typically deploys only during the on-call month. Deployments typically do not exceed 2 weeks. Each RDF member is expected to participate in up to 2 weeks of response team training per year.

Each RDF is capable of responding to the many public health emergencies and urgent health needs arising from a major disaster or other event. RDF teams can be divided into "blue" and "gold" teams, such that one team will be primary and the other secondary for their on-call month. As constituted, the RDF can be divided in half for smaller responses, or for two separate mission assignments in the same theater of operations. If the response needs exceed the capacity of the on-call RDF, the team can be augmented with appropriate officers from Tier 3. RDF teams utilize established communications and other equipment to operate effectively in disaster-affected locations and surrounding areas. The primary areas of RDF activities and reporting include

1. Mass care (primary care, mental health, and public health services for sheltered populations);
2. Point of distribution operation (mass prophylaxis and vaccination);
3. Medical surge;
4. Isolation and quarantine;

5. Pre-hospital triage and treatment;
6. Community outreach and assessment;
7. Humanitarian assistance;
8. On-site incident management;
9. Medical supplies management and distribution;
10. Public health needs assessment and epidemiological investigations;
11. Worker health and safety, and;
12. Animal health emergency support.

If a State, Tribal or local health infrastructure suffers damage from a natural disaster or other event, RDF teams can assist officials in response and/or recovery efforts. Assistance can include augmenting the local health work force to speed up response or recovery, or, with especially difficult matters, assisting or advising health decision-makers. Each RDF can also provide essential services to preserve the lives and the health of affected and returning populations. RDF members assigned to clinical responsibilities are clinically current as defined in their deployment role.

Authority to Activate a RDF

The Secretary and Assistant Secretary for Health have the authority to activate a RDF and do so in response to requests made through the Surgeon General.

For more information, contact:

Office of Force Readiness and Deployment
Office of the Surgeon General
5600 Fishers Lane, Room 18C-26
Rockville, MD 20850
Main Phone Number: 301.443.3859
Fax: 301.443.1525
General Questions for OFRD: ofrd@hhs.gov

Office of the Surgeon General/Office of Force Readiness and Deployment
RDF Fact Sheet



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Appendix 6



U.S. Public Health Service Commissioned Corps

FACT SHEET

Mental Health Teams



Mental Health Teams Can Provide Resources

The U.S. Public Health Service's (USPHS) Mental Health Teams (MHT) provide resources and assistance to communities throughout the United States. They were created in 2006 as part of the National Response Plan's ESF-8 public health and medical asset provisions. Like all Commissioned Corps response teams, they may be deployed in response to an ESF-8 or non-ESF-8 public health emergency. There are currently five MHT, each of which is a work force comprising 26 USPHS trained Commissioned Corps officer responders. Yet each MHT is scalable, and can provide only those resources needed. Each MHT is also responsive; as a Tier 2 team the MHT can deploy within 36 hours of activation. Each MHT is on-call one out of every 5 months and typically deploys only during the on-call month. Deployments typically do not exceed 2 weeks. Each MHT member is expected to participate in up to 2 weeks of response team training per year.

Each MHT is particularly capable of responding to the many immediate and midterm behavioral health issues or needs arising from a major disaster or other event. MHT's can be divided into "blue" and "gold" teams, such that one team will be primary and the other secondary for their on-call month. As constituted, the MHT can be divided for smaller responses or for 2 separate mission assignments in the same theater of operations. If the response needs exceed the capacity of the on-call MHT, they may be augmented by mental health providers Tier 3. MHT capabilities include

1. Incident assessment and personnel assessment (diagnosis and treatment);
2. Screening for suicide risk, acute and chronic stress reactions, substance abuse, and mental health disorders;
3. Supporting development of behavioral health training programs for impacted populations;
4. Specialized counseling, and;
5. Psychological first aid, crisis intervention, and time-limited counseling for serious mental illness and/or substance abuse.

If a State, Tribal or local health infrastructure suffers damage from a natural disaster or other event, MHT can assist officials in response and/or recovery efforts. MHT's may collaborate with local officials and professional groups to assess community mental health prevention and treatment needs, providing consultation to medical staff on the effects of stress on patient behavior. Further, each MHT can collect and analyze information for evaluating and for improving local programs' effectiveness or service delivery. MHT members have the technical consultation skills and abilities to preserve and to safeguard mental health, especially during emergencies.

Authority to Activate a MHT

The Secretary and Assistant Secretary for Health have the authority to activate a MHT and do so in response to requests made through the Surgeon General.

For more information, contact:

Office of Force Readiness and Deployment
Office of the Surgeon General
5600 Fishers Lane, Room 18C-26
Rockville, MD 20850
Main Phone Number: 301.443.3859
Fax: 301.443.1525
General Questions for OFRD: ofrd@hhs.gov

Office of the Surgeon General/Office of Force Readiness and Deployment
MHT Fact Sheet



BEST PRACTICE


Appendix 7



U.S. Public Health Service Commissioned Corps

FACT SHEET

Services Access Teams



Services Access Teams Can Provide Resources

The U.S. Public Health Service (USPHS) Services Access Teams (SAT) provide resources and assistance to local health authorities throughout the United States. They were created as part of the National Response Framework's ESF-8 public health and medical asset provisions. Like all Commissioned Corps response teams, they may be deployed in response to an ESF-8 or non-ESF-8 public health emergency. Each SAT is comprised of 10 USPHS trained Commissioned Corps officer responders; enabling scalability and ability to provide only those resources needed. Each SAT is responsive; as a Tier 2 team the SAT can deploy within 36 hours of activation. Each SAT is on-call one out of every 5 months and typically deploys only during the on-call month. Deployments typically do not exceed 2 weeks. Each SAT member is expected to participate in up to 2 weeks of response team training per year.

Each SAT is capable of responding to the many immediate and midterm public health emergencies and urgent health needs arising from a major disaster or other event. The SAT assesses and monitors ongoing health and human services needs of affected populations and is particularly skilled at serving "at-risk" individuals and populations, defined as people who are unable to plan, advocate/or obtain resources and/or services to meet basic health and safety needs. The subgroup of individuals most likely to be impacted include: elderly, developmentally disabled, mentally ill and minors separated from guardians. The SAT can be divided into "blue" and "gold" teams, such that one team is primary and the other secondary for their on-call month. As constituted, the SAT can be divided in half for smaller responses, or for two separate mission assignments in the same theater of operations. If the response needs exceed the capacity of the on-call SAT, the team can be augmented with appropriate officers from Tier 3. SAT utilize established communications and other equipment to operate effectively in disaster-affected locations and surrounding areas. The primary areas of SAT activities and reporting include:

1. Needs Assessment;
2. Plan Development/Cultural Sensitivity;
3. Advocating/Connecting;
4. Clinical Care Coordination;
5. Continuity/Transition Management;
6. Psycho-Social Management;
7. Re-integration; and
8. Confidentiality assurance.

If a State, Tribal or local public health infrastructure suffers damage from a natural disaster or other event, the SAT can assist in response and/or recovery efforts. Assistance includes augmenting the local health work force, as well as liaising with and advising health decision-makers. Each SAT focuses on ensuring access to essential services to preserve the lives and the health of affected, displaced, returning and vulnerable individuals and populations. Further, each SAT is able to collect and analyze information for evaluating and for improving State, Tribal or local programs' effectiveness or service delivery. All SATs possess technical consultation skills and abilities to preserve and safeguard public health.

Authority to Activate a SAT

The Secretary and Assistant Secretary for Health have the authority to activate a SAT and do so in response to requests made through the Surgeon General.

For more information, contact

Office of Force Readiness and Deployment
Office of the Surgeon General
5600 Fishers Lane, Room 18C-26
Rockville, MD 20850
Main Phone Number: 301.443.3859
Fax: 301.443.1525
General Questions for OFRD: ofrd@hhs.gov

Office of the Surgeon General/ Office of Force Readiness and Deployment
SAT Fact Sheet



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RESOURCES

1. *Rio Grande Guardian* 26 July 2011 staylor@riograndeguardian.com
2. www.sanmarcosrecord.com 28 July 2011
3. www.USPHS.gov US Public Health Services Commissioned Corps
4. <http://www.sos.state.tx.us/border/colonias/faqs.shtml>
5. www.oag.state.tx.us

Appendix 1 ICS Command Structure

Appendix 2 Operation Lone Star Partners and Contributors

Appendix 3 Where We Have Been

Appendix 4 Texas Military Forces—State Guard Fact Sheet

Appendix 5 Rapid Deployment Force Team (RDF-1)

Appendix 6 Mental Health Team (MHT-1)

Appendix 7 Service Access Team (SAT-1)

H1N1 FULL SCALE EXERCISE PLANNERS, TRAINERS and EVALUATORS

Hidalgo County Health and Human Services

1302 South 25th Avenue
Edinburg, Texas 78539

Point of Contact:

Eduardo (Eddie) Olivarez, Health Director
Rigoberto (Rigo) Hinojosa, Director of Operations
Phone: (956)-383-622

Disaster Preparedness and Response

Texas Extension Engineering Service (TEEX)
The Texas A&M University System
301 Tarrow
College Station, Texas 77840-7896

Point of Contact:

Gary Meaney, Training Manager
Phone: (979)-458-0857



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BEST PRACTICE

Public Health Software Program for Medical Patient Data Tracking, Situational Awareness and Services Rendered During Major Response Events

PURPOSE

Provides information on a software program developed in-house by the Hidalgo County Health and Human Services Department (HCHHSD) in Texas to track patient flow, medications dispensed, and services rendered during Operation Lone Star characterized as one of the largest humanitarian events in the United States.

SUMMARY

There are very few tailored software products that are economically feasible and available to local health departments tasked with responding during local emergency response events that potentially involve the need to track patients, identify services rendered, quantify medications dispensed, and all be available in real-time for decision makers and support staff in the Emergency Operations Center. This Best Practice reviews a system developed by the Hidalgo County Health and Human Services Department used during the largest humanitarian event in the United States called Operation Lone Star. The system allows for real-time large scale patient information sharing between the first responders at the POD sites, Emergency Operations Center, and facilitates overall tracking of services, resources balancing, and provides a centralized data source of patient information being assessed in a large scale operation.

DESCRIPTION

Rigoberto Hinojosa, Director of Operations for the Hidalgo County Health and Human Services Department initially began development of a software program to be used for public health response efforts in 2007 for Operation Lone Star 2007. The system has continued to be modified and improved every year since and enhancements are now being evaluated for the event next year in 2012. Although the software program was primarily designed to be used during the large Operation Lone Star yearly events in South Texas, the system can be modified and adapted for other events and has been successfully used for drive-thru influenza vaccination events and smallpox response exercises.

HIDALGO COUNTY HEALTH AND HUMAN SERVICES

Hidalgo County is located in the deep southern portion of Texas and is bordered by Mexico on the south. The 2010 population is estimated at approximately 774,769. The



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county seat is located in Edinburg while the largest city in Hidalgo County is McAllen. Other communities of interest in Hidalgo County are Weslaco, Pharr, Mission, and San Juan. Hispanics, Germans, and Anglo-Americans are the three largest ethnic groups. The labor force that has made Hidalgo County a prosperous agricultural region is also made up of one of the poorest in the nation. Of all the counties in Texas, Hidalgo has the most colonias.

As a county-based health jurisdiction, Hidalgo County Health and Human Services Department (HCHHSD) has a long history of serving as a leader and model with regard to public health emergency preparedness efforts in South Texas. Public health preparedness in Hidalgo County is attributable to its ability to successfully practice and evaluate public health response measures through its continual planning, training, exercises, and evaluation in addition to responding to real-life actual events each year with hurricanes.

OPERATION LONE STAR 2011

Operation Lone Star 2011 is a two-week event and is a joint medical services project that unites the State of Texas Health and Human Services agencies, the United States Public Health Service (USPHS), Texas Military Forces, county health departments, local service providers and partners, school districts and civilian volunteers in the largest public health humanitarian effort in the country to provide free medical services to the community.

Operation Lone Star is a real-time, large-scale emergency preparedness exercise that provides medical service and disaster recovery training to state agencies and local personnel while addressing the medical needs of thousands of underserved Texas residents. OLS provides a great opportunity for the military, public health, and partnering civilian and governmental agencies to practice working together in the event of an emergency or disaster.

The Operation Lone Star 2011 event had PODs set up over a 2 week period in at least 6 different cities stretching across the deep South Texas area from Brownsville in the southernmost part of Texas up to Laredo which is more than 200 miles away along the Texas-Mexico border. However, the focus of this Best Practice Report occurred in two smaller cities within Hidalgo County situated in between the two most distant cities noted above. Hidalgo County Health and Human Services Department conducts Operation Lone Star during week one with two POD's.



BEST PRACTICE

SITUATIONAL AWARENESS

Situational awareness is critical when you need the ability to identify, process, and comprehend the critical elements of information within the response environment and how this could be impacting your team and mission. Effectively utilizing and communicating those elements will dictate how successful you will be in maintaining control of the event. In stressful events, situational awareness can be dynamic, hard to maintain, and unfortunately easy to lose. Operation Lone Star tracking software was designed to give the Hidalgo County Health and Human Services Department Operations staff in the Emergency Operations Center a more comprehensive service picture of the dynamics occurring at the POD level.

HCHHSD also maintained situational awareness occurring at both sites through the development of a SQL program designed to track patient flow totals, medical services received, referrals given, immunizations administered, pharmacy prescriptions filled, and counts for other services provided (e.g. # eye exams, # hearing tests, # diabetic screenings, # behavioral health assessments, etc). The statistical information was constantly changing and providing real-time information for EOC staff monitoring the events in the support center.

TRACKING PROCESS

Optimizing patient flow is critical to ensuring safe, efficient care. The Operation Lone Star medical data tracking system was developed by Information Technology personnel working directly for the Hidalgo County Health and Human Services Department. The practice management software is 100% web-based, meaning staff can use it at anytime and any location where internet service is available. Data is backed up securely every few minutes as the system is operating. Secured copies are stored every night and every backup is verified to restore correctly.

The database system is used for tracking clients by scanning bar code wrist bands in the POD applied as clients arrived and tracking them through the various screening and medical stations in the POD. The data from the scanning of individual client tags is immediately entered into a central server where it can be viewed at an individual POD site, the Emergency Operations Center, or other sites granted access in a summary format. All Operation Lone Star data can be viewed on Web EOC. Daily or cumulative totals are provided for:

- | | |
|----------------------------|--------------------------------|
| Diabetic Screening | Eye Screening Service |
| Hearing & Vision Screening | Heart Disease Information |
| Medical Services | Clients Immunized |
| Vaccine Doses Administered | Nutritional Diabetic Education |
| Poison Control | Smoking Cessation |



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Registration began promptly at 8:00 a.m. each day and concluded at 5:00 pm at each POD site and the basic client flow thru the POD system was essentially the same at each site. A bar coded wrist band was placed on every individual using any OLS service and scanned to populate the number of registered clients. As clients entered the lobby waiting area, EMTs and Paramedics performed visual triage to detect clients with evidence or visible signs of possible communicable illness. These were segregated, scanned with a temporal thermometer for temps over 100.4 and received indicated PPE. Individuals with signs of illness were banded and fast-tracked for secondary triage and a more thorough medical evaluation.

The wrist band was marked with a unique number and bar code to facilitate tracking client progress through check-points and at key service locations to capture utilization numbers. A final exit scan was done to check the client out of Operation Lone Star. At exit the medical record folder was collected and filed by the POD staff. Important documents such as school physicals and prescriptions were to remain with the client. The wrist band scanning process captured the entrance, progress and exit of the client by time stamping each step.

Managed groups of clients moved from the lobby waiting area into client intake where a second bar code scan occurred and a folder of registration, interview, screening and physical record and consent forms was issued. Bilingual interviews were conducted to record health history and concerns. Before referral for additional medical services, screening measurements of vital signs, blood sugar, height, weight and BMI were determined.

While waiting for screening services and before clients were directed to medical services, clients could even visit with a veterinarian, veterans' affairs, and educators on diabetes, heart health, smoking cessation, diet and nutrition. Once initial screening was completed, wristbands were scanned a third time and clients were escorted or directed to immunizations, medical services, mental health and counseling, social services, pharmacy, hemoglobin (anemia screening), vision, hearing, additional educational opportunities and referrals.

Adults, infants and children were stopped at the vaccination suite for immunization status, counseling and administration of indicated vaccines. Clinic intake staff accessed existing records through the State ImmTrac system. Evaluations by physical, mental and emotional health specialists were available at no charge. Hemoglobin determination was by referral and prescriptions of select drugs were filled on site. Providers offered evaluation or assistance with a wide variety of specialized services including school



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physicals, vision, hearing, low cost prescription resources, Texas-211 evacuation and special needs registration, and contact information for low cost health care.

At end of the final station, the client checked out, the wrist band was scanned and all clinic documents were retrieved. The wrist band scanning process captured the entrance, progress and exit of the client by time stamping each step.

SOFTWARE USER SETUP AND PATIENT FLOW for OPERATION LONE STAR and CLIENT TRACKING.

Software Setup:

1. User/volunteer logs into the client tracking software.





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2. User selects a site to be working at or an activity to perform.





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3. The software user then selects the optional services to be provided at their assigned workstation.

Each individual POD site has a screen for easy access in the main data capturing elements for more detailed information. The Icons below will access current data for numbers of patients arriving, numbers of registered clients and registration wait times, screening referrals and times, number and types of child and adult vaccines as well as captured times spent in the immunization section, diagnoses counts for both adult and child patients, pharmacy medication counts prescribed, medical services provided (e.g. diabetic screening, eye screening, hearing screening, etc), and service exit tracking to identify total time spend in the clinics during OLS.

OPERATION LONE STAR
2011

Palmview High School Services

Arrival Registration Screening Immunizations

Diagnosis Pharmacy Medical Service Exit



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CLIENT FLOW THRU THE POD:

1. Client enters the POD at the initial check-in location of the facility.
2. A tyvek wrist band with a pre-printed barcode ID number is attached to the client's wrist and scanned to start the tracking process.



Tyvek pre-printed barcodes used for tracking patients and services rendered.





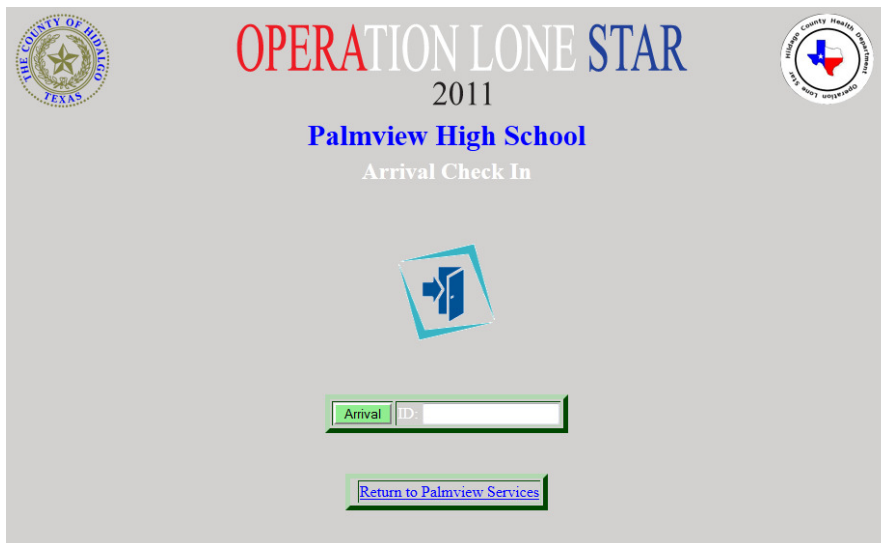
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BEST PRACTICE

3. The wrist band is then scanned to document the arrival of the client at Operation Lone Star.



4. Client then goes to the general waiting area before being called into the registration area where they will receive a client folder and demographics are collected.
5. Wrist band is scanned into the client registration section of the software.







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BEST PRACTICE

6. Client fills out required paperwork at the registration table.
7. Wrist band is scanned to generate matching labels for the documentation.

 **OPERATION LONE STAR** 
2011
Palmview High School
Registration Check In



[Print ID Label](#)

[Reg In](#) ID:

[Return to Palmview Registration Services](#) [Return to Palmview Services](#)



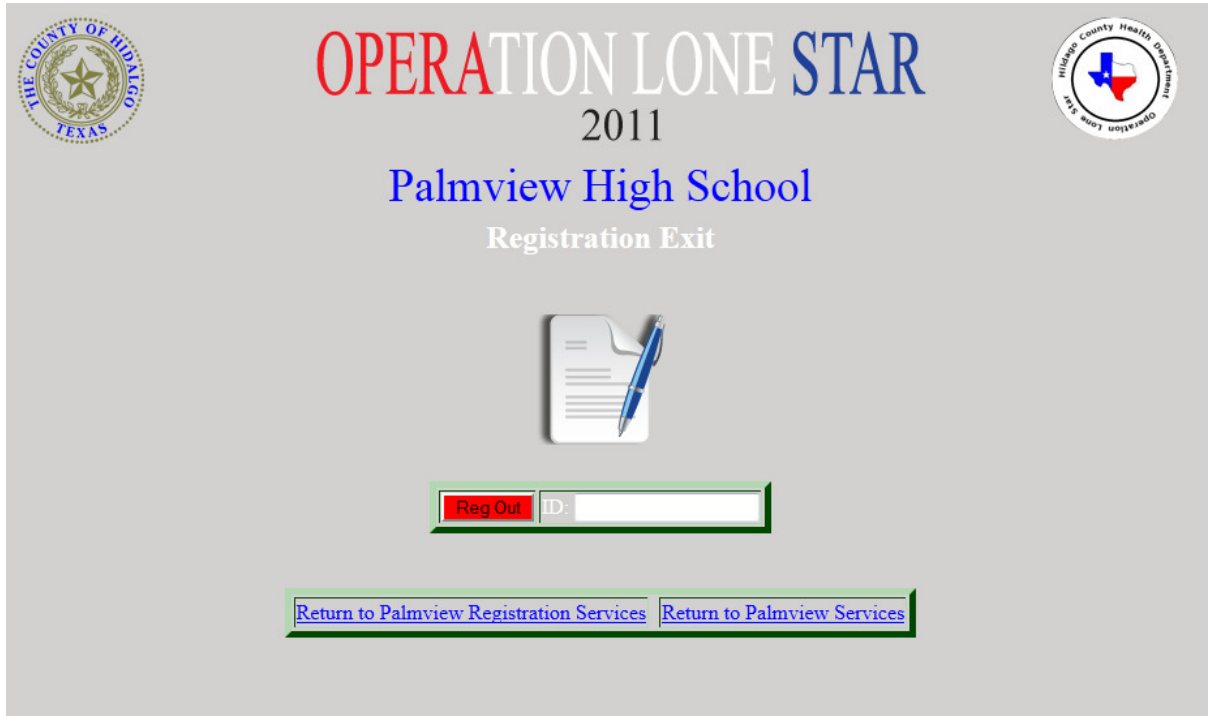
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8. Wrist band is scanned upon exiting the registration area to provide total time spent in the registration area. Bottleneck delays are examined all along the entire flow process to expedite patient flow.



9. Client proceeds through the other available screening services (e.g. diabetic screening, vitals screening, hemoglobin testing, etc). Each service can scan the barcode label if sufficient workstations are available. Some screening services are required (e.g. Vitals) whereas other services are optional for the clients.



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BEST PRACTICE

10. Client exits available screening services and all services received are checked off on the screening exit software module.

OPERATION LONE STAR
2011
Palmview High School

Screening Services

ID:

<input type="checkbox"/> Left w/o Reg.	<input type="checkbox"/> Registered	<input type="checkbox"/> Vitals
<input checked="" type="checkbox"/> Diabetic Screening	<input type="checkbox"/> Diabetic Ed./Nutrition	<input type="checkbox"/> Heart Disease Info.
<input type="checkbox"/> Smoker's Cessation	<input type="checkbox"/> Veteran's Affairs	<input type="checkbox"/> Hemoglobin Testing

[Return to Palmview Services](#)

11. If the client is receiving immunizations, client proceeds to immunization waiting area.



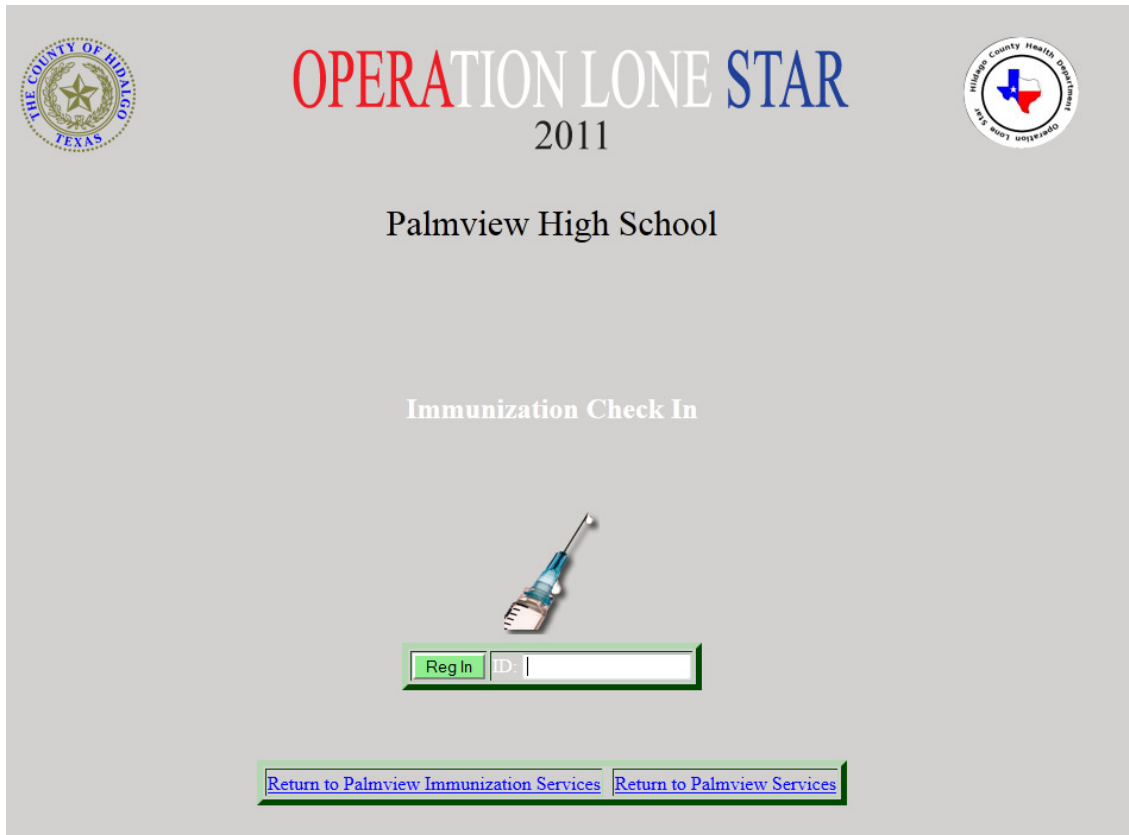
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BEST PRACTICE

- The client is then called to enter immunization area and ID Bracelet is scanned.





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BEST PRACTICE

- 13. Client receives immunization(s) and ID bracelet is scanned on exit and immunization(s) received are selected on the immunizations module of the software. (This in and out data will provided us with the average time a client spends receiving an immunization).

OPERATION LONE STAR
2011

Palmview High School

Immunization Check Out

Vaccines Administered Page

ID:

<input type="checkbox"/> Dtap	<input type="checkbox"/> RotaVirus	<input type="checkbox"/> HIB	<input type="checkbox"/> IPV
<input type="checkbox"/> HPV	<input type="checkbox"/> Hep A	<input type="checkbox"/> HepB	<input type="checkbox"/> MCV4
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> MMR	<input type="checkbox"/> TD	<input type="checkbox"/> TDAP
<input type="checkbox"/> Prevnar PCV-13	<input type="checkbox"/> DTAP-IPV	<input type="checkbox"/> DTAP-Hib-IPV	

Adult Vaccine Formulations

<input type="checkbox"/> HepA	<input type="checkbox"/> TDAP	<input type="checkbox"/> HepB	<input type="checkbox"/> MCV4
<input type="checkbox"/> TD	<input type="checkbox"/> MMR	<input type="checkbox"/> Varicella	<input type="checkbox"/> PPV-23

Imm Out

[Return to Palmview Immunization Services](#) [Return to Palmview Services](#)

- 14. If the client is receiving medical services, the client proceeds to the medical services waiting area.





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15. When the client is called into medical services, the clients' ID bracelet is scanned only once regardless of the number or types of medical services being received. (This will provide us with a count of clients receiving medical services). Hidalgo County does have the option however of more specific tracking of medical services rendered if needed and have done so in prior operations but for Optional Lone Star 2011 this option was not exercised.

 **OPERATION LONE STAR** 
2011
Palmview High School

Medical Service

 **Medical Check-In**

[Return to Palm View Services](#) [Return to Palm View Services](#)

16. Upon receiving medical services client leaves medical services and proceeds to the pharmacy or to the exit.



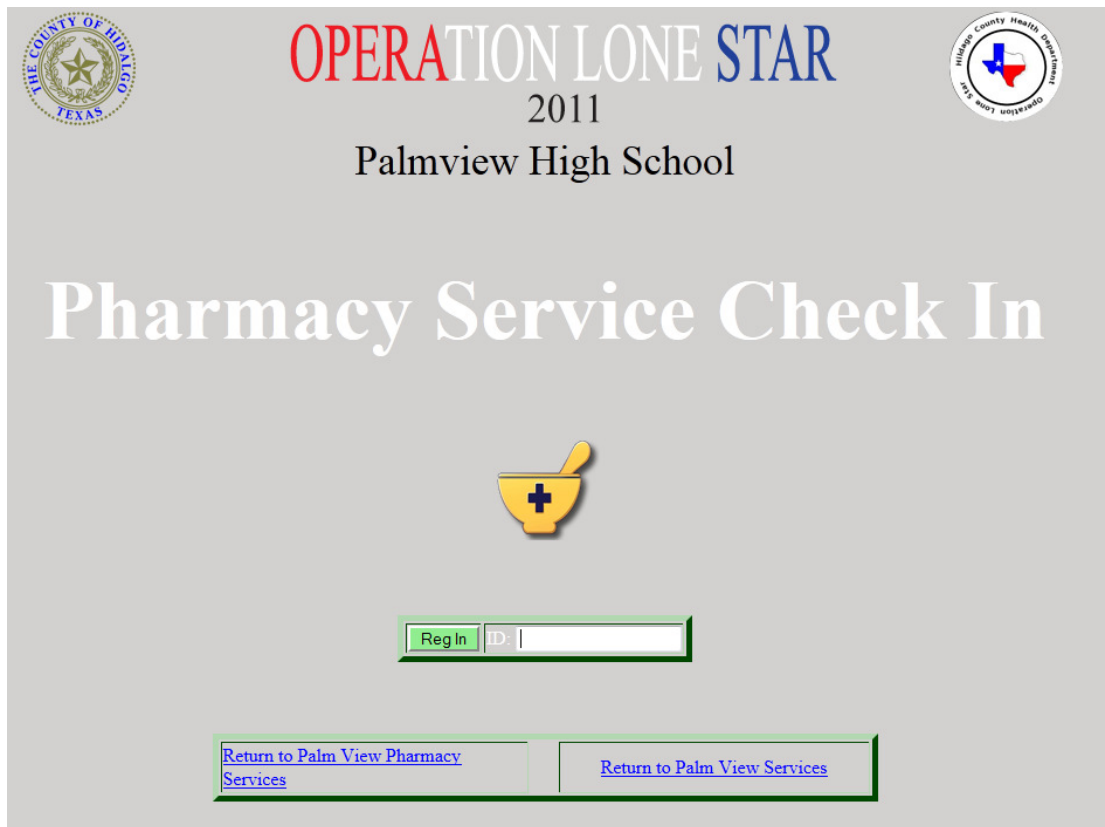
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BEST PRACTICE

17. If the client goes to the pharmacy, the clients' ID bracelet is scanned at arrival and the prescriptions are taken by the pharmacist.



18. Pharmacist fills the prescriptions that can be filled on site.
19. Pharmacist provides the client with the filled prescriptions and the unfilled prescriptions.




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20. The client's ID bracelet is scanned again on exit and the medications dispensed and those not dispensed are documented in the pharmacy module. (This information provides us with the amount of time a client is spending at the pharmacy, what prescriptions were filled and which were not. The prescription information is helpful in developing the formulary for the following year's Operation Lone Star.)



OPERATION LONE STAR

2011

Palmview High School

In - HOUSE PHARMACY

Patient ID:

<input type="checkbox"/> Acetaminophen 160mg/5ml	<input type="checkbox"/> Acetaminophen 500mg	<input type="checkbox"/> Albuterol Oral Inhaler
<input type="checkbox"/> Amoxicillin 250mg/5m	<input type="checkbox"/> Amoxicillin 500mg	<input type="checkbox"/> Antipyrine & Benzocaine Otic
<input type="checkbox"/> Aspirin, Baby	<input type="checkbox"/> Azithromicin 250mg	<input type="checkbox"/> Bactroban Ointment
<input type="checkbox"/> Benzonatate 100mg	<input type="checkbox"/> Bisacodyl 5mg	<input type="checkbox"/> Cephalexin 500mg
<input type="checkbox"/> Cephalexin 250mg/5ml	<input type="checkbox"/> Children's Benadryl 4oz	<input type="checkbox"/> Chlorthalidone 25mg
<input type="checkbox"/> Ciprofloxacin 500mg	<input type="checkbox"/> Clindamycin Hydrochloride 300mg	<input type="checkbox"/> Clonidine Tablet 0.1mg
<input type="checkbox"/> Clotrimazole Vaginal Cream	<input type="checkbox"/> Cyclobenzaprine 10mg	<input type="checkbox"/> Debrox Ear Drops
<input type="checkbox"/> Diflucan 150mg	<input type="checkbox"/> Diphenhydramine 25mg	<input type="checkbox"/> Doxycycline 100mg
<input type="checkbox"/> Elimite	<input type="checkbox"/> Flunisolide Nasal Spray	<input type="checkbox"/> Gentamycin Ophth Solution
<input type="checkbox"/> Glyburide 5mg	<input type="checkbox"/> Hydrochlorothiazide 25mg	<input type="checkbox"/> Hydrocortisone Topical Cream 1%
<input type="checkbox"/> Ibuprofen 200mg	<input type="checkbox"/> Ibuprofen Children's 100mg/5ml	<input type="checkbox"/> Lisinopril 20mg
<input type="checkbox"/> Loperamide 2mg	<input type="checkbox"/> Loratidine 10mg	<input type="checkbox"/> Lovastatin 20mg
<input type="checkbox"/> Metformin 500mg	<input type="checkbox"/> Metoprolol 50mg	<input type="checkbox"/> Metronidazole 500mg
<input type="checkbox"/> Multivitamin, Children's	<input type="checkbox"/> Nitrofurantoin 100mg	<input type="checkbox"/> Nitroglycerin Tablets 0.4mg
<input type="checkbox"/> Nystatin Cream	<input type="checkbox"/> Omeprazole 20mg	<input type="checkbox"/> Oral Glucose/15G pkg/3
<input type="checkbox"/> Penicillin VK 250mg/5ml	<input type="checkbox"/> Penicillin VK 500mg	<input type="checkbox"/> Peridex Dental Solution
<input type="checkbox"/> Permethrin Cream 5%	<input type="checkbox"/> Phenazopyridine 100mg	<input type="checkbox"/> Promethazine 25mg
<input type="checkbox"/> Ranitidine tablets 75mg	<input type="checkbox"/> Sulfacetamide Ophthalmic Drops	<input type="checkbox"/> TMP/SMX Suspension
<input type="checkbox"/> TMP/SMX 800mg/400mg (not DS)		
Med 1 <input style="width: 100px;" type="text"/>	Med 2 <input style="width: 100px;" type="text"/>	Med 3 <input style="width: 100px;" type="text"/>
Med 4 <input style="width: 100px;" type="text"/>	Med 5 <input style="width: 100px;" type="text"/>	Med 6 <input style="width: 100px;" type="text"/>
	<input type="button" value="Clear"/>	<input type="button" value="Submit"/>

21. Client proceeds to additional screening services and social services (if any) available.



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- 22. Client proceeds to the exit after completing all screening services available. The id bracelet is scanned at exit and any additional services received are entered into the exit module of the software. This information provides us with an average amount of time a client is spending at Operation Lone Star.

OPERATION LONE STAR
2011
Palmview High School

Exit Services

ID:

Medical Wing	Social Services	Other
<input type="checkbox"/> ABC Pediatric	# of Social Services <input type="text"/>	<input type="checkbox"/> Dental
<input type="checkbox"/> Eye Exam	<input type="checkbox"/> Hidalgo County AgriLife	
<input type="checkbox"/> Hearing Test	<input type="checkbox"/> Poison Control	
<input type="checkbox"/> Mental Behavioral Health Service	<input type="checkbox"/> Dental Referral	
	<input type="checkbox"/> Medical Referral	
	<input type="checkbox"/> Mental Referral	
	<input type="checkbox"/> Substance Referral	




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23. After the client leaves, additional information from their chart can be entered into the software, such as diagnosis, to allow pertinent personnel to look for trends or statistics necessary to prepare for the following year.



OPERATION LONE STAR

2011



Palmview High School

Diagnoses and Procedures Worksheet

Client ID:

Provider ID:

Adult Pedi

<input type="checkbox"/> Acne	<input type="checkbox"/> Allergic Rhinitis	<input type="checkbox"/> Anemia	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Colitis	<input type="checkbox"/> Constipation
<input type="checkbox"/> Depression NOS	<input type="checkbox"/> Dermatitis--Eczema	<input type="checkbox"/> Dermatitis--Fungal	<input type="checkbox"/> Dermatitis--Contact
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> DJD	<input type="checkbox"/> DM--Insulin	<input type="checkbox"/> DM--Oral
<input type="checkbox"/> Fever	<input type="checkbox"/> Gastritis	<input type="checkbox"/> GERD	<input type="checkbox"/> Headache
<input type="checkbox"/> HTN	<input type="checkbox"/> Hypercholesterolemia	<input type="checkbox"/> Lumbago	<input type="checkbox"/> Obesity
<input type="checkbox"/> Otitis Externa	<input type="checkbox"/> Otitis Media	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Sprain/Strain
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Tobacco Use	<input type="checkbox"/> URI	<input type="checkbox"/> UTI
<input type="checkbox"/> Vision Problem	<input type="checkbox"/> Well Adult	<input type="checkbox"/> Well Child/Sports	

Medical Procedures

Basic Exam (ex: acute brief exam; single focus)

Complex Exam (2-3 body systems)

Extended Exam (History & all body systems)



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REPORTING

The reports section of the software allows for real time data to be viewed at the POD site, Emergency Operations Center or even the State Operations Center to provide the individuals with the most up to date information. The Daily Reports provided EOC Operations with a quick view in real time of the numbers of patients entering the facilities, number of services being requested and provided, and the number of referrals given. When tracking inventories, this becomes a very useful tool to ensure adequate supplies are being requested and delivered in a timely manner.

Client Counts: The Client Count report gave a quick overview of the numbers of patients being seen at each site in real-time as well as the number of the patients leaving without registering. In some cases, patients would want a particular service (e.g. dental) that was not being provided and would leave prior to registering and officially entering the POD facility.

Operation Lone Star 2011 -- Hidalgo County

Client Counts for: 2011-07-25

Report Date/Time: Wednesday 26th of October 2011 03:48:12 PM

Palmview High School Client Count	394
Palmview High School Client Exit Count	315
Palmview High School Client Left Without Registering Count	2
PSJA High School Client Count	273
PSJA Client Exit Count	256
PSJA High School Client Left Without Registering Count	3



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Client Wait Times: Client Wait Times could be compared by POD sites to give EOC Operations more situational awareness with the flow of patients and make adjustments to POD operations as needed to minimize as much as possible the time required to complete registration, prescription filling, immunization delivery, and total time in the clinics. Staffing and volunteer resources could be adjusted as needed between POD sites and cities as needed.



OPERATION LONE STAR 2011



Operation Lone Star 2011 -- Hidalgo County

Client Wait Times for: 2011-07-29

Report Date/Time: Wednesday 26th of October 2011 03:49:19 PM

Palmview High School Wait Times

Registration	Pharmacy	Immunization	Total time at OLS-2011
00:18:36	00:17:28	00:17:40	03:27:09

PSJA High School Wait Times

Registration	Pharmacy	Immunization	Total time at OLS-2011
00:12:15	00:15:59	00:18:27	03:18:05






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BEST PRACTICE

Immunizations administered for all sites (report is also available on a per site basis):
The Vaccines Administration Page gave immediate access to the numbers and types of vaccines being administered in real time at the POD sites. These counts could be compared to the resupply orders being requested by the individual POD sites for next day planning purposes.

Operation Lone Star 2011 -- Hidalgo County

Immunizations Administered for Palmview and PSJA Combined for: 2011-07-29

Report Date/Time: Wednesday 26th of October 2011 03:50:27 PM

DTAP Count ...	10
Rotateq Count ...	0
HIB Count ...	2
IPV Count ...	7
HPV Count ...	68
Hep A Count ...	12
Hep B Count ...	5
MCV4 Count ...	29
Chicken Pox Count ...	21
MMR Count ...	14




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BEST PRACTICE

Diagnosis count for all sites (report is also available on a per site basis): The Diagnoses Count screen was not used for real-time data collection during Operation LoneStar 2011 due to a shortage of volunteers used to collect the data. However, it could be used retrospectively if the Department chooses to perform a record review and capture this info for next year’s planning purpose.



OPERATION LONE STAR

2011



Hidalgo County

All Sites Diagnoses Count for: 2011-07-29

Report Date/Time: Wednesday 26th of October 2011 03:52:33 PM

Diagnoses	Adult	Pediatric	Diagnoses Count
Acne	0	0	0
Allergic Rhinitis	0	0	0
Anemia	0	0	0
Anxiety	0	0	0
Athsma	0	0	0
Bronchitis	0	0	0
Colitis	0	0	0
Constipation	0	0	0
Depression NOS	0	0	0
Dermatitis - Eczema	0	0	0
Dermatitis Fungal	0	0	0
Dermatitis Contact	0	0	0
Diarrhea	0	0	0
DJD	0	0	0



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Individual Site Reports

Screening Services Counts: Service counts in real time for each POD were tracked to determine the levels of service being requested by patients entering the POD sites. POD Incident Commanders and leaders have immediate access to all their data and services being rendered in real time operation. The EOC or Unified Command can view individual sites and their specific data or can view an overall operation conglomerate of all sites participating in the operation to produce an overall operation picture of the event in real-time and maintain situational awareness across large jurisdictions.

Hidalgo County

Palmview High School Service Counts for: 2011-07-29

Report Date/Time: Wednesday 26th of October 2011 03:54:10 PM

Diabetic Screening Count	153
Eye Screening Service Count	70
Hearing Screening Count	62
Heart Disease Information	0
Medical Services	225
Clients Immunized Count	140
Vaccine Doses Administered	174
Nutrition/Diabetic Education	111
Poison Control	1
Smoking Cessation	1
Veteran Affairs	0
Vitals Service	240



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Pharmacy Counts: Pharmacy counts were available in real-time to track specific medications being dispensed in-house as well as a total accounting for all medications prescribed. This gave Operations a clear indication of the medicinal issues being seen by the attending physicians and provided additional planning intel each day as the event progressed.



OPERATION LONE STAR 2011



Hidalgo County

Palmview High School Pharmacy Count for: 2011-07-29

Report Date/Time: Wednesday 26th of October 2011 03:55:45 PM

Medication	Count
Acetaminophen 160mg/5ml	5
Acetaminophen 500mg	3
Abuterol Oral Inhaler	2
Amoxicillin 250mg/5ml	0
Amoxicillin 500mg	3
Antipyrine & Benzocaine Otic	2
Aspirin, Baby	9
Azithromicin 250mg	3
Bactroban Ointment	0
Benzonatate 100mg	0
Bisacodyl 5mg	6
Cephalexin 500mg	0
Cephalexin 250mg/5ml	0
Children's Benadryl 4oz	4
Chlorthalidone 25mg	2
Ciprofloxacin 500mg	3
Clindamycin Hydrochloride 300mg	1
Clonidine Tablet 0.1mg	0



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BEST PRACTICE

BENEFITS

- The process to capture information was essentially seamless.
- The data was real-time.
- The software operates on a SQL server and is 100% web-based meaning you can use anytime and anywhere you have internet access.
- No extra resources were needed to update or maintain the PCs.
- Reporting capability can grow as needed.
- Differences in service times at different POD sites can be easily evaluated.
- Provides pharmacy leadership capability by measuring work accomplished.
- Data is backed up securely approximately every 10 minutes, with secure copies and a full backup stored every night.
- Built from the ground up using no cost, open source, supportable software maintained by existing IT staff.
- There are daily, weekly, monthly, and yearly views.
- System tracks pharmacy prescriptions filled in-house as well as prescriptions prescribed but not filled.
- Area Command or other command centers can easily access the information for planning purposes if granted access.
- Program can be expanded, improved upon, with existing internal IT staff.
- System not limited by the number of PODs. Scalable to any number of POD sites.
- System can be used from any site location since it is web-based. For example, Laredo, Texas which is 2 + hours (180 miles) away from Hidalgo County used the system during week 2 of Operation Lone Star 2011.
- System is easily adaptable for multiple jurisdictions.



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BEST PRACTICE

RESOURCES

H1N1 FULL SCALE EXERCISE PLANNERS, TRAINERS and EVALUATORS

Hidalgo County Health and Human Services

1302 South 25th Avenue
Edinburg, Texas 78539

Point of Contact:

Eduardo (Eddie) Olivarez, Health Director
Rigoberto (Rigo) Hinojosa, Director of Operations
Phone: (956)-383-6221

Disaster Preparedness and Response

Texas Extension Engineering Service
The Texas A&M University System
301 Tarrow

College Station, TX 77840-7896

Point of Contact:

Gary Meaney, Training Manager
Phone: 979-458-0857

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