

Cross-Jurisdictional ESF #8 Tabletop Exercise

After Action Report/Improvement Plan

June 27, 2016

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

ADMINISTRATIVE HANDLING INSTRUCTIONS

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INTRODUCTION

Greetings Healthcare Preparedness Summit Attendees:

The Colorado Department of Public Health and Environment (CDPHE), Colorado Hospital Association (CHA) and the Healthcare Coalition Council (HCC Council) would like to thank you for your attendance and participation at the Summit in Loveland, CO April 26th and 27th. This was a dynamic event that provided a tremendous amount of education, interaction and certainly, no shortage of opportunities for improvement.

Before you read the After Action Report (AAR), there are a few items that we would like to bring to your attention:

- The **Cross-Jurisdictional ESF #8 Guidance: Communication and Coordination** document used at the Summit has served its purpose. The document was developed specifically to set the stage and help initiate a dialogue among local partners during the Summit. It was never intended to serve as a template or draft planning tool, but simply as a starting point for further discussion and planning at the local and state levels. The Guidance document and AAR will serve as a framework to help identify system improvement actions items for both local and state partners.
- The local and state partnerships that were previously in existence and fostered during the Summit are immeasurably valuable. These partnerships will continue to provide a strong foundation for the ongoing development and refinement of various planning efforts at the state and local levels.
- We acknowledge that the Summit and the Guidance document were not fully inclusive of the many partners and stakeholders that are needed to be a part of the planning and response process. As local entities, you are encouraged to use the Guidance framework to build upon the discussions that took place after the presentations and during the exercises to continue to engage your partners in building a more robust response process.
- There is certainly no lack of opportunity for the “**next steps**” as were reflected by the Summit evaluation results and the AAR. Based on the feedback in the evaluation, there was a substantial amount of support for continuing to offer an ESF #8 Summit moving forward. CDPHE is exploring strategies and funding opportunities to host another Summit in 2018, following the Full Scale Exercise in 2017.

Between now and the Full Scale exercise in June of 2017, it is our hope that you will use the Summit AAR and the Guidance framework to address and develop written processes for some of the key opportunities that were identified at the local and state levels:

- Notification and Communication
- ESF #8 Activation and Coordination Across Jurisdictions
- Resource Requests, Management and Mobilization
- Situational Awareness and Information Sharing
- Engaging Emergency Management, EMS and other Non-ESF #8 Partners in Planning Efforts

Thank you again for your support and participation in the 2016 Healthcare Preparedness Summit and your ongoing commitment and dedication to strengthening the health and medical preparedness and response efforts in your communities.

Summit Committee Co-Leads,

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Colorado Department of Public
Health and Environment

Sara Garrington
Healthcare Coalition Council

Deb French
Colorado Hospital Association

EXERCISE OVERVIEW

Exercise Name	ESF #8 Cross-Jurisdictional Tabletop Exercise (TTX)
Exercise Dates	April 27, 2016
Scope	This Tabletop Exercise was conducted for four hours at the 2016 Healthcare Preparedness Summit in Loveland, CO. Exercise play was limited to conference attendees and evaluation of the Cross-Jurisdictional ESF #8 Planning Guidance.
Mission Area	Response
Core Capabilities	<p>HPP Capabilities</p> <ul style="list-style-type: none"> • #1 – Health Care System Preparedness • #3 – Emergency Operations • #6 – Information Sharing <p>PHEP Capabilities</p> <ul style="list-style-type: none"> • #1 – Community Preparedness • #3 – Emergency Operations • #6 – Information Sharing <p>Core Capabilities</p> <ul style="list-style-type: none"> • Operational Coordination • Operational Communication • Supply Chain Integrity and Security
Objectives	<ol style="list-style-type: none"> 1. Describe the ESF #8 Notification and Activation process within the jurisdiction 2. Discuss the ESF #8 Notification and Activation process with cross-jurisdictional partners. 3. Describe the process for sharing critical response information and status within the jurisdiction. 4. Discuss the process for sharing critical information and status with other impacted jurisdictions. 5. Determine availability of critical resources, assets, and points of contact within the jurisdiction. 6. Describe process for assessing gaps in available resources and assets. 7. Determine availability of critical resources, assets, and points of contact with cross-jurisdiction partners. 8. Describe the process for assessing gaps in available resources and assets.

	<p>9. Discuss operationalizing ESF #8 for a cross-jurisdictional response.</p> <p>10. Identify gaps within the Cross-Jurisdictional ESF #8 Guidance document.</p>
<p>Threat or Hazard</p>	<p>Earthquake</p>
<p>Scenario</p>	<p>There has been an earthquake in your region. There is widespread damage, but the damage is not severe. There are many injuries and the local hospital is damaged.</p>
<p>Sponsors</p>	<ul style="list-style-type: none"> • Colorado Hospital Association • Colorado Healthcare Coalition Council • Colorado Department of Health and Environment, Office of Emergency Preparedness and Response
<p>Participating Organizations</p>	<p>Players: 182 Recorders: 22 Facilitator/Evaluators:3 See Appendix B for list of Participating Organizations</p>
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EXERCISE DESIGN SUMMARY

Exercise Objectives and Capabilities

Based upon the identified exercise objectives below, the exercise planning team selected the following capabilities to demonstrate during this exercise:

Exercise Objectives	HPP Capabilities	PHEP Capabilities	Core Capabilities
<p><u>MODULE 1: NOTIFICATION AND ACTIVATION</u></p> <ol style="list-style-type: none"> Describe the ESF #8 Notification and Activation process within the jurisdiction. Discuss the ESF #8 Notification and Activation process with cross-jurisdictional partners. 	Emergency Operations	Emergency Operations	Operational Coordination
<p><u>MODULE 2: SITUATIONAL AWARENESS</u></p> <ol style="list-style-type: none"> Describe the process for sharing critical response information and status within the jurisdiction. Discuss the process for sharing critical information and status with other impacted jurisdictions. 	Information Sharing	Information Sharing	Operational Communication
<p><u>MODULE 3: RESOURCE REQUESTS, MANAGEMENT AND DEMOBILIZATION</u></p> <ol style="list-style-type: none"> Determine availability of critical resources, assets, and points of contact within the jurisdiction. Describe process for assessing gaps in available resources and assets. Determine availability of critical resources, assets, and points of contact with cross-jurisdictional partners. Describe the process for assessing gaps in available resources and assets. 	Health Care System Preparedness	Community Preparedness	Supply Chain Integrity and Security
<p><u>MODULE 4: CROSS-JURISDICTIONAL ESF #8 GUIDANCE DEBRIEF</u></p> <ol style="list-style-type: none"> Discuss operationalizing ESF #8 for a cross-jurisdictional response. Identify gaps within the Cross-Jurisdictional ESF #8 Guidance document. 	Emergency Operations	Emergency Operations	Operational Coordination

Scenario Summary

There has been an earthquake in your region. There is widespread damage, but the damage is not severe. There are many injuries and the local hospital is damaged. The following locations are the epicenter for the region.

- Northwest Region / West Region – Mesa County
- North Central Region – Boulder County
- Northeast Region – Weld County
- San Luis Valley Region / South Region – Alamosa County
- South Central – Lake County
- Southeast Region – Prowers County
- Southwest Region – La Plata County

Note: For exercise purposes, an earthquake is affecting one county in each region. The event should be viewed as one earthquake affecting one county, not seven simultaneous earthquakes across the state.

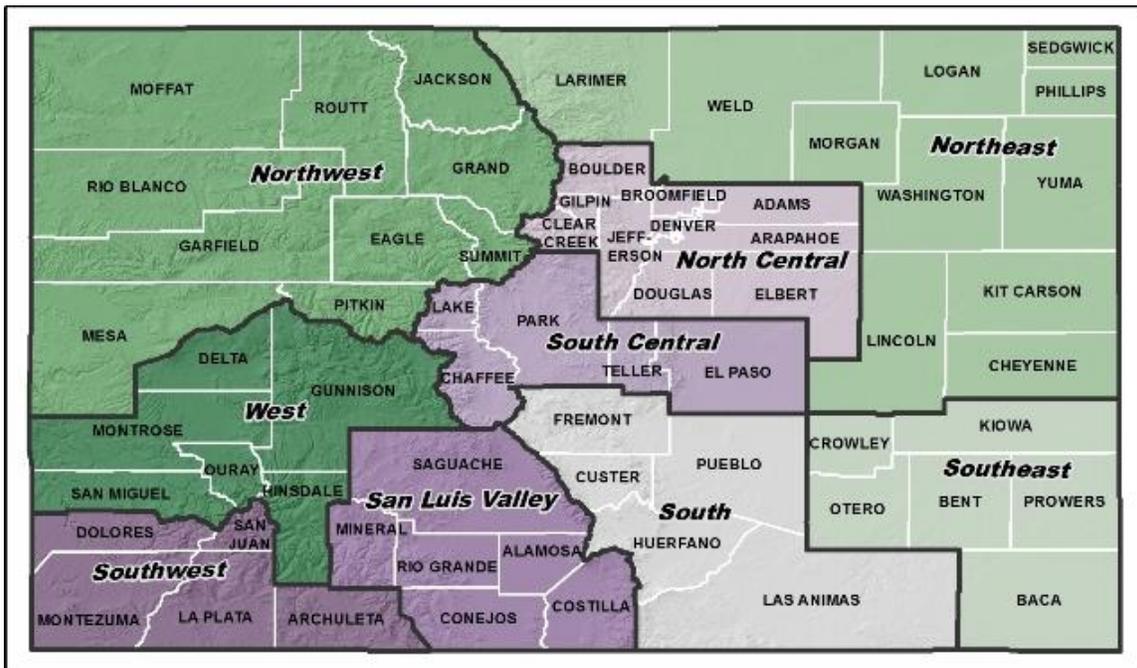
Exercise Conduct

The exercise was facilitated as players participated in the following modules:

- Module 1: Notification and Activation
- Module 2: Situational Awareness
- Module 3: Resource Requests, Management and Demobilization
- Module 4: Cross-Jurisdictional ESF #8 Guidance Debrief

Each module began with an update that summarizes key events occurring within that time period. After the updates, players reviewed the situation and engaged in group discussions of appropriate response issues. For this exercise, the functional groups are the nine All-Hazards Regions in Colorado:

- Northwest Region
- North Central Region
- Northeast Region
- Southwest Region
- San Luis Valley Region
- South Central Region
- South Region
- Southeast Region
- West Region
- Additional participants were added to the groups as needed.



Exercise Planning Team

Name	Agency
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Andrew Miller	Mercy Regional Medical Center
Christine Billings	Jefferson County Public Health
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Korey Bell	Colorado Department of Public Health and Environment
Lorin Schroeder	Colorado Hospital Association
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Sara Garrington	Tri-County Health Department
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EXECUTIVE SUMMARY

The Cross-Jurisdictional ESF #8 Tabletop Exercise was conducted on April 27, 2016 as part of the 2016 Healthcare Preparedness Summit. Attendees included representatives from public health, emergency management, healthcare facilities, state agencies and federal partners. Attendees were assigned to a table based on their jurisdiction and region to enable local partners to work closely together. Using an earthquake scenario, each table worked through four modules and discussion questions to test and provide feedback on the Cross-Jurisdictional ESF #8 Guidance document.

This AAR/IP summarizes participant discussion. The comments below represent a summary of the strengths and areas for improvement as provided by the recorders at each table.

It should be noted that many of the identified gaps may not apply statewide or to all jurisdictions within a region. The areas identified for improvement represents themes taken from the discussion at each table and may not be specific to the guidance document. Many of the recommendations listed below require focused improvement in other areas.

Major Strengths

The major strengths identified during this exercise are as follows:

1. The Cross-Jurisdictional ESF #8 Guidance, henceforth referred to as ESF #8 Guidance, provided a good start to this planning effort and created opportunities for valuable discussion.
2. Evidence of coordination and strong relationships between local partners, fostered largely through healthcare coalitions, was evident during discussions.
3. Activation of existing jurisdictional ESF #8 plans included well-defined trigger points.
4. Delineation between the notification processes for “standby” versus “standup” was defined in many agency plans.

Primary Areas for Improvement

The following gaps were identified across regions during the exercise. The areas for improvement identified tie directly to the recommendations and the improvement plan:

1. Although many methods of communication were identified as options, few regions have a written process for communicating within the region and between regions. Written plans should define a standard process for sharing information, what information to provide and how and when to share it.
2. Plans exist within the regions for ESF #8 operations; however, a gap exists for notifications and information sharing when ESF #8 is not officially

- “activated.” This was evident at the local, cross-jurisdictional, and state levels. In addition, a distinction should be made for a public health emergency when local public health is serving as incident command and not as ESF #8.
3. The forms and processes for situation reports, situational awareness, and information gathering vary across jurisdictions and regions.
 4. The process for requesting and allocating resources is not consistent between jurisdictions or across ESF’s. The resource request and allocation process should be more clearly defined at the local and State levels, especially to address health and medical requests and allocation.
 5. Demobilization processes as a whole were identified as a gap. Participants requested additional exercises in the future to more thoroughly explore demobilization.

Overall Recommendations:

The following recommendations are generated from the areas for improvement listed above. Many of these recommendations are for local jurisdictions, but many jurisdictions have requested more formal guidance from the State to ensure a consistent process for interfacing with the State system.

1. Develop or formalize primary and secondary methods of communication to be used within a jurisdiction and across jurisdictions. Include pre-activation procedures, conference calls and checklists as necessary.
2. Each region should develop regional communication plans to ensure all pertinent partners are communicated with during an incident. During this process, the jurisdiction is encouraged to work with other regional and state partners to ensure a coordinated plan.
3. If statewide systems are used (e.g. WebEOC and/or EMResource) provide training to ensure appropriate access and implementation on the systems.
4. Develop guidance for health and medical operations when ESF #8 is not officially activated.
5. Create and distribute a standard form for situation reports and situational awareness that can be used in paper format and/or in an electronic system.
6. With the situation report form, include instructions for a standard process on how, when, for what purpose and to whom the information should be submitted.
7. Develop a standard process for resource requests that apply to the local, regional, or state levels. Clarify the process for resource requests between jurisdictions and requests that are made to the State, including both medical and non-medical assets.
8. Develop additional guidance for resource prioritization criteria and the authority to make resource allocation decisions.
9. Continue to work on demobilization planning efforts.
10. Reformat the Cross-Jurisdictional ESF #8 Guidance to make a list of actionable items that jurisdictions should include in their plans.

The remainder of the After Action Report provides additional detail from the discussion during the exercise, along with an analysis of each module highlighting common themes across all regions.

- The Improvement Plan, located in Appendix A, outlines the recommendations, assignments, and completion dates for the next steps.
- Appendix B: Participating Organizations includes a list of agencies that participated in the exercise.
- Appendices C-G is specific to the regional reports. This information can be used as a reference by participants in each region to develop action steps, including specific recommendations that may not have been included in the overall recommendations.
- Appendix H is the Identification of Lead ESF #8 Agencies by Tables and Appendix I is a list of Acronyms used during the exercise.

Based on evaluation results and written comments by the participants, the tabletop exercise was successful in achieving its objectives and providing input to the ESF #8 Guidance. Many useful comments and recommendations were captured to improve the ESF #8 Guidance, healthcare and public health emergency preparedness, and response processes at the local, regional and state levels.

ANALYSIS OF SUMMIT MODULES

Module 1: Notification and Activation

Strengths:

Strength: Activation of existing jurisdictional ESF #8 plans included well-defined trigger points.

Analysis: Many participants reported well-defined trigger points for activation of jurisdictional ESF #8 plans. Not only were the ESF #8 leads well aware of the triggers, the health and medical partners were also well informed of the triggers. Triggers were also fairly consistent between jurisdictions.

Strength: Delineation between the notification processes for “standby” versus “standup” was defined in many agency plans.

Analysis: Many agencies reported their current plans include a designation between initial notification to activate primary agencies as well as communication to second tier agencies to standby and/or to notify them of the situation. This process provides valuable information to necessary agencies, but also saves resources in situations when not all agencies or resources are immediately needed.

Areas for Improvement:

Area for Improvement: Although many methods of communication were identified as options, few regions have a written process for communications within the region and between regions.

Analysis: Many agencies identified multiple methods of communication that can be leveraged during an incident for communication between agencies within a jurisdiction; however, some of the current communications plans do not cross agency or jurisdictional boundaries. Participants expressed a need for the development of regional communications plans to address how information would be shared cross-jurisdictionally. When considering the information sharing process, a distinction needs to be made between the different elements of the process regarding the content and timing of delivery including the ‘what, when, and how’ the message will be delivered. Multiple regions identified a need for pre-established communication channels including 800 MHz radio and designated conference call information.

Recommendation: Develop and/or formalize primary and secondary methods of communication to be used within a jurisdiction as well as across jurisdictions. Include pre-activation procedures, conference calls, and checklists as necessary.

Recommendation: Each region should develop regional communications plans to ensure all pertinent partners are communicated with during an incident. During this process, the jurisdiction should work with other regional and state partners to ensure a coordinated plan.

Recommendation: If statewide systems are to be used (e.g. WebEOC and/or EMResource), ensure access, implementation and training on the systems.

Area for Improvement: Notification and information sharing processes are unclear when ESF #8 is not activated or when local public health is serving as incident command and not ESF #8.

Analysis: Plans exist within the regions for ESF #8 operations, but there is a gap in notifications and information sharing when ESF #8 is not officially “activated.” This was evident at the local and state levels and between jurisdictions. Current ESF #8 plans, as well as the ESF #8 Guidance, include only processes for notification and information sharing once ESF #8 is activated. No formal processes have been created to define how communication between agencies and jurisdictions will take place before ESF #8 is activated; or in situations when a neighboring ESF #8 is activated but your jurisdiction is not; and when the Emergency Operations Center (EOC) in either jurisdiction is not activated. There also should be a distinction made for communication between agencies and jurisdictions during public health emergencies when local public health is serving as incident command and not ESF #8.

Recommendation: Develop guidance for health and medical operations when ESF #8 is not officially activated or when local public health is serving as incident command and not ESF #8.

Module 2: Situational Awareness

Area for Improvement:

Area for Improvement: The forms and processes for situation reports, situational awareness, and information gathering vary across jurisdictions and regions.

Analysis: Some regions use paper and others use electronic systems for situation reports; one standard situation report form does not exist. Also, some facilities will only provide information when they are queried, while others will automatically submit information; one standard process for submitting situation reports does not exist.

Recommendation: Create and distribute a standard form for situation reports that can be used in paper format and/or in an electronic system.

Recommendation: With the new situation report form, outline a standard process for how, when, for what purpose and to whom the information is submitted.

Module 3: Resource Requests, Management and Demobilization

Area for Improvement:

Area for Improvement: The resource request process and resource allocation priority for health and medical resources is inconsistent and not well defined.

Analysis: The resource request process for the ESF #8 system and for incident

response in general, lacks consistency in both method and process. Additionally, the health and medical system should better define the process for resource prioritization and allocation at the local and state levels. Health and medical resource prioritization and allocation should be addressed in greater detail in the future.

Recommendation: Develop a standard process for resource requests that can apply at the local, regional, or state levels. Clarify the process for resource requests between local jurisdictions and the process for requesting resources through the state, including both medical and non-medical assets.

Recommendation: Develop additional guidance for resource prioritization and the authority to make resource allocation decisions.

Area for Improvement: Demobilization processes as a whole were identified as a gap. Participants requested additional exercises in the future to explore and better understand demobilization.

Analysis: Many participants discussed that existing plans lack demobilization processes, there are infrequent opportunities to practice demobilization, and that exercises do not generally include demobilization as a focus in the objectives.

Recommendation: Continue to work on demobilization planning and exercising.

Module 4: Cross-Jurisdictional ESF #8 Guidance Debrief

Strengths:

Strength: The ESF #8 Guidance provided a good start to this planning effort and created valuable discussion.

Analysis: Comments from participants were overall very positive regarding the ESF #8 Guidance stating that it provided a good foundation for discussion and planning efforts. The ESF #8 Guidance contained enough information for participants to begin to determine how to implement the guidance within their regions. The forms provided gave pertinent examples of situation report forms and resource request forms and how they could be integrated into existing jurisdictional processes.

Strength: Evidence of coordination and strong relationships between local partners, fostered largely through healthcare coalitions, was evident during discussions.

Analysis: Discussions during the exercise highlighted the strength of existing relationships between the Colorado All-Hazards Regions. Many examples of coordination between agencies and the network built through the healthcare coalitions were provided.

Recommendation: Reformat the ESF #8 Guidance to make a list of actionable items that jurisdictions should include in their plans.

APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan was developed as a result of the Cross-Jurisdictional ESF #8 Tabletop Exercise on April 27, 2016.

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Emergency Operations Coordination	Notification and information sharing processes are unclear when ESF #8 is not activated or when local public health is serving as incident command and not ESF #8.	Develop guidance for ESF #8 operations when ESF #8 is not officially activated or for when local public health is serving as incident command and not ESF #8.						
Information Sharing	Few regions had written plans for Information Sharing and for tactical methods to share information.	Develop or formalize primary and secondary methods of communication to be used within a jurisdiction as well as across jurisdictions. Include pre-activation procedures, conference calls,						

		and checklists as necessary.						
		Each region should develop regional communications plans to ensure all pertinent partners are communicated with during an incident. During this process, the jurisdiction should work with other regional and state partners to ensure a coordinated plan.						
		If statewide systems are to be used (e.g. WebEOC and/or EMResource), ensure access, implementation, and training on those systems and all of their uses.						
	The forms and processes for situation reports,	Create and distribute a standard form for situation						

	situational awareness, and information gathering vary across jurisdictions and regions.	reports and situational awareness that can be used in paper format and/or in an electronic system.						
		Outline a standard process for how, when, and for what purpose information is submitted.						
Healthcare System Preparedness	The resource request process and resource allocation priority for health and medical resources is inconsistent and not well defined.	Develop a standard process for resource requests that can apply at the local, regional, or state levels. Clarify the process for resource requests between jurisdictions and resource requests that would go to the state level, including both medical and						

		non-medical assets.						
	No evident process for allocation of scarce resources.	Develop additional guidance for resource prioritization criteria and authority to make allocation decisions.						
	Demobilization processes need more planning and practice.	Continue to work on demobilization planning efforts. Conduct additional exercises with a larger emphasis on demobilization.						
Other Recommendations	ESF #8 Guidance was a good starting point but may have served its purpose to start the discussion during the Summit.	Reformat the document to make it a list of actionable items that jurisdictions can include in their plans.						

APPENDIX B: PARTICIPATING ORGANIZATIONS

Below is the list of local, state and federal organizations that participated in the tabletop exercise.

Federal
United States Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response
460 th Medical Group - Buckley AFB
State Agencies / Organizations
Colorado Department of Public Safety, Division of Homeland Security and Emergency Management (CDHSEM)
Colorado Department of Health and Environment, Office of Emergency Preparedness and Response (CDPHE-OEPR)
Colorado Department of Health and Environment (CDPHE), Office of Health Facilities
Colorado Hospital Association (CHA)
Healthcare Coalitions (HCC)
Baca County Healthcare Coalition
Bent County Healthcare Coalition
Boulder County Health and Medical Response (HAMR) Coalition
Cheyenne County Healthcare Coalition
Eagle County Health Care Coalition
Garfield County Healthcare Coalition
Grand County Healthcare Coalition
Jackson County Healthcare Coalition
Kit Carson Healthcare Coalition
La Plata, Archuleta, San Juan, and Southern Ute Tribe (LASST) Healthcare Coalition
Larimer County Emergency Healthcare Coalition
Lincoln County Emergency Management HCC
Logan County Healthcare Coalition
Mesa County ESF #8
Metro Foothills Healthcare Coalition
Moffat County Healthcare Coalition
MonteLoreos Healthcare Coalition
Morgan County ESF #8 / Healthcare Coalition
Phillips County ESF #8 / Healthcare Coalition
Pitkin County Healthcare Coalition
Prowers County Healthcare Coalition
Rio Blanco County Healthcare Coalition
Routt County Healthcare Coalition
San Luis Valley East Healthcare Coalition

San Luis Valley West Healthcare Coalition
Sedgwick County ESF #8 / Healthcare Coalition
South Central Healthcare Coalition
South Region Healthcare Coalition
South East Healthcare Coalition
Summit County Healthcare Coalition
Tri-County Healthcare Coalition
Washington-Yuma Counties HCC
Weld County Healthcare Coalition
West Region Healthcare Coalition
Local Health Departments
Alamosa County Public Health
Baca County Public Health Agency
Boulder County Public Health
Chaffee Co Public Health
Custer County Public Health
Denver Public Health
Dolores County Public Health
El Paso County Public Health
Fremont County Public Health and Environment
Garfield County Public Health
Grand County Public Health
Jefferson County Public Health
Lake County Public Health Agency
Larimer County Department of Health and Environment
Las Animas County Public Health
Lincoln County Public Health
Mesa County Health Department
Montezuma County Public Health
Montrose County Health & Human Services
Otero County Health Department
Park County Nursing Service
Pitkin County Community Health Services, Inc.
Prowers County Public Health
Pueblo City & County Health Department
Rio Blanco County Department of Health and Environment
Rio Grande County Public Health
San Juan Basin Health Department
San Juan County Nursing Services
San Luis Valley County Public Health Partnership
Southern Ute Indian Public Health
Summit County Public Health
Teller County Public Health
Tri-County Health Department

Weld County Department of Public Health and Environment
Hospitals
Aspen Valley Hospital
Banner Health
Boulder Community Hospital
Children's Hospital Colorado
Craig Hospital
Delta County Memorial Hospital
Denver Health and Hospital Authority
Estes Park Medical Center
Good Samaritan Medical Center
Grand River Hospital District
Haxtun Hospital District
Heart of the Rockies Regional Medical Center
Kaiser Permanente
Keefe Memorial Hospital
Lincoln Community Hospital
Littleton Adventist Hospital
Longmont United Hospital
Lutheran Medical Center
Medical Center of the Rockies, University of Colorado Health
Mercy Regional Medical Center
Montrose Memorial Hospital
North Colorado Medical Center
Parkview Medical Center
Penrose-St. Francis Health Services
Pioneers Medical Center
Platte Valley Medical Center
Porter Adventist Hospital
Powers Medical Center
Rose Medical Center
San Luis Valley Health Regional Medical Center
SCL Health
Sky Ridge Medical Center
Spanish Peaks Regional Health Center
St. Anthony Hospital
St. Anthony Summit Medical Center
St. Vincent General Hospital District
Valley View Hospital
Vail Valley Medical Center
Wray Community District Hospital
Yuma District Hospital
RETAC
Foothills
Mile-High

San Luis Valley
Local Office of Emergency Management (OEM)
City of Fort Collins Office of Emergency Management
City of Fort Morgan Office of Emergency Management
City of Thornton Office of Emergency Management
Clear Creek County Office of Emergency Management
Colorado Springs Fire Department
Gilpin County Sheriff's Office of Emergency Management
Jefferson County Emergency Management
Kiowa County Emergency Management
Lake County Emergency Management
Phillips County Office of Emergency Management
Town of Springfield Office of Emergency Management
EMS
Castle Rock Fire and Rescue
Colorado Springs Fire Department
Highland Rescue Team Ambulance District
Huerfano Ambulance Service
Kiowa County Ambulance Service
Rural Metro Ambulance Corporation
St. Vincent Ambulance Service
Thornton Fire Department
Washington County Fire Department
Behavioral Health
Arapahoe House, Inc.
Aspen Pointe Health Network
Centennial Mental Health
Colorado Mental Health Institute Fort Logan
Community Reach Center
Mental Health Center of Denver
North Range Behavioral Health
West Central Mental Health Center
University of Denver
Other Healthcare Preparedness Partners
Colorado Coalition for the Homeless
Colorado Community Healthcare Network (CCHN)
Colorado Rural Health Center
DaVita Dialysis Centers
Hildebrand Care Center
Life Care Center of Longmont
Prospect Home Care and Hospice
Sunrise Community Clinic
Other Preparedness Partners
American Red Cross
Clear Creek County Department of Human Services

Denver District Attorney's Office
Fremont County Coroner
Imagine Colorado

APPENDIX C: NORTH CENTRAL REGION ANALYSIS (TABLES 1-8)

Module 1: Notification and Activation

Strengths:

Strength: Jurisdictions within the North Central Region (NCR) were fairly consistent with having similar processes for notification and activation. ESF #8 in the affected county, when activated, will organize a conference call to coordinate initial situation reports and begin establishing a common operating picture for all agencies and jurisdictions involved.

Analysis: ESF #8 leads regularly use conference calls to gather and provide situational updates and to establish a common operating picture of the health and medical system. Conference calls and information sharing provide situational awareness which helps to anticipate needs.

Strength: Trigger points for activation of ESF #8 were well defined for jurisdictions within the NCR.

Analysis: Trigger points for activation of ESF #8 included incidents such as hospital patient surges, disease outbreaks or health concerns, community health concerns, and public health issues including food inspection or environmental health issues. Other triggers included: if the incident requires specific health and medical resources, a large number of injuries, damage to a local hospital, hazardous waste and materials issues, behavioral health issues, or possible fatality management.

Areas for Improvement:

Area for Improvement: Methods of notifying ESF #8 partners varies greatly between jurisdictions in the NCR. This could cause issues when jurisdictional boundaries are crossed during an incident.

Analysis: NCR health and medical agencies reported using internal notification processes such as call trees and email, as well as external notification systems such as EMResource alerts, "I AM RESPONDING", and Everbridge. Emergency management agencies reported they would use WebEOC for communications and situational updates. Many methods of notification exist within the region, but no clear process exists for notification across jurisdictional boundaries. Each jurisdiction maintains its own communications lists and no regional notification processes are in place.

800 MHz radios were also discussed as a backup communication method, but it was unclear what channel would be assigned and by whom.

Area for Improvement: Notification processes did not include several key partners.

Analysis: Various participants reported that certain groups are not universally included in initial notification processes. These groups included EMS (they are often included in other ESFs), nursing homes, behavioral health and community health clinics.

Area for Improvement: If ESF #8 is not activated, there will likely be a gap in the jurisdiction's situational awareness and updates.

Analysis: It was discussed that in a situation when ESF #8 is not activated, there is not a clear process for communicating situational awareness to all partners.

Module 1 Recommendations:

Recommendation 1.1: Each jurisdiction and the NCR should develop a communications plan outlining primary and secondary methods of communication for notification of ESF #8 partners during an event.

Recommendation 1.2: Lead agencies should also have a mechanism to communicate with neighboring jurisdictions if needed. Each jurisdiction should maintain a contact list of agencies in neighboring jurisdictions.

Recommendation 1.3: Establish a pre-determined conference call number and 800 MHz radio channel before an event or incident.

Recommendation 1.4: Revise ESF #8 Guidance to define procedures for activation and notification based on communications methods used.

Recommendation 1.5: Review communication plans to ensure all groups are included in notification processes.

Recommendation 1.6: Conduct regular communication drills to ensure contact information is current. Also, conduct drills and exercises to test all steps in the notification and activation process to determine if updates are needed.

Recommendation 1.7: Develop a process for notification and information sharing when ESF #8 is not activated. ESF #8 should anticipate activation and start rapid assessment information gathering.

Recommendation 1.8: Include reference in the ESF #8 Guidance for how agencies should communicate and coordinate prior to ESF #8 being activated.

Module 2: Situational Awareness

Strength:

Strength: Within individual jurisdictions, processes are in place for situational awareness gathering and dissemination.

Analysis: Local and healthcare coalition partners have historically communicated fairly well across the NCR through real incidents in each step of

the notification and activation process. While the process to gather situation status varies by jurisdiction, existing processes for situational awareness reporting within each jurisdiction is working. Coordination of information and resources begins to breakdown when crossing jurisdictional boundaries.

Areas for Improvement:

Area for Improvement: The local level needs a better understanding of how to share information with the State; specifically, understanding what the information will be used for and how it will help local agencies identify the type and extent of information to include in their situation reports to the State.

Analysis: During activation it is unclear what information should be pulled from the local facility level and pushed to the county and State. Similar issues arise in the other direction for when information should be pushed from higher levels to the local facility level.

Area for Improvement: The process was unclear on how one jurisdiction should gather information from another jurisdiction.

Analysis: Discussion during the exercise highlighted a gap on how to share information across jurisdictional boundaries. It was discussed that a local ESF #8 lead can talk to another local ESF #8 lead, but it was unclear if information was expected to be shared with the state ESF #8 lead and what would occur if the state ESF #8 was not activated.

Area for Improvement: Not all facilities and jurisdictions utilize ICS forms for situation reports.

Analysis: Many agencies do not currently use ICS forms or provide situational awareness information through a system such as EMResource. The ICS forms, if used, are inconsistent across agencies or are adapted versions of the ICS forms.

The common information sharing pattern starts with individual agencies/facilities completing the ICS 209 Incident Status Summary (ICS 209), or similar form, and sharing it with the county ESF #8. The County ESF #8 summarizes the information into a Situation Report (SitRep) and the county ESF #8 then shares the SitRep back out with partners. It was unclear how information is shared with the State. Department of Homeland Security and Emergency Management (DHSEM) provides state level SitReps to all partners; however, CDPHE's Department Operations Center (DOC) does not regularly provide a similar report nor is the local ESF #8 information included in the DHSEM report.

When the process of information sharing is defined for communications between the State and local levels, the process should be included in the ESF #8 Guidance.

Area for Improvement: Hospitals that are part of a health system should communicate situation updates within the health system or to a corporate office as well as with ESF #8.

Analysis: Some hospitals reported that they share their situation update with the health system. It was unclear if it was the system's responsibility to connect with ESF #8 in the impacted county or the facility's responsibility. Additionally, there is not a formal process for ESF #8 to coordinate with the health system emergency management. In some situations, having a health system connection could be beneficial for information gathering.

Area for Improvement: Not all agencies have access to WebEOC or EMResource.

Analysis: WebEOC and EMResource are both used in many jurisdictions, but can cause confusion when information is split between two systems. EMResource is primarily used by health and medical agencies, while WebEOC is primarily used by emergency management agencies. Since information is not shared between the two systems, a gap emerges in situational awareness with access to only one system.

Module 2 Recommendations:

Recommendation 2.1: Review and edit local jurisdiction ESF #8 plans to identify and clarify what information is needed and expected to be shared throughout all levels.

Recommendation 2.2: Create a communication flow chart to ensure all pertinent groups are communicated with during an incident.

Recommendation 2.3: Establish or formalize a process for what CDPHE is going to do with information gathered from the local level.

Recommendation 2.4: Revise the ESF #8 Guidance to better define how information should be shared during different incidents (i.e. if State ESF #8 is activated, not activated, etc.).

Recommendation 2.5: Provide additional training to increase the comfort level of staff at facilities that are expected to complete the ICS forms.

Recommendation 2.6: Develop and encourage all jurisdictions to adopt a consistent format for situation reports. Recommend standardized forms across the state in case there is a need for coordination across counties or regional boundaries. Look at utilizing the Incident Action Plan (IAP) Quick Start Guide as a simplified version in place of a situation report.

Recommendation 2.7: Once a standard Situation Report Form is created, build an electronic version in EMResource.

Recommendation 2.8: Develop the process for information collection and dissemination at the state level when an incident impacts multiple jurisdictions.

Recommendation 2.9: Update the ESF #8 Guidance to include a standard process for sharing situation report information.

Recommendation 2.10: Update the ESF #8 Guidance to include recommendations for how hospitals should interact with their health system emergency managers, should they belong to a health system.

Recommendation 2.11: Update the ESF #8 Guidance to define where to request resources from first.

Recommendation 2.12: Determine one system for situation reports and resource requests and provide access to the appropriate agencies or determine a way to cross populate both systems with necessary information.

Recommendation 2.13: Provide training for chosen incident management system (WebEOC, EMResource, etc.) utilization.

Module 3: Resource Requests, Management, and Demobilization

Areas for Improvement:

Area for Improvement: Resource request forms and processes are inconsistent.

Analysis: Resource request forms and processes are inconsistent across all levels and across the NCR. It was unclear who is responsible for completing the resource request form, which form should be used, who the form should be sent to, and when a resource request would be routed through ESF #8 versus the EOC.

Multiple tables had discussions of what the resource request process should look like, but there was no clear consensus on the process.

Area for Improvement: More training is needed on how to complete the ICS Resource Request Forms.

Analysis: Many facilities lack training and level of comfort using the ICS forms. It was recommended that an ESF #8 representative could assist with completing the form for a facility by gathering necessary information for the resource request over the phone.

Area for Improvement: Inconsistent resource typing exists across the region.

Analysis: NIMS typing does not exist for public health and medical agencies and/or equipment.

Area for Improvement: Prioritization of resource requests was inconsistent across the region.

Analysis: Currently there is no process for making ethical and moral decisions about resource requests during times with scarce resources. The resource ordering and prioritization section of the ESF #8 Guidance needs to be

developed further. When resource requests outnumber available resources, clearly defined and documented criteria is needed.

Components contributing to the process for prioritizing competing health and medical resources differed across the region. The following is a summary of components participants indicated would contribute to the prioritization process.

- Acuity of the situation for each agency
- Specificity of the equipment request
- Availability of alternate sources through sister facilities, local agencies, etc.
- Other mitigating factors such as patient loads and urgency of the request
- Identification of bed ratio and acuity of patient issues
- Necessity
- Type of resource requested
- Ability to distribute supplies to multiple locations so that the most requests can be fulfilled
- Severity of situation
- Survivability
- Capability of requesting agency
- Identification of who is making the request
- Effect on vulnerable populations
- Proximity to incident

State Office of Emergency Management (OEM) has a clear process for prioritizing resources based on the information provided in the resource request. State OEM collects and prioritizes the resource requests and submits a prioritization list to the division director. If a consensus is not met, the prioritization responsibility is pushed to the Governor's office. CDPHE has a process for prioritization of Medical Counter Measures (MCM) for certain items (pharmaceuticals based on the population, affected areas and projected needs), but does not have a process documented for other situations where MCM would not apply.

There was also discussion on the ethical issue of filling requests on a first come, first served basis before a complete picture of needs is provided. Multiple tables reported the need for all situational information to be gathered before allocating resources. This, however, may be difficult with medical equipment that is needed rapidly.

At some point, the MCM resource request process will need to be incorporated into the Strategic National Stockpile (SNS) Inventory Management System. However, this should not deter from the regular resource request process, but needs further elaboration and explanation.

Area for Improvement: The authority to prioritize resources varied by jurisdiction and situation.

Analysis: Participants identified the incident commander, public health director, and ESF #8 lead as parties with authority to prioritize resources. One table also

reported the healthcare coalition provides guidance for how ESF #8 should make healthcare resource allocations with the ESF #8 lead confirming the decision of the healthcare coalition. Another table reported that whoever has authority over the jurisdiction in the event has the authority for prioritizing resources.

Module 3 Recommendations:

Recommendation 3.1: Provide training on ICS forms at healthcare coalition meetings.

Recommendation 3.2: Standardize the resource request process and forms. Forms should be electronic or be able to be scanned for ease of use and be included in WebEOC.

Recommendation 3.3: Provide training to agencies that may request and fill resource requests.

Recommendation 3.4: Update the ESF #8 Guidance with the recommended resource request form.

Recommendation 3.5: Determine a way to type resources consistently for health and medical assets.

Recommendation 3.6: Develop additional guidance to help agencies prioritize resource requests consistently. Create standards, trigger points, and decision making tools to make decisions with scarce resources.

Recommendation 3.7: Develop guidelines on how to allocate scarce medical resources and for resources that are time dependent such as ventilators and certain types of medication. Create a scarce medical resource triage team (chaplain, emergency manager, leaders, etc.) to discuss medical needs and resources. The Governor's Expert Emergency Epidemic Response Committee (GEEERC) could also be used to assist State and locals, as needed, in prioritizing requests and making tough ethical decisions.

Recommendation 3.8: Incorporate the MCM request process into new resource request guidelines.

Recommendation 3.9: Develop the ESF #8 Guidance to outline resource prioritization authority for consistency across the region.

APPENDIX D: NORTHEAST REGION ANALYSIS (TABLES 9-11)

Module 1: Notification and Activation

Strengths:

Strength: Trigger points for activation of ESF #8 were included in most jurisdictional plans.

Analysis: Participants stated that trigger points for activation of ESF #8 were well defined. Most plans included a trigger point for activation if any resource requests were made to ESF #8.

Strength: Each table reported coordination with EMS.

Analysis: EMS seems to be well connected to ESF #8 in this region. Each table reported notifying EMS immediately along with ongoing coordination if the event requires evacuation of a hospital.

Areas for Improvement:

Area for Improvement: Notification methods of ESF #8 partners vary across the region.

Analysis: Participants discussed notification of partners through a number of ways: radio via dispatch, email, telephone, EMResource, Everbridge and ReadyOp.

Area for Improvement: Not all agencies utilize the 800 MHz radio system.

Analysis: Notification and ongoing communication could be made using the 800 MHz radio system, but not all agencies have access to 800 MHz radio or monitor it regularly.

Module 1 Recommendations:

Recommendation 1.1: Develop a primary and secondary method of communication for notifying ESF #8 partners during an incident.

Recommendation 1.2: Review which agencies have access to 800 MHz radios. Offer training on 800 MHz radios to increase comfort level and utilize radios during drills and exercises to practice.

Module 2: Situational Awareness

Areas for Improvement:

Area for Improvement: Not all jurisdictions use ICS Forms regularly.

Analysis: Some agencies do not complete ICS forms correctly or completely and critical information can be lost.

Area for Improvement: The ICS 209 form provided in the ESF #8 Guidance is very detailed and may be too resource intensive to complete during an incident.

Analysis: Participants discussed the ICS 209 form may take too much time to complete during an incident. Participants also discussed that the documentation unit could be used to help with completing and compiling the ICS 209 form. A request was made to create a more user friendly form that was compatible with other systems.

Area for Improvement: Participants receive situation reports through two different information coordination systems (WebEOC and EMResource) to maintain situational awareness.

Analysis: Different players use different systems (Emergency management – WebEOC) and (health and medical – EMResource). Currently, situation reports need to be manually posted to both systems which takes more time and leaves room for one system to be forgotten.

Area for Improvement: The need for a regional communication plan outlining the channel and method of communication used by partners was identified.

Analysis: Different agencies utilize different means of communication. All partners should be aware of the method to communicate with different partners.

Module 2 Recommendations:

Recommendation 2.1: Develop a standard process to query for situation updates. It was recommended that traditional communication means (i.e. telephone) be used first to complete the ICS 209 form as a backup.

Recommendation 2.2: Provide additional training and practice with the ICS forms.

Recommendation 2.3: Review the ICS 209 form provided at the exercise to see if it can be modified for ease of use.

Recommendation 2.4: Create a form that can be easily imported into WebEOC or EMResource to streamline the request process.

Recommendation 2.5: Develop a regional communication plan to outline primary and secondary means to communicate with identified ESF #8 partners.

Module 3: Resource Requests, Management and Demobilization

Areas for Improvement:

Area for Improvement: Resource request processes and health and medical asset tracking are not clearly defined.

Analysis: For agencies requesting resources from the county, there is no formal process for resource requests and tracking. It was unclear how health and medical resources would be tracked – through ESF #8 or EOC Logistics. It was also unclear to participants when resource requests should be channeled to the state ESF #8 versus State DHSEM.

Area for Improvement: Prioritization of health and medical resource requests is not clearly defined.

Analysis: Some participants said the Public Health Director would determine allocation, but this process was unclear. Other participants said State ESF #8 would determine prioritization at the state level, but they were unsure how the process worked at the local level. Another group said the local lead at the EOC has the authority. It was also reported that the healthcare coalition designed the Executive Council to fulfill this role in their charter, but has never assigned members or trained people.

More development of ESF #8 Guidance is needed for resource request prioritization and authority.

Area for Improvement: Resource request forms are inconsistent from agency to agency.

Analysis: More uniformity and standardization is needed for resource request forms. It was recommended by emergency management that ESF #8 use the ICS 213 Resource Request Form (ICS 213 RR) that is used on WebEOC. There was also discussion about how the forms in the guidance may be difficult to complete with limited manpower in the beginning of an incident.

Module 3 Recommendations:

Recommendation 3.1: Develop additional guidance or a process for how communication and resource requests should be made cross-jurisdictionally and in what type of incidents. Include how to request resources when ESF #8 or the EOC is not activated.

Recommendation 3.2: Define the role of the Executive Council for the Healthcare Coalition in resource allocation process. Appoint and train members in the Council.

Recommendation 3.3: Develop guidance to outline authority for consistency across the region.

Recommendation 3.4: Determine a process for health and medical resource allocation.

Recommendation 3.5: Review resource request forms in use across the region and develop and implement a standard form.

Recommendation 3.6: The Resource Request section of the ESF #8 Guidance should be aligned with local public health agencies multi-agency agreements (MAA's) and incorporate CDPHE's Inventory Management System for SNS assets.

APPENDIX E: SOUTHEAST REGION ANALYSIS (TABLE 12)

Module 1: Notification and Activation

Strength:

Strength: There is a clear understanding of which agencies would be activated and which ones are on standby in an event.

Analysis: Participants seemed to have a good understanding of what agencies would be needed immediately and which could be put on standby.

Area for Improvement:

Area for Improvement: The ESF #8 Guidance does not define how notification and activation of ESF #8 is accomplished.

Analysis: Notification and activation depends on the capabilities of each partner and the circumstances of the incident. The guidance document could include the methods used to notify and activate ESF #8 partners.

Module 1 Recommendation:

Recommendation 1.1: Include a process for notification and activation of ESF #8 partners during an event.

Module 2: Situational Awareness

Areas for Improvement:

Area for Improvement: Formalized processes do not exist within the ESF #8 Guidance on how to provide situational updates.

Analysis: The group discussed that the ESF #8 Guidance does not define a formal process with specific tasks and how partners should share information.

Area for Improvement: Existing DHSEM situational status report and resource request forms should be evaluated for use for ESF #8.

Analysis: The group discussed that the forms for situational status reporting already exist. DHSEM has one they use regularly and that it could be used for health and medical events as well. DHSEM also has an ICS 213 RR which is easier to use than the Public Health 213 Resource Request Form.

Module 2 Recommendations:

Recommendation 2.1: Develop a standardized information flow process in the ESF #8 Guidance.

Recommendation 2.2: Review the DHSEM version of the situational status report form.

Module 3: Resource Requests, Management and Demobilization

Areas for Improvement:

Area for Improvement: The State was identified as having the authority to prioritize resource requests. It was unclear who prioritizes local resource requests if they do not go to the state level.

Analysis: It was stated that prioritization of resources occurs at the state level (DHSEM) using the ICS 209 form to help determine the most need for resources requested on the ICS 213 RR.

Area for Improvement: The ESF #8 Guidance as written does not include clear direction on the resource request process.

Analysis: The group discussed that the ESF #8 Guidance for resource requests is too vague and lacks detail on who to submit the form to and by what method (ex. use of EMResource, WebEOC, etc.). Some agencies also do not use or have access to WebEOC.

Module 3 Recommendations

Recommendation 3.1: Determine who has authority at the local level for prioritization of health and medical resources.

Recommendation 3.2: Add detail to the ESF #8 Guidance about the resource request process.

APPENDIX F: SOUTH CENTRAL, SOUTH, AND SAN LUIS VALLEY REGIONS ANALYSIS (TABLES 13-17)

Module 1: Notification and Activation

Areas for Improvement:

Area for Improvement: Each jurisdiction uses different means to notify and communicate with partners during an event.

Analysis: Participants shared many different means of communication used for initial notification of ESF #8 partners during an event. Methods discussed were: email, phone calls, 800 MHz radio, EMResource, WebEOC, IRIIS text notification system, HAN alert, etc. There is no standardized system of communication across the region which could potentially cause communication issues during a multi-jurisdictional event.

Area for Improvement: Lack of redundancy, capability and training exists within the communication channels in the San Luis Valley Region (SLV).

Analysis: Frequent infrastructure failures in the SLV Region have shown a lack of redundant communication systems. During an event with loss of phone and power, it was suggested that 800 MHz radios be used for communication and that the channel be communicated during initial notification. Multiple tables discussed the use of 800 MHz radios as a means of communication during an event, but also highlighted that many agencies are not trained on using the 800 MHz radios. There is a need for additional training on their use and more practice.

Module 1 Recommendations:

Recommendation 1.1: Develop regional communication plans to identify primary and back up means of communication as well as pre-designated 800 MHz radio channels to use during an event. Develop a checklist of partners for notification to ensure that all partners are contacted. Identify levels of notification and clarify who has been notified at which level and include this process in regional plans.

Recommendation 1.2: Research free or low cost options for notification systems for the region.

Recommendation 1.3: Include a list of pre-established channels that will be used for 800 MHz radios. Share communications plan with jurisdictional neighbors.

Recommendation 1.4: Provide 800 MHz radio training and practice during drills and exercises.

Module 2: Situational Awareness

Areas for Improvement:

Area for Improvement: The process for gathering situational awareness information differs across the region.

Analysis: Many jurisdictions do not currently utilize a form for situational updates. Some agencies use the ICS 209 form in conjunction with ICS 214. There was also discussion about using the Health Advisory Network (HAN) system within the healthcare coalition to provide resource updates for the region for long term care, dialysis, urgent care, durable medical equipment, oxygen, etc. The HAN is able to reach multiple health and medical groups, therefore, would be a good system for providing updates.

Area for Improvement: Currently, no formal process exists to request information from health facilities (i.e. long term care facilities) since many are not on EMResource.

Analysis: It was discussed that ESF #8 leads would like CDPHE Health Facilities to push any situational information they collect to the ESF #8 lead in the impacted area.

Area for Improvement: It was unclear to some participants what the formal process is used to communicate with an agency/facility outside the region.

Analysis: During discussion the example was brought up of communicating from Lake County to Summit Medical Center, which is located in the NW region. It was unclear to participants if they needed to communicate with the State or if they could go directly to Summit Medical Center.

Module 2 Recommendations:

Recommendation 2.1: Standardize a situational report for use across the region.

Recommendation 2.2: Adapt the ICS 209 form for use in EMResource.

Recommendation 2.3: Determine a process to obtain information from health facilities not on EMResource.

Recommendation 2.4: Recommend that CDPHE define in their process how they will share information collected from health facilities with ESF #8 leads proactively.

Recommendation 2.5: Revise the ESF #8 Guidance to clarify the expectations for agencies when communicating across jurisdictional boundaries.

Module 3: Resource Requests, Management and Demobilization

Areas for Improvement:

Area for Improvement: Resource prioritization and allocation is not well defined in the ESF #8 Guidance.

Analysis: There was much discussion centered on how resource requests would be prioritized. Participants expressed the need for a clearly documented process for prioritization. It was suggested that additional guidance be provided in the ESF #8 Guidance to include how to prioritize competing resource requests on a local level and encourage consistency in the process. Suggested criteria for prioritizing resources included suggested life and safety, greatest need, impact of obtaining or not obtaining the resource requested, timeline, and justification of need.

Additional discussion occurred around who has the authority to make resource prioritization decisions. Answers included ESF #8 lead, ESF #8 with input from the Medical Director, the owner of the resource, and the healthcare coalition. It was identified by one group that physicians should be included in the decision making.

Area for Improvement: Participants were unclear on when to call the State for resource requests and when to go directly to neighboring jurisdictions.

Analysis: Participants expressed confusion during a multi-county event when they should go to the State for requests and when to go to the jurisdiction directly.

Area for Improvement: Resource request forms are not used consistently across the region and different forms exist.

Analysis: Participants shared that some jurisdictions do not have a formal process for requesting and tracking resources. Also, not everyone uses a formal request form when requesting assets. There is a need for a standard resource request form with clear instructions on how to complete the form, but also where to send the request. There was some confusion on where the form is to be sent – State EOC Logistics or ESF #8. One table said they “loved the adapted RR form – it applies better to ESF #8.” An additional gap identified in the ESF #8 Guidance was how to request personnel such as the Medical Reserve Corps.

Module 3 Recommendations

Recommendation 3.1: Develop additional guidance for resource prioritization in order to create a consistent process.

Recommendation 3.2: Add a process for resource allocation to the ESF #8 Guidance.

Recommendation 3.3: Determine who has the authority to make resource prioritization decisions.

Recommendation 3.4: Create universal trigger points or a tiered approach to outline when to communicate with the State versus directly to another jurisdiction.

Recommendation 3.5: Develop a standard resource request form and process for the region.

APPENDIX G: WEST, SOUTHWEST, AND NORTHWEST REGIONS ANALYSIS (TABLES 18-22)

Module 1: Notification and Activation

Strength:

Strength: Multiple tables discussed which agencies would be activated versus who would remain on standby.

Analysis: There seemed to be a good understanding among participants which agencies would be immediately activated during this event and which agencies would be notified they were on standby for activation later in the event.

Area for Improvement:

Area for Improvement: Agency communications plans are not shared between agencies or across jurisdictional boundaries.

Analysis: While individual agencies stated they have 24/7 communications plans or call down lists, these lists are often not shared outside the agency and no regional communications plans exist. It was also unclear how non-hospital healthcare providers such as nursing homes will be communicated with during an event. There was reference to a reliance on technology and that more backup communications systems, such as 800 MHz radios, should be incorporated into the process in case of technology failure.

Module 1 Recommendation:

Recommendation 1.1: ESF #8 leads or the Healthcare Coalition Council should develop a regional health and medical plan across regions to outline who and by what method communication is going to occur.

Module 2: Situational Awareness

Areas for Improvement:

Area for Improvement: In the ESF #8 Guidance, there is no mention of initial assessment before hour two of an event. In addition, there is no reference to communications systems early in an event.

Analysis: The ICS 209 form is listed in the checklist as an activity that should occur between the 2-12 hours into the event. However, there is no mention of an initial assessment before that time. Additionally the checklist does not include a complexity analysis or a checklist of ESF #8 resources that were either notified or activated. Communications systems should be moved up the timeline to 0-2 hours and include primary and backup systems and channels.

Area for Improvement: There is no universal communication process throughout the State.

Analysis: The process of information flow to and from the locals and the State is undefined. It was unclear how information is gathered and shared back out from the State to local ESF #8 partners. Also, many different communications systems are used across the region including Everbridge, fax, email and phone calls. It was discussed that information may be sent out electronically, but there is no process to verify if information was received.

Area for Improvement: Situation Status Report Form is not standardized.

Analysis: It was recommended that a standard Situation Status Report Form be adopted across the region and State. Additionally, the Situation Status Report Form should be made available on WebEOC and EMResource.

Area for Improvement: There is confusion on where resource requests should be sent. Specifically, when should a request go to ESF #8 and when should a request go to the EOC. Also, when can requests go from local ESF #8 to local ESF #8 as opposed to local ESF #8 to the State ESF #8 or State EOC?

Analysis: Multiple groups discussed the uncertainty of when a request is made through the State ESF #8 or EOC and when it can go directly to the other jurisdiction. This is not well defined in the ESF #8 Guidance or existing plans.

Module 2 Recommendations:

Recommendation 2.1: Revise the ESF #8 Guidance to incorporate a process or checklist for assessment and identification of communications systems to occur earlier on in the event.

Recommendation 2.2: Review communications systems used across the region/State.

Recommendation 2.3: In addition to radio drills, conduct testing and exercising the communication processes by using the methods available and verify that messages were sent and received. The healthcare coalition could also conduct additional exercises to test.

Recommendation 2.4: Determine a standard Situation Status Report Form and distribute it widely.

Recommendation 2.5: Recommend a statewide tool to identify how communication and coordination should occur during different situations (e.g. neighboring jurisdiction ESF #8 not activated, State ESF #8 activated, etc.).

Module 3: Resource Requests, Management and Demobilization

Strength:

Strength: A best practice was identified as sending the ICS 209 form with the ICS 213 RR to provide a picture of the situation.

Analysis: It was discussed that it is helpful to submit both the ICS 209 form and ICS 213 RR together when making a request to DHSEM or CDPHE. This would provide a better operating picture of the situation status and more information for prioritization of resources if needed.

Areas for Improvement:

Area for Improvement: The resource request form and processes are inconsistent across jurisdictions and jurisdictional levels (local, regional and state).

Analysis: There was discussion that the resource request form should be consistent at all jurisdictional levels. Additionally, having the form in electronic format available on WebEOC and EMResource would be beneficial; however, a paper backup should be maintained in case of technology failure.

Area for Improvement: Resource management and tracking is a gap.

Analysis: As written in the ESF #8 Guidance, incoming resources are tracked by the EOC, but this tracking does not account for the return of resources (demobilization). It was suggested that an Incident Management Team (IMT) may be able to assist with tracking. Additionally, Mesa County is in the process of creating a resource management database for resources requested through ESF #8; this does not include individual agency resources or hospitals which may have their own tracking systems.

Area for Improvement: The authority to prioritize resource requests is inconsistent across the regions.

Analysis: Participants discussed a number of different representatives holding authority to prioritize resource requests including: emergency managers with support of agency representatives, ESF #8 lead agencies, and the State. Currently, no clearly defined criteria exist for resource allocation. Factors discussed included: incident complexity, greatest needs, acuity, other options, how the resource/or lack of resource is impacting the population, and life/safety.

Area for Improvement: There are differing responses as to whether or not the State needs to be involved in cross-jurisdictional requests.

Analysis: Some participants reported that in a large statewide event, the locals should go through the state to coordinate prioritization of resources. Others stated that if inter-jurisdictional response has been approved or cleared by the

State, then the request can go directly to other jurisdictions. Still others said the State would only need to be provided with an update for situational awareness and requests could be made local to local.

Module 3 Recommendations:

Recommendation 3.1: Create one Resource Request Form to be used across all jurisdictional levels.

Recommendation 3.2: Address resource management and tracking gaps across the region.

Recommendation 3.3: Develop clear documentation of authority and criteria for resource allocation.

Recommendation 3.4: Develop criteria for when requests should be funneled to the State.

APPENDIX H: IDENTIFIED LEAD ESF #8 AGENCIES

The following is a summary of responses received to the question of “who serves as the ESF #8 lead in your jurisdiction.”

County or Jurisdiction Name	Lead Agency for ESF #8	Table Number	Region
Denver	EMS (1 st) Denver Environmental Health (DEH), Denver Public Health (DPH)	1	North Central
Denver	EMS (1 st) DEH, DPH	2	North Central
Denver/Jefferson	EMS (1 st), DEH, DPH/Jefferson Public Health	3	North Central
Clear Creek	Public Health	4	North Central
Jefferson	Public Health	4	North Central
Gilpin	Public Health	4	North Central
Hospitals in Jefferson County	Public Health	4	North Central
Boulder	Public Health	5	North Central
Adams, Arapahoe, Douglas	Tri-County Health Department	6	North Central
Boulder	Public Health	6	North Central
Adams, Arapahoe, Douglas	Tri-County Health Department	7	North Central
Boulder	Boulder Public Health	7	North Central
Adams, Arapahoe, Douglas	Tri-County Health Department	8	North Central
Larimer	Larimer County Department of Health and Environment	9	Northeast
Weld	Public Health or EMS or Hospital or Coroner depending upon situation	10	Northeast
Yuma/Washington	Public Health	10	Northeast
Northeast	Not Identified	11	Northeast
Baca	Public Health	12	Southeast
Bent	Public Health	12	South Central/South/San Luis Valley
Crowley/Otero	Public Health	12	South Central/South/San Luis Valley

County or Jurisdiction Name	Lead Agency for ESF #8	Table Number	Region
Kiowa	Public Health	12	South Central/South/San Luis Valley
Prowers	Public Health	12	South Central/South/San Luis Valley
Pueblo	Public Health	13	South Central/South/San Luis Valley
Custer	Public Health	13	South Central/South/San Luis Valley
Las Animas/ Huerfano	Public Health	14	South Central/South/San Luis Valley
Fremont	Public Health	14	South Central/South/San Luis Valley
Custer	Public Health	14	South Central/South/San Luis Valley
Lake	Public Health	15	South Central/South/San Luis Valley
Lake	Public Health Director (Colleen)	16	South Central/South/San Luis Valley
Chaffee	Public Health Director (Andrea)	16	South Central/South/San Luis Valley
Park	Public Health Director (Lynn Ramey)	16	South Central/South/San Luis Valley
El Paso	Public Health, Emergency Preparedness and Response Manager (Lisa Powell)	16	South Central/South/San Luis Valley
Teller	Public Health Director (Martha Hubbard)	16	South Central/South/San Luis Valley
Alamosa	Public Health	17	South Central/South/San Luis Valley

County or Jurisdiction Name	Lead Agency for ESF #8	Table Number	Region
San Juan Basin Health	Public Health	18	West, Southwest, Northwest
Southwest Region	Public Health based on location of earthquake	19	West, Southwest, Northwest
Northeast Region	Public Health based on location of earthquake	19	West, Southwest, Northwest
West Region	Public Health based on location of earthquake	19	West, Southwest, Northwest
Mesa	Mesa County Health Department	20	West, Southwest, Northwest
Delta	Delta County Health Department	20	West, Southwest, Northwest
Rio Blanco	Hospital	21	West, Southwest, Northwest
Moffat	Unknown	21	West, Southwest, Northwest
Garfield	Public Health	21	West, Southwest, Northwest
Summit/Grand	Depends on type of incident. If Medical incident – medical would take lead	22	West, Southwest, Northwest

APPENDIX I: ACRONYMS

Acronym	Meaning
AAR	After-Action Report
BH	Behavioral Health
CDC	Centers for Disease Control and Prevention
CDPHE	Colorado Department of Public Health & Environment
CHA	Colorado Hospital Association
DHSEM	Division of Homeland Security & Emergency Management (within Colorado Department of Public Safety)
EM	Emergency Manager/Management
EMS	Emergency Medical Services
ESF	Emergency Support Function
ESF #8	Emergency Support Function #8 - Medical, Public Health, Behavioral Health, Fatality Management
GEEERC	Governor's Expert Emergency Epidemic Response Committee
HAN	Health Alert Network
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
IMS	Incident Management System
LPHA	Local Public Health Agency
MAA	Mutual Aid Agreement
MCM	Medical Counter-Measures
MOU	Memorandum of Understanding
OEPR	Office of Emergency Preparedness and Response (CDPHE)
RETAC	Regional Emergency Medical and Trauma Advisory Councils
SITMAN	Situation Manual
SNS	Strategic National Stockpile
TTX	Tabletop Exercise