ANNEX H

(Revision 4)

HEALTH AND MEDICAL SERVICES

October 6, 2023

ANNEX H

Health and Medical Services

Annex H applies to all agencies and organizations assigned emergency public health and medical responsibilities. The local health authority, in collaboration with the County Judge and Emergency Management Coordinator, is responsible for developing and approving Annex H.

It is hereby approved for implementation and supersedes all previous editions.

October 10, 2023
Date

A Sean Ryan
Local Health Authority

OCT. 10, 2023
Date

Cathy Strusch
Director of Public Health Services

Oct. 12, 2023
Date

Emergency Management Coordinator

Oct. 24, 2023
Date

County Judge

RECORD OF CHANGES

Description of Change	Date of Change	Location of Change	Changes Made By
Plan Revisions	5/8/2017	See document	Cathy Sbrusch
Plan Revisions	10/22/18	See document	Cathy Sbrusch Lanny Brown
Plan Revisions	10/06/2023	See document	Cathy Sbrusch

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3. Medical Countermeasure Dispensing ("SNS") Plan
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I. AUTHORITY

See Basic Plan, Section I.

A. Local

1. Commissioner's Court Order #16, dated June 20, 1988. (Adopt Plan)
2. Commissioner's Court Order # V.A.1.a dated August 20, 2010

B. State

1. Texas Code of Criminal Procedure, Part 1, Chapter 49: Inquests on Dead Bodies.
2. Texas Government Code, Chapter 418: Emergency Management.
3. Texas Government Code, Chapter 421: Homeland Security.
4. Texas Government Code, Chapter 433: State of Emergency.
5. Texas Health and Safety Code, Chapter 121: Local Public Health Reorganization Act.
6. Texas Health and Safety Code, Chapter 122: Powers and Duties of Counties and Municipalities Relating to Public Health.
7. Texas Health and Safety Code, Chapter 133: Hospital Licensing Operational Requirements
8. Texas Health and Safety Code, Chapter 161: Public Health Provisions.
9. Texas Health and Safety Code, Chapter 166: Advance Directives
10. Texas Health and Safety Code, Chapter 193: Death Records
11. Texas Health and Safety Code, Chapter 195: Enforcement of Vital Statistics Reporting.
12. Texas Health and Safety Code, Chapter 508: Area Quarantine for Environmental or Toxic Agent.
13. Texas Health and Safety Code, Chapter 671: Determination of Death and Autopsy Reports.
14. Texas Health and Safety Code, Chapter 693: Removal of Body Parts, Body Tissue, and Corneal Tissue.
15. Texas Health and Safety Code, Chapter 694: Burial.
16. Texas Health and Safety Code, Chapter 695: In-Casket Identification.
17. Texas Health and Safety Code, Chapter 711: General Provisions Relating to Cemeteries.
18. Texas Health and Safety Code, Chapter 778: Emergency Management Assistance Compact.
19. Texas Health and Safety Code, Chapter 81: Communicable Disease Prevention and Control Act.
20. Texas Health and Safety Code, Chapter 97: Communicable Diseases/Control of Communicable Diseases.

C. Federal

1. Homeland Security Presidential Directive 21
2. United States Code, Title 42, Section 243
3. Code of Federal Regulations, Title 42, Part 70
4. Pandemic and All-Hazards Preparedness Act (PAHPA)

II. PURPOSE

The purpose of this annex is to establish local organizational and operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services during emergency situations and restore essential health and medical services within an affected and/or disaster area.

III. EXPLANATION OF TERMS

A. ACRONYMS

ACS	American Community Survey (U.S. Census Bureau)
ADA	Americans with Disabilities Act
ASPR	Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control and Prevention
CERC	Crisis & Emergency Risk Communication
CISM	Critical Incident Stress Management
CMS	Consumable Medical Supplies
CMOC	Catastrophic Medical Operations Center
CONOPS	Concept of Operations
CPG	Comprehensive Preparedness Guide (FEMA)
DDC	Disaster District Committee (DPS)
DME	Durable Medical Equipment
DSHS	Department of State Health Services (Texas)
EOC	Emergency Operations Center
EMC	Emergency Management Coordinator
EMS	Emergency Medical System
FEMA	Federal Emergency Management Agency
FNSS	Functional Needs Support Services
FQHC	Federally Qualified Health Centers
HSR	Health Service Region (DSHS)
ICS	Incident Command System
LHD	Local Health Department
LMHA	Local Mental Health Authority
MACC	Multi-Agency Coordination Center
NIMS	National Incident Management System
OSAR	Outreach, Screening, Assessment, and Referral Centers
PAHPA	Pandemic and All-Hazards Preparedness Act
PAS	Personal Assistance Services
RAC	Regional Advisory Council (TSA)
RMOC	Regional Medical Operations Center
SMOC	State Medical Operations Center
SNS	Strategic National Stockpile
SOG	Standard Operating Guidelines
SOP	Standard Operating Procedures

STAR	State of Texas Assistance Request
STEAR	State of Texas Emergency Assistance Registry
TDEM	Texas Division of Emergency Management
TPHRAT	Texas Public Health Risk Assessment Tool
TSA	(Texas) Trauma Service Area

B. DEFINITIONS

Refer to STAT ("State of Texas Acronyms & Terms" book)

IV. SITUATION & ASSUMPTIONS

A. SITUATION:

1. As outlined in Section IV.A and Figure 1 in the Basic Plan, our area is vulnerable to a number of hazards. Our risk assessment shows us to be most at risk for Hurricanes/Tropical Storms, Pandemic Influenza, Hazardous Material Incidents, and Biological terrorism. These hazards could result in the evacuation, destruction of or damage to homes and businesses, loss of personal property, disruption of food distribution and utility services, serious health risks, and other situations that adversely affect the daily life of our citizens.
2. Emergency situations could result in the loss of water supply, wastewater, and solid waste disposal services, creating potential health hazards.
3. Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and special needs populations may be damaged or destroyed in major emergency situations.
4. Health and medical facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities or because staff are unable to report for duty as a result of personal injuries or damage to communications and transportation systems.
5. Medical and health care facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the "walking wounded" and seriously injured victims transported to facilities in the aftermath of a disaster.
6. Uninjured persons who require frequent medications such as Insulin, anti-hypertensive drugs, or regular medical treatment, such as dialysis, may have difficulty in obtaining these medications and/or treatments in the aftermath of a disaster situation due to damage to pharmacies and treatment facilities and disruptions caused by loss of utilities and damage to transportation systems.
7. Use of nuclear, chemical, or biological weapons of mass destruction could produce a large number of injuries requiring specialized treatment that could overwhelm the local and state health and medical system.
8. Emergency responders, victims, and others who are affected by emergency situations may experience stress, anxiety, and display other physical and psychological symptoms that may adversely impinge on their daily lives. In some cases, disaster mental health services may be needed during response operations.

9. There is a diverse population of residents that has been identified as requiring functional and access needs support services. We also have a significant population with limited English proficiency (i.e. Vietnamese, Hispanic) and low-income that are not disabled but create a hindrance to support.

B. ASSUMPTIONS:

1. An emergency or disaster could quickly exceed local available resources, negatively impacting medical sheltering/support, on-scene medical treatment, and SNS distribution, requiring additional resources from the region or state.
2. Local hospitals (5) have minimal surge capacity and could quickly become overwhelmed with patients.
3. Medical and healthcare facilities may be damaged or destroyed in major emergency situations; it may be necessary to relocate significant numbers of patients to other comparable facilities elsewhere.
4. Behavioral health care is difficult to access in this county even during non-emergent times.
5. Public and private medical, health, and mortuary services resources located in our county may be available for use during emergency situations; however, these resources may be adversely impacted by the emergency.
6. Brazoria County does not have a medical examiner/office, so fatality management will be problematic.
7. Due to lack of HazMat safety equipment in the county, first responders will be unable to safely assist with contaminated victims.
8. Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for disease and injury.
9. Damage to chemical plants, sewer lines and water distribution systems, and secondary hazards such as fires could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biological and/or radiological substances, contaminated water supplies, crops, livestock, and food products.
10. Some types of emergency situations, including hurricanes, and floods may affect a large proportion of our county, making it difficult to obtain mutual aid from the usual sources.
11. Appropriate local, State, and possibly federal, tribal medical, public health officials, and organizations will coordinate to determine current medical and public assistance requirements.

V. CONCEPT OF OPERATIONS

A. General

1. Brazoria County will provide a consistent approach to the effective management of actual or potential public health or medical situations to ensure the health and welfare of its citizens operating under the principles and protocols outlined in the National Incident Management System (NIMS). The local PHA/DIRECTOR-PHS/ PHO/DESIGNEE, in collaboration with the County Judge and Emergency Management Coordinator, will decide when to activate this plan.

   The incident command structure will be directed by the local Health PHA/DIRECTOR-PHS/ PHO/DESIGNEE, with assistance of the following:

   For Operations: Health Department/Public Health Emergency Preparedness
   For Logistics: Emergency Management/Public Health Emergency Preparedness
   For Planning: Health Department/Public Health Emergency Preparedness
   For Finance: Auditor's Office/Purchasing

2. **The Brazoria County Health Department serves as the County Health Authority and provides limited health services for our community. Our critical public health and medical-related infrastructure includes** 5 hospitals, and a FQHC (with 10 locations); we have more than 10 each of EMS Providers, and Nursing Homes/ Assisted Living Facilities, with several Home Health agencies. There are multiple Urgent Care Centers, Dialysis Centers and 2 Mental Health Facilities. (See Appendix 2 for list of these providers.) These are the agencies/ facilities that will provide medical services both day-to-day and during emergency situations.

3. This annex is based upon the concept that the emergency functions of the public health, medical, EMS, health care industry and mortuary services will generally parallel their normal day-to-day functions. To the extent possible, the same personnel and material resources will be employed in both cases. Some day-to-day functions that do not contribute directly to the emergency operation may be suspended for the duration of the emergency and the resources that would normally be committed to those functions will be redirected to the accomplishment of emergency tasks.

4. Provisions must be made for the following:
   a. Establishment of a medical command post at the disaster site.
   b. Coordinating health & medical response team efforts.
   c. Triage of the injured, if appropriate.
   d. Medical care and transport for the injured.
   e. Identification, transportation, and disposition of the deceased.
   f. Holding and treatment areas for the injured.
   g. Isolating, decontaminating, and treating victims of hazardous materials or infectious diseases, as needed.

h. Identifying hazardous materials or infectious diseases, controlling their spread, and reporting their presence to the appropriate state or federal health or environmental authorities.
i. Issuing health & medical advisories to the public on such issues as drinking water precautions, waste disposal, the need for immunizations, and food protection techniques.
j. Conducting health assessments for congregate care and coordinate with Environmental Health for emergency feeding facilities

B. Mental Health Services

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

C. Medical Services

1. Ambulance and Transportation
   a. All ambulances and emergency rescue vehicles serving in our county will be equipped with Field Triage Tags (START Triage is used by all EMS providers) and shall contain at all times, those essential items as specified by the Texas Department of State Health Services (DSHS).
   b. Upon notification of an emergency situation, the appropriate ambulance service will dispatch the necessary units to the scene.
   c. If the emergency situation requires additional ambulances, first responders will make this request through the Incident Commander. The EMS Control/Triage Officer will take control of all ambulance service personnel, upon his/her arrival.

D. Mortuary Services

1. In Brazoria County, mortuary services are supplied by independently owned and operated funeral homes within the county, and the Galveston County Medical Examiner's office.
2. These funeral homes will collect bodies of victims from the scene and from hospitals, morgues, and other locations and arrange with next of kin for the disposition of remains. Law enforcement is responsible for investigating deaths that are not due to natural causes or that do not occur in the presence of an attending physician. Justices of the Peace are responsible for determining cause of death, authorization of autopsies to determine the cause of death, forensic investigations to identify unidentified bodies, and removal of bodies from incident sites.

3. When it appears an incident involves fatalities, the investigating PHA/DIRECTOR-PHS/PHO/DESIGNEE shall request the notification of the Justice of the Peace.

4. Justice of the Peace shall arrange for the transportation of bodies requiring autopsy or identification to morgues or suitable examination facilities. When mass fatalities have occurred, it may be necessary to establish a temporary morgue and holding facilities. Additional mortuary service assistance may be required.

E. Medical and Mortuary Assistance

1. When requested by local officials, the Department of State Health Services (DSHS) can provide health and medical advice and assistance during emergency situations from its various regional offices and the Texas Emergency Medical Task Force. All local requests will be routed to the Catastrophic Medical Operations Center (CMOC) to ensure the continuity and support of the medical infrastructure in the Southeast Texas region.
2. Disaster Medical Assistance Team (DMAT)
   a. As noted previously, DMAT is a group of volunteer medical professionals and support personnel equipped with supplies and equipment that can be moved quickly to a disaster area and provide medical care. DMATs are a part of the National Disaster Medical System (NDMS). The DMAT concept involves using volunteer medical professionals to provide emergency services to victims of disasters. Each DMAT is an independent, self-sufficient team that can be deployed within a matter of hours and can set up and continue operations at the disaster site for up to 72 hours with no additional supplies or personnel. The 72-hour period allows federal support, including medical supplies, food, water, and any other commodity required by the DMAT to arrive.
   b. TX-1 DMAT is a federal and state response asset based in Texas. TX-1 DMAT can be activated by the State to respond to emergency events that may not be severe enough to warrant a federal response. Working closely with DSHS, TX-1 DMAT can serve as a state-level responder to major emergencies and disasters that require additional medical response resource.
3. Disaster Mortuary Services Team (DMORT)
   The Texas DMORT provides mortuary and victim identification services following major or catastrophic disasters. The team is comprised of volunteer professionals from the mortuary and funeral industries.

F. Damage Assessment

1. Casualty Information. The local Health Authority has primary responsibility for gathering information concerning injuries and fatalities resulting from emergency and disasters. Since accurate information concerning casualties is essential in identifying required levels of medical support, information of this type must be forwarded to Public Health Liaison Officer in the EOC as soon as it is available to support requests for assistance and for inclusion in required reports.

2. Water Supply Systems. City Public Works, municipal utility districts and private water supply companies, with the assistance of the Texas Commission on Environmental Quality (TCEQ) have responsibility for evaluating damage to its public water supply facilities following disaster occurrences. Because of system vulnerability to numerous forms of contamination and because of the impact which prolonged shutdown of water supply facilities could have on public health and welfare, it is essential that rapid and accurate assessments of damage be completed. Accurate timely estimates for required repairs will permit the TCEQ to identify appropriate interim measures such as rationing, expedient water treatment, or construction of temporary water delivery systems.

3. Wastewater Systems. Wastewater treatment facilities are vulnerable to disaster-related interruptions and their unavailability can have a major impact on the community's health and well-being. The Texas Commission on Environmental Quality (TCEQ), in cooperation with BCEHD and local Public Works, has a responsibility for evaluating damage to those facilities, as well as advising local officials concerning expedient sanitation practices which may be required in the affected areas.

4. Medical Facilities. Each facility is responsible for evaluation of damage sustained by their facility in a disaster area. The facility administrator or his designee will submit initial damage reports and requests for repairs or equipment to the CMOC. The CMOC will help coordinate with the facility their ability to provide care, resource requests, and identifying which patients must be removed pending repairs or relocation because of facilities damaged beyond repair. This information is coordinated back to the EOC to maintain situational awareness and support in the disaster area.

G. Requesting External Assistance

If health and medical problems resulting from an emergency situation cannot be resolved with local resources, those obtained pursuant to inter-local agreements, or resources obtained by the Resource Management staff in the EOC, local government may request medical or mortuary assistance from the CMOC/MACC. If unable to be fulfilled regionally, the County Judge should make requests for such assistance to the DDC Chairperson for DPS Region 2/District 2A. Cities must request assistance from their county before requesting assistance from the State.

H. Shelter and Mass Care

Information on shelter and mass care procedures can be found in Annex C

I. **Hazmat and Oil Spill Response**
Information on Hazmat and Oil Spill Response procedures can be found in Annex Q

J. **Off-Shore Response**
All off-shore responses will be under the command and control of the United States Coast Guard in Brazoria County.

K. **Evacuation**
Information on citizen Evacuation procedures can be found in Annex E

L. **Public Health Actions by Phases of Emergency Management**

1. Prevention:
   a. Give immunizations, as appropriate
   b. Conduct specialized training (i.e. disease surveillance, epidemiology, etc.)
   c. Conduct epidemic intelligence, evaluation, presentation, and detection of communicable diseases.
   d. Conduct public health awareness programs.
2. Preparedness:
   a. Coordinate with county officials to ensure water quality.
   b. Train and exercise personnel.
3. Response:
   a. Conduct public information programs dealing with personal health and hygiene.
   b. Conduct disease control operations.
   c. Conduct mass prophylaxis or immunization program
   d. Monitor the availability of potable water
4. Recovery:
   a. Compile health reports for state and federal officials
   b. Identify potential and/or continuing hazards affecting public health.
   c. Distribute appropriate guidance for the prevention of the harmful effects of the hazard.
   d. Compile/complete Public Health After Action Review/Report

VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. The Brazoria County Commissioner's Court appoints the local Health Authority. The Health Authority has primary responsibility for the health and medical services function and shall designate a Public Health Liaison Officer (the Director of Public Health Services + the Public Health Emergency Preparedness Manager) to plan and coordinate public health and medical services during emergency situations. The Public Health Liaison Officer or a designee shall serve as a member of the EOC Staff. Health and medical service response activities at an incident scene will be coordinated through the Incident Commander. Large-scale health and medical efforts shall be coordinated from the EOC.
2. Upon receipt of official notification of an actual or potential emergency condition, it is the responsibility of the Health PHA/PHA/DIRECTOR-PHS/PHO/DESIGNEE to receive and evaluate all requests for health and medical assistance and to disseminate such notification to all appropriate public health, medical, and mortuary services.

B. Assignment of Responsibilities

1. General

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

a) Designating and training representatives of their agency, to include NIMS and ICS training.
b) Ensuring that appropriate SOPs are developed and maintained.
c) Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the EOC and, as needed, in the field.

2. Emergency Functions

Under the Brazoria County Emergency Management Plan, the PHA/DIRECTOR-PHS/PHO/DESIGNEE has primary responsibility to provide the following services in response to emergency situations:

a) Coordinate with SETRAC for essential medical, surgical, and hospital care and treatment for persons whose illnesses or injuries are a result of a disaster or where care and treatment are complicated by a disaster.
b) Public health protection for the affected population.

To ensure these services are available as needed, various medical and public health services have been assigned primary or support responsibility for specific activities. Those activities, and the services responsible for their accomplishment, are summarized below.

C. Task Assignments

1. The Director of Public Health Services will:
   a. Designate a PHEP team to perform pre-emergency planning for emergency health and medical services and coordinate such activities during major emergencies and disasters at the MOC.
   b. Designate a Public Health Liaison Officer to support health and medical operations at the EOC.

2. The Public Health Liaison Officer and Director of Public Health Services will coordinate:
   a. Emergency health and medical activities from the EOC when activated.
   b. Rapid assessments of health and medical needs.
   c. Efforts of local health and medical organizations activated for an emergency assessing their needs, obtain additional resources, and ensure that necessary services are provided.
   d. Emergency medical teams responding to a disaster to ensure the establishment of medical command posts.
   e. Neighboring community health and medical organizations on matters related to assistance from other jurisdictions.
   f. State and federal officials regarding state and federal assistance.
   g. Response units, such as DMAT.
   h. Screen individual health and medical volunteers obtaining positive identification and proof of licensure of volunteers.
   i. Location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
   j. Information to the news media on casualties and instructions to the public on dealing with public health problems through the PIO.
   k. The provision of laboratory services required in support of emergency health and medical services.
   l. Immunization campaigns or quarantines, if required.
   m. Implementation of measures to prevent or control disease vectors such as mosquitoes and rodents.
   n. Preventive health services, including the control of communicable diseases such as influenza, particularly in shelters.

3. The Brazoria County Environmental Health Department will provide:
   a. Inspection of permitted food establishments exposed to the hazard.
   b. Inspection of on-site sewage facilities disrupted by the hazard.

4. Emergency Medical Services will:
   a. Respond to the scene with appropriate emergency medical personnel and equipment.
   b. Upon arrival at the scene, assume an appropriate role in the ICS. Initiate ICS if it has not been established and report to the EOC.
   c. Triage, stabilize, treat, and transport the injured.
   d. Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate facilities.
   e. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.). Continue radio and/or telephone communications with hospitals.
   f. Direct the activities of private, volunteer, and other emergency medical units, and of bystander volunteers, as needed.
   g. Evacuate patients from affected hospitals and nursing homes, if necessary.

5. Hospitals will:
   a. Implement internal and/or external disaster plans.
   b. Provide situational awareness reports to the Catastrophic Medical Operations Center (CMOC) and the Public Health Liaison Officer in the EOC regarding conditions at the facility and the number and type of available beds. Establish planning activities to identify unmet needs for future operational periods.
   c. Establish and maintain field and inter-facility medical communications.
   d. Provide medical guidance, as needed, to EMS.
   e. Coordinate with EMS, other facilities, and any medical response personnel at the scene to ensure the following is accomplished:
      1. Casualties are transported to the appropriate medical facility.
      2. Patients are distributed to hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, treatment capabilities, and bed capacity.
      3. Take into account special designations such as trauma centers and burn centers.
      4. Consider the use of clinics to treat less acute illnesses and injuries.
   f. Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
   g. Coordinate with the Catastrophic Medical Operations Center (CMOC), other hospitals and EMS on the evacuation of affected hospitals, when necessary.

h. Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
i. Establish and staff a reception and support center at each hospital for relatives and friends of disaster victims searching for their loved ones.
j. Input patient tracking information into EMTrack.

***Note*: All clinics and nursing homes in Brazoria County are privately owned and do not fall under any jurisdiction of the county.**

Brazoria County offers no building code enforcement under its jurisdiction.

6. Mental Health Authority:
Mental health authority/services are contracted through Gulf Coast Center. Information on disaster mental health services procedures can be found in Annex O (Human Services).

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

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

9. The Brazoria County EOC will:
   a. Establish temporary holding facilities and morgue sites, if required
   b. Coordinate with emergency health and medical services
   ***Note*: Brazoria County contracts with Galveston County for its medical examiner services and does not have an established county morgue.**

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

11. The appropriate Utility Company will:
Coordinate the restoration of utilities service to key medical facilities.

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

VII. DIRECTION & CONTROL

A. General

This annex will be directed, controlled and coordinated by the Brazoria County Office of Emergency Management, and the Brazoria County Health Department, in collaboration with the County Judge and respective local and regional partners

1. The Public Health Liaison Officer, working as a staff member of the Brazoria County emergency organization, supported by an appropriate network, shall direct and coordinate the efforts of local health and medical services and agencies, and organizations during major emergencies and disasters requiring an integrated response.
2. Routine health and medical services operations may continue during less severe emergency situations. Direction and control of such operations will be by those that normally direct and control day-to-day health and medical activities.
3. External agencies providing health and medical support during emergencies are expected to conform to the general guidance provided by our senior decision-makers and carry out mission assignments directed by the Incident Commander or the EOC. However, organized response units will normally work under the immediate control of their own supervisors.

B. Incident Command System – EOC Interface

If both the EOC and an ICP are operating, the Incident Commander and the EOC must agree upon a specific division of responsibilities for emergency response activities to avoid duplication of effort as well as conflicting guidance and direction. The EOC and the ICP must maintain a regular two-way information flow. A general division of responsibilities between the ICP and the EOC that can be used as a basis for more specific agreement is provided in Section V of Annex N, Direction & Control.

C. Disaster Area Medical Coordination

1. In emergency situations involving significant damage to Brazoria County medical facilities, each facility shall be responsible for determining its status and compiling a consolidated list of unmet needs required to restore vital functions. Each operating unit will report its status through a single point of contact to the Catastrophic Medical Operations Center (CMOC) and Public Health Liaison Officer in the EOC.

2. The Public Health Liaison Officer will receive the unmet needs reports from each operating medical facility. The CMOC has the primary role in coordinating all medical requests. All requests that can be fulfilled at the local level through normal sources of supply or through local mutual aid will be coordinated by the PH Liaison Officer. Any non-medical unmet request identified will be forwarded to the Resource Management staff in the EOC for action. The PH Liaison Officer will provide oversight and follow-up to make sure all unmet needs of the operating medical facilities are addressed.

D. Line of Succession

To ensure continuity of health and medical activities during threatened or actual disasters, the following line of succession is established for the Health Authority:

1. Director of Public Health Services
2. A qualified physician designated by the Brazoria County Commissioners' Court (Health Authority)
3. If the Brazoria County Commissioners' Court does not designate a physician or if the current Health Authority is unable to serve as the Health Authority, the Regional Medical Director of Health Service Region 6/5 South – Houston shall serve as the County Health Authority.

VIII. READINESS LEVELS

Response activities regarding the Emergency Management activation levels:

Level 4: Normal Operations

(1) Review and update plans and related SOPs.
(2) Review assignment of all personnel.
(3) Coordinate with local private industries on related activities.
(4) Maintain a list of health & medical resources (see Annex M).
(5) Maintain and periodically test equipment.
(6) Conduct appropriate training, drills, and exercises.
(7) Develop tentative task assignments and identify potential resource shortfalls.
(8) Establish a liaison with all private health & medical facilities.

Level 3: Monitoring

(1) Check readiness of health and medical equipment, supplies, and facilities.
(2) Correct any deficiencies in equipment and facilities, and shortages of essential supplies
(3) Correct shortages of essential supplies and equipment.
(4) Update incident notification and staff recall rosters.
(5) Notify key personnel of possible emergency operations.
(6) Review procedures for relocating patients and determine the availability of required specialized equipment if evacuation of health & medical facilities may be required.

Level 2: Partial Activation

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

Level 1: Full Activation

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

IX. ADMINISTRATION & SUPPORT

A. Reporting

1. In addition to reports that may be required by their parent organizations, health & medical elements participating in emergency operations should provide appropriate situation reports to the Incident Commander, or if an incident command operation has not been established, to the Public Health Liaison Officer in the EOC. The Incident Commander will forward periodic reports to the EOC.
2. Pertinent information from all sources will be incorporated into the Initial Emergency Report and the periodic Situation Report that is prepared and disseminated to key officials, other affected jurisdictions, and state agencies during major emergency operations. The essential elements of information for the Initial Emergency Report and the Situation Report are outlined in Appendices 2 and 3 to Annex N, Direction and Control.

B. Maintenance and Preservation of Records

1. Maintenance of Records: Health and medical operational records generated during an emergency will be collected and filed in an orderly manner. A record of events must be preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.
2. Documentation of Costs: Expenses incurred in carrying out health and medical services for certain hazards, such as radiological accidents or hazardous materials incidents, may be recoverable from the responsible party. Hence, all departments and agencies will maintain records of personnel and equipment used and supplies consumed during large-scale health and medical operations.
3. Preservation of Records: Vital health & medical records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency situation, professional assistance for preserving and restoring those records should be obtained as soon as possible.

C. Post Incident Review

For large-scale emergencies and disasters, the County Judge or EMC shall organize and conduct a review of emergency operations by those tasked in this annex in accordance with the guidance provided in Section IX.F of the Basic Plan. The purpose of this review is to identify needed improvements in this annex, procedures, facilities, and equipment. Health and medical services that participated in the emergency operations

being reviewed should participate in the post-incident review.

D. Exercises
Local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards faced by our county will periodically include health and medical services operations. Additional drills and exercises may be conducted by various agencies and services for the purpose of developing and testing abilities to make effective health and medical response to various types of emergencies.

E. Resources
A list of local health & medical facilities is provided in Appendix 2 of Annex H.

X. ANNEX DEVELOPMENT & MAINTENANCE

The Brazoria County Health Department is responsible for developing and maintaining this annex. Recommended changes to this annex should be forwarded as needs become apparent.

This annex will be reviewed annually and updated in accordance with the schedule outlined in Section X of the Basic Plan.

Departments and agencies assigned responsibilities in this annex are responsible for developing and maintaining SOPs covering those responsibilities.

ANNEX H CORE PLANNING TEAM

NAME	AGENCY/ ORGANIZATION	TEAM ROLE	E-MAIL	PHONE
Cathy Sbrusch	Brazoria County Health Department	Author	cathys@brazoriacountytx.gov	979-864-1484
Meghan Martin	Brazoria County Health Department/PHEP	Author	MeghanM@brazoriacountytx.gov	979-864-1938
Markus Trower	Brazoria County Emergency Management	Author	MarkusT@brazoriacountytx.gov	979-864-1104

XI. REFERENCES

A. Local
1. Brazoria County Emergency Management Plan
2. Catastrophic Medical Operations Center Basic Plan

B. State

1. Annex H (Public Health and Medical Services) to the State of Texas Emergency Management Plan.
2. Texas Department of State Health Services website: www.dshs.state.tx.us
3. The Texas Public Health Jurisdictional Risk Assessment Tool (TPHRAT)

C. Federal

1. Comprehensive Preparedness Guide (CPG) 101, November, 2010.
2. Public Health Preparedness Capabilities: National Standards for State and Local Planning, July 2011.
3. Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, January 2012.
4. Public Health Emergency Preparedness (PHEP) Hospital Preparedness Program (HPP) Cooperative Agreements.

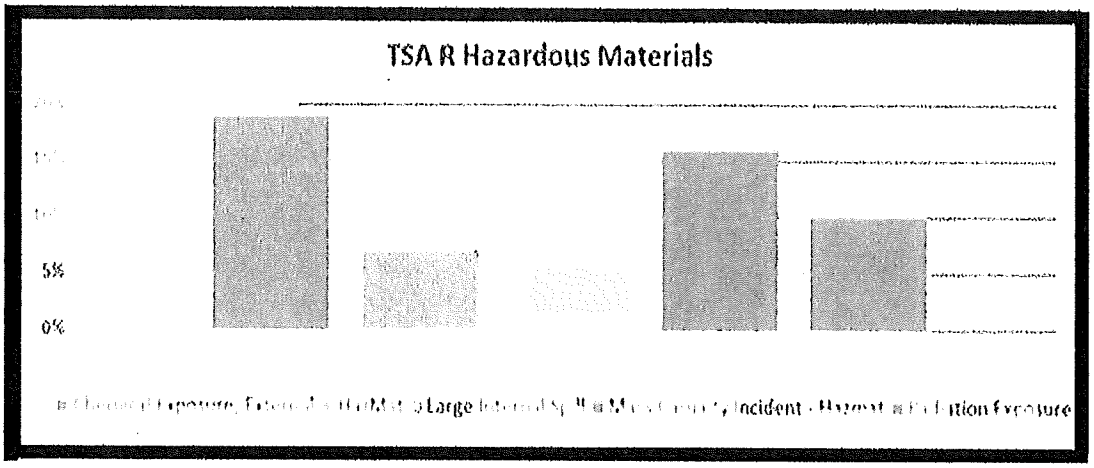
APPENDIX 1

Public Health Impacts

Results of the South East Texas Regional Advisory Council (SETRAC) HVA Assessment for *Trauma Service Area R**

**Service Area R* is comprised of the following Texas counties: Brazoria, Chambers, Galveston, Hardin, Jasper, Jefferson, Liberty, Newton, Orange.

Hazardous Materials – Charts 1 & 2

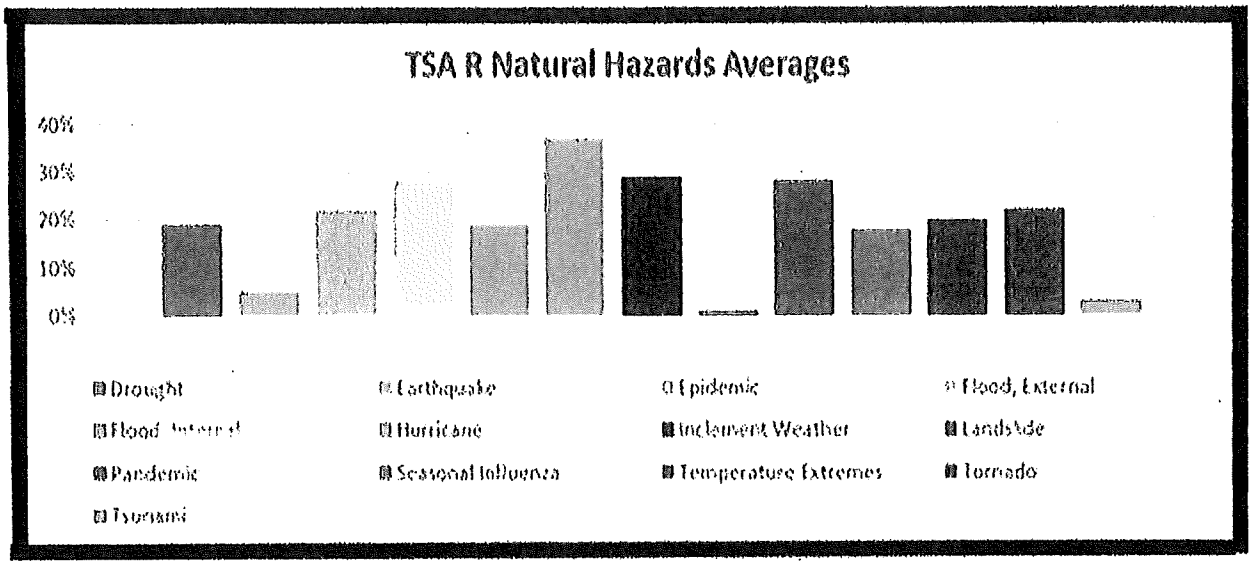


Hazardous Materials	TSA R
Chemical Exposure, External	10%
HazMat	7%
Large Internal Spill	6%
Mass Casualty Incident - Hazmat	16%
Radiation Exposure	10%

Source: July 17, 2023: https://www.setrac.org/wp-content/uploads/2023/07/HVA-023-TSA-H-Q-R.pdf

Results of SETRAC HVA Assessment Trauma Service Area R

Natural Hazards – Charts 1 & 2

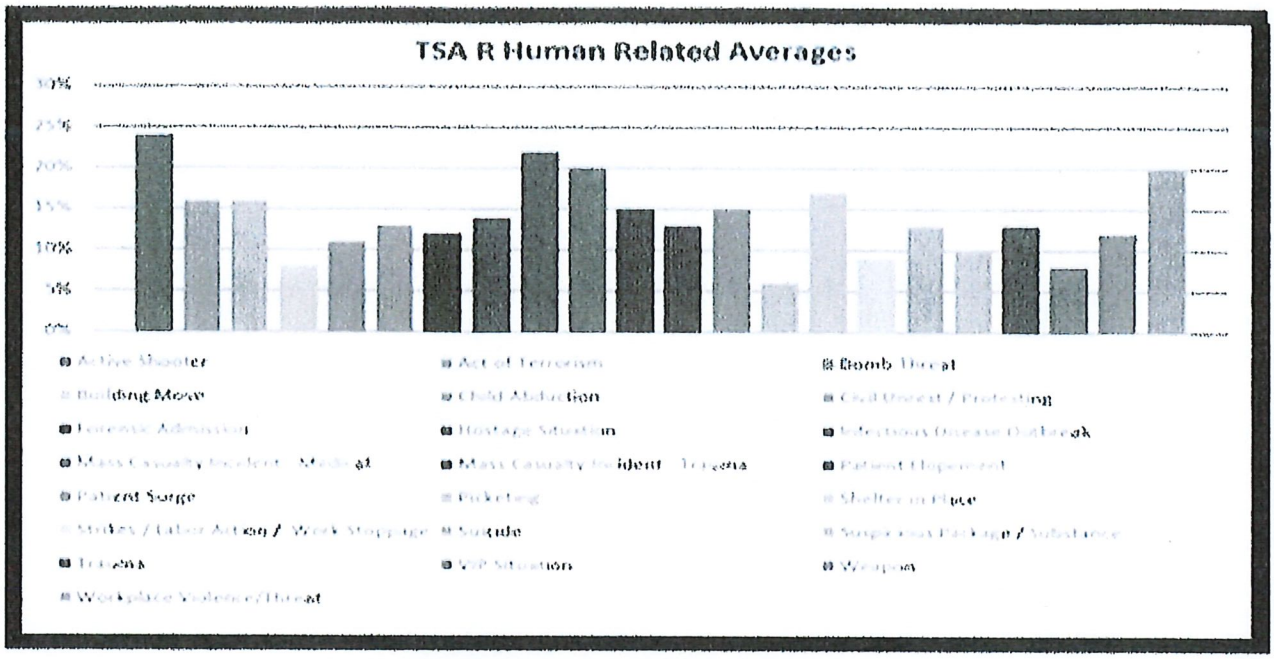


Natural Hazards	TSA R
Drought	19%
Earthquake	5%
Epidemic	22%
Flood, External	28%
Flood, Internal	19%
Hurricane	37%
Inclement Weather	20%
Landslide	1%
Pandemic	26%
Seasonal Influenza	18%
Temperature Extremes	20%
Tornado	22%
Tsunami	3%

Source: July 17, 2023: https://www.setrac.org/wp-content/uploads/2023/07/HVA-023-TSA-H-Q-R.pdf

Results of SETRAC HVA Assessment Trauma Service Area R

Human Related Events – Charts 1 & 2

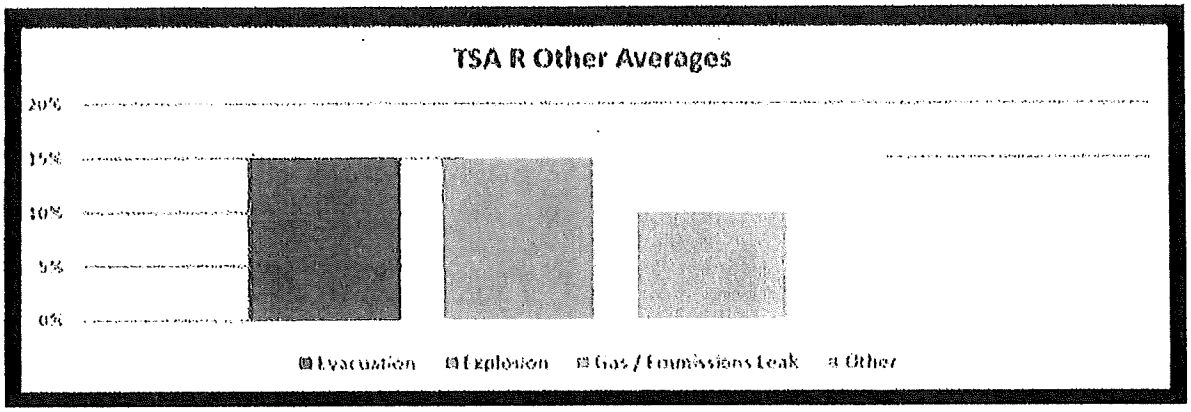


Human Related	TSA R
Active Shooter	24%
Act of Terrorism	16%
Bomb Threat	16%
Building Move	8%
Child Abduction	11%
Civil Unrest / Protesting	13%
Forensic Admission	12%
Hostage Situation	14%
Infectious Disease Outbreak	22%
Mass Casualty Incident - Medical	20%
Mass Casualty Incident - Trauma	15%
Patient Elopement	13%
Patient Surge	15%
Picketing	6%
Shelter in Place	17%
Strikes / Labor Action / Work Sto	9%
Suicide	13%
Suspicious Package / Substance	10%
Trauma	13%
VIP Situation	8%
Weapon	12%
Workplace Violence/Threat	20%

Source: July 17, 2023: https://www.setrac.org/wp-content/uploads/2023/07/HVA-023-TSA-H-Q-R.pdf

Results of SETRAC HVA Assessment Trauma Service Area R

Other Events – Charts 1 & 2

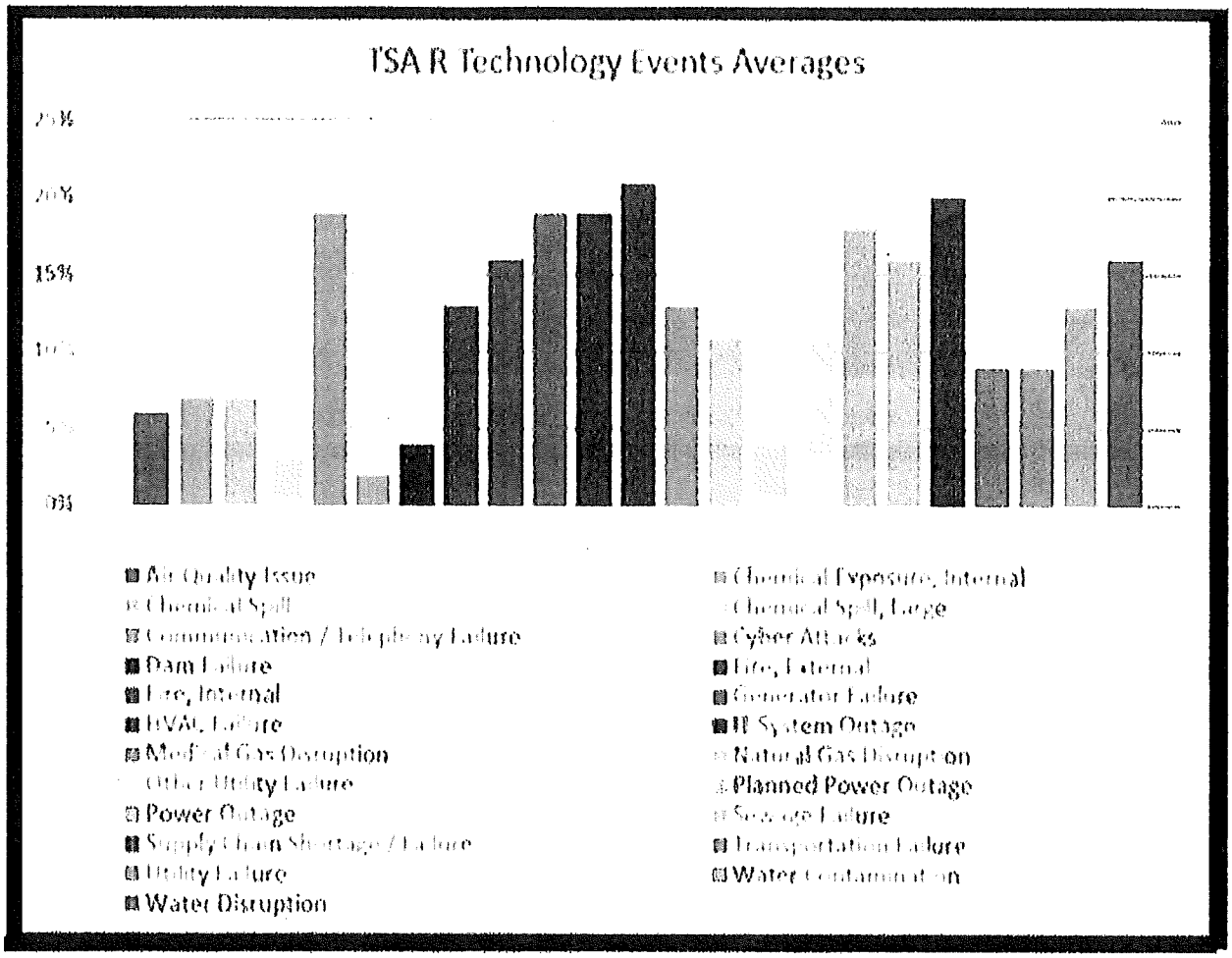


Other	TSA R
Evacuation	15%
Explosion	15%
Gas / Emmissions Leak	10%
Other	0%

Source: July 17, 2023: https://www.setrac.org/wp-content/uploads/2023/07/HVA-023-TSA-H-Q-R.pdf

Results of SETRAC HVA Assessment Trauma Service Area R

Technology Events – Chart 1 of 2



Source: July 17, 2023: https://www.setrac.org/wp-content/uploads/2023/07/HVA-023-TSA-H-Q-R.pdf

Results of SETRAC HVA Assessment Trauma Service Area R

Technology Events – Chart 2 of 2

Technology Events	TSA R
Air Quality Issue	6%
Chemical Exposure, Internal	7%
Chemical Spill	7%
Chemical Spill, Large	3%
Communication / Telephony Fail	19%
Cyber Attacks	2%
Dam Failure	4%
Fire, External	13%
Fire, Internal	16%
Generator Failure	19%
HVAC Failure	19%
IT System Outage	21%
Medical Gas Disruption	13%
Natural Gas Disruption	11%
Other Utility Failure	4%
Planned Power Outage	11%
Power Outage	18%
Sewage Failure	16%
Supply Chain Shortage / Failure	20%
Transportation Failure	9%
Utility Failure	9%
Water Contamination	13%
Water Disruption	16%

Source: July 17, 2023: https://www.setrac.org/wp-content/uploads/2023/07/HVA-023-TSA-H-Q-R.pdf

APPENDIX 2

Summary or Critical Public Health and Medical Facility Infrastructure

Local Health Department: Brazoria County Health Department
Local Health Authority: Dr. A. Scott Rogers (979-864-1484)
DSHS Health Service Region: Region 6/5 S
Regional Medical Director: Dr. Carlos Plasencia Phone: 713-767-3020
Mental Health Authority: The Gulf Coast Center (409-763-2373)
Medical Examiner Office or Justice of the Peace: Galveston County Medical Examiner's Office (Erin Barnhart, MD: 409-935-9274)
Trauma Service Area/Regional Advisory Council: TSA-R East Texas Gulf Coast RAC
Wendell Wiley (Cell: 409-750-3094)
wwiley@texascitytx.gov
SETRAC: Lori Upton (281-822-4450)

Facility Name	Street Name	City	Zip Code	Trauma Level (Hospitals Only)
CHI-St. Luke's -Brazosport	100 Medical Dr.	Lake Jackson	77566	Level III
Sweeny Community Hospital	305 N. McKinney St.	Sweeny	77480	Level IV
UTMB Health @ Angleton-Danbury Campus	132 E. Hospital Dr.	Angleton	77515	Level IV
HCA Houston Healthcare Pearland	11100 Shadow Creek Parkway	Pearland	77584	Level IV
Memorial Hermann-Pearland	16100 South Freeway	Pearland	77584	Not designated
Alvin EMS	801 E. South St.	Alvin	77511	***
Angleton AEMC	600 East Orange St.	Angleton	77515	***
Central EMS	400 North 13th St.	West Columbia	77486	***
Clute EMS	231 Commerce St.	Clute	77531	***
Danbury EMS	6010 Fifth Street	Danbury	77534	***
Freeport Fire/EMS	131 E. 4th St.	Freeport	77541	***
Lake Jackson EMS	10 Oak Dr.	Lake Jackson	77566	***
Manvel/ESD 3 EMS	6931 Masters Rd.	Manvel	77578	***
Pearland EMS	2703 Veterans Dr.	Pearland	77584	***

Facility Name	Street Name	City	Zip Code	Trauma Level (Hospitals Only)
Surfside Beach EMS	1304 Monument Dr.	Freeport	77541	***
Sweeny/West Brazos EMS	305 N. McKinney	Sweeny	77480	***
Gulf Coast Center	101 Tigner Dr.	Angleton	77515	***
Alvin Dialysis Center	2625 S. Loop 35, Ste. 154	Alvin	77511	***
DaVita Angleton Dialysis	102 E. Hospital Dr.	Angleton	77515	***
Brazoria County Dialysis	405 This Way St.	Lake Jackson	77566	***
FMC Dialysis Services of Pearland	1830 Broadway	Pearland	77581	***
Pearland Dialysis	6516 Broadway	Pearland	77581	***
Brookdale	2121 Scarsdale Blvd.	Pearland	77581	Assisted Living
Carriage Inn	130 Lake Rd	Lake Jackson	77566	Assisted Living
Colonnades at Reflection Bay	12001 Shadowcreek Pkwy	Pearland	77584	Assisted Living
Country Village Care	721 W. Mulberry	Angleton	77515	Assisted Living/Nsg Home
Creekside Village	914 N. Brazosport Blvd	Clute	77531	Nursing Home
Cypress Woods Care Center	135 ½ Hospital Dr.	Angleton	77515	Nursing Home
Desire to Live	2220 CR 144	Alvin	77511	Assisted Living
Sodalis Senior Living	206 Oak Dr. South	Lake Jackson	77566	Assisted Living
Evening Star Personal Care Home	2960 Rowan Burton Rd	Alvin	77511	Assisted Living
Highland Group Home	1304 Highland Blvd	Alvin	77512	Assisted Living
Kozy Korner	1501 Parkway	Alvin	77511	Assisted Living
K's Place	25806 CR 46	Angleton	77515	Assisted Living
Laboring with Loved Ones	6911 CR 171	Alvin	77511	Assisted Living

Facility Name	Street Name	City	Zip Code	Trauma Level (Hospitals Only)
Brazos Health Care Center	413 Garland Dr.	Lake Jackson	77566	Nursing Home
Laurel Court	3830 Mustang Rd	Alvin	77511	Nursing Home
Light Heart Memory Care	6923 Amie Ln.	Pearland	77584	Assisted Living
Lula's Place	2336 Texas Ave Ste 100	Pearland	77581	Adults Day Facility
Oak Village	204 Oak Dr. South	Lake Jackson	77566	Assisted Living
Orchard Park @ Southfork	3151 Southfork Pkwy	Manvel	77578	Assisted Living
Revered Texan Hearth & Home	1005 Sycamore	Lake Jackson	77566	Assisted Living
Oak Village Health Care	204 Oak Dr. South	Lake Jackson	77566	Nursing Home
Rescare	120 E. Brazos Ave.	West Columbia	77486	Assisted Living
The Fountains Assisted Living	1101 E. 2nd St.	Sweeny	77480	Assisted Living
Tovrea	802 Tovrea St.	Alvin	77512	Assisted Living
Trinity Oaks	3033 Pearland Pkwy	Pearland	77581	Assisted Living
Tuscany Village	2750 Miller Ranch Rd	Pearland	77581	Nursing Home
Village On The Creek Health Care Center	914 N. Brazosport Blvd.	Clute	77531	Nursing Home
Whites Cottage Center	332 Marshall Alley	Angleton	77515	Personal Care Home
Winchester Lodge	1112 South St.	Alvin	77511	Nursing Home
Windsong Village Convalescent Center	3400 E. Walnut	Pearland	77581	Nursing Home
Woodlake Nursing Home	603 E. Plantation	Clute	77531	Nursing Home
Angels Care Home Health	113 Abner Jackson Pkwy	Lake Jackson	77566	Home Health Agency

Facility Name	Street Name	City	Zip Code	Trauma Level (Hospitals Only)
A*Med Home Health	600 E. Cedar St.	Angleton	77515	Home Health Agency
Angleton Visiting Nurses	1212 N. Velasco St.	Angleton	77515	Home Health Agency
Coastal Staff Relief	101 Oyster Creek Dr., Ste. B	Lake Jackson	77566	Home Health Agency
House Calls Home Health	218 West Coombs	Alvin	77511	Home Health Agency
IPH Home Health Care, Inc.	190 Abner Jackson Pkwy	Lake Jackson	77515	Home Health Agency
Texas Home Health	477 This Way St.	Lake Jackson	77566	Home Health Agency
Visiting Angels of Brazoria County	4005 Technology Dr.	Angleton	77515	Home Health Agency
Lincare	833 W. Plantation Dr.	Clute	77531	DME/O2
Adaptive Medical Equipment	9330 Broadway, Ste. 422	Pearland	77584	DME

APPENDIX 3

Medical Countermeasure Dispensing ("SNS") Plan

The SNS (Strategic National Stockpile) plan can be accessed through the Public Health Emergency Preparedness Program of the Brazoria County Health Department.

APPENDIX 4

Mass Vaccination Plan
(See Attachment)

Brazoria County Health Department

434 East Mulberry Street, Angleton TX 77515

Office: 979-864-1484 Fax: 979-864-3955

Standard Operating Guideline for Mass Vaccination Clinics

Purpose

The Brazoria County Health Department has developed this operating guide to be used during an emergency when it is necessary to vaccinate at-risk Brazoria County residents, protecting them from vaccine preventable diseases. This operating guide provides instruction on implementing large-scale community vaccination efforts with direction on establishing vaccination centers, coordinating human resources and controlling the inventory of vaccines and supplies. A copy of this guide will be maintained at each Brazoria County Health Department clinic and at the office of Brazoria County Public Health Emergency Preparedness Department.

Preparations to be made 96 hours or more before clinic:

1. Determine number of residents likely to attend.
2. Discuss vaccine order (amount needed, vaccine being used, etc.) with DSHS Immunization Program. Region 6/5 South contact person is Rondrea Noble, phone # 713-767-3411, fax # 713-767-3889.
3. Order vaccine needed, arrange for delivery to main Brazoria County Health Department Angleton Clinic.
4. Select time, date and location for clinic, or clinics, if more than one is needed. Seek out school gyms, churches, auditoriums, theaters or other large covered public spaces accessible to the elderly and persons with disabilities. Ensure there are ample parking spaces, separate entry and exit doors, adequate lighting, heating and cooling, functional and accessible restrooms and adequate space for all clinic functions such as screening, registration, vaccination and a waiting room for vaccine recipients.
5. Contact nursing and clerical staff needed for the amount of vaccines expected to be administered during the clinic. Begin a tentative staffing schedule.
6. Inspect the clinic location to ensure it is large enough to accommodate the amount of people expected to participate and the number of tables and chairs needed to service them.
7. Contact resources and schedule any necessary equipment: tables, chairs, rope barriers, a folding cot and privacy screens, (for clients who may feel faint after vaccination), for delivery.
8. Determine resources to advertise the clinic. Prepare flyers to be distributed to local churches, stores, hospitals, gas stations and post the flyer on County website and Facebook page.

Preparations to be made 48 hours prior to the clinic:

1. Solidify schedule for staffing.
2. Contact clerical staff needed to prepare paperwork: Vaccine Information Sheets, Vaccine Addendums, Health Screening Questionnaire, blank Shot Record Cards and Immtrac2 consent forms (regular and disaster).
3. Confirm vaccine order status.
4.

Preparations to be made 24 hours prior to the clinic:

1. Confirm staffing for the clinic.
2. Confirm enough packets have been printed for the number of residents expected to attend the clinic.
3. Receive vaccine shipment and ensure it is viable.
4. Inspect clinic location to ensure enough tables, chairs and other needed supplies have been delivered and set-up in the correct locations to allow for smooth patient flow throughout the clinic space. See attached figure A for a model layout of temporary vaccination clinic
5. Assemble supplies needed in providing immunizations:
    - File boxes for carrying supplies
    - Syringes – Needles
    - Gloves
    - Alcohol prep pads
    - Kleenex
    - Kaypees
    - Band Aids
    - Sharps disposal container
    - Trash bag and containers (if available)
    - Alcohol based hand cleaners
    - Emergency drug, emergency equipment and Emergency Management protocol

6. Assemble clerical supplies needed
    - Doll and handcart
    - File boxes for carrying supplies
    - Patient packets
    - Clipboards
    - Ink pens
    - Stapler/staples
    - Paper clips/binder clips
    - Tape
    - Rubber bands
    - Pos-it notes

Day of clinic:

Assemble staff and assign responsibilities.

Clerks:

1. Greet patients on arrival and determine purpose of their visit.
2. Pass out packets for patients to complete.
3. Gather completed packets and inspect for any information not provided for by the patient.
4. Direct patient to nurse available to give them their injection.

Nurse:

1. Interview individual patients, review immunizations needed and review for any contraindications to vaccination.
2. Administer immunization.
3. Provide post-immunization and side effects information.
4. Document on the VIS Addendum the date and the name of the vaccine administered, the name of the vaccine manufacturer, the vaccine lot number, the name and title of the health care professional administering the vaccine and the address of the clinic where the vaccine was administered.
5. Give a personal immunization record to each vaccine recipient showing the date(month, day, and year) of when the vaccine was administered. Or if the person has an existing immunization record, document vaccine given on that record.
6. Pack, transport and monitor vaccine following guidelines published in the Texas Vaccine for Children and Adult Safety Net Provider Manual. Details are as follows:

Chapter 8: Off-Site and Mass Vaccination Clinics

A. Vaccine Ordering for Off-Site and Mass Vaccination Clinics

Mass vaccinations clinics may be set up for seasonal vaccines, such as influenza, to protect a large group of patients. Routine transport of vaccine is not recommended due to the risk of compromising the cold chain and vaccine viability. However, because most temporary mass clinics typically require vaccine transport on the day of the clinic, these temporary clinics require enhanced storage and handling practices. Clinic staff must develop mass vaccination protocols to ensure outreach efforts meet all TVFC/ASN requirements, including the following:

1. Showing the established vaccine needs (e.g., provider profile).
2. A schedule to include the date, location and estimated number of vaccines expected to be administered for each off-site clinic.
3. A plan for overseeing vaccine ordering for each clinic site to ensure that proper amounts of TVFC stock are transported on each clinic day.
4. The type of portable storage unit being used.
5. How the cold chain will be maintained from the beginning to the end of the mass vaccination clinic.
6. Each site location must document temperatures on the temperature recording form (EC-105, attached).

Program manager of Region 6/5 South, Rondrea Noble, 713-767-3411, must review and approve a mass vaccination plan prior to initiation of the mass vaccination clinics.

B. Off-Site and Mass Vaccination Clinic Requirements

To ensure vaccine storage and handling for mass vaccination clinics is managed properly; the following storage and handling practices are required:

1. All TVFC / ASN vaccine must be ordered and shipped directly to a location within the ordering clinic's DSHS PHR.
2. The vaccine must be properly transported, not shipped, to local schools or other community site where the mass vaccination clinics will be held.
3. Only amounts of vaccines that are appropriate, based on TVFC need, should be transported to each scheduled clinic.
4. Vaccine must be transported to and from the scheduled mass vaccination clinic at appropriate temperatures and must be monitored by a data logger that meets TVFC/ASN requirements as listed in chapter 3: Vaccine Management > V. Vaccine Storage and Handling, > B. Data Logger Requirements. The data logger's display must be placed outside the storage unit for continuous monitoring. Step by step instructions from CDC Vaccine Storage and Handling Handbook are attached.
5. The vaccine being transported must be tracked in order to maintain accountability for monthly reporting in EVI. This includes the following:
    - Vaccine type(s) and brand names,
    - Quantity of each type,
    - NDC numbers, and
    - Expiration dates
6. Upon arrival at the clinic site, ensure the vaccine is stored to maintain the appropriate temperature throughout the clinic day.
7. Since the vaccine is at a temporary location, temperature data must be reviewed and documented every hour during the clinic using a data logger. Temperature recording form EC-105 (attached), maybe used to document hourly temperatures.
8. After each clinic day, a physical count of the remaining vaccine must be conducted and assessment of temperatures performed prior to placing vaccine back into storage units to prevent inadvertent administration of vaccine that may have been compromised.

Vaccines exposed to temperature excursions must be separated in a vaccine quarantine Bag and labeled "Do Not Use" until further information can be gathered from the manufacturer(s). The vaccine should be kept at appropriate temperatures until the viability determination is made.

After the clinic has been completed for the day:

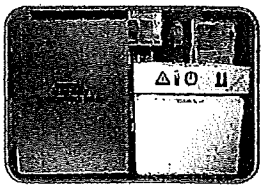
1. Place all trash in appropriate receptacles.
2. Clean tables and chairs with antiseptic wipes.
3. Arrange for tables and chairs to be returned to original entity.
4. Transport remaining vaccine and supplies to Health Department Clinic.
5. Record all immunizations in ImmTrac2 and TWICES.
6. Retain original consents and screening questionnaires as per State of Texas and TVFC record retention laws. Copies of all TVFC documents must be maintained for five years and made available on request by the TVFC Program, the Responsible Entity, (Region 6/5 South), or DSHS QA contractor. State of Texas requires all vaccination documents to be retained for 10 years or until the patient is 21 years of age, whichever time period is greater.

Packing Vaccines for Transport during Emergencies

Be ready BEFORE the emergency

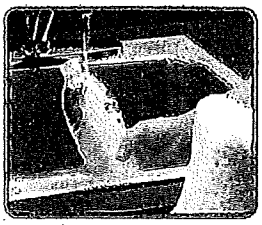
Equipment failures, power outages, natural disasters—these and other emergency situations can compromise vaccine storage conditions and damage your vaccine supply. **It's critical to have an up-to-date emergency plan with steps you should take to protect your vaccine.** In any emergency event, activate your emergency plan immediately, and if you can do so safely, follow the emergency packing procedures for refrigerated vaccines.

1 Gather the Supplies



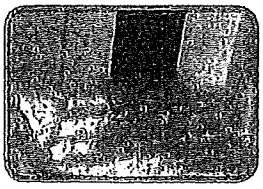
Hard-sided coolers or Styrofoam™ vaccine shipping containers

- Coolers should be large enough for your location's typical supply of refrigerated vaccines.
- Can use original shipping boxes from manufacturers if available.
- Do NOT use soft-sided collapsible coolers.



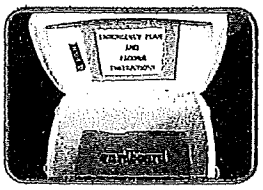
Conditioned frozen water bottles

- Use 16.9 oz. bottles for medium/large coolers or 8 oz. bottles for small coolers (enough for 2 layers inside cooler).
- Do NOT reuse coolant packs from original vaccine shipping container, as they increase risk of freezing vaccines.
- Freeze water bottles (can help regulate the temperature in your freezer).
- Before use, you must condition the frozen water bottles. Put them in a sink filled with several inches of cool or lukewarm water until you see a layer of water forming near the surface of bottle. The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.



Insulating material — You will need two of each layer

- **Insulating cushioning material** – Bubble wrap, packing foam, or Styrofoam™ for a layer above and below the vaccines, at least 1 in thick. Make sure it covers the cardboard completely. Do NOT use packing peanuts or other loose material that might shift during transport.
- **Corrugated cardboard** – Two pieces cut to fit interior dimensions of cooler(s) to be placed between insulating cushioning material and conditioned frozen water bottles.



Temperature monitoring device – Digital data logger (DDL) with buffered probe. Accuracy of +/-1°F (+/-0.5°C) with a current and valid certificate of calibration testing. Pre-chill buffered probe for at least 5 hours in refrigerator. Temperature monitoring device currently stored in refrigerator can be used, as long as there is a device to measure temperatures for any remaining vaccines.

Why do you need cardboard, bubble wrap, and conditioned frozen water bottles?
Conditioned frozen water bottles and corrugated cardboard used along with one inch of insulating material such as bubble wrap keeps refrigerated vaccines at the right temperature and prevents them from freezing. **Reusing vaccine coolant packs from original vaccine shipping containers can freeze and damage refrigerated vaccines.**

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Distributed by

CS249278-I August 2016

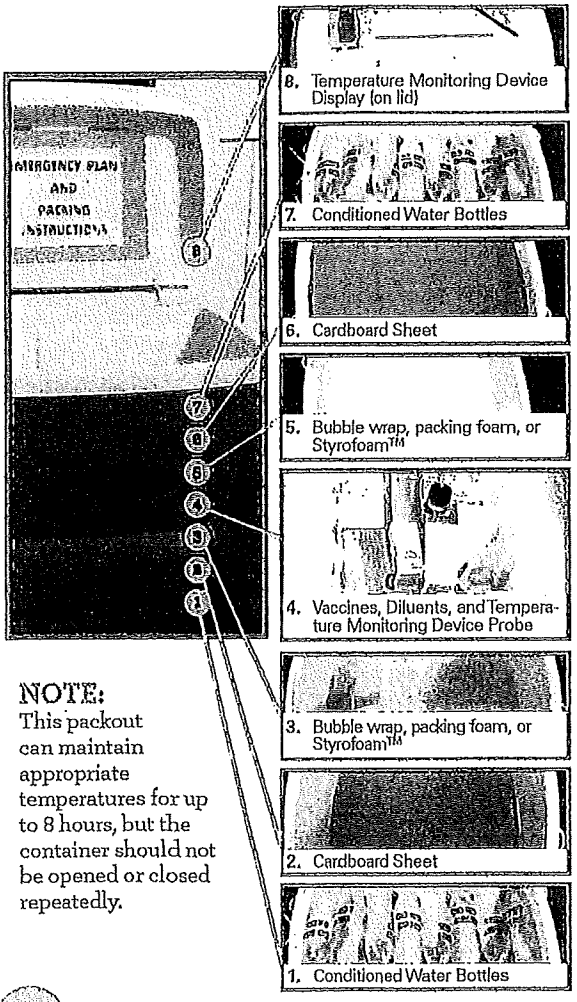
Visit www.cdc.gov/vaccines/SandH for more information, or your state health department.

Packing Vaccines for Transport during Emergencies

2 Pack for Transport

Conditioning frozen water bottles

- Put frozen water bottles in sink filled with several inches of cool or lukewarm water or under running tap water until you see a layer of water forming near surface of bottle.
- The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.
- If ice "sticks," put bottle back in water for another minute.
- Dry each bottle.
- Line the bottom and top of cooler with a single layer of conditioned water bottles.
- Do NOT reuse coolant packs from original vaccine shipping container.



8. Temperature Monitoring Device Display (on lid)

Close lid – Close the lid and attach DDL display and temperature log to the top of the lid.

7. Conditioned Water Bottles

Conditioned frozen water bottles – Fill the remaining space in the cooler with an additional layer of conditioned frozen water bottles.

6. Cardboard Sheet

Insulating material – Another sheet of cardboard may be needed to support top layer of water bottles.

5. Bubble wrap, packing foam, or Styrofoam™

Insulating material – Cover vaccines with another 1 in. layer of bubble wrap, packing foam, or Styrofoam™

4. Vaccines, Diluents, and Temperature Monitoring Device Probe

Vaccines – Add remaining vaccines and diluents to cooler, covering DDL probe.
Temperature monitoring device – When cooler is halfway full, place DDL buffered probe in center of vaccines, but keep DDL display outside cooler until finished loading.
Vaccines – Stack boxes of vaccines and diluents on top of insulating material.

3. Bubble wrap, packing foam, or Styrofoam™

Insulating material – Place a layer of bubble wrap, packing foam, or Styrofoam™ on top (layer must be at least 1 in. thick and must cover cardboard completely).

2. Cardboard Sheet

Insulating material – Place 1 sheet of corrugated cardboard over water bottles to cover them completely.

1. Conditioned Water Bottles

Conditioned frozen water bottles – Line bottom of the cooler with a single layer of conditioned water bottles.

NOTE:
This packout can maintain appropriate temperatures for up to 8 hours, but the container should not be opened or closed repeatedly.

3 Arrive at Destination

Before opening cooler – Record date, time, temperature, and your initials on vaccine temperature log.

Storage – Transfer boxes of vaccines quickly to storage refrigerator.

Troubleshooting – If there has been a temperature excursion, contact vaccine manufacturer(s) and/or your immunization program before using vaccines. Label vaccines "Do Not Use" and store at appropriate temperatures until a determination can be made.

Temperature Log for Refrigerator – Fahrenheit

DAYS 1–15

For information on storage and handling of COVID-19 vaccines, see the COVID-19 Vaccine Addendum in CDC's updated *Vaccine Storage and Handling Toolkit* at www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html.

Month/Year _____ VFC PIN or other ID # _____

Facility Name _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. If using a temperature monitoring device (TMD; digital data logger recommended) that records min/max temps (i.e., the highest and lowest temps recorded in a specific time period), document current and min/max *once* each workday, preferably in the morning. If using TMD that does not record min/max temps, document current temps *twice*, at beginning and end of each workday.
3. Put an "X" in the row that corresponds to the refrigerator's temperature.
4. If any out-of-range temp observed, see instructions to the right.
5. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range – too warm (above 46°F) or too cold (below 36°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the attached "Vaccine Storage Troubleshooting Record."

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Staff Initials																														
Exact Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Min/Max Temp in Unit (since previous reading)																														
Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																														
TEMPERATURES 46°F																														
45°F																														
44°F																														
43°F																														
42°F																														
Aim for 41 → 41°F																														
ACCEPTABLE 40°F																														
39°F																														
38°F																														
37°F																														
36°F																														
Danger! Temperatures below 36°F are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																														
ACTION Write any out-of-range temps (above 46°F or below 36°F) here:																														
Room Temperature																														

If you have a vaccine storage issue, contact your state or local health department for guidance and complete the attached "Vaccine Storage Troubleshooting Record."

DISTRIBUTED BY THE
IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

Adapted with appreciation from California Department of Public Health
www.immunize.org/catg.d/p3037F.pdf • Item #P3037F (8/21)

Temperature Log for Refrigerator – Fahrenheit

DAYS 16–31

For information on storage and handling of COVID-19 vaccines, see the COVID-19 Vaccine Addendum in CDC's updated *Vaccine Storage and Handling Toolkit* at www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html.

Month/Year_____ VFC PIN or other ID #_____

Facility Name_____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. If using a temperature monitoring device (TMD; digital data logger recommended) that records min/max temps (i.e., the highest and lowest temps recorded in a specific time period), document current and min/max *once* each workday, preferably in the morning. If using TMD that does not record min/max temps, document current temps *twice*, at beginning and end of each workday.
3. Put an "X" in the row that corresponds to the refrigerator's temperature.
4. If any out-of-range temp observed, see instructions to the right.
5. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range – too warm (above 46°F) or too cold (below 36°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the attached "Vaccine Storage Troubleshooting Record."

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Staff Initials																
Exact Time	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Min/Max Temp in Unit (since previous reading)																
Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																
TEMPERATURES 46°F																
45°F																
44°F																
43°F																
42°F																
Aim for 41° 41°F																
ACCEPTABLE 40°F																
39°F																
38°F																
37°F																
36°F																
Danger! Temperatures below 36°F are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																
ACTION Write any out-of-range temps (above 46°F or below 36°F) here:																
Room Temperature																

If you have a vaccine storage issue, contact your state or local health department for guidance and complete the attached "Vaccine Storage Troubleshooting Record."

DISTRIBUTED BY THE
IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

Adapted with appreciation from California Department of Public Health
www.immunize.org/catg.d/p3037F.pdf • Item #P3037F (8/21)

Vaccine Storage Troubleshooting Record

(check one) ☐ Refrigerator ☐ Freezer ☐ Ultra-Cold Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

A fillable pdf of this form is available at www.immunize.org/catg.d/p3041.pdf

Date & Time of Event If multiple, related events occurred, see Description of Event below.	**Storage Unit Temperature** at the time the problem was discovered		**Room Temperature** at the time the problem was discovered	**Person Completing Report**	
Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:

Description of Event *(If multiple, related events occurred, list each date, time, and length of time out of storage.)*

- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (2° to 8°C [36° to 46°F] for refrigerator; -50° to -15°C [-58° to 5°F] for freezer; -80° to -60°C [-112° to -76°F] for ultra-cold freezer (may be used for Pfizer COVID-19 vaccine).
- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)
- At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Action Taken *(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)*

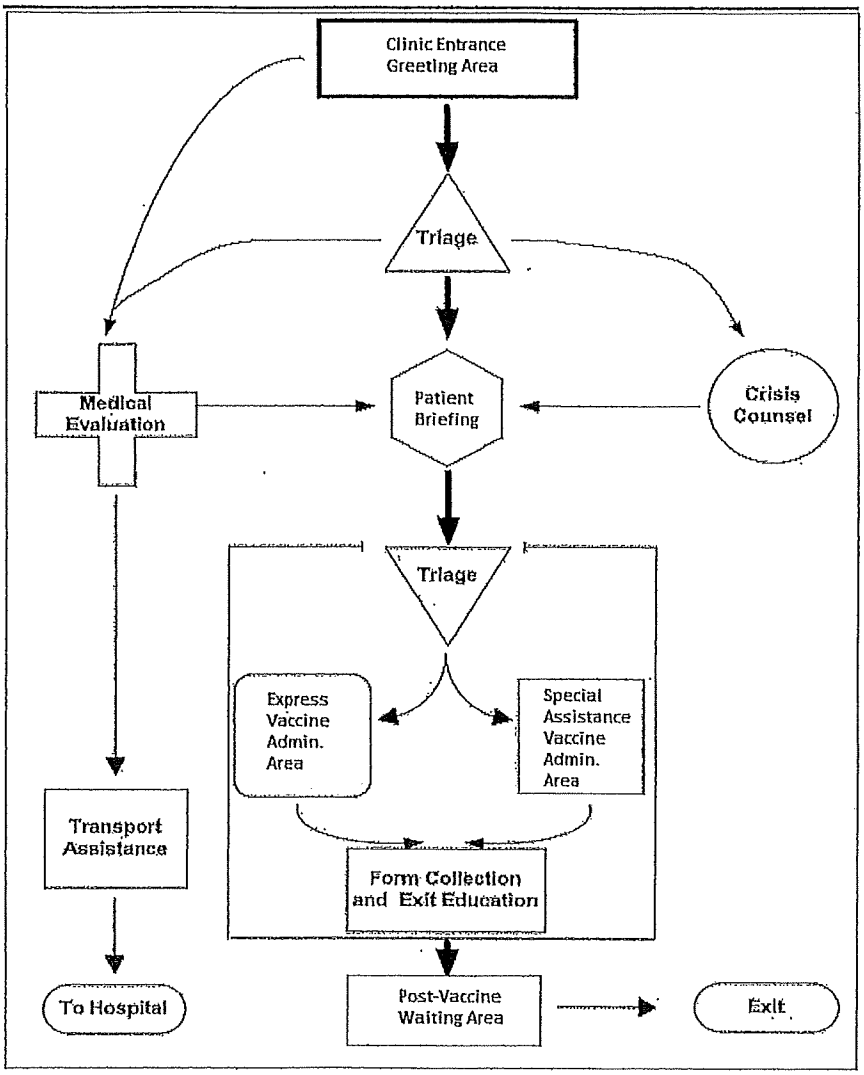
- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Results

- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)

DISTRIBUTED BY THE
IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org | www.immunize.org/catg.d/p3041.pdf • Item #P3041 (8/21)

Figure A


Clinic Entrance
Greeting Area
Triage
Medical
Evaluation
Patient
Briefing
Crisis
Counsel
Triage
Express
Vaccine
Admin.
Area
Special
Assistance
Vaccine
Admin.
Area
Transport
Assistance
Form Collection
and Exit Education
To Hospital
Post-Vaccine
Waiting Area
Exit

APPENDIX 5

Water Lab Response Plan
(See Attachment)

June 29, 2023

STANDARD OPERATING GUIDELINE

WATER LAB SURGE

OBJECTIVE: INCREASE STAFF, SUPPLIES AND EQUIPMENT AS NEEDED TO HANDLE EXCESSIVE INCREASE IN PRIVATE AND PUBLIC WATER WELL SAMPLES.

1. **Staffing**

   A total of 8 staff members with multiple shared assignments, including clerical and data entry.

   - Certified Analysts (3)
   - Sample Receiving (2)
   - Container/ Instruction Handout (2)
   - Security (1)

2. **Supplies:** Minimum inventory at 96 hours before disaster

   Lab and Office Supplies:

   - Sample Bottles -3000 (15 Boxes)
   - Colilert – 3000 (15 Boxes)
   - Chlorine Test Strips – 60 Tubes
   - Sterile Water Bottles -10
   - T-Soy Containers – 6
   - D.S. T-Soy Containers – 6
   - Distilled Water (Gallon)- 15
   - QC-Coliform / E. Coli Pack – 1
   - Chlorine Check Henry Schein Tubes – 3000 (3 Cases)
   - Microbial Reporting Forms – 3000
   - Sample Instructions – 3000
   - Well Disinfection Instructions – 3000
   - Labels for Sample Numbers – 8000 (2 Packages of Labels)
   - Envelopes – 2000
   - Copy Paper – 10 Boxes
   - Copier Toner – 1

3. **Equipment**

All Lab equipment calibrated and ready for use 24 hours before Lab re-opens.

- Water Baths - 3 (With calibrated thermometer)
- Incubators – 4 (With calibrated thermometers)
- Refrigerator – 1 (With Calibrated thermometer)
- Freezer – 1 (With Calibrated thermometer)
- UV Cabinet and UV Lamp – 1
- Vent Hood – 1

4. **Training**

Training as deemed necessary by lab management for extra staffing starting 96 hours prior to storm landfall.

- Sampling Instructions hand out
- Microbial Report Form Review
- Sample Acceptance Policy

5. **Resources**

- Cell Phones – 2
- Waste Disposal -TBD
- Security Officer if available -1

6. **Recovery**

Following Flood Waters Receding and the County Judge offering free samples for flood victims, the Brazoria County Water Lab will extend office hours for extra sampling as deemed necessary.

7. **Demobilization**

Outside tables, chairs, tent and signage will be removed when Lab returns to regular working hours, at this time extra security will also end.

LAB CONTINGENCIES FOR DISASTER

A Total of 8 staff including security is needed for the Lab to run efficiently and safely during a disaster. Clerical duties will include preparing instruction packages, copying instructions / forms, copying completed report forms and stuffing in envelopes to mail to customers/ E-Mailing completed results to customers, and labeling sample containers. Lab analysis will be performed only by certified Lab analysts. Sample Receiving will only be performed by trained Lab staff. All staff members designated to assist the Water Lab with flood recovery will attend a staff briefing and training at the Lab 96 hours to storm landfall. Any changes in contact information will be given to the Lab Manager at this time and any specific changes in Lab duties will be discussed and re-assigned at that time.

Each staff member will be assigned the following duties and responsibilities:

- **Drew Brennan: Team Lead**
  Lab Manager / Technical Manager
  Lab Analyst
  Sample Receiving
  Purchasing / Time Entry / Data Entry

- **Madeleine Brown: Lab Technician**
  Lab Analyst
  Sample Receiving
  Clerical / Data Entry

- **Linda Coronado: Lab Assistant**
  Lab Analyst
  Sample Receiving
  Clerical / Data Entry

- **Laura Ramirez:**
  Sample Receiving
  Clerical / Data Entry
  Container and Instruction hand-out

- **Lettie Guajardo: Purchasing**
  (if available to help with Lab purchasing under surge)

- **BCHD Additional Helper 1 (As Deemed Necessary);**
  Clerical/ Container and instruction hand-out

- **BCHD Additional Helper 2 (As Deemed Necessary);**
  Clerical/ Container and instruction hand-out

- **BCSO: Security, crowd and parking control**

Water sample collection instructions: Additional staff can be trained on sampling instruction explanation and sample acceptance policy. This training by the Lab Manager will come **96 hours** before storm land fall any additional staff will be informed of updates to sampling procedure if they have helped the Water Lab in the past. All staff helping the Water Lab under emergency situations will be adequately trained and any questions can be brought up at this time.

Sample Receiving: Sample receiving will be performed only by staff that are trained in the proper procedure and that have also participated in an annual **Lab Ethics and Data Integrity Training** that has been approved by the Lab Manager (TNI Standard) and are knowledgeable with the lab's **Sample Acceptance Policy**. This process can be revised during the **96 hours** before storm landfall.

Sample Instructions, Disinfection Instructions and Sample report forms: The Lab staff will prepare additional sample instructions, well disinfection instructions and Microbial Reporting Forms once storm is predicted to make land fall. This process of preparing instructions and forms will continue through the **96-hour** briefing and as needed.

Signage, Tape, Chairs, and Tents: These are currently stored at the Lab and **48 hours** before Landfall they will be checked by Lab Manager and available Lab Staff to ensure sufficient supplies. **PHEP** will be contacted if extra supplies for outside customer line up are needed. Table and chairs will be set up for staff to hand out instructions and bottles on the day the Lab reopens after storm landfall.

Processing Samples and Providing Results to Customers: Only approved Lab analysts that have a current Doc (Demonstration of Capability) will be allowed to process, analyze and report water test results to customers. Lab analysts are **Drew Brennan, Madeleine Brown and Linda Coronado**. Analysts will inform customers by phone when samples are positive for Total Coliform or E. Coli bacteria. Phone calls will be made as samples have been taken out of incubator after **24-28-hour** incubation period for sample has completed. Lab technical manager

will need to verify and sign off to approve sample results. All Microbial Reporting Forms will be mailed or emailed to customer after analysis.

Data Entry and Sending Out Results: Folding forms to stuff in envelopes for mailing results and emailing results can be performed by any of the clerical staff. Data Entry can be performed by analysts when available.

Staff Time: All lab staff will be responsible for keeping track of their time and the Lab Manager will be responsible for time entry for Water Lab Staff. The Lab Manager needs to contact the H.R. Dept. at least 48 hours prior to disaster occurrence to ensure all personnel have correct disaster timesheets. All staff will be encouraged to take their regular breaks during the extended Lab opening hours and also a mandatory lunch break. If disaster hours continue no staff member will work more than 6 consecutive days without a day off.

Lab Inventory: Madeleine Brown and Linda Coronado will be responsible for inventory check and quality control check **at least 96 hours** before storm landfall. They will then report to **Lab Manager** if any supplies are necessary then a rush requisition order will be sent to the county purchasing department. **Drew Brennan or Lettie Guajardo (if available)** will be responsible for creating requisitions.

Sample Bottles: All sample bottles need the BC Lab label on the bottom of the container before customer distribution. The Lab tries to keep at least **15 boxes** in their inventory already labeled. New lots of sample bottles purchased in anticipation of flood surge will need to be tested for quality control before being labeled. All staff will be needed to help with labeling additional sample bottles **96 hours** before storm landfall.

Extra Media / Lab Supplies: If any extra media or lab supplies are ordered during the disaster, upon arrival to the Lab analysts **Madeleine Brown and or Linda Coronado** will be responsible to update The Media Manual, begin immediate quality control tests and log results of quality control testing in The Media Manual.

Sample Bottles and Instructions for pick up at other County and City Locations: Madeleine Brown and Linda Coronado will be responsible with contacting county locations that can give out sample bottles and instructions to see if additional testing supplies are needed. A list of locations and phone numbers will be posted by all phones in the Lab. If any county offices need extra supplies a designated driver from the County Tax Office will need to be contacted to deliver packaged prepared by the lab. City water operators can be contacted to see if their city would like to pick up packages of sampling supplies for private residents.

Water Baths: Water Bath water levels and temperatures need to be checked when equipment is turned back on once Lab is ready to open. Under surge recovery all three Water Baths will be in use. Temperature will be recorded in manual twice a day by lab analysts.

Incubators: Incubator temperatures need to be checked before Lab is ready to open. Under surge recovery all four Incubators will be in use. Temperature will be recorded in manual twice a day by lab analysts.

Refrigerator / Freezer: Refrigerator and Freezer temperatures need to be checked before Lab is ready to open. Temperature will be recorded in manual twice a day by lab analysts.

Cell Phones: Lab Manager will need to contact the **IS Department** before Lab opens to request the Water Labs two cell phones be activated. This request will be made before Lab is ready to reopen after storm landfall.

Waste Disposal: Extra waste pick-ups may be necessary; **Drew Brennan or Lettie Guajardo** can contact Stericycle for additional waste pick-up if needed.

Security: BCSO will be notified by the **Director of the Health Department** if necessary when the lab is ready to reopen after storm landfall to ensure adequate security at the Lab. Security, crowd control and parking issues will be addressed by the officer that is assigned to the Lab if available. With customer overflow Lab Management will request the officer to allow a maximum of 3 customers with samples into the Lobby at one time. This will help avoid issues with incorrect sample acceptance or errors by the staff receiving samples.

APPENDIX 6

Resource Directory
(See Attachment)

UPDATED 08/2023

RESOURCE DIRECTORY FOR DISASTER RESPONSE

Prepared by:
Brazoria County Health Department

Through planning, preparedness, and surveillance, Brazoria County Health Department will promote, ensure and improve the health and well-being of its residents.

Brazoria County Health Department
434 East Mulberry Street
Angleton, TX 77515
Telephone: 979-864-1484
Fax: 979-864-3955

RESOURCE DIRECTORY FOR DISASTER RESPONSE

(Prepared by Brazoria County Health Department)

RESOURCE DIRECTORY FOR DISASTER RESPONSE

(Prepared by Brazoria County Health Department)

ACTIONS, INC. OF BRAZORIA COUNTY

Phone: (979) 864-1924
Contact: Breah Knape
Email: Breah.Knape@actionsinc.org
Address: 1524 E. Mulberry, Suite 135 – Angleton, Texas 77515

Secondary Contact: Cailey Trower, Community Engagement Specialist
Phone: (979) 864-1098

ActionS, Inc. provides transportation under the direction of the County EOC to residents of the county needing a ride for evacuating. ActionS, Inc. also provides transportation to the evacuees, while sheltered, to necessary locations (post office, store, doctor appointments, etc.) and return to home post disaster. ActionS, Inc. will provide information and referrals associated with the disaster as requested by county residents.
ActionS, Inc. has limited ability to store donated items for dispersal to the county residents.

AMERICAN RED CROSS
TEXAS GULF COAST REGION –

Contact: Charles Blake, Executive Director
Phone: (713) 313-5316
Email: Charles.blake@redcross.org

The American Red Cross Texas Gulf Coast Region provides life-saving services to more than 9 million people in cities such as Corpus Christi, Beaumont, Galveston and Houston. The Region is made up of 4 local chapters: Southeast and Deep East Texas, South Texas, Coastal Bend & Greater Houston.
The American Red Cross Greater Houston Area Chapter, established in 1916, is one of 4 regional chapters in Texas and provides services to over six million people. This area includes Houston, a long coastline in Galveston and Brazoria Counties, suburban areas, small towns and very rural areas. To provide services that reflect the needs of such diverse communities, the Chapter has its main headquarters off the Southwest Freeway and 7 locations spread throughout the 15 county area.
The American Red Cross Greater Houston Area Chapter provides four main services: Disaster Relief and Preparedness, assistance for Military Personnel and their families, Health and Safety Courses and Transportation. In fact, the Red Cross has a Congressional mandate to provide disaster and military assistance, though it is an unfunded mandate. The Red Cross relies on financial donations and grants.

AMED COMMUNITY HOSPICE

Phone: (409) 935-0169, Fax: (409) 935-0542
Contact: Dominique Creekmore
Email:
Address: 8900 Emmett F Lowry Expressway Ste 102
Texas City TX 77591

Website: www.amedhomehealth.com

Home Health Care - AMED Philosophy is founded on the principle that home health care is an essential component in the delivery of health care. We are committed to providing the highest quality services to our clients. It is AMED's belief that by utilizing and collaborating our resources in the continuum of home health care, quality and excellence are achieved. We understand the strong desire of our seniors to remain in the place they are most comfortable... home. We also understand the many hurdles to making this a safe and rewarding choice for both the client and the family. We are dedicated to providing the quality care that promotes independence and dignity for the client in any setting.
Hospice - Hospice care is an appropriate and compassionate choice when a client and family are facing life-limiting illness and no longer desire aggressive curative treatment. AMED Community Hospice utilizes an interdisciplinary team approach to provide services for their clients and families.

BRAZORIA COUNTY CENTER FOR INDEPENDENT LIVING (BCCIL)

Phone: 979-849-7060
Contact: Pamula Goodson
Email: pgoodson@cbfl.cc
Address:

Assist individuals with disabilities before, during, and after a disaster in Brazoria and Matagorda Counties.
BCCIL disseminates immediate information and continually updates individuals with disabilities about shelter openings, FEMA procedures, county/state declarations, etc. We also assist these same individuals with making a plan, signing up for 211, making "to Go" bags/kits, communicating effectively with first responders about access needs, creating back up plans for attendant care and electricity for wheelchairs, etc.
We also educate first responders about communicating with people with disabilities in various accessible formats such as sign language, TTY's etc. and also about access issues that may exist in shelters, transportation, etc.
Following a disaster, we work with individuals to ensure that they are able to get back into their homes, have any issues regarding attendant care, electricity for equipment, medication, and any other issue to recover from disaster. We also work to refer individuals for assistance to our partners when needed/requested.

BRAZORIA COUNTY CHILD PROTECTIVE SERVICES

Phone: (281) 331-0790
Contact:
Email:
Address: 3403 Mustang Rd
Alvin, TX 77511

BRAZORIA COUNTY DREAM CENTER (BCDC)

Contact: Terri Willis, Executive Director
Phone: (979) 388-0280 ext. 104
Email: terri@bcdreamcenter.org
Address: 796 S Brazosport Blvd, Clute TX 77531

RESOURCE DIRECTORY FOR DISASTER RESPONSE

(Prepared by Brazoria County Health Department)

The Brazoria County Dream Center (BCDC) can assist those affected by a disaster within Brazoria County with basic needs, such as food, clothing, cleaning supplies, personal care items, and house ware goods (excluding furniture). Brazoria County Dream Center is a non-profit outreach dedicated to helping families by meeting the basic needs for families in the Brazosport Area. BCDC has the capacity to serve over 200 households per week. That includes the ability to fund and staff programs to better serve the community during a disaster. BCDC brings various resources, a wealth of volunteers, knowledgeable staff, and collaboration of local networks to the table.

Disaster & Crisis Recovery–Provides families with free clothing, toiletries, diapers and household items
Dream Pantry–Provides nutritional food to Brazoria County residents who need additional assistance
Back 2 Basic Classes –classes to improve educational and basic life skills, and other resources to enhance individuals' potential to succeed such as basic cooking and sewing skills (on hold due to COVID, will resume in the spring of 2022)
Back to School Bash –Providing school age children with the items they need to start school such as school supplies, clothes, shoes, toiletries, haircuts, immunizations and vision screenings.
Backpack Buddies
Dream Gifts
Agencies Housed Within the Dream Center:
The River of Hope (www.riverofhopetx.org) - Benevolence program helping those who need assistance with rent and/or utilities.
Community Health Network (medical, dental and mental health)

BRAZORIA COUNTY HEALTH DEPARTMENT

Primary Contact:	Cathy Sbrusch, Director of Public Health Services
Phone:	(979) 864-1484
Email:	cathys@brazoriacountytx.gov
Secondary Contact:	Meghan Martin, PHEP Program Manager
Phone:	(979) 864-1938 or 979-235-0257
Email:	Meghanm@brazoriacountytx.gov

The Brazoria County Health Department provides health services for the prevention and control of communicable diseases. Routine services include: Tuberculosis control, STD screening & treatment, Immunizations, Public Health Preparedness, Water testing and a Women, Infants, & Children (W.I.C.) Program.

Our department also assists during disasters by providing mass vaccinations (i.e. Tetanus), communicable disease surveillance (at shelters and throughout county) and water sample testing for E.coli/coliform bacteria for water well systems.

BRAZORIA COUNTY HOUSING AND URBAN DEVELOPMENT

Primary Contact:	Daphne Lemelle, Executive Director X 1860
Phone:	(979) 864-1427
Email:	Dafphnel@brazoriacountytx.gov

BRAZORIA COUNTY TEXAS AGRILIFE EXTENSION SERVICE

Phone:	Telephone: (979) 864-1558, Fax: (979) 864-1566
Contact:	Jessica Chase, X 1563
Email:	Jessica.chase@ag.tamu.edu
Address:	21017 County Road 171, Angleton TX 77515

http://brazoria-tx.tamu.edu
Monday – Friday, 8:00a - 5:00p
TexasAgriLife Extension Service – Brazoria County works with communities, groups and individuals to improve the quality of their lives by providing them with research-based information to meet their needs. It is the local link to the vast resources of the Texas A&M University System.
Six professional County Extension Agents provide programs and information in the areas of Agriculture, Horticulture, Family and Consumer Sciences, Marine/Natural Resources and 4-H and Youth Development.

BRAZORIA COUNTY VETERANS SERVICES

Phone:	(979) 864-1289, (979) 388-1289, (281) 756-1289
Contact:	Sonya Broadway X 1537
Email:	www.brazoria-county.com/veterans
Address:	451 N Velasco St Ste 120, Angleton TX 77515

Hours: Monday – Friday, 8:00a – 5:00p
The Veterans Service Office provides information to all veterans and their families about the benefits to which they are entitled. The purpose of the Brazoria County Veterans Service Office is to assist any county resident who served in the armed forces or nurses corps of the United States, and any orphan or dependent of that person, to prepare, submit, and present any claim against the United States or the State of Texas for benefits to which the person may be entitled under United States or state law.
Services include assistance in securing VA hospitalization and compensation, life insurance, claims and conversion, pension claims, burial benefits and educational claims.
Eligibility: Veteran and/or dependent (widows); Application: Walk-in;
Documents required: Military discharge or DD-214.

RESOURCE DIRECTORY FOR DISASTER RESPONSE

(Prepared by Brazoria County Health Department)

EMS

Alvin EMS
1500 South Gordan St
Alvin, TX 77511
281-388-4370
www.alvin-tx.gov
Ron Schmitz
(713) 254-9245
rschmitz@cityofalvin.com

Angleton Area EMC
600 E. Orange St.
Angleton, TX 77515
979-849-3547
Lucille Maes
(979) 481-0607
lmaes@aaemc.org

Clute EMS
231 Commerce Street
Clute, TX 77531
979-418-9522
http://www.ci.clute.tx.us/pages/ems.php
Virginia Dahse, EMS Director
vdahse@clutetexas.gov

Freeport EMS
131 E. 4th St.
Freeport, TX 77541
979-233-2111
Mike Praslicka
(979) 236-4910
(979) 285-4889 (direct line)
mpraslicka@freeport.tx.us

Lake Jackson EMS
10 Oak Dr. Ste. B
Lake Jackson, TX 77566
979-415-2714
www.lakejacksonems.com

Brazoria County ESD #3
P.O. Box 1253
Manvel, TX 77578
(713) 497-4412 cell
Primary: Chief Welch
Secondary: Brad Lamnert
(409)377-4490

Pearland EMS
2703 Veterans Dr.
Pearland, TX 77584
281-997-5850
Chief Sears
Secondary contact: Raquel Garza, Community Outreach
(281)997-5840
rgarza@pearlandtx.gov

Surfside EMS
1304 Monument Dr.
Freeport, TX 77541-9522
979-233-1531 option 1
Chief of Police (currently no EMS director):
William Moncier X 111

West Brazos EMS (Sweeny Community Hospital EMS)
705 N. Brooks St.
Brazoria, TX 77422
Chris Herrera, Chief of Operations (979) 487-9070
Josh Roszak, Interim Chief of EMS (979) 548-1564

Windsor EMS, Inc.
2409 E. Mulberry
Angleton, TX 77515
281-333-4252
800-268-9903
Ryan Lynn
rlynn@windsorems.co

RESOURCE DIRECTORY FOR DISASTER RESPONSE

(Prepared by Brazoria County Health Department)

GULF COAST BAPTIST ASSOCIATION

Primary Contact: Chuck Beem
Phone: (979) 849-2477 or (979) 253-8668
Email: chuck.beem@outlook.com

GCBA mobilizes our churches and individuals to aid during and after the disaster. We secure laborers and gather supplies as needed. We also coordinate with Disaster Relief Teams from Texas Baptist Men, Southern Baptist of Texas Disaster Relief and Samaritan's Purse. Our churches also provide shelter for evacuees and housing for disaster relief teams. We have volunteers and can provide some financial assistance.

HOSPITALS

CHI St Luke's Health-Brazosport
100 Medical Drive
Lake Jackson, TX 77566
979-297-4411
979-297-6905
www.CHIStLukesBrazosport.org
Laura Minter
979-997-6419
laura.minter@brhstx.org

Memorial Hermann Pearland
16100 South Freeway
Pearland, TX 77584-3490
713-413-6560
www.memorialhermann.org/locations/pearland
Jonathan House
713-413-5000 (request to be transferred to Mr. House)

Pearland Medical Center
~~Sweeny Hospital~~
www.PearlandMC.com
Gregory Ramos
832-341-2656 cell
713-770-7117 desk
Pearland, TX 77584
Gregory.ramos@healthcare.com

Sweeny Community Hospital
305 McKinney St.
Sweeny, TX 77480
979-548-1500
979-548-1567
www.sweenyhospital.org
John Hazeslip
979-548-1597
jhazelslip@sweenyhospital.org

UTMB Health-Angleton/Danbury Campus
132 E. Hospital Drive
Angleton, TX 77515
979-849-7721
979-864-3614
www.utmbhealth.com/adc
Beth Reimschissel
979-848-9101

RESOURCE DIRECTORY FOR DISASTER RESPONSE

(Prepared by Brazoria County Health Department)

HUD-APPROVED HOUSING "COUNSELING" AGENCIES

The following agencies provide counseling services for homebuyer education, credit and pre-purchase financing, reverse mortgages, loss mitigation (default, delinquency, and foreclosure), subsidized rental vouchers, and tenant rights.

Avenue CDC	2500 Washington Ave Ste 400, 77007	713-864-8099
Consumer Credit C.S.	4600 Gulf Frwy Ste 500, 77023	713-923-2227
(Toll Free telephone)		888-845-5669
Credit Coalition	3300 Lyons Ave, 77020	713-224-8100
Dominion CDC	1102 Pinemont Dr, 77018	713-957-3087
Fifth Ward	4300 Lyons Ave Ste 300, 77087	713-674-0175
CDC Gulf Coast Services	5000 Gulf Frwy, 77023	713-393-4700
Housing Opportunities	2900 Woodridge Dr Ste 300, 77087	713-644-8488
Urban League	1301 Texas St, 77002	713-393-8700
Nat. Assoc, Real Estate Br.	7720 Homestead Rd, 77028	713-635-6941
Re-Ward 3rd Ward	3202 Trulley St, 77004	713-651-8050
Tejano Center	6901 Brownwood St, 77020	713-673-1080

Other Areas in S.E. Texas with Housing "Counseling" Agencies:

Brazos Valle AHC	1706 E 29th St, Bryan TX 77805	979-775-3466
Pineywoods Home Team	9601 S 1st Ste 202, Lufkin TX 78202	800-498-9371
S.E. Texas CDC	1190 Grand Ave, Beaumont, TX 77701	409-835-7527

U.S. Department of Housing and Urban Development (www.hud.gov):

FHA Foreclosed Homes (HUD Homes) for sale (www.swalliance.com)	800-260-3760
Fair Housing (discrimination)	800-498-9371
Home Ownership Center and FHA mortgage insurance	800-543-9378
Loss Mitigation (default, delinquency, and foreclosure assistance)	888-297-8685
Mortgage Insurance Premium (MIP)	800-697-6967
Houston Field Office	1301 Fannin St Ste 2200, Houston TX 77002

IPH HOME HEALTH CARE & HOSPICE CARE

135 E Hospital Dr
Angleton TX 77515
Telephone: (979) 848-8151

106 Circle Way St
Lake Jackson TX 77566
Telephone: (979) 292-0889

Referral Line: (800) 574-5179
Hours: Monday – Friday, 8:00a – 5:00p
At IPH Home Health Care & Hospice Care we strive to give the very best care to our patients. We achieve this by employing the most experienced professionals to provide advanced comprehensive and friendly home health and hospice care. The goal of IPH is to meet the physical and psychosocial needs of the patients. We provide comprehensive care for our patients in the privacy of their homes or other facilities.
Nursing care, home health aides, homemaker services, hospice care, medical social services, physician services, physical therapy, occupational therapy, speech therapy, nutrition, bereavement services, and hospice chaplains.

LIVE OAK CLINIC

Located at the Dream Center **(Use the same contact person)**
796 S Brazosport Blvd
Clute TX 77531
Telephone: (979) 388-0809
Fax: (979) 388-0303
www.liveoakclinic.org
Thursday 5:00 p.m. – 8:00 p.m.
When clinic is closed call (979) 388-0280
Non-urgent primary healthcare: care of diabetes & hypertension, lab work & imaging, nutrition education, social service resources.
Helping uninsured individuals with their healthcare needs, who do not qualify for Medicare, Medicaid or CHIP programs and who cannot afford private health insurance.

NAMI GULF COAST (NATIONAL ALLIANCE ON MENTAL ILLNESS GULF COAST)

Director: Jen Nelis (832)421-1945
Telephone: (281) 585-3100
Fax: (281) 824-9441
No physical address, staff is fully remote.
www.namigulfcoast.org
Monday – Friday, 9:00a – 4:00p
NAMI provides education and support to families and professionals about mental illness and advocates for services for people with brain disorders. Services are offered throughout Brazoria and Galveston counties. Eligibility: certain restrictions apply; Application: by telephone
SECOND CHANCE TRIFT SHOP
319 South St.
Alvin, TX
Hours: Wednesday - Friday, 10:00a - 2:00p
Donations are welcome for the resale shop. Need baby clothes, baby items, and small furniture. Contact Amanda Benson, 281-585-3100, for Volunteer Opportunities.

PEARLAND NEIGHBORHOOD CENTER

2335 Texas St
Pearland TX 77581
Director: Deborah Rubestello
Telephone: (281) 485-1987
Fax: (281) 485-3381
www.pnctexas.com
Monday – Friday, 8:00a – 5:00p
PNC provides a foundation of effective services and responsive programs to facilitate the development of individuals and families. The target population is the underprivileged community of Pearland and the surrounding areas. Services

include a food pantry, baby pantry, emergency medical/dental for school aged children, emergency utility/rental assistance, information & referral, household/clothing vouchers, and other programs.
Eligibility: Residents of Northern Brazoria County or agency referral
Application: Emergency and non-emergency walk-in.

The Salvation Army of Brazoria County

Primary Contact:	Major Jeffrey Miracle, Executive Director
Phone:	(979) 233-5420 x76841
Secondary Contact:	Capt. Tammie Miracle
Phone:	(979) 233-5420 X76842
Address (Office):	1618 N Avenue J, Freeport TX 77541

Website: www.salvationarmysouth.org
The Salvation Army is an international religious and charitable organization and offers a diversified program of social welfare services designed to meet the needs of people of all ages.

Services at Freeport location:
Clothing and household furnishings - Provides redistribution of usable or repairable general household items such as clothing, furniture, and appliances. Items are offered for sale or at below-market prices, or free to those in need at the Salvation Army Thrift Store.
Day care for children - Day care for children ages 2 through 12.
Documents required: Immunization record and physical
Emergency shelter for the homeless and transients - A program designed to provide minimum necessities of life on a short term basis for individuals or families during periods of dislocation or emergencies.
After 5 p.m., Lodge Manager (979) 233-9169

Services at Freeport and Alvin locations:
Emergency Assistance - Designed to give limited emergency financial assistance to families in crisis situations such as threat of utility disconnection, lack of food, need for prescriptions. Assistance is provided in the form of vendor payments.

SHELTERS/EMERGENCY SHELTERS

Salvation Army	1618 N Avenue J, Freeport	(979) 233-5420
Bay Area Homeless Services	3406 Wisconsin St, Baytown	(281) 837-1654
Salvation Army Family Residence	1603 McGowen St, Houston	(713) 650-6530
Mercy House Shelter	7 Switchbud Place, The Woodlands	(713) 748-0735
Turning Point Center	1701 Jacquelyn Drive, Houston	(713) 957-0099
Women's Center of Brazoria County	715 N Valderas St, Angleton	(979) 849-9553
Fort Bend County Women's Center	501 E Highway 90A, Richmond	(281) 344-5777
Houston Area Women's Center	11 Waugh Dr, Houston	(713) 528-6798
Depriest Outreach Mission	5609 E Mt Houston Rd., Houston	(281) 449-0994

SPCA OF BRAZORIA COUNTY

Primary Contact: Nicky Hardesty
Phone: (979) 285-2340, 979-665-2328 (Nicky's cell)
Address: 141 Canna Ln , PO Box 3291, Lake Jackson TX 77566
Lake Jackson Petco and Petsmart: Saturdays

Website: www.petfinder.com
Shelter Hours: Tuesday – Friday, 12:00p – 5:30p, Saturday, 10:00a – 3:00p
The SPCA is dedicated to the prevention of cruelty to animals within Brazoria County through education regarding proper animal care and the importance of neutering. The SPCA operates a shelter in Lake Jackson with the goal of providing the best possible care for unwanted animals pending adoption.
Lost Cost Spay/Neuter Program - the spay/neuter program is open to pet owners of all income levels. The program is based on a sliding scale fee. Clinics are scheduled every month and reservations are required. Application: Walk-in
Shelter/Adoption - the shelter provides refuge, medical care and nourishment to homeless animals. The adoption program provides an opportunity for a second chance for life to homeless animals. Partners with veterinarians to provide help for homeless animals.
Application: Walk-in.

Thrift Store - money raised from the Thrift Store helps to support SPCA operations.
Location: 120 W 4th St, Freeport, TX
Hours: Friday and Saturday, 10:00a – 4:00p & Sunday, 12:00p – 4:00p Telephone: (979) 239-2729

STEPHEN F. AUSTIN COMMUNITY HEALTH CENTER (refer back to the dream center)

1111 W Adoue St
Alvin TX 77511
Telephone: (281) 824-1480
Website: www.sfachc.org
Our health center is dedicated to providing affordable, high quality medical and dental care for all families and individuals. We accept Medicaid, Medicare and some private insurance. In addition, we have very affordable prices for people who are uninsured.
Medical Services – Mon, Tues & Thurs 8am-5pm, Wed 10am-7pm, Fri 8am-Noon, 2nd Sat 9am-noon
For patients that qualify, we provide assistance in applying for CHIP, the Women's Health Program and Medicaid. Reduced fees may be available. We also provide prenatal care for expecting moms and a medical home for adult men and women, children and adolescents. In addition, our on-site lab costs are significantly lower than most offices.
Pediatrics, Prenatal Care, Shots, Women's Health, Adult Care, Physicals, Exams Dental Services – Mon, Tues, Thurs & Fri 8am-5pm, Wed 10am-7pm
Our dental department specializes in dental care for children ages 3 months and up. Exams, Fillings, Bridges, Cleaning, Crowns, Dentures, Root Canals
Brazoria County Oath Program – This is a prescription assistance program that partners with pharmaceutical companies to provide medications at little or no cost to residents who have no insurance. Our on-site pharmacy can assist you with this program.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Primary Contact:
Address: 1504 E Mulberry St, Angleton TX 77515
Telephone: (713) 767-2000

Abuse or neglect hotline: (800) 252-5400
Website: www.dfps.state.tx.us
Hours: Monday – Friday, 8:00 a.m. – 5:00 p.m.
The mission of Protective and Regulatory Services is to protect children ages 0 – 18 years from harm by their parents or others responsible for their care. Services include the investigation of reported child abuse and/or neglect incidents, planned assistance to children and their families assessed to require continued supervision in the home, and substitute care placement for children removed from their homes. Protective Services staff also prepare court-ordered investigative studies, recruit foster parents, license foster homes, develop time limited rehabilitative plans for working with families toward the return of children to their own families or toward termination of parental rights and adoptive placement when necessary
Eligibility: Ages 0 – 18 years; Application: Internet

TEXAS DEPARTMENT OF HOUSING & COMMUNITY AFFAIRS

Primary Contact:
Address: PO Box 13941, Austin TX 78711
Telephone: (512) 475-3800 or (800) 525-0657

Website: www.tdhca.state.tx.us
Hours: Monday – Friday, 8:00 a.m. – 5:00 p.m.
The Texas Department of Housing & Community Affairs administers Housing Assistance Programs in Angleton, Brazoria, Clute, Freeport and West Columbia. This program provides rent assistance to low-income families and elderly, disabled/handicapped or displaced persons.

TEXAS DEPARTMENT OF HUMAN SERVICES

Alvin Office: 3403 Mustang Rd, Alvin TX 77511
Hours: Monday – Friday, 8:00 a.m. – 5:00 p.m.
Telephone: (281) 331-0790
Website: www.hhsc.state.tx.us
Area Served: Alvin, Liverpool, Manvel, Pearland

Clute Office: 794 S Brazosport Blvd, Clute TX 77531
Hours: Monday – Friday, 8:00 a.m. – 5:00 p.m.
Telephone: (979) 265-1291
Area Served: Clute, Freeport, Jones Creek, Lake Jackson, Oyster Creek, Surfside

The TDHS was established to help the people of Texas by providing financial, medical and social services to eligible low-income families and individuals within the framework of federal/state legislation and regulations.

Services:
Temporary Assistance for Needy Families (TANF) - a program providing monthly payments to families with needy children, deprived of parental support because of death, absence or incapacity of one or both parents. Recipients are also eligible for Food Stamps depending upon household size and income.
Application: Walk in.
Community Care for Aged and Disabled Adults - a program that provides home and community-based services for functionally impaired aged and disabled adults to help them remain in their own homes or communities. Services include help with personal needs, non-technical medical care, alternative living plans, and protective services for adults who are abused, neglected or exploited.
Eligibility: Minimum age 18 years, low income, State resident; Application: By telephone
Family Self-Support Services - physical examinations and routine dental work are offered on a periodic basis to children under 21 who have Medicaid. Those eligible are outreached as they come into the program and at intervals. Employment services also available to TANF mothers.
Eligibility: Medicaid recipients' ages 0 – 21; TANF mothers
Food Stamps - a program to increase the food buying power of low-income households. Recipients receive a Lone Star Card with a monthly allotment of food stamps, the amount depending upon household size and income. The card is used to purchase food products authorized by the USDA.
Eligibility: Low income/ US Citizen or legally admitted alien with 40 qualifying quarters of employment Application: Walk-in
Medicaid for Children and/or Pregnant Women - this program helps pay the cost of medical care for children and pregnant women. Medicaid coverage may be available to a pregnant wife and children in the family if they meet financial requirements established by TDHS. Resource and income guidelines apply.
Eligibility: Pregnant women; families with children ages 0 – 18; low income
Application: Walk-in
Medical Assistance-Medicaid - this program helps pay the cost of medical care for persons eligible for TANF or SSI and persons in approved nursing homes or institutions who meet the financial requirements established by TDHS. Services include, with limitation, hospital and professional services, prescription medicines, eye examinations and glasses, ear examinations and hearing aids, nursing home care, health exams and dental treatment for recipients under 21, and transportation for non-emergency Medicaid services. Eligibility: SSI, or nursing home eligible; low income; State resident
Application: By telephone.

UNITED WAY OF BRAZORIA COUNTY

4005 Technology Rd., Ste. 1020
Angleton, TX 77515
Director: Jenna Alesna
Telephone: (979) 849-9402 or (800) 971-6677
Fax: (979) 848-0259
www.uwbc.org
Monday – Thursday, 7:30 a.m. – 5:00 p.m., Friday, 8:00 a.m. –12:00 noon
United Way of Brazoria County is organized as a cooperative enterprise of contributors, users and providers of service. The system is based on balancing human service needs with the community resources available. Services:

Resource Development - Conducts annual fundraising campaigns primarily through corporate and workplace solicitation.
Community Impact - This volunteer committee reviews the United Way partner agencies' programs, budgets and allocations requests and makes funding recommendations to the Board of Directors.
Community Services - Provides oversight and direction for United Way's Helpline Information and Referral Service and Financial Stability.

UTMB REGIONAL MATERNAL & CHILD HEALTH PROGRAM

Angleton - 1108A E Mulberry St, Angleton TX 77515
Primary Contact: Chris Marks
Telephone: (979)864-8437
Hours: Monday-Wednesday & Friday, 8:00 a.m. – 5:00 p.m. Tuesday, 8:00 a.m. – 7:00 p.m.

Pearland - 2750 E Broadway St, Pearland TX 77581
Telephone: (409) 066-1888
Hours: Monday. 8:00 a.m.-7:00 p.m., Tuesday-Friday, 8:00 a.m. – 5:00 p.m.

To speak with a nurse at night or on the weekend, call 1-800-917-8906.
Website: www.utmbc.edu
Please call the clinic before your visit to ensure that a nurse will be available.
Children must be accompanied by a parent or guardian
Please arrive at least 30 minutes prior to your visit to allow adequate time to process paperwork.

Patients who visit the Angleton Regional Maternal & Child Health Center can receive the following services in one convenient trip: pregnancy testing, prenatal care, high risk prenatal care, family planning services, well woman exams, dysplasia treatment, cancer stop program exams, pediatric examinations, immunizations, on-site screening for Medicaid and other financial services
Eligibility: Sliding Scale Fee based on income (Federal Poverty Guidelines)
Application: Financial Screening.

RESOURCE DIRECTORY FOR DISASTER RESPONSE

(Prepared by Brazoria County Health Department)

Mental Health Services

Brazosport Psychiatric Clinic
209 E. Mulberry St., Ste400
Angleton, TX 77515
979-331-3121
Donna Ayers

Community Health Center
111 W. Adoue St.
Alvin, TX 77511
281-824-1480
www.sfachn.org
Ezreal Garcia

Focus Psychiatry
110 S. Gordon St.
Alvin, TX 77511
281-968-7568

Gulf Coast Center
101 Tigner, Building
Angleton, TX 77515
800-643-0967
866-729-3848
www.gulfcoastcenter.org

Gulf Coast Center
101 Brennen
Alvin, TX 77511
800-643-0967
866-729-3848
www.gulfcoastcenter.orG

Gulf Coast Center
4444 W. Main Street
League City, TX 77573
(409) 763-2373 Main
amandag@gulfcoastcenter.org
Amanda Groller
Disaster Response Team Program Manager
(409) 944-4339 Desk
(409) 502-1446 Cell

NAMI Gulf Coast
No physical address, remote staff only
281-585-3100
Jan Melis
jmelis@namigulfcoast.org
www.namigulfcoast.org

Psychology Works
210 Lake Road, Suite 700A
Lake Jackson, TX 77566
979-285-9242
Psychologyworkstx.com
Dr. Dedra Frazier

Stephen F Austin Community Health Center
905 N. Gulf Blvd.
Freeport, TX 77541
281-824-1480
info@sfachc.org
www.sfachn.org

Stephen F Austin Community Health Center
2552 East Broadway St. Suite 102
Pearland, TX 77581
281-824-1480
281-220-6442
info@sfachc.org
www.sfachn.org

Pharmacies

Pharmcare
1834 Broadway #106
Pearland, TX 77581
281-996-7500
281-996-7636

Medx Pharmacy
6302 Broadway Ste 100
Pearland, TX 77581
281-506-2453
281-506-2454
www.medxpharm.com
Open until 6:00 pm
service@medxpharm.com

Spence's Medical Center Pharmacy
215 Oak Dr. S. Ste. M
Lake Jackson, TX 77566
979-297-1776
979-297-8876
www.spencesmedcenter.com
Mr. David Spence
Open until 6:00 pm

Starr Plus Pharmacy
208 Oak Dr. S. Ste. 302
Lake Jackson, TX 77566
979-297-3800
979-297-3806
starrpluspharmacy@gmail.com
Mr. Benedict Amushie
Open until 6:00 pm

The Medicine Shoppe Pharmacy of Angleton
2301 E. Mulberry
Angleton, TX 77515
979-849-9391
979-848-0900
wdspence1@gmail.com
Mr. David Spence
Open until 6:00 pm

Lake Jackson Medicine Shoppe
109B Abner Jackson Parkway
Lake Jackson, TX 77566-4157
979-297-9503
979-480-0254
Open until 6:30 pm

CVS Pharmacy
601 N. Loop 274
Angleton, TX 77515
979-849-8294
979-864-3153
Open until 8:00 pm

CVS Pharmacy
117 Oyster Creek Drive
Lake Jackson, TX 77566
979-297-3254
979-297-9012
Open until 12:00 am

CVS Pharmacy
202 Highway 332 W
Lake Jackson, TX 77566
979-299-2330
979-529-4167
Inside Target
Open until 7:00 pm

CVS Pharmacy
1853 2nd St.
Freeport, TX 77541
979-233-5415
979-233-0298
Open until 10:00 pm

CVS Pharmacy
701 S. 17th St.
West Columbia, TX 77486
979-345-5119
979-345-2138
Open until 9:00 pm

RESOURCE DIRECTORY FOR DISASTER RESPONSE

(Prepared by Brazoria County Health Department)

CVS Pharmacy
1600 S. Bypass 35
Alvin, TX 77511
281-331-1536
281-331-6582
Open until 8:00 pm

CVS Pharmacy
15027 Hwy 6
Rosharon, TX 77583
281-431-0601
281-431-2607
Open until 9:00 pm

CVS Pharmacy
4489 CR. 94
Manvel, TX 77578
281-692-9728
281-547-7331
Open until 10:00 pm

CVS Pharmacy
12806 Broadway ST.
Pearland, TX 77581
713-436-1298
713-436-1383
Open until 9:00 pm

CVS Pharmacy
7110 Magnolia Rd.
Pearland, TX 77584
281-412-4713
281-412-4924
Open until 10:00 pm

CVS Pharmacy
3045 Silverlake Village Dr.
Pearland, TX 77584
713-436-2516
281-606-4484
Inside Target
Open until 7:00 pm

CVS Pharmacy
9522 Broadway
Pearland, TX 77581
713-436-8151
713-436-8156
Open until 12:00 am

CVS Pharmacy
11600 Shadow Creek Pkwy
Pearland, TX 77584
713-436-8250
713-436-8256
Open until 9:00 pm

CVS Pharmacy
2900 Broadway
Pearland, TX 77581
281-997-4400
281-997-4406
Open 24 hrs.

Walgreens
131 Oyster Creek Dr.
Lake Jackson, TX 77566
979-292-0328
979-297-8918
Open until 10:00 pm

Walgreens
51 Dixie Dr.
Clute, TX 77531
979-265-2517
979-265-7397
Open until 9:00 pm

Walgreens
1001 Loop 274
Angleton, TX 77515
979-849-2347
979-849-0875
Open until 10:00 pm

RESOURCE DIRECTORY FOR DISASTER RESPONSE

(Prepared by Brazoria County Health Department)

Walgreens
100 E. Brazos Ave.
West Columbia, TX 77486
979-345-2147
979-345-5173
Open until 9:00 pm

Walgreens
1620 S. Gordon St.
Alvin, TX 77511
281-585-2404
281-585-0709
Open until 11:00 pm

Walgreens
8430 Broadway St.
Pearland, TX 77584
281-412-3305
281-412-2191
Open until 10:00 pm

Walgreens
6122 Broadway St.
Pearland, TX 77581
281-412-4896
281-997-1732
Open until 9:00 pm

Walgreens
11633 Shadow Creek Pkwy
Pearland, TX 77584
713-436-4913
713-436-3945
Open until 10:00 pm

Walgreens
3287 Broadway St.
Pearland, TX 77581
281-485-7843
281-485-0715
Open 24 hours

Walgreens
1515 Broadway St.
Pearland, TX 77581
281-996-1241
281-996-1248
Open until 9:00 pm

Parkwood Pharmacy
104 W. Sealy
Alvin, TX 77511
281-968-7946
281-968-7541
Open until 5:30 pm

RESOURCE DIRECTORY FOR DISASTER RESPONSE

(Prepared by Brazoria County Health Department)

Dialysis/Special Populations Resources

All information and links can be found at ESRD Public Emergency Portal - Smartsheet.com

Find a Dialysis facility: Find Healthcare Providers: Compare Care Near You | Medicare

Find a Hospital: Texas Hospital Listing - Smartsheet.com

Dialysis Admissions:

DaVita- 1-800-424-6589
Fresenius- 1-800-626-1297
Satellite- 855-396-2212, option 3 (Texas)
ARA- 1-888-880-6867
US Renal Care- 866-671-8772
DCI- 866-420-1990
Texas ESRD Emergency Coalition (TEEC)- 866-407-3773
ESRD Network of Texas Patient Hotline- 877-886-4435
Texas Health and Human Services- 2-1-1
Texas Emergency Assistance Registry (STEAR) - 1-877-541-7905

Check for Open Pharmacies: Healthcare Ready | Rx Open FAQs

Kidney Community Emergency Response: KCER (kcercoalition.com)

Preparing for Emergencies Guide for Dialysis Patients: Preparing for Emergencies: A Guide for People on Dialysis (kcercoalition.com)

Texas Ready Resources: Texas Ready Resources

Mercy Medical Angels (transportation resource): Medical Transportation for Needy Patients | Mercy Medical Angels

Texas Hurricane Center: Texas Hurricane Center | Office of the Texas Governor | Greg Abbott

Drive Texas: DriveTexas

Red Cross Disaster Relief: Disaster Relief & Recovery Services | American Red Cross

SETRAC Point of Contact:

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