

AN ORDINANCE 2008 - 03 - 13 - 0199

APPROVING THREE CONTRACT CHANGES WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES WHICH WILL INCREASE TOTAL FUNDING FROM THE CURRENT \$1,378,476.00 TO \$2,034,255.00, SHORTEN THE GRANT PERIOD AND MODIFY THE STATEMENT OF WORK TO THE FOLLOWING PROGRAMS: THE CITIES READINESS INITIATIVE, THE PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM, AND THE PUBLIC HEALTH EMERGENCY PREPAREDNESS LABORATORY OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT.

* * * * *

WHEREAS, on June 7, 2007, Council approved an ordinance which authorized the submission and acceptance of sixteen grants from the Texas Department of State Health Services (TDSHS) for core public health functions of the San Antonio Metropolitan Health District (SAMHD) for the 2007-2008 funding period; and

WHEREAS, the TDSHS now wishes to amend the contracts for three of these grants: the Cities Readiness Initiative, the Public Health Emergency Preparedness Program, and the Public Health Emergency Preparedness Laboratory; and

WHEREAS, the TDSHS proposes to change the ending term date for these programs, from August 31, 2008, to July 31, 2008; and

WHEREAS, the grant period is being shortened to align with the fiscal year of the funding agency, the U.S. Centers for Disease Control and Prevention; and

WHEREAS, the TDSHS is increasing funding to these three programs due to federal spending cuts that TDSHS anticipated for this year which were less than projected when the initial awards were made; and

WHEREAS, the TDSHS has also made extensive changes to the work plans for each of these grants to accommodate the shortened time period and increased funding; **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The City Manager or her designee, or the Director of the San Antonio Metropolitan Health District or his designee, is authorized to execute three contract changes with the Texas Department of State Health Services (TDSHS) which will increase total funding from the current \$1,378,476.00 to \$2,034,255.00, shorten the grant period and modify the statement of work to the following programs: the Cities Readiness Initiative, the Public Health Emergency Preparedness Program, and the Public Health Emergency Preparedness Laboratory of the San Antonio Metropolitan Health District. A copy of the three contract changes are attached hereto and incorporated herein for all purposes as Attachment I, III and V respectively.

SECTION 2. Fund 26016000 entitled Texas Department of State Health Service and the Internal Orders listed below are hereby designated for use in the accounting for the fiscal transaction in the amending of the Funding Agreements with the TDSHS:

Program	Internal Order	Increase
Cities Readiness Initiative	136000000359	\$138,838.00
Public Health Emergency Preparedness	136000000360	\$328,352.00
Public Health Emergency Preparedness Lab	136000000357	\$146,089.00 and \$ 42,500.00
Totals:		\$655,779.00

SECTION 3. The additional sums are hereby appropriated in the above designated fund and the revised budgets which are attached hereto and incorporated herein as Attachment II, IV and VI are approved and adopted for entry on the City books.

SECTION 4. The revised personnel complements which are attached hereto and incorporated herein for all purposes in Attachment IV and VI are approved.

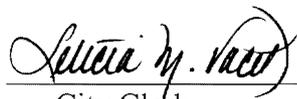
SECTION 5. The financial allocations in this Ordinance are subject to approval by the Director of Finance, City of San Antonio. The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

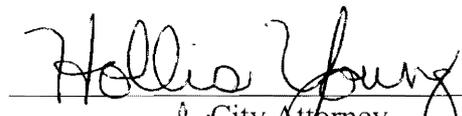
SECTION 6. This ordinance shall be effective on and after March 23, 2008.

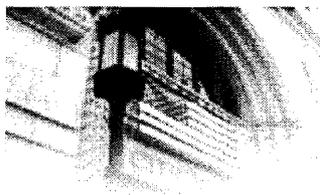
PASSED AND APPROVED this 13th day of March, 2008.



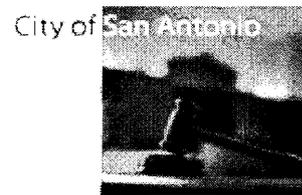
**M A Y O R
PHIL HARDBERGER**

ATTEST: 
City Clerk

APPROVED AS TO FORM: 
for City Attorney



Request for
COUNCIL
ACTION



Agenda Voting Results - 13

Name:	6, 7, 9, 10, 11, 13, 19, 20, 21, 22, 23A, 23B						
Date:	03/13/2008						
Time:	12:10:54 PM						
Vote Type:	Motion to Approve						
Description:	An Ordinance approving three contract changes with the Texas Department of State Health Services which will increase total funding from the current \$1,378,476.00 to \$2,034,255.00, shorten the grant period and modify the statement of work to the following: the Cities Readiness Initiative, the Public Health Emergency Preparedness Program, and the Public Health Emergency Preparedness Laboratory of the San Antonio Metropolitan Health District. [Frances A. Gonzalez, Assistant City Manager; Dr. Fernando A. Guerra, Director, Health]						
Result:	Passed						
Voter	Group	Not Present	Yea	Nay	Abstain	Motion	Second
Phil Hardberger	Mayor		x				
Mary Alice P. Cisneros	District 1		x				x
Sheila D. McNeil	District 2		x				
Jennifer V. Ramos	District 3		x				
Philip A. Cortez	District 4	x					
Lourdes Galvan	District 5		x				
Delicia Herrera	District 6		x			x	
Justin Rodriguez	District 7		x				
Diane G. Cibrian	District 8		x				
Louis E. Rowe	District 9		x				
John G. Clamp	District 10		x				



CMS or Ordinance Number: CN0040001972

TSLGRS File Code:1025-08-A

Document Title:

CONT - TDSHS 2008-022966-001 Bioterrorism Preparedness Lab

Amendment 2008-022966-001A, 9/1/07-7/31/08

Commencement Date:

9/1/2007

Expiration Date:

8/31/2008

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and San Antonio Metropolitan Health District(Contractor) agree to amend the Program Attachment # 001(Program Attachment) to Contract # 2008-022966 (Contract) in accordance with this Amendment No. 001B CPS- BIOTERRORISM PREPAREDNESS-LAB, effective 02/08/2008.

This Amendment is necessary because new discretionary funds have been awarded by CDC. Therefore, DSHS and Contractor agree as follows:

SECTION I. STATEMENT OF WORK: , paragraph 1 is revised to add the following:

- Discretionary Funding Project Work Plan FY2008, attached as Exhibit C; the remainder of Exhibit B is unchanged as previously attached;

SECTION II. PERFORMANCE MEASURES: is revised to add the following:

Additional funding under this contract amendment is for completion of activities and performance measures as outlined in the attached Exhibit C, Discretionary Funding Project, FY 2008.

SECTION VIII. SPECIAL PROVISIONS: is revised to add the following:

General Provisions, General Business Operations of Contractor Article, Equipment and Controlled Assets Purchases Section, is amended to allow the purchase of equipment at any time during the entire term of this Program Attachment

Department of State Health Services

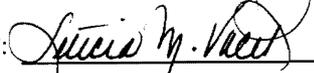
 Signature of Authorized Official
 Date: 5/27/08

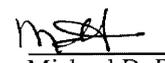
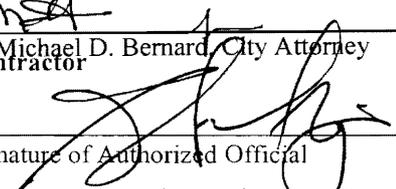
Bob Burnette, C.P.M., CTPM
Director, Client Services Contracting Unit

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

ATTEST: 
 Leticia M. Vacek, City Clerk

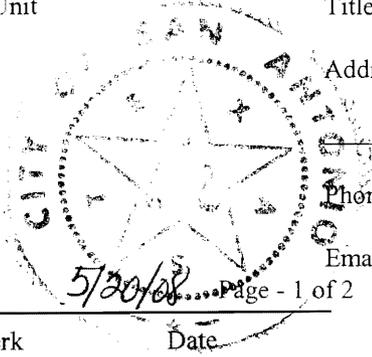
Approved as to Form:

 Michael D. Bernard, City Attorney
 Contractor

 Signature of Authorized Official
 Date: 6 MAR 2008

Name: Fernando A. Guerra, MD, MPH
Title: Director of Health

Address: 332 W Commerce Street
San Antonio, Texas 78205

Phone: 210-207-8731

Email: Fernando.Guerra@sanantonio.gov



DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS-LAB

CONTRATOR: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

CONTRACT NO: 2008-022966

CONTRACT TERM: 09/01/2007 THRU: 07/31/2008

BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008

CHG: 001B

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$54,651.00	\$54,651.00	\$0.00
Fringe Benefits	\$27,472.00	\$27,472.00	\$0.00
Travel	\$11,633.00	\$11,633.00	\$0.00
Equipment	\$17,230.00	\$59,730.00	\$42,500.00
Supplies	\$54,134.00	\$54,134.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$121,582.00	\$121,582.00	\$0.00
Total Direct Charges	\$286,702.00	\$329,202.00	\$42,500.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$9,387.00	\$9,387.00	\$0.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$296,089.00	\$338,589.00	\$42,500.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$296,089.00	\$338,589.00	\$42,500.00
Total Reimbursements Limit	\$296,089.00	\$338,589.00	\$42,500.00
JUSTIFICATION			
Increase in funding due to FY08 Discretionary Funding Project.			

Financial status reports are due: 12/31/2007, 03/31/2008, 06/30/2008, 09/30/2008

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS-LAB
 CONTRACTOR: San Antonio Metropolitan Health District
 CONTRACT TERM: 09/01/2007 THRU: 07/31/2008
 BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008
 CONTRACT NO: 2008-022966 CHG: 001B

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Barnstead Thermolyne Model 3582 Analog Reciprocating Water Bath Shaker- 20 Liter chamber capacity, ambient to 65 degrees Celsius. 24 month parts warranty	1	\$2,800.00	\$2,800.00
2	Laptop- Dell D830 (Catalog # 29834) 9 cell/85 primary battery, 256 MB NVIDA QUADRO Video Card, INTEL PRO/Wireless S9215 Network, 60GB Hard Drive, DVD-ROM 8X DVD RW Drive, 1.0 GB 533 SDRAM 1DIMM Memory Card	2	\$1,465.00	\$2,930.00
3	Microscope frame with nosepiece mount for transmitted light, coaxial coarse and fine focus controls graduated to 1 micron; detachable fine focus extension knob, DC power supply for 6v/30w tungsten halogen bulb, front mounted intensity control, photo prese	1	\$5,600.00	\$5,600.00
4	RTF Alarm and 7-day recorder. Temperature monitor for refrigerator. To keep accurate temperature record 24 hours a day 7 days a week. The alarm will notify lab personnel of tempature changes.	1	\$1,200.00	\$1,200.00
5	RTF Lab Refrigerator Slide Glass Door 43 cu ft, Bottom mounted compressor; LED digital temperatyre display, High Density CFC-free urethan foam insulation, Industrial grade hermetically sealed compressors; double-paned insulated glass doors	1	\$4,700.00	\$4,700.00
			\$	\$17,230.00

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	ABI 7500 Fast is a CDC approved high-throughput platform required to perform testing for biological threat agents.	1	\$42,500.00	\$42,500.00
2	Barnstead Thermolyne Model 3582 Analog Reciprocating Water Bath Shaker- 20 Liter chamber capacity, ambient to 65 degrees Celsius. 24 month parts warranty	1	\$2,800.00	\$2,800.00
3	Laptop- Dell D830 (Catalog # 29834) 9 cell/85 primary battery, 256 MB NVIDA QUADRO Video Card, INTEL PRO/Wireless S9215 Network, 60GB Hard Drive, DVD-ROM 8X DVD RW Drive, 1.0 GB 533 SDRAM 1DIMM Memory Card	2	\$1,465.00	\$2,930.00
4	Microscope frame with nosepiece mount for transmitted light, coaxial coarse and fine focus controls graduated to 1 micron; detachable fine focus extension knob, DC power supply for 6v/30w tungsten halogen bulb, front mounted intensity control, photo prese	1	\$5,600.00	\$5,600.00
5	RTF Alarm and 7-day recorder. Temperature monitor for refrigerator. To keep accurate temperature record 24 hours a day 7 days a week. The alarm will notify lab personnel of tempature changes.	1	\$1,200.00	\$1,200.00
6	RTF Lab Refrigerator Slide Glass Door 43 cu ft, Bottom mounted compressor; LED digital temperatyre display, High Density CFC-free urethan foam insulation, Industrial grade hermetically sealed compressors; double-paned insulated glass doors	1	\$4,700.00	\$4,700.00
			\$	\$59,730.00

EXHIBIT C

Discretionary Funding Project

FY 2008

Legal Name of Applicant: San Antonio Metropolitan Health District

(a) Goal/Objective	(b) Performance Measures (Make sure they are measurable and feasible)	(c) Action Steps by Applicant (Detailed steps necessary to complete measure(s) such as staffing, purchases, contracts, facility, etc.)	(d) End Date
Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement; Goal 3: Detect and Report; Target Capability 3A: Public Health Laboratory Testing.	By July 31, 2008, enhance laboratory support for the identification of biological specimens by providing redundancy in PCR platforms for the laboratory and to have at least one high-throughput instrument for testing.	<ol style="list-style-type: none"> 1. Purchase ABI 7500 Fast Real-Time PCR System 2. Set-up instrumentation and train staff 2. Perform validation of instrumentation 3. Perform ongoing maintenance of platform 4. Perform proficiency testing as required by the Laboratory Reference Network (LRN) Guidelines 	7/31/08

EXHIBIT A

**PROJECT PERIOD PUBLIC HEALTH EMERGENCY PREPAREDNESS WORKPLAN
FOR
CITIES READINESS INITIATIVE**

FY2008

DEFINITIONS

All Hazards Response Planning - This refers to the systems used to respond and recover from Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) events, as well as natural disasters. In the case of the CDC Cooperative Agreement, this applies to plans developed to respond to those public health emergencies that use the same systems as would be tested in an event such as SARS or other BT agent.

ENVIRONMENTAL HEALTH RESPONDER - Included in the definition for Public Health Responder

FIRST RESPONDER - Personnel who would be critical in the first phase of response efforts

IMPLEMENTATION - includes all steps necessary to complete the tasks; installation, training, and technical assistance.

LONG TERM - The tracking of long-term health consequences to identify trends in physical or mental health resulting from the exposure to Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) elements during an all-hazards event. The length of tracking would be dependent upon the type of event.

PUBLIC HEALTH - Public health is the effort to protect, promote, maintain and restore a population's health.

PUBLIC HEALTH EMERGENCY - An immediate threat from a naturally occurring or intentional event 1) that poses a high risk of fatalities or serious long-term disability to large numbers of people, and/or 2) where there is substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

PUBLIC HEALTH PREPAREDNESS - Public health preparedness is the capacity of public health jurisdictions to respond to a public health emergency. The CDC Cooperative Agreement enables public health jurisdictions to upgrade their preparedness and response capacity.

PUBLIC HEALTH FIRST RESPONDER (PHFR) - DOH personnel that are required to deploy in the wake of a public health emergency. Hospital personnel may be considered PHFRs if their activity is aligned to support public health response efforts. However, Emergency Medical Service (EMS) Responders are mostly covered through Department of Homeland Security (DHS).

CDC PREPAREDNESS GOAL 6: CONTROL

Goal: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health

TARGET CAPABILITY 6E: Mass Prophylaxis	
MEASURE: 1) Adequacy of state and local plans to receive and dispense medical countermeasures as demonstrated through assessment by the Strategic National Stockpile(SNS)/Cities Readiness Initiative(CRI). Jurisdictional Target: Agency has a passing rating on 100% of all elements and functions based on its most recent Strategic national Stockpile/Cities Readiness Initiative (CRI) assessment	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
Ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period.	<p>Continue to develop and augment scalable plans with supporting infrastructure to provide oral medications during an event to your entire population within 48 hours.</p> <p>Continue to identify, assess and secure the Point of Dispensing (POD) sites.</p> <p>Continue to recruit staff/volunteers to carry out all local SNS functions including POD operations.</p> <p>Continue to orient and train volunteer staff (clinical and non-clinical) for POD operations.</p>

Ensure that jurisdictions within a metropolitan statistical area (MSA) will have coordinated mass prophylaxis activities and health communication messaging across the MSA.

Continue to coordinate with local law enforcement to assess each site and develop a comprehensive security plan.

Develop and/or revise plans to provide prophylaxis through alternate methods to increase population throughput to decrease the burden on PODs.

Determine threshold criteria for shifting from a clinical dispensing model to a non-clinical model of dispensing.

Develop and/or revise SNS postal service plan in conjunction with the United States Postal Service (USPS).

Develop and/or revise an SNS plan for the MSA that outlines areas of integration and coordination between jurisdictions within the MSA to meet the requirement to provide prophylaxis to the entire population within 48-hours.

Develop and/or revise communications plan for the MSA.

Cities Readiness Initiative
Functional Area 360030000040016
Fund 26016000
TDSHS Contract No. 2008-023015-001
Budget Period: 9/1/07 - 7/31/08

<u>ESTIMATED REVENUES</u>	<u>SAP GL No.</u>	<u>ORIGINAL BUDGET</u>	<u>ADD (DEDUCT)</u>	<u>REVISED BUDGET</u>
2008-023015-001	4501100	149,000		149,000
2008-023015-001A	4501100		138,838	138,838
Total Estimated Revenues		<u>\$ 149,000</u>	<u>\$ 138,838</u>	<u>\$ 287,838</u>

APPROPRIATIONS

Cities Readiness Initiative
Cost Center 3610360001
Internal Order: 136000000359

Regular Salaries and Wages	5101010	34,258	31,028	65,285
Retirement Benefits-Soc. Sec.	5103005	2,621	2,301	4,922
Life Insurance	5103010	74	53	127
Personal Leave Buy Back	5103035	0	1,070	1,070
Flexible Benefit Contribution	5104030	7,739	7,441	15,180
Retirement Benefits - TMRS	5105010	4,296	3,773	8,069
Education	5201025	7,500	-7,500	0
Fees to Professional Contractors	5201040	0	9,550	9,550
Binding, Printing, and Reproductions	5203060	41,000	-36,125	4,875
Transportation fees	5203090	7,572	-1,024	6,548
Maint & repairs Machinery & Equip	5204080	0	1,581	1,581
Rental of Facilities	5206010	3,000	-3,000	0
Travel- Official	5207010	9,977	-1,145	8,832
Office Supplies	5302010	3,675	4,325	8,000
Clothing & Linen Supplies	5304005	0	1,800	1,800
Tools, Apparatus, and Accessories	5304050	2,000	10,196	12,196
Computer Software	5304075	17,150	8,911	26,061
Communications: Telephones	5403010	540	14,549	15,089
Communications Radios	5403020	0	7,920	7,920
Rent of Pagers	5403030	0	88	88
Cellular Phones	5403040	1,019	45,907	46,926
Wireless Data Communication	5403510	630	14,770	15,400
Automatic Data Processing services	5403520	350	14,350	14,700
Indirect Cost	5406530	5,599	5,220	10,819
Machinery and Equipment	5501055	0	2,800	2,800
Total 36-10-36		<u>\$ 149,000</u>	<u>\$ 138,838</u>	<u>\$ 287,838</u>

Personnel Complement:

Cost Center 3610360001
 Internal Order: 136000000359

Class	Title	<u>CURRENT POSITIONS</u>	<u>ADD (DEDUCT)</u>	<u>REVISED POSITIONS</u>
0046	Management Analyst	1	0	1
0471	Special Program Supervisor	1	0	1
Total:		<u>2</u>	<u>0</u>	<u>2</u>

RECEIVED
REGISTRATION OFFICE

2007 DEC -7 P 2:55

SAN ANTONIO METROPOLITAN
HEALTH DISTRICT

DEPARTMENT OF STATE HEALTH SERVICES

Amendment
To

The Department of State Health Services (DSHS) and San Antonio Metropolitan Health District (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # **2008-022935** (Contract) in accordance with this Amendment No. 001A : CPS-BIOTERRORISM PREPAREDNESS, effective 09/01/2007.

This Amendment is necessary to increase funding due to addition of remaining FY08 funds and revisions to SOW and Workplans as per new CDC guidance.

This Amendment has a retroactive effective date because: The Fiscal Year 2008 CDC Guidance and 100% of allocated funding is to be applied to the entire term of this Program Attachment.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment term is hereby revised as follows:

TERM: 09/01/2007 THRU: ~~08/31/2008~~ 07/31/2008

SECTION I. SCOPE STATEMENT OF WORK:

SECTION I. STATEMENT OF WORK: 1st and 2nd paragraphs are revised as follows:

Contractor shall ~~administer programs and~~ perform activities in support of DSHS's ~~FY2006~~ FY2007 -Centers for Disease Control and Prevention (CDC) ~~Cooperative Agreement Work Plan for Budget Period 8 continuation~~ -Public Health Preparedness and Emergency Response ~~for Bioterrorism (Program Announcement 99051)~~. ~~This program is Cooperative Agreement~~ -designed to upgrade and integrate state and local public health jurisdictions' preparedness for and response to ~~terrorism~~ bioterrorism, outbreaks of infectious disease, -and other public health threats and emergencies.

Contractor shall ~~enhance its bioterrorism preparedness plans by conducting activities at the local level relating continue to address~~ the following ~~goal areas, as designated by CDC:~~ CDC Public Health Emergency Preparedness (PHEP) Goals:

- Goal 1 – Prevent: Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.
- Goal 2 – Prevent: Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.
- Goal 3 – Detect/Report: Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.

- Goal 4 – Detect/Report: Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection in real time to those who need to know.
- Goal 5 – Investigate: Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.
- Goal 6- Control: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
- Goal 7 - Recover: Decrease the time needed to restore health services and environmental safety to pre-event levels.
- Goal 8 – Recover: Increase the long-term follow-up provided to those affected by threats to the public's health.
- Goal 9 – Improve: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

SECTION I. STATEMENT OF WORK, is amended to add the following:

CONTRACTOR will support the following Department of State Health Services (DSHS) Health and Medical Priority Projects for FY08:

- **Leadership and direction**
 - o **Develop Standard Operating Procedures (SOPs) by outlining specific roles and responsibilities needed for optimal interaction during response to disasters.**
- **Disaster Mental Health**
 - o **Assist local partners in developing a local disaster mental/behavioral health response plan.**
- **Community Engagement and Citizen Participation**
 - o **Encourage individual participation in preparedness activities to help citizens of Texas protect themselves and their families from all hazards, including natural and man-made disasters and threats to public health.**
- **Mass Prophylaxis**
 - o **Obtain a minimum score of 80 on the Strategic National Stockpile (SNS) Technical Assistance Report (TAR) by completing required plans, procedures, memorandums of agreement for resources needed, and rosters of staff and/or volunteers for response.**
- **Mass Fatality Planning**
 - o **Write an internal mass fatality Standard Operating Guideline (SOG) delineating and describing roles and responsibilities in support of the community's all hazard emergency management plan.**
- **Epidemiology, Surveillance and Medical Surge for Pandemic Influenza**
- **Participate as appropriate in the Rapid Response Team Training and tabletop exercise.**

SECTION I. STATEMENT OF WORK: paragraph 3 is revised as follows:

DSHS encourages partnership and cooperation within and between jurisdictions in the State of Texas related to preparedness activities, included in the contract workplan, attached as Exhibits A and B to this Program Attachment. Partnership opportunities may include, but are not limited to, planning activities, exercises, training and response to events or emergencies. Contractor may incur and request reimbursement for allowable costs related to partnership opportunities in accordance with applicable DSHS and Contractor laws, rules, policies and procedures.

SECTION I. STATEMENT OF WORK: paragraphs 4, 5, and 6 are hereby deleted:

~~Contractor shall assist DSHS in the implementation of DSHS' Centers for Disease Control and~~

~~Prevention (CC) Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II (dated July 10, 2006).~~

~~Contractor shall participate in pandemic influenza activities to include completing assessments; participating in regional and statewide summits and meetings; completing plans, exercises and after-action reports; and participating in other activities related to pandemic influenza as requested by the DSHS. Contractor shall report on pandemic influenza activities in a format prescribed by DSHS.~~

~~Contractor shall participate in National Preparedness Programs initiated by CDC, including but not limited to: HRSA/CDC crosscutting activities; ChemPak; pandemic influenza planning; performance evaluation; Smallpox Preparedness Program; and Strategic National Stockpile Program activities.~~

SECTION I. STATEMENT OF WORK, paragraph 11 is replaced with the following:

The following documents are incorporated by reference and made a part of this Program Attachment:

- Budget Period 8 funding for continuation of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement guidance (dated September 21, 2007);
- CDCs Local Emergency Preparedness and Response Inventory;
- Project Period Public Health Emergency Preparedness Work Plan for Local Health Departments (FY2007-FY2008), attached as Exhibit A;
- If receiving pandemic influenza funding, Project Period Pandemic Influenza Work Plan for Local Health Departments (FY2007-FY2008), attached as Exhibit B;
- Contractor's FY08 Applicant Information and Budget Detail for FY08 base cooperative agreement and FY08 pandemic influenza if receiving pandemic influenza funding; and
- Preparedness Program Guidance(s) as provided by DSHS.

SECTION I. STATEMENT OF WORK: paragraph 15 is revised as follows:

Contractor shall cooperate with DSHS to coordinate all planning, training and exercises performed under this ~~contract~~ Program Attachment with the State of Texas, Governor's Division of Emergency Management of the State of Texas, or other points of contact at the discretion of the division, to ensure consistency and coordination of requirements at the local level and eliminate duplication of effort between the various domestic preparedness funding sources in the state.

SECTION I. STATEMENT OF WORK: paragraph 18 is revised as follows:

In the event of a public health emergency involving a portion of the state, Contractor shall mobilize and dispatch staff or equipment that were purchased with funds from this ~~Program Attachment~~ cooperative agreement and that are not performing critical duties in the jurisdiction served to the affected area of the state upon receipt of a written request from DSHS.

SECTION II. PERFORMANCE MEASURES: paragraph 1 is revised as follows:

DSHS encourages partnership and cooperation within and between jurisdictions in the State of Texas related to activities included in the contract workplans, Exhibits A and B (if applicable) to this Program Attachment. Partnership opportunities may include, but are not limited to, planning activities, exercises, training and response to events or emergencies. Contractor may incur and request reimbursement for allowable costs related to partnership opportunities in accordance with applicable DSHS and Contractor laws, rules, policies and procedures.

SECTION II. PERFORMANCE MEASURES: paragraph 2 is revised as follows:

Contractor shall complete activities and performance measures as outlined in the attached Exhibit A, revised, Project Period Public Health Emergency Preparedness Work Plan for Local Health Departments (FY2007 – FY2010) FY2008, -and if applicable, Exhibit B, Project Period Pandemic Influenza Work Plan for Local Health Departments (FY2007 –FY2009), FY2008. In addition, the Contractor shall complete activities to support the following performance measures pertaining to the state priorities:

- Develop Standard Operating Procedures (SOPs) by outlining specific roles and responsibilities needed for optimal interaction during response to disasters.
- Obtain a minimum score of 80 on the Strategic National Stockpile (SNS) Technical Assistance Report (TAR) by completing required plans, procedures, memorandums of agreement for resources needed, and rosters of staff and/or volunteers for response.
- Write an internal mass fatality Standard Operating Guideline (SOG) delineating and describing roles and responsibilities in support of the community's all hazard emergency management plan.

SECTION IV. RENEWALS: paragraph 1 is deleted and revised as follows:

~~Renewals are permitted on a one-year basis, at DSHS's discretion, and upon funding availability. None~~

None.

SECTION VII. BUDGET:, paragraph 2 is hereby deleted:

~~DSHS will reimburse Contractor in accordance with the reimbursement schedules outlined in Exhibit A and Exhibit B.~~

SECTION VIII. SPECIAL PROVISIONS, paragraph 2 is hereby deleted:

~~General Provisions, Payment Methods and Restrictions Article, is revised to add the following:~~

~~Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation of the required deliverables as indicated in the attached Exhibit A and Exhibit B.~~

SECTION VIII. SPECIAL PROVISIONS, paragraph 4 is revised as follows:

~~General Provisions, Terms and Conditions of Payment Article, Paragraph 3, Prompt Payment Section, -is~~ revised to include:

Contractor shall separately identify pandemic influenza expenditures on the monthly reimbursement request, State of Texas Purchase Voucher. Pandemic influenza expenditures shall be supported by documentation that details these expenditures in a format specified by DSHS.

SECTION VIII. SPECIAL PROVISIONS, paragraph 5 is revised as follows:

General Provisions, Allowable Costs and Audit Requirements Article, is amended to include the following:

For the purposes of this Program Attachment, ~~vehicles are funds may~~ not an allowable cost, be used for research, reimbursement of pre-award costs, purchase vehicles of any kind, new construction, or to purchase incentive items.

Due to limited focus and one-time nature of the Pandemic Influenza funding, establishment of pharmaceutical caches which can include prophylaxis, antibiotics, and antivirals is not an allowable cost using pandemic influenza portion of the PHEP funding.

Department of State Health Services

Contractor

Signature of Authorized Official

Signature of Authorized Official

Date: _____

Date: _____

Adolfo Valadez, M.D.

Name: _____

Assistant Commissioner for Prevention and Preparedness

Title: _____

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

Address: _____

(512) 458-7111

Phone: _____

Adolfo.Valadez@dshs.state.tx.us

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DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS

CONTRACTOR: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

CONTRACT NO: 2008-022935

CONTRACT TERM: 09/01/2007 THRU: 07/31/2008

BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$414,611.00	\$521,790.00	\$107,179.00
Fringe Benefits	\$178,283.00	\$226,302.00	\$48,019.00
Travel	\$28,178.00	\$37,812.00	\$9,634.00
Equipment	\$0.00	\$28,020.00	\$28,020.00
Supplies	\$33,680.00	\$80,300.00	\$46,620.00
Contractual	\$221,158.00	\$259,293.00	\$38,135.00
Other	\$155,423.00	\$168,804.00	\$13,381.00
Total Direct Charges	\$1,031,333.00	\$1,322,321.00	\$290,988.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$48,143.00	\$85,507.00	\$37,364.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$1,079,476.00	\$1,407,828.00	\$328,352.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$1,079,476.00	\$1,407,828.00	\$328,352.00
Total Reimbursements Limit	\$1,079,476.00	\$1,407,828.00	\$328,352.00
JUSTIFICATION			
Increase in funding due to addition of remaining FY08 funds and revisions to SOW and Workplans as per new CDC guidance.			

Financial status reports are due: 12/31/2007, 03/31/2008, 06/30/2008, 09/30/2008

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS
 CONTRACTOR: San Antonio Metropolitan Health District
 CONTRACT TERM: 09/01/2007 THRU: 07/31/2008
 BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008
 CONTRACT NO: 2008-022935 CHG: 001A

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
			\$	\$
			\$	\$
			\$	\$0.00

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Cisco Voice Over Internet Phone (VOIP) System	1	\$19,050.00	\$19,050.00
2	Sprint-Nextel Go-Kits	1	\$8,970.00	\$8,970.00
			\$	\$
			\$	\$28,020.00

EXHIBIT A

**PROJECT PERIOD PUBLIC HEALTH EMERGENCY PREPAREDNESS WORKPLAN
FOR
LOCAL HEALTH DEPARTMENTS**

FY2007 – FY2008

DEFINITIONS

All Hazards Response Planning - This refers to the systems used to respond and recover from Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) events, as well as natural disasters. In the case of the CDC Cooperative Agreement, standard operating procedures (SOP) or guidelines (SOG) (formally referred to as "all-hazards plans") developed by local health departments (LHD) and DSHS health service regions (HSR) to respond to all public health emergencies.

ENVIRONMENTAL HEALTH RESPONDER - Included in the definition for Public Health Responder.

FIRST RESPONDER – Personnel who would be critical in the first phase of response efforts.

IMPLEMENTATION - includes all steps necessary to complete the tasks; installation, training, and technical assistance.

LONG TERM - The tracking of long-term health consequences to identify trends in physical or mental health resulting from the exposure to Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) elements during an all-hazards event. The length of tracking would be dependent upon the type of event.

PUBLIC HEALTH - Public health is the effort to protect, promote, maintain and restore a population's health.

PUBLIC HEALTH EMERGENCY - An immediate threat from a naturally occurring or intentional event 1) that poses a high risk of fatalities or serious long-term disability to large numbers of people, and/or 2) where there is substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

PUBLIC HEALTH INFORMATION NETWORK (PHIN) – Proposed to advance a fully capable and interoperable information system for public health. PHIN is a national initiative to implement a multi-organizational business and technical architecture for public health information systems which includes web-based and radio based communications with multiple levels of redundancy.

PUBLIC HEALTH PREPAREDNESS - Public health preparedness is the capacity of public health jurisdictions to respond to a public health emergency. The CDC Cooperative Agreement enables public health jurisdictions to upgrade their preparedness and response capacity.

PUBLIC HEALTH FIRST RESPONDER (PHFR) – Department of Health (DOH) personnel that are required to deploy in the wake of a public health emergency. Hospital personnel may be considered PHFRs if their activity is aligned to support public health response efforts. However, Emergency Medical Service (EMS) Responders are mostly covered through Department of Homeland Security (DHS).

STANDARD OPERATING GUIDELINES (SOG)/STANDARD OPERATING PROCEDURES (SOP) - Approved methods for accomplishing a task or set of tasks and are typically prepared at the department or agency level.

CDC PREPAREDNESS GOAL 1: PREVENT

GOAL: Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

1A: Target Capability: Planning

MEASURE

- 1) Public health agency has primary and secondary staff identified for core functional roles delineated in the Incident Command System (ICS) for public health. **Jurisdictional Target: For 100% of core public health ICS functional roles, public health agency has documented contact information for primary and secondary backup staff.**

REQUIRED CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>Critical Task (CT) 2: Support incident response operations according to all-hazards plan that includes identification and planning for populations with special needs.</p> <p>CT 3: Improve regional, jurisdictional, and state all-hazard plans (including those related to pandemic influenza) to support response operations in accordance with National Incident Management System (NIMS) and the National Response Plan (NRP).</p> <p>CT 3a: Increase participation in jurisdiction-wide self-assessment using the National Incident Management</p>	<p>CT 2: Review and revise annually as needed the health and medical component of the local emergency management plan and LHD all-hazards SOPs and/or SOGs (plans).</p> <p>CT 2: Work with other entities to develop methods to identify and identify populations with special needs requirements and revise as necessary.</p> <p>CT 3: Work with local government and other health and medical agencies and entities to revise and revise annually as needed jurisdictional all-hazards health and medical plans, SOPs, and SOGs (including those related to pandemic influenza and mental health) as guidance/ requirements are issued from US Dept of Homeland Security regarding the National Incident Management System and the National Response Plan.</p> <p>CT 3a: Annually participate in the jurisdictional NIMCAST self-assessment, addressing the health and medical component of the</p>

System Compliance Assessment Support Tool (NIMCAST).
Assure agency's Emergency Operations Center meets NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking and information collection, analysis and dissemination.

CT 4: Increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination or prophylaxis.

CT 4a: Have or have access to a system that maintains and tracks vaccination or prophylaxis status of public health responders in compliance with PHIN Preparedness Functional Area Countermeasure and Response Administration.

CT 5: Increase and improve mutual aid agreements, as needed, to support NIMS-compliant public health response

assessment.

CT 3a: Work with local government and other health and medical entities to review and revise as needed all-hazards health and medical component of the local emergency management plan and LHD all-hazards SOPs and/or SOGs (plans) as necessary based upon the jurisdiction's annual self-assessment.

CT 3a: Maintain a NIMS compliant Incident Command structure for public health response operations.

CT 3a: Augment primary and secondary staff for core functional roles in ICS.

CT 3a: Continue to implement SOPs and/or SOGs (plans) and training that is NIMS compliant.

CT 4: Identify the number of public health responders who will require PPE, vaccination and/or prophylaxis.

CT 4: Review adequacy of protection and maintain the level of protection for the number of public health responders who will require PPE.

CT 4a: Implement and continue to track public health responders' vaccination or prophylaxis.

CT 5: Establish, as needed with appropriate partners, Memorandums of Understanding (MOU) and/or Memorandums of Agreement (MOA)

(e.g. local, regional, and EMAC).

CT 5a: Increase all-hazard incident management capability by conducting regional, jurisdictional and state level training for NIMS and the Incident Command System (ICS).

Mutual Aid Agreement (MAA)s that will support NIMS compliant public health responses.

CT 5a: Identify all staff required to respond to an emergency and schedule training.

CT 5a: Track staff training completion.

CT 1c: Have or have access to electronic applications in compliance with Public Health Information Network (PHIN) Preparedness Functional Area Early Event Detection to support: 1) Receipt of case or suspect case disease reports 24/7/365, 2) Reportable diseases surveillance, 3) Call triage of urgent reports to knowledgeable public health professionals, 4) Receipt of secondary use health-related data and monitoring of aberrations to normal data patterns.

CT 1d: Develop and maintain protocols for the utilization of early event detection devices located in your community (e.g., BioWatch).

CT 1e: Assess timeliness and completeness of disease surveillance systems annually.

CT 2: Increase sharing of health and intelligence information within and between regions and States with Federal and local and tribal agencies.

CT 2a: Improve information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness, among public health epidemiologists, clinicians, laboratory personnel, environmental health specialists, public health nurses, and staff of food safety programs.

CT 1c: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis by maintaining and revising as needed contact protocols, sharing updates with local, regional, and state partners, and assuring public access to reporting resources.

CT 1d: Develop and revise annually the protocols to use early event detection systems.

CT 1e: Develop and implement a quality assurance process based on standardized guidelines to assess annually the timeliness and completeness of disease surveillance systems.

CT 2: Initiate discussions to define *NEDSS* Base System (NBS) user roles and implement processes to facilitate data sharing between department regional staff, as needed.

CT 2: Share surveillance data with local health care providers through newsletters, meetings, conferences, etc.

CT 2a: Maintain and/or increase the ways information is shared and the number of persons receiving issued surveillance data.

CT 3: Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.

CT 3a: Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X).

CT 3b: Participate in the Electronic Foodborne Outbreak Reporting System (EFORS) by entering reports of foodborne outbreak investigations and monitor the quality and completeness of reports and time from onset of illnesses to report entry.

CT 3c: Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory.

CT 3d: Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting.

CT 3: Continue to use Health Alert Network (HAN)/Public Health Information Network (PHIN) and other means to disseminate timely and accurate national strategic and health threat intelligence.

CT 3a: Participate in Epi-X by having at least one staff registered.

CT 3b: Submit the EFORS form to DSHS for foodborne outbreak investigations by local health departments per written guidance.

CT 3c: Continue to participate in PulseNet activities supporting the tracking of foodborne disease causing bacteria.

CT 3c: Increase capabilities to upload data to PulseNet database for *Listeria monocytogenes* and *E.coli* 0157:H7.

CT 3d: Test and revise as necessary current notification procedures to achieve 90% notification of key stakeholders.

CDC PREPAREDNESS GOAL 3: DETECT/REPORT

Goal: Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.

TARGET CAPABILITY 3A: Public Health Laboratory Testing

MEASURES:

- 1) Percent of tested category A and B agents in specimens/samples for which the LRN reference lab(s) passes proficiency testing. **Jurisdictional Target: Reference labs has a passing rating for 100% of tested based on LRN-sponsored proficiency tests in which lab participated**
- 2) Percent of tested chemical agents in specimens/samples for which Level 1 and 2 LRN chemical lab(s) passes proficiency testing. **Jurisdictional Target - Level 1 and/or Level 2 chemical labs has a passing rating for 100% of tested chemical agents based on LRN-sponsored proficiency tests in which lab participated**
- 3) Time from shipment of clinical specimens to receipt at a LRN reference laboratory. **Jurisdictional Target - Mean = 6 hours**
- 4) Time from presumptive identification to confirmatory identification of select agents by LRN reference lab. **Jurisdictional Target - Targets from presumptive to confirmatory identification: Bacillus anthracis: <4 days; Francisella tularensis: < 7 days; Yersinia pestis: < 6 days**
- 5) Time to have a knowledgeable LRN reference laboratorian answer a call during non-business hours. **Jurisdictional Target: Mean = 15 minutes**

CRITICAL TASKS DEFINED IN CDC GUIDANCE

PERFORMING AGENCY REQUIRED ACTIVITIES

CT 1a: Develop and maintain a database of all sentinel (biological)/Level Three (chemical) labs in the jurisdiction using the CDC-endorsed definition that includes: (Name, contact information, BioSafety Level, whether they are a health alert network partner, certification status, capability to rule-out Category A and B bioterrorism agents per State-developed proficiency testing or CAP bioterrorism module proficiency testing and names and contact information for in-state and out-of-state reference labs used by each of the jurisdiction's sentinel/Level Three labs).

CT 1a: Adapt DSHS protocols for local use.

CT 1b: Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.

CT 1c: Test the ability of sentinel/Level Three labs to send specimens to a confirmatory Laboratory Response Network (LRN) laboratory on nights, weekends, and holidays.

CT 1d: Package, label, ship, and coordinate routing and maintain chain-of-custody of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism.

CT 1e: Continue to develop or enhance operational plans and protocols that include: * specimen/samples transport and handling, *worker safety, *appropriate Biosafety Level (BSL) working conditions for each threat agent, *staffing and training of personnel, *quality control and assurance, *adherence to laboratory methods and protocols, *proficiency testing to include routine practicing of Laboratory Response Network (LRN) validated assays as

CT 1b: Continue to update and maintain chain of custody protocols testing the competency of the chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator.

CT 1c: Test the accurate and timely submission of diagnostic or infectious agent's submissions during a simulated or natural event.

CT 1d: Develop and review annually protocols for chain-of-custody.

CT 1d: Maintain chain-of-custody documentation.

CT 1d: Provide technical assistance to responders, law enforcement and Sentinel/Level 3 laboratories on maintaining chain-of-custody.

CT 1d: Develop and review annually protocols for specimen collection, packaging, labeling, and shipping.

CT 1d: Provide technical assistance to responders, law enforcement and Sentinel/Level 3 laboratories on specimen collection, packaging, labeling, and shipping.

CT 1e: Continue to develop laboratory-specific all-hazards operational SOP/SOGs to reduce response times to threat agents (biological, chemical, and radiological).

CT 1e: Assess training needs and implement training as necessary.

well as participation in the LRN's proficiency testing program electronically through the LRN website, *threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of specimens, *intake and testing prioritization, *secure storage of critical agents, *appropriate levels of supplies and equipment needed to respond to bioterrorism events with a strong emphasis on surge capacities needed to effectively respond to a bioterrorism incident.

CT 1f: Ensure the availability of at least one operational Biosafety Level Three (BSL-3) facility in your jurisdiction for testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "Biosafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL), should be used (see www.cdc.gov/od/ohs) or formal arrangements (i.e., Memorandum of Understanding (MOU) should be established with a neighboring jurisdiction to provide this capacity.

CT 1f: Review and revise annually the written protocol coordinating specimen submission for laboratory analysis in response to an emergency situation or in support of an epidemiological investigation.

CT 1f: Adapt/review and revise annually written protocol for local use.

CT 4: Improve effectiveness of health intelligence and surveillance activities.

CT 5: Improve reporting of suspicious symptoms, illnesses or circumstances to the public health agency.

CT 5a: Maintain a system for 24/7/365 reporting cases, suspect cases, or unusual events consistent with PHIN Preparedness Functional Area Early Event Detection.

CT 4: Use NBS and PHIN standards to report Texas mandated notifiable conditions.

CT 4: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis to improve reporting by maintain and revising as needed contact protocols, sharing updates with local, regional, and state partners, and assuring public access to reporting resources.

CT 4: Maintain or have access to a professional epidemiologist to conduct investigations.

CT 4: Provide education/updates to stakeholders in epidemiological investigations and surveillance.

CT 5: Provide education/updates to providers on the importance on disease reporting to improve reporting.

CT 5: Support clinical providers in the direct data entry into NBS.

CT 5a: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis.

CDC PREPAREDNESS GOAL 5: INVESTIGATE

Goal: Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health

TARGET CAPABILITY 5A: Epidemiological Surveillance and Investigation	
PERFORMANCE MEASURES:	
1) Time for state public health agency to notify local public health agency, or local to notify state, following receipt of a call about an event that may be of urgent public health consequence. Jurisdictional Target: Mean = 60 minutes from notification of an event that may be of urgent public health consequence	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.</p> <p>CT 2: Conduct epidemiological investigations and surveys as surveillance reports warrant.</p>	<p>CT 1: Continue to use early event detection systems currently in place.</p> <p>CT 1: Assist in the deployment of early event detection systems in HRSA funded hospitals.</p> <p>CT 1: Continue to deploy ESSENCE to improve reporting.</p> <p>CT 2: Use NBS and PHIN standards to report Texas mandated notifiable conditions.</p> <p>CT 2: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis.</p> <p>CT 2: Share promptly with staff at other health departments (DSHS Austin, HSR, and LHD) when informed of an event of urgent public health consequence.</p> <p>CT 2: Maintain or have access to a professional epidemiologist to conduct investigations.</p>

CT 3: Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats.

CT 4: Have or have access to a system for an outbreak management system that captures data related to cases, contacts, investigation, exposures, relationships and other relevant parameters compliant with PHIN preparedness functional area Outbreak Management.

CT 2: Provide education/updates to stakeholders in epidemiological investigations and surveillance.

CT 3: Continue to coordinate case investigations, laboratory testing, and implementation of control measures.

CT 3: Develop, review and revise processes and protocols to manage and monitor surveillance data in NBS.

CT 3: Initiate discussions to define NBS user roles and implement processes to facilitate data sharing between department regional staff, as needed.

CT 3: Attend NBS reports training.

CT 4: Enter data from outbreak investigations in the Outbreak Management System (OMS) or equivalent system that integrates with OMS.

CDC PREPAREDNESS GOAL 6: CONTROL

Goal: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health

TARGET CAPABILITY 6A: Communications

MEASURES:

- 1) Time to distribute a health alert to key response partners of an event that may be of urgent public health consequence. **Jurisdictional Target: Mean = 6 hours from the time a decision is made to notify partners**
- 2) Percent of clinicians and public health response plan partners that receive public health emergency communication messages. **Jurisdictional Target: 70% of clinicians and public health partners receive messages within the specified time.**
- 3) Percent of key public health response partners who are notified/alerted via radio or satellite phone when electric grid power, telephones, cellular service and internet services are unavailable. **Jurisdictional Target: 75% of response partners acknowledge message within 5 minutes of communication being sent**
- 4) Time to notify/alert all primary staff (secondary or tertiary staff as needed) with public health agency ICS functional responsibilities that the public health agency's EOC is being activated. **Jurisdictional Target: Mean = 60 minutes**
- 5) Time for primary staff (secondary or tertiary staff as needed) with public health agency ICS functional responsibilities to report for duty at public health agency's Emergency Operation Center (EOC). **Jurisdictional Target: Mean = 2 1/2 hours from time that public health director or designated official received notification that the public health agency's EOC will be activated.**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Decrease the time needed to communicate internal incident response information.</p> <p>CT 1a: Develop and maintain a system to collect, manage, and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion.</p>	<p>CT 1: Use the PHIN/HAN web portal and Policies and Procedures for PHIN/HAN alerting.</p> <p>CT 1a: Use WebEOC through the PHIN/HAN web portal or an incident and response system interoperable with WebEOC or another system if city or county emergency management office provides access to an incident response system.</p>

CT 4: Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system.

CT 5: Increase the number of public health experts to support Incident Command (IC) or Unified Command (UC).

CT 6: Increase the use of tools to provide telecommunication and information technology to support public health response.

CT 6a: Ensure that the public health agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's households (e.g. play a recorded message to callers, transfer callers to a voice mail box or answering service).

CT 7: Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner *Communications and Alerting*.

CT 4: Continue to maintain and update the PHIN/HAN system for all communications modalities.

CT 5: Continue to train to increase number of ICS trained staff able to respond to emergency activation of public health EOC.

CT 6: Continue to use, maintain and update the PHIN/HAN system for all communications modalities.

CT 6a: Further develop and implement the agencies public information line process within the local Crisis and Emergency Risk Communication (CERC) plan. Local health departments should evaluate inbound call capability to accommodate 1% of local jurisdiction.

CT 7: Continue to use and maintain PHIN/HAN portal system according to PHIN/HAN policies and procedures to enhance and improve response times.

TARGET CAPABILITY 6B: Emergency Public Information and Warning

MEASURE:

1) Time to issue critical health message to the public about an event that may be of urgent public health consequence

CRITICAL TASKS DEFINED IN CDC GUIDANCE	CONTRACTOR REQUIRED ACTIVITIES
<p>CT 1: Decrease time needed to provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disabilities, medical conditions, or other special health care needs, requiring attention.</p> <p>CT 1a: Advise public to be alert for clinical symptoms consistent with attack agent.</p> <p>CT 1b: Disseminate health and safety information to the public.</p>	<p>CT 1: Revise and expand local Crisis and Emergency Risk Communication (CERC) Guidelines to address the standard NIMS ICS structure, agency media policy and public information dissemination, translations (multiple languages), disaster mental health, work with special populations, agency Web site, and work with partners and stakeholders.</p> <p>CT 1a: Develop and/or revise pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages.</p> <p>CT 1a: Use pre-approved messages to address public health threats and emergencies.</p> <p>CT 1a: Develop and use messages specific to the local community as needed.</p> <p>CT 1b: Develop and/or revise pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages.</p> <p>CT 1b: Use pre-approved messages to address public health threats and emergencies.</p> <p>CT 1b: Develop and use messages specific to the local community as needed.</p>

CT 1c: Ensure that the Agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's population.

CT 2: Improve the coordination, management and dissemination of public information.

CT 3: Decrease the time and increase the coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event.

CT 4: Increase the frequency of emergency media briefings in conjunction with response partners via the jurisdiction's Joint Information Center (JIC), if applicable.

CT 5: Decrease time needed to issue public warnings, instructions, and information updates in conjunction with response partners.

CT 6: Decrease time needed to disseminate domestic and international travel advisories.

CT 1c: Update annually plan to have access and use public information line(s).

CT 2: Develop and/or revise pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages.

CT 2: Use pre-approved messages to address public health threats and emergencies.

CT 2: Develop and use messages specific to the local community as needed.

CT 3: Revise and expand local Crisis and Emergency Risk Communication (CERC) Guidelines to address messages to those that are experiencing psychosocial consequences to an event.

CT 4: Include in the Crisis and Emergency Risk Communication Plan a process to address JIC participation.

CT 5: Develop and/or revise pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages.

CT 6: Disseminate via the PHIN/HAN messages domestic and international travel advisories received from the CDC and/or DSHS.

CT 7: Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders.

CT 7: Distribute via PHIN/HAN procedure accurate and relevant public health and medical information to clinicians and other responders.

TARGET CAPABILITY 6C: Responder Safety and Health

MEASURE:

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Increase the availability of worker crisis counseling and mental health and substance abuse behavioral health support.</p> <p>CT 2: Increase compliance with public health personnel health and safety requirements.</p>	<p>CT 1: Establish and maintain an agreement (MOU/MOA/MAA) with local Community Mental health Center(s) or other community-based organization(s) to provide worker crises counseling as needed.</p> <p>CT 1: Identify appropriate staff member(s) and obtain Critical Incident Stress Management (CISM) training if community mental health services as not available.</p> <p>CT 1: Track staff training completion.</p> <p>CT 2: Review and update annually as needed LHD SOP/SOGs to include worker personnel health and safety requirements.</p>

CT 2a: Provide Personal Protection Equipment (PPE) based upon hazard analysis and risk assessment.

CT 2b: Develop management guidelines and incident health and safety plans for public health responders (e.g., heat stress, rest cycles, PPE).

CT 2c: Provide technical advice on worker health and safety for IC and UC.

CT 3: Increase the number of public health responders that receive hazardous material training.

CT 2a: Conduct staff hazard analysis and risk assessment to identify their level of occupational risk based on job description.

CT 2a: Consult US Department of Labor Occupational Safety and Health Organization (OSHA) Website for guidance. OSHA.gov and search for standards.
1-800-321-OSHA (6742) {Toll Free U.S.}

CT 2a: Purchase and have available appropriate PPE for staff according to their risk assessment.

CT 2a: Provide access to training on PPE to staff based on OSHA hazard analysis and risk assessment.

CT 2a: Track staff attendance at required training.

CT 2b: Use the management guidelines to complete local plans which address worker safety issues.

CT 2c: Provide worker safety protocol within the IC/UC structure.

CT 3: Conduct staff hazard analysis and risk assessment to identify the level of occupational risk based on job description.

CT 3: Provide access to training on hazardous materials to staff based on OSHA hazard analysis and risk assessment.

TARGET CAPABILITY 6D: Isolation and Quarantine

MEASURE:

1) Time to issue an isolation or quarantine order. **Jurisdictional Target: Mean = 3 hours from the decision that an order is needed.**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animals and food products.</p> <p>CT 2: Coordinate quarantine activation and enforcement with public safety and law enforcement.</p> <p>CT 3: Improve monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined.</p> <p>CT 4: Coordinate public health and medical services among those who have been isolated or quarantined.</p> <p>CT 5: Improve comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined.</p>	<p>CT 1: Maintain or have access to a professional epidemiologist regarding isolation and quarantine.</p> <p>CT 2: Plan, coordinate, and assist in the activation and enforcement of isolation and quarantine with public safety and law enforcement.</p> <p>CT 2: With local law enforcement, conduct functional exercise to determine time needed to issue an isolation or quarantine order.</p> <p>CT 3: Coordinate with CDC the planning of and implementation of OMS or implement an equivalent system.</p> <p>CT 4: Assist in the provision of medical services to those who are isolated or quarantined.</p> <p>CT 5: Assist in the provision of comprehensive stress management strategies, programs and crisis response teams.</p>

CT 6: Direct and control public information releases about those who have been isolated or quarantined.

CT 7: Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions.

CT 6: Implement CERC plan.

CT 7: Develop and/or revise, make available and use pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages to address public health threats and emergencies.

CT 7: Implement CERC Plan.

TARGET CAPABILITY 6E: Mass Prophylaxis

MEASURE:

1) Adequacy of state and local plans to receive and dispense medical countermeasures as demonstrated through assessment by the Strategic National Stockpile(SNS)/Cities Readiness Initiative(CRI). **Jurisdictional Target: Agency has a passing rating on 100% of all elements and functions based on its most recent Strategic national Stockpile/Cities Readiness Initiative (CRI) assessment**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Decrease the time needed to dispense mass therapeutics and/or vaccines.</p>	<p>CT 1: Continue to develop and augment scalable SNS components of the local emergency management plan with supporting infrastructure to provide oral medications during an event to the entire population within 48 hours.</p> <p>CT 1: Develop and maintain SNS standard operating guidelines (SOG) for every major function in the scaleable SNS components of the local emergency management plan.</p> <p>CT 1: Participate in regional and local process to develop procedures for use of Chempack materials.</p> <p>CT 1: Initiate and maintain regular contact with regional and local stakeholders/partners regarding Chempack.</p> <p>CT 1: Participate in web-based Chempack training.</p>

CT 1a: Implement local, (tribal, where appropriate), regional and State prophylaxis protocols and plans.

CT 1b: Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the Strategic National Stockpile guide for planners.

CT 1c: Ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days.

CT 1a: Continue to develop and augment scalable SNS components of the local emergency management plan with supporting infrastructure.

CT 1b: Assist in coordinating with local law enforcement for assessment of each POD site and the development of a comprehensive security plan.

CT 1b: Develop and maintain contact list regarding receipt of SNS material in treatment centers.

CT 1b: Identify, assess and secure Point of Dispensing (POD) sites.

CT 1b: Recruit staff/volunteers to carry out all local SNS functions including POD operations.

CT 1b: Train staff/volunteers to carry out SNS functions including POD site functions.

CT 1c: Maintain the database of individuals with capacity to provide smallpox vaccinations.

CT 1c: Continue to develop and revise as needed the scalable SNS component of the local emergency management plan to include an integrated smallpox vaccination component.

CT 1c: Develop and maintain smallpox components in the LHD all-

CT 2: Decrease time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.

CT 3: Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the jurisdiction's JIC (if JIC activation is needed).

hazards SOP/SOGs.

CT 2: Develop and maintain first responder dispensing prophylaxis SOP/SOG.

CT 3: Revise and expand local Crisis and Emergency Risk Communication (CERC) Guidelines to include pre-approved information regarding dispensing of medical countermeasures via the jurisdiction's JIC.

TARGET CAPABILITY 6F: Medical Surge

MEASURE:

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Improve tracking of cases, exposures, adverse events, and patient disposition.</p> <p>CT 2: Decrease the time needed to execute medical and public health mutual aid agreements.</p> <p>CT 3: Improve coordination of public health and medical services.</p>	<p>CT 1: Use the NBS and PHIN/HAN to report Texas mandated notifiable diseases.</p> <p>CT 2: Establish and annually review MOU/MOAs as necessary and maintain relationships.</p> <p>CT 2: Assess the time from requesting public health mutual aid agreement to the time acknowledgement is received as either approved or disapproved.</p> <p>CT 3: Continue to develop/maintain relationships with infectious disease specialists, hospital infection control practitioners, laboratory directors, emergency department managers, medical examiners, and others to promote rapid disease reporting.</p> <p>CT 3: Provide training and information to local health care providers through newsletters, meetings, conferences, etc, to increase community awareness of the importance of early detection and rapid response.</p>

CT 3a: Ensure epidemiology response capacity consistent with hospital preparedness guidelines for surge capacity.

CT 3b: Participate in the development of plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity.

CT 4: Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and mass prophylaxis support tasks.

CT 3a: Participate in meetings with hospitals and/or hospital representatives to determine current level of consistency regarding the epidemiological response capacity for surge.

CT 3a: Maintain current epidemiology response capacity.

CT 3a: Provide and attend epidemiology training and professional growth opportunities to maintain subject matter expertise regarding all-hazards events.

CT 3b: Provide consultation and facilitation to local, tribal and regional public health entities for planning, development, coordination, implementation and exercise of all-hazards response SOP/SOGs.

CT 3b: Negotiate with partners to establish commonalities in plans and SOP/SOGs, and develop protocols along the Texas/Mexico border as appropriate.

CT 3b: Negotiate with partners to integrate all-hazards response plans and SOP/SOGs within Texas and bordering states as appropriate.

CT 3b: Continue to provide technical assistance to local and regional communities and to Mexican Federal Authorities in establishing mutual aid agreements for all-hazards response.

CT 4: Train staff and volunteers to carry out epidemiology investigation activities.

CT 4: Train staff and volunteers to carry out SNS functions at Point of Dispensing sites.

CT 5: Increase the number of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event who may serve as consultants during a public health emergency.

CT 5: Continue to identify and maintain a list of physicians and other providers with experience and/or skills in the diagnosis and treatment of conditions resulting from Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) events.

CT 5: Continue to provide education to physicians and other providers on CBRNE topics.

TARGET CAPABILITY 6G: Mass Care

MEASURE:

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 2: Develop processes and criteria for conducting an assessment (cultural, dietary, medical) of the general population registering at the shelter to determine suitability for the shelter, identify issues to be addressed within the shelter, and the transference of individuals and caregivers/family members, to medical needs shelters if appropriate.</p> <p>CT 3: Develop plans, policies, and procedures to coordinate delivery of mass care services to medical shelters.</p>	<p>CT 2: Provide an assessment tool developed by DSHS to sheltering agencies and encourage the provision of feedback on the utility of the instrument.</p> <p>CT 3: Review and update annually as needed the health and medical component of the local emergency management plan to include the assignment of responsibility to improve the coordinated delivery of health, medical and mental health services to medical special needs shelters.</p> <p>CT 3: Review and update annually as needed the LHD SOP/SOGs to address operationalizing the expended roles and responsibilities.</p>

TARGET CAPABILITY 6H: Citizen Evacuation and Shelter-In-Place

MEASURE:

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Develop plans and procedures to identify in advance populations requiring assistance during evacuation/shelter-in-place.</p> <p>CT 2: Develop plans and procedures for coordinating with other agencies to meet basic needs during evacuation.</p> <p>CT 3: Develop plans and procedures to get resources to those who have sheltered in place (Long term – 3 days or more).</p>	<p>CT 1: Participate in efforts with stakeholders who are already working to identify populations needing assistance for evacuation and shelter-in-place.</p> <p>CT 2: Support the local efforts to coordinate the provision of basic health and medical needs, to include the provision of mental health services for populations during evacuation operations.</p> <p>CT 2: Review and update annually as needed the health and medical component of the local emergency management plan and LHD all-hazards SOP/SOGs to include provisions for medical special needs population during evacuation operations.</p> <p>CT 3: Support the Office of Emergency Management-(OEM) in coordinating the provision of health and medical resources, to include the provision of mental health services, for populations' sheltering-in-place.</p> <p>CT 3: Review and annually as needed the health and medical component of the local emergency management plan and LHD all-hazards SOP/SOGs to include provisions for medical special needs populations' sheltered-in-place.</p>

CDC PREPAREDNESS GOAL 7: RECOVER

Goal: Decrease the time needed to restore health services and environmental safety to pre-event levels.

TARGET CAPABILITY 7A: Environmental Health	
MEASURE: 1) Time to issue guidance to the public after an event. Jurisdictional Target: Mean = 6 hours from the time a decision is made to provide recovery-related information to the public.	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
CT 1: Conduct post-event planning and operations to restore general public health services.	<p>CT 1: Begin to establish an MOU/MOA with environmental agency(ies) for reporting, notification and recommendation(s) for follow-up as needed.</p> <p>CT 1: Adapt/implement state written SOP/SOGs to local jurisdiction.</p> <p>CT 1: Develop written procedures to the extent possible to address restoration of services.</p>

CT 2: Decrease the time needed to issue interim guidance on risk and protective actions by monitoring air, water, food, and soil quality, vector control, and environmental decontamination, in conjunction with response partners.

CT 2: If able, develop Global Information System (GIS)/mapping system data sets as identified in the environmental plan.

CT 2: Develop and/or revise pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages.

CT 2: Use pre-approved messages to address public health threats and emergencies.

CT 2: Develop and use messages specific to the community at any time.

CT 2: Assess time needed to issue guidance.

CT 2: Continue environmental testing and monitoring (e.g., BioWatch, radiation control, food safety assessments, and large capacity water testing project in El Paso and Corpus Christi).

CT 2: Obtain training in the use of PPE.

CDC PREPAREDNESS GOAL 8: RECOVER

Goal: Increase the long-term follow-up provided to those affected by threats to the public's health

TARGET CAPABILITY 8A: Economic and Community Recovery

MEASURE:

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Develop and coordinate plans for long-term tracking of those affected by the event.</p> <p>CT 2: Improve systems to track cases, exposures, and adverse event reports.</p> <p>CT 3: Increase the availability of information resources and messages to foster community's return to self-sufficiency.</p>	<p>CT 1: Develop protocols to provide long term tracking of those affected by an event.</p> <p>CT 2: Coordinate with CDC the planning of and implementation of CDC's OMS or implement an equivalent system.</p> <p>CT 3: Use the pre-approved messages and adapt where necessary.</p> <p>CT 3: Provide appropriate messages to city/county jurisdictions.</p>

CDC PREPAREDNESS GOAL 9: IMPROVE

Goal: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

TARGET CAPABILITY 9A: Planning	
MEASURES:	
1) Time to complete an After-Action Report (AAR) with corrective action plan(s). Jurisdictional Target: Mean = 60 days from conclusion of an exercise or real event.	
2) Time to re-evaluate area(s) requiring corrective action. Jurisdictional Target: Mean = 180 days after AAR is completed	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
	<p>Exercises must focus on specific components of a plan although it is not necessary to exercise all components of the plan at one time. An Exercise Notification Form must be submitted to DSHS Central Office at least 60 days prior to any exercise. Exercises should test public health SOPs and/or SOGs and should address horizontal and vertical integration with appropriate response partners at the federal, state, tribal and local level. Response partners may include, but are not limited to: public health, emergency management, laboratory, emergency and clinical medical providers, pharmacy, public works, emergency services, elected officials, school districts, military, and private sector businesses/employers. Response partners may also include bi-national partners at the local, state or federal levels where appropriate. If components of a LHD's all-hazards SOP and/or SOG are tested during a response to an actual event, then the incident may be credited as an exercise. An After Action Report (AAR) must be completed and submitted to DSHS Central Office after the event to receive credit.</p> <p>As much as possible, incorporate the exercise requirements into exercises being conducted at the regional level by Councils of Governments (COGs) and GDEM.</p>

CT 1: Exercise plans to test horizontal and vertical integration with response partners at the federal, state, tribal, and local level.

CT 1: Annually exercise hospital capacity including patient management, staffing and interoperability with local public health and emergency management as required by the Joint Commission on Accreditation of Healthcare Organizations standards on emergency management drills/exercises and hazard vulnerability analysis.

CT 1: Annually exercise components of the Strategic National Stockpile.

CT 1: Annually exercise capability to receive and respond to disease reports of urgent cases, outbreaks or other public health emergencies 24/7.

CT 1: Bi-annually exercise CERC plan.

CT 1: Annually exercise the laboratory readiness and capacity to receive and respond for chemical and biological agents (for those agencies with a laboratory response network (LRN).

CT 1: Test PHIN/HAN notification system ability to receive and send critical health information.

CT 1: Test local redundant communication system ability to notify key stakeholders involved in public health response.

CT 1: Test every six-months the ability to notify clinicians and public health response plan partners to receive public health emergency communication messages.

CT 1: Test every six-months the ability to notify key public health response partners via radio or satellite phone.

CT 1: Test quarterly the time it takes the public health director or designated official to notify public health agency staff with response responsibilities.

<p>CT 2: Decrease the time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions</p> <p>CT 3: Decrease the time needed to implement corrective actions</p> <p>CT 4: Decrease the time needed to re-test areas requiring corrective action.</p>	<p>CT 1: Test every six months the time it takes for public health agency staff with response responsibilities to report for duty.</p> <p>CT 2: Write and submit an after-action report and corrective action plan within 60 days of conclusion of exercise or real event.</p> <p>CT 3: Implement a plan to correct deficiencies and identify unresolved barriers.</p> <p>CT 4: Retest areas of deficiencies within 180 days of AAR.</p>
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EXHIBIT B

**PROJECT PERIOD PANDEMIC INFLUENZA WORK PLAN
FOR
LOCAL HEALTH DEPARTMENTS**

FY2007 – FY2008

DEFINITIONS

All Hazards Response Planning – This refers to the systems used to respond and recover from Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) events, as well as natural disasters. In the case of the CDC Cooperative Agreement, standard operating procedures (SOP) or guidelines (SOG) (formally referred to as “all-hazards plans”) developed by local health departments (LHD) and DSHS health service regions (HSR) to respond to all public health emergencies. Word – word

ENVIRONMENTAL HEALTH RESPONDER – Included in the definition for Public Health Responder.

FIRST RESPONDER – Personnel who would be critical in the first phase of response efforts.

IMPLEMENTATION – includes all steps necessary to complete the tasks; installation, training, and technical assistance.

LONG TERM – The tracking of long-term health consequences to identify trends in physical or mental health resulting from the exposure to Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) elements during an all-hazards event. The length of tracking would be dependent upon the type of event.

PUBLIC HEALTH – Public health is the effort to protect, promote, maintain and restore a population’s health.

PUBLIC HEALTH EMERGENCY – An immediate threat from a naturally occurring or intentional event 1) that poses a high risk of fatalities or serious long-term disability to large numbers of people, and/or 2) where there is substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

PUBLIC HEALTH INFORMATION NETWORK (PHIN) – Proposed to advance a fully capable and interoperable information system for public health. PHIN is a national initiative to implement a multi-organizational business and technical architecture for public health information systems which includes web-based and radio based communications with multiple levels of redundancy.

PUBLIC HEALTH PREPAREDNESS – Public health preparedness is the capacity of public health jurisdictions to respond to a public health emergency. The CDC Cooperative Agreement enables public health jurisdictions to upgrade their preparedness and response capacity.

PUBLIC HEALTH FIRST RESPONDER (PHFR) –Department of Health (DOH) personnel that are required to deploy in the wake of a public health emergency. Hospital personnel may be considered PHFRs if their activity is aligned to support public health response efforts. However, Emergency Medical Service (EMS) Responders are mostly covered through Department of Homeland Security (DHS).

STANDARD OPERATING GUIDELINES (SOG)/STANDARD OPERATING PROCEDURES (SOP) – Approved methods for accomplishing a task or set of tasks and are typically prepared at the department or agency level.

PANDEMIC INFLUENZA PREPAREDNESS GOAL 1: PREVENT

GOAL: Increase the use and development of clinical, non-pharmaceutical, and risk communications interventions known to minimize the spread of influenza.

1A: Target Capability: Planning	
MEASURES:	
<p>1) Public health agency has primary and secondary staff identified for core functional roles delineated in the Incident Command System (ICS) for public health. Jurisdictional Target: For 100% of core public health ICS functional roles, public health agency has documented contact information for primary and secondary backup staff:</p> <p>2) Public health officials recommend school closure when pandemic influenza case counts reach pre-determined levels. Jurisdictional Target: Jurisdictions pre-determine case count levels that "trigger" school closure.</p>	
REQUIRED CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>Critical Task (CT) 1: Develop, exercise and improve operational plans for pandemic influenza at the state and local level. Plans must:</p> <p>CT 1a: Be compliant with National Incident Management System (NIMS) and include Incident Command System (ICS).</p> <p>CT 1b: Delineate accountability and responsibility for key local authorities and stakeholders engaged in planning and executing specific components of the operational plan (e.g., identification, isolation, quarantine, movement restriction, healthcare services,</p>	<p>CT 1: Develop, review, and update annually the health and medical component of the local emergency management plan and LHD all-hazards Standard Operating Procedures (SOPs) and/or Standard Operating Guidelines (SOGs) (plans) pertaining to pandemic influenza.</p> <p>CT 1: Exercise pandemic influenza SOP/SOGs (plans).</p> <p>CT 1a: Review and update annually as needed pandemic influenza SOP/ SOGs for NIMS compliance.</p> <p>CT 1b: Use the <i>Communicable Disease Control Measures in Texas: A Guide for Health Authorities in a Public Health Emergency</i> manual as necessary and use. (http://www.dshs.state.tx.us/rls/lha/communicabledisease.shtm)</p>

emergency care, mutual aid and school closure).

CT 1c: Link plan activities to WHO Pandemic Influenza Phases.

CT 1f: Address integration of state, local, tribal, territorial, and regional plans across jurisdictional boundaries.

CT 1g: Address the provision of psychosocial support services for the community, including parents and their families, and those affected by community containment procedures.

CT 1h: Be sufficiently flexible to adapt to the magnitude and severity of the pandemic and to available resources.

CT 1i: Identify how public health, hospitals and healthcare systems will establish systems for healthcare facility level infection control while allowing necessary personnel access to the facility.

CT 1j: Address the needs of vulnerable/special populations.

CT 2: Formalize agreements that address communication, mutual aid, and other cross-jurisdictional needs with neighboring domestic and/or international jurisdictions

CT 1c: Review planning guidance to assess whether pandemic influenza SOP/SOGs has included recommendations from the WHO Pandemic Influenza Phases.

CT 1f: Continue to meet with state, regional, and local partners regarding integration of plans and SOP/SOGs across jurisdictional boundaries.

CT 1g: Continue planning efforts to address the provision of needed psychosocial services to communities.

CT 1h: Review and update annually as needed pandemic influenza plans and SOP/SOGs in response to new information distributed by CDC or as indicated by disease epidemiology.

CT 1i: Assist in developing standard operating procedures for hospitals/ healthcare systems related to infection control and staff access to facilities in collaboration with local hospital/healthcare stakeholders.

CT 1j: Determine methods to identify vulnerable/special needs populations and processes to overcome barriers for access to services.

CT 2: Continue to meet with other state, tribal and international partners to formalize agreements to address the integration of plans and SOP/SOGs across jurisdictional boundaries.

sharing an international border with Canada or Mexico (e.g., city-state-tribal collaboration arrangements or city-state-province/state collaboration arrangements).

CT 3: Assess and map local community; identify and build social networks; and develop community outreach information networks, pre-event, to:

CT 3a: Define, locate and reach special, at-risk and vulnerable populations and

CT 3b: Maximize capacity to effectively disseminate public information during a pandemic.

CT 4: Clarify and communicate to all stakeholders the process for requesting, coordinating, and approving requests for resources to state and federal agencies.

CT 6: Develop and document schemes to activate non-pharmacological interventions, including home isolation of patients and quarantine of household contacts, social distancing measures such as closure of schools and workplaces, reduced public transport, cancellation of mass gatherings, and public education on hygiene measures such as hand and respiratory hygiene. The scheme should

CT 3: Identify and map special needs populations within the local jurisdiction.

CT 3a: Review and revise annually as needed the health and medical component of the local emergency management plan and LHD all-hazards SOPs and/or SOGs (plans) to include the definition, identification and location of special needs populations.

CT 3a: Work with other entities to develop methods to identify and identify populations with special needs requirements and revise as necessary.

CT 3b: Implement Crisis Emergency Risk Communication (CERC) Plan.

CT 4: Review process located in state/regional and local Emergency Management Plans.

CT 6: Review and revise annually as needed the health and medical component of the local emergency management plan and LHD all-hazards SOPs and/or SOGs (plans) to ensure that all of the critical task criteria have been addressed.

clearly outline how and when decisions are made to implement the interventions.

CT 7: Identify and communicate to all stakeholders the authority responsible for declaring a public health emergency at the state, local and tribal levels and for officially activating the pandemic influenza response plan.

CT 8: Identify State, local and tribal law enforcement personnel who will maintain public order and help implement control measures.

CT 9: Exercise operational plan in cooperation with animal health sectors (including but not limited to industry, veterinary diagnostic laboratories, state departments of agriculture), to prevent, detect, and respond to reports of disease in animals as a early warning of threat to human health including:

CT 9a: Education of and risk communication to the poultry owning public, poultry farmers and vendors, especially small operations.

CT 9b: A plan for surveillance in birds.

CT 9c: Disease reporting and data sharing.

CT 9d: Triggers for action to contain disease within the animal sector.

CT 9e: Triggers to perform heightened surveillance to detect human illness.

CT 7: Work with local governments to determine when to activate pandemic influenza response plan and to determine case count levels that will "trigger" school closure.

CT 8: Identify in coordination with local emergency management personnel local and tribal law (if applicable) enforcement that will maintain public order and help implement control measures.

CT 9: Conduct an exercise that includes animal health issues addressed in the pandemic influenza response SOP/SOGs (plans) in coordination with those organizations responsible for animal health.

CT 10: Train to and exercise the operational elements of the jurisdictional plan including plan activation, incident command, integration with partner agencies; integration with and assistance to hospitals and healthcare systems particularly regarding surge capacity, assisting persons with special needs, coordination with schools.

CT 12: Assign responsibilities and resources to complete, update and execute the plan. Assure that the plan includes timelines and outcomes to be achieved as well as back-up systems for each part of the plan.

CT 10: Provide or participate in training regarding health and medical component of the local emergency management plan and LHD all-hazards SOP/ SOGs (plans).

CT 10: Conduct an exercise testing components of the SOP/SOGs.

CT 12: Review and update annually as needed LHD all-hazard SOP/SOGs (plans) to ensure integration with health and medical component of the local emergency management plan and state plan.

PANDEMIC INFLUENZA PREPAREDNESS GOAL 3: PREVENT

GOAL: Decrease the time needed to detect and report an influenza outbreak with pandemic potential.

TARGET CAPABILITY 3A: Epidemiological Surveillance and Investigation

MEASURE:

- 1) Time for state public health agency to notify local public health agency, or local to notify state, following receipt of a call about an event that may be of urgent public health consequence. **Jurisdictional Target: None**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Recruit and maintain a group of healthcare providers that report influenza-like illness (ILI) regularly, year-round, to the influenza sentinel provider surveillance network.</p> <p>CT 2: Develop the ability to rapidly provide healthcare providers, clinics, and hospitals with updated information on case definitions and sample collection requests and protocols.</p> <p>CT 3: Establish a system for healthcare providers to contact public health authorities about suspect cases or outbreaks.</p>	<p>CT 1: Identify and submit contact information to Sentinel Provider Surveillance Network (SPSN) coordinator (DSHS-Austin) of potential health care providers to join the influenza sentinel provider surveillance network.</p> <p>CT 2: Continue to use the PHIN/HAN to provide updated information to providers, clinics and hospitals.</p> <p>CT 3: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis in collaboration with DSHS physician on-call team.</p>

PANDEMIC INFLUENZA PREPAREDNESS GOAL 4: Detect/Report

Goal: Improve the timeliness and accuracy of communications regarding the threat posed by an influenza outbreak with pandemic.

TARGET CAPABILITY 4A: Communications	
MEASURES: 1) For each PHIN Functional Area, the percent of critical functional requirements that have been achieved based on either the Functional Self Assessment Tool or the PHIN certification process. The Functional Areas are: Connecting Laboratory Systems, Countermeasure/Response Administration, Cross-functional Components, Early Event Detection, Outbreak Management, and Partner Communications and Alerting Functional Requirements. Jurisdictional Target: 100% of the critical functional requirements for each Functional Area	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Support exchange of essential information before and during an influenza pandemic. Coordinate procurement and placement of technology communication systems that, based on a gap analysis of requirements versus existing capabilities, are compliant with PHIN Preparedness Functional Area Partner Communication and Alerting.</p> <p>CT 2: Have or have access to interoperable information systems that support the initial identification and that provide situational awareness of possible pandemic influenza outbreak in compliance with PHIN Preparedness Functional Area Early Event Detection.</p>	<p>CT 1: Use the PHIN/HAN Portal, WebEOC, EMS system for communication of critical information and partner alerting such as VHF/800 MHz Radio, HF Radio, Satellite Phone and the Public Health Communication Plan.</p> <p>CT 2: Use NBS, Essence and other syndrome surveillance systems for identification and situational awareness of pandemic event.</p>

CT 2a: Receive, triage and send case or suspect case disease reports 24/7/365.

CT 2b: Receive health related data from multiple data sources to monitor, quantify and localize aberrations to normal data patterns (e.g., veterinary systems, school absenteeism reports, hospital utilization data, nurse call lines, over-the-counter drug sales, poison control center reports).

CT 3: Have or have access to interoperable information systems to capture and manage data associated with the investigation and containment of an outbreak (e.g., pandemic influenza) or public health emergency in compliance with PHIN Preparedness Functional Area *Outbreak Management*.

CT 3: Collect and report aggregate data as specified by DSHS via WebEOC influenza board.

PANDEMIC INFLUENZA PREPAREDNESS GOAL 5: INVESTIGATE

Goal: Decrease the time to understand modes of transmission, risk groups and risk factors, and appropriate interventions

TARGET CAPABILITY 5A: Epidemiological Surveillance and Investigation	
MEASURE: 1) Time for State/territory public health agency to notify local public health agency, or local to notify State, following receipt of a call about an event that may be of urgent public health consequence. Jurisdictional Target: None	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Conduct year-round surveillance for seasonal influenza (e.g. virologic, outpatient visits, hospitalization, and mortality) preferably through the use of electronic reporting.</p> <p>CT 2: Assure capacity to implement enhanced surveillance once a pandemic is detected, to ensure recognition of the first cases of pandemic virus infection in time to initiate appropriate containment protocols.</p> <p>CT 4: Develop systems to obtain and track numbers and rates of these outcomes daily during an influenza pandemic on:</p> <p>CT 4a: The numbers of newly hospitalized persons with influenza or pneumonia.</p> <p>CT 4b: The numbers of newly isolated and quarantined persons, and</p>	<p>CT 1: Conduct, monitor and/or encourage year round surveillance for influenza.</p> <p>CT 2: Create and revise/update annually the epidemiological response guidelines including initiation of active surveillance for pandemic influenza.</p> <p>CT 2: Maintain processes for rapid deployment of active surveillance at hospitals and clinics and utilize those procedures in the event of a pandemic influenza outbreak.</p> <p>CT 4: Collect and report aggregate data as specified by DSHS via WebEOC influenza board.</p>

CT 4c: Hospitals with pandemic influenza cases.

CT 4d: The number of pneumonia or influenza-associated deaths.

PANDEMIC INFLUENZA PREPAREDNESS GOAL 6: CONTROL

Goal: Decrease the time needed to implement rapid outbreak response actions and provide other countermeasures, including personnel, risk communications, and health interventions and guidance to those at risk of pandemic influenza.

TARGET CAPABILITY 6A: Medical Surge	
MEASURE: 1) Percent of HRSA National Bioterrorism Hospital Preparedness Program (NBHPP) awardee hospitals that transmit hospital utilization data in near-real time to BioSense. Jurisdictional target: 90% of HRSA HBHPP awardee hospitals	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	CONTRACTOR REQUIRED ACTIVITIES
<p>CT 1a: In concert with public health partners, ensure that healthcare entities (primary care, community health centers, rural health programs, and hospitals) are a key component in the exercising of state, local and tribal plans that address:</p> <ul style="list-style-type: none"> i. maintenance of essential hospital support functions. ii. severe shortages of health care workers. iii. adequate personnel and staffing needs based on CDC's FluSurge software. iv. use of the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) to obtain volunteer health care workers. v. ensuring real-time situational awareness of patient visits, hospital bed and intensive care needs, medical supply needs and medical staffing needs. vi. the purchase and storage of beds, equipment, supplies, pharmaceuticals needed to treat influenza patients. 	<p>CT 1a: Attend hospital planning group meetings.</p> <p>CT 1a: Use FluSurge to estimate the demand on health service in coordination with healthcare facilities.</p> <p>CT 1a: Identify and obtain volunteers.</p> <p>CT 1a: Distribute relevant information via PHIN/HAN EMsystems, WebEOC and other appropriate means to track hospital capacity status.</p> <p>CT 1a: Assist in making arrangement for the purchase and storage of beds, equipment, supplies, pharmaceuticals as needed in coordination with public health and medical partners.</p>

CT 1b: Exercise communication systems, plans and procedures to ensure that hospitals, health care systems and public health inform the community about the operating status of hospitals and the triggers for sending a person to the hospital.

CT 1c: Exercise vaccination and prophylaxis plans to cover healthcare staff and patients.

CT 1d: Exercise triage and admission plans that would serve to minimize stress on the hospital system and maintain control of the situation.

CT 1e: Hospitals and health care systems in conjunction with public health partners identify the location, set-up, staffing and operation of alternate care sites during a pandemic. Focus for sites should be within metropolitan areas with plans that can support the sub-state region in which the metropolitan area is contained.

CT 1f: Identify how public health, hospitals and healthcare systems will establish systems for healthcare facility level infection control while allowing necessary personnel access to the facility.

CT 1b: Conduct an exercise testing interoperability of communication systems.

CT 1b: Develop and use messages for the community or use messages developed by state.

CT 1c: Include healthcare staff and patients when conducting a mass vaccination and prophylaxis exercise of the Strategic National Stockpile SOP/SOGs (plans).

CT 1d: Conduct an exercise in coordination with healthcare partners testing community-based triage and admission procedures.

CT 1e: Collaborate with healthcare providers in the community to identify and establish alternative care sites.

CT 1e: Coordinate alternative care sites with local emergency management and first responder organizations.

CT 1f: Make contact with Infection Control Practitioners (ICPs) and confirm that procedures exist for infection control during a pandemic that allows necessary personnel access to facility.

TARGET CAPABILITY 6B: Isolation and Quarantine

MEASURES:

- 1) Time to issue an isolation or quarantine order. **Jurisdictional Target: None**
- 2) Time an individual is retained for medical evaluation while determining need for isolation. **Jurisdictional Target: <12 hours.**
- 3) Public health officials recommend school closure when pandemic influenza case counts reach pre-determined levels.
Jurisdictional Target: None

CRITICAL TASKS DEFINED IN CDC GUIDANCE	CONTRACTOR REQUIRED ACTIVITIES
<p>CT 1: Develop and exercise an operational plan for community mitigation of pandemic influenza using non-pharmacological, including home isolation of patients and quarantine of household contacts, social distancing measures such as closure of schools and workplaces, reduced public transport, and cancellation of mass gatherings, and public education on hygiene measures such as hand and respiratory hygiene.</p> <p>CT 2: Conduct multiple municipal or regional tabletop exercises regarding the decision-processes associated with school closure and the use of other non-pharmacologic interventions.</p>	<p>CT 1: Participate in training regarding isolation and quarantine and other legal authorities needed for implementing the pandemic influenza plan as outlined in the manual: <i>Communicable Disease Control Measures in Texas: A Guide for Health Authorities in a Public Health Emergency.</i></p> <p>CT 1: Use manual to construct a jurisdictional specific checklist of contact information to be used in implementing the 4 Critical Areas (individuals, property, area, and common carrier).</p> <p>CT 1: Conduct an exercise on non-pharmacological interventions and community control measures in coordination with local governments to help contain the spread of pandemic influenza with emphasis on school closing decisions and discouragement of large public gatherings.</p> <p>CT 2: Conduct tabletop exercises with local governments that test:</p> <ul style="list-style-type: none"> • current measures associated with legal aspects • control measure flow diagram, checklists, protocols • use of other non-pharmacologic interventions associated with isolation and quarantine issues specific to school closures.

CT 3: Develop and exercise a plan to communicate to healthcare providers about infection control guidelines and for communication about containment measures at the State, local and tribal level.

CT 4: Exercise and improve the ability to implement infection control guidelines and public health measures at the State, local and tribal levels.

CT 5: Disseminate information from public health sources on:

CT 5a: Routine infection control (e.g., hand hygiene, cough/sneeze etiquette).

CT 5b: Pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission).

CT 5c: Personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).

CT 6: Develop and exercise an operational plan for isolation and quarantine that delineates the following:

CT 3: Conduct at least one exercise annually that tests the PHIN/HAN to provide information to healthcare providers about specific control guidelines and communication about containment measures.

CT 4: Use feedback based on PHIN/HAN exercises to improve the ability to disseminate, implement, and improve infection control guidelines.

CT 5: Develop and provide specific community information.

CT 5a: Assist in the development of pre-approved health promotion materials locally.

CT 5a: Store and disseminate locally public information materials.

CT 5b: Assist in the development and distribution of health promotion materials and campaigns within the community.

CT 5c: Incorporate pre-approved, target specific information into local messages.

CT 5c: Implement awareness campaign of materials to schools, local agencies, faith-based and community-based organizations, individuals.

CT 6: Verify and assure legal authority to activate, enforce, and remove isolation and quarantine measures related to individuals, groups, facilities, animals and food products.

CT 6a: The criteria for isolation and quarantine.

CT 6b: The procedures and legal authorities for implementing and enforcing these containment measures.

CT 6c: The methods that will be used to support, service, and monitor those affected by these containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings.

CT 8: Inform citizens in advance what community mitigation measures may be used in the jurisdiction (e.g. tabletop exercises).

CT 9: Develop and exercise an operational plan for implementing social distancing measures in a jurisdiction that addresses school and workplace closures and cancellation of public gatherings.

CT 10: Implementation in sub-populations where non-pharmacological interventions may pose particular challenges.

CT 6c: Develop and update annually activities currently in place for support services for those affected by control measures.

CT 6c: Exercise local emergency management plans and SOP/SOGs with local government to assess:

- Triggers for implementing isolation and quarantine
- Activities currently in place for support services.

CT 8: Develop and/or revise pre-approved messages to include fact sheets, question and answer sheets, templates, and key messages that will inform the public of community mitigation methods.

CT 9: Determine whether schools/businesses have written guidelines for social distancing.

CT 9: Provide education /guidance to schools/businesses regarding social distancing measures and assist local stakeholders in testing policies and procedures.

CT 10: Work with local governments to identify possible populations where non-pharmacological interventions may pose particular challenges and engage leadership and individuals in identifying possible challenges and solutions.

CT 11: Providing support and services to help counteract the secondary impact of such measures.

CT 12: Monitoring compliance with non-pharmacological interventions including tracking persons in quarantine.

CT 11: Make recommendations to address barriers/challenges.

CT 12: Track compliance.

TARGET CAPABILITY 6C: Mass Prophylaxis

MEASURES:

- 1) Adequacy of State and local plans to receive and dispense medical countermeasures as demonstrated through assessment by the Strategic National Stockpile/Cities Readiness Initiative (CRI).
- 2) Percent of estimated patient throughput actually achieved for each shift during mass vaccination clinic. **Jurisdictional Target: (Seasonal flu clinic). For each work shift: Meet or exceed estimated patient throughput for inputs entered into specified computer model.**
- 3) Influenza vaccination coverage levels reported by BRFSS for each age and risk group. **Jurisdictional Target: Better than the best: Jurisdiction exceed the highest coverage level reported in the most recently published dataset –90% for > or = 65 yrs; 60% for 18-64 yr with high risk conditions; better than the best (36%) for health-care workers with patient contact; better than best (24%) for 18-64 yr non-priority group; better than the best (NIS) for 6-23 months.**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Describe the receipt, distribution, storage, security, monitoring and administration of pandemic influenza vaccines including plans for limited vaccine availability and prioritization of population groups. Take into account potential for administration of vaccines subject to Investigational New Drug (IND) or Emergency Use Authorization (EUA).</p>	<p>CT 1: Assist DSHS in identifying local resources for the receipt, distribution, storage, security, monitoring and administration of pandemic influenza vaccines and antivirals.</p>

CT 2: Collaborate in mass prophylaxis planning and exercising with community-wide partners, bordering jurisdictions, IHS and tribal nations.

CT 3: Maintain PHIN compliant information systems for tracking vaccine distribution and administration.

CT 2: Assist in identifying local resources for the receipt, distribution, storage, security, monitoring and administration of pandemic influenza vaccines and antivirals. Use regular seasonal flu clinics to model pandemic mass vaccination clinics:

- a. The Specified Mass Vaccination Clinic Model (www.isr.umd.edu/Labs/CIM/projects//clinic/) will be used to simulate patient flow and staffing requirements.
- b. Staffing decisions will be based on the model.

CT 3: Implement a PHIN/HAN compliant system for tracking vaccination, administration, location.

TARGET CAPABILITY 6D: Emergency Public Information and Warning

MEASURE:

1) Time to issue critical health message to the public about an event that may be of urgent public health consequence.

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Exercise communication plans with an emphasis on:</p> <p>CT 1a: Coordination with response partners and tribal nations.</p> <p>CT 1b: Rapid provision of public health risk information and recommendations.</p> <p>CT 1c: Addressing stigmatization, rumors and misperceptions in real time.</p> <p>CT 1d: Surge capacity for public information, media operations and spokespersons.</p> <p>CT 1e: Procedures to secure resources to activate the public information and media operation during a public health emergency around the clock if needed for a minimum of 10 days.</p>	<p>CT 1: Exercise Crisis and Emergency Risk Communication (CERC) Plan in concert with any pandemic flu exercise.</p>

CT 2: Prepare supporting materials for public health issues that are unique to an influenza pandemic such as issues of isolation, social distancing, and public health law.

CT 3: Establish a contact list of additional spokespersons and persons outside the state health department who can be available as subject matter experts on pandemic health issues to respond as surge capacity to meet demands for speakers or interviewees from the media, civic organizations and others.

CT 2: Develop and/or revise public information to include fact sheets, question-and-answer sheets, templates and key messages unique to pandemic influenza.

CT 3: Revise and/or update annually contact lists of spokespersons.

TARGET CAPABILITY 6F: Community Preparedness and Participation

MEASURE:

None

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Develop and exercise a continuity of operations plan for essential department services that includes:</p> <p>CT 1a: Contingency planning for increasing public health workforce in response to absenteeism among health department staff and stakeholder groups that have key responsibilities under a community's response plan.</p> <p>CT 1b: Ensuring availability of psychosocial support services (including educational and training materials) for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics.</p>	<p>CT 1: Review and update annually as needed the LHD all-hazards SOP/SOGs (plans) for inclusion of continuity of operations plan for essential department services and plans to increase public health work force.</p> <p>CT 1a: Establish and maintain an agreement (MOU/MOA/MAA) with local Community Mental Health Center(s) or other community based organization(s) to provide worker crises counseling as needed.</p> <p>CT 1b: Identify appropriate staff member(s) and obtain CISM training if local CISM teams are not available.</p> <p>CT 1b: Provide CISM educational and training materials to staff as appropriate.</p>

Attachment IV

Public Health Emergency Preparedness Program
 Functionl Area 360030000040017
 Fund 26016000
 TDSHS Contract No. 2008-022935-001
 Budget Period: 9/1/07 - 7/31/08

ESTIMATED REVENUES	GL	CURRENT BUDGET	ADD (DEDUCT)	REVISED BUDGET
2008-022935-001	4501100	1,079,476		1,079,476
2008-022935-001A	4501100		328,352	328,352
Total Estimated Revenues	\$	1,079,476	328,352	1,407,828

Public Health Emergency Preparedness Program
 Cost Center 3610060002
 Internal Order 13600000360 "Bioterrorism Preparedness 2007-2008"

Regular Salaries and Wages	5101010	414,011.00	107,779	521,790
Overtime Salaries	5101020	-	-	-
FEMA Pay	5101021	-	-	-
Language Skill Pay	5101050	600.00	(600)	-
Language Skill Pay	5101050	-	-	-
Retirement Benefits - Soc. Sec.	5103005	31,717.74	8,199	39,917
Life Insurance	5103010	74.63	959	1,033
Personal Leave Buy Back	5103035	-	-	-
Flexible Benefits Contribution	5104030	88,596.00	31,794	120,390
Workers' Disability Compensation	5104030	5,902.42	(5,902)	-
Retirement Benefits - TMRS	5105010	51,992.22	12,971	64,963
Education	5201025	3,375.00	2,890	6,265
Fees to Professional Contractors	5201040	27,685.50	(17,579)	10,107
Disposal Services	5201041	-	-	-
Contractual Services	5202020	201,500.00	50,186	251,686
Other Contractual Ser	5202025	-	-	-
Administration Fees	5203020	-	-	-
Membership Dues and Licenses	5203050	3,740.00	(3,740)	-
Binding, Printing and Reproduction	5203060	10,739.00	39,261	50,000
Transportation	5203090	11,087.50	9,500	20,587
Rental of Equipment	5204070	1,368.00	1,140	2,508
Mail & Parcel Post Service	5205010	72.41	72	145
Rental Of Facilities	5206010	39,850.00	23,169	63,019
Travel-Official	5207010	17,090.00	135	17,225
Alarm & Security Services	5208530	372.00	5,827	6,199
M&R Material Bldg	5301010	-	-	-
Maint & Repair Parts - Auto	5301020	1,000.00	(1,000)	-
Maint & Repair Mat.-Mach & Equip	5301030	-	1,530	1,530
Office Supplies	5302010	23,680.00	(12,876)	10,804
Janitorial Supplies	5303010	-	4,000	4,000
Clothing and Linen	5304005	1,185.41	(1,185)	-
Chemicals, Medical and Drugs	5304040	-	53,982	53,982
Tools, Apparatus, and Accessories	5304050	1,200.00	10,054	11,254
Computer Software	5304075	-	260	260
Other Commodities	5304080	-	3,970	3,970
Communications: Telephones	5403010	49,376.88	(8,792)	40,585
Pager	5403030	-	-	-
Cellular Phones	5403040	28,210.80	(19,241)	8,970
Wireless Data communications	5403510	-	-	-
Automatic Data Processing Services	5403520	9,775.00	(1,725)	8,050
Motor Fuel & Lubricants	5403545	6,000.00	(3,000)	3,000
Vehicle Management Fee	5404510	45.00	38	83
Gas & Electricity	5404530	-	-	-
Indirect Cost	5406530	48,143.00	37,364	85,507
Rent of City rolling equipment	5407510	1,086.00	(1,086)	-
Computer Equipment	5501000	-	-	-
Furniture & Fixtures	5501065	-	-	-
Total Appropriations	\$	1,079,476	328,352	1,407,828

PERSONNEL COMPLEMENT:
 Cost Center 3610060002
 Internal Order 13600000360

CLASS	CURRENT	ADD (DEDUCT)	REVISED POSITIONS
0040 Administrative Assistant I	1		1
250 Public Health Administrator	1	1	1
67 Administrative Aide	1		1
146 Senior Geo Information Systems Analyst	1	(1)	0
47 Special Activities Coordinator	1		1
216 Laboratory Technologist II	1	(1)	0
234 Laboratory Manager(.50 FTE)	1	(1)	0
247 Public Health Nursing Supervisor	1		1
246 Public Health Nurse	3	(2)	1
251 Epidemiologist	2		2
252 Epidemiology Program Manager	1	(1)	0
847 Department Systems Aide	2		2
862 Department Systems Manager(.50 FTE)	1		1
866 Special Projects Manager	1		1
870 Special Projects Coordinator	3		3
892 Fiscal Officer (.40 FTE)	1		1
896 Department Systems Specialist	1		1

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and San Antonio Metropolitan Health District (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2008-022966- (Contract) in accordance with this Amendment No. 001A : CPS-BIOTERRORISM PREPAREDNESS-LAB, effective 09/01/2007.

This Amendment is necessary to increase in funding due to addition of remaining FY08 funds and revisions to SOW and Workplans as per new CDC guidance.

This Amendment has a retroactive effective date because: The Fiscal Year 2008 CDC Guidance and 100% of allocated funding is to be applied to the entire term of this Program Attachment.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment term is hereby revised as follows:

TERM: 09/01/2007 THRU: ~~08/31/2008~~ 07/31/2008

SECTION I. STATEMENT OF WORK: paragraph 1 is revised as follows:

Contractor shall assist DSHS in the implementation of DSHS's:

- ~~FY2006~~FY2007 Centers for Disease Control and Prevention (CDC) ~~Cooperative Agreement Work Plan for Budget Period 8 continuation~~ Public Health Preparedness and Emergency Response ~~for Bioterrorism (Program Announcement 99051)~~ Cooperative Agreement -to upgrade state and local public health jurisdictions' preparedness for and response to terrorism and other public health threats and emergencies; and
- ~~FY2005 Health Resources Services Administration (HRSA) National Bioterrorism Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HRSA Announcement Number 5-U3R-05-001)~~ -to enhance the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies.

SECTION I. STATEMENT OF WORK: paragraph 3, ^{5th}, ^{8th}, and 9th bulleted items, are revised as follows:

- Provide copies of all new or revised SOPs/SIGs related to preparedness to DSHS ~~with quarterly reports~~ upon request;
- Present laboratory-oriented training to hospitals and reference laboratories in the identified service area on the LRN sentinel protocols to include packaging and shipping of both biological and chemical samples according to published CDC protocols ~~such that 90% and report number of these laboratories have facilities and personnel that~~ -received this instruction during the term of this Program Attachment;
- ~~Maintain a system~~ Revise protocols for safe specimen transport from local laboratories;

SECTION I. STATEMENT OF WORK: paragraph 7 is revised as follows:

- ~~Centers Budget Period 8 funding -for- Disease Control and Prevention (CDC) Guidance for continuation of the Public Health Emergency Preparedness (Funding Opportunity Number AA154; Announcement Number 99051) <<https://www.dshs.state.tx.us/compreg/CDC%20FY%2007.doc>>; (PHEP) Cooperative Agreement guidance (dated September 21, 2007);-~~
- ~~FY2005 Health Resources Services Administration (HRSA) National Bioterrorism Assistant Secretary for Preparedness and Response (ASPR) -Hospital Preparedness Program (HRSA Announcement Number 5 U3R-05-001) <<http://www.hrsa.gov/bioterrorism/hrsa05001.htm>>;~~
Guidance
<http://www.dshs.state.tx.us/compreg/stakeholders/2007_Hospital_Prep_Guidance_Final.pdf> ;
- ~~FY 2008 Project Period Public Health Emergency Preparedness Work Plan for Laboratory Response Network (LRN) Laboratories; Networks (FY2007-FY2008), attached as Exhibit A-B;~~
- Contractor's FY08 Applicant Information and Budget Detail for FY08 base cooperative agreement, FY08 pandemic influenza; -and
- ~~CDCs Local Emergency Preparedness and Response Inventory Preparedness Program Guidance(s) as provided by DSHS.~~

SECTION I. STATEMENT OF WORK: paragraph 9 is revised as follows:

Contractor shall cooperate with DSHS to coordinate all planning, training and exercises performed under this Program Attachment contract -with the Governor's Division of Emergency Management of the State of Texas, or other points of contact at the discretion of the division, to ensure consistency and coordination of requirements at the local level and eliminate duplication of effort between the various domestic preparedness funding sources in the state.

SECTION II. PERFORMANCE MEASURES: paragraph 1 is revised as follows:

Contractor shall complete the PERFORMANCE MEASURES as stated in the attached Exhibit A B.

SECTION IV. RENEWALS: paragraph 1 is deleted and replaced with the following:

~~Renewal are permitted on a one year basis, at DSHS's discretion, and dependant upon funding availability, through FY 09.~~

None

SECTION VII. BUDGET:, SOURCE OF FUNDS:, is revised as follows:

SOURCE OF FUNDS: 93.283; 93.889

SECTION VIII. SPECIAL PROVISIONS: is revised to add the following:

General Provisions, Terms and Conditions of Payment Article, Prompt Payment Section, is revised to include:

Contractor shall separately identify pandemic influenza expenditures on the monthly reimbursement request, State of Texas Purchase Voucher. Pandemic influenza expenditures shall be supported by documentation that details these expenditures in a format specified by DSHS.

Department of State Health Services

Signature of Authorized Official

Date: _____

Bob Burnette, C.P.M., CTPM

Director, Client Services Contracting Unit

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

Contractor

Signature of Authorized Official

Date: _____

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS-LAB
CONTRATOR: SAN ANTONIO METROPOLITAN HEALTH DISTRICT
CONTRACT NO: 2008-022966

CONTRACT TERM: 09/01/2007 THRU: 07/31/2008

BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$16,582.00	\$54,651.00	\$38,069.00
Fringe Benefits	\$7,131.00	\$27,472.00	\$20,341.00
Travel	\$14,093.00	\$11,633.00	\$(2,460.00)
Equipment	\$0.00	\$17,230.00	\$17,230.00
Supplies	\$35,394.00	\$54,134.00	\$18,740.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$74,090.00	\$121,582.00	\$47,492.00
Total Direct Charges	\$147,290.00	\$286,702.00	\$139,412.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$2,710.00	\$9,387.00	\$6,677.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$150,000.00	\$296,089.00	\$146,089.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$150,000.00	\$296,089.00	\$146,089.00
Total Reimbursements Limit	\$150,000.00	\$296,089.00	\$146,089.00
JUSTIFICATION			
Increase in funding due to addition of remaining FY08 funds and revisions to SOW and Workplans as per new CDC and ASPR guidance.			

Financial status reports are due: 12/31/2007, 03/31/2008, 06/30/2008, 09/30/2008

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS-LAB
 CONTRACTOR: San Antonio Metropolitan Health District
 CONTRACT TERM: 09/01/2007 THRU: 07/31/2008
 BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008
 CONTRACT NO: 2008-022966 CHG: 001A

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
			\$	\$
			\$	\$
			\$	\$0.00

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Barnstead Thermolyne Model 3582 Analog Reciprocating Water Bath Shaker- 20 Liter chamber capacity, ambient to 65 degrees Celsius. 24 month parts warranty	1	\$2,800.00	\$2,800.00
2	Laptop- Dell D830 (Catalog # 29834) 9 cell/85 primary battery, 256 MB NVIDIA QUADRO Video Card, INTEL PRO/Wireless S9215 Network, 60GB Hard Drive, DVD-ROM 8X DVD RW Drive, 1.0 GB 533 SDRAM 1DIMM Memory Card	2	\$1,465.00	\$2,930.00
3	Microscope frame with nosepiece mount for transmitted light, coaxial coarse and fine focus controls graduated to 1 micron; detachable fine focus extension knob, DC power supply for 6v/30w tungsten halogen bulb, front mounted intensity control, photo prese	1	\$5,600.00	\$5,600.00
4	RTF Alarm and 7-day recorder. Temperature monitor for refrigerator. To keep accurate temperature record 24 hours a day 7 days a week. The alarm will notify lab personnel of temperature changes.	1	\$1,200.00	\$1,200.00
5	RTF Lab Refrigerator Slide Glass Door 43 cu ft, Bottom mounted compressor; LED digital temperature display, High Density CFC-free urethan foam insulation, Industrial grade hermetically sealed compressors; double-paned insulated glass doors	1	\$4,700.00	\$4,700.00
			\$	\$17,230.00



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • <http://www.dshs.state.tx.us>
TDD: 512-458-7708

February 14, 2008

Fernando A. Guerra, M.D., M.P.H.
Director of Health
San Antonio Metropolitan Health District
332 W, Commerce
San Antonio, Texas 78205

RECEIVED
2008 FEB 15 AM 10:01
SAN ANTONIO METROPOLITAN
HEALTH DISTRICT

Dear Dr. Guerra

The Department of State Health Services is providing this letter of intent to inform the San Antonio Metropolitan Health District that your request for Community Preparedness Discretionary Funds in the amount of \$42,500 for the purchase of the ABI 7500 Fast Analyzer was approved. This funding will be allocated to the Laboratory Bioterrorism Grant in a separate DSHS Grant Amendment upon the returned receipt of the current amendment.

DSHS understands the formal process of contract and contract amendment approvals from our Contracting Unit to your council approval may be lengthy. This letter is intended to assist your agency in the approval process to minimize the time necessary in submitting a second contract amendment to your City Council in May of this year. The procurement period to expend these additional funds is July 31, 2008.

Should you have any questions, please don't hesitate to contact Ratonia Runnels at 512-458-7428 ext. 2820.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Burnette".

Bob Burnette, C.P.M., CTPM
Director, DSHS Clients Services Contracting Unit (CSCU)

Public Health Emergency Preparedness
Texas Department of State Health Services
Discretionary Spending Projects
Project Summary

	Amount
Project Title - LRN Implementation of ABI 7500 Fast	\$42,500.00

- A. Name of Contractor(s):
San Antonio Metropolitan Health District
- B. Performance Measures
By July 31, 2008, purchase ABI 7500 Fast Real-time PCR System to provide redundancy in PCR platforms for the laboratory and to have at least one high-throughput instrument for testing.
- C. Period of Performance:
01/01/2008 - 7/31/2008
- D. Statement of Work:
Set-up instrumentation and train staff
Perform validation of instrumentation
Perform ongoing maintenance of platform
Perform proficiency testing as required by the LRN Guidelines
- E. Method of Accountability:
Monthly/Quarterly Progress Reports, Quarterly Financial Status Reports; Quality Assurance Desk Reviews, Quality Assurance and/or Financial Compliance Monitoring site visits.
- F. Guidance Reference and Additional Information/Justification:
Goal 3: Detect and Report; Target Capability 3A: Public Health Laboratory Testing.
Public health laboratories are the backbone of the LRN and provide high quality laboratory testing to initiate a public health response, such as decision making to close buildings, treat exposed persons and deploy the Strategic National Stockpile. As a member of the LRN, San Antonio Metropolitan Health District (SAMHD) has access to standardized testing protocols and instrumentation, an electronic laboratory reporting system, training opportunities and a global network of laboratorians. SAMHD currently lacks a high-throughput real-time PCR platform for testing of biological agents. SAMHD serves 28 counties in TDSHS Region 8 and this platform will help enhance laboratory support for the identification of biological specimens. SAMHD presently has only one PCR platform to perform CDC-developed and validated real-time rapid assays for nucleic acid amplification. With the addition of a high-throughput real-time PCR platform, such as the ABI 7500 Fast, SAMHD will increase its testing capacity and will eliminate sole reliance on one platform or vendor. Further this new platform will enable us to better serve our community, to remain competitive with other laboratories and to keep current with new technologies that are readily available.

EXHIBIT B

**PROJECT PERIOD PUBLIC HEALTH EMERGENCY PREPAREDNESS WORKPLAN
FOR
LABORATORY RESPONSE NETWORK (LRN)**

FY2008

DEFINITIONS

All Hazards Response Planning - This refers to the systems used to respond and recover from Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) events, as well as natural disasters. In the case of the CDC Cooperative Agreement, standard operating procedures (SOP) or guidelines (SOG) (formally referred to as "all-hazards plans") developed by local health departments (LHD) and DSHS health service regions (HSR) to respond to all public health emergencies.

ENVIRONMENTAL HEALTH RESPONDER - Included in the definition for Public Health Responder.

FIRST RESPONDER – Personnel who would be critical in the first phase of response efforts.

IMPLEMENTATION - includes all steps necessary to complete the tasks; installation, training, and technical assistance.

LONG TERM - The tracking of long-term health consequences to identify trends in physical or mental health resulting from the exposure to Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) elements during an all-hazards event. The length of tracking would be dependent upon the type of event.

PUBLIC HEALTH - Public health is the effort to protect, promote, maintain and restore a population's health.

PUBLIC HEALTH EMERGENCY - An immediate threat from a naturally occurring or intentional event 1) that poses a high risk of fatalities or serious long-term disability to large numbers of people, and/or 2) where there is substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

PUBLIC HEALTH PREPAREDNESS - Public health preparedness is the capacity of public health jurisdictions to respond to a public health emergency. The CDC Cooperative Agreement enables public health jurisdictions to upgrade their preparedness and response capacity.

PUBLIC HEALTH FIRST RESPONDER (PHFR) – Department of Health (DOH) personnel that are required to deploy in the wake of a public health emergency. Hospital personnel may be considered PHFRs if their activity is aligned to support public health response efforts. However, Emergency Medical Service (EMS) Responders are mostly covered through Department of Homeland Security (DHS).

STANDARD OPERATING GUIDELINES (SOG)/STANDARD OPERATING PROCEDURES (SOP) - Approved methods for accomplishing a task or set of tasks and are typically prepared at the department or agency level.

CDC PREPAREDNESS GOAL 1: PREVENT

GOAL: Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

1A: Target Capability: Planning

MEASURE

- 1) Public health agency has primary and secondary staff identified for core functional roles delineated in the Incident Command System (ICS) for public health. **Jurisdictional Target: For 100% of core public health ICS functional roles, public health agency has documented contact information for primary and secondary backup staff.**

CRITICAL TASKS DEFINED IN CDC GUIDANCE

CT 3: Improve regional, jurisdictional, and state all-hazard plans (including those related to pandemic influenza) to support response operations in accordance with National Incident Management System (NIMS) and the National Response Plan (NRP).

CT 3a: Increase participation in jurisdiction-wide self-assessment using the National Incident Management System Compliance Assessment Support Tool (NIMCAST).

PERFORMING AGENCY REQUIRED ACTIVITIES

CT 3: Work with local government and other health and medical agencies and entities to revise and revise annually as needed jurisdictional all-hazards health and medical plans, SOPs, and SOGs (including those related to pandemic influenza and mental health) as guidance/ requirements are issued from US Dept of Homeland Security regarding the National Incident Management System and the National Response Plan.

CT 3a: Annually participate in the jurisdictional NIMCAST self-assessment, addressing the health and medical component of the assessment.

CT 3a: Maintain a NIMS compliant Incident Command structure for public health response operations.

CT 3b: Assure agency's Emergency Operations Center (EOC) meets NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking and information collection, analysis and dissemination.

CT 3b: Maintain a NIMS compliant Incident Command structure for public health. *Track staff training completion for NIMS compliance ICS by identifying # of staff and title of training received: All PHP-supported personnel should be trained in ICS 700 thru ICS 200*

CDC PREPAREDNESS GOAL 2: PREVENT

GOAL: Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

Target Capability 2A: Information Gathering and Recognition of Indicators and Warning

Measures:

- 1) Percent of Pulsed Field Gel Electrophoresis (PFGE) sub-typing data results submitted to the PulseNet national database within 96 hours of receiving isolate at the laboratory. **Jurisdictional Target: 90% of PFGE sub-typing data results are submitted to PulseNet within 96 hours**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1d: Develop and maintain protocols for the utilization of early event detection devices located in your community (e.g., BioWatch and BDS).</p> <p>CT 3a: Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X).</p> <p>CT 3c: Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory</p>	<p>Only for jurisdictions participating in BioWatch and BDS: CT 1d: Develop and revise annually the protocols to use early event detection systems.</p> <p>CT 3a: Participate in Epi-X by having at least one staff registered.</p> <p>Only for jurisdictions participating in PulseNet: CT 3c: Continue to participate in PulseNet activities supporting the tracking of foodborne disease causing bacteria.</p> <p>CT 3c: Increase capabilities to upload data to PulseNet database for <i>Listeria monocytogenes</i> and <i>E.coli</i> 0157:H7.</p>

CDC PREPAREDNESS GOAL 3: DETECT/REPORT

Goal: Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.

TARGET CAPABILITY 3A: Public Health Laboratory Testing

MEASURES:

- 1) Percent of tested category A and B agents in specimens/samples for which the LRN reference lab(s) passes proficiency testing. **Jurisdictional Target: Reference labs has a passing rating for 100% of tested based on LRN-sponsored proficiency tests in which lab participated**
- 2) Time from shipment of clinical specimens to receipt at a LRN reference laboratory. **Jurisdictional Target - Mean = 6 hours**
- 3) Time from receipt in laboratory to presumptive identification of select agents by LRN reference lab **General Guidelines for presumptive identification of Bacillus anthracis, Francisella tularensis and Yersinia pestis: Minimum = 6 hours and Maximum 24 hours**
- 4) Time from presumptive identification to confirmatory identification of select agents by LRN reference lab. **Jurisdictional Target - Targets from presumptive to confirmatory identification: Bacillus anthracis: <4 days; Francisella tularensis: < 7 days; Yersinia pestis: < 6 days**
- 5) Time to have a knowledgeable LRN reference laboratorian answer a call during non-business hours. **Jurisdictional Target: Mean = 15 minutes**

CRITICAL TASKS DEFINED IN CDC GUIDANCE

PERFORMING AGENCY REQUIRED ACTIVITIES

CT 1: Increase and maintain relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental, and food specimens

CT 1: Maintain capabilities of LRNs to detect and confirm Category A agents

CT 1: Maintain capabilities of LRNs to detect and confirm Category B agents

CT-1: Assist in coordinating response to events involving environmental and veterinary laboratories

CT 1a: Develop and maintain a database of all sentinel (biological)/Level Three (chemical) labs in the jurisdiction

CT 1a: Texas LRNs develop, review & revise protocols for sentinel database maintenance

using the CDC-endorsed definition that includes: (Name, contact information, BioSafety Level, whether they are a health alert network partner, certification status, capability to rule-out Category A and B bioterrorism agents per State-developed proficiency testing or CAP bioterrorism module proficiency testing and names and contact information for in-state and out-of-state reference labs used by each of the jurisdiction's sentinel/Level Three labs).

CT 1b: Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.

CT 1c: Test the ability of sentinel/Level 3 labs to send specimens to a confirmatory Laboratory Response Network (LRN) on nights, weekends, and holidays

CT 1d: Package, label, ship, and coordinate routing and maintain chain-of-custody of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism.

CT 1e: Continue to develop or enhance operational plans and protocols that include: * specimen/samples transport and handling, *worker safety, *appropriate Biosafety Level (BSL) working conditions for each threat agent, *staffing and

CT 1a: Test accuracy of the 24/7/365 contact information of LRNs

CT 1a: Texas LRNs confirm their contact information on a quarterly basis

CT 1b: BT coordinators maintain their certification annually for packaging and shipping of diagnostic specimens and infectious substances.

CT 1c: Test the accurate and timely submission of diagnostic or infectious agent's submissions during a simulated or natural event.

CT 1d: Review annually protocols for chain-of-custody.

CT 1d: Maintain train-the-trainer certification of LRN

CT 1d: Provide technical assistance to responders, law enforcement and Sentinel/Level 3 laboratories on specimen collection, packaging, labeling, and shipping and chain-of-custody maintenance.

CT 1e: Revise & review laboratory all-hazards operational plans and protocols to reduce response times to bio-threat, chemical threat, and radiological threat agents

CT 1e: Assess training needs and implement training as necessary.

training of personnel, *quality control and assurance, *adherence to laboratory methods and protocols, *proficiency testing to include routine practicing of Laboratory Response Network (LRN) validated assays as well as participation in the LRN's proficiency testing program electronically through the LRN website, *threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of specimens, *intake and testing prioritization, *secure storage of critical agents, *appropriate levels of supplies and equipment needed to respond to bioterrorism events with a strong emphasis on surge capacities needed to effectively respond to a bioterrorism incident.

CT 1f: Ensure the availability of at least one operational Biosafety Level Three (BSL-3) facility in your jurisdiction for testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "Biosafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL), should be used (see www.cdc.gov/od/ohs) or formal arrangements (i.e., Memorandum of Understanding (MOU) should be established with a neighboring jurisdiction to provide this capacity.

CT 1g: Ensure that laboratory registration, operations, safety, and security are consistent with both the minimum requirements set forth in Select Agent Regulation (42 CFR 73) and the US Patriot Act of 2001 (P.L. 107-56) and subsequent updates

CT 1e: Implement training plan to address training deficiencies as necessary

CT 1f: Maintain a BSL-3 facility in each of 10 designated LRN laboratory areas

CT 1f: Review and revise annually the written protocol coordinating specimen submission for laboratory analysis in response to an emergency situation or in support of an epidemiological investigation.

CT 1f: Develop MOU's or algorithms to address surge capacity testing

CT 1g: Apply for renewal of certification(s) from Clinical Laboratory Improvement Act (CLIA), United States Department of Agriculture (USDA), and United States Food and Drug Administration (USFDA) as required

CT 1g: Continue updating operating protocols to include minimum requirements set forth in the latest update of the Select Agent

CT 1h: Ensure at least one public health laboratory in your jurisdiction has the appropriate instrumentation and appropriately trained staff to perform CDC-developed and validated real-time rapid assays for nucleic acid amplification (Polymerase Chain Reaction, PCR) and antigen detection (Time-Resolved Fluorescence, TRF)

CT 2: Increase the exchange of laboratory testing orders and results

CT 2a: Monitor compliance with public health agency (or public health agency lab) policy on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level three lab (i.e. feedback and linking of results to relevant public health data) with a copy to CDC as appropriate

Regulations

CT 1h: Continue performing PCR testing procedures and TRF methods as new protocols become available

CT 1h: Improve response times and increase testing throughput as technologies are approved and validated protocols are released

CT 2: Test the procedures to exchange laboratory testing orders and results between other LRN laboratories and epidemiologists

CT 2a: BIOWATCH LABORATORIES ONLY: Continue to utilize Messenger 2.0 in the BioWatch laboratories connected with LRN

CT 2a: Maintain ability to respond and report results for an event of a significant public health consequence.

CDC PREPAREDNESS GOAL 4: Detect/Report

Goal: Improve the timeliness and accuracy of information regarding threats to the public's health

TARGET CAPABILITY 4A: Health Intelligence Integration and Analysis

MEASURES:

- 1) Time LRN reference lab generates confirmatory result for an agent of urgent public health consequence to notification of appropriate officials. **Jurisdictional Target: Mean = 2 hours**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
CT 2: Improve effectiveness of health intelligence and surveillance activities	CT 2: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis by maintaining and revising as needed contact protocols, sharing updates with local, regional, and state partners, and assuring public access to report resources

CDC PREPAREDNESS GOAL 6: CONTROL

Goal: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health

TARGET CAPABILITY 6C: Responder Safety and Health	
MEASURE:	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
CT 2a: Provide Personal Protection Equipment (PPE) based upon hazard analysis and risk assessment.	CT 2a: Conduct staff hazard analysis and risk assessment to identify their level of occupational risk based on job description. CT 2a: Provide access to training on PPE to staff based on OSHA hazard analysis and risk assessment.

CDC PREPAREDNESS GOAL 9: IMPROVE

Goal: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

TARGET CAPABILITY 9A: Planning	
MEASURES:	
1) Time to complete an After-Action Report (AAR) with corrective action plan(s). Jurisdictional Target: Mean = 60 days from conclusion of an exercise or real event.	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Exercise plans to test horizontal and vertical integration with response partners at the federal, state, tribal, and local level.</p>	<p>CT 1: Annually exercise capability to receive and respond to disease reports of urgent cases, outbreaks or other public health emergencies 24/7</p> <p>CT 1: Annually exercise an all hazards response plan to control and contain the consequences of an event</p> <p>CT 1: Test the ability to notify sentinel/level 3 laboratories to receive public health emergency laboratory communication</p> <p>CT 1: Pandemic Influenza exercise</p> <p>CT 1: Notify DSHS 30 days prior to conducting exercise</p>
<p>CT 3: Decrease the time needed to implement corrective actions</p>	<p>CT 3: Write and submit an after-action report and corrective action plan within 60 days of conclusion of exercise or real event.</p>

CDC PANDEMIC INFLUENZA SUPPLEMENT GOAL 3: DETECT AND REPORT

GOAL: Decrease the time needed to detect and report an influenza outbreak with pandemic potential.

TARGET CAPABILITY 3b: Public Health Laboratory Testing

MEASURES:

1) Time to have a knowledgeable LRN reference laboratorian answer a call during non-business hours **Jurisdictional Target: Mean = 15 minutes**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Maintain the ability to test for influenza viruses year-round</p> <p>CT 2: Perform Polymerase Chain Reaction (PCR) testing for rapid detection and subtyping of influenza viruses</p> <p>CT 3: Electronically exchange specimen-level data among clinical laboratories, the state public health lab, and CDC</p> <p>CT 5: Develop and exercise an operational plan to augment the capacity of public health and clinical laboratories to meet the needs of the jurisdiction during an influenza pandemic</p>	<p>CT 1: Maintain current capabilities and incorporate new protocols for influenza testing when released from CDC</p> <p>CT 2: Participate in proficiency tests to ensure competency in these testing protocols</p> <p>CT 3: Continue working towards rapid electronic storage of testing orders and electronic reporting of test results to the sentinel/Level Three laboratories as well as public health programs with enhancement of communication activities among the sentinel, LRN laboratories, epidemiologists, public health preparedness staff, and when appropriate, CDC</p> <p>CT 5: Revise annually an operational plan for the coordination of hospital, local health department, and Texas LRN laboratories efforts in providing maximum testing during an influenza pandemic</p>

FY 2008 Office of the Assistant Secretary for Preparedness & Response (OASPR) Grant Quarterly Report of Activity

CRITICAL TASKS DEFINED IN OASPR GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Support and provide hospital laboratories with training on sentinel LRN protocols and proper specimen collection, packaging, and shipping of diagnostic and infectious specimens</p> <p>CT 2: Strengthen the partnership between the LRN laboratories and the sentinel laboratories through site visits</p>	<p>CT 1: Provide competency based training to hospital laboratory personnel on proper packaging and shipping of specimens</p> <p>CT 2: Conduct site visits with the OASPR personnel</p>

Attachment VI

Public Health State Support Project 2007/2008 - Federal
 Fund 26016000
 Functional Area 3600300000040015
 TDSHS 2008-022966-001
 9/1/07 - 7/31/08

<u>ESTIMATED REVENUES:</u>	<u>GL</u>	<u>ORIGINAL BUDGET</u>	<u>ADD (DEDUCT)</u>	<u>ADD (DEDUCT)</u>	<u>REVISED BUDGET</u>
TDSHS 2008-022966-001	4501100	150,000			150,000
TDSHS 2008-022966-001A	4501100		146,089		146,089
TDSHS 2008-022966-001B	4501100			42,500	42,500
Total Estimated Revenues:		\$ 150,000	146,089	42,500	338,589

APPROPRIATIONS:

Public Health Emergency Preparedness Laboratory
 Activity: 36-10-05 9/01/07 to 7/31/08
 Cost Center 3610050002
 Internal Order 136000000357

Regular Salaries and Wages	5101010	16,582	38,069		54,651
Retirement Benefits - Soc. Sec.7.65%	5103005	1,181	3,000		4,181
Life Insurance .15/1000	5103010	25	73		98
Flexible Benefits Contribution	5104030	4,100	12,420		16,520
Retirement Benefits	5105010	1,825	4,848		6,673
Membership Dues and Licenses	5203050		5,000		5,000
Transportation (mileage)	5203090	500	652		1,152
Travel	5207010	13,593	(3,111)		10,482
Fees to Prof. Contractors	5201040	9,000	(9,000)		-
Disposal Services	5201041	5,000	2,700		7,700
Advertising and Publications	5203040	5,000	(5,000)		-
Binding Printing and Reproduction	5203060	6,090	(3,967)		2,123
Rental of Equipment	5204070	3,000	3,000		6,000
Maintenance & Repair - Mach. & Equip	5204080	10,000	29,727		39,727
Mail and Parcel Post Service	5205010	5,000	(3,068)		1,932
Rental of Facilities	5206010	18,000	26,000		44,000
Alarm and Security Services	5208530	1,000	(175)		825
Gas and Electricity	5403040	7,000	(7,000)		-
Automatic Data Processing Services	5403520	5,000	(5,000)		-
Office Supplies	5302010	1,150	350		1,500
Computer Software	5304075	500	796		1,296
Tools and Apparatus	5304050		3,250		3,250
Chemicals, Medical and Drugs	5304040	33,744	17,394		51,138
Phone and Fax Services	5403010		14,025		14,025
Rental of Pagers	5403030		-		-
Indirect	5406530	2,710	6,677		9,387
Capital Outlay<5000 Computer Equipment	5501000		2,930		2,930
Cap<5000 Furn - & Fix	5501065		5,900		5,900
Machinery & Equipment	5701060		5,600	42,500	48,100
Total 36-10-05:		\$ 150,000	146,089	42,500	338,589

PERSONNEL COMPLEMENT:

Activity 36-10-05
 Cost Center 3610050002
 Internal Order 136000000357

<u>CLASS</u>	<u>TITLE</u>	<u>CURRENT POSITIONS</u>	<u>ADD (DEDUCT)</u>	<u>REVISED POSITIONS</u>
	216 Laboratory Technologist II	1	1	2
	Total:	1	1	2



CMS or Ordinance Number: OR00000200803130199

TSLGRS File Code: 1000-05

Document Title:

ORD - TDSHS 2008-022966-001 Bioterrorism Preparedness Lab
Amendment 2008-022966-001A, 9/1/07-7/31/08

Ordinance Date:
3/13/2008



CMS or Ordinance Number: CN0040001979

TSLGRS File Code:1025-08-A

Document Title:

CONT - TDSHS 2008-023015-001 Cities Readiness Initiative
Amendment 2008-023015-001A, 9/1/07-7/31/08

Commencement Date:

9/1/2007

Expiration Date:

8/31/2008

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS - CITIES READINESS INITIATIVE

CONTRATOR: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

CONTRACT NO: 2008-023015

CONTRACT TERM: 09/01/2007 THRU: 07/31/2008

BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$34,258.00	\$66,094.00	\$31,836.00
Fringe Benefits	\$14,730.00	\$28,559.00	\$13,829.00
Travel	\$7,572.00	\$15,380.00	\$7,808.00
Equipment	\$0.00	\$2,800.00	\$2,800.00
Supplies	\$33,825.00	\$52,932.00	\$19,107.00
Contractual	\$0.00	\$9,550.00	\$9,550.00
Other	\$53,016.00	\$101,704.00	\$48,688.00
Total Direct Charges	\$143,401.00	\$277,019.00	\$133,618.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$5,599.00	\$10,819.00	\$5,220.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$149,000.00	\$287,838.00	\$138,838.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$149,000.00	\$287,838.00	\$138,838.00
Total Reimbursements Limit	\$149,000.00	\$287,838.00	\$138,838.00
JUSTIFICATION			
Increase in funding due to addition of remaining FY08 funds and revisions to SOW and Workplan as per new CDC guidance.			

Financial status reports are due: 12/31/2007, 03/31/2008, 06/30/2008, 09/30/2008

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: CPS - CITIES READINESS INITIATIVE
CONTRACTOR: San Antonio Metropolitan Health District
CONTRACT TERM: 09/01/2007 THRU: 07/31/2008
BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008
CONTRACT NO: 2008-023015 CHG: 001A

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
			\$	\$
			\$	\$
			\$	\$0.00

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Electrical Generators to power Response Trailers (Power Pro 9000 Surge Watt)	4	\$700.00	\$2,800.00
			\$	\$
			\$	\$
			\$	\$2,800.00

EXHIBIT A

**PROJECT PERIOD PUBLIC HEALTH EMERGENCY PREPAREDNESS WORKPLAN
FOR
CITIES READINESS INITIATIVE**

FY2008

DEFINITIONS

All Hazards Response Planning - This refers to the systems used to respond and recover from Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) events, as well as natural disasters. In the case of the CDC Cooperative Agreement, this applies to plans developed to respond to those public health emergencies that use the same systems as would be tested in an event such as SARS or other BT agent.

ENVIRONMENTAL HEALTH RESPONDER - Included in the definition for Public Health Responder

FIRST RESPONDER –Personnel who would be critical in the first phase of response efforts

IMPLEMENTATION - includes all steps necessary to complete the tasks; installation, training, and technical assistance.

LONG TERM - The tracking of long-term health consequences to identify trends in physical or mental health resulting from the exposure to Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) elements during an all-hazards event. The length of tracking would be dependent upon the type of event.

PUBLIC HEALTH - Public health is the effort to protect, promote, maintain and restore a population's health.

PUBLIC HEALTH EMERGENCY - An immediate threat from a naturally occurring or intentional event 1) that poses a high risk of fatalities or serious long-term disability to large numbers of people, and/or 2) where there is substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

PUBLIC HEALTH PREPAREDNESS - Public health preparedness is the capacity of public health jurisdictions to respond to a public health emergency. The CDC Cooperative Agreement enables public health jurisdictions to upgrade their preparedness and response capacity.

PUBLIC HEALTH FIRST RESPONDER (PHFR) - DOH personnel that are required to deploy in the wake of a public health emergency. Hospital personnel may be considered PHFRs if their activity is aligned to support public health response efforts. However, Emergency Medical Service (EMS) Responders are mostly covered through Department of Homeland Security (DHS).

CDC PREPAREDNESS GOAL 6: CONTROL

Goal: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health

TARGET CAPABILITY 6E: Mass Prophylaxis	
MEASURE:	
1) Adequacy of state and local plans to receive and dispense medical countermeasures as demonstrated through assessment by the Strategic National Stockpile(SNS)/Cities Readiness Initiative(CRI). Jurisdictional Target: Agency has a passing rating on 100% of all elements and functions based on its most recent Strategic national Stockpile/Cities Readiness Initiative (CRI) assessment	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
Ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period.	<p>Continue to develop and augment scalable plans with supporting infrastructure to provide oral medications during an event to your entire population within 48 hours.</p> <p>Continue to identify, assess and secure the Point of Dispensing (POD) sites.</p> <p>Continue to recruit staff/volunteers to carry out all local SNS functions including POD operations.</p> <p>Continue to orient and train volunteer staff (clinical and non-clinical) for POD operations.</p>

Ensure that jurisdictions within a metropolitan statistical area (MSA) will have coordinated mass prophylaxis activities and health communication messaging across the MSA.

Continue to coordinate with local law enforcement to assess each site and develop a comprehensive security plan.

Develop and/or revise plans to provide prophylaxis through alternate methods to increase population throughput to decrease the burden on PODs.

Determine threshold criteria for shifting from a clinical dispensing model to a non-clinical model of dispensing.

Develop and/or revise SNS postal service plan in conjunction with the United States Postal Service (USPS).

Develop and/or revise an SNS plan for the MSA that outlines areas of integration and coordination between jurisdictions within the MSA to meet the requirement to provide prophylaxis to the entire population within 48-hours.

Develop and/or revise communications plan for the MSA.

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and **San Antonio Metropolitan Health District** (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # **2008-023015** (Contract) in accordance with this Amendment No. 001A : - **CPS/CRI** , effective 09/01/2007 .

This Amendment is necessary to increase funding due to addition of remaining FY08 funds and revisions to SOW and Workplan as per new CDC guidance.

This Amendment has a retroactive effective date because: The Fiscal Year 2008 CDC Guidance and 100% of allocated funding is to be applied to the entire term of this Program Attachment.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment term is hereby revised as follows:

TERM: 09/01/2007 THRU: ~~08/31/2008~~ 07/31/2008

SECTION I. STATEMENT OF WORK: is amended to add the following paragraph:

The following documents are incorporated by reference and made a part of this Program Attachment:

- Budget Period 8 funding for continuation of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement guidance (dated September 21, 2007);
- Contractor's Cities Readiness Initiative Work Plan, which is hereby attached as Exhibit A;
- Contractor's FY08 Applicant Information and Budget Detail; and
- Preparedness Program Guidance(s) as provided by DSHS. The Program Guidance can be viewed at <http://www.dshs.state.tx.us/comprep/default.shtm>.

SECTION I. STATEMENT OF WORK: is amended to delete the following paragraph 5:

~~The following documents are incorporated by reference and made a part of this program Attachment:~~

- ~~Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (Announcement Number AA154);~~
- ~~DSHS Cooperative Agreement Work Plan for Budget Year;~~
- ~~Contractor's Cities Readiness Initiative Work Plan, which is hereby attached as Exhibit A; and~~
- ~~Contractor's action plan to assist in the accurate and timely completion of all objectives.~~

SECTION I. STATEMENT OF WORK:; paragraphs 9 & 10 are revised as follows:

Contractor shall inform DSHS in writing if it shall not continue performance under this **Program Attachment Contract** within thirty (30) days of receipt of an amended standard(s) or guideline(s). DSHS may terminate this **Program Attachment Contract** immediately or within a reasonable period of time as determined by DSHS.

Contractor shall develop, implement, and maintain a timekeeping system for accurately documenting staff time and salary expenditures for all staff funded through this **Program Attachment Contract**, including partial Full Time Equivalents (FTEs) and temporary staff.

SECTION IV. RENEWALS: is revised as follows:

~~Renewal are permitted on a one-year basis, at DSHS's discretion, dependant upon funding availability through FY 09.~~

None

SECTION VIII. SPECIAL PROVISIONS: paragraph 2 is revised as follows:

General Provisions, **Allowable Costs and Audit Requirements** Article, ~~Allowable Costs Section~~ is amended to include the following:

For the purposes of this Program Attachment, ~~vehicles are not an allowable cost. funds may not be used for research, reimbursement of pre-award costs, purchase vehicles of any kind, new construction, or to purchase incentive items.~~

DEPARTMENT OF STATE
HEALTH SERVICES

By: 
Signature of Authorized Official

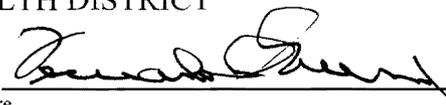
4-11-08
Date

Bob Burnette, C.P.M., CTPM
Director
Client Services Contracting Unit
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

SAN ANTONIO METROPOLITAN
HEALTH DISTRICT

By: 
Signature

4-2-08
Date

Fernando A. Guerra, MD, MPH, Director of Health
Printed Name and Title

332 West Commerce, Suite 307
Address

San Antonio, Texas 78205
City, State, Zip

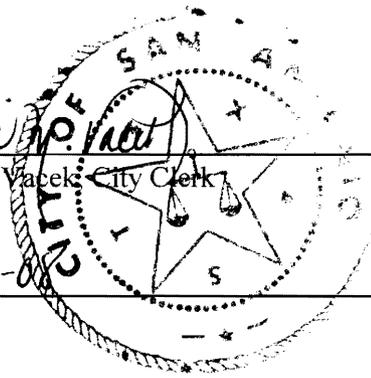
210-207-8730
Telephone Number

Fernando.Guerra@sanantonio.gov
E-mail Address for Official Correspondence

ATTEST:


Leticia M. Vacek, City Clerk

4-8-08
Date



APPROVED AS TO FORM:


Michael D. Bernard, City Attorney
City of San Antonio

X



CMS or Ordinance Number: CN0040001972

TSLGRS File Code:1025-08-A

Document Title:

CONT - TDSHS 2008-022966-001 Bioterrorism Preparedness Lab
Amendment 2008-022966-001A, 9/1/07-7/31/08

Commencement Date:

9/1/2007

Expiration Date:

8/31/2008

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS-LAB

CONTRATOR: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

CONTRACT NO: 2008-022966

CONTRACT TERM: 09/01/2007 THRU: 07/31/2008

BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$16,582.00	\$54,651.00	\$38,069.00
Fringe Benefits	\$7,131.00	\$27,472.00	\$20,341.00
Travel	\$14,093.00	\$11,633.00	\$(2,460.00)
Equipment	\$0.00	\$17,230.00	\$17,230.00
Supplies	\$35,394.00	\$54,134.00	\$18,740.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$74,090.00	\$121,582.00	\$47,492.00
Total Direct Charges	\$147,290.00	\$286,702.00	\$139,412.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$2,710.00	\$9,387.00	\$6,677.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$150,000.00	\$296,089.00	\$146,089.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$150,000.00	\$296,089.00	\$146,089.00
Total Reimbursements Limit	\$150,000.00	\$296,089.00	\$146,089.00
JUSTIFICATION			
Increase in funding due to addition of remaining FY08 funds and revisions to SOW and Workplans as per new CDC and ASPR guidance.			

Financial status reports are due: 12/31/2007, 03/31/2008, 06/30/2008, 09/30/2008

DEPARTMENT OF STATE HEALTH SERVICES



**1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199**

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS-LAB
 CONTRACTOR: San Antonio Metropolitan Health District
 CONTRACT TERM: 09/01/2007 THRU: 07/31/2008
 BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008
 CONTRACT NO: 2008-022966 CHG: 001A

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
			\$	\$
			\$	\$
			\$	\$0.00

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Barnstead Thermolyne Model 3582 Analog Reciprocating Water Bath Shaker- 20 Liter chamber capacity, ambient to 65 degrees Celsius. 24 month parts warranty	1	\$2,800.00	\$2,800.00
2	Laptop- Dell D830 (Catalog # 29834) 9 cell/85 primary battery, 256 MB NVIDA QUADRO Video Card, INTEL PRO/Wireless S9215 Network, 60GB Hard Drive, DVD-ROM 8X DVD RW Drive, 1.0 GB 533 SDRAM 1DIMM Memory Card	2	\$1,465.00	\$2,930.00
3	Microscope frame with nosepiece mount for transmitted light, coaxial coarse and fine focus controls graduated to 1 micron; detachable fine focus extension knob, DC power supply for 6v/30w tungsten halogen bulb, front mounted intensity control, photo prese	1	\$5,600.00	\$5,600.00
4	RTF Alarm and 7-day recorder. Temperature monitor for refrigerator. To keep accurate temperature record 24 hours a day 7 days a week. The alarm will notify lab personnel of tempature changes.	1	\$1,200.00	\$1,200.00
5	RTF Lab Refrigerator Slide Glass Door 43 cu ft, Bottom mounted compressor; LED digital temperatyre display, High Density CFC-free urethan foam insulation, Industrial grade hermetically sealed compressors; double-paned insulated glass doors	1	\$4,700.00	\$4,700.00
			\$	\$17,230.00

EXHIBIT B

**PROJECT PERIOD PUBLIC HEALTH EMERGENCY PREPAREDNESS WORKPLAN
FOR
LABORATORY RESPONSE NETWORK (LRN)**

FY2008

DEFINITIONS

All Hazards Response Planning - This refers to the systems used to respond and recover from Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) events, as well as natural disasters. In the case of the CDC Cooperative Agreement, standard operating procedures (SOP) or guidelines (SOG) (formally referred to as "all-hazards plans") developed by local health departments (LHD) and DSHS health service regions (HSR) to respond to all public health emergencies.

ENVIRONMENTAL HEALTH RESPONDER - Included in the definition for Public Health Responder.

FIRST RESPONDER – Personnel who would be critical in the first phase of response efforts.

IMPLEMENTATION - includes all steps necessary to complete the tasks; installation, training, and technical assistance.

LONG TERM - The tracking of long-term health consequences to identify trends in physical or mental health resulting from the exposure to Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) elements during an all-hazards event. The length of tracking would be dependent upon the type of event.

PUBLIC HEALTH - Public health is the effort to protect, promote, maintain and restore a population's health.

PUBLIC HEALTH EMERGENCY - An immediate threat from a naturally occurring or intentional event 1) that poses a high risk of fatalities or serious long-term disability to large numbers of people, and/or 2) where there is substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

PUBLIC HEALTH PREPAREDNESS - Public health preparedness is the capacity of public health jurisdictions to respond to a public health emergency. The CDC Cooperative Agreement enables public health jurisdictions to upgrade their preparedness and response capacity.

PUBLIC HEALTH FIRST RESPONDER (PHFR) – Department of Health (DOH) personnel that are required to deploy in the wake of a public health emergency. Hospital personnel may be considered PHFRs if their activity is aligned to support public health response efforts. However, Emergency Medical Service (EMS) Responders are mostly covered through Department of Homeland Security (DHS).

STANDARD OPERATING GUIDELINES (SOG)/STANDARD OPERATING PROCEDURES (SOP) - Approved methods for accomplishing a task or set of tasks and are typically prepared at the department or agency level.

CDC PREPAREDNESS GOAL 1: PREVENT

GOAL: Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

1A: Target Capability: Planning	
MEASURE	
1) Public health agency has primary and secondary staff identified for core functional roles delineated in the Incident Command System (ICS) for public health. Jurisdictional Target: For 100% of core public health ICS functional roles, public health agency has documented contact information for primary and secondary backup staff.	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 3: Improve regional, jurisdictional, and state all-hazard plans (including those related to pandemic influenza) to support response operations in accordance with National Incident Management System (NIMS) and the National Response Plan (NRP).</p> <p>CT 3a: Increase participation in jurisdiction-wide self-assessment using the National Incident Management System Compliance Assessment Support Tool (NIMCAST).</p>	<p>CT 3: Work with local government and other health and medical agencies and entities to revise and revise annually as needed jurisdictional all-hazards health and medical plans, SOPs, and SOGs (including those related to pandemic influenza and mental health) as guidance/ requirements are issued from US Dept of Homeland Security regarding the National Incident Management System and the National Response Plan.</p> <p>CT 3a: Annually participate in the jurisdictional NIMCAST self-assessment, addressing the health and medical component of the assessment.</p> <p>CT 3a: Maintain a NIMS compliant Incident Command structure for public health response operations.</p>

CT 3b: Assure agency's Emergency Operations Center (EOC) meets NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking and information collection, analysis and dissemination.

CT 3b: Maintain a NIMS compliant Incident Command structure for public health. *Track staff training completion for NIMS compliance ICS by identifying # of staff and title of training received: All PHP-supported personnel should be trained in ICS 700 thru ICS 200*

CDC PREPAREDNESS GOAL 2: PREVENT

GOAL: Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

Target Capability 2A: Information Gathering and Recognition of Indicators and Warning

Measures:

- 1) Percent of Pulsed Field Gel Electrophoresis (PFGE) sub-typing data results submitted to the PulseNet national database within 96 hours of receiving isolate at the laboratory. **Jurisdictional Target: 90% of PFGE sub-typing data results are submitted to PulseNet within 96 hours**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1d: Develop and maintain protocols for the utilization of early event detection devices located in your community (e.g., BioWatch and BDS).</p> <p>CT 3a: Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X).</p> <p>CT 3c: Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory</p>	<p>Only for jurisdictions participating in BioWatch and BDS: CT 1d: Develop and revise annually the protocols to use early event detection systems.</p> <p>CT 3a: Participate in Epi-X by having at least one staff registered.</p> <p>Only for jurisdictions participating in PulseNet: CT 3c: Continue to participate in PulseNet activities supporting the tracking of foodborne disease causing bacteria.</p> <p>CT 3c: Increase capabilities to upload data to PulseNet database for <i>Listeria monocytogenes</i> and <i>E.coli</i> 0157:H7.</p>

CDC PREPAREDNESS GOAL 3: DETECT/REPORT

Goal: Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.

TARGET CAPABILITY 3A: Public Health Laboratory Testing	
<p>MEASURES:</p> <ol style="list-style-type: none"> 1) Percent of tested category A and B agents in specimens/samples for which the LRN reference lab(s) passes proficiency testing. Jurisdictional Target: Reference labs has a passing rating for 100% of tested based on LRN-sponsored proficiency tests in which lab participated 2) Time from shipment of clinical specimens to receipt at a LRN reference laboratory. Jurisdictional Target - Mean = 6 hours 3) Time from receipt in laboratory to presumptive identification of select agents by LRN reference lab General Guidelines for presumptive identification of Bacillus anthracis, Francisella tularensis and Yersinia pestis: Minimum = 6 hours and Maximum 24 hours 4) Time from presumptive identification to confirmatory identification of select agents by LRN reference lab. Jurisdictional Target - Targets from presumptive to confirmatory identification: Bacillus anthracis: <4 days; Francisella tularensis: < 7 days; Yersinia pestis: < 6 days 5) Time to have a knowledgeable LRN reference laboratorian answer a call during non-business hours. Jurisdictional Target: Mean = 15 minutes 	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Increase and maintain relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental, and food specimens</p> <p>CT 1a: Develop and maintain a database of all sentinel (biological)/Level Three (chemical) labs in the jurisdiction</p>	<p>CT 1: Maintain capabilities of LRNs to detect and confirm Category A agents</p> <p>CT 1: Maintain capabilities of LRNs to detect and confirm Category B agents</p> <p>CT 1: Assist in coordinating response to events involving environmental and veterinary laboratories</p> <p>CT 1a: Texas LRNs develop, review & revise protocols for sentinel database maintenance</p>

using the CDC-endorsed definition that includes: (Name, contact information, BioSafety Level, whether they are a health alert network partner, certification status, capability to rule-out Category A and B bioterrorism agents per State-developed proficiency testing or CAP bioterrorism module proficiency testing and names and contact information for in-state and out-of-state reference labs used by each of the jurisdiction's sentinel/Level Three labs).

CT 1b: Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.

CT 1c: Test the ability of sentinel/Level 3 labs to send specimens to a confirmatory Laboratory Response Network (LRN) on nights, weekends, and holidays

CT 1d: Package, label, ship, and coordinate routing and maintain chain-of-custody of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism.

CT 1e: Continue to develop or enhance operational plans and protocols that include: * specimen/samples transport and handling, *worker safety, *appropriate Biosafety Level (BSL) working conditions for each threat agent, *staffing and

CT 1a: Test accuracy of the 24/7/365 contact information of LRNs

CT 1a: Texas LRNs confirm their contact information on a quarterly basis

CT 1b: BT coordinators maintain their certification annually for packaging and shipping of diagnostic specimens and infectious substances.

CT 1c: Test the accurate and timely submission of diagnostic or infectious agent's submissions during a simulated or natural event.

CT 1d: Review annually protocols for chain-of-custody.

CT 1d: Maintain train-the-trainer certification of LRN

CT 1d: Provide technical assistance to responders, law enforcement and Sentinel/Level 3 laboratories on specimen collection, packaging, labeling, and shipping and chain-of-custody maintenance.

CT 1e: Revise & review laboratory all-hazards operational plans and protocols to reduce response times to bio-threat, chemical threat, and radiological threat agents

CT 1e: Assess training needs and implement training as necessary.

training of personnel, *quality control and assurance, *adherence to laboratory methods and protocols, *proficiency testing to include routine practicing of Laboratory Response Network (LRN) validated assays as well as participation in the LRN's proficiency testing program electronically through the LRN website, *threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of specimens, *intake and testing prioritization, *secure storage of critical agents, *appropriate levels of supplies and equipment needed to respond to bioterrorism events with a strong emphasis on surge capacities needed to effectively respond to a bioterrorism incident.

CT 1f: Ensure the availability of at least one operational Biosafety Level Three (BSL-3) facility in your jurisdiction for testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "Biosafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL), should be used (see www.cdc.gov/od/ohs) or formal arrangements (i.e., Memorandum of Understanding (MOU) should be established with a neighboring jurisdiction to provide this capacity.

CT 1g: Ensure that laboratory registration, operations, safety, and security are consistent with both the minimum requirements set forth in Select Agent Regulation (42 CFR 73) and the US Patriot Act of 2001 (P.L. 107-56) and subsequent updates

CT 1e: Implement training plan to address training deficiencies as necessary

CT 1f: Maintain a BSL-3 facility in each of 10 designated LRN laboratory areas

CT 1f: Review and revise annually the written protocol coordinating specimen submission for laboratory analysis in response to an emergency situation or in support of an epidemiological investigation.

CT 1f: Develop MOU's or algorithms to address surge capacity testing

CT 1g: Apply for renewal of certification(s) from Clinical Laboratory Improvement Act (CLIA), United States Department of Agriculture (USDA), and United States Food and Drug Administration (USFDA) as required

CT 1g: Continue updating operating protocols to include minimum requirements set forth in the latest update of the Select Agent

Regulations

CT 1h: Ensure at least one public health laboratory in your jurisdiction has the appropriate instrumentation and appropriately trained staff to perform CDC-developed and validated real-time rapid assays for nucleic acid amplification (Polymerase Chain Reaction, PCR) and antigen detection (Time-Resolved Fluorescence, TRF)

CT 2: Increase the exchange of laboratory testing orders and results

CT 2a: Monitor compliance with public health agency (or public health agency lab) policy on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level three lab (i.e. feedback and linking of results to relevant public health data) with a copy to CDC as appropriate

CT 1h: Continue performing PCR testing procedures and TRF methods as new protocols become available

CT 1h: Improve response times and increase testing throughput as technologies are approved and validated protocols are released

CT 2: Test the procedures to exchange laboratory testing orders and results between other LRN laboratories and epidemiologists

CT 2a: BIOWATCH LABORATORIES ONLY: Continue to utilize Messenger 2.0 in the BioWatch laboratories connected with LRN

CT 2a: Maintain ability to respond and report results for an event of a significant public health consequence.

CDC PREPAREDNESS GOAL 4: Detect/Report

Goal: Improve the timeliness and accuracy of information regarding threats to the public's health

TARGET CAPABILITY 4A: Health Intelligence Integration and Analysis	
MEASURES: 1) Time LRN reference lab generates confirmatory result for an agent of urgent public health consequence to notification of appropriate officials. Jurisdictional Target: Mean = 2 hours	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
CT 2: Improve effectiveness of health intelligence and surveillance activities	CT 2: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis by maintaining and revising as needed contact protocols, sharing updates with local, regional, and state partners, and assuring public access to report resources

CDC PREPAREDNESS GOAL 6: CONTROL

Goal: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health

TARGET CAPABILITY 6C: Responder Safety and Health	
MEASURE:	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
CT 2a: Provide Personal Protection Equipment (PPE) based upon hazard analysis and risk assessment.	<p>CT 2a: Conduct staff hazard analysis and risk assessment to identify their level of occupational risk based on job description.</p> <p>CT 2a: Provide access to training on PPE to staff based on OSHA hazard analysis and risk assessment.</p>

CDC PANDEMIC INFLUENZA SUPPLEMENT GOAL 3: DETECT AND REPORT
GOAL: Decrease the time needed to detect and report an influenza outbreak with pandemic potential.

TARGET CAPABILITY 3b: Public Health Laboratory Testing	
MEASURES:	
1) Time to have a knowledgeable LRN reference laboratorian answer a call during non-business hours Jurisdictional Target: Mean = 15 minutes	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Maintain the ability to test for influenza viruses year-round</p> <p>CT 2: Perform Polymerase Chain Reaction (PCR) testing for rapid detection and subtyping of influenza viruses</p> <p>CT 3: Electronically exchange specimen-level data among clinical laboratories, the state public health lab, and CDC</p> <p>CT 5: Develop and exercise an operational plan to augment the capacity of public health and clinical laboratories to meet the needs of the jurisdiction during an influenza pandemic</p>	<p>CT 1: Maintain current capabilities and incorporate new protocols for influenza testing when released from CDC</p> <p>CT 2: Participate in proficiency tests to ensure competency in these testing protocols</p> <p>CT 3: Continue working towards rapid electronic storage of testing orders and electronic reporting of test results to the sentinel/Level Three laboratories as well as public health programs with enhancement of communication activities among the sentinel, LRN laboratories, epidemiologists, public health preparedness staff, and when appropriate, CDC</p> <p>CT 5: Revise annually an operational plan for the coordination of hospital, local health department, and Texas LRN laboratories efforts in providing maximum testing during an influenza pandemic</p>

FY 2008 Office of the Assistant Secretary for Preparedness & Response (OASPR) Grant Quarterly Report of Activity

CRITICAL TASKS DEFINED IN OASPR GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Support and provide hospital laboratories with training on sentinel LRN protocols and proper specimen collection, packaging, and shipping of diagnostic and infectious specimens</p> <p>CT 2: Strengthen the partnership between the LRN laboratories and the sentinel laboratories through site visits</p>	<p>CT 1: Provide competency based training to hospital laboratory personnel on proper packaging and shipping of specimens</p> <p>CT 2: Conduct site visits with the OASPR personnel</p>

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and **San Antonio Metropolitan Health District** (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # **2008-022966-** (Contract) in accordance with this Amendment No. 001A : CPS-BIOTERRORISM PREPAREDNESS-LAB, effective 09/01/2007.

This Amendment is necessary to increase in funding due to addition of remaining FY08 funds and revisions to SOW and Workplans as per new CDC guidance.

This Amendment has a retroactive effective date because: The Fiscal Year 2008 CDC Guidance and 100% of allocated funding is to be applied to the entire term of this Program Attachment.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment term is hereby revised as follows:

TERM: 09/01/2007 THRU: ~~08/31/2008~~ 07/31/2008

SECTION I. STATEMENT OF WORK: paragraph 1 is revised as follows:

Contractor shall assist DSHS in the implementation of DSHS's:

- ~~FY2006~~FY2007 Centers for Disease Control and Prevention (CDC) ~~Cooperative Agreement Work Plan for Budget Period 8 continuation~~ Public Health Preparedness and Emergency Response ~~for Bioterrorism (Program Announcement 99051) Cooperative Agreement~~ -to upgrade state and local public health jurisdictions' preparedness for and response to terrorism and other public health threats and emergencies; and
- ~~FY2005 Health Resources Services Administration (HRSA) National Bioterrorism Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HRSA Announcement Number 5-U3R-05-001)~~ to enhance the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies.

SECTION I. STATEMENT OF WORK: paragraph 3, ^{6th}, ^{8th}, and 9th bulleted items, are revised as follows:

- Provide copies of all new or revised SOPs/SIGs related to preparedness to DSHS ~~with quarterly report;~~ upon request;
- Present laboratory-oriented training to hospitals and reference laboratories in the identified service area on the LRN sentinel protocols to include packaging and shipping of both biological and chemical samples according to published CDC protocols ~~such that 90% and report number~~ of these laboratories have facilities and personnel that -received this instruction during the term of this Program Attachment;
- ~~Maintain a system~~ Revise protocols for safe specimen transport from local laboratories;

SECTION I. STATEMENT OF WORK: paragraph 7 is revised as follows:

- ~~Centers Budget Period 8 funding~~ for Disease Control and Prevention (CDC) Guidance for continuation of the ~~Public Health Emergency Preparedness (Funding Opportunity Number AA154; Announcement Number 99051) <<https://www.dshs.state.tx.us/compreg/CDC%20FY%2007.doc>>; (PHEP) Cooperative Agreement guidance (dated September 21, 2007);-~~
- ~~FY2005 Health Resources Services Administration (HRSA) National Bioterrorism Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HRSA Announcement Number 5-U3R-05-001) <<http://www.hrsa.gov/bioterrorism/hrsa05001.htm>>; Guidance <http://www.dshs.state.tx.us/compreg/stakeholders/2007_Hospital_Prep_Guidance_Final.pdf>;~~
- ~~FY 2008 Project Period~~ Public Health Emergency Preparedness Work Plan for Laboratory Response Network (LRN) Laboratories; Networks (FY2007-FY2008), attached as Exhibit AB;
- Contractor's FY08 Applicant Information and Budget Detail for FY08 base cooperative agreement, FY08 pandemic influenza; -and
- ~~CDCs Local Emergency Preparedness and Response Inventory Preparedness Program Guidance(s) as provided by DSHS.~~

SECTION I. STATEMENT OF WORK: paragraph 9 is revised as follows:

Contractor shall cooperate with DSHS to coordinate all planning, training and exercises performed under this ~~Program Attachment contract~~ contract -with the Governor's Division of Emergency Management of the State of Texas, or other points of contact at the discretion of the division, to ensure consistency and coordination of requirements at the local level and eliminate duplication of effort between the various domestic preparedness funding sources in the state.

SECTION II. PERFORMANCE MEASURES: paragraph 1 is revised as follows:

Contractor shall complete the PERFORMANCE MEASURES as stated in the attached Exhibit A.B.

SECTION IV. RENEWALS: paragraph 1 is deleted and replaced with the following:

~~Renewal are permitted on a one-year basis, at DSHS's discretion, and dependant upon funding availability, through FY 09.~~

None

SECTION VII. BUDGET:, SOURCE OF FUNDS:, is revised as follows:

SOURCE OF FUNDS: 93.283; 93.889

SECTION VIII. SPECIAL PROVISIONS: is revised to add the following:

General Provisions, Terms and Conditions of Payment Article, Prompt Payment Section, is revised to include:

Contractor shall separately identify pandemic influenza expenditures on the monthly reimbursement request, State of Texas Purchase Voucher. Pandemic influenza expenditures shall be supported by documentation that details these expenditures in a format specified by DSHS.

DEPARTMENT OF STATE
HEALTH SERVICES

By: 
Signature of Authorized Official

4-11-08
Date

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Client Services Contracting Unit
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SAN ANTONIO METROPOLITAN
HEALTH DISTRICT

By: 
Signature

4-2-08
Date

Fernando A. Guerra, MD, MPH, Director of Health
Printed Name and Title

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City, State, Zip

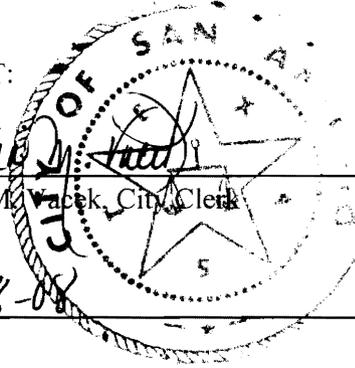
210-207-8730
Telephone Number

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ATTEST:


Leticia M. Vacek, City Clerk

4-8-08
Date



APPROVED AS TO FORM:


Michael D. Bernard, City Attorney
City of San Antonio



CMS or Ordinance Number: CN0040001987

TSLGRS File Code:1025-08-A

Document Title:

CONT - TDSHS 2008-022935 Bioterrorism Preparedness, 09/01/2007-08/31/2008
Amendment 2008-022935-001A, 9/1/07-7/31/08

Commencement Date:

9/1/2007

Expiration Date:

8/31/2008

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS

CONTRACTOR: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

CONTRACT NO: 2008-022935

CONTRACT TERM: 09/01/2007 THRU: 07/31/2008

BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$414,611.00	\$521,790.00	\$107,179.00
Fringe Benefits	\$178,283.00	\$226,302.00	\$48,019.00
Travel	\$28,178.00	\$37,812.00	\$9,634.00
Equipment	\$0.00	\$28,020.00	\$28,020.00
Supplies	\$33,680.00	\$80,300.00	\$46,620.00
Contractual	\$221,158.00	\$259,293.00	\$38,135.00
Other	\$155,423.00	\$168,804.00	\$13,381.00
Total Direct Charges	\$1,031,333.00	\$1,322,321.00	\$290,988.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$48,143.00	\$85,507.00	\$37,364.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$1,079,476.00	\$1,407,828.00	\$328,352.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$1,079,476.00	\$1,407,828.00	\$328,352.00
Total Reimbursements Limit	\$1,079,476.00	\$1,407,828.00	\$328,352.00
JUSTIFICATION			
Increase in funding due to addition of remaining FY08 funds and revisions to SOW and Workplans as per new CDC guidance.			

Financial status reports are due: 12/31/2007, 03/31/2008, 06/30/2008, 09/30/2008

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS
 CONTRACTOR: San Antonio Metropolitan Health District
 CONTRACT TERM: 09/01/2007 THRU: 07/31/2008
 BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008
 CONTRACT NO: 2008-022935 CHG: 001A

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
			\$	\$
			\$	\$
			\$	\$0.00

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Cisco Voice Over Internet Phone (VOIP) System	1	\$19,050.00	\$19,050.00
2	Sprint-Nextel Go-Kits	1	\$8,970.00	\$8,970.00
			\$	\$
			\$	\$28,020.00

EXHIBIT A

PROJECT PERIOD PUBLIC HEALTH EMERGENCY PREPAREDNESS WORKPLAN FOR LOCAL HEALTH DEPARTMENTS

FY2007 – FY2008

DEFINITIONS

All Hazards Response Planning - This refers to the systems used to respond and recover from Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) events, as well as natural disasters. In the case of the CDC Cooperative Agreement, standard operating procedures (SOP) or guidelines (SOG) (formally referred to as “all-hazards plans”) developed by local health departments (LHD) and DSHS health service regions (HSR) to respond to all public health emergencies.

ENVIRONMENTAL HEALTH RESPONDER - Included in the definition for Public Health Responder.

FIRST RESPONDER – Personnel who would be critical in the first phase of response efforts.

IMPLEMENTATION - includes all steps necessary to complete the tasks; installation, training, and technical assistance.

LONG TERM - The tracking of long-term health consequences to identify trends in physical or mental health resulting from the exposure to Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) elements during an all-hazards event. The length of tracking would be dependent upon the type of event.

PUBLIC HEALTH - Public health is the effort to protect, promote, maintain and restore a population’s health.

PUBLIC HEALTH EMERGENCY - An immediate threat from a naturally occurring or intentional event 1) that poses a high risk of fatalities or serious long-term disability to large numbers of people, and/or 2) where there is substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

PUBLIC HEALTH INFORMATION NETWORK (PHIN) – Proposed to advance a fully capable and interoperable information system for public health. PHIN is a national initiative to implement a multi-organizational business and technical architecture for public health information systems which includes web-based and radio based communications with multiple levels of redundancy.

PUBLIC HEALTH PREPAREDNESS - Public health preparedness is the capacity of public health jurisdictions to respond to a public health emergency. The CDC Cooperative Agreement enables public health jurisdictions to upgrade their preparedness and response capacity.

PUBLIC HEALTH FIRST RESPONDER (PHFR) – Department of Health (DOH) personnel that are required to deploy in the wake of a public health emergency. Hospital personnel may be considered PHFRs if their activity is aligned to support public health response efforts. However, Emergency Medical Service (EMS) Responders are mostly covered through Department of Homeland Security (DHS).

STANDARD OPERATING GUIDELINES (SOG)/STANDARD OPERATING PROCEDURES (SOP) - Approved methods for accomplishing a task or set of tasks and are typically prepared at the department or agency level.

CDC PREPAREDNESS GOAL 1: PREVENT

GOAL: Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

1A: Target Capability: Planning	
MEASURE	
1) Public health agency has primary and secondary staff identified for core functional roles delineated in the Incident Command System (ICS) for public health. Jurisdictional Target: For 100% of core public health ICS functional roles, public health agency has documented contact information for primary and secondary) backup) staff.	
REQUIRED CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>Critical Task (CT) 2: Support incident response operations according to all-hazards plan that includes identification and planning for populations with special needs.</p> <p>CT 3: Improve regional, jurisdictional, and state all-hazard plans (including those related to pandemic influenza) to support response operations in accordance with National Incident Management System (NIMS) and the National Response Plan (NRP).</p> <p>CT 3a: Increase participation in jurisdiction-wide self-assessment using the National Incident Management</p>	<p>CT 2: Review and revise annually as needed the health and medical component of the local emergency management plan and LHD all-hazards SOPs and/or SOGs (plans).</p> <p>CT 2: Work with other entities to develop methods to identify and identify populations with special needs requirements and revise as necessary.</p> <p>CT 3: Work with local government and other health and medical agencies and entities to revise and revise annually as needed jurisdictional all-hazards health and medical plans, SOPs, and SOGs (including those related to pandemic influenza and mental health) as guidance/ requirements are issued from US Dept of Homeland Security regarding the National Incident Management System and the National Response Plan.</p> <p>CT 3a: Annually participate in the jurisdictional NIMCAST self-assessment, addressing the health and medical component of the</p>

<p>System Compliance Assessment Support Tool (NIMCAST). Assure agency's Emergency Operations Center meets NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking and information collection, analysis and dissemination.</p>	<p>assessment.</p> <p>CT 3a: Work with local government and other health and medical entities to review and revise as needed all-hazards health and medical component of the local emergency management plan and LHD all-hazards SOPs and/or SOGs (plans) as necessary based upon the jurisdiction's annual self-assessment.</p>
<p>CT 4: Increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination or prophylaxis.</p>	<p>CT 3a: Maintain a NIMS compliant Incident Command structure for public health response operations.</p> <p>CT 3a: Augment primary and secondary staff for core functional roles in ICS.</p> <p>CT 3a: Continue to implement SOPs and/or SOGs (plans) and training that is NIMS compliant.</p> <p>CT 4: Identify the number of public health responders who will require PPE, vaccination and/or prophylaxis.</p>
<p>CT 4a: Have or have access to a system that maintains and tracks vaccination or prophylaxis status of public health responders in compliance with PHIN Preparedness Functional Area Countermeasure and Response Administration.</p>	<p>CT 4: Review adequacy of protection and maintain the level of protection for the number of public health responders who will require PPE.</p> <p>CT 4a: Implement and continue to track public health responders' vaccination or prophylaxis.</p>
<p>CT 5: Increase and improve mutual aid agreements, as needed, to support NIMS-compliant public health response</p>	<p>CT 5: Establish, as needed with appropriate partners, Memorandums of Understanding (MOU) and/or Memorandums of Agreement (MOA)/</p>

<p>(e.g. local, regional, and EMAC).</p> <p>CT 5a: Increase all-hazard incident management capability by conducting regional, jurisdictional and state level training for NIMS and the Incident Command System (ICS).</p>	<p>Mutual Aid Agreement (MAA)s that will support NIMS compliant public health responses.</p> <p>CT 5a: Identify all staff required to respond to an emergency and schedule training.</p> <p>CT 5a: Track staff training completion.</p>
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CT 1c: Have or have access to electronic applications in compliance with Public Health Information Network (PHIN) Preparedness Functional Area Early Event Detection to support: 1) Receipt of case or suspect case disease reports 24/7/365, 2) Reportable diseases surveillance, 3) Call triage of urgent reports to knowledgeable public health professionals, 4) Receipt of secondary use health-related data and monitoring of aberrations to normal data patterns.

CT 1d: Develop and maintain protocols for the utilization of early event detection devices located in your community (e.g., BioWatch).

CT 1e: Assess timeliness and completeness of disease surveillance systems annually.

CT 2: Increase sharing of health and intelligence information within and between regions and States with Federal and local and tribal agencies.

CT 2a: Improve information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness, among public health epidemiologists, clinicians, laboratory personnel, environmental health specialists, public health nurses, and staff of food safety programs.

CT 1c: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis by maintaining and revising as needed contact protocols, sharing updates with local, regional, and state partners, and assuring public access to reporting resources.

CT 1d: Develop and revise annually the protocols to use early event detection systems.

CT 1e: Develop and implement a quality assurance process based on standardized guidelines to assess annually the timeliness and completeness of disease surveillance systems.

CT 2: Initiate discussions to define *NEDSS* Base System (NBS) user roles and implement processes to facilitate data sharing between department regional staff, as needed.

CT 2: Share surveillance data with local health care providers through newsletters, meetings, conferences, etc.

CT 2a: Maintain and/or increase the ways information is shared and the number of persons receiving issued surveillance data.

CT 3: Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.

CT 3a: Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X).

CT 3b: Participate in the Electronic Foodborne Outbreak Reporting System (EFORS) by entering reports of foodborne outbreak investigations and monitor the quality and completeness of reports and time from onset of illnesses to report entry.

CT 3c: Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory.

CT 3d: Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting.

CT 3: Continue to use Health Alert Network (HAN)/Public Health Information Network (PHIN) and other means to disseminate timely and accurate national strategic and health threat intelligence.

CT 3a: Participate in Epi-X by having at least one staff registered.

CT 3b: Submit the EFORS form to DSHS for foodborne outbreak investigations by local health departments per written guidance.

CT 3c: Continue to participate in PulseNet activities supporting the tracking of foodborne disease causing bacteria.

CT 3c: Increase capabilities to upload data to PulseNet database for *Listeria monocytogenes* and *E.coli* 0157:H7.

CT 3d: Test and revise as necessary current notification procedures to achieve 90% notification of key stakeholders.

CDC PREPAREDNESS GOAL 3: DETECT/REPORT

Goal: Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.

TARGET CAPABILITY 3A: Public Health Laboratory Testing

MEASURES:

- 1) Percent of tested category A and B agents in specimens/samples for which the LRN reference lab(s) passes proficiency testing. **Jurisdictional Target: Reference labs has a passing rating for 100% of tested based on LRN-sponsored proficiency tests in which lab participated**
- 2) Percent of tested chemical agents in specimens/samples for which Level 1 and 2 LRN chemical lab(s) passes proficiency testing. **Jurisdictional Target - Level 1 and/or Level 2 chemical labs has a passing rating for 100% of tested chemical agents based on LRN-sponsored proficiency tests in which lab participated**
- 3) Time from shipment of clinical specimens to receipt at a LRN reference laboratory. **Jurisdictional Target - Mean = 6 hours**
- 4) Time from presumptive identification to confirmatory identification of select agents by LRN reference lab. **Jurisdictional Target - Targets from presumptive to confirmatory identification: Bacillus anthracis: <4 days; Francisella tularensis: < 7 days; Yersinia pestis: < 6 days**
- 5) Time to have a knowledgeable LRN reference laboratorian answer a call during non-business hours. **Jurisdictional Target: Mean = 15 minutes**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1a: Develop and maintain a database of all sentinel (biological)/Level Three (chemical) labs in the jurisdiction using the CDC-endorsed definition that includes: (Name, contact information, BioSafety Level, whether they are a health alert network partner, certification status, capability to rule-out Category A and B bioterrorism agents per State-developed proficiency testing or CAP bioterrorism module proficiency testing and names and contact information for in-state and out-of-state reference labs used by each of the jurisdiction's sentinel/Level Three labs).</p>	<p>CT 1a: Adapt DSHS protocols for local use.</p>

CT 1b: Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.

CT 1c: Test the ability of sentinel/Level Three labs to send specimens to a confirmatory Laboratory Response Network (LRN) laboratory on nights, weekends, and holidays.

CT 1d: Package, label, ship, and coordinate routing and maintain chain-of-custody of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism.

CT 1e: Continue to develop or enhance operational plans and protocols that include: * specimen/samples transport and handling, *worker safety, *appropriate Biosafety Level (BSL) working conditions for each threat agent, *staffing and training of personnel, *quality control and assurance, *adherence to laboratory methods and protocols, *proficiency testing to include routine practicing of Laboratory Response Network (LRN) validated assays as

CT 1b: Continue to update and maintain chain of custody protocols testing the competency of the chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator.

CT 1c: Test the accurate and timely submission of diagnostic or infectious agent's submissions during a simulated or natural event.

CT 1d: Develop and review annually protocols for chain-of-custody.

CT 1d: Maintain chain-of-custody documentation.

CT 1d: Provide technical assistance to responders, law enforcement and Sentinel/Level 3 laboratories on maintaining chain-of-custody.

CT 1d: Develop and review annually protocols for specimen collection, packaging, labeling, and shipping.

CT 1d: Provide technical assistance to responders, law enforcement and Sentinel/Level 3 laboratories on specimen collection, packaging, labeling, and shipping.

CT 1e: Continue to develop laboratory-specific all-hazards operational SOP/SOGs to reduce response times to threat agents (biological, chemical, and radiological).

CT 1e: Assess training needs and implement training as necessary.

well as participation in the LRN's proficiency testing program electronically through the LRN website, *threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of specimens, *intake and testing prioritization, *secure storage of critical agents, *appropriate levels of supplies and equipment needed to respond to bioterrorism events with a strong emphasis on surge capacities needed to effectively respond to a bioterrorism incident.

CT 1f: Ensure the availability of at least one operational Biosafety Level Three (BSL-3) facility in your jurisdiction for testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "Biosafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL), should be used (see www.cdc.gov/od/ohs) or formal arrangements (i.e., Memorandum of Understanding (MOU) should be established with a neighboring jurisdiction to provide this capacity.

CT 1f: Review and revise annually the written protocol coordinating specimen submission for laboratory analysis in response to an emergency situation or in support of an epidemiological investigation.

CT 1f: Adapt/review and revise annually written protocol for local use.

CDC PREPAREDNESS GOAL 4: Detect/Report

Goal: Improve the timeliness and accuracy of information regarding threats to the public's health

TARGET CAPABILITY 4A: Health Intelligence Integration and Analysis

MEASURES:

- 1) Time LRN reference lab generates confirmatory result for an agent of urgent public health consequence to notification of appropriate officials. **Jurisdictional Target: Mean = 2 hours**

CRITICAL TASKS DEFINED IN CDC GUIDANCE

PERFORMING AGENCY REQUIRED ACTIVITIES

CT 1: Increase source and scope of health information.

CT 1: Continue to use early event detection systems currently in place.

CT 1: Assist in the deployment of early event detection systems in HRSA funded hospitals.

CT 1: Continue to deploy ESSENCE.

CT 1: Provide education/updates to providers on the importance on disease reporting.

CT 2: Increase speed of evaluating, integrating, analyzing and interpreting health data to detect aberrations in normal data patterns.

CT 2: Develop and revise annually protocols to evaluate and respond to aberrations.

CT 2: Attend NBS reports training.

CT 3: Improve integration of existing health information systems, analysis, and distribution of information consistent with PHIN Preparedness Functional Area *Early Event Detection*.

CT 3: Continue to increase the number of medical facilities contributing to early event detection.

<p>CT 4: Improve effectiveness of health intelligence and surveillance activities.</p>	<p>CT 4: Use NBS and PHIN standards to report Texas mandated notifiable conditions.</p> <p>CT 4: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis to improve reporting by maintain and revising as needed contact protocols, sharing updates with local, regional, and state partners, and assuring public access to reporting resources.</p> <p>CT 4: Maintain or have access to a professional epidemiologist to conduct investigations.</p> <p>CT 4: Provide education/updates to stakeholders in epidemiological investigations and surveillance.</p>
<p>CT 5: Improve reporting of suspicious symptoms, illnesses or circumstances to the public health agency.</p>	<p>CT 5: Provide education/updates to providers on the importance on disease reporting to improve reporting.</p> <p>CT 5: Support clinical providers in the direct data entry into NBS.</p>
<p>CT 5a: Maintain a system for 24/7/365 reporting cases, suspect cases, or unusual events consistent with PHIN Preparedness Functional Area Early Event Detection.</p>	<p>CT 5a: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis.</p>

<p>CT 3: Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats.</p> <p>CT 4: Have or have access to a system for an outbreak management system that captures data related to cases, contacts, investigation, exposures, relationships and other relevant parameters compliant with PHIN preparedness functional area Outbreak Management.</p>	<p>CT 2: Provide education/updates to stakeholders in epidemiological investigations and surveillance.</p> <p>CT 3: Continue to coordinate case investigations, laboratory testing, and implementation of control measures.</p> <p>CT 3: Develop, review and revise processes and protocols to manage and monitor surveillance data in NBS.</p> <p>CT 3: Initiate discussions to define NBS user roles and implement processes to facilitate data sharing between department regional staff, as needed.</p> <p>CT 3: Attend NBS reports training.</p> <p>CT 4: Enter data from outbreak investigations in the Outbreak Management System (OMS) or equivalent system that integrates with OMS.</p>
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CDC PREPAREDNESS GOAL 6: CONTROL

Goal: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health

TARGET CAPABILITY 6A: Communications	
<p>MEASURES:</p> <ol style="list-style-type: none"> 1) Time to distribute a health alert to key response partners of an event that may be of urgent public health consequence. Jurisdictional Target: Mean = 6 hours from the time a decision is made to notify partners 2) Percent of clinicians and public health response plan partners that receive public health emergency communication messages. Jurisdictional Target: 70% of clinicians and public health partners receive messages within the specified time. 3) Percent of key public health response partners who are notified/alerted via radio or satellite phone when electric grid power, telephones, cellular service and internet services are unavailable. Jurisdictional Target: 75% of response partners acknowledge message within 5 minutes of communication being sent 4) Time to notify/alert all primary staff (secondary or tertiary staff as needed) with public health agency ICS functional responsibilities that the public health agency's EOC is being activated. Jurisdictional Target: Mean = 60 minutes 5) Time for primary staff (secondary or tertiary staff as needed) with public health agency ICS functional responsibilities to report for duty at public health agency's Emergency Operation Center (EOC). Jurisdictional Target: Mean = 2 1/2 hours from time that public health director or designated official received notification that the public health agency's EOC will be activated. 	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Decrease the time needed to communicate internal incident response information.</p> <p>CT 1a: Develop and maintain a system to collect, manage, and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion.</p>	<p>CT 1: Use the PHIN/HAN web portal and Policies and Procedures for PHIN/HAN alerting.</p> <p>CT 1a: Use WebEOC through the PHIN/HAN web portal or an incident and response system interoperable with WebEOC or another system if city or county emergency management office provides access to an incident response system.</p>

<p>CT 4: Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system.</p> <p>CT 5: Increase the number of public health experts to support Incident Command (IC) or Unified Command (UC).</p> <p>CT 6: Increase the use of tools to provide telecommunication and information technology to support public health response.</p> <p>CT 6a: Ensure that the public health agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's households (e.g. play a recorded message to callers, transfer callers to a voice mail box or answering service).</p> <p>CT 7: Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner <i>Communications and Alerting</i>.</p>	<p>CT 4: Continue to maintain and update the PHIN/HAN system for all communications modalities.</p> <p>CT 5: Continue to train to increase number of ICS trained staff able to respond to emergency activation of public health EOC.</p> <p>CT 6: Continue to use, maintain and update the PHIN/HAN system for all communications modalities.</p> <p>CT 6a: Further develop and implement the agencies public information line process within the local Crisis and Emergency Risk Communication (CERC) plan. Local health departments should evaluate inbound call capability to accommodate 1% of local jurisdiction.</p> <p>CT 7: Continue to use and maintain PHIN/HAN portal system according to PHIN/HAN policies and procedures to enhance and improve response times.</p>
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TARGET CAPABILITY 6B: Emergency Public Information and Warning

MEASURE:

1) Time to issue critical health message to the public about an event that may be of urgent public health consequence

CRITICAL TASKS DEFINED IN CDC GUIDANCE	CONTRACTOR REQUIRED ACTIVITIES
<p>CT 1: Decrease time needed to provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disabilities, medical conditions, or other special health care needs, requiring attention.</p> <p>CT 1a: Advise public to be alert for clinical symptoms consistent with attack agent.</p> <p>CT 1b: Disseminate health and safety information to the public.</p>	<p>CT 1: Revise and expand local Crisis and Emergency Risk Communication (CERC) Guidelines to address the standard NIMS ICS structure, agency media policy and public information dissemination, translations (multiple languages), disaster mental health, work with special populations, agency Web site, and work with partners and stakeholders.</p> <p>CT 1a: Develop and/or revise pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages.</p> <p>CT 1a: Use pre-approved messages to address public health threats and emergencies.</p> <p>CT 1a: Develop and use messages specific to the local community as needed.</p> <p>CT 1b: Develop and/or revise pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages.</p> <p>CT 1b: Use pre-approved messages to address public health threats and emergencies.</p> <p>CT 1b: Develop and use messages specific to the local community as needed.</p>

<p>CT 1c: Ensure that the Agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's population.</p> <p>CT 2: Improve the coordination, management and dissemination of public information.</p> <p>CT 3: Decrease the time and increase the coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event.</p> <p>CT 4: Increase the frequency of emergency media briefings in conjunction with response partners via the jurisdiction's Joint Information Center (JIC), if applicable.</p> <p>CT 5: Decrease time needed to issue public warnings, instructions, and information updates in conjunction with response partners.</p> <p>CT 6: Decrease time needed to disseminate domestic and international travel advisories.</p>	<p>CT 1c: Update annually plan to have access and use public information line(s).</p> <p>CT 2: Develop and/or revise pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages.</p> <p>CT 2: Use pre-approved messages to address public health threats and emergencies.</p> <p>CT 2: Develop and use messages specific to the local community as needed.</p> <p>CT 3: Revise and expand local Crisis and Emergency Risk Communication (CERC) Guidelines to address messages to those that are experiencing psychosocial consequences to an event.</p> <p>CT 4: Include in the Crisis and Emergency Risk Communication Plan a process to address JIC participation.</p> <p>CT 5: Develop and/or revise pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages.</p> <p>CT 6: Disseminate via the PHIN/HAN messages domestic and international travel advisories received from the CDC and/or DSHS.</p>
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<p>CT 7: Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders.</p>	<p>CT 7: Distribute via PHIN/HAN procedure accurate and relevant public health and medical information to clinicians and other responders.</p>
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<p>CT 2a: Provide Personal Protection Equipment (PPE) based upon hazard analysis and risk assessment.</p>	<p>CT 2a: Conduct staff hazard analysis and risk assessment to identify their level of occupational risk based on job description.</p> <p>CT 2a: Consult US Department of Labor Occupational Safety and Health Organization (OSHA) Website for guidance. OSHA.gov and search for standards. 1-800-321-OSHA (6742) {Toll Free U.S.}</p> <p>CT 2a: Purchase and have available appropriate PPE for staff according to their risk assessment.</p> <p>CT 2a: Provide access to training on PPE to staff based on OSHA hazard analysis and risk assessment.</p> <p>CT 2a: Track staff attendance at required training.</p>
<p>CT 2b: Develop management guidelines and incident health and safety plans for public health responders (e.g., heat stress, rest cycles, PPE).</p>	<p>CT 2b: Use the management guidelines to complete local plans which address worker safety issues.</p>
<p>CT 2c: Provide technical advice on worker health and safety for IC and UC.</p>	<p>CT 2c: Provide worker safety protocol within the IC/UC structure.</p>
<p>CT 3: Increase the number of public health responders that receive hazardous material training.</p>	<p>CT 3: Conduct staff hazard analysis and risk assessment to identify the level of occupational risk based on job description.</p> <p>CT 3: Provide access to training on hazardous materials to staff based on OSHA hazard analysis and risk assessment.</p>

TARGET CAPABILITY 6D: Isolation and Quarantine

MEASURE:

1) Time to issue an isolation or quarantine order. **Jurisdictional Target: Mean = 3 hours from the decision that an order is needed.**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animals and food products.</p> <p>CT 2: Coordinate quarantine activation and enforcement with public safety and law enforcement.</p> <p>CT 3: Improve monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined.</p> <p>CT 4: Coordinate public health and medical services among those who have been isolated or quarantined.</p> <p>CT 5: Improve comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined.</p>	<p>CT 1: Maintain or have access to a professional epidemiologist regarding isolation and quarantine.</p> <p>CT 2: Plan, coordinate, and assist in the activation and enforcement of isolation and quarantine with public safety and law enforcement.</p> <p>CT 2: With local law enforcement, conduct functional exercise to determine time needed to issue an isolation or quarantine order.</p> <p>CT 3: Coordinate with CDC the planning of and implementation of OMS or implement an equivalent system.</p> <p>CT 4: Assist in the provision of medical services to those who are isolated or quarantined.</p> <p>CT 5: Assist in the provision of comprehensive stress management strategies, programs and crisis response teams.</p>

CT 6: Direct and control public information releases about those who have been isolated or quarantined.

CT 7: Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions.

CT 6: Implement CERC plan.

CT 7: Develop and/or revise, make available and use pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages to address public health threats and emergencies.

CT 7: Implement CERC Plan.

TARGET CAPABILITY 6E: Mass Prophylaxis

MEASURE:

1) Adequacy of state and local plans to receive and dispense medical countermeasures as demonstrated through assessment by the Strategic National Stockpile(SNS)/Cities Readiness Initiative(CRI). **Jurisdictional Target: Agency has a passing rating on 100% of all elements and functions based on its most recent Strategic national Stockpile/Cities Readiness Initiative (CRI) assessment**

CRITICAL TASKS DEFINED IN CDC GUIDANCE

PERFORMING AGENCY REQUIRED ACTIVITIES

CT 1: Decrease the time needed to dispense mass therapeutics and/or vaccines.

CT 1: Continue to develop and augment scalable SNS components of the local emergency management plan with supporting infrastructure to provide oral medications during an event to the entire population within 48 hours.

CT 1: Develop and maintain SNS standard operating guidelines (SOG) for every major function in the scaleable SNS components of the local emergency management plan.

CT 1: Participate in regional and local process to develop procedures for use of Chempack materials.

CT 1: Initiate and maintain regular contact with regional and local stakeholders/partners regarding Chempack.

CT 1: Participate in web-based Chempack training.

<p>CT 1a: Implement local, (tribal, where appropriate), regional and State prophylaxis protocols and plans.</p> <p>CT 1b: Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the Strategic National Stockpile guide for planners.</p>	<p>CT 1a: Continue to develop and augment scalable SNS components of the local emergency management plan with supporting infrastructure.</p> <p>CT 1b: Assist in coordinating with local law enforcement for assessment of each POD site and the development of a comprehensive security plan.</p> <p>CT 1b: Develop and maintain contact list regarding receipt of SNS material in treatment centers.</p> <p>CT 1b: Identify, assess and secure Point of Dispensing (POD) sites.</p> <p>CT 1b: Recruit staff/volunteers to carry out all local SNS functions including POD operations.</p> <p>Ct 1b: Train staff/volunteers to carry out SNS functions including POD site functions.</p>
<p>CT 1c: Ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days.</p>	<p>CT 1c: Maintain the database of individuals with capacity to provide smallpox vaccinations.</p> <p>CT 1c: Continue to develop and revise as needed the scalable SNS component of the local emergency management plan to include an integrated smallpox vaccination component.</p> <p>CT 1c: Develop and maintain smallpox components in the LHD all-</p>

<p>CT 2: Decrease time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.</p> <p>CT 3: Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the jurisdiction's JIC (if JIC activation is needed).</p>	<p>hazards SOP/SOGs.</p> <p>CT 2: Develop and maintain first responder dispensing prophylaxis SOP/SOG.</p> <p>CT 3: Revise and expand local Crisis and Emergency Risk Communication (CERC) Guidelines to include pre-approved information regarding dispensing of medical countermeasures via the jurisdiction's JIC.</p>
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TARGET CAPABILITY 6F: Medical Surge

MEASURE:

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Improve tracking of cases, exposures, adverse events, and patient disposition.</p> <p>CT 2: Decrease the time needed to execute medical and public health mutual aid agreements.</p> <p>CT 3: Improve coordination of public health and medical services.</p>	<p>CT 1: Use the NBS and PHIN/HAN to report Texas mandated notifiable diseases.</p> <p>CT 2: Establish and annually review MOU/MOAs as necessary and maintain relationships.</p> <p>CT 2: Assess the time from requesting public health mutual aid agreement to the time acknowledgement is received as either approved or disapproved.</p> <p>CT 3: Continue to develop/maintain relationships with infectious disease specialists, hospital infection control practitioners, laboratory directors, emergency department managers, medical examiners, and others to promote rapid disease reporting.</p> <p>CT 3: Provide training and information to local health care providers through newsletters, meetings, conferences, etc, to increase community awareness of the importance of early detection and rapid response.</p>

CT 3a: Ensure epidemiology response capacity consistent with hospital preparedness guidelines for surge capacity.

CT 3b: Participate in the development of plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity.

CT 4: Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and mass prophylaxis support tasks.

CT 3a: Participate in meetings with hospitals and/or hospital representatives to determine current level of consistency regarding the epidemiological response capacity for surge.

CT 3a: Maintain current epidemiology response capacity.

CT 3a: Provide and attend epidemiology training and professional growth opportunities to maintain subject matter expertise regarding all-hazards events.

CT 3b: Provide consultation and facilitation to local, tribal and regional public health entities for planning, development, coordination, implementation and exercise of all-hazards response SOP/SOGs.

CT 3b: Negotiate with partners to establish commonalities in plans and SOP/SOGs, and develop protocols along the Texas/Mexico border as appropriate.

CT 3b: Negotiate with partners to integrate all-hazards response plans and SOP/SOGs within Texas and bordering states as appropriate.

CT 3b: Continue to provide technical assistance to local and regional communities and to Mexican Federal Authorities in establishing mutual aid agreements for all-hazards response.

CT 4: Train staff and volunteers to carry out epidemiology investigation activities.

CT 4: Train staff and volunteers to carry out SNS functions at Point of Dispensing sites.

CT 5: Increase the number of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event who may serve as consultants during a public health emergency.

CT 5: Continue to identify and maintain a list of physicians and other providers with experience and/or skills in the diagnosis and treatment of conditions resulting from Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) events.

CT 5: Continue to provide education to physicians and other providers on CBRNE topics.

TARGET CAPABILITY 6G: Mass Care

MEASURE:

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 2: Develop processes and criteria for conducting an assessment (cultural, dietary, medical) of the general population registering at the shelter to determine suitability for the shelter, identify issues to be addressed within the shelter, and the transference of individuals and caregivers/family members, to medical needs shelters if appropriate.</p> <p>CT 3: Develop plans, policies, and procedures to coordinate delivery of mass care services to medical shelters.</p>	<p>CT 2: Provide an assessment tool developed by DSHS to sheltering agencies and encourage the provision of feedback on the utility of the instrument.</p> <p>CT 3: Review and update annually as needed the health and medical component of the local emergency management plan to include the assignment of responsibility to improve the coordinated delivery of health, medical and mental health services to medical special needs shelters.</p> <p>CT 3: Review and update annually as needed the LHD SOP/SOGs to address operationalizing the expended roles and responsibilities.</p>

TARGET CAPABILITY 6H: Citizen Evacuation and Shelter-In-Place

MEASURE:

CRITICAL TASKS DEFINED IN CDC GUIDANCE

PERFORMING AGENCY REQUIRED ACTIVITIES

CT 1: Develop plans and procedures to identify in advance populations requiring assistance during evacuation/shelter-in-place.

CT 1: Participate in efforts with stakeholders who are already working to identify populations needing assistance for evacuation and shelter-in-place.

CT 2: Develop plans and procedures for coordinating with other agencies to meet basic needs during evacuation.

CT 2: Support the local efforts to coordinate the provision of basic health and medical needs, to include the provision of mental health services for populations during evacuation operations.

CT 2: Review and update annually as needed the health and medical component of the local emergency management plan and LHD all-hazards SOP/SOGs to include provisions for medical special needs population during evacuation operations.

CT 3: Develop plans and procedures to get resources to those who have sheltered in place (Long term – 3 days or more).

CT 3: Support the Office of Emergency Management (OEM) in coordinating the provision of health and medical resources, to include the provision of mental health services, for populations' sheltering-in-place.

CT 3: Review and annually as needed the health and medical component of the local emergency management plan and LHD all-hazards SOP/SOGs to include provisions for medical special needs populations' sheltered-in-place.

CDC PREPAREDNESS GOAL 7: RECOVER

Goal: Decrease the time needed to restore health services and environmental safety to pre-event levels.

TARGET CAPABILITY 7A: Environmental Health

MEASURE:

1) Time to issue guidance to the public after an event. **Jurisdictional Target: Mean = 6 hours from the time a decision is made to provide recovery-related information to the public.**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Conduct post-event planning and operations to restore general public health services.</p>	<p>CT 1: Begin to establish an MOU/MOA with environmental agency(ies) for reporting, notification and recommendation(s) for follow-up as needed.</p> <p>CT 1: Adapt/implement state written SOP/SOGs to local jurisdiction.</p> <p>CT 1: Develop written procedures to the extent possible to address restoration of services.</p>

CT 2: Decrease the time needed to issue interim guidance on risk and protective actions by monitoring air, water, food, and soil quality, vector control, and environmental decontamination, in conjunction with response partners.

CT 2: If able, develop Global Information System (GIS)/mapping system data sets as identified in the environmental plan.

CT 2: Develop and/or revise pre-approved messages to include fact sheets, question-and-answer sheets, templates and key messages.

CT 2: Use pre-approved messages to address public health threats and emergencies.

CT 2: Develop and use messages specific to the community at any time.

CT 2: Assess time needed to issue guidance.

CT 2: Continue environmental testing and monitoring (e.g., BioWatch, radiation control, food safety assessments, and large capacity water testing project in El Paso and Corpus Christi).

CT 2: Obtain training in the use of PPE.

CDC PREPAREDNESS GOAL 8: RECOVER

Goal: Increase the long-term follow-up provided to those affected by threats to the public's health

TARGET CAPABILITY 8A: Economic and Community Recovery	
MEASURE:	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Develop and coordinate plans for long-term tracking of those affected by the event.</p> <p>CT 2: Improve systems to track cases, exposures, and adverse event reports.</p> <p>CT 3: Increase the availability of information resources and messages to foster community's return to self-sufficiency.</p>	<p>CT 1: Develop protocols to provide long term tracking of those affected by an event.</p> <p>CT 2: Coordinate with CDC the planning of and implementation of CDC's OMS or implement an equivalent system.</p> <p>CT 3: Use the pre-approved messages and adapt where necessary.</p> <p>CT 3: Provide appropriate messages to city/county jurisdictions.</p>

CDC PREPAREDNESS GOAL 9: IMPROVE

Goal: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

TARGET CAPABILITY 9A: Planning	
MEASURES:	
1) Time to complete an After-Action Report (AAR) with corrective action plan(s). Jurisdictional Target: Mean = 60 days from conclusion of an exercise or real event.	
2) Time to re-evaluate area(s) requiring corrective action. Jurisdictional Target: Mean = 180 days after AAR is completed	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
	<p>Exercises must focus on specific components of a plan although it is not necessary to exercise all components of the plan at one time. An Exercise Notification Form must be submitted to DSHS Central Office at least 60 days prior to any exercise. Exercises should test public health SOPs and/or SOGs and should address horizontal and vertical integration with appropriate response partners at the federal, state, tribal and local level. Response partners may include, but are not limited to: public health, emergency management, laboratory, emergency and clinical medical providers, pharmacy, public works, emergency services, elected officials, school districts, military, and private sector businesses/employers. Response partners may also include bi-national partners at the local, state or federal levels where appropriate. If components of a LHD's all-hazards SOP and/or SOG are tested during a response to an actual event, then the incident may be credited as an exercise. An After Action Report (AAR) must be completed and submitted to DSHS Central Office after the event to receive credit.</p> <p>As much as possible, incorporate the exercise requirements into exercises being conducted at the regional level by Councils of Governments (COGs) and GDEM.</p>

CT 1: Exercise plans to test horizontal and vertical integration with response partners at the federal, state, tribal, and local level.

CT 1: Annually exercise hospital capacity including patient management, staffing and interoperability with local public health and emergency management as required by the Joint Commission on Accreditation of Healthcare Organizations standards on emergency management drills/exercises and hazard vulnerability analysis.

CT 1: Annually exercise components of the Strategic National Stockpile.

CT 1: Annually exercise capability to receive and respond to disease reports of urgent cases, outbreaks or other public health emergencies 24/7.

CT 1: Bi-annually exercise CERC plan.

CT 1: Annually exercise the laboratory readiness and capacity to receive and respond for chemical and biological agents (for those agencies with a laboratory response network (LRN)).

CT 1: Test PHIN/HAN notification system ability to receive and send critical health information.

CT 1: Test local redundant communication system ability to notify key stakeholders involved in public health response.

CT 1: Test every six-months the ability to notify clinicians and public health response plan partners to receive public health emergency communication messages.

CT 1: Test every six-months the ability to notify key public health response partners via radio or satellite phone.

CT 1: Test quarterly the time it takes the public health director or designated official to notify public health agency staff with response responsibilities.

<p>CT 2: Decrease the time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions</p> <p>CT 3: Decrease the time needed to implement corrective actions</p> <p>CT 4: Decrease the time needed to re-test areas requiring corrective action.</p>	<p>CT 1: Test every six months the time it takes for public health agency staff with response responsibilities to report for duty.</p> <p>CT 2: Write and submit an after-action report and corrective action plan within 60 days of conclusion of exercise or real event.</p> <p>CT 3: Implement a plan to correct deficiencies and identify unresolved barriers.</p> <p>CT 4: Retest areas of deficiencies within 180 days of AAR.</p>
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EXHIBIT B

PROJECT PERIOD PANDEMIC INFLUENZA WORK PLAN FOR LOCAL HEALTH DEPARTMENTS

FY2007 – FY2008

DEFINITIONS

All Hazards Response Planning – This refers to the systems used to respond and recover from Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) events, as well as natural disasters. In the case of the CDC Cooperative Agreement, standard operating procedures (SOP) or guidelines (SOG) (formally referred to as “all-hazards plans”) developed by local health departments (LHD) and DSHS health service regions (HSR) to respond to all public health emergencies. Word – word

ENVIRONMENTAL HEALTH RESPONDER –Included in the definition for Public Health Responder.

FIRST RESPONDER – Personnel who would be critical in the first phase of response efforts.

IMPLEMENTATION – includes all steps necessary to complete the tasks; installation, training, and technical assistance.

LONG TERM – The tracking of long-term health consequences to identify trends in physical or mental health resulting from the exposure to Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) elements during an all-hazards event. The length of tracking would be dependent upon the type of event.

PUBLIC HEALTH – Public health is the effort to protect, promote, maintain and restore a population's health.

PUBLIC HEALTH EMERGENCY – An immediate threat from a naturally occurring or intentional event 1) that poses a high risk of fatalities or serious long-term disability to large numbers of people, and/or 2) where there is substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

PUBLIC HEALTH INFORMATION NETWORK (PHIN) – Proposed to advance a fully capable and interoperable information system for public health. PHIN is a national initiative to implement a multi-organizational business and technical architecture for public health information systems which includes web-based and radio based communications with multiple levels of redundancy.

PUBLIC HEALTH PREPAREDNESS – Public health preparedness is the capacity of public health jurisdictions to respond to a public health emergency. The CDC Cooperative Agreement enables public health jurisdictions to upgrade their preparedness and response capacity.

PUBLIC HEALTH FIRST RESPONDER (PHFR) –Department of Health (DOH) personnel that are required to deploy in the wake of a public health emergency. Hospital personnel may be considered PHFRs if their activity is aligned to support public health response efforts. However, Emergency Medical Service (EMS) Responders are mostly covered through Department of Homeland Security (DHS).

STANDARD OPERATING GUIDELINES (SOG)/STANDARD OPERATING PROCEDURES (SOP) – Approved methods for accomplishing a task or set of tasks and are typically prepared at the department or agency level.

PANDEMIC INFLUENZA PREPAREDNESS GOAL 1: PREVENT

GOAL: Increase the use and development of clinical, non-pharmaceutical, and risk communications interventions known to minimize the spread of influenza.

1A: Target Capability: Planning	
MEASURES:	
1) Public health agency has primary and secondary staff identified for core functional roles delineated in the Incident Command System (ICS) for public health. Jurisdictional Target: For 100% of core public health ICS functional roles, public health agency has documented contact information for primary and secondary backup staff. 2) Public health officials recommend school closure when pandemic influenza case counts reach pre-determined levels. Jurisdictional Target: Jurisdictions pre-determine case count levels that "trigger" school closure.	
REQUIRED CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>Critical Task (CT) 1: Develop, exercise and improve operational plans for pandemic influenza at the state and local level. Plans must:</p> <p>CT 1a: Be compliant with National Incident Management System (NIMS) and include Incident Command System (ICS).</p> <p>CT 1b: Delineate accountability and responsibility for key local authorities and stakeholders engaged in planning and executing specific components of the operational plan (e.g., identification, isolation, quarantine, movement restriction, healthcare services,</p>	<p>CT 1: Develop, review, and update annually the health and medical component of the local emergency management plan and LHD all-hazards Standard Operating Procedures (SOPs) and/or Standard Operating Guidelines (SOGs) (plans) pertaining to pandemic influenza.</p> <p>CT 1: Exercise pandemic influenza SOP/SOGs (plans).</p> <p>CT 1a: Review and update annually as needed pandemic influenza SOP/ SOGs for NIMS compliance.</p> <p>CT 1b: Use the <i>Communicable Disease Control Measures in Texas: A Guide for Health Authorities in a Public Health Emergency</i> manual as necessary and use. (http://www.dshs.state.tx.us/rls/lha/communicabledisease.shtm)</p>

<p>emergency care, mutual aid and school closure).</p> <p>CT 1c: Link plan activities to WHO Pandemic Influenza Phases.</p> <p>CT 1f: Address integration of state, local, tribal, territorial, and regional plans across jurisdictional boundaries.</p> <p>CT 1g: Address the provision of psychosocial support services for the community, including parents and their families, and those affected by community containment procedures.</p> <p>CT 1h: Be sufficiently flexible to adapt to the magnitude and severity of the pandemic and to available resources.</p> <p>CT 1i: Identify how public health, hospitals and healthcare systems will establish systems for healthcare facility level infection control while allowing necessary personnel access to the facility.</p> <p>CT 1j: Address the needs of vulnerable/special populations.</p> <p>CT 2: Formalize agreements that address communication, mutual aid, and other cross-jurisdictional needs with neighboring domestic and/or international jurisdictions</p>	<p>CT 1c: Review planning guidance to assess whether pandemic influenza SOP/SOGs has included recommendations from the WHO Pandemic Influenza Phases.</p> <p>CT 1f: Continue to meet with state, regional, and local partners regarding integration of plans and SOP/SOGs across jurisdictional boundaries.</p> <p>CT 1g: Continue planning efforts to address the provision of needed psychosocial services to communities.</p> <p>CT 1h: Review and update annually as needed pandemic influenza plans and SOP/SOGs in response to new information distributed by CDC or as indicated by disease epidemiology.</p> <p>CT 1i: Assist in developing standard operating procedures for hospitals/ healthcare systems related to infection control and staff access to facilities in collaboration with local hospital/healthcare stakeholders.</p> <p>CT 1j: Determine methods to identify vulnerable/special needs populations and processes to overcome barriers for access to services.</p> <p>CT 2: Continue to meet with other state, tribal and international partners to formalize agreements to address the integration of plans and SOP/SOGs across jurisdictional boundaries.</p>
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sharing an international border with Canada or Mexico (e.g., city-state-tribal collaboration arrangements or city-state-province/state collaboration arrangements).

CT 3: Assess and map local community; identify and build social networks; and develop community outreach information networks, pre-event, to:

CT 3a: Define, locate and reach special, at-risk and vulnerable populations and

CT 3b: Maximize capacity to effectively disseminate public information during a pandemic.

CT 4: Clarify and communicate to all stakeholders the process for requesting, coordinating, and approving requests for resources to state and federal agencies.

CT 6: Develop and document schemes to activate non-pharmacological interventions, including home isolation of patients and quarantine of household contacts, social distancing measures such as closure of schools and workplaces, reduced public transport, cancellation of mass gatherings, and public education on hygiene measures such as hand and respiratory hygiene. The scheme should

CT 3: Identify and map special needs populations within the local jurisdiction.

CT 3a: Review and revise annually as needed the health and medical component of the local emergency management plan and LHD all-hazards SOPs and/or SOGs (plans) to include the definition, identification and location of special needs populations.

CT 3a: Work with other entities to develop methods to identify and identify populations with special needs requirements and revise as necessary.

CT 3b: Implement Crisis Emergency Risk Communication (CERC) Plan.

CT 4: Review process located in state/regional and local Emergency Management Plans.

CT 6: Review and revise annually as needed the health and medical component of the local emergency management plan and LHD all-hazards SOPs and/or SOGs (plans) to ensure that all of the critical task criteria have been addressed.

clearly outline how and when decisions are made to implement the interventions.

CT 7: Identify and communicate to all stakeholders the authority responsible for declaring a public health emergency at the state, local and tribal levels and for officially activating the pandemic influenza response plan.

CT 8: Identify State, local and tribal law enforcement personnel who will maintain public order and help implement control measures.

CT 9: Exercise operational plan in cooperation with animal health sectors (including but not limited to industry, veterinary diagnostic laboratories, state departments of agriculture), to prevent, detect, and respond to reports of disease in animals as a early warning of threat to human health including:

CT 9a: Education of and risk communication to the poultry owning public, poultry farmers and vendors, especially small operations.

CT 9b: A plan for surveillance in birds.

CT 9c: Disease reporting and data sharing.

CT 9d: Triggers for action to contain disease within the animal sector.

CT 9e: Triggers to perform heightened surveillance to detect human illness.

CT 7: Work with local governments to determine when to activate pandemic influenza response plan and to determine case count levels that will "trigger" school closure.

CT 8: Identify in coordination with local emergency management personnel local and tribal law (if applicable) enforcement that will maintain public order and help implement control measures.

CT 9: Conduct an exercise that includes animal health issues addressed in the pandemic influenza response SOP/SOGs (plans) in coordination with those organizations responsible for animal health.

CT 10: Train to and exercise the operational elements of the jurisdictional plan including plan activation, incident command, integration with partner agencies; integration with and assistance to hospitals and healthcare systems particularly regarding surge capacity, assisting persons with special needs, coordination with schools.

CT 12: Assign responsibilities and resources to complete, update and execute the plan. Assure that the plan includes timelines and outcomes to be achieved as well as back-up systems for each part of the plan.

CT 10: Provide or participate in training regarding health and medical component of the local emergency management plan and LHD all-hazards SOP/ SOGs (plans).

CT 10: Conduct an exercise testing components of the SOP/SOGs.

CT 12: Review and update annually as needed LHD all-hazard SOP/SOGs (plans) to ensure integration with health and medical component of the local emergency management plan and state plan.

PANDEMIC INFLUENZA PREPAREDNESS GOAL 3: PREVENT

GOAL: Decrease the time needed to detect and report an influenza outbreak with pandemic potential.

TARGET CAPABILITY 3A: Epidemiological Surveillance and Investigation	
MEASURE:	
1) Time for state public health agency to notify local public health agency, or local to notify state, following receipt of a call about an event that may be of urgent public health consequence. Jurisdictional Target: None	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Recruit and maintain a group of healthcare providers that report influenza-like illness (ILI) regularly, year-round, to the influenza sentinel provider surveillance network.</p> <p>CT 2: Develop the ability to rapidly provide healthcare providers, clinics, and hospitals with updated information on case definitions and sample collection requests and protocols.</p> <p>CT 3: Establish a system for healthcare providers to contact public health authorities about suspect cases or outbreaks.</p>	<p>CT 1: Identify and submit contact information to Sentinel Provider Surveillance Network (SPSN) coordinator (DSHS-Austin) of potential health care providers to join the influenza sentinel provider surveillance network.</p> <p>CT 2: Continue to use the PHIN/HAN to provide updated information to providers, clinics and hospitals.</p> <p>CT 3: Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis in collaboration with DSHS physician on-call team.</p>

PANDEMIC INFLUENZA PREPAREDNESS GOAL 4: Detect/Report

Goal: Improve the timeliness and accuracy of communications regarding the threat posed by an influenza outbreak with pandemic.

TARGET CAPABILITY 4A: Communications	
MEASURES: 1) For each PHIN Functional Area, the percent of critical functional requirements that have been achieved based on either the Functional Self Assessment Tool or the PHIN certification process. The Functional Areas are: Connecting Laboratory Systems, Countermeasure/Response Administration, Cross-functional Components, Early Event Detection, Outbreak Management, and Partner Communications and Alerting Functional Requirements. Jurisdictional Target: 100% of the critical functional requirements for each Functional Area	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Support exchange of essential information before and during an influenza pandemic. Coordinate procurement and placement of technology communication systems that, based on a gap analysis of requirements versus existing capabilities, are compliant with PHIN Preparedness Functional Area Partner Communication and Alerting.</p> <p>CT 2: Have or have access to interoperable information systems that support the initial identification and that provide situational awareness of possible pandemic influenza outbreak in compliance with PHIN Preparedness Functional Area Early Event Detection.</p>	<p>CT 1: Use the PHIN/HAN Portal, WebEOC, EMsystem for communication of critical information and partner alerting such as VHF/800 MHz Radio, HF Radio, Satellite Phone and the Public Health Communication Plan.</p> <p>CT 2: Use NBS, Essence and other syndrome surveillance systems for identification and situational awareness of pandemic event.</p>

CT 2a: Receive, triage and send case or suspect case disease reports 24/7/365.

CT 2b: Receive health related data from multiple data sources to monitor, quantify and localize aberrations to normal data patterns (e.g., veterinary systems, school absenteeism reports, hospital utilization data, nurse call lines, over-the-counter drug sales, poison control center reports).

CT 3: Have or have access to interoperable information systems to capture and manage data associated with the investigation and containment of an outbreak (e.g., pandemic influenza) or public health emergency in compliance with PHIN Preparedness Functional Area *Outbreak Management*.

CT 3: Collect and report aggregate data as specified by DSHS via WebEOC influenza board.

PANDEMIC INFLUENZA PREPAREDNESS GOAL 5: INVESTIGATE

Goal: Decrease the time to understand modes of transmission, risk groups and risk factors, and appropriate interventions

TARGET CAPABILITY 5A: Epidemiological Surveillance and Investigation	
MEASURE:	
1) Time for State/territory public health agency to notify local public health agency, or local to notify State, following receipt of a call about an event that may be of urgent public health consequence. Jurisdictional Target: None	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Conduct year-round surveillance for seasonal influenza (e.g. virologic, outpatient visits, hospitalization, and mortality) preferably through the use of electronic reporting.</p> <p>CT 2: Assure capacity to implement enhanced surveillance once a pandemic is detected, to ensure recognition of the first cases of pandemic virus infection in time to initiate appropriate containment protocols.</p> <p>CT 4: Develop systems to obtain and track numbers and rates of these outcomes daily during an influenza pandemic on:</p> <p>CT 4a: The numbers of newly hospitalized persons with influenza or pneumonia.</p> <p>CT 4b: The numbers of newly isolated and quarantined persons, and</p>	<p>CT 1: Conduct, monitor and/or encourage year round surveillance for influenza.</p> <p>CT 2: Create and revise/update annually the epidemiological response guidelines including initiation of active surveillance for pandemic influenza.</p> <p>CT 2: Maintain processes for rapid deployment of active surveillance at hospitals and clinics and utilize those procedures in the event of a pandemic influenza outbreak.</p> <p>CT 4: Collect and report aggregate data as specified by DSHS via WebEOC influenza board.</p>

CT 4c: Hospitals with pandemic influenza cases.

CT 4d: The number of pneumonia or influenza-associated deaths.

PANDEMIC INFLUENZA PREPAREDNESS GOAL 6: CONTROL

Goal: Decrease the time needed to implement rapid outbreak response actions and provide other countermeasures, including personnel, risk communications, and health interventions and guidance to those at risk of pandemic influenza.

TARGET CAPABILITY 6A: Medical Surge	
MEASURE: 1) Percent of HRSA National Bioterrorism Hospital Preparedness Program (NBHPP) awardee hospitals that transmit hospital utilization data in near-real time to BioSense. Jurisdictional target: 90% of HRSA HBHPP awardee hospitals	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	CONTRACTOR REQUIRED ACTIVITIES
<p>CT 1a: In concert with public health partners, ensure that healthcare entities (primary care, community health centers, rural health programs, and hospitals) are a key component in the exercising of state, local and tribal plans that address:</p> <ul style="list-style-type: none"> i. maintenance of essential hospital support functions. ii. severe shortages of health care workers. iii. adequate personnel and staffing needs based on CDC's FluSurge software. iv. use of the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) to obtain volunteer health care workers. v. ensuring real-time situational awareness of patient visits, hospital bed and intensive care needs, medical supply needs and medical staffing needs. vi. the purchase and storage of beds, equipment, supplies, pharmaceuticals needed to treat influenza patients. 	<p>CT 1a: Attend hospital planning group meetings.</p> <p>CT 1a: Use FluSurge to estimate the demand on health service in coordination with healthcare facilities.</p> <p>CT 1a: Identify and obtain volunteers.</p> <p>CT 1a: Distribute relevant information via PHIN/HAN EMsystems, WebEOC and other appropriate means to track hospital capacity status.</p> <p>CT 1a: Assist in making arrangement for the purchase and storage of beds, equipment, supplies, pharmaceuticals as needed in coordination with public health and medical partners.</p>

CT 1b: Exercise communication systems, plans and procedures to ensure that hospitals, health care systems and public health inform the community about the operating status of hospitals and the triggers for sending a person to the hospital.

CT 1c: Exercise vaccination and prophylaxis plans to cover healthcare staff and patients.

CT 1d: Exercise triage and admission plans that would serve to minimize stress on the hospital system and maintain control of the situation.

CT 1e: Hospitals and health care systems in conjunction with public health partners identify the location, set-up, staffing and operation of alternate care sites during a pandemic. Focus for sites should be within metropolitan areas with plans that can support the sub-state region in which the metropolitan area is contained.

CT 1f: Identify how public health, hospitals and healthcare systems will establish systems for healthcare facility level infection control while allowing necessary personnel access to the facility.

CT 1b: Conduct an exercise testing interoperability of communication systems.

CT 1b: Develop and use messages for the community or use messages developed by state.

CT 1c: Include healthcare staff and patients when conducting a mass vaccination and prophylaxis exercise of the Strategic National Stockpile SOP/SOGs (plans).

CT 1d: Conduct an exercise in coordination with healthcare partners testing community-based triage and admission procedures.

CT 1e: Collaborate with healthcare providers in the community to identify and establish alternative care sites.

CT 1e: Coordinate alternative care sites with local emergency management and first responder organizations.

CT 1f: Make contact with Infection Control Practitioners (ICPs) and confirm that procedures exist for infection control during a pandemic that allows necessary personnel access to facility.

TARGET CAPABILITY 6B: Isolation and Quarantine

MEASURES:

- 1) Time to issue an isolation or quarantine order. **Jurisdictional Target: None**
- 2) Time an individual is retained for medical evaluation while determining need for isolation. **Jurisdictional Target: <12 hours.**
- 3) Public health officials recommend school closure when pandemic influenza case counts reach pre-determined levels.
Jurisdictional Target: None

CRITICAL TASKS DEFINED IN CDC GUIDANCE	CONTRACTOR REQUIRED ACTIVITIES
<p>CT 1: Develop and exercise an operational plan for community mitigation of pandemic influenza using non-pharmacological, including home isolation of patients and quarantine of household contacts, social distancing measures such as closure of schools and workplaces, reduced public transport, and cancellation of mass gatherings, and public education on hygiene measures such as hand and respiratory hygiene.</p> <p>CT 2: Conduct multiple municipal or regional tabletop exercises regarding the decision-processes associated with school closure and the use of other non-pharmacologic interventions.</p>	<p>CT 1: Participate in training regarding isolation and quarantine and other legal authorities needed for implementing the pandemic influenza plan as outlined in the manual: <i>Communicable Disease Control Measures in Texas: A Guide for Health Authorities in a Public Health Emergency.</i></p> <p>CT 1: Use manual to construct a jurisdictional specific checklist of contact information to be used in implementing the 4 Critical Areas (individuals, property, area, and common carrier).</p> <p>CT 1: Conduct an exercise on non-pharmacological interventions and community control measures in coordination with local governments to help contain the spread of pandemic influenza with emphasis on school closing decisions and discouragement of large public gatherings.</p> <p>CT 2: Conduct tabletop exercises with local governments that test:</p> <ul style="list-style-type: none"> • current measures associated with legal aspects • control measure flow diagram, checklists, protocols • use of other non-pharmacologic interventions associated with isolation and quarantine issues specific to school closures.

CT 3: Develop and exercise a plan to communicate to healthcare providers about infection control guidelines and for communication about containment measures at the State, local and tribal level.

CT 4: Exercise and improve the ability to implement infection control guidelines and public health measures at the State, local and tribal levels.

CT 5: Disseminate information from public health sources on:

CT 5a: Routine infection control (e.g., hand hygiene, cough/sneeze etiquette).

CT 5b: Pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission).

CT 5c: Personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).

CT 6: Develop and exercise an operational plan for isolation and quarantine that delineates the following:

CT 3: Conduct at least one exercise annually that tests the PHIN/HAN to provide information to healthcare providers about specific control guidelines and communication about containment measures.

CT 4: Use feedback based on PHIN/HAN exercises to improve the ability to disseminate, implement, and improve infection control guidelines.

CT 5: Develop and provide specific community information.

CT 5a: Assist in the development of pre-approved health promotion materials locally.

CT 5a: Store and disseminate locally public information materials.

CT 5b: Assist in the development and distribution of health promotion materials and campaigns within the community.

CT 5c: Incorporate pre-approved, target specific information into local messages.

CT 5c: Implement awareness campaign of materials to schools, local agencies, faith-based and community-based organizations, individuals.

CT 6: Verify and assure legal authority to activate, enforce, and remove isolation and quarantine measures related to individuals, groups, facilities, animals and food products.

<p>CT 6a: The criteria for isolation and quarantine.</p> <p>CT 6b: The procedures and legal authorities for implementing and enforcing these containment measures.</p> <p>CT 6c: The methods that will be used to support, service, and monitor those affected by these containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings.</p> <p>CT 8: Inform citizens in advance what community mitigation measures may be used in the jurisdiction (e.g. tabletop exercises).</p> <p>CT 9: Develop and exercise an operational plan for implementing social distancing measures in a jurisdiction that addresses school and workplace closures and cancellation of public gatherings.</p> <p>CT 10: Implementation in sub-populations where non-pharmacological interventions may pose particular challenges.</p>	<p>CT 6c: Develop and update annually activities currently in place for support services for those affected by control measures.</p> <p>CT 6c: Exercise local emergency management plans and SOP/SOGs with local government to assess:</p> <ul style="list-style-type: none"> • Triggers for implementing isolation and quarantine • Activities currently in place for support services. <p>CT 8: Develop and/or revise pre-approved messages to include fact sheets, question and answer sheets, templates, and key messages that will inform the public of community mitigation methods.</p> <p>CT 9: Determine whether schools/businesses have written guidelines for social distancing.</p> <p>CT 9: Provide education /guidance to schools/businesses regarding social distancing measures and assist local stakeholders in testing policies and procedures.</p> <p>CT 10: Work with local governments to identify possible populations where non-pharmacological interventions may pose particular challenges and engage leadership and individuals in identifying possible challenges and solutions.</p>
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<p>CT 11: Providing support and services to help counteract the secondary impact of such measures.</p>	<p>CT 11: Make recommendations to address barriers/challenges.</p>
<p>CT 12: Monitoring compliance with non-pharmacological interventions including tracking persons in quarantine.</p>	<p>CT 12: Track compliance.</p>

TARGET CAPABILITY 6C: Mass Prophylaxis

MEASURES:

- 1) Adequacy of State and local plans to receive and dispense medical countermeasures as demonstrated through assessment by the Strategic National Stockpile/Cities Readiness Initiative (CRI).
- 2) Percent of estimated patient throughput actually achieved for each shift during mass vaccination clinic. **Jurisdictional Target: (Seasonal flu clinic). For each work shift: Meet or exceed estimated patient throughput for inputs entered into specified computer model.**
- 3) Influenza vaccination coverage levels reported by BRFSS for each age and risk group. **Jurisdictional Target: Better than the best: Jurisdiction exceed the highest coverage level reported in the most recently published dataset –90% for > or = 65 yrs; 60% for 18-64 yr with high risk conditions; better than the best (36%) for health-care workers with patient contact; better than best (24%) for 18-64 yr non-priority group; better than the best (NIS) for 6-23 months.**

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Describe the receipt, distribution, storage, security, monitoring and administration of pandemic influenza vaccines including plans for limited vaccine availability and prioritization of population groups. Take into account potential for administration of vaccines subject to Investigational New Drug (IND) or Emergency Use Authorization (EUA).</p>	<p>CT 1: Assist DSHS in identifying local resources for the receipt, distribution, storage, security, monitoring and administration of pandemic influenza vaccines and antivirals.</p>

CT 2: Collaborate in mass prophylaxis planning and exercising with community-wide partners, bordering jurisdictions, IHS and tribal nations.

CT 3: Maintain PHIN compliant information systems for tracking vaccine distribution and administration.

CT 2: Assist in identifying local resources for the receipt, distribution, storage, security, monitoring and administration of pandemic influenza vaccines and antivirals. Use regular seasonal flu clinics to model pandemic mass vaccination clinics:

- a. The Specified Mass Vaccination Clinic Model (www.isr.umd.edu/Labs/CIM/projects//clinic/) will be used to simulate patient flow and staffing requirements.
- b. Staffing decisions will be based on the model.

CT 3: Implement a PHIN/HAN compliant system for tracking vaccination, administration, location.

TARGET CAPABILITY 6D: Emergency Public Information and Warning

MEASURE:

1) Time to issue critical health message to the public about an event that may be of urgent public health consequence.

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Exercise communication plans with an emphasis on:</p> <p>CT 1a: Coordination with response partners and tribal nations.</p> <p>CT 1b: Rapid provision of public health risk information and recommendations.</p> <p>CT 1c: Addressing stigmatization, rumors and misperceptions in real time.</p> <p>CT 1d: Surge capacity for public information, media operations and spokespersons.</p> <p>CT 1e: Procedures to secure resources to activate the public information and media operation during a public health emergency around the clock if needed for a minimum of 10 days.</p>	<p>CT 1: Exercise Crisis and Emergency Risk Communication (CERC) Plan in concert with any pandemic flu exercise.</p>

CT 2: Prepare supporting materials for public health issues that are unique to an influenza pandemic such as issues of isolation, social distancing, and public health law.

CT 3: Establish a contact list of additional spokespersons and persons outside the state health department who can be available as subject matter experts on pandemic health issues to respond as surge capacity to meet demands for speakers or interviewees from the media, civic organizations and others.

CT 2: Develop and/or revise public information to include fact sheets, question-and-answer sheets, templates and key messages unique to pandemic influenza.

CT 3: Revise and/or update annually contact lists of spokespersons.

TARGET CAPABILITY 6F: Community Preparedness and Participation

MEASURE:

None

CRITICAL TASKS DEFINED IN CDC GUIDANCE	PERFORMING AGENCY REQUIRED ACTIVITIES
<p>CT 1: Develop and exercise a continuity of operations plan for essential department services that includes:</p> <p>CT 1a: Contingency planning for increasing public health workforce in response to absenteeism among health department staff and stakeholder groups that have key responsibilities under a community's response plan.</p> <p>CT 1b: Ensuring availability of psychosocial support services (including educational and training materials) for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics.</p>	<p>CT 1: Review and update annually as needed the LHD all-hazards SOP/SOGs (plans) for inclusion of continuity of operations plan for essential department services and plans to increase public health work force.</p> <p>CT 1a: Establish and maintain an agreement (MOU/MOA/MAA) with local Community Mental Health Center(s) or other community based organization(s) to provide worker crises counseling as needed.</p> <p>CT 1b: Identify appropriate staff member(s) and obtain CISM training if local CISM teams are not available.</p> <p>CT 1b: Provide CISM educational and training materials to staff as appropriate.</p>

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and **San Antonio Metropolitan Health District** (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # **2008-022935** (Contract) in accordance with this Amendment No. 001A : CPS-BIOTERRORISM PREPAREDNESS, effective 09/01/2007.

This Amendment is necessary to increase funding due to addition of remaining FY08 funds and revisions to SOW and Workplans as per new CDC guidance.

This Amendment has a retroactive effective date because: The Fiscal Year 2008 CDC Guidance and 100% of allocated funding is to be applied to the entire term of this Program Attachment.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment term is hereby revised as follows:

TERM: 09/01/2007 THRU: ~~08/31/2008~~ 07/31/2008

SECTION I. SCOPE STATEMENT OF WORK:

SECTION I. STATEMENT OF WORK: 1st and 2nd paragraphs are revised as follows:

Contractor shall ~~administer programs and~~ perform activities in support of ~~DSHS's FY2006~~ FY2007 -Centers for Disease Control and Prevention (CDC) ~~Cooperative Agreement Work Plan for Budget Period 8 continuation~~ -Public Health Preparedness and Emergency Response ~~for Bioterrorism (Program Announcement 99051). This program is Cooperative Agreement~~ -designed to upgrade and integrate state and local public health jurisdictions' preparedness for and response to ~~terrorism~~ bioterrorism, outbreaks of infectious disease, -and other public health threats and emergencies.

Contractor shall ~~enhance its bioterrorism preparedness plans by conducting activities at the local level relating continue to address~~ the following ~~goal areas, as designated by CDC:~~ CDC Public Health Emergency Preparedness (PHEP) Goals:

- Goal 1 – Prevent: Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.
- Goal 2 – Prevent: Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.
- Goal 3 – Detect/Report: Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.

- Goal 4 – Detect/Report: Improve the timeliness and accuracy of information regarding threats to the public’s health as reported by clinicians and through electronic early event detection in real time to those who need to know.
- Goal 5 – Investigate: Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public’s health.
- Goal 6 - Control: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.
- Goal 7 - Recover: Decrease the time needed to restore health services and environmental safety to pre-event levels.
- Goal 8 – Recover: Increase the long-term follow-up provided to those affected by threats to the public’s health.
- Goal 9 – Improve: Decrease the time needed to implement recommendations from after-action reports following threats to the public’s health.

SECTION I. STATEMENT OF WORK, is amended to add the following:

CONTRACTOR will support the following Department of State Health Services (DSHS) Health and Medical Priority Projects for FY08:

- **Leadership and direction**
 - o **Develop Standard Operating Procedures (SOPs) by outlining specific roles and responsibilities needed for optimal interaction during response to disasters.**
- **Disaster Mental Health**
 - o **Assist local partners in developing a local disaster mental/behavioral health response plan.**
- **Community Engagement and Citizen Participation**
 - o **Encourage individual participation in preparedness activities to help citizens of Texas protect themselves and their families from all hazards, including natural and man-made disasters and threats to public health.**
- **Mass Prophylaxis**
 - o **Obtain a minimum score of 80 on the Strategic National Stockpile (SNS) Technical Assistance Report (TAR) by completing required plans, procedures, memorandums of agreement for resources needed, and rosters of staff and/or volunteers for response.**
- **Mass Fatality Planning**
 - o **Write an internal mass fatality Standard Operating Guideline (SOG) delineating and describing roles and responsibilities in support of the community's all hazard emergency management plan.**
- **Epidemiology, Surveillance and Medical Surge for Pandemic Influenza**
- **Participate as appropriate in the Rapid Response Team Training and tabletop exercise.**

SECTION I. STATEMENT OF WORK: paragraph 3 is revised as follows:

DSHS encourages partnership and cooperation within and between jurisdictions in the State of Texas related to preparedness activities. ~~included in the contract workplan, attached as Exhibits A and B to this Program Attachment.~~ Partnership opportunities may include, but are not limited to, planning activities, exercises, training and response to events or emergencies. ~~Contractor may incur and request reimbursement for allowable costs related to partnership opportunities in accordance with applicable DSHS and Contractor laws, rules, policies and procedures.~~

SECTION I. STATEMENT OF WORK: paragraphs 4, 5, and 6 are hereby deleted:

~~Contractor shall assist DSHS in the implementation of DSHS’ Centers for Disease Control and~~

~~Prevention (CC) Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II (dated July 10, 2006).~~

~~Contractor shall participate in pandemic influenza activities to include completing assessments; participating in regional and statewide summits and meetings; completing plans, exercises and after-action reports; and participating in other activities related to pandemic influenza as requested by the DSHS. Contractor shall report on pandemic influenza activities in a format prescribed by DSHS.~~

~~Contractor shall participate in National Preparedness Programs initiated by CDC, including but not limited to: HRSA/CDC crosseutting activities; ChemPak; pandemic influenza planning; performance evaluation; Smallpox Preparedness Program; and Strategic National Stockpile Program activities.~~

SECTION I. STATEMENT OF WORK, paragraph 11 is replaced with the following:

The following documents are incorporated by reference and made a part of this Program Attachment:

- Budget Period 8 funding for continuation of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement guidance (dated September 21, 2007);
- CDCs Local Emergency Preparedness and Response Inventory;
- Project Period Public Health Emergency Preparedness Work Plan for Local Health Departments (FY2007-FY2008), attached as Exhibit A;
- If receiving pandemic influenza funding, Project Period Pandemic Influenza Work Plan for Local Health Departments (FY2007-FY2008), attached as Exhibit B;
- Contractor's FY08 Applicant Information and Budget Detail for FY08 base cooperative agreement and FY08 pandemic influenza if receiving pandemic influenza funding; and
- Preparedness Program Guidance(s) as provided by DSHS.

SECTION I. STATEMENT OF WORK: paragraph 15 is revised as follows:

Contractor shall cooperate with DSHS to coordinate all planning, training and exercises performed under this ~~contract~~ Program Attachment -with the State of Texas, Governor's Division of Emergency Management of the State of Texas, or other points of contact at the discretion of the division, to ensure consistency and coordination of requirements at the local level and eliminate duplication of effort between the various domestic preparedness funding sources in the state.

SECTION I. STATEMENT OF WORK: paragraph 18 is revised as follows:

In the event of a public health emergency involving a portion of the state, Contractor shall mobilize and dispatch staff or equipment that were purchased with funds from this ~~Program Attachment cooperative agreement~~ - and that are not performing critical duties in the jurisdiction served to the affected area of the state upon receipt of a written request from DSHS.

SECTION II. PERFORMANCE MEASURES: paragraph 1 is revised as follows:

DSHS encourages partnership and cooperation within and between jurisdictions in the State of Texas related to activities included in the contract workplans, Exhibits A and B (if applicable) to this Program Attachment. Partnership opportunities may include, but are not limited to, planning activities, exercises, training and response to events or emergencies. Contractor may incur and request reimbursement for allowable costs related to partnership opportunities in accordance with applicable DSHS and Contractor laws, rules, policies and procedures.

SECTION II. PERFORMANCE MEASURES: paragraph 2 is revised as follows:

Contractor shall complete activities and performance measures as outlined in the attached Exhibit A, revised, Project Period Public Health Emergency Preparedness Work Plan for Local Health Departments (FY2007 -- FY2010) FY2008, ~~-and if applicable,~~ Exhibit B, Project Period Pandemic Influenza Work Plan for Local Health Departments (FY2007 --~~FY2009~~). FY2008. In addition, the Contractor shall complete activities to support the following performance measures pertaining to the state priorities:

- Develop Standard Operating Procedures (SOPs) by outlining specific roles and responsibilities needed for optimal interaction during response to disasters.
- Obtain a minimum score of 80 on the Strategic National Stockpile (SNS) Technical Assistance Report (TAR) by completing required plans, procedures, memorandums of agreement for resources needed, and rosters of staff and/or volunteers for response.
- Write an internal mass fatality Standard Operating Guideline (SOG) delineating and describing roles and responsibilities in support of the community's all hazard emergency management plan.

SECTION IV. RENEWALS: paragraph 1 is deleted and revised as follows:

~~Renewals are permitted on a one-year basis, at DSHS's discretion, and upon funding availability.~~ None

None.

SECTION VII. BUDGET:, paragraph 2 is hereby deleted:

~~DSHS will reimburse Contractor in accordance with the reimbursement schedules outlined in Exhibit A and Exhibit B.~~

SECTION VIII. SPECIAL PROVISIONS, paragraph 2 is hereby deleted:

~~General Provisions, Payment Methods and Restrictions Article, is revised to add the following:~~

~~Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation of the required deliverables as indicated in the attached Exhibit A and Exhibit B.~~

SECTION VIII. SPECIAL PROVISIONS, paragraph 4 is revised as follows:

General Provisions, ~~Terms and Conditions of Payment Article, Paragraph 3,~~ Prompt Payment Section, -is revised to include:

Contractor shall separately identify pandemic influenza expenditures on the monthly reimbursement request, State of Texas Purchase Voucher. Pandemic influenza expenditures shall be supported by documentation that details these expenditures in a format specified by DSHS.

SECTION VIII. SPECIAL PROVISIONS, paragraph 5 is revised as follows:

General Provisions, Allowable Costs and Audit Requirements Article, is amended to include the following:

For the purposes of this Program Attachment, ~~vehicles are~~ funds may ~~not an allowable cost. be used for~~ research, reimbursement of pre-award costs, purchase vehicles of any kind, new construction, or to purchase incentive items.

Due to limited focus and one-time nature of the Pandemic Influenza funding, establishment of pharmaceutical caches which can include prophylaxis, antibiotics, and antivirals is not an allowable cost using pandemic influenza portion of the PHEP funding.

Department of State Health Services

Adolfo Valadez
Signature of Authorized Official

Date: 4/15/08

Adolfo Valadez, M.D.

Assistance Commissioner for Prevention and Preparedness

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Contractor

Fernando Guerra
Signature of Authorized Official

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