

Hidalgo County



Appendix 7: Pandemic Infectious Disease Response Plan

April 2023

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Approval and Implementation

Appendix 7: Pandemic Infectious Disease Response Plan

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

Eduardo Olivarez
Director, Health & Human Services

Date

Ricardo Saldaña
Emergency Management Coordinator

Date

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Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

Purpose

The purpose of the Public Health & Medical Services Plan, Appendix 7: Pandemic Infectious Disease Response Plan is to reduce mortality, morbidity, and minimize social and economic disruption in Hidalgo County by providing a guide to the Hidalgo County Health & Human Services Department (HSHHSD) to use in the event of infectious respiratory disease pandemic.

Explanation of Terms

Acronyms

CDC	Center for Disease Control
DDC	Disaster District Committee
DSHS	Department of State Health Services
EOC	Emergency Operations Center
HCHHSD	Hidalgo County Health Human Services Department
HHSC	Health and Human Service Commission
HSR 11	Health Service Region 11
IC	Incident Command
ILI	Influenza-like-illness
LHD	Local Health Department
PPE	Personal Protective Equipment
SNS	Strategic National Stockpile

Definitions

Health Emergency Operations Center (Health EOC): Small scale internal organization designed to handle early critical functions such as public education, inquiries, monitoring call volume and creating an internal situational awareness using federal and state guidance to perform enhanced surveillance. The health EOC can be scaled up in the event if a large-scale response is required. It could also be scaled down to normal

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operations if the threat decreases or if the volume of activity does not merit sustained operations at a higher response level.

County Emergency Operations Center (County EOC): In some situations, the health EOC may be operating to monitor a potential hazard and manage certain preparedness activities prior to establishment of a County EOC; the health EOC will be absorbed into the County EOC when the EOC is activated under these circumstances. It will be essential for it to receive a detailed situational update and be advised of any activities already in progress, including resources and staff available, and those already on active deployment. In the event a decision is made to deactivate the County EOC, it may be necessary for the health EOC to continue its operations during the recovery phase of an emergency. The health EOC may extend staffing to assess long-term health needs and other tasks.

Public Health Emergency Declaration: A Public Health Emergency Declaration would be issued for 30 days at a time by the Hidalgo County Judge in coordination with public health officials and authorities and subject-matter experts, as necessary, prior to the issuance. Hidalgo County will adhere to the emergency level as dictated by the state commissioner of health / governor. A public health emergency is an occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability. Such illness or health condition includes, but is not limited to, an illness or health condition resulting from a natural disaster.

Texas Government Code § 418.108. Declaration of Local Disaster:

- (a) Except as provided by Subsection (e), the presiding officer of the governing body of a political subdivision may declare a local state of disaster.
- (b) A declaration of local disaster may not be continued or renewed for a period of more than seven days except with the consent of the governing body of the political subdivision or the joint board as provided by Subsection (e), as applicable.
- (c) An order or proclamation declaring, continuing, or terminating a local state of disaster shall be given prompt and general publicity and shall be filed promptly with the city secretary, the county clerk, or the joint board's official records, as applicable.
- (d) A declaration of local disaster activates the appropriate recovery and rehabilitation aspects of all applicable local or interjurisdictional emergency management plans and authorizes the furnishing of aid and assistance under the declaration. The appropriate preparedness and response aspects of the plans are activated as provided in the plans and take effect immediately after the local state of disaster is declared.
- (e) The chief administrative officer of a joint board has exclusive authority to declare that a local state of disaster exists within the boundaries of an airport operated or

controlled by the joint board, regardless of whether the airport is in or outside the boundaries of a political subdivision.

Respiratory Viruses with Pandemic Potential

1. Avian Influenza (Strains: H5, H6, H7, H9, H10)

Avian influenza A viruses usually do not infect people, but rare cases of human infection with these viruses have been reported. Infected birds shed avian influenza virus in their saliva, mucous, and feces. Human infections with bird flu viruses can occur when the virus gets into a person's eyes, nose or mouth, or is inhaled.

Transmission from animals to humans occurs when the virus is in the air, in droplets or possibly dust, and a person breathes it in or when a person touches something that has virus on it then touches their mouth, eyes, or nose. Rare human infections with some avian viruses have occurred most often after unprotected contact with infected birds or surfaces contaminated with avian influenza viruses. Illness in people has ranged from mild to severe. (Center for Disease Control, 2019)

2. Seasonal Influenza

The United States experiences annual epidemics of seasonal flu. In the United States, flu viruses are most common during the fall and winter months. Flu activity often begins to increase in October and November. Most of the time flu activity peaks between December and February, and it can last as late as May. CDC monitors certain key flu indicators (i.e., outpatient visits of influenza-like illness (ILI), the results of laboratory testing, and reports of flu hospitalizations and deaths). When these indicators rise and remain elevated for a number of consecutive weeks, "flu season" is said to have begun. Usually ILI increases first, followed by an increase in flu-associated hospitalizations, which is then followed by increases in flu-associated deaths. (Center for Disease Control, 2019)

3. Novel Influenza

An influenza pandemic is a global outbreak of a new influenza A virus that is very different from current and recently circulating human seasonal influenza A viruses. Pandemics happen when new (novel) influenza A viruses emerge which are able to infect people easily and spread from person to person in an efficient and sustained way.

4. Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Middle East Respiratory Syndrome (MERS) is an illness caused by a coronavirus called Middle East Respiratory Syndrome Coronavirus (MERS-CoV). MERS-CoV, like other coronaviruses, likely spreads from an infected person's respiratory secretions, such as through coughing. However, we don't fully understand the precise ways that it spreads.

MERS-CoV has spread from ill people to others through close contact, such as caring for or living with an infected person. Infected people have spread MERS-CoV to others in healthcare settings, such as hospitals. Most MERS patients developed severe respiratory illness with symptoms of fever, cough, and shortness of breath. About 3 or 4 out of every 10 patients reported with MERS have died. Previous cases have been linked to the Arabian Peninsula.

5. Novel Coronavirus (nCoV or COVID-19)

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. Rarely, animal coronaviruses that infect animals have emerged to infect people and can spread between people. This is suspected to have occurred for the virus that causes COVID-19.

6. Severe Acute Respiratory Syndrome (SARS)

Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus, called SARS-associated coronavirus (SARS-CoV). SARS was first reported in Asia in February 2003. The illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global outbreak of 2003 was contained.

For more information on each virus please see attachments.

Situation & Assumptions

Situation

1. Pandemic respiratory viruses are caused by an entirely new viral strain or a strain that has not circulated widely among humans for an extended period.
2. Nearly all people shall be susceptible to the pandemic respiratory virus strain.
3. The clinical attack rate could possibly reach 25% to 30% in the overall population.
4. Individuals with underlying chronic conditions shall most likely experience the severest forms of the illness.
5. The seasonality of a pandemic cannot be predicted with certainty and shall arrive with very little warning.

Assumptions

1. Outbreaks can be expected to occur simultaneously throughout the country which shall reduce sharing of human and material resources that usually occur in response to other disasters.
2. Health care workers and other first responders shall be at higher risk of exposure and illness than the general population, further straining the health care system.

3. Widespread illness in the community could result in sudden and potentially significant shortage of personnel in other sectors that provide critical public safety services.
4. Effective preventive and therapeutic measures, including vaccine and antiviral agents, are likely to be delayed and in short supply.
5. An IRD pandemic can overwhelm public health and medical capacities despite advancements in medical technology (HHS).

Concept of Operations

General

HCHHSD shall employ the seven components of the National Incident Management System (NIMS) in all operations which shall provide a standardized framework that facilitates our operations in all phases of emergency management. Refer to the Hidalgo County Basic Plan.

Local supplies of pharmaceuticals and medical material shall be immediately assessed and used first in an organized response. Supplies may become rapidly depleted thus requiring consideration of a request for SNS assets.

Organization & Assignment of Responsibilities

Organization

1. The emergency organization for Hidalgo County is covered in the Hidalgo County All-Hazards Plan.
2. The Local Health Authority is designated by state law to administer state and local laws relating to public health. The Local Health Authority is a state officer when performing duties prescribed by state law.
3. The HCHHSD Director is responsible for ensuring oversight, direction, and management of all duties and responsibilities for all staff members assigned to HCHHSD.
4. The County EOC shall be activated during a pandemic respiratory viruses' event.
5. The Local Health Authority and Director of Health shall serve as members of the Policy Groups, in the County EOC, and shall serve and/or ensure representation in the Operations Sections as prescribed in Annex "H" of the Hidalgo County All-Hazards Plan.

Assignment of Responsibilities

1. Public Health Emergency Preparedness Team will:
 - a. Develop the Pandemic Infectious Disease Response (PIDR) plan,
 - b. Provide training and education on the PIDR plan for public health staff,
 - c. Conduct exercises and drills of the PIDR plan for public health staff to include Public Health Service Site plan for mass vaccination,
 - d. Based on evaluations of exercises and drills, update the PIR Plan, as needed,
 - e. In collaboration with the PIO, develop public information messages regarding influenza,

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- f. Develop questions and answers to be given to those agencies that can provide surge capacity for responding to requests for information from the public and providers,
 - g. Monitor the availability of influenza vaccine, locally,
 - h. Assist in the monitoring of vaccine and antiviral inventory and their distribution,
 - i. Obtain and distribute vaccine when it becomes available,
 - j. Assist in the request of the SNS, if indicated and available,
 - k. Establish Points of Distribution Sites (PODS) for administering vaccinations,
 - l. Administer vaccine to priority high risk groups,
 - m. Participates in the development of an after-action report of the pandemic influenza response,
 - n. Revise the Pandemic Influenza Response Plan, as needed.
2. HCHHSD will coordinate Pandemic Flu Plan services with Emergency Management, (VMOC/TRAK-V), and LRGV MMRS Plan, to ensure the coordination of the following aspects of pre-planning:
- a. Inventory of medical personnel-physicians, physician assistants, RNs, LPN, medical assistants, and other personnel that can be trained,
 - b. Hospital and long-term care beds (VMOC/TRAK-V),
 - c. ICU capacity (VMOC/TRAK-V),
 - d. Ventilators (VMOC/TRAK-V),
 - e. Pharmacies and pharmacists,
 - f. PPE (i.e., gloves, masks),
 - g. Contingency medical facilities,
 - h. Mortuary/Funeral Services,
 - i. Social Services/Mental Health Services,
 - j. Faith Services,
 - k. Sources of medical supplies (i.e., syringes, needles, swabs) (VMOC/TRAKV),
 - l. Interpreter services for those languages utilized within the community.
3. HCHHSD will check with HHSC and Emergency Management and obtain a list of the homebound or special needs which are Participants of the following programs:
- a. Medicaid long term care,
 - b. Community Based Alternatives,
 - c. Community Attendant Services,
 - d. Deaf-Blind/Multiple Disabilities Programs,
 - e. Home and Community Based Services,
 - f. Medically Dependent Children Program,
 - g. Texas Home Living Waiver,
 - h. Hospice,
 - i. 211.
4. HCHHSD Epidemiologist:
- a. Monitor weekly reports from health providers regarding cases of influenza,
 - b. Conduct sentinel surveillance to monitor influenza-like illness in Hidalgo County,
 - c. Monitor reports of influenza cases within the state of Texas,

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- d. Assess bed-availability throughout Hidalgo County, and record the number of hospitalizations for influenza,
 - e. Conduct surveillance for influenza and pneumonia deaths when death reporting becomes available.
5. LHD PIO
- a. Develops public information messages regarding influenza,
 - b. Coordinate the release of public information between County PIOs and JIC,
 - c. Review public information and risk communication messages to assure that they are appropriate for the current situation.

Direction & Control

General

In accordance with the Hidalgo County Basic Plan:

1. The Incident Command/Unified Command System, as defined in the National Incident Management System-NIMS, will be followed to manage the emergency in the most effective manner possible.
2. The Hidalgo County Public Health Director has the primary responsibility for health operations, including pandemic flu response. When the EOC is activated in response to an emergency or disaster involving actual or potentially significant health and medical impacts, and the Director or his/her designee shall serve in the Operations Section of the EOC.
3. Public Information Officers shall ensure that all media contacts, and statements, are coordinated through the County EOC.
4. Outside agencies providing health and medical support during emergencies are expected to conform to the general guidance provided by County EOC and shall carry out mission assignments directed by the Incident Commander. However, organized response units shall normally work under the immediate control of their own supervisors.

Line of Succession

To ensure continuity of health and medical activities during Pandemic Flu events or disasters, the following line of succession is established for the Local Health Authority:

Emergency appointment by the governing body of HCHHSD

Position Title	Agency	Name
Director	HCHHSD	Eduardo Olivarez
Medical Health Authority	Hidalgo County	Dr. Ivan Melendez
Regional Medical Director	Texas DSHS	Dr. Emilie Prot

Operational Levels and Activities

Response Activities

1. Level 4, Normal Operations:

Activities are focused on surveillance, education, and prevention during a normal respiratory virus season (i.e., no novel respiratory viruses are circulating or have been detected). Routine operations are handled at the programmatic level.

a. Administration

- Maintain communication with epidemiology and surveillance division for updates on jurisdictional area and current conditions statewide,
- Promote preparedness activities to stakeholders and partners within jurisdiction for viruses with pandemic potential.

b. Epidemiology and Surveillance

- Immediately notify Texas Department of State Health Services (DSHS) (by phone) of confirmed human cases of novel virus or other respiratory viruses of concern and, when applicable, through the National Electronic Disease Surveillance System (NEDSS), within one business day of case confirmation,
- Conduct contact investigations, if requested by DSHS Enhance surveillance for influenza-like illness (ILI) for at least four (4) weeks following identification of novel influenza or other respiratory virus by actively following up with routine reporters,
- Request DSHS assistance with appropriate needs, including investigations and data entry.

Continue to:

- Conduct influenza and ILI surveillance, analyze the data, and share the findings using routine reporting mechanisms, as described in the Texas Influenza Surveillance Handbook,
- Coordinate and/or submit specimens to the appropriate public health laboratory for any suspect human cases of the novel virus or other respiratory viruses of concern and monitor laboratory reports.

c. Immunization and Clinical Programs

- Promote seasonal influenza vaccinations for everyone six months old and older, based on current recommendations,
- Provide seasonal influenza vaccinations to health department staff prior to season.

d. Public Health Emergency Preparedness

- Review and update plans and related SOGs,
- Review assignment of all personnel,
- Coordinate with local private industries on related activities,
- Maintain a list of health & medical resources,
- Maintain and periodically test personal protective equipment,

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- Conduct appropriate training, drills, and exercises,
- Develop tentative task assignments and identify potential resource shortfalls,
- Establish a liaison with all private health and medical facilities.

2. Level 3, Increased Readiness

Enhanced activities are focused on surveillance, education, and prevention, as well as response to single imported cases of novel influenza or other respiratory viruses with pandemic potential. Enhanced operations may be handled at the programmatic level or through virtual activation of the health operations center.

a. Administration

Continue to:

- Maintain regular communications with communicable disease control and prevention staff and ensure that leadership staff in local jurisdictions within the jurisdictional area is aware of current conditions statewide,
- Promote and encourage preparedness activities within the jurisdiction for influenza and other viruses with pandemic potential.

b. Epidemiology and Surveillance

- Immediately investigate any suspect human cases of novel influenza or other respiratory viruses of concern, as described in the DSHS EAIDB Investigation Guidance for Novel Influenza (request from DSHS EAIDB),
- Persons that may have been exposed that are asymptomatic fall under the category of persons under monitoring (PUM) and will be followed up with daily to determine if any symptoms arise or progress.

c. Public Health Emergency Preparedness

- Determine whether current response can be handled at a programmatic level or through a virtual activation of the operations center and proceed accordingly,
- In collaboration with DSHS, discuss non-pharmaceutical interventions to be implemented, if any,
- Communicate with all partners within the jurisdiction to maintain situational awareness,
- Check readiness of health and medical equipment, supplies, and facilities,
- Correct any deficiencies in equipment and facilities,
- Check readiness of equipment, supplies, and facilities,
- Correct shortages of essential supplies and equipment,
- Update incident notification and staff recall rosters,
- Notify key personnel of possible emergency operations,
- Review procedures for relocating patients and determine the availability of required specialized equipment if evacuation of health & medical facilities may be required.

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Continue to:

Promote influenza and other respiratory disease prevention, such as social distancing, hand hygiene, and respiratory etiquette.

3. Level 2, High Readiness

Increased readiness activities are adjusted in response to complex investigations into isolated novel influenza or other respiratory virus cases. Increased readiness operations may be handled through a virtual or limited activation of the operations center.

a. Administration

- Establish regular communication with Health Service Region (HSR) leadership, for local health departments (LHDs), or DSHS Central Office leadership, for HSRs,
- Increase preparedness activities within the jurisdiction for influenza and other viruses with pandemic potential,
- Alert personnel to the possibility of emergency duty,
- Place selected personnel and equipment on standby,
- Identify personnel to staff the EOC and Task Force Ops Center if those facilities are activated.

Continue to:

- Maintain regular communications with communicable disease control and prevention staff and ensure that leadership staff in local jurisdictions within the jurisdictional area is aware of current conditions statewide.

b. Epidemiology and Surveillance

- DSHS HSR staff should assist LHDs, as needed,
- Conduct data entry as needed and coordinate workflow for real-time data entry into National Electronic Disease Surveillance System (NEDSS), as requested,
- Analyze, map, and report influenza or other respiratory virus cases of concern data weekly.

Continue to:

- Conduct influenza and influenza-like illness (ILI) surveillance, analyze the data, and share the findings using routine reporting mechanisms, as described in the Texas Influenza Surveillance Handbook,
- Submit specimens to the appropriate public health laboratory for any suspect human cases of novel influenza or other respiratory viruses of concern and monitor laboratory reports indicating possible confirmed cases, as described in the Texas Influenza Surveillance Handbook,
- Immediately investigate any suspect human cases of novel influenza or other respiratory viruses of concern, as described in the DSHS EAIDB Investigation Guidance for Novel Influenza (request from DSHS EAIDB),

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- Immediately notify DSHS by phone of confirmed human cases of novel influenza or other respiratory viruses of concern and, when applicable, through the NEDSS within one business day of case confirmation,
- Conduct contact investigations, if requested by DSHS EAIDB,
- Enhance surveillance for ILI for at least four (4) weeks following identification of novel influenza or other respiratory virus by actively following up with routine reporters,
- Request DSHS assistance with appropriate needs, including investigations and data entry.

c. Public Health Emergency Preparedness

- Determine whether current response can be handled through a virtual or limited activation of the operations center and proceed accordingly,
 - Implement and monitor non-pharmaceutical interventions,
 - Assess supplies on hand and order additional, if needed,
- Continue to:*
- Communicate with all partners within the jurisdiction to maintain situational awareness.

4. Level 1, Maximum Readiness

Emergency response activities are highly elevated and include additional activities to control a pandemic or widespread epidemic of novel virus or another respiratory virus. Emergency operations are handled through a full activation of the operations center.

a. Administration

- Support emergency preparedness activities within the jurisdiction for influenza and other viruses with pandemic potential.

Continue to:

- Maintain regular communications with Health Service Region (HSR) leadership, for local health departments (LHDs), or DSHS Central Office leadership, for HSRs,
- Maintain regular communications with communicable disease control and prevention staff and ensure that leadership staff in local jurisdictions within the jurisdictional area is aware of current conditions statewide,
- Mobilize health and medical resources to include personnel and equipment.
- Dispatch health and medical representative(s) to the County EOC(s) when activated.

b. Epidemiology and Surveillance

- Collect aggregate surveillance data on hospitalizations and deaths.

Continue to:

- Conduct case and contact investigations until directed otherwise by DSHS,

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- Conduct influenza and influenza-like illness (ILI) surveillance, analyze the data, and share the findings using routine reporting mechanisms, as described in the Texas Influenza Surveillance Handbook,
 - Submit specimens to the appropriate public health laboratory for any suspect human cases of novel influenza or other respiratory viruses of concern and monitor laboratory reports indicating possible confirmed cases, as described in the Texas Influenza Surveillance Handbook,
 - Immediately investigate any suspect human cases of novel influenza or other respiratory viruses of concern, as described in the DSHS EAIDB Investigation Guidance for Novel Influenza,
 - Immediately notify DSHS (by phone) of confirmed human cases of novel influenza or other respiratory viruses of concern and, when applicable, through the National Electronic Disease Surveillance System (NEDSS) within one business day of case confirmation,
 - Conduct data entry as needed and coordinate workflow for real-time data entry into NEDSS, as requested,
 - Analyze, map, and report influenza or other respiratory viruses of concern data weekly.
- c. Public Health Emergency Preparedness
- Fully activate the county operations center and transition all appropriate response activities,
 - Declare a local disaster, if appropriate,
 - Request state or federal resources, as applicable and according to protocols,
 - Coordinate command and control with the Regional Health and Medical Operations Center (RHMOC).
- Continue to:*
- Monitor non-pharmaceutical interventions,
 - Assess supplies on hand and order additional, if needed,
 - Communicate with all partners within the jurisdiction to maintain situational awareness,
 - Coordinate with appropriate regional and state responding agencies.

Administration & Support

Reporting

1. In addition to reports that may be required by the NIMS System, immunization and treatment Sites shall provide appropriate situation reports to the Task Force Ops Director and to the jurisdictional EOC, as necessary.
2. Pertinent information from all sources shall be incorporated into a periodic Situation Report.

Maintenance and Preservation of Records

1. Maintenance of Records

Immunization and treatment sites will record information on standard medical records forms. Medical and operational records generated during the emergency will

be collected and filed in an orderly manner. Record of events will be preserved for the documentation of individual immunizations/medications, and for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.

2. Documentation of Costs

Expenses incurred in carrying out immunization and treatment sites may be recoverable from the federal government. Hence, all sites shall maintain records of personnel and equipment used and supplies consumed during large-scale Pandemic Flu operations.

3. Preservation of Records

Vital health & medical records will be protected from the effects of a disaster to the maximum extent possible.

After Action Review

For large-scale emergencies and disasters, HCHHSD Director will organize and conduct a review of HCHHSD operations. The purpose of this review is to identify needed improvements in procedures, facilities, equipment, and training. All HCHHSD personnel that participated in the event being reviewed will participate in the After-Action Review.

Exercises

Periodic drills, tabletop exercises, functional exercises, and full-scale exercises will be conducted for the health emergency operations faced by HCHHSD. Additional drills and exercises may be conducted by various agencies. HCHHSD will participate, when possible, for the purpose of developing and testing the ability of the HCHHSD to effectively respond to various types of emergencies.

Resources

1. The County Emergency Management Coordinator is responsible for submitting resource assistance (VMOC, MACC, DDC, HSR 11-DSHS).
2. HCHHSD resource lists will be coordinated with Emergency Management Coordinators.
3. The LHD Task Force Ops will coordinate any resource needs through the effected jurisdictional EOC.

Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 7: Pandemic Response annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 7: Pandemic Response and its attachments are living documents and require revision to account for

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changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.

3. Once the Public Health & Medical Services Plan, Appendix 7: Pandemic Response has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 7: Pandemic Response is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 7: Pandemic Response are kept at HCHHSD's main offices at **1304 S. 25th Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.

References

1. (DSHS Respiratory Viruses Having Pandemic Potential, 2015)

Attachments

Attachment I – COVID-19

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Appendix 7: Pandemic Infectious Respiratory Disease Response Attachment 1: COVID-19

April 2023

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Approval and Implementation

Appendix 7: Pandemic Infectious Disease Response Plan Attachment 1: COVID-19

This attachment is hereby approved for implementation and supersedes all previous editions.

Eduardo Olivarez
Director, Health & Human Services

Date

Ricardo Saldaña
Emergency Management Coordinator

Date

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Authority

The Hidalgo County Commissioner's Court has the authority to approve and implement the Public Health & Medical Services Plan. The Public Health & Medical Services Plan includes 12 appendices. The County Commissioner's Court approved the Public Health & Medical Services Plan on [REDACTED], 2023. This plan aligns with the County's Emergency Basic Plan, ESF-8: Public Health that was approved by the County Commissioner's Court on September 7, 2021.

Purpose

The purpose of the Public Health & Medical Services Plan, Appendix 7: Pandemic Infectious Disease Response Plan, Attachment 1: COVID-19 is to define roles and responsibilities for the novel coronavirus disease-2019 and create an integrated means of coordinating response activities with other agencies in the event of a disaster.

Explanation of Terms

Acronyms

See the Public Health and Medical Services Plan, Explanation of Terms.

Definitions

See the Public Health and Medical Services Plan, Explanation of Terms.

Situation & Assumptions

Situation

A pneumonia of unknown cause detected in Wuhan, China was first reported to the World Health Organization (WHO) Country Office in China on 31 December 2019. The virus was later named "SARS-COV-2" and the disease it causes named "coronavirus disease 2019" (abbreviated "COVID-19").

On January 30, 2020, the International Health Regulations Emergency Committee of the WHO declared the outbreak a "Public Health Emergency of International Concern (PHEIC). On January 31, 2020, HHS Secretary Alex M. Azar II declared a PHE for the United States to aid the U.S. healthcare community in responding to COVID-19. On March 11, 2020 WHO publicly characterized COVID-19 as a pandemic.

This is the first pandemic known to be caused by the emergence of a new coronavirus. In the past century, there have been four pandemics caused by the emergence of novel influenza viruses. As a result, most research and guidance around pandemics is specific to influenza, but the same premises can be applied to the current COVID-19 pandemic.

Assumptions

1. Susceptibility to the pandemic will be universal.

2. The clinical disease attack rate will be 30 percent in the overall population. Among working adults, and average of 20 percent could become ill during a community outbreak.
3. In an affected community, an outbreak will typically last about 6 to 8 weeks.
4. Over the course of the pandemic, up to 50 percent of the work force may be absent due to illness, care taking responsibilities, fear of contagion, loss of public transportation, or public health control measures.
5. There will likely be critical shortages of health care resources such as pharmaceuticals, vaccine (once developed), staffed hospital beds, health care workers, mechanical ventilators, morgue capacity, and temporary refrigerated holding sites.
6. COVID-19 may cause stress and/or emotional trauma.

Concept of Operations

General

The ICS organization has the capability to expand or contract to meet the needs of the incident, but all incidents, regardless of size or complexity, will have an Incident Commander (IC). A basic ICS operating guideline is that the IC is responsible for on-scene management. The person who initially assumes the command of Incident Commander retains it until command authority is transferred to another person, who then becomes the IC. ICS has several elements that will be applied during an emergency regardless of the size and duration of the event. These elements can then be modified to respond to the existing situation.

The HCHHSD direction and control structure for emergency operations is pursuant to NIMS, which employs two following two levels of incident management structures:

- ICS includes a core set of concepts, principles, and terminology applicable to single or multiple incidents regardless of their scope.
- Multi-agency Coordination Systems integrate a combination of facilities, equipment, personnel, procedures, and communications into a common framework, which allows for the coordination and support of incident management.

An IC, using response resources from one or more organizations, will normally handle emergency situations classified as incidents. The Hidalgo County EOC will generally not be activated to manage smaller incidents/emergencies pertaining to health.

During major emergencies, disasters, or catastrophic incidents, a Multi-agency Coordination System may be advisable. Central to this System is the Emergency Operations Center (EOC), which is the nucleus of all coordination of information and resources. The IC will manage and direct the on-scene response from the ICP. The EOC will mobilize and deploy resources for use by the IC, coordinate external resources and technical support, research problems, provide information to senior managers

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disseminate emergency public information and perform other tasks to support on-scene operations.

For some types of emergency situations, the health EOC may be activated without activation of the ICP. Such situations may include:

- Situations where there is an imminent threat to the jurisdiction, where the impact is broad in scope and there is no specific location, and/or where sufficient time exists between impact and identification of the threat to coordinate pre-impaction operations. In these situations, once the disaster occurs or can be localized, then an ICP can be established utilizing the ICS framework.

For operational flexibility, Health EOC operations may be sized according to the anticipated needs of the situation. The structure of ICS is specifically intended to provide a capability to expand and contract with the magnitude of the emergency situation and the resources committed to it. The Hidalgo County EOC may also be activated on a gradual basis.

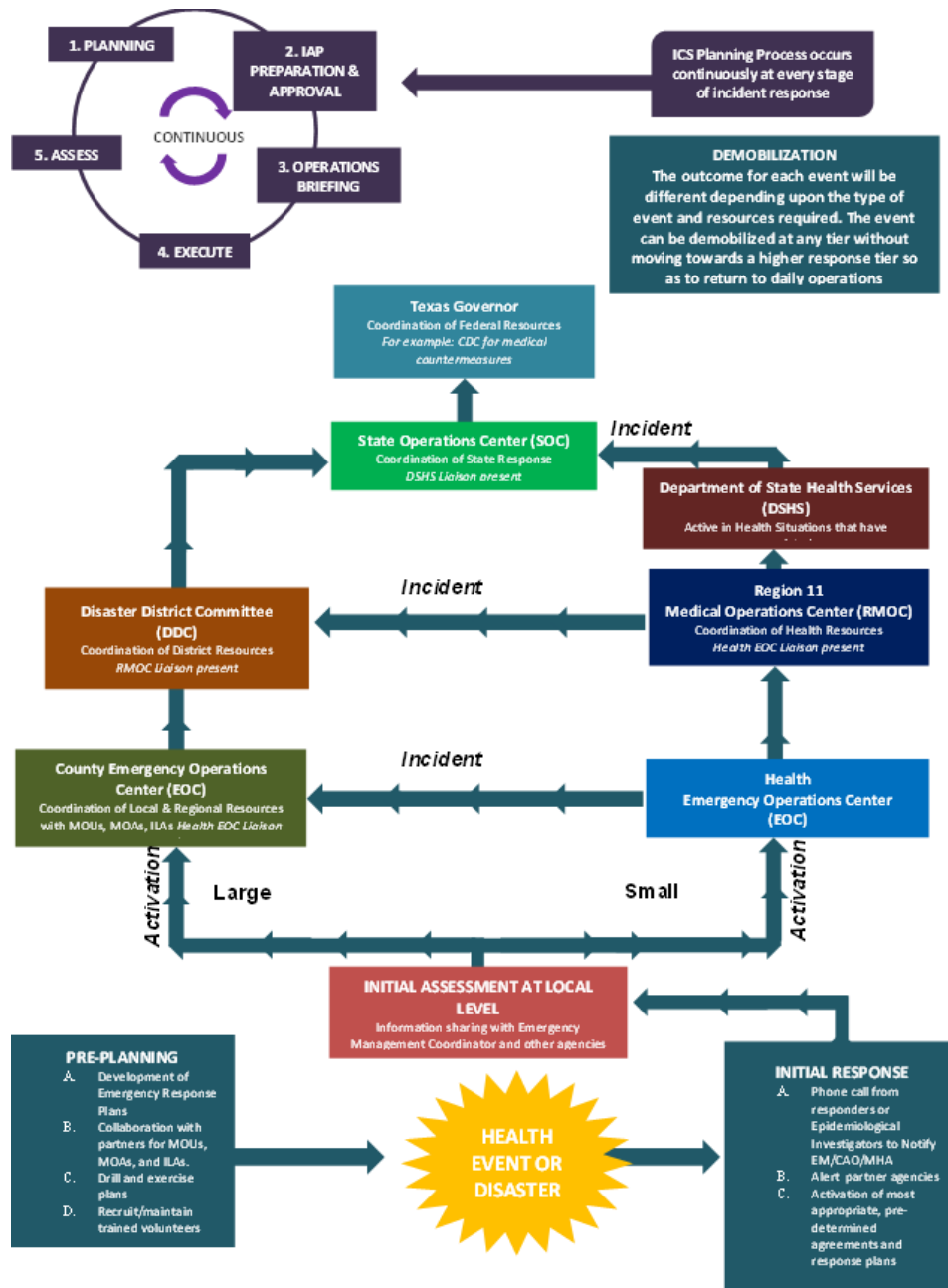
Activation of the Pandemic Infectious Respiratory Disease Response Plan

The following events may trigger the implementation of the Pandemic Infectious Respiratory Disease Response Plan, in part or fully:

- a. An incident is recognized by HCHHSD.
- b. The Chief Administrative Officer and Command Staff will assess the immediate needs for the incident.
- c. The Emergency Management Coordinator will be contacted depending on the severity of the event.
- d. If the incident requires the activation of the County EOC and the Health EOC, the incident objectives and priorities will be developed.
- e. The Planning Section will work on the strategies to meet objectives and will prepare an Incident Action Plan (ICS 201) to be reviewed and approved by the Incident Commander.
- f. Once the Incident Action Plan has been approved, the Incident Command Staff will conduct an Operations Briefing to provide situation awareness to responders and the response phase will go into effect. See Figure 1 below.

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Figure 1. Activation of the Pandemic Infectious Respiratory Disease Response



Organization & Assignment of Responsibilities

Incident Command

The first local emergency responder to arrive at the scene of an emergency will serve as the IC until relieved by a more senior or more qualified individual. The IC will establish an ICP, provide an assessment of the situation to local officials, identify response resources required, and direct the on-scene response from the ICP.

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The IC is responsible for carrying out the ICS function of command making operational decisions to manage the incident. The four other major management activities that form the basis of ICS are Operations, Planning, Logistics, and Finance/Administration. For small scale incidents, the IC and one or two individuals may perform all these functions. For more serious emergency situations, individuals from various local departments, agencies or from external response organizations may be assigned to separate ICS staff sections charged with those functions. For these serious emergency situations, it is advised to transition to a Hidalgo County EOC.

In emergency situations where other jurisdictions or state or federal agencies are providing significant response resources or technical assistance, it is generally desirable to transition from the normal ICS structure to a Unified Area Command structure on the recommendation of the Hidalgo County Emergency Coordinator. This arrangement helps to ensure that all participating agencies are involved in developing objectives and strategies to deal with the emergency.

If the Health EOC has been activated, the IC shall provide periodic situation updates to the Hidalgo County Office of Emergency Management.

Standard Operating Procedures

The HCHHSD IC is responsible for managing all actions and plans to help mitigate any public health factor in all-hazards incidents. The IC directs the development and implementation of strategic decisions and approves the activation of plans, actions, and resources to provide services to the population of Hidalgo County to include the vulnerable population. The IC directly supervises and is responsible for all actions of the HCHHSD Staff.

If infants and children, older adults, persons with medical issues, disabilities, or language and literacy difficulties, the economically disadvantaged, and isolated populations are adversely affected as the result of a public health incident or disaster, Standard Operating Guidelines for ensuring that these vulnerable populations receive services and outreach to mitigate the incident risks.

Standard Procedures Checklist:

1. Obtain briefings from initial incident source,
2. Determine incident objectives, strategies, and priorities,
3. Coordinate with the stakeholders/partners, as necessary,
4. Activate Annex H plans to open the Health EOC and initiate call-down for personnel and equipment, as needed,
5. Brief HCHHSD Command and General Staff,
6. Participate in coordination meetings, as necessary,
7. Approve implementation of HCHHSD Incident Action Plan,

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8. Ensure HCHHSD Site Safety Plan is in place,
9. Coordinate activity of all HCHHSD ICS Staff,
10. Approve requests for additional resources,
11. Authorize release of information to media,
12. Ensure liaison with local/regional/state government,
13. Order de-mobilization of personnel and resources when appropriate.

EOC

The Health EOC may be activated to monitor a potential emergency situation or to respond to or recover from an emergency situation that is occurring or has occurred. The Health EOC will be activated at a level necessary to carry out the tasks that must be performed. The level of activation may range from a situation monitoring operation with minimal staff, to a limited activation involving selected departmental representatives, to a full activation involving all departments, agencies, volunteer organizations, and liaison personnel.

The principal responsibilities of the Health EOC are to:

- Monitor potential threats,
- Support on-scene response operations,
- Receive, compile, and display data on the emergency and resource status and commitments as a basis for planning.
- Analyze problems and formulate options for solving them.
- Coordinate among local agencies and among the local, state, and federal agencies, if required,
- Develop and disseminate warnings and emergency public information.
- Prepare and disseminate periodic reports,
- Coordinate damage assessments activities and assess health and public safety,
- Request external assistance from volunteer organizations, businesses, or from the Hidalgo County Office of Emergency Management.

The Health EOC is an organizational structure within the emergency response of the HCHHSD that is responsible for all public health services and operations pertaining to the response to a disaster or emergency event. The Health EOC is responsible for the All-Hazards Plan.

The Health EOC provides a centralized location for all hospital, school nurse representatives, EMS's, TRAC-V, and medical providers at times of emergency medical needs. In an event involving chemical, biological, or radioactive agents that would call for the SNS deployment, the Health EOC and POD's will coordinate with the Hidalgo County EOC. Major decisions regarding public health response to an incident will be coordinated through the Health EOC until activation of Hidalgo County EOC.

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The Health EOC will include HCHHSD staff and other health agency representatives:

- HCHHSD Director
- Medical Authority
- HCHHSD staff: Tier III
- HCHHSD staff: Tier IV
- SNS Coordinator
- Hospital Liaisons
- Hidalgo County Office of Emergency Management
- *Others, with specific expertise, may be added based on the nature of the event.*

HCHHSD utilizes the Texas Public Health Risk Assessment Tool (TPHRAT) for hazard vulnerability assessment (HVA). Public health vulnerabilities are then categorized into four groups: Natural, Human or Man-Made, Hazardous and Technological Hazards.

Indicators on the assessment include probability of the incident to occur, social vulnerability, critical infrastructure, key resources, public health impact, healthcare impact, behavioral health impact, resources available, community resilience, and capability preparedness index.

Based on information gathered from the 2023 jurisdictional hazard analysis, the ten top public health vulnerabilities for Hidalgo County were charted as:

1. Hurricane / Tropical Storm
2. Pandemic Influenza
3. Tornado
4. Hazardous Materials Incident
5. Food Borne Disease
6. Flood
7. Biological Terrorism (Communicable)
8. Biological Disease Outbreak
9. Biological Terrorism (Non-Communicable)
10. Wildfire

Any one of the ten potential hazards could deplete local resources and may require EOC activation in an emergency. The indicators on this assessment include probability of the incident to occur, social vulnerability, critical infrastructure and key resources, public health impact, healthcare impact, behavioral health impact, resources available, community resilience, and capability preparedness index.

When responding to such all-hazards events, multiagency collaboration between HCHHSD and local stakeholders/partners is critical for strengthening mitigation efforts.

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The HCHHSD Director is responsible for establishing objectives and policies for emergency management and providing general guidance for disaster response and recovery operations, all in compliance with NIMS.

To respond to any type of local disaster, multiple HCHHSD divisions will be activated to assist during the disaster. The divisions usually called in for an emergency response include:

- Public Health Emergency Preparedness (PHEP)
- Health Clinics
- Environmental Services
- Immunizations
- Human Services
- Pulmonary (TB) Clinic
- Administration staff

ICS-EOC Interface

When the Health EOC and the Hidalgo County EOC have both been activated, it is essential to establish a division of responsibilities between the Health and the EOC. A general division of responsibilities is outlined below. It is essential that a precise division of responsibilities be determined for specific emergency operations.

Provisions must be made for an orderly transition of responsibilities between the Health EOC and the County EOC.

From Health EOC to the County EOC:

In some situations, the Health EOC may be operating to monitor a potential hazard and manage certain preparedness activities prior to establishment of a County EOC. When the EOC is activated under these circumstances, it will be essential for it to receive a detailed situational update and be advised of any activities already in progress, including resources available, and those already committed.

Extended Health EOC Operations

In the event a decision is made to deactivate the County EOC, it may be necessary for the Health EOC to continue its operations during the recovery phase of an emergency. The Health EOC may extend staffing to assess long-term health needs and other tasks.

Incident Commander, Medical Health Authority

The HCHHSD IC for all public health incidents/events is the Health Director/Authority. The HCHHSD IC leads the HCHHSD Command and General Staff and coordinates all plans, actions, information, and resource needs. In an event which necessitates the

opening of a Health EOC, the HCHHSD IC will coordinate with Hidalgo County Office of Emergency Management for support.

Assignment of Responsibilities

All personnel assigned responsibilities in this plan must be trained on NIMS concepts, procedures, and protocols.

1. The Chief Administrative Officer or his designee will:
 - Activate the HCHHSD when requested or when the situation warrants.
 - Serve as the HCHHSD IC.
 - Advise the medical community on emergency management activities.
 - Coordinate resource and information support for emergency medical operations.
 - Coordinate emergency planning and impact assessment.
 - Coordinate analysis of emergency response and recovery problems and development of appropriate courses of action.
 - Provide information and recommendations to the Emergency Manager and County Judge.
 - Assure that DSHS Region 11 is informed of the status response and recovery activities.
 - Coordinate all SNS activities.
 - Coordinate regularly with the DSHS Regional Preparedness with respect to security issues and appropriate readiness actions during periods of increased threat.
 - In coordination with the Regional Epidemiologist, issue the appropriate emergency level for a terrorist incident or substantial, credible threat.
 - Coordinate with the EMC on the need for coordination meetings.
 - Activate and manage the Health EOC at an appropriate level when indicated.
 - Oversee the direction of all health assets during deployment.

Description of Command Staff

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The Incident Commander has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Public Information Officer (PIO): A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information requirements.

Safety/Security Officer: A member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency responder personnel.

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Liaison Officer: A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations.

Operations Section Chief: A member of the Command Staff responsible for all tactical incident operations and implementation of the Incident Action Plan. In the Incident Command System, it normally includes subordinate Branches, Divisions, and/or Groups.

- **Surveillance Branch:** The branch responsible for investigations and case management.
- **Clinical Branch:** The branch responsible for dispensing of vaccines or prophylaxis.

Logistics Section Chief: A member of the Command Staff responsible for providing facilities, services, and material support for the incident. This section is responsible for managing communications, supplies, and facilities management.

- **Communications Unit:** Major responsibilities include effective communications planning as well as acquiring, setting up, maintaining, and accounting for communications equipment.
- **Supply Unit:** Orders, receives, stores, and processes all incident-related resources, personnel, and supplies.
- **Facilities Unit:** Sets up, maintains, and demobilizes all facilities used in support of incident operations. The Unit also provides facility maintenance and security services required to support incident operations.

Planning Section Chief: A member of the Command Staff responsible for the collection, evaluation, dissemination of operational information related to the incident, and the preparation and documentation of the Incident Action Plan. This Section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident. This section is also responsible for creating and executing demobilization plans.

- **Resource Unit:** Responsible for recording the status of resources committed to the incident. This unit also evaluates resources committed currently to the incident, the effects additional responding resources will have on the incident, and anticipated resource needs.
- **Situation Unit:** Responsible for the collection, organization, and analysis of incident status information, and for analysis of the situation as it progresses.
- **Demobilization Unit:** Responsible for ensuring orderly, safe and efficient demobilization of incident resources.
- **Documentation:** Responsible for collecting, recording and safeguarding all documents relevant to the incident.

Finance/Administration Section Chief: A member of the Command Staff responsible for all administrative and financial considerations surrounding an incident. This section is also responsible for maintaining documentation related to health events or disasters such as Daily Activity Reports, daily burn rates and any related expenses due to resource requirements.

- Compensation/Claims Unit: Responsible for financial concerns resulting from property damage, injuries, or fatalities at the incident.
- Cost Unit: Responsible for tracking costs, analyzing cost data, making estimates, and recommending cost savings measures.
- Procurement Unit: Responsible for financial matters concerning vendor contracts.
- Time Unit: Responsible for recording time for incident personnel and hired equipment.

Response Triggers

1. Command Staff: The Health Incident Commander (IC) will be activated as part of the initial response phase for an All-Hazards Emergency upon receipt of notification of a public health event or disaster from responders or Epidemiological Investigators. The IC will assess the incident to determine if activation of the Health Emergency Operations Center (EOC) is required. If so, the IC will notify and activate Command Staff.
2. General Staff: After the IC and Command Staff evaluate the health event or disaster and have created initial incident priorities and objectives, the essential General Staff will be notified and activated depending upon the magnitude and resource requirements to provide response. The table below provides staff assignments for All-Hazard Events or Disasters.

Direction & Control

General

The HCHHSD Director and/or Health Authority will provide general guidance for the direction and control function, pursuant to NIMS protocols.

Health EOC Operations

The HCHHSD Director and/or Health Authority may request that the Health EOC be activated. A decision to activate the EOC is typically made based on the event/emergency.

The HCHHSD Director and/or Health Authority will normally determine the level of Health EOC staffing required based upon the situation, and also notify appropriate personnel to report to the Health EOC.

Any department or agency head dealing with a significant health or safety issue that requires interagency coordination may request that the HCHHSD activate the Health EOC to provide a suitable facility to work the issue.

Administration and Support

Facilities and Equipment

The Health EOC is located at Hidalgo County Health and Human Services Administrative Building or as identified in the Continuity of Operations (COOP) Plan.

Records

Activity Logs – The EOC shall maintain accurate logs recording key response activities, including:

- Activation or deactivation of emergency facilities,
- Emergency notifications to other local governments and to state and federal agencies,
- Significant changes in the emergency,
- Major commitments of resources or requests for additional resources from external sources,
- Issuance of protective action recommendations to the public,
- Evacuations or shelter in place directives, locations, and time periods,
- Casualties and significant injuries,
- Containment or termination of the incident,
- Shelter populations including opening and closing times,
- Damage assessment information,
- The Health EOC shall utilize the Emergency Operations Center Log to record EOC activities. The ICP shall use the Unit Log (ICS form 214) or an equivalent,

Communications and Message Logs

Communications facilities shall maintain a communications log. The EOC shall:

- Maintain a record of messages sent and received using the EOC Message Log or a computer with specialized software.

Cost Information

1. Incident Costs - All departments and volunteer agencies shall maintain records summarizing the use of personnel, equipment, and supplies during the response to day-to-day incidents to obtain an estimate of annual emergency response costs that can be used in preparing future department or agency budgets.
2. Emergency or Disaster Costs - For major emergencies or disasters, all departments and agencies participating in the emergency response shall maintain a detailed list of costs incurred for emergency operations that include:
 - Personnel costs, especially overtime costs,
 - Equipment operation costs,
 - Operation costs,
 - Costs for leased or rented equipment,
 - Costs for contract services to support emergency operations,
 - Costs of specialized supplies expended for emergency operations.

These records may be used to recover costs from the responsible party or insurers or as a basis for requesting reimbursement for certain allowable response and recovery costs from the state and/or federal government.

Reports

An Initial Emergency Report should be prepared and disseminated for major emergencies and disasters where state assistance may be required. This short report is designed to provide basic information about an emergency.

Agreements and Contracts

Should our local resources prove to be inadequate during an emergency, requests will be made for assistance to Hidalgo County Office of Emergency Management in accordance with existing mutual aid agreements and contracts that have been exhausted.

Media

Media relations will be conducted pursuant to NIMS.

Legal

HCHHSD communicates with legal counsel from the Hidalgo County District Attorney Office on a routine basis with public health matters, and administrative issues. For emergencies like public health emergency response, the District Attorney Office infrastructure is in place with attorneys, of which attends public health matters on a routine basis. The District Attorney Office are available on a 24/7 basis, though email, text, or in person meetings. The policy for meeting with District Attorney Office is to simply make an appointment, or if an emergency to get guidance by phone. The HCHHSD Director of Department of Health and Human Services, and or the Associate Director can meet with District Attorney Office attorneys as needed.

The emergency legal authority for the District Attorney Office is the Hidalgo County District Attorney Office for all major public health events, therefore can accept, allocate, and spend funds directly from outside sources. The District Attorney Office expedites administrative processes during a response to an event that differ from standard procedures like accepting federal/state funds, allocating federal/state funds (i.e., determining how funds are allotted), and spending federal/state funds (including contracting, procurement, and hiring).

During an event, the Office of Emergency Management works closely with the state's emergency liaison officer and FEMA as appropriate. The WEBEOC tool is constantly activated and being used to document all needs within the capacity of the county, and FEMA forms as fill-out as needed. Texas Department State Health Services is notified as well, and in most cases Texas Department State Health Services will notify CDC.

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The Hidalgo County Budget & Management Department is responsible for all claims and billing following prescribed policies and procedures for accounting and daily transactions. The Budget & Management Department conducts annual audits on all Health Department accounts, emergency operations allocations, and supplemental funding.

Plan Development & Maintenance

1. The Hidalgo County Health and Human Services Department Director is responsible for maintaining and reviewing the Public Health & Medical Services Plan, Appendix 7: Pandemic Infectious Disease Response Plan annually. Recommended changes to this plan should be forwarded as needs become apparent and may reflect any changes within our jurisdictional risks and/or community capabilities.
2. The Public Health & Medical Services Plan, Appendix 7: Pandemic Infectious Disease Response Plan and its attachments are living documents and require revision to account for changes in roles/responsibilities and resources within Hidalgo County such as the acquisition of new equipment, training of staff, and increased partnerships from the private sector.
3. Once the Public Health & Medical Services Plan, Appendix 7: Pandemic Infectious Disease Response Plan has been updated, the Hidalgo County Health and Human Services Department Director will present to Commissioner's Court for final adoption and ratification. The Public Health & Medical Services Plan, Appendix 7: Pandemic Infectious Disease Response Plan is updated and presented to Commissioner's Court every five years with input from Emergency Management and various stakeholders. Departments and agencies assigned responsibilities in the Public Health & Medical Services Plan are responsible for developing and maintaining SOPs. Copies of the Public Health & Medical Services Plan, Appendix 7: Pandemic Infectious Disease Response Plan are kept at HCHHSD's main offices at **1304 S. 25th Avenue, Edinburg, TX 78542** in the following locations:

Office of Administration

Public Health Emergency Preparedness Division (PHEP)

Clinical Health Services

Information Technology Services

Safety Officer

Hidalgo County Emergency Operations Center (EOC)

Hidalgo County Emergency Management Coordinator

Each HCHHSD division manager is responsible for informing and instructing public health personnel about the location of the plan copies, as well as each employee's

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emergency response role and responsibilities. The supervisors/managers are also responsible for ensuring that employees attend appropriate training, according to their assigned response tier.