City of Laredo Health Department
Healthcare Preparedness Program TSA-T (Webb, Zapata, & Jim Hogg)
Memorandum of Understanding

BACKGROUND

The US Department of Health & Human Services (HHS) provides funding for community preparedness and healthcare preparedness. The HHS funding is awarded via two separate but interrelated cooperative agreements. HHS Centers for Disease Control and Prevention (CDC) provides funds for strengthening public health preparedness to address bioterrorism, outbreaks of infectious diseases and public health emergencies. This funding stream focuses on the critical tasks necessary for the public health community to prepare for and respond to a terrorist event or other public health emergencies, emphasizing integrated response systems. The ability to quickly and effectively distribute preventive medication in affected areas is one of the nation's top priorities to be addressed by these funds.

Healthcare Preparedness Program (HPP) - The HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) provides funds for states to develop healthcare response capability (for responding to All Hazard Events), through the HPP. This program includes the identification of available hospital beds, development of a regional healthcare coalition for preparedness, development of an advance registration system for identifying additional health care personnel, development of a healthcare recovery system, planning for mass fatalities, evaluation and strengthening of plans into local and regional plans, development of surge capacity, incident information sharing, and responder and safety health. Healthcare facilities and healthcare delivery systems play a critical role in both identifying and responding to any potential natural disaster, terrorism attack or infectious disease outbreak.
To accomplish these goals, HHS has developed Healthcare Capabilities. These capabilities describe demonstrable criteria that must be achieved as a condition of accepting ASPR HPP funds.

The funding is provided to the Texas Department of State Health Services (DSHS). For preparedness efforts in the three counties in the Trauma Service Area – T (TSA-T), DSHS has contracted with the City of Laredo Health Department, hereinafter referred to as "CLHD" for the implementation of the 8 Healthcare Capabilities of the ASPR HPP (healthcare preparedness).

PURPOSE

The purpose of this Memorandum of Understanding ("MOU") between City of Laredo Health Department – as the DSHS subcontractor – and Webb County ("Participant"), hereinafter collectively referred to as "Parties" is to outline the responsibilities of each party. The Participant agrees to: 1) Assist healthcare facilities in the region achieve Healthcare Preparedness Capabilities and performance measures, 2) Assist healthcare facilities in the region maintain minimum levels of readiness by providing technical assistance and disseminating relevant and timely information, 3) Participate in planning and exercises, and 4) Assist healthcare facilities with monitoring progress for each capability as described by ASPR Texas Healthcare Preparedness Program. A summary of the capabilities pertaining to healthcare facilities is shown in the Conditions section of this understanding. The full listing of the capabilities as described in the HPP Grant Year 14 Work Plan will be available upon request.

CONDITIONS

To facilitate the administration of these funds, the City of Laredo Health Department has established the Healthcare Preparedness Program (HPP). As a contractual requirement for HPP Work Plan, a healthcare coalition must be created and consist of healthcare facilities/providers in the Trauma Service Area T, EMS Providers, Emergency Management/Public Safety, long-term care providers, mental/behavioral health providers, private entities associated with healthcare (e.g., hospital associations), specialty service providers (e.g., dialysis, pediatrics, woman's health, stand-alone surgery, urgent care), support service providers (e.g., laboratories, pharmacies, blood banks, poison control), primary care providers, community health centers, public health, tribal healthcare, and federal entities as well as other interested agencies and individuals.

Participant agrees to participate in the planning process for emergency response activities in the region. A summary of both parties' responsibilities follows.

CLHD RESPONSIBILITIES:

- CLHD shall perform activities in support of the Department of State Health Service (DSHS) Cooperative Agreement (CA) from the ASPR Healthcare Preparedness Program and Centers for Disease Control and Prevention (CDC) FFY 2014 Cooperative Agreements.
- CLHD shall provide services in the following counties: Webb, Jim Hogg, and Zapata.
- CLHD, in its role as regional Healthcare Preparedness Program Implementation Contractor, shall administer the available federal HPP services funds as specified in this Cooperative Agreement, lead the efforts to establish and implement a regional Healthcare Coalition, and assist DSHS HPP in the administration, planning, and evaluation of services.
- CLHD shall conduct and facilitate the local/regional HPP Healthcare /Coalition meetings and provide materials as needed;
- CLHD shall comply with all applicable federal and state laws, rules, regulations, standards, and guidelines including, but not limited to, the following:

  The Healthcare Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreement, Department of Health and Human Services, Office of Assistant Secretary for Preparedness and Response (ASPR) and Centers for Disease Control and Prevention (CDC);

  Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness January 2012, Office of the Assistant Secretary for Preparedness and Response, Healthcare Preparedness Program. http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf;

  National Response Framework located at http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf;

  State of Texas Emergency Management Plan, Annexes and Appendices located at: http://www.txdps.state.tx.us/dem/downloadableforms.htm;

Texas Homeland Security Strategic Plan located at: http://www.governor.state.tx.us/files/press-office/TX-Homeland-Security-Strategic-Plan-2010-2015.pdf;

Medical Surge Capacity and Capability (MSCC) A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies, The CNA Corporation, September 2007 or latest version located at: http://www.phe.gov/preparedness/planning/mscc/handbook/pages/default.aspx ;

OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents involving the Release of Hazardous Substances. Located at http://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html;

Most current Texas Statewide Communications Interoperability Plan located at http://www.txdps.state.tx.us/LawEnforcementSupport/documents/texasSCIP.pdf; and

Licensing Of Wholesale Distributors Of Prescription Drugs -Including Good Manufacturing Practices (25 Texas Administrative Code, §§229.419 – 229.430) http://www.dshs.state.tx.us/dmd/.

- CLHD, as part of the regional HPP Healthcare Coalition Development, shall coordinate activities and healthcare systems preparedness response plans within the TSA regional jurisdiction with other response partners, such as emergency management, public safety/emergency response agencies, hospitals, and other healthcare providers, community health centers, long-term care providers, local health departments, DSHS Health Service Region staff, and Councils of Government (COG), Emergency Medical Services (EMS) providers, mental/behavioral health providers, private entities associated with healthcare, specialty service providers, support service providers, primary care providers, Tribal Healthcare, and federal entities, etc. This coordination shall be conducted in accordance with the ASPR FFY2012 HPP Cooperative Agreement, and the tiered response outlined in the MSCC Management System handbook. Regional HPP Healthcare /Coalitions must include other emergency response partners at meetings during which allocation of HPP funds are discussed and when the tiered healthcare response system is addressed.

- CLHD shall also participate in statewide exercises planned by DSHS or other state and federal agencies, as needed, to assess the response capacity and capability of the regional HPP to respond to a terrorism event, outbreak of infectious disease, and other public health threats and emergencies.

- CLHD shall prepare and submit to DSHS HSEEP compliant exercise after-action reports and improvement plans that document required corrective actions for identified gaps or weaknesses in healthcare preparedness plans within ninety (90) days of the exercise.

Member Responsibilities:

1. Designate two (2) TSA-T Healthcare Preparedness Coalition Committee Representatives (1 from Webb County Fire Department, 1 from Webb County Emergency Management).

2. Representatives or designees will attend at least 75% of regularly scheduled meetings of the City of Laredo Health Department Preparedness Coalition Committee and be responsible for participation in committee discussions and disseminating HPP information and actions to the stakeholders they serve.
3. Work toward fulfillment of regional capabilities by providing planning assistance to HPP coalition and healthcare facilities in the region.
4. Participant shall be responsible for, replace if lost, stolen, or damaged, and maintain at a ready state any items issued for HPP related activities, and provide equipment to subcontractor at any time if requested to do so.

Healthcare Preparedness Capabilities
Summary of Required Resources and Performance Measures

Capability 1: Healthcare System Preparedness
Capability 2: Healthcare System Recovery
Capability 3: Emergency Operations Coordination
Capability 5: Fatality Management
Capability 6: Information Sharing
Capability 10: Medical Surge
Capability 14: Responder Safety and Health
Capability 15: Volunteer Management

5. **Emergency Systems for Advanced Registration of Volunteer Health Professionals (ESAR VHP):** Collaborate and cooperate with CLHD efforts to implement a fully operational ESR-VHP system. Work with CLHD, through the HPP planning group, to assist in the recruitment and retention of volunteers, coordination with other volunteer health professional/emergency preparedness entities, and linkage with State ESAR-VHP programs to ensure effective and efficient deployment of volunteers in an emergency.

6. **Fatality Management Plans:** Assist and provide technical assistance to healthcare facilities in the region with work on the development of a fatality management plan in conjunction with other healthcare entities, public health departments, emergency management, medical examiners, behavioral health assistance and mortuary services. Planning should include healthcare-specific plans for management of fatalities and storage/disposal of deceased from natural or criminal/terrorist acts. Specific needs to be addressed include the need for expanded refrigerated storage capacity, body bags, tracking, disposition of the deceased, death certificate completion, and the delineation of roles, responsibilities and duties for all agencies involved in mass fatality management. Hospitals shall maintain a storage capacity of at least 5% of their licensed beds.

7. **Medical Evacuation/Shelter in Place Plans:** Assist and provide technical assistance to healthcare facilities in the region with work on the development of their facility's plans to ensure the safety of patients, visiting family members and staff in the healthcare facilities during an emergency. Healthcare facilities should weigh the options of facility evacuation or shelter-in-place to accomplish this important task. Either option requires planning at the community level to ensure the safety and health of the people in the facility. Proactive planning and preparation will ensure successful operational plans. Participant shall assist CLHD in this endeavor by participating in planning based on a hazard vulnerability assessment (HVA) done at the community and regional level to identify the imminent threat to life in the area. Participant shall assist healthcare facilities in building their plans based on

the personnel, equipment and systems, planning, and training needed to ensure the safe and respectful movement of patients, the safety of personnel and family members in the hospital. Plans for evacuating the healthcare facilities should be included in exercises as appropriate.

8. **Alternate Care Sites (ACS):** Participant will participate in the planning for Alternate Care Sites (ACS) as needed during an emergency, to include planning for altering triage algorithms, optimization of resources, and potential staffing for up to 72 hours (time needed before arrival of State and Federal assets).

9. **Mobile Medical Assets:** Participant will collaborate with CLHD and Emergency Medical Task Force Region 11 to develop plans to provide care outside of the facility setting through use of mobile medical assets (mobile care centers, trailers, tents, etc.) in order that healthcare can be brought to jurisdictions that are in need of additional capability and capacity. Planning should address staffing, supply, re-supply, and training of associated personnel.

10. **Pharmaceutical Caches:** Participant will work in conjunction with local, state and regional efforts to develop plans for distribution of critical medications.

11. **Personal Protective Equipment:** Participant will participate in planning to ensure that adequate amounts of personal protective equipment (PPE) are available to protect healthcare personnel from the facility during an incident. Additionally, the Participant will assist healthcare facilities with development of contingency plans to provide PPE to protect any additional healthcare personnel that would respond during an incident. Any PPE purchased should be interoperable with what has been purchased during previous HRSA HPP grant years and approved by the Department of Homeland Security Grant Program (SHSGP) Standard Equipment List (SEL) for first responders.

12. **Decontamination:** The Participant will assist with planning and coordination of decontamination training and exercises for healthcare facilities in the region and their staff to ensure that adequate numbers of personnel are available to man the region's decontamination systems in the event of an emergency. Training should include, at a minimum, decontamination operations for exposure to biological agents, chemical agents, radiological agents, and explosives as well as donning and doffing of PPE.

13. **National Incident Management System:** In August, 2007, a healthcare working group was held to tailor existing State and local objectives to healthcare organizations. The foundational 17 objectives were reviewed and streamlined to 14 objectives for FY 2008 and 2009. In fall of 2009 the NIC and HHS again reviewed the 14 objectives and again streamlined the number of objectives down to 11 from 14. Hospitals will be expected to implement and achieve all 11 objectives by June 30, 2014. Participant will assist healthcare organizations to coordinate NIMS implementation efforts with State and local response entities to ensure consistency across the State and local jurisdictions. Participant will provide information to healthcare facilities regarding NIMS requirements as it become available so that adjustments can be made based on updated guidance from the federal government.

14. **Education and Preparedness Training:** Participant will continue to participate in education and preparedness training opportunities and programs for healthcare personnel, both pre-hospital and hospital based, that will respond to an incident or emergency in accordance with the healthcare preparedness capabilities noted above. Training and education should be linked to exercises/drills.

15. **Exercises, Evaluations, and Corrective Actions:** The Participant will continue to participate in drills, exercises, and responses in conjunction and collaboration with local, regional, state, and federal partners. Exercises should address the capabilities listed above and should address special need population requirements. Participant may assist with evaluations (after action reviews) that should be completed after each exercise and corrective action implemented as a result of the evaluations.

16. **Addressing the Needs of "At Risk" Populations:** Capabilities will be addressed in such a way that the needs of "at risk" patient populations are accounted for in planning. "At Risk" populations are defined as children, pregnant women, senior citizens, and other individuals that have special needs to include those with chemical dependency and mental health issues.

TERM

1. This MOU is effective as of February 23, 2015 and shall remain in effect until terminated by either party upon 30 days' prior written notice.

2. The person executing this MOU on behalf of the Parties warrants and represents that he or she has been duly authorized and empowered to execute and enter into this MOU on behalf of the Party, and that all action necessary to approve this MOU has been taken.

3. This MOU constitutes the entire understanding of the Parties related to the subject matter hereof, and there shall be no modification or waiver hereof except in writing, signed by both parties. The MOU is made under and shall be governed by the laws of the State of Texas, and is performable within TSA-T region consisting of three (3) counties: Webb, Jim Hogg, and Zapata.

AGREED TO BY:

Webb County
1000 Houston St. 3rd Floor
Laredo, TX 78040
County Judge Tano E. Tijerina

Tano E. Tijerina
Name (please print)

County Judge
Title

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Signature

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City of Laredo Health Department
2600 Cedar Avenue
Laredo, TX 78040
Director: Hector F. Gonzalez

Hector F. Gonzalez
Name (please print)

Director
Title

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Signature

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Date Date