Emergency Preparedness and Response

The TCHD Office of Emergency Preparedness and Response (EPR) provides an important core public health service and is committed to strengthening the jurisdictions, health security by protecting against, responding to and recovering from public health threats, natural or human-made, and being part of a system for community resiliency.

EPR leads agency efforts to promote coordination, collaboration, and communication among all divisions in TCHD to ensure that public health is an effective partner in preparedness and emergency response to all other disciplines in the TCHD Jurisdiction.

On a day-to-day basis, EPR is responsible for maintaining the Public Health Emergency Operations Plan and all associated systems and documentation related to how TCHD, as an agency, responds to any incident impacting Adams, Arapahoe, and Douglas Counties.

TCHD EPR also supports Elbert County Health and Human Services to ensure breadth and depth of service during incident response.

Held to a high standard, TCHD EPR undergoes rigorous federal and state assessments, tests response capabilities through exercises, and responds to real world incidents with a focus on continual improvement.
Partnerships

TCHD EPR actively coordinates with cross-jurisdiction and cross-discipline partners throughout the state on emergency preparedness and response planning activities.

Subject matter experts work together through the North Central Region Board of Directors and a network of committees and working groups established to identify threats, recognize capability gaps, and create a consistent response framework across the ten counties in the Denver Metropolitan Area.

EPR staff also participates and leads similar efforts across the state and at the national level through leadership on the Colorado Healthcare Coalition Council, the National Association of County and City Health Officials (NACCHO) Surge Workgroup, and the Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response (OPPHR) Board of Scientific Counselors.

Public Health Incident Management Team

Using the basic tenants of the Incident Command System (ICS), TCHD EPR leads the Public Health Incident Management Team (PHIMT), providing the depth in incident management during complex or long term incident response operations at TCHD.

This cross-divisional team is made up of approximately 38 TCHD staff members trained in command and general staff responsibilities to fill vital incident response positions tasked with setting the framework, crafting the tactics and supporting the response to any incident above day-to-day operations impacting Adams, Arapahoe, Douglas, and Elbert Counties.

Medical Reserve Corps

The Rocky Mountain Medical Reserve Corp of Colorado (RMMRCo) supports our communities in emergency preparedness, response, and community resilience through preparedness activities, education, and emergency response.

The RMMRCo participation grew to include 79 members in 2015, which supported 27 activities over the course of the year. These activities supported community events, served vulnerable populations in the communities we serve, and helped strengthen our public’s health.
Health Alert Network

The Health Alert Network (HAN) Provides a method of actively sharing information of public health incidents with local partners. These messages can be relayed as:

- **HAN Alert** – conveys the highest level of importance and warrants immediate action
- **HAN Advisory** – Provides important information for a specific incident
- **HAN Update** – provides updated information regarding an incident or situation
- **HAN Public Health Brief** – for your information and does not require action

NACCHO Model Practice Awards

Two projects related to Emergency Preparedness and Response were selected as 2015 model practices by the National Association of County and City Health Officials (NACCHO):

- **Anthrax Prophylaxis Streamlined Population Screening Form**
  The primary goal of this project was to create a fast, accurate, and easy to understand screening tool to be used during point of dispensing (POD) operations for the provision of prophylaxis during a large scale anthrax exposure. This tool has been adopted for use across the State of Colorado and is also being shared nationally. The objectives for this project (including a screening form and overlay tool) were that it should:
  - Allow non-medical staff to quickly determine which pharmaceutical prophylaxis to dispense to patients and their family members.
  - Target only pertinent patient data in such a way to allow an overlay tool to isolate specific responses from the patient screening form.
  - Accommodate for the Head of Household (HoH) medication dispensing model as outlined by the CDC.
  The award was received by Bryce Andersen.

- **Alternate Care Facilities Functional Annex**
  The goal of the Alternate Care Facility (ACF) Functional Annex is to support the TCHD Public Health Emergency Operations Plan (PHEOP) in the following areas:
  - Help impacted partners establish an agreed upon plan for identifying surge capacity within the hospital system and when this capacity may be over-extended.
  - Establish ACFs to help manage surge when the scope of any disaster becomes too large or long-term for the existing infrastructure to handle.
  - Create and support a seamless system of healthcare surge capacity throughout Adams, Arapahoe, Douglas, and Elbert Counties that is able to respond effectively and efficiently to public health emergencies of a pandemic nature.
  The award was received by Jason Atencio.
Community Inclusion

A. EPR conducted ongoing work with existing and newly established groups to create resiliency in our community’s to better respond to disasters, which included:
1. EPR Healthcare Coalition (utilized to educate community and partner organizations within Adams, Arapahoe, Douglas, and Elbert Counties and continuously improve health and medical systems through preparedness planning, training, and policy development)
2. Regional Specialty Healthcare Coalition (utilized to train long term care, dialysis, hospice, nursing homes)
3. Home Health Collaborative (utilized to help our partners address the newly proposed CMS rules for EPR)

B. Our Medical Reserve Corps efforts, in coordination with county and city Offices of Emergency Management, worked to interact with Vulnerable Populations around Emergency Preparedness and Response efforts

C. We enhanced our Public Health Emergency Operations Plan to include operational detail related to Vulnerable Populations by using the Communication, Maintaining Health, Independence, Support/Services/Self-Determination, and Transportation (C-MIST) framework.

The framework integrates considerations for at-risk individuals with access and functional needs into emergency preparedness, response, and recovery planning at all jurisdictional levels.

The C-MIST Framework provides a streamlined approach for inclusive emergency planning through a broad set of common, cross-cutting, function-based and access-based needs irrespective of specific diagnoses, statuses, or labels.

D. We also integrated a broader group of Behavioral Health professionals into EPR planning efforts from multiple disciplines to create a more coordinated response to non-routine incidents – an extensive effort and largely expanded in 2015 to include TCHD, Community Behavioral Health, Victims’ Advocates, School Behavioral Health, Hospital Behavioral Health, Faith Based Organizations, Emergency Management and other partner organizations

Syndromic Surveillance

The National Syndromic Surveillance Program (NSSP), formerly called BioSense, is a collaboration of local, state, and national public health programs for the timely exchange of syndromic data for situational awareness and enhanced response to hazardous events and disease outbreaks.

TCHD is collaborating with Denver Public Health to use syndromic surveillance data to analyze population health data by receiving timely alerts and providing information to key emergency preparedness and response and disease control staff for further investigation to enhance the response to any outbreak or incident.

There are 15 hospitals within the two jurisdictions participating in the NSSP and efforts are being expanded to Boulder County and Jefferson County in 2016.

Communicable disease monitoring:
Including influenza, West Nile virus, etc.

Monitoring substance abuse:
Including heroin/opioids, marijuana, etc.

Information control:
Including determining that an outbreak is not spreading, or is contained

Tracking impacts of natural disasters:
Including tornado, fire, etc.
Training and Exercises

TCHD Staff hosted and participated in 74 trainings and exercises during 2015. These preplanned events help our agency and our partners better prepare for and respond to incidents impacting our jurisdiction. Because emergencies rarely impact a single jurisdiction, the integrated nature of our trainings and exercises also prepares TCHD staff and partner organizations to support each other when we have reached our capacity to effectively respond without support.

On October 15th, 2015, the Tri-County Health Department conducted Operation #FluVaccine2015, a full scale, multi-disciplinary emergency preparedness and response exercise focused on rapidly providing influenza vaccine through a single Point of Dispensing (POD) site to members of the public. This vaccine was used to help bring people from the communities we serve to the POD to test our plans related to POD mobilization, rapid vaccine distribution, POD throughput, activation and training of POD staff, POD demobilization and Incident Management, including use of our Public Health Incident Management Team (PHIMT). We partnered with the Aurora Public School District and key community partners, as designated in the Mass Prophylaxis Annex of the TCHD Public Health Emergency Operations Plan.

We were able to immunize 225 community members who came out to help us test our mass prophylaxis capabilities.

The 2015 ESF #8 Behavioral Health Workshop, developed and facilitated by TCHD EPR staff in coordination with external behavioral health partners, was designed to bring traditional and new or underrepresented behavioral health partners into the existing Emergency Support Function (ESF) #8 structure within Adams, Arapahoe, Douglas, and Elbert Counties. The workshop focused on roles, responsibilities, authorities, and capabilities for this component of a response.

Participants included community behavioral health, victims’ advocates, the Colorado Department of Public Health and Environment (CDPHE), the American Red Cross, faith based response group from the Colorado Volunteers Active in Disaster (COVOAD), school behavioral health, hospital behavioral health, emergency management, and other key response partners.
Key incident: Ebola Response

During 2015, TCHD continued preparedness and response activities in an effort to increase readiness for a potential or confirmed Ebola patient. The activated Public Health Incident Management Team (PHIMT) members tasked with this responsibility continued to work on pushing out CDC guidance, recommendations, and information regarding the outbreak.

Designated PHIMT members focused on:
• Coordination efforts with EMS
• Care for the well-being of quarantined individuals in coordination with county emergency management and health and human services partners
• Healthcare worker monitoring and the handling of decedents, and
• Monitoring travelers coming from the countries impacted by the Ebola Outbreak

Between November 2014 and February 2016, TCHD monitored 111 travelers, most of whom were deemed low risk. No traveler in TCHD’s jurisdiction developed Ebola virus disease. On March 29, 2016, the World Health Organization (WHO) terminated the Public Health Emergency of International Concern for the Ebola outbreak in West Africa.

Affected West African counties have greatly strengthened their capacity to rapidly identify a case and to limit transmission. As of April 13, 2016, the total number of Ebola cases worldwide related to the outbreak was 28,652 with 11,325 deaths.

Social Media

FOLLOW @TCHDEMERGENCY
KEEP CALM AND BE PREPARED

September is National Preparedness Month. To learn more about how to stay safe during a disaster, check us out on twitter.com/TCHDEmergency, @TCHDHealth, TCHD Facebook Page, TCHD Pinterest Page.
Financial Statements

**FY15 EPR Division Revenue**
Total: $1,184,653

- Federal Pass Through Funds: $1,156,081 (97.6%)
- Grants: $15,122 (1.3%)
- General Funds: $11,898 (1.0%)
- State Funds: $1,552 (0.1%)

**FY15 EPR Division Expenses**
Total: $1,184,653

- Salary & Benefits: $801,620 (67.7%)
- Indirect: $255,266 (21.5%)
- Operating Expenses: $119,228 (10.1%)
- Contract Services: $8,539 (0.7%)