

# **Cross-Jurisdictional ESF #8 Guidance: Communication and Coordination**



# Mea Culpa

- Your presenter is from one Jurisdiction in one part of the state
- Your presenter knows that not everyone uses Emergency Support Functions (ESFs), but is going to use that wording
- The guidance was drafted by just a few people, (but reviewed by many)
- It is a recommendation, not a template. We could not include all of the detail and we have no authority
- Public Health is not always the ESF #8 Lead, but your presenter will use it as an example



# Project Background

- Local Emergency Support Function (ESF) #8 Planning
- 2015 CHA hosted ESF #8 Workshops – Finding!
- Healthcare Coalition Council/Workgroup
  - Council Representative
  - CHA/Hospital
  - CDPHE
- Statewide review and updates



# Public Health Incident vs. ESF #8 Response

- Local Public Health (LPHA) as *incident command* during public health response
- LPHA serving as Emergency Operations Center (EOC) *support* during incident operations





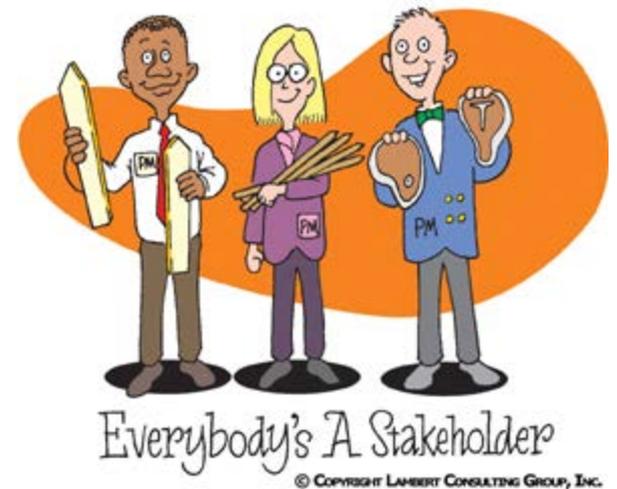
# Guidance Objectives

1. Enhance the understanding of the nature of the health and medical component of an incident
2. Establish a framework for cross-jurisdictional ESF #8 response within existing local infrastructure
3. Provide consistency across jurisdictional boundaries for incident response coordination



# Stakeholders

- Depends on your jurisdiction
  - Emergency management
  - ESF #8 Lead
  - Public Health
  - Environmental Health
  - Hospitals/Clinics
  - Behavioral Health
  - Coroners/Fatalities Management
  - Pre-Hospital
  - Other Partners





**COLORADO**

**Department of Public  
Health & Environment**

- State ESF #8 Lead
- Available virtually, in the CDPHE Department Operations Center (DOC), or the State Emergency Operations Center (SEOC)

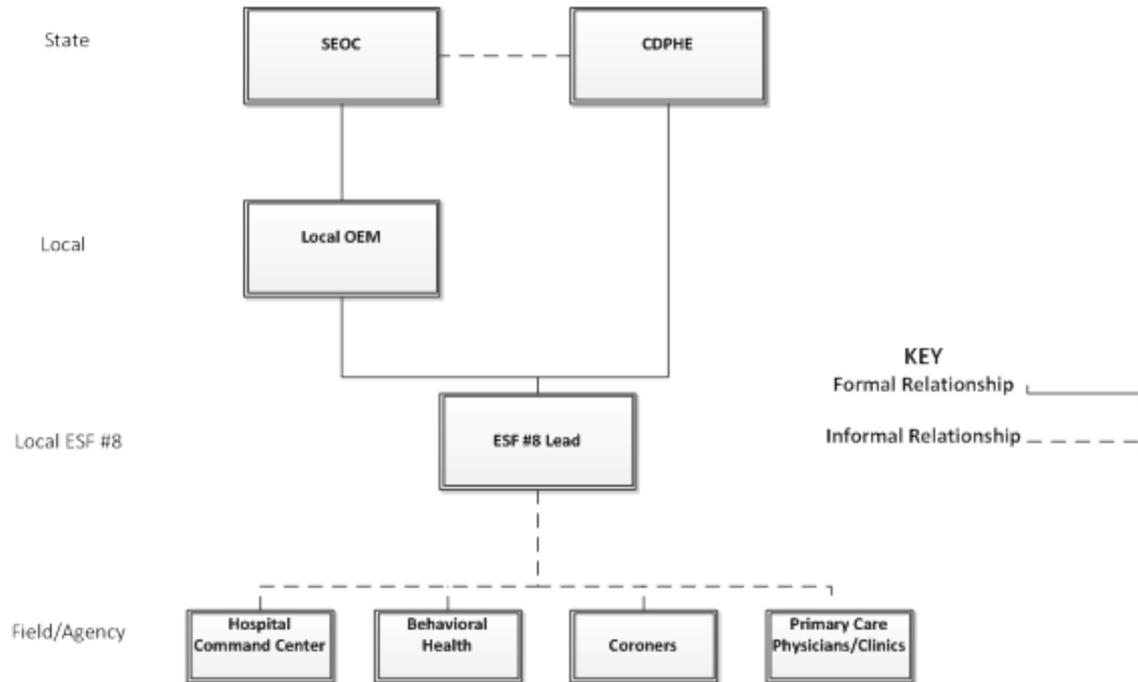
**CDPHE Duty Officer: 1-877-518-5608**

# ESF #8 Coordination and Support

- Supplies and Equipment
- Clinical Care
- Medical transportation
- Behavioral Health Support
- Fatalities Management Support
- Public and Environmental Health Support
- Re-establishment of all health and medical systems

...To name a few

# Example

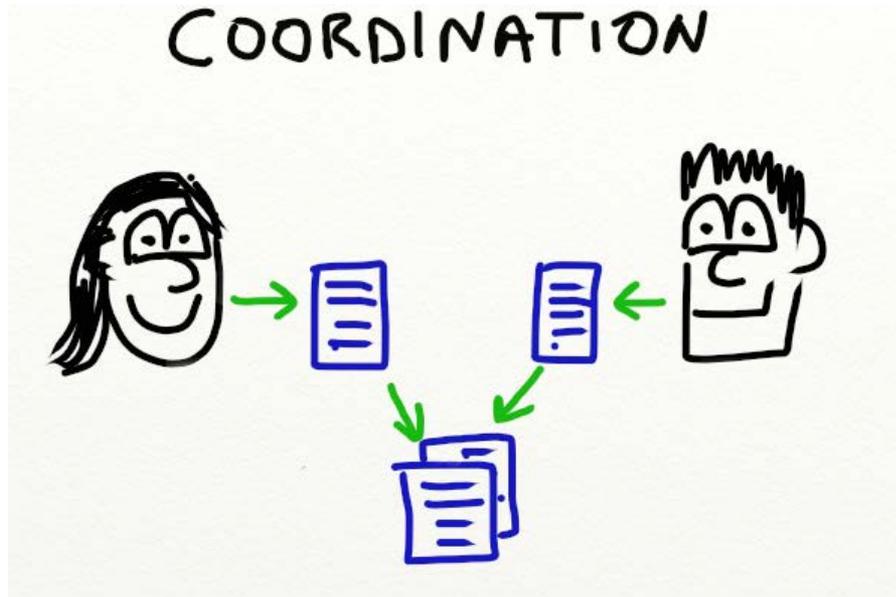


# ESF #8 Plan Components

- Notification
- Activation
- Communication
- Situational Awareness
- Resource Ordering
- Resource Prioritization
- Continuity of Operations
- Demobilization

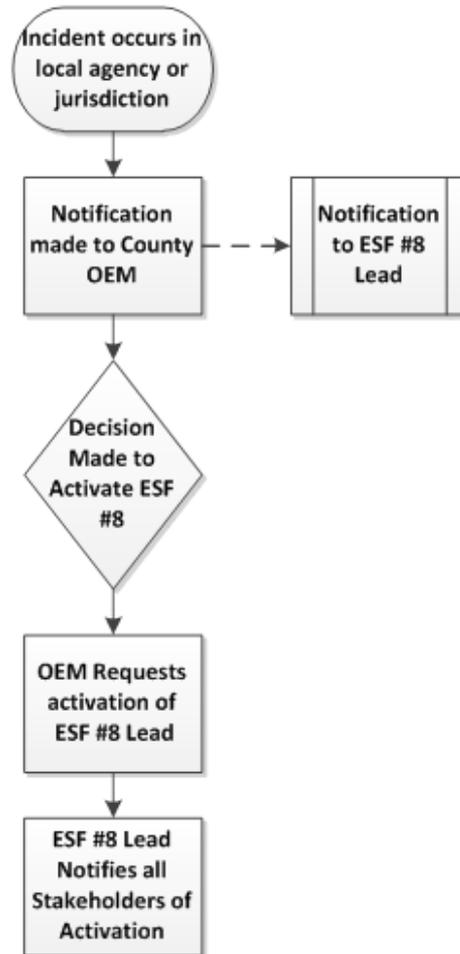
# And.....Cross-Jurisdictional

COORDINATION



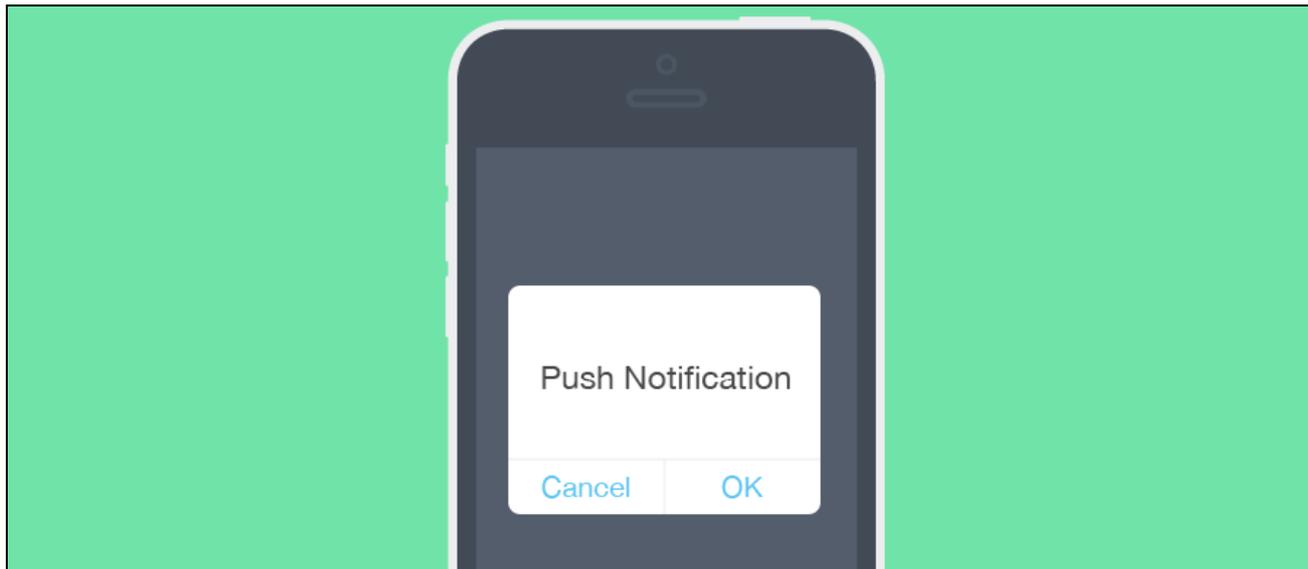
Has to be considered when developing each of the planning components

# Activation of ESF #8



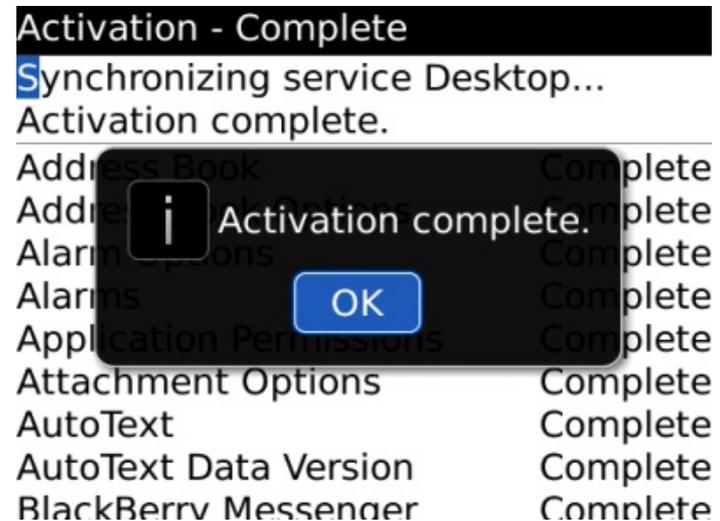
# Incident Notification

- Standby vs. Immediate Activation
- 24/7 Contact information for neighbors!
- Incident Overview/Common Operating Picture



# Activation

- A Minimum
  - Which systems have been activated
  - 24/7 contact method
  - Method for situational awareness
  - Schedule of regular updates/coordination meetings
  - Response priorities



# Situation Updates



**Incident Name, location**

## Tri-County Health Department (TCHD) Situation Update

Incident Name:		Incident Date:	
Report By:		Operational Period for Report:	
Incident Position:		Date:	
		From:	
		To:	
EPR Activation Level: <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Contact Information			
Role	Name	Phone	
DIS			
Nursing			
EH			
PIO			
EPR			
Incident Organizational Chart			
<pre> graph TD     IC[Incident Commander] --- LO[Liaison Officer]     IC --- SO[Safety Officer]     IC --- PIO[Public Information Officer]     IC --- OSC[Operations Section Chief]     IC --- PSC[Planning Section Chief]     IC --- FASC[Finance/Admin. Section Chief]     IC --- LSC[Logistics Section Chief]     OSC --- EBD[EH Branch Director]     OSC --- TS[Technical Specialist(s)]     </pre>			
Incident Summary			

# Communication

- What's the Plan?
  - Equipment
  - Online Tools



# Resource Ordering and Tracking

- Single Point Ordering
  - SEOC vs. Local EOC
- Cross-jurisdictional ESF #8 support
- Resource Request Form/documentation
  - Information required – minimum
- Tracking process/documentation

**RESOURCE REQUEST (ICS 213 RR)**

1. Incident Name:				2. Date/Time		3. Resource Request Number:				
<b>4. Order</b> (Use additional forms when requesting different resource sources of supply):										
Requestion	Qty	Kind	Type	Detailed Item Description (Vital characteristics, brand, specs, experience, size, etc.)	Cost	<b>5. Resource Status</b>				
						Received by	Date/Time	Assigned to	Released to	Date/Time
6. Requested Delivery/Reporting Location:										
7. Suitable Substitutes and/or Suggested Sources:										
8. Requested by Name/Position:					9. Priority: Urgent Routine Low		10. Section Chief Approval:			
11. Logistics Order Number:					12. Supplier Phone/Fax/Email:					
13. Name of Supplier/POC:										
14. Notes:										
15. Approval Signature of Auth Logistics Rep:					16. Date/Time:					
17. Order placed by:										
18. Reply/Comments from Finance:										
19. Finance Section Signature:					20. Date/Time:					
ICS 213 RR, Page 1										

# Demobilization

- Returning Resources
- Cost Reimbursements



# Next Steps

- Feedback
- Revisions
- Feedback
- Revisions
- Feedback
- Revisions

## The Bother Scale.

[For Design Feedback]

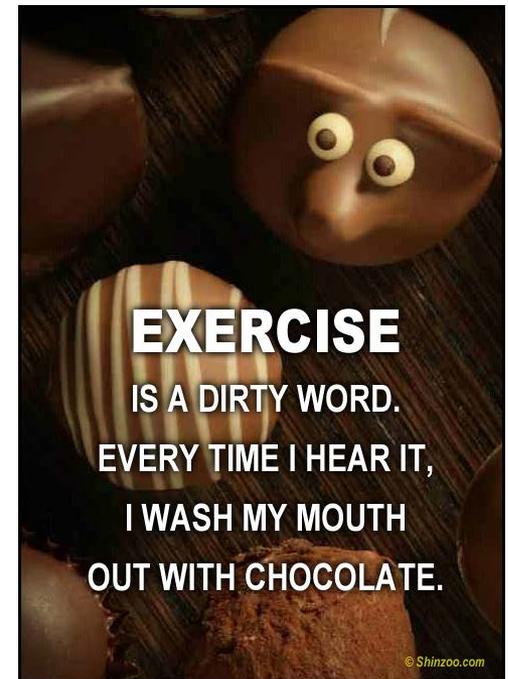


20PX.COM

- State and Tribal Considerations

# Exercise

- Objectives
- Non-Public Health elements
- Think outside of your jurisdiction
- Think about how we SHOULD respond, not just how we DO respond





# Contact Information

Sara Garrington  
Emergency Preparedness and Response Coordinator  
Tri-County Health Department  
[sgarring@tchd.org](mailto:sgarring@tchd.org)