

**COLORADO'S NORTH CENTRAL ALL-HAZARDS REGION  
HEALTH AND MEDICAL  
MEMORANDUM OF UNDERSTANDING**

**THIS MEMORANDUM OF UNDERSTANDING** (“MOU”) concerning a health and medical response to a disaster is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2008, by and between the participating hospitals located in the ten-county (Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Elbert, Gilpin, Denver, Douglas and Jefferson) metropolitan area, known as the Colorado All-Hazards North Central Region (“NCR”), the state and local health departments, the 460<sup>th</sup> Medical Group (460 MDG) located at Buckley Air Force Base, and the local Offices of Emergency Management as listed below. Collectively, these parties shall be referred to as either the “parties” or the “participants” or the “hospitals” or the “agencies”.

**INTRODUCTION AND BACKGROUND**

At any time a disaster or emergency condition, natural or man-made, may occur anywhere in the ten-county geographic region or in a participating hospital that exceeds a particular Participating Hospital's available resources. Such a disaster could generate an overwhelming number of patients simultaneously, or could result in a smaller number of patients but with specialized medical requirements that exceed the resources of the impacted facility (e.g. hazmat injuries, pulmonary, trauma surgery, radiation contamination, etc.), or could require the partial or complete evacuation due to an incident at a Participating Hospital.

Disaster conditions such as these are neither frequent nor predictable, and the actual risk is therefore difficult to determine for any individual Participating Hospital. However, the significant potential for harm to patients and the vital role played by the hospitals in the NCR in addressing and recovering from such a disaster require that hospitals consider and address the potential consequences of such an event.

Because the role of Local Public Health and City and County Local Emergency Management is vital to the communication and distribution of assets during an emergency, their participation in this Memorandum of Understanding (MOU) is an important piece in the disaster preparedness plans for the Colorado Front Range Metropolitan Medical Response System.

Additionally because the State of Colorado utilizes the All-Hazards Homeland Security Regions for the purposes of planning and distribution of Department of Homeland Security funds, it is important that a MOU be in place between Hospitals, City and County Local Emergency Managers and Local Public Health. This MOU will outline the roles and responsibilities of each of these entities in a disaster situation.

**RECITALS:**

WHEREAS, this MOU is not a legally binding contract but rather this MOU signifies the belief and commitment of the undersigned parties that in the event of a disaster, whether or not the event has been declared a disaster emergency by the Governor pursuant to C.R.S. §24-32-2104, the medical needs of the community will be best met if the undersigned parties cooperate with each other and coordinate their response efforts; and

WHEREAS, the undersigned parties desire to set forth the basic tenets of a cooperative and coordinated response plan in the event of a disaster;

NOW THEREFORE, in consideration of the above recitals, when one or more of the participating entities determines that a disaster has occurred that exceeds their ability to respond and manage, and communicates their need for assistance to the other participating entities, the undersigned parties agree that the following provisions shall be implemented:

ARTICLE I

**COMMUNICATION DURING A DISASTER**

The participating entities will:

- 1.1 Communicate and coordinate efforts to respond to a disaster via their liaison officers, public information officers, and incident commanders.
- 1.2 Receive alert information via the Disaster Telephone Network (DTN), Health Alert Network (HAN) or future replacement and EMS system or future replacement regarding any disaster or special incident. The 460 MDG may also receive an alert via the 460 SW Command Post or radio communications with the 460 SW Disaster Control Group.
- 1.3 Communicate with each other's Emergency Operations Centers (EOC) including the State EOC by phone, fax, email and 911 (dispatch or communication centers) during a disaster or emergency incident. In addition participating entities will maintain a redundant communication system as back-up (e.g., radio capability compliant with state requirements).

- 1.4 Establish and utilize a Joint Information Center (JIC) during a disaster to allow public relations personnel to communicate with each other and release consistent community and media educational / advisory messages. Each undersigned entity should designate a Public Information Officer (PIO) who will be the liaison with the JIC. Depending on the event, the JIC may be coordinated through the local OEM, the local health department, Colorado Department of Public Health and Environment (CDPHE), or the Colorado Division of Emergency Management (CDEM). A lead PIO should be established to manage the JIC, serve as an advisor to IC/UC, recommend a strategy for disseminating information, and obtain approval for release of information. If no umbrella organization assumes responsibility, local OEM, public health and hospital public relations departments will assume joint responsibility for creating and disseminating a comprehensive public message.

## ARTICLE II

### ONGOING COMMUNICATION ABSENT A DISASTER

The undersigned hospitals and local public health departments will:

- 2.1 Meet regularly under the auspices of the Metropolitan Medical Response System (MMRS) to discuss emergency response issues and coordination of response efforts.
- 2.2 Identify primary point-of-contact and back-up individuals for ongoing communication purposes. These individuals will be responsible for determining the distribution of information within their organizations. These points-of-contact will be shared among the MMRS, Hospitals, Public Health departments and City and County Office of Emergency Management contacts.

## ARTICLE III

### FORCED EVACUATION OF AN UNDERSIGNED HOSPITAL

- 3.1 In the event of an anticipated evacuation, transportation arrangements will be made in accordance with the affected hospital's usual and customary practice.
- 3.2 If a disaster affects an undersigned hospital(s) forcing partial or complete facility evacuation, and the affected hospital has activated its emergency response plan and exhausted internal resources, the other undersigned hospitals agree to participate in coordination with their local OEM in the distribution of patients from the affected hospital, even if this requires activating emergency response plans at the receiving hospital.
- 3.3 In the event of an evacuation, local OEM and 911 (dispatch or communication centers) will be the hospital point-of-contact to request support for organizing transportation (bus, wheel chair, BLS, ALS, critical care) for the evacuation and in coordination with CDPHE and the regional hospitals will distribute patients to the unaffected undersigned hospitals based on capacity and capabilities.

- 3.4 The undersigned hospitals will contact CDPHE and the Health and Medical MACC for assistance in locating available hospital beds and their local OEM for assistance in transportation of patients.

#### ARTICLE IV

##### RESPONSE WHEN THE NATIONAL DISASTER MEDICAL SYSTEM IS ACTIVATED

- 4.1 If the National Disaster Medical System (NDMS) is activated in response to a disaster outside the metropolitan area, the Federal Coordination Center Denver (FCC) at Evans Army Hospital will request bed counts from the undersigned hospitals.
- 4.2 If patients are to be received from outside the metropolitan area in response to the activation of the NDMS, these patients will be distributed according to each hospital's bed capacity and capabilities. The undersigned hospitals will cooperate by accepting transfers in anticipation of arriving NDMS patients (for example, accept transfers from an undersigned hospital to increase that hospital's capacity to accept NDMS patients requiring the specialized services of a burn unit) if needed.
- 4.3 If the NDMS is activated in response to a disaster in the metropolitan area requiring patients to be transported outside the state, NDMS will request information from the undersigned hospitals regarding the number of patients that require transportation. CDPHE and/or the Colorado Division of Emergency Management (CDEM) will coordinate resources with support from the US Public Health Service (USPHS). Once the NDMS has been activated, the USPHS and/or the FCC Denver at Evans Army Hospital will work with the CDPHE and/or CDEM to coordinate airlift requests.

#### ARTICLE V

##### REPORTING BED CAPACITY AND CAPABILITY

- 5.1 Each hospital will report its bed capacity, its capabilities and its Emergency Department's ability to receive patients as requested throughout the duration of an emergency incident or disaster. The capacity will be monitored by the MACC and the ESF 8 function within City and/or County Emergency Management. Each hospital will update this information as conditions change. If the event escalates to involve NDMS, hospitals will report information as requested by NDMS.
- 5.2 Bed capacity and capabilities will include at a minimum: medical/surgical floor, monitored (step down), burn, pediatric and ICU. Reporting requirements will be established as needed during an event.

## ARTICLE VI

### AUXILIARY HOSPITAL AND CASUALTY COLLECTION LOCATION

All participants agree to participate in a surge capacity plan including available staff and materials at alternate care (surge) sites. Each surge capacity plan will be added as an appendix to this MOU as they are developed.

## ARTICLE VII

### STAFF, MEDICAL SUPPLIES, AND PHARMACEUTICAL SUPPLIES IN THE EVENT OF A DISASTER

- 7.1 In the event of a disaster when patient care staff is in surplus at one of the hospitals and lacking at another, upon request by the short staffed hospital, the hospital with the surplus agree to share staff to help ensure that the available hospital beds in the metropolitan area are adequately staffed during a disaster. These requests and distribution of staff can be made directly hospital to hospital, through the Health and Medical MACC or through Emergency Management depending on the size of the incident. Staffing may be accomplished utilizing CPHMVS or other volunteers as appropriate.
- 7.2 The 460 MDG personnel and supplies located at Buckley AFB may be used in the event of a disaster as authorized by official military direction.
- 7.3 In the event that needed supplies are in surplus at one of the undersigned hospitals and lacking at another, upon request by the hospital in need, the undersigned hospital with the surplus agree to share supplies to help ensure that patients in the metropolitan area receive necessary treatment during a disaster. These requests and distribution of supplies can be made directly hospital to hospital, through the Health and Medical MACC or through Emergency Management depending on the size of the incident.
- 7.4 The above staff and supply sharing will occur in cooperation between the medical incident commanders.
- 7.5 For initial mutual aid response, each mutual aid response agency will assume responsibility for its own expenses during the first full operational period, if established, or the first 12 hrs of an incident. Thereafter, the requesting agency/jurisdiction agrees to reimburse providing agency/jurisdiction at actual cost based on rates 10 days prior to the onset of the incident/disaster.

## ARTICLE VIII LIABILITY

- 8.1 Notwithstanding any other provision to the contrary, no term or condition of this MOU shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protection or other provisions of the Colorado Governmental Immunity Act,

Section 24-10-101 et.seq., CRS, as now or hereafter amended. The parties understand and agree that liability for claims for injuries to persons or property arising out of negligence of the State of Colorado, its departments, institutions, agencies, boards, officials and employees is controlled and limited by the provisions of Section 24-10-101 et.seq., CRS and the risk management statutes, Section 24-30-1501, et.seq., CRS as now or hereafter amended.

- 8.2 For disasters that do not rise to the level of a governor-declared emergency disaster pursuant to C.R.S. § 24-32-2104, all participating entities agree to release, discharge and hold harmless the governmental participating entities from all liability, injuries, losses or damages of any kind to persons, including death, or property, resulting in whole or in part, directly or indirectly from the response provided pursuant to this MOU.
- 8.3 For disasters that do not rise to the level of a governor-declared emergency disaster pursuant to C.R.S. § 24-32-2104, the participating parties shall indemnify, save, and hold harmless the governmental participating parties, their employees and agents, against any and all claims, damages, liability and court awards including costs, expenses, and attorney fees and related costs, incurred as a result of any act or omission by a participating party other than the participating governmental entity, or its employees, agents, subcontractors, or assignees pursuant to the terms of this MOU.
- 8.4 Other than as set forth in paragraph 7.5 of Article VII of this MOU, no party to this agreement shall be liable to any other party for the costs associated with a response provided pursuant to this MOU.

ARTICLE IX  
MISCELLANEOUS PROVISIONS

- 8.1 This MOU together with the attached Exhibit and any appendices produced under Article VI constitutes the entire MOU between the parties with respect to the subject matter hereof and supersedes all prior oral or written statements, understandings or correspondence, if any, with respect thereto.
- 9.2 This MOU may be amended only by one or more Amendatory MOUs executed in the same manner as this MOU, as well as by appendices agreed to by all parties.
- 9.3 Any participating agency may terminate its participation in the MOU by providing sixty (60) day's written notice to the lead administrator at each of the hospitals.
- 9.4 This MOU may be executed in counterparts, all of which shall be deemed to be an original, and all of which, when taken together, shall constitute one and the same instrument.

**IN WITNESS WHEREOF**, the parties have caused this Memorandum of Understanding to be executed as of the day and year first above written.

**HOSPITALS**

**BOULDER COMMUNITY HOSPITAL**

By \_\_\_\_\_  
David Gehant,  
Chief Executive Officer

Date \_\_\_\_\_

**CENTURA HEALTH**

By \_\_\_\_\_  
Arlen Reynolds, Interim President and CEO  
President and Chief Executive Officer

Date \_\_\_\_\_

**DENVER HEALTH AND HOSPITAL AUTHORITY  
Including Denver Public Health**

By \_\_\_\_\_  
Patricia A. Gabow, M.D.  
Chief Executive Officer

Date \_\_\_\_\_

**EXEMPLA HEALTHCARE**

By \_\_\_\_\_  
Kathryn Ballinger  
VP/General Counsel

Date \_\_\_\_\_

**HEALTH ONE**

By \_\_\_\_\_  
Jeff Dorsey  
President and CEO

Date \_\_\_\_\_

**KINDRED HOSPITAL DENVER**

By \_\_\_\_\_  
April Myers,  
CEO

Date \_\_\_\_\_

**LONGMONT UNITED HOSPITAL**

By \_\_\_\_\_  
Neil Bertrand,  
Chief Financial Officer

Date \_\_\_\_\_

**PLATTE VALLEY MEDICAL CENTER**

By \_\_\_\_\_  
John Hicks,  
CEO

Date \_\_\_\_\_

**THE CHILDREN'S HOSPITAL ASSOCIATION**

By \_\_\_\_\_  
Jim Shmerling, DHA  
President and CEO

Date \_\_\_\_\_



**UNIVERSITY OF COLORADO HOSPITAL**

By \_\_\_\_\_  
Joyce Cashman,  
Vice President

Date \_\_\_\_\_

**PUBLIC HEALTH**

**BOULDER COUNTY PUBLIC HEALTH**

By \_\_\_\_\_

Date \_\_\_\_\_

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

By \_\_\_\_\_

Date \_\_\_\_\_

**ELBERT COUNTY PUBLIC HEALTH AND ENVIRONMENT**

By \_\_\_\_\_  
Mary Sue Liss,  
Director

Date \_\_\_\_\_

**JEFFERSON COUNTY DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

By \_\_\_\_\_  
Cathy Corcoran,  
President Board of Health

Date \_\_\_\_\_

**TRI-COUNTY HEALTH DEPARTMENT**

By \_\_\_\_\_  
Richard L. Vogt. M.D.

Date \_\_\_\_\_

**BROOMFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES**

By \_\_\_\_\_

Date \_\_\_\_\_

**UNITED STATES AIR FORCE on behalf of the 460<sup>th</sup> Medical Group**

By \_\_\_\_\_  
Michael L. Chyrek, Colonel, USAF, BSC  
Commander, 460th Medical Group

Date \_\_\_\_\_

By \_\_\_\_\_  
Donald W. McGee, Colonel, USAF  
Commander, 460th Space Wing

Date \_\_\_\_\_

**CITIES AND COUNTIES**

**ADAMS COUNTY BOARD OF COUNTY COMMISSIONERS**

By \_\_\_\_\_

Date \_\_\_\_\_

**ARAPAHOE BOARD OF COUNTY COMMISSIONERS**

By \_\_\_\_\_

Date \_\_\_\_\_

**BOULDER COUNTY BOARD OF COUNTY COMMISSIONERS**

By \_\_\_\_\_

Date \_\_\_\_\_

**BROOMFIELD CITY AND COUNTY CITY COUNCIL**

By \_\_\_\_\_

Date \_\_\_\_\_

**CLEAR CREEK COUNTY**

By \_\_\_\_\_

Date \_\_\_\_\_

**DENVER CITY AND COUNTY CITY COUNCIL**

By \_\_\_\_\_

Date \_\_\_\_\_

**DOUGLAS COUNTY BOARD OF COUNTY COMMISSIONERS**

By \_\_\_\_\_

Date \_\_\_\_\_

**ELBERT COUNTY BOARD OF COUNTY COMMISSIONERS**

By \_\_\_\_\_

Date \_\_\_\_\_

**GILPIN COUNTY BOARD OF COUNTY COMMISSIONERS**

By \_\_\_\_\_

Date \_\_\_\_\_

**HOME RULE CITIES**

**AURORA CITY COUNCIL**

By \_\_\_\_\_

Date \_\_\_\_\_

**BOULDER CITY COUNCIL**

By \_\_\_\_\_

Date \_\_\_\_\_

**BRIGHTON CITY COUNCIL**

By \_\_\_\_\_

Date \_\_\_\_\_

**ENGLEWOOD CITY COUNCIL**

By \_\_\_\_\_

Date \_\_\_\_\_

**LITTLETON CITY COUNCIL**

By \_\_\_\_\_  
James Taylor,  
President of City Council

Date \_\_\_\_\_

**THORNTON CITY COUNCIL**

By \_\_\_\_\_

Date \_\_\_\_\_

**WESTMINSTER CITY COUNCIL**

By \_\_\_\_\_

Date \_\_\_\_\_

**WHEATRIDGE CITY COUNCIL**

By \_\_\_\_\_

Date \_\_\_\_\_

**EXHIBIT A - PARTICIPATING ENTITIES CONTACT INFORMATION (to be updated annually):**

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**UNIVERSITY OF COLORADO HOSPITAL**

Robert M. Reid  
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Anschutz Inpatient Pavilion  
Mail Stop A073  
P.O. Box 6510  
Aurora, CO 80045  
Phone - 720-848-6639  
Fax - 720-848-5505  
E-Mail: [rob.reid@uch.edu](mailto:rob.reid@uch.edu)  
Tax ID # 84-1179794

Jim Feist, Safety Officer  
Phone: 720-848-6632  
e-mail: [james.feist@uch.edu](mailto:james.feist@uch.edu)

**\* VETERANS AFFAIRS EASTERN COLORADO HEALTHCARE SYSTEM**

Brad McCollam  
Chief, Facilities Management  
1055 Clermont Street  
Denver, CO 80220  
Phone: 303-399-8020 ex 2604 or 4337  
Fax: 303-393-5257  
E-mail address: [brad.mccollam@va.gov](mailto:brad.mccollam@va.gov)

**\* COLORADO MENTAL HEALTH INSTITUTE AT FORT LOGAN**

Keith LaGrenade  
Hospital Director  
3520 W. Oxford Ave.  
Denver, Colorado 80236  
Phone: 303 866- 7066  
Fax: 303-866-7048  
Federal Tax ID #: 98-02565

**\* BUCKLEY AIR FORCE BASE MEDICAL GROUP**

460 MDG/SGSX, Medical Readiness  
830 Potomac Circle,  
Aurora CO, 80011  
720-847-6769  
720-847-6409

\* denotes facilities which cannot participate in full MOU due to institutional restrictions, but support the process and general provisions.

**PUBLIC HEALTH DEPARTMENTS**

**BOULDER PUBLIC HEALTH**

3450 Broadway  
Boulder, CO 80304  
(303) 441-1100

**CITY AND COUNTY OF BROOMFIELD PUBLIC HEALTH**

6 Garden Center  
Broomfield, CO 80020-1730  
Main Phone: 720-887-2200

**CLEAR CREEK COUNTY NURSING SERVICE**

1531 Colorado Boulevard  
Idaho Springs, CO 80452  
Main Phone: 303-567-3147  
Fax Line: 303-567-3132

**DENVER PUBLIC HEALTH**

605 Bannock, MC 2600  
Denver, CO 80204-4507  
Main Phone: 303-436-7200

**DENVER ENVIRONMENTAL HEALTH**

201 W. Colfax Avenue, Dept 1009  
Denver, CO 80202  
Main Phone: 720-865-5365

**ELBERT COUNTY PUBLIC HEALTH**

205 Comanche  
Kiowa, CO 80117  
Address: PO Box 201  
Kiowa, CO 80117  
Main Phone: 303-621-3144

**GILPIN COUNTY PUBLIC HEALTH NURSING SERVICE**

2960 Dory Hill Road, Suite 120  
Black Hawk, CO 80403  
Main Phone: 303-582-5803  
Fax Line: 303-582-5798

**JEFFERSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT**

1801 19th Street  
Golden Colorado 80401  
Main Phone: 303-271-5700

**TRI-COUNTY HEALTH DEPARTMENT**

7000 E. Belleview Ave, Suite 301  
Englewood, CO 80111  
Main Phone: 303-220-9200

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE)**

4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
303- 692-2000  
1-800-886-7689 (In-state)

**COORDINATING OFFICES OF EMERGENCY MANAGEMENT:**

**ADAMS COUNTY OFFICE OF EMERGENCY MANAGEMENT**

Adams County Office of Emergency Management  
4201 E. 72nd Ave.  
Commerce City, CO 80022  
Office: 720-322-1400

FAX: 720-322-1404  
Duty Officer pager: 303-609-0011

ARAPHAHOE COUNTY OFFICE OF EMERGENCY MANAGEMENT  
Arapahoe County Emergency Preparedness  
13101 East Broncos Parkway  
Centennial, CO 80112  
Office: 720-874-4186  
FAX: 720-874-4158

AURORA OFFICE OF EMERGENCY MANAGEMENT  
15151 E. Alameda Parkway  
Suite 4100  
Aurora, CO 80012  
303-739-7636 - phone  
303-326-8986 - fax

BOULDER CITY AND COUNTY OFFICE OF EMERGENCY MANAGEMENT  
1805 33rd St.  
Boulder, CO 80301  
Office: 303-441-3653 or 303-441-3390  
FAX: 303-441-3884

BRIGHTON OFFICE OF EMERGENCY MANAGEMENT  
City of Brighton/Greater Brighton Fire Protection District  
3401 E. Bromley Lane  
Brighton, CO 80601  
Office: 303-655-2316  
FAX: 303-659-6961

BROOMFIELD OFFICE OF EMERGENCY MANAGEMENT  
11600 Ridge Parkway  
Broomfield, CO 80021  
Office: 720-887-2078  
FAX: 720-887-2001

CLEAR CREEK OFFICE OF EMERGENCY MANAGEMENT  
P.O. Box 2000  
Georgetown, CO 80444  
Office: 303-679-2320  
FAX: 303-679-2440

DENVER OFFICE OF EMERGENCY MANAGEMENT  
1437 Bannock St., Rm. 3  
Denver, CO 80202  
Office: 720-865-7600

FAX: 720-865-7691

**DOUGLAS COUNTY OFFICE OF EMERGENCY MANAGEMENT**

4000 Justice Way  
Castle Rock, CO 80109  
Office: 303-660-7505 x6103  
FAX: 303-814-8790

**ELBERT COUNTY OFFICE OF EMERGENCY MANAGEMENT**

P.O. Box 295  
Kiowa, CO 80117  
Office: 303-805-6131  
FAX: 303-621-2055

**ENGLEWOOD OFFICE OF EMERGENCY MANAGEMENT**

Englewood Fire  
3615 South Elati Street  
Englewood, CO 80110  
Office: 303-762-2476  
24 hr: 303-761-7490  
FAX: 303-762-2406

**GILPIN COUNTY OFFICE OF EMERGENCY MANAGEMENT**

Gilpin Co Sheriff's Office  
2960 Dory Hill Road  
Golden, CO 80403  
FAX: 303-582-3813  
Pager: 303-208-3909

**JEFFERSON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT**

800 Jefferson Parkway  
Golden, CO 80419  
Office: 303-271-4900  
FAX: 303-271-4905

**LITTLETON OFFICE OF EMERGENCY MANAGEMENT**

City Manager's Office  
2255 W. Berry Ave.  
Littleton, CO 80165  
Office: 303-795-3720  
FAX: 303-795-3818

**THORNTON OFFICE OF EMERGENCY MANAGEMENT**

Thornton Fire Department  
9500 Civic Center Drive  
Thornton, Colorado 80229  
Office: 303-538-7652



FAX: 303-538-7660

**WESTMINSTER OFFICE OF EMERGENCY MANAGEMENT**

Westminster Fire Department

9110 Yates St.

Westminster, CO 80031-2540

Office: 303-430-2400 x4550

FAX: 303-706-3913

**WHEATRIDGE OFFICE OF EMERGENCY MANAGEMENT**

Wheat Ridge Police Dept.

7500 W. 29th Ave.

Wheat Ridge, CO 80033-8001

Office: 303-235-2918

FAX: 303-235-2949

## **EXHIBIT B - DEFINITIONS:**

**Advanced Life Support (ALS):** Trained emergency medical services personnel whose scope of practice authorizes the use of invasive therapies including oral, intramuscular and intravenous medication administration as well as advanced skills including endotracheal intubation and cardiac pacing. A common ALS classification is that of paramedic, emergency medical technician (EMT)-intermediate or EMT-paramedic.

**Auxiliary Hospital:** A facility established to provide ongoing patient care in a non-hospital environment, primarily to serve as austere care overflow bed space during an epidemic or other prolonged emergency situation with mass casualties.

**Basic Life Support (BLS):** Trained emergency medical services personnel whose scope of practice is limited to non-invasive patient care as describe under BME Rule 500. A BLS responder is not authorized to perform invasive airway maneuvers such as endotracheal intubation. A common BLS classification is that of EMT-basic.

**Casualty Collection Location:** An area established to collect or triage casualties either between the scene of an incident and the hospital (e.g.: a casualty collection point at an air crash site), or between the hospital and outgoing transportation resources (e.g.: an airport hanger during a National Disaster Medical System evacuation from the Denver metro area).

**Colorado Department of Public Health and Environment – Office of Emergency Preparedness and Response (CDPHE-OEPR).** CDPHE-OEPR is the state agency that will coordinate state and federal resource response during a disaster.

**Disaster:** a situation or event that overwhelms local capacity, necessitating a request for external resources.

**Disaster Telephone Network (DTN):** An emergency telephone system that is used to provide information to hospitals during a disaster or emergency incident. When the designated telephone rings, hospital personnel simply pick up the receiver and listen to the information.

**Emergency Incident:** Any occurrence which presents a serious threat to the health of the community, disruption to the service, or causes [or is likely to cause] such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance services or health authorities.

**Emergency Operations Centers (EOC):** The coordination center for emergency response to an incident. The state, county, city, and affected hospitals may each have their own EOC for their portion of the event, but liaison efforts between such centers are of critical importance.

**EMSystem:** An internet-based hospital status system used by all NCR hospitals to report open/closed/divert status in real time. Messaging functions via EMSystem can reach all hospitals with messages simultaneously. Additional functionality according to the MOU language adds bed capacity reporting provisions which are to be updated daily so that real time

data is available in case of a mass casualty incident/disaster. The Colorado Hospital Association (CHA) and the Regional Administrator for EMS System oversee the EMS System.

**HCStandard:** An internet-based hospital inventory system purchased by the Colorado Department of Public Health and Environment and that will be made available for hospitals to inventory and track their internal resources.

**Hospital Incident Command System (HICS):** A command framework for hospitals which is a NIMS compatible incident command system and specifies the chain of command and functional positions that may be required during a hospital's response to a disaster or emergency incident.

**Incident Commander (IC):** The Incident Commander is responsible for overall incident management and all command and general staff functions. The IC will control all activities associated with the mitigation of the incident quickly and economically and provide for the safety of the public and responders. The IC will be selected based on qualifications and experience.

**Multi-Agency Coordination Center (MACC):** During a disaster the area hospitals and public health agree to communicate with one another using pre-agreed technology to act as a unified voice in the disaster response, and to determine the distribution of needed assets as requested by Emergency Management, Public Health or other hospitals. This MACC can be either a physical location or virtual communication between the entities.

**Unified Command:** In ICS, Unified Command is a unified team effort which allows all agencies with responsibility for the incident, either geographical or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility, or accountability.

**Joint Information Center (JIC):** A source of information that is designated by more than one agency or group to speak on behalf of all during an emergency to ensure consistent messages and flow of information.

**Liaison Officer (LO):** The Liaison Officer is responsible for contact with outside agencies such as health departments or the local Office of Emergency Management during an incident. The LO will provide advice and information on the disaster or emergency response plan, the names of contacts from outside agencies and businesses as well as what is expected of those entities.

**Metropolitan Medical Response System (MMRS):** The organization of public safety and health agencies that has provided the planning, oversight, and integration of weapons of mass destruction planning into emergency planning for the ten-county North Central Region under grants from the U.S. Departments of Health and Human Services and Homeland Security.

**National Disaster Medical System (NDMS):** A contingency system of voluntarily committed hospital beds throughout the United States that may be activated when a disaster overwhelms regional healthcare resources and requires evacuation of patients to another region of the nation for care. Plans are in place for the reception of patients into, and evacuation out of, the Denver metropolitan area should this type of event occur.

NIMS Compliant: Utilizing the components outlined in the National Incident Management System, including utilizing the Emergency Support Functions (ESF):

- Command and Management, including ICS
- Preparedness
- Resource Management
- Communications and Information Management
- Supporting Technologies
- NIMS Management and Maintenance

Emergency Support Functions:

- ESF #1 - Transportation
- ESF #2 - Communications
- ESF #3 - Public Works and Engineering
- ESF #4 - Firefighting
- ESF #5 - Emergency Management
- ESF #6 - Mass Care, Housing, and Human Services
- ESF #7 - Resource Support
- ESF #8 - Public Health and Medical Services
- ESF #9 - Urban Search and Rescue
- ESF #10 -Oil and Hazardous Materials Response
- ESF #11 -Agriculture and Natural Resources
- ESF #12 -Energy
- ESF #13 -Public Safety and Security
- ESF #14 - Long-Term Community Recovery and Mitigation
- ESF #15 -External Affairs

Public Information Officer (PIO): The Public Information Officer is responsible for developing and releasing information about the incident to the news media, to incident personnel, and to other appropriate agencies and organizations. The PIO shall report directly to the Incident Commander (IC).