

## Butte-Glenn Emergency Preparedness Healthcare Coalition Statement of Participation

To ensure that healthcare organizations in Butte and Glenn County are prepared for an incident that significantly impacts or threatens public health, environmental health, or emergency medical services and exceeds the response capacity of healthcare organizations, the Butte-Glenn Emergency Preparedness Healthcare Coalition, hereinafter referred to as “HCC”, has been formed.

The purpose of the HCC is to strengthen and expand existing relationships, establish plans for triage of patients across the continuum of care and support emergency preparedness through regular training and exercises, collaborate and coordinate response efforts, and provide mutual aid in order to optimize the utilization of available resources.

The HCC is comprised of Primary Members and Supporting Members. Primary Members include Butte County Public Health Department, Glenn County Health and Human Services Agency, and operational area hospitals. Supporting Members may include, but are not limited to, emergency medical services, community health centers, primary care and specialty clinics, and long-term care facilities.

To the best of their abilities, members may share available resources during times of a medical/health disaster or other event, and agree to replace or pay the cost of all resources borrowed and otherwise expended during the event. Membership does not guarantee mutual aid, and Members shall have absolute discretion to determine the extent, if any, to which it may provide resources to another member.

All HCC members may be eligible to receive emergency supplies through the Hospital Preparedness Program funded by the California Department of Public Health - Emergency Preparedness Office. Membership does not guarantee eligibility to receive emergency supplies.

Each participating member agrees to follow any Butte-Glenn Emergency Preparedness Healthcare Coalition by-laws and/or preparedness and response plans, mentioned here by reference only, to the best of their ability. Current versions and any subsequent revisions shall be distributed to all HCC members.

Supporting Members may join the HCC at any time by signing this Statement of Participation, and may elect to terminate its participation by providing thirty (30) days written notice to the Butte County Public Health Department and the Glenn County Health and Human Services Agency.

This Statement of Participation documents intent to participate in the HCC, is not binding, and shall not obligate Members to any activities or actions described above. Please complete the information table and sign below:

Organization Name:		
Organization Address:		
Contact Information:	Main Contact	Alternate Contact
Name:		
Phone:		
Alternate Phone:		
Email:		

\_\_\_\_\_  
Name / Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date