South Region
Healthcare Coalition
Response Plan

02/01/2022

1. Introduction

This Response Plan has been created by the South Region Healthcare Coalition (SRHCC) 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 Healthcare Coalition (HCC) member's individual plans.

Appendix 3.1 has HCC member contact information.

1.1 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 that result in illness or injury to the population within the coalition's boundaries and the healthcare system [1]. This plan will include strategic planning, information sharing, resource management, and the integration with (Emergency Support Function) ESF #8 lead(s).

1.2 Scope

The HCC 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 HCC members. This plan does not supersede or conflict with applicable laws and statutes [1].

1.3 Situation and Assumptions

Situation
- The SRHCC background and governance information can be found in SRHCC Governance Document.
- The following is a summary of the results from the risk/vulnerability assessment:
  - The South Region is comprised of Custer, Fremont, Huerfano, Las Animas, and Pueblo counties.
  - The distinct geographical differences among the counties within the region present a major challenge in planning and preparation within the region, as challenges in one area are not necessarily the same in the next.
  - Additionally, a hazard in one area of the region could be significantly more crippling than that same hazard in another area.
  - The healthcare and public health sector partners of the South Region protects all sectors of the economy from hazards such as terrorism, infectious disease outbreaks, and natural disasters. Because the vast majority of the sector's assets are privately owned and operated, collaboration and information sharing between the public and private sectors is essential to increasing resilience of the region's healthcare and public health critical infrastructure. SRHCC members play a significant role in response and recovery across all other sectors in the event of a natural or manmade disaster.
  - While healthcare within the South Region tends to be delivered and managed locally, the public health component of the sector, focused primarily on population health, is managed across all levels of government.
  - The SRHCC healthcare and public health sector partners belong to the following subsectors:
    - Hospitals
    - Public health departments
    - Behavioral health providers
    - Emergency medical services
    - Long-term care facilities
    - Home healthcare providers
    - Dialysis centers
    - Urgent care/ freestanding emergency rooms

- The SRHCC member information can be found in Appendix 3.10 SRHCC Communications Plan.

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 to the HCC and non-medical needs to the jurisdictional emergency operations center. (Note: some jurisdictions communicate their needs through ESF# 8 lead(s) at the EOC. HCC staff can supplement ESF # 8 staff at the Emergency Operations Center (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 [1].

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 [1].

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:

Name of Plan	Agency Responsible
Public Health Emergency Operations Plan (PHEOP)	Custer County Public Health Department Fremont County Department of Public Health and Environment Las Animas Huerfano County District Health Department Pueblo Department of Public Health and Environment
Name of Plan	Agency Responsible

Mass Fatality Management	Jurisdictional Coroners or LPHA
Emergency Operations Plan (EOP)	Custer County Office of Emergency Management Fremont County Office of Emergency Management Huerfano County Office of Emergency Management Las Animas County Office of Emergency Management Pueblo County Sheriff's Office Emergency Services Bureau

The C-MIST Framework is incorporated throughout the plan and includes how the needs of pediatric patients will be addressed [21].

1.4 Administrative Support

Approval of Plan/Promulgation

The SRHCC's mission is to enhance coalition member readiness throughout the emergency management cycle of preparedness, response, recovery, and mitigation. This is systematically accomplished by assessing member organization hazard vulnerabilities, identifying capabilities and priorities, conducting training and exercises, cultivating strong interagency collaboration and communication, and 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.

We the SRHCC Core Planning Team Members herby support and approve the South Region Healthcare Coalition Response Plan.

Agency	Position	Name	Date	Signature
Parkview Medical Center	Hospital Core Planning Team (CPT) Chair	Jason Abney		
Spanish Peaks Regional Health Center	Clinical Advisor	Dr. Sandeep Vijan		
American Medical Response	EMS CPT Member	Mike Lening		
Las Animas Emergency Manager	Emergency Management CPT Member	Kim Chavez		

Agency	Position	Name	Date	Signature
Fremont County Public Health Department	Public Health CPT Member	Sarah Miller		
Health Solutions	Behavioral Health CPT Member	Justin Carbee		
Vacant	Long Term Care CPT Member	Vacant		
Solvista Health	At Large	Desiree Lipka		

Planning Process

This Response Plan was developed through a formal planning process involving SRHCC members and stakeholders. This Response Plan has been distributed internally to appropriate personnel and with external organizations that might be affected by its implementation [2]. The revision schedule in Appendix 3.2 reflects the process that will ensure that the plan remains effective and appropriate for the needs of the HCC.

2. Concept of Operations

The following section describes the flow of the emergency management strategy for accomplishing a coordinated response within SRHCC [3]. It delineates the roles and responsibilities of the HCC 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.) [1]. This section also describes the collaboration between SRHCC and the ESF # 8 Lead(s). Because of the unique needs of children and limited resources available to pediatric patients, it is suggested each HCC identify a pediatric disaster coordinator.

2.1 Introduction

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 [1].

2.2 Role of the Coalition in Events

Through collaboration with local partners and the ESF #8 lead(s), the SRHCC 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 with linkage with the local EOC and ESF # 8 Lead(s) and 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) [1].

2.2.1 Member Roles and Responsibilities

The table in Appendix 3.3 describes the general roles and responsibilities of the core HCC members during a response.

2.2.2 Coalition Response Organizational Structure

This organizational structure presents the organization of the HCC and reflects its relationship to healthcare organizations and local response organizations [1]. (The positions with * are as activated on an as needed basis)

- Coalition Readiness and Response Coordinator- The Response Team Manager
- Coalition Liaison- Preferably a Coalition Response Team Member from the same member type as the affected facility
- Operations Section- Staffed by ESF8 representatives and Coalition Response Team Members
- Logistics- Staffed by Emergency Management representative and Coalition Response Team Members
- Planning- Staffed by Coalition Coordinator and Coalition Response Team Members, specifically Communication Team
- Finance- Staffed by Fiscal Agent and Coalition Response Team Members

2.3 Response Operations

The following section, and subsections, address the actions taken by the coalition and its members before, during, and following an event [1].

2.3.1 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 [1].

- 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

2.3.1.1 Incident Recognition

The following are events that the SRHCC have pre-determined require the activation of this Response Plan:
- A request 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 incident [1].

2.3.1.2 Activation

Per the SRHCC Governance, the members listed in Appendix 3.4 are eligible to request activation of this

Response Plan.

The following table lists the activation levels of the HCC:

Activation Level	Description
Level 3: Event Monitoring	This level is a monitoring and assessment phase where a specific threat, unusual event, or developing situation is actively monitored [4]. This will allow for situational awareness of the emergency, pre-planned event, or exercise limiting the communications while placing the region on an alert status that they too may be impacted or asked to assist during the event response [5]. *Examples of incidents that may require Level 1 could include: loss of utility, a slowing developing emergency event, large disease or infectious disease outbreak or local pre-planned event that draws more than 25,000 people [5].*
Level 2: Limited Activation	Partial activation is typically limited, Section Chiefs with a role in the incident response are activated and required to report virtually. Notifications will be made to members via the notification algorithm and updates will be sent out by *insert method chosen* for situational awareness [4]. *Examples of incidents that may require Level 2 could include: healthcare facility evacuation, disaster that occurs in multiple facilities / jurisdictions or mobile RHCC deploying to mass gathering event that draws more than 50,000 people [5].*
Level 1: Full Activation	Full Activation includes full HCC activation in support of an incident or event that are usually catastrophic and complex [5]. All HCC members will be notified by *insert method chosen* notification of full activation. Roles are assigned and incident objectives are discussed. *Examples of incidents that may require Level 3 could include: an emergency or disaster affecting the entire region or state, or a National Security Event that draws thousands of people and national media coverage [5].*

2.3.1.3 Notifications

The list in Appendix 3.5 identifies who is authorized to create/send notifications using email:

The Readiness and Response Coordinator and/or members of the CPT are authorized to create/send notifications using email. All HCC members listed on the HCC member list will receive notification.

These are the steps required to send a notification using the SRHCC Member Contact List email notification groups:

1. Access the SRHCC Member Contact List (Appendix 3.1)
2. Select the appropriate sheet of the workbook based upon needs.
3. Copy the email addresses as appropriate.
    a. Paste email addresses into the "bcc" field of an email.
    b. Do not paste email address into the "to" field.
4. Press "send" and monitor email for any TA requests.

2.3.1.4 Mobilization

The SRHCC CPT and/or Response Team leaders will coordinate the response virtually, utilizing the Colorado Notification System and/or Web EOC.

2.3.1.5 Incident Operations

This section describes the actions the coalition incident management or support team will take to execute the roles and responsibilities outlined in section 2.2.1.

2.3.1.5.1 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 incident management team 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
    - Establishing points of contact with jurisdictional authorities and other entities involved in the response for the incident
    - Create structure for sharing information
- Develop an initial incident action plan [6]:
    - Incident Name
    - Operational Periods
    - Incident Objectives
    - Incident Actions
    - Objectives Leads
    - Safety Statement

2.3.1.5.2 Ongoing HCC Actions

The following actions will be taken to maintain response:

- Incident Action Plan Creation (or participation in EOC Incident Action Plan Creation)
- Gather and share situational awareness
- Conduct coordination calls

- Shift change
- Briefing

2.3.1.5.3 Information Sharing

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

- Initial notification of an incident will be accomplished using email to send out a short message regarding where additional information will be shared.
- Subsequent situational awareness updates and coordination will be occurring with scheduled conference calls and/or email.

2.3.1.5.4 Resource Coordination

Through collaboration with local partners and the ESF #8 lead(s), the SRHCC will address the following resource coordination activities when responding to an event:
- Resource assessment
- Local request fulfillment
- Coordinating resources requests the must go to state agencies
- Resource inventory tracking will be handled by the SRHCC in coordination with the Logistics section, if an EOC has been activated
- Demobilization of HCC resources

2.3.1.5.5 Patient Tracking

Through collaboration with local partners and the ESF 8 lead(s), the SRHCC will support the county and/or local level patient tracking protocols to support patient movement within and outside the coalition, for both MCIs and in the event of a healthcare facility evacuation.

The SRHCC does not maintain a patient tracking system, but rather defaults to and supports the local plans in place to include identified triggers for activating the patient movement.

2.3.1.6 Demobilization

Demobilization may occur in phases, depending upon the event.
- At a point SRHCC activities begin to decrease, the Incident Manager in consultation with other HCC members, 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 HCC stay at a Level 1 or 2 while transitioning into Recovery. HCC staffing assets could be stretched to the limit in this situation. The Incident Manager and other HCC members will determine adequate staffing levels and adjust the HCC activation accordingly.
- The decision to demobilize the HCC and return to a monitoring level will be made by the Incident Manager, and other HCC staff. When approved, the Incident Manager will coordinate with the other all section chiefs to ensure demobilization of the HCC does not impact Recovery operations.
- Upon completion of deactivation, the Planning Section Chief will be responsible for scheduling an After-Action Review (AAR). These reviews will be scheduled for the HCC on the earliest available date in order to capture participant and liaison observations and recommendations. The Planning Chief should review all logs, significant events, Situation Reports, and the web portal documentation prior to the scheduled AAR [6].

2.3.1.7 Recovery/Return to Pre-Disaster State

During and after demobilization, the SRHCC will continue to work with the ESF #5 and ESF #8 leads to ensure that recovery needs are met.

2.4 Continuity of Operations

The SRHCC Continuity of Operations Plan has been drafted and is in the process of being finalize this fiscal year (21-22). Many SRHCC member organizations have Continuity of Operations Plans in place that will contribute to the continuity of services of the SRHCC.

3. Appendices/Annexes

3.1 Contact Information

See the South Region Healthcare Coalition Information Sharing Plan/Communication 2021-2022.

3.2 Plan Revision Information

Revision Table

Date	Revision No.	Description of Change(s)	Page(s) Affected	Reviewed or Changed by
9/30/2021	1	Basic formatting	All	Lauren Smith
02/01/2022	2	HVA, Contacts, links	6,7,13,15,16,17	Kimber Weddle

3.3 Member Roles and Responsibilities Table

Type of Agency	Responsibilities
Hospital [1]	Hospitals are responsible for providing definitive care to individuals resulting from a disaster or other medical emergency [4]. HCC member hospitals are expected to coordinate response and support for and between other HCC hospitals.
Emergency Medical Services (EMS) [1]	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 in a timely and safe manner. Critical to these efforts is constant and clear communications and coordination between EMS and the HCC [5].
Emergency Management [1]	Emergency Management is responsible for coordinating the mitigation, preparedness, response and recovery from emergencies and disasters [4]. Integration of HCC and emergency management activities include the mechanism for resource requests [1].
Public Health [1]	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 [4]. (If public health is the ESF # 8 lead, defines how public health integrates the other core partners [1].)
Ancillary Healthcare Agencies and Organizations Other	With proper training, coordination and planning, Ancillary Heath Care Agencies and other stakeholders can provide local situational awareness, surge capability, and staffing resources. These partners include Medical Reserve Corps (MRC), Dialysis centers, Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers), Home health agencies (including home and community-based services), Local public safety agencies (e.g., law enforcement and fire services), Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.), Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers), Primary care providers, including pediatric and women's health care providers, Schools and universities, Skilled nursing, nursing, and long-term care facilities.
Behavioral Health	Local health departments work alongside behavioral health providers, social service organizations, trained volunteers, and the federal government to ensure that individuals in their community can access behavioral health services before and after disasters, monitor the behavioral health impacts of disasters, share information and resources with the public, and direct those experiencing trauma to appropriate resources.

3.4 Activation Table

Agency	Name	Able to request activation
Parkview Medical Center	Jason Abney	Yes
Spanish Peaks Regional Medical Center	Dr. Sandeep Vijan	Yes
American Medical Response	Mike Lening	Yes
Las Animas Emergency Manager	Kim Chavez	Yes
Fremont County Public Health Department	Sarah Miller	Yes
Long term Care Representative	Vacant	Yes
Health Solutions	Justin Carbee	Yes
At Large	Desiree Lipka	Yes

3.5 Notification Table

Refer to South Region Healthcare Coalition Information Sharing Plan/Communication 2021-2022 for how notifications should be coordinated within the SRHCC if EMResource and/or email is not available.

3.6 Detailed Information on HVA.

Refer to South Region Hazardous Vulnerability Analysis Report – 2021.

3.7 Scenario Specific Considerations

3.7.1 Medical Surge Coordination

The following sections address medical surge coordination.

3.7.1.1 Pediatric Medical Surge Coordination

The SRHCC will default to and support the local plans for Pediatric Medical Surge Coordination Plan.

Refer to South Region Pediatric Medical Surge Annex for additional details regarding pediatric surge coordination.

3.7.1.2 Chemical or Radiation Emergency Incident Surge Coordination

Currently, the SRHCC will default to and support the local plans for Chemical or Radiation Emergency Incident Surge Coordination.

Chemical or Radiation Emergency Incident Surge Coordination will be developed in next FY22-23.

3.7.1.3 Burn and Trauma Care Surge Coordination

The SRHCC will default to and support the local plans for Burn Surge Coordination.

Refer to South Region Burn Surge Annex for additional details regarding burn surge coordination.

3.7.1.4 Disaster Behavioral Health Needs Surge Coordination

The SRHCC will default to and support the local plans for Disaster Behavioral Health Needs Surge Coordination.

The SRHCC is in the process of developing a Disaster Behavioral Health Needs Surge Annex.

3.7.1.5 Infectious Diseases Surge Coordination

The SRHCC will default to and support the local plans for Infectious Disease Surge Coordination.

The SRHCC is in the process of developing an Infectious Disease Surge Annex.

3.8 Evacuation and Tracking

SRHCC would support the evacuation and tracking plans of the regional hospitals, EMS, and/or other evacuating healthcare facilities.

3.9 Public Information

Each member partner will follow their own internal public information plan for messaging regarding their own facility or organization.

The SRHCC will support the state and/or County EOC in coordination and dissemination of public information messages, if applicable.

3.10 Communications Plan

Refer to [South Region Healthcare Coalition Information Sharing Plan/Communication 2021-2022](#) to understand the processes by which the coalition will coordinate and disseminate public information messages, if applicable.

3.11 Inclusive Planning

Refer to the [South Region Preparedness Plan](#) to understand the process by which the coalition addresses planning for access & functional needs.

3.12 SRHCC Governance Document

Refer to [SRHCC Governance.](#)

References Used

1. ASPR TRACIE (n.d) [Health Care Coalition Response Plan](#)
2. Colorado Department of Public Health and Environment (n.d.) [Continuity of Operations (COOP) Plan](#)
3. FEMA (2010) [Developing and Maintaining Emergency Operations Plans Comprehensive Preparedness Guide (CPG) 101 Version 2.0](#)
4. Central Maine Regional Health Care Coalition (2016) [All Hazards Emergency Operations Plan](#)
5. Easter Virginia Health Care Coalition (2016) [Eastern Virginia Healthcare Coalition Emergency Operations Guide](#)
6. Colorado Department of Public Health and Environment (2018) Colorado Department of Public Health and Environment (CDPHE) Department Operations Center (DOC) Plan
7. FEMA Emergency Management Institute(n.d.) [ICS Forms](#)
8. Colorado Department of Public Health and Environment (CDPHE) Office of Emergency Preparedness and Response (OEPR) (2013) Colorado Health Care Coalition Integrated Evacuation Planning Guide
9. Colorado Department of Public Health and Environment (CDPHE) Office of Emergency Preparedness and Response (OEPR) (n.d.) Colorado Health Care Coalition Integrated Evacuation Plan Template
10. FEMA (2017) [Pre-Disaster Recovery Planning Guide for Local Governments](#)
11. St. Louis Medical Operations Center (2015) [St. Louis Area Regional Hospital Re-Entry Plan](#)
12. Office of the Assistant Secretary for Preparedness and Response (2016) [2017-2022 Health Care Preparedness and Response Capabilities](#)
13. Federal Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response (2018) [Hospital Preparedness Program - Public Health Emergency Preparedness Cooperative Agreement Department of Health and Human Services CDC-RFA-TP17-1700201SUPP18](#)
14. Office of the Assistant Secretary for Preparedness and Response (ASPR) and Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substance and Disease Registry (ATSDR) (2017) [2017-2022 Hospital Preparedness Program (HPP) - Public Health Emergency Preparedness (PHEP) Cooperative Agreement CDC-RFA-TP17-1701](#)
15. U.S. Department of Health and Human Service, Office of the Assistant Secretary for Preparedness and Response (ASPR) (2012) [Medical Surge Capacity Handbook](#)

16. FEMA (2012) Incident Action Planning Guide
17. Department of Homeland Security (2013) Homeland Security Exercise and Evaluation Program (HSEEP)
18. Department of Homeland Security (2016) National Response Framework
19. FEMA Emergency Management Institute(n.d.) ICS Resource Center Position Checklists
20. FEMA (2013) Continuity of Operations Plan Template for Federal Departments and Agencies
21. U.S Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (2016) At-Risk Individuals
22. Colorado Department of Public Health and Environment (CDPHE) Office of Emergency Preparedness and Response (OEPR) (2018) Community Inclusion
23. Colorado Department of Public Health and Environment (CDPHE) Office of Emergency Preparedness and Response (OEPR) and University of Colorado Assistive Technology Partners (2017) Community Inclusion in Colorado maps (CICOmaps)
24. Centers for Medicare and Medicaid Services (n.d.) Communications Management Plan