

# *Standard Operating Guide: High Consequence Infectious Disease (HCID) Response in Health Service Region 11*

Version 1.0

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# TEXAS

Department of  
State Health Services

**Texas Department of State Health Services  
Division of Regional and Local Health Services  
Health Service Region 11**

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## Version Control Information

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Health Service Region 11 is responsible for maintaining and updating the *Standard Operating Guide: High Consequence Infectious Disease (HCID) Response in Health Service Region 11* (hitherto referred to as the *HCID SOG*). This is a living document and will be reviewed, updated, and approved on an annual basis, or more frequently in response to after-action improvements, updates in guidance, and/or Department of State Health Services policy or procedural changes. Below is the next scheduled review and update period:

November 2017	Review and Comment
January 2018	Effective Date

Submit comments/changes to this document via email to James Merton at james.merton@dshs.state.tx.us. Please include the title of this document in the email subject line.

## Purpose

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This document guides how Texas Department of State Health Services (DSHS) Health Services Region (HSR) 11 will perform its role as Emergency Support Function #8 (ESF-8) lead during Regional Health and Medical Operations Center (RHMOC) operations in response to a high consequence infectious disease (HCID) incident in the region. For purposes of this Standard Operating Guide (SOG), a high consequence infectious disease (HCID) is defined as:

*“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.”*

It is important to note that HCID incidents that are suspected/confirmed to be the result of an act of terrorism or criminal activities are not covered within the scope of this SOG.

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

## Scope

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The scope of this document is defined by and limited to the response function of HSR 11 during a confirmed, developing, or potential HCID incident that may require resources beyond those readily available within the affected jurisdiction(s) in the region. It is intended to:

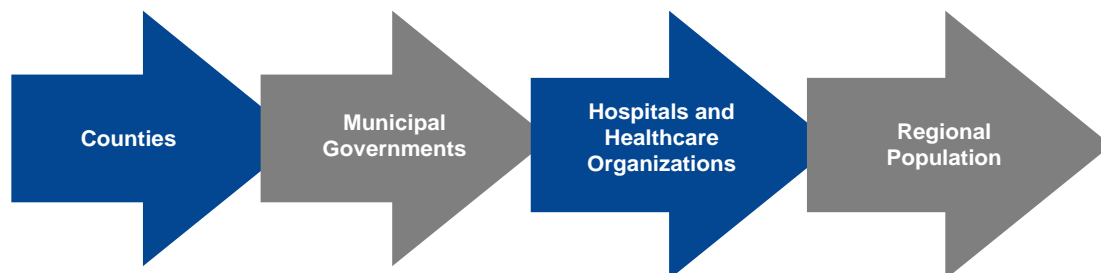
- Identify HSR organizational responsibilities
- Provide response guidelines and coordination protocols
- Identify potential tasks that may be accomplished or coordinated by the RHMOC

- Outline direction and control procedures and resource management information that is specific to an RHMOOC activation during an HCID incident.

The response to an HCID incident is expected to involve a coordinated effort on the part of numerous public, private, and not-for-profit stakeholders. It is expected that the HSR 11 RHMOOC will support:

- 19 counties
- 2,324,489 regional population

**Figure 1: Response Partners**



This SOG is intended to assist HSR 11 in responding to an HCID incident in an organized and efficient manner so that complex challenges can be effectively addressed while simultaneously facilitating the accomplishment of the HSR's core responsibilities—ultimately meeting the expectations of both the state and the region's stakeholders.

## **Synopsis and Concept of Operations**

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HSR 11 is located along the Gulf Coast and the Mexican border. The sheer size of the region and its diverse population may serve as a challenge in the event of an HCID. Many of the counties within HSR 11 are considered boarder counties that are within 100km of the Mexican border. See the DSHS HCID Annex and HSR 11 Executive Summary for situation and assumptions.

In a confirmed or potential HCID incident, coordination across the 17 core functional areas (CFAs) of ESF-8 may be needed, depending on the type of infectious disease and other factors.

DSHS HSR 11 has primary responsibility for the ESF-8 CFAs. The RHMOOC serves as a coordination point between state, regional, or local agencies or organizations.

### **Overview**

Given an HCID incident, epidemiologists will conduct investigations on cases and identify contacts. Multiple disease surveillance systems will be used to detect potential cases, and specialized epidemiological studies may be initiated to increase understanding. Persons with a certain travel history, exposures, and/or symptoms, may need to be monitored. Risk, impact, and needs assessments also may be conducted. Depending on the incident, various pharmaceutical or non-pharmaceutical disease control interventions may be recommended—including



mass vaccinations, isolation, quarantine, social distancing, or vector control operations.

Sick individuals may self-present to a medical facility or require transportation. Should a patient present at a frontline hospital with an HCID, the patient may need to be transported to a designated assessment hospital, and possibly a specialized treatment facility (such as an approved Ebola Treatment Facility, in the case of Ebola virus disease). Surge strategies may need to be implemented if the number or complexity of patients is great. If an individual is determined to be a case, contaminated material may need to be removed from locations visited by the person, and further environmental decontamination may be required. Pets/service animals also may need to be cared for and monitored for symptoms.

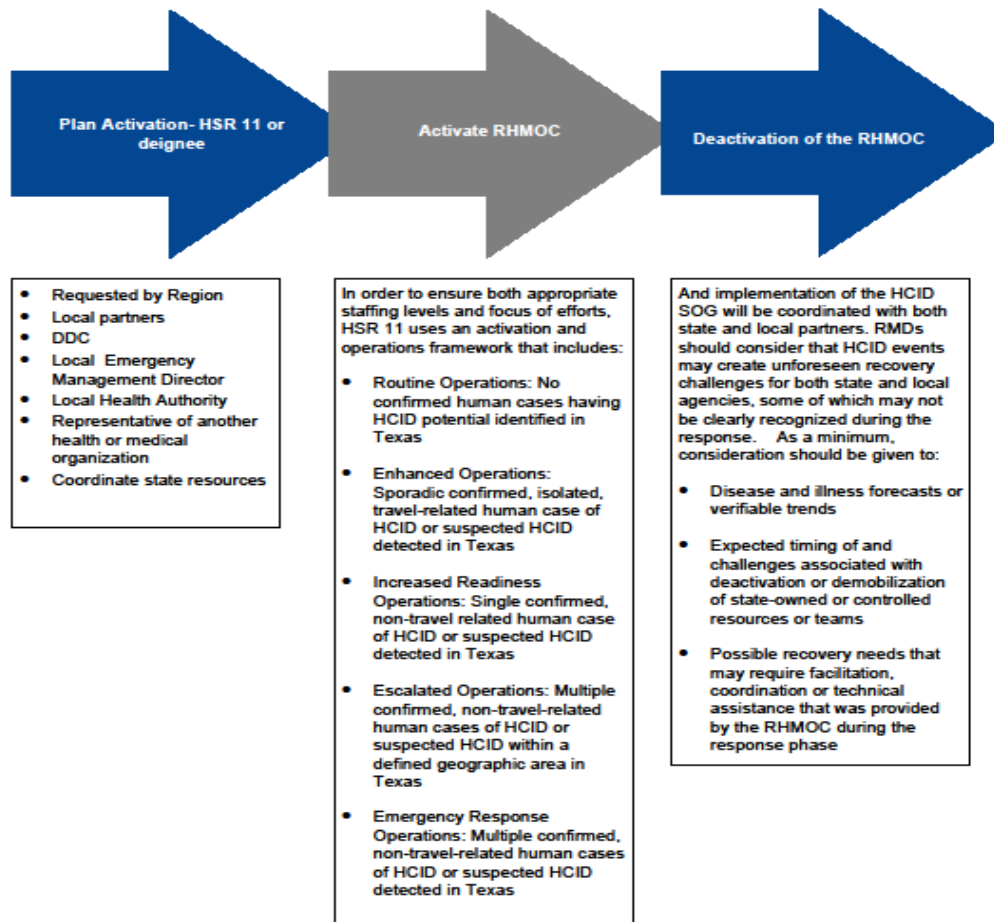
Other public health and medical issues that may need to be addressed include fatality management and the safety and security of water, food, drugs, blood, tissues, etc. Furthermore, ESF-8 operations during an HCID incident will require specialized logistics, technical/subject matter expertise, and public information support.

The RHMOC is involved in coordinating, conducting, supporting, or ensuring completion of all of the above activities. Detailed RHMOC actions are categorized by ESF-8 CFAs and documented in the section of this SOG entitled "ESF-8 CFA Tasks."

## **Plan Activation**

When the Regional Medical Director (RMD) or a local health authority (LHA) determines that an infectious disease meets the definition of an HCID and additional resources may be needed, this SOG will be activated at the discretion of the HSR 11 RMD, or their designee. Activation may be requested by regional or local partners, a Disaster District Committee (DDC) Chair, a local Emergency Management Coordinator (EMC), a LHA, or a representative of another health or medical organization. RMDs should consider the likelihood that state resources will be employed, the need or potential need for specialized technical assistance, and the status or activation forecast of the State Medical Operations Center (SMOC) when determining whether or when to activate the RHMOC and the HCID SOG.

**Figure 2: HCID Activation**



## Areas of Responsibility

An HCID incident will drive a wide variety of ESF-8 activities at every level of government. This SOG organizes these activities and priorities as tasks within each CFA, and identifies the function within the RHMOC that will be directly responsible for ensuring that they are accomplished. This section identifies both internal and external agencies or organizations that will be involved in supporting those tasks, key coordination efforts that will be needed to support related efforts, and other critical information or resources that may assist the RHMOC or region.

On an ongoing basis, HSR 11 is responsible for:

- Coordinating regional public health and medical response and recovery preparedness, including planning, training, and exercises.
- Working with local and regional partners to align HCID plans and procedures and identify potential capability and resource shortfalls.
- Synthesizing data (case reports, medical resource availability, etc.) at a regional level to improve preparedness and situational awareness.

- Developing regional coordination systems and maintaining these systems.
- Facilitating routine use of the regional coordination systems developed through routine operations and emergency preparedness exercises (See Appendix B).

Additionally, according to the TDEM State Emergency Management Plan, all DSHS programs 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 RHMOC and/or DDC;
- Develop and maintain a current inventory of resources related to an HCID incident response and a means of obtaining them; and
- Provide situational and operational status reports in response to an HCID incident.

A table outlining the specific HSR 11 program assignments of roles and responsibilities for ESF-8 CFAs and tasks is located in Appendix B of this SOG.

## Command and Control

Multiple agencies and organizations have substantial responsibilities in an HCID incident, and therefore coordination is vital to regional response. The RHMOC is the ESF-8 desk for the DDCs within the HSR jurisdiction. It coordinates regional and state resources in support of local response needs. The locations from which the RHMOC will operate are:

- **Primary RHMOC:** Texas DPS Region 3 Headquarters, 2525 North International Blvd, Weslaco, Texas 78596
- **Alternate RHMOC:** DSHS HSR 11 Headquarters, 601 W, Sesame Dr., Harlingen, Texas 78550

Additionally, in the event that the RHMOC is not activated or is activated virtually, there may exist the potential that HSR 11 staff may provide direct, in-person support to one or more of the following DDCs:

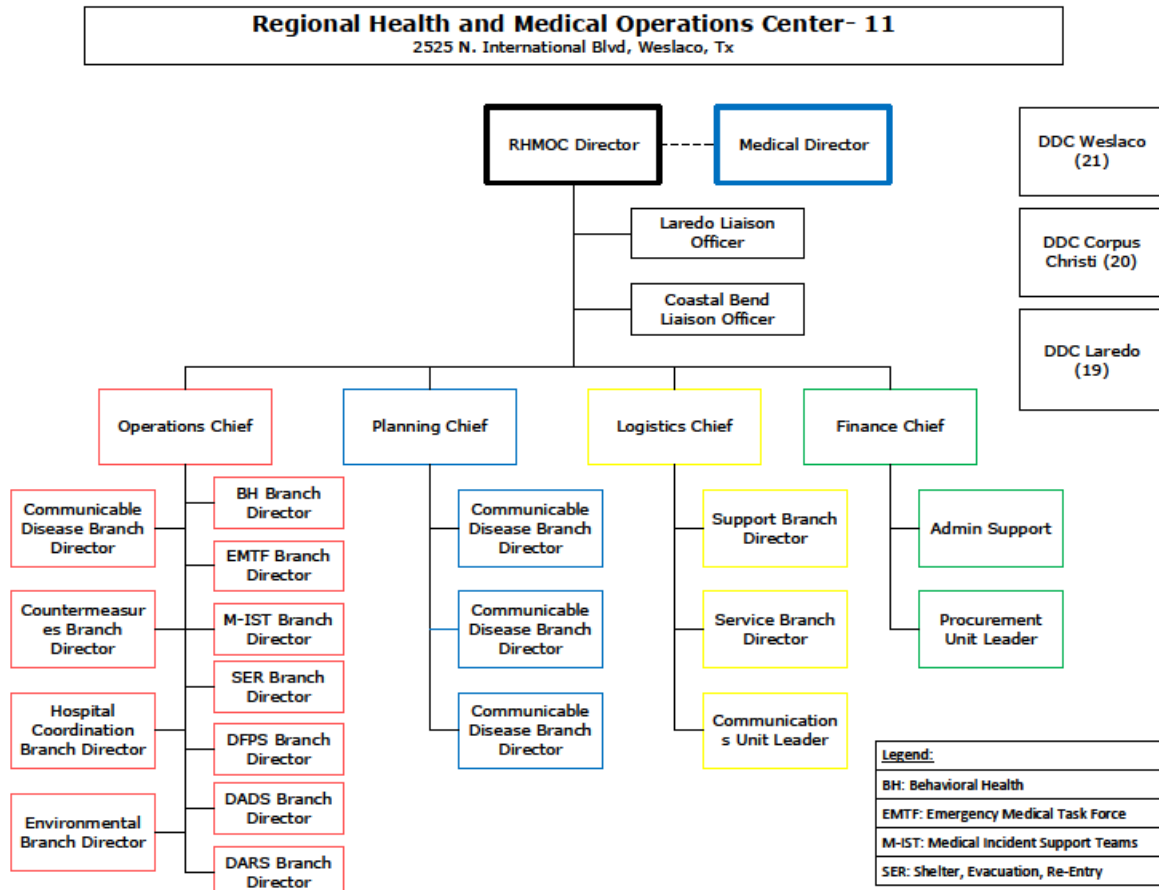
- **DDC 19:** 1901 Bob Bullock Loop, Laredo, Texas 78043
- **DDC 20:** 1922 S Padre Island Dr, Corpus Christi, Texas 78416
- **DDC 21:** 2525 N International Blvd., Weslaco, Texas 78596

HSR 11 staff will remain flexible before and during an HCID incident in respect to their physical location during operations, and may be asked to operate from unfamiliar or austere locations, including field locations such as an Incident Command Post (ICP). Furthermore, it is accepted that some members of the RHMOC 11 staffing team (or their alternates) may have operational duties or responsibilities that are in addition to their role supporting the RHMOC, but still

necessary in support of the HSR's overall mission. HSR 11 leadership will address these conflicts on a case-by-case basis.

### RHMOC Organization

The RHMOC 11 is capable of operations in a number of different staffing configurations, depending on the phase of activation and the specific needs of the incident. However, the general organization of the RHMOC during the response phase of an HCID incident in the region is depicted by the following diagram:



### Use of Incident Command System (ICS)

In accordance with state and federal directives, the organization and direction/control of the RHMOC and other operational functions of the RHMOC 11 response will be guided by the National Incident Management System (NIMS). Specifically, the Incident Command System (ICS) will be used to guide the operational deployment of any resources, and operational units dedicated to coordination and support will organize and utilize appropriate concepts of ICS and/or Multi-Agency Coordination Systems (MACS), as appropriate.

## Information Collection, Management, Analysis, and Dissemination

RHMOC 11 receives, collects, organizes, interprets, and assesses information on the HCID incident and its actual and potential impact on the region. Sources of information may include local, state, federal, and international public health agencies, medical providers, response partners, and subject matter experts. The regular and routine exchange of information within the RHMOC 11 is managed by the Planning Section via email, WebEOC, telephone, and fax.

In the event of an HCID event and the activation of the RHMOC, information and data among the RHMOC and other entities are managed in accordance with agency policies on protected health information. This information sharing will be led by utilizes multiple communication methods:

- Verbal communication
- Email (secure and routine)
- Fax
- Cell and landline telephones
- Two-way radio, and
- Web-based applications such as WebEOC, National Electronic Disease Surveillance System (NEDSS), PHIN, and EMSystem.
- RHMOC Incident Commander determines frequency of, solicits, and receives Situation Reports (SitReps) from LHDs and other stakeholders.
- The RHMOC receives information and data from border partners and other stakeholders.
- The RHMOC Incident Commander or Regional Medical Director, or their designee, provides information to the SMOC for situational awareness.
- Both raw data products and organized information and intelligence may be provided to LHDs, LHAs, and LHMAAs, RACs, DDCs, border partners, and other organizations as appropriate via verbal, phone, secure email, and/or fax.
- The Medical Unit Leader serves as the key point of information coordination with the ESF 8 Desk in each DDC in the HSR.

## Communication

The Center for External Relations (CER) directs all public information throughout the state for DSHS. RHMOC 11 assists in facilitating or coordinating regional public health and medical HCID messaging in conjunction with CER, regional DDCs, LHDs, Regional Advisory Councils (RACs), and other agencies as appropriate to support dissemination of clear, timely, and consistent information to the public and the media.

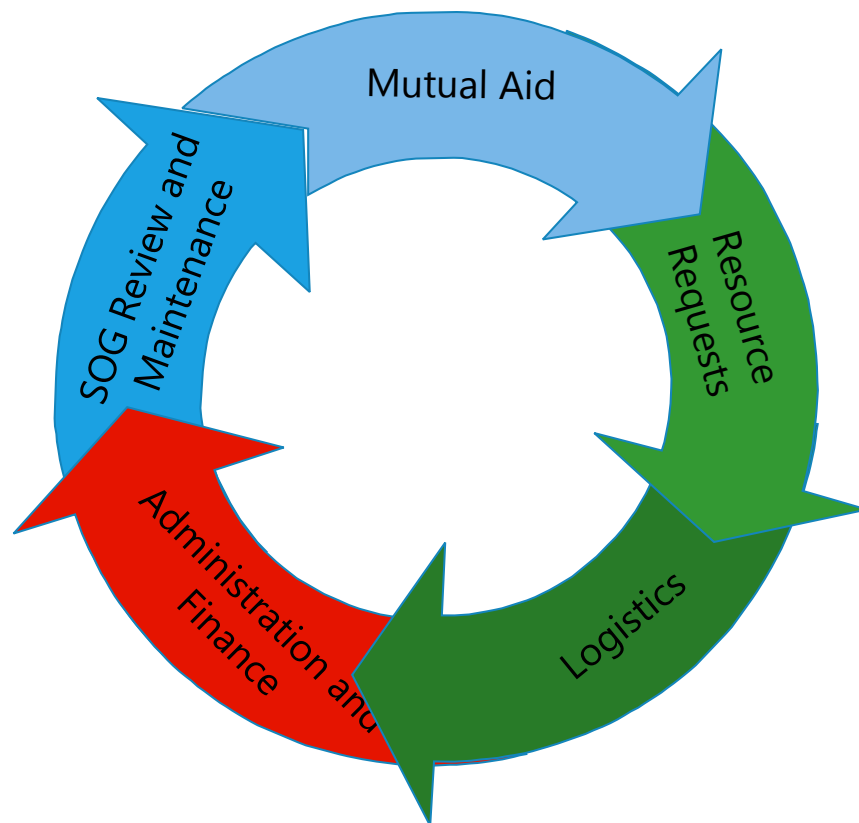
During an HCID incident, the RHMOC supports DSHS Austin's efforts to disseminate public health, disease prevention, and behavioral health information to the public, media, and responders located in or near the affected or potentially affected areas. Communications are provided in languages and formats that are understandable to

individuals with limited English proficiency and individuals with disabilities and functional needs

If established, the RHMOC supports or participates in Joint Information Centers (JICs) in coordinating release of medical and public health response information and protective action guidance to the public and the media.

### **Administration, Finance, and Logistics**

The RHMOC 11 will keep efficient records of all administrative actions and maintain appropriate financial documentation. It will ensure that resources under its control and those that it coordinates for other entities are accounted for in accordance with DSHS Guidance for Executive and Staff Operations – Property Management. The Finance and Administration Section is responsible for record-keeping. Accounting protocols are identified in the Texas Health and Human Services Commission Procurement Manual. Specific considerations during an HCID incident may include the following:



## ESF-8 CFA Tasks

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The Federal Emergency Management Agency (FEMA) has established 17 CFAs within ESF-8. HSR 11 is responsible for coordinating with federal, state, regional, local, and private/not-for-profit partners to ensure that a wide variety of tasks are accomplished within each of these CFAs. General guidance relating to DSHS's response to an HCID, also organized by CFA, can be located in the *DSHS HCID Annex*.

This section captures how the RHMOC will carry out the tasks assigned to the HSR in the DSHS HCID Annex, and other tasks that may be executed or considered by HSR 11 upon activation of the RHMOC in response to an HCID incident.

### CFA #1: Agriculture Safety and Security

#### **Task 1.1: Upon request from the Texas Animal Health Commission (TAHC), provide technical assistance for meat safety and security**

- DSHS Responsible Program: Meat Safety Assurance
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - RHMOC refers technical assistance requests to the TAHC via the SMOC.
  - RHMOC will contact SMOC to request support of Meat Safety Assurance.
  - Infectious Disease Control Unit (IDCU) supports investigations should HCID present.

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

- DSHS Responsible Program: Regulatory
- Primary Responsibility within RHMOC: Operations Chief
- Actions
  - Coordinate with Regulatory Division from Central Office
  - The RHMOC will support and provide resource requests and technical assistance via the SMOC as needed

#### **Task 1.3: Coordinate with TAHC to provide technical assistance for the health and well-being of food-producing animals**

- DSHS Responsible Program: Meat Safety Assurance
- Primary Responsibility within RHMOC: Operations Chief
- Actions
  - Coordinate with Central Office Meat Safety Assurance.
  - Participate in and contribute to agricultural risk assessments:
    - Products
    - Production and processing locations
    - Transportation means/routes in region

- Disease/contamination potential
  - Identify monitoring capabilities and methods and maintain communication with monitoring entities.
  - Coordinate with Texas Animal Health Commission (TAHC) to identify zoonotic diseases that could potentially lead to an HCID incident.
  - Coordinate with Texas Department of Agriculture and USDA APHIS regarding risks and guidance for use and ingestion of agricultural products related to or potentially involved in an HCID.
  - Coordinate with producers, distributors, and or retailers of agricultural stock or products potentially related to an HCID to ensure guidance and any protocols are distributed.

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

### **Task 2.1: Coordinate or conduct initial risk assessment**

- DSHS Responsible Program: IDCU
- Primary Responsibility within RHMOC: Operations Chief
- Actions
  - Support the Epidemiology and Communicable Disease Risk Assessment with any unmet resource requests or needs.

### **Task 2.2: Provide public health technical assistance and subject matter expertise (SME)**

- DSHS Responsible Program: IDCU
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Assess expected public health activities and medical approaches to identify potential areas where assistance may be needed.
  - Consider the results of rapid needs assessments and other relevant assessments to identify areas where assistance may be needed.
  - Communicate with regional and local stakeholders to identify concerns or areas where support may be needed.
  - Identify regional sources for SME assistance or support.

### **Task 2.3: Provide medical technical assistance and subject matter expertise**

- DSHS Responsible Program: ID Medical Officer
- Primary Responsibility within RHMOC: Operations Chief



- Actions:
  - Provide support for personnel and or resources as requested by the subject matter expert for medical assistance.

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

- DSHS Responsible Program: IDCU
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Provide information and safety protocols as relayed from DSHS Central Office specific to the HCID to responders and health, medical, mortuary, and cleaning personnel.
  - Consider limitations that may be faced by responders or public service entities that may require JIT training or other SME support.
  - Coordinate with the SMOC to develop or refine PPE guidance in a format that can be rapidly distributed and easily understood by first responder and public service organizations.

**Task 2.5: Integrate public health and medical resources**

- DSHS Responsible Program: HEPRS
- Primary Responsibility within RHMOC: Planning Chief
- Actions:
  - The RHMOC will coordinate or support the employment of mutual aid assets with the EMTF.
  - Facilitate the integration or employment of state and federal response teams as allocated to the region.

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

- DSHS Responsible Program: DCP, Regulatory
- Primary Responsibility within RHMOC: RHMOC Director/Medical Director
- Actions
  - Provide support as requested by Environmental Branch Director within the RHMOC.  
The RHMOC will coordinate unmet for environmental support with the SMOC.

**CFA #3: Assessment of Public Health/Medical Needs**

**Task 3.1: Coordinate and/or Support Rapid Needs Assessment of Healthcare Infrastructure**

- DSHS Responsible Program: HEPRS
- Primary Responsibility within RHMOC: Operations Chief

- Actions:
  - Collect data from needs assessments conducted by LHDs, healthcare facilities, and other providers.
  - Collect and analyze the impact of healthcare system infrastructure degradation, damage/contamination, shortages, or other limiting factors within the region and report to the RHMOC and DSHS Central Office any areas of concern to be addressed.
  - Assess known medical professional and responder preparedness and capabilities. Training and knowledge relevant to the specific HCID may be considered.

### **Task 3.2: Coordinate and/or Support Rapid Needs Assessment of Populations**

- DSHS Responsible Program: HEPRS
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Coordinate with LHDs to assess the health needs of:
    - General population
    - Healthcare and response personnel
    - Functional and access needs populations
    - Uninsured/underinsured residents.
  - Assess availability of LHD resources and staff in and near affected areas or jurisdictions.
  - Consider availability of skilled professionals within the region.
  - Assess training levels and consider effectiveness of just-in-time (JIT) training.
  - Consider availability of public health tools and resources, as well as situation-specific efficiency and accessibility of facilities and other infrastructure.
  - Collect the information for decision-making within the RHMOC.

## **CFA #4: Behavioral Healthcare**

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

- DSHS Responsible Program: HEPRS
- Primary Responsibility within RHMOC: Operations Chief to Behavior Health Branch Director
- Actions:
  - Coordinate with DHB Partners to ensure that the DHB teams have access to information on:

- Disaster behavioral health resource team information and referral processes
- Psychological first aid and associated resources
- Responder self-care
- Helplines
- Coordinate with DBH Partners to ensure DBH teams incorporate spiritual and ethnic considerations into behavioral health assessments, care, referrals, etc.

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

- DSHS Responsible Program: HEPRS
- Primary Responsibility within RHMOC: Operations Chief to Behavior Health Branch Director
- Actions:
  - Coordinate with local mental health authority/centers for the purpose of including disaster behavioral health assistance as part of an HCID incident response.
  - Ensure that response teams and appropriate agencies have contact information for coordinating DBH efforts.

**CFA #5: Blood and Tissues**

**Task 5.1: Facilitate communications with appropriate entities regarding safe and adequate tissue and blood product inventories**

- DSHS Responsible Program: DCP, RLHS
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Provide communication to public and private entities in assessing potential impacts to packaging, transport, and security of blood, tissues, and/or organs.

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

- DSHS Responsible Program: HEPRS
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Coordinate and communicate with regional partners (EMTF, HPP) regarding availability and inventory of blood and tissue products.
  - The RHMOC will report to the SMOC any shortages of blood or tissue supplies as reported by regional partners during information gathering.

## **CFA #6: Food Safety and Defense**

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

- DSHS Responsible Program: Regulatory
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Distribute appropriate food handling and food safety/defense procedures or guidance.
  - Coordinate with producers, distributors, and or retailers of potentially impacted food product types to implement food handling and food safety/defense procedures.

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

- DSHS Responsible Program: Regulatory
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Coordinate with the LHDs to conduct inspection of food storage, handling, and retail facilities and provide support where needed with regard to the inspections.
  - Collect and analyze food storage, handling, and retail establishment food and food handling inspection data for decision-making.

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

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

- DSHS Responsible Program: DCP
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Identify water and wastewater issues, including contamination potential, associated with the HCID.
  - Report water and wastewater issues to Texas Commission on Environmental Quality (TCEQ) via telephone if they are not in the RHMOC.
  - Coordinate information about water and wastewater issues in response with TCEQ.
  - Collaborate with appropriate technical experts regarding water and wastewater issues to provide the appropriate guidance to emergency responders and the public.
  - Ensure the Incident Action Plan (IAP) and situation reports are completed;

- Facilitate coordination of additional resources, as needed, to mitigate the water and or wastewater issues.
- Ensure communication with hospitals in the region regarding the water/wastewater issues will be coordinated with the HPP Hospital Representative.

**Task 7.2: Provide support and/or consultation on the management/disposal of medical and biological waste**

- DSHS Responsible Program: HEPRS
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - In coordination with TCEQ, consult on appropriate methods for identifying equipment that cannot be decontaminated and must be treated as waste.
  - Provide guidance on appropriate packaging, labeling, and local disposal of waste.
  - Advise appropriate authorities on standards for identifying items (i.e. personal property) that cannot be decontaminated and should be treated as waste.
  - Provide SME support to entities tasked with transporting waste.
  - Coordinate guidance regarding waste handling and disposal.

**Task 7.3: Support TCEQ on water/wastewater assessment in retail establishments, including establishments holding, preparing and/or serving food.**

- DSHS Responsible Program: Regulatory
- Primary Responsibility: Operations Chief
- Actions:
  - Maintain awareness of environmental concerns as presented by an HCID event.
  - Facilitate SME support to state and local entities with responsibilities relating to environmental protection or defense.

**Task 7.4: Support TCEQ on water/wastewater assessment in medical facilities holding, preparing, and/or administering drugs or medical devices.**

- DSHS Responsible Program: Regulatory
- Primary Responsibility: Operations Chief
- Actions:
  - Coordinate requests from TCEQ for support on water/wastewater assessment.
  - Facilitate SME support, as needed.

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

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

- DSHS Responsible Program: HEPRS
- Primary Responsibility: Operations Chief
- Actions:
  - Contact and maintain contact with LHDs and DDCs to determine level of resource and personnel commitment and projected resource and capability gaps.
  - Receive and process resource requests using regional resources, mutual aid, or through the State of Texas Assistance Request (STAR).
  - Contact and maintain contact with LHDs and medical providers in counties where the HSR serves as the LHD, to determine level of resource and personnel commitment and project resource and capability gaps.
  - Receive and process resource requests using regional resources, mutual aid, or through STAR.
  - Assist TAHC, as needed, in coordinating veterinary resource requests and in tracking deployed resources.
  - When directed, facilitate utilization or deployment of resources through the National Veterinary Stockpile.

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

- DSHS Responsible Program: DCP
- Primary Responsibility: Operations Chief
- Actions:
  - Assist TAHC as needed in coordinating veterinary disaster response operations
  - Receive and process resource requests using regional resources, mutual aid, or through STAR.

## **CFA # 9: Health Surveillance**

### **Task 9.1: Coordinate and/or Conduct Surveillance Strategies**

- DSHS Responsible Program: DCP
- Primary Responsibility: Operations Chief
- Actions:
  - Identify the purpose and objectives for surveillance.
  - Identify applicable existing surveillance systems/approaches:
    - Passive surveillance
    - Active surveillance

- Syndromic surveillance
- Sentinel surveillance
- Other surveillance
- Design novel surveillance systems/approaches, as needed.
- Identify/collect surveillance data through the appropriate program
- Contact stakeholders, local health departments (LHD) and other partners to collect surveillance data.
- Provide support to the LDHs to identify/collect the surveillance data as needed or requested by the LDH.
- Analyze and interpret data.
- Determine the need to activate the RHMOC and/or HCID with the RHMOC Director and Medical Director.
- Disseminate data and interpretations.
- Evaluate and improve surveillance systems.

**Task 9.2: Coordinate with the Laboratory Response Network (LRN) lab**

- DSHS Responsible Program: Lab Services
- Primary Responsibility: Operations Chief
- Actions:
  - Coordinate with the LRN to ensure the specimen submission protocol is in place to:
    - Collect samples.
    - Package samples.
    - Transport samples.
  - Coordinate with the LRN when specimens are being shipped.
  - Coordinate with LRN on the results of testing.

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

- DSHS Responsible Program: PLHS
- Primary Responsibility: Operations Chief
- Actions:
  - Identify and classify the individuals based on risk.
  - Identify the individual to be monitored.
  - Utilize the monitoring protocol provided by CDC and DSHS Central Office.
  - Document and evaluate the individual's status.
  - Summarize and disseminate findings.
  - Continue monitoring and documenting as appropriate.

**Task 9.4: Coordinate and/or Conduct Field Investigations to include Persons Under Investigation (PUI).**

- DSHS Responsible Program: RLHS
- Primary Responsibility: Operations Chief
- Actions:
  - Activate the Regional Investigative/Surveillance Teams.
  - Support the LDHs as requested on epidemiological collection.

- Identify and classify individuals based on risk.
- Identify the individuals to be investigated.
- Utilize the investigation protocol provided by CDC and DSHS Central Office.
- Document and evaluate the individual's status.
- Summarize and disseminate findings.

#### **Task 9.5: Coordinate and/or Conduct Special Investigations/Studies**

- DSHS Responsible Program: DCP or RLHS
- Primary Responsibility: Operations Chief
- Actions:
  - Identify the purpose, objectives, and hypotheses of the study.
  - Design the study methodology.
  - Identify/collect data.
  - Analyze and interpret the data.
  - As necessary, reconsider, refine, and re-evaluate hypotheses; continue with data collection and analysis.
  - Summarize results.
  - Disseminate data and interpretations.

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

#### **Task 10.1: Support efforts to track, anticipate, and document fatalities**

- DSHS Responsible Program: HEPRS
- Primary Responsibility: Planning Section
- Actions:
  - Based on HCID progression, morbidity, and mortality information, conduct modeling of potential fatality numbers. Provide information to local health departments and appropriate partners and stakeholders.
  - Coordinate with DSHS Austin and federal agencies to analyze mortality data.
  - Provide information on disease and fatality trends and forecasts to local health departments and appropriate partners and stakeholders
  - Work with healthcare providers to identify resource needs based on fatality trends and forecasts

#### **Task 10.2: Coordinate Operations to Safely Collect and Transport Human Remains**

- DSHS Responsible Program: HEPRS
- Primary Responsibility: Logistics Chief
- Actions:
  - Support victim identification efforts.



- Provide technical assistance regarding the preparation and temporary storage of remains.
- Coordinate mobilization of LHD and RAC resources in support of safe collection and transportation of human remains.
- Provide technical assistance regarding the safe and secure transportation of remains to storage or final disposition.
- Support efforts to maintain an effective chain of custody.

### **Task 10.3: Coordinate Operations to Safely Process and Prepare Human Remains for Final Disposition**

- DSHS Responsible Program: HEPRS
- Primary Responsibility: Operations Chief
- Actions:
  - The RHMOC will request through the SMOC SME support or technical assistance in support of disposition decision-making.
  - Ensure the consideration of cultural issues.
  - Assist in identifying short and long-term impacts to mortuary services providers and the regional mortuary service capacity.

### **Task 10.4: Coordinate or Support Family Assistance Center Operations**

- DSHS Responsible Program: HEPRS
- Primary Responsibility: Operations Chief
- Actions:
  - Assist the FAC to support development of informational products for the families of victims as needed.
  - Establish FACs in jurisdictions where the HSR serves as the LHD.
  - Assist LHDs with resources necessary to initiate and operate FACs within LHD jurisdictions.

## **CFA # 11: Medical Surge**

### **Task 11.1: Coordinate Essential Medical Services**

- DSHS Responsible Program: HEPRS
- Primary Responsibility: Operations Chief
- Actions:
  - Coordinate surge protocols with Hospitals and EMS
  - Ensure situational awareness through Situation Briefings with the RHMOC and utilization of WebEOC.
  - Coordinate with hospitals/facilities to communicate bed availability through EMTrack and WebEOC.

### **Task 11.2: Coordinate with medical partners on the establishment and operations of Alternate Care Sites**

- DSHS Responsible Program: HEPRS
- Primary Responsibility: RHMOC Director
- Actions:
  - Coordinate with medical partners regarding resource requests for supply tents, trailers, and equipment to serve as treatment areas for patients.
  - Coordinate requests from medical partners for staffing support to operate sites.
  - Coordinate alternate care sites with state medical or EMS resources (such as activated/deployed EMTFs) and local organizations.
  - Coordinate logistics and tracking of assets.

## **CFA #12: Patient Care**

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

- DSHS Responsible Program: HEPRS
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Identify and provide guidance specific to the HCID to responders, hospitals, and other stakeholders.
  - Identify and provide guidance regarding personal protective equipment (PPE) and related protocols.
  - Support triage, treatment and transport.

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

- DSHS Responsible Program: DCP, RLHS
- Primary Responsibility: RHMOC Director/Medical Director
- Actions:
  - Identify and provide non-pharmaceutical disease control intervention guidance specific to the HCID to responders, hospitals, and other stakeholders.
  - Identify and provide guidance regarding personal protective equipment (PPE) and related protocols.
  - Coordinate regarding isolation and quarantine decisions and implementation.
  - Participate with the SMOC as appropriate in the development of NPI guidance, and distribute to the region.

### **Task 12.3: Conduct or Coordinate the Provision of Pharmaceutical Disease Control Interventions to all potentially affected Populations.**

- DSHS Responsible Program: HEPRS
- Primary Responsibility: Operations Section Chief
- Actions:
  - Coordinate with state, regional and local officials to implement pharmaceutical disease control interventions.
  - Coordinate and/or support Point of Dispensing Operations (POD).
  - Upon activation of RSS sites, notify POD sites.

## **CFA # 13: Patient Movement**

### **Task 13.1: Coordinate patient placement and transportation**

- DSHS Responsible Program: HEPRS
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Monitor medical and medical transport systems through communication with the EMTF and RACs.
  - Coordinate patient transportation and placement/destination determinations with EMS, EMTF and the RACs.
  - Support identification and deployment of additional or specialized resources as needed.
  - Assist in the coordination of physical movement of patients from one location to another in consultation with the EMTF and the IDRUC.
  - Assist in coordinating large-scale patient movement, as needed (i.e. moving a large number of patients to create room in a particular facility).
  - Coordinate with partners to implement the regional patient transportation plan (See Appendix C: HSR Region 11 Transportation Plan).
  - Assist in coordinating the transport of patient(s) to their originating medical facility or residence.

### **Task 13.2: Coordinate Patient Tracking**

- DSHS Responsible Program: HEPRS
- Primary Responsibility within RHMOC: Operations Section Chief
- Actions:
  - Field providers will utilize EM Track and ETN for patient tracking and that is coordinated back to the RHMOC through the RAC and EMTF.
  - Maintain the ability to know the location and status of a patient from the time of movement to the time of return through the RAC, EMTF and HPP.

## **CFA #14: Public Health and Medical Information**

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

- DSHS Responsible Program: Center External Affairs (CER)
- Primary Responsibility within RHMOC: Operations Section Chief
- Actions:
  - Identify and determine information needs:
    - Health and medical personnel
    - Media
    - Public
      - General population
      - Vulnerable populations
        - Functional/access needs populations
        - Populations with language barriers
        - Institutionalized populations
  - Coordinate with the SMOC on the development and implementation of an HSR 11 risk communication strategy:
    - Establish objectives
    - Identify optimal modes of communication, by audience
    - Guide message development and delivery
    - Providing ongoing community outreach
    - Evaluate effectiveness
  - During incident, coordinate and participate in delivery of evidence-based public information messages regarding the HCID and protective measures.
  - Facilitate interagency communication:
    - Communication with LHDs
    - Communication with medical facilities and providers
    - Communication with other state agencies at the regional level
  - Manage key information to support situational awareness and to improve decision making within the RHMOC and by LHDs, healthcare providers, and other partners.
  - Identify spokesperson/PIO (DSHS Austin).
  - Coordinate with PIO/spokespersons regarding message development and delivery, per ICS.
  - Participate in activities of a Joint Information System (JIS) and Joint Information Center (JIC) to coordinate messages, message delivery, and

communication with LHDs and medical facilities, the public, and the media in an HCID incident.

- RHMOC 11 objectives for the JIS include capabilities to:
  - Communicate situation and coordinate communication with partners
  - Coordinate community outreach and public information regarding HCID
  - Update agency websites and social media as applicable
  - Coordinate on news conferences/briefings and media releases
  - Maintain partner information and contact list
  - Maintain local and regional media information and contact list
- RHMOC 11 objectives for the JIC include capabilities to:
  - Provide vetted incident information and messages to the media
  - Monitor traditional and social media coverage
  - Monitor for rumors
  - Update and revise messaging based on incident, public information needs, and rumor control

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

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

- DSHS Responsible Program: Regulatory, CER, IDCU
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Conduct or support safety assessments regarding the HCID as it relates to drugs, biologics, and medical devices.
  - Identify and provide guidance regarding appropriate safety measures to providers, facilities, transport systems, and employees (including protocols for transport of biologics).
  - Coordinate assessment of security risks associated with drugs, biologics, and medical devices associated with the HCID.
  - Coordinate assessment of security risks associated with hospitals and healthcare facilities relating to pharmaceutical/prophylaxis transportation and distribution points.
  - Incorporate investigational new drug (IND) protocols, if applicable.

- Identify and support measures to reduce or eliminate any other security risks when identified.

## **CFA #16: Vector Control**

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

- DSHS Responsible Program: State Entomologist, Lab Services
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Determine roles and responsibilities of response teams, vector management entities, and RHMOC.
  - Coordinate with LHDs and EMCs to determine health code, enforcement practices, and property access issues in support of vector control measures.
  - Include the community in vector surveillance activities for counties where the HSR serves as the LHD.

### **Task 16.2: Coordinate Vector Management Activities**

- DSHS Responsible Program: State Entomologist, Lab Services
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Assess resistance of the vectors to certain pesticides.
  - Determine vector control methods that are most effective with the vectors at hand.
  - Target both larval and adult vectors.
  - Incorporate chemical and non-chemical approaches into the plan.

### **Task 16.3: Provide Public Messages on Vector Control and Protection**

- DSHS Responsible Program: State Entomologist, Lab Services
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Develop a communication plan.
  - Facilitate development of communications materials, printing, and distribution.
  - Work with state agencies to provide resources to Medicaid and WIC families to assist with vector control – bug spray, nets, traps, etc.

## **CFA # 17: Veterinary Medical Support**

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

- DSHS Responsible Program: DCP
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Coordinate with TAHC to analyze the animal rescue capabilities in the region.
  - Coordinate regarding rescue/relocation of household pet's/companion animals and/or service animals.
  - Coordinate rescue/relocation of wildlife involved in an HCID.
  - Coordinate animal sheltering or foster care for affected animals.
    - Shelter and foster care operations
    - Food supplies
  - Coordinate protocols and processes for reunification.
  - Coordinate the relocation of wildlife.

### **Task 17.2: Coordinate Animal Management Operations**

- DSHS Responsible Program: State Entomologist, Lab Services
- Primary Responsibility within RHMOC: Operations Chief
- Actions:
  - Identify the need for veterinary support.
  - Coordinate and support veterinary assessments.
  - Coordinate the implementation of quarantine or isolation protocols, if the HCID could impact household pets/companion and service animals.
  - Determine if the disease is zoonotic and a threat to various animal types.
  - Assist with the coordination of supporting animal management operations.

## **References**

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- DSHS Acronyms Tactical Document
- DSHS HSR 11 High Consequences Infectious Disease Response: Ebola and Other Pathogens Tabletop Exercise After Action Report and Improvement Plan

## Authorities

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- State of Texas Emergency Management Plan, Basic Plan, Section I,
- State of Texas Emergency Management Plan, Public Health and Medical Annex
- DSHS HCID Annex
- 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

## Appendices

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- Appendix A Texas ESF-8 Core Functional Area Definitions
- Appendix B Matrix of ESF-8 Core Functional Areas Program Leads
- Appendix C HSR Region 11 Transportation Plan



## Appendix A Texas ESF-8 Core Functional Area Definitions

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### **CFA #1: Agriculture Safety and Security**

**Definition:** 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

CFA #1 may also include providing veterinary assistance consultation to TAHC, TDA, OTSC, and other state agencies for the care of research animals. And in Texas, CFA #1 could involve supporting 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.

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

**Definition:** CFA #2 entails assessing exposures on the general population and selected subgroups (i.e. children, those with disabilities, and others with access and functional needs) during a response. Based on information obtained from actions described in the Health Surveillance CFA, CFA #2 also encompasses:

- Advising on protective actions related to direct human and animal exposures and on indirect exposure through contaminated food, drugs, water supply, and other media
- Providing technical assistance and consultation on:
  - Medical treatment
  - Screening
  - Decontamination of injured or contaminated individuals

Additionally, CFA #2 includes providing technical assistance and conducting exposure assessments and risk management to control hazards for response workers and the public (i.e. advice and consultation to protect the health of responders).

### **CFA #3: Assessment of Public Health/Medical Needs**

**Definition:** CFA #3 entails assessing public health and medical needs, as well as the healthcare system/facility infrastructure.

#### **CFA #4: Behavioral Healthcare**

**Definition:** In coordination with the Health and Human Services Commission (HHSC), CFA #4 entails:

- Ensuring the assessment and provision of services to address behavioral health needs, to include emotional, psychological, behavioral, and cognitive limitations requiring assistance or supervision
- Providing recommendations, based on assessments
- Monitoring behavioral health

#### **CFA #5: Blood and Tissues**

**Definition:** CFA #5 entails monitoring and ensuring the following:

- 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 CFA includes the ability of existing supply chain resources (e.g. hospitals, blood banks) to test, store, and distribute blood, blood products, and tissues.

#### **CFA #6: Food Safety and Defense**

**Definition:** In coordination with the Texas Commission on Environmental Quality (TCEQ), the Texas Animal Health Commission (TAHC), and Texas Department of Agriculture (TDA), CFA #6 entails ensuring the safety and security of meat, dairy products, retail foods, and food served in shelters.

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

**Definition:** CFA #7 entails providing and assisting 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

CFA #7 also includes examining and responding to public health effects from contaminated water. And in coordination with the Texas Commission on Environmental Quality (TCEQ), CFA #7 involves supporting field investigations, including collection and laboratory analysis of relevant samples.

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

**Definition:** CFA #8 entails procuring and ensuring 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)

In Texas, DSHS will support the Texas Animal Health Commission (TAHC) on veterinary disaster response operations, as requested.

### **CFA #9: Health Surveillance**

**Definition:** CFA #9 entails monitoring the health of the general population and selected subgroups (i.e. children, persons with disabilities, response workers, and persons with access and functional needs). Additionally, CFA #9 includes the following:

- Identifying emerging trends related to the disaster
- Conducting epidemiological investigations, including the collection and analysis of relevant samples
- Monitoring injury reports, disease patterns, or potential disease outbreaks
- Via the Laboratory Response Network (LRN), providing support to laboratory diagnostics and providing a mechanism for laboratories to access additional resources

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

**Definition:** 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. Within this context, CFA #10 entails the following:

- Assisting 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
- Providing consultation and assisting in reducing the hazard presented by chemically, biologically, or radiologically contaminated human remains, when indicated and possible (e.g. appropriate PPE for responders)
- Coordinating:
  - Establishment of temporary morgue facilities
  - Determination of the cause and manner of death
  - Postmortem data collection and documentation;
  - Identification of human remains using scientific means (e.g., dental, pathology, anthropology, fingerprints, and, as indicated, DNA samples); and
  - Preparation, processing, and return of human remains and personal effects to the authorized person(s) when possible
- Assisting in collecting ante mortem data in a compassionate and culturally competent fashion from authorized individuals
- Coordinating the Family Assistance Center

- Ensuring that HHSC provides behavioral health support to families of victims during the victim identification mortuary process
- Providing technical assistance and consultation on fatality management and mortuary affairs
- Coordinating temporary interment, when permanent disposition options are not readily available
- In the event that caskets are displaced, assisting in the identification, re-casketing, and reburial of human remains in public cemeteries
- Coordinating with the National Transportation Safety Board (NTSB) for transportation-related disasters, as appropriate

### **CFA #11: Medical Surge**

**Definition:** CFA #11 entails providing support for triage, patient treatment, and patient movement. CFA #11 also entails providing clinical public health and medical care specialists to fill local, regional, tribal, and territorial health professional needs. Furthermore, CFA #11 involves coordinating the integration of state and federal assets deployed from local, state, and other authorities. In Texas, this includes coordinating assets 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.

### **CFA #12: Patient Care**

**Definition:** CFA #12 entails providing 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

CFA #12 also includes:

- Assisting and/or implementing isolation and quarantine measures, as well as initiate medical countermeasure and vaccine point of distribution operations (e.g. mass prophylaxis)
- Providing technical expertise and guidance on public health issues of medical needs populations
- Ensuring appropriate patient confidentiality is maintained, as outlined in the Texas Health and Safety Code 181 Medical Records Privacy
- Assisting 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
- Providing support for the provision of case management and advocacy services

- Providing support to TDEM and TAHC for human and/or veterinary mass care sheltering (as resources are available)
- Providing technical assistance and consultation on medical treatment of victims of vector-borne diseases

### **CFA #13: Patient Movement**

**Definition:** CFA #13 entails transporting 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. CFA #13 also includes the following:

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

### **CFA #14: Public Health and Medical Information**

**Definition:** CFA #14 entails coordinating public health and medical messaging with jurisdictional officials. CFA #14 also includes the following:

- Continuously acquiring and assessing information on the incident
- Supporting a Joint Information Center (JIC) in the release of general medical and public health response information to the public
- Providing 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

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

**Definition:** CFA #15 entails providing 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.

### **CFA #16: Vector Control**

**Definition:** CFA #16 entails assessing the threat of vector-borne diseases. CFA #16 also includes:

- Conducting field investigations, including the collection and laboratory analysis of relevant samples
- Providing or procuring equipment and supplies necessary to conduct vector surveillance and/or vector control, which could include the activation of contracted services
- Providing and/or assisting with vector control measures
- Providing technical assistance and consultation on protective actions regarding vector-borne diseases
- Conducting or coordinating the provision of vector control

### **CFA #17: Veterinary Medical Support**

**Definition:** CFA #17 entails providing veterinary public health technical support to the Texas Animal Health Commission (TAHC) for the treatment of ill or injured:

- Pets
- Service animals
- Working animals
- Laboratory animals
- Livestock

CFA #17 also includes managing and conducting 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.

## Appendix B: ESF-8 CFA Program Leads

Core Functional Area	HSR 11 Program Leads	Support Programs
Agriculture safety and security	Refer to Austin DSHS-Regulatory	
All-hazards public health and medical consultation, technical assistance, and support	Epidemiology	Communicable Disease
Assessment of public health/medical needs	Preparedness and Response	
Behavioral healthcare	Preparedness and Response	Specialized Social Services
Blood and tissues	Refer to Austin DSHS-Regulatory	
Food safety and defense	Retail Food Safety, Refer to Austin DSHS-Regulatory	
Guidance on potable water/wastewater and solid waste disposal	Epidemiology	Communicable Disease, Retail Food Safety
Health/medical/veterinary equipment and supplies	Preparedness and Response	Epidemiology, Communicable Disease
Health surveillance	Epidemiology	Communicable Disease
Mass fatality management, victim identification, and decontaminating remains	Epidemiology	Communicable Disease
Medical surge	Preparedness and Response	
Patient care	Preparedness and Response	RMD, Epidemiology, Communicable Disease
Patient movement	Preparedness and Response	
Public health and medical	RMD	Epidemiology,

<b>Core Functional Area</b>	<b>HSR 11 Program Leads</b>	<b>Support Programs</b>
information		Communicable Disease
Safety and security of drugs, biologics, and medical devices	Refer to Austin DSHS-CER/IDCU/Regulatory	
Vector control	Zoonosis Control	
Veterinary medical support	Preparedness and Response	Zoonosis Control



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