



**Colorado Pediatric
Preparedness for the
Emergency Room**



LETTER OF COMMITMENT

Hospital Name:

Date:

This letter of commitment confirms that our hospital is committed to participating in the Colorado Pediatric Preparedness for the Emergency Room (COPPER) program to improve our emergency department's capacity for and quality of pediatric emergency care.

By committing to participating in the COPPER program, we understand that:

- We will need to submit an application for COPPER recognition and an accompanying COPPER checklist affirming that we have met the criteria for the chosen tier of recognition to the best of our ability
- We will be required to complete a site survey with the COPPER survey team (this may be virtual or in-person)
- We may be asked to participate in annual COPPER meetings or workshops
- We may be asked to serve as a resource for other hospitals considering applying for COPPER recognition
- This signed letter of commitment, once submitted with the COPPER application and accompanying checklist, will be followed by instructions from COPPER representatives regarding next steps such as scheduling a site survey and uploading documents for the site survey
- We can reach out to the COPPER program team at any time with questions, concerns, or requests for assistance:
 - emsc.colorado@cuanschutz.edu

Roles and Responsibilities of the COPPER Point(s) of Contact:

- I/We agree to serve as our hospital's point of contact for the COPPER program
- I/We will complete and submit the COPPER application and checklist and will upload the required documentation necessary for site surveyors to assess our ED's level of pediatric readiness
- I/We will annually update the Medical Director, ED Nursing Director (if applicable), and Hospital Administrator contact information for the COPPER program
- Should I/we need to vacate my/our position or transfer responsibilities to another point of contact, I/we will notify the COPPER program

Roles and Responsibilities for ED Leadership (Medical and/or Nursing Directors):

- I/We agree to support the activities required of the COPPER point of contact, and perhaps other ED staff, to apply for and obtain COPPER recognition
- I/We will allow time for our hospital's COPPER point of contact and other necessary ED staff to complete COPPER program materials as well as participate in conference calls and site surveys as required

SIGNATURES

COPPER Point of Contact Name:	Sign Here:	Date:
ED Medical Director Name:	Sign Here:	Date:
ED Nursing Director (if applicable):	Sign Here:	Date:
Hospital Administrator Name: Hospital Administrator Title:	Sign Here:	Date: