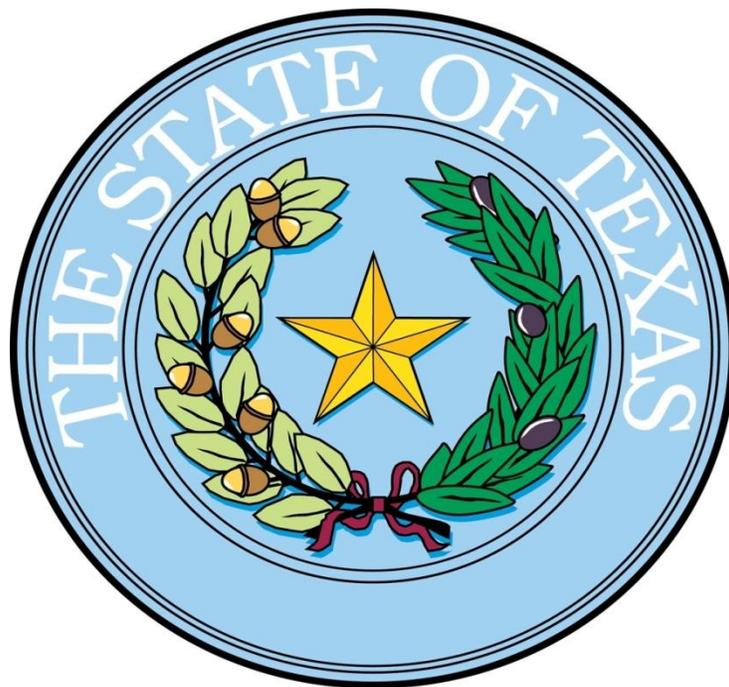


APPENDIX 6 TO ANNEX H



BIOLOGICAL TERRORISM RESPONSE PLAN

SEPTEMBER 29, 2011

APPENDIX 6 TO ANNEX H
BIOLOGICAL TERRORISM RESPONSE PLAN

APPROVAL AND IMPLEMENTATION

This plan is hereby accepted for implementation and supersedes Appendix 6 to Annex H the Texas Bioterrorism Preparedness and Response Plan dated May 18, 2004.

9/29/11
Date



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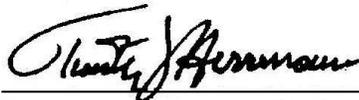
APPENDIX 6 TO ANNEX H
BIOLOGICAL TERRORISM RESPONSE PLAN

APPROVAL AND IMPLEMENTATION

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

3-30-2011

Date



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APPENDIX 6 TO ANNEX H
BIOLOGICAL TERRORISM RESPONSE PLAN

APPROVAL AND IMPLEMENTATION

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

Date May 9, 2011



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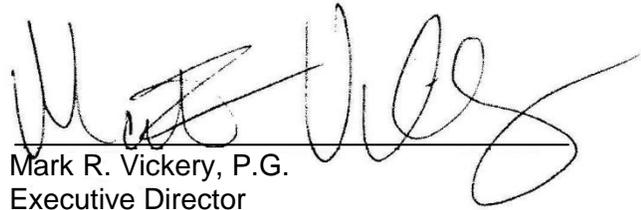
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BIOLOGICAL TERRORISM RESPONSE PLAN

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4-7-11

Date



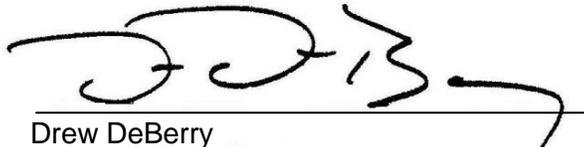
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APPENDIX 6 TO ANNEX H
BIOLOGICAL TERRORISM RESPONSE PLAN

APPROVAL AND IMPLEMENTATION

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

3.31.11
Date


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APPENDIX 6 TO ANNEX H
BIOLOGICAL TERRORISM RESPONSE PLAN

APPROVAL AND IMPLEMENTATION

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

Date

4/27/2011



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APPENDIX 6 TO ANNEX H
BIOLOGICAL TERRORISM RESPONSE PLAN

APPROVAL AND IMPLEMENTATION

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

4/28/11
Date

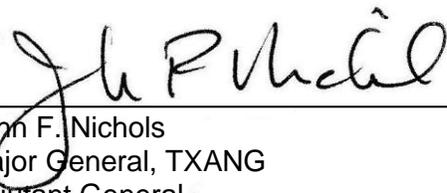

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APPENDIX 6 TO ANNEX H
BIOLOGICAL TERRORISM RESPONSE PLAN

APPROVAL AND IMPLEMENTATION

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

31 May 11
Date



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Adjutant General

APPENDIX 6 TO ANNEX H
BIOLOGICAL TERRORISM RESPONSE PLAN

APPROVAL AND IMPLEMENTATION

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

25 March 2011
Date

Carter Smith
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Executive Director
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ATTACHMENTS

1. Biological Terrorism Response Organization
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STATE OF TEXAS

BIOLOGICAL TERRORISM RESPONSE PLAN

I. AUTHORITY AND REFERENCES

This plan applies to emergency management operations during biological terrorism response. In addition to the authorities outlined in the Texas Emergency Management Basic Plan and Annex H, strategic planning guidance and authorities governing its enactment and implementation include:

A. STATE

1. Chapter 61 (Commercial Feed Rules), Texas Administrative Code, Title 4. Agriculture
2. Chapter 65 (Commercial Fertilizer Rules), Texas Administrative Code, Title 4. Agriculture
3. Chapter 97 (Communicable Diseases), Texas Administration Code, Title 25 Part 1
4. Chapter 81 (Communicable Diseases), Texas Health and Safety Code
5. Chapter 121 (Local Public Health Reorganization Act), Texas Health and Safety Code
6. Chapter 161 (Public Health Provisions, § 161.0211, Epidemiologic or Toxicological Investigations), Texas Health and Safety Code
7. Chapter 431 (Texas Food, Drug, and Cosmetics Act, § 431.081, Adulterated Food), Texas Health and Safety Code
8. Chapter 508 (Area Quarantine for Environmental or Toxic Agent), Texas Health and Safety Code
9. Chapter 777 (Regional Poison Control Centers), Texas Health and Safety Code
10. Chapter 63 (Texas Commercial Fertilizer Control Act), Texas Agriculture Code
11. Chapter 141 (Texas Commercial Feed Control Act), Texas Agriculture Code
12. Respective State Agency, Department, and Commission enabling legislation
13. Communicable Disease Control Measures in Texas: A Guide for Health Authorities in a Public Health Emergency, Texas Department of State Health Services, 2007

B. FEDERAL

1. Presidential Policy Directive 8: National Preparedness, 2011 March
2. Presidential Decision Directive 39: United States Policy on Counterterrorism (Classified), 1995 June
3. Presidential Decision Directive 62, Protection Against Unconventional Threats to the Homeland and Americans Overseas (Classified), 1998 May
4. Defense against Weapons of Mass Destruction Act, Public Law 102-201, 1996 September
5. United States of America Patriot Act of 2001, Uniting and Strengthening America by Providing the Tools Needed to Intercept Terrorism, Public Law 107-56
6. Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-188
7. Homeland Security Planning Guidance for Recovery Following Biological Incidents, May 2009

C. MUTUAL AID AGREEMENTS AND CONTINGENCY PLANS

1. *Emergency Management Assistance Compact (EMAC)*
2. *Interstate Emergency Response Support Plan (IERSP), October 2009*

D. EVACUATION AUTHORITY

1. The Governor, County Judges, and Mayors are vested with certain emergency management powers by Chapter 418 of the Texas Government Code and by Executive Order of the Governor. These authorities are delineated in Section V of the State of Texas Emergency Management Plan.
2. The County Judge or the Mayor of a municipality may order the evacuation of all or part of the population from a stricken or threatened area under their authority if they consider the action necessary for the preservation of life or other biological terrorism mitigation, response, or recovery.
3. The Governor may recommend the evacuation of all or part of a population from a contaminated or threatened area in the State if the Governor considers the action necessary for the preservation of life, or other biological terrorism mitigation, response or recovery. By executive order or proclamation the Governor may declare a state of disaster if a biological terrorism incident has occurred or is imminent or threatened.

E. QUARANTINE AUTHORITY

1. If the Commissioner of Health or one or more health authorities determine that there is an outbreak of a communicable disease in the population, the Commissioner or authorities may impose area quarantine in accordance with procedures provided in Chapter 81, Communicable Diseases, Section 81.085, Area Quarantine, of the Texas Health and Safety Code.
2. The Commissioner of Health or a health authority may, with respect to an area quarantine imposed under this chapter, exercise any power in a response to the introduction of a communicable disease agent into the population that is authorized as a response to a biological terrorism incident or an outbreak of a communicable disease. The area quarantine must be accomplished by the least restrictive means necessary to protect public health considering the availability of resources.
3. If the Commissioner of Health or one or more health authorities determines that there is an outbreak of a communicable disease in the population, the Commissioner or authorities may impose quarantine or other control measures on individuals, property, an area, or any private or common carrier or private conveyance in accordance with procedures and legal provisions provided in Chapter 81, Communicable Diseases, Subchapter E, Control, of the Texas Health and Safety Code.

II. PURPOSE

A. PURPOSE OF THIS PLAN

1. The purpose of Appendix 6 is to establish a concept of operations for response to a biological terrorism incident in the State of Texas. This appendix:
 - a. Provides guidance for the protection and care of the public prior to, during, and after a biological terrorism incident
 - b. Recommends actions for local-level response agencies
 - c. Delineates the roles and responsibilities for state-level response agencies
 - d. Interfaces with federal response agencies involved in biological terrorism response
2. This plan is applicable to all locations and to all agencies, organizations, and personnel with responsibility for biological terrorism response.

B. RELATIONSHIP TO OTHER PLANNING DOCUMENTS

1. Relationship to Local Emergency Management Plans

This plan provides for coordination with local officials concerning biological terrorism incidents and the effective integration of state support for local emergency operations when local officials request state assistance. Local

emergency management plans provide guidance for the employment of local emergency resources, mutual aid resources, and specialized local response resources under a local incident commander, who may be supported by a local Emergency Operations Center (EOC). Local emergency plans include specific provisions for requesting and employing state resources to aid in managing and resolving emergency situations for which local resources are inadequate.

2. Relationship to Other State Plans

This plan is intended to supplement the State of Texas Emergency Management Plan. This document includes incident-specific planning information to guide response to biological terrorism incidents that may affect the State. This plan addresses complex issues such as the dissemination of risk communication and interagency coordination. There are several other specialized appendices to Annex H: Public Health and Medical Services that support this plan, such as the Mass Fatality Management Plan (Appendix 4 to Annex H), Disaster Behavioral Health Plan (Appendix 5 to Annex H), Pandemic Influenza Plan (Appendix 7 to Annex H), Strategic National Stockpile (SNS) Plan (Appendix 8 to Annex H), Foreign and Emerging Animal Disease Plan (Appendix 3 to Annex O), and Annex U (Terrorist Incident Response). This document is not intended to replace any of those documents.

3. Relationship to Interstate Agreements

Relationship to the interstate agreements is provided for in the State of Texas Emergency Management Plan. Federal Emergency Management Agency (FEMA) Region VI states, Texas, Arkansas Louisiana, Oklahoma, and New Mexico (TALON) entered into an Interstate Emergency Response Support Plan in October 2009 to expedite the provision of assistance during a disaster or catastrophic incident such as a biological terrorism incident.

4. Relationship to Federal Contingency Plans

Relationship to Federal plans is provided for in the State of Texas Emergency Management Plan.

III. EXPLANATION OF TERMS

A. ACRONYMS

AAR	After Action Review
BSOC	Border Security Operations Center
CBRN	Chemical, Biological, Radiological, Nuclear
CCEA	Center for Consumer and External Affairs
CDC	Centers for Disease Control and Prevention
CERFP	CBRN Enhancement Force Package
CIKR	Critical Infrastructure/Key Resources
COG	Council of Government
CPS	Community Preparedness Section
DBHS	Disaster Behavioral Health Services
DDC	Disaster District Committee

DHS	Department of Homeland Security
DPS	Department of Public Safety
DSHS	Department of State Health Services
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
ERT	Epidemiologic Response Team
FERN	Food Emergency Response Network
FBI	Federal Bureau of Investigation
FEAD	Foreign and Emerging Animal Diseases
FEMA	Federal Emergency Management Agency
GLO	General Land Office
HRF	Homeland Response Force
HSR	Health Service Region
IAP	Incident Action Plan
ICS	Incident Command System
IDCU	Infectious Disease Control Unit
IERSP	Interstate Emergency Response Support Plan
IVR	Interactive Voice Response
JFO	Joint Field Office
JIC	Joint Information Center
JOC	Joint Operation Center
JTF	Joint Task Force
LHA	Local Health Authority
LRN	Laboratory Response Network
LSS	Laboratory Services Section
NEDSS	National Electronic Disease Surveillance System
NIMS	National Incident Management System
NPDS	National Poison Data System
NRF	National Response Framework
OTSC	Office of the Texas State Chemist
PHIN	Public Health Information Network
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment
PTSD	Post Traumatic Stress Disorder
RMOC	Regional Medical Operations Center
RRT	Rapid Response Team
SITREP	Situation Report
SME	Subject Matter Expert
SMOC	State Medical Operations Center
SNS	Strategic National Stockpile
SOC	State Operations Center
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
TAHC	Texas Animal Health Commission
TALON	Texas, Arkansas, Louisiana, Oklahoma, and New Mexico
TCEQ	Texas Commission on Environmental Quality
TDA	Texas Department of Agriculture
TDEM	Texas Division of Emergency Management
TPCN	Texas Poison Control Network

TPWD	Texas Parks and Wildlife Department
TRRN	Texas Regional Resource Network
TxDOT	Texas Department of Transportation
TxFC	Texas Fusion Center
TXMF	Texas Military Forces
ZCB	Zoonotic Control Branch

B. DEFINITIONS

Note: Where multiple definitions occur, all appropriate definitions are listed.

1. Biological Terrorism: The intentional use of microorganisms or toxins derived from living organisms to cause death or disease in humans, animals, or plants on which we depend.
2. BioWatch Program: A federally-funded air monitoring program established to provide for early detection of aerosolized biological terrorism agents.
3. Case:
 - a. Law Enforcement Definition: A criminal investigation that may be initiated by the Federal Bureau of Investigation (FBI) when facts or circumstances reasonably indicate that a federal crime has been, is being, or will be committed. The investigation may be conducted to prevent, solve, or prosecute a criminal activity.
 - b. Public Health Definition: One episode of a disease.
4. Case Definition: A set of criteria used by public and animal health agencies in the surveillance, or monitoring of disease syndromes.
5. Catastrophic Incident: Any natural or manmade incident, including terrorism that causes extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions.
6. Chain of Custody: A process used to track and maintain control and accountability of all evidentiary items at each stage of collecting, handling, storing, transporting, and testing.
7. Cluster: Cases of disease which are grouped in time, space, or molecular characteristics of the organism.
8. Contact Tracing: A process of identifying and interviewing persons who may have come into contact with an infected person. Contact tracing is used by epidemiologists to gain control of an outbreak.
9. Contamination: The condition resulting from the deposit of biological terrorism agents upon structures, areas, bodies of water, personnel, and objects, or from failure of normal sanitary safeguards.

10. Decontamination: The removal of dangerous goods from personnel and equipment to the extent necessary to prevent potential adverse health effects.
11. Disaster: An incident that requires resources beyond the capability of a community and requires a multiple agency response.
12. Disease Agent: Any bacterium or virus or toxin that could be used in biological terrorism.
13. Emergency: Absent a Presidential declaration, any incident(s), natural or man-made, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.
14. Emergency Public Information: Information that is disseminated primarily in anticipation of an emergency or during an emergency. In addition to providing situational information to the public, it also frequently provides directive recommendations for the general public.
15. Enabling Technology: An invention or innovation that can be applied to drive radical change in the capabilities of a user or culture.
16. Epidemiology: The scientific study of disease outbreaks or patterns; includes analyzing the occurrence and distribution of diseases and the factors that govern their spread.
17. Evacuation: Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.
18. Exposure: Contact with pathogen or a substance by swallowing, breathing, ingestion, or contact through the skin or eyes. Exposure may be short-term, of intermediate duration, or long-term.
19. Infectious Disease: A disease or illness that is caused by a pathogen that can be transmitted from organism to organism.
20. Herd Immunity: Also called community immunity, the resistance to an infectious agent of an entire group or community (and, in particular, protection of susceptible persons) as a result of a substantial proportion of the population being immune to the agent. Herd immunity is based on having a substantial number of immune persons, thereby reducing the likelihood that an infected person will come in contact with a susceptible one among human populations.
21. Investigation:

- a. **Law Enforcement Definition:** An inquiry into possible criminal activity for mitigation and prosecution.
 - b. **Public Health Definition:** An inquiry into possible cases of a communicable disease to identify sources, prevent spread, and quantify the impact.
22. **Isolation:** A control measure directed at people known to be infected with an infectious disease to separate them from others during their period of communicability in places and under conditions that prevent or limit transmission of the infectious agent.
23. **Joint Information Center (JIC):** A central location for the coordination of information to be shared with the public and media. Each responding agency should dedicate liaison personnel to the JIC to contribute to consistent and coordinated statements to be provided to the media and other agencies.
24. **Joint Operations Center (JOC):** A command and control center established by the FBI to coordinate the federal response with state and local officials. The center is established to ensure inter-incident coordination, and to organize multiple agencies and jurisdictions within an overall command and coordination structure. Generally, the center includes command, operations, administrative, logistics, and consequence management groups from local, state, and federal agencies.
25. **Laboratory Response Network (LRN):** An integrated network of state and local public health, federal, military, and international laboratories that can respond to biological terrorism, chemical terrorism and other public health emergencies.
26. **Medical Countermeasures:** Antibiotics, vaccines, chemical antidotes, antitoxins and other critical medical equipment and supplies used to mitigate the effects of a public health emergency.
27. **Medical Surge:** The capability to rapidly expand the capacity of the existing healthcare system in order to provide triage and subsequent medical care.
28. **Medico-legal Authority:** The local authority assigned to conduct medico-legal investigations (which may include an autopsy) into the cause and manner of death. In Texas, this responsibility is assigned to either a Justice of the Peace or a Medical Examiner, depending on the size of the jurisdiction.
29. **National Electronic Disease Surveillance System (NEDSS):** A CDC initiative that promotes the use of data and information system standards to advance the development of efficient, integrated, and interoperable surveillance systems at local, state, and federal levels.
30. **Notifiable Conditions:** Disease cases, outbreaks, exotic diseases, and unusual group expressions of disease that must be reported to the local, regional or state health department.

31. Outbreak: The occurrence of a larger number of cases of a specific illness or syndrome than expected in a certain location during a certain (usually short) time frame (see epidemic).
32. Personal Protective Equipment (PPE): Equipment (including clothing) intended to be worn or used by a person to protect against one or more risks to health and safety.
33. Prophylaxis: A measure taken for the prevention of a disease or condition.
34. Public Health Information Network (PHIN): An online portal containing a collection of applications which provide users with a range of functions to carry out public health preparedness goals and duties.
35. Quarantine:
 - a. Public Health Definition: Restriction of healthy people who have been exposed to an infectious disease during the period of communicability in order to prevent transmission of the disease.
 - b. Animal Health Definition: Prohibition or regulation of movement of any article or animal that animal health officials designate to have been exposed, or to be a carrier of a disease that is of regulatory importance, or that is considered foreign to the United States.
36. Select Agents: A Centers for Disease Control and Prevention (CDC) criteria for living organisms or their derivatives considered the greatest threat in terms of producing casualties and in terms of the need for stockpiling antibiotics and vaccines that can be used for medical countermeasures.
37. Shelter-In-Place: A process for taking immediate shelter in a location readily accessible to the affected individual by sealing a single area from outside contaminants to reduce exposure to an agent or for staying at home to reduce spread of an infectious agent.
38. Social Distancing: Strategies used to reduce public contact to control the spread of a disease by limiting close proximity of individuals.
39. Strategic National Stockpile (SNS): A national repository of medical countermeasures.
40. Surveillance:
 - a. Law Enforcement Definition: Physical or electronic monitoring of a person or location, as authorized by a court of law, to obtain information pursuant to an on-going investigation.
 - b. Public Health Definition: The on-going, systematic collection, analysis, and interpretation of health data (agent/hazard, risk factors, exposure, health event) essential to the planning, implementation, and evaluation of

public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control.

41. Surveillance System: A system used to collect and monitor data for the epidemiological study of disease trends and/or outbreaks so that public health personnel can protect the health of a population.
42. Symptom: Any sensation or change in bodily function that is experienced by a patient and is associated with a particular disease.
43. Syndrome: A group of symptoms or signs that are characteristic of a disease.
44. Syndromic Surveillance: The surveillance of health data about a clinical syndrome that has a significant impact on public health.
45. Trace Forward/Trace Back: A process of identifying and tracing probable source of material to its origin and follow its distribution within the supply chain, used to remove contaminated materials from distribution.
46. Transmission: The passing of a disease from an infected individual or group to a previously uninfected individual or group.
47. Triage: the sorting of and allocation of treatment to patients according to a system of priorities designed to maximize the number of survivors.
48. Zoonosis: An infectious disease transmissible between animals and man.

IV. SITUATION AND ASSUMPTIONS

A. SITUATION

1. Advances in enabling technologies will continue to be globally available increasing the risk and probability of a biological terrorism incident.
2. Biological terrorism may occur as a covert incident, in which persons are unknowingly exposed and for which the incident is suspected only upon recognition of unusual disease clusters or symptoms, or may occur as an announced incident in which persons are informed that an exposure has occurred.
3. Biological agents may be used for a variety of intents and purposes including mass casualties, to incapacitate a target population, or to contaminate an area in order to cause economic loss and general social disruption.
4. A biological terrorism incident may cause a catastrophic incident with a large number of acute casualties, long-term disease and disability, psychological trauma, and mass panic. Cascading effects may include lack of adequate shelter, food, water, medications and medical supplies, health and medical facilities and personnel, and mortuary services, disruption of communication systems, power outages, and long-term environmental damage.

5. Disease transmission may occur via atmospheric dispersion, person-to-person contact, contact between animals and people, insect vector-to-person contact, environmental contact such as soil or surfaces, or by way of contaminated food or water.
6. Biological terrorism may also target critical infrastructure and key resources. A sample of Texas' critical infrastructure and key resources (CIKR) can be found in the Texas Homeland Security Strategic Plan 2010-2015.
7. Factors which may contribute to Texas' increasing vulnerability to biological terrorism include:
 - a. The continual, rapid intrastate, interstate, and international movement of persons, animals and products which may rapidly and widely disperse infectious disease agents
 - b. Increasing concentration of populations in urban centers
 - c. The diminishing efficacy of antibiotics and other medications which could alter vulnerability, ultimately increasing the severity of disease symptoms
 - d. The relative ease of access to croplands, ranches, manufacturers, wholesalers, and retail food establishments for deliberate food contamination
 - e. Extended international border which could provide a portal of entry for terrorist activity
 - f. Decreasing herd immunity within communities due to individuals choosing not to be vaccinated against specific diseases
 - g. Concentrations of animal feeding operations, slaughter facilities, and other agricultural production operations, and relative ease of access to both feeding operations and materials used in the feeding, care, and harvesting of livestock by the general public

B. ASSUMPTIONS

In addition to the planning assumptions and considerations identified in the Basic Plan and Annex H, public health response to bioterrorism incidents is based on the following assumptions:

1. The State response to biological terrorism will be initiated when local and regional responses are overwhelmed, when a biological terrorism incident warranting a state response is detected, when intrastate and interstate mutual aid agreements related to emergency response and recovery need to be initiated, or when multiple jurisdictions within Texas are affected.

2. Early detection of biological terrorism agents offers an opportunity to take proactive measures to mitigate the consequences of a bioterrorism incident. Detection of a biological terrorism incident may occur through:
 - a. Medical and syndromic surveillance systems
 - b. Veterinary surveillance and foreign or emerging animal disease reporting mechanisms
 - c. Mortality surveillance and unusual death reporting by medico-legal authorities
 - d. Environmental surveillance technologies
 - e. Law enforcement intelligence systems
 - f. 9-1-1 emergency calls
 - g. Media coverage
3. An investigation into intentional biological terrorism will likely require the initiation of a joint criminal and epidemiological investigation. The FBI will coordinate criminal investigative activities with appropriate local, state, and federal partner agencies.
4. Due to complex issues that arise in a biological terrorism incident, the authority, expertise, and resources to respond will come from many sectors of society including, but not limited to the medical community, public health, law enforcement, animal health professionals, environmental, and academic partners at the local, state or federal levels.
5. A coordinated epidemiologic investigation must be initiated as soon as a suspected biological terrorism incident is detected to delineate and monitor the outbreak, determine the case definition, and identify the most effective public health interventions.
6. A successful response to a biological terrorism incident includes timely release of appropriate risk communications to the public regarding important public health information.
7. Phone banks and other methods of communicating directly with the public may be needed to relieve public health staff and medical providers for other response duties.
8. Many hospitals are at or near treatment capacity on a routine basis and lack the necessary resources to expand treatment capacity beyond routine healthcare needs without extraordinary effort.
9. The number of persons seeking medical evaluation and care could quickly exceed available resources and thus require difficult resource allocation

decisions. These types of decisions may be needed for the duration of the incident, which could last weeks to months.

10. The number of deaths associated with a biological terrorism incident may exceed the capacity of normal fatality management resources.
11. Mental health interventions may be needed for responders involved in biological terrorism response and populations affected.

V. CONCEPT OF OPERATIONS

A. BIOLOGICAL TERRORISM RESPONSE STRATEGY AND POLICY

Biological terrorism response activities are conducted pursuant to NIMS and certain requirements of the National Response Framework (NRF). Response operations will include work in an Incident Command System (ICS) environment.

Effective biological terrorism response consists of the following phases:

1. Detection
2. Notification
3. Incident Response
4. Recovery and Remediation

B. BIOLOGICAL TERRORISM RESPONSE PHASES

1. Detection

Biological terrorism detection may come from laboratories, environmental monitoring programs, law enforcement intelligence, public health surveillance, animal surveillance, and/or the public.

a. Laboratory Confirmation

- 1) When local jurisdictions suspect a biological terrorism incident, specimens should be sent to the nearest LRN laboratory with the appropriate test capacity or to the DSHS Laboratory Services Section (LSS) State Laboratory for testing. The LSS Emergency Preparedness Branch or nearest LRN laboratory will coordinate testing of Select Agents (see Attachment 2).
- 2) Laboratory analyses will be used to provide preliminary identification of the potential biological agent(s) of the incident. LRN and DSHS laboratories provide rapid analysis of potential biological terrorism agents by testing clinical and environmental specimens, coordinating activities with local and regional laboratory staff, collaborating with laboratory response partners regarding testing plans and protocols for specific incident, and

maintaining and implementing specimen chain of custody protocols.

- 3) Clinical and/or environmental samples will be provided to local law enforcement for investigative use. As appropriate, the FBI will direct additional forensic examination of biological materials and/or evidence.
- 4) Samples may be sent to the CDC for confirmation and further analysis.

b. Environmental Monitoring

BioWatch monitoring sample results will be evaluated to help determine the potential of a biological terrorism incident.

c. Law Enforcement Intelligence

Information sharing through various sources including, but not limited to, the Texas Fusion Center (TxFC), the Texas Division of Emergency Management State Operations Center (TDEM SOC), and the Texas Border Security Operations Center (BSOC), all located at Texas Department of Public Safety (DPS) Headquarters in Austin, will identify threats or potential biological terrorism incidents.

d. Public Health Surveillance

- 1) State and local public health and medical authorities utilize established DSHS disease reporting protocols for notifiable conditions, outbreaks, exotic diseases, and unusual group expressions of disease to detect potential biological terrorism incident(s).
- 2) Syndromic surveillance systems tracked at the local and regional level provide early detection of potential biological terrorism incident(s).
- 3) Early surveillance and detection of zoonotic diseases may come through the Texas Animal Health Commission (TAHC). Both TAHC and DSHS receive reports on zoonotic diseases.
- 4) DSHS receives laboratory reports to detect potential biological terrorism incident(s).

2. Notification

This section addresses how DSHS receives notification of a potential threat as well as how, in turn, DSHS notifies response agencies of a potential biological terrorism incident.

- a. DSHS receives notification of a potential threat from:

1) Laboratory

Laboratories at the local and regional level will notify DSHS of any potential biological terrorism agent(s).

2) Law Enforcement

DPS and FBI partners will share pertinent biological terrorism-related intelligence with DSHS.

3) Local Health Officials

Local Health Officials, who lead the BioWatch Advisory Committees, will also notify DSHS of the detection of biological agents. DSHS will coordinate notifications at the state level. Texas Commission on Environmental Quality (TCEQ) will notify the SOC of BioWatch detections reported to TCEQ.

4) Environmental Monitoring

Notifications will be coordinated at the state level through the TCEQ and DSHS.

5) Public Health Surveillance

DSHS will receive notification of suspicious disease activity from local and regional health surveillance partners.

b. DSHS has a role in information dissemination of potential biological terrorism threats:

1) DSHS sets up information dissemination protocol to be used throughout the incident.

2) DSHS makes internal notifications.

3) DSHS notifies the SOC and key state leadership offices.

4) DSHS notifies the CDC.

5) DSHS notifies FBI partners.

3. Incident Response

Once DSHS is notified of a suspected biological terrorism threat, DSHS will verify the threat, define the incident as requiring significant state public health and medical assistance, request activation of this plan, activate the State Medical Operations Center (SMOC), and initiate the first operational period. For BioWatch detections, DSHS will also coordinate these efforts with the appropriate BioWatch Advisory Committee.

a. Situational Awareness

The immediate task following any notification is to identify the scope of the incident and acquire situational awareness for situational reports (SITREP) and the development of an Incident Action Plan (IAP).

1) Information will be obtained through the following mechanisms:

a) Threat Assessment

DSHS will conduct epidemiological investigations to determine the index case of the incident, the case definition, and identify the population affected. This information may be provided in the form of morbidity and mortality reports.

b) Vulnerability Assessment

DSHS will obtain case definition, demographic, geographic and weather data to help identify the population at risk.

c) Disease-Related Information

DSHS will compile disease specific information from reliable sources for SITREPs and IAPs.

d) Environmental Data

(1) TCEQ will provide DSHS with data generated by the BioWatch program, and will work with DSHS and BioWatch partners to supplement data collection as needed, and within capabilities.

(2) For an incident involving BioWatch program-related data, TCEQ will coordinate with the Los Alamos National Laboratory to obtain computer dispersion modeling as needed, and will provide the modeling information to response partners including DSHS.

e) Healthcare Data and Resources

DSHS will obtain healthcare and resource information as needed.

2) SITREPs will be shared through multiple channels to the SOC for regular distribution to state partners.

3) Situational awareness processes will be maintained and continue through the response and recovery and remediation phases.

b. Coordination of Response Partners

The size and complexity of disaster response operations require coordination and control capability that is both extensive and redundant. Biological terrorism response activities at the state-level will be coordinated through the SOC in conjunction with the SMOC. Additionally, because the incident may be a deliberate terrorism act, the FBI may establish a JOC to coordinate investigative and intelligence activities among local, state, and federal authorities. SOC, SMOC, and JOC activities will be coordinated according to ICS and NIMS management practices.

The CDC and the FBI will convene a threat assessment conference call with DSHS, TDEM, DPS, TCEQ, TAHC, and appropriate local officials to examine the potential threat and public health risk posed by the detection. Coordination of assessment and response activities will involve officials from the impacted local jurisdiction(s).

1) Emergency Public Information Coordination

- a) DSHS Public Information Officer (PIO) will support and coordinate with local health officials to provide important public health alerts.
- b) TDEM will establish a Joint Information Center to coordinate all emergency public information releases and media inquiries.
- c) For large-scale biological terrorism incidents, the DSHS PIO will fill the lead role at the JIC.

2) Epidemiological Investigation Coordination

- a) In the event of a biological terrorism incident involving a single jurisdiction, the DSHS will be available to provide epidemiologic support if requested.
- b) In a multi-jurisdictional biological terrorism incident, local, state, and federal public health will participate in the epidemiologic investigation under a joint command structure. The lead for the epidemiologic investigation will be determined through the joint command.
- c) Data entry and analysis for epidemiologic investigation and contact tracing activities will be coordinated by DSHS when a biological terrorism incident involves multiple health jurisdictions.

3) Resource Management Coordination

- a) The SOC will coordinate law enforcement resources.

- b) DSHS will coordinate health resources as stated in Annex H (Public Health and Medical Services).
- c. Gain Control of the Incident
 - 1) Public Health Alerts and Risk Communication
 - a) DSHS is the lead agency for developing risk information during a large-scale biological terrorism incident. For additional information on risk communication and public information refer to Annex I.
 - b) The DSHS Center for Consumer and External Affairs (CCEA) will be responsible for sharing information with the general public, media, elected officials and other stakeholders and providing timely information to contain the outbreak, prevent panic, and minimize loss of life. CCEA also serves as the primary resource for all media representatives, as well as serving as the primary point of contact for PIOs of all partner agencies whether local, state, or federal.
- d. Consequence Management
 - 1) Responder Safety and Health

DSHS will communicate information to protect the safety and health of responders in a biological terrorism incident, including the use of personal protective equipment (PPE).
 - 2) Communicable Disease Control Measures
 - a) Control by Isolation and Social Distancing
 - (1) Patient Isolation
 - (i) DSHS may elect to recommend or enforce isolation measures to protect the public health. Specific authorities for patient isolation are referenced in Section I.
 - (ii) DSHS has the authority to order individuals to implement control measures if reasonable cause exists to believe an individual has been exposed to or infected by an infectious disease.
 - (2) Quarantine of Cases and Contacts
 - (i) If indicated, DSHS Commissioner of Health may preempt a Local Health Authority (LHA) with

respect to the administration of control measures at the local level and may modify the control measures.

- (ii) DSHS Commissioner of Health may elect to recommend or enforce quarantine measures to protect the public health. Specific authorities for quarantine are referenced in Section I.
- (iii) DSHS may enter into cooperative agreements with neighboring states to cover the impacted area.
- (iv) Depending on the type of incident, food, animals, and other agricultural products may need to be quarantined to prevent further spread of disease. In this instance, DSHS, the Texas Department of Agriculture (TDA), and/or TAHC will work with local and federal health and legal authorities to recommend the most feasible, effective, and legally enforceable methods of isolation and quarantine.

(3) Limitations to Events with Public Gathering

DSHS may advise focused measures to increase social distance by recommending the cancellation of events and closing of buildings or restricting access to certain sites or buildings.

(4) Interruption of Public Transportation

DSHS may advise control measures on private or common carriers and private conveyances while the vehicle or craft in question is in Texas. DSHS will work closely with the Texas Department of Transportation (TxDOT), DPS, TDEM, and local and federal authorities to implement such measures.

(5) Shelter-In-Place

DSHS may advise the public to shelter-in-place in homes, businesses, schools, or other structures.

(6) Evacuation

Evacuation may be necessary and will be implemented as outlined in Annex E (Evacuation).

b) Mass Fatality Management

Fatality management operations may be indicated and will be implemented as outlined in Appendix 4 to Annex H (Mass Fatality Management).

3) Medical Countermeasures Distribution

- a) The public health system, starting at the local level, is required to initiate appropriate protective and responsive measures for the affected population, including first responders and other workers engaged in incident-related activities. These measures may include mass vaccination or prophylaxis for populations at risk including populations not already exposed, but at risk of exposure from secondary transmission or the environment.
- b) The Strategic National Stockpile (SNS) and Antiviral Distribution Network distribute and dispense medical countermeasures in Texas. These procedures are outlined in Appendix 8 to Annex H (SNS Plan).

4) Medical Surge Augmentation

- a) Triage centers will be used for conducting medical triage of individuals and the distribution of vaccines or other prophylactic measures, as well as for quarantine, minimal medical care, and hospice care.
- b) DSHS will provide treatment recommendations for medical provider use. Standards of care may vary depending on the size and scope of the incident. It is likely that some provisions for temporary modification of regulatory requirements at all levels of government will be necessary.

4. Recovery and Remediation

a. Disaster Behavioral Health Services

- 1) Disaster Behavioral Health Services (DBHS) has the primary responsibility for assessment and coordination of disaster behavioral health services during and after a biological terrorism incident.
- 2) In addition to the concepts outlined in Appendix 5 to Annex H, DSHS and supporting agencies will:
 - a) Provide consultation to various organizations to mitigate biological terrorism-related psychological disorders.
 - b) Through DSHS CCEA, develop and release critical information to the public to manage:

- (1) Stress-induced behavioral disorders including acute stress disorder, acute posttraumatic stress disorder (PTSD), and delayed-onset PTSD.
 - (2) The psychology of quarantine, isolation, and sheltering in place.
 - c) Be prepared to respond to an outbreak of medically unexplainable symptoms (the worried well) due to fear which could further overwhelm healthcare resources.
 - d) Coordinate training to educate triage clinicians to be knowledgeable of the common presentations of behavioral disorders induced by a traumatic biological terrorism incident, as symptoms associated with the anxiety syndromes can be confused with physical signs similar to those associated with a biological exposure.
- b. Remediation and Decontamination

TCEQ will provide technical guidance regarding appropriate disposal of wastes.

c. Post-Incident Surveillance

- 1) After deactivation of response activities coordinated through the SMOC, the DSHS Infectious Disease Control Unit (IDCU) will continue to coordinate routine disease surveillance activities with local and regional health departments to investigate cases, implement control measures, and monitor the epidemiology of the disease and the effectiveness of control measures.
- 2) DSHS Zoonosis Control Branch (ZCB) will coordinate investigation and control measures involving animal hosts and disease vectors with TAHC and the Texas Parks and Wildlife Department (TPWD).
- 3) DSHS LSS will coordinate testing of environmental specimens with TCEQ.

VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. ORGANIZATION

All support groups are identified pursuant to the *State of Texas Emergency Management Plan*. Groups are composed of personnel and resources from several state agencies and/or organizations. Each group is directed by a primary agency selected on the basis of its authority and capability in a particular functional area. The other agencies and organizations within the group are designated as support

agencies and organizations based on their ability to provide equipment, personnel, and expertise in support of functional tasks. The agencies and/or organizations that comprise biological terrorism response group are listed in Attachment 1.

B. ASSIGNMENT OF RESPONSIBILITIES

1. General

All agencies and organizations assigned to the biological terrorism response plan are responsible for the following tasks:

- a. Designating and training representatives of their agency in accordance with applicable NIMS requirements to serve as group members, and ensuring appropriate Action Guides and standard operating procedures (SOPs) are developed and maintained.
- b. Identifying staff requirements and maintaining current notification procedures to ensure appropriate trained agency personnel are available for extended emergency duty in the SOC and Disaster District EOCs, the SMOC, and Joint Field Office (JFO) as needed.
- c. Developing and maintaining procedures to ensure current inventory of agency resources and contact lists are available.
- d. Developing and maintaining procedures for identification, location, commitment, deployment, and accountability of agency emergency support resources. Major resources paid for with federal funds should be entered into the Texas Regional Resource Network (TRRN), as appropriate, to facilitate assistance pursuant to mutual aid agreements. The TRRN complies with the relevant NIMS performance and interoperability classification standards.
- e. Providing personnel, equipment, and other assistance in support of response and recovery operations as capable.
- f. Providing assistance and coordination for the development and implementation of intrastate and interstate mutual aid.
- g. Providing situational and operational status reports in accordance with existing procedures and/or as requested by the primary agency.

2. Primary Agency

The primary agency responsible for the coordination of biological terrorism response operations is DSHS. DSHS Divisions, Sections, Units, and Branches will accomplish the following tasks and situation reports:

- a. Commissioner of Health

- 1) Review, as final authority, Appendix 6 to Annex H (Biological Terrorism Response Plan).
- 2) Oversee the activation and implementation of Appendix 6 to Annex H (Biological Terrorism Response Plan) and related Standard Operating Guidelines (SOGs).
- 3) Communicate with the DSHS Council, appropriate state government and legislative leadership, and external partners on biological terrorism detection and response activities.
- 4) Review after-action reports (AARs) and evaluation methodology and approve appropriate changes to plans and procedures.

b. State Epidemiologist

State Epidemiologist will oversee the DSHS roles in the Epidemiological Investigation Coordination (see page 17).

c. Community Preparedness Section (CPS)

- 1) Conduct training, planning, and exercise activities related to biological terrorism preparedness.
- 2) Coordinate post-incident evaluations of biological terrorism preparedness and response activities.
- 3) Review all evaluations/after-action reports and coordinate appropriate changes to Appendix 6 to Annex H and associated SOPs.
- 4) Develop guidelines to facilitate the flow of information to and from the SOC and/or the SMOC.
- 5) Work with the FBI, DPS, and other law enforcement groups to establish necessary protocols for biological terrorism response.
- 6) Enhance and maintain the Texas PHIN.
- 7) Develop contact/call lists to ensure ability to communicate with individuals and locations with responsibilities for biological terrorism response.
- 8) Implement notification procedure and ensure appropriate key personnel are notified of the situation, tasks, and/or deployment requirements.
- 9) Notify and communicate with appropriate DSHS offices/programs; local, regional, and federal public health authorities; state and federal law enforcement groups and emergency response

agencies; other state and federal support agencies, external partners; and others.

- 10) Recommend activation and implementation of this appendix and associated SOGs/SOPs.
 - 11) Activate direction and control facilities and deploy staff and resources.
 - 12) Provide secure reliable network for disease surveillance data transmission.
 - 13) Provide continuous support and monitoring of critical communications systems.
 - 14) Identify personnel to staff JFO, if applicable.
 - 15) Coordinate with health and medical volunteers and with health and medical services federal counterparts.
 - 16) Assess the ability of affected local health and medical services to continuously support biological terrorism incident response.
 - 17) Coordinate the request, receipt, and distribution of the SNS (if deployed).
 - 18) Track and report the status of tasked mission assignments and expenditures.
 - 19) Demobilize local, state and/or federal assets.
 - 20) Deactivate direction and control facilities.
 - 21) Coordinate post-incident evaluations of biological terrorism preparedness and response activities.
- d. Laboratory Services Section (LSS)
- 1) Deliver testing for biological agents that could be used in biological terrorism through two programs:
 - a) BioWatch Program
 - (1) Support environmental monitoring for biological agents and toxins on a 24/7/365 basis.
 - (2) Respond to directives from the Department of Homeland Security (DHS) and/or the CDC.
 - b) Texas Laboratory Response Network (LRN)

- (1) Provide rapid testing of clinical, environmental, and/or food samples.
- 2) Provide critical technical capacity required for biological terrorism response through two teams:
 - a) BioThreat Team
 - (1) Lead biological terrorism threat testing implementation within the Texas LRN.
 - (2) Test environmental, clinical, and food samples for Select Agents.
 - (3) Maintain proper documentation of all transfers of Select Agents.
 - (4) Support Texas Food Emergency Response Network (FERN) food outbreak response activities.
 - (5) Function in a surge capacity role for other Texas LRN and BioWatch laboratories.
 - (6) Destroy Select Agents associated with testing.
 - b) Laboratory Response Coordination Team
 - (1) Develop and deploy training among Texas LRN and hospital laboratories.
 - (2) Provide emergency response planning for statewide laboratory response.
 - (3) Monitor, coordinate, and provide assistance in support of activities for Texas LRN laboratories.
- 3) Evaluate statewide laboratory-based biological terrorism response and revise operating guidelines based on lessons learned.
- e. Infectious Disease Control Unit (IDCU)
 - 1) Develop, refine, and implement notifiable conditions reporting and investigation instruments and protocols.
 - 2) Compile, maintain, and analyze surveillance data.

- 3) Designate IDCU outbreak investigation responsibilities by position and assign backup personnel for each.
 - 4) Coordinate and/or conduct epidemiologic investigation as principal investigator or consultant as appropriate.
 - 5) Serve as subject matter experts (SMEs) for patient fact sheets, media releases, and hotline message content as appropriate.
 - 6) Make recommendations regarding prophylaxis, vaccination, isolation, quarantine, and other matters as they pertain to the control of an infectious disease.
 - 7) Follow up on possible cases to determine if cases are confirmed, probable, or suspect.
- f. Immunization Branch
- 1) Make recommendations regarding groups that should receive vaccine or medications.
 - 2) Assess the potential number of individuals to receive vaccine or medication based on target populations.
 - 3) Develop plans to implement around-the-clock packaging utilizing current pharmacy staff and other DSHS staff.
- g. Zoonosis Control Branch (ZCB)
- 1) Conduct zoonotic disease surveillance.
 - 2) Coordinate response plans and procedures with other appropriate government and private agencies.
 - 3) Develop, refine, and implement reporting/investigation instruments and protocols.
 - 4) Coordinate and/or conduct epidemiologic investigation on zoonotic disease as principal investigator or consultant as appropriate.
 - 5) Make recommendations regarding prophylaxis, vaccination, isolation, quarantine, carcass disposal, and other control measures of zoonotic diseases.
 - 6) Follow up on possible cases of zoonotic diseases.
- h. Environmental and Injury Epidemiology and Toxicology Unit
- Coordinate public health response activities with the Texas Poison Center Network (TPCN) utilizing three key resource systems:

- 1) National Poison Data System (NPDS)
 - a) Investigate anomalies to determine if further investigation is warranted.
 - b) Notify appropriate authorities if analyses confirm a possible unusual clustering of cases.
 - c) Coordinate case detail information with appropriate authorities.
 - d) Assist with case management as requested.

- 2) TPCN Database
 - a) Monitor and analyze data collected by poison centers.
 - b) Provide analyses to appropriate DSHS programs and the SMOC.

- 3) Interactive Voice Response (IVR) System

Provide information to public questions to calm concerns of the worried-well and to maximize the availability of poison specialist call takers to deal with critical exposures.

- i. Division for Regulatory Services

- 1) Assist jurisdictions, when indicated and requested, to inspect food establishments or analyze foods in laboratories.
- 2) Utilize regulatory tools available, including inspection, investigation, product detention authority, emergency closure, product sampling; as well as criminal, civil, and administrative penalties.
- 3) Deploy Rapid Response Teams (RRT) to identify and respond to food emergency situations as rapidly as possible.
- 4) Assist law enforcement to identify the source of any biological terrorism incident involving the food supply.
- 5) Continue normal activities which may include, but are not necessarily limited to, recalls of contaminated products, trace-backs to determine the origin of an incident, additional product sampling, surveillance, and questioning of affected individuals who no longer pose a threat of transmission.

- j. Disaster Behavioral Health Services (DBHS) Branch

- 1) Coordinate disaster behavioral health services to lessen the adverse mental health effects of biological terrorism.
 - 2) Serves as the liaison between DSHS contracted mental health and substance abuse providers and the SMOC.
 - 3) Assess the need for DBHS to survivors, disaster workers, and first responders.
 - 4) Implement and manage the Crisis Counseling Program during federally declared disasters.
 - 5) Coordinate post-incident evaluations of DBHS response activities.
 - 6) Develop contact/call lists to ensure ability to communicate with individuals and locations with responsibilities for DBHS biological terrorism response.
 - 7) Implement notification procedure and ensure appropriate key personnel are notified of the situation, tasks, and/or deployment requirements.
 - 8) Notify and communicate with appropriate local, state, and federal DBHS partners.
 - 9) Activate and deploy staff and resources.
 - 10) Identify personnel to staff JFO.
 - 11) Assess the ability of affected mental health and substance abuse providers to continuously support the provision of behavioral health services.
 - 12) Track and report the status of tasked mission assignments and expenditures.
 - 13) Provide post-event crisis intervention services to DBHS responders.
- k. Center for Consumer and External Affairs (CCEA)
- 1) Maintain updated systems and methods for distributing information to the news media.
 - 2) Develop public education materials and public service announcements.
 - 3) Provide services for translation of information in English into one or more other languages.

- 4) Provide information to the news media; DSHS PIO directs all DSHS press conferences, media briefings, interviews and responses to news media inquiries.
 - 5) Provide information to the news media regarding recovery operations.
- I. Office of General Counsel
- 1) Provide legal advice and services to DSHS programs.
 - 2) Review communicable disease control and other statutes for adequacy and recommend needed changes.
 - 3) Ensure plans and SOGs reflect current Texas and federal law.
 - 4) Recommend legal tools available to control outbreak/threat.
 - 5) Conduct a post-incident evaluation of the legal processes used during the incident to assess how well the public health needs of the state were met.
- m. Health Service Regions (HSR)
- 1) Develop regional biological terrorism response plans.
 - 2) Develop detailed standard operating guidelines in support of plans.
 - 3) Assist local health departments/districts and communities with biological terrorism preparedness and response planning.
 - 4) Develop and maintain regional contact database.
 - 5) Conduct disease surveillance within the region.
 - 6) Exercise respective regional plans.
 - 7) Participate in biological terrorism response exercises.
 - 8) Assist local health departments and communities in response efforts.
 - 9) In counties with no local health department, lead local response efforts.
 - 10) Lead response efforts for SNS deployment.
 - 11) In coordination with the Epidemiology Response Teams (ERTs), conduct epidemiologic investigation and recommend control activities as appropriate.

- 12) Evaluate response activities and revise operating guidelines based on lessons learned.

3. Support Agencies/Organizations

All tasked biological terrorism response agency representatives must be aware of the capabilities of their parent organizations to provide assistance and support and be prepared to provide recommendations to primary agency representatives. Agency representatives must respond to mission assignments from the designated coordination and control authority for deployment and commit agency assets to support the response and recovery effort. Some agencies will provide agency personnel and/or equipment, while support from other agencies will be knowledge and expertise in working with response agencies, the vendor community, or commercial organizations or associations in supplying services, or in restoration of disrupted services.

a. Office of the Texas State Chemist (OTSC)

- 1) Assume the role as the state lead agency for consequence management of biological terrorism agents in animal feed or fertilizer related instances.
- 2) Provide technical assistance to local governments and state agencies in identifying biological agents through laboratory services and the FERN.
- 3) Provide response support for food-borne hazards through a rapid response strike team.

b. Texas Animal Health Commission (TAHC)

- 1) Assume the role as the state lead agency for consequence management of biological terrorism incidents that directly affect livestock and poultry involving foreign or emerging animal disease (FEAD). Refer to Annex O (Animals, Agriculture, Food, and Feed Safety).
- 2) Provide technical assistance to local governments and state agencies regarding animal health issues that may result from a biological terrorism incident affecting livestock.
- 3) Mobilize and deploy veterinarians, animal health inspectors, and other agency responders in response to a biological terrorism incident involving FEAD in accordance with Appendix 4 to Annex O (Foreign and Emerging Animal Diseases Response Plan).
- 4) Coordinate with DSHS on biological terrorism response for zoonotic diseases.

c. Texas Commission on Environmental Quality (TCEQ)

- 1) Support the Federal BioWatch Program at the state-level in conjunction with participating local, state, and federal partners.
 - 2) Provide DSHS with data generated by the BioWatch program, and work with DSHS and BioWatch partners to supplement data collection as needed.
 - 3) Provide technical guidance regarding appropriate disposal of wastes to organizations involved in the remediation of biological agents in the environment.
 - 4) In cooperation with response partner agencies (e.g., TXMF, Environmental Protection Agency (EPA), TAHC, General Land Office (GLO), Texas Department of Agriculture (TDA)), provide environmental data to DSHS to assist in the determination of safe reentry and reoccupation.
- d. Texas Department of Agriculture (TDA)
- 1) Assume the role as the state lead agency for consequence management of biological terrorism incidents involving agriculture products, not including animals.
 - 2) Provide technical assistance to local governments and state agencies regarding agricultural issues that may result from a biological terrorism incident.
- e. Texas Department of Public Safety (DPS)
- 1) Assume the role as the state lead agency for law enforcement response in a biological terrorism incident.
 - 2) Coordinate with the FBI in investigating biological terrorism threats and/or incidents.
 - 3) Disseminate critical biological terrorism threat information to DSHS and support agencies.
 - 4) Provide law enforcement support for disease control measures following a biological terrorism response.
 - 5) Coordinate with TxDOT for the evacuation of the affected population.
- f. Texas Department of Transportation (TxDOT)
- 1) Continue ongoing efforts to encourage public transportation entities to participate in local emergency management planning.

- 2) Disseminate public-transportation technical guidance from appropriate authorities to established, local public-transportation contacts, and/or refer information-seekers to sources of technical guidance.
 - 3) Post pertinent training opportunities, as related to public transportation, on TxDOT's internet site.
- g. Texas Military Forces (TXMF)
- 1) When authorized by the Governor, activate and deploy specialized Chemical, Biological, Radiological, and Nuclear (CBRN) assets to support the State's response in or near the affected area as well as non-CBRN assets to support the State's response outside the affected area.
 - a) CBRN Assets
 - (1) Joint Task Force (JTF)-71 is a unit that possesses the TXMF's CBRN assets and specialized training. These assets include the Homeland Response Force (HRF), CBRN Enhanced Response Force Package (CERFP), and the 6th Civil Support Team (CST).
 - (2) CBRN support may include, command and control, detection, extraction, decontamination, medical triage, and internal security.
 - b) Non-CBRN Assets

Additional non-CBRN functions may include logistical, Point of Dispensing (POD) operations support, aviation support, and security support.
- h. Texas Parks and Wildlife Department (TPWD)
- Coordinate with DSHS and TAHC on investigation and control measures involving animal hosts and disease vectors.

VII. COORDINATION AND CONTROL

A. STATE LEVEL PROCEDURES

1. Coordination and control of emergency response and recovery operations in Texas will be exercised in accordance with the State of Texas Emergency Management Plan, and in accordance with NIMS and relevant NRF requirements.

2. DSHS staff will serve as primary agency representatives and will coordinate all biological terrorism related activities within the SOC and the SMOC.

B. REGIONAL LEVEL PROCEDURES

1. Each DSHS HSR, in conjunction with coordinating DDCs, will be responsible for preparing for and responding to biological terrorism incidents within the region.
2. DSHS HSR staff will coordinate regional biological terrorism related activities with Disaster District EOCs within Regional Medical Operations Centers (RMOC).

VIII. EMERGENCY RESPONSE LEVELS/ACTION GUIDES

See the State of Texas Emergency Management Plan for a list of the different response levels and the kinds of activities that characterize each level. Appendix 2 to Annex N (Direction and Control), maintained by TDEM, addresses all hazards, functions, agencies, and response levels.

IX. CONTINUITY OF GOVERNMENT

A. LINES OF SUCCESSION

Lines of succession for personnel with emergency management responsibilities will be in accordance with existing policies and emergency management SOPs of each agency/organization.

B. TRAINING

Primary and support agencies will ensure their respective personnel are trained in accordance with NIMS guidelines and prepared to operate in the event regular agency members are absent. They will identify alternate or backup personnel, ensure these individuals understand the lines of succession, pre-delegated authorities, and task responsibilities of their individual agencies, and ensure appropriate Action Guides contain sufficient detail so alternate and/or backup personnel can use them in performing their responsibilities.

C. RECORD KEEPING

Primary and support agencies will ensure all records necessary for emergency management operations are obtainable from each member agency in an emergency, and, as required, the records are duplicated at an alternate location in the event the primary records are destroyed.

X. ADMINISTRATION AND SUPPORT

A. SUPPORT

Requests for emergency assistance will be resolved at the lowest level EOC with appropriate response resource capabilities. Requests for assistance normally flow

upward from cities to the county, and if unresolved at the county level, continue upward to the responsible DDC. If the DDC is unable to accommodate the request, it is then forwarded to the SOC and, if needed, to other states or the federal government.

B. AGREEMENTS AND UNDERSTANDING

All agreements and understandings entered into for the purchase, lease, or use of equipment and services will be in accordance with the provisions of state law and procedures. The Proclamation of a State of Disaster issued by the Governor may suspend select rules and regulations affecting support operations. The specific impact of the situation will be determined by the nature of the emergency. Biological terrorism response group members will be advised of any administrative and/or procedural changes impacting emergency operation procedures.

C. STATUS REPORTS

TDEM will maintain the current status of all outstanding assistance requests and unresolved issues. This information will be summarized into periodic status reports and submitted in accordance with applicable operating procedures.

D. EXPENDITURES AND RECORD KEEPING

1. Each state agency is responsible for establishing administrative controls necessary to manage the expenditure of funds and provide reasonable accountability and justification for federal reimbursement in accordance with the established guidelines.
2. The first source of expenditures by state agencies in response to an emergency, imminent disaster, or recovery from a catastrophic incident should originate from funds regularly appropriated by the Legislature.
3. In accordance with established procedures, state agencies may seek financial assistance from Disaster Contingency Funds.

E. CRITIQUES

1. Following the conclusion of any significant emergency event/incident or exercise, DSHS will conduct a critique of the group's activities during the event/incident or exercise. Support agencies will provide written and/or oral inputs for this critique and DSHS will consolidate all inputs into a final written report.
2. Post Disaster Evaluation. Chapter 418, Government Code, requires State agencies, political subdivision, and inter-jurisdictional agencies to conduct an evaluation of their response to a disaster, identify areas of improvement, and issue a report of the evaluation to TDEM no later than 90 days after TDEM makes the request.

XI. DEVELOPMENT AND MAINTENANCE

A. DEVELOPMENT

1. DSHS has the overall responsibility for emergency planning and coordination of state resources in the conduct of biological terrorism response operations.
2. Each tasked member agency of the State Emergency Management Council is responsible for the development and maintenance of appropriate planning documents to address responsibilities assigned in this plan, to include standard operating procedures.
3. The Commissioner of Health will ensure appropriate distribution of this plan and any changes thereto.

B. MAINTENANCE

1. The Commissioner of Health at DSHS will authorize and issue changes to this plan until such time as the plan is superseded.
2. DSHS will maintain and update this plan, as required. State Emergency Management Council member representatives may recommend changes and will provide information concerning capability changes which impact their emergency management responsibilities.
3. Tasked State Emergency Management Council agencies are responsible for participating in the annual review of the plan. The Commissioner of Health at DSHS will coordinate all review and revision efforts, and ensure the plan is updated as necessary, based on lessons learned during actual biological terrorism incidents and exercises, and other changes in organization, technology and/or capabilities.
4. Council members have the responsibility for maintaining annexes, standard operating procedures, notification lists, and resource data to ensure prompt and effective response to biological terrorism incidents. Agency resource data must be accessible to agency representatives at the SOC and at each affected Disaster District EOC to facilitate the capability of each agency to support its emergency management responsibilities. Council member agencies are also required to conduct and/or participate in training activities designed to enhance their ability to accomplish their responsibilities as assigned by this plan.
5. This plan shall be exercised at least annually in the form of a simulated or real emergency in order to provide practical, controlled, and operational experience to those who have SOC responsibilities. This requirement is applicable to the SOC and each Disaster District EOC.
6. All biological terrorism-related exercises will be designed to best evaluate the effectiveness of this plan and its associated procedures.

ATTACHMENT 1

BIOLOGICAL TERRORISM RESPONSE ORGANIZATION

I. PRIMARY AGENCY: Texas Department of State Health Services

II. SUPPORT AGENCIES: Office of the Texas State Chemist
Texas Animal Health Commission
Texas Commission of Environmental Quality
Texas Department of Agriculture
Texas Department of Public Safety
Texas Department of Transportation
Texas Military Forces
Texas Parks and Wildlife Department

III. NON-COUNCIL AGENCIES:

ATTACHMENT 2
CDC SELECT AGENTS

Currently Under Review at CDC