Public Health Emergency Operations Plan

Annex A: Emergency Support Function #8, Adams, Arapahoe, Douglas, and Elbert Counties

VERSION 2.0

DATE LAST REVIEWED: JUNE 2017

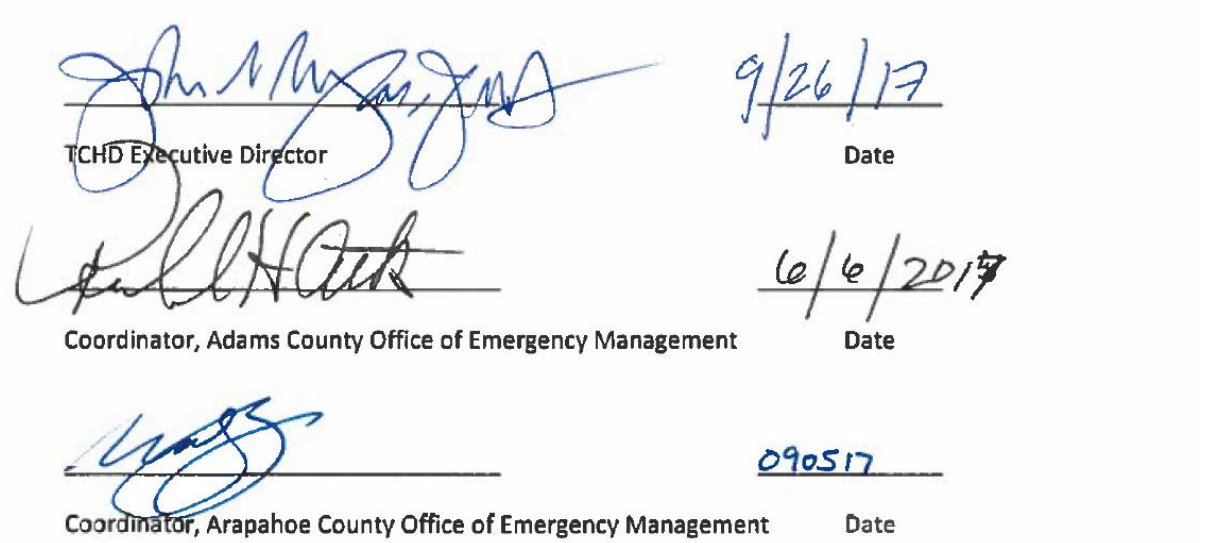
DATE APPROVED: JANUARY 2018

NOTICE OF ANNEX APPROVAL

The ESF #8 Annex (hereafter referred to as Annex A) has been developed for use by offices of emergency management and health and medical partners throughout Adams, Arapahoe, Douglas, and Elbert Counties and specifically for the Tri-County Health Department (hereafter referred to as TCHD or Agency), as the designated ESF#8 Lead within those counties. The ESF #8 system was established to promote a system to: save lives; protect public health and the environment; alleviate damage and hardship; and, to reduce future vulnerability within Adams, Arapahoe, Douglas, and Elbert Counties and the City of Aurora. Further, this document indicates the commitment to annual planning, training, and exercise activities in order to ensure the level of preparedness necessary to respond to emergencies or disasters within the TCHD jurisdiction and Elbert County. By affixing the signatures indicated below, this Annex is hereby approved for implementation and intended to supersede any/all previous versions. Municipalities within the mentioned counties may access the resources addressed in this Annex by making a request through their county Emergency Operations Center (EOC), with the exception of the City of Aurora which can directly request activation. This document is a "living annex" and will be continuously updated as conditions change. Minor changes and updates of facts will occur as approved by the TCHD Director of the Office of Emergency Preparedness and Response. This document is an annex to TCHD's Public Health Emergency Operation Plan (PHEOP) and will be reviewed / updated annually.

Record of review and distribution

By signing this document, non-TCHD signatories have agreed to engage in the execution of ESF #8 activities in accordance with the annex. Authorization of this plan by these signatories is not necessary for its promulgation. Copies of this Annex will be filed with the Adams, Arapahoe, Douglas, and Elbert County and the City of Aurora Emergency Managers, the TCHD Executive Director and distributed to all ESF #8 partners identified in the Scope of this document.



7/13/17

Director, Douglas County Office of Emergency Management — Date

13 JULY 17

Director, Elbert County Office of Emergency Management — Date

7/13/17

Coordinator, City of Aurora Office of Emergency Management — Date

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1.0 PURPOSE

The purpose of this annex is to identify the ESF #8 agencies and partners within Adams, Arapahoe, Douglas, and Elbert Counties and the City of Aurora and to facilitate Tri-County Health Department's (TCHD) role as lead for these jurisdictions and municipalities in creating a comprehensive ESF #8 coordination of health and medical systems. This document will describe TCHD's capacity or method for response to the ESF #8 component of any event or incident as requested by the affected jurisdiction(s). The Annex was written by a cross-disciplinary and cross-jurisdictional workgroup made up of TCHD Healthcare Coalition members and approved by the entire Healthcare Coalition for use by all member agencies and facilities. The document is also intended to guide TCHD, when activated, on ensuring situational awareness for all Healthcare Coalition partners during incident response.

1.1 REGIONAL SETTING

The Tri-County Health Department is the largest local health department in Colorado. Covering Adams, Arapahoe, and Douglas Counties, including the City of Aurora, and supporting Elbert County, TCHD serves approximately 1.4 million people. Within these four counties, there are thirteen hospitals with emergency departments and an additional five specialty hospitals. Many of these facilities are part of wider healthcare systems both providing expanded capacity and services as well as potentially complicating a fully integrated response to disasters. Additionally, there are twenty-five ambulatory surgical centers located in these counties as well as a number of nursing homes, home healthcare agencies, long-term care facilities and other types of medical businesses.

Each of these four counties has an elected coroner and a staffed coroner's office with TCHD providing vital statistics records. Mental and behavioral health needs are handled at the county level by Adams County Community Reach Center and the All Health Network. The City of Aurora, extending into all three counties, houses the Aurora Mental Health Center to address these concerns at the city level. Additionally, jurisdictional victim's assistance programs serve as the lead for behavioral health issues during a law enforcement led incident.

Colorado has been divided into nine All-Hazards Regions, the purpose of these being to improve Regional preparedness through effective planning, training, and exercising. TCHD is an active participant in the North Central Region (NCR), comprising the ten counties in the Denver Metropolitan area. Through the NCR Board of Directors and the associated committee structure, TCHD has enhanced partnerships with other local health departments, hospitals and other key stakeholders within the region.

Because the impacts of an incident are rarely confined to a single jurisdiction, this annex will include steps for cross-jurisdictional coordination for the health and medical component of an incident.

1.2 SCOPE

This ESF #8 Annex provides planning in the response areas defined in the National Response Framework and include:

- Assessment of public health/ medical needs;
- Health surveillance;
- Medical care personnel;
- Health/medical/veterinary equipment and supplies;
- Patient evacuation;
- Patient care;
- Safety and security of drugs, biologics, and medical devices;
- Agriculture safety and security;
- All hazards public health and medical consultation, technical assistance, and support;
- Behavioral healthcare;
- Public health and medical information;
- Vector control;
- Potable water/wastewater and solid waste disposal;
- Mass fatality management, victim identification, and decontaminating remains; and
- Veterinary medical support.

In instances where TCHD is not directly responsible for the above listed capabilities or resources the responsible agencies may directly access the appropriate resources or request that TCHD serve as a conduit to access those agencies or departments that provide those resources and ensure their coordination into the response. This includes coordinating with state level departments, such as the Department of Agriculture, when appropriate.

The ESF #8 system within the TCHD jurisdiction and Elbert County does not include EMS and their role in Pre-Hospital Triage. These functions are covered by other ESFs or systems.

ESF #8 is designed to provide a flexible organizational structure capable of meeting the requirements of many emergency scenarios. This structure is meant to streamline access to resources and information and effectively incorporate ESF #8 partners into an operation while allowing for a more efficient use of limited staffing capabilities during a response. This annex, as with all annexes to the TCHD Public Health Emergency Operations Plan (PHEOP), utilizes ***Attachment VI: Community Inclusion Planning*** as a guide to assist local public health and the ESF #8 response system on the inclusion of functional and operational considerations to enhance planning and response efforts.

This document is a functional annex to the TCHD Public Health Emergency Operations Plan (PHEOP) and is intended to function as such for the Adams, Arapahoe, Douglas, and Elbert County Emergency Operations Plans (EOPs) and the City of Aurora EOP. To the extent possible, information contained in other sections of these EOPs will not be repeated in this ESF Annex.

Most of the agencies involved in public health and medical services activities have existing emergency plans and procedures. This ESF #8 plan is not designed to replace those plans. Rather it is designed to complement and support existing plans and procedures.

TCHD is authorized to act as the ESF #8 lead in accordance with this annex insofar as this annex has been adopted for use by Adams, Arapahoe, Douglas, and Elbert Counties and the City of Aurora for the management and coordination of ESF #8 activities and partners within their jurisdictions.

1.3 Assumptions

- Each jurisdiction organizes its emergency operations center in response to events and incidents differently, but the ESF #8 component of a response will be organized through the system described in this document.
- ESF #8 is designed for organization of public health and medical preparedness and response at the federal level. This system is specific to the existing federal structure and not always appropriate for local planning or response. It has been adapted in this annex to meet identified needs.
- The ESF #8 system within Adams, Arapahoe, Douglas, and Elbert may operate differently during a public health incident as compared to an incident with a different discipline serving in the role as incident command. The anticipated ESF #8 structure can be found in section 2.3.1 of this document.

2.0 Concept of Operations

2.1 Roles and Responsibilities

The roles and responsibilities outlined in the section below are meant to describe the activities performed by the identified disciplines within Adams, Arapahoe, Douglas, and Elbert Counties as they pertain to the health and medical system as coordinated under ESF #8 during incident response operations.

Tri-County Health Department (TCHD)

- Provide public health services and operations within the jurisdiction, as deemed critical to the incident, for disaster response and recovery, which may include:
  - Identify public health needs in affected areas and develop response strategies
  - Provide assistance with recommendations on the disposal of hazardous and radiological materials
  - Provide disease control, surveillance and investigation
  - Provide mass prophylaxis

- Provide guidance to healthcare providers, coroners, schools, first responders, and other key stakeholders
- Issue quarantine and isolation orders
- Provide medical surge care planning, coordination, and logistics support
- Provide for environmental health
- Inspect food and water supplies and evaluate and recommend methods for disposal of contaminated foods
- Conduct animal bite response and investigation activities for rabies
- Conduct vector surveillance
- In cooperation with State and Federal officials as well as the food industry, conduct trace-backs or recalls of adulterated products

- Serve as ESF #8 lead, coordinating activities as requested. Actions that may be supported by TCHD, if possible, may include:
  - Coordinate staffing of the County Emergency Operations Centers' ESF #8 chairs as requested and able during response to support the operation.
  - Request appropriate ESF #8 organizations to activate and deploy public health, medical, behavioral health and veterinary medical personnel (in coordination with ESF #11), equipment, and supplies in response to requests for local public health and medical assistance, as appropriate.
  - Make requests through county offices of emergency management (OEMs) or activated emergency operations centers (EOCs) for activation of additional ESF #8 resources, as necessary, to support response operations.
  - Evaluate requests for assets based upon relevant threat information and submits the requests to county OEM to be funneled to the State Emergency Operations Center (SEOC) to be filled as appropriate. The requests may ultimately result in receipt of assets from the Strategic National Stockpile (SNS) but the determination to formally request assets from the SNS will come from the State level only.
  - Assist with family reunification
  - Assist with patient tracking
  - Assist with hospital surge operations
  - Assist with hospital evacuation
  - Assist with outpatient diagnosis and treatment
  - Assist with hospital triage
  - Assist with patient education
  - Assist in surge staffing at triage centers, surge hospitals
  - Establish and facilitate Alternate Care Facilities
  - Support behavioral health response/crisis counseling
  - Support mass fatalities management
  - Support with death investigation
  - Coordinate with other ESFs for operational support

- Coordinate all health and medical messaging/risk communications to the public in conjunction with the County PIO(s) and provide subject matter expertise for any health and medical information released.
- Coordinate ESF #8 activities between impacted and supporting jurisdictions.
- Coordinates with Bonfils Blood Center which collects, tests, manufactures and distributes blood and blood products to maintain a safe and adequate community blood supply using the Blood Availability and Safety Information System as baseline data for ESF #8 activation.
- Liaises with Bonfils Blood Center to coordinate local public announcements around blood supply needs and donation logistics.

Offices of Emergency Management (OEMs)

- Provide support (to include what is described in local EOPs)
  - Communications between Emergency Operations Center (EOC) and any local Department Operations Center (DOC)
  - Information sharing between the field, the EOC and the DOC
  - Resource ordering through county specified tools and processes
- Coordination between ESFs
- Coordination between impacted and supporting jurisdictions
- Request activation of ESF #8, as appropriate

Hospitals/Private physicians and medical practices (*Clinics and Federally Qualified Health Centers, ambulatory surgical centers, Dialysis Centers, Urgent Care Centers, Stand Alone Emergency Departments, School Based Health Centers, etc.)*

- Inpatient care
- Emergency Department triage
- Surge hospital management staffing
- Alternate Care Facility
- Medical branch staffing in the EOC or DOC
- Outpatient diagnosis and treatment
- Patient education
- Patient hazardous materials decontamination (this does not include those that arrive at the hospital already deceased, see Fatalities Management Appendix for more information)
- Participate in ESF #8 coordination as appropriate
- Disease reporting

Emergency Medical Services

- Provide technical assistance and coordination for identifying and meeting medical transportation needs
- Operational coordination and administration of assigned and attached medical response assets
- Patient reception during a National Disaster Medical System or like event

- Medical surge or alternate care facility staffing support when available
- Share pertinent transport and symptomatic data/trends with ESF #8 representatives as deemed appropriate
- Participate in ESF #8 coordination as appropriate

Dispatch Centers

- Relaying guidance to first responders and citizens on incident specific tactics or considerations
- Prioritization of incoming calls including incident specific patient screening based on symptoms

Coroners

- Mass fatalities management and coordination with cross-jurisdictional coroners as required by the incident
- Death investigation
- Participate in ESF #8 coordination as appropriate
- Create victim identification center within a family assistance center if required
- Coordinate with Mortuary Services including hospitals

Behavioral Health

- Respond in coordination with other agencies to behavioral health needs of responders, victims, survivors, and collaterals
- Behavioral Health support including Psychological First Aid
- On-going crisis counseling
- Assist in creating trauma-informed public messaging
- Provide referrals and resources to responders, victims, survivors, and collaterals
- Participate in ESF #8 coordination as appropriate

Bonfils

- Monitors blood and blood product supplies throughout the year using the Blood Availability and Safety Information System as baseline data for ESF #8 activation.
- Monitor blood and blood product shortages and reserves, including the safety and availability of the blood supply.
- Liaises with TCHD for logistical requirements.
- Liaises with TCHD and any established Joint Information Center (JIC) to coordinate a local public blood announcement message for the need to donate.
- Participate in ESF #8 coordination as appropriate

Assisted Living and Long Term Care

- Potential destination for hospital evacuation

Schools (Including pre-K, School Districts, Colleges, and Universities)

- Coordinate with local public health on facilities during incidents
- Coordinate on dissemination of information to the public
- Coordination on family reunification
- Coordinate with behavioral health
- Disease reporting and data reporting

2.2 Command and Control

When a mass casualty or complex incident occurs in Adams, Arapahoe, Douglas, and Elbert Counties, multiple disciplines may be called into action, including public safety, public health, human services, emergency management, and others as appropriate. Incident management refers to the structure put in place to direct all components of the response to a specific incident or event. Activation of ESF #8 and this Annex to respond to medical surge or other health, and medical components of the incident or event will establish the necessary coordination to integrate field-level response strategies with jurisdictional response. Field-level response refers to those decisions and activities directed at the incident to minimize the effects on health, life-safety and property. In some instances responses usually assigned to ESF #8 may warrant more specific attention within the command structure. When this occurs and personnel are available, ESF #8 will assign an appropriate liaison to the area to create an efficient system of coordination.

2.3 Organization

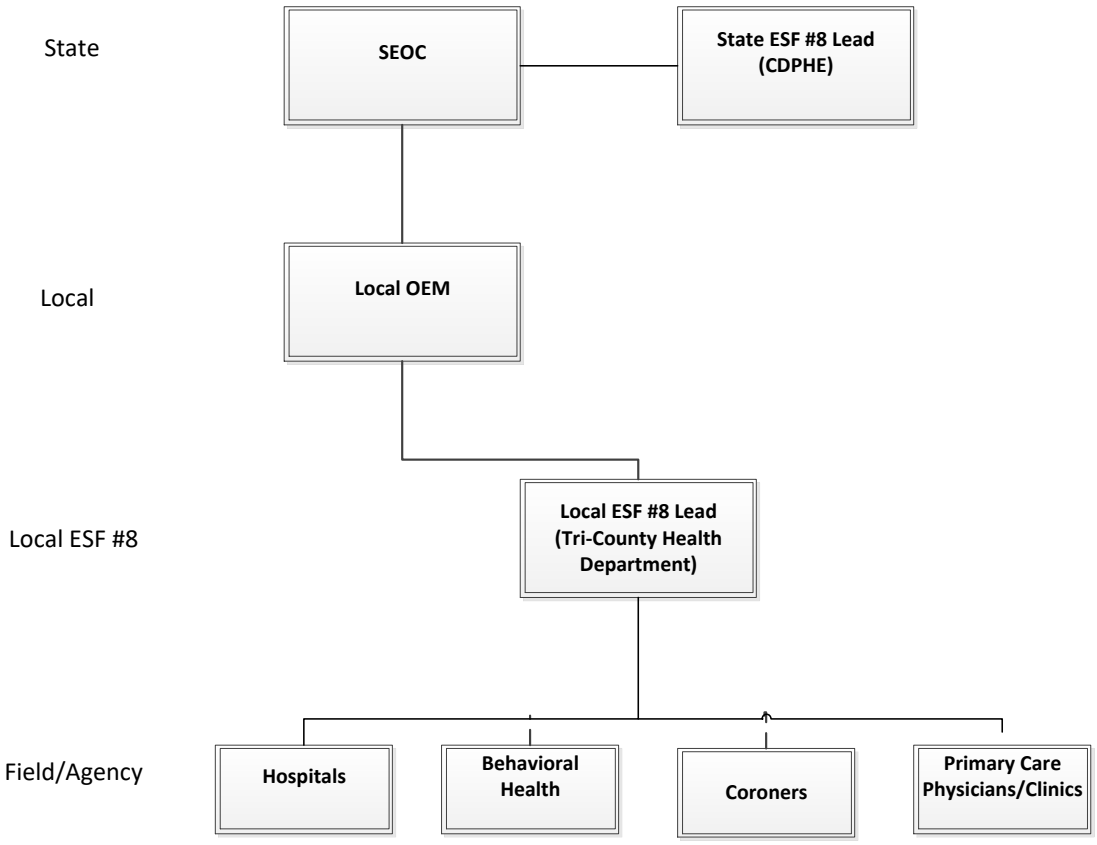
Incident organization can be broken down into five scenarios to best determine the appropriate structure for incident management and ESF #8 coordination. Coordination of the ESF #8 role during emergencies will be determined during the incident, consistent with the County or Municipal EOP, using the principles for response and coordination described in this plan.

Table 1: ESF #8 Coordination by Incident Scenario

Incident Scenario	Incident Management	ESF #8 Coordination
Scenario 1. Public Health incident with limited partner involvement (ex. Hepatitis A Outbreak)	TCHD Public Health Incident Management Team (PHIMT)	Partner interaction occurs through Liaison Officer or may transition to the ESF #8 representative in an activated EOC
Scenario 2. Public Health incident with strong need for ESF #8	PHIMT	Formalized coordination through TCHD with

Coordination (ex. Influenza Pandemic), county/municipal EOC not activated		county/municipal EOC activation anticipated
Scenario 3. Public Health incident or incident with public health response (ex. hazmat spill), county/municipal/Federal EOC activated	PHIMT or other agency as appropriate	
Scenario 4. Incident with major public health response (ex. biological terrorism), county/municipal/Federal EOC activated	Other agency as appropriate	Formalized coordination through county/municipal EOC with appropriate staff liaising between EOCs and TCHD DOC as needed
Scenario 5. Incident with little or no Public Health response required, but with significant ESF #8 response required (ex. active shooter incident)	Other agency as appropriate	Formalized coordination through county/municipal EOCs as requested

Organizational Chart 1: Organization for resource mobilization



2.3.1 PUBLIC HEALTH LED INCIDENT

During a large scale public health incident where TCHD is serving in the role as incident command (as described in Table 1) the agency will serve to coordinate the health and medical component of the response through the activated TCHD Public Health Incident Management Team (PHIMT). Should the PHIMT no longer be able to support all incident management activities, TCHD will request support from the OEMs of impacted jurisdictions. Once this occurs, the PHIMT logistics section may transition staff into the role of ESF #8 representative within the activated EOCs until such a time that the position is no longer required.

2.4 RESPONSE

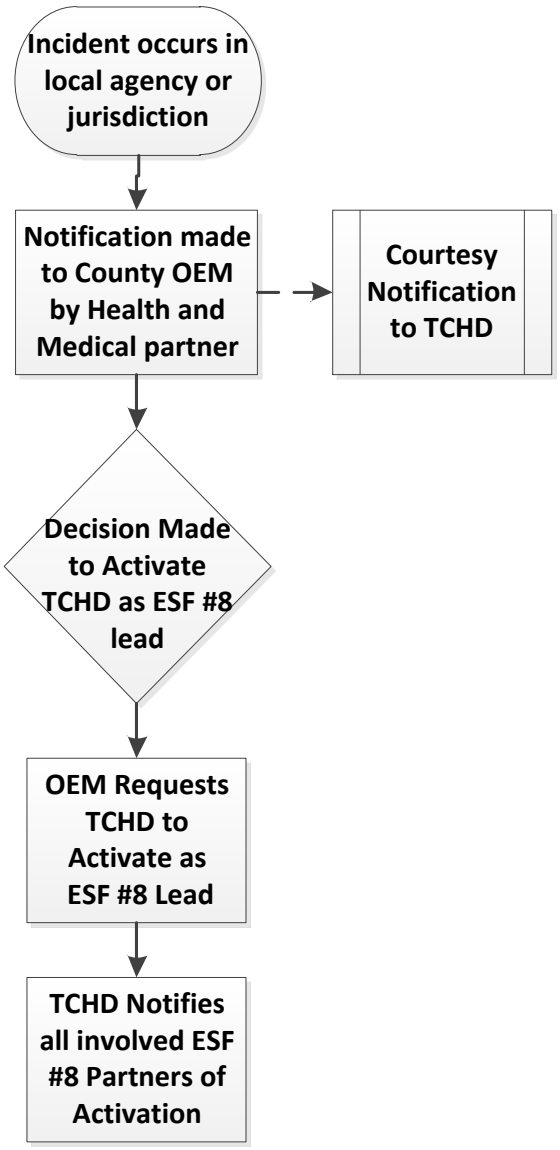
2.4.1 NOTIFICATION

Health and medical partners should notify county or municipal emergency managers of all non-routine emergency operations plan activations. The emergency manager may determine the need to activate ESF #8 and TCHD as the ESF #8 Lead. The impacted emergency manager should provide a courtesy notification to TCHD once they determine the potential need ESF #8 support. The initial communication will either put TCHD Office of Emergency Preparedness and Response (EPR) staff on standby or activate TCHD in their role as ESF #8 lead on behalf of the activated EOC. If a situation is unfolding that may require ESF #8 support, TCHD may contact the impacted office of emergency management to proactively offer support.

If TCHD is activated as the ESF #8 lead, EPR staff or activated Public Health Incident Management Team (PHIMT) members will notify other health and medical partners of the activation. This notification may occur through one or all of the following methods: email, WebEOC update, and EMResource incident notification. TCHD may contact specific agencies impacted by the incident via telephone call to ensure notification is made promptly and/or hold a situation update conference call.

TCHD will determine the need to notify emergency managers and other community partners regarding potential emerging public health incidents, as appropriate.

Flowchart 1: Notification and Activation Process



2.4.2 ASSESSMENT

The Initial Incident Assessment or the "Incident Size-Up," as described in ICS, is a formal process for reviewing and evaluating an emergent incident and determining the need to activate at the appropriate level. For the purposes of this Annex, the assessment is used to review the situation, determine the need to activate an ESF #8 lead, to identify what additional stakeholders need to be activated in response to the incident, and to document the decision. This process should be facilitated by the emergency manager for the affected jurisdiction(s) or the incident commander,

depending on the incident and necessary response. TCHD should be included in all discussions pertaining to the activation of the ESF #8 Annex and their role as the ESF #8 lead.

2.4.3 Activation

The activation of the ESF will occur at the request of the affected county or City of Aurora emergency manager. TCHD may activate this annex during a public health incident to better facilitate the health and medical component of response. Examples of situations that may trigger activation of ESF #8 include the following:

- Any mass casualty incident within or outside of the TCHD jurisdiction that requires the transport of patients to local hospitals.
- Any hospital in Adams, Arapahoe, or Douglas Counties having too few resources to manage the surge at their facility.
- The number of patients at any hospital exceeds the hospital's licensed capacity.
- The number of fatalities in any jurisdiction included in this Annex exceeds the capacity of the coroner's office.
- Any event that requires a large coordinated behavioral health response.

2.4.4 Staffing

TCHD will send a representative to the affected Emergency Operations Center in Adams, Arapahoe, Douglas, or Elbert County or the City of Aurora, when requested by the appropriate emergency manager. This staff person will likely be TCHD Emergency Preparedness and Response personnel or a trained member of the TCHD Public Health Incident Management Team (PHIMT). This person will serve in the role of ESF #8 in the activated EOC and/or will liaise with the TCHD Department Operation Center (DOC) for a more coordinated ESF #8 response for those incidents impacting multiple counties. If a municipality, with the exception of the City of Aurora, would like TCHD staff to fill the ESF #8 role within their activated EOC, they must make this request through their county's Office of Emergency Management. If no staffing is available to staff the EOC, ESF#8 activities will be coordinated through the TCHD DOC or other designated site.

2.4.5 Resource Requests

When activated as the ESF #8 lead, TCHD will serve as the point of contact for resources required by health and medical partners within Adams, Arapahoe, Douglas, and Elbert Counties and the City of Aurora. TCHD will also serve as the access point for health and medical resources needed by other response partners. These resources can be accessed by following the resource request process for the impacted jurisdiction. TCHD will adhere to the procedures as established in Section 10 of the TCHD Public Health Emergency Operations Plan (PHEOP). All resources will be accessed through the Office of Emergency Management or Emergency Operations Center (EOC) in the affected jurisdiction

if activated. TCHD assists in the tracking of all ESF #8 resource requests utilizing local EOC resource ordering protocols.

During public health led incidents, TCHD will operate on a fill or kill philosophy. The TCHD PHIMT logistics section will fill all orders to the best of its ability based on the availability of resources. If an order cannot be filled to its entirety, the remaining items on the request will be 'killed' or not completed and not followed up on. If the requestor still needs these items, they will have to complete additional 213 resource request (213RR) forms in order to get these supplies when they become available.

As per the common mutual aid provisions, agencies receiving resource support during an incident can be expected to reimburse the originating agency or jurisdiction for the cost of supplies following the first full operational period or the first 12 hours of an incident or will return items in the condition they were provided. Terms may be negotiated differently during an incident. For this purpose, documentation is vital when providing resources/support during an incident.

2.4.6 Initial actions

ESF #8 will focus on coordination between healthcare facilities and/or health and medical partners so that incident management can focus their attention on internal objectives, strategies and tactics. ESF #8 will set priorities between facilities, agencies and jurisdictions to ensure efficient use of resources and support. Critical resources will be allocated between facilities, agencies and jurisdictions by overall priorities established by the policy group in coordination with the ESF #8 System.

Activities of ESF #8 after activation will be organized into Planning, Logistics, and Risk Communications. The activities listed in the Roles and Responsibilities section of this document are not all inclusive but are helpful in considering the appropriate software, technology and staff skills needed when activated. As ESF #8 Lead, TCHD will compile real-time status information from each involved ESF #8 agency. TCHD and the emergency manager will convene a conference call or meeting/briefing to present the compiled data for discussion prior to issuing recommendations for coordination.

2.4.7 Ongoing Situational Awareness

If warranted by the incident or requested by partners, TCHD will set a schedule for ongoing situational awareness conference calls throughout the response and recovery phases of an incident or until these calls are no longer required by the activated EOC(s) or ESF #8 Partners. TCHD staff will notify impacted local ESF #8 partners, the activated EOC(s), and other partners identified to be included on the call (example: additional partners included in the TCHD Healthcare Coalition CDPHE ESF #8 Staff, Department of Homeland Security and Emergency Management (DHSEM) Regional Staff, cross-jurisdictional ESF #8 staff, etc.) of the conference call schedule. The schedule may be adjusted at any time, and TCHD is responsible for updating partners through the same systems identified to be used for initial and ongoing situational awareness.

In an effort to keep conference calls as brief and efficient as possible to allow partners to focus on response and recovery activities, there will be no roll call taken. Partners will be asked to send a brief written update to oep@tchd.org, or other designated email to be communicated just in time, to coincide with the call. These updates will be compiled into the situation update and shared with all identified partners for the incident. A standard agenda, found in ***Attachment 1: Situation Update Agenda,*** will be used for these calls to provide general incident updates, identify major information or resource needs, and to highlight necessary coordination discussions. TCHD will record notes and send the situation update to partners following the call.

3.0 Interface With CDPHE

TCHD serves ESF #8 partners as the direct link to state and federal resources through the Colorado Department of Public Health and Environment (CDPHE). In all incidents led by public health, TCHD maintains an open line of communication with CDPHE, for receiving information and guidance from state and federal subject matter experts and providing situational awareness from the local to the state level. This standard operating procedure is the same during daily operations and larger scale incidents requiring emergency response activities. See Organizational Chart 1 for a schematic representation of this relationship.

During all other incidents and events where public health is not the lead but TCHD has been activated as the ESF #8 lead, the interface between the local response and state and federal partners occurs through TCHD. TCHD staff will work with local ESF #8 partners to identify ways to fill resource and staffing requests. When TCHD is unable to fill specific needs, resource and staffing requests will be submitted to the impacted office of emergency management and, following the resource mobilization process, go through the State Emergency Operations Center (SEOC) be supported by CDPHE as the state ESF #8 Lead. In turn, CDPHE will pass along key information, subject matter expertise and resource requests to local partners through TCHD to be utilized and filled at the local level. If necessary, CDPHE will also be directly responsible for filling resource and information requests made by other state agencies or partners operating at the statewide level. When appropriate, CDPHE will redirect requests for resources and or assistance to the local ESF #8 lead (TCHD) to be filled. This streamlined process is intended to avoid duplication of efforts and assist in the identification of response gaps.

When TCHD has been activated as ESF #8 lead, they will schedule an initial and ongoing situational awareness conference calls with CDPHE ESF #8 staff. During these calls, information will be shared between both agencies to create a common operating picture. Additionally, any initial resource requests will be assigned to the appropriate agency and a conference call schedule for the exchange of information and resource needs will be established. ESF #8 updates will be compiled into overarching situation updates developed by emergency management.

During incidents impacting multiple jurisdictions, CDPHE will gather situational awareness from all impacted ESF #8 systems, compile these updates into a single, useable format, and distribute the

update to create a common operating picture. This update should include updates from all key CDPHE Divisions involved in the response, including the CDPHE Office of Health Facilities and their work in gathering updates from licensed long term care facilities. When appropriate, this situation update may be included in the State's Situation Report developed by the State Emergency Operations Center (SEOC) and shared with appropriate partners.

4.0 MASS MEDICAL CARE EXCEEDING HOSPITAL BED CAPACITY

ESF #8, facilitated by TCHD working with hospital representation, will assist in the provision of healthcare coordination in Adams, Arapahoe, Douglas, and Elbert Counties using the care guidelines[1] developed by CDPHE with the goal of providing ethical, reasonable, transparent and flexible guidance to achieve the following:

- Provide clearly understood and widely accepted guidance that is fair and clinically sound to the healthcare providers, systems and facilities for consistent and equitable triaging during a disease outbreak, pandemic, or other public health incident so that all persons seeking guidance or care are addressed in the same manner.
- Maximize appropriate care for the largest number of patients presenting to an overwhelmed critical care system.
- Minimize serious illness and death by prioritizing a finite pool of resources to those who have the greatest opportunity to benefit from them.
- Maximize self-triage and self-care by the general public using a variety of media to deliver public health messages.
- Delineate which healthcare facilities should provide what type of care based on the capacities and capabilities of the facility.
- Communicate a legal framework, as provided by CDPHE, for developing triage decisions and utilizing nonstandard healthcare facilities in an emergency.

5.0 REUNIFICATION

During incidents effecting the population of Adams, Arapahoe, Douglas, and Elbert Counties, it is possible that patients will be separated from family or other loved ones. TCHD may help in locating and reunifying patients on behalf of health and medical partners to enable continued operations through use of the United Way 2-1-1 Call Center as outlined in ***Appendix A-6***.

6.0 ALTERNATE CARE FACILITIES (ACFS)

ACF planning provides the framework for opening and operations of temporary healthcare facilities to provide surge capacity for mass care of patients during public health and medical emergencies.

[1] Colorado Department of Public Health and Environment, *Guidance for Alterations in the Healthcare System During a Moderate to Severe Influenza Pandemic ver.7,Sept.* 2009.

Each hospital is responsible for having an internal medical surge plan to accommodate an increase in patient load. Once hospital surge plans have been overwhelmed, these facilities will look to their local offices of emergency management and ESF #8 to provide additional resources to continue care of affected individuals. ACFs share critical functional planning components, and in Adams, Arapahoe, and Douglas Counties are aligned into a single plan, ***Annex K: Alternate Care Facility Functional Annex*** to the Public Health Emergency Operations Plan (PHEOP). This document is maintained by TCHD EPR staff. This document outlines triggers that must be met prior to opening an ACF and a framework for the operation of such a facility. Elbert County does not have a hospital within its jurisdiction and therefore does not require this detailed medical surge capability.

7.0 EMERGENCY MEDICAL ASSETS

Emergency medical supplies are pre-positioned locally in each of these four counties as well as regionally throughout the NCR for rapid deployment. These and any additional medical supplies required for the response to or recovery from an incident should be requested through TCHD when activated as ESF #8 lead. TCHD will coordinate with the agency(ies) hosting these regional assets and the impacted Office(s) of Emergency Management. Exceptions to this statement include the forward deployed portion of the Strategic National Stockpile (SNS) identified as the Chempack. These caches can be accessed using the protocol established by and available from the Colorado Department of Public Health and Environment (CDPHE) Office of Emergency Preparedness and Response (OEPR). The Colorado State Patrol (CSP) is charged with the security and transportation of the Chempack should they be requested by a non-hosting entity.

8.0 BEHAVIORAL HEALTH

The population of Adams, Arapahoe, Douglas, and Elbert Counties and the City of Aurora are served by Community Reach Center, All Health Network, Elbert County Health and Human Services, and Aurora Mental Health Center, as well as a network of Victim Advocates housed by law enforcement and fire agencies. Each of these agencies has and maintains a written Behavioral/Mental Health Disaster Response plan. The purpose of these plans is to ensure an efficient, coordinated, effective response to the behavioral/mental health needs of those affected by a disaster in any of these jurisdictions. This includes addressing needs of survivors/victims, families, rescue personnel, and others in the community to assist them in the immediate aftermath of a disaster.

The scope of operations within these four counties and municipalities within these counties is to provide psychological first aid as needed to all survivors of disaster and to emergency personnel responding to a disaster in order to maintain and improve adaptive functioning.

Each of these agencies along with TCHD has recognized that an emergency, disaster or terrorist event will raise the stress level in survivors and responders, often impacting their cognitive functioning, as well as their emotional well-being. This impact decreases individuals' ability to adaptively maintain functioning within work and life spheres on an ongoing basis. These agencies

will provide mutual aid to other jurisdictions within the NCR, the state and other regions when requested through the county emergency manager or other appropriate processes, including ESF #8 when activated.

Should any of these agencies find the response overwhelms their immediate resources, they can request mutual aid support from other local response partners, including other local mental health centers, the American Red Cross, The Salvation Army, Victim Advocates or a host of other agencies or organizations. This request will be placed by utilizing identified resource request process. Should the local jurisdiction be overwhelmed, any of these organizations or TCHD can request the activation of the Colorado Crisis Education and Response Network (CoCERN) through the State Emergency Operations Center and through CDPHE OEPR. CoCERN is a statewide asset based in community partnerships formed to deliver effective, efficient and professional disaster behavioral health services. CoCERN is a Multi-Agency Coordination Entity used to coordinate the provision of disaster behavioral health services during an emergency. The purpose of the CoCERN document is to establish the terms and serve as the framework for partner agencies to coordinate and integrate their efforts to offer comprehensive and professional behavioral health services to survivors of and responders to man-made or natural disasters. This document also serves as the Behavioral Health Annex to the TCHD PHEOP.

These behavioral health agencies have developed knowledge of the resources for referral to ongoing services and will be able to provide this information to individuals throughout the emergency situation. The professionals responding to an incident will provide triage of behavioral health needs and be able to direct persons involved to the appropriate resource.

General information regarding behavioral health will be provided to appropriate public information officers for use with various media outlets.

Each of these agencies provide for ongoing training and exercises of behavioral health responders, keep a communication network in place, update the response plan on a regular basis and maintain a database of responders. This database is maintained individually by Community Reach Center of Adams County, Arapahoe Douglas Mental Health Network, and Aurora Mental Health Center.

9.0 Fatalities Management

The Office of the County Coroner is an elected position with the statutory responsibility to provide guidance and expertise on planning for and handling of the dead, including the identification, cause of death, manner of death, disposition of bodies, notification of family members, and reporting to public health.

- In cases of mass fatalities, the Coroner's Office takes the lead in processing the scene and managing all of the bodies. In these situations, the Coroner's office will coordinate with other response agencies involved in the incident, such as law enforcement, fire, or hospitals.

- In cases of infectious disease, such as a pandemic, the Coroner will determine which, if any, cases will be considered Coroner's (medical examiner's) cases. This information will be communicated to TCHD and the appropriate Office(s) of Emergency Management

The NCR Mass Fatalities Plan was originally adopted by the Adams, Arapahoe, Douglas, and Elbert Counties in 2007 and is currently under reviewed and adopted in January 2017 by participating county coroners' offices along with TCHD representation.

TCHD maintains a Fatalities Management Annex. This document details the roles and responsibilities as well as capabilities for supporting fatalities management operations. The TCHD Fatalities Management Annex is designated as ***Annex H: Fatalities Management*** to the TCHD PHEOP.

10.0 DEMOBILIZATION

Arrangements for the demobilization of equipment or unused supplies from a partnering agency or jurisdiction should be made between the requestor and the originating entity. Documentation signed by both parties including a description of the condition of the returned items should be sent to TCHD, who will compile and provide to the appropriate Office(s) of Emergency Management to be stored with incident records. Equipment acquired through the support of ESF #8 should be returned in a similar condition to when it was deployed. Each mutual aid response 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 rated ten days prior to the onset of the incident.

11.0 RECOVERY

Recovery involves the interventions and activities within a community to attempt to return a community to its pre-incident state. Recovery occurs over relatively long periods, from weeks to years after response operations. Activities related to recovery are incident-specific and will involve appropriate Recovery Support Function (RSF) #8 partners. TCHD participates in ongoing county and municipal recovery planning efforts as requested by the jurisdiction, is incorporated into recovery plans and may be activated as a RSF #8 co-lead by the impacted jurisdiction(s) to assist in the coordination of health and medical partners. This process is outlined in ***Annex M: Recovery*** to the TCHD PHEOP.

In order to address the specific environmental health needs associated with most incidents, TCHD has written and continues to maintain the Environmental Health (EH) Response and Recovery Annex.

12.0 ESF #8 EVALUATION AND IMPROVEMENT

Following any incident where ESF #8 has been activated, an ESF #8 specific After Action Report (AAR) will be written by TCHD with input from other ESF #8 partners and reviewed by any activated stakeholders. This AAR will include an evaluation of response efforts and any needed improvements and the partner responsible for making those changes. This document may be a section of the incident AAR.

AGENDA

Meeting Name	**2016 ESF #8 Annex Revision**	**Date**	6/9/2016
Location	TCHD DOC	**Time**	1:00-4:00
Other Attachments	Attachment 1: ESF #8 Annex v.10		

PURPOSE OR DESIRED OUTCOMES:

The purpose of this meeting is to review the TCHD ESF #8 Annex v. 10 and revise the document for continued operationalization and to include cross-jurisdictional language.

TOPIC	LEAD	TIME

ESF#8 Situation Update
• Overall Updates
• PH Updates/Epidemiology
• Discipline Specific Updates
  ○ Hospital
  ○ Behavioral Health
  ○ Fatalities Management
• Operations/Tactics
	TCHD	**10 minutes**

Coordination Topics • Media/Public Information • Family Reunification • 2-1-1 Activation	**All**	**15 Minutes**
Review Action Items and Next Steps	**Sara Garrington**	**5 minutes**

APPENDIX A-1: HOSPITAL STATUS REPORTING SUMMARY[2]

Location	Hospital A Total
Date	
Hospital Census	
Infectious/Symptomatic Total (confirmed and suspected)	0
Critical Care	0
Pediatrics	0
Nursing Units	0
Comment	0
ER Census (Day before)	0
# ER Patients Infectious/Symptomatic	0
Comment	0
EMS Calls	0
EMS Transports	0
Staff Absenteeism # Infectious/Symptomatic	0
Adequate staff yes/no	0
Comment	0

[2] This report is an example of a Hospital Status Report Summary that was gathered on a county level during an infectious disease outbreak. This can be modified or adapted, or aggregated with multiple facility information and used for an ESF8-level or county-level situation report (SITREP).

<County> Fatalities (Due to Disease/Hazard)	0
Other County	0
Total	0

Ventilators	
Total available	0
Total in use	0
Vents in use **Infectious/Symptomatic**	0
Bipap total available	0
Comment	

3 Day Supply	0
Total N95 mask	0
Total Surgical mask	0
Total Procedure mask	0
Gloves	0

Pharmacy Supplies	
<Pharmaceutical Name> adult available	0
<Pharmaceutical Name> pediatric courses	0
<Pharmaceutical Name> Prescriptions filled	0
<Type Name> Lab Test Kits	0

Appendix A-2: Behavioral Health

VERSION 3.0

DATE LAST REVIEWED: MAY 2016

DATE LAST REVISED: JUNE 2016

CONTENTS

INTRODUCTION

PURPOSE

This Appendix provides specific planning and response considerations as they relate to the behavioral health component of any incident response where the Tri-County Health Department (TCHD) is serving as the Emergency Support Function (ESF) #8 Lead for Adams, Arapahoe, Douglas, and Elbert Counties and the City of Aurora. This document does not dictate how behavioral health agencies or victims' assistance offices, or other supporting agencies (American Red Cross, school based behavioral health, COVOAD, Faith Based organizations, etc.) will perform their functions during response efforts, rather, it will detail how TCHD may support behavioral health in an effort to allow them the capacity to fulfill their responsibilities in a more efficient and effective manner.

CONCEPT OF OPERATIONS

NOTIFICATION

Each jurisdictional Office of Emergency Management that is party to this ESF #8 Annex, Adams, Arapahoe, Douglas, and Elbert Counties and the City of Aurora, has a notification system for partners in place. Victims' assistance is notified of incidents by dispatch. As a backup to these systems and in an effort to gather situational awareness, once activated, TCHD will notify by telephone the primary community behavioral health agency and, if a law enforcement incident, the impacted victims' assistance office of the ESF #8 Lead activation. Pertinent contact information can be found in the TCHD ESF #8 Resource Guide in Section IV: Behavioral Health. It is the responsibility of these behavioral health agencies to notify partner agencies of the incident and the potential need for support.

If requested, TCHD will contact additional partners as identified by the behavioral health lead and establish a conference call using the template agenda found in the ESF #8 Resource Guide to initiate communications. This conference call should include whomever the lead community behavioral health agency for the incident, the lead victims' assistance office if activated for the incident and any other agency identified as appropriate by the lead agency. TCHD will serve to facilitate the call using the template agenda attached to the TCHD ESF #8 Annex and capture any minutes and action items.

ACTIVATION

Behavioral Health agencies, victims' assistance offices, and other supporting agencies each have internal operating procedures for the activation of staff during an incident. These procedures are triggered by the notification of their emergency preparedness staff of the incident and the need for operational response.

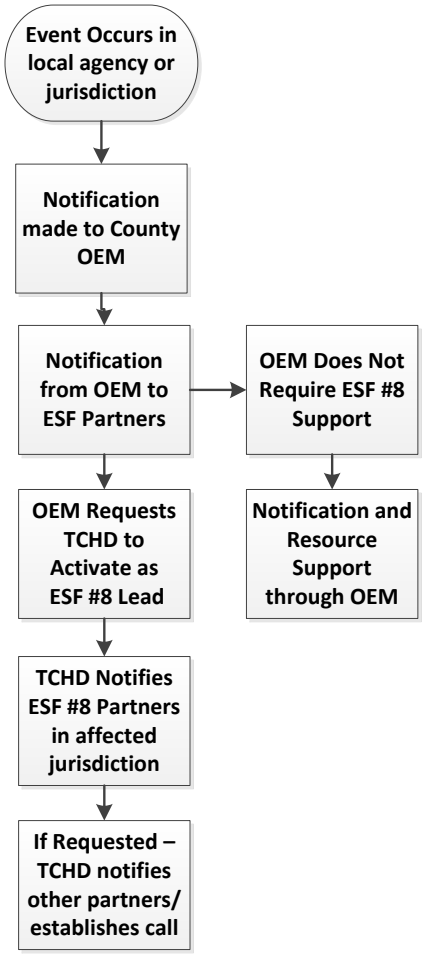
EMERGENCY OPERATIONS CENTER STAFFING

In most incidents, the lead behavioral health agencies would prefer to manage incident response operations from their home agency. Coordination and resource requests should be communicated to the emergency operations center through the emergency manager or TCHD as the ESF #8 Lead

when activated. In instances when behavioral health staff is required or necessary in the EOC, they will be positioned at the ESF #8 desk and will coordinate with the ESF #8 Lead. Supporting behavioral health agencies may be responsible for providing support in additional ESF's and may be present within the EOC for additional coordination.

During law enforcement led incidents, victims' assistance will perform their roles as per their own standard operating procedures. However, should these professionals require resources or other support; they will coordinate those needs with ESF #8 when activated. TCHD will represent victims' assistance within the emergency operations center when requested.

FLOWCHART 1: BEHAVIORAL HEALTH NOTIFICATION PROCESS



SITUATIONAL AWARENESS AND RESOURCE REQUESTS

Different agencies rely on different methods for maintaining situational awareness during an incident. The telephone and email remain the preferred method for communication for behavioral health and victims' assistance partners. Not all of these agencies have access to WebEOC or EMSystems, situational updates and resource requests will need to be communicated with them in a timely manner through other means. TCHD will include the affected and supporting behavioral health agencies and victims' assistance staff in all situational updates during their activation as ESF #8 lead.

If the primary behavioral health agency has requested ongoing conference calls be established in response to incident operations, that agency will facilitate the call, unless otherwise arranged, and request any support (incident management, staffing, and resource requests) that have been identified at that point. TCHD will record minutes from the call and distribute to partners. TCHD will also assist in the coordination of resources. Additional 'situational awareness' conference calls will be scheduled during this initial call.

All resource requests from behavioral health following this initial call will be made to TCHD while activated as the ESF #8 Lead and then to the emergency operations center. The most likely resource challenges will be behavioral health staff and printed materials. Please see the ESF #8 Resource Guide for information on sources to obtain these types of support. As per the TCHD ESF #8 Functional Annex, TCHD will serve as the direct link between behavioral health at the local and the state level. If the lead behavioral health agency prefers to work directly with their state level Emergency Preparedness and Response (EPR) staff to coordinate the provision of behavioral health, TCHD will continue to serve in their role in logistical and situational awareness support.

CoCERN

The Colorado Crisis Education and Response Network (CoCERN) is a statewide asset based in community partnerships formed to deliver effective, efficient and professional disaster behavioral health services. These services incorporate a variety of resources within the human service field including mental health services, victim assistance, substance abuse treatment services, pastoral care, school-based crisis services and debriefings.

CoCERN is envisioned as an inclusive, organized, collaborative and cooperative network for disaster behavioral health response. The network will be activated if the local disaster behavioral health response resources are depleted or overwhelmed. When requested, the member organizations will provide support and services to the lead local responding behavioral health agency, survivors, responders, responder families and the public following any large-scale event. As a signatory to CoCERN, TCHD may request activation and facilitate coordination on behalf of the lead behavioral health entity within the four counties and the City of Aurora if requested by the lead agency.

Demobilization

Support of behavioral health operations will transition from TCHD to the emergency management office once response activities have scaled down to the point where TCHD is no longer required to serve in the role of ESF #8 Lead. That decision will be made by the emergency manager in the affected jurisdiction in coordination with TCHD staff and other affected ESF #8 partners.

Behavioral health response activities last much longer than any other response operations associated with an incident, often lasting years. The demobilization of behavioral health resources follows agency specific protocols. Documentation will be maintained to record the efforts of supporting agencies in an attempt to recoup costs through future grant funding opportunities.

Appendix A-3: Hospital

VERSION 1.0
DATE LAST REVIEWED: MAY 2016
DATE LAST REVISED: JUNE 2016

CONTENTS

Introduction

PURPOSE

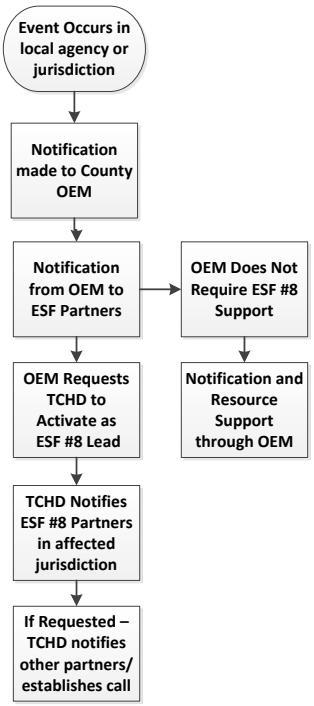
This Appendix provides specific planning and response considerations as they relate to the Hospital component of any incident response where TCHD is serving as the ESF #8 Lead. This document does not dictate how hospitals will perform their functions during response efforts, rather, it will detail how TCHD may support hospitals in an effort to allow them the capacity to fulfill their responsibilities in a more efficient and effective manner.

Concept of Operations

NOTIFICATION

Each jurisdictional Office of Emergency Management that is party to this ESF #8 Annex has a notification system in place. As a backup to this system and in an effort to gather situational awareness, once activated, TCHD will notify by telephone the hospitals located within the impacted area of the incident and of the ESF #8 Lead activation. It is the responsibility of this hospitals to notify their own hospital systems or partner facilities of the incident and the potential need for support. If requested, TCHD will contact identified partners and establish a conference call to initiate communications.

FLOWCHART 1: HOSPITAL NOTIFICATION PROCESS



Activation

Hospitals each have internal operating procedures for the activation of staff during an incident. These procedures are often triggered by notification of the incident from dispatch within the affected jurisdiction either via telephone or over EMResource or the arrival of patients at the Emergency Department.

Emergency Operations Center Staffing

In most incidents, hospitals would prefer to manage incident response operations from their hospital command center. Coordination and resource requests should be communicated to the emergency operations center through the emergency manager or TCHD as the ESF #8 Lead when activated. In instances when one or more hospital representative is required or necessary in the EOC, they will be positioned at the ESF #8 desk and will coordinate with the ESF #8 Lead. Modifications to this arrangement may be made if dictated by the incident.

Situational awareness and Communications

Different hospitals rely on different methods for maintaining situational awareness during an incident. EMResource, telephones and email remain the preferred methods for communication for hospital partners. Not all hospitals have access to WebEOC so situational updates and resource requests will need to be communicated with them in a timely manner through other means. TCHD will include the affected and supporting hospitals in all situational updates during their activation as ESF #8 lead.

If impacted hospitals request a conference call be established in response to incident operations, TCHD will facilitate the call and identify any requests for support (incident management, staffing, and resource requests) that have been identified at that point. TCHD will record minutes from the call and distribute to partners. TCHD will also assist in the coordination of resources. Additional 'situational awareness' conference calls will be scheduled during this initial call.

Coroners' Offices work with hospitals during incidents to coordinate proper reporting of fatalities, transportation including the provision of charts and lab specimens for the deceased, and any additional support answering case specific questions. Considerations must be made when victims are transported to or expire in hospitals in a different jurisdiction than the incident has occurred or when multiple coroners' offices are involved causing issues around jurisdictional ownership over specific remains.

Situational awareness and Communications

All resource requests following this initial call will be made to TCHD while activated as the ESF #8 Lead and then to the emergency operations center. The most likely resource challenges will be staff

and printed materials. Please see the ESF #8 Resource Guide for information on sources to obtain these types of support.

DEMOBILIZATION

Support of hospital operations will transition from TCHD to the emergency manager once response activities have scaled down to the point where TCHD is no longer required to serve in the role of ESF #8 Lead. That decision will be made by the emergency manager in the affected jurisdiction in coordination with TCHD staff and other affected ESF #8 partners.

Hospital activities may last longer than other response operations associated with an incident. The demobilization of hospital resources follows facility specific protocols. Documentation will be maintained to record the efforts of supporting agencies in an attempt to recoup costs through future grant funding opportunities.

Appendix A-4: Fatalities Management

VERSION 1.0

DATE LAST REVIEWED: MAY 2016

DATE LAST REVISED: JUNE 2016

CONTENTS

Introduction

PURPOSE

This Appendix provides specific planning and response considerations as they relate to the fatalities management component of any incident response where the Tri-County Health Department (TCHD) is serving as the Emergency Support Function (ESF) #8 Lead for Adams, Arapahoe, and Douglas Counties and the City of Aurora. This document does not dictate how coroners' offices will perform their functions during response efforts, rather, it will detail how TCHD may support coroners' offices in an effort to allow them the capacity to fulfill their responsibilities in a more efficient and effective manner. Coroner's offices are a county level entity. For the purposes of this document, emergency management offices refer to the county level offices.

Concept of Operations

NOTIFICATION

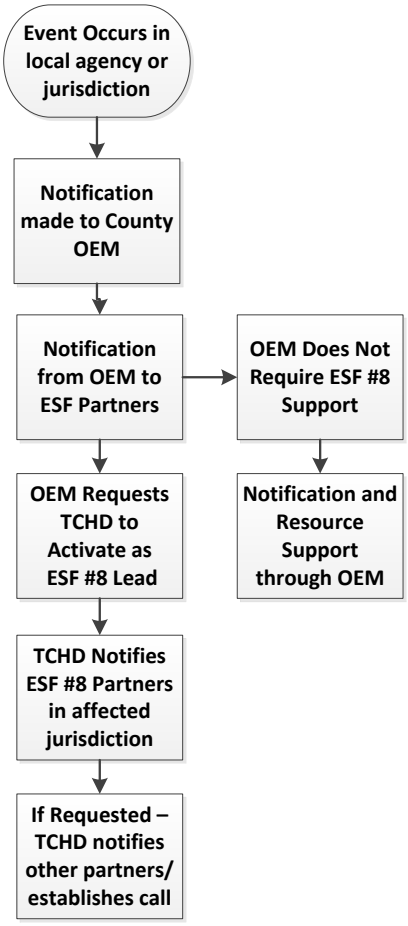
Each jurisdictional Office of Emergency Management that is party to this ESF #8 Annex (Adams, Arapahoe, and Douglas Counties) has a notification system in place. As a backup to this system and in an effort to gather situational awareness, once activated, TCHD will notify by telephone the primary coroner's office of the incident of the ESF #8 Lead activation. As the person receiving notification may not be a part of planning efforts or be familiar with emergency response procedures, it is imperative notifications are clear on the nature of the activation, the appropriate point of contact at TCHD, and to whom any messages should be relayed. Coroner's offices have asked to be contacted as follows:

1. Adams County: Contact Management Team Member at 303.655.3534
2. Arapahoe County: Contact using the afterhours pager at 303.461.9387
3. Douglas County: Contact the Coroner directly at 303.913.6334

(Additional contact information can be found in the ESF #8 Resource Guide)

It is the responsibility of this coroner's office to notify partner jurisdictions of the incident and the potential need for support. If requested, TCHD will contact identified partners and establish a conference call to initiate communications.

FLOWCHART 1: FATALITIES MANAGEMENT NOTIFICATION PROCESS



ACTIVATION

Coroner's offices each have internal operating procedures for the activation of staff during an incident. These procedures are triggered by notification of the incident from dispatch or another partner internal to the affected jurisdiction within the affected jurisdiction and the need for operational response.

EMERGENCY OPERATIONS CENTER STAFFING

In most incidents, coroners' offices would prefer to manage incident response operations from their home agency. Coordination and resource requests should be communicated to the emergency

operations center through the emergency manager or TCHD as the ESF #8 Lead when activated. In instances when coroner staff is required or necessary in the EOC, they will be positioned at the ESF #8 desk and will coordinate with the ESF #8 Lead. Modifications to this arrangement may be made if dictated by the incident.

Situational awareness and Communications

Different agencies rely on different methods for maintaining situational awareness during an incident. The telephone and email remain the preferred method for communication for fatalities management partners. Not all coroners' offices have access to WebEOC or EMSystems, situational updates and resource requests will need to be communicated with them in a timely manner through other means. TCHD will include the affected and supporting coroners' offices in all situational updates during their activation as ESF #8 lead.

If the primary coroner's office has requested a conference call be established in response to incident operations, that agency will facilitate the call and request any support (incident management, staffing, and resource requests) that have been identified at that point. TCHD will record minutes from the call and distribute to partners. TCHD will also assist in the coordination of resources. Additional 'situational awareness' conference calls will be scheduled during this initial call. TCHD can be requested to facilitate any conference call and will utilize the agendas found in the ESF #8 Resource Guide in that process.

Coroners' offices work with hospitals during incidents to coordinate proper reporting of fatalities, transportation of remains, and the provision of charts and lab specimens for the deceased, as well as providing additional support with case specific questions. Considerations must be made when victims are transported to or expire in hospitals in a different jurisdiction than the incident has occurred or when multiple coroners' offices are involved causing issues around where remains should be transported. In this type of incident, coroner's offices will determine the appropriate destination for remains based on the jurisdiction of the incident. TCHD will communicate the destination of remains to hospitals and appropriate transfer paperwork will be completed by partners during the recovery phase of the incident. It is important that numbers of patients transferred be communicated to ensure the accuracy of record maintenance.

Resource Requests

All resource requests following this initial call will be made to TCHD while activated as the ESF #8 Lead and then to the emergency operations center. The most likely resource challenges will be staff, Victim Identification Center (VIC) support, evidence collection equipment, behavioral health support and other staff support needs for long term incidents. Please see the ESF #8 Resource Guide for information on sources to obtain these types of support.

The Disaster Mortuary Operation Response Teams (DMORT) are Federal response teams tasked to assist with large scale incidents when local resources have been exhausted. The TCHD jurisdiction is included in Region VIII and can anticipate support within approximately eight hours after activation. Requests for these assets must go through the State Emergency Operations Center.

DEMOBILIZATION

Support of fatalities management operations will transition from TCHD to the emergency management office once response activities have scaled down to the point where TCHD is no longer required to serve in the role of ESF #8 Lead. That decision will be made by the emergency manager or designee in the affected jurisdiction in coordination with TCHD staff and other affected ESF #8 partners.

Fatalities management activities may last longer than other response operations associated with an incident. The demobilization of fatalities management resources follows agency specific protocols. Documentation will be maintained to record the efforts of supporting agencies in an attempt to recoup costs through future grant funding opportunities.

Appendix A-5 : Emergency Medical Services

VERSION 1.0

DATE LAST REVIEWED: MAY 2016

DATE LAST REVISED: JUNE 2016

CONTENTS

Introduction

Purpose

This Appendix provides specific planning and response considerations as they relate to the emergency medical services (EMS) component of any incident response where the Tri-County Health Department (TCHD) is serving as the Emergency Support Function (ESF) #8 Lead. Although emergency medical services do not fall under the purview of ESF #8, it is still an integral partner. This document does not dictate how emergency medical services agencies will perform their functions during response efforts, rather, it will detail how TCHD and EMS may support each other in an effort to allow them the capacity to fulfill their responsibilities in a more efficient and effective manner.

Concept of Operations

Notification

Each jurisdictional Office of Emergency Management (OEM) that is party to this ESF #8 Annex, Adams, Arapahoe, Douglas, Elbert Counties and the City of Aurora, has a notification system in place. EMS agencies are notified of incidents through EMResource. As a backup to these systems and in an effort to gather situational awareness, once activated, TCHD will make contact with the primary EMS dispatch to notify EMS of the incident. Pertinent contact information can be found in the ESF #8 Resource Guide. It is the responsibility of the primary EMS agency to notify partner EMS agencies of the incident and the potential need for support.

Activation

EMS agencies and TCHD are activated to serve in the Emergency Operations Center (EOC) by the OEM. Dispatch activates EMS to respond to incidents based on the initial notification. Although EMS does not fall under ESF #8, there may be incidents in which ESF #8 may request the assistance of EMS such as with a hospital evacuation. Should TCHD and EMS require assistance from each other, those requests must occur through the EOC when activated.

Situational Awareness and Communications

Different agencies rely on different methods for maintaining situational awareness during an incident. The telephone is the preferred method for communication between EMS and TCHD. Most EMS agencies have access to EMSystems and/or WebEOC, however, more extensive situation updates will need to be communicated with them in a timely manner through other means.

Once activated, TCHD will contact identified ESF #8 partners and establish a conference call to initiate communications and situational awareness and notify the OEM of the call. The OEM will then notify the lead EMS agency of the conference call so they may participate. The lead EMS

agency may invite any additional partners they deem appropriate for the incident. TCHD will serve to facilitate the call using the template agenda attached to the TCHD ESF #8 Annex and capture any minutes and action items.

TCHD will include the affected and supporting EMS agencies in all emailed situation updates during their activation as ESF #8 Lead and will also post the updates to WebEOC.

Emergency Operations Center Staffing

In most incidents, EMS would prefer to manage incident response operations in the field. In instances when EMS is required or necessary in the EOC, they will be positioned at the ESF #4 desk and will coordinate with the ESF #4 Lead. Modifications to this arrangement may be made if dictated by the incident.

Resource Requests

All assistance and resource requests by EMS should be communicated to the EOC through the emergency manager or ESF #4, the Fire Services. Those requests at the EOC will then be delivered to the appropriate ESF #8 partners when applicable. Examples of resource challenges that TCHD may assist with may involve, but are not limited to personal protective equipment (PPE), behavioral health support, and guidance.

Similarly, ESF #8 will make assistance and resource requests of EMS to the EOC which will be communicated to the emergency manager or ESF #4 Lead. Examples of resource challenges that EMS may assist with may involve, but are not limited to providing transport trends or staffing of alternate care facilities.

Demobilization

Coordination between EMS operations and ESF #8 will transition from TCHD to the OEM once response activities have scaled down to the point where TCHD is no longer required to serve in the role of ESF #8 Lead. That decision will be made by the emergency manager in the affected jurisdiction in coordination with TCHD staff and other affected ESF #8 partners.

The demobilization of emergency medical services resources follows agency specific protocols.

Appendix A-6: 2-1-1 Operations

VERSION 1.0
DATE LAST REVIEWED: MAY 2016
DATE LAST REVISED: JUNE 2016

CONTENTS

Introduction

Purpose

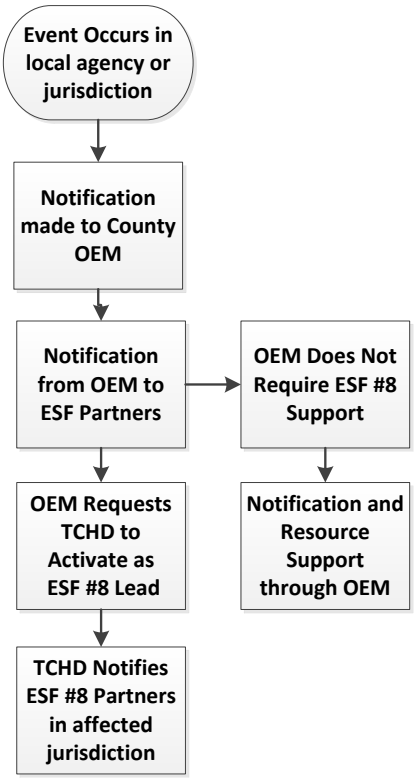
This Appendix provides specific planning and response considerations as they relate to the notification, activation, and response activities of 2-1-1 during any incident response where the Tri-County Health Department (TCHD) is serving as the Emergency Support Function (ESF) #8 Lead for Adams, Arapahoe and Douglas Counties and the City of Aurora. This document details how 2-1-1 will perform their functions during response efforts and how TCHD may support them in an effort to allow them the capacity to fulfill their responsibilities in a more efficient and effective manner.

Concept of Operations

Notification

Each jurisdictional Office of Emergency Management that is party to this ESF #8 Annex, Adams, Arapahoe, and Douglas Counties and the City of Aurora, has a notification system in place. As a backup to this system and in an effort to gather situational awareness, once activated, TCHD will notify by telephone 2-1-1 of the incident of the ESF #8 Lead activation. All pertinent contact information can be found in the TCHD ESF #8 Resource Guide in Section VIII: Other Partners under 2-1-1. It is the responsibility of 2-1-1 to notify their own and partner call centers of the incident and the potential need for support.

FLOWCHART 1: 2-1-1 NOTIFICATION PROCESS



Activation

2-1-1 has an internal operating procedure for the activation of call center staff during an incident. These procedures are triggered by the notification of their leadership staff of the incident and the need for operational response. Call Center staff will be provided with an incident specific script to guide all interactions with the public. This script with be drafted and approved by 2-1-1 and TCHD Office of Emergency Preparedness and Response (EPR) to ensure appropriateness and accuracy.

EMERGENCY OPERATIONS CENTER STAFFING

In most incidents, 2-1-1 would prefer to manage incident response operations from their home offices. Coordination should be communicated to the emergency operations center through the emergency manager or TCHD as the ESF #8 Lead when activated. In instances when 2-1-1 staff is required or necessary in the EOC, they will be positioned at the appropriate desk as assigned by the jurisdictions emergency manager and will coordinate with the ESF #8 Lead.

Situational awareness and Resource Requests

Different agencies rely on different methods for maintaining situational awareness during an incident. The telephone and email remain the preferred method for communication 2-1-1 partners. 2-1-1 does have access to WebEOC and EMTrack, situational updates and should be used accordingly to relay information on an as needed basis. TCHD will include 2-1-1, when utilized in a response, in all situational updates during their activation as ESF #8 Lead.

If the ESF #8 partners have requested a conference call be established in response to incident operations, 2-1-1 will be included as appropriate. TCHD will record minutes from the call and distribute to partners. TCHD will also assist in the coordination of resources. Additional 'situational awareness' conference calls will be scheduled during this initial call.

All resource requests that 2-1-1 may experience following this initial call will be made to TCHD while activated as the ESF #8 Lead and then to the emergency operations center. The most likely resource challenges for 2-1-1 will be the activation of additional partner call centers and can be handled internal to the agency.

Demobilization

Support of 2-1-1 operations will transition from TCHD to the affected emergency management office once response activities have scaled down to the point where TCHD is no longer required to serve in the role of ESF #8 Lead. That decision will be made by the emergency manager in the affected jurisdiction in coordination with TCHD staff and other affected ESF #8 partners.

2-1-1 will be asked to demobilize call center activities once call numbers have decreased to a level manageable by ESF #8 partners. The demobilization of 2-1-1 capabilities follows agency specific protocols. Documentation will be maintained to record the efforts of supporting agencies in an attempt to recoup costs through future grant funding opportunities.