

High Consequence Infectious Disease Annex

Operational Document

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Response and Recovery Unit

This document is intended to provide guidance and is not prescriptive or comprehensive. Use judgment and discretion to determine the most appropriate actions at the time of an incident. These guidelines do not override local or regional plans, but are designed to complement those planning activities. This document does not prohibit any jurisdiction from implementing additional requirements or operating procedures within that jurisdiction.

The Texas Department of State Health Services operates within the principles of the National Incident Management System (NIMS) in support of the National Response Framework (NRF).

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Overview

The *Texas Department of State Health Services High Consequence Infectious Disease Annex (HCID Annex)* provides an overview of the roles and responsibilities of state-level and regional components of the Texas Department of State Health Services (DSHS) when responding to a high consequence infectious disease (HCID) incident. Within the context of this plan, HCID refers to the following:

"An infectious disease that presents an immediate threat; poses a high risk of death or serious long-term disability to a large number of people; and creates a substantial risk of public exposure, due to the disease's high level of contagion or the method by which the disease is transmitted." (DSHS definition of an HCID—derived from the Texas Administrative Code description of a public health emergency)

Responsibilities are outlined based on the FEMA Emergency Support Function #8 (ESF-8) Core Functional Areas, response strategies, and associated tasks. The document attempts to enhance planning and response consistency and coordination internally and with response partners and stakeholders, both horizontally and vertically, by clarifying roles and responsibilities in regard to HCID incident response.

For an explanation of the acronyms throughout this document please refer to the *DSHS Acronyms Tactical Document*.

Purpose

The *HCID Annex* defines what constitutes an HCID incident in Texas. Additionally, a primary focus of the document is to identify potential HCID-related response tasks for each of the seventeen ESF-8 Core Functional Areas, along with the DSHS programs that have responsibilities for each. Beyond that, the *DSHS HCID Annex* outlines basic DSHS response procedures within the context of an HCID incident. This annex will serve as the umbrella document for regional HCID Standard Operating Guides (SOGs).

Scope

The *DSHS HCID Annex* is a state-level response document that identifies the fundamental tasks for which DSHS programs, including Health Service Regions, could be responsible given a confirmed, developing, or potential HCID incident.

Objectives

The objectives of the *DSHS HCID Annex* are to:

- Define and characterize what constitutes an HCID incident;
- Provide guidance regarding when to activate the State Medical Operation Center (SMOC) in response to an HCID;
- Define the tasks required for DSHS to effectively respond to an HCID incident;
- Identify the DSHS programs that will respond to an HCID incident, along with their primary responsibilities during a response; and

- Summarize the basic response protocols DSHS could implement to respond to an HCID incident, including response organization, control and coordination, information flow, communications capabilities, administration, finance, and logistics.

Audience

This document is intended for use by DSHS programs, and key positions, with responsibilities during a response to an HCID incident, including:

- Center for External Relations (CER)
- Center for Health Statistics
- Vital Records
- Disease Control and Prevention (DCP)
 - Immunizations
 - Infectious Disease Control Unit (IDCU)
 - Laboratory Services
- Regional and Local Health Services (RLHS)
 - Health Emergency Preparedness and Response (HEPRS)
 - Health Service Regions (HSRs)
- Regulatory
 - Meat Safety Assurance
 - Food Safety
- Commissioner of Health
- State Epidemiologist
- State Public Health Veterinarian
- Infectious Disease (ID) Medical Officer
- State Entomologist

Response Goals

The primary goals of DSHS during an HCID incident response are to:

- Protect DSHS personnel engaged in response activities;
- Protect the public and limit the spread and impact of disease in Texas; and
- Support response partners in their efforts to mount an effective public health and medical response.

Assumptions

- This annex is only applicable to pathogens and outbreaks that meet the DSHS definition of an HCID.
- Only naturally occurring outbreaks will be classified as an HCID incident.

- DSHS will be able to maintain essential services and staff an HCID incident response concurrently.
- An effective treatment and/or vaccine may be unavailable or in limited supply.
- Texas recognizes no approved list of what pathogens are considered HCIDs.
- An HCID pathogen may present with any number of different symptoms and/or modes of transmission.
- An HCID pathogen may impact people differently. For instance, disease spread or the severity of symptoms may vary based on factors such as age and immune response status.
- An HCID pathogen may initially emerge either internal or external to Texas. The disease may affect animal populations before being introduced into human populations.
- A variety of disease control measures may be required to mitigate the impact of an HCID incident, including both pharmaceutical and non-pharmaceutical disease control measures.
- Response to Ebola virus disease is an effective benchmark for HCID planning.
- In the midst of an HCID incident, provisions must be made for protecting citizens, maintaining continuity of operations/government, and supporting critical infrastructure and key resources.
- An HCID incident has the potential to overwhelm the public health and healthcare systems.
- If the HCID incident is widespread nationally, critical goods and services provided by contractors, consultants, and vendors may be erratic. Furthermore, Texas may not be able to rely on mutual aid resources from state or federal agencies to support local response efforts.
- Response operations to an HCID incident may include stakeholders and capabilities from multiple emergency support functions.
- The Commerce Clause of the United States Constitution gives the federal government authority to quarantine and impose other health measures to prevent the spread of diseases from foreign countries and between states.

Situation

- **Characteristics:** An HCID incident may be caused by any number of different types of pathogens, including viruses, bacteria, fungi, or prions. This could include an emerging infectious disease, for which little is currently known. What distinguishes a particular microorganism as an HCID includes its potential to cause both morbidity and mortality. An HCID must present a significant and immediate risk of death or long-term disability to humans. Furthermore, it must have the potential to impact a large number of people via its natural method(s) of transmission. This includes not only diseases with the ability for sustained person-to-person transmission, but also diseases that can spread effectively via other mechanisms, such as an insect vector.

- **Severity:** The severity of an HCID incident will vary based on the pathogen’s virulence and potential for spread. Factors that influence this include pathogen genetics, host susceptibility, environmental conditions, availability of resources (particularly effective treatments/vaccines), complexity of response, speed of response, and public perceptions.
- **Population Statistics:** The overall impact of a disease in a particular location can be influenced by population characteristics. For instance, disease spread and severity can vary based on age and immune status. Also, characteristics such as disability status and languages spoken can affect access to care and support during an HCID incident. As such, the following table offers a high-level summary of the population in Texas, based on 2015 US Census Bureau estimates:

Population Estimates, July 1, 2015	
Location	Population Total
Texas	27,469,114
Population Group	Percent
Under age 5 years	7.2%
Under age 18 years	26.3%
Age 65 years and over	11.7%
White alone	79.7%
Black or African American alone	12.5%
American Indian and Alaska Native alone	1.0%
Asian alone	4.7%
Two or more races	1.9%
Hispanic or Latino	38.8%
White alone, not Hispanic or Latino	43.0%
With a disability, under age 65, 2010-2014	8.2%
Persons without health insurance, under age 65	19.1%
Persons in poverty	15.9%

- **Areas of Interest:** Crowded population centers are generally at higher risk for disease transmission. This can be further exacerbated in areas with high poverty rates, due to access to care issues. Conversely, rural/pioneer cities and towns, while sparse, potentially pose challenges to rapid identification and response due to geographic isolation. Furthermore, international border cities and cities with international airports and seaports are more likely to encounter the importation of an HCID from another country. The following cities have commercial international airports in Texas: Austin, Brownsville, Corpus Christi, Dallas, Dallas/Fort Worth, Del Rio, El Paso, Harlingen, Houston, Laredo, Lubbock, and San Antonio. Texas seaports include: Bay City, Beaumont, Brownsville, Calhoun Port Authority, Cedar Bayou, Corpus Christi, Freeport, Galveston, Harlingen, Houston, Orange, Palacios, Port Arthur, Port Isabel, Port Mansfield, Texas City, Victoria, and West Calhoun. Furthermore, Texas shares 1,254 miles of border

with Mexico and has 28 international bridges and border crossings. Cities with vehicular border crossings include: Brownsville, Del Rio, Donna, Eagle Pass, El Paso, Falcon Heights, Fort Hancock, Hidalgo, Los Indios, Laredo, Los Ebanos, Progreso, Mission, Pharr, Presidio, Rio Grande City, and Roma.

- **Mitigation Overview:** Community mitigation procedures during an HCID incident generally consist of pharmaceutical and/or non-pharmaceutical measures. Local health authorities have responsibility for determining and recommending/implementing these measures in their jurisdictions. DSHS Regional Medical Directors provide this service for jurisdictions that do not have a local health authority. Furthermore, the DSHS Central Office provides guidance regarding recommended mitigations strategies. Pharmaceutical interventions include the use of anti-viral medications, antibiotics, and vaccines. Non-pharmaceutical interventions include such practices as isolation, quarantine, hand hygiene, cough etiquette, and social distancing measures.
- **Hazard Analysis Summary:** During an HCID incident, the primary hazard will be the given biological pathogen—with the potential for high transmission and virulence. Furthermore, specific control measures, such as pharmaceuticals, may be unavailable and/or ineffective. This might result in higher than expected levels of illness and mortality. Secondary hazards may be possible due to social disruptions caused by absenteeism, disease control measures, and deaths, including: supply chain interruptions, service interruptions, and psychological stress.

Concept of Operations

This concept of operations section of the *HCID Annex* outlines how DSHS will respond to an HCID incident. It also details the sequence and scope of the public health and medical response.

General

As the lead for ESF-8 in Texas, DSHS will ensure tasks related to the following 17 ESF-8 Core Functional Areas (CFAs) are coordinated, conducted, completed, and/or supported at the state, regional, and local levels:

- CFA #1: Agriculture safety and security
- CFA #2: All-hazards public health and medical consultation, technical assistance, and support
- CFA #3: Assessment of public health/medical needs
- CFA #4: Behavioral healthcare
- CFA #5: Blood and tissues
- CFA #6: Food safety and defense
- CFA #7: Guidance on potable water/wastewater and solid waste disposal
- CFA #8: Health/medical/veterinary equipment and supplies
- CFA #9: Health surveillance
- CFA #10: Mass fatality management, victim identification, and decontaminating remains
- CFA #11: Medical surge
- CFA #12: Patient care
- CFA #13: Patient movement
- CFA #14: Public health and medical information
- CFA #15: Safety and security of drugs, biologics, and medical devices
- CFA #16: Vector control
- CFA #17: Veterinary medical support

The successful completion of these tasks may require the following complementary actions:

- Management and distribution of emergency funding
- Management and distribution of resources (i.e. supplies, personnel, and equipment)
- Coordination with key response partners and stakeholders, including federal governmental agencies, state governmental agencies both internal and external to Texas, non-governmental organizations, private industry, and local and regional governmental agencies
- Provision of guidance and subject matter expertise

- Collection, management, and analysis of data to maintain situational awareness and create a state-wide common operating picture
- Development of policy
- Communication to the public to address the crisis communications
- Use of the NIMS and Incident Command System (ICS) to manage the incident

The programs within DSHS responsible for providing response support and coordination for an HCID incident include:

- Disease Control and Prevention
 - Immunizations
 - Infectious Disease Control Unit (IDCU)
 - Laboratory Services
- Regional and Local Health Services (RLHS)
 - Health Emergency Preparedness and Response (HEPRS)
 - Health Service Regions (HSRs)
- Regulatory
 - Meat Safety Assurance
 - Food Safety
- Vital Records
- Center for Health Statistics
- Center for External Relations
- Commissioner of Health
- State Epidemiologist
- State Public Health Veterinarian
- Infectious Disease Medical Officer
- State Entomologist

All responses are local. The *DSHS HCID Annex* will be activated to support applicable local responses and facilitate coordination across the state, between states, and with federal partners.

A DSHS response to an HCID incident will follow ICS principles, and as the scale of the incident dictates, utilize the Regional Health and Medical Operation Centers (RHMOCs) and the State Medical Operations Center (SMOC) to facilitate public health and medical response management. Representatives of the above listed entities will be incorporated into the RHMOCs and/or SMOC, as needed. Likewise, representatives will be assigned to the Disaster District Committees and State Operations Center (SOC), as requested by the Texas Department of Emergency Management, to ensure effective coordination of state-level emergency management activities.

Plan Activation

This *DSHS HCID Annex* shall be activated under the following circumstances:

- A Regional Health and Medical Operations Center (RHMOCC) activates its *HCID SOG*.
- The DSHS Commissioner, or designee, may activate the *HCID Annex* at any time based on the current existence or imminent threat of an infectious agent, which has been determined to meet the definition of an HCID.

Note: Unless otherwise directed by the DSHS Commissioner of Health, the responsibility for operational coordination of emergencies rests with the HEPRS Response and Recovery Unit.

HCID Assessment Guide

The following is a suggested guide to assist Regional Medical Directors in assessing whether or not a particular disease qualifies as an HCID:

1. Is there a highly virulent (extremely harmful in its effects) disease of immediate concern to your community?
 - a. Yes → 2
 - b. No → HCID protocols are not triggered.
2. Is the disease highly contagious or is there a means for it to spread to a large number of people in your community?
 - a. Yes → 3
 - b. No → HCID protocols are not triggered.
3. Is there valid concern that the disease could cause death or serious long-term disability to a large number of people in your community (above seasonal levels)?
 - a. Yes → 4
 - b. No → HCID protocols are not triggered.
4. Is the disease naturally occurring?
 - a. Yes → 5
 - b. No → Refer to the *State of Texas Terrorism Annex (U)*.
5. Is the disease currently present in your community?
 - a. Yes → HCID protocols are triggered. Assess the appropriate Operational Level (described on the following page).
 - b. No → 6
6. Is it possible that the disease will appear and spread in your community soon?
 - a. Yes → HCID protocols are triggered. Proceed at the *Enhanced Operations* level (described on the following page).
 - b. No → Review your preparedness level. Continue to monitor and assess the situation on a regular basis.

Operational Levels

The SOC uses the following State Readiness and Response Levels to characterize the capabilities required to mount an effective response for a given disaster. Corresponding public health activities are described under each SOC Operational Level:

- **Normal Conditions** (Lvl. IV): Preparedness activities are conducted and operations are not affected.
 - Routine activities are focused on surveillance, education, and prevention during a normal year (i.e. no imminent HCID threat). Routine operations are handled at the programmatic level.
 - Enhanced activities are focused on surveillance, education, and prevention, as well as response to single imported cases of an HCID. Enhanced operations may be handled at the programmatic level or through virtual activation of the operations center.
- **Increased Readiness** (Lvl. III): Local responders are sufficient to respond to the incident. There may be a limited impact to normal operations because of increased readiness activities.
 - Increased readiness activities involve complex investigations into isolated cases of an HCID. Increased readiness operations may be handled through a virtual or limited activation of the operations center.
- **Escalated Response** (Lvl. II): The scope of the response has expended beyond local responders, and additional ESFs may be activated. Some normal state and local government operations may be impaired.
 - Escalated activities involve complex investigations into multiple cases of an HCID. Escalated operations are handled through a limited to full activation of the operations center.
- **Emergency Conditions** (Lvl. I): The scope of the response has expanded beyond the capability of local agencies.
 - Emergency response activities are highly elevated and include additional activities to control a widespread epidemic of an HCID. Emergency operations are handled through a full activation of the operations center.

- Criteria for evaluating the operational level of HCID incident response activities:

DSHS OPERATIONAL LEVELS AND INDICATORS						
	Routine Operations	Enhanced Operations	Increased Readiness Operations	Escalated Operations	Emergency Response Operations	
United States & International	Normal seasonal disease levels	Sporadic human cases internationally without sustained human-to-human transmission	Sustained human-to-human transmission internationally	First non-international travel-related case anywhere in the US	Sustained human-to-human transmission anywhere in the US	United States & International
Texas	Normal seasonal disease levels	Sporadic travel-related cases with non-complex investigations	Single non-travel-related case with complex contact investigations (e.g., MERS-CoV)	Multiple non-travel-related cases with complex investigations within a defined geographic area	Multiple widespread non-travel-related cases with complex investigations	Texas
	No to moderate public/media attention	No to moderate public/media attention	Increased public/media attention	High to exceptional public/media attention		
	No local operations centers activated	0 to 1 local operations centers activated within single HSR	Multiple local operations centers activated within a single or adjacent HSR	Multiple local operations centers activated within multiple HSRs (includes non-public health operations)		

The purpose of this chart is to describe characteristics which may be considered when determining the appropriate operational level. These characteristics should be considered in totality, along with other available information. All characteristics do not need to be reached before moving to the next higher operational level, a change in any one characteristic does not necessarily result in an advancement to the next operational level. The operational level should be determined by the current situation.

Core Functional Areas and Tasks

The following section provides the definition for each CFA and identifies potential key tasks DSHS may need to perform, within its role as ESF-8 lead, in order to effectively respond to an HCID incident. These tasks are organized by the 17 ESF-8 CFAs. Each stated task should be interpreted within the context of an HCID incident response. The following terms are provided to ensure proper understanding of the tasks:

- Support:** The activity is addressed by a local governmental entity or is addressed by a different ESF for which another state agency is the lead; DSHS provides technical assistance, equipment, supplies, and/or personnel to assist in performing response actions.
- Conduct:** DSHS is the lead agency responsible for the execution of the CFA operation and organizes response actions; DSHS performs the response actions by committing DSHS resources.
- Coordinate:** DSHS is the lead agency responsible for the execution of the CFA operation; DSHS relies on external partners (i.e. non-state agencies) to organize and perform the response actions and provide required resources.

- **Ensure:** DSHS is the lead agency responsible for the execution of the CFA operation; DSHS relies completely on a different state agency to organize and perform the response actions and provide required resources.

CFA #1: Agriculture Safety and Security

- In coordination with Texas Animal Health Commission (TAHC), Texas Department of Agriculture (TDA), the Office of the Texas State Chemist (OTSC), and other state agencies, CFA #1 entails ensuring the health, safety, and security of:
 - Livestock and food-producing animals
 - Animal feed
 - The manufacturing and distribution of foods, drugs, and therapeutics given to animals used for human food production
- May also include providing veterinary assistance consultation to TAHC, TDA, OTSC, and other state agencies for the care of research animals
- As requested, supports TAHC on Veterinary National Stockpile (VNS) operations (TAHC is the lead agency for the VNS).
- **Note:** This Core Function will typically be directed by DSHS Central Office Program Staff as outlined in the DSHS Public Health and Medical Preparedness and Response Plan, Basic Plan.

HCID Tasks:

Task 1.1: Upon request from TAHC, provide technical assistance and support for meat safety and security.

Task 1.2: Upon request from TAHC, provide technical assistance and support for dairy safety and security.

Task 1.3: Upon request from TAHC, provide technical assistance and support for the health and well-being of food-producing animals.

CFA #2: All-Hazards Public Health and Medical Consultation, Technical Assistance, and Support

- In an all-hazards response, assess exposures on the general population and selected subgroups (i.e. children, those with disabilities, and others with access and functional needs).
- Using information obtained from actions described in CFA #9: Health Surveillance: Advise on protective actions related to direct human and animal exposures and on indirect exposure through contaminated food, drugs, water supply, and other media; Provide technical assistance and consultation on:
 - Medical treatment
 - Screening
 - Decontamination of injured or contaminated individuals

- Provide technical assistance and conduct exposure assessments and risk management to control hazards regarding public health and medical for response workers and the public (i.e. advice and consultation to protect the health of responders).

HCID Tasks:

Task 2.1: Coordinate or conduct initial risk assessments.

Task 2.2: Provide public health technical assistance and subject matter expertise.

Task 2.3: Provide medical technical assistance and subject matter expertise.

Task 2.4: Provide technical assistance regarding responder safety and health.

Task 2.5: Integrate public health and medical resources.

Task 2.6: Provide decision-making support to applicable agencies relating to environmental concerns.

CFA #3: Assessment of Public Health/Medical Needs

- Assess public health and medical needs, as well as the healthcare system/facility infrastructure.

HCID Tasks:

Task 3.1: Coordinate and/or support rapid needs assessments of healthcare infrastructure.

Task 3.2: Conduct, Coordinate and/or support rapid needs assessments of populations.

CFA #4: Behavioral Healthcare

- In coordination with the Health and Human Services Commission (HHSC):
 - Ensure the assessment and provision of services to address behavioral health needs, to include:
 - Emotional
 - Psychological
 - Behavioral
 - Cognitive limitations requiring assistance or supervision
 - Provide recommendations based on assessments.
 - Monitor behavioral health.

HCID Tasks:

Task 4.1: Coordinate and/support efforts to assess community and responder DBH needs.

Task 4.2: Ensure the provision of information on and access to DBH resources by HHSC.

CFA #5: Blood and Tissues

- Monitor and ensure the:
 - Safety of blood, blood products, and tissue supply levels
 - Availability of blood, blood products, and tissue supply levels
 - Logistical requirements of blood, blood products, and tissue supply levels
- This includes the ability of existing supply chain resources (e.g. hospitals, blood banks) to meet the:
 - Testing of these products
 - Storage of these products
 - Distribution of these products

HCID Tasks:

Task 5.1: Facilitate communications with appropriate entities and disseminate information and guidance regarding testing to ensure blood and tissue safety.

Task 5.2: Coordinate with appropriate entities to assess and address blood and tissue supply levels and needs.

CFA #6: Food Safety and Defense

- In coordination with the Texas Commission on Environmental Quality (TCEQ), the Texas Animal Health Commission (TAHC), and Texas Department of Agriculture (TDA), DSHS will ensure the safety and security for:
 - Meat
 - Dairy
 - Retail foods
 - Food served in shelters

HCID Tasks:

Task 6.1: Facilitate information dissemination necessary to ensure safe food and food-handling.

Task 6.2: Conduct inspections necessary to ensure safe food and food-handling.

CFA #7: Guidance on Potable Water/Wastewater and Solid Waste Disposal

- Provide and assist with assessing the following, as they relate to public health in establishments holding, preparing, and/or serving food, drugs, or medical devices at retail and medical facilities:
 - Potable water
 - Wastewater
 - Solid waste disposal
 - Other environmental health issues
 - Examine and respond to public health effects from contaminated water
- In coordination with the Texas Commission on Environmental Quality (TCEQ), support field investigations, including collection and laboratory analysis of relevant samples.

HCID Tasks:

Task 7.1: Support TCEQ in examining and responding to public health effects from contaminated water.

Task 7.2: Support TCEQ on water/wastewater assessment in retail establishments, including establishments holding, preparing, and/or serving food.

Task 7.3: Support TCEQ on water/wastewater assessment in medical facilities holding, preparing, and/or administering drugs or medical devices.

Task 7.4: Provide support and/or consultation on the management/disposal of medical and biological waste.

CFA #8: Health/Medical/Veterinary Equipment and Supplies

- Procure and ensure transportation of equipment and supplies such as:
 - Diagnostic supplies
 - Personal protective equipment
 - Radiation detection devices
 - Medical countermeasures (including assets from the Strategic National Stockpile [SNS], in support of immediate public health and medical disaster response operations)
- As requested, support the Texas Animal Health Commission (TAHC) on veterinary disaster response operations, as requested.

HCID Tasks:

Task 8.1: Coordinate resourcing for unmet public health and medical needs of stakeholders, to include equipment and supplies.

Task 8.2: Support TAHC on veterinary disaster response operations related to an HCID.

CFA #9: Health Surveillance

- Monitor the health of the general population and selected subgroups (i.e. children, persons with disabilities, response workers, and persons with access and functional needs).
- Identify emerging trends related to the disaster.
- Conduct epidemiological investigations, including the collection and analysis of relevant samples.
- Monitor injury reports, disease patterns, or potential disease outbreaks.
- Through the Laboratory Response Network (LRN), provide support to laboratory diagnostics.
- Through the LRN provide a mechanism for laboratories to access additional resources.

HCID Tasks:

Task 9.1: Coordinate and/or conduct targeted surveillance strategies.

Task 9.2: Coordinate with the Laboratory Response Network (LRN) labs.

Task 9.3: Monitor persons with risk for exposure to an HCID, to include Persons Under Monitoring (PUM).

Task 9.4: Coordinate and/or conduct field investigations, to include Persons Under Investigation (PUI).

Task 9.5: Coordinate and/or conduct special investigations/studies.

CFA #10: Mass Fatality Management, Victim Identification, and Decontaminating Remains

- A mass fatality incident (MFI) is defined as an incident which produces fatalities of a sufficient number or complexity that require special operations and organizations.
- Assist jurisdictional medico-legal authorities (e.g. the medical examiner or justice of the peace) and law enforcement agencies in tracking and documenting human remains and associated personal effects.
- Provide consultation and assist in reducing the hazard presented by chemically, biologically, or radiologically contaminated human remains, when indicated and possible (e.g. appropriate PPE for responders).
- Coordinate:
 - Establishment of temporary morgue facilities
 - Determining the cause and manner of death
 - Performing postmortem data collection and documentation
 - Identifying human remains using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, DNA samples)

- Preparing, processing, and returning of human remains and personal effects to the authorized person(s) when possible
- Assist in collecting ante mortem data in a compassionate and culturally competent fashion from authorized individuals.
- Coordinate the Family Assistance Center.
- Ensure HHSC provides behavioral health support to families of victims during the victim identification mortuary process.
- Provide technical assistance and consultation on fatality management and mortuary affairs.
- Coordinate temporary interment when permanent disposition options are not readily available.
- In the event that caskets are displaced, assist in the identification, re-casketing, and reburial of human remains in public cemeteries.
- Coordinate with the National Transportation Safety Board (NTSB) for transportation-related disasters, as appropriate.

HCID Tasks:

Task 10.1: Conduct efforts to track, anticipate, and document fatalities.

Task 10.2: Coordinate operations to safely collect and transport human remains.

Task 10.3: Coordinate operations to safely process and prepare human remains for final disposition.

Task 10.4: Coordinate or Support Family Assistance Center (FAC) operations.

CFA #11: Medical Surge

- Provide support for triage, patient treatment, and patient movement.
- Provide clinical public health and medical care specialists to fill local, regional, tribal, and territorial health professional needs.
- Coordinate the integration of state and federal assets deployed from local, state, and other authorities.
- Coordinate those deployed through the Emergency System for Advance Registration of Volunteer Health Professionals (ESARVHP) and the Medical Reserve Corps (MRC). The state-level MRC is the Texas State Guard Medical Brigade.

HCID Tasks:

Task 11.1: Coordinate essential medical services.

Task 11.2: Coordinate with medical partners on the establishment and operations of alternate care sites.

CFA #12: Patient Care

- Provide resources to support:
 - Pre-hospital triage and treatment
 - Inpatient hospital care
 - Outpatient services
 - Medical sheltering
 - Pharmacy services
 - Dental care to support victims of a disaster
- Assist and/or implement isolation and quarantine measures, medical countermeasure and vaccine point of distribution operations (e.g. mass prophylaxis).
- Provide technical expertise and guidance on public health issues of medical needs populations.
- Ensure appropriate patient confidentiality is maintained, as outlined in the Texas Health and Safety Code 181 Medical Records Privacy.
- Assist with applications for federal benefits sponsored by the State of Texas and ensure continuity of assistance services in affected areas and in states hosting relocated populations.
- Provide support for the provision of case management and advocacy services.
- Provide support to TDEM and TAHC for human and/or veterinary mass care sheltering as resources are available.
- Provide technical assistance and consultation on medical treatment of victims of vector-borne diseases.

HCID Tasks:

Task 12.1: Coordinate patient care (including hospital, pre-hospital, and other patient care settings).

Task 12.2: Recommend non-pharmaceutical disease control interventions, which could include issuing control orders (i.e. isolation and quarantine).

Task 12.3: Conduct or coordinate the provision of pharmaceutical disease control interventions to all potentially affected populations.

CFA #13: Patient Movement

- Transport seriously ill or injured patients and medical needs populations from point of injury or casualty collection points in the impacted area to designated reception facilities.
- Coordinate response in support of:
 - Emergency triage and pre-hospital treatment
 - Patient tracking, distribution, and patient return

- Coordinate with federal, state, local, tribal, territorial, and insular area emergency medical services officials.
- Provide resources to assist in the movement of medical needs/medically fragile populations to shelter areas.
- Provide resources to assist with the sheltering of the medical needs populations that exceed local or regional capacity.
- Provide ambulance support to assist in the movement of patients (i.e. Emergency Medical Task Force (EMTF) Ambulance Strike Team or other contracted organizations).
- Provide support for evacuating seriously ill or injured patients.
- Provide and monitor patient tracking from point of entry to final disposition.
- Monitor bed capacity for the purposes of bed allocation among healthcare treatment networks.

HCID Tasks:

Task 13.1: Coordinate patient placement and transportation.

Task 13.2: Coordinate patient tracking.

CFA #14: Public Health and Medical Information

- Coordinate public health and medical messaging with jurisdictional officials.
- Continuously acquire and assess information on the incident.
- Support a Joint Information Center (JIC) in the release of general medical and public health response information to the public.
- Provide public health, behavioral health, and disease and injury prevention information that can be disseminated to members of the general public and responders who are located in or near affected areas.
- NOTE: Information should be provided in multiple and accessible formats and languages. It should be presented in a culturally and linguistically appropriate manner that is understandable to all appropriate populations, including:
 - Persons with disabilities, including access and functional needs
 - Persons with limited English proficiency
 - Pediatric populations
 - Aging populations
 - Persons with temporary or chronic medical conditions

HCID Tasks:

Task 14.1: Develop and disseminate public health and medical messages to the public.

CFA #15: Safety and Security of Drugs, Biologics, and Medical Devices

- Provide advice to private industry regarding:
 - The safety and efficacy of medical devices (including radiation emitting and screening devices)
 - Drugs
 - Biologics (including blood, blood products, tissues, and vaccines)
 - Other regulated products that may have been compromised during an incident
- **NOTE:** All products are regulated by federal agencies. All inquiries should be directed to the federal HHS ESF-8 representative.

HCID Tasks:

Task 15.1: Develop and disseminate information and guidance on the implementation of safety and security measures for drugs, biologics, and medical devices.

CFA #16: Vector Control

- Assess the threat of vector-borne diseases.
- Conduct field investigations, including the collection and laboratory analysis of relevant samples.
- Provide or procure equipment and supplies necessary to conduct vector surveillance and/or vector control, which could include the activation of contracted services.
- Provide and/or assist with vector control measures.
- Provide technical assistance and consultation on protective actions regarding vector-borne diseases.
- Conduct or coordinate the provision of vector control.

HCID Tasks:

Task 16.1: Support and/or provide guidance/technical assistance on vector surveillance and control activities.

CFA #17: Veterinary Medical Support

- Provide veterinary public health technical support to the Texas Animal Health Commission (TAHC) (i.e. small animals and pets) and Texas Department of Agriculture (TDA) (i.e. large animals and livestock) for the treatment of ill or injured:
 - Pets
 - Service animals
 - Working animals
 - Laboratory animals

- Livestock
- Manage and conduct animal responses to zoonotic diseases [(i.e. Oral Rabies Vaccine Program (ORVP)] in order to protect human health.
- **NOTE:** Responses to zoonotic diseases to protect animal health is the responsibility of TAHC and TDA.

HCID Tasks:

Task 17.1: Upon request from TAHC, support the treatment of ill or exposed pets, service animals, working animals, laboratory animals, and livestock.

Organization and Assignment of Responsibilities

This section identifies the responsibilities of DSHS during an HCID incident and how the agency will organize its response operations. The section also provides operational strategies and department assignments down to the branch/section level.

General

Given an HCID incident, DSHS will implement the appropriate Regional Health and Medical Operation Center (RHMOOC), per the RHMOOC protocols and the State Medical Operations Center (SMOC), per SMOC protocols, the NIMS, the NRF, and the Incident Command System (ICS). DSHS responsibilities during an HCID incident include the following:

- Ensure an effective public health and medical (ESF-8) response in Texas through oversight and the implementation of appropriate response strategies
- Activate and operate the SMOC and appropriate RHMOOC(s)
- Provide local health authority and local public health services to jurisdictions that do not have a local health authority or local health department
- Provide ongoing updates, alerts, and guidance to the public and response partners
- Consolidate regional and local public health data to create a comprehensive, statewide common operating picture and situational awareness
- Work with other state governments, the federal government, other Texas state agencies, and Texas local/county governments to ensure vertical and horizontal public health and medical response coordination
- Receive and manage federal resources that are sent to Texas, and ensure appropriate distribution of the assets to applicable stakeholders

Additionally, all DSHS programs named in this document are responsible for the following:

- Ensure that programmatic Standard Operating Procedures (SOP)/SOGs are developed and maintained to support a response to an HCID incident
- Designate and train representatives to serve as subject matter experts to an HCID incident
- Identify staffing requirements and maintain current notification procedures to ensure appropriately trained personnel are available to respond to issues related to an HCID incident, to include, as appropriate, extended duty at the SMOC, SOC, RHMOOC, and/or Disaster District Committee (DDC)
- Develop and maintain a current inventory of resources related to an HCID incident response and a means of obtaining them
- Provide situational and operational status reports in response to an HCID incident

Program Assignments

The following table outlines the specific DSHS assignment of roles and responsibilities for ESF-8 CFAs and tasks:

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	HSR 1	HSR 2/3	HSR 4/5N	HSR 6/5S	HSR 7	HSR 8	HSR 9/10	HSR 11
General	HEPRS									
Send a representative to the SMOC/RHMOC upon activation of appropriate HCID response documentation	HEPRS	All	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response
Develop preparedness and response plans and procedural documents required for an effective HCID response	HEPRS	All	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response
Train to and exercise HCID preparedness and response plans and procedural documents	HEPRS	All	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response
CFA #1: Agriculture Safety and Security	Regulatory									
Task 1.1: Upon request from TAHC, provide technical assistance and support for meat safety and security.	Meat Safety Assurance	IDCU, Lab Svcs., Regulatory, HEPRS	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory
Task 1.2: Upon request from TAHC, provide technical assistance and support for dairy safety and security.	Regulatory	IDCU, Lab Svcs., HEPRS	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory
Task 1.3: Upon request from TAHC, provide technical assistance and support for the health and well-being of food-producing animals.	Meat Safety Assurance	IDCU, HEPRS, Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory
CFA #2: All-Hazards Public Health and Medical Consultation, Technical Assistance, and Support	IDCU									
Task 2.1: Coordinate or conduct initial risk assessments.	IDCU	State Epi., Immunizations	Epi., Comm. Disease	Zoonosis Control, Epi., or Comm. Disease	Epi., Preparedness and Response	Epi.	Epi., Preparedness and Response	Comm. Disease	Epi., Comm. Disease	Epi., Comm. Disease
Task 2.2: Provide public health technical assistance and subject matter expertise.	IDCU	DCP, State Epi.	Epi., Comm. Disease	Zoonosis Control, Epi., or Comm. Disease	Epi., RMD, DRD, Preparedness and Response	Epi.	Epi., Comm. Disease, Preparedness and Response	Comm. Disease	Epi., Comm. Disease	Epi., Comm. Disease
Task 2.3: Provide medical technical assistance and subject matter expertise.	ID Medical Officer	IDCU, HEPRS, Commissioner of Health	RMD	RMD	RMD	RMD	RMD, Epi., Comm. Disease, Preparedness and Response	RMD	RMD, Epi., Comm. Disease	RMD, Epi., Comm. Disease
Task 2.4: Provide technical assistance regarding responder safety and health.	IDCU	Regulatory, HEPRS	Preparedness and Response, Epi.	Preparedness and Response	Epi., RMD, Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response
Task 2.5: Integrate public health and medical resources.	HEPRS	DCP	Preparedness and Response	RD/DRD	RMD, Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	HSR 1	HSR 2/3	HSR 4/5N	HSR 6/5S	HSR 7	HSR 8	HSR 9/10	HSR 11
Task 2.6: Provide decision-making support to applicable agencies relating to environmental concerns.	DCP, Regulatory	DCP, Regulatory	Refer to Austin DSHS-Regulatory	RD/DRD	Retail Food Safety, General Sanitation	Refer to Austin DSHS-Regulatory/DCP Retail Food Safety, Epi., Comm. Disease	Retail Food Safety, Epi., Preparedness and Response, Refer to Austin DSHS-Regulatory/DCP	Refer to Austin DSHS-Regulatory/DCP, Retail Food Safety, Comm. Disease	Preparedness and Response, Epi., Food Safety, P&E, Refer to Austin DSHS-Regulatory/DCP	Refer to Austin DSHS-Regulatory/DCP Retail Food Safety, Epi., Comm. Disease
CFA #3: Assessment of Public Health/Medical Needs	HEPRS									
Task 3.1: Coordinate and/or support rapid needs assessments of healthcare infrastructure.	HEPRS	Regulatory	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response
Task 3.2: Conduct, Coordinate and/or support rapid needs assessments of populations.	HEPRS	DCP	Preparedness and Response, Epi., Comm. Disease	Preparedness and Response	Epi., Preparedness and Response	Epi.	Epi., Preparedness and Response	Comm. Disease	Epi., Preparedness and Response	Epi.
CFA #4: Behavioral Healthcare	HEPRS									
Task 4.1: Coordinate and/support efforts to assess community and responder DBH needs.	HEPRS	RLHS	Preparedness and Response, SHSS	Preparedness and Response	Specialized Social Services, Preparedness and Response	Specialized Social Services, Preparedness and Response	Specialized Social Services, Epi., Preparedness and Response	Preparedness and Response, Specialized Social Services	Preparedness and Response, Specialized Social Services, Epi.	Preparedness and Response, Specialized Social Services
Task 4.2: Ensure the provision of information on and access to DBH resources by HHSC.	HEPRS	RLHS	Preparedness and Response, SHSS	Preparedness and Response	Specialized Social Services, Preparedness and Response	Specialized Social Services, Preparedness and Response	Specialized Social Services, Epi., Preparedness and Response	Preparedness and Response, Specialized Social Services	Preparedness and Response, Specialized Social Services, Epi.	Preparedness and Response, Specialized Social Services
CFA #5: Blood and Tissues	DCP and HEPRS									
Task 5.1: Facilitate communications with appropriate entities and disseminate information and guidance regarding testing to ensure blood and tissue safety.	DCP, RLHS	DCP, RLHS	Refer to Austin DSHS-DCP/RLHS	Zoonosis Control, Epi., or Comm. Disease, or refer to Austin DSHS-DCP/RLHS	Preparedness and Response, Refer to Austin DSHS-DCP/RLHS	Refer to Austin DSHS-DCP/RLHS	Refer to Austin DSHS-DCP/RLHS	Refer to Austin DSHS-DCP/RLHS	Refer to Austin DSHS-DCP/RLHS	Refer to Austin DSHS-DCP/RLHS
Task 5.2: Coordinate with appropriate entities to assess and address blood and tissue supply levels and needs.	HEPRS	RLHS	Refer to Austin DSHS-HEPRS	Refer to Austin DSHS-HEPRS	Preparedness and Response, Austin DSHS-HEPRS	Refer to Austin DSHS-DCP/RLHS	Refer to Austin DSHS-HEPRS	Refer to Austin DSHS-HEPRS	Refer to Austin DSHS-DCP/RLHS	Refer to Austin DSHS-HEPRS
CFA #6: Food Safety and Defense	Regulatory									
Task 6.1: Facilitate information dissemination necessary to ensure safe food and food-handling.	Regulatory	DCP	Retail Food Safety, Refer to Austin DSHS-Regulatory	Epi.	Retail Food Safety, General Sanitation	Retail Food Safety, Refer to Austin DSHS-Regulatory	Retail Food Safety, Refer to Austin DSHS-Regulatory	Retail Food Safety, Refer to Austin DSHS-Regulatory	Retail Food Safety, Refer to Austin DSHS-Regulatory	Retail Food Safety, Refer to Austin DSHS-Regulatory
Task 6.2: Conduct inspections necessary to ensure safe food and food-handling.	Regulatory	DCP	Retail Food Safety, Austin DSHS-Regulatory	Retail Food Safety, Refer to Austin	Retail Food Safety, General Sanitation	Retail Food Safety, Refer to Austin	Retail Food Safety, Refer to Austin	Retail Food Safety, Refer to Austin	Retail Food Safety, Refer to Austin	Retail Food Safety, Refer to Austin

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	HSR 1	HSR 2/3	HSR 4/5N	HSR 6/5S	HSR 7	HSR 8	HSR 9/10	HSR 11
				DSHS-Regulatory		DSHS-Regulatory	DSHS-Regulatory	DSHS-Regulatory	DSHS-Regulatory	DSHS-Regulatory
CFA #7: Guidance on Potable Water/Wastewater and Solid Waste Disposal	Regulatory									
Task 7.1: Support TCEQ in examining and responding to public health effects from contaminated water.	DCP	HEPRS	Preparedness and Response, Epi.	Refer to Austin DSHS-HEPRS	General Sanitation, Preparedness and Response	Epi	Epi., Preparedness and Response	Comm. Disease	Epi., Preparedness and Response	Epi., Comm. Disease
Task 7.2: Support TCEQ on water/wastewater assessment in retail establishments, including establishments holding, preparing, and/or serving food.	Regulatory	DCP, HEPRS	Retail Food Safety	Refer to Austin DSHS-Regulatory	Retail Food Safety, General Sanitation	Retail Food Safety	Retail Food Safety	Retail Food Safety	Retail Food Safety	Retail Food Safety
Task 7.3: Support TCEQ on water/wastewater assessment in medical facilities holding, preparing, and/or administering drugs or medical devices.	Regulatory	DCP, HEPRS	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Preparedness and Response, Austin DSHS-HEPRS	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory	Refer to Austin DSHS-Regulatory
Task 7.4: Provide support and/or consultation on the management/disposal of medical and biological waste.	HEPRS	DCP, Regulatory	Refer to Austin DSHS-HEPRS	RMD, Refer to Austin DSHS-HEPRS or Commissioner of Health	Preparedness and Response, Austin DSHS-HEPRS	Refer to Austin DSHS-HEPRS	Refer to Austin DSHS-HEPRS	Refer to Austin DSHS-HEPRS	Refer to Austin DSHS-HEPRS	Refer to Austin DSHS-HEPRS
CFA #8: Health/Medical/Veterinary Equipment and Supplies	HEPRS									
Task 8.1: Coordinate resourcing for unmet public health and medical needs of stakeholders, to include equipment and supplies.	HEPRS	DCP, Regulatory	Preparedness and Response, Zoonosis Control	Preparedness	Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response
Task 8.2: Support TAHC on veterinary disaster response operations related to an HCID.	DCP	HEPRS	Preparedness and Response, Epi., Zoonosis Control	Zoonosis, Regional Vet.	Zoonosis, Preparedness and Response	Epi., Comm. Disease	Epi., Preparedness and Response	Comm. Disease	Epi., Preparedness and Response	Epi., Comm. Disease
CFA #9: Health Surveillance	DCP									
Task 9.1: Coordinate and/or conduct targeted surveillance strategies.	DCP	State Epi., RLHS	Preparedness and Response, Epi.	Zoonosis Control, Epi., or Comm. Disease	Epi., Preparedness and Response	Epi., Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Epi., Comm. Disease
Task 9.2: Coordinate with the Laboratory Response Network (LRN) labs.	Lab Svcs.	DCP, RLHS	Preparedness and Response, Epi.	Refer to Austin DSHS-DCP/RLHS	Epi., Preparedness and Response	Epi., Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Epi., Comm. Disease
Task 9.3: Monitor persons with risk for exposure to an HCID, to include Persons Under Monitoring (PUM).	RLHS	DCP, State Epi.	Epi	Zoonosis Control, Epi., or Comm. Disease	Epi., Preparedness and Response	Epi., Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Epi., Comm. Disease
Task 9.4: Coordinate and/or conduct field investigations, to include Persons Under Investigation (PUI).	RLHS	DCP, State Epi.	Epi	Zoonosis Control, Epi., or Comm. Disease	Epi., Preparedness and Response	Epi., Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Epi., Comm. Disease

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	HSR 1	HSR 2/3	HSR 4/5N	HSR 6/5S	HSR 7	HSR 8	HSR 9/10	HSR 11
Task 9.5: Coordinate and/or conduct special investigations/studies.	DCP or RLHS	DCP, RLHS, State Epi.	Epi.	Zoonosis Control, Epi., or Comm. Disease	Epi., RMD, Preparedness and Response	Epi., Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Epi., Comm. Disease
CFA #10: Mass Fatality Management, Victim Identification, and Decontaminating Remains	HEPRS									
Task 10.1: Conduct efforts to track, anticipate, and document fatalities.	HEPRS	Vital Statistics, DCP, Center for Health Statistics	Preparedness and Response, Epi.	HSR Field Offices, Preparedness and Response	Preparedness and Response	Epi., Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Epi., Comm. Disease
Task 10.2: Coordinate operations to safely collect and transport human remains.	HEPRS	DCP	Preparedness and Response	HSR Field Offices, Preparedness and Response	Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response
Task 10.3: Coordinate operations to safely process and prepare human remains for final disposition.	HEPRS	DCP	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response
Task 10.4: Coordinate or Support Family Assistance Center (FAC) operations.	HEPRS	DCP, Social Svcs.	Preparedness and Response	HSR Field Offices, Preparedness and Response	Specialized Social Services, Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response
CFA #11: Medical Surge	HEPRS									
Task 11.1: Coordinate essential medical services.	HEPRS	Regulatory	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response
Task 11.2: Coordinate with medical partners on the establishment and operations of alternate care sites.	HEPRS	Regulatory, IDCU	Preparedness and Response, Epi.	Refer to Austin DSHS-HEPRS	Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response
CFA #12: Patient Care	HEPRS									
Task 12.1: Coordinate patient care (including hospital, pre-hospital, and other patient care settings).	HEPRS	Regulatory	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response
Task 12.2: Recommend non-pharmaceutical disease control interventions, which could include issuing control orders (i.e. isolation and quarantine).	DCP, RLHS	Commissioner of Health, OGC, DCP, State Epi., HEPRS	RMD, Epi., Comm. Disease, Preparedness and Response	RMD, Commissioner of Health	Epi., RMD, Preparedness and Response	RMD, Epi., Preparedness and Response, Comm. Disease	RMD, Epi., Comm. Disease, Preparedness and Response	RMD, Preparedness and Response, Comm. Disease	Epi., Preparedness and Response	RMD, Epi., Preparedness and Response, Comm. Disease
Task 12.3: Conduct or coordinate the provision of pharmaceutical disease control interventions to all potentially affected populations.	HEPRS	DCP	Preparedness and Response, Epi, Comm. Disease	Zoonosis, Epi., or Comm. Disease	Preparedness and Response	Preparedness and Response	Epi., Comm. Disease, Preparedness and Response	Preparedness and Response, Comm. Disease	Epi., Comm. Disease, Preparedness and Response	Preparedness and Response
CFA #13: Patient Movement	HEPRS									
Task 13.1: Coordinate patient placement and transportation.	HEPRS	Regulatory	Preparedness and Response	Refer to Austin DSHS-HEPRS	Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	HSR 1	HSR 2/3	HSR 4/5N	HSR 6/5S	HSR 7	HSR 8	HSR 9/10	HSR 11
Task 13.2: Coordinate patient tracking.	HEPRS	Regulatory	Preparedness and Response	Refer to Austin DSHS-HEPRS	Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response	Epi., Preparedness and Response	Preparedness and Response
CFA #14: Public Health and Medical Information	CER									
Task 14.1: Develop and disseminate public health and medical messages to the public.	CER	HEPRS, ID Medical Officer, DCP, State Epi., Regulatory, Commissioner of Health	RMD, DRD, Preparedness and Response, Epi., AUSTIN-DSHS CER	Refer to Austin DSHS-CER	RMD, Preparedness and Response	RMD, Comm. Disease, Refer to Austin DSHS-CER	RMD, Epi., Comm. Disease, Preparedness and Response	RMD, Comm. Disease, Refer to Austin DSHS-CER	RMD, Epi., Comm. Disease	RMD, Epi., Comm. Disease, Preparedness and Response, Refer to Austin DSHS-CER
CFA #15: Safety and Security of Drugs, Biologics, and Medical Devices	Regulatory									
Task 15.1: Develop and disseminate information and guidance on the implementation of safety and security measures for drugs, biologics, and medical devices.	Regulatory, CER, IDCU	HEPRS	Refer to Austin DSHS-CER/IDCU/Regulatory	Refer to Austin DSHS-CER/IDCU/Regulatory	Preparedness and Response, Refer to Austin DSHS-CER/IDCU/Regulatory	Refer to Austin DSHS-CER/IDCU/Regulatory	Refer to Austin DSHS-CER/IDCU/Regulatory	Refer to Austin DSHS-CER/IDCU/Regulatory	Refer to Austin DSHS-CER/IDCU/Regulatory	Refer to Austin DSHS-CER/IDCU/Regulatory
CFA #16: Vector Control	State Entomologist									
Task 16.1: Support and/or provide guidance/technical assistance on vector surveillance and control activities.	State Entomologist, Lab Svcs.	DCP, HEPRS	Zoonosis Control	Zoonosis Control	Zoonosis Control	Zoonosis Control	Zoonosis Control	Zoonosis Control	Zoonosis Control	Zoonosis Control
CFA #17: Veterinary Medical Support	DCP									
Task 17.1: Upon request from TAHC, support the treatment of ill or exposed pets, service animals, working animals, laboratory animals, and livestock.	DCP	HEPRS	Zoonosis Control, Preparedness and Response	Zoonosis Control	Zoonosis Control	Zoonosis Control, Preparedness and Response	Epi., Zoonosis Control, Preparedness and Response	Zoonosis Control	Epi., Zoonosis Control, Preparedness and Response	Preparedness and Response, Zoonosis Control

Key State Agency Response Partners

DSHS is responsible for coordinating with the following state agencies to perform or support ESF-8 CFAs:

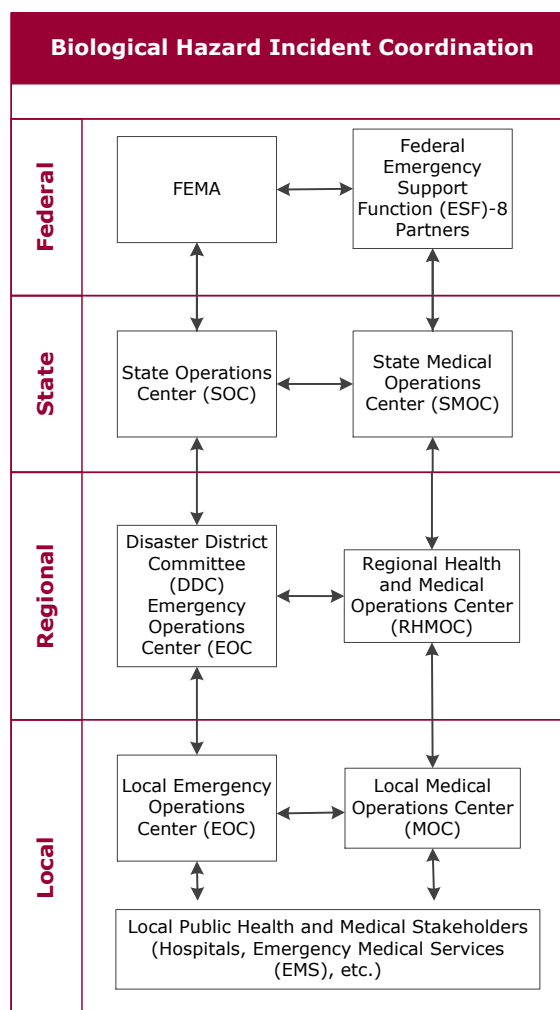
- **Health and Human Services Commission (HHSC):** Provide Disaster Behavioral Health services (ESF-8 CFA #4); Operate 2-1-1 as a public information tool
- **Texas Animal Health Commission (TAHC):** Participate in ESF-8 CFA #1, #6, #8, and #17 response activities—particularly pertaining to animal diseases/health (i.e. disease surveillance, response, and carcass removal)
- **Texas Commission for Environment Quality (TCEQ):** Participate in ESF-8 CFA #6 and #7 response activities—particularly in matters pertaining to potable water/wastewater safety and the disposition of dead animals; provide technical and regulatory guidance regarding authorized medical waste transporters, disposal facilities, and waste incinerators; provide technical assistance on environmental safety issues (i.e. groundwater and surface water protection)
- **Texas Department of Agriculture (TDA):** Participate in ESF-8 CFA #1, #6, and #17 response activities—particularly in matters pertaining to plant disease, mass animal care and feeding, emergency livestock response, and related matters
- **Texas Department of Insurance (TDI):** Provide oversight and information regarding workers' compensation, disability, and safety
- **Texas Department of Safety (DPS) – Texas Highway Patrol:** Provide security escort for transporting medical countermeasures or infectious specimen/waste
- **Texas Department of Transportation (TxDOT):** Work with USDOT ESF1 to identify transportation permitting requirements for specimen and hospital and household waste; support convoy operations
- **Texas Feed and Fertilizer Control Service – Office of the Texas State Chemist (OTSC):** Provide laboratory surge capacity for feed or food-borne biological hazards; participate in ESF-8 CFA #1 response activities
- **Texas Military Forces (TXMF):** Medical planning/medical incident management team to support regional and state medical operation; Homeland Response Force Mission Ready Package (MRP) to support biohazard events; law enforcement and logistical support; 6th Civil Support Team (CST) mobile lab to support time-sensitive or remote laboratory testing

Direction, Control, and Coordination

This section describes the framework for how DSHS will direct, control, and coordinate an HCID response. It includes information regarding how the annex relates to other DSHS preparedness and response documents.

General

- The *DSHS HCID Annex* is a department-level document that falls under the *DSHS Emergency Operations Plan*. It provides an overarching framework under which the *HSR HCID SOGs* should be interpreted. It also works in concert with the *State of Texas Biological Hazards Annex* and the *DSHS's Respiratory Viruses Having Pandemic Potential: Public Health Preparedness, Surveillance, and Response Plan for Texas*.
- All responses are local, including responses to an HCID incident. Coordination of ESF-8 HCID incident response activities within a city or county is the responsibility of the local health department (LHD). Additionally, per the Texas Administrative Code, a physician appointed as the local health authority (LHA) of a jurisdiction is responsible for administering the state and local laws relating to public health.
- Local level ESF-8 response operations will be managed at an Emergency Operations Center (EOC) or Medical Operations Center (MOC).
- DSHS also provides ESF-8 support in the DDCs and the SOC.
- During a response DSHS will follow the principals of the NIMS and ICS.
- As requested, DSHS will send a representative to the appropriate DDC and/or SOC to help facilitate coordination.
- Given the potential scale and complexity of public health and medical operations in response to an HCID incident, effective collaboration with private sector partners, volunteer organizations, and governmental entities at all levels of government is essential.
- The diagram at right depicts response coordination during an HCID incident.



*This chart shows communication and information sharing between public health and medical entities, not resource request or mission tasking processes.

RHMOC

- Upon activation of an RHMOC, all activities and information originating at the state level that directly impact the given regional level should be coordinated with the appropriate RHMOC.
- DSHS will activate and operate an RHMOC to coordinate/manage ESF-8 activities at the DDC level.
- An RHMOC supports one or more DDCs and coordinates closely with MOCs/LHDs in the region.
- Depending on the ESF-8 CFA tasks required for the HCID incident response, applicable HSR programs and response partners will be invited to support RHMOC operations.
- The organizational structure used will follow ICS principles and will expand/contract/adapt based on the size, complexity, and technical requirements of the response.
- The Preparedness and Response program of each HSR is responsible for organizing RHMOC incident management activities.

SMOC

- DSHS will activate and operate a SMOC to coordinate/manage ESF-8 activities at the SOC level.
- The SMOC supports the SOC and coordinates closely with the RHMOCs.
- Depending on the ESF-8 CFA tasks required for the HCID incident response, applicable DSHS programs and response partners will be invited to support SMOC operations.
- The organizational structure used will follow ICS principles and will expand/contract/adapt based on the size, complexity, and technical requirements of the response. In particular, the structure of the Operations Section will be customized to encompass all required CFAs for a given response.
- HEPRS is responsible for organizing SMOC incident management activities.

Information Collection, Analysis, and Dissemination

This section describes the critical or essential information that will need to be collected and/or shared during an HCID response.

General

- An HCID response will necessitate the collection, analysis, and dissemination of a variety of public health and medical data, including:
 - Health/Disease Surveillance Data
 - Outbreak Investigation Data
 - Mortality Data
 - Resource Availability Data
 - Situation Reports
- The SMOC and RHMOCs will coordinate with one another to help develop/guide public health and medical data collection, analysis, and dissemination strategies across the state.
- The SMOC is responsible for aggregating statewide public health and medical data.
- Each RHMOC is responsible for aggregating regional public health and medical data.
- Any personal medical information documented in the course of outbreak investigations or other response activities will be maintained and shared per DSHS's procedures for confidential patient information.
- External stakeholder/response partner requests for information from DSHS should be directed to an RHMOC or SMOC Liaison Officer. The Liaison Officer will then use standard procedures to direct the question to the proper DSHS incident management team position or program.

Information Collection

Efforts will be made at the state or regional levels to standardize HCID response data collection instruments and procedures, if feasible. This includes the following:

- **Notifiable Disease Reporting System:** Standard system used to collect and report data on legally reportable diseases across the state; includes the use of standard case investigation forms:
<http://www.dshs.state.tx.us/idcu/investigation/>
- **NEDSS (National Electronic Disease Surveillance System) and NEDSS Base System (NBS):** An online system used by epidemiologists to manage epidemiological data and provides a mechanism for them to report cases of communicable diseases to DSHS or CDC
- **NORS (National Outbreak Reporting System):** A system used by CDC to collect reports of foodborne outbreaks due to enteric bacterial, viral, parasitic, and chemical agents

- **Texas Syndromic Surveillance System (TxS2):** TxS2 provides early event detection (flagging a syndrome group), situational awareness (tracking ongoing health events), and retrospective analyses.
- **Databases and Spreadsheets:** If a standard database does not exist to store a given type of data, the following database options will be considered by the SMOC and/or RHMOC for recommendation/implementation regionally:
 - **Independent Database or Spreadsheet:** each jurisdiction creates and houses its own database or spreadsheet.
 - **Common Database or Spreadsheet:** A single agency develops a standard database or spreadsheet. A copy of the standard database or spreadsheet is distributed to all other jurisdictions where it will be independently housed. Data from each jurisdiction may be collected and merged, as needed.
 - **Shared Database:** A single agency develops and hosts a shared database. Data from each jurisdiction can be entered directly or merged from a copy of the database. All jurisdictions have access to the data.
- **Line Lists:** Line lists are compiled during epidemiological investigations. Line lists generally include the disease case definition, case category (i.e. confirmed, probable, suspected), case identifiers (i.e. patient name or ID number, date of symptom onset, date of specimen collection), demographic information, and clinical information (i.e. symptoms, hospitalizations, complications). Ideally an identical line list will be utilized by all jurisdictions involved in the HCID response.
- **ICS Forms and Situation Reports:** standard forms and templates used to document incident management activities

Communications and Public Information

This section describes the communication protocols and coordination procedures used between DSHS and its response partners and DSHS and the public during an HCID incident response.

Communications

- When necessary, DSHS will coordinate with the Texas Communications Coordination Group (CCG) to facilitate interagency communications interoperability and augment the communications infrastructure.
- Prior to activation of an RHMOC or the SMOC, internal communications will occur per normal channels.
-
- Maintaining local-level contact information is the responsibility of the RHMOCs.
- The primary communications mechanisms DSHS will utilize during an HCID incident include the following:
 - Face-to-face meetings
 - Public Health Information Network (PHIN)
 - Secure information network used to send health alerts and share documents
 - Utilized by state, regional, and local health departments
 - Email
 - Information can be sent to Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) team leads for distribution to the local health departments and hospitals preparedness response partners
 - Information can be sent to regional medical directors and HSR Preparedness and Response Managers for distribution to key stakeholders (i.e. emergency management coordinators)
 - Information can be sent to the HEPRS Disaster Epidemiologists for distribution to Regional Epidemiologists, and from Regional Epidemiologists to local epidemiologists, and from local epidemiologists to hospital infection control practitioners (ICPs)
 - Telephone (i.e. landlines, cell phones, home phones, and text msg.)
 - Conference calls will be a primary means of communicating with an external group or groups during an incident response.
 - The SMOC (once activated) will establish statewide conference call schedules at the outset of the response.
 - Websites (i.e. dshs.texas.gov and txidr.org)
 - Hotlines (i.e. 2-1-1)

- WebEOC: A real-time online emergency management interface that allows the completion, submission, and tracking of information and requests between operation centers
- Epi-X: Through Epi-X, CDC officials, state and local health departments, poison control centers, and other public health professionals can quickly and securely access and share preliminary health surveillance information.

Public Information

- The DSHS Center for External Relations (CER) is responsible for the communication of HCID-related information to the general public, the news media, and the Legislature on behalf of DSHS. This includes:
 - Designating and prepping DSHS spokespersons
 - Monitoring and responding to rumors
 - Coordinating press conferences
 - Preparing, reviewing, approving, and/or distributing information for the public and external stakeholders, including press releases, social media messaging, public service announcements, public education campaigns, guidance, talking points, etc.
 - Ensuring version control of all public information shared by DSHS
- CER is also responsible for communicating and coordinating with other governmental agencies in the state, providing briefings and other materials for elected officials in Texas, and communicating with officials in other states and federal agencies.
- CER will provide the Public Information Officer (PIO) function in the SMOC.
- HSRs must coordinate with the SMOC PIO/CER for public risk communications to ensure message consistency.
- **Key Personnel**

Role	Responsibilities
Subject Matter Expert (SME)	The SME provides topical expertise for the development of public information.
Spokesperson	The spokesperson speaks on behalf of DSHS during television, radio, and computer broadcasts for the purpose of answering questions and providing public information.
Public Information Officer (PIO)	The PIO coordinates all aspects of crisis and emergency risk communications, including media relations, rumor control, and public information dissemination. This is performed by CER at all levels.

- **Public Information Goals**
 - Be first. Be right. Be credible. Give facts. Provide rapid, accurate, consistent, and comprehensive information.
 - Develop succinct and understandable messages.
 - Do not use jargon.
 - Instill and maintain public confidence in the government's ability to respond to and manage an event.
 - Ensure an efficient mechanism for managing information between stakeholders.
 - Contribute to maintaining order, minimizing public panic, and facilitating public understanding of control measures.
 - Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.
- Refer to the *DSHS Crisis Emergency Risk Communications Plan* for additional information.

Administration, Finance, and Logistics

This section covers general support requirements and the availability of services and support for an HCID incident response, as well as policies for managing resources.

Administration and Finance

- Immediately upon activation of the *DSHS HCID Annex* or a *DSHS Regional HCID SOG*, all expenditures and staff time related to HCID response activities should be tracked.
- DSHS administration and finance functions will be accomplished by the Finance/Administration Sections within the SMOC and RHMOCs.
- Expenses for each HSR will be tracked by the DSHS Finance/Administration Section Chief of the RHMOC and then shared with the SMOC Finance/Administration Section Chief. The schedule for sharing information will be established at the beginning of the incident.
- Should an override reason code be established to track DSHS personnel time for an incident, the RHMOC Finance/Administration Section Chief may request a code from the SMOC Finance/Administration Section Chief. The SMOC Finance/Administration Section Chief will coordinate with the DSHS Finance Office to establish a code. The Finance/Administration Section Chiefs are responsible for informing the DSHS staff working in their RHMOC or SMOC regarding the use of the code.
- Federal emergency assistance may or may not be available. Common sources include the Federal Emergency Management Agency (FEMA) Stafford Act or another federal agency, such as the Department of Health and Human Services (HHS).
- Historically, federal emergency assistance for an epidemic response has not been available through the Stafford Act. However, in November 2009, FEMA published a Disaster Assistance Policy to address Stafford Act funding for an influenza pandemic response. Per the policy, FEMA will recommend to the President that Public Assistance Emergency Protective Measures (Category B) and Direct Federal Assistance (DFA) be made available—assuming that the federal government pay 75% of the costs, with the state government responsible for the remaining 25%. The four primary criteria for evaluating a state's request for a Presidential pandemic influenza emergency declaration will be as follows:
 - Whether the state has directed execution of its state emergency management plan; AND
 - Whether the state has demonstrated that influenza incidence is significantly higher than its seasonal average; AND
 - Whether the state can demonstrate that effective response exceeds the capabilities of the state and local levels; AND

- Whether the state has identified specific, supplemental direct federal emergency assistance that is required to save lives, protect public health and safety, or lessen or avert the threat of a disaster.

Logistics

- DSHS logistics functions will be accomplished by the Logistics Sections within the SMOC and RHMOCs.
- Logistical support may be requested from other states through the Emergency Management Assistance Compact (EMAC) or from the federal government through FEMA. Assistance requests originate from the SOC, but the SMOC may assist in preparing public health and medical assistance requests.
- Resource requests to the regional or state levels will follow standard Texas emergency management protocols, including the use of the State of Texas Assistance Request (STAR) form. The process from the local level is as follows:
 - **Local-to-Regional:** A DDC receives a request from a local Emergency Operations Center (EOC). The DDC refers any public health & medical requests to the appropriate RHMOC.
 - **Regional-to-State:** The RHMOC works with the DDC to submit a STAR to the State Operations Center (SOC). The SOC refers any public health & medical requests to the RHMOC.
- The appropriate DDC should be informed of any state or federal resources that are sent to support a response in its region. Likewise, the DDC should inform the RHMOC if the resources are public health or medical assets.
- The following ESF-8 resources can be requested to support an HCID incident response in Texas:
 - **Community Assessment for Public Health Emergency Response (CASPER) Teams:** Documents population-based needs related to a disaster
 - **Ebola Treatment Centers (ETC):** The University of Texas Medical Branch (UTMB) in Galveston, Texas provides treatment to confirmed Ebola patients throughout FEMA Region VI; Texas Children's Hospital (TCH) in Katy, Texas provides care to pediatric patients
 - **Emergency Medical Task Force (EMTF) Infectious Disease Response Unit (IDRU):** The IDRU can support the transport and care of HCID patients and includes the following components:
 - Collaboration, sharing best practices/lessons learned, and synergy in planning
 - Statewide coordination of trained, equipped, and exercised EMS transport units
 - Regional and statewide subject matter experts (SME) and trained clinical care providers for consultation

- Eight regional personal protective equipment (PPE) caches to support and augment local and regional capabilities to respond to the needs of health care facilities caring for HCID patients
- Statewide coordination, management, and distribution of critical resources for acute care providers
- **Phoenix Air Group:** federal contractor that provides air medical transportation for Ebola patients
- **Strategic National Stockpile:** Federal program that supplements and resupplies local medical resources during biological emergencies; includes push packages and managed inventories with antibiotics, vaccines, chemical antidotes, antitoxins, and other critical medical equipment and supplies
- **Texas Mass Fatality Operations Response Team (TMORT):** Personnel and equipment to support victim accounting, incident site operations, morgue operations, transport operations, storage operations, Victim Identification Center operations, long-term storage/release services, and fatality-specific data management services
- **Vector Control Contracts:** Vendor contracts for mosquito control operations

Plan Development and Maintenance

This section discusses the overall approach to HCID planning and the assignment of *DSHS HCID Annex* development and maintenance responsibilities.

- DSHS HEPRS is responsible for maintaining this annex. Recommended changes to this annex should be forwarded to the HEPRS Response and Recovery Unit Planning Team Lead as needs become apparent.
- This document will be reviewed by DSHS every five years. Lessons learned from disaster exercises and actual events during a given year will be incorporated into the annex at that time.
- DSHS programs assigned responsibilities in this annex are responsible for developing and maintaining SOGs covering those responsibilities.
- Revisions to the document must be approved by the DSHS Commissioner of Health, or designee. Revisions also should be documented in the *Record of Changes* section of this document.

Authorities and References

This section lists the authorities which allow this specific document to be implemented and the references which aided the development of or support the implementation of this document.

Legal

- Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81
- Local Public Health Reorganization Act (pertinent portions), Health and Safety Code, Chapter 121
- Public Health Provisions (pertinent portions), Health and Safety Code, Chapter 161
- Hospital Licenses (pertinent portions), Health and Safety Code, Chapter 241
- Area Quarantine for Environmental or Toxic Agent, Health and Safety Code, Chapter 508
- Texas Disaster Act (pertinent portions), Government Code, Chapter 418
- Homeland Security, Government Code, Chapter 421
- Medical Practice Act (pertinent portions), Occupations Code, Chapter 159
- Title 25 Texas Administrative Code
- United States Code, Title 42, Section 243
- United States Code, Title 42, Section 264
- Code of Federal Regulations, Title 42, Part 70
- FEMA Disaster Assistance Policy 9523.17

References

- Communicable Disease Control Measures in Texas: A Guide for Health Authorities in a Public Health Emergency
<http://www.dshs.texas.gov/commprep/legal/CDCMManual.aspx>
- Respiratory Viruses Having Pandemic Potential: Public Health Preparedness, Surveillance, and Response Plan for Texas
<http://www.dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589999732>
- FEMA Disaster Assistance Fact Sheet 9580.106: Pandemic Influenza
https://www.fema.gov/pdf/emergency/pandemic_influenza_fact_sheet.pdf
- HHS Region VI TALON Ebola Virus Disease (EVD) Patient Movement Plan
- CDC Crisis Emergency Risk Communication Basic Quick Guide
https://emergency.cdc.gov/cerc/resources/pdf/cerc_guide_basic.pdf
- State of Texas Emergency Management Plan Biological Hazards Annex

- State of Texas Emergency Management Plan
https://dps.texas.gov/dem/documents/planState/state_plan.pdf
- US Census Bureau QuickFacts
<http://www.census.gov/quickfacts/table/PST045215/48,00>
- Texas Department of Transportation Texas-Mexico International Bridges and Border Crossings
<https://ftp.dot.state.tx.us/pub/txdot-info/iro/international-bridges.pdf>
- Federal Emergency Management Agency Emergency Support Function #8 – Public Health and Medical Services Annex
https://www.fema.gov/media-library-data/1470149644671-642ccad05d19449d2d13b1b0952328ed/ESF_8_Public_Health_Medical_20160705_508.pdf
- Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide (CPG) 101, Version 2.0
https://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf

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