

# Standard Operating Procedure (SOP) ALL HAZARDS SAFETY

TXSG SOP 3000.10  
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**Summary.** This Standing Operating Procedure (SOP) prescribes the guidance for the Texas State Guard drill, training, and deployment safety plans.

**Applicability.** This SOP is applicable to all Texas State Guard (TXSG) personnel under orders during drilling, training, and deployment and to and from their home of record (HOR).

**Management Control Process.** The Texas State Guard, All Hazards Safety Standard Operating Procedures, dated **25 APRIL 2020**, is approved for immediate implementation.

- This SOP is reviewed and updated every two years and is published on 1 October of each even year.
- Record of changes for this document is managed by the T-3 and is included with each publication.
- This SOP is in effect for TXSG personnel during all time under orders and travel to and from home of record (HOR).

**Proponent and Exception Authority.** The proponent for this SOP is the T-3. The T-3 has the authority to approve exceptions to this SOP that are consistent with controlling law and regulation.

**Supplementation.** Supplementation of this SOP or establishment of command and local forms is prohibited without prior approval from the Commanding General (TXSG), through the T-3, ATTN: NGTX-TOP, P.O. Box 5218, Austin, TX 78763-5218.

**Suggested Improvements.** Users are invited to send comments and suggested improvements concerning this SOP directly to the T-3, ATTN: NGTX-TOP, P.O. Box 5218, Austin, TX 78763-5218

**Distribution. A**

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# INTRODUCTION

TXSG Soldiers must follow established safety protocol procedures and guidelines continuously. Military forces are exempted from many wage hour and occupational guidelines however WE ARE NEVER EXEMPT FROM SAFETY. TXSG Soldiers should be safety conscious every minute of every hour, of every day that the TXSG Soldier is operational and under orders.

# **CHAPTER 1. FOLLOW THE BUDDY SYSTEM / SITUATIONAL AWARENESS.**

1. TXSG Soldiers watch out for each other. We travel and work in groups. The US Army developed and designated a Battle Buddy System. Quite simply WE LOOK OUT FOR EACH OTHER. This increases both our Joint Situational Awareness, and helps each Soldier to better frame their own safe environment.

2. In reality, we as TXSG soldiers have looked out for each other since we were established as a frontier militia. "IF YOU SEE IT, SAY IT" is more productive in a buddy system. Situational awareness frames a safe environment.

3. The Buddy System promotes:

- a. Communication.
- b. Problem solving.
- c. Leadership.
- d. Decreases stress and increases morale.

## **CHAPTER 2. COMPOSITE RISK MANAGEMENT.**

1. Composite risk management (CRM) is the primary decision-making process for identifying hazards and controlling risks across the full spectrum of TXSG missions, functions, operations, and activities. CRM is a decision-making process used to mitigate risks associated with all hazards that have the potential to injure or kill personnel, damage or destroy equipment, or otherwise impact mission effectiveness.

2. The guiding principles of CRM are as follows:

a. Integrate CRM into all phases of missions and operations. Effective CRM requires that the process be integrated into all phases of mission or operational planning, preparation, execution, and recovery.

b. Make risk decisions at the appropriate level. As a decision-making tool, CRM is only effective when the information is passed to the appropriate level of command for decision. Commanders are required to establish and publish approval authority for decision-making. This may be a separate policy, specifically addressed in regulatory guidance, or addressed in the commander's training guidance. Approval authority for risk decision-making is usually based on guidance from higher HQ.

c. Accept no unnecessary risk. Accept no level of risk unless the potential gain or benefit outweighs the potential loss. CRM is a decision-making tool to assist the commander, leader, or individual in identifying, assessing, and controlling risks in order to make informed decisions that balance risk costs (losses) against mission benefits (potential gains).

d. Apply the process cyclically and continuously. CRM is a continuous process applied across the full spectrum of training and operations, individual and collective day-to-day activities and events, and base operations functions. It is a cyclic process that is used to continuously identify and assess hazards, develop and implement controls, and evaluate outcomes.

e. Do not be risk averse. Identify and control the hazards; complete the mission.

3. THE STEPS. Steps 1 and 2 are assessment steps, steps 3 through 5 are management.

a. CRM is a five-step process:

(1) Step 1 – Identify hazards.

(2) Step 2 – Assess hazards to determine risk.

(3) Step 3 – Develop controls and make risk decisions.

(4) Step 4 – Implement controls.

(5) Step 5 – Supervise and evaluate.

b. STEP 1 – IDENTIFY HAZARDS. What is a hazard? A hazard is a condition with the potential to cause injury, illness, or death of personnel; damage to or loss of equipment or property; or mission degradation. A hazard may also be a situation or event that can result in degradation of capabilities or mission failure. Hazards exist in all environments – stability operations, base support operations, training, garrison activities, and off-duty activities.

c. STEP 2 – ASSESS THE HAZARDS.

(1) This process is systematic in nature and uses charts, codes and numbers to present a methodology to assess probability and severity to obtain a standardized level of risk. The five-step CRM process is a method for expressing and depicting a normally intuitive and experience-based thought process. The risk management process is a disciplined application of five steps to obtain and express a risk level in terms that are readily understood at all levels of command. **Note: Technical competency, operational experience, and lessons-learned weigh higher than any set of alpha-numeric codes. Mathematics and matrixes are not a substitute for sound judgment.**

(2) Hazards are assessed and risk is assigned in terms of probability and severity of adverse impact of an event/occurrence. This step considers the risk or likelihood of an event or incident adversely impacting mission, capabilities, people, equipment, or property. “What are the odds (probability) of something going wrong and what is the effect (severity) of the incident if it does occur?”

(3) Hazards and associated risks must be assessed to determine the initial estimate of risk for each identified hazard expressed in terms of:

- (a) Extremely High.
- (b) High.
- (c) Moderate.
- (d) Low.

(4) There are three sub steps in this step:

- (a) Assess the probability of the event or occurrence.
- (b) Estimate the expected result or severity of an event or occurrence.
- (c) Determine the specified level of risk for a given probability and severity using the standard risk assessment matrix. (See Figure 2-1.)

<b>RISK ASSESSMENT MATRIX</b>					
<b>Severity</b>	<b>Probability</b>				
	<b>Frequent</b>	<b>Likely</b>	<b>Occasional</b>	<b>Seldom</b>	<b>Unlikely</b>
<b>Catastrophic</b>	<b>E</b>	<b>E</b>	<b>H</b>	<b>H</b>	<b>M</b>
<b>Critical</b>	<b>E</b>	<b>H</b>	<b>H</b>	<b>M</b>	<b>L</b>
<b>Marginal</b>	<b>H</b>	<b>M</b>	<b>M</b>	<b>L</b>	<b>L</b>
<b>Negligible</b>	<b>M</b>	<b>L</b>	<b>L</b>	<b>L</b>	<b>L</b>

Figure 2-1. Risk assessment matrix

(5) Assess Each Hazard on the Probability of the Event or Occurrence. Probability is the likelihood of an event. This is your estimate, given what information you know and what others have experienced. The probability levels estimated for each hazard are based on the mission, COA, or frequency of a similar event. For the purpose of CRM, there are five levels of probability:

- (a) Frequent. Occurs very often, known to happen regularly.
- (b) Likely. Occurs several times, a common occurrence.
- (c) Occasional. Occurs sporadically but is not uncommon.
- (d) Seldom. Remotely possible, could occur at some time.
- (e) Unlikely. Can assume will not occur, but not impossible.

(6) Estimate the Expected Result or Severity of an Occurrence. Severity is expressed in terms of the degree to which an incident will impact mission capability, or readiness. The degree of severity estimated for each hazard is based on knowledge of the results of similar past events and is addressed in the following four levels used on the risk assessment worksheet:

- (a) Catastrophic.
  1. Complete mission failure or the loss of ability to accomplish a mission.
  2. Death or permanent total disability.
  3. Loss of major or mission-critical systems or equipment.
  4. Major property or facility damage.
  5. Severe environmental damage.
  6. Mission-critical security failure.

7. Unacceptable collateral damage.

(b) Critical.

1. Severely degraded mission capability or unit readiness.

2. Permanent partial disability or temporary total disability exceeding three months' time.

3. Extensive major damage to equipment or systems.

4. Significant damage to property or the environment.

5. Security failure.

6. Significant collateral damage.

(c) Marginal.

1. Degraded mission capability or unit readiness.

2. Minor damage to equipment or systems, property, or the environment.

3. Lost days due to injury or illness not exceeding three months.

4. Minor damage to property or the environment.

(d) Negligible.

1. Little or no adverse impact on mission capability.

2. First aid or minor medical treatment.

3. Slight equipment or system damage, but fully functional or serviceable.

4. Little or no property or environmental damage.

(7) Determine Specified Level of Risk. Using the standard risk assessment matrix at Figure 2-1, probability and severity for each identified hazard are converted into a specified level of risk. This matrix provides an assessment of probability and severity expressed in terms of a standard level of risk. This assessment is an estimate, not an absolute. It may or may not be indicative of the relative danger of a given operation, activity, or event. The levels of risk are listed in the lower left corner of the matrix. All accepted residual risk must be approved at the appropriate level of command.

(a) Extremely High Risk – Loss of ability to accomplish the mission if hazards occur during mission.



(b) High Risk – Significant degradation of mission capabilities in terms of the required mission standard, inability to accomplish all parts of the mission, or inability to complete the mission to standard if hazards occur during the mission.

(c) Moderate Risk – Expected degraded mission capabilities in terms of the required mission standard and will result in reduced mission capability if hazards occur during mission.

(d) Low Risk – Expected losses have little or no impact on accomplishing the mission.

d. STEP 3 - DEVELOP CONTROLS AND MAKE RISK DECISIONS. In step 2, hazards were assessed, and an initial risk level was determined. In this step, controls are developed and applied. The hazard is reassessed to determine a residual risk. Risk decisions are always based on the residual risk. The process of developing and applying controls and reassessing risk continues until an acceptable level of risk is achieved or until all risks are reduced to a level where benefits outweigh the potential cost.

e. STEP 4 – IMPLEMENT CONTROLS. Leaders and staffs ensure that controls are integrated into SOPs, written and verbal orders, mission briefings, and staff estimates. The critical check for this step is to ensure that controls are converted into clear and simple execution orders.

f. STEP 5 - SUPERVISE AND EVALUATE. Step 5 of the CRM process is the means to ensure that risk controls are implemented and enforced to standard. It also provides the means of validating the adequacy of selected control measures in supporting the objectives and desired outcomes. Like other steps of the CRM process, supervision and evaluation must occur throughout all phases of any operation or activity. This continuous process provides the ability to identify weaknesses and to make changes or adjustments to controls based on performance, changing situations, conditions, or events.

## CHAPTER 3. PERSONAL PROTECTIVE EQUIPMENT (PPE).

1. The purpose of personal protective equipment is to shield and isolate individuals from physical and biological hazards that may be encountered in a hazardous work environment. No single combination of Personal Protective Equipment (PPE) is capable of protecting against all hazards. The PPE should be used in conjunction with other protective methods and safety procedures.

2. How to Put On (Don) PPE Gear.

a. More than one donning method may be acceptable. Training and practice is critical. Below is one example of donning.

b. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).

c. Perform hand hygiene using hand sanitizer.

d. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.

e. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected.

f. Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.

g. Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.

h. Put on face shield or goggles. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.

i. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of gown.

3. How to Take Off (Doff) PPE Gear.

a. More than one doffing method may be acceptable. Training and practice using is critical. Below is one example of doffing.

b. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).

c. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. \*

4. Perform hand hygiene.

a. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.

b. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.\*

c. Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.

d. Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.

e. Perform hand hygiene after removing the respirator/facemask and before putting it on again.

## CHAPTER 4. TRAVEL.

### 1. TRAVEL SAFETY CONSIDERATIONS.

- a. Drivers must complete the TXSG Defensive Driving Course to operate a T.M.D. vehicle.
- b. Ensure that your vehicle is in safe operating condition.
- c. Do not exceed “seating capacity” of the vehicle.
- d. Do not leave vehicle unattended while the engine is running.
- e. Stop or restrict driving when adverse road or weather conditions exist.
- f. Inspect vehicles and cargo security before travel, and during rest and meal breaks.
- g. Do not use cell phones or text while in vehicle is in motion.
- h. Do not eat, drink, or smoke while vehicle is in motion.

### 2. POV ACCIDENT PREVENTION POLICIES:

- a. Safe driving takes precedence over all travel schedules.
- b. Follow all Texas traffic laws and transportation regulations.
- c. Seat belt use is mandatory.
- d. Safety/protective equipment (helmet, safety vest) is mandatory while riding a motorcycle.
- e. Plan your travel route in advance.
- f. Valid driver’s license.
- g. Obey posted speed limit.
- h. No text messaging while driving.

### 3. SPEED.

- a. Speeding/reckless driving is one of the primary causes of POV fatalities.
- b. As speed increases, so does distance required to stop, risk of an accident, and severity of crash if one occurs.
- c. Observe posted speed limits.

4. ALCOHOL.

- a. Driving after drinking is one of the primary causes of POV fatalities.
- b. Do not consume alcohol, or drugs that impair.

5. FATIGUE.

- a. Ensure you are completely rested prior to departure/return from trip.
- b. Take 15-minute breaks after the first hour and every 2-hours of driving and/or after every 100-150 miles whichever comes first.
- c. Take 1-hour meal breaks.
- d. Limit driving to 350 miles per day or no more than 8 hours on the road.
- e. No driving is permitted after 22:00 hours.

6. **PROHIBITED TRAVEL.** Always refer to the State Department's and the State of Texas' restricted travel resources.

a. **TRAVELLING TO MEXICO IS PROHIBITED.**

b. Adversary Forces Border Violence Threat: Since 2006, the Mexican government has engaged in an extensive effort to combat drug-trafficking organizations (DTOs), while the DTOs have battled each other for control of smuggling operations into the US. The Los Zetas and the Cartel del Golfo (CDG) are the predominate cartels operating south of the Texas border. While these cartels conduct their major operations within Mexico, local, State, and Federal agencies have agreed their criminal activities pose a high risk for spill over violence, specifically across from the following Mexico border towns: Juarez, Ciudad Acuña, Piedras Negras, Reynosa, Matamoros and Nuevo Laredo. While the types of threats in the border area are no different than threats anywhere in the state of Texas, the threat against TMD personnel working in the border area is higher than other parts of the state. TMD personnel are more visible than others due to being uniformed, and likely to targeted for elicitation of intelligence or neutralization by threat.

c. I.A.W., JFTX P11-07, Mexico Travel Policy Memorandum, dated 09 March 2011, All Texas Military Forces personnel in a paid military duty status, are prohibited from travel to Mexico, including popular tourist destinations.

d. Everyone will travel in a group of at least two or greater while on a SAD mission.

e. All personnel will need to have a "Battle Buddy" during each SAD mission...watch your "battle buddy" during the mission.

## CHAPTER 5. WEATHER EMERGENCIES.

### 1. General. Receive notice of severe weather:

- a. Upon receiving notification of a severe weather warning, personnel should proceed to the designated safe area(s) in the building.
- b. Avoid exposed glass areas while enroute to the designated safe area(s).
- c. Stay inside and move away from windows to the inner corridors. Be sure to close all doors connecting exterior areas.
- d. Due to their construction, interior stairwells are considered safe places.
- e. Ground level or below ground level interior corridors are considered safer area(s) in most buildings.
- f. Do not use elevators. Use stairs.
- g. Do not go outside unless the building becomes unsafe and presents a greater danger than that presented by the severe weather.
- h. Do not go to the roof of a building except as a last resort.
- i. If caught outdoors, seek shelter in the nearest building or lie flat in the lowest area possible.
- j. Do not take shelter in motor vehicles.

### 2. WATER EMERGENCIES. **“TURN AROUND, DON'T DROWN!”**

- a. Six (6) inches of water can cause a tire to lose traction and slide.
- b. Twelve (12) inches of water can float a vehicle.
- c. Two (2) feet of moving water will carry a vehicle away.
- d. In a flash flood, head waters rise rapidly. The water crossing you are attempting may be twice as deep by the time you are halfway across, thereby trapping you in your vehicle.
- e. Night flooding is more treacherous because you cannot judge the depth of the water.
- f. Water may weaken road bed! A portion of the roadway under water may be weakened or missing entirely.
- g. General Precautions:

- (1) Do not wade in water if you cannot see your feet. You may trap yourself or drown ensnared in an obstacle.
- (2) Do not attempt swift water rescue unless you are trained in Swift Water Rescue.
- (3) Flood water may be toxic with hazardous materials.
- (4) Use Water PPE (floatation device, waders or wetsuit)
- (5) Follow decontamination procedures.
- (6) Monitor for adverse medical reactions in first responders and Soldiers.

### 3. DOWNED POWER LINES.

- a. If you don't have to leave your car, don't. Instruct bystanders to stay back at least fifty (50) feet. Call 911 (or have the bystanders call) as well as electrical provider's emergency number.
- b. If the situation changes and you must leave your vehicle, first open your door, but do not step out.
- c. Stand up on the edge of your vehicle's doorframe, then cross your arms and jump free of the vehicle without touching it. Keep your feet together, and land on both feet at the same time.
- d. Hop with both feet together or take small shuffle-steps (keeping both feet in contact with the ground at all times) until you are about fifty (50) feet away from the downed lines. Keep your hands off the ground at all times.
- e. DO NOT lift one foot from the ground at a time or take large steps or crawl.
- f. If you can feel tingling in your legs, hop or shuffle another fifty (50) feet away. Repeat until the tingling sensation stops.

## **CHAPTER 6. WEAPONS.**

1. All TXSG personnel who carry personal firearms are subject to TMD DIRECTIVE Number 5210.01, Privately Owned Firearms, dated 17 January 2018.
2. Pursuant to Texas Government Code, Chapter 411, Subchapter H, anyone issued a handgun license recognized and valid in the State of Texas may possess a handgun on their person or in a properly secured vehicle while on TMD installations or facilities. This authorization encompasses all buildings and property under the control of the TMD.
3. The TMD directive does not, under any circumstance, grant further authority to handgun license holders beyond the conditions contained within state law. The directive does not apply or authorize the carry of POFs on federally owned, operated, or controlled property including Armed Forces Readiness Centers controlled by the U.S. Army Reserves.
4. Recognized law enforcement authorities who routinely carry an authorized job-related weapon as part of their assigned duties are permitted to carry their weapons onto TMD installations and facilities when in the execution of their official duties. Off duty law enforcement authorities are allowed to carry their weapon consistent with their departmental policies.
5. For safety and security purposes, the following are responsibilities regarding POFs on all TMD installations and facilities:
  - a. The handgun must remain on your person or properly secured. All requirements stipulated by Texas Government Code, Chapter 411, Subchapter H must be followed.
  - b. TMD members are not permitted to carry a POF when they are also carrying a military issued weapon or while on field training exercises.
  - c. Military service members will adhere to uniform standards which prohibit the open carry of POFs while in uniform.
  - d. Individuals who carry POFs will be held personally liable for any negligent and wrongful acts including bodily injury, property damage, and other losses, liabilities, costs and expenses..
6. PROHIBITIONS (SCHOOLS).
  - a. Texas Penal Code § 46.03.
  - b. POSSESSION OF A WEAPON, LICENSED OR NOT, IN A SCHOOL BUILDING IS ILLEGAL UNDER STATE LAW WHETHER LICENSED OR NOT. DO NOT TAKE A CONCEALED WEAPON INTO AN MPOD IN A SCHOOL BUILDING. NO EXCEPTIONS! THE PARKING LOT AND CURTILEGE OF THE SCHOOL IS



CONSIDERED THE SCHOOL. YOU CANNOT CARRY AND LEAVE WEAPON IN VEHICLE IN SCHOOL PARKING LOT.

c. Absent written authorization from the school district, the Texas Penal Code prohibits citizens, including handgun license holders, from carrying firearms on the physical premises of a school building, any grounds or building where a school activity is taking place, or on a bus or other passenger vehicle of a school.

d. Premises means a building or a portion of a building.

e. The parking lot is considered a part of the school premises.

f. The military force exception to carrying an issued weapon during active duty does not apply to TXSG and Operation Lone Star and exercises at the present time.

g. The superintendent of the school district or the principal of the school may give permission to carry a firearm.

7. OFFICER SABERS/NCO SWORD. Exception: An officer saber or NCO sword may be worn with Class A uniform if in compliance with military regulations for ceremonial occasions.

## **CHAPTER 7. HAZARDOUS MATERIALS (HAZMAT), HAZMAT SPILLS, BIO HAZARDS.**

1. A biological hazard is an organism, or substance derived from an organism, that poses a threat to (primarily) human health. Biological hazardous materials are blood, cultures and samples that contain viruses, bacteria, spores, fungi, or blood borne pathogens. Biological hazardous materials may include bandages, hypodermic needles, and scalpels.
2. Hazardous materials include radioactive compounds and chemicals; acids, bases, solvents, and cryogenics that can be flammable, highly reactive, explosive, and corrosive. Hazardous materials can be destructive to skin, may be poisonous by ingestion and absorption, or generate harmful vapors or dust particles.
3. HAVE THE FOLLOWING INFORMATION READY TO GIVE TO EMERGENCY DISPATCH.
  - a. Your name, location and contact number.
  - b. An estimate of the quantity and type (liquid or solid) of material spilled.
  - c. Identity of material, if known.
  - d. Number of any injured or contaminated persons
4. FOR ALL CHEMICAL, BIOLOGICAL AND RADIOLOGICAL SPILLS.
  - a. Notify all personnel and people in the immediate area and evacuate.
  - b. Close doors or create a barrier to the area, if possible, to contain the spill and prevent entry of other personnel.
  - c. Avoid touching it, walking in it or breathing in it, whether there is an odor or not.
  - d. Call Emergency Response (Fire/EMS).
  - e. Notify OIC/NCOIC of Spill.
  - f. Call TXSG Safety Officer of biological or radiological spill or leak.
5. IF SOMEONE IS CONTAMINATED.
  - a. Remove affected clothing.
  - b. Flush contaminated area with water for at least fifteen (15) minutes.
  - c. Call Emergency Response (Fire/EMS/HAZMAT).

- d. Notify OIC/NCOIC of spill.
- e. Call TXSG Safety Officer.
- f. Have person with knowledge of incident assist emergency personnel upon arrival.
- g. Complete CCIR/SIR.

6. MATERIALS EXPOSURE. Post-Exposure Management:

- a. WASH.
- b. IDENTIFY..
- c. NOTIFY

7. All accidental exposures of personnel or patients to blood, blood products, secretions or other body substances via percutaneous, parenteral, or mucosal routes shall be reported immediately, and appropriate post-exposure evaluation/treatment initiated, according to medical director.

Procedure	Key Points
<p>Personnel should be aware of the risks of acquiring an infection from occupational exposure in a healthcare setting. Completion of <a href="https://texas.train.org">https://texas.train.org</a>, OLS Needle Sticks and Splashes Course #1028014, for TMB service.</p>	<p>Exposure to blood borne pathogens is defined as parenteral (needle stick or other punctures of the skin with a used needle or other sharp item), mucous membrane (splatters/aerosols into the eyes, nose or mouth), or direct contamination of an open wound or non-intact skin with a body substance.</p>
<p>Accidental exposures of personnel to patient blood or body substances shall be reported to the personnel's direct supervisor immediately.</p>	<p>If the direct supervisor is unavailable, the incident shall be reported to the next available supervisor or safety officer, or authorized person (nursing director, medical director).</p>
<p>Regardless of the exposure, first aid consists of washing exposed skin site with soap and water or irrigation of exposed eyes with clean water/saline/sterile irrigant.</p>	

## CHAPTER 8. OBSERVE A FIRE.

### 1. PRE-EVENT PREPARATIONS:

- a. Keep work areas clean.
- b. Know the location of fire extinguishers, pull alarms, fire exits, and fire evacuation routes.
- c. Do not overload electrical outlets.
- d. Do not prop open fire doors or stairwell doors.
- e. Report any potential fire hazards.

### 2. If you observe smoke or a fire:

- a. Alert the other building occupants by activating Fire Alarm pull stations.
- b. Call 911 immediately. Give the following information to the 911 operator:
  - (1) Name of the building.
  - (2) Location of fire in the building.
  - (3) Description of the situation.
- c. Close but do not lock office/room doors upon leaving your area.
- d. Evacuate the building using the nearest emergency exit (follow the exit signs)
- e. Assist anyone who needs help evacuating.
- f. Once outside, move at least 100 feet away from the building to the designated assembly area.
- g. Do not re-enter the building until cleared by emergency response personnel.

### 3. If you become trapped in a building during a fire:

- a. If you are on the ground floor and a window that opens is available, carefully climb out if you can do so safely.
- b. If there is now window, stay near the floor where the air will have less smoke. Shout at regular intervals to alert emergency crews of your location.
- c. If you are in a room with the door closed, feel the door. If the door is warm, do not open it.

d. If smoke is entering the room through the cracks around the door, stuff something into the cracks to slow the flow.

## CHAPTER 9. RECEIVE A BOMB THREAT.

1. Some characteristics of suspicious packages and letters include the following:
  - a. Lopsided or uneven envelope.
  - b. Protruding wires or aluminum foil.
  - c. Ticking sound.
  - d. Incorrect titles.
  - e. Oily stains, discolorations or odor.
  - f. No return address.
2. What to do if a bomb threat is made:
  - a. Get the responses to these questions recorded as accurately as possible:
    - (1) When is the bomb going to explode?
    - (2) Where is it right now?
    - (3) What does it look like?
    - (4) What kind of bomb is it?
    - (5) What will cause it to explode or release?
    - (6) Did you place the bomb or chemical agent yourself?
    - (7) Why?
    - (8) What is your name?
    - (9) What is your address?
  - b. Note the call for:
    - (1) Caller's sex.
    - (2) Caller's Approximate age.
    - (3) Caller's Race or accent.
    - (4) Caller's emotion.
    - (5) Background noise.

(6) Threat language.

- c. CALL 911.
- d. Report the threat to your OIC/NCOIC immediately!
- e. If instructed to do so by competent authority, immediately warn those in close proximity and evacuate the area as rapidly as possible and move to the designated assembly area.
- f. Do not search for the bomb unless ordered by competent authority.
- g. Do not open, touch, or otherwise handle a suspicious item.

## CHAPTER 10. ACTIVE SHOOTER AWARENESS.

1. If you witness any armed individual at your location or the surrounding area at any time or if an individual is acting in a hostile or belligerent manner, immediately call 911.

2. Active Shooter. This section describes what to do in an active shooter event. Remember during an active shooting to RUN. HIDE. FIGHT.

a. If you see something, say something to the authorities right away.

b. Sign up to receive local emergency alerts and register your contact information with any work-sponsored alert system.

c. Be aware of your environment and any possible dangers.

d. Make a plan with your co-workers and make sure everyone knows what to do if confronted with an active shooter.

e. Wherever you go look for the two nearest exits, have an escape path in mind and identify places you could hide if necessary.

f. Understand the plans for individuals with disabilities or other access and functional needs.

3. During an Active Shooter event:

a. RUN and escape if possible.

(1) Getting away from the shooter or shooters is the top priority.

(2) Leave your belongings behind and get away.

(3) Help others escape, if possible, but evacuate regardless of whether others agree to follow.

(4) Warn and prevent individuals from entering an area where the active shooter may be.

(5) Call 9-1-1 when you are safe and describe the shooter, location and weapons.

b. HIDE if escape is not possible.

(1) Get out of the shooter's view and stay very quiet.

(2) Silence all electronic devices and make sure they won't vibrate.

(3) Lock and block doors, close blinds and turn off lights.



(4) Don't hide in groups. Spread out along walls or hide separately to make it more difficult for the shooter.

(5) Try to communicate with police silently. Use text message or social media to tag your location or put a sign in a window.

(6) Stay in place until law enforcement gives you the all clear.

(7) Your hiding place should be out of the shooter's view and provide protection if shots are fired in your direction.

c. FIGHT as an absolute last resort.

(1) Commit to your actions and act as aggressively as possible against the shooter.

(2) Recruit others to ambush the shooter with makeshift weapons like chairs, fire extinguishers, scissors, books, etc.

(3) Be prepared to cause severe or lethal injury to the shooter.

(4) Throw items and improvise weapons to distract and disarm the shooter.

d. Actions after the immediate threat no longer exists:

(1) Keep hands visible and empty.

(2) Know that law enforcement's first task is to end the incident and they may have to pass injured along the way.

(3) Officers may be armed with rifles, shotguns or handguns and may use pepper spray or tear gas to control the situation.

(4) Officers will shout commands and may push individuals to the ground for their safety.

(5) Follow law enforcement instructions and evacuate in the direction they come from unless otherwise instructed.

(6) Take care of yourself first, and then you may be able to help the wounded before first responders arrive.

(7) If the injured are in immediate danger, help get them to safety.

(8) While you wait for first responders to arrive, provide first aid. Apply direct pressure to wounded areas and use tourniquets if you have been trained to do so.

(9) Turn wounded people onto their sides if they are unconscious and keep them warm.

(10) Consider seeking professional help for you and your family to cope with the long-term effects of the trauma..

## CHAPTER 11. FACE A MENTAL HEALTH EMERGENCY.

1. **Suicide Awareness.** Suicide is a serious concern in military communities; service members and their families deal with a great number of stressors. You can help reduce the risk of suicide. Pay attention to those around you — or reach out to talk to someone if you feel you can't cope.

2. **Recognizing the warning signs of suicide risk.** You can help reduce the risk of suicide by offering support to those around you, and seeking help if you need it yourself. Keep an eye out for friends, family or coworkers distancing themselves from their community, unit or loved ones. Seek help if a person:

- a. Talks or writes about suicide, death or ways to die.
- b. Threatens to hurt or kill themselves.
- c. Tries to obtain pills, guns or other means of self-harm.
- d. Suffers a sudden or dramatic change in mood or behavior.
- e. Expresses feeling hopeless or trapped.
- f. Begins preparing a will, giving away possessions or making arrangements for pets.
- g. Suffers from intense rage or desire for revenge.
- h. Increases alcohol or drug use

3. **When a service member may be at risk for suicide.** A service member could be at greater risk for suicide when he or she is having a negative experience or prolonged constant stress and if one of the following criteria is met:

- a. Being a young, unmarried male.
- b. A recent return from deployment.
- c. Combat-related psychological injuries.
- d. Lack of advancement or career setback.
- e. A sense of a loss or honor, disciplinary actions.
- f. Relationship problems.
- g. Grief from loss.
- h. Heavy drinking or other substance use problems.

- i. Mental or medical health problems.
  - j. Negative attitude toward getting help.
  - k. Acting on warning signs
4. Suicidal people sometimes have mixed feelings about ending their lives and either intentionally or unintentionally signal their intentions. Contact a mental health professional or call the National Suicide Prevention Lifeline at 800-273-8255 if you see one of these warning signs:
- a. Feeling hopeless or trapped.
  - b. Dramatic mood changes.
  - c. Threatens to hurt or kill himself or herself.
  - d. Unusual spending.
  - e. Withdrawn from society.
  - f. Intense rage or desire for revenge.
  - g. Increased alcohol or drug use.
  - h. Tries to get pills or guns.
  - i. Preparing a will.
  - j. Talks or writes about ways to die.
5. If you believe a person is in immediate danger of suicide:
- a. Stay until help arrives. Never leave a person experiencing suicidal thoughts alone.
  - b. Remove any weapons, drugs or other means of self-injury from the area.
  - c. If you're on the phone, try to keep him or her on the line while you or someone else calls 911, the Military Crisis Line 1-800-273-8255, or the National Suicide Prevention Hotline 1-800-273-TALK (8255). Keep talking until help arrives.
  - d. If the person is unwilling to accept help, contact command or law enforcement.

## CHAPTER 12. DAY AND NIGHT OPERATIONAL GUIDELINES.

1. TIME STANDARD FOR OPERATIONAL PERIOD AND REST BETWEEN OPERATIONAL PERIODS.
2. Military organizations are generally exempted from wage and hour laws. **THE TEXAS MILITARY FORCE (TMF) IS NEVER EXEMPTED FROM SAFETY.** Our operational periods in disaster response are generally twelve (12) hour operational periods for day and night. A substantive body of research documents the effect of fatigue on worker performance including effects of shift work to sustained operations on employee performance.
3. Fatigue resulting from continuous physical or mental activity is characterized by a diminished capacity to do work and is accompanied by a subjective feeling of tiredness. The effects are predictable; slowed reaction, lapses of attention to critical details, errors of mission, compromised problem solving, reduced motivation and decreased vigor for successful completion of required task.
4. TXSG command officers, NCOs, and soldiers must address Soldier and public safety and manage a team and number shift schedule design to effectively manage both Soldier strength and efficient response to an emergency hazard or incident.
5. Commanders will utilize passes to assist in managing fatigue in Soldiers who are deployed for extended periods of time. Passes can be up to four consecutive days off.

## CHAPTER 13. PREVENTING HEAT ILLNESS.

1. Guidelines for prevention of heat illness:
  - a. Drink sufficient fluids (potable water, juices, and nonalcoholic beverages).
  - b. Rest when possible.
  - c. Hourly fluid intake should not exceed canteen (1 quart) of water every hour. Daily fluid intake should not exceed 12 quarts. If your urine is dark yellow, you are not drinking enough water.
  - d. Fluid intake needs will vary depending on type of work and temperature.
  - e. Drink extra water before strenuous operations.
  - f. Maintain excess water in your system for strength and alertness.
  - g. Protect yourself from dehydration and heat injuries associated with wearing full gear.
2. Evidence of dehydration may include:
  - a. Thirst.
  - b. Headache.
  - c. Nausea.
  - d. Growing fatigue.
  - e. Irritability.
  - f. Inability to mentally focus.
  - g. Dry, hot skin.
  - h. Hyperthermia (elevated temperature).
  - i. Dark colored urine.
3. Drinking only water after strenuous exercise can cause a serious imbalance in the body's chemicals.
4. These chemicals called electrolytes (sodium, chloride, potassium) must be replaced also.
5. Electrolyte powder/tablets\* may be added to canteens.

6. Drink electrolyte solutions liberally (no scientific study to show ratio of plain water to electrolyte solution, so use best judgment). Examples: Camelback Elixir™, Gatorade™, PowerAde™, or local market brands NOT energy drinks.
7. Eat regular meals daily to replace salt lost through heavy sweating.
8. Eat something at each meal, even if you are not hungry (3600 kcal/day required for moderate physical activity).
9. **NOTE: Usually, eating field rations or liberal salting of the diet will provide enough salt. Excess intake of salt should be avoided.**
10. Wear uniform properly.
11. Provide shade whenever possible (caps, scarves, trees and shrubbery, buildings).
12. Use barrier creams and lotions (SPF of 15 or higher).
13. Use UV-blocking sunglasses.
14. Drink fluids regularly (hourly fluid intake should not exceed 1.5 quarts; daily fluid intake should not exceed 12 quarts).
15. Maintain weight; do not avoid food or attempt weight loss during a deployment (3600 kcal/day).
16. Work in hot weather will increase energy needs.

## CHAPTER 14. MOSQUITO BORNE DISEASE EXPOSURE.

1. VECTOR BORNE INFECTIONS. Vector borne infections require a secondary agent, usually an insect or arachnid, for transmission. In Texas the most critical vector is the mosquito. The follow transmitted diseases are increasingly identified and reported in Texas.
2. The main types of mosquito borne diseases that have been detected in Texas include:
  - a. Chikungunya.
  - b. Dengue Fever or Dengue Hemorrhagic Fever.
  - c. West Nile Fever and West Nile Encephalitis.
  - d. Zika Virus.
  - e. Encephalitis Californium and Eastern Equine.
3. Limit exposure when mosquitoes are most active, usually mornings and nights.
4. To prevent bites, use a safe and effective mosquito repellent. Apply repellent to exposed skin and uniform. Reapply if necessary. If large areas of itching occur, lesions or inflammation of lymph system, seek medical treatment! If you have symptoms of continued fever, body aches and severe headaches you may have a mosquito borne illness and should seek medical treatment.



## CHAPTER 15. PERSONAL HYGIENE (HAND WASHING).

1. Handwashing is one of the best ways to protect yourself and your family from getting sick. Learn when and how you should wash your hands to stay healthy.
2. How Germs Spread. Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:
  - a. Touch your eyes, nose, and mouth with unwashed hands.
  - b. Prepare or eat food and drinks with unwashed hands.
  - c. Touch a contaminated surface or objects. Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects.
3. Key Times to Wash Hands. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:
  - a. Before, during, and after preparing food.
  - b. Before eating food.
  - c. Before and after caring for someone at home who is sick with vomiting or diarrhea.
  - d. Before and after treating a cut or wound.
  - e. After using the toilet.
  - f. After changing diapers or cleaning up a child who has used the toilet.
  - g. After blowing your nose, coughing, or sneezing.
  - h. After touching an animal, animal feed, or animal waste.
  - i. After handling pet food or pet treats.
  - j. After touching garbage.
4. During any pandemic like scenario, you should also clean hands:
  - a. After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.

b. Before touching your eyes, nose, or mouth because that's how germs enter our bodies.

5. Follow Five Steps to Wash Your Hands the Right Way. Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

6. Follow these five steps every time:

a. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

b. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.

c. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

d. Rinse your hands well under clean, running water.

e. Dry your hands using a clean towel or air dry them.

f. Why? Read the science behind the recommendations.

7. Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol.

a. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

b. Sanitizers can quickly reduce the number of germs on hands in many situations. However, Sanitizers do not get rid of all types of germs.

c. Hand sanitizers may not be as effective when hands are visibly dirty or greasy.

d. Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

e. Caution! Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed. Keep it out of reach of young children and supervise their use.

8. How to use hand sanitizer:

a. Apply the gel product to the palm of one hand (read the label to learn the correct amount).

b. Rub your hands together.

c. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

## CHAPTER 16. ISOLATION PROTOCOL FOR INFECTIOUS DISEASES.

1. TXSG Soldiers contact many persons in TETN, sheltering, and border operations. A person you come in contact with may have an infectious illness that may be spread through the air and are in threat to other people and you.
2. Look for rashes with fever, cough with fever, persistent cough, boils or severe skin infections or overall poor health appearance. The person must have fever with these conditions. Fever can be determined by your medical officer or medical personnel. DO NOT touch any rash or skin condition with your bare hands. We must be aware of small pox, chicken pox, tuberculosis, cough with fevers, influenza, skin infections and measles. We must have the ability to visually identify and isolate persons exhibiting these symptoms.
3. Always use Standard Precautions. Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices.
4. Transmission-Based Precautions. Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone. For some diseases that have multiple routes of transmission (e.g., SARS), more than one Transmission-Based Precautions category may be used. When used either singly or in combination, they are always used in addition to Standard Precautions.
5. There are three categories of Transmission-Based Precautions: Contact Precautions, Droplet Precautions, and Airborne Precautions.
  - a. Contact precautions are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment. Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment.
  - b. Droplet precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain infectious over long distances in a healthcare facility, special air handling and ventilation are not required to prevent droplet transmission.

6. Airborne Precautions prevent transmission of infectious agents that remain infectious over long distances when suspended in the air (e.g., rubeola virus [measles], varicella virus [chickenpox], *M. tuberculosis*, and possibly SARS-CoV)