



SOUTH CENTRAL HEALTHCARE COALITION

Readiness Across The Healthcare Continuum



**Chaffee, El Paso, Lake, Park and Teller
Counties**

South Central Healthcare Communication Plan (Annex)

March 29, 2021

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INTRODUCTION

Purpose. This annex outlines the South Central Healthcare Coalition (SCHCC) Communications Plan. The goal of this plan is to provide information to support interoperability and effective communication among coalition partners during times of disaster, as appropriate.

Scope. The effective management of a medical surge event requires integration of medical assets and capabilities from the local level up through the multijurisdictional, state, and Federal levels. This document highlights that communication and coordination is necessary for regional emergency preparedness and that, during a medical emergency, resources and information may need to be shared utilizing processes defined through planning and preparedness efforts. It is designed to help facilitate coordination among affected medical facilities and emergency response partners by providing an organized method of communication during emergency and non-emergency situations. This document provides information on the use of regional and statewide communications and information sharing resources including the Everbridge Mass Notification System, SCR All-Hazards 800 MHz radio system, EMResource and the Colorado Hospital Emergency Coordination System (CHECS).

Regional overview. Refer to Base Plan.

Assumptions. Refer to Base Plan.

COMMUNICATION MODES & TIERS

Incident Information Collection and Dissemination

Information will be distributed to notify hospitals and appropriate partners of events or situations that will either have, or could have, an impact on hospital or emergency response operations. Communications systems will also be utilized to determine if resources are available to assist the impacted hospital(s). Staff may receive notifications, updates, and queries through Everbridge Mass Notification System, EMResource, 800 MHz radio, and/or other notification systems as identified by the South Central Region (SCR). It is expected that information will be distributed within the organization as deemed appropriate.

Information distributed and requested will be contingent upon the type and scope of the incident. The type of information that may be provided and/or requested includes, but is not limited to:

- Mass or multiple casualty events to include
 - Estimated number of casualties or potential patients
 - Estimated types and severity of injuries
 - The need for, or the availability of, medical resources
 - Updates as more information becomes available
- Disease Prevention/Pandemic Alerts and information
- Events impacting an area that have the potential to threaten a facility

Local Situational Awareness. The local Public Health Agency becomes aware of an incident or emerging situation that may evolve into a public health centric incident or emergency. The Public Health Agency begins collecting facts and building a common operating picture/situational awareness (COP/SA) to share with partners.

- a. The local Public Health Agency notifies the appropriate Office of Emergency management of the incident. The local OEM and Public Health Agency determine the next steps.
- b. Depending on the nature and complexity of the incident, the local OEM will determine the appropriate level and staffing of the Emergency Operations Center/Emergency Coordination Center. The local OEM will also notify supporting staff and response partners.
- c. The local Public Health Agency will notify the South Central Regional Public Health EPR Coordinator of an emerging incident or situation that may merit some level of activation of the South Central Healthcare Coalition.
- d. The Emergency Manager for the jurisdiction having authority will notify the

Division of Homeland Security and Emergency Management (DHSEM)
Regional Field Manager (RFM) of an emerging incident.

Regional Awareness and Escalation. The next step in the escalation process is to have a coordinating video conference/conference call with the South Central Regional Public Health EPR manager, DHSEM RFM, local emergency management, local Public Health Agency, Colorado Department of Public Health and Environment (CDPHE) and relevant partners, e.g. hospitals, clinics, specialty care facilities, etc. The purpose of the video conference/conference call is to share and update the COP/SA with all partners and develop courses of action (COA) based on the facts, assumptions, constraints, restrictions and limitations. See the accompanying flow chart (APPENDIX A) for possible COA outcomes:

- a. Continued monitoring at the local level only,
- b. Physical partial SCHCC activation or,
- c. Virtual partial activation of the SCHCC,
- d. Optimal combination of virtual and physical activation to support and augment the local Public Health Agency's response.

Roles & Responsibilities

- a. Coalition Chairperson. Determines whether to activate medical communications based either on an assessment of the situation or based on requests from coalition members. May delegate this responsibility to the SCHCC Readiness and Response Coordinator.
- b. Coalition Readiness and Response Coordinator. Assists ESF-8 lead or fulfills role of the coalition chairperson upon request. Additionally, coordinates preparation and execution of periodic communication drills. Following drills, compiles a summary of agencies that responded to the drill and submits the results for feedback at the next coalition membership meeting. The coordinator also maintains a current list of contact information for coalition members on the Everbridge Mass Notification System. Manages coalition website: www.schccoalition.com.
- c. ESF-8 Lead. When notified, based on the type and extent of an incident, may recommend activation of this annex. Communicates with health & medical partners during an incident response. Generally responsible for drafting periodic situation rep MEDSITREPs.
- d. SCHCC Clinical Advisor. Assists ESF-8 lead and healthcare partners with concerns relating to medical transfer, treatment and/or clinical considerations and needs with respect to the incident.
- f. Coalition Member Agencies. Collaborate to respond to incidents requiring a health & medical response. Voluntarily participate in periodic communication drills and training exercises.

Modes of Communication

This section describes different modes of communication used by the SCHCC and how they are used to achieve interoperability.

The **Primary** communications modes are used day-to-day and as available during emergencies and disasters.

The **Secondary** modes are used when Primary Communications are down or during times of response.

The **Tertiary** modes are used when Primary and Secondary communications are down or need augmented.

Communication Matrix (Refer to Appendix)

Primary Communication Modes

- **Phone, Email Text:** Telephones (landline, Voice over Internet (VOIP) and mobile phones, email exchanges, and SMS/Text messaging will serve as a primary means of notification and information exchange among healthcare coalition partners.
- **Virtual conference/Conference calls:** Are initiated through the SCHCC virtual platform (typically Microsoft Teams). Virtual conference will be used to concurrently update multiple stakeholders. Invitations and information on virtual conference meetings will be managed by the SCHCC Readiness and Response Coordinator and Executive Council.
- **Everbridge Mass Notification** – The SCHCC has a Memorandum of Understanding (MOU) with UHealth to host its' own platform on UHealth's Everbridge Mass Notification system (see Appendix F). Everbridge provides an avenue to quickly communicate with organizations and provide information concerning large-scale critical events that impact entire regions. The Everbridge mass notification system is tested by the SCHCC on a quarterly basis. Everbridge notifications are sent out via phone calls, text, SMS, email or page.
 - The Everbridge Mass Notification system will be activated according to the Notification and Activation flowchart. The Everbridge system is managed by the SCHCC Coordinator and executive council. Requests for alerts through the Everbridge system should be directed to SCHCC staff and executive council leadership.
- **EMResource** – EMResource is a web-based system that allows for real-time identification of hospital bed availability and medical resources. An EMResource alert and/or HAVBed request can be initiated by the SCHCC Coordinator or SCR EPR staff.
- **Colorado Health Alert Network (HAN)** – in coordination with the U.S. Centers for Disease Control and Prevention (CDC), CDPHE disseminates public health alerts and prevention guidelines to partners, providers, and key stakeholders. HAN communications can be initiated by authorized personnel at the federal, state, or local public health level. The urgency of the event and the agency sending the alert determines whether an alert is disseminated by phone, fax, email and/or pager.
 - Alert Classifications: The HAN level is clearly stated at the beginning of each

communication.

- HAN Alert: Highest level of importance, warrants immediate action
- HAN Advisory: Important information for a specific incident, may not require immediate action
- HAN Update: Updated information about an incident or situation, unlikely to require immediate action
- HAN Information: Information only, doesn't require action
- HAN Test/Exercise/Drill: Used only during system tests

- **Integrated Public Alert and Warning System (IPAWS)** – FEMA’s national system for local alerting that provides authenticated emergency and life-saving information to the public through mobile phones using Wireless Emergency Alerts, to radio and television via Emergency Alert System, and on the National Oceanic and Atmospheric Administration’s Weather Radio. Utilizing multiple pathways for public alerts increases the likelihood that the message will successfully reach the public. Local Dispatch Centers, the National Weather Service, and some local response authorities have the authorization to issue IPAWS messages.

Secondary Communication Modes

- 800 MHz Radio. The 800MHz radio system is a blend of traditional two-way radio technology and computer-controlled transmitters. Virtual radio groups called “talk groups” are created in software to enable private conversations among agencies. The SCHCC has 4 talk groups that are tested through quarterly Communications Drills:

South Central Healthcare Coalition Talkgroups	
ERMAC	Statewide Hospital Emergency Room Mutual Aid and Hailing Talkgroup to get User’s Attention
MMRS 2	Hospital and Response Partner Coordination available statewide to support medical communication among and between hospitals and assisting partners
CHD SC	County Health Department South Central has been allocated to County Health Departments (CHD) emergency management, mutual aid coordination and communications within the South Central All-Hazards Emergency Management Region: El Paso, Teller, Park, Chaffee, and Lake Counties
CHD S	County Health Department South initially allocated to CHD, emergency management, mutual aid coordination and communications within the South All-Hazards Emergency Management Region: Custer, Fremont, Huerfano, Las Animas, and Pueblo Counties

- SCHCC Email News Alert: SCHCC uses MailChimp to send newsletters, updates, and news alerts to partners. The SCHCC email news alert is managed by the SCHCC Coordinator and executive council. Requests for alerts should be directed to SCHCC staff and executive council leadership. In the event that the Everbridge Mass Notification System is down a SCHCC Email News Alert will be sent to all coalition members with information regarding the event.

- SCHCC Website Alert: The SCHCC website is equipped with a news ticker that runs across the home screen located at www.schccoalition.com. The SCHCC website is managed by the SCHCC Coordinator and executive council. Requests for alerts should be directed to SCHCC staff and executive council leadership.

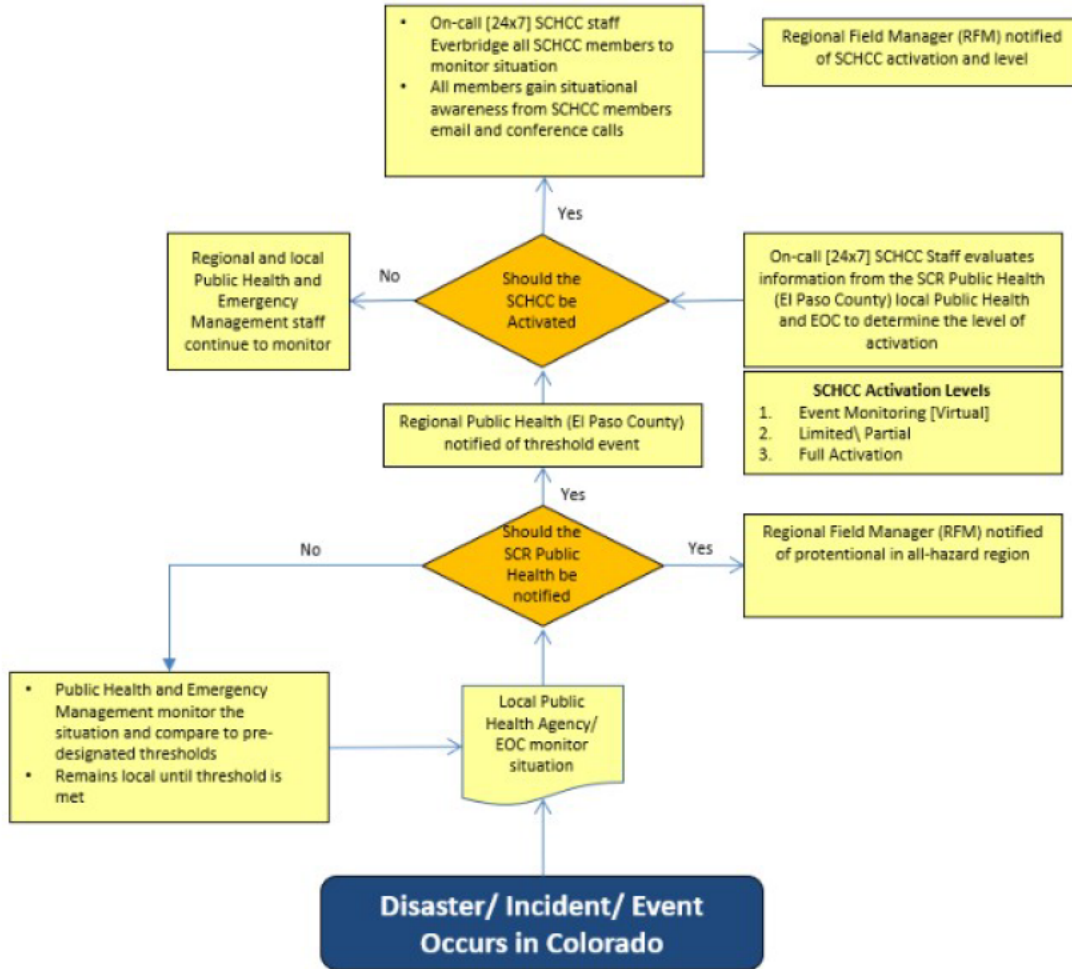
Tertiary Communications Modes

- Amateur Radio
[Amateur radio](#) (also called ham radio) is the use of designated radio frequency spectrum for purposes of private recreation, non-commercial exchange of messages, wireless experimentation, self-training, and emergency communication. The term "amateur" is used to specify persons interested in radio technique solely with a personal aim and without pecuniary interest, and to differentiate it from commercial broadcasting, public safety (such as police and fire), or professional two-way radio services (such as maritime, aviation, taxis, etc.). Local amateur radio operators can be used to set up a communication network when other modes of communication are not meeting the need.

The [Amateur Radio Emergency Service](#)® (ARES) consists of licensed amateurs who have voluntarily registered their qualifications and equipment, with their local ARES leadership, for communications duty in the public service when disaster strikes. Med-ARES are volunteers that work specifically supporting healthcare response.

APPENDIX A – SCHCC NOTIFICATION/ACTIVATION

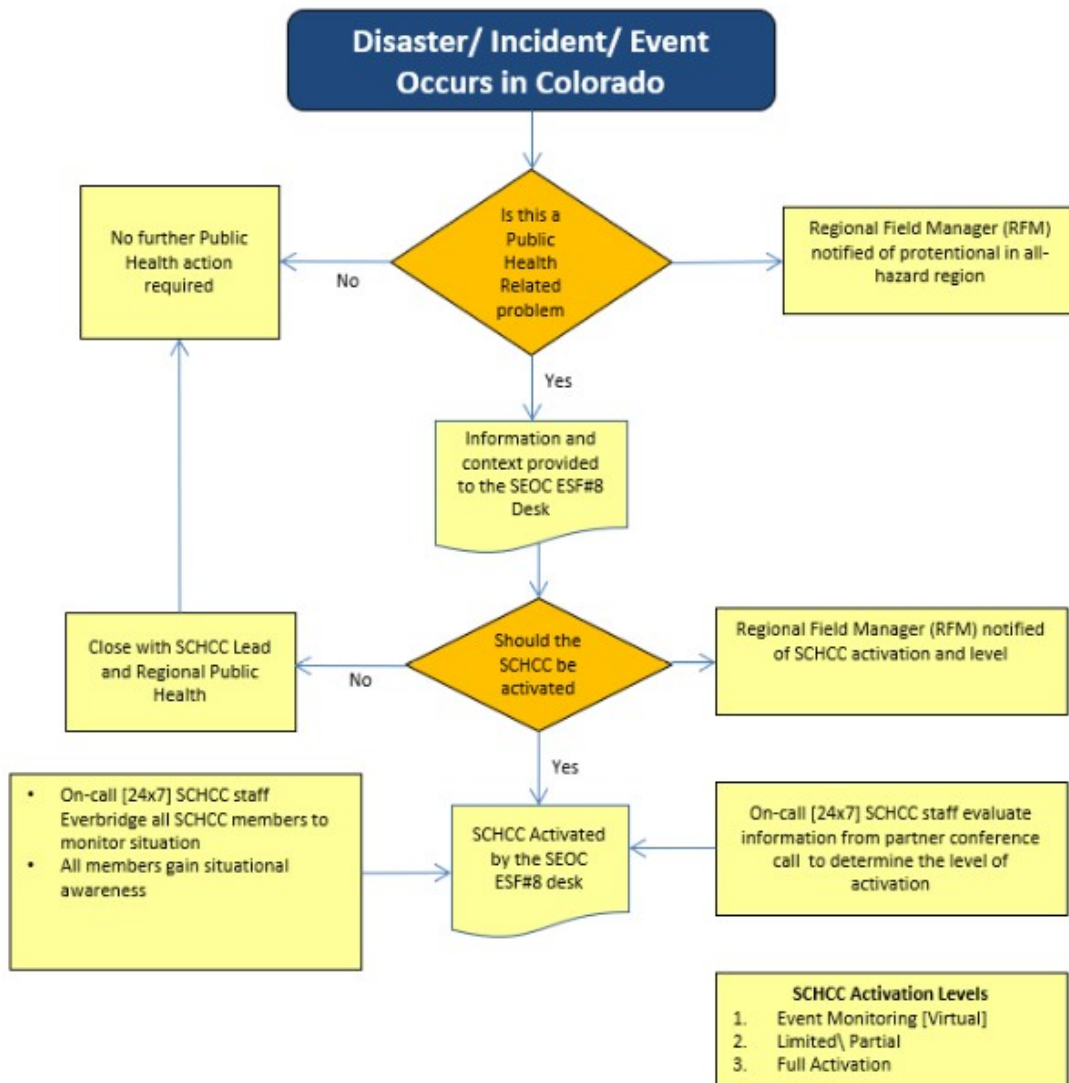
Bottom Up SCHCC Notification\ Activation



SCHCC Activation Notes:

- Incident begins and ends at the local level
- SCHCC provides a Public Health algorithm to evaluate SCHCC activation and/or advisement and escalation process to local Public Health Agencies

Top Down SCHCC Notification\ Activation



SCHCC Activation Notes:

- Minimum partial activation includes: EOC| IMT manager/ IC, Situational Unit Leader, Planning Section Chief , LNO and PIO.
- Hospitals and other care centers will have separate and slightly different decision trees for activation and will address HICS and similar incident command structures.

The SCHCC Readiness and Response Coordinator is the 24/7 Healthcare Coalition emergency contact.

This position allows for distressed healthcare facilities to:

- Notify Healthcare Coalition members of an emergency situation or incident that is, or has the potential to, stress or overwhelm the reporting facility or jurisdiction
- Request activation of regional healthcare response plans or compacts
- Request support in responding to an incident

Notify the SCHCC Readiness and Response Coordinator to report an incident that may impact Coalition partners or to request support:

- Primary Phone: 719.385.7279**
- Secondary Phone: 719-301-4033**
- Email: kara.prisock@coloradosprings.gov**

1. Prior to contacting the SCHCC support, identify the following information:

- Incident Location
- Incident Type
- What support you need:
 - Patient Evacuation/Transfer Support
 - Reference: Incident Status Summary (ICS 209), Appendix C
 - Supply/Equipment Support (Type and Quantity)
 - Reference: SCHCC 213RR Supply/Equipment Request Form, Appendix D
 - Personnel/Staffing Support (Type and Quantity)

2. Provide this information to the SCHCC:

- a. "This is [Your facility name] requesting South Central Healthcare Coalition incident support."
- b. Your callback information if calling via telephone.

3. Join the South Central Healthcare Coalition Conference Call via Microsoft Teams, which will be initiated by the SCHCC Coordinator following the initial call:

- Microsoft Teams Invite will be sent out via email

4. Provide this information on the Video Conference/Conference Call

- a. Who, What, Where, When, Why
- b. Current "external" (community) situation
- c. Current "internal" (facility) situation
- d. Anticipated or actual support needs (patient transfer/evacuation, supplies/equipment, personnel, etc.)
- e. A facility point of contact and contact information to allow for follow up during a disaster.

APPENIX B – COMMUNICATION PLATFORM MATRIX

HAN = CO Health Alert Network

ARES = Amateur Radio Emergency Services (HAM Radio Operators)

RACES = Radio Amateur Civil Emergency Services (HAM Radio Operators)

JIC = Joint Information Center

PIO = Public Information Officer

CHA = Colorado Hospital Association

CHTC = Combined Hospital Transfer Center

Primary Mode
Secondary
Tertiary

		SUPPORT/ RESPONDING AGENCY				
		SCHCC	Local/ Regional Public Health	State Public Health	Emergency Management	EMS
REQUESTING AGENCY	Hospital Emergency Management	Phone/Email/ Text Everbridge- receive only	Phone/Email/ Text HAN – receive only	Phone/Email HAN – receive only	Phone/Email WebEOC	Phone/Email EMResource – Event Notification
		EMResource – Event Notification	EMResource – Event Notification	EMResource – Event Notification	Local Notification System(?)	
		800 MHz Radio Email Alert Website Alert	800 MHz Radio (Channel?)	800 MHz Radio (Channel?)	800 MHz Radio (Channel?)	800 MHz Radio (Channel?)
			ARES/RACES	ARES/RACES	ARES/ RACES	ARES/RACES
	Hospital Emergency Department	Phone EMResource	Phone EMResource	Phone EMResource	Phone EMResource	Dispatch EMResource
		800 MHz Radio	800 MHz Radio	800 MHz Radio	800 MHz Radio	800 MHz Radio
	Hospital Public Information Officer	Phone/Email/Text	Phone/Email/Text	Phone/Email/Text	Phone/Email/Text	Phone/Email/Text
		Cell Phone/ Phone	Cell Phone/Phone PIO/ JIC	Cell Phone/Phone PIO/JIC	Cell Phone/ Phone PIO/ JIC	Cell Phone/ Phone PIO/ JIC
	Hospital Patient Transfer Office/ Admissions Office	Phone/Email/ Text EMResource – Event Notification	Phone/Email/ Text EMResource – Event Notification	Phone/Email/ Text EMResource – Event Notification	Phone/Email WebEOC	Phone/Email EMResource – Event Notification
		CHA – CHTC Activation	CHA – CHTC Activation	CHA – CHTC Activation	Local Notification System(?)	RETAC Coordination call(?)
		800 MHz Radio	800 MHz Radio	800 MHz Radio	800 MHz Radio	800 MHz Radio
	Ancillary Healthcare Agency	Phone/Email/ Text Everbridge- rcv only	Phone/Email/ Text HAN – receiveonly	Phone/Email/ Text HAN – receive only	Phone/Email Local Notification System	Dispatch
EMResource – Event Notification		EMResource – Event Notification	EMResource – Event Notification			
Email Alert Website Alert						

APPENDIX C – Example Public Health and or Medical Situation Report (SITREP)

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name: Black Forest Fire - ESF 8 Medical Situation Report		2. Incident Number:	
*3. Report Version (check one box on left): <input type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input checked="" type="checkbox"/> Final 8	*4. Incident Commander(s) & Agency or Organization: Rich Harvey		*5. Incident Management Organization:
	*6. Incident Start Date/Time: Date: 6/11/2013 Time: 1404 Time Zone: MTN		
7. Current Incident Size or Area Involved (use unit label – e.g., "sq mi," "city block"): Evacuation area = 71.5 sq mi	8. Percent (%) Contained 45 Completed	*9. Incident Definition: Wild Fire	10. Incident Complexity Level: Type I IMT Command
*11. For Time Period: From Date/Time: 6/15/2013 1000 To Date/Time: 6/15/2013 1800 (final)			

Approval & Routing Information

*12. Prepared By: Print Name: C Maszkiewicz/T. Blanchard ICS Position: ESF 8 Lead Date/Time Prepared: 6/15/2013 at 1000	*13. Date/Time Submitted: 6/15/2013 1230 Time Zone: MTN
*14. Approved By: Print Name: _____ ICS Position: _____ Signature: _____	*15. Primary Location, Organization, or Agency Sent To: RMRS Hospitals and key partners

Incident Location Information

*16. State: CO	*17. County/Parish/Borough: El Paso	*18. City: Black Forest
19. Unit or Other:	*20. Incident Jurisdiction: El Paso County	21. Incident Location Ownership (if different than jurisdiction):
22. Longitude (indicate format): Latitude (indicate format):	23. US National Grid Reference:	24. Legal Description (township, section, range):
*25. Short Location or Area Description (list all affected areas or a reference point):		26. UTM Coordinates:
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels): Map attached showing current evacuation and pre-evacuation areas. New fire line information is not available as the IR scanner was broken last night.		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.): Medical Reserve Corps continues to support Palmer Ridge High School, UCCS, and the Disaster Assistance Center. Planning efforts underway to support re-entry, spoiled food, debris removal, water distribution and animal carcass removal.				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.): Wildland Fire and smoke from burning organic and non-organic materials.				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.): 13110 + approximate acres	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences		17	473
	F. Nonresidential Commercial Property			
	Other Minor Structures			
	Other			
ICS 209, Page 1 of 3		* Required when applicable.		

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name: Black Forest Fire - ESF 8 Medical Situation Report	2. Incident Number:
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Additional Incident Decision Support Information

	A. # This Reporting Period	B. Total # to Date		A. # This Reporting Period	B. Total # to Date
*31. Public Status Summary:			*32. Responder Status Summary:		
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>		
D. Fatalities	2	2	D. Fatalities	0	0
E. With Injuries/Illness	0	0	E. With Injuries/Illness	0	0
F. Trapped/In Need of Rescue	0	0	F. Trapped/In Need of Rescue	0	0
G. Missing (note if estimated)	3 est	3 est	G. Missing	0	0
H. Evacuated (note if estimated)	8517	8517	H. Sheltering in Place	0	0
I. Sheltering in Place (note if estimated)	0	0	I. Have Received Immunizations	0	0
J. In Temporary Shelters (note if est.)	44	44	J. Require Immunizations	0	0
K. Have Received Mass Immunizations	0	0	K. In Quarantine	0	0
L. Require Immunizations (note if est.)	0	0			
M. In Quarantine	0	0			
<i>N. Total # Civilians (Public) Affected:</i>			<i>N. Total # Responders Affected:</i>		

<p>33. Life, Safety, and Health Status/Threat Remarks:</p> <p>Currently the Black Forest Fire is not anticipated to have additional movement/gain.</p> <p>It is very unlikely that St Francis Medical Center and Memorial North will need to evacuate, however, both are prepared if there is a significant change in the incident. Smoke inhalation continues to affect those with respiratory sensitivities.</p>	<p>*34. Life, Safety, and Health Threat Management:</p> <p style="text-align: right;">A. Check if Active</p> <p>A. No Likely Threat <input type="checkbox"/></p> <p>B. Potential Future Threat <input checked="" type="checkbox"/></p> <p>C. Mass Notifications in Progress <input type="checkbox"/></p> <p>D. Mass Notifications Completed <input checked="" type="checkbox"/></p> <p>E. No Evacuation(s) Imminent <input type="checkbox"/></p> <p>F. Planning for Evacuation <input type="checkbox"/></p> <p>G. Planning for Shelter-in-Place <input type="checkbox"/></p> <p>H. Evacuation(s) in Progress <input type="checkbox"/></p> <p>I. Shelter-in-Place in Progress <input type="checkbox"/></p> <p>J. Repopulation in Progress <input checked="" type="checkbox"/></p> <p>K. Mass Immunization in Progress <input type="checkbox"/></p> <p>L. Mass Immunization Complete <input type="checkbox"/></p> <p>M. Quarantine in Progress <input type="checkbox"/></p> <p>N. Area Restriction in Effect <input checked="" type="checkbox"/></p> <p>O. Evacuation areas are still in effect <input checked="" type="checkbox"/></p>
<p>35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):</p> <p>Scattered showers and thunderstorms, mainly after 3pm. Mostly sunny, with a high near 74. North northeast wind 10 to 15 mph becoming southeast in the afternoon. Chance of precipitation is 40%. New rainfall amounts of less than a tenth of an inch, except higher amounts possible in thunderstorms.</p> <p>Tonight A 30 percent chance of showers and thunderstorms, mainly before 8pm. Partly cloudy, with a low around 52. East southeast wind 5 to 10 mph becoming light & variable in the evening</p> <p>New rainfall amounts of less than a tenth of an inch, except higher amounts possible in thunderstorms.</p>	

36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:

12 hours: Planning efforts for re-entry, spoiled food disposal, water distribution and animal carcass removal continue.

24 hours: Continue to provide medical support to shelters as needed knowing that demand is decreasing due to pending re-population.

48 hours:

72 hours:

Anticipated after 72 hours: Re-entry effort underway. Planning and implementing support for disaster counseling and recovery activities.

37. Strategic Objectives (define planned end-state for incident):

The ESF 8 Team is working on the following: Ensure that basic medical monitoring is provided at the shelters. Continue to assemble re-entry teams. One smoke monitor is located Antelope Trails Elementary (east of the fire). Second smoke monitor installed at Woodmen Hills Elementary (south east edge of fire). Planning efforts to address re-entry, damage assessment, and spoiled food/items, water distribution and deceased animal carcasses underway.

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name: Black Forest Fire - ESF 8 Medical Situation Report	2. Incident Number:
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Additional Incident Decision Support Information (continued)

38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours: Fire is not anticipated to grow further. Air quality is being monitored for particulates.

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours: ESF 8 does not have any unmet critical resource needs at this time.

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

As of last night cost of the incident is estimated to be at \$3.5 million as of June 14 at 1900. ESF 8 Team efforts have evolved from initial response to more recovery based activities. This will be the final report unless there is a significant change in the incident.

41. Planned Actions for Next Operational Period:

Assist with the provision of basic medical monitoring in the shelters using the Medical Reserve Corps of El Paso County. Monitoring the staffing needs for the new shelter located at University of Colorado, Colorado Springs. Monitor air quality. Support family reunification efforts for evacuated health care facilities and patient family members as needed. Moving more toward recovery activities.

42. Projected Final Incident Size/Area (use unit label – e.g., “sq mi”):

43. Anticipated Incident Management Completion Date:

44. Projected Significant Resource Demobilization Start Date:

45. Estimated Incident Costs to Date:

46. Projected Final Incident Cost Estimate:

47. Remarks (or continuation of any blocks above – list block number in notation):

APPENDIX D – SCHCC 213 RESOURCE REQUEST FORM



Resource Request

Incident: COVID-19 Event
South Central Healthcare Coalition

Resource Request Message <small>ICS 213/200 is used by Incident personnel to request resources</small>			
1. Incident Name <input type="text" value="COVID-19 EVENT"/>	2. Date/Time <input type="text"/>		
3. Requestor's Name <input type="text"/>	4. Requestor's Position <input type="text"/>	5. Call Back Number <input type="text"/>	
6. Requestor's Email <input type="text"/>	7. Facility Name <input type="text"/>		
8. Secondary Contact Name <input type="text"/>	9. Secondary Contact Number <input type="text"/>		
R E Q U E S T O R	10. Order (ONE ITEM PER FORM)		
	Item Requested <input type="text"/>	QTY <input type="text"/>	Priority (Priority/Routine) <input type="text"/>
	Detailed Item Description (kind, type, vital characteristics, brand, specs, experience, etc.) and if applicable: purpose/use, and other info <input style="width: 100%; height: 40px;" type="text"/>		
	Suggested Source of Supply <input style="width: 100%; height: 20px;" type="text"/>		
<p><small>* Please note that resource requests will be submitted to Pikes Peak Regional Office of Emergency management (PPROEM). PPROEM will do their best to fill this request locally, however in the event that resources cannot be procured through local channels this request will be submitted to the Colorado State Emergency Operation Center (SEOC). Additionally, there is no guarantee that resources will be able to be obtained any faster than your normal supply chain channel, however we will do our best to assist as we are able. Once complete, please email signed form to: kara.prisock@coloradosprings.gov</small></p> <p><small>By signing this resource request I understand that any resources procured through PPROEM or Colorado SEOC may be charged to my facility.</small></p>			
Requestor Signature <input style="width: 100%; height: 20px;" type="text"/>			

APPENDIX E – 800 MHz RADIO OPERATION GUIDELINES

General. The 800 MHz Radio System used by SCHCC enables hospitals, emergency operations centers, public health, and the Coroner's office to communicate during any incident impacting health and medical agency resources.

The term "talkgroup" is used for those communicating on a given radio channel.

Each participating agency can utilize the SCHCC radio talkgroups as an additional means to communicate during medical incidents and exercises.

Radio Use Etiquette

- a. The optimal position for holding a portable radio is at head height with the antenna in the vertical or upright position.
- b. All radio messages during a medical event will be in plain language. Avoid using radio codes, acronyms, and abbreviations.
- c. Only make necessary radio messages since many others may be sharing a limited number of channels. Do not use the radio whenever face-to-face communication is possible
- d. When you send or respond to a radio message, pronounce your words clearly and slowly. Speak in a normal tone of voice. Do not shout or rush your speech.
- e. Think before you speak to ensure articulate and short messages.
- f. Before speaking, make sure the channel is clear of others speaking on the same channel.
- g. Be aware that members of the public often monitor radio messages. Do not disclose personal information, specific patient information, or private messages on the radio.
- h. Do not use slang, obscenities, names or nicknames.

Sample Radio Messages

- a. Ensure that all radio message requests for assistance specify the reason for the request.
- b. Before speaking a radio message, know what you are going to say and communicate the message as clearly and briefly as possible.

Announce who you want to contact (agency and position/name), then your home agency and position. **EXAMPLE:** "Memorial Health Systems ER - this is St. Francis Medical Center ER".

To acknowledge a radio call, state the agency/position name calling, and then state your agency/position. **EXAMPLE:** "St. Francis Medical Center ER this is Memorial Health Systems ER, go ahead".

- c. Use words as follows:

Common Word	Preferred Word
Wait	Stand by
Can't	Unable
Send	Forward or Dispatch
No	Negative
Yes	Affirmative

- d. Radio message recipients should briefly summarize the radio message received so the sender can verify the message was correctly received.
- e. **DO NOT** interrupt radio messages unless you have emergency traffic. If you must interject a radio message, wait for a pause and state “Break for (your agency/position)” and then state your message.

EXAMPLE: “Break – This is Memorial Hospital ER advising all responders that we are on lockdown”. “BREAK’ (if you have more information to transmit)

If communicating with more than a single Agency/Position, before speaking to a second Agency/Position state “Break”.

EXAMPLE: “Acknowledged St. Francis ER. Break - Memorial Hospital ER did you copy the radio message that St. Francis ER is on divert status?”

- f. When giving a long radio message, after finishing each small segment, state “BREAK”. This gives other users the opportunity to “break in” and give important messages. When beginning a new segment, state your identification and begin again. **EXAMPLE:** “Memorial ER Continuing: All personnel responding will use entrance on NW side of hospital, Break”.
- g. Do not ignore a call to your radio. If you cannot accept the radio message because you are busy, ask the user to STAND BY and re-contact them as soon as possible.
- h. If you do not hear or understand all of a given radio message, be sure to ask for a repeat of the message.
EXAMPLE: “St. Francis ER, Memorial ER, please repeat your message”.
- i. To terminate a radio message, state your Agency/Position, and the word “CLEAR”.
EXAMPLE: ‘Memorial Hospital ER, Clear’.
- j. To acknowledge that a radio message you were having has been terminated, state your Agency/Position, and the word “CLEAR”.
EXAMPLE: “St. Francis ER, Clear”.

How to Operate the Radio

Below are generalized images and instructions for operating your radio. Agencies may have different models and therefore, there may be minor differences in operating your radio.



Figure 1: General Radio Top View

a. Turning the Radio On and Off

Turn the radio on by rotating the ON/OFF Volume Knob clockwise about $\frac{1}{4}$ of a turn. The radio will go through a power-up self-test and the display will show "Self-Test". If the radio display shows an error message, turn the radio off by rotating the knob in a counterclockwise direction. Check the battery and battery contacts and make sure the battery is properly seated. Turn the radio back on. If the radio fails the "Self-Test" again, contact your service provider.

b. Selecting a Zone and Channel

Zone selection is done by the 3-position A-B-C switch located next to the power/volume knob. Position A is the "home zone".

Once the Zone is selected, turn the 16 position Channel Control to the desired channel within that zone. The radio display will show the selected zone and channel.

c. Emergency Button

The Emergency Button should never be depressed unless you are alone and need emergency assistance. For example, if someone was threatening you, or if you were hurt and needed help, this button should be activated. Dispatch would receive a signal and know to send emergency responders to your location. Should you accidentally activate the button, clear it by holding the button for 1 second until a medium pitched tone sounds.

d. Speaking into the Radio or Attached Microphone



Figure 2: General Radio Side View

- 1) Hold down the Push-To-Talk (Transmit) button and wait a second or two BEFORE you begin talking.
- 2) Be certain to hold the Push-To-Talk button down for 1-2 seconds after you are finished speaking to help ensure your entire radio message is transmitted.
- 3) Pronounce your words clearly and slowly. Speak in a normal tone of voice. Do not shout or rush your speech.
- 4) Hold the microphone or radio (if not using a microphone) about 1-2 inches from your mouth and in a vertical or upright position. Speaking too loudly or too close to the microphone may cause distortion and make it difficult for others to understand what you are saying.
- 5) If it is necessary to send a long radio message, break it into shorter transmissions to help those receiving the message understand it; this also allows other users into the airwave for transmitting other important messages.

f. Display Back Light

In low light conditions pressing the Display Back Light button will illuminate the display and keyboard (on appropriate models) for a preprogrammed amount of time. To turn the light off before it goes out automatically, press the button again.

g. Batteries, Charging and Radio Maintenance

Battery life is determined by several factors, including regular overcharging.

- 1) Always use the correct battery charger and keep the charger and batteries at room temperature.
- 2) Radios and spare batteries should not be left in charging units continuously. It is highly recommend that spare batteries be rotated with active batteries so that all batteries receive use.

3) Batteries lose about 5% of their charge every day even when not in use. It is also recommended that radios and spare batteries be recharged every two weeks to keep batteries fully charged.

4) Low Battery Indication – Your radio will indicate battery's charge status by the following:

LED and Sounds

- You see the LED blink red when the Push-To-Talk button is pressed indicating low battery
- You hear a low-battery “chirp” (short, high-pitched tone)

Programming the 800 MHz Radio

a. SCHCC radios may be programmed by the City of Colorado Springs Radio Shop through agency contract.

b. The SCHCC radio default (home) setting is ER MAC, the statewide hospital mutual aid talkgroup/channel. ER MAC is used to announce:

- 1) Mass casualty or multiple casualty incidents, and
- 2) Assignments of talkgroups/channels delegated for the event.

SCHC Talkgroups

a. ER MAC

This talkgroup has been initially allocated to EMS agencies for mutual aid coordination and communications with Hospital Emergency Departments statewide.

b. MMRS 1 thru MMRS 4

These talkgroups are available to support medical communication among and between hospitals and assisting partners.

Mutual Aid Channels (MAC)

a. MAC 9 thru MAC 12 (SOUTHEAST)

MAC Talkgroups for use in Baca, Bent, Chaffee, Crowley, Custer, El Paso, Fremont, Huerfano, Kiowa, Lake, Las Animas, Otero, Park, Powers, Pueblo, and Teller counties.

b. MAC 9 SE

This talkgroup will be used for inter-regional mutual aid coordination and communications. This also has been designated the contact channel for any subscriber user coming into the region who needs to communicate with an agency within the SE region. This talkgroup can be used by non-public safety agencies for mutual aid coordination and communications or by any SE public safety agency who's assigned talkgroup may already be in use.

c. MAC 10 SE

This talkgroup has been initially allocated to Fire agencies for mutual aid coordination and communications.

d. MAC 11 SE

This talkgroup has been initially allocated to Law Enforcement agencies for mutual aid coordination and communications.

e. MAC 12 SE

This talkgroup has been initially allocated to EMS agencies for mutual aid coordination and communications.

Health Department Talkgroups

a. COUNTY HEALTH DEPARTMENTS (CHD)

The following talkgroups have been assigned for CHD emergency management, mutual aid coordination and communications within the designated All-Hazards Emergency Management Regions within Colorado.

b. CHD SC

County Health Department South Central has been initially allocated to County Health Departments (CHD) emergency management, mutual aid coordination and communications within the South Central All-Hazards Emergency Management Region: El Paso, Teller, Park, Chaffee, and Lake Counties.

c. CHD S

County Health Department South has been initially allocated to County Health Departments (CHD), emergency management, mutual aid coordination and communications within the South All-Hazards Emergency Management Region: Custer, Fremont, Huerfano, Las Animas, and Pueblo counties.

APPENDIX F – SCHCC/UCHEALTH EVERBRIDGE MOU

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (“MOU”) is entered into as of this ___ day of _____, 2020 (the “Effective Date”) by and between UCH-MHS, a Colorado nonprofit corporation (“UCH-MHS”) and South Central Healthcare Coalition (“SCHCC”). UCH-MHS and SCHCC are sometimes collectively referred to as the “Parties” and each individually as a “Party.”

RECITALS

WHEREAS, the Parties desire to memorialize the arrangement whereby UCH-MHS provides disaster notifications SCHCC and its coalition members through UCH-MHS’s Everbridge mass notification system (the “Mass Notification System”);

NOW THEREFORE, in consideration of the promises and the mutual covenants and agreements set forth herein, the Parties agree as follows:

1. UCH-MHS agrees that, during the Term of this MOU (as defined below), SCHCC shall be given appropriate access to UCH-MHS’s Mass Notification System as may be needed by SCHCC to maintain a subgroup of SCHCC coalition members to be contacted through the Mass Notification System in the event of a disaster.
2. SCHCC agrees that it shall be responsible for maintaining an up-to-date contact roster of its coalition members in the applicable Mass Notification System subgroup. SCHCC further agrees that it shall be responsible for contacting such coalition members in the event of a disaster or other incident, and that UCH-MHS has no obligation or expectation to send any follow-up communications to SCHCC’s coalition members.
3. SCHCC acknowledges that UCH-MHS is providing access to the Mass Notification System for informational purposes only. As such, SCHCC agrees, on behalf of SCHCC and its coalition members, that, as necessary consideration for UCH-MHS providing access to the Mass Notification System, UCH-MHS shall not be subject to or liable for any loss or damages (including, without limitation, direct, indirect, incidental, consequential, reliance, special or punitive loss or damages) of SCHCC or any of its coalition members arising from, or in any way related to, the operation of the Mass Notification System, including without limitation, any failure of the Mass Notification System to timely or accurately notify SCHCC or its coalition members of a disaster or incident.
4. The term of this MOU shall continue for a period of one (1) year following the Effective Date (the “Term”). Thereafter, this MOU shall automatically renew for additional one (1)-year Terms unless either Party gives the other Party thirty (30) days’ notice of its

intent not to renew. This MOU may otherwise be terminated by either Party at any time, with or without cause, upon thirty (30) days' written notice to the other Party.

5. Miscellaneous: This MOU may be amended, supplemented, or modified at any time by a written instrument duly executed by the authorized representatives of the Parties. No Party may assign or delegate any of its rights or obligations under this MOU without the prior written consent of the other Party. Any attempted assignment or delegation of a Party's rights, claims, privileges, duties or obligations hereunder without the prior written consent of the other Party shall be null and void. This MOU shall be governed by and interpreted in accordance with the laws of the State of Colorado, without regard to any conflicts of laws, rules or principles that would result in the application of any other law. All notices, requests, demands and other communications shall be in writing and shall be deemed to have been duly given if e-mailed, faxed, hand delivered or if mailed by overnight or certified or registered mail, postage prepaid:

If to UCH-MHS:

UCH-MHS
1400 East Boulder St.
Colorado Springs, Colorado 80909
Attn: President and CEO

If to SCHCC:

South Central Healthcare Coalition
3755 Mark Dabling Blvd.
Colorado Springs, CO 80907
Attn: Readiness and Response Coordinator

[Signature page follows]

IN WITNESS WHEREOF, the Parties hereto have caused this MOU to be executed effective as of the Effective Date.

SCHCC:

South Central Healthcare Coalition

By: 
Name: Lisa Powell
Title: SCHCC Chair, El Paso County Public Health

UCH-MHS:

UCH-MHS

By: 
Name: Joel P. Yuhas
Title: President and Chief Executive Officer