

Hidalgo County



Appendix 10: Mass Care Support Plan

April 2023

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Approval and Implementation

Appendix 10: Mass Care Support Plan

This appendix is hereby approved for implementation and supersedes all previous editions.

Eduardo Olivarez
Director, Health & Human Services

Date

Ricardo Saldaña
Emergency Management Coordinator

Date

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Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

Purpose

The purpose of the Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan is to outline operational concepts, responsibilities, and procedures to provide health and medical services to large numbers of individuals who find themselves displaced by disaster.

Explanation of Terms

Acronyms

HCHHSD	Hidalgo County Health and Human Services Department
ARC	American Red Cross
DDC	District Disaster Committee
DWI	Disaster Welfare Inquiry
EMS	Emergency Medical Services
EOC	Emergency Operations or Operating Center
HEICS	Hospital Emergency Incident Command System
MOC	Medical Operation Center
NIMS	National Incident Management System
SOP	Standard Operating Procedures

Definitions

At-risk Individuals: children, older adults, pregnant women, and individuals who may need additional response assistance (i.e., individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, individuals who have pharmacological dependency).

Mass Care: Providing assistance to those who have been displaced from their homes and others affected by a hazardous situation or the threat of such a situation. Mass

care for these individuals includes providing food, basic medical care, clothing, and other essential life support services.

Disaster Welfare Inquiries: Disaster welfare inquiries are requests from relatives, friends, employers, or others for information on the status of persons in an area affected by an emergency situation who cannot be located because they have evacuated, become separated from their families, or cannot be contacted by normal means of communications. Registration of disaster victims at shelters provides some of the information needed to answer welfare inquiries. For emergency situations that extend beyond several days, the American Red Cross may activate a Disaster Welfare Inquiry (DWI) system to handle such inquiries.

Shelter: Short term lodging for evacuees during and immediately after an emergency. Shelters are generally located away from known hazards. Mass care operations are typically conducted in shelters.

Special Needs Individuals/Groups: Includes the elderly, medically fragile, mentally and/or physically challenged or handicapped, individuals with mental illness, and the developmentally delayed. These groups may need to have specially trained health care providers to care for them, special facilities equipped to meet their needs, and may require specialized vehicles and equipment for transport. This population requires specialized assistance in meeting daily needs and may need special assistance during emergency situations.

Unaccompanied Minors: Children who are without parental care, including orphans, unaccompanied and separated children, as well as children living on their own, or with foster families or in institutions.

Situation & Assumptions

Situation

1. HCHHSD will assist with shelter and mass care operations for individuals displaced in an emergency in coordination with local OEM and other public and private health entities.
2. The County, with the assistance of HCHHSD, holds the ultimate responsibility for providing shelter and mass care to protect residents displaced from their homes or others who are evacuated from other jurisdictions due to emergency situations.

Assumptions

1. Shelters may be opened with little or no advance notice. Until American Red Cross personnel arrive and assume responsibility for managing such shelters, local government personnel may have to coordinate shelter and mass care activities.
2. Health and medical resources needed for shelter and mass care operations that are beyond the capacity of the County may be requested from other entities. State and federal assistance can be requested through the supporting DDC.
3. Facilities designated for shelter and mass care should be available at times of need.

4. Professional and volunteer organizations which normally respond to disasters will be activated as needed.

Concept of Operations

General

HCHHSD will provide mass care support to the County EOC, when requested, especially for the care of special needs populations. The Incident Commander or the emergency management staff, in accordance with NIMS, will determine the need for opening shelters and commencing mass care operations based on the emergency situation. The County Judge may request the opening or closing of shelters.

Services may include:

- transportation arrangements,
- behavioral specialists to assist people with serious mental illness,
- translators or visual aids for non-English speakers,
- sanitation inspections,
- disease outbreak control,
- epidemiological investigations,
- acquisition of medical supplies and equipment.

Several school facilities in Hidalgo County have been designated as Red Cross-approved shelters for mass care. Two separate sites have also been approved for sheltering medical patients. The list of available shelters is maintained by Hidalgo County's OEM division. Shelter locations will be determined by the scope of the emergency and the impact area. Information will be provided to the public in a timely manner through media channels. Other structures such as church fellowship halls or community recreation centers may be utilized as temporary shelters until all sites can be consolidated into fully staffed official shelters.

The decision to open and close mass care shelters and the choice of specific shelter locations will be made at the EOC and/or Health EOC. Public and private institutional care providers will continue to be responsible for the care of evacuees from their respective facilities while in any shelter. The care provider will be responsible for having evacuation, transportation, and sheltering plans in place for their populations.

Emergency Medical Services

HCHHSD will coordinate requests for ambulance service to schedule medical transportation for the acutely/chronically ill or any injured person from a shelter to a healthcare institution. The requests will be managed through TRAC-V and HPP.

The Shelter Manager shall, in coordination with HCHHSD nursing and health staff, identify those who may require emergency and non-emergency medical services, including those who may require transportation to a medical facility. Once identified, one or more means of communication shall be utilized if necessary to reach designated EMS providers for

transportation. If ambulances are stationed at each general shelter, EMS personnel on-site shall determine the need for transport and arrange for such transportation.

The Health EOC may coordinate with local healthcare facilities for receiving patients from local shelters and ensuring information sharing. Patient information is gathered by EMS personnel and verbally delivered to receiving healthcare facility staff. If a patient is unable to communicate or provide information to EMS personnel, responders will assess the patient, provide interventions, and verbally deliver patient assessment and EMS intervention information to the receiving healthcare facility. EMS reports will be electronically generated and provided to healthcare facilities at its request.

HCHHSD shall coordinate with the EMC to arrange mass transportation services in conjunction with Valley Metro transit and other mass transit providers (private and public). Such services will be rendered as described in the Hidalgo County Basic Plan.

Disease Surveillance

HCHHSD shall also provide public health staff to support routine health monitoring and disease surveillance activities. These personnel will consist of nurses and other healthcare practitioners who will be assigned to each active shelter. HCHHSD will coordinate with the Shelter Manager on details for furnishing health services and/or addressing needs to the Health EOC for further action.

These shelter-based health staff shall communicate relevant health data to the Health EOC for epidemiological and disease surveillance purposes to coordinate and ensure that public health issues are addressed and documented as per Texas Notifiable Conditions log requirements.

Any epidemiological and disease surveillance addressed at shelters or mass-care facilities will be documented in an EEPI-1 form (Infectious Disease Report) and submitted to the Health EOC by shelter-based health staff. HCHHSD surveillance staff will conduct an investigation immediately and complete investigation forms required depending on the disease been investigated. These forms are required by the State of Texas for any Notifiable Conditions. After the investigation is completed it is then submitted to the Texas National Electronic Disease Surveillance System (NEDSS) and uploaded into the Public Health Information Network (PHIN). The submission of the forms will inform the State of Texas of any disease been investigated in local shelters/mass-care facilities. Having shelter-based health staff at shelters will facilitate the containment of an outbreak.

One or more health professionals shall be assigned at each shelter during each 12 hour-shift. The Health EOC shall coordinate the assignment of HCHHSD health staff to each shelter site with the Shelter Manager. The on-site health professional shall perform within the limits of the Health Authority/Chief Physician's license and standing orders, as applicable, to evaluate and communicate healthcare needs of those in the shelter to the Health EOC. This includes coordinating access to medications, medical equipment, and continuation of outpatient and home-based treatment services. The on-site health

professional shall coordinate with the Shelter Manager when addressing medical and safety or hygiene issues at each shelter. Specific concerns regarding any human health surveillance condition will also be communicated directly to the Health EOC.

Environmental Health

Because of the congregate environment of mass care shelters, HCHHSD's Environmental Health Services personnel shall establish routine health/sanitation inspections of active shelters to ensure compliance. If needed, sanitarians shall coordinate with the County Fire Marshal and the Community Development Department code enforcement officers to ensure safety measures are in place at the shelters.

HCHHSD sanitarians shall ensure compliance with regulations within their scope of practice at each shelter. Inspections shall be conducted at least daily or as appropriate based on local conditions at each shelter. Any food prepared or served at the shelter shall be underperformed in accordance with local, state, and federal requirements and is subject to inspection by HCHHSD sanitarians.

Sanitarians shall coordinate with the Shelter Manager to ensure compliance with applicable standards and ensure the health and safety of those at the shelter. Other inspection personnel (i.e., fire marshals, code enforcement officers) shall coordinate with the Shelter Manager in their respective scopes to address issues identified, including identification of any barriers for individuals with special needs. Sanitarians shall also coordinate with the Health EOC to ensure that issues are addressed and documented. This includes sanitation and environmental health issues that may require intervention, such as closing shelters due to sanitation concerns, or requesting resources to improve sanitary conditions at the shelters.

Safety

The HCHHSD has a written Safety Plan/SOPs, and a safety checklist is maintained in the safety program files. As part of the safety ongoing program, the safety officer assures that the customer-patient, and work environment is maintained safe. In addition, the QA committee follows all safety pending issues with great concern. Safety evaluations are conducted by the safety officer following a checklist which is compliant with health care policies, city risk management, fire department, and state's HHSC. Evidence of ADA inspections by the State of Texas is maintained in the HCHHSD grounds and maintenance files.

At-Risk Groups or Individuals

Special facilities include hospitals, nursing homes, group homes, and correctional institutions. Such facilities are responsible for the welfare and safety of their clients, who may need specially trained staff to care for them and special equipment and facilities to meet their needs.

Medical shelters should be located in facilities that are capable of providing a safe haven for persons who meet the criteria for being considered as an individual with medical needs, their family and/or caregivers, the recommended staff who will be providing medical shelter services, and the equipment and supplies that will be required during the time the shelter is expected to be open. The medical needs services provided during an emergency or disaster event should be delivered, when practical, in an environment that can sustain pre-disaster levels of health.

Facilities used as shelters should follow American Red Cross (ARC) Shelter Criteria, meet Americans with Disability (ADA) requirements, and ensure to integrate support services for at-risk individuals and those with access or functional needs, as outlined in the FEMA FNSS guidelines, and conform to state and local building and fire safety codes. General population shelters are based on forty (40) square feet per cot or bed. Recommended guidelines for Medical Shelters are eighty (80) square feet per cot or bed to allow for additional space required for accompanying medical equipment.

Several shelter locations will be designated as the “go to” locations for dialysis patients to make transportation to dialysis treatment easier. These “go to” shelters should be close to large dialysis centers, if possible. These shelters may be used for others, not just strictly dialysis patients. Routinely screen for people who require dialysis or have a transplant when individuals seek shelter in disasters. Shelters should consider that arrangements for transportation for dialysis patient must be made and should consider transferring these individuals to another shelter near a dialysis facility.

Facilities should allocate space to include the following:

- a. Medical Station
- b. Medical Isolation areas
- c. Medical Administration area

Alternate Care Sites

It may be necessary to have Public Health assist with the relocation of some individuals who are homebound and incapable of supporting themselves due to the nature of the emergency. Support will be provided with any resources available within our jurisdiction or pursuant to mutual aid agreements. If additional state or federal resources are needed, they will be requested through the supporting DDC.

General Public Shelters

General public shelters can generally accommodate individuals with special needs who require minimal care and are attended to by their families or other caregivers. Special needs populations (i.e., the elderly, the disabled, those who are medically fragile, those with cognitive impairments) may need to have specially trained people to care for them as well as have special facilities equipped to care for their needs.

Since mass care shelters, either those in the host or risk area, are not usually prepared for maximum needs eventualities, the above individuals will need to be transported to

appropriate facilities which are equipped to provide the proper quality of care. The institutions identified for those needs are McAllen Medical Center, Doctor's Hospital at Renaissance, Mission Regional Medical Center, Edinburg Regional Medical Center, and Knapp Weslaco Hospital.

Un-accompanied Minors

Un-accompanied minors will be identified. Children that are separated from their parents and are unable to tell you his/her name will be photographed, and a brief description will be written on the back of the photo that describes the child, his/her clothing, and any other identifying characteristics. HCHHSD will seek re-unification of the child with their parents or designated caretakers. Proper identification will be required from the family member and confirmation of their relationship to the child before releasing him. The un-accompanied children should remain in a special holding area that is designated for children only. This area will have appropriate adult supervision and staff as well as toys and other diversion activities. If possible, a staff member with expertise in dealing with mental health issues (i.e., child life specialist, social worker, chaplain) will be available to address fears and concerns that these children may have regarding the incident, their safety, and their families.

Legal System

The County EOC and/or RMOC will determine all legal considerations concerning the care and treatment of minor children, including unaccompanied minor children, such as consent, guardianship, decontamination consent, records privacy, and photographs of unidentified children. The County EOC will appoint lawyers to serve as guardians and litem for children orphaned or those who have lost a custodial parent. All relevant domestic courts will be taken into consideration (i.e., family, probate, juvenile) in the planning process to consider children's best interests.

Organization & Assignment of Responsibilities

Organization

1. The normal emergency organization will carry out shelter and mass care operations.
2. The HCHHSD Director, Medical Health Authority, and designated assistants serve on the EOC staff. All related response activities other than medical dispatch will be coordinated and/or supported from the EOC.
3. In a large mass incident, coordination of healthcare response activities may require that the Health EOC be activated, especially if the response is expected to continue for a long period of time.
4. Large-scale health and medical efforts shall be coordinated from the EOC or the Health EOC, if activated.
5. Upon receipt of official notification of an actual or potential emergency condition, it is the responsibility of HCHHSD to receive and evaluate all requests for health and medical assistance and to coordinate the response of all appropriate public health, medical, and mortuary services.

Assignment of Responsibilities

1. All agencies/organizations assigned to provide health and medical services are responsible for the following:
 - a. Complying with the National Incident Management System (NIMS).
 - b. Implementing Hospital Emergency Incident Command System (HEICS) of hospitals. Other health and medical agencies will utilize a modified incident command structure that interfaces with the EOC/MOC.
 - c. Designating and training representatives for their agency/organization.
 - d. Ensuring that appropriate standard operating procedures (SOPs) are developed and maintained.
 - e. Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the facility, EOC/MO, and as needed in the field.
 - f. Updating their internal guidelines, procedures and plans, as necessary.
2. HCHHSD will:
 - a. Provide sanitation inspections.
 - b. Provide guidance and education on disease prevention:
 - pamphlets
 - posters
 - presentations
 - c. Conduct epidemiological investigations to prevent disease outbreak and collect the following information:
 - signs and symptoms
 - treatments
 - d. Basic First Aid:
 - blood pressures
 - temperature
 - pulse count/respiratory counts
 - Bandages
 - Cardiopulmonary Resuscitation

Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.

3. Once the Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan are kept at HCHHSD's main offices at **1304 S. 25th Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

Attachments

Attachment I – Evacuation

Attachment II – Shelter in Place

Attachment III – Hospital and Medical Services Coordination

Hidalgo County



Appendix 10: Mass Care Support Plan

Attachment 1: Evacuation

April 2023

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Approval and Implementation

Appendix 10: Mass Care Support Plan

Attachment 1: Evacuation

This attachment is hereby approved for implementation and supersedes all previous editions.

Eduardo Olivarez
Director, Health & Human Services

Date

Ricardo Saldaña
Emergency Management Coordinator

Date

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Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

Purpose

The purpose of the Public Health and Medical Services Plan, Appendix 10: Mass Care Support Plan, Attachment 1: Evacuation is to outline organizational arrangements, operational concepts, responsibilities, and procedures to protect and provide evacuation. HCHHSD will provide support to local emergency management in the orderly and coordinated evacuation of all or any part of the population of County.

Explanation of Terms

Acronyms

DDC	District Disaster Committee
DSHS	Department of State Health Services
EOC	Emergency Operations or Operating Center
HEICS	Hospital Emergency Incident Command System
ICP	Incident Command Post
MOC	Medical Operation Center
NIMS	National Incident Management System
SOP	Standard Operating Procedures

Definitions

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

Special Facilities: Facilities that require unique attention because they house or serve populations that cannot take care of themselves during emergency situations and/or require unique support services. Such facilities include:

- a) Schools and day care centers, where students require supervision to ensure their safety.
- b) Hospitals and nursing homes, where patients need specialized health care personnel and equipment to maintain their health.
- c) Correctional facilities, where offenders require security to keep them in custody.

211 Special Needs Populations**: Individuals who cannot take care of themselves during an evacuation, to include:

- a) Elderly
- b) Individuals with physical and/or mental disabilities and their caregivers
- c) Homeless
- d) Individuals without transportation

Mass Care: Providing assistance to those who have been displaced from their homes and others affected by a hazardous situation or the threat of such a situation. Mass care for these individuals includes providing food, basic medical care, clothing, and other essential life support services.

Special Needs Individuals/Groups: Includes the elderly, medically fragile, mentally and/or physically challenged or handicapped, individuals with mental illness, and the developmentally delayed. These groups may need to have specially trained health care providers to care for them, special facilities equipped to meet their needs, and may require specialized vehicles and equipment for transport. This population requires specialized assistance in meeting daily needs and may need special assistance during emergency situations.

Special Facilities: Facilities that require attention because they house or serve a population that cannot take care of themselves during emergency situations and/or require unique support services.

Un-accompanied minors: Children who are without parental care including orphans, unaccompanied and separated children. Children living on their own, in foster families or in institutions.

Situation & Assumptions

Situation

1. Local Emergency Management Coordinator may direct a limited or large – scale evacuation.
2. The HCHHSD Director, in conjunction with the Medical Authority and/or Regional Medical Director, may recommend to emergency management officials that an area be evacuated based on a public health threat.
3. There are a wide variety of emergency situations that might require an evacuation of portions of the local area.
4. Limited evacuation of specific geographic areas might be needed because of a hazardous materials transportation accident, major fire, natural gas leak, or localized flash flooding.
5. Large-scale evacuation could be required in the event of a major hazardous materials spill, terrorist attack with chemical agent, extensive flooding, or a hurricane.
6. Mandatory evacuation could be issued by the County Judge/City Mayor. When the Judge/Mayor has issued a local disaster declaration, he or she may take action to

Hidalgo County
Appendix 10: Mass Care Support Plan

control re-entry into a stricken area and the movement of people and occupancy of buildings within a disaster area.

Cities in Hidalgo County

- | | | | |
|---------------|------------|-------------|------------------|
| ▪ Alamo | ▪ Elsa | ▪ Mercedes | ▪ Progreso |
| ▪ Alton | ▪ Granjeno | ▪ Mission | ▪ Progreso Lakes |
| ▪ Alton North | ▪ Hidalgo | ▪ Palmhurst | ▪ San Juan |
| ▪ Donna | ▪ La Joya | ▪ Palmview | ▪ Sullivan City |
| ▪ Edcouch | ▪ La Villa | ▪ Penitas | ▪ Weslaco |
| ▪ Edinburg | ▪ McAllen | ▪ Pharr | |

Neighboring Jurisdictions

- | | |
|----------------|----------------|
| Brooks County | Starr County |
| Cameron County | Willacy County |

International Coordination

- | | |
|-----------------------------|--------------------------------|
| State of Tamaulipas, Mexico | City of Nuevo Progreso, Mexico |
| CDC in Mexico City | City of Rio Bravo, Mexico |
| CENAPRECE | City of Reynosa, Mexico |

Assumptions

1. HCHHSD Staff evacuation processes should be in the Business Continuity Plan, Attachment A, Appendix 11-Recovery.
2. Local officials will carry out evacuation processes and HCHHSD will support these efforts.
3. Individuals with special needs may not be capable of carrying out the evacuation order and will need assistance in evacuation.
4. The HCHHSD Director and/or Medical Health Authority may recommend to the EOC and/or ICP officials that an area must be evacuated based on a public health threat.
5. Local officials will carry out evacuation processes and HCHHSD will support these efforts and assist in a limited or large-scale evacuation when requested by the EOC and in accordance with the possibilities at the time needed.
6. HCHHSD is not responsible for the evacuation process but will assist when recommended or needed.
7. Individuals with special needs may not be capable of carrying out the evacuation order and will need assistance in evacuation. These individuals should be considered for evacuation prior to evacuation of the general population.
8. Local emergency management should identify homeless, homebound, and populations without transportation and arrange for transportation to relocate to a non-affected zone.
9. Shelters may have to be open with little notice. Until the American Red Cross personnel arrive and assume responsibility for managing such shelters, local government personnel may have to manage and coordinate shelter and mass care activities.
10. Health and medical resources needed to assist in shelter and mass care operations that are beyond the capacity of the County may be requested pursuant

to mutual aid agreement. Further state and federal assistance will be requested through the supporting DDC.

Concept of Operations

General

The HCHHSD is not assigned a specific role in evacuations but will provide support to the primary agency if requested. HCHHSD will provide public health support to locally managed evacuation operations, to include coordination of special needs population transportation, sanitation inspections, disease outbreak control, epidemiological investigations and the location of appropriate medical supplies and equipment.

The Incident Commander or the emergency management staff, Health Authority and/or Health Director, in accordance with NIMS, are expected to determine the need for evacuation based on the emergency that prevails. Hidalgo County Health and Human Services will assist and coordinate with Hidalgo County Emergency Management to support evacuation assignments.

Transportation

When the HCHHSD receives information concerning special needs populations requiring assistance with transportation, HCHHSD will coordinate with appropriate local emergency management officials. Metro services and public and/or private ambulances can assist the special needs population.

Warning & Public Information

Refer to the Public Health and Medical Services Plan, Appendix 2: Communications Plan.

Return of Evacuees

Once re-entry has been authorized by emergency management officials, individuals who required special assistance or special needs shelters may require additional assistance to return to their homes. HCHHSD will provide support to the primary agency if requested. For return and re-entry, it may be necessary to provide transportation for those who lack vehicles or need specialized transportation due to health and medical problems.

Actions by Phases of Emergency Management

1. Preparedness
 - a. Determine the population of risk areas and identify facilities that may require special assistance during evacuation.
 - b. Participate in periodic emergency evacuation drills and exercises.
2. Response
 - a. To the extent possible, identify individuals with special needs who would require assistance in evacuating and maintain contact information for those individuals. DSHS is the primary agency and HCHHSD will assist.
 - b. Participate in periodic emergency evacuation drills and exercises.

3. Mitigation
4. Recovery
 - a. Support the return of special needs evacuees, provided by DSHS.

Response

HCHHSD will assist local emergency management and public/private health entities by coordinating emergency medical transportation for evacuees and will assist by requesting support for medical equipment and/or personnel to assist in evacuation processes.

Special Facilities

Special facilities include hospitals, nursing homes, group homes, and correctional institutions. Such facilities are responsible for the welfare and safety of their clients, who may need specially trained staff to care for them and special equipment and facilities to meet their needs. Institutions supporting special needs populations are required by state and federal regulations to have disaster preparedness plans that provide for evacuation and relocation of the institution's population to comparable facilities in an emergency.

It may be necessary to assist in the relocation of some individuals who are homebound and incapable of supporting themselves due to the nature of the emergency. Support will be provided with any resources available within our jurisdiction or pursuant to mutual aid agreements. If additional state or federal resources are needed, they will be requested through the supporting DDC.

Public Shelters

Public shelters can generally accommodate individuals with special needs who require minimal care and are attended to by their families or other caregivers. Special needs populations (i.e., the elderly, the disabled, those who are medically fragile, those with cognitive impairments) may need to have specially trained people to care for them as well as have special facilities equipped to care for their needs. Since mass care shelters, either those in the host or risk area, are not usually prepared for maximum needs eventualities, the above individuals will need to be transported to appropriate facilities which are equipped to provide the proper quality of care. The institutions identified for those needs are the closed Providence Hospital, TAMIU, LCC, LEC, MHMR and nursing homes. If state assistance in this effort is needed, this assistance will be requested in accordance with NIMS.

Unaccompanied Minors

Unaccompanied minors will be identified. Children that are separated from their parents and are unable to tell you his/her name, will be photographed and a brief description will be written on the back of the photo that describes the child, his/her clothing, and any other identifying characteristics. HCHHSD will seek re-unification of the child with their parents or designated caretakers. Proper identification will be required from the family member and confirmation of their relationship to the child before releasing him. The

unaccompanied children should remain in a special holding area that is designated for children only. This area will have appropriate adult supervision and staff as well as toys and other diversion activities. If possible, a staff member with expertise in dealing with mental health issues (i.e., child life specialist, social worker, chaplain) will be available to address fears and concerns that these children may have regarding the incident, their safety, and their families.

Legal System

EOC and/or MOC will determine all legal considerations concerning the care and treatment of minor children, including unaccompanied minor children, such as consent, guardianship, decontamination consent, records privacy, and photographs of unidentified children. EOC will appoint lawyers to serve as guardians ad litem for children orphaned or those who have lost a custodial parent. All relevant domestic courts will be taken into consideration (i.e., family, probate, juvenile) in the planning process to consider children's best interests.

Shelter in Place

Shelter-in-place is a tactical option that the Incident Commander or Emergency Management Coordinator could use depending on the emergency, which would include a hurricane, flooding, incidents involving a chemical agent or electrical outing, radiological incident, or a public health emergency. The EMC or IC would coordinate with the County Judge, City Mayor, Fire Department, Police Department, and/or Health Department to decide if shelter-in-place is the best option at that moment. Shelter-in-place has been used by City officials in different situations: inclement weather and public health emergencies such as influenza pandemic, in which the public was advised to stay home if they were sick. When the public is instructed to shelter in place communication will continue through traditional media outlets (i.e., radio, television, and newspapers). Redundant communication will be used if traditional means of communication are not available.

In certain instances, such as with special needs populations, relocation is not a feasible option. In emergency cases sheltering in place would be the preferred choice for these populations. Special instructions will be given for sheltering in place for facilities with medically fragile patients, such as long-term care centers, dialysis clinics, and/or centers. Additionally, resources will be allocated accordingly through the Medical Operation Center (MOC).

Recovery

HCHHSD will assist in the return of special needs evacuees, when it is safe to do so and will provide epidemiological investigations, sanitation inspections, immunization support, and other essential public health missions.

Organization & Assignment of Responsibilities

Organization

1. Provide assistance to EOC during emergencies such as hurricanes, hazards, and fires that require evacuation of special need population, special need facilities, and community residents.
2. The Health Director, Health Authority and designated assistants serve on the EOC staff. All related evacuation response activities are coordinated and/or supported from the EOC.
3. In a large evacuation, coordination of HCHHSD response activities may require that the MOC be activated, especially if a special needs population is expected.
4. Large-scale evacuation shall be coordinated from the EOC or MOC if activated.
5. The HCHHSD will monitor evacuation of hospitals and nursing homes and coordinate evacuation assistance, if requested.
6. Upon receipt of official notification of an actual or potential evacuation, it is the responsibility of the Medical Health Authority to receive and evaluate all requests for evacuation assistance and to coordinate the response of all appropriate health needs.

Assignment of Responsibilities

1. All agencies/organizations assigned to provide evacuation services support are responsible for the following:
 - a. Complying with the National Incident Management System (NIMS).
 - b. Implementing Hospital Emergency Incident Command System (HEICS) if a hospital. Other health and medical agencies will utilize a modified incident command structure that interfaces with the EOC/MOC.
 - c. Designating and training representatives for their agency/organization.
 - d. Ensuring that appropriate standard operating procedures (SOPs) are developed and maintained.
 - e. Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the facility, EOC/MOC and, as needed, in the field.
 - f. Updating their internal guidelines, procedures, and plans, as necessary.
2. HCHHSD will:
 - a. Assist in the coordination with EOC of special needs citizens that require evacuation assistance, transportation, shelter facilities, and medical care during major evacuations.
 - b. Monitor evacuation of special needs facilities and coordinate evacuation assistance, if requested.
 - c. Provide assistance at the McAllen HUB. Duties and responsibilities still to be determined.
3. The Incident Commander will:
 - a. If evacuation of risk areas and special needs facilities is required, plan, organize, and conduct the evacuation with the resources assigned.

Direction & Control

Reporting

1. Large-scale evacuations should be reported to state agencies and other jurisdictions that may be affected in the periodic situation report prepared and disseminated during emergency operations.
2. In addition to reports that may be required by their parent organizations, health and medical elements participating in emergency operations should provide appropriate situation reports to the Incident Commander, or if incidents command operation has not been established, to the Health Authority in the EOC. The Incident Commander will forward periodic reports to the EOC.
3. Pertinent information from all sources will be incorporated into the Initial Emergency Report and the periodic Situation Report that is prepared and disseminated to key officials, other affected jurisdictions, and state agencies during major emergency operations.

Administration & Support

Maintenance and Preservation of Records

1. Maintenance of Records
Health and medical operational records generated during an evacuation emergency will be collected and filed in an orderly manner. This is so a record of events is preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.
2. Documentation of Costs
Expenses incurred in carrying out evacuation services for certain hazards may be recoverable from the responsible party. Hence, all departments and agencies will maintain records of personnel and equipment used and supplies consumed during large-scale evacuation operations.

Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan has been updated, the Hidalgo County Health and Human Services

Hidalgo County
Appendix 10: Mass Care Support Plan

Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan are kept at HCHHSD's main offices at **1304 S. 25th Avenue, Edinburg, TX 78542** in the following locations:

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Clinical Health Services

Information Technology Services

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Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

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Hidalgo County



Appendix 10: Mass Care Support Plan

Attachment 2: Shelter in Place

April 2023

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Approval and Implementation

Appendix 10: Mass Care Support Plan

Attachment 2: Shelter in Place

This attachment is hereby approved for implementation and supersedes all previous editions.

Eduardo Olivarez
Director, Health & Human Services

Date

Ricardo Saldaña
Emergency Management Coordinator

Date

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Authority

The Hidalgo County Commissioner’s Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner’s Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County’s Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner’s Court on September 7, 2021.

Purpose

The effects of a disaster can result in hazardous environmental conditions that may require the community to shelter-in-place. The Public Health and Medical Services Plan, Appendix 10: Mass Care Support Plan, Attachment 2: Shelter in Place describes the purpose and procedures for communicating shelter-in-place guidance to members of the community in response to a disaster event. HCHHSD may cooperate with other City of Hidalgo County authorities in enacting shelter-in-place guidance. Sheltering-in-place may be a consideration when evacuation is not an option for members of the community.

Explanation of Terms

Acronyms

HCHHSD	Hidalgo County Health and Human Services Department
EMC	Emergency Management Coordinator
EOC	Emergency Operations Center
MOC	Medical Operations Center
PIO	Public Information Officer

Definitions

Shelter-in-place: Actions taken by individuals and/or groups to remain indoors when exterior and environmental hazards would pose a risk to health and safety. The goal is to remain indoors to reduce contact or exposure to hazardous conditions present outdoors. As appropriate, individuals would remain indoors, closing all doors and windows to isolate the indoor environment from the exterior environment.

Situation & Assumptions

Situation

1. A hazardous materials spill may contaminate the outdoor environment within a geographical area surrounding the spill preventing evacuation of individuals currently indoors.

2. A disaster causes disruptions or destruction of means of transportation (i.e., roads, bridges, airports) denying individuals from evacuating a disaster area.
3. Severe inclement weather may cause impaired driving conditions, obstructions to roads, and other infrastructure requiring individuals to remain indoors for the duration of the weather conditions.
4. Civil or criminal activity may cause a hostile, hazardous environment to that outdoors (i.e., active shooters, rioting/looting, armed insurgency) requiring people to remain indoors to avoid harm and injury.
5. The release of airborne biological agents following a bio-terrorism event or release of radiological agents from a nuclear detonation or 'dirty' bomb may contaminate the exterior environment leaving indoors as a safe-haven for individuals surviving the release or detonation.

Assumptions

1. Evacuation is not always an option in response to emergencies.
2. When evacuation is an option, not all members of the community may have the appropriate means of evacuating and therefore may require sheltering-in-place.
3. Some members of the community in unique circumstances may be unable to evacuate due to institutional, health, socio-economic, or special-need circumstances and sheltering-in-place is their only option.
4. Some emergency situations may arise without warning leaving no time to evacuate before outdoor conditions worsen.

Concept of Operations

General

In response to an emergency, HCHHSD will activate the MOC as indicated in the Public Health and Medical Services Plan. The HCHHSD Director, in conjunction with the EMC of the County of Hidalgo, will monitor the disaster situation from the EOC and/or MOC. At each phase of the disaster response, the HCHHSD Director will assess for appropriateness of recommendations or mandatory orders to evacuate and/or shelter-in-place.

Preparedness

In the preparedness phase, HCHHSD will coordinate with regional partners including EMCs for each jurisdiction for planning shelter-in-place procedures and plans.

HCHHSD will develop or assist in the development of guidance, public health notification templates, and other resources for the community. These resources will be dedicated to instructing the community, both before and during a disaster, on shelter-in-place procedures. Guidance shall be tailored based on an all-hazards approach with supplemental guidance for unique situations. In addition to basic guidance, the following should be discussed in developed resources:

- Procedures to reduce the entry of hazardous agents (chemical, radiological, biological, and/or nuclear) into the interior environment.

- Recommendations for food, water, and other considerations if long-term isolation is required or recommended.
- Procedures for decontaminating those who may be outside and exposed to agents in emergency situations.
- Procedures for receiving continuing information via internet, radio, television, or other media.

Mitigation

In the mitigation phase, HCHHSD will be dedicated to developing an assessment of special-needs populations and others who may not have the option of evacuating in an emergency. This includes hospitalized patients requiring advanced life-support systems, those who are ill-suited for evacuation via bus and/or ambulance, and patients who have medical conditions requiring isolation precautions.

Other populations that may be unable to evacuate include institutionalized populations such as correctional facilities, skilled nursing facilities, educational facilities, and residential facilities. Efforts will be taken to identify resources to either assist with evacuation or to reinforce policies, plans, and procedures for these institutions.

Considerations:

- Establishing protocols for staffing in the event of a shelter-in-place order.
- Establishing redundant electrical, water, and gas utilities to maintain equipment for those on assistive devices (i.e., life support systems).
- Logistical planning for surplus supplies in the event of a shelter-in-place order including food, water, and sanitary supply stocks.

For individuals and businesses, mitigation will focus on preparedness activities (see preparedness section). HCHHSD shall coordinate with local emergency management agencies and professionals to identify populations most at risk for sheltering-in-place based on proximity to hazards. This can include neighborhoods located within established range of chemical plants, railroad tracks handling hazardous material cargo, or that are accessible via a limited number of roads (increasing risk of obstructed evacuation routes).

Response

The response phase shall consist of actions taken to identify the need to issue recommendations/orders for individuals to shelter-in-place and to identify the geographical area or community at risk requiring shelter-in-place instructions.

HCHHSD, utilizing public health notification systems described in the Public Health and Medical Services Plan, Appendix 2: Communication Plan, will issue recommendations and/or orders for the affected community, as appropriate, in conjunction with County EMCs/PIOs.

Key criteria/considerations in issuing order:

1. Time constraint to evacuate at-risk population,
2. Access and means of evacuating,
3. Condition of environmental hazards:
 - a. Extent of contamination of exterior environment,
 - b. Risk of contamination/exposure to hazardous agents,
 - c. Scope of health/safety hazard posed by agent,
 - d. Means and suitability of emergency decontamination,
 - e. Protective quality of indoor environment for hazardous agent,
 - f. Identify if indoor environment provides a greater safety profile to the outdoor environment,
 - g. Identify if indoor environment poses a greater threat, due to concentration or compartmentalization, over the short- and long-term, than evacuation.

Once the assessment is initially performed, routine review of assessment findings will be conducted to re-evaluate environmental conditions. The HCHHSD Director will identify health and safety hazards and recommend to the EMC and/or IC when conditions are met that justify recommendations/orders to shelter-in-place.

If the recommendation/order is given by the EMC, HCHHSD will coordinate necessary public health services and the medical community in meeting the unique demands of the affected population.

Key public health implications/Considerations:

- Exposure of individuals to agent before retreating indoors.
- Risk of spread of disease or illness within homes, businesses, and other locations subject to the shelter-in-place recommendation/order.
- Sanitation issues/complications in mid- and long-term sheltering.
- Access to health services and medical care while sheltered-in-place.
- Environmental hazards and related health consequences for those still in the exterior environment during the order.
- Access to food, water, and necessities while sheltered-in-place.

Recovery

The recovery phase involves the return to normal operations once local resources are reestablished and the disaster situation is no longer affecting the community. Public information is critical in this phase to provide the correct instructions to the public and cease the “shelter-in-place” order. Information for the public should include a status report on the emergency, such as the level of danger, if any, as the population returns to daily activities prior to the disaster. In addition, further information, such as health education, reimbursement process, assessments, and mental health assistance, would also be provided in the communications to the general public during this phase.

Direction & Control

General

The HCHHSD Director shall direct and coordinate the efforts of local health and medical services, to include shelter-in-place operations, during major emergencies and disasters requiring a coordinated response.

Incident Command System

The EOC must maintain control of the emergency by using chain-of-command strategy and maintaining open communication with representatives of all the agencies taking part in the response to the emergency.

Line of Succession

Depending on the incident and the emergency, the line of succession will vary according to the degree and nature of the emergency.

Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 10: Mass Care Support Plan annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
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Hidalgo County
Appendix 10: Mass Care Support Plan

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Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

Hidalgo County



Appendix 10: Mass Care Support Plan

Attachment 3: Hospital and Medical Services Coordination

April 2023

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Approval and Implementation

Appendix 10: Mass Care Support Plan

Attachment 3: Hospital and Medical Services Coordination

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Eduardo Olivarez
Director, Health & Human Services

Date

Ricardo Saldaña
Emergency Management Coordinator

Date

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Purpose

The Public Health and Medical Services Plan, Appendix 10: Mass Care Support Plan, Attachment 3: Hospital and Medical Services Coordination defines the Hidalgo County Health and Human Services Department’s (HCHHSD) response and support to hospitals and medical treatment facilities during public health emergencies that may arise within the community.

Explanation of Terms

Acronyms

HCHHSD	Hidalgo County Health and Human Services Department
DDC	District Disaster Committee
DSHS	Department of State Health Services
EMS	Emergency Medical Services
EOC	Emergency Operation Center
FEMA	Federal Emergency Management Agency
HPP	Hospital Preparedness Program
HSR	Health Service Region
MOC	Medical Operation Center
MOU	Memorandum of Understanding
PHIN	Public Health Information Network
SNS	Strategic National Stockpile
WMD	Weapons of Mass Destruction

Definitions

See the Public Health and Medical Services Plan, Explanation of Terms.

Situation & Assumptions

Situation

1. A WMD event involving mass casualties will require an immediate response from first responders in local hospitals.
2. HCHHSD will assist three hospitals, and one behavioral health facility.
3. There are no public hospitals in Hidalgo County. All hospitals in the area are privately held and collaboration among them and with the government sector is strictly on a volunteer basis.
4. The medical systems in the county depend on the Public Health Information Network (PHIN) for initial notification of a possible mass event.
5. EMS-to-hospital communication is through ambulance dispatch systems.
6. Organizations providing health and human services do not have a mechanism to easily share information or coordinate the delivery of services. There are gaps in service delivery in some areas and duplication of efforts in others, largely related to financial resources available for that type of care.
7. Emergency medical facilities, such as isolation treatment facilities, may be established in certain catastrophic public health emergencies. Resources, including personnel and equipment, must be provided for both established and emergency facilities by local responders.

Assumptions

1. HCHHSD does not operate any hospitals and relies on hospital planning and licensure requirements in the local development and implementation of emergency response plans. These hospital response plans are required to integrate with local city, county, and state plans through its coordination between PHEP and HPP; healthcare and hospital response is better trained and ready.
2. HCHHSD will act as an advisor on public health issues under regulations set forth in the Hidalgo County Basic Plan and the Public Health and Medical Services Plan.
3. When hospitals or medical treatment facilities in the County require resources which cannot be filled by local mutual aid agreements, they should file a resource request with local EOCs and notify HPP. When local EOC cannot fill resource needs, the request is forwarded to the DDC in Hidalgo County. The DDC may ask DSHS Health Service Region HSR 11 to support the requirement. In some cases, the federal SNS may be deployed to provide medical equipment and drugs.

Concept of Operations

General

HCHHSD will maintain a list of hospital point of contacts and capabilities in order to facilitate rapid communications and an understanding of emergency support which the hospital may give the community during an emergency. A similar list will be maintained by the SNS Coordinator to ensure rapid delivery of stockpile assets. Public health

guidance will be issued to hospitals and medical treatment facilities as directed by the HCHHSD Director and/or Medical Health Authority.

HCHHSD MOU with Hospitals

Memorandum of Understanding Between

Hidalgo County Health and Human Services Department

This Memorandum of Understanding (MOU) sets forth the terms and understanding between the hospitals and the HCHHSD related to hazardous materials man made or natural and natural disaster to partner on public health preparedness and response.

I. Purpose

HCHHSD is required to plan and prepare for a public health emergency which may result from natural or man-made causes. During such an emergency, it may be necessary to mobilize, immunize or treat all or large numbers of people in the area served by local Hospitals and the HCHHSD. Prior public health experience with disasters has shown that hospitals and clinic are well suited and the HCHHSD has concluded that the Hospitals possesses facilities that are qualified to serve if mass treatment is necessary. Local Hospitals desires to be as helpful as possible in the event of a public health emergency, and agree to make its facilities available for purposes of mass treatment, under the term set out below. The Hospitals and HCHHSD have concluded that this contemplated use of the facilities is an “intergovernmental function” as defined in the Cooperative Agreement.

II. Public Health Emergency

This agreement will go into effect only if:

- 1) The HCHHSD or the local health authority declare that large scale treatment is necessary as a control measure for an outbreak of communicable disease; and
- 2) The hospitals will integrate the work of emergency first-response teams with that of hospital physicians and nurses, and focus on promoting the continuity of emergency care within the hospital setting in addition to their daily curriculum. The HCHHSD will employ its own internal incident command system to efficiently manage surge capacity.

III. Obligation of the Department

- 1) HCHHSD will supply or arrange for all equipment, vaccine, medicine and personnel necessary to administer the vaccine or medication at the clinic sites.
- 2) HCHHSD will supply or arrange for all equipment and personnel necessary for staffing, security, crowd control and other tasks at the disaster site to prevent the hospitals to be overwhelmed with unnecessary screening or triage at the clinic sites.
- 3) HCHHSD will be responsible for disposal of medical waste and disinfection at the triage disaster site following its use for the emergency at the clinic sites.

- 4) HCHHSD will not be responsible for any damage to property belonging to Doctors hospital as a result of its use during the public health emergency. The compensation will be provided by FEMA. The amounts to be paid to Doctors will be paid from funds available from FEMA.
- 5) HCHHSD is responsible for the acts and negligence of its employees or volunteers, under state and federal law.
- 6) HCHHSD will supply medications and/or vaccines to the hospitals when the SNS gets deployed and/or supply the hospitals with the Chem pack inventory if needed in a disaster scenario

IV. Obligations of the Hospitals

- 1) Hospitals are responsible for allowing the use of the facility and all utilities (gas, electric, water, and telecommunications) normally associated with its use as a hospital facility in case of a disaster.
- 2) Hospitals are responsible for providing use of facilities, and equipment existing at the facility during the period of the emergency.
- 3) Hospitals will provide at least one person in the EOC, MOC and/or disaster-site during the period of emergency.
- 4) Hospitals are responsible for the acts and negligence of its employees or volunteers, under state and federal law.

V. Term

The agreement becomes effective when approved by the governing body of Hospitals and HCHHSD. Either party may cancel it by giving thirty days' notice to the other party; otherwise it remains in effect for five years and may be renewed by mutual agreement.

Any notice or communication required or permitted hereunder shall be given in writing, sent by (a) personal delivery, or (b) expedited delivery service with proof of delivery, (c) United States mail, postage prepaid, registered or certified mail, or (d) via facsimile, telegram or telex, address as follows:

VI. Addendum

This agreement is between the parties identified herein, and the parties agree that nothing herein shall be construed to create any right, benefit, or privilege in any 3rd party.

To: _____ To: _____
Contact Information:
Name: _____
Position: _____
Address: _____

Hidalgo County
Appendix 10: Mass Care Support Plan

Phone: _____

24/7 contact phone number: _____

Name and position: _____

Signature

Date

County of Hidalgo

Plan Development & Maintenance

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