

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Office of Emergency Preparedness and Response

PREPARATIONS FOR A BIOTERRORIST EVENT, PANDEMIC INFLUENZA, OR AN OUTBREAK BY A NOVEL AND HIGHLY FATAL INFECTIOUS AGENT OR BIOLOGICAL TOXIN

6 CCR 1009-5

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Adopted by the Board of Health on March 20, 2019, effective May 15, 2019.

In Section 24-33.5-703, C.R.S., emergency epidemic is defined as cases of an illness or condition, communicable or noncommunicable, caused by bioterrorism, pandemic influenza, or novel and highly fatal infectious agents or biological toxins.

Regulation 1. Preparations by Local Public Health Agencies for an Emergency Epidemic

1. Each local public health agency in this state subject to Section 25-1-501 et seq. and Section 25-1-108 et seq., C.R.S., is required to maintain an up-to-date notification list for an emergency epidemic. The list shall include at a minimum general or critical access hospitals, regional emergency medical and trauma advisory councils, rural health clinics or federally qualified health centers, and the local emergency management agencies within the jurisdiction of the local public health agency. Each local public health agency is required at least once per year: (A) to confirm the notification list is accurate and up to date, and (B) to conduct a notification test or real incident communications by a broadcast fax or another communications method for rapid notification.
2. Each local public health agency in this state subject to Section 25-1-501 et seq., C.R.S., is required to sign a uniform mutual aid agreement with all other local public health agencies subject to Section 25-1-501 et seq., C.R.S., that obligates the agency to render aid during an emergency epidemic unless the agency needs to withhold resources necessary to provide reasonable protection for its own jurisdiction. The agreement must be reviewed by the participating agencies at least every 5 years.
3. Each local public health agency subject to Section 25-1-501 et seq., C.R.S., shall maintain an agency response plan and associated Emergency Support Function #8 annex or the health and medical annex to the local emergency operations plan that mirrors the National Response Framework. The agency will implement the response plan and annex when the governor declares a disaster emergency that is the result of an occurrence or imminent threat of an emergency epidemic. The plan, and associated annex, shall be reviewed and updated as needed but at least every three years, and submitted at least every 3 years to the Colorado Department of Public Health and Environment (CDPHE), and local board of health. In addition, the local public health agency shall ensure that a copy of the plan(s) and associated annex are reviewed with and made available to its jurisdiction's local offices of emergency management, to all general or critical access hospitals, to rural health clinics or federally qualified health centers, and to all regional emergency medical and trauma services advisory councils (RETACs). The plan shall address the following areas:
 - A) Organization and assignment of employees of the agency to work on controlling the emergency epidemic using the National Incident Management System;

- B) Having sufficient supplies, training for staff using personal protective equipment, and a process for the provision of personal protective equipment to employees who are assigned to work in areas where they may be exposed to ill and contagious persons or to infectious agents and waste. Personal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions against bacterial and viral infections;
 - C) Procurement, storage and distribution of at least a three-day supply of an antibiotic as determined by CDPHE, that is effective against category A bacterial agents to be used as prophylaxis for all employees immediately responding. The plan shall include procurement of another antibiotic for a small number of employees who may be unable to take the antibiotic of first choice;
 - D) An emergency, after-hours call-down list of persons who may be needed to organize and respond to an emergency epidemic; such list shall include persons with experience and training in communicable disease epidemiology;
 - E) Creation of an operations center within the agency or participation in a local emergency operations center for the purpose of (i) centralizing telephone, radio, and other electronic communications; (ii) compiling surveillance data; (iii) maintaining a log of operations, decisions, resources, and orders necessary to control the epidemic; (iv) responding to executive orders of the governor regarding the emergency epidemic; (v) managing mass dispensing and vaccination activities; (vi) monitoring the situation, including infection control, in each general and critical access hospital within the agency's jurisdiction, doing this on-site as necessary and with assistance from CDPHE as appropriate; (vii) assessment and management of infection control in the community outside of the hospital; (viii) assessment and management, in coordination with general and critical access hospitals and the county coroner, of the disposal of human corpses in accordance with Emergency Support Function #8, and; (ix) management and dispensing of medical countermeasures to the public;
 - F) Organization, receipt, staffing, security, and logistics of the distribution and delivery of antibiotics, antiviral medications, vaccines, or other medical countermeasures delivered from the Strategic National Stockpile (SNS) needed in an emergency epidemic following the provisions of Emergency Support Function #8;
 - G) Identification of a public information officer who will assure sufficient coordination and personnel for multiple operational periods for providing information to the citizens of their jurisdiction about how to protect themselves, what actions are being taken to control the epidemic, and when the epidemic is over, and;
 - H) Implementation of a back-up communications system, such as 800 megahertz radios or amateur radio emergency services, that will be used for communication if and when telephone communications are disabled or not functioning.
4. Each local public health agency shall conduct at least one exercise of its plan every three years. If the agency activates its plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises. Each local public health agency shall complete an after-action report and improvement matrix within 60 days of exercise or real incident completion. The report and the improvement matrix will be submitted to CDPHE.

Regulation 2. Preparations by General or Critical Access Hospitals for an Emergency Epidemic

1. Each general or critical access hospital in this state is required to maintain an up-to-date notification list for an emergency epidemic. The list shall include any satellite clinics, acute care facilities, or trauma centers operated by the general or critical access hospital; offices of physicians and health care providers on the staff of the hospital, as available; and the local public health agency and local emergency management office serving the county in which the hospital is located. Each general or critical access hospital is required at least once per year: (A) to confirm the notification list is accurate and up to date, and (B) to conduct a notification test or real incident communications by a broadcast fax or another communications method for rapid notification.
2. Each general or critical access hospital in this state shall maintain a plan that the general or critical access hospital will implement when the governor declares a disaster emergency that is the result of an occurrence or imminent threat of an emergency epidemic. The plan shall be reviewed and updated as needed but at least every 3 years, and submitted at least every 3 years to CDPHE. In addition, the general or critical access hospital shall review with and make available a copy of the plan(s) submitted pursuant to these regulations to its jurisdiction's local offices of emergency management, local public health or designated health and medical support lead agency, their regional emergency medical and trauma services advisory councils, and healthcare coalition. The plan shall address the following areas:
 - A) Organization and assignment of employees and medical staff of the general or critical access hospital to work on controlling the emergency epidemic using the National Incident Management System;
 - B) Having sufficient supplies, training for staff using personal protective equipment, and a process for the provision of personal protective equipment to all staff and employees who are assigned to work in areas where they may be exposed to ill and contagious persons or to infectious agents and waste. Personal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions against bacterial and viral infections;
 - C) Procurement, storage and distribution of at least a three-day supply of an antibiotic as determined by CDPHE, that is effective against category A bacterial agents to be used as prophylaxis for all employees and medical staff immediately responding. The plan shall include procurement of another antibiotic for a small number of employees who may be unable to take the antibiotic of first choice;
 - D) A process for recruiting and credentialing volunteers who may be asked to work or volunteer as needed to respond to an emergency epidemic;
 - E) Creation of an operations center within the general or critical access hospital for the purposes of: (i) centralizing telephone, radio, and other electronic communications; (ii) compiling morbidity and mortality data including the number of patients, number of available beds, and number of working staff and employees; (iii) receiving and responding to executive orders of the governor regarding the emergency epidemic; (iv) maintaining a log of operations, decisions, and resources necessary to maintain operations during the epidemic; (v) assessment and management of infection control within the general or critical access hospital, and; (vi) in coordination with local public health agencies and the county coroner, the disposal of human corpses;
 - F) Security of the facility and traffic management necessary to control unanticipated crowds or traffic;

- G) Rapid transport of human diagnostic specimens to the state laboratory or as otherwise directed by CDPHE;
 - H) Implementation of infection control measures to prevent the spread of the disease to staff, employees, and other patients within the general or critical access hospital;
 - I) Coordination and communication with other general and critical access hospitals and pre-hospital care agencies to assure that patients with extreme, life-threatening, or emergency medical or traumatic conditions are not diverted from the general and critical access hospital;
 - J) Triageing all persons during an emergency epidemic in a manner that protects the facility, staff, and public, and routing these persons to the appropriate facility based on their medical status;
 - K) Organization, staffing, security, and logistics of the receipt, distribution and delivery of antibiotics, antiviral medications, vaccines, or other medical countermeasures delivered from the Strategic National Stockpile (SNS) needed in an emergency epidemic for employees and medical staff, and;
 - L) Implementation of a back-up communications system, such as 800 megahertz radios or amateur radio emergency services, that will be used for communication if and when telephone communications are disabled or not functioning.
3. Each general and critical access hospital shall conduct at least one exercise of its plan every three years. If the hospital activates its plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises. Each general and critical access hospital shall complete an after-action report and improvement matrix within 60 days of exercise or real incident completion. The report and the improvement matrix will be submitted to CDPHE.

Regulation 3. Preparations by Rural Health Clinics and Federally Qualified Health Centers for an Emergency Epidemic

- 1. Each rural health clinic licensed by CDPHE and certified by the Center for Medicaid and Medicare Services, and federally qualified health center that operates medical facilities or pharmacies is required to maintain an up-to-date notification list for an emergency epidemic. The list shall include any satellite clinics, acute care facilities, or trauma centers operated by the organization, as well as offices of physicians and health care providers working as full-time contractors or staff of the organization. Each rural health clinic and federally qualified health center is required at least once per year: (A) to confirm the notification list is accurate and up to date, and (B) to conduct a notification test or real incident communications by a broadcast fax or another communications method for rapid notification.
- 2. Each, rural health clinic and federally qualified health center providing acute care shall prepare a plan that the organization will implement when the governor declares a disaster emergency that is the result of an occurrence or imminent threat of an emergency epidemic. The plan shall be reviewed and updated as needed but at least every 3 years, and submitted at least every 3 years to CDPHE. In addition, each rural health clinic and federally qualified health center shall ensure that a copy of the plan(s) are reviewed with and made available to its appropriate community partners. The plan shall address the following areas:

- A) Having sufficient supplies, training for staff using personal protective equipment and a process for the provision of personal protective equipment to employees who are assigned to work in areas where they may be exposed to ill and contagious persons or to infectious agents and waste. Personal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions against bacterial and viral infections;
 - B) Rapid transport of human diagnostic specimens to the state laboratory or as otherwise directed by CDPHE, and;
 - C) Implementation of a back-up communications system, such as 800 megahertz radios or amateur radio emergency services, that will be used for communication if and when telephone communications are disabled or not functioning.
- 3. Each rural health clinic and federally qualified health center shall conduct at least one exercise of its plan every three years. If the rural health clinic or federally qualified health center activates its plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises. Each rural health clinic and federally qualified health center shall complete an after-action report and improvement matrix within 60 days of exercise or real incident completion. The report and the improvement matrix will be submitted to CDPHE.

Regulation 4. Preparations by the Colorado Department of Public Health and Environment for an Emergency Epidemic

- 1. CDPHE is required to maintain an up-to-date notification list for an emergency epidemic. The list shall include the Governor's Office, members of the Governor's Expert Emergency Epidemic Response Committee, general or critical access hospitals, local public health agencies, regional emergency medical and trauma services advisory councils, and the state Department of Public Safety. CDPHE is required at least once per year: (A) to confirm the notification list is accurate and up to date, and (B) to conduct a notification test or real incident communications by a broadcast fax or another communications method for rapid notification.
- 2. CDPHE is required to sign a uniform mutual aid agreement with all other local public health agencies subject to Section 25-1-501 et seq., C.R.S., which obligates CDPHE to render aid during an emergency epidemic unless CDPHE needs to withhold resources necessary to provide reasonable protection statewide. The agreement must be reviewed by the participating agencies at least every 5 years.
- 3. CDPHE shall prepare an internal response plan and associated Emergency Support Function #8 to the state emergency operations plan that mirrors the National Response Framework, which CDPHE will implement when there is an occurrence or imminent threat of an emergency epidemic. The plan shall be reviewed and updated as needed but at least every 3 years and shall be submitted to the Colorado Board of Health every 3 years. The CDPHE Plan will be publicly available. The plan shall address the following areas:
 - A) Organization: using the National Incident Management System and assignment of potentially all employees of The Colorado Department of Public Health and Environment to work on controlling the emergency epidemic;
 - B) Having sufficient supplies, training for staff using personal protective equipment and a process for the provision of personal protective equipment to employees who are assigned to work in areas where they may be exposed to ill and contagious persons or to infectious agents and waste. Personal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions against bacterial and viral infections;

- C) Procurement, storage and distribution of at least a three-day supply of an antibiotic as determined by CDPHE, that is effective against category A bacterial agents to be used as prophylaxis for all employees immediately responding. The plan shall include procurement of another antibiotic for a small number of employees who may be unable to take the antibiotic of first choice;
 - D) An emergency, after-hours call-down list of persons who may be needed to organize and respond to an emergency epidemic; such list shall include persons with experience and training in communicable disease epidemiology;
 - E) Creation of an operations center within CDPHE for the purpose of (i) centralizing telephone, radio, and other electronic communications; (ii) compiling surveillance data; (iii) maintaining a log of operations, decisions, resources, and orders necessary to control the epidemic; (iv) apportionment of pharmaceuticals; (v) monitoring the situation statewide and especially where the emergency epidemic is occurring; (vi) assessment and management of infection control statewide, and; (vii) assessment and management, in coordination with general and critical access hospitals and the county coroner, of the disposal of human corpses in accordance with Emergency Support Function #8;
 - F) Distribution and delivery of antibiotics, antiviral medications, vaccines, or other medications delivered from the Strategic National Stockpile (SNS) needed in an emergency epidemic to locations determined by local public health agencies or local emergency management agencies;
 - G) Identification of a public information officer responsible for providing information to the citizens of the state about how to protect themselves, what actions are being taken to control the epidemic, and when the epidemic is over;
 - H) Maintenance of a rapid transport system for the delivery of human diagnostic specimens to the state laboratory, and;
 - I) Implementation of a back-up communications system, such as 800 megahertz radios or amateur radio emergency services, that will be used to communicate with the state office of emergency management and local public health agencies if and when telephone communications are disabled or not functioning; and maintenance of a rapid notification system.
4. CDPHE shall conduct at least one exercise of its plan every three years. If CDPHE activates its plan in response to one or more actual emergencies, these emergencies can serve in place of emergency response exercises. CDPHE shall complete an after-action report and improvement matrix within 60 days of exercise or real incident completion.

Regulation 5. Assessing Compliance with these Regulations

For the purposes of determining eligibility for the protections of Section 24-33.5-711.5, C.R.S., CDPHE shall review plans submitted pursuant to Regulations One through Three, may examine exercise evaluations, and may examine and inspect faxes transmitted or documentation of other communications methods used for rapid notification of contacts and agencies pursuant to Regulations One through Three.

Regulation 6. Preparations by Public Health Nursing Services for an Emergency Epidemic

1. Each local health officer and county public health nursing service in this state subject to Section 25-1-601 *et seq.*, C.R.S., is required to maintain an up-to-date notification list for an emergency epidemic. The list shall include general or critical access hospitals and the local emergency management agencies within the jurisdiction of the local health officer and county public health nursing service. The local health officer and county public health nursing service is required to conduct notification tests by a broadcast fax or another communications method for rapid notification at least twice per year.
2. Each local health officer and county public health nursing service in this state subject to Section 25-1-601 *et seq.*, C.R.S., must sign a uniform mutual aid agreement with all other county and district public health departments and local health officers and county public health nursing services subject to Section 25-1-501 and 25-1-601 *et seq.*, C.R.S., that obligates the county or district public health department and local health officers and county public health nursing services to render aid during an emergency epidemic unless the county district public health department or local health officer and county public health nursing service needs to withhold resources necessary to provide reasonable protection for its own jurisdiction.
3. Each local health officer and county public health nursing service subject to Section 25-1-601 *et seq.*, C.R.S., shall prepare a plan that will be implemented when the governor declares a disaster emergency that is the result of an occurrence or imminent threat of an emergency epidemic. The plan must be able to be integrated with the Local Emergency Operations Plan(s) (LEOP) and the regional Public Health Preparedness and Response Plan. In addition, the local health officers and county public health nursing services shall provide a copy of the plan submitted pursuant to these regulations to the local offices of emergency management, to all general or critical access hospitals, and to all regional emergency medical and trauma services advisory councils within the jurisdiction of the public health nursing service.

The plan shall address the following areas:

- A) Organization and assignment of potentially all employees of the public health nursing service under an approved incident management system to work on controlling the emergency epidemic;
- B) Having sufficient supplies and a process for the provision of personal protective equipment against bacterial and viral infections to public health nursing services employees who are assigned to work in areas where they may be exposed to ill and contagious persons or to infectious agents and waste; personal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions;
- C) Procurement and storage of at least five days supply of doxycycline or other antibiotic, as determined by the state health department, to be used as chemoprophylaxis for all public health nursing services employees. The plan shall include procurement of another antibiotic for a small number of public health nursing services employees who may be unable to take doxycycline;
- D) An emergency, after-hours call-down list of persons who may be needed to organize and respond to an emergency epidemic; such list shall include persons with experience and training in communicable disease epidemiology;

- E) Provide staffing to and participation in activities of the local emergency operations center (s) for the purpose of (i) centralizing telephone, radio, and other electronic communications; (ii) compiling surveillance data; and (iii) maintaining a log of operations, decisions, resources, and orders necessary to control the epidemic;
- F) Creation of a system or participation in an organized system to: (i) monitor the situation, including infection control, in each hospital within the public health nursing service's jurisdiction, doing this on-site as necessary and with assistance from the state health department as appropriate; (ii) assess and manage infection control in the community outside of the hospital; and (iii) assess and manage, in coordination with hospitals and the county coroner, the disposal of human corpses;
- G) The organization, staffing, security, and logistics of the distribution and delivery of antibiotics, antiviral medications, vaccines, or other medications needed in an emergency epidemic following the provisions of State Emergency Function #8, "Health, Medical and Mortuary";
- H) Identification of public spokespersons responsible for providing information to the citizens of their jurisdiction about how to protect themselves, what actions are being taken to control the epidemic, and when the epidemic is over; and
- I) Implementation of a back-up communications system that will allow communication with the local emergency response structure if and when telephone communications are disabled or not functioning;

Editor's Notes

History

Regulations 1-6 eff. 05/30/2007.

Regulations 1-3, 5-6 eff. 09/14/2015.

Regulation 4 repealed, 5-7 renumbered to 4-6 eff. 05/15/2019.