



Chaffee, El Paso, Lake, Park and Teller Counties

Medical Surge Plan

ADOPTED MARCH 29, 2019

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I. Introduction

This Response Plan has been created by the South Central Healthcare Coalition (SCHCC) to outline how members will support each other as a coalition, in a public health emergency response. This plan was created through the collaboration of HCC member's individual plans.

Purpose

The purpose of this plan is to provide general guidance for preparation, response, and recovery to all hazards events that threaten the healthcare system and result in illness or injury to the population within the coalition's boundaries (TRACIE). This plan will include strategic planning, information sharing, resource management, and the integration of SCHCC with ESF #8 lead(s).

Scope

The SCHCC authority is limited to those compacts and other documents signed by the members and does not supersede jurisdictional or agency responsibilities, etc. This plan applies to all member organizations when an event occurs that is beyond the individual health care organization's ability to manage the response and is limited to those compacts and other documents signed by the SCHCC members. This plan does not supersede or conflict with applicable laws and statutes (TRACIE).

II. Situation and Assumptions

The SCHCC is a multi-agency collaborative responsible for providing a timely, interoperable, and synchronized response across the healthcare continuum, to meet the health and medical needs of the community in an emergency. This is established through preparedness efforts, communication, and provision of support services to the ESF#8 lead(s) during a disaster response.

Individual healthcare facilities and organizations will manage their responses through their designated emergency operations plans and incident command structures. In turn, local healthcare providers, facilities and agencies will follow local processes to communicate with both county and state emergency operations centers as well as members of the SCHCC to provide situational awareness regarding local response efforts and requests.

The following include considerations of work and current documents of the SCHCC that were reviewed when building this response plans:

- The SCHCC background and governance information can be found in Appendix B
- The South Central Healthcare Coalition is made up of Chaffee, El Paso, Lake, Park, and Teller Counties. The SCHCC coordinates with all ESF-8 lead agencies within its defined boundaries.
- The Healthcare and Public Health sector is the primary focus of the SCHCC HVA. The Healthcare and Public Health Sector protects all sectors of the economy from hazards such as terrorism, infectious disease outbreaks, and natural disasters.
- Each of the five counties in the South Central Region has an Emergency Operations Plan, Hazard Mitigation Plan or Pre-Disaster Mitigation Plan. While not every hazard or threat is applicable region-wide, a hazard or threat to any area of the region is considered a threat to the entire region.

Planning Process

This Response Plan was developed through a formal planning process involving SCHCC members and stakeholders. This Response Plan has been distributed internally to appropriate personnel and with external organizations that might be affected by its implementation (Colorado Department of Public Health and Environment). The revision schedule in Appendix A reflects the process that will ensure that the plan remains effective and appropriate for the needs of the SCHCC.

Assumptions

1. A member organization or the community can be affected by an internal or external emergency that has impacted operations up to and including the need for a facility to evacuate.
2. Impacted facilities have activated their emergency operations plan and staffing of their facility operations center.
3. Local resources will be used first, and then State resources, followed by a Federal request as needed, however State and Federal resources may not be available for 72-96 hours. State, and possibly Federal, resources may be staged closer to an impact area to avoid delays.
4. The increased number of area residents and staff needing medical help may burden and/or overcome the health and medical infrastructure. This increase in demand may require a regional response and/or subsequent city, county, state, and/or federal level of assistance.
5. Facilities will communicate their medical needs and non-medical needs to the jurisdictional emergency operations center or ESF#8 lead. (Note: some jurisdictions communicate their needs through ESF# 8 lead(s) at the EOC. The ESF # 8 liaison will communicate with HCC members to update the status of an incident and request support for needed resources with other ESF partners.)
6. Healthcare organizations will report status on situational awareness but will assume to be able to handle the incident on their own as much as possible before asking for assistance.
7. Healthcare organizations will take internal steps to increase patient capacity, including pediatric patients, and implement surge plans before requesting outside assistance.
8. Processes and procedures outlined in the response plan are designed to support and not supplant individual healthcare organization emergency response efforts (TRACIE).
9. The use of National Incident Management System (NIMS) consistent processes and procedures by the HCC will promote integration with public sector response efforts.
10. Except in unusual circumstances, individual private healthcare organizations retain their respective decision-making sovereignty during emergencies.
11. This plan is based on certain assumptions about the existence of specific resources and capabilities that are subject to change. Flexibility is therefore built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, healthcare facilities, and staff (TRACIE).

Approval of Plan/Promulgation

SCHCC mission statement is to enhance coalition member readiness throughout the emergency management cycle of preparedness, response, recovery, and prevention/mitigation. This is systematically accomplished by assessing member organization hazard vulnerabilities, by identifying capability-based needs and priorities, by conducting training and exercises, by cultivating strong interagency collaboration and communication, and by efficiently and effectively using existing health and medical resources. This Response Plan supports this statement by working in conjunction with the other HCC planning cycle plans to identify the roles and responsibilities of each HCC member to support a response. This plan may be activated by the public health ESF#8 lead(s) of the local jurisdiction or regional public health offices of emergency preparedness within the South Central Region of Colorado.

We the SCHCC Executive Council, hereby support and approve the SCHCC Response Plan.

Signature Page

Bart Evans

Bart Evans (Jan 24, 2024 09:01 MST)

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CO-Chair SCHCC

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Sara Baird (Jan 20, 2024 14:14 MST)

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Hospital CO-Chair SCHCC

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Joseph Kelly, MD (Feb 1, 2024 12:19 MST)

Joseph Kelly, M.D.,
Clinical AdvisorSCHCC

Joint Risk Assessment

The review and assessment process resulted in the following incident types being identified as the top risks to the region’s public health and medical system:

- Severe winter weather
- Active Shooter/ Workplace Violence
- Communications Failure
- Wildfire/ External Fire
- Cyber Attack
- HAZMAT Exposure

The HVA workgroup recognizes that an incident related to any of the identified threats would likely impact several agencies within a community. Likewise, incidents of increased complexity naturally create a greater demand on local resources. As such, the SCHCC would be a necessary resource in supporting a community affected by these and other complex situations. Coordinated planning, training and exercise can increase the SCHCC’s ability to support a response in times of crisis.

Due to the collaborative nature of a public health emergency response, this plan will work in conjunction with other local plans. The following table lists the plans that may be used simultaneously and the agency responsible:

Table 1. Local Plans the SCHCC Response Plan Supports

| Name of Plan | Agency Responsible |
|--|---|
| Pre-Hospital Operating Guidelines for Multi-Casualty Incident (MCI) Response | Plains to Peaks RETAC |
| Tactical Interoperable Communications Plan | South Central Region |
| Catastrophic Incident Plan | Pikes Peak Regional Office of Emergency Management |
| County Specific Emergency Operations Plan | Chaffee, El Paso, Lake, Teller, and Park County Offices of Emergency Management |
| Impacted Facility Emergency Operations Plan | South Central Region healthcare facility affected by the incident |
| Crisis Standards of Care | Colorado Department of Public Health and Environment |
| Hospital Medical Surge Plans | South Central Region Acute Care/Critical Access Hospitals |
| Combined Hospital Transfer Center | Colorado Hospital Association |
| Infectious Disease Plan | El Paso County Public Health |
| Vaccination Distribution Plan | El Paso County Public Health |
| Emergency Operations Plan | Pikes Peak Regional Office of Emergency Management |
| Fatality Management Plan | El Paso County Public Health/ El Paso County Coroners Office |
| Family Assistance Center Plan | El Paso County Public Health |

The C-MIST Framework is incorporated throughout the plan and includes how the needs of pediatric patients will be addressed (US Department of Health and Human Services, ASPR).

III. Concept of Operations

The purpose of this section to define the general concept of operation for activating the South Central Healthcare Coalition (SCHCC). All incidents begin and conclude at the local level. It delineates the roles and responsibilities of the SCHCC and members, including: how they share information, coordinate activities and resources during an emergency, and plan for recovery; a checklist of each HCC members' proposed activities, methods for members to report to the HCC, and processes to promote accountability; and additional HCC roles and responsibilities as determined by state and/or local plans and agreements (e.g., staff sharing, alternate care site support, etc.) (TRACIE). This section also describes the collaboration between SCHCC and the ESF # 8 Lead(s).

The process outlined below describes the basic flow of a response to disaster and emergency situations with the steps and the activities that may need to be accomplished. Not all steps and activities will apply to all hazards (TRACIE).

Role of the Coalition in Events

Through collaboration with local partners and the ESF #8 lead(s), the SCHCC will address the following activities when responding to an event:

- Promote common operating picture through shared information
- Assist with resource management between partner entities, particularly within the healthcare sector for healthcare resources
- Support Patient Tracking
- Support Evacuation activities
- Support Shelter-in-Place activities
- Assist linkage with the local EOC/ECC and ESF # 8 Lead(s), and CDPHE-OEPR Medical Operations Coordination Center (MOCC) to serve as the intermediary for healthcare and information sharing
- Identify time-sensitive performance metrics for HCC Response (e.g., notification of incident to HCC members; Time to Bed Availability Reporting; Time to Setting up Field Triage; Time to appropriately distribute casualties; Time to stage Transportation Resources to Transport Casualties; Time to Update Patient Tracking Info at Intervals; and Time to Staff a Family Assistance Center) (TRACIE)
- Participate and contribute in After Action Reporting and Improvement Planning
- Participate in regional healthcare critical infrastructure pre and post disaster mitigation planning and implementation

Member Roles and Responsibilities

The table in Appendix D describes the general roles and responsibilities of the core HCC members during a response.

South Central Region Healthcare Facilities/ Agencies

South Central Region (SCR) Healthcare facilities have primary responsibility for triaging, admitting, and providing medical care for patients affected by a disaster. In addition, SCR healthcare entities are responsible for continuing to provide day-to-day healthcare services to the community, managing traumatic injuries unrelated to the emergency, providing care for

sudden acute illness, curative, rehabilitative, skilled nursing, and hospice care. Protecting healthcare workers from contaminants or disease is also essential to these activities, and is a primary responsibility of healthcare facilities, achievable through the proper use and application of Personal Protective Equipment (PPE) and prophylaxis.

During an event, SCHCC Healthcare facilities are responsible for identifying the need for assistance for a state declaration of temporary emergency rule (e.g., waiver for changes to staff to patient ratio, expansion of medical scope of practice, delegation of beds for alternate use to support surge), and need for additional staffing, supplies, pharmaceuticals, and/or specialized equipment for patients. This includes, but is not limited to pediatric, burn, behavioral health, access and functional needs, and patients with limited English proficiencies. Projections in resource needs should be communicated to the Emergency Coordination Center (ECC)/ ESF#8 lead(s) through the SCHCC staff or designee.

South Central Local Public Health Agencies (LPHA)

The South Central Local Public Health agencies have the lead role in the coordination of public health and medical response within their jurisdictions; in-line with the published ESF#8 roles and responsibilities. Response to local public health threats will be conducted under an Incident Command Structure.

Each Public Health agency has developed all-hazards response plans and can implement these plans. The primary roles and responsibilities of the LPHAs in the South Central region, include:

- ESF8 Lead during an Incident
 - Activate SCHCC during an incident, as needed
 - Collecting, analyzing, integrating, interpreting, validating, and disseminating information about the disaster, including updates, warnings, recommended actions, intelligence, and overall status of an area to healthcare entities and response partners (this may be coordinated with/through the SCHCC)
 - Coordinate with effected healthcare entities Hospital Emergency Manager/ Operations Center to ensure availability of resources necessary for Continuity of Operations
 - Coordinate with local stakeholders to stand up the Family Reunification/Assistance Center, and/or Disaster Assistance Center.
 - Identifying resource needs, supplying resources as able, and coordinating resource access as needed, requested, or capable.
 - Coordinate on behalf of all healthcare entities access into community short and long term recovery plans after a disaster
 - Participate and contribute in After Action Reporting and Improvement Planning
 - Participate in regional healthcare critical infrastructure pre and post disaster mitigation planning and implementation
- Establishing and monitoring epidemiological surveillance systems
 - Investigating unusual occurrences of disease to identify possible public health threat in a community
 - Containing disease outbreaks by implementing control measures such as community outreach and education, provision of medical countermeasures, isolation, social distancing, and/or quarantine, as necessary and determined by the nature of the public health threat
- Coordinating with hospitals and other healthcare facilities to ensure effective and efficient plans are in place to care for ill and/or injured victims

South Central Fire and EMS Departments

Fire and Emergency Medical Services (EMS) are responsible for providing incident command

structure and on scene stabilization and medical treatment to patients involved in a disaster, providing COP/SA for alert to hospitals, and transporting patients to a definitive care facility.

Allied Healthcare Entities

Skilled nursing facilities, stand-alone emergency rooms, community health centers, dialysis centers, and numerous tertiary care facilities are being integrated into the coalition. These entities will play an important role in response and recovery to disasters. In addition, integration into the SCHCC, collaboration allows for these facilities to be better supported in the event of an isolated incident that impacts their operations.

Federal Qualified Health Centers (FQHCs) provide support through section 317 in incidents involving vaccine distribution needs. Link to Vaccine For Children (VFC) Section 317 Program Policies: <https://drive.google.com/file/d/1WY1w28YegibyBO8R3GqMU-N9sRAIU6C5/view?usp=sharing>

South Central Region Emergency Management

South Central emergency management agencies are responsible for coordinating agencies within their jurisdiction to address community needs in preparing for, responding to, recovering from, and mitigating emergencies.

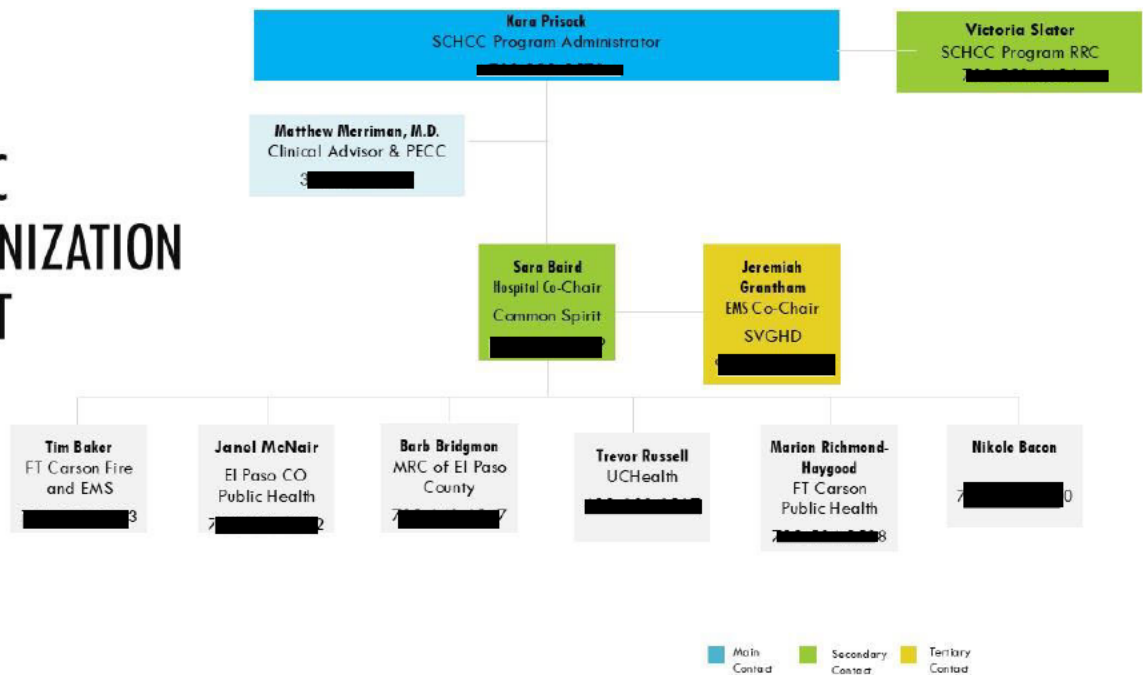
The primary roles of emergency management agencies during a disaster, include but are not limited to:

- Development and maintenance of jurisdictional Emergency Operations Plans (EOP)
- Activating and managing jurisdiction Emergency Operations Centers (EOC)
- Coordinating with the Colorado Department of Emergency Management including periodic situational reports to the State EOC
- Managing jurisdictional resources to support incident functions, including identifying and resolving resource shortfalls
- Assisting with the dissemination of public information
- Compiling initial damage assessment information

Coalition Response Organizational Structure

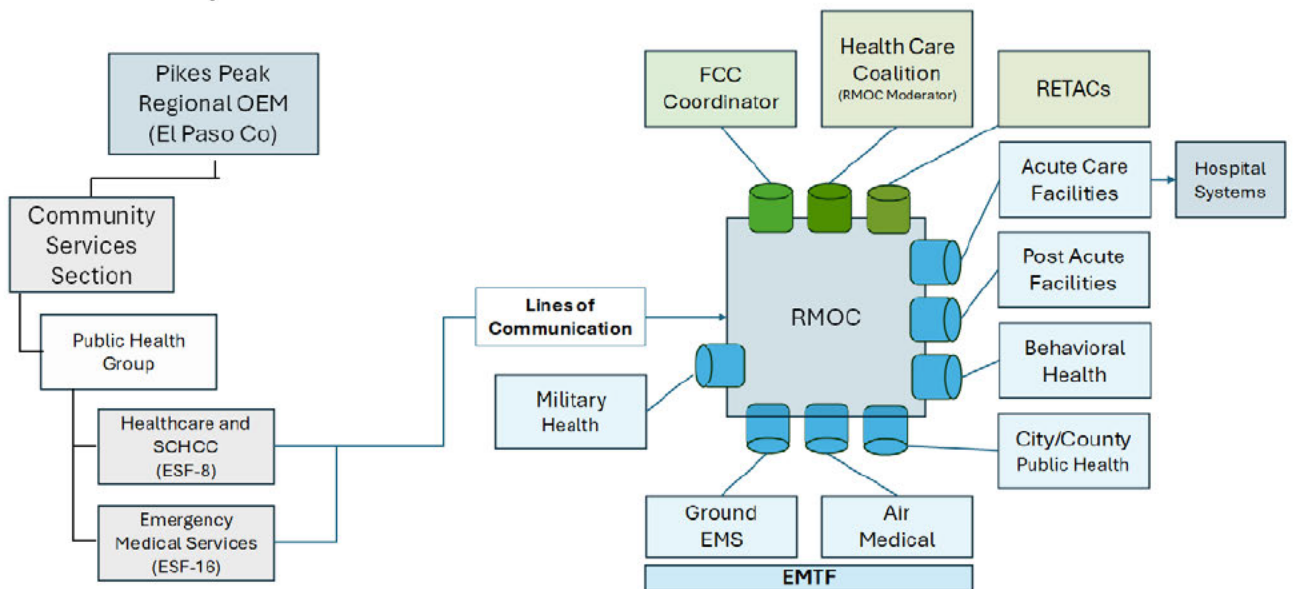
This organizational structure presents the organization of the HCC and reflects its relationship to healthcare organizations and local response organizations (TRACIE).

SCHCC ORGANIZATION CHART



RMOC Structure for Response under ESF-8:

RMOC Operational Workflow – SCHCC



IV. Response Operations

The following section, and subsections, address the actions taken by the coalition and its members before, during, and following an event (TRACIE).

Stages of Incident Response

The following section addresses the response and recovery actions of the coalition. These subsections can be combined or adjusted as the coalition needs but should cover the entire spectrum listed below (TRACIE).

- Incident Recognition
- Activation
- Notifications
- Mobilization
- Incident Operations
 - Initial HCC Actions
 - Ongoing HCC Actions
 - Information Sharing
 - Resource Coordination
 - Patient Tracking
- Demobilization
- Recovery/Return to Pre-Disaster State

Regional Medical Operations Coordination Group

Utilized to direct Mass Casualty Incident trauma cases in order to direct transport to appropriate beds based on availability and patient need. Maximizes use of available hospital resources as a centralized jurisdiction-wide coordination group (modeled after CHTC plan, at the local level).

Vital functions include:

- Patient load-balancing
- Support of Emergency Operations
- Resource reporting
- Patient Tracking
- Interagency coordination across Local, State, and Federal landscape
- Critical link to streamline communication during activations with hospitals and EMS

Levels of Activation

- Level I (Monitoring):
 - An incident is known; no needs at this time
 - Information on incident communicated to group
- Level II (Standby):
 - An incident is known with potential needs
 - Virtual/partial activation on RMOC
 - Information on incident communicated to group
 - Meeting to discuss incident via VTC is set up
- Level III (Full Activation):
 - Incident is known with needs
 - RMOC Activated (Virtual and/or In-person)
 - Information on incident communicated to group with operational period
 - Virtual Placement Center stood up
 - In-person RMOC at PPROEM

Incident Recognition

The following are events that the SCHCC have pre-determined that may activate this Response Plan:

- A request from any jurisdiction to activate or monitor by a Coalition member or partner (local Emergency Management, EMS, Long Term Care, Hospital, Local Public Health)
- Multi-jurisdictional incident or outbreak
- Awareness through open source media, notification by a partner, notification by a local, state, or Federal entity
- An incident in an area with few resources, such as a low population county or a county without a hospital/healthcare facility
- An incident large enough to require resource sharing including:
 - Strategic National Stockpile deployment
 - Epidemiologic investigation
 - Facility Evacuation
- Any substantive alert message requiring action from public health and/or healthcare (e.g., Health Alert Network)
 - A natural disaster (e.g. widespread tornado or flooding)
 - A biological attack (e.g. anthrax dispersion)
 - A chemical attack or spill (e.g. train derailment that forces a community evacuation)
 - A biological disease outbreak (e.g. pandemic influenza)
 - A radiological threat or incident
 - A credible terrorist threat or actual terrorist incident¹

Activation

The SCHCC can be activated by local Offices of Emergency Management, Public Health Agencies, or SCHCC Leadership. The following table lists the activation levels of the HCC:

Table 2. Activation Levels of SCHCC Response Plan

| Activation Level | Description |
|--------------------------------------|---|
| Level 1: Event Monitoring or Virtual | <p>This level is a monitoring and assessment phase where a specific threat, unusual event, or developing situation is actively monitored. Situational awareness of the emergency, pre-planned event, or exercise is limited to communication that place local impacted area/region on alert status. Area may or may not be impacted and/or asked to assist during the event response. Situational Report (SitRep) will be forming with information of incident/event being monitored.</p> <p>Examples of incidents that may require Level 3 could include: loss of utility, a slowing developing emergency event (winter storm/severe weather event), large disease or infectious disease outbreak or local pre-planned event that draws more than 25,000 people.</p> |
| Level 2: Limited Activation | <p>Notifications will be made to members via updates sent out by Everbridge, Email, MailChimp for situational awareness. SCHCC staff may provide other support as requested by ESF8 lead for the event.</p> <p>Examples of incidents that may require Level 2 could include: healthcare facility surge or evacuation, disaster that occurs in multiple facilities/jurisdictions or mobile SCHCC deploying to mass gathering event that draws more than 50,000 people.</p> |
| Level 3: Full Activation | <p>Full Activation includes full SCHCC activation in support of an incident or event that is usually catastrophic and complex. All HCC members will be notified by Everbridge notification of full activation. SCHCC staff will provide support as liaison between healthcare entities, ECC, and CDPHE-OEPR MOCC as requested by lead ESF 8.</p> <p>Examples of incidents that may require Level 1 could include: an emergency or disaster affecting a whole jurisdiction, entire region or state, or a National Security Event that draws thousands of people and national media coverage.</p> |

Conventional – Contingency – Crisis

Three levels of care are defined by the National Academy of Medicine and are the basis for determining likely levels of surge, resources, and staffing during a disaster. These levels provide a basis for healthcare facilities to establish thresholds for requesting assistance from ESF#8 lead(s) and the SCHCC:

Conventional care: the demand for care is less than the supply of resources. Level of care is consistent with daily practices in the institution.

Contingency care: the demand for care surpasses conventional resources availability, but it is possible to maintain a functionally equivalent level of care quality by using contingency care strategies. The facility's Emergency Operations Plan is activated.

Crisis care: the demand for care surpasses resource supply despite contingency care strategies. Normal quality standards of care cannot be maintained.

Table 3. Activation Conventional, Contingency, Crisis Care Level or SCHCC Response Plan

| Situation | Conventional | Contingency | Crisis |
|-----------------------|--|--|---|
| SURGE STATUS | Healthcare facilities utilize normal bed capacity. Occasional and temporary surges of demand may occur that may result in longer wait times for non- critical care as hospitals, ICUs, and emergency departments temporarily reach capacity. | Healthcare facilities have surged beyond maximum bed capacity. Emergency Operations Plans are activated. Elective procedures delayed. Hospitals may be adding patients to occupied hospital rooms and non-patient care areas. Community healthcare facilities may be requested to surge. Alternate care sites may be opened. | Expanded capacity is still not sufficient to meet ongoing demand for care. Some patients needing care cannot be admitted to hospitals and instead will be sent home or to alternate care sites. Hospitals are adding patients to occupied hospital rooms and non-patient care areas. Community healthcare facilities are operating beyond normal scope of practice. |
| RESOURCE LEVEL | Occasional, limited resource shortages may occur, typically of non-critical supplies or medications with substitution as the most common resource sparing strategy. | Some resources are becoming scarce. Attempts at conservation, reuse, adaptation, and substitution may be performed. | Some or even many critical resources are unavailable, potentially including hospital beds, ventilators, and medications. Critical resources are re-allocated to help as many patients as possible. |
| STAFF | Usual staffing. Healthcare facility staff absenteeism is not a large problem. | Staff extension (increased patient/provider ratios, expanded scope of practice). Healthcare facility staff absenteeism may be a problem. | Staffing levels at critical shortage. Staff are operating outside normal scope of practice and greatly increased patient/ provider ratios. Healthcare facility staff absenteeism may be greater than 30%. |

Notifications

Facility/Agency

A facility or agency that recognizes the need for the support and assistance from a developing or potential health and medical situation will notify the SCHCC staff. The SCHCC will notify officials of the local jurisdiction.

SCHCC Phone Number: XXXXXXXXXX

Agency Requests and Notifications

When notifying the SCHCC of an emergent situation within your facility, it is important to be prepared with the following:

- Brief description of the emergency, event, or threat
- Location of incident
- Point of Contact, including phone number
- Coordinating hospital
- Number of casualties (actual and/or estimate)
- Brief description of implications of the event including any projected or taken actions (e.g., should healthcare facilities anticipate a significant number of patients)
- Resources needed

South Central Healthcare Coalition

The majority of what the SCHCC will provide during the initial stage of an incident will be situational awareness and common operating picture to assist in consistent response actions among healthcare facilities through the EOC/ECC appointed ESF#8 or HCC liaison.

Alerts pushed out from the SCHCC will be communicated through the EVERBRIDGE notification system.

- The SCHCC has a Memorandum of Understanding (MOU) with UCHHealth to host its' own platform on UCHHealth's Everbridge Mass Notification system. 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 (See Appendix E). The Everbridge system is managed by the SCHCC Coordinator and executive council.
 - *Steps required to send a notification using Everbridge:* The SCHCC Readiness and Response Coordinator is the Administrator for the Everbridge Notification System. In her absence, notification can be initiated by any member of the SCHCC Executive Council. Directions for accessing the Everbridge dashboard to send messages has been provided to the Executive Council and are housed on the Executive Council page on the SCHCC website (www.schccoalition.com).

Mobilization

Resource mobilization in support of an emergency event will follow local jurisdiction resource mobilization protocols. Typically, resource mobilization will follow DHSEM resource mobilization annex (<https://www.colorado.gov/pacific/dhsem/resource-mobilization>) for non- medical or non-public health specific resource requests. Resource requests for medical items may use a combination of resource sourcing to include the SCHCC 213RR form (Appendix K), EMResource Query, or other method to satisfy the resource needs identified. These requests will be routed through the local jurisdiction's resource mobilization and logistics procedures, and/or CDPHE-OEPR MOCC. Public Health will follow local procedures which may be a combination of Emergency Support Function 8 lead resource sourcing, Strategic National Stockpile (SNS) through the Center for Disease Control's Inventory Management and Tracking System (IMATS) or any combination thereof to satisfy the response resource mobilization requirements.

Responder Health and Safety

The SCHCC is compliant with the requirements of the National Incident Management System (NIMS), and its response to an emergency is conducted using the Incident Management System (IMS), in compliance with federal requirements. In an emergency, responding SCHCC staff will adhere to the safety requirements provided by their employer and the Emergency Operation Center (EOC)/Emergency Coordination Center (ECC) Safety Officer (whichever is most stringent). The EOC Safety Officer is responsible for monitoring incident operations and advising on all matters relating to operational and health safety of incident personnel. Should the EOC/ECC not be activated the SCHCC staff will adhere to the safety requirements provided by their employer and the lead ESF#8 agency coordinating the response to the event (whichever is most stringent).

For purposes of this section, deployment is defined as working outside one's usual work environment or usual risk. For example, a SCHCC staff member would be considered deployed if he or she is activated within the EOC/ECC structure to support ESF#8 during an event.

Responder safety and health for the disaster will be the responsibility of their primary employer and the Safety Officer assigned within the Incident Management System established by the lead agency and/or the health agency. The SCHCC may be tasked as a support agency depending on the type of emergency. In some cases, the EOC/ECC Safety Officer may not oversee the ESF#8 response directly and instead a team safety officer may be assigned to lead the ESF#8 response. In this case, the SCHCC staff member would adhere to that team safety officer or employers' requirements, whichever is more stringent.

Personal Protective Equipment (PPE)

The SCHCC keeps a small cache of PPE on hand that is available to staff, and includes: surgical masks, gloves, isolation gowns, and face shields. The specific PPE needed by the responders will be determined by the event and the specific tasks and locations of assignment. Ensuring that deployed individuals are trained and competent in the use of PPE likely to be required in a deployed setting may be centralized and completed before deployment.

Examples include fit testing and complex donning and doffing procedures for PPE and may include designation of assigned/required PPE by individual which considers assigned job function, risk, adequate training and experience.

The ECC Safety Officer/ team safety officer and/or employer is likely to dispense the PPE needed, replace PPE that is no longer guaranteed to perform according to specifications, recover re-useable PPE and ensure it is clean and in adequate shape to be re-issued, ensure that the SCHCC Staff member understands the risks of the tasks and the limitation of the PPE and ensure that used PPE is properly disposed of. The Safety Officer and/or SCHCC staff member will document each of these elements including the amount, type, and condition of the PPE that is issued.

The EOC/ECC Safety Officer and/or team safety officer will be responsible for implementing policy and keeping the team safe in applicable circumstances. The Emergency Operations Center Safety Officer should be in consultation with team Safety Officers frequently as long as hazardous activity is occurring. The Safety Officer in the operations center will not have supervisory responsibility over the team Safety Officer, but he or she retains the power to stop any activity that is considered too hazardous.

Initial HCC Actions

Through collaboration with local partners and the ESF #8 lead(s), the following items are the initial actions that should be addressed by the HCC staff and leadership at the time of activation of this plan:

- Gather Situational Awareness
 - Gather information
 - Assess the situation

- Begin coordination with HCC members and other organizations involved in the response:
 - Establish the necessary incident management structure
 - Establish points of contact with jurisdictional authorities and other entities involved in the response
 - Create structure for sharing information

- Develop an initial incident action plan:
 - Incident Name
 - Operational Periods
 - Incident Objectives
 - Incident Actions
 - Objectives Leads
 - Safety Statement

Ongoing HCC Actions

The following actions will be taken to maintain response: ongoing response actions (e.g. Incident Action Plan Creation, Situational Awareness Gathering, Coordination Calls, Shift Changes, Briefing, etc.)

Information Sharing

Through collaboration with local partners and the ESF #8 lead(s), the SCHCC will address the following information sharing activities when responding to an event:

- Situational awareness (SA) reports may be sent out to the SCHCC membership or specific members only. Conference calls and video-conferencing may support SA reports and facilitate the development and maintenance of a relevant Common Operating Picture (COP)/ Situational Awareness picture.
 - Conference/video call may include the local office of 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 conference call is to share and update the COP/SA with all partners and develop COA based on the facts, assumptions, constraints, restrictions and limitations.

- 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 COP/SA picture to share with partners.
 - The Office of Emergency management is notified of the incident and evaluates the COP/SA to determine the next steps with the local Public Health Agency.
 - Depending on the nature and complexity of the incident [See Appendix H for DHSEM Consequence Complexity Analysis form] will inform the level of Emergency Operations Center activation as well as supporting local agency notifications.
 - The SCHCC or Public Health Agency will notify the Central Area? Public Health Emergency Preparedness and Response Field Manager of an emerging incident or situation that may merit some level of activation of the South Central Healthcare Coalition.
 - The Emergency Manager for the jurisdiction having authority will notify the Division of Homeland Security and Emergency Management (DHSEM) Central Area Field Manager (RFM) of an emerging incident.

****The SCHCC may become aware of an incident or emerging situation that may evolve into a Mass Casualty Incident or impact a facility beyond their own capability to respond. SCHCC will collect facts and share with the Public Health Agency and Office of Emergency Management to start building a COP/SA picture to share with partners and determine impacts and response needs, if any.*

- Regional Awareness and Escalation. A meeting/call (e.g., call, in-person, video) may be set up with the SCHCC staff and leadership, Central Area Emergency Preparedness and Response Field Manager, DHSEM RFM, local emergency management, local Public Health Agency, Colorado Department of Public Health and Environment (CDPHE) and/or relevant partners, e.g. hospitals, clinics, specialty care facilities, etc. The purpose of the meeting/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 (Flowchart 1 & 2) for possible COA outcomes.

Fiscal Responsibility

The SCHCC does not currently have a process in place for funding responses to disasters. All SCHCC members are responsible for tracking their own disaster expenditures. The SCHCC may assist with coordinating federal reimbursement activities, if applicable. To that end, each hospital and healthcare facility is also responsible for the development and maintenance of their own emergency operations plan (EOP), hazard and vulnerability assessment, and implementation of training and exercise programs for their employees.

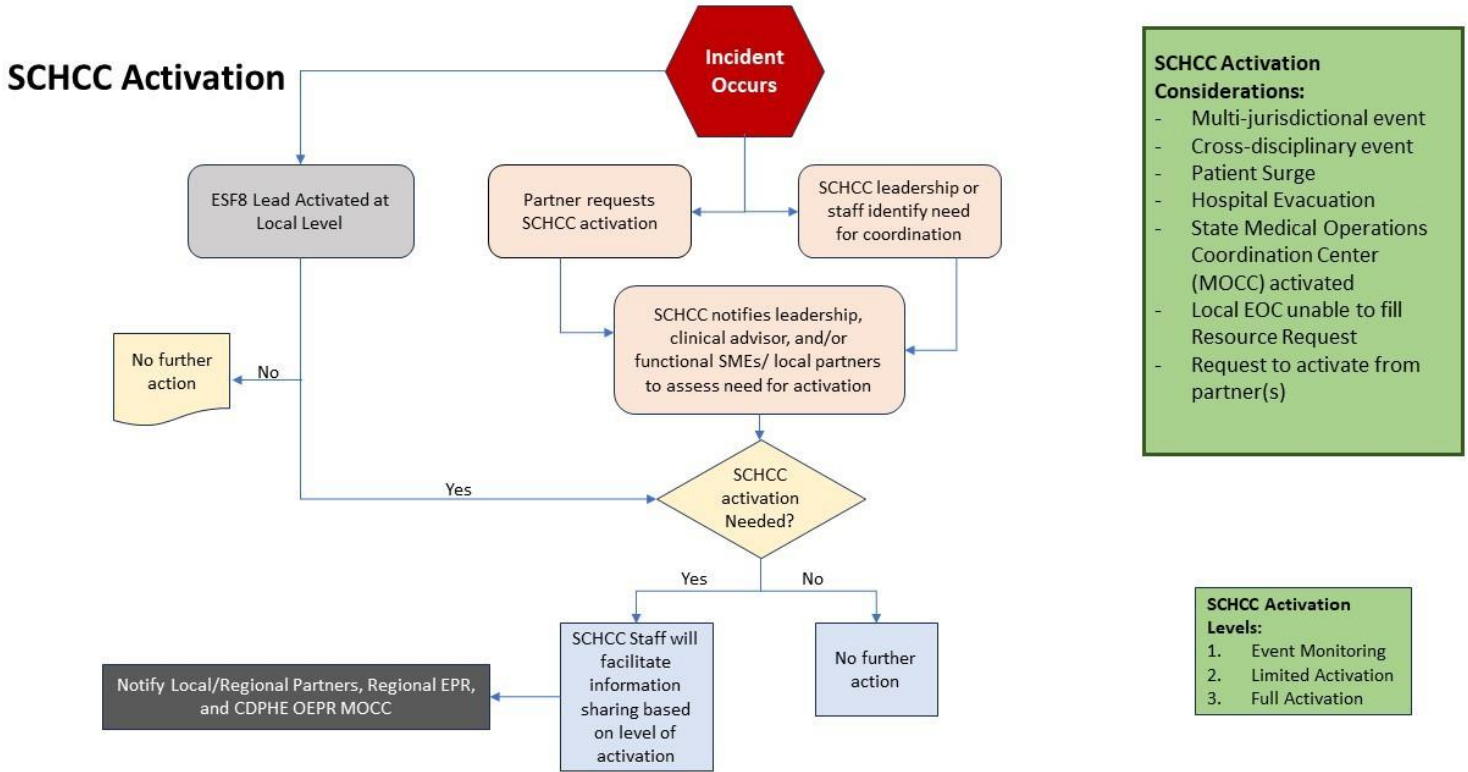
The SCHCC staff and Executive Council is responsible for the development, maintenance and implementation of the regional SCHCC disaster preparedness program. The principle administrative planning elements for the region include, but are not limited to:

- Development of a regional Hazard and Vulnerability Assessment (HVA) that guides and prioritizes regional preparedness activities
- Continual participation in statewide and jurisdictional emergency preparedness programs, through ongoing representation on relevant committees, planning groups and similar ad-hoc planning initiatives for children, pregnant women, seniors, and individuals with access and functional needs

-
- Development and maintenance of the South Central Healthcare Coalition Response Plan (this plan) and relevant attachments. Annual review of the plan will be managed by the SCHCC R&R Coordinator in collaboration with the Executive Council and SCHCC membership
 - Development and implementation of a regional training and education program for SCHCC partners. On an annual basis, SCHCC staff and regional partners will work together to develop the SCHCC training and exercise plan.
 - Development and maintenance of an annual Inventory of the regional cache

The SCHCC adheres to the policies set forth by its fiscal agent City of Colorado Springs. All funding guidelines followed by SCHCC are outlined in the SCHCC travel and project funding reimbursement guidelines.

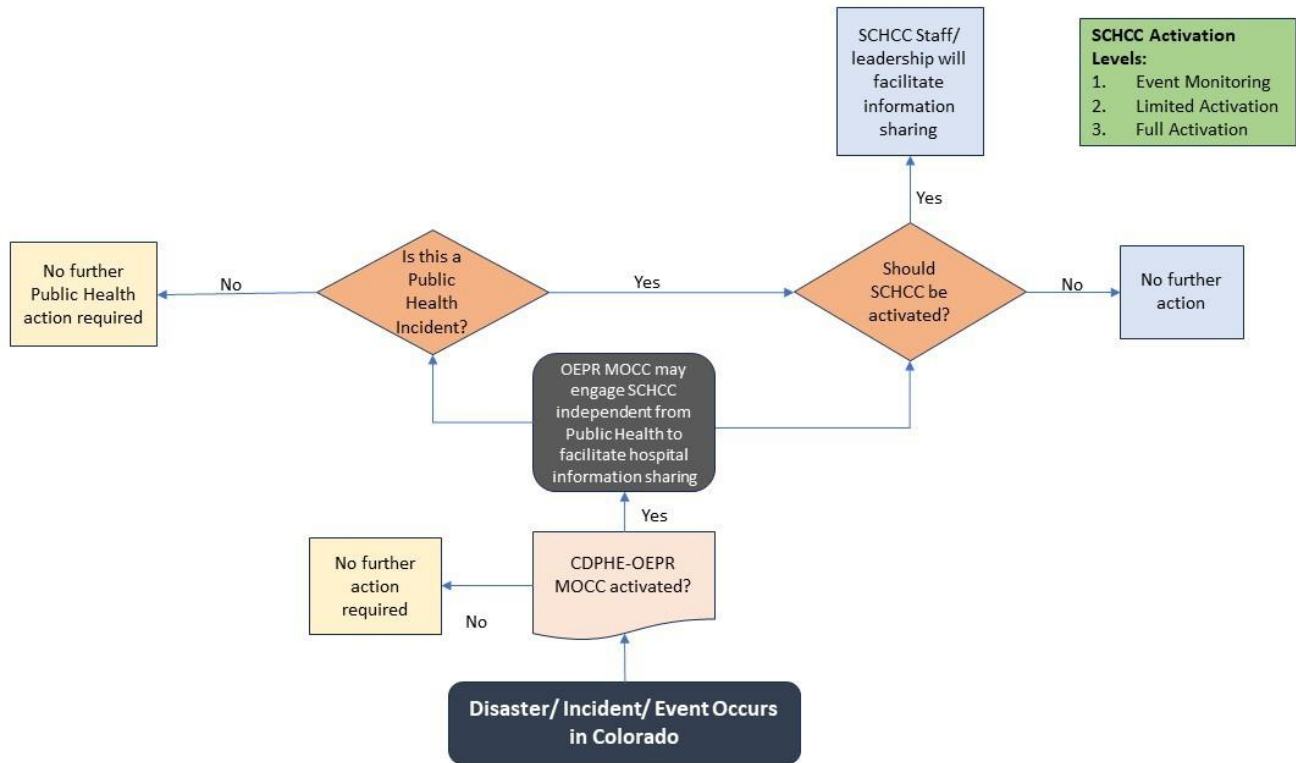
Flowchart 1. SCHCC Notification\Activation Chart – Local/Regional Incident



- SCHCC Activation Considerations:**
- Multi-jurisdictional event
 - Cross-disciplinary event
 - Patient Surge
 - Hospital Evacuation
 - State Medical Operations Coordination Center (MOCC) activated
 - Local EOC unable to fill Resource Request
 - Request to activate from partner(s)

- SCHCC Activation Levels:**
1. Event Monitoring
 2. Limited Activation
 3. Full Activation

Flowchart 2. SCHCC Notification\Activation Chart – State/Multi-Region Incident



Resource Coordination

Through collaboration with local partners and the ESF #8 lead(s), the SCHCC will coordinate the sharing or acquisition of resources before and during a response. A copy of SCHCC owned resources, as well as a resource inventory for hospital partners can be found in Appendix F.

During an event, SCHCC members with resource requests can fill out a 213 RR (appendix K) and submit to SCHCC staff or ESF #8 lead for assistance in locating resources and equipment. In the event that resources requested through the 213 RR can not be filled locally, SCHCC staff or ESF #8 lead will send the request up through the CDPHE – OEPR MOCC to request state assistance.

Patient Tracking

The state of Colorado has formed a Patient Tracking Task Force that is heavily involved in identifying procedures, processes, and tools that will be made available across the state to standardize patient movement and tracking during an incident.

Currently, the SCHCC is piloting a system called Pulsara to evaluate it's use and success in patient tracking. Over the next year, the SCHCC will document processes and procedures with respect to the use of Pulsara, as well as document back up procedures that will be used in the event of technological failures and will update this plan as appropriate.

Demobilization

Demobilization may occur in phases, depending upon the event.

- At a point when SCHCC member response activities begin to decrease, SCHCC Staff and ESF#8 in conjunction with EOC/ECC staff will begin to demobilize staff and transition to recovery phase operations.
- When de-escalating, the priority is to identify and release staff that will be essential to any recovery activities.
- A major disaster may dictate that the SCHCC stay at a Level 1 or 2 while transitioning into Recovery. The EOC/ECC Incident Manager and ESF #8 will determine adequate staffing levels and adjust the SCHCC activation accordingly.
- The decision to demobilize the SCHCC and return to a monitoring level will be made by the ESF#8 lead(s).
- Upon completion of deactivation, the SCHCC will participate in an After-Action Review (AAR). The review will be scheduled on the earliest available date to capture participant and liaison observations and recommendations. Prior to the scheduled AAR a review of all logs, significant events, Situation Reports, and the web portal should be completed.

Recovery Return to Pre-Disaster State

The SCHCC will provide support to recovery operations for the healthcare system as needed or requested by ESF #8 or the impacted facility(s).

Continuity of Operations

The Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of the mission-essential functions for the SCHCC in the event that an emergency threatens or incapacitates operations; and the relocation of selected personnel and function of any essential facilities of the SCHCC are required.

A link to the full Continuity of Operations Plan can be found here:

<https://drive.google.com/file/d/1LJ9TRs4P49tybfAP0lo7W0FL4U7xPEcb/view?usp=sharing>

Mission Essential Functions of the SCHCC, outlined in the COOP, are as follows:

-
- Functions to be performed, given a *One Day* disruption. (Highest priority to lowest):
 - Facilitate the coordination of incident response action for the participating healthcare organizations
 - Facility information sharing among participating healthcare organizations and with jurisdictional authorities to promote common situational awareness
 - Functions to be performed, given a *One Week – One Month* disruption. (Highest priority to lowest):
 - Continuation of functions listed under previous Tier(s) identified above
 - Systematically enhance regional medical response capabilities required to increase service delivery and expand medical surge capabilities of member healthcare providers
 - Ensure effective program administration

V. Appendix A-Z

Appendix A. Response Plan Revision Schedule

South Central Healthcare Coalition Schedule of Revisions

| Due Date | Agency Responsible | Name of Person at Agency Responsible | Reason for Maintenance (scheduled maintenance, gap identified, real-world event, exercise, etc.) |
|-----------|-------------------------|--------------------------------------|--|
| 9/30/2019 | SCHCC Executive Council | Lisa Powell, SCHCC Chair | Annual review and update as warranted |
| 9/30/2020 | SCHCC Executive Council | Lisa Powell, SCHCC Chair | Annual review and update as warranted |
| 9/30/2021 | SCHCC Executive Council | Kara Prisock/ Lisa Powell | Annual review and update as warranted |
| 9/27/2022 | SCHCC Executive Council | Kara Prisock | Annual review and update as warranted |
| 9/21/2023 | SCHCC Executive Council | Kara Prisock | Annual review and update as warranted |
| 6/1/2025 | SCHCC | Kara Prisock | Update Organization Chart |
| 6/1/2025 | SCHCC | Kara Prisock | Update name to Medical Surge Plan |
| 6/1/2025 | SCHCC | Kara Prisock | Add RMOC chart and information (i.e., structure, activation, levels of activation, leadership). RMOC is surge plan to handle MCI incidents across all hospitals. |
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Appendix B. Response Plan Record of Changes

South Central Healthcare Coalition Response Plan Record of Changes

| Date | Revision No. | Description of Change(s) | Page(s) Affected | Reviewed or Changed by |
|-----------|--------------|---|-----------------------------------|--------------------------------|
| 9/30/2019 | No. 1; v.2 | Update to sections per the 2019-20 SOW | TBD | Kara Prisock SCHCC Coordinator |
| 9/30/2020 | No. 2, v.3 | Add Pediatric MCI Surge Annex | Pgs. 25-39 | Kara Prisock SCHCC Coordinator |
| 9/30/2020 | No. 2, v.3 | Update HVA data | Pgs. 8-10 | Kara Prisock SCHCC Coordinator |
| 9/30/2021 | No. 3; v. 3 | Update with links to Annexes (Peds Surge; Infectious Disease; and Communications) | Pgs. 32-33 | Kara Prisock SCHCC Coordinator |
| 9/27/2022 | No.4, v. 3 | Update with links to Annexes (Burn MCI, MPRDHR, Colorado CSC) | Pgs. 30 - 31 | Kara Prisock SCHCC Coordinator |
| 9/30/2022 | No.4, V.4 | Update to Communications process | Pgs. 17 – 18 | Kara Prisock SCHCC Coordinator |
| 9/30/2023 | No.4, V.5 | Update: Leadership Org Chart, resource coordination, patient tracking, HVA, response flow chart and recovery sections. Add: Appendix K – SCHCC 213RR form and SCHCC Assets and Regional Resource Inventory to Appendix F. | Pgs. 11, 21-23, 27, 29-30, 32, 40 | Kara Prisock SCHCC Coordinator |
| | | | | |
| | | | | |
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Appendix C. SCHCC Leadership Group and Contact Information

South Central Healthcare Coalition leadership consists of an executive council, clinical advisor and a readiness and response coordinator. Working collaboratively, these teams initiate coalition planning, organizing, and coordinating activities. Further, they ensure that the coalition is represented at state-level healthcare coalition council meetings and national healthcare preparedness conferences.

The SCHCC Leadership Roster will be updated, as necessary, to ensure that accurate information is readily available to all SCHCC members.

Table 4. SCHCC Leadership Team

| POSITION | AGENCY | NAME | MOBILE PHONE | EMAIL |
|-----------------------------|--------------------------------------|-------------------------|--------------|------------|
| CO-Chair – Hospital | CommonSprint Penrose/ St Francis | Sara Baird | [REDACTED] | [REDACTED] |
| CO-Chair - EMS | St Vincent General Hospital District | Jeremiah Grantham | [REDACTED] | [REDACTED] |
| Core Member – OEM | Pikes Peak Regional OEM | Bart Evans | [REDACTED] | [REDACTED] |
| Clinical Advisor | Children’s Hospital Colorado Springs | Joseph “Bob” Kelly, MD | [REDACTED] | [REDACTED] |
| Clinical Advisor | CommonSpirit | Matthew Merriman, MD | [REDACTED] | [REDACTED] |
| Core Member – EMS | FT Carson Fire & EMS | Asst Chief Tim Baker | [REDACTED] | [REDACTED] |
| Core Member – Public Health | El Paso County Public Health | Janel McNair | [REDACTED] | [REDACTED] |
| Core Member – Public Health | FT Carson Public Health | Marion Richmond-Haygood | [REDACTED] | [REDACTED] |
| Member – Volunteers | El Paso County Medical Reserve Corps | Barb Bridgmon | [REDACTED] | [REDACTED] |
| Member – Post Acute | Rocky Mountain Health Care System | Nikole Bacon | [REDACTED] | [REDACTED] |
| SCHCC RRC | South Central HCC | Kara Prisock | [REDACTED] | [REDACTED] |
| SCHCC Assistant RRC | South Central HCC | Victoria Slater | [REDACTED] | [REDACTED] |

SCHCC membership is made up of organizations within the South Central Region that provide health or medical service, or whose mission is related to providing or assuring health services during disasters.

The SCHCC Membership Organization Roster is updated regularly. A link to this roster can be found here:

[REDACTED]
[REDACTED]

Appendix D. Member Roles and Responsibilities

| Organization Type | Responsibilities |
|----------------------------------|---|
| Hospital | Hospitals are responsible for providing definitive care to individuals resulting from a disaster or other medical emergency. HCC member hospitals are expected to coordinate response and support for and between other HCC hospitals. |
| Emergency Medical Services (EMS) | Emergency Medical Services (EMS) are responsible for providing on scene stabilization and medical treatment to patients involved in a disaster and transporting them to a definitive care facility. |
| Emergency Management | Emergency Management is responsible for coordinating the mitigation, preparedness, response and recovery from emergencies and disasters. Integration of HCC and emergency management activities include the mechanism for resource requests. |
| Public Health | Public Health is responsible for preparing for and responding to public health emergencies resulting from natural disasters that impact the public's health, disease investigations and contact tracing for infectious disease outbreaks and laboratory testing of biological, radiological, and chemical terrorism agents. |

Appendix E. Joint Risk Assessment

Table 6. SCHCC Joint Risk Assessment

| Hazard | Frequency | Severity (to people, property, crops, or |
|------------------------------------|-----------|--|
| Severe Winter Storm | Very High | Elevated |
| Active Shooter/ Workplace Violence | Very High | High |
| Communications Failure | High | Elevated |
| Wildfire/ External Fire | High | High |
| Cyber Attack | Moderate | High |
| HAZMAT Exposure | Low | High |

Frequency Scale: Severity

Very High = Likely Annual Occurrence or more

High = Likely Bi-annual Occurrence

Moderate = Likely within a 5 year period

Low = Likely within a 10 year period

Very Low = Likely within a 50 year period

Severe

High

Elevated

Guarded

Low

Table 7. SCHCC Vulnerability Identification Assessment

| Vulnerability | Impact on Healthcare Delivery |
|-------------------------|--|
| IT System Failure | Medical Records; Pharmacy; Billing; HIPAA; PII |
| Communication Failure | Situational awareness; loss of information; patient transport; impacts to operations |
| Internal Flood | Generators; Emergency Departments; Operations |
| Mass Casualty Incident | Rural hospitals unable to manage more than 2 patients in MCI situation; patient transport |
| Supply Chain Shortage | Remote areas cut off from supply chain; MOUs with same medical supply company for multiple hospitals/agencies |
| Electrical Failure | Impact to dialysis, oxygen, durable medical equipment Medical Records Pharmacy |
| Access Functional Needs | Rural Areas with lack of direct patient care capabilities Population with access functional needs (11% of region with hearing, vision, cognitive, ambulatory, or independent living difficulties) Population of pediatrics and geriatrics (1-13% of region) Birth rate (births per 1000 persons) Home Health |

Summary

The outputs of the HCC HVA will be used by the SCHCC to continue to structure and prioritize its efforts in planning, training and exercising. It will also influence the projects that the SCHCC will fund. Further, the planning, training and exercise efforts will be coordinated with the local and regional All-Hazards improvement planning.

The SCHCC will consider the region hazards and vulnerabilities while participating in the Coalition Surge Test and Tabletop exercises, and other exercises the HCC will host and/or participate in as players.

The SCHCC will use the information from the HVA to inform the regional response plan as well as to write the Continuity of Operations Plan (COOP). These plans will detail the strategies and tactics that promote regional coordination, communication, and situational awareness through operational response planning with HCC core members and other members/stakeholders within the South Central Region.

The Regional HVA will be reviewed annually with the intent of improving and refining the data to represent the hazards and vulnerabilities of the region as well as detail the resources, potential needs and gaps of the health and medical community.

Appendix F: Incident Specific Plans and Processes

Pediatric Medical Surge Coordination

This Annex addresses the process by which the SCHCC will respond to a mass casualty incident involving pediatric patients. The SCHCC Pediatric Disaster Surge Annex can be found here:

<https://drive.google.com/file/d/1b0F9ACnr2cGfmYsMT1ZkLtmNrNzJ5WvQ/view?usp=sharing>

Chemical and/or Radiation (HAZMAT) Emergency Incident Surge Coordination

The SCHCC will default to and support the local plans for Chemical or Radiation Emergency Incident Surge Coordination. The SCHCC HAZMAT MCI Annex can be found here:

<https://drive.google.com/file/d/1ctKMUjMsduUK75IYPYJbsKu9x1K9gLLH/view?usp=sharing>

Burn and Trauma Care Surge Coordination

The SCHCC will default to and support the local and state plans for Burn and Trauma Surge Coordination, including the Colorado Burn Mass Casualty Plan. The SCHCC Burn MCI Annex can be found here:

<https://drive.google.com/file/d/1KI5NyyYLPdhB1f8HJVwql7zZyCqQpXAE/view?usp=sharing>

Disaster Behavioral Health Needs Surge Coordination

The SCHCC will default to and support the local plans for Behavioral Health Emergency Incident Surge Coordination.

Infectious Diseases Surge Coordination

The SCHCC will default to and support the state and/or local plans for supporting Infectious Disease Surge Coordination, including: SCHCC Infectious Disease Surge Annex which addresses the process by which an Infectious Disease Surge response will be conducted to support our member organizations. The SCHCC Infectious Disease Surge Annex can be found here:

<https://drive.google.com/file/d/1vGGIIRVAtrXLFO4-3B92Bf6nb5fRGkb5/view?usp=sharing>

Health and Medical Regional Coordination

Evacuation and Tracking Plans and Processes

The SCHCC will default to and support the local plans for facility evacuation and patient tracking.

Public Information Plans and Processes

The SCHCC will support the organization, local, and/or state systems in coordination and dissemination of public information messages, if applicable.

Health and Medical Communications

The SCHCC Medical Communications Annex addresses the processes by which the SCHCC will function to provide information sharing and situational awareness to support the response to any disaster. The SCHCC Medical Communications Annex can be found here:

<https://docs.google.com/document/d/1gbWllsOMBJu6NofYUBh8qwe7NdMYXZzH/edit?usp=sharing&oid=118145228849789380485&rtpof=true&sd=true>

Coordination - Inclusive Planning

This annex addresses the process by which the coalition addresses planning for access & functional needs that is not captured in other sections.

TBD

SCHCC Assets and Resource Inventory

SCHCC Assets Inventory Sheet can be found here:

https://docs.google.com/spreadsheets/d/14l1YTR_uvtk0B3Klq3TazNW99XCek-dA/edit?usp=sharing&oid=118145228849789380485&rtpof=true&sd=true

SCHCC Partner Resource Inventory Can be found here:

<https://docs.google.com/spreadsheets/d/1nMkcrsfnbDPuUtKabGJDQccCwIBoHx2/edit?usp=sharing&oid=118145228849789380485&rtpof=true&sd=true>

Colorado State Crisis Standards of Care Plan

The SCHCC CSC Annex defers to the Colorado CSC plan when developing local CSC actions and needs in response to a national, state, regional or local incident. The Colorado State Crisis Standards of Care Plan can be found here:

https://drive.google.com/file/d/1Z8Z56A0R_bYE-wd4KS8AZCW2lyJdmG3O/view?usp=sharing

The SCHCC Crisis Standards of Care Annex can be found here:

https://drive.google.com/file/d/14zc_q0F-gzLYL_tp8Vsk5D5x2KoWh0IU/view?usp=sharing

Mountain Plain Regional Disaster Health Response System Plan (MPRDHRS)

The SCHCC will utilize the MPRDHRS plan when responding to an event that involves response needs across FEMA region 8. SCHCC has been involved in the planning and development of the SCR playbook. This playbook can be found here:

<https://docs.google.com/document/d/11wlcopVLszLqEMOvB8yEklaYsVtjkAfg/edit?usp=sharing&oid=118145228849789380485&rtpof=true&sd=true>

Appendix G. Acronyms

Commonly Used Acronyms

8CAT – coordinated advisory team for ESF-8

AAR – after-action review/report

ASPR – Assistant Secretary for Preparedness & Response (in US Dept of Health & Human Svcs)

BH – behavioral health

CDPHE – Colorado Department of Public Health & Environment

CHA – Colorado Hospital Association

CMS – Centers for Medicare and Medicaid Services

DHSEM – (Colorado) Division of Homeland Security & Emergency Management

EM – emergency manager/management

EMS – emergency medical services

EOC – emergency operations center

EOP – emergency operations plan

ESF – emergency support function

ESF 8 - emergency support function that includes:

- medical

- public health

- behavioral health

- fatality management

HAN – health alert network

HC – health care

HCC – health care coalition

HCF – health care facility

HCO - health care organization (long-term care, assisted living, dialysis, community health centers, home healthcare & hospice)

HHS – (US Department of) Health and Human Services

HLS – homeland security

HSEEP – Homeland Security Exercise & Evaluation Program

HVA – hazard/hospital vulnerability assessment

ICS – Incident Command System

IP – improvement plan (from training exercise)

IS – independent study (FEMA courses)

LTCF – long-term care facility (also a nursing home)

MAC – mutual aid channel

MCI – mass casualty incident/instruction

MedMAC – medical multi-agency coordination (center)

MEP – Master Exercise Practitioner

MRC – Medical Reserve Corps

NIMS – National Incident Management System

OEPR – Office of Emergency Preparedness and Response (in CDPHE)

SA – Situational Awareness

SC – Steering Committee

SCHC – South Central Healthcare Coalition

SNS – Strategic National Stockpile

SRHCC – South Region Healthcare Coalition

TEPW – Training & Exercise Planning Workshop

THIRA - threat and hazard identification and risk assessment

Appendix H. State of Colorado Consequence Complexity Analysis



| State of Colorado Consequence Complexity Analysis | | | | | | | |
|---|------------------|--|--|---|----------------|---------------|--------------|
| Incident Name | Type of Incident | | | | | | |
| Date | Time | VAxWF=TP | | | | | |
| Ranking Element | Value of 0 | Value of 1 | Value of 3 | Value of 5 | Value Assigned | Weight Factor | Total Points |
| First Responder | N/A | Low exposure with simple hazards easily mitigated | Moderate exposure with several hazardous conditions mitigated through 215A | High exposure which requires multiple strategies to mitigate hazards. Additional SOFRs are needed | | 5 | 0 |
| Public Safety | N/A | Exposure to hazards can be mitigated through public contact (i.e. face - to - face meetings or via the media). | Public must be managed to limit hazard exposures, voluntary evacuations. | Public exposure to hazards is imminent. Closures or highways and evacuations are mandatory. | | 5 | 0 |
| Environmental Impact (Air & Water Quality) | N/A | No environmental impacts | Minimal environmental impacts. | Major environmental impacts occurring which will result in the deployment of specialized resources to combat the impacts | | 4 | 0 |
| Objectives | N/A | Objectives are easily achieved | Objectives are moderately difficult to achieve | Objectives are difficult to achieve, or original objectives are eclipsed by new objectives. Several conflicts between objectives and constraints exist. | | 4 | 0 |
| Anticipated duration of Resource | N/A | One to Three Days on scene | Four to Seven Days on scene | Eight Days or more on scene | | 4 | 0 |

| | | | | | | | |
|---|-----|--|---|--|--|---|---|
| Commitment ordered by the IC/EOC | | | | | | | |
| Incident control/stabilization measures to be protected | N/A | No incident control measures within or adjacent to the incident. No damage anticipated | Several control measures to be protected within or adjacent to the incident. Minimal damage to be anticipated to occur. | Numerous control measures within or adjacent to the incident. Severe and imminent damage is likely without commitment of specialized resources with appropriate skill level. | | 4 | 0 |
| Critical Infrastructure / Key Resources (CI/KR) to be protected within the incident area. | N/A | No CI/KR within or adjacent to the incident. | Several CI/KR to be protected within or adjacent to the incident. Mitigation through planning and/or preparation is adequate. May require some commitment of specialized resources. | Numerous CI/KR within or adjacent to the incident. Severe damage is likely without commitment of specialized resources with appropriate skill level. | | 4 | 0 |
| Evacuations needed or occurring | N/A | Not occurring, but pre-planning taking place | Small scale evacuations occurring | Both human and large animal evacuations occurring | | 4 | 0 |
| Cultural and Natural Resource Values | N/A | No impacts to resources. | Several resource values will be impacted | Resource benefits are significant, or the likelihood of negative impacts are high. | | 3 | 0 |
| Social and economic impacts / concerns | N/A | No impacts to economic values. | Moderate economic impacts exist. | High economic impacts exist. High internal and external jurisdictional interests and concerns exist. | | 2 | 0 |

| | | | | | | | |
|----------------------------------|-----|---|--|---|--|---|---|
| Media interest / Public Interest | N/A | No controversy or media interest. | Media releases are issued, but no media are present or contacting PIO | Media present or contacting PIO during operations periods. National media present or JIC activated. | | 2 | 0 |
| Economic / Cost Benefit Analysis | N/A | Values to be protected or treated are less than costs of management actions. | Values to be protected or treated are equal to costs of management actions. | Values to be protected or treated exceed costs of management actions. | | 2 | 0 |
| Threats to containment | N/A | Low risk of incident escaping established perimeter and active engagement or holding is required | Moderate risk of incident escaping established perimeter and active engagement or holding is required | Incident is certain to exceed established perimeter without aggressive engagement or holding actions and will result in a much more complex incident | | 3 | 0 |
| Current Organization Performance | N/A | Current organization performing within expectations and span of control, can develop and implement the IAP. | Current Organization struggling to develop and implement IAP, beginning to see overhead extended and pushing limits of span of control | Current Organization unable to develop and implement IAP, overhead extended, exceeds span of control. Incident requires multiple, branches, groups, division or specialized operations. | | 3 | 0 |
| Disaster declaration | N/A | Local disaster declaration has been issued | State assistance is required, but no Gubernatorial disaster declaration has been issued. | A State disaster declaration has been issued. Request for federal assistance is being drafted. | | 1 | 0 |

| | | | | | | | |
|--|-----|---|---|--|--|---|---|
| Multiple jurisdictions directly impacted | N/A | Incident is contained within one political jurisdiction | Two political jurisdictions are directly impacted by incident. | Three or more jurisdictions are directly impacted by incident or are provided evacuation centers / shelters / etc. | | 3 | 0 |
| Special / Night Operations required / Unmet Needs (Donations & Volunteer Management) | N/A | No Special / Night operations are occurring. No current unmet needs | Special / Night operations are being conducted but only to monitor the situation. Night operations do not equate to the same level of activity as day operations. Minimal unmet needs | Special / Night operations are on - going with high level of response intensity. Significant unmet needs currently being addressed | | 4 | 0 |
| Point Ranges | | 0 to 92 | Consider turning back to home unit | Total Points | | | 0 |
| | | 93 to 138 | Consider ordering Type 3 IMT | | | | |
| | | 139 to 184 | Consider ordering Type 2 IMT | | | | |
| | | 185 to 230 | Consider ordering Type 1 IMT | | | | |

| | | |
|---|--|--------------|
| Prepared by: | Signature: | Date / Time: |
| Position: | EOC Incident Prioritization Ranking | |
| CDPS – Incident Complexity Analysis 9/09/15 | | |

Appendix I. List of Applicable Statutes and Regulations

Statutes and Regulations

1. Federal Statutes

a. Emergency acts.

42 U.S.C. § 68 – Stafford Disaster Relief and Emergency Assistance Act

42 U.S.C. § 262a – Bioterrorism Preparedness and Response Act of 2002

50 U.S.C. § 1601-1651 - National Emergencies Act

b. Liability statutes.

42 U.S.C. § 1395dd – Emergency Medical Treatment and Active Labor Act (EMTALA)

42 U.S.C. § 14320b-5 – Section 1135, waiving requirements during national emergencies

42 U.S.C. § 1320d-6 – Health Insurance Portability and Accountability Act, wrongful disclosure

2. State Statutes and Regulations

a. Supporting statutes.

C.R.S. § 24-33.5-701, et seq. – Colorado Disaster Emergency Act

C.R.S. § 25-1-506 – County or district public health agencies

C.R.S. § 25-1.5-101, et seq – Powers and Duties of CDPHE

b. Liability statutes.

C.R.S. § 8-40-201 – Colorado Workers Compensation Act of 2016

C.R.S. § 13-21-115.5 – Volunteer Service Act

C.R.S. § 13-21-108 – Good Samaritan liability exemption

C.R.S. § 13-64-101 – Health Care Availability Act

C.R.S. § 24-10-101 – Colorado Governmental Immunity Act

C.R.S. § 24-33.5-824 – Volunteers, provision of emergency services

C.R.S. § 24-33.5-825 – Qualified volunteers, public employees

C.R.S. § 24-33.5-826 – Qualified volunteers, private employees

c. EMS practice-based regulations.

6 CCR 1015-3, Chapter 2 - Rules Pertaining to EMS Practice and Medical Director Oversight

6 CCR 1015-3, Chapter 2, Advanced EMTs, EMT Intermediates (EMT-I), and

Appendix J. References

SCHCC Response Plan Works Cited – Reference List

1. References

Central Maine Health Care Coalition. "All Hazards Emergency Operations Plan." 2016.

Colorado Department of Public Health and Environment. "Continuity of Operations Plan." n.d.

Colorado Department of Public Health and Environment. "CDPHE Department Operations Center Plan." 2018.

TRACIE, ASPR. *Health Care Coalition Response Plan*. n.d.

US Department of Health and Human Services, ASPR. "At-Risk Individuals." 2016.

Virginia Health Care Coalition. *Eastern Virginia Healthcare Coalition Emergency Operations Guide*. 2016.

Appendix K. SCHCC 213RR Form



Resource Request

Incident: COVID-19 Event

Pikes Peak Office of Emergency Management/ El Paso County Public Health

| Resource Request Message | | | |
|--|--|----------------------|-----------------------------|
| ICS 213RR is used by incident personnel to request resources | | | |
| 1. Incident Name | 2. Date/Time | | |
| <input type="text"/> | <input type="text"/> | | |
| 3. Requestor's Name | 4. Requestor's Position | 5. Call Back Number | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 6. Requestor's Email | 7. Facility Name | | |
| <input type="text"/> | <input type="text"/> | | |
| 8. Secondary Contact Name | 9. Secondary Contact Number | | |
| <input type="text"/> | <input type="text"/> | | |
| R E Q U E S T O R | 10. Order (ONE ITEM PER FORM) | | |
| | Item Requested | QTY | Priority (Priority/Routine) |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Detailed Item Description (kind, type, vital characteristics, brand, specs, experience, etc.) and if applicable: purpose/use, and other info | | |
| <input type="text"/> | | | |
| Suggested Source of Supply | | | |
| <input type="text"/> | | | |
| <p>* 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.</p> <p>By signing this resource request you understand that any resources procured through PPROEM or Colorado SEOC may be charged to your facility.</p> | | | |
| Requestor Signature | | | |
| <input type="text"/> | | | |