

# CRISIS AND EMERGENCY RISK COMMUNICATION GUIDELINES



TEXAS  
DEPARTMENT OF STATE HEALTH SERVICES  
Center for Policy and External Affairs

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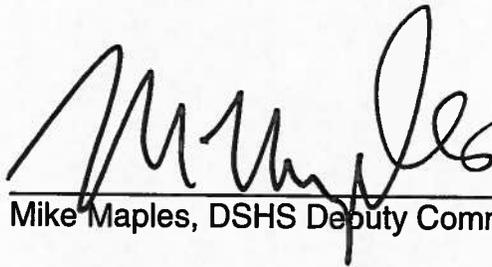
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**APPROVAL and IMPLEMENTATION**  
**Crisis and Emergency Risk Communication**  
**Guidelines**

These Standard Operating Guidelines are hereby accepted for implementation and supersede all previous editions.

3-7-16

Date



Mike Maples, DSHS Deputy Commissioner



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# TEXAS DEPARTMENT OF STATE HEALTH SERVICES CRISIS AND EMERGENCY RISK COMMUNICATION GUIDELINES

## AUTHORITY AND REFERENCES

The Department of State Health Services (DSHS) serves as the primary agency for operational strategies that may be used to protect public and support medical operations, and is responsible for coordinating the public health and medical response during emergency situations. The State's role in disaster response is to maintain overall situational awareness and support community response, to provide guidance to local jurisdictions, and to coordinate securing and deploying federal and other resources if available when state and local assets are insufficient to meet the need.

See the following:

1. State of Texas Emergency Management Plan  
<http://www.txdps.state.tx.us/dem/downloadableforms.htm#stateplan>
2. Annex D Radiological Emergency Management, to the State of Texas Emergency Management Plan (pdf)  
<http://www.txdps.state.tx.us/dem/documents/planState/annexd.pdf>
3. Annex H Public Health and Medical Services, to the State of Texas Emergency Management Plan (pdf)  
<http://www.txdps.state.tx.us/dem/documents/planState/annexh.pdf>
  - a. Appendix 4 DSHS Mass Fatality Management, to Annex H  
<http://www.dshs.state.tx.us/commprep/planning/documents.aspx>
  - b. Appendix 5 DSHS Disaster Behavioral Health, to Annex H  
<http://www.dshs.state.tx.us/commprep/planning/documents.aspx>
  - c. Appendix 6 DSHS Bioterrorism Incident Response, to Annex H  
<http://www.dshs.state.tx.us/commprep/planning/documents.aspx>
  - d. Appendix 7 DSHS Pandemic Influenza Response, to Annex H  
<http://www.dshs.state.tx.us/commprep/planning/documents.aspx>
  - e. Appendix 8 DSHS Medical Counter Measures, to Annex H  
<http://www.dshs.state.tx.us/commprep/planning/documents.aspx>
4. Annex I Emergency Public Information, to the State of Texas Emergency Management Plan (pdf)  
<https://www.txdps.state.tx.us/dem/documents/planState/annexi.pdf>
5. State of Texas Drought Plan (pdf)  
<http://www.txdps.state.tx.us/dem/documents/planState/annexDrought.pdf>
6. DSHS News Media Policy, Agency Administration Policy AA-5036  
<http://online.dshs.state.tx.us/policy/agency/aa-5036.htm>
7. DSHS Social Media Policy, Agency Administration Policy AA-5127  
<http://online.dshs.state.tx.us/policy/agency/aa-5127.aspx>

## **PURPOSE**

The purpose of these guidelines is to describe, pursuant to the National Incident Management System (NIMS), the means, organization, and process by which the DSHS, through the Center for Policy and External Affairs (CPEA), will provide timely, accurate, and useful information and instructions to the public before, during, and after a public health threat or emergency. Information may also be shared with partners and other stakeholder organizations as appropriate using the framework outlined through these guidelines.

## **EXPLANATION OF TERMS**

Crisis and Emergency Risk Communication (CERC): Communication about an urgent disaster combined with communication about risks and benefits to stakeholders and the public. The CERC provides expert information that helps the receiver and advances a behavior or an action that allows for rapid and efficient recovery from the event.

Disaster: The occurrence or imminent threat of widespread or severe damage, injury, and loss of life or property that is beyond the capability of the governments within the affected area to resolve with their resources.

Emergency: The occurrence or imminent threat of a condition, situation, or event that requires immediate response actions to save lives; prevent injuries; protect property, public health, the environment, and public safety; or to lessen or avert the threat of a disaster.

Emergency Public Information: Information that is disseminated primarily in anticipation of or during an emergency. In addition to providing situational information to the public, emergency public information also frequently provides instructional information to be used by the general public.

Incident: An emergency situation that is limited in scope and potential effects on lives and property and is typically handled by one or two local response agencies acting under an incident commander. An incident may require limited external assistance from other local response forces.

Incident Command System (ICS): ICS is a standardized incident management system used to organize emergency response and designed to offer a scalable response to incidents of any magnitude.

Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies co-locate at the JIC.

Joint Information System (JIS): A JIS is a structure and system for developing public information plans and strategies, for providing information that could affect a response effort, and for controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

State Medical Operations Center (SMOC): The SMOC is managed by DSHS and functions as the State Operations Center (SOC) interagency public health and medical operations center. The SMOC's purpose is to coordinate public health and medical care response activities and to prioritize incident demands for critical and/or competing resources. The SMOC facilitates communications between the necessary local, regional, State and Federal entities to assemble the assets required to respond to and resolve requests for State public health and medical care assistance. The SMOC includes representatives from the other HHS Enterprise agencies.

National Incident Management System (NIMS): A system mandated by Homeland Security Presidential Directive (HSPD) 5 that provides a consistent nationwide approach for federal, state, local, and tribal governments, the private sector, and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

Press Officer: The DSHS Media Relations Director serves as the official spokesperson for the Department and is responsible for providing the public, the media, and other state and federal agencies statewide incident-related information. The Media Relations Director develops and disseminates statewide information on the incident's cause, size, and current situation; resources committed; and other matters of general interest for both internal and external use. The Media Relations Director in coordination with the Communications Manager will determine who serves as Public Information Officer (PIO) on the DSHS Incident Command Staff.

Public Information Officer (PIO): A member of the Incident Command Staff responsible for working with the public, the media, and other agencies to provide incident-related information.

## **SITUATION AND ASSUMPTIONS**

See State of Texas Emergency Management Plan, Annex I

Public information is vital to help the public deal with an emergency, to avoid panic, and to maintain the public's cooperation. Bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies are considered highly sensitive issues.

Negative consequences may affect those who experience a disaster either as survivors or observers. The effects include anxiety, depression, family disruption and violence, substance abuse, absenteeism, and other related physical and mental health symptoms. These consequences can adversely affect public health. DSHS works to educate the public and allay people's anxiety and fear to help prevent such negative

health outcomes following large-scale public health threats and emergencies, especially ones that include numerous casualties. DSHS should recognize its role within a given response or event and manage its public communications according to its role.

When local health agencies solicit assistance from the state, the communications plan should be implemented in cooperation with local agencies. Inquiries about any criminal investigation should be referred to the appropriate law enforcement agency or legal authority.

A disease outbreak, bioterrorist event, natural disaster or other public health threat or emergency will necessitate extensive communication activities. While a communications plan cannot alleviate the threat of terrorism or solve public health problems, good communications can affect how the public, media, and health care providers react to a health emergency.

The media should be considered an essential participant in disseminating information and updates. Unverified overt health threats should generally not be made public. Publicized hoaxes tend to breed more hoaxes and raise false alarms. However, the department may need to respond, if deemed appropriate by Media Relations and Communications staff, to quell rumors and fears, internal communications systems may be activated to handle these matters. Public feedback and regular monitoring of news reports facilitate this effort and provide a measure of the effectiveness of information released.

A primary purpose for centrally coordinating information dissemination to the news media is to improve the chances that DSHS releases information that is credible, consistent, accurate, current, useful, needed, and appropriate. Information released to the media through several sources (local, state, and federal) also must be coordinated to assure that information released is most beneficial to the public and is not confusing. When local health agencies solicit assistance from the state, the communications plan should be implemented in cooperation with local agencies.

## **CONCEPT OF OPERATIONS**

### **DSHS Operations**

#### **Overview**

Pursuant to NIMS, emergency public information is disseminated primarily in anticipation of or in response to an emergency. In addition to providing situational information to the public, it also frequently provides directive actions required to be taken by the public.

These guidelines cover two areas of emergency public information for DSHS: Direct communication from DSHS through the Media Relations Unit to the news media, and information dissemination to partners and stakeholders to educate the public regarding exposure risks and effective public response.

Media messages (fact sheets, news releases, frequently asked questions, websites) relating to infectious disease prevention, specific critical agents, other public health threats, and emergency situations may be prepared in advance and posted to DSHS social media accounts (i.e., Facebook at <https://www.facebook.com/TexasDSHS> and Twitter at <https://twitter.com/TexasDSHS>) and to the DSHS Public Health Preparedness website at [www.dshs.state.tx.us/preparedness/](http://www.dshs.state.tx.us/preparedness/) or to specific DSHS websites such as [www.TexasPrepares.org](http://www.TexasPrepares.org) and [www.TexasFlu.org](http://www.TexasFlu.org). These materials are made available to local health departments, community groups, and the public. Information is provided in English and Spanish, in other languages as needed, and in accessible formats.

General public education activities include media campaigns on infectious disease topics, health information on social media platforms and websites for public access, and creation of various media products such as Commissioner's Commentaries (op-eds or columns), news releases, and news updates.

Upon notification of a significant event requiring state response, DSHS response staff will alert identified personnel to be prepared to meet requirements for representing the Health and Medical Services Emergency Support Function (ESF 8) for the following, if activated:

- State Operations Center (SOC)
- DSHS State Medical Operations Center (SMOC)
- Joint Information Center(s) (JICs)
- State and Federal Joint Field Offices (JFOs)
- Disaster District Committee (DDC)
- DSHS Regional Health and Medical Operations Center (RHMOCC)
- Local Emergency Operation Centers (EOCs)

### **DSHS Media Relations**

See DSHS News Media Policy, Tab A. This department policy directs news media operations in all situations, even when DSHS is in emergency response mode and the SMOC is activated.

### **Social Media Platforms**

See DSHS Social Media Policy, Tab B. In the event of an officially declared or undeclared disaster or emergency, all communications via social media regarding a disaster or emergency, shall be centralized through the DSHS Communications Unit and the DSHS Media Relations.

### **Staffing Requirements**

See the current SMOC Operating Guide, Tab C

### **Public Information Lines**

See Alternative Public Information Guidelines, Tab D

## **Joint Information System (JIS)**

Public information activities may be coordinated through a Joint Information System (JIS), which provides for integrating public information activities across jurisdictions, with the private sector, and non-governmental organizations.

Key elements of the JIS may include:

- a. Providing plans, protocols, and structures used to establish an organized, integrated, and coordinated mechanism to deliver timely, accurate, and consistent information to the public during a crisis.
- b. Facilitating interagency coordination and integration.
- c. Developing and delivering coordinated messages.
- d. Supporting decision-makers.
- e. Encouraging flexibility, modularity, and adaptability.
- f. The DSHS PIO may take the lead in developing a JIS in public health emergencies in which DSHS is the lead responder.

*Note: A JIS can be as simple as two PIOs from different agencies coordinating via email or phone, or may be more structured, based on the complexity of the situation and need to coordinate.*

## **Joint Information Center**

DSHS will operate its communication system without establishing a DSHS Joint Information Center (JIC). Health and Human Services agencies will share information as part of the State Medical Operations Center (SMOC).

Should a request come from the Governor's Office, Texas Division of Emergency Management, or other response agency, DSHS will participate in a state-level or state/federal-level JIC. DSHS will provide support to a JIC as staffing allows upon request received by the Media Relations Director. DSHS Media Relations Director or designee will support DSHS staff who are requested to participate in a JIC or joint news conference.

## **Special Audiences**

See DSHS Translation Guidelines, Tab E

See DSHS Web Guidelines, Tab F

See DSHS Vulnerable Populations Guidelines, Tab G

## **State Operations**

The Texas Division of Emergency Management (TDEM), through its emergency public information office, combines both education and information to reduce significant disaster-related casualties and property damage, and provides long-term public education related to hazard awareness. These efforts are intensified during incidents or events and may require augmentation from public information Emergency Support Function (ESF) 8 members.

## **ESF 8**

DSHS is the lead agency for Emergency Support Function (ESF) 8, Public Health and Medical Services, Annex H to the State Emergency Management Plan.

### **Public Information Support**

DSHS is the support agency for Public Information, Annex I. In the event additional public information assistance is needed in the state, Public Information ESF members with knowledge of operational and procedural capabilities may be called to assist with public information activities at the State Operations Center, Disaster District emergency operations centers, joint field office(s), joint information center(s), or other officially designated sites.

## **ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

See Annex H, Public Health and Medical Services, to the State of Texas Emergency Management Plan.

The Texas Emergency Management Plan assigns responsibility for disseminating information to the public during an emergency to the Texas Division of Emergency Management (TDEM). The Texas Department of Public Safety (DPS) provides support at the state and district levels. All emergency public information is to be released by, or coordinated with, these designated entities. TDEM may instruct DSHS and other agencies to release certain information.

The DSHS Media Relations Director or designee has primary responsibility for coordinating and disseminating department-specific information to the media during emergency operations. Support is provided by those Health Service Regions or DSHS programs responsible for specific aspects of the emergency response. This information is coordinated with the TDEM and other agencies as appropriate.

The Media Relations Director may also coordinate release of department-specific public information to stakeholders through the Government Affairs Unit or the liaison officer in the SMOC.

The DSHS Commissioner is the state's health authority and is the primary agency health and medical expert spokesperson. Per the DSHS News Media Policy, and in coordination with the DSHS Media Relations Director, the Assistant Commissioner for Regional and Local Health Service and/or a Regional Director may serve as the primary health and medical spokesperson for that region. In addition, superintendents for state hospitals may serve as technical spokespersons for their hospital.

### **DSHS Communications Response**

DSHS provides public information through the PIO staff position on the Command Staff in the SMOC and through the Media Relations and Communications Units, Center for Policy and External Affairs (CPEA). Available communication response personnel include:

1. DSHS Media Relations Director/Press Officer
2. DSHS Assistant Press Officers
3. DSHS Communications Manager
4. Information Specialists, DSHS Communications Unit
5. DSHS Web Office staff (not part of CPEA)
6. Support Personnel, DSHS Communications Unit

### **State Operations Center (SOC)**

DSHS PIO representative to the Texas State Operations Center. See Section IV for assignment of responsibilities.

## **GUIDELINES DEVELOPMENT AND MAINTENANCE**

The DSHS Communications Unit in the CPEA is responsible for the development of the CERC. Communications Unit staff will exercise or test, review, and update the CERC at least annually.

## **OPERATIONAL PROCEDURES**

Information in the following Tabs provides the operational procedures for crisis and emergency risk communication at DSHS.

## **Tab A – News Media Policy**

<b>News Media Policy</b>	<b>Policy Number</b>	AA-5036
	<b>Effective Date</b>	September 1, 2004
	<b>Revision Date</b>	March 15, 2007
	<b>Subject Matter Expert</b>	Press Officer
	<b>Approval Authority</b>	Chief Operating Officer
	<b>Signed by: M. Elaine Powell</b>	

## 1.0 Purpose

This policy governs Texas Department of State Health Services (DSHS) interaction with the news media.

## 2.0 Policy

### 2.1 Responding to News Media Inquiries

- 2.1.1 Except as noted below, all news media calls, inquiries and requests received by DSHS employees must be referred to the DSHS Press Officer.
- 2.1.2 “Referred” means that the employee receiving the inquiry must: a) contact the DSHS Press Officer to discuss the inquiry before a response is provided, OR b) provide the news media representative with the DSHS Press Officer’s name and phone number.
- 2.1.3 The DSHS Press Officer will determine who will respond to the inquiry or request.
- 2.1.4 Exceptions: Hospital Superintendents and Regional Directors may respond to inquiries from local news media about routine (see Definitions) topics without first consulting with the DSHS Press Officer.
- 2.1.5 Hospital Superintendents and Regional Directors also may name one designee to respond on their behalf to inquiries from local news media about routine topics.
- 2.1.6 The DSHS Press Officer may authorize the appointment of additional designees to respond on behalf of Hospital Superintendents and Regional Directors.
- 2.1.7 Hospital Superintendents and Regional Directors must provide the DSHS Press Officer with the names, positions and phone numbers of their designees.
- 2.1.8 Responses to news media inquiries should be prompt, accurate and credible.

### 2.2 Media Contact Reports

- 2.2.1 Employees responding to a news media inquiry in accordance with the provisions of Section 2.1 of this policy should e-mail a brief message providing pertinent information about the response directly to the DSHS Press Officer immediately after the contact.

2.2.2 Pertinent information includes: media name, city, media representative's name and phone number, topic and any unusual aspects of the interview or conversation.

2.2.3 Sending a media contact e-mail is not a substitute for following the provisions of Section 2.1.

### **2.3 Initiating Contact with the News Media**

2.3.1 Only the DSHS Press Officer is authorized to initiate DSHS contact with the news media or approve the initiation of such contact.

2.3.2 This provision applies to DSHS letters to the editor, opinion pieces, phone calls, e-mails, faxes, letters of complaint and to standard media communications methods such as news releases and press conferences.

### **2.4 Urgent Items**

DSHS employees should immediately inform the DSHS Press Officer of any health emergencies, crises, or controversial events or situations – regardless of media interest.

### **2.5 DSHS News Media Products and Services**

2.5.1 All DSHS news releases, news features, press conferences, media advisories, news videos and audios and other DSHS communications products, events or services for the news media must be authorized, reviewed and approved by the DSHS Press Officer.

2.5.2 This provision also applies to draft, fill-in, template or other news items supplied by DSHS for use by other organizations or individuals.

2.5.3 This section does not apply to the preparation and distribution of scientific articles or papers by DSHS staff for publication in medical or other health profession journals.

### **2.6 Commitments**

No commitments to news releases, press conferences, interviews, appearances or other news dissemination products or activities – including commitments in applications for grants or other requests for funding – should be made without authorization from the DSHS Press Officer.

### **2.7 Confidentiality**

DSHS employees are prohibited from:

2.7.1 Revealing or confirming health or medical information about an individual.

2.7.2 Supplying reporters or other media representatives with information that could lead to the revelation or confirmation of an individual's health or medical information.

2.7.3 Supplying reporters or other media representatives with information that identifies – or could lead to the identification of – clients or participants in DSHS programs if such identification is prohibited by constitutional, federal or state law or regulation or by DSHS policy, protocol or procedure, unless proper approvals have been obtained.

2.7.4 Directly or indirectly contacting such above-described individuals, clients or participants on behalf of reporters or other media representatives seeking interviews or information, unless authorized by the DSHS Press Officer.

## **2.8 Waivers**

The DSHS Press Officer may waive specific requirements of this policy.

## **2.9 Designee**

The DSHS Press Officer may name a designee or designees authorized to act on his or her behalf.

## **3.0 Definitions**

3.1 Routine topics are defined as those that are simple and fact-based.

3.2 News Media – For purposes of this policy, news media includes television, radio, newspaper, magazine, wire services, newsletters, talk shows and other broadcast programs, and Web/Internet news sites.

## **4.0 Persons Affected**

This policy applies to all employees of DSHS' state and regional offices, hospitals and other DSHS entities and to DSHS communications contractors and subcontractors.

## **Responsibilities**

### **5.0**

All DSHS supervisors should continually ensure that their employees are aware of and comply with the provisions of this policy.

### **6.0 Procedures**

Procedures considered self-explanatory; however, questions may be directed to the DSHS Press Officer.

## 7.0 Issuance and Revision History

3/15/2007	Policy amended to require certain news media inquiries and requests to be referred to DSHS Press Officer. Rewrite of Section 2.2; addition of 3.1	2.2; 3.1
9/01/2004	New Policy	

## **Tab B – Social Media Policy**

 <p><b>Social Media</b></p>	Tracking Number	AA-5127
	Effective Date	November 24, 2015
	Revision Date	
	Subject Matter Expert	DSHS Communications Manager
	Approval Authority	Chief Operating Officer
	Signed by: Ed House	

### 1.0 Purpose

This policy governs the establishment and maintenance of DSHS social media accounts and tools.

### 2.0 Definitions

- a. **Commissioner’s Direct Report (CDR) designee:** An individual delegated authority by a CDR to act on the CDR’s behalf in matters related to this policy. The CDR designee must be at least a Section Director.
- b. **Social Media Primary Account Manager:** CDR or designee authorized to submit content for posting to centralized DSHS social media accounts or, if given an exception under section 3.2 of this policy, authorized to post content to a DSHS-approved social media site.
- c. **Intellectual Property Rights and Ownership:** Social media content may sometimes include photographs, audio, video or other copyrighted material. A DSHS entity must ensure that it has the right to post all social media content and is not infringing on the intellectual property or privacy rights of others. Due to the functional nature of certain Social Media Tools, a Twitter “retweet” or Facebook “share” automatically provides attribution to the original post. [1 TAC 206.53](#) provides rules regarding the “copying and use of information by website owners linking to state agency sites.” State agencies must comply with the requirements related to intellectual property rights and ownership in this rule.

Intellectual property rights of content provided by the public will be governed by federal copyright law, the terms of service of the social media provider, and the agency’s copyright policies.

The Digital Millennium Copyright Act (DMCA) provides for a limitation of liability for alleged copyright infringement. To comply with the Online Copyright Infringement Liability Limitation Act of the Digital Millennium Copyright Act, an agency must include a notice of policy and contact information for its appointed copyright agent.

- d. **Personal Identifying Information and Sensitive Personal Information:** The definitions of “personal identifying information” and “sensitive personal information” apply to this policy, as defined in Texas Business and Commerce Code (TBCC) Chapter 521.002-Definitions:

Sec. 521.002. DEFINITIONS. (a) In this chapter:

(1) "Personal identifying information" means information that alone or in conjunction with other information identifies an individual, including an individual's:

- (A) name, social security number, date of birth, or government-issued identification number;
- (B) mother's maiden name;
- (C) unique biometric data, including the individual's fingerprint, voice print, and retina or iris image;
- (D) unique electronic identification number, address, or routing code; and
- (E) telecommunication access device as defined by Section 32.51, Penal Code.

(2) "Sensitive personal information" means, subject to Subsection (b):

(A) an individual's first name or first initial and last name in combination with any one or more of the following items, if the name and the items are not encrypted:

- (i) social security number;
- (ii) driver's license number or government-issued identification number; or
- (iii) account number or credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual's financial account; or

(B) information that identifies an individual and relates to:

- (i) the physical or mental health or condition of the individual;
- (ii) the provision of health care to the individual; or
- (iii) payment for the provision of health care to the individual.

(b) For purposes of this chapter, the term "sensitive personal information" does not include publicly available information that is lawfully made available to the public from the federal government or a state or local government.

- e. **Social Media:** Online communication tools that allow individuals to post, comment and share information. Examples of social media tools include – but are not limited to – blogs, microblogs (e.g., Twitter), social networking sites (e.g., Facebook), forums, wikis and video- and photo-sharing sites (e.g., YouTube, Flickr). For purposes of this policy, e-mail (including listservs) is not considered a social media medium.
- f. **Post:** A "post" is typically defined as a communication uploaded to a social media site (i.e., to share a resource, make an announcement, ask a question, report current events or other similar communication) while a "comment" typically refers to a response to a post. For the purposes of this policy and the Social Media definition above, post, comment and other forms of sharing information can be treated interchangeably as communications made via a social media platform and subject to the terms of this policy. Posts also can be "likes," "shares," "retweets," etc.

- g. **Public Awareness, Education & Communication Campaigns:** Campaigns created by marketing contractors under the HHS Public Awareness, Education and Communication Services blanket contract.
- h. **DSHS Centralized Social Media Account/Site Accounts:** Profiles set up and managed by the DSHS Communications Unit. These accounts will be set up on selected platforms and will host general agency content or content from programs who have not received an exception and permission to set up a social media presence.

### **3.0 Policy**

#### **3.1 Objective and Standards**

- a. DSHS employees or programs may not establish separate DSHS-related accounts on social media sites unless granted an exception via written approval by the DSHS Center for Policy and External Affairs (CPEA) Director (see Section 3.2).
- b. DSHS' social media presence is intended to raise awareness of a public health and behavioral health program or services and to disseminate health information in support of DSHS' vision and mission. It is not intended to create a forum for discussion of an individual's health issues or benefits.
- c. DSHS' social media presence is intended to enhance but not to replace traditional communication channels.
- d. DSHS shall establish a centralized social media account(s) on selected platforms for the agency. Agency accounts and postings shall be managed by the DSHS Communications Unit.
- e. DSHS social media accounts and tools may be established, as permitted by this policy, to present and/or receive information about DSHS-related topics and programs and should augment other communications efforts.
- f. When possible, links for more information should direct users to the DSHS agency website.
- g. Information presented in social media on behalf of DSHS can be construed to represent an official communication from DSHS. As such, information should be credible, accurate, relevant and factual and should not reveal internal, sensitive or confidential information, including personally identifiable information or protected health information.
- h. DSHS-related social media accounts shall not be used to promote, support or endorse a specific commercial product, service, entity or individual or to promote, support or endorse political campaigns or candidates, proposed ordinances or laws or the specific outcome of any election. This does not preclude factual mention of commercial products, services or companies as needed to clearly convey information.

- i. Those who use social media on behalf of DSHS are bound by applicable contract terms and conditions, policies in the HHS HR Manual, all DSHS policies and all employee standards of conduct and work rules and shall report any violations of these policies to the applicable CDR.

Employees are also bound by the applicable portions of this policy when accessing non-DSHS social media sites for work-related purposes.

### 3.2 Social Media Usage Request

- a. To request an exception from using a centralized DSHS social media account (see Section 3.1.d), a CDR or designee must submit a written request to [dshsocialmedia@dshs.state.tx.us](mailto:dshsocialmedia@dshs.state.tx.us).
  - 1. If an exception is granted, the Social Media Primary Account Manager must provide the DSHS Communications Unit the user name and password(s) established for the account(s).
  - 2. No commitments to use social media on behalf of DSHS – including commitments in contracts, requests for proposals, public-awareness release orders or scopes of work or in applications for grants – should be made without advance authorization from the DSHS Communications Unit.
- b. If the DSHS Social Media exception request is denied, DSHS employees or programs may consider submitting postings via the centralized DSHS social media accounts.
- c. The DSHS Communications Manager or designee will provide guidance on achieving goals, defining strategies, maintaining credibility and on monitoring the use of social media.
- d. The DSHS Communications Manager or designee is responsible for coordinating or obtaining any approvals requested or required by Texas Health and Human Services System social media policy, standards or guidelines (see [HHS Social Media Policy](#)).

### 3.3 Monitoring Requirement

- a. CDRs or their designee with appropriate authority are responsible for continually maintaining and monitoring their division/program content on the DSHS centralized sites as well as their content on approved DSHS social media programs sites, including reviewing public postings, direct messages, and private messages and responding to inquiries as appropriate. Each CDR must provide the DSHS Communications Unit with the name and contact information of the individual who is responsible for social media monitoring.
- b. All posts, whether from DSHS or another person or entity, must adhere to the DSHS social media policy, standards and guidelines.
  - 1. CDRs or their designees will regularly monitor content on DSHS social media sites to assess adherence to this policy and will make a request to

- the DSHS Communications Unit to remove any posts or comments on DSHS centralized social media accounts that do not adhere to this policy.
2. Based on this content monitoring, CDRs or their designee will respond to comments and inquiries from the public as needed and appropriate, based on procedures and guidelines established through this policy and by the DSHS Communications Unit.
  3. In the case of an entity who has received an exception to establish their own social media account, the program Social Media Primary Account Manager will remove posts and/or respond to comments and inquiries that do not adhere to the respective policies, as needed and appropriate.
- c. The DSHS Communications Manager or designee will also regularly monitor content on DSHS social media sites to assess adherence to this policy and will remove any posts or comments that do not adhere to this policy.

### 3.4 General Conduct

- a. Employees representing DSHS through social media outlets shall also be bound by the Texas Health and Human Services System social media policy, standards or guidelines. Posts on social media sites, either via the centralized DSHS site(s) or approved DSHS entity site(s), must be approved by a CDR or designee and not represent the personal opinion(s) of the employee posting a comment.
- b. Information must be presented following professional standards for grammar, spelling, brevity, clarity and credibility, and avoid terminology, language or other content that could discredit or embarrass DSHS or be profane, offensive or otherwise conflict with Texas Health and Human Services and DSHS policies.
- c. Employees and participants must recognize that posted content and messages are public information and that DSHS-posted content can be construed and cited as official DSHS communications.

### 3.5 Oversight

- a. All official DSHS activity in social media is governed by this policy and is subject to the website, employee usage, linking, photo release, accessibility, records management and other provisions in the following:
  1. [Texas Health and Human Services Human Resources Manual](#)
  2. [Texas Health and Human Services Social Media Policy](#)- Circular-042
  3. [Texas Health and Human Services Ethics Policy](#)
  4. [Texas Health and Human Services Electronic and Information Resources \(EIR\) Accessibility Policy](#)
  5. [DSHS Information Security Policy](#)
  6. [DSHS Computer Usage Policy](#)
  7. [DSHS Computer Usage Handbook](#)
  8. [DSHS Website Requirements Policy](#)
  9. [DSHS Link Policy](#)
  10. [DSHS Records Management Policy](#)

## 11. [Department of Information Resources Social Media Guidelines](#)

- b. Employees who use social media on behalf of DSHS are responsible for complying with all applicable state, federal and local laws, regulations and policies. This includes laws and policies regarding records retention, public information, accessibility, copyright or intellectual property rights, child protection, fraudulent misrepresentation and privacy (including photo releases and personally identifiable information).
- c. The DSHS CPEA Director may waive specific requirements of this policy.

### 3.6 Violations

Violations of this policy may result in disciplinary action of the employee involved and/or the removal of accounts or pages from social media outlets.

### 3.7 Exceptions

This policy does not apply to the use of social media by employees for non-DSHS, personal or other off-hours purposes.

### 3.8 Use during disasters or emergencies

- a. DSHS may enact special policies to govern the use of social media in the event of an officially declared or undeclared disaster or emergency, including limiting or suspending the use of social media.
  - 1. All communications via social media regarding a disaster or emergency – even if a program has been previously granted an exception to have its own account – shall be centralized through the DSHS Communications Unit and the DSHS Press Office.

## 4.0 **Persons Affected**

This policy applies to all employees of DSHS' state and regional offices, and hospitals. The policy also applies to any event planning, social marketing campaigns or other activities for which DSHS programs and employees engage in a contract.

## 5.0 **Responsibilities**

- a. The applicable CDR is ultimately responsible for the social media content created by members of their staff.
- b. All DSHS employees must be aware of and comply with the provisions of this policy.
- c. DSHS employees must notify the DSHS Communications Manager or designee about any DSHS social media sites or accounts established prior to the effective date of this policy and about any commitments made to establish such sites. Use must be suspended of any DSHS-related social media sites in existence at the time of the effective date of this policy. As the social media tool allows, accounts must also be deactivated. Accounts must then be submitted for approval per the procedures described in Section 3.2 of this policy.

**6.0 Procedures**

- a. Employees of DSHS who want to establish and administer a DSHS social media account or tool shall follow procedures described in Section 3.2 of this policy.
  
- b. Questions may be directed to the DSHS Communications Manager or designee.

**7.0 Revision History**

Date	Action	Section
November 24, 2015	New Policy	

**Tab C – State Medical Operations Center (SMOC)  
Emergency Public Information**

## **State Medical Operations Center (SMOC) Emergency Public Information**

Certain DSHS employees are trained to assist with responsibilities in the event of public health emergencies when the SMOC is activated. The activation of the SMOC represents the highest level of response for DSHS. Priority is given to response work during a disaster or emergency. The DSHS Media Relations and Government Affairs Units in the Center for Policy and External Affairs (CPEA) are represented on the Incident Command Staff in the SMOC Center, filling the Public Information Officer (PIO) and Liaison positions.

Initially the SMOC may be staffed around the clock with two teams per day assigned to nine-hour shifts. Day shift is from 7 a.m. to 4 p.m., evening shift 3 p.m. to 12 a.m. Most Command and General Staff positions will work 12-hour shifts (7 a.m. to 7 p.m.; 7 p.m. to 7 a.m.). A 30-minute window for transition briefings is designated for each shift change. SMOC staff will generally work a five- (5) day rotation.

Command staff from Media Relations, Communications, and Government Affairs are required to take the following courses: IS 100, 200, 700, and 800 as well as ICS 300 and 400; 702a - National Incident Management System (NIMS) Public Information System is also required for PIOs.

A call-down process begins with initialization via a vendor-hosted emergency notification system to contact pre-rostered SMOC staff about reporting to duty in the SMOC. Once the SMOC is activated, designated team members will report to the SMOC. The following are Job Action Sheets for the PIO and Liaison Officer.

See the following for up-to-date versions.

SMOC organization chart:

<http://online.dshs.state.tx.us/workarea/linkit.aspx?linkidentifier=id&itemid=2147525030>

PIO job description:

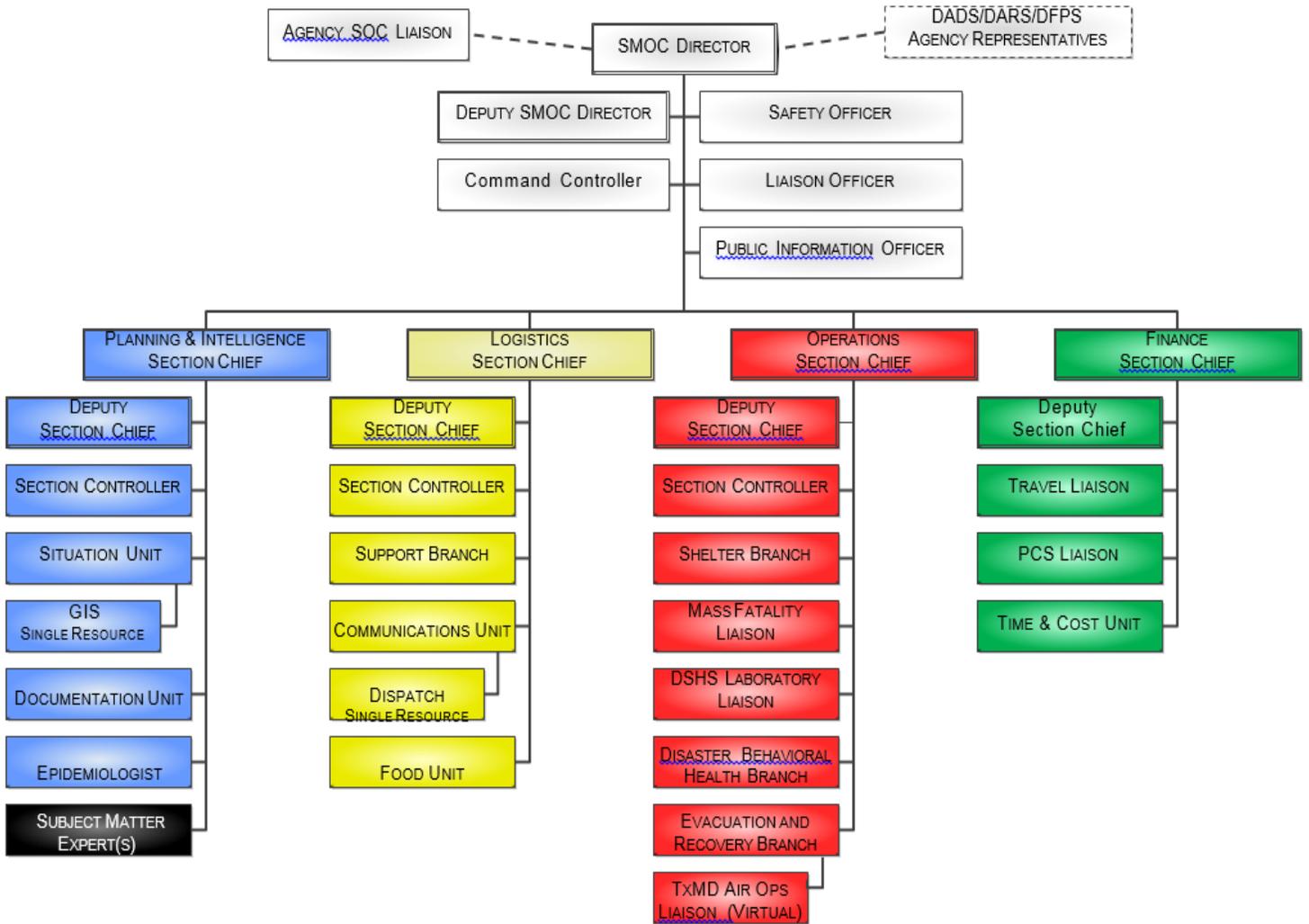
<http://online.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2147524907>

Liaison job description:

<http://online.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2147524906>

**SMOC organizational chart**

As of March 2016



## **Public Information Officer Job Description**

### **Area(s) Assigned To**

State Medical Operations Center (SMOC)

### **Unit Assigned To**

Command Staff

### **Report To**

SMOC Director or Designee

### **Supervise**

Public Information Staff, when activated

### **Qualifications**

- Experienced in management and supervision of command functions and personnel.
- TRAINING: ICS-100, 200, 300, 400, 700, and 800.

### **Start-up Duties**

- Report to the SMOC Director or designee.
- Log into WebEOC, the WebEOC Personnel Check-in Board, and the Incident Command mailbox using information provided in the SMOC Battle Book.
- Review latest information on the situation with the Planning Section Chief including the following:
  - Review the organization in place at the SMOC and know where to go for information or support.
  - Obtain the latest update from the SMOC Director.
  - Obtain summary of the incident organization.
  - Information on the on-site and external communications available to PIO including any off-site JICs or PIOs operating in the field or other locations.
  - Receive any special instructions from the SMOC Director.
  - Review the Incident Action Plan.
- Clarify with the SMOC Director regarding:
  - Any issues regarding your authority and assignment and what others on the organization do.
  - Public Information policies and proper procedures for release under the initial conditions.

- Determine support requirements; request additional support and expand the PIO Section as needed.
- Adopt a proactive approach; think ahead and anticipate situations and problems before they occur.

### **Operational Responsibilities and Duties**

- Serve as the dissemination and coordination point for all media releases related to the incident regarding public safety and emergency assistance. *Note:* Other agencies wishing to release information to the public relating to public health and medical should coordinate through the Public Information Officer.
- Supervise the activities of any DSHS PIOs operating at incident sites outside of the SMOC.
- Ensure that information support is provided on request; the information releases are consistent, accurate, and timely; that appropriate information is provided to all required agencies.
- Prepare and forward requested reports and documents at required times.
- Establish and maintain contact with media and provide information and any instructions, as cleared by the SMOC Director or designee:
  - Maintain a chronological record of disaster events.
  - Ensure gathering of necessary information and timely preparation of news releases.
  - Maintain an up-to-date picture of the situation for presentation to media.
  - Obtain, process, and summarize information received in a form useable in presentations.
  - Develop a news briefing schedule and arrange for preparation of briefing materials, as required.
  - Provide periodic briefings and press releases about the situation throughout the affected areas.
  - Assist in making arrangements for media visits.
  - Review all media reports for accuracy and monitor media reports and telephone inquiries for accuracy and response as appropriate to correct rumors.
  - Keep the SMOC Director advised of all unusual requests for information and of all major critical or unfavorable media comments; provide an estimate of the impact and severity and make recommendations as appropriate.
  - Prepare final news releases and advise media representative or points of contact for follow-up stories.

- Review and implement Crisis Emergency Response Communication Plan (CERC):
  - Schedule news conference, interviews, and other media access (subject to any special media convergence provisions).
  - Develop Incident Information Sharing Plan and provide input for IAP and Situation Reports.
- Ensure that file copies are maintained of all public information released by any PIO working the incident.
- Augment public inquiry and/or media relations staff and set up any additional facilities for Public Information operations (i.e. Family Protection Program leaflets and health and safety instructions), if needed.
- Coordinate with the P&I Section and define areas of special interest for public information action and identify means for securing the information as it is developed.
- Arrange for printing of camera-ready Public information material (i.e. Family Protection Program leaflets and health and safety instructions), if needed.

### **Deactivation Duties**

- Review all emails and WebEOC boards and inform the SMOC Director or designee of any open requests or unmet needs.
- Ensure final press releases acknowledge participating departments, volunteer groups, etc.

## **Liaison Officer Job Description**

### **Area(s) Assigned To**

State Medical Operations Center (SMOC)

### **Unit Assigned To**

Command Staff

### **Report To**

SMOC Director or Designee

### **Supervise**

None

### **Qualifications**

- Background in governmental affairs and agency relation development.
- Ability to develop messages and knowledge or proper protocols.
- Skilled in management and knowledge of command functions and personnel.
- TRAINING: ICS-100, 200, 300, 400, 700, and 800.

### **Start-up Duties**

- Report to the SMOC Director or designee.
- Log into WebEOC, the WebEOC Personnel Check-in Board, and the Incident Command mailbox using the information provided in the SMOC Battle Book.
- Request support as needed.
- Determine what Liaison positions are required and request additional personnel to fill these needs as required.
- Establish yourself as the “point of contact” for assisting agency representatives and associations; which includes agency representatives from private, local, state, and federal government.
  - Identify assisting agencies, organizations, businesses from incident briefing package, resource status lists, and displays.
  - Identify agency representatives from each identified agency and association; include location information any communications links (telephone numbers) back to that agency.
- Create email and phone contact information and appropriate distribution lists.
- Adopt a proactive approach; think ahead and anticipate situations and problems before they occur.

## **Operational Responsibilities and Duties**

- Monitor incident operations to identify current or potential inter-organizational problems.
  - Receive complaints pertaining to matters such as logistics problems, inadequate communications, and strategic and tactical direction.
  - Personally monitor response operation to identify current or potential liaison problems.
  - Coordinate governmental cooperation aspects of media releases, working with the Public Information Office and the SMOC Director.
- Coordinate Agency Representatives assigned to the SMOC.
- Function as a central location for incoming Agency Representatives and provide work space and arrange for support as necessary.
- Participate in conference calls and meetings as required.
- Prepare and forward requested reports and documents at required times.
- Contact all external Agency Representatives in SMOC and work with the Communications Unit to make sure:
  - They have signed into the SMOC
  - Understanding their assigned function
  - Know their work location
  - Understand SMOC organization and floor plan (provide both)
- Brief external Agency Representatives on current situation, priorities, and action plan.
- Request for external representatives to contact their agency, determine level of activation of agency facilities, and obtain any intelligence or situation information that may be useful to be SMOC.
- Respond to requests for liaison personnel from other agencies.
- Determine if there are any communication problems in contacting external agencies and provide information to the Logistics Communication Unit.
- Know the working location for any representative assigned directly to the SMOC.
- Respond to requests from SMOC personnel for inter-organizational contacts and/or information and direct requestors to appropriate representatives; take necessary action to satisfy requests.
- Provide periodic update briefings to representatives in SMOC as necessary.
- Communicate with local, state, and federal government agencies as necessary.
- Copy and provide “Agency Representative Checklist” as required.

## **Deactivation Duties**

- Review all emails and WebEOC boards and advise the SMOC Director of any open requests or unmet needs.

**Tab D – Alternative Public Information Guidelines  
Emergency Public Information**

## **Alternative Public Information Guidelines Emergency Public Information**

In addition to media channels, alternative means for disseminating public information in emergencies should be considered. State-managed telephone hotlines and websites may be effective or essential ways to communicate with the public during health threats, particularly when there is a high demand for specialized information or a need to control rumors.

### **Providing Information to the Texas Information and Referral Network – 2-1-1**

In recent years, the public has come to rely upon the Health and Human Services Commission (HHSC)-managed Texas Information and Referral Network (TIRN) as a resource for information and referrals to local health and human services during both emergencies and non-emergencies. TIRN is accessible 24/7 everywhere in Texas by dialing 2-1-1.

TIRN call specialists can provide callers with similar information being reported by the media; however, all information provided to callers is first vetted either by the local emergency management or DSHS staff. DSHS-operated call centers, state agency websites, and local health departments all are appropriate sources.

Short statements and messages about topics such as precautions being recommended by DSHS or locations where treatments are being administered are appropriately disseminated by call specialist. If the threat becomes particularly acute, brief recorded messages or Public Service Announcements (PSAs) can be played while callers are on hold.

Emergency information also can be linked to or posted on the TIRN website: [www.211texas.org](http://www.211texas.org) (English).

DSHS produced emergency communications shelf kits. They are available at [www.dshs.state.tx.us/preparedness/Shelfkits.shtm](http://www.dshs.state.tx.us/preparedness/Shelfkits.shtm). They may serve as valuable briefing materials for call specialists in some emergencies or in anticipation of particular outbreaks.

The procedures for engaging TIRN for emergency public information purposes are as follows:

- **When the State Operations Center (SOC) is activated.**
  - The on-duty Public Information Officer (PIO) at the State Medical Operations Center (SMOC) must receive approval from the SMOC Director or designee before making a request.
  - Once approval is received, the PIO should deliver the request to the on-duty DSHS representative at the SOC. The DSHS representative will follow

standard operating procedures for the SOC and advise the SMOC PIO when the request is approved or denied, and whether further action or information is required.

- If TIRN approves the request, it may be necessary or recommended to issue a news release advising the public or a segment for the public to call 2-1-1 for information.
- DSHS social media platforms will be utilized, when and if possible (i.e., Facebook and Twitter) for public health messaging.
- ***If the SOC has not been activated***, some sections from CPEA may be preparing for SMOC activation. PIO-related functions may commence in anticipation of SMOC activation.

### **Providing Information to DSHS-Operated Hotlines**

There may be a public demand for specialized health information prior to SMOC activation. Public inquiry hotlines staffed by DSHS experts may be useful if and when necessary. Free telephone numbers (inquiry hotlines) may be activated by the SMOC Director (operated by DSHS Operations). The Media Relations Unit may provide approved message content for the operators but is not responsible for staffing the hotline or finding personnel to operate the phone lines.

### **Use of Texas.gov**

The Texas Emergency Portal on Texas.gov offers access to critical information during emergencies. Information about health threats and actions the public should take is suited for posting on the portal located at <http://emergency.portal.texas.gov/en/Pages/Home.aspx>. A Spanish version of the website is available at <http://emergency.portal.texas.gov/es/Pages/Home.aspx>.

The Texas Emergency portal is administered by the Department of Information Resources (DIR) under the direction of the Office of the Governor.

The procedures for making requests to post public health information on Texas.gov or create links to DSHS webpages are:

- **When the SOC is activated.**
  - The on-duty PIO at the SMOC must receive approval from the SMOC Director or designee before making a request.
  - Once approval is received, the PIO should deliver the request to the on-duty DSHS representative at the SOC. The DSHS representative will follow

standard operating procedures for the SOC and advise the SMOC PIO when the request is approved or denied, and whether further action or information is required.

- If the request is approved, it may be necessary or recommended to issue a media alert advising the public or a segment of the public to visit the Texas Online Portal at <http://emergency.portal.texas.gov/en/Pages/Home.aspx> (English) and <http://emergency.portal.texas.gov/es/Pages/Home.aspx> (Spanish). Release of the media alert should be coordinated with the Governor's Press Office and DIR's Public Information Office.
- **If the SOC is *not* activated, certain PIO functions may be operative in anticipation of SOC activation.**
  - The PIO may request approval of messages from the Governor's Press Office and work DIR's Texas Emergency Portal Manager to be prepared for SOC activation.

If the request is approved, media alerts may be prepared to advise the public or a segment of the public to visit the Texas Online Portal at [www.Texas.gov](http://www.Texas.gov) (English) and [www.texas.gov/es/Pages/default.aspx](http://www.texas.gov/es/Pages/default.aspx). (Spanish).

**Tab E – Translation Guidelines  
Emergency Public Information**

## **Translation Guidelines Emergency Public Information**

### **Procedures to Request Translations Services During Emergencies**

Language Services translates information from English to Spanish and from Spanish to English. During emergencies, only the Public Information Officer (PIO) at the State Medical Operations Center (SMOC), the Media Relations Director/Press Officer, or Communications Manager may approve a request for translation service.

**To request translation services**, e-mail: [LanguageServices@dshs.state.tx.us](mailto:LanguageServices@dshs.state.tx.us) and include the following information in the e-mail:

- Attached file or URL of online document to be translated.
- In previously translated documents, plainly indicate the new text or changes that will need translation.
- For documents that are updated several times during the same day, clearly indicate the correct version or sequence of files.

Note: If during non-business hours,

- Call the Language Services on duty staff member (contact name and number will be available through the on-duty SMOC PIO).

### **Online Spanish translations**

Many documents and fact sheets are available on the Public Health Preparedness website in Spanish. The DSHS Public Health Preparedness Spanish language website is found at [www.dshs.state.tx.us/preparedness/sitemap\\_span.shtm](http://www.dshs.state.tx.us/preparedness/sitemap_span.shtm). Within that site are other areas dealing with preparedness topics. Those areas and links to the Spanish site are:

- Emergency Preparedness:  
[www.dshs.state.tx.us/preparedness/e-prep\\_span.shtm](http://www.dshs.state.tx.us/preparedness/e-prep_span.shtm)
- Response and Recovery:  
[www.dshs.state.tx.us/preparedness/phrr\\_public\\_span.shtm](http://www.dshs.state.tx.us/preparedness/phrr_public_span.shtm)
- Natural Disasters:  
[www.dshs.state.tx.us/preparedness/nat\\_span.shtm](http://www.dshs.state.tx.us/preparedness/nat_span.shtm)
- Biological Agents  
[www.dshs.state.tx.us/preparedness/bt\\_span.shtm](http://www.dshs.state.tx.us/preparedness/bt_span.shtm)

- Flu and Pandemic Flu Information  
[www.texasflu.org/Index-sp.html](http://www.texasflu.org/Index-sp.html)
- Chemical Preparedness  
[www.dshs.state.tx.us/preparedness/chem\\_span.shtm](http://www.dshs.state.tx.us/preparedness/chem_span.shtm)

The Ready or Not? family emergency preparedness materials are available in Spanish under ¿Estás Listo?. This preparedness site is available at [www.TexasPrepara.org](http://www.TexasPrepara.org).

Please allow approximately one hour of translation time for 250 words of text.

### **Translation and Interpretation Services**

Texas Health and Human Service agencies have primary and secondary vendors to provide written, sight translation, and on-site/face-to-face interpretation services:

**Primary Vendor:**

MasterWord Services, Inc.

[www.masterword.com](http://www.masterword.com)

866.716.4999

**Secondary vendor:**

Interpreters Unlimited

[www.interpretersunlimited.com](http://www.interpretersunlimited.com)

800.821.9999

For over-the-phone interpretation services, the primary and secondary vendors are:

**Primary Vendor:**

Language Line Solutions

[www.languageline.com](http://www.languageline.com)

800.379.2134 *DSHS committed phone line* - (Press 1 for Spanish, 2 for all other languages. Then enter your 11-digit employee ID number.)

800.752.6096 (main phone number)

**Secondary Vendor:**

InterpreTalk

[www.interpretalk.com](http://www.interpretalk.com) (Language Services Solutions)

866.791.7229

DARS handles the following communication services:

Deaf and Hard of Hearing Services:

[www.dars.state.tx.us/services/agency services.shtml](http://www.dars.state.tx.us/services/agency services.shtml)

[ann.horn@dars.state.tx.us](mailto:ann.horn@dars.state.tx.us)

512.410.1387

Blind and Visually Impaired Services:

[www.dars.state.tx.us/dbs](http://www.dars.state.tx.us/dbs)

[DBSinfo@dars.state.tx.us](mailto:DBSinfo@dars.state.tx.us)

800.628.5115

Further Information about translation services including helpful tips and Q & A, visit: t  
<http://online.dshs.state.tx.us/languageservices.htm>. Information is also available in the  
Language Services plan:

<http://online.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2147511036>

**Additional Resources  
Emergency Public Information**

**Language Services**

**Additional Contacts for Telephone Interpreting Services for DSHS Staff Use**

Department of Aging and Disability Services (DADS) Language Services Unit <a href="mailto:translations@dads.state.tx.us">translations@dads.state.tx.us</a>	(512) 438-3754
DSHS Refugee Health Program Infectious Disease Control Unit <a href="http://www.dshs.state.tx.us/idcu/health/refugee_health/">www.dshs.state.tx.us/idcu/health/refugee_health/</a>	(512) 776-7455

**Businesses Offering Phone Interpreting and Video Conferencing  
(Flat Rates for All Languages and Pay-As-You-Go Services)**

LLE Communication Solutions in Any Language Pay-As-You-Go Fee structure Monday through Friday, 6 a.m. to 8 p.m. Central. <a href="http://www.lle-inc.com/">www.lle-inc.com/</a>	1-888-405-8764 (for a quote)
TELELANGUAGE Telephonic Interpretation Services Video Conferencing available <a href="http://www.telelanguage.com/">www.telelanguage.com/</a>	888-877-8353
Spectra Corp Flat-rate price per minute 24/7, same rate for any language <a href="http://www.spectracorp.com/emailers/languages.htm">www.spectracorp.com/emailers/languages.htm</a>	800-375-7945 ext. 320 24/7

**Contacts for Communicating with  
The Deaf or Hard-of-Hearing and the Blind or Visually Impaired**

Department of Assistive and Rehabilitative Services (DARS) <a href="http://www.dars.state.tx.us/services/agencysservices.shtml">www.dars.state.tx.us/services/agencysservices.shtml</a>	1-800-628-5115
Registry of Interpreters for the Deaf Office hours -- Monday - Friday, 9 a.m. to 5 p.m. Eastern <a href="http://www.rid.org/">www.rid.org/</a>	(703) 838-0030 V (703) 838-0459 TTY
Basic Medical Sign Language Flash Brochure California Department of Social Services <a href="http://www.cdss.ca.gov/cdssweb/entres/forms/English/pub391.pdf">http://www.cdss.ca.gov/cdssweb/entres/forms/English/pub391.pdf</a>	

Texas Division of Emergency Management (TDEM) Content for the Hearing Impaired Video Clips: <a href="#">Hurricane Preparedness and Evacuation</a> Special Healthcare Needs and Hurricane Preparedness <a href="http://www.txdps.state.tx.us/dem/pages/deaflink.htm">www.txdps.state.tx.us/dem/pages/deaflink.htm</a>	
Texas Closed Captioning <a href="mailto:rep@texascaption.com">rep@texascaption.com</a>	(512) 480-0210
Texas HHSC Civil Rights Office <a href="mailto:HHSCivilRightsOffice@hhsc.state.tx.us">HHSCivilRightsOffice@hhsc.state.tx.us</a>	(512) 438-4313 888-388-6332 TTY 1-877-432-7232

### Language Identification Flash Cards and Posters

Language Identification Flash Card United States Census 2010. 204 Census Test: <a href="http://www.lep.gov/ISpeakCards2004.pdf">www.lep.gov/ISpeakCards2004.pdf</a>	
"I need an Interpreter" cards From the Minnesota Department of Human Services <a href="http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4374-ENG">edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4374-ENG</a>	
Language Identification Posters "I need a medical interpreter" Commonwealth of Massachusetts Department of Public Health: Horizontal layout: <a href="http://www.mass.gov/eohhs/docs/dph/health-equity/translation-horiz.pdf">www.mass.gov/eohhs/docs/dph/health-equity/translation-horiz.pdf</a>  Vertical layout: <a href="http://www.mass.gov/eohhs/docs/dph/health-equity/translation-vert.pdf">www.mass.gov/eohhs/docs/dph/health-equity/translation-vert.pdf</a>  <a href="http://www.dhs.gov/xlibrary/assets/crcl/crcl-i-speak-poster.pdf">http://www.dhs.gov/xlibrary/assets/crcl/crcl-i-speak-poster.pdf</a>	
World Health Organization Information in several languages <a href="http://www.who.int/en/">www.who.int/en/</a>	N/A

## Useful Government Sites and Other Resources in Spanish

<p>2-1-1 Texas – Texas211.org          Note: Website does not have an option for Spanish or for another language. The language options are available over the phone only.</p>	2-1-1
<p>Medline Plus - Spanish  <a href="https://www.nlm.nih.gov/medlineplus/spanish/">https://www.nlm.nih.gov/medlineplus/spanish/</a></p>	N/A
<p>Health Finder - Spanish          U.S. Department of Health and Human Services  <a href="http://www.healthfinder.gov/espanol/">www.healthfinder.gov/espanol/</a></p>	N/A
<p>USA.gov          GobiernoUSA.gov  <a href="https://gobierno.usa.gov/">https://gobierno.usa.gov/</a>           Disasters and Emergencies - Desastres y emergencias  <a href="https://gobierno.usa.gov/desastres-y-emergencias">https://gobierno.usa.gov/desastres-y-emergencias</a></p>	N/A
<p>Centers for Disease Control and Prevention (CDC)          Centros para el Control y la Prevención de Enfermedades  <a href="http://www.cdc.gov/spanish/">http://www.cdc.gov/spanish/</a></p>	1-800-232-4636
<p>Ready.gov - Spanish  <a href="http://www.ready.gov/es">http://www.ready.gov/es</a></p>	N/A
<p>American Red Cross          Cruz Roja Americana  <a href="http://www.redcross.org/cruz-roja">www.redcross.org/cruz-roja</a></p>	1-800-733-2767
<p>Federal Emergency Management Agency (FEMA)          FEMA Agencia Federal Para el Manejo de Emergencias  <a href="http://www.fema.gov/es">www.fema.gov/es</a></p>	1-800-621-3362 Option 2

### Additional Resources for Translation Services

Department of Aging and Disability Services (DADS) Language Services Spanish Translations <a href="mailto:translations@dads.state.tx.us">translations@dads.state.tx.us</a>	(512) 438-3770
Austin Area Translators and Interpreters Association (AATIA) Multiple languages <a href="http://www.aatia.org">www.aatia.org</a>	
American Translators Association (ATA) Multiple languages <a href="http://www.atanet.org/">www.atanet.org/</a>	(703) 683-6100
AE Translations, Inc. Video and audio multilingual services <a href="http://www.aetrans.com/aetrans.htm">www.aetrans.com/aetrans.htm</a>	1-800-327-8602
Master Word Services Foreign Language Support Services – Translation Service <a href="http://www.masterword.com">www.masterword.com</a>	1-866-716-4999
American Language Services, Inc. (ALSI) Multilingual projects <a href="http://www.americanlanguageservices.us/">www.americanlanguageservices.us/</a>	(617) 876-0833

### Links to Translated Materials - Multiple Languages

Centers for Disease Control and Prevention Emergency Preparedness and Response Documents available in multiple languages <a href="http://www.bt.cdc.gov/">www.bt.cdc.gov/</a>	1-800-232-4636 1-888-232-6348 (TTY) <a href="mailto:cdcinfo@cdc.gov">cdcinfo@cdc.gov</a>
National Network of Libraries of Medicine Consumer health information in multiple languages <a href="http://nnlm.gov/outreach/consumer/multi.html">nnlm.gov/outreach/consumer/multi.html</a>	N/A

## RESOURCES

DSHS Public Health Preparedness  
[www.dshs.state.tx.us/preparedness/](http://www.dshs.state.tx.us/preparedness/)

National Response Plan, U.S. Department of Homeland Security  
[www.dhs.gov/xlibrary/assets/NRP\\_Brochure.pdf](http://www.dhs.gov/xlibrary/assets/NRP_Brochure.pdf)

State Emergency Management Plan, Texas Homeland Security  
[www.txdps.state.tx.us/dem/downloadableforms.htm](http://www.txdps.state.tx.us/dem/downloadableforms.htm)

HHS Enterprise Emergency Preparedness  
<http://online.dshs.state.tx.us/communitypreparedness/default.htm>

Texas FNSS Toolkit  
[www.preparingtexas.org/preparedness.aspx?page=32137bc8-eed7-42bb-ad7e-2765fd8abdb9](http://www.preparingtexas.org/preparedness.aspx?page=32137bc8-eed7-42bb-ad7e-2765fd8abdb9)

## FAMILY and COMMUNITY PREPAREDNESS

Build a family emergency plan, check on emergency supplies needed, and learn where to get information with

*Ready or Not?* [www.TexasPrepares.org](http://www.TexasPrepares.org) (English)

*¿Estás Listo?* [www.TexasPrepara.org](http://www.TexasPrepara.org) (Spanish)

## SEASONAL and PANDEMIC FLU

[www.TexasFlu.org](http://www.TexasFlu.org) (English)

[www.texasflu.org/Index-sp.html](http://www.texasflu.org/Index-sp.html) (Spanish)

**Tab F – Web Guidelines  
Emergency Public Information**

## **Web Guidelines**

### **Emergency Public Information**

#### **Pre-Event**

- The Center for Policy and External Affairs (CPEA) Emergency Public Information team Web content authors will:
  - Maintain two emergency Web page templates in the Web Content Management System (WCMS), one in English and the other in Spanish. The templates will be modified and populated according to the type of event. Templates will have a pre-defined content block area. The content for this area will be stored on the CPEA shared drive where it can be accessed by any CPEA staff. The content files may also be archived to a CD.
  - Ensure that the website content is Section 508 compliant, i.e. accessible to people with sensory disabilities.
  
- The CPEA Emergency Public Information team Web content authors should:
  - Ensure that he or she has WCMS rights to appropriate directories for emergency information on the DSHS Web server.
  - Maintain a viable Virtual Private Network (VPN) connection to access the DSHS Web server from home in the event that travel to work is restricted or impossible. The Web content authors should periodically test the DSHS Webmail application from home to ensure access to emergency-related DSHS e-mail.
  - Store at home a current copy of the emergency website content, DSHS CERC Guidelines, and DSHS contact information, which should include up-to-date Web Services after-hour numbers. Web Services will serve as backup to the CPEA Emergency Public Information team Web content authors, and will also provide services beyond the scope of that position.

#### **During the event**

When directed by the DSHS Communications Manager, Media Relations Director/Press Officer, SMOC PIO or designee to post emergency public information, the CPEA Emergency Public Information team Web content author will:

- Receive or obtain the current emergency public information from authorized sources in the form of:
  - E-mails
  - Documents on the network
  - Phone updates
  - News releases
  - Other
- Determine if an existing DSHS Web page will be updated, or if a new page will be added to the WCMS.

- Ensure that the website content is Section 508 compliant i.e. accessible to people with sensory disabilities.
- If necessary, have the DSHS Web Office create a new directory in DSHS WCMS and give CPEA Emergency Public Information team Web content author rights to that directory. During business hours, e-mail [Webservices@dshs.state.tx.us](mailto:Webservices@dshs.state.tx.us) or call 512-776-2131. To contact someone in Web Services after regular business hours, consult the after-hours information list.
- Modify existing DSHS page or build new page from a template in the WCMS using emergency information received from authorized sources.
- Update modified emergency pages in pre-determined directory. Test pages for correct display of text, working links, and other features.
- Notify information source(s) when emergency information is posted and wait for any additions or corrections. Content will not show up on the live website until it is synced from the staging site.

#### **After the initial postings**

- Check links and contact information on a regular basis.
- Add new or updated information as provided by DSHS Communications Manager, SMOC PIO on duty or designee in DSHS Communications or Media Relations Units.
- Update links to other related Web pages as provided by DSHS Communications Manager, SMOC PIO on duty or designee in DSHS Communications or Media Relations Units.

#### **After the event is concluded**

- Archive materials.
- Contribute to After-Action Report.

**Tab G – Vulnerable Populations Guidelines  
Emergency Public Information**

## **Vulnerable Populations Emergency Public Information**

Disseminating timely, accurate information to public health officials, health care providers, the media, and the general public is one of the most important facets of emergency public health preparedness and response. In a state as large and diverse as Texas, special efforts must be made to assure that all citizens – no matter how difficult to reach – are informed of a pending emergency and given clearly-understood instructions for response.

This section focuses on Texans who may be at risk of having major problems during an emergency, such as people who:

- have disabilities or functional/access needs
- have limited English proficiency
- have low literacy skills
- have developmental and/or mental disabilities
- have limited resources
- are blind/ or have low vision
- are deaf/ or hard of hearing
- are elderly
- live in rural communities

Also included are geographical areas of the state where vulnerable populations have been identified. These areas include remote regions, *colonias* along the Texas-Mexico border and tribal reservations, two of which are also in border regions. This section of the DSHS Crisis and Emergency Risk Communications Guidelines (CERC) for Vulnerable Populations will be coordinated with the overall public information component at the State Medical Operations Center (SMOC).

In an emergency situation the media are likely to ask what is being done to inform (and care for) people in Texas who have limited resources or do not have the ability to respond appropriately. It is important to clearly outline the steps being taken to inform people through local stakeholders responsible for disseminating critical information to vulnerable populations.

### **Pre-Event**

- Develop a listing of community outreach resources that includes contacts in DSHS Health Services Regions and local health departments. Community outreach resources also include a focus on community health workers (*promotoras*), county extension agents through Texas AgriLife Extension Service and the Texas Department of Assistive and Rehabilitative Services (DARS) to reach those people who have hearing or sight limitations, or other disabilities.
- An Excel spreadsheet is available at S:\CEA-COMM-SHARED\Vulnerable Populations, Excel file name: Vulnerable Populations Contact List.xls.

- Review and update spreadsheet listing yearly or as needed after disasters. Place list on Communications shared drive and have copies in the SMOC Public Information Officer (PIO) Resource Book for use by PIO in the SMOC, and copy onto CD and thumb drives for back-up and remote use.

*Note: when possible, a copy may be placed in the incident template on the SMOC activations drive (Z:\2014 Activation Templates\ Command Staff\Public Information Officer).*

- Develop, review, and update as needed culturally sensitive emergency public information messages in English and Spanish (and other languages, including American Sign Language (ASL), when appropriate). Have messages available as part of the DSHS Public Health Preparedness website at [www.dshs.state.tx.us/preparedness/](http://www.dshs.state.tx.us/preparedness/) as well as [http://www.dshs.state.tx.us/preparedness/e-prep\\_public.shtm](http://www.dshs.state.tx.us/preparedness/e-prep_public.shtm).
- Agency subject matter experts (SMEs) will develop messages. DSHS Press Officer or designee can review messages for consistency and appropriateness.
- Develop set of guidelines for participating in and staffing of a Joint Information Center (JIC) or Emergency Operations Center (EOC) with a qualified bilingual (English – Spanish) specialist.

### **During the event**

- Coordinate messages and information with the DSHS Office of Border Health or regional staff as needed and with the DSHS Press Officer or designee. Message dissemination to be carried out by the SMOC PIO.

**Tab H – Medical Countermeasures  
Emergency Public Information**

## **Medical Countermeasures Emergency Public Information Guidance**

### **OVERVIEW**

The Texas Medical Countermeasures (MCM) Plan is located in the State of Texas Emergency Management Plan, Annex H, Public Health and Medical Services, Appendix 8. Public Information is an important component of successful medical countermeasure operations. The coordination of federal, state, regional, and local dissemination of public information is essential to mitigating fear, confusion, and inefficiency in an emergency situation. The local health authority, in coordination with the Health Service Regions (HSR) Regional Director or designee and DSHS Press Officer or designee, will release information about local Points of Distribution (PODs) or alternative methods for dispensing medications to the public in impacted local jurisdictions. The state-level role of the DSHS Communications and Media Relations Units are to provide pre-approved emergency messages and information about toxic agents and instructions for prevention of spread and care of symptoms.

In an event requiring medical countermeasures, the Public Information Officer (PIO) operates as part of the Command Staff in the State Medical Operations Center (SMOC). (See Tab C)

### **ROLES & RESPONSIBILITIES**

#### **State**

A PIO will be on duty as part of the SMOC Command Staff during all shifts. The PIO's duties include:

1. Releasing background information on the Strategic National Stockpile (SNS)
2. Managing media relations and the release of all public information about DSHS activities related to the MCM
3. Coordinating with DSHS's representative at the SOC
4. Coordinating with PIOs from state and federal agencies involved in the MCM
5. Providing support to PIOs at Local Health Departments (LHD), HSR, and Joint Information Centers (JIC) as requested.

Additional state-level duties may include (as needed and appropriate):

1. Using Web EOC for tracking and sharing information
2. Setting up state-level event website
3. Providing MCM information to partners and stakeholders

#### **Health Service Regions**

DSHS' HSRs are responsible for coordinating public health media in conjunction with the DSHS JIC local jurisdictions within their regions that do not have local health

departments. The HSR medical director or designee, in coordination with the DSHS Press Officer or designee, will coordinate with local emergency management for public information release related to medical countermeasure operations within the local jurisdiction.

### **Local Jurisdictions**

LHDs are responsible for coordinating public information activities within their jurisdictions during delivery of the SNS. DSHS's HSRs and Media Relations and Communications units will provide support as needed. LHD PIOs are advised to:

1. Release information on local dispensing sites and alternative dispensing methods
2. Release information on medications, including updates advising people to take all medications as directed
3. Identify locations and staffing for local or regional JICs
4. Establish immediate relations and protocols with Dispensing Site Directors who are designated as initial contacts for media showing up at their dispensing sites
5. Assist Dispensing Site Directors by directing media to the Joint Information Center for briefings and news conferences
6. Use public information, media relations guidance, and event-specific templates in the DSHS-produced shelf kits to help ensure uniformity and consistency of messaging statewide (see Resources)

### **All Jurisdictions**

The following information may not be released:

- Where the MCM is coming from
- How the MCM is being transported
- When and where the MCM will arrive
- Where the MCM will be received, staged and stored
- How and when the MCM is being transported to local dispensing sites.

### **RESOURCES (messages, methods, materials)**

1. Shelf Kits: [www.dshs.state.tx.us/preparedness/shelfkits.shtm](http://www.dshs.state.tx.us/preparedness/shelfkits.shtm)
2. DSHS Crisis and Emergency Risk Communication Guidelines (CERC)
3. Public Health Preparedness website: [www.dshs.state.tx.us/preparedness/](http://www.dshs.state.tx.us/preparedness/) (English) [www.dshs.state.tx.us/preparedness/sitemap\\_span.shtm](http://www.dshs.state.tx.us/preparedness/sitemap_span.shtm) (Spanish)  
[www.dshs.state.tx.us/preparedness/vhf\\_alert.shtm](http://www.dshs.state.tx.us/preparedness/vhf_alert.shtm)  
[www.dshs.state.tx.us/preparedness/smallpox\\_alert.shtm](http://www.dshs.state.tx.us/preparedness/smallpox_alert.shtm)  
[www.dshs.state.tx.us/preparedness/tularemia\\_alert.shtm](http://www.dshs.state.tx.us/preparedness/tularemia_alert.shtm)  
[www.dshs.state.tx.us/preparedness/plague\\_alert.shtm](http://www.dshs.state.tx.us/preparedness/plague_alert.shtm)  
[www.dshs.state.tx.us/preparedness/botulism\\_alert.shtm](http://www.dshs.state.tx.us/preparedness/botulism_alert.shtm)  
[www.dshs.state.tx.us/preparedness/anthrax\\_alert.shtm](http://www.dshs.state.tx.us/preparedness/anthrax_alert.shtm)

4. Personal and family preparedness website: [www.TexasPrepares.org](http://www.TexasPrepares.org) and [www.TexasPrepara.org](http://www.TexasPrepara.org).
5. Template for state-level emergency public information website
6. Web EOC (SMOC)
7. Pre-approved emergency public information messages
8. Translation/interpretation services (state-level)
9. Electronic/internet communications
10. Subject-matter experts
11. List of statewide media outlets
12. Channels of dissemination to special populations

**Tab I – Respiratory Viruses Having Pandemic Potential  
Emergency Public Information**

## **Respiratory Viruses Having Pandemic Potential Emergency Public Information**

The original Texas Pandemic Influenza Operational Guidelines, Planning Guidelines for Non-Pharmaceutical Interventions, the Antiviral Allocation, Distribution, and Storage Plan Guidelines (AADS); and the Vaccine Allocation, Distribution, and Storage Plan Guidelines (VADS) are available on the Department of State Health Services (DSHS) website at: [www.dshs.state.tx.us/comp/comp/pandemic/default.shtm](http://www.dshs.state.tx.us/comp/comp/pandemic/default.shtm).

The revised version titled, *Respiratory Viruses Having Pandemic Potential: Public Health Preparedness, Surveillance, and Response Plan for Texas* incorporates a broader focus including but not limited to Pandemic Flu. Like its predecessor, it is a phased approach to crisis and emergency risk communication, preparation, and response.

The operational activities of this pandemic influenza and other respiratory viruses control plan involve the following five levels: **routine, enhanced, increased readiness, escalated, and emergency response**. These operational levels are determined by assessments of human case counts, geographic distribution of cases, travel-related status of human cases, presence of sustained human-to-human transmission, complexity of investigations, and level of public or media attention. The specific data used to establish the current operational level should be determined, in part, by the jurisdiction to which it applies. Jurisdictional staff can use the data collected to estimate the level of pandemic influenza or other respiratory virus activity and determine the appropriate level of response. Appropriate responses for DSHS and local jurisdictions at each operational level are also included. Some jurisdictions will not have data for all of the variables. Nonetheless, each jurisdiction will have a tool it can use to guide decision making regarding education of the general public and healthcare providers, implementation of control measures, and addition of enhanced surveillance activities.

Each operational level is first defined by the existing conditions for the variables specified above. All of these conditions do not need to be attained in order for a specific operational level to be reached. In addition, a change in a single condition does not necessarily cause the operational level to be raised. The conditions should be considered together when determinations are being made on appropriate response activities.

This plan does not include basic activities that are necessary in order to maintain readiness, such as annual reviews of planning documents, grant writing and other grant activities, training in surveillance and response, and related activities. It is expected that DSHS Central Office, Health Service Regions (HSRs), and Local Health Departments (LHDs), will conduct preparatory activities individually as well.

## Operational Levels and Response Activities

Local Jurisdictions including DSHS Regional Offices conducting LHD Functions

LOCAL HEALTH DEPARTMENT OPERATIONAL LEVELS AND INDICATORS						
Routine Operations		Enhanced Operations	Increased Readiness Operations	Escalated Operations	Emergency Response Operations	
Texas / United States / International	Normal respiratory virus season	Sporadic cases of human infection abroad <b>without</b> sustained human-to-human transmission	Sustained human-to-human transmission <b>outside the US</b>	First non-international travel-related case (sustained transmission somewhere in the world) anywhere in the US	Sustained human-to-human transmission <b>inside the US</b>	
		Sporadic, travel-related cases or isolated cases with no secondary transmission in Texas	Isolated case (no associated sustained transmission) in Texas requiring intensive investigation	Multiple, non-travel-related cases in Texas	Widespread cases in Texas	
Local Health Department	Normal respiratory virus season	Single, travel-related cases	Single, non-travel related case with resource intensive contact investigation (e.g.: MERS-CoV)	Multiple cases requiring intensive case investigations		
	No to moderate media attention	No to moderate media attention	Single case in an adjacent jurisdiction or within the same HSR	Multiple cases in an adjacent jurisdiction or within the same HSR		
			Increased levels of media attention	High to exceptional levels of media attention		

**Notes:**

1. The purpose of this chart is to describe characteristics which may be considered when determining the appropriate operational level.
2. All characteristics do not need to be reached before moving to the next higher operational level. Likewise, a change in any one characteristic does not necessarily cause an increase to the next operational level.
3. These characteristics should be considered in totality, along with other available information, to determine the operational level and associated activities.
4. Operational levels are not necessarily progressed through in a sequential order. The operational level should be determined by the current situation.

The following excerpts are the communications pieces of each phase:

### Routine Operations

- Conduct appropriate community outreach and public education
- Communicate with health care providers and other partners

### Enhanced Operations

Increase community outreach and public education

- Enhance communications with healthcare providers
- Increase communication and coordination between local and public health officials
- Provide information to local media representatives and encourage its distribution
- Partner with local community-based organizations to target outreach to high-risk populations
- Enhance community access to information

### **Increased Readiness Operations**

Further increase community outreach and public education

- Further increase communication and coordination between local officials and public health
- Continue to enhance communications with healthcare providers
- Continue to provide information to local media representatives and encourage its distribution
- Continue to partner with local community-based organizations to target outreach to high-risk populations
- Continue to enhance community access to information

### **Escalated Operations**

Collaborate with HSR and DSHS Emerging and Acute Infectious Disease Branch (EAIDB) staff to establish a set schedule for officially releasing updated case counts publicly

- Notify local hospitals, clinics, schools, long term care facilities, and healthcare providers of the situation
- Ensure state or national health alerts are forwarded, as appropriate
- Continue a high level of community outreach and public education
- Continue enhanced communication and coordination between local officials and public health
- Continue to enhance communications with healthcare providers
- Continue to provide information to local media representatives and encourage its distribution
- Continue to partner with local community-based organizations to target outreach to high-risk populations
- Continue to enhance community access to information

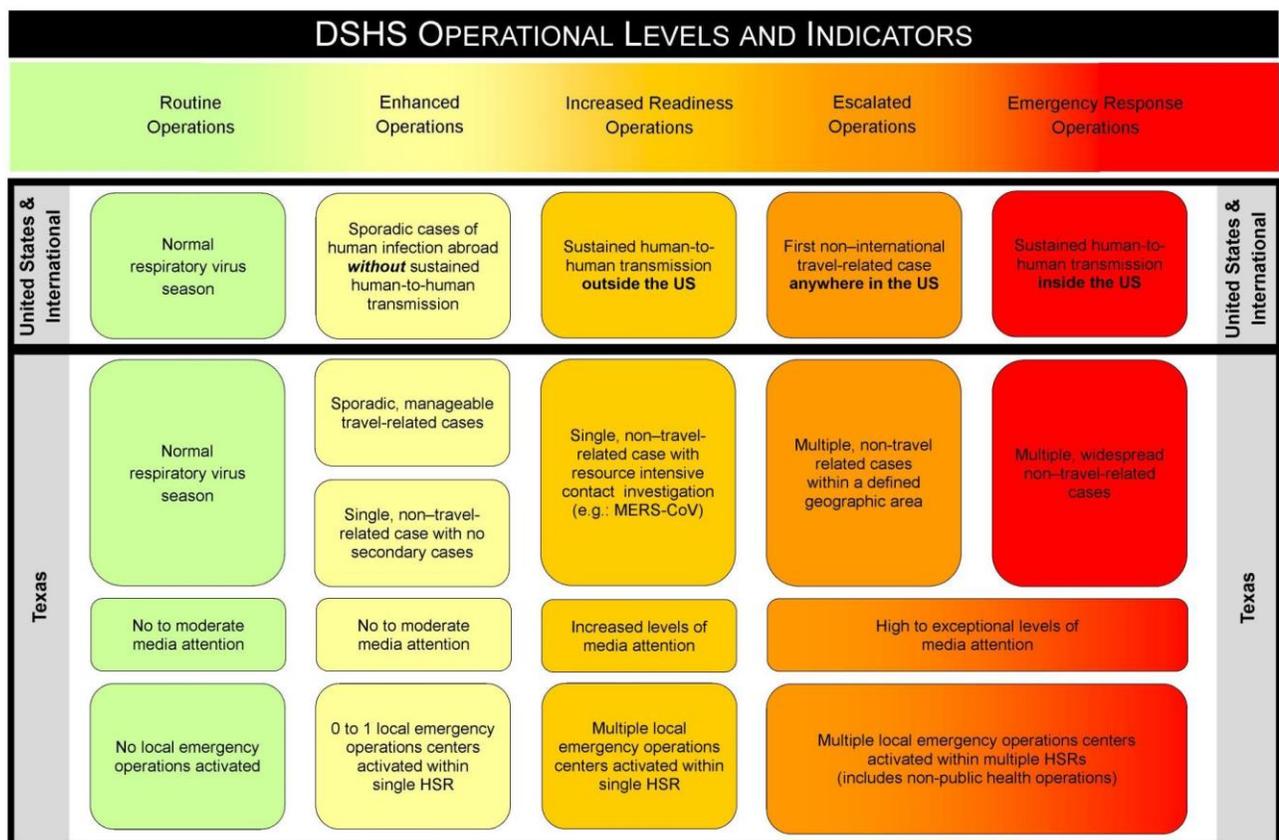
### **Emergency Response Operations**

Continue to collaborate with HSR and DSHS EAIDB staff to release updated case counts on a set schedule

- Continue to notify local hospitals, clinics, schools, long term care facilities, and healthcare providers of the situation
- Continue to ensure state or national health alerts are forwarded as appropriate
- Continue to increase community outreach and public education
- Continue to enhance communications with healthcare providers
- Continue to enhance communication and coordination between local officials and public health
- Continue to provide information to local media representatives and encourage its distribution
- Continue to partner with local community-based organizations to target outreach to high-risk populations

# Operational Levels and Response Activities

## DSHS Central Office and Regional Offices



**Notes:**

1. The purpose of this chart is to describe characteristics which may be considered when determining the appropriate operational level.
2. All characteristics do not need to be reached before moving to the next higher operational level. Likewise, a change in any one characteristic does not necessarily cause an increase to the next operational level.
3. These characteristics should be considered in totality, along with other available information, to determine the operational level and associated activities.
4. Operational levels are not necessarily progressed through in a sequential order. The operational level should be determined by the current situation.

The following excerpts are the Center for Policy and External Affairs (CPEA) pieces of each phase:

### Routine Operations

- Serve as state coordinating entity for ESF-8 planning with emergency management partners
- Maintain and update SMOC operating manual, response operating guidelines, Memorandum of Understandings (MOUs), contracts, and private pharmacy contact lists
- Plan for the procurement, storage, and distribution of state controlled caches of antiviral medications, seasonal/pandemic influenza vaccines, and other medical assets
- Maintain SMOC tactical communications equipment and communications platforms (Public Health Information Network (PHIN), Emergency Management Resource, WebEOC)
- Identify and train staff to serve in the SMOC during an activation

### **Enhanced Operations**

Monitor news media and assess public's need for information

- Issue public information, as indicated
- Engage social media, as indicated
- Coordinate with LHD and HSR Public Information Officers (PIOs)
- Continue to update DSHS websites, as needed
- Continue to promote influenza and other viral respiratory illness prevention activities

### **Increased Readiness Operations**

- Issue public information and news releases, as appropriate
- Respond to high volume of news media inquiries
- Respond to press, legislative, and LHD inquiries
- Determine size and scope of public awareness campaign
- Update News Updates webpage, emphasizing relevant precautions and Texas case count
- Distribute information to public health, medical, and emergency management partners, as appropriate
- Brief Legislature about public health threats and DSHS's emergency response activities
- Consult with agency leadership and SMEs to assess need for emergency public information dissemination
- Translate emergency public information into Spanish
- Provide SMOC government liaison and PIO, if requested
- Coordinate with network of PIOs at HSRs and LHDs, and assess the need for Joint Information System (JIS)
- Continue to monitor news media and assess public's need for information
- Continue social media efforts
- Continue to coordinate with LHD and HSR PIOs
- Continue to promote influenza and general respiratory disease prevention activities

### **Escalated Operations**

- Provide personnel to serve as SMOC liaison and PIO, if requested
- Coordinate with other DSHS partners to establish a set schedule for releasing updated case counts publically
- Respond to high volume of news media inquiries, and address news media misinformation
- Provide updates to news media through press conferences and conference calls
- Brief Legislature about public health threats and agency's emergency response activities
- Respond to high volume of inquiries from legislators, leadership of affected communities, and other elected officials
- Assess need for increased public education and contract with social marketing vendor to conduct multi-media public education campaign, if needed
- Engage social media for emergency public information dissemination
- Translate emergency public information into Spanish, and contract with vendors for translation into other languages

- Establish a JIS for coordinated release of emergency public information
- Conduct outreach to hard-to-reach populations
- Continue to respond to press and legislative inquiries
- Continue public awareness campaign and social media efforts
- Continue to distribute information to public health, medical, and emergency management partners, as appropriate
- Continue to monitor news media and assess public's need for information
- Continue to update News Updates webpage, emphasizing relevant precautions and Texas case count
- Continue to update agency websites for emergency public information response
- Continue to consult with agency leadership and SMEs to assess need for emergency public information dissemination
- Continue to promote and enhance public health messaging campaign

### **Emergency Response Operations**

- Provide SMOC government liaison and PIO
- Assess need for additional activities, communication products, and messages
- Issue statements and/or news releases on recommendations and major developments
- Operate in the State JIS, if indicated
- Release emergency public information through a joint information system
- Maintain regular communication with legislative leadership on state response and surveillance activities
- Communicate with LHD PIOs to ensure consistent messages as necessary
- Regularly review surveillance data and consider scaling back operations, if indicated
- Continue to engage social media for emergency public information dissemination
- Continue to distribute information to public health, medical, and emergency management partners, as appropriate
- Continue to respond to high volume of news media inquiries, and address news media misinformation
- Continue to provide updates to news media through press conferences and conference calls
- Continue to monitor news media and assess public's need for information
- Continue to respond to high volume of inquiries from legislators, leadership of affected communities, and other elected officials
- Continue to consult with agency leadership and SMEs to assess need for emergency public information dissemination
- Continue to update agency websites
- Continue to conduct multi-media public education campaign with contracted vendor
- Continue to brief Legislature about public health threats and agency's emergency response activities
- Continue to translate emergency public information into Spanish; contract with vendors for translation into other languages
- Continue to conduct outreach to hard-to-reach populations

**Tab J – Radiological Guidelines  
Emergency Public Information**

## **Radiological Guidelines Emergency Public Information**

Annex D of the State of Texas Emergency Management Plan addresses radiological emergency management. DSHS is the primary agency for Radiological Emergency Management (REM) Plan and essential support functions. These functions are responsible for providing a coordinated response to emergencies involving radioactive material and for determining and implementing measures to protect life, property, and the environment in a radiological emergency.

The Texas REM Plan addresses five types of emergencies: fixed nuclear facility accidents, production/utilization accidents, federal facility accidents, transportation accidents and waste storage/disposal accidents. The REM Procedures Manual consists of a series of procedures that provide guidance and ensure uniformity in the performance of selected tasks applicable to any or all of the various types of radiological emergencies. Procedure 14 addresses public information.

### **Radiological Emergency Management Plan, Annex D**

#### **PUBLIC INFORMATION**

##### **Purpose**

This procedure was developed in coordination with the DSHS Media Relations and Communications Units to assign DSHS roles and responsibilities for informing the public, formalize communication methods among state representatives located in Joint Information Centers (JIC), the State Operations Center (SOC), the DSHS State Medical Operations Center (SMOC), and the DSHS Media Relations and Communications Units and to provide guidance for DSHS Radiation Control Program (RCP) staff serving as technical spokespersons during a radiological emergency.

##### **References**

- A. State of Texas Emergency Management Plan, Annex I, Emergency Public Information
- B. DSHS Crisis and Emergency Risk Communication Guidelines (CERC)
- C. National Council on Radiation Protection and Measurements (NCRP) Report No. 138, Management of Terrorist Events Involving Radioactive Material

## **Discussion**

### **A. Emergency Notifications**

1. Protective Action Recommendations (PARs) will be broadcast over the Emergency Alert System (EAS) based on recommendations made from the state or other technical resources, and are issued by authority of the County Judge or City Mayor.
2. DSHS will work with the SOC and local and federal officials to provide prompt and timely notification of instructions to the public within the radioactive plume exposure pathway.

### **B. News Releases**

1. News releases may be issued periodically from a designated JIC established to provide coordination among federal, state, and local jurisdictions. DSHS JIC Public Information Officer (PIO) will coordinate news releases with the participating agencies at the JIC and the SMOC, if activated.
2. For incidents involving a Licensee such as a nuclear power plant, the DSHS PIO will coordinate with the Licensee involved when drafting and releasing information contained in the approved news release.

## **News Conferences**

1. In coordination with the DSHS Press Officer, the DSHS RCP will provide a technical spokesperson for news conferences held at the designated JIC. DSHS Media Relations will provide the JIC with a PIO. DSHS Media Relations will inform the Communications Manager of news conferences to ensure appropriate Department of Assistive and Rehabilitative Services (DARS) personnel are notified so that American Sign Language interpreting can be handled.
2. Addresses of JIC for Comanche Peak, South Texas Project and Pantex can be found in Appendix 3 to Annex D along with federal public notification requirements for nuclear power plants.

## **Prerequisites**

### **A. Written Messages**

1. Pre-approved draft messages have been created to provide protective action recommendations to the public within a plume exposure pathway. They are in the News Release Template of this procedure. Draft messages for nuclear power plant releases are consistent with the Licensee's classification scheme.

## **Equipment Required**

RCP Public Information Team is responsible for maintaining the following equipment and deploying it during emergency response:

- A. Laptop Computer
- B. Printer/Scanner/Copier
- C. Fax Machine
- D. Power Strip
- E. Highlighters
- F. Pens/Pencils
- G. JIC Guidance CD
- H. Radiological Emergency Response (REM) Manuals
- I. Designated PIO Media Boxes:
  - 1. Comanche Peak Nuclear Power Plant (CPNPP) Media Box
  - 2. South Texas Project (STP) Media Box
  - 3. Pantex Media Box

## **Responsibilities**

- A. RCP Public Information Team:  
In coordination with the DSHS Media Relations and Communications Units, the DSHS RCP may provide a Public Information Coordination team in the event of a radiological incident. The team size and composition may vary per incident, always including at a minimum one PIO, one RCP technical spokesperson and if needed, one administrative support individual per shift. Team member duties are listed in the JIC (Tab C).

## **Procedure**

- A. Team Activation:  
In the event that a JIC is established due to a radiological incident, the Public Information Coordination Team will deploy to the designated JIC to work with private, local, state, and federal information teams to coordinate information, issue news bulletins, and participate in joint news briefings. The Public Information Coordination Team will do the following:
  - 1. Report to and obtain a briefing from the JIC Director.
  - 2. Report to the RCP Chief of Field Operations (Incident Commander) and obtain a response status briefing.
  - 3. Report to the DSHS Staging Area once DSHS Public Information Coordination Team has been activated.
  - 4. If no JIC is established, the DSHS RCP will work with the DSHS Media Relations to provide public information in coordination with the emergency response organization responsible for coordination of public notifications. DSHS, in accordance with agency News Media Policy, will assist in providing news releases that pertain to radiological response and protective action recommendations

(PARs) for the general public.

5. In the event of a radiological dispersal device (RDD) or an improvised nuclear device (IND), approvals of news releases should be coordinated by the DSHS Public Information Officer (PIO) if a JIC is established with the Federal Bureau of Investigation (FBI) to prevent the release of sensitive information.

B. Distribution of Information to the Media

The following protocols should be used when information is being distributed to the media:

1. Distributing public information via fax:
  - a. Ensure the release/fax is complete. Do not add information or statements to any messages unless it has been reviewed and approved by Chief of Field Operations (Incident Commander).
  - b. Send faxes to applicable RCP response organization locations and release to media.
2. Update news releases as conditions warrant, and save a copy of all releases. Releases sent by other agencies should be forwarded to the Chief of Field Operations (Incident Commander).
3. Protective action recommendations (PARs) should be discussed with all agencies represented at the JIC prior to releasing them publicly. This will ensure proper coordination of all material released to the media and general public.
4. Ensure the public understands that DSHS is the lead state agency responsible for responding to all radiological incidents throughout Texas through the DSHS RCP and that DSHS will be the lead assessment of offsite radiological impacts and damages to the environment. The Radiation Program Officer will be the person with overall authority and responsibility for the RCP Radiological Emergency Response Team.

In case of a radiological emergency, the procedure for participating and communicating through a JIC is located in Annex J Radiological Emergency Management Plan.

The following sample press releases may be used as a template/draft and can be altered in actual events. Language must be approved by PIO or designee prior to distribution.

Refer to NCRP 138 and the Traffic/Terrorism procedure for further RDD and IND public information guidance.

## **PRE-SCRIPTED NEWS RELEASE FOR RDD (Dirty Bomb Attack)**

### **Proposed Press Releases for RDD**



*news release*

Texas Department of State Health Services, Radiation Control  
1100 West 49th St.  
Austin, Texas 78756-3189  
<http://www.tdh.state.tx.us/radiation>

### **Possibility of radiological exposure to the public after an RDD**

*In the interest of public safety and law enforcement requirements, the area around the incident site is being monitored and a barrier (is being)/(has been) established around it. Radioactive material may have been released, so there is a possibility of radiation exposure in the restricted area. This area is also a crime scene.*

*It is important that the movement of people into and out of the restricted area be strictly controlled. For the time being, only members of the emergency services, local, state and federal response forces are being allowed inside the area. The public should stay away to reduce the possibility of radiation exposure from this incident and to facilitate response efforts.*

-or-

*Possibility of radiation exposure to the public and sheltering/evacuation is recommended*

*In the interest of public safety and law enforcement requirements, the area around the incident site is being monitored and a barrier (is being)/(has been) established around it. Radioactive material may have been released, so there is a possibility of radiation exposure. This area is also a crime scene. The highest levels of contamination are expected to be there. However, radioactive material may have been carried downwind beyond the established perimeter of the restricted area.*

*As a precaution, the public is advised to [take shelter in (location)]/[evacuate the following areas...]. We will continue to monitor the site to determine whether there could be (any risk)/(any further risk) to the public.*

*It is important that the movement of people into and out of the restricted area is strictly controlled. Only members of the emergency services, local, state and federal response forces are being allowed inside the area. The public should stay away to reduce the possibility of radiation exposure from this incident and to facilitate response efforts.*

*-or-*

*Radioactive release has been confirmed*

*A release of radioactive material has been detected. The highest levels of contamination are expected to be within the restricted area, which is also a crime scene. However, radioactive material may have been carried downwind beyond the perimeter of the restricted area.*

*As a precaution, the public is advised to [take shelter in (location)]/[evacuate the following areas...]. We will continue to monitor the area to establish the extent of contamination and determine the risk to the public.*

*It is important that the movement of people into and out of the cordoned area is strictly controlled. Only members of the emergency services, local, state and federal response forces are being allowed inside the area. The public should stay away to reduce the possibility of radiation exposure from this incident and to facilitate response efforts.*

**(Dirty Bomb Attack)**

**[Immediately after Explosion]**

**(In urban, commercial environment)**

**Proposed Press Releases for RDD**



*news release*

Texas Department of State Health Services, Radiation Control  
1100 West 49th St.  
Austin, Texas 78756-3189  
<http://www.tdh.state.tx.us/radiation>

*Regardless of the potential cause of explosion, and recognizing the possibility of terrorist attack,*

*Seek shelter in unaffected buildings. If shelter is not available move upwind away from the site of the explosion until appropriate shelter is available. Once in a sheltered location, close all windows, ventilation and heating systems, vents, exhaust fans and other areas where outside air may enter the building. You should shelter in interior rooms of the building, preferably in a basement.*

*Provide aid to injured victims, if possible, and wait for emergency response personnel to arrive unless instructed to evacuate.*

*Listen for official instruction on emergency radio channels if available. You may be instructed to evacuate to a location where your exposure to possible contaminants can be evaluated.*

***(In, or near residence)***

*Seek shelter in home, if undamaged. If your home is in a building that may have been damaged, seek shelter in another undamaged building. If possible, close all windows and doors, close all ventilation ducts, turn off air conditioning and heating systems, clothes dryer vents and any other sources of outside air in case the explosion involved chemical or radioactive agents.*

*If you were outside when the explosion occurred, you should shower and change clothing if possible. Contain removed clothing in a bag for future examination in case you may have been exposed to chemical or radiological agents.*

*Listen for official, updated information on emergency radio channels for instruction to protect yourself and others. You may be instructed to evacuate to a location where your exposure to possible contaminants can be evaluated.*

Refer to NCRP 138 and the Traffic/Terrorism procedure for further RDD and IND public information guidance.

**Appendix 3 to Annex D  
Public Notification Requirements for Fixed Nuclear Facilities**

**Designated JIC Locations for Fixed Nuclear Facilities**

- Comanche Peak JIC: Granbury City Hall, 116 W. Bridge Street, Granbury, Texas
- South Texas Project JIC: Center for Energy Development Building, 400 Avenue F, Bay City, Texas
- Pantex JIC: Amarillo College Business & Industry Center, 1314 S. Polk Street, Amarillo, Texas