



2016

# HEALTHCARE PREPAREDNESS SUMMIT

APRIL 26-27

Embassy Suites Loveland Hotel and  
Conference Center

Loveland, CO



**COLORADO**  
Department of Public  
Health & Environment

STRENGTHENING PUBLIC HEALTH AND MEDICAL SERVICES  
(ESF #8) RESPONSE IN DISASTER

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# WELCOME SUMMIT PARTICIPANTS

On behalf of the 2016 Healthcare Preparedness Summit Committee, the Healthcare Coalition Council (HCC Council), the Colorado Hospital Association (CHA) and the Colorado Department of Public Health and Environment's (CDPHE) Office of Emergency Preparedness and Response (OEPR), we would like to welcome and thank you for attending the Summit!

We look forward to working with you over the next day and a half to identify and address issues related to **local** cross-jurisdictional ESF #8 operations, including: communications, situational awareness, resource requests and other gaps identified in notice and no-notice incidents. Your input, ideas and suggestions are extremely valuable to informing the future development of local planning guidance to enhance cross-jurisdictional communication and coordination among response partners.

The 2016 Healthcare Preparedness Summit would not have been possible without the hard work, dedication and commitment of the Summit Committee members, speakers, funders and all of you who took time to carefully review and comment on the local *Cross-Jurisdictional ESF #8 Guidance: Communication and Coordination* during its development. We thank each one of you for your willingness to do your part to strengthen and enhance the local health and medical response in a disaster – your commitment makes a difference in the lives of our fellow citizens.

Deb French

Summit Committee Chair, CHA

## Thank you to the 2016 Healthcare Preparedness Summit Committee

**Korey Bell**, CDPHE

**Christine Billings**, Jefferson County Public Health

**Jim Carr**, CHA

**Kristen Campos**, CDPHE

**Mike Chard**, Boulder OEM

**Abbie Cobb**, Summit County Public Health

**Amy Danzel**, Boulder OEM

**Garry DeJong**, CDPHE

**Deb French**, CHA

**Sara Garrington**, Tri County Health Department

**Greg Jones**, CDPHE

**Peggy McCreary**, CHA

**Dave McGraw**, Spanish Peaks Regional Medical Center

**Andrew Miller**, Mercy Medical Center

**Will Moorhead**, All Clear EMG, Inc.

**Lynn Overton**, CHA

**Mary Pancheri**, Longmont United Hospital

**Pam Pergande**, CDPHE

**Mary Rasmusson**, Montrose Memorial Hospital

**Jenny Schmitz**, All Clear EMG, Inc.

**Lorin Schroeder**, CHA

**Ginny Schwartz**, All Clear EMG, Inc.

**Linda Underbrink**, Foothills RETAC

**Judy Yockey**, CDPHE

## Thank You to the Speakers

**Lisa Powell**, El Paso County Health Department  
**Garry DeJong**, CDPHE-OEPR  
**John Gibbons**, U.S. Dept. of Health and Human Services  
**Amy Danzel**, Boulder County Office of Emergency Management  
**Nick Kell**, Boulder County Public Health  
**Mary Pancheri**, Longmont United Hospital

**Lisa Widdekind**, Boulder County Public Health  
**Julie Geiser**, (Ret.) Alamosa County Public Health  
**Jon Montano**, RETAC, San Luis Valley  
**Dave Osborn**, CO Office of Emergency Management, San Luis Valley  
**Della Cox**, Alamosa County Public Health  
**Sara Garrington**, Tri County Health Department

## Thank You to the Sponsors

CHA would like to acknowledge the Colorado Department of Public Health and Environment (CDPHE) Office of Emergency Preparedness and Response (OEPR). Funding for the **2016 Healthcare Preparedness Summit: *Strengthening Public Health and Medical Services (ESF #8) Response in a Disaster*** was made possible by the Centers for Disease Control and Prevention (CDC) through the Department of Health and Human Services (HHS), Coordinating Office for Terrorism Preparedness and Emergency Response (CTPER), through the Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements, Grant Number: 5U90TP000510.

The views expressed in written conference materials or publications and by speakers and moderators do not necessarily do not reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices or organizations imply endorsement by the U.S. Government.

# 2016 HEALTHCARE PREPAREDNESS SUMMIT AGENDA

<b>April 26, 2016</b>	
7:00-8:30 a.m.	<b>Registration</b>
8:30-9:00 a.m.	<b>Welcome and Summit Overview</b> Deb French – Colorado Hospital Association
9:00-9:45 a.m.	<b>ESF #8: From Theory to Reality – A Local Perspective</b> Lisa Powell – El Paso County Health Department
9:45-10:15 a.m.	<b>Morning Break</b>
10:15-11:00 a.m.	<b>A Coordinated and Integrated Public Health and Medical Response State of Colorado</b> Garry DeJong – Colorado Department of Public Health and Environment
11:00-11:45 a.m.	<b>Federal “Public Health and Medical” Disaster Response</b> John Gibbons – U.S. Department of Health and Human Services
11:45 a.m. -12:45 p.m.	<b>Lunch</b>
12:45-1:45 p.m.	<b>Saving Lives through Partnerships – 2013 Boulder Floods</b> Amy Danzl – Boulder County OEM Nick Kell – Boulder County Public Health Mary Pancheri – Longmont United Hospital Lisa Widdekind – Boulder County Public Health
1:45-2:45 p.m.	<b>San Luis Valley – Response to Water Incidents</b> Julie Geiser (Ret.) – Alamosa County Public Health Jon Montano – RETAC, San Luis Valley David Osborn – Regional OEM, San Luis Valley Della Cox-Vieira – Alamosa County Public Health
2:45-3:15 p.m.	<b>Afternoon Break</b>
3:15-4:00 p.m.	<b>Cross-Jurisdictional ESF #8 Guidance Communication and Coordination</b> Sara Garrington – Tri-County Health Department
4:00-5:00 p.m.	<b>Capstone Question &amp; Answer Session Local, State and Federal Panel</b> Garry DeJong, Sara Garrington, John Gibbons and Lisa Powell

<b>April 27, 2016</b>	
7:30-8:00 a.m.	Exercise Sign In
8:00 a.m.	<b>STARTEX</b> Facilitated by All Clear Emergency Management Group
8:00-8:50 a.m.	Module 1: Notification and Activation
8:50-9:40 a.m.	Module 2: Situational Awareness
9:40-10:00 a.m.	<b>Break</b>
10:00-10:50 a.m.	Module 3: Resource Requests, Management and Demobilization
10:50-11:30 a.m.	Module 4: ESF #8 Guidance Debrief
11:30 a.m.	<b>ENDEX</b>
11:30 a.m. -12:00 p.m.	Exercise Hotwash
12:00 p.m.	Thank You and Dismissal

# **ESF #8 – FROM THEORY TO REALITY – A LOCAL PERSPECTIVE**

**ESF 8 – From Theory to Reality**

A local perspective



Presented by: Liza Powell  
 To: 2016 Healthcare Preparedness Summit  
 Date: April 26-27, 2016  
 Embassy Suites, Loveland Colorado




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First, lets all get on the same page



Prevent • Promote • Protect [www.fourcountypublichealth.org](http://www.fourcountypublichealth.org)

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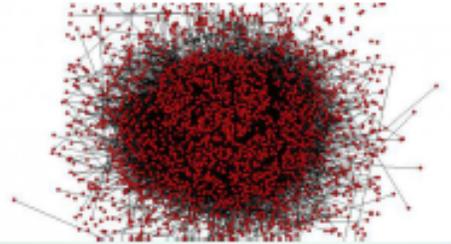
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Emergency Management as it relates to Public Health

- Managing complex systems and multidisciplinary personnel



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## Emergency Support Function 8

- Public Health and Medical Services has a large role in the emergency operations center including responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers.
- In Colorado, many public health departments serve as the ESF 8 lead.

Prevent | Promote | Protect

[www.colorado.gov/hhs](http://www.colorado.gov/hhs)

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## Incident Command System

- Incident Command vs. Incident support
- Incident command vs. regular administration of an organization
- Planning P

Prevent | Promote | Protect

[www.colorado.gov/hhs](http://www.colorado.gov/hhs)

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## Unified Command



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[www.colorado.gov/hhs](http://www.colorado.gov/hhs)

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## How this all looks in reality



"I faced my first reality check today. My work is hard  
and how low that it didn't get better."

Prevent - Prepare - Protect

[www.epasco.org/health.org](http://www.epasco.org/health.org)

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## Community Picture

- El Paso County
  - 644,964
- Colorado Springs
  - 431,834
- Manitou Springs
  - 5,172



Prevent - Prepare - Protect

[www.epasco.org/health.org](http://www.epasco.org/health.org)

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## H1N1-mission focus-medical countermeasure dispensing

- First time for Unified Command
- Hard to move out of day to day and into emergency focus
- Marathon vs. sprint

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[www.epasco.org/health.org](http://www.epasco.org/health.org)

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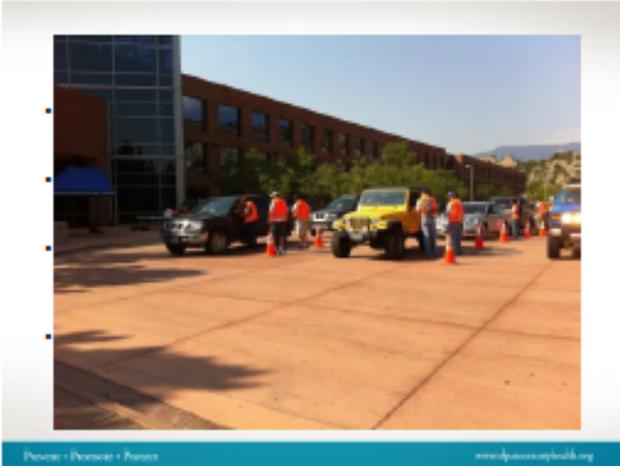
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[www.coloradoaphhhs.org](http://www.coloradoaphhhs.org)

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## Black Forest Fire-mission focus community recovery

- Environmental health

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## Black Forest

Most destructive fire in Colorado history

- 41,000+ evacuated
- 2 Red Cross Shelters
- 485 homes destroyed
- 14,196 acres burned
- 2 people died
- \$296 Million in insurance losses
- Large animal mortalities
- Homeowner utilities above ground 185 damaged/open wells
- Potential long term contamination of aquifer



Prevent - Prepare - Protect

[www.coloradoaphhhs.org](http://www.coloradoaphhhs.org)

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### 2013 Flooding- mission focus community recovery

- Responder and volunteer safety

Prevent • Prepare • Protect [www.ppcrc.org/building](http://www.ppcrc.org/building)

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### 2013 Flooding



- 15 to 20 inches of rain in 5 days
- 8 dead, 6 missing
- 11,000 evacuated
- 19,000 homes damaged
- 30 state highway bridges destroyed
- Estimated over \$1 billion cost so far
- Large Animal Mortality
- Potentially contaminated aquifers
- 5,250 US gallons of crude oil released into the South Platte River
- State of emergency declared for 15 counties, including El Paso

Prevent • Prepare • Protect [www.ppcrc.org/building](http://www.ppcrc.org/building)

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## Highlighted Flood Area



Prevent + Promote + Protect

[www.dpsncs.org](http://www.dpsncs.org)

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## Centennial Blvd Shooting- mission focus community recovery

- Behavioral health

Prevent + Promote + Protect

[www.dpsncs.org](http://www.dpsncs.org)

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## Mission focus for Every Incident

- Emergency Public Information and Warning



Prevent + Promote + Protect

[www.dpsncs.org](http://www.dpsncs.org)

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### Significant Lessons to propel us forward:

- Two EOCs and an IMT are difficult to manage. Assign a liaison to be a go between.
- Get to the table from the beginning-bring a solution to a problem
- Exercising together is a must, don't be afraid to insert your capabilities that need testing-show how they will enhance the exercise effort

Prevent + Prepare + Protect

[www.dps.mass.gov/health.org](http://www.dps.mass.gov/health)

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### Significant Lessons to propel us forward:

- Plan community events together, we helped with the Zombie Run and Preparedness Day at Sky Sox
- Be available when called-Sunday morning 2am, Tuesday 4pm
- Public Health is huge in Recovery
- There will always be something you didn't expect

Prevent + Prepare + Protect

[www.dps.mass.gov/health.org](http://www.dps.mass.gov/health)

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### Significant Lessons to propel us forward:

- Practice working remotely- know how to access contacts, plans, tools
- Depth of Leadership is crucial
- Meeting new partners is easier with introductions by trusted sources
- Coordinated public information is imperative for the public

Prevent + Prepare + Protect

[www.dps.mass.gov/health.org](http://www.dps.mass.gov/health)

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# **A Coordinated and Integrated Public Health and Medical Response – State of Colorado**

## A Coordinated and Integrated Public Health and Medical Response

State of Colorado  
ESF 8's role - CDPHE

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### Objectives

- Discuss how the following impact our event management:
  - Partnerships/relationships
  - Resource mobilization/ordering
  - Situational Awareness
- Understanding the use of the ESF 8 system at different levels
- What can State ESF 8 provide

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### The need for a Coordinated/Integrated Response

- Several venues of communication
  - Local to local
  - Local to State Partners (i.e. CDPHE, CDOT, CDPS)
  - Local to CDPHE DOC
  - Local EOC to State EOC

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## The need for a Coordinated/Integrated Response

- Situational awareness
- Communication
- Resource ordering, management and prioritization
- Consistent framework
  - A plan or process

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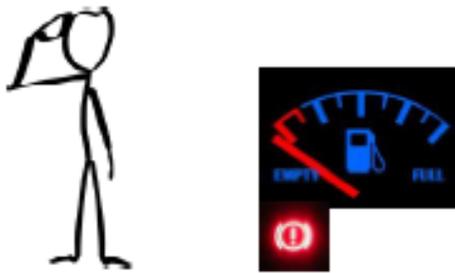
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## What happened to my Resources?



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## Situational Awareness



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## Clear Communication and Coordination




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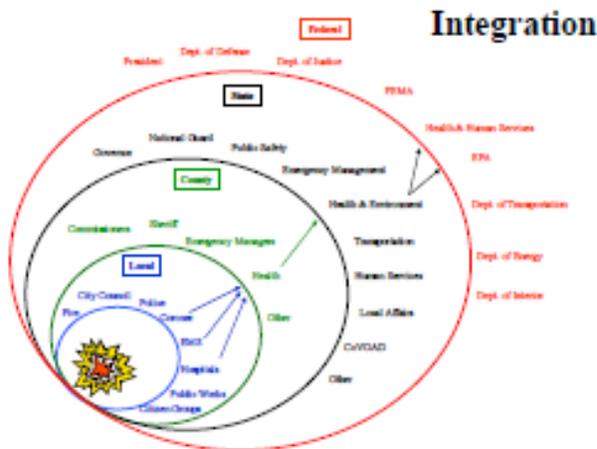
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## Who are your Local/Regional Partners?

- Knowing vs. Relationship vs. Partnerships
- Not just in the realm of daily activities
- What do they have to offer?
  - Resources
  - Capacity
  - Response Times
  - Mutual Aid
  - Memorandums of Understanding
- Don't forget that the CDPHE is your partner  
1-877-518-5608

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## Not getting your Resources

- Have you ever **not** gotten what you wanted?
- Did you order what you wanted?
  - Did that match what you needed?
- The Burger King Jingle

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## Do you have a consistent ordering process?

- Do you have a consistent ordering process?
- Do your partners have a consistent ordering process?
- 213RR
  - Consistent template / process
  - Recognized through most Emergency Management Systems
    - Local
    - State
    - Federal

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## How to Coordinate the Response?

- Notification Procedures or processes
- Activation Procedures
  - What has changed from the normal daily activities and small events
- Communication and Situational Awareness
- Resource Ordering
- Resource Prioritization/Coordination
- Demobilization

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## All-Hazard Emergency Response Plans



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## ESF background

Emergency Support Functions (ESFs) are groupings of capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

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## What is ESF 8?

- ESF-8 is the public health and medical component of the overall Colorado emergency management system.
- It includes public health, environmental health, behavioral health, fatality management and medical systems and facilities
- This may involve: EMS; coroner support; public health and healthcare providers; behavioral and environmental health; facilities such as long-term care, rural clinics, hospitals and Federal Qualified Health Centers; and hospital personnel, equipment and facilities.

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## ESF #8: Public Health, Medical, Mortuary

- CDPHE can provide local jurisdictions the following types of support:
  - Health Surveillance
  - Biological Hazards Consultation
  - Pharmaceutical Supplies and Distribution
  - Assessment of Health/Medical Needs
  - Behavior / Mental Needs
  - Health/Medical Equipment and Supplies
  - Medical Care Personnel
  - Mortuary Services
  - Food and Drug Safety
  - Potable Water/Wastewater
  - Solid Waste Disposal
  - Radiological and Chemical Hazards Consultation
  - Vector Control
  - Environmental Impact Assistance
  - Public Health Information
- Please see attached Mind Map

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## CDPHE Notification

### Local Emergency

- Locals may notify CDPHE of resource needs
  - Staffing
  - Equipment
  - Communications assistance

### State Emergency

- Notification from CDEM
- Activate the CDPHE Internal Response Plan
- Send ESF8 liaison to State Emergency Operations Center
- Coordinate support to locals and other state agencies

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## Is Local ESF 8 activated?

- Activated by local Emergency Manager
  - Local to local
  - Local to State Partners
  - Local to CDPHE DOC
  - Local EOC to State EOC
- Who is the lead agency?

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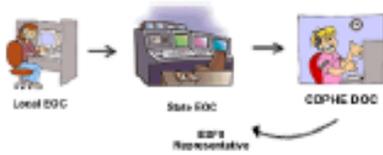
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## Activation

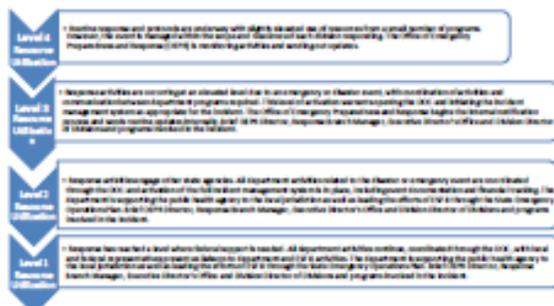
- ESF #8 must be activated by emergency management



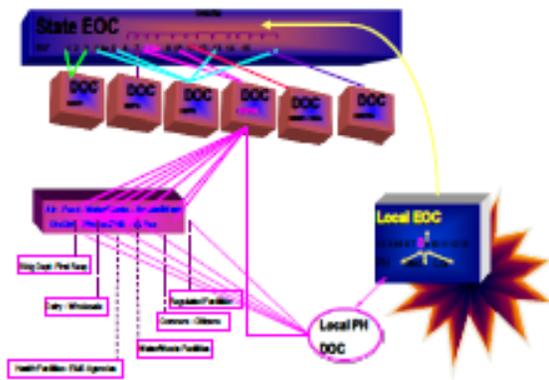
## CDPHE - DOC activation levels

- Based upon the situation, communication with CDPHE to request resources can take place in numerous ways.
  - Virtual
  - DOC activation levels
    - Review 4 levels of DOC activation / resource utilization levels
  - ESF 8 position in the SEOC
- CDPHE OEPR Duty Officer 1-877-518-5608

## CDPHE - DOC activation levels



## Interfacing – Coordination - Integration



So what would the flow and communications look like as an event escalates?

- Local event
- Local event with partner support
- Local event with local EOC support

So what would the flow and communications look like as an event escalates? (Cont)

- Local EOC Event
  - With CDPHE DOC support (or other)
    - Activation levels
- Local EOC Event
  - With SEOC support
- State EOC event
  - ESF 8 participation based upon complexity



## Questions/Feedback?

Garry L. DeJong  
Response Branch Manager / ESF 8 Lead  
Office of Emergency Preparedness and Response  
(w) 303-692-2730, (c) 720-708-8610  
[garry.dejong@state.co.us](mailto:garry.dejong@state.co.us)  
CDPHE OEPR Duty Officer 1-877-518-5608

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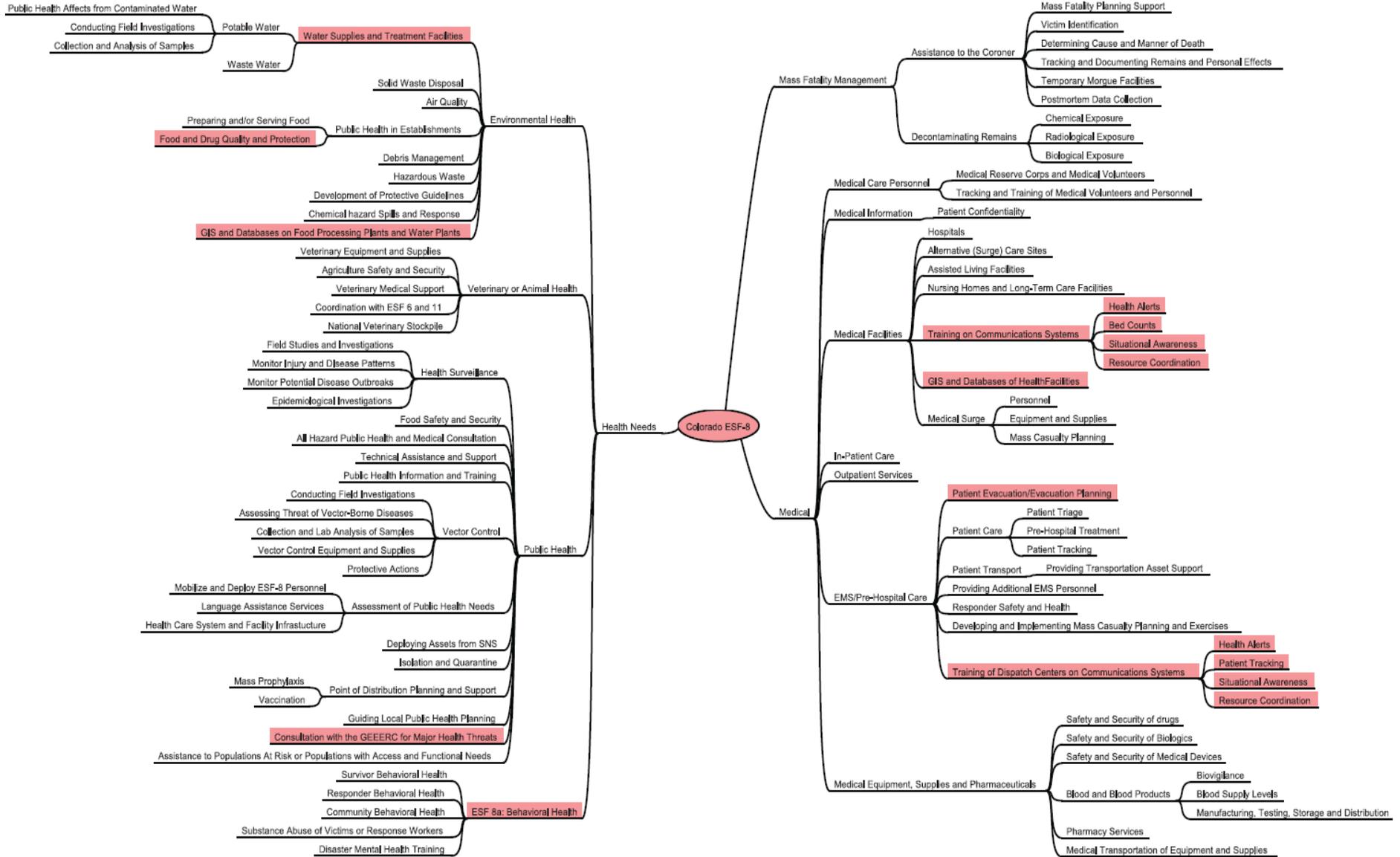
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# Federal “Public Health and Medical” Disaster Response



## Federal "Public Health and Medical" Disaster Response

CDR John Gibbons  
Regional Emergency Coordinator  
HHS/ASPR Region 8

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### Circular Discussion Ahead!



**Linear Thinkers Beware!**

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### Different Scales of Disasters



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## Different Scales of Response



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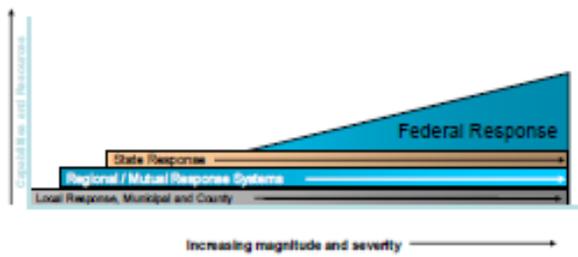
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## All Disasters Are Local



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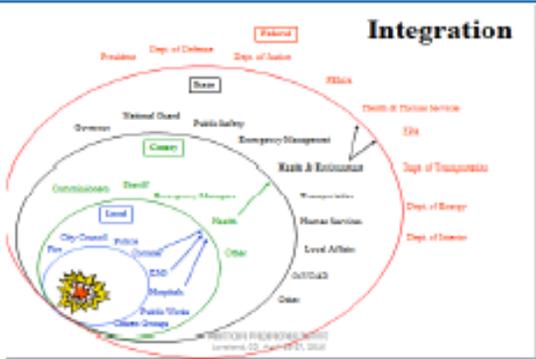
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## Integration



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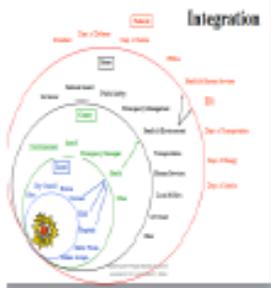
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- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Admin (SAMSHA)

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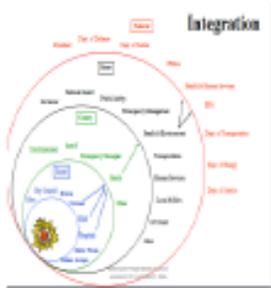
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- Department of Agriculture
- Department of Transportation
- Department of Defense
- Department of Veterans Affairs
- Department of State
- Agency for International Development
- Department of Energy
- Environmental Protection Agency
- Department of Homeland Security / FEMA
- General Services Administration
- Department of Interior
- U.S. Postal Service
- Department of Justice
- American Red Cross
- Department of Labor

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- Incident Command System
  - A flexible structure to manage an Incident
  - 1970s FIRESCOPE Program
  
- Emergency Support Functions
  - A coordinating structure for managing resources
  - Plan for Federal Response to a Catastrophic Earthquake
    - Region 9 developed and featured precursors to ESFs
  - Federal Response Plan (April 1992)
    - All Hazard Plan
    - Twelve ESFs
  - Hurricane Andrew (August 1992)

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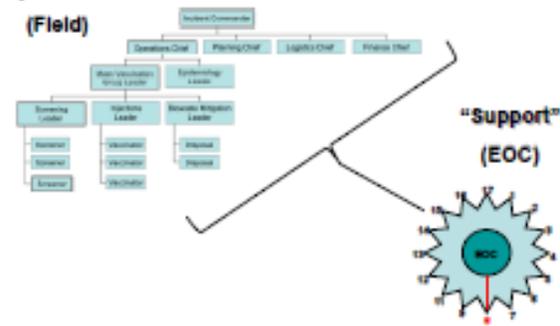
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**"Operations"**



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## Federal ESF-8 Tasks



- Assessment of public health/medical needs
- Public health surveillance
- Medical care personnel
- Medical equipment and supplies
- Patient movement
- Hospital care
- Outpatient services
- Victim decontamination
- Safety and security of human drugs, biologics, medical devices, veterinary drugs, etc.
- Blood products and services
- Food safety and security
- Agriculture feed safety and security
- Worker health and safety
- All hazard consultation and technical assistance and support
- Mental health and substance abuse care
- Public health and medical information
- Vector control
- Potable water/wastewater and solid waste disposal, and other environmental health issues
- Victim identification/mortuary services
- Veterinary services
- Medical material, personnel, and technical assistance

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## Requesting Assistance / Support



Requests for HHS/ESF8 assistance are coordinated through the FHO and RECs

### HHS Assistance

(No Presidential Declaration)

- Local → State / Tribe → HHS/ASPR (FHO)
- ASPR Request Form or formal letter
- Cost share TBD

### HHS/ESF8 Assistance

(Stafford Act/Presidential Declaration)

- Local → State (SCO) / Tribe → FEMA (FCO) → HHS/ESF8 (FHO)
- Resource Request Form (RRF) ... old Action Request Form (ARF)
- Cost share (75% Federal / 25% State)

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## Requesting Assistance / Support



Effective requests include the following:

- Capability (not asset)
- Location
- Hours of operation (12 hours / 24 hours)
- Duration of operation (days)
- Point of Contact

Requesting capability allows HHS/ESF8 the ability to:

- Match appropriate asset
- Right size asset
- Flexibility in assigning assets (especially in scarce resource environment)

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## Regulatory Waivers



### Emergency Use Authorization (EUA) - 564

- Requirement:
  - HHS Secretary Public Health Emergency (PHE) Declaration
  - Permits the FDA to authorize the use of an unapproved medical product or an unapproved use of an approved medical product
- April 19, 2013 - Avian Influenza A (H7N9) Virus
  - Determination of a Significant Potential for a Public Health Emergency and Declaration that Circumstances Exist Justifying an Authorization Pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bb-3(b)
  - As of this date, I hereby determine that there is a significant potential for a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad and that involves the avian influenza A (H7N9) virus.
  - On the basis of this determination, I also hereby declare that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection of avian influenza A (H7N9) virus pursuant to section 564 of the Federal Food, Drug and Cosmetic (FD&C) Act

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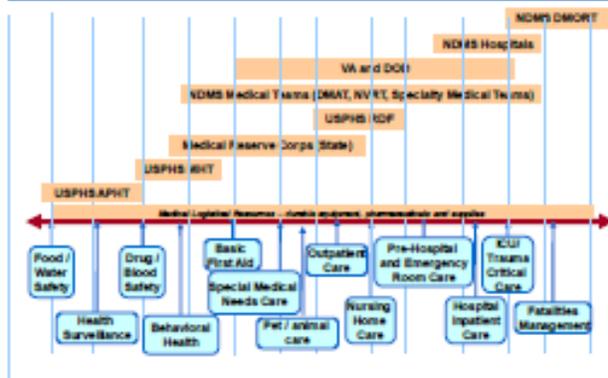
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## Spectrum of Federal Medical Resources




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## NDMS



A public / private sector partnership  
HHS DHS DOD VA

### National Disaster Medical System

#### A Nationwide Medical Response System to:

- Supplement state and local medical resources during disasters or major emergencies
- Provide backup medical support to the military and VA medical care systems during an overseas conventional conflict

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## NDMS



### 3 Major Components of NDMS

Medical Response	Patient Movement	Definitive Care
HHS Response Teams DMAT, IMSuRT, NVRT, DMORT	DOD AE Evacuation HHS Patient Return Contract	VA / DOD Federal Coordinating Centers Public / Private Participating Hospitals

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## USPHS Teams



### US Public Health Service (USPHS) Commissioned Corps



Health and medical professionals in a number of disciplines

6500 active-duty uniformed officers

- (5) - Rapid Deployment Force Teams (RDF)
- (5) - Mental Health Teams (MHT)
- (5) - Applied Public Health Teams (APHT)
- (5) - Services Access Teams (SAT)
- (10) - Regional Incident Support Teams (RIST)
- (5) - National Incident Support Teams (NIST)

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## Strategic National Stockpile (SNS)



- **Managed by CDC, deployment authorized by ASPR**
- **Repository of Medical Countermeasures (MCM)**
  - Antibiotics, chemical antidotes, antitoxins, vaccines, and antiviral drugs
  - Life-saving medical materiel
- **Unknown Threat → Push Package**
  - 50 ton cache of MCMs and medical supplies
  - 12 hours of the federal decision to deploy
- **Known Threat or Re-supply → Managed Inventory**
  - Prescribed/tailored MCMs and medical supplies
  - 24 to 36 hours of the federal decision to deploy

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## Parting thoughts



Sometimes the whole IS just NOT more than the sum of its parts.



Sometimes it is...

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## Questions?



### The HHS/ASPR Region 8 Team

CAPT. Ross Piccolo  
ASPR Regional Administrator  
303-844-7272 • 1-303-355-8400 • [rpiccolo@hhs.gov](mailto:rpiccolo@hhs.gov)

CDR John Stinson  
Regional Emergency Coordinator  
303-844-7272 • 1-303-355-8282 • [jstinson@hhs.gov](mailto:jstinson@hhs.gov)

Dr. Kenneth Burrows  
Regional Emergency Coordinator  
303-844-7242 • 1-303-355-8287 • [kburrows@hhs.gov](mailto:kburrows@hhs.gov)

HHS Secretary's Operation Center (SOC)  
888-647-7242 / 202-619-7900 / [soc@hhs.gov](mailto:soc@hhs.gov)

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# **Saving Lives Through Partnerships - 2013 Boulder Floods**




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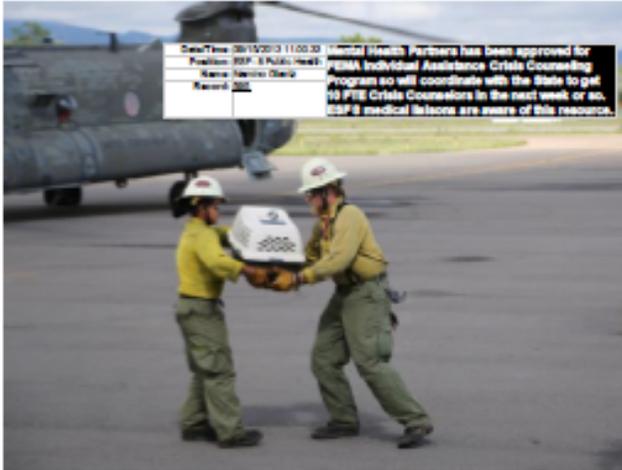
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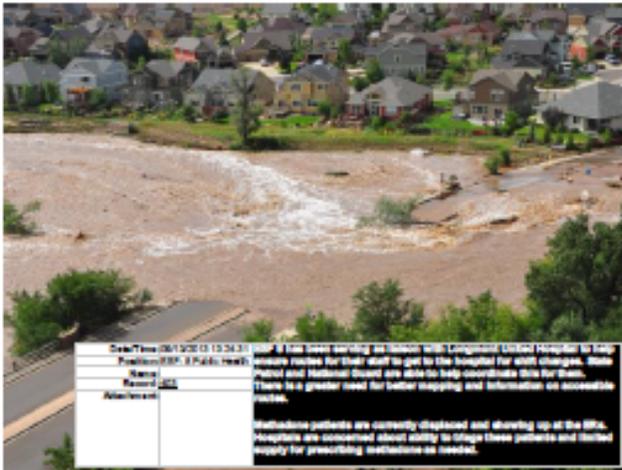
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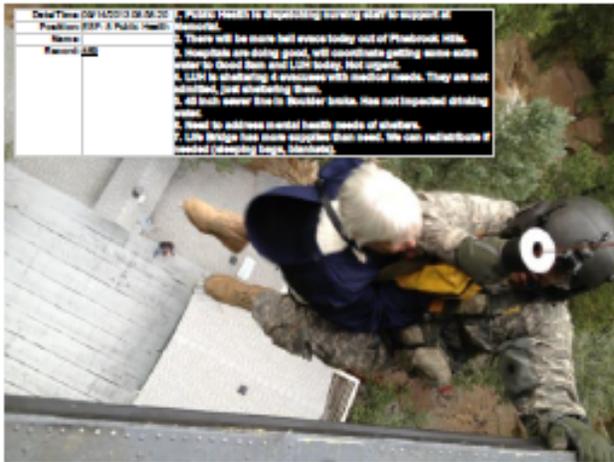
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(Video)

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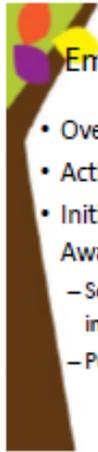
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## Emergency Support Function #8

- Overarching Purpose
- Activation
- Initial Assessment and Situational Awareness
  - Sources of information vs. types of information
  - Push and pull

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## Three Needs are Key During an Evacuation

- Medical
- Behavioral Health
- Case Management




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## Assessment Tool Quickly Identifies Needs

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## Longmont United Hospital

- HAMR & Communication
  - Daily conference calls
  - HAMR Rep to EOC
- Road Closures
- Stories: Badges, Methadone Clinic, Pharmacy, Medical Supplies, Physicians

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## Solutions to Implement Today

- Checklists
- Healthcare Coalition & Relationship Development
- Communication Processes




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## Questions?

<p><b>Mary Pancheri</b>          Manager of Safety, Security &amp;          Emergency Preparedness          Longmont United Hospital          mpancheri@luhcares.org</p>	<p><b>Lisa Widdekind</b>          Emergency Preparedness Coordinator          Boulder County Public Health          lwiddekind@bouldercounty.org</p>
<p><b>Nick Kell</b>          Emergency Planner          Boulder County Public Health          nkell@bouldercounty.org</p>	<p><b>Amy Danzl</b>          Deputy Director          Boulder Office of Emergency          Management          adanzl@bouldercounty.org</p>

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# San Luis Valley – Response to Water Incidents

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# SAN LUIS VALLEY

Response to Water Incidents

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## Introductions

**Della Vieira**  
Current Director, Alamosa County Public Health

**Julie Geiser (Retired)**  
Former Director, Alamosa County Public Health

**Jon Montano**  
SLV RETAC Coordinator

**David Osborn**  
SLV Field Manager

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## What we will cover today

- Salmonella 2008 incident
- San Luis Water incident
- Limited budgets = Regional Collaboration
- What works in our rural area
- Aging Water Infrastructure Across the U.S.
- Tie in with Cross-Jurisdictional ESF-8 Planning



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No less than ten (10) water incidents within the SLV 8 county region in the last 9 years. All counties with the exception of Mineral County have experienced water emergencies.

1. March 2008 – Alamosa Salmonella Incident
2. Feb 2012 & June 2013– San Luis, Costilla County
3. Oct 2013 – South Fork Heights, Rio Grande County
4. Nov 2013 – Del Norte, Rio Grande County
5. Nov 2013 – Garcia, Costilla County
6. Oct 2014 – KV Estates, Saguache County
7. Nov 2014 – Town of Saguache, Saguache County
8. Aug 2015 – San Acacio, Costilla County
9. Nov 2015 – San Francisco, Costilla County
10. Nov 2015 – La Jara, Conejos County

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Economic Study Completed after the Salmonella Incident

- a. All costs calculated and documented

National Review of aging water infrastructure across the country

- a. Some areas in the eastern part of the country have water infrastructure over 100 – 150 years old including clay piping

Intent to confront Congress with real-time data regarding the funds required to update water infrastructure across the United States.

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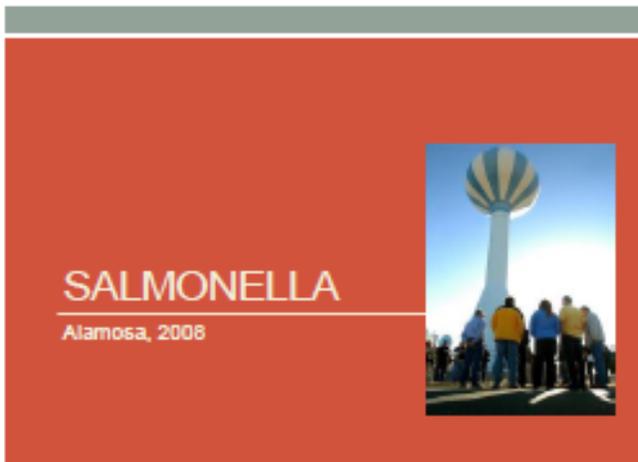
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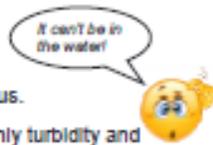
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### Salmonella: Overview

- Salmonella in the community.
- Source was not immediately obvious.
- Waiver for untreated water – monthly turbidity and coliform tests negative the week prior
- Investigation determined municipal water was contaminated.



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### Salmonella - 2008 Timeline

- 3/09 Sun Index case visited ED 3/9
- 3/12 Wed Hospital lab confirmed Salmonella
- 3/15 Sat Julie Geiser & Dr. Brinton activate EOC
- 3/17 Mon 25 Salmonella cases identified;  
City water common denominator  
ICS staffed by PH and EPR



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### Salmonella - 2008 Timeline

- 3/19 Wed –
  - City & County declare Disaster
  - IC assumed by County EM (City absent)
  - Bottled water advisory issued



- 3/20 Thurs – Resources arrive & 3 PODs open



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## Salmonella - 2008 Timeline

3/22 Thurs – Politicians arrive (Gov, Senators etc.)

3/23 Easter Sunday - 200 volunteers show up



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## Salmonella: Numbers

- One death, 24 hospitalizations
- 435 cases over 6-7 weeks
- Over 1,032 volunteers, 4,539 volunteer hours; 200 volunteers showed up Easter morning!
- 2855 calls to COHELP
- 60,000 gallons of water
- 3 POD sites



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## Salmonella: ESF8 Challenges

1. Large outbreak investigation
2. Provide potable water to city residents, including vulnerable populations
3. Inspect all food establishments and facilities
4. Prevent secondary cases
5. Keep public informed
6. County vs. Municipal
7. City/County Joint Disaster Declaration
8. Governor allocated \$300k to address disaster



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## Salmonella: Local, State & Federal Support

LPHA's, Regional Partners, CDPHE, CDC, OEM, Dept. Health & Human Services, Colorado National Guard

COHELP

American Red Cross

Incident Management

- Local/regional staff from 3/15-3/23
- 3 Incident Management Teams ordered including Jefferson County IMT, Northwest IMT, Eastern Colorado IMT
- City of Alamosa assumed command on April 3

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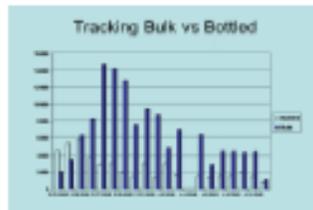
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## Salmonella: Resource coordination

Water, hand sanitizer, Pedialyte



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## Salmonella: What went well



- Transitioning of Command
- Volunteers are essential & showed up
- Regional EOC as ICP
- Region well-trained in ICS
- JIC is essential
- Engaged Public Health Director, Epidemiologist & Regional OEPR staff were critical to success

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## Salmonella: Lessons learned

- All resources must go through Logistics: Resource Mobilization Plan critical
- Have designated phone line for public call in
- Life goes on outside the Incident
- Local media must remain a priority
- Ensure situational awareness for local partners



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## SAN LUIS WATER

Costilla County, February 2012

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## San Luis Water: Overview

- Population 600-650, oldest town in the state.
- Routine monthly tests showed E. coli, and boil water advisory was issued.
- PH and EM established local ICP and requested support from regional EOC.
- POD provided water and hand sanitizer for 12 hrs/day, 6 consecutive days.
- No illnesses reported.



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## San Luis Water – Local Response

- Water system activities (testing, flushing, etc.)
- Community notification (door-to-door, flyers, churches)
- POD operations
- Volunteer coordination
- On-site media



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## San Luis Water: Regional EOC Support

- Situational awareness
- Conference calls daily
- PIO/JIS coordination
- Resource ordering
- Planning
- Record keeping
- Communication
- 30,000' view of Incident



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## San Luis Water: What went well

- Local response officials mobilized the community quickly and managed the incident effectively.
- PH and EM activated emergency plans and managed the incident well.
- Effective collaboration and communication between EOC and ICP.

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## San Luis Water: Lessons learned

- Town and County officials needed better understanding of NIMS/ICS
- Need for improved information sharing between divisions of local city/county government
- Appropriate equipment and resources for all responding personnel and volunteers is vital
- Need for better ability to respond to needs of restaurants and other facilities (Consumer Protection).

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## RURAL PLANNING

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## Regional model: What works in our region

- Staffing and resources very limited at local level
- Region can use lessons learned in one county for similar response in other counties.
- Healthcare Coalitions and Public Health Partnership have improved ability to collaborate
- Environmental Health has been added

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## Tying in with Cross-Jurisdictional ESF#8 Planning Guidance

- Written plan will facilitate coordination
- Clarification of roles and responsibilities (Who owns the incident? Role of EM?)
- Improve ability to understand and access help from state
- Reduce duplication of effort
- De-conflict plans

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## Q&A

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



## 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



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## Guidance Scope

- Focuses on Emergency Support Function (ESF) #8 portion of response only
- Focuses on the cross-jurisdictional component only
- Meant for Colorado only, for now...
- Guidance, not a planning document



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## 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



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## 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



- 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





## Situation Updates

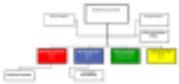


Tri-County Health Department  
Incident Response System

Tri-County Health Department (TCHD) Incident Response System

Incident Name:	Incident ID:
Location:	Reporting Agency:
Priority:	Severity:
Category:	Status:
Created:	Updated:
Assigned:	Completed:

Incident Response System



Incident Response System

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## Communication

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



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## 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



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## Contact Information

Sara Garrington  
Emergency Preparedness and Response Coordinator  
Tri-County Health Department  
[sgarrington@trichd.com](mailto:sgarrington@trichd.com)

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# SPEAKERS

**Lisa Powell**, Emergency Preparedness and Response Program Manager  
El Paso County Public Health, [lisapowell@elpasoco.com](mailto:lisapowell@elpasoco.com)

Lisa has been in the field of public health for the past 25 years; the last 15 years specifically focused on public health emergency management. She was the planning section chief for H1N1 and ESF #8 lead during the Waldo Canyon Fire, Black Forest Fire, 2013 flooding and the Centennial Blvd. shooting. She is an acclaimed foodie and is obsessed with home improvement shows.

**Garry DeJong**, Branch Manager / ESF #8 Lead  
CDPHE, Office of Emergency Preparedness and Response, [garry.dejong@state.co.us](mailto:garry.dejong@state.co.us)

Garry has been with CDPHE since 2014, after serving for 30+ years in the fire service and EMS. He has served as the System Integration Project Manager and Interim Response Branch Manager and was recently promoted as the Response Branch Manager / EFS #8 lead. He brings a broad experience base in emergency response and emergency management. Garry has experience working in large urban, local, county and rural environments.

**John F. Gibbons**, Regional Emergency Coordinator  
U.S. Department of Health and Human Services, [John.Gibbons@hhs.gov](mailto:John.Gibbons@hhs.gov)

Commander Gibbons is a commissioned officer in the U.S. Public Health Service and serves as the Regional Emergency Coordinator for the U.S. Department of Health and Human Services (DHHS) in the Office of the Assistant Secretary for Preparedness and Response and is currently assigned to DHHS Region VIII from Denver.

**Amy Danzl**, Deputy Director  
Boulder Office of Emergency Management, [adanzl@bouldercounty.org](mailto:adanzl@bouldercounty.org)

Amy is the Deputy Director for Boulder OEM. She served as the EOC Logistics Section Chief for the 2013 Floods as well as several other fires, floods and other incidents in Boulder County.

**Nick Kell**, Emergency Preparedness Planner  
Boulder County Public Health, [nkell@bouldercounty.org](mailto:nkell@bouldercounty.org)

Nick brings more than five years of experience between public health and hospital emergency management, including his previous role as an emergency planner with the University of Virginia (UVA) Medical Center. Prior to starting his career in emergency management, Nick was an EMT in UVA's Emergency Department.

**Mary M. Pancheri**, Manager of Safety, Security & Emergency Preparedness  
Longmont United Hospital, [mary.pancheri@luhcares.org](mailto:mary.pancheri@luhcares.org)

Mary has 20 years of experience in emergency preparedness, with the last 16 years at Longmont United Hospital. The training she provided to staff on Incident Command and Emergency Preparedness guided the hospital's response in the 2013 flood, also known as the "1,000 year flood."

**Lisa Widdekind**, Emergency Manager  
Boulder County Public Health, [lwiddekind@bouldercounty.org](mailto:lwiddekind@bouldercounty.org)

Lisa has been with Boulder County Public Health since 2004. She is currently the Emergency Management Coordinator and helped lead the agency through the floods of September 2013, the Fourmile fire in 2010 and the H1N1 outbreak in 2009.

**Julie Geiser**, RN, Retired, Former Director  
Alamosa County Department of Public Health, [julie.a.geiser@gmail.com](mailto:julie.a.geiser@gmail.com)

As a registered nurse of 48 years, Julie spent the last 18 years as Director of the Alamosa County Public Health Department. In 2008, a public health disaster was declared by the Governor as the result of salmonella contamination in the city water system.

**Jon Montano**, RETAC Coordinator  
San Luis Valley RETAC, [slvertac@gmail.com](mailto:slvertac@gmail.com)

Jon has been the San Luis Valley RETAC Coordinator since 2003. He is part of the San Luis Valley Regional EOC Team and worked in Operations or Logistics for the Million fire, Malo Vega fire, West Fork Complex fires, Alamosa Salmonella incident and multiple other incidents.

**David R. Osborn**, Regional Field Manager – San Luis Valley Region  
Colorado Department of Public Safety Division of Homeland Security & Emergency Management (CDHSEM), [david.osborn@state.co.us](mailto:david.osborn@state.co.us)

David is a military Veteran and life-long Peace Officer assigned as K-9, Field Training Officer (FTO), Search & Rescue Liaison and Undersheriff for a rural Sheriff's Department. He is currently the Regional Field Manager in the San Luis Valley for CDHSEM. Mr. Osborn has extensive experience with emergency preparedness and response having been deployed to Hurricane Katrina, Malo Vega Wildland fire in Costilla County, and Salmonella disaster in March 2008, and several other incidents including the 2013 West Fork Complex fire.

**Della Cox-Vieira**, RN, MPH, Director

Alamosa County Public Health Department, [dcoxvieira@alamosacounty.org](mailto:dcoxvieira@alamosacounty.org)

Della has been Public Health Director for Alamosa County since June 2014. She holds an associate's degree in nursing from Trinidad State Junior College, Bachelors of Science in Special Education from Western Michigan University and a master of public health from the University of Northern Colorado. She has lived and worked in the San Luis Valley since 1999 and served as one of two Regional Epidemiologists during the 2008 Salmonella response.

**Sara Garrington**, Emergency Preparedness and Response Coordinator

Tri-County Health Department, [sgarring@tchd.org](mailto:sgarring@tchd.org)

Sara has been employed at the Tri-County Health Department (TCHD) as the Emergency Preparedness and Response Coordinator in the Office of Emergency Preparedness and Response since 2010. In this role, her primary areas of focus include Emergency Support Function (ESF) #8 planning and coordination and Healthcare Coalition development. She is currently serving in the role of Colorado Healthcare Coalition Council Co-Chair.

# LOCAL CROSS-JURISDICTIONAL ESF #8 GUIDANCE: COMMUNICATION AND COORDINATION

**Reviewer Instructions:** *This document was designed to bring forward the principle and philosophical issues that will need to be addressed during a cross-jurisdictional incident and is not intended to be an all-inclusive resource or planning document. The guidance was developed for the primary purpose of presenting the information at the 2016 Healthcare Preparedness Summit, April 26-27, to enhance the understanding of ESF #8 operations, resource requests and limitations and to identify cross-jurisdictional gaps during notice and no-notice events, including situational awareness. The information learned at the Summit will be used to further develop the guidance and to enhance cross-jurisdictional communication and planning, in turn, supporting plan development by local response entities.*

## **Background and Overview**

The Emergency Support Function (ESF) #8 – Public Health and Medical System was established to provide a mechanism for a coordinated response to a public health, environmental health and medical incident or any health, environmental and medical component to an All-Hazard event. Public health and medical services include the response to needs typically associated with public health, environmental health, hospitals, behavioral health, fatalities management, long-term care, EMS/pre-hospital medical care, non-acute care, veterinary care and other partners as identified by the local jurisdiction. Partners identified as being included in ESF #8 may differ among local, state and federal jurisdictions.

Though not every jurisdiction uses the ESF model to organize a local response related to Public Health and Medical Services, the operational structure identified to coordinate this portion of incident response will likely include:

- (a) Lead entity
- (b) Coordination between identified partners
- (c) Resource prioritization and request process
- (d) Methods for maintaining situational awareness.

Many jurisdictions within the State of Colorado have developed or are in the process of developing a formal ESF #8 or Health and Medical plan to formalize this process within local jurisdictional boundaries. These plans should address the coordination of those elements listed as part of ESF #8 within the jurisdiction including but not limited to public health, environmental health, behavioral health, medical and fatalities management.

In a health and medical incident, the ESF #8 Lead is activated by the local emergency manager for the impacted jurisdiction and operates on behalf of and in coordination with the emergency manager to facilitate the health and medical portion of the incident. If additional support and resources are needed during an incident, the impacted jurisdictions are encouraged to contact local partners and surrounding jurisdictions first, before requesting state resources.

Local ESF #8 Lead may coordinate directly with the Colorado Department of Public Health and Environment for ESF #8 related activities. However, local emergency management and the State Emergency Operations Center (SEOC) when activated should be kept informed for the purposes of situational awareness; consultation and support; resource request when local capacities have been exceeded; emergency management assistance; and access to contracted and emergency operations center resources.

CDPHE, as the State ESF#8 Lead, is available through: virtual contact, the CDPHE Department Operations Center (DOC) and the State Emergency Operations Center (SEOC), and it provides assistance to local ESF #8 partners with response to a public health and medical incident including:

- Developing and coordinating the implementation of emergency response plans
- Assessing natural and human-caused disasters and enhancing public health, environmental and medical response to those incidents
- Integrating public health and medical systems with local and state partners
- Providing public health, environmental health, behavioral health, medical and emergency response partners with protocols and information related to health, medical and mortuary response
- Distributing health information and implementing systems of effective and redundant communication among all stakeholders involved in public health detection and response
- Assessing Colorado's ability to respond to the medical and psychosocial care of victims during an emergency
- Requesting and distributing the Strategic National Stockpile (SNS) when necessary

ESF #8 Coordination and Support is categorized into the following functional areas:

- Obtaining medical supplies and equipment for clinics, hospitals and long-term care facilities as necessary
- Emergency medical transportation, including medical evacuation
- Emergency mental/behavioral health/psychosocial crisis counseling for responders, individuals and the community
- Identification and mitigation of environmental health issues (water contamination, vector control, air quality, waste management)
- Fatality management including vital records and statistics
- Worker health and safety
- Public health and medical information
- Re-establishment of all health and medical systems, including behavioral health/psychosocial support and counseling, to pre-event levels

### **Integrated Response**

In the past decade, significant effort has been invested across the country to support an integrated response to the public health and medical aspect of any incident.

Nevertheless, real-world incidents and a series of statewide workshops throughout the State of Colorado reveal that gaps remain in coordinating efforts across local jurisdictional boundaries.

As a reminder, this document is not intended to alter how an individual jurisdiction conducts or coordinates public health and medical activities; rather it should be used to inform how individual response structures integrate when cross-jurisdictional coordination or support becomes necessary. This document does not address how local jurisdictions interact with the state during ESF #8 activated events. Instead, this document reflects guidance developed and agreed upon by healthcare coalition and health and medical planning leads across the state on how best to coordinate these efforts and share information (or update each other) among local jurisdictions.

### **ESF #8 Plan Components**

Though individual ESF #8 plans or health and medical coordination plans may look very different across the state of Colorado, it is important that certain vital components are addressed within those documents. These components remain the same when planning for cross-jurisdictional coordination. It is recommended that these plans include consistent language across the state on how the following response activities are conducted between separate local ESF #8 or Public Health and Medical response structures.

- Cross-Jurisdictional Coordination
- Notification Procedures
  - Triggers for internal, cross-disciplinary and cross-jurisdictional notification
  - Redundant methods for notification by position, not individual
- Activation Procedures
  - Identification of ESF #8 Lead Agency and point of contact
  - Staffing
  - Location of response (EOC, DOC, Remote/Virtual)
- Communication and Situational Awareness
  - Tactical communications to include tools and systems to be utilized
  - Situational awareness refers to the tools used to obtain and maintain a common operating picture
  - Public information coordination
- Resource Ordering
- Resource Prioritization/Decision-Making
- Continuity of Operations
- Demobilization

### **Cross-Jurisdictional Coordination**

This planning guidance and recommended minimum content is intended to address the Cross-jurisdictional ESF #8 planning gaps for incidents falling into one of three types of situations:

1. An incident occurring in a local jurisdiction requiring ESF #8 activation with patients being transported to another jurisdiction(s)
2. An incident impacting multiple jurisdictions with patients being present in multiple jurisdictions
3. An incident occurring in a neighboring jurisdiction requiring the activation of the ESF #8 system with patients being transported to another jurisdiction

\*Special Consideration should be made for incidents or impacts across state or tribal boundaries

Incidents requiring the movement of resources, public health support, etc., would rely upon existing agreements, Colorado Hospital and other Memorandums of Understanding (MOU) and Mutual Aid Agreements (MAA) for operational guidelines.

### **Notification**

Incidents that require the activation of the ESF #8 system rarely impact a single jurisdiction. It is recommended that a documented notification to neighboring, state and other appropriate ESF #8 Leads be made upon the activation of a local ESF #8 response structure. This notification may include a request to designate local ESF #8 Leads to assess the impact of the incident within other local jurisdictions to determine the extent an integrated or coordinated response may be required.

### **Activation, Communication and Situational Awareness**

After establishing a baseline common operating picture, impacted ESF #8 Leads should identify the following:

- Which ESF #8 systems have been activated as well as how and where they are staffed and personnel tracking
- Establish and publish 24/7 method of contacting ESF #8 during response operations
- Established system for maintaining situational awareness (i.e., updates provided through regularly scheduled conference calls, email updates, WebEOC, EMResource, etc.)
- Any response priorities or potentially competing resource needs

Situation updates should be shared with jurisdictions, agencies and the Emergency Operations Center (EOC) active in responding to an incident or likely to support the incident as it evolves. The ICS 209 – Incident Status Summary (see attached sample forms) is a formal document used within the Incident Command System to provide the necessary information to partners. The Colorado Department of Public Safety Division of Homeland Security Emergency Management (CDPS DHSEM) utilizes a Situational Report that provides a quick summary of an incident and is available for use by any partner. However, any document or situation report may be used and should include, at minimum, the following information:

- Incident name
- Point of contact and contact information
- Incident Commander and agency or organization

- Incident date and time
- Operational period date and time
- Incident definition
- Incident jurisdiction and location
- Incident summary/significant events
- Incident ESF #8 specific information

Local ESF #8's are encouraged to contact CDPHE ESF #8 for:

- Situational awareness updates
- Consultation and support for local incident
- Emergency management assistance
- Resource needs
- Contact information

**CDPHE ESF #8 Contact: CDPHE Duty Officer: 1-877-518-5608**

All public information should be created or vetted by the lead Public Information Officer (PIO) or through the Joint Information System or Center (JIC/JIS) if activated.

### **Resource Ordering and Prioritization**

In a multiple jurisdiction incident, including the activation of ESF #8 in each local jurisdiction, resource ordering should occur using a single point of purchase. Resource prioritization may occur at the state level as has been practiced within Colorado during past response operations.

If the incident is impacting a single jurisdiction with patient movement between multiple jurisdictions, resource requests should be made using the established resource request process utilized by the active emergency operations center (EOC) or activated ESF #8 Lead. These processes and appropriate contact information will be shared with designated local ESF #8 Leads during initial discussions to ensure that impacted ESF #8 partners are aware and able to access needed resources for incident response.

Though the ICS 213 RR – Resource Request Form (see attached sample forms) is the standard form for use in the Incident Command System, any modified form may be used at the request of the activated jurisdiction. All resource requests should include, at a minimum, the following information to ensure that requests are appropriately filled in a timely manner:

- Incident name
- Point of contact and contact information
- Date and time of request
- Resource requested including detailed description or type and quantity
- Name of supplier and point of contact if known
- Delivery or reporting location and requirements
- Requestors name
- Resource order approval process

Likewise, documentation processes and protocols will be shared amongst local jurisdictions to ensure that appropriate tracking is taking place.

\*Note: The Colorado Resource Rate Form (CRRF) is available for use in determining rates for some medical equipment. This is available in WebEOC.

### **Demobilization**

- The requestor requiring resource or staffing support and the originating entity of any resources or staff being assigned to the response is responsible to arrange for the demobilization of equipment or unused supplies from a partnering agency or jurisdiction.
- Both parties are responsible for signing documentation that describes the condition of the returned items and for ensuring a copy of all documentation is provided to the activated ESF #8 Lead or EOC for inclusion with incident records.
- Parties acquiring equipment through the support of ESF #8 should return it to the entity or agency identified on the resource request or resource recovery documentation in a similar condition to when it was deployed. In the event of loss or damage to reusable equipment or resources, the party acquiring the equipment will be charged fair-market value for repair or replacement.
- Each response agency providing assistance or mutual aid will adhere to existing agreements on cost sharing and reimbursement. For example, many agreements state that a responding agency will assume responsibility for its own expenses during the first full operational period, if established, or for the first 12 hours of an incident. Thereafter, the requesting agency/jurisdiction agrees to reimburse providing agency/jurisdiction at actual cost based on rates 10 days prior to the onset of the incident.

# Public Health and Medical Services (ESF #8) Basic Check List

Completed or N/A	By (Initials)	Time	Action Item
			<b>Immediate</b> (Operational Period 0-2 hours)
			Reported to the Emergency Operations Center (EOC) at _____ (Name of facility and street address)
			Notify the Deputy Public Health & Medical Services Branch Director and placed him/her on standby
			Maintain Public Health & Medical Services (ESF#8) Activity Log (ICS 214)
			Develop shift schedule for possible 24-hour operations (ESF#8 coverage)
			Establish contact with the county Public Health & Medical Services Director
			Notify Operations Section Chief of "unmet needs" in Emergency Medical Services (ESF#8)
			Establish informal communications with neighboring ESF#8 lead City: Who _____ County: Who _____ County: Who _____ County: Who _____ Regional: Who _____ State: Who _____
			Identify medical transportation resources available (i.e., ambulances, ambulance van, wheel chair vans/buses, etc.) <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Local private <input type="checkbox"/> Local volunteer agencies
			ID possible public health hazards in the disaster areas. Blood-borne pathogens, HIV, AIDS, HEPATITIS, TB, etc.
			<b>Intermediate</b> (Operational Period 2-12 hours)
			Brief Operations Section Chief of "unmet needs" in Emergency Medical Services (ESF#8)
			Assist with collecting, completing and forwarding damage reports and assessments
			Monitor and coordinate emergency medical resources
			Notify hospitals and nursing homes emergency condition using form ICS 209 (ESF8 version)

			Determine available hospital bed space and put medical facilities on standby: <input type="checkbox"/> EMSsystem <input type="checkbox"/> WebEOC <input type="checkbox"/> Fax / Phone
			Coordinate the assignment of mass casualties to medical facilities <input type="checkbox"/> EMSsystem <input type="checkbox"/> WebEOC <input type="checkbox"/> Fax / Phone
			Alert hospitals of Hazardous Materials (Haz Mat) substance and put medical facilities on standby: <input type="checkbox"/> EMSsystem <input type="checkbox"/> WebEOC <input type="checkbox"/> Fax / Phone
			Monitor the location of victims evacuated for medical treatment and reported their location to Operations Section Chief for inclusion in “victim accountability system”
			Coordinate inoculation for the prevention of disease
			Assist county coroner with deceased (as needed)
			Brief Operations Section Chief on the numbers and status of dead and injured handled by medical facilities
			Coordinate the pickup and evacuation of residents with special medical requirements
			Coordinate transportation for the evacuation of hospitals, long-term care facilities, mental health facilities, daycare and adult-care facilities
			Evacuation assistance provided for mobility impaired residents
			<b>Extended</b> (Operational Period 12+ hours)
			Activate the Medical Reserve Corps
			Conduct ongoing sampling and monitoring to ensure continued levels of sanitation
			Continue to perform tasks necessary to expedite recovery and cleanup operations
			<b>Demobilization</b>
			Ensure that all personnel are properly debriefed, to include mental health debriefings, if appropriate
			Assist municipal EMS agencies with procedures for obtaining reimbursement from the State and/or Federal Government
			Gradually revert assignments and personnel requirements to normal
			Finish required incident reports

			<b>Documents / Tools / Forms</b>
			201 Incident Summary (ESF#8)
			209 (ESF#8 Incident Status Summary)
			213 RR (Resource Requisition Form ESF#8)
			213 (General Message Form)
			214 (Activity Log)

SAMPLE

# ICS Public Health 213 Resource Request (RR) Form

<b>Incident Name:</b>	
1. Date and time order placed:	2. Requestor name/contact information:
3. Resource description:	
4. How many do you need?	
5. What is the resource going to be used for? (The work the resource will be doing)	
6. When do you need it? How long do you need it for?	
7. Where will the resource be used? (Specific location)	
8. Where should the resource be delivered? Who is the contact and the contact number there?	
9. Additional information:	
10. Your signature and PHIMT position:	

**\*\*FOR LOGISTICS and FINANCE SECTION USE ONLY\*\***

<b>SUPPLIER DETAILS</b>		
Supplier:		
Supplier Tax ID:		
Supplier contact name:		
Supplier contact number:		
Who is providing the labor to operate the resource/equipment? (circle one) <b>Supplier</b>		
Resource cost:		
Labor cost:		
<b>ETA:</b>		
Supplier's order number:		
<b>Payment type</b>		
P-Card Used? (circle one)	<b>YES</b>	<b>NO</b>
Invoice sent? (circle one)	<b>YES</b>	<b>NO</b>
<b>If YES:</b>		
<b>Have invoices sent to:</b>		
[Mailing Address Here]		
Was a HD resource used to fill the request? (circle one) <b>YES</b> <b>NO</b>		
<input type="radio"/> ORDER PLACED-in transit	Date/time:	Who placed the order?
<input type="radio"/> DEMOBILIZED	Date/time:	Who demobilized the resource?
<b>CODING:</b>		
<b>Additional notes/comments:</b>		

# Resource Request (ICS 213 RR)

<b>1. Incident Name:</b>			<b>2. Date/Time</b>			<b>3. Resource Request Number:</b>				
<b>Requestor</b>	<b>4. Order</b> (Use additional forms when requesting different resource sources of supply.):									
	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
<b>6. Requested Delivery/Reporting Location:</b>										
<b>7. Suitable Substitutes and/or Suggested Sources:</b>										
<b>8. Requested by Name/Position:</b>				<b>9. Priority:</b> <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		<b>10. Section Chief Approval:</b>				
<b>Logistics</b>	<b>11. Logistics Order Number:</b>					<b>12. Supplier Phone/Fax/Email:</b>				
	<b>13. Name of Supplier/POC:</b>									
	<b>14. Notes:</b>									
	<b>15. Approval Signature of Auth Logistics Rep:</b>					<b>16. Date/Time:</b>				
<b>Finance</b>	<b>17. Order placed by:</b>									
	<b>18. Reply/Comments from Finance:</b>									
	<b>19. Finance Section Signature:</b>					<b>20. Date/Time:</b>				
ICS 213 RR, Page 1										

**ICS 213 RR  
Resource Request**

**Purpose:** The Resource Request (ICS 213 RR) is utilized to order resources and track resource status.

**Preparation:** The ICS 213 RR is initiated by the resource requestor and initially approved by the appropriate Section Chief or Command Staff. The Logistics and Finance/Administration Sections also complete applicable sections of the form.

**Distribution:** This form is maintained in order to track resource status and assist with determining incident costs.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident
2	<b>Date/Time</b>	Self-explanatory
3	<b>Resource Request #</b>	Self-explanatory
4	<b>Order</b>	Specify quantity, item description, cost (complete resource status section after resource is received)
5	<b>Resource Status</b>	Enter applicable resource status fields
6	<b>Requested Delivery/Reporting Location</b>	Enter location requested resource delivery/reporting location
7	<b>Suitable Substitutes and/or Suggested Sources</b>	Enter possible substitute items if exact requested resource is not available, and Provide supplier information if known
8	<b>Requested by Name/Position:</b>	Requestor's name and position
9	<b>Priority</b>	Select urgent, routine or low priority
10	<b>Section Chief Approval</b>	Obtain appropriate Section Chief signature for request
11	<b>Logistics Order Number</b>	Enter logistics order number if applicable
12	<b>Supplier Phone/Fax/Email</b>	Enter resource supplier's phone/fax/email
13	<b>Name of Supplier/POC</b>	Enter name of resource supplier/POC
14	<b>Notes</b>	Any relevant notes regarding the request
15	<b>Approval Signature of Authorized Logistics Rep</b>	Enter approval signature of an authorized logistics section representative
16	<b>Date/Time</b>	Self-explanatory
17	<b>Order placed by</b>	Enter name of individual who places order for requested resource(s)
18	<b>Reply/Comments from Finance</b>	Any relevant notes regarding the request
19	<b>Finance Section Signature</b>	Enter approval signature of an authorized finance/admin section representative
20	<b>Date/Time</b>	Self-explanatory

Colorado ESF8 2015

# Local Health Department Situation Update Form

[Your Health Department Logo Here]

## Incident Name, location

### Situation Update

<b>Incident Name:</b>		<b>Incident Date:</b>	
<b>Report By:</b>		<b>Operational Period for Report:</b>	
<b>Incident Position:</b>		<b>Date:</b>	
		<b>From:</b>	
		<b>To:</b>	
<b>EPR Activation Level:</b> <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]     PSC --- TS[Technical Specialist(s)]     style OSC fill:#f00     style PSC fill:#0000ff,color:#fff     style FASC fill:#008000,color:#fff     style LSC fill:#ffff00     </pre>			
Incident Summary			

<b>Epidemiology Update</b>
<b>Tactical/Operations Update</b>
<b>Messaging/Public Information</b>
<b>Logistics Update</b>
<b>External Partner Updates</b>
<b>Other Updates</b>

## Sample Incident Status Summary

<b>*1. Incident Name:</b>		2. Incident Number:	
<b>*3. Report Version</b> (check one box left): Initial Rpt# Update (if used): Final	<b>*4. Incident Commander(s) and Agency or Organization:</b>	5. Incident Management Organization:	<b>*6. Incident Start Date/Time:</b> Date: Time: Time Zone:
		7. Current Incident Size or Area Involved:	8. Percent (%) Contained:  Completed:
		<b>*9. Incident Definition:</b>	10. Incident Complexity Level:
		<b>*11. For Time Period:</b> From Date: To Date: From Time: To Time:	

### Approval & Routing Information

<b>*12. Prepared By:</b> Name: _____ ICS Position: _____ Date/Time Prepared: _____	<b>*13. Date/Time Submitted:</b> Time Zone: _____
<b>*14. Approved By:</b> Name: _____ ICS Position: _____ Signature: _____	<b>*15. Primary Location, Organization, Agency Sent To:</b>

### Incident Location Information

<b>*16. State:</b>	<b>*17. County:</b>	<b>*18. City:</b>
19. Unit or Other:	<b>*20. Incident Jurisdiction:</b>	21. Incident Location Ownership: (if different than jurisdiction)
22. Longitude:  Latitude:	23. US National Grid Reference:	24. Legal Description: (township, section, range)
<b>*25. Short Location or Area Description</b> (list all affected areas or reference point):		26. UTM Coordinates:
27. Note any electronic geospatial data included or attached:		

### Incident Summary

<b>*28. Significant Events for the Time Period Reported</b> (summarize significant progress, evacuations, etc.)				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.)				
30. Damage Assessment Information (summarize damage to property, critical infrastructure etc.)	Structural	# Threatened	# Damaged	# Destroyed
	Residential			
	Commercial			
	Other			
ICS 209 ESF#8, Page 1 of		* Required when applicable.		

**INCIDENT STATUS SUMMARY (ICS 209 ESF #8)**

<b>*1. Incident Name:</b>	<b>2. Incident Number:</b>
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**Additional Incident Decision Support Information**

<b>*31. Public Status Summary:</b> Indicate Number of Civilians (Public) Below:	# This Reporting Period	Total # to Date	<b>*32. Responder Status Summary:</b> Indicate Number of Responders Below:	# This Reporting Period	Total # to Date
Fatalities			Fatalities		
With Injury / Illness			With Injury / Illness		
Trapped / In need of Rescue			Trapped / In need of Rescue		
Missing (note if estimated)			Missing		
Evacuated (note if estimated)			Evacuated		
Sheltering in Place (note if est.)			Sheltering in Place		
In Temp. Shelter (note if est.)			Received Mass Immunizations		
Received Mass Immunizations			Require Immunizations		
Require Immunizations (if est.)			In Quarantine		
In Quarantine					
<b>Total # of Civilians Affected</b>			<b>Total # of Responders Affected</b>		

<b>33. Life, Safety, and Health Status/Threat Remarks:</b>          	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%; padding: 2px;"><b>*34. Life, Safety, and Health Threat Management:</b></th> <th style="width:20%; padding: 2px;">Check if Active</th> </tr> </thead> <tbody> <tr><td>No Likely Threat</td><td></td></tr> <tr><td>Potential Future Threat</td><td></td></tr> <tr><td>Mass Notifications in Progress</td><td></td></tr> <tr><td>Mass Notifications Completed</td><td></td></tr> <tr><td>No Evacuation(s) Imminent</td><td></td></tr> <tr><td>Planning for Evacuation(s)</td><td></td></tr> <tr><td>Planning for Shelter-in-Place</td><td></td></tr> <tr><td>Evacuation(s) in Progress</td><td></td></tr> <tr><td>Shelter-in-Place in Progress</td><td></td></tr> <tr><td>Repopulation in Progress</td><td></td></tr> <tr><td>Mass Immunization in Progress</td><td></td></tr> <tr><td>Mass Immunization Complete</td><td></td></tr> <tr><td>Quarantine in Progress</td><td></td></tr> <tr><td>Area Restriction in Effect</td><td></td></tr> <tr><td>Evacuation Areas Still in Effect</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </tbody> </table>	<b>*34. Life, Safety, and Health Threat Management:</b>	Check if Active	No Likely Threat		Potential Future Threat		Mass Notifications in Progress		Mass Notifications Completed		No Evacuation(s) Imminent		Planning for Evacuation(s)		Planning for Shelter-in-Place		Evacuation(s) in Progress		Shelter-in-Place in Progress		Repopulation in Progress		Mass Immunization in Progress		Mass Immunization Complete		Quarantine in Progress		Area Restriction in Effect		Evacuation Areas Still in Effect							
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Planning for Evacuation(s)																																							
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Mass Immunization Complete																																							
Quarantine in Progress																																							
Area Restriction in Effect																																							
Evacuation Areas Still in Effect																																							
<b>35. Weather Concerns (summary of current and forecasted pertinent weather conditions):</b>          																																							

**36. Projected Incident Activity, Potential, Movement, Escalation, Spread and Influencing Factors:**

12 Hours:

24 Hours:

48 Hours:

72 Hours:

72+ Hours:

**37. Strategic Objectives:**

**INCIDENT STATUS SUMMARY (ICS 209 ESF #8)**

*1. Incident Name:	2. Incident Number:
Additional Incident Decision Support Information (cont.)	
<p>38. Current Incident Threat Summary and Risk Information (Summary):</p> <p>12 Hours:</p> <p>24 Hours:</p> <p>48 Hours:</p> <p>72 Hours:</p> <p>72+ Hours:</p>	
<p>39. Critical Resource Needs:</p> <p>12 Hours:</p> <p>24 Hours:</p> <p>48 Hours:</p> <p>72 Hours:</p> <p>72+ Hours:</p>	
<p>40. Strategic Discussion: Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p>	
<p>41. Planned Actions for Next Operational Period:</p>	
<p>42. Projected Final Incident Size/Area (use unit label – e.g., "sq mi"):</p>	
<p>43. Anticipated Incident Management Completion Date:</p>	
<p>44. Projected Significant Resource Demobilization Start Date/Time:</p>	
<p>45. Estimated Incident Cost to Date:</p>	
<p>46. Projected Final Incident Cost Estimate:</p>	
<p>47. Remarks:</p>	
ICS 209 ESF#8, Page 3 of _____	* Required when applicable

# Cross-Jurisdictional ESF #8 TTX Situation Manual

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April 27, 2016

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

**Exercise Overview**

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

	<p>8. Describe the process for assessing gaps in available resources and assets</p> <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>
<b>Threat or Hazard</b>	Earthquake
<b>Scenario</b>	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.
<b>Sponsors</b>	<ul style="list-style-type: none"> <li>• Colorado Hospital Association</li> <li>• Colorado Healthcare Coalition Council</li> <li>• Colorado Department of Health and Environment, Office of Emergency Preparedness and Response</li> </ul>
<b>Participating Organizations</b>	See Appendix A
<b>Points of Contact</b>	<p><b>Deborah French</b>  Director, Hospital Emergency Preparedness Program  Colorado Hospital Association  7335 East Orchard Road  Greenwood Village, CO 80111  Office: 720-330-6043  E-mail: <a href="mailto:Deborah.french@cha.com">Deborah.french@cha.com</a></p> <p><b>All Clear Emergency Management Group</b>  3434 Edwards Mill Road, Ste. 112-162  Raleigh, NC 27612  Main: 336-802-1800</p> <p><b>Jenny Schmitz, MA, CO-CEM, MEP</b>  Director of Healthcare Preparedness  Email: <a href="mailto:JennyS@AllClearEMG.com">JennyS@AllClearEMG.com</a></p> <p><b>Ginny Schwartzer, MEP</b>  Vice President and Owner  Email: <a href="mailto:GinnyS@AllClearEMG.com">GinnyS@AllClearEMG.com</a></p> <p><b>Will Moorhead, JD, MEP</b>  President and Owner  Email: <a href="mailto:WillM@AllClearEMG.com">WillM@AllClearEMG.com</a></p>

**General Information**

**Exercise Objectives and Capabilities**

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are distinct critical elements necessary to achieve the specific mission area.

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

**Table 1: Exercise Objectives and Associated Capabilities**

### **Participant Roles and Responsibilities**

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

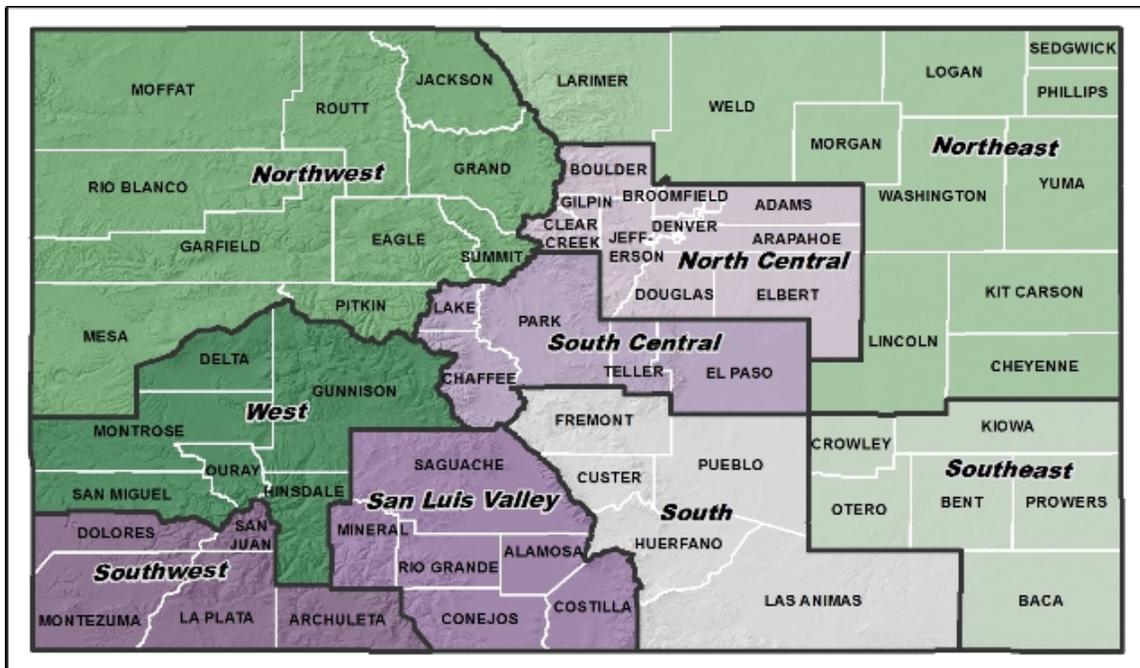
- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required.
- **Recorders.** Recorders are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies and procedures.

### **Exercise Structure**

This exercise will be a facilitated exercise. Players will participate in the 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 begins with an update that summarizes key events occurring within that time period. After the updates, players review the situation and engage 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 will be added to the functional groups as needed

Participants will discuss each module within their groups. Each group will report out two to three key lessons learned in the exercise debrief.

### Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from this Summit.
- Decisions are not precedent setting and may not reflect your organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response efforts. Problem-solving efforts should be the focus.

### Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

### Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities and is documented in the Recorder Handbooks. Recorder handbooks are provided for each table recorder. Additionally, players will be asked to complete a Participant Feedback survey, via Survey Monkey after the exercise. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After Action Report (AAR).

## Module 1: Notification and Activation

**April 27, 2016 at 9:00 a.m.**

It is a pleasant spring day across the state of Colorado. Without warning, an earthquake strikes.

- 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.

**April 27, 2016 at 10:00 am**

There is widespread damage in the impacted county, but it is not severe. Roads, bridges and infrastructure are largely intact. Some buildings have collapsed. There are many injuries, and the local hospital is damaged.

### Key Issues

- An earthquake has struck. There is widespread damage, but the damage is not severe.
- There are many injuries and the local hospital is damaged.

### Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

### Reference: Cross-Jurisdictional ESF #8 Guidance Notification and Activation Sections

#### Discussion Questions

- 1.1 How is the impact assessed in order to determine the need for activation of the local EOC? Who is involved in assessment?
- 1.2 What triggers the activation of ESF #8? What conditions exist that would require the activation of ESF #8?
- 1.3 What is the process for activating ESF #8 in your jurisdiction?
- 1.4 How are the ESF #8 agencies notified?
- 1.5 Are other notifications needed?

- 1.6 Who is the lead agency for ESF #8?
- 1.7 What are the initial actions of the ESF #8 lead agency once activated?
- 1.8 Who are the key ESF #8 participating agencies within your jurisdiction?
- 1.9 How do you activate them?
- 1.10 Is the notification process different from activating the lead agency?
- 1.11 If your jurisdiction needs additional help or resources to respond, which agencies do you notify? How?
- 1.12 Describe the ESF #8 cross-jurisdictional coordination at this point in the scenario.
- 1.13 Does the guidance sufficiently address notification of ESF #8 and other agencies?

**Module 2: Situational Awareness**

**April 27, 2016 at 2:00 p.m.**

The EOC and, specifically, ESF #8 have been activated in your jurisdiction. Reports are trickling in from various areas of the jurisdiction and from the other ESFs.

ESF	Initial Damage Report
ESF #1 – Transportation	Most major roads are open, but there is limited access to parts of the jurisdiction. Damage includes buckled concrete, downed trees and other obstructions.
ESF #2 – Communications	Some telephone and internet outages are reported across the jurisdiction.
ESF #3 – Public Works	Power and water outages are reported across the county.
ESF #5 – Emergency Management	EOC has activated and all ESFs are staffed.
ESF #8 – Public Health and Medical	A hospital and two nursing homes in the county have been damaged. At this time, no more information about the extent of the damage, but there could be a need for patient movement out of the jurisdiction. There are initial reports of injuries and a few fatalities.
ESF #13 – Public Safety and Security	Officers are still surveying the damage.

**Key Issues**

- Damage assessment is underway in the jurisdiction.
- EOC in impacted jurisdiction is activated and all ESFs are represented.

**Questions**

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

**Reference: Cross-Jurisdictional ESF #8 Guidance Activation, Communications and Situational Awareness Sections and Incident Status Summary (ICS 209)**

## Discussion Questions

- 2.1 Describe the coordination of the local health and medical response at this point in the scenario.
- 2.2 Regarding ESF #8, which agencies report to the EOC? Which agencies are involved in regular communications? Which agencies are involved in communications on an as needed basis?
- 2.3 How does ESF #8 communicate with agencies not in the EOC?
- 2.4 How does ESF #8 gather information about the status of health and medical organizations?
- 2.5 How do you gain situational awareness outside of your jurisdiction?
- 2.6 What types of information is ESF #8 gathering? What types of information is ESF #8 sharing and with whom?
- 2.7 How does local ESF #8 share information with local Emergency Management?
- 2.8 How does local ESF #8 share information with the neighboring jurisdiction's ESF #8?
- 2.9 When considering the Cross-Jurisdictional ESF #8 Guidance provided what issues do you foresee in utilizing the situational update process as outlined?

**Module 3: Resource Requests, Management and Demobilization**

April 27, 2016, at 6:00 p.m.

As the response continues, resource requests are pouring into the EOC. ESF #8 has been activated at the local and state level. Each ESF is starting to coordinate resource requests.

ESF	Updated Damage Report
ESF #1 – Transportation	There are a few bridges that are impassible. Need signs to mark alternate routes. Survey and reconstruction/repair will be needed.
ESF #2 – Communications	Resources needed to restore telecommunication systems within the jurisdiction.
ESF #3 – Public Works	Need resources to clear roads of debris. Power and water service has been disrupted in various locations. Request resources to assist.
ESF #5 – Emergency Management	Collecting resource requests from all ESFs. Additional personnel needed to staff the EOC for a long-term response and recovery.
ESF #6 – Mass Care	Starting to setup shelters for community members without power and water. Will need additional staffing and supplies for the shelters if restoration and cleanup take a prolonged time.
ESF #8 – Public Health and Medical	The hospital and nursing homes are holding in place, but they will need additional resources to remain in place, including additional security, utility assistance and medical equipment. They are reporting staff shortages due to damaged homes and childcare issues. A few casualties at each location and others reported in the community.
ESF #13 – Public Safety and Security	Working with Transportation and with Public Works to prevent access to damaged area. Additional staffing will be needed to assist.

**Key Issues**

- ESF’s are coordinating resource requests that are coming into the EOC. ESF #8 has been activated at the local and state levels.

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

**Reference: Cross-Jurisdictional ESF #8 Guidance Resource Ordering and Prioritization, Resource Request Form (ICS 213 RR) and ICS 213RR Resource Request Form**

## Discussion Questions

- 3.1 Describe the coordination of the local health and medical response at this point in the scenario.
  - a. What is the ongoing interaction of ESF #8 during each operational period of the local EOC?
  - b. Who are the players?
  - c. What are they communicating?
- 3.2 What is the process for health and medical resource requests from the local agencies?
- 3.3 There are 50 widgets. One agency requests 50 and one agency requests 40.
  - a. How are competing health and medical resource requests prioritized?
  - b. What are the factors that influence the priority of resource allocation?
  - c. Who has the authority to prioritize resource requests?
  - d. How are resource requests submitted to the state?
- 3.4 When considering the Cross-Jurisdictional ESF #8 Guidance provided, what issues do you foresee in utilizing the resource request forms and process as outlined?
- 3.5 How is a resource requested from a neighboring jurisdiction without routing the request to the state? Does the state need to receive inter-jurisdictional requests?
- 3.6 How are ESF #8 resources managed?
- 3.7 What does demobilization look like for this incident?

**April 27, 2016 at 11:00 p.m.**

Amazingly, the cleanup and recovery efforts have ended. Your jurisdiction is back to normal. You have been called to represent your agency at a debrief meeting of the ESF #8 role in the earthquake response.

## Module 4: Cross-Jurisdictional ESF #8 Guidance Debrief

### ESF #8 Guidance Debrief

Key stakeholders from around the jurisdiction have gathered to debrief specifically on the ESF #8 responses in the jurisdiction. Part of this assessment is to examine the Cross-Jurisdictional ESF #8 Guidance and the processes for Activation and Notification, Situational Awareness and Resource Requests, Management and Demobilization.

#### Key Issues

- The response is over.
- You are invited to an ESF #8 debrief.

#### Questions

Participate in the discussion concerning the issues raised in the presentations given at the Summit and discussed in Modules 1-3 about the Cross-Jurisdictional ESF #8 Guidance document. Recap any gaps or suggestions for document.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

#### Reference: Cross-Jurisdictional ESF #8 Guidance Document

##### Notification and Activation Procedures

- 4.1 What gaps in the Notification and Activation section were discussed?
- 4.2 What suggestions do you have for this portion of the document?

##### Situational Awareness and Related Forms

- 4.3 What gaps in the Situational Awareness section were discussed?
- 4.4 What suggestions do you have for this portion of the document?

##### Resource Requests, Management and Demobilization and Related Forms

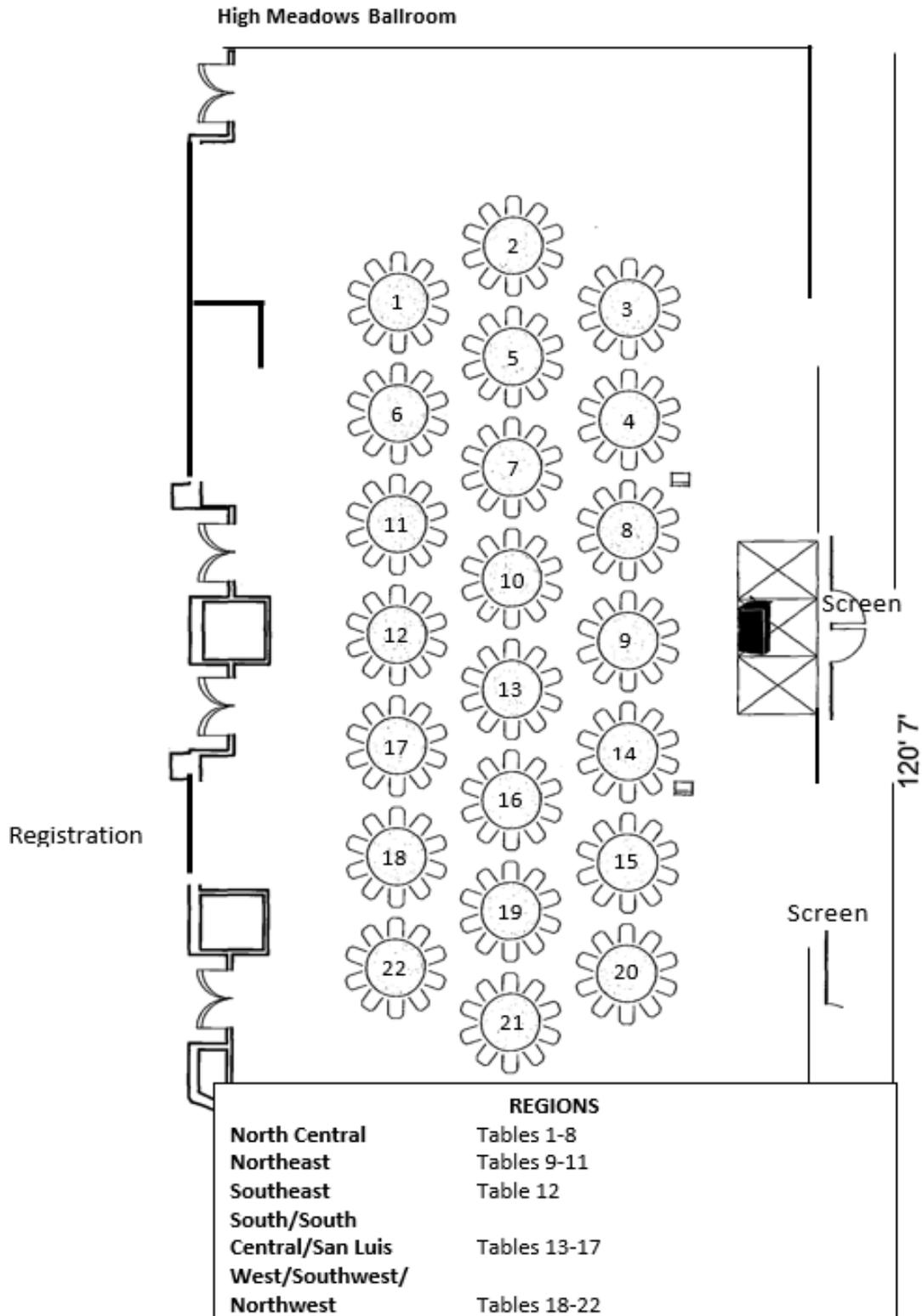
- 4.5 What gaps in the Resource Requests, Management and Demobilization section were discussed?
- 4.6 What suggestions do you have for this portion of the document?

### Other Cross-Jurisdictional ESF #8 Guidance Elements

- 4.7 What other gaps in the Cross-Jurisdictional ESF #8 Guidance document were discussed?
- 4.8 What suggestions do you have regarding the Cross-Jurisdictional ESF #8 Guidance Sample Forms?
- 4.9 What special circumstances or barriers in your jurisdiction would prevent this guidance from being implemented?

# Appendix

### Appendix A: Table Assignments



### Appendix B: Exercise Participants

<b>Participating Organizations</b>
<b>Federal</b>
United States Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response
460 <sup>th</sup> Medical Group - Buckley AFB
<b>State Agencies / Organizations</b>
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 Hospital Association (CHA)
<b>Healthcare Coalitions (HCC)</b>
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
Montelores 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

<b>Local Health Departments</b>
Alamosa County Public Health
Baca County Public Health Agency
Boulder County Public Health
Chaffee County 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
<b>Hospitals</b>
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
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
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
Prowers 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
Wray Community District Hospital
Yuma District Hospital
<b>RETAC</b>
Foothills
Mile-High
San Luis Valley
<b>Local Office of Emergency Management (OEM)</b>
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
<b>EMS</b>
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
<b>Behavioral Health</b>
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
<b>Other Healthcare Preparedness Partners</b>
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
<b>Other Preparedness Partners</b>
American Red Cross
Clear Creek County Department of Human Services
Denver District Attorney's Office
Fremont County Coroner
Imagine Colorado

**APPENDIX C: ACRONYMS**

<b>Acronym</b>	<b>Term</b>
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
HAN	Health Alert Network
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
MOU	Memorandum of Understanding
OEPR	Office of Emergency Preparedness and Response (CDPHE)
RETAC	Regional Emergency Medical and Trauma Advisory Councils
SitMan	Situation Manual
TTX	Tabletop Exercise