COLORADO
Department of Public Health & Environment

To: Members of the State Board of Health

From: Lyle Moore, Resiliency Officer
Office of Emergency Preparedness and Response

Through: Karin McGowan, Deputy Executive Director KM
Colorado Department of Public Health and Environment

Date: May 15, 2015

Subject: **Request for Rulemaking Hearing**
Proposed Amendments to 6 CCR 1009-5 Preparations for a Bioterrorist Event, with a request for the rulemaking hearing to occur on July 15, 2015.

The Colorado public health and medical community has experienced an unprecedented amount of emergency incidents in the last four years. The wildfire events of 2011 and 2013, the 2013 floods, and the 2014 West African Ebola outbreak are constant reminders that the public health and medical community must be prepared. Emergency incidents across the nation have shown that strong foundations of emergency preparedness dictate the speed of response. Forecasts predict that natural incidents will increase in numbers and intensity, providing ample warning for the need of preparedness measures within Colorado's public health and medical communities.

Colorado has developed the Emergency Support Function (ESF) system, a response support system that mirrors the federal government while allowing for local jurisdictional control. In this system incident response is conducted at the local level while resource support is provided via concentric circle methodology. The Colorado Department of Public Health and Environment is responsible for the State Emergency Support Function #8, Public Health and Medical. Using this system local city requests go to their county counterparts, county requests go to regional counterparts, regional requests go to state counterparts and state then requests resources from their federal government counterparts. All resource requests come from local response efforts into the ESF system and the public health and medical components of those requests are funneled to CDPHE. The purpose of the rule discussed below, 6 CCR 1009-5 Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin, is to ensure that local agencies and CDPHE have a base level of preparedness to enact response activities or support those activities using the Emergency Support Function system.

The Department of Public Health and Environment is proposing to amend 6 CCR 1009-5 Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin. The Office of Emergency Preparedness and Response conducted an audit of the rule, in compliance of Executive Order 2,

resulting in the need for the following updates and changes. Since the rules origination in 2001, and update in 2007, there have been numerous changes with basic emergency preparedness doctrine and these updates and the proposed edits incorporate these changes. Emergency events have tested the rules and their ability to create a preparedness base for the public health and medical community. Best practices or lessons learned from these events must now be incorporated into the rule, ensuring that the rule integrates and keeps up with tried and tested practices for responding or recovering from an emergency event. The proposed changes also include stakeholder feedback that communicated portions of the rule were cost prohibitive.

The purpose of this rule is to provide emergency preparedness direction for local health jurisdictions, hospitals, rural health clinics and community health centers, regional emergency medical and trauma services advisory councils, and CDPHE. The rule builds a common base for preparedness efforts. This base provides quick and directed activities for responding to and recovering from emergency incidents. The rule also outlines basic preparedness measures by designating corresponding regulations for each of the stakeholders. The regulations are as follows:

- Regulation 1 = Local Public Health Agencies
- Regulation 2 = Hospitals
- Regulation 3 = Rural Health Clinics and Community Health Centers
- Regulation 4 = Regional Emergency Medical and Trauma Services Advisory Councils
- Regulation 5 = the Colorado Department of Public Health and Environment
- Regulation 6 = Rule compliance

The proposed revisions include the results of an extensive stakeholder feedback process. A workgroup was comprised of representatives from stakeholders groups that must comply with the rule. Upon completion of the workgroup, the proposed draft rule was sent to all stakeholders for a two month period of feedback. To ensure all parties had ample opportunity to provide feedback, an email was sent reminding them of the deadline and requesting any rule change feedback. Rule change feedback from the Office of the Attorney General was received and incorporated. These proposed changes were also brought to the Governors Expert Emergency Epidemic Response Committee for the opportunity to provide feedback. While extensive, the proposed changes do not change the intent and purpose of the rule; to better prepare the health and medical community for response to an emergency incident while keeping staff protected during response activities.

Noteworthy changes to multiple regulations within the current rule, as proposed, include:

- Updated the notification list requirement to confirm that the list is accurate and up to date. Requirement based on prevailing issue in emergency after action reports where notification lists contain outdated information. This change will assist in alleviating that identified gap.
- Reduced requirement for the notification list test to once a year. This change was based on stakeholder feedback and that notification lists are now being used throughout the year in day to day activities.

- Language was added to the notification test requirement that allows real incident notification to substitute for the testing requirement. Incident communication will always be a better measure of success than drills or exercises.
- Added language that includes review of the mutual aid agreement at a minimum of every 5 years by the participating agencies.
- Changed plan submittal from annually to as needed or at least every 3 years via submitting to the Colorado Department of Public Health and Environment for review instead of the Board of Health, Appendix A: Colorado Emergency Preparedness Plans. As expressed by stakeholder feedback, plan submission every year is an unnecessary requirement placed upon all involved, especially if a plan is not changed.
- Added wording that will ensure the training of staff on the personal protective equipment purchased. Ensuring the safety of staff by having sufficient supplies and by being properly trained with those supplies. This inconsistency has been witnessed with recent Ebola response.
- The procured cache of antibiotics section has seen significant changes. The plan must now include a section on the distribution of the cache of antibiotics that have been procured by the agency. This cache has been reduced from a 5 day supply to a 3 day supply. This adjustment comes from lessons learned with previous incidents involving the Strategic National Stockpile (SNS), the 12 hour time frame for the SNS to be delivered upon request, and the time frame it will take to distribute the SNS. The number of employees covered within this cache was also reduced from all employees to just those that will have a role in response activities, leaving that determination up to the agencies involved. The antibiotic of choice has also been updated from specifically naming doxycycline to any combination of antibiotics that are effective against category A bacterial agents, Appendix B: Antibiotic Determination Letter. Colorado Emergency Preparedness Plans. These changes provide stakeholders the opportunity to reduce costs associated with the antibiotic cache section while still ensuring the freedom for cache size is allowed as smaller entities may need all staff while bigger entities may only need a section of staff.
- The duties and responsibilities of creating teams to monitor the situation were incorporated into the creation of an operations center section, the main purpose of an operations center. This follows along emergency management doctrine and the National Response Framework guidance.
- Expanded on the section about the Strategic National Stockpile. At the time of the inception of this rule, only pharmaceutical interventions were available within the SNS. This additional medical equipment and supplies to the stockpile created a need for this additional section.
- Managed care organization was stricken from the rule.
- Changed wording with the requirement for two public spokespersons to be replaced with a public information officer. This change follows the Incident

Command System and is the correct designation for the activities outlined within the section.

- Added a requirement within the plan to designate a back-up communication system.
- Changed language of conducting one exercise of the plan annually to conducting one exercise of the plan at least every 3 years. This change follows Homeland Security Exercise and Evaluation Program guidance, allowing for identified gaps to be rectified.
- Language was added to the exercise requirement section that allows a real incident to substitute for the exercise requirement. Real life incidents will always be a better measure of success than drills or exercises.

Basic changes for multiple regulations within the current rule, as proposed, include:

- Bullet point numbering adjusted.
- Updated naming from the National Response Plan to the National Response Framework. In 2008, the Federal Emergency Management Agency released an updated version of the National Response Plan that included a name change to the National Response Framework.
- Changed wording within the plan section from the plan being "provided" to the plan being "reviewed with and made available" to the local jurisdiction's response partners. Ensuring response partners are aware of and understand that all local agency plans were deemed by the workgroup as important as submitting plans to the state for review and should be added as a requirement.
- Deleted the word "all" for numerating employees. All employees may not be brought into response or recovery actions, a practiced doctrine within emergency management and a needed business continuity action as other day to day activities still need to be accomplished.
- Deleted off duty or retired health care providers within the volunteer section. This was replaced with a process for recruiting and credentialing of volunteers. The workgroup felt that this wording would better encompass such systems as the ESF8 support system and the Colorado Volunteer Mobilizer.
- Rapid transport of human specimens was provided with its own section.
- Updated the statutory citations to align with the Public Health Act

Changes specific to Regulation 1 – LPHAs include:

- Updated the naming of county and district health departments and public health nursing services to local public health agency, following the naming convention of the Colorado Public Health Act.
- An internal emergency call down list, including after-hours information, was added ensuring that the local public health agency has a means of contacting their staff in

the need to organize and respond to an emergency event after normal business hours.
- Communication with local emergency management agency was deleted, changing the section to become inclusive of all emergency response partners that can be communicated with, not only emergency management.

Changes to the current rule, as proposed within Regulation 2 – Hospital include:
- Deleted a facility specific operations center and changed to an operations center. This change allows for campus designated operation centers at locations where there are more than one facility.
- Hospital was deleted to ensure all buildings within a campus were covered within this section.
- Traffic management was also added due to lessons learned from previous incidents and identified gaps discovered within exercises.
- Wording change speaking to infection control measures, including the deletion of "epidemic," as the workgroup felt this section as written was limiting.

Changes to the current rule, as proposed within Regulation 3 – Rural Health Clinics and Community Health Centers include:
- Managed Care Organizations was removed.
- Clinic was added to rural health throughout the regulation.

Changes to the current rule, as proposed within Regulation 4 - RETAC include:
- Grammatical wording deletion of Organization.

Changes to the current rule, as proposed within Regulation 5 – CDPHE include:
- Added requirement for CDPHE to sign the statewide public health agency mutual aid agreement.
- Added the maintenance of a transport system for specimens to the state laboratory.

Changes to the current rule, as proposed within Regulation 6 include:
- Changed wording so that plans will be submitted and reviewed by the Colorado Department of Public Health and Environment. Current wording has plans being submitted to the Board of Health, to then be reviewed by the CDPHE, creating an additional step. This change is to create efficiency with the established process.

Changes to the current rule, as proposed within Regulation 7 include:
- Regulation was stricken entirely and is included within regulation 1. Updates to the naming of local public health agency that now includes public health nursing services, follows the naming convention of the Colorado Public Health Act.

Regulation Comparison List

This table describes a comparison of the sections within each regulation of the rule to the stakeholders.

	LPHA	Hospital	EMS	Clinics	CDPHE
Notification List	X	X	X	X	X
MAA	X				X
Response Plan	X	X	X	X	X
NIMS	X	X	X		X
PPE	X	X	X	X	X
Antibiotic Cache	X	X	X		X
Cache Process				X	
Call down list	X		X		X
EOC/DOC	X	X			X
SNS Plan	X	X			X
PIO	X				X
Backup Communication System	X	X	X	X	X
Exercise	X	X	X	X	X
Volunteers	X	X			X
Security	X	X			X
Specimen	X	X		X	X
Infection Control	X	X			X
Divert		X			
Triage		X			

Plans

This table describes the plans that have been submitted for review compared to the stakeholders within the rule.

Agency Type	Number of Agencies	EOP	SNS	ESF 8	Communication	MCI	Fatality		
LPHA	54	X	X	X	X		X		
Hospital	85	X	X		X		X		
EMS	202	X	X		X	X			
Rural Clinics	51	X	X		X				
FQHC	18	X	X		X				
CDPHE	1	X	X	X	X	X	X		

STATE OF COLORADO

John W. Hickenlooper, Governor
Larry Wolk, MD, MSPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

June 20, 2014

To whom it may concern:

Recently, the Colorado Department of Public Health and Environment (CDPHE), Office of Emergency Preparedness and Response (OEPR) has received numerous questions and requests related to the Board of Health Rule, 6 CCR 1009-5, rules and regulations pertaining to Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin. Specifically, the department has received questions about what is meant by "other antibiotic, as determined by Colorado Department of Public Health and Environment" to be used in a prophylaxis measure as used in Regulation 1.3.C., Regulation 2.2.C and Regulation 3.2.B. and Regulation 4.2.C. The purpose of this letter is to provide guidance to local public health agencies, general and critical access hospitals, Managed Care Organizations, Rural Health and Community Health Centers, and Regional Emergency Medical and Trauma Services Advisory Councils in implementing this rule.

The Colorado Department of Public Health and Environment determines that "other antibiotic" includes any antibiotic or combination of antibiotics that will cover Category A bioterrorism agents. Category A agents are determined by the Centers for Disease Control and Prevention (CDC). This list can be found on the CDC website at http://www.bt.cdc.gov/agent/agentlist-category.asp

This guidance only applies to the specific regulations identified above. If there are further questions, please contact Lyle Moore, the Director of the Office of Emergency Preparedness and Response within the Colorado Department of Public Health and Environment.

Sincerely,

Larry Wolk, MD MSPH
Executive Director and Chief Medical Officer
Colorado Department of Public Health and Environment

STATEMENT OF BASIS AND PURPOSE AND SPECIFIC STATUTORY AUTHORITY
for Amendments to:
6 CCR 1009-5 Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin

Basis and Purpose.

The Department of Public Health and Environment is proposing to amend 6 CCR 1009-5 Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin. The purpose of this rule is to provide preparedness direction for local health jurisdictions, hospitals, rural health clinics and community health centers, regional emergency medical and trauma services advisory councils, and CDPHE. The rule builds a common base for preparedness efforts that assist in quick and directed activities for responding to and recovering from emergency incidents. The rule also outlines basic preparedness measures by designating corresponding regulations for each of the stakeholders:

- Regulation 1 = Local Public Health Agencies
- Regulation 2 = Hospitals
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Pursuant to Executive Order D 2012-002 (EO 2), the Department is required to review its rules to ensure the rules are efficient, effective and essential. The Office of Emergency Preparedness and Response conducted such a review, resulting in the need for these updates and changes. EO 2 instructs that during its review, the Department shall ensure that each rule can achieve the desired intent and if the rule can be amended to reduce any regulatory burdens while maintaining that intent. These proposed updates and changes fall under both EO2 directives, while being cognizant of the fiscal implications that this rule places on all stakeholders. These revisions also follow the State Board of Health Rule 6 CCR 1014-7, Core Public Health Services, ensuring that the regulations included within this rule are not contradictory to the provisions set within the Emergency Preparedness and Response section.

The first basis for change was to update the rule. Since the creation of this rule in 2001, there has been only 1 update in 2007. Basic emergency preparedness doctrine have changed or have been created over the past 8 years and thus need to be reflected within this rule. The proposed amendments accomplish this. Another updating need was to amend the rule with current lessons learned established from events and exercises across the state and the nation. One such newly developed revision includes the requirement for all stakeholders to include within their base emergency operation plan a section designated for a back up communication system. Communication is the foundation for response and should have a plan for back up when the original system becomes inoperable. This newly added section requirement will specifically address this common gap identified from numerous emergency incidents and follow best practices that have been established across the nation. Other updates or revisions include, but are not limited to:

- Update of naming from the National Response Plan to the National Response Framework.
- Additions to the notification list requirement for annual confirmation of the contact information included within the notification list. The annual testing requirement can now be substituted with a notification occurring during a real emergency incident.
- Change of plan submittal from annually to as needed or at least every 3 years.
- Requirement that the plan is reviewed with and made available to response partners,

making certain response partners are aware of and understand all local agency plans.

- Reduction of enumerating language when speaking to employees, allowing jurisdictions to assign or keep resources for staff as needed and allowable within current budget restraints.
- Addition of a training requirement for designated staff on the personal protective equipment that is purchased for them to use during an incident.
- The prophylaxis cache has multiple revisions. A plan requirement for the distribution of the cache to employees covered is now included. Another change includes the reduction of the current inventory of the cache from a 5 day supply to a 3 day supply, and to include only those employees that are needed by the agency for their response activities. Adjusting the naming of a specific antibiotic has also been revised.
- Managed Care Organizations was stricken completely.
- Changes to follow the naming convention of the Colorado Public Health Act.
- The addition of a review of mutual aid agreements at least every 5 years by the participating agencies.
- Requirement added for an internal emergency call down list.
- The duties and responsibilities of creating teams to monitor the situation were incorporated into the creation of an operations center, the main purpose of an operations center. This follows along emergency management doctrine and the National Response Framework guidance.
- Wording was created to provide clarity about the Strategic National Stockpile (SNS). At the time of the inception of this rule, only pharmaceutical interventions were available within the SNS.
- Change of language with the requirement for 2 public spokespersons, replacing it with a public information officer. This change follows the Incident Command System and is the correct designation for the activities outlined within the section.
- Communication with local emergency management agencies was deleted, changing the section to become inclusive of all emergency response partners that can be communicated with, not only emergency management.
- Requirement for a back up communication system was created.
- Change in language of conducting one exercise of the plan annually to conducting one exercise of the plan at least every 3 years. This change follows Homeland Security Exercise and Evaluation Program guidance, allowing for identified gaps to be rectified.
- Addition to the exercise requirement section that allows a real incident to substitute for the exercise requirement. Real life incidents will always be a better measure of success than drills or exercises.

The Department would like the Board of Health to schedule a rulemaking hearing on the proposed rule changes for July 15, 2015.

The Department has conducted an extensive stakeholder process to develop the proposed changes and additions to the regulations. As of the date of this memo, we anticipate that all stakeholder issues will be resolved by the date of the rulemaking hearing.

Specific Statutory Authority.
These rules are promulgated pursuant to the following statutes:

24-33.5-703,
25-1-501,
25-1-108

SUPPLEMENTAL QUESTIONS

Is this rulemaking due to a change in state statute?

_____ Yes, the bill number is _____; rules are ___ authorized ___ required.
___x___ No

Is this rulemaking due to a federal statutory or regulatory change?

_____ Yes
___x___ No

Does this rule incorporate materials by reference?

_____ Yes
___x___ No

Does this rule create or modify fines or fees?

_____ Yes
___x___ No

REGULATORY ANALYSIS
for Amendments to
6 CCR 1009-5 Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin

1. A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

Local public health agencies, hospitals, rural health clinics, community health centers, regional emergency medical and trauma advisory councils, and the Colorado Department of Public Health and Environment.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

The suggested rule revisions should lessen the financial burden placed upon the entities involved.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

No effect on state revenues. The costs for entities involved will be in activities associated with preparing to respond for emergency incidents. This will include the costs associated with protecting their workforce, thus enabling the entity to recover and provide the services that were interrupted by the emergency incident.

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Probable costs related to modifying the cache requirement could be potentially calculated as follows:
A) 1 pill per day at $1 per pill, for 100 staff members for a 5 day course = Initial investment and reoccurring expense of $500.
B) 1 pill per day at $1 per pill, for 30 staff members for a 3 day course = Initial investment and reoccurring expense of $90.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

This rule encompasses the basic needs for preparedness. There are no less intrusive methods for achieving this purpose.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

The alternative is to leave the rule unmodified. Colorado does not benefit from a rule that is out of date and not aligned with emergency preparedness practice.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

Data used for analysis are lessons learned from previous incidents across the nation.

STAKEHOLDER COMMENT
for Amendments to

6 CCR 1009-5 Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin

The following individuals and/or entities were included in the development of these proposed rules:

Andrew Beadry-Kaiser Permanente, Jean Barrego-Pueblo County Health, Jenny Schmitz-Denver Health and Hospital Authority, Jim Johnsen-Northwest Visitor Nurse Association, Julie Zangari-Centura Health, Kris Stokke-SouthEast Regional EPR Generalist, Linda Underbrink-Foothills RETAC, Lisa Powel-El Paso County Health, Matt Concialdi-CDPHE/HFEMSD, Melanie Roth-Lawson-CDPHE/HFEMSD, Michele Askenazi-TriCounty Health, Nicole Comstock-CDPHE/DCEED, Richard Hoffman-original rule composer, Ron Seedorf-Colorado Rural Health, Teri Hulett-Colorado Hospital Association, Vicki Gillette-Yuma Hospital.

The following individuals and/or entities were notified that this rule-making was proposed for consideration by the Board of Health:

All local public health departments, all critical access hospitals, Kaiser Permanente, all rural health clinics, all federally qualified health centers, all RETACs, the GEEERC and CDPHE. Multiple letters of support were received for the current proposal of changes. Letters were received from Tri-County Health Department, El Paso County Health Department, Dr. Richard Hoffman, Denver Health and Hospital Authority, Summit Medical Center, Northwest Colorado Visiting Nurse Association, Foothills Regional Emergency Medical and Trauma Advisory Council, local public health-EMS-health facilities in the Southeast Colorado All-Hazards Region, the Colorado Rural Health Center, and the Colorado Hospital Association.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

The proposed changes started with feedback received from local stakeholders. Feedback was received from stakeholders and the Board of Health. This feedback has been incorporated into the changes provided.

Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradoans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?

The proposed changes impact Coloradoans equally.

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Disease Control and Environmental Epidemiology Division

STATE BOARD OF HEALTH RULES AND REGULATIONS PERTAINING TO 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.]

In Section 24-32-2103, C.R.S., emergency epidemic is defined as cases of an illness or condition, communicable or ~~noncommunicable~~non-communicable, 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 ~~county and district~~local public health ~~department and public health nursing service~~agency in this state subject to Section 25-1-501 et seq. and section 25-1-10~~86~~ 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 or community health centers and the local emergency management agencies within the jurisdiction of the local public health agency. ~~The~~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 notification ~~tests~~test or real incident communications by a broadcast fax or another communications method for rapid notification ~~at least twice per year~~.

2) Each ~~county and district~~ local public health ~~department~~agency in this state subject to Section 25-1-501 et seq., C.R.S., ~~was~~is required to sign a uniform mutual aid agreement ~~in 2001~~ with all other ~~county and district~~local public health ~~departments~~agencies subject to Section 25-1-501 et seq., C.R.S., that obligates the ~~county or district public health department~~agency to render aid during an emergency epidemic unless the ~~county or district public health department~~agency needs to withhold resources necessary to provide reasonable protection for its own jurisdiction. ~~If not already done, each public health nursing service and county and district public health department subject to section 25-1-601 et seq., C.R.S., must sign by December 31, 2007 a uniform mutual aid~~The agreement ~~with all other county and district public health departments and public health nursing services subject to section 25-1-501 and 25-1-601 et seq., C.R.S., that obligates~~ must be reviewed by the ~~county or district public health department or county health nursing service to render aid during an emergency epidemic unless the county or district public health department or public health nursing service needs to withhold resources necessary to provide reasonable protection for its own jurisdiction~~participating agencies at least~~a minimum~~ every 5 years.

~~1.~~ Each ~~county and district~~ local public ~~local~~ health ~~department~~agency subject to Section 25-1-501 et seq., C.R.S., shall maintain an agency response plan and associated ~~e~~Emergency ~~s~~Support ~~f~~Function #8 – or the ~~h~~Health and ~~m~~Medical annex to the local emergency operations plan that mirrors the National Response ~~plan~~Framework that the agency 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, and associated annex, shall be reviewed ~~and~~, updated ~~annually. Each county and district public health department shall submit the plan (or revised plan)~~as needed, and submitted at least every 3 years~~,~~ to the Colorado Department of Public Health and Environment, ~~the Colorado Board of Health~~ and local board of health~~, if applicable, by July 31 of each year. Each public health nursing service~~

~~subject to 25-1-601 et seq., C.R.S., shall prepare a plan and associated emergency support function #8 – health and medical annex and the local emergency operations plan that the agency will implement when the governor declares a disaster emergency~~

3) ~~that is the result of an occurrence or imminent threat of an emergency epidemic. The plan and associated annex shall be reviewed and updated annually. Each public health nursing service shall submit the plan to the Colorado Department of Public Health and Environment (CDPHE), the Colorado Board of Health and local board of health and/or local county commissioners, if applicable, a revised plan by July 31 of each year.~~ In addition, the ~~county or district~~local public health ~~department or the public health nursing service~~agency shall ensure that ~~provide~~review with and make available a copy of the ~~annual revision~~ plan(s) and associated annex ~~submitted pursuant to these regulations~~ are reviewed with and made available to ~~the~~ its jurisdiction's local offices of emergency management, to all general or critical access hospitals, ~~(or, in the absence of a hospital,~~ to rural health clinics or community health centers~~)~~ and to all regional emergency medical and trauma services advisory councils ~~within the jurisdiction of the local public health agency by July 31 of each year. Each county or district public health department or the public health nursing service~~ (RETAC). The plan shall ~~conduct at least one annual exercise of its plan that incorporates at least four of the~~address the following areas ~~listed below.~~:

~~Each county or district public health department shall complete an after-action report and improvement matrix within 60 days of exercise completion.~~

~~The plan shall address the following areas:~~

i) Organization and assignment of ~~all~~ employees of the agency to work on controlling the emergency epidemic using the National Incident Management System;

ii) Having sufficient supplies and a process for the provision of personal protective equipment ~~against bacterial and viral infections~~ 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. ~~;~~ ~~p~~Personal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions against bacterial and viral infections. The agency shall provide training in the use of such equipment and supplies;

iii) ~~Procurement~~Distribution of the procured and ~~storage of at least five days~~stored three days' supply of ~~doxycycline or other~~an antibiotic~~,~~ as determined by ~~the Colorado Department of Public Health and Environment,~~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 ~~doxycycline~~the antibiotic of first choice;

iv) 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

~~A) 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 and incident management;~~

Creation of an ~~agency~~ 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; and (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 and (v) managing~~ing~~ mass dispensing and vaccination activities;

v) ~~Creation of teams to: (i~~ (vi) monitoring the situation, including infection control, in each hospital within the agency's jurisdiction, doing this on-site as necessary and with assistance

from the Colorado Department of Public Health and Environment as appropriate; (~~ii) assess~~vii) assessment and ~~manage~~management of infection control in the community outside of the hospital; (viii) assessment and ~~(iii) assess and manage~~management, in coordination with hospitals and the county coroner, the disposal of human corpses in accordance with emergency support function #8 – health and medical, and (ix) manage and dispense medical countermeasures to the public;

~~(iv) manage and dispense pharmaceuticals to the public;~~

vi) Organization, receipt, staffing, security, and logistics of the distribution and delivery of antibiotics, antiviral medications, vaccines, or other ~~medications and supplies~~ medical countermeasures delivered from the Strategic National Stockpile (SNS) needed in an emergency epidemic following the provisions of Emergency Support Function #8 health and medical;

vii) Identification of ~~at least two public spokespersons who will coordinate~~a public information ~~with the Colorado Department of Public Health~~officer who will assure sufficient coordination and ~~Environment and are responsible~~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; ~~and~~

viii) Implementation of a back-up communications system, such as 800 megahertz radios or amateur radio emergency services that will be used ~~to communicate with local emergency management agencies~~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.~~, of its plan.~~ 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.

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 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. ~~The~~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 notification ~~tests~~ test or real incident communications by a broadcast fax or ~~by~~ another communications method for rapid notification ~~at least twice per year~~.

~~1.~~ Each general or critical access hospital in this state shall maintain a plan that the 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 ~~annually and each general or critical access hospital in this state shall submit to the Colorado Board of Health a revised plan by July 31 of each year~~at least every 3 years. In addition, the general or critical access hospital ~~shall provide~~ shall review with and make available a copy of the ~~annual revision~~plan(s) submitted pursuant to these regulations to ~~the~~its jurisdiction's local ~~public health agency, the local office~~offices of emergency management, local public health or designated health and medical support lead agency, and ~~the~~their regional emergency medical and trauma services advisory councils, and healthcare coalition.~~council in the region in which the hospital is located by July 31 of each year. Each general or critical access hospital in this state shall conduct at least one annual exercise of its plan that incorporates at least four of the areas listed below.~~

2) The plan shall address the following areas:

i) Organization~~: using National Incident Management System principles,~~ and assignment~~, reassignment, and alteration of normal work schedules of all~~ of employees and medical staff ~~and all employees~~ of the general or critical access hospital ~~who may be called and managed care organization~~ to work on ~~to work during an~~ controlling the emergency epidemic using the National Incident Management System;

ii) Having sufficient supplies and a process for the provision of personal protective equipment ~~against bacterial and viral infections~~ 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. ~~; p~~Personal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions against bacterial and viral infections. The hospital shall provide training in the use of such equipment and supplies;

iii) ~~Procurement and storage of at least five days~~Distribution of the procured and stored three days' supply of ~~doxycycline or other~~ an antibiotic~~,~~ as determined by ~~the Colorado Department of Public Health and Environment,~~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 ~~doxycycline~~the antibiotic of first choice;

iv) ~~An emergency call-down list~~A process for recruiting and credentialing ~~of off-duty or retired health care providers~~volunteers who may be asked to work or volunteer as needed to respond to an emergency epidemic;

Creation of ~~a facility~~an operations center within the 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; and (iv) maintaining a log of operations, decisions, and resources necessary to maintain operations during the epidemic;

v) ~~Creation of teams to assess~~ (v) assessment and ~~manage: (i)~~ management of infection control within the hospital~~;~~ and (~~ii~~vi) in coordination with local public health departments and the county coroner, of the disposal of human corpses;

vi) Security of the ~~hospital~~ facility and traffic management necessary to control large and unruly crowds;

~~A) Rapid transport of human diagnostic specimens to the state laboratory or as otherwise directed by the Colorado Department of Public Health and Environment;~~

vii) ~~Prevention~~Rapid transport of human diagnostic specimens to the state laboratory or as otherwise directed by the Colorado Department of Public Health and Environment;

~~vii)~~viii) Implementation of infection control measures to prevent the spread of the ~~epidemic~~ disease within the hospital from persons ill with the condition causing the ~~emergency epidemic~~disease to staff, employees, and other patients of the hospital; ~~and~~

~~viii)~~ix) Coordination and communication with other hospitals and pre-hospital care agencies to assure that patients with extreme, life-threatening, or emergency medical or traumatic conditions are not ~~unnecessarily~~ diverted from the hospital; ~~and~~

~~ix)~~x) Triaging 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~~.~~;

~~x)~~xi) 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;

~~xi)~~xii) Implementation of a back-up communications system, such as 800 megahertz radios or amateur radio emergency services, that will be used ~~to communicate with local emergency management agencies~~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~~, of its plan~~. 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.

Regulation 3. Preparations by ~~Managed Care Organizations,~~ Rural Health Clinic and Community Health Center for an Emergency Epidemic

1) Each ~~managed care organization,~~licensed rural health clinic and community health center ~~licensed in this state by the division of insurance and~~ 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. ~~The organization~~Each rural health clinic and community 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 notification ~~tests~~ test or real incident communications by a broadcast fax or another communications method for rapid notification ~~at least twice per year~~.

2) Each ~~managed care organization~~, rural health clinic and community health center ~~operating medical facilities or pharmacies in this state~~providing acute care shall prepare a plan that the organization would 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 submitted to the Colorado ~~Board~~Department of Public Health ~~by December 31, 2007~~and Environment. The plan shall be reviewed and updated ~~annually thereafter and each managed care organization in this state shall submit to~~ at least every 3 years. In addition, ~~the~~each ~~Colorado Board of Health, local board of health, and local county commissioners, if applicable, a revised plan. Each managed care organization;~~ rural health clinic and community health center ~~in this state shall conduct at least one annual exercise of their~~shall ensure that~~review with and make available~~ a copy of the plan(s) are reviewed with and made available~~submitted pursuant to these regulations~~ to its appropriate community partners. The plan ~~that incorporates at least two of~~shall address the following areas ~~listed below.~~:

~~The plan shall address~~Having sufficient supplies and a process for the ~~following areas:~~

~~A) Rapid transport~~provision of ~~human diagnostic specimens to the state laboratory or as otherwise directed by the Colorado Department of Public Health and Environment from facilities that are operated by the organization;~~

~~B) A rapid method of determining the inventory of broad spectrum antibiotics in facilities and pharmacies that are operated by the organization, including pill counts of doxycycline or other antibiotic, as determined by Colorado Department of Public Health and Environment;~~

~~C) A rapid method of securing and protecting antibiotics, antiviral medications, vaccines, and~~

personal protective equipment ~~within facilities and pharmacies that are operated by the organization~~ to employees who are assigned to work in areas where they may be exposed to ill and contagious persons or ~~against bacterial and viral infections to employees who are assigned to work in areas where they may be exposed to ill and contagious persons~~ to infectious agents and waste. ~~; p~~Personal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions against bacterial and viral infections.~~; and~~

i) ~~Delivery or transfer of the supplies listed~~. The agency shall provide training in ~~paragraph C to authorized personnel as directed by executive orders of the governor.~~the use of such equipment and supplies;

ii) Rapid transport of human diagnostic specimens to the state laboratory or as otherwise directed by the Colorado Department of Public Health and Environment;

~~ii)~~iii) Assuringe a process for acquiring at least three days' 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 a process for acquiring another antibiotic for a small number of employees who may be unable to take the antibiotic of first choice, and;

iv) Implementation of a back-up communications system, such as 800 megahertz radios or amateur radio emergency services that will be used ~~to communicate with local emergency management agencies~~for communication if and when telephone communications are disabled or not functioning.

3) Each rural health clinic and community health center shall conduct at least one exercise of its plan every three years~~, of its plan~~. If the rural health clinic or community 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 community health center shall complete an after-action report and improvement matrix within 60 days of exercise or real incident completion.

Regulation 4. Preparations by Regional Emergency Medical and Trauma Services Advisory Councils for an Emergency Epidemic

1) Each regional emergency medical and trauma services advisory council in this state is required to maintain an up-to-date notification list of organizations for an emergency epidemic. The list shall include all pre-hospital care organizations within the jurisdiction of the regional emergency medical and trauma services advisory council. The council is required at least once per year: (a) to confirm the notification list is accurate and up to date, and (b) to conduct notification ~~tests~~ test or real incident communications by a broadcast fax or ~~by~~ another communications method for rapid notification ~~of these organizations at least twice per year~~.

2) Each regional emergency medical and trauma services advisory council shall advise the pre-hospital care organizations within its jurisdiction to develop a plan that the organization would implement when the governor declares a disaster emergency that is the result of an occurrence or imminent threat of an emergency epidemic. The organizations shall be advised that the plan should address the following areas:

i) ~~Organization:~~ Using the National Incident Management System, assignment, reassignment, and alteration of normal work schedules of all staff and all employees of the organization who may be called on to work during an emergency epidemic;

ii) Having sufficient supplies and a process for the provision of personal protective equipment ~~t against bacterial and viral infections~~ 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. ; pPersonal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions against bacterial and viral infections. The pre-hospital care organizationagency shall provide training in the use of such equipment and supplies;

A) Procurement, storage, and distribution of at least five daysthree days' supply of doxycycline or other an antibiotic, as determined by Colorado Department of Public Health and EnvironmentCDPHE, that is effective against category A bacterial agents to be used as prophylaxis for all employees. and medical staff immediately responding. The plan shouldshall include procurement of another antibiotic for a small number of employees who may be unable to take doxycycline;

iii) An emergency call-down listthe antibiotic of off-duty or retired first choice;

iii)iv) A process for recruiting and credentialing of volunteer emergency medical service providers who may be asked to work or volunteer as needed to respond to an emergency epidemic, and.;

v) Implementation of a back-up communications system, such as 800 megahertz radios or amateur radio emergency services, that will be used to communicate with local emergency management agenciesfor communication if and when telephone communications are disabled or not functioning;

Regulation 5. Preparations by the Colorado Department of Public Health and Environment for an Emergency Epidemic

1) The Colorado Department of Public Health and Environment (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, county and districtlocal public health departmentsagencies, regional emergency medical and trauma services advisory councils, and the state Division of Emergency Management. The Colorado Department of Public Health and EnvironmentSafety. The CDPHE is required to at least once per year: (a) to confirm the notification list is accurate and up to date, and (b) to conduct notification tests test or real incident communications by a broadcast fax or by another communications systemmethod for rapid notification of these contacts at least twice per year.
The Colorado Department of Public Health and Environment

2) The 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 the CDPHE to render aid during an emergency epidemic unless the CDPHE needs to withhold resources necessary to provide reasonable protection statewide. The agreement must be reviewed by the participating agencies at leasta minimum every 5 years.

2)3)The CDPHE shall prepare an internal response plan and associated Emergency Support Function #8 health and medical annex to the state emergency operations plan that mirrors the National Response Plan (NRP)Framework that the Colorado Department of Public Health and EnvironmentCDPHE will implement when there is an occurrence or imminent threat of an emergency epidemic. The plan shall be reviewed and updated annuallyevery 3 years and shall be submitted to the Colorado Board of Health with the revisions by July 31 of each year, and . The plan shall provide the revised plan to local public health agencies. The Colorado Department of Public Health and Environment will submit the revised Emergency Support Function #8 health and medical annex to the Division of Emergency Management by July 31 of each year. The Colorado Department of Public Health and Environment shall conduct at least one annual exercise of the plan that incorporates at least four of theaddress the following areas listed below.:

The plan shall address the following areas:

i) Organization~~:~~ using the National Incident Management System and assignment of ~~all~~ employees of ~~T~~the Colorado Department of Public Health and Environment to work on controlling the emergency epidemic;

ii) Having sufficient supplies and a process for the provision of personal protective equipment ~~against bacterial and viral infections~~ 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. ~~;~~ ~~p~~Personal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions against bacterial and viral infections. ~~,~~The agency shall provide training in the use of such equipment and supplies;

iii) ~~Procurement~~Distribution of the procured and ~~storage of at least five days supply~~stored three days' supplies of ~~doxycycline or other~~an antibiotic~~, as determined by The Colorado Department of Public Health and Environment,~~ 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 ~~doxycycline~~the antibiotic of first choice;

iv) 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;

~~A) 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 and incident management;~~

v) Maintenance of an agency department operations center within the Colorado Department of Public Health and Environment 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; and (iv) apportionment of pharmaceuticals; (v) creation of teams to assist local public health agencies~~ to: (~~i; (vi) monitoring the situation ~~in each hospital~~statewide and especially where the emergency epidemic is occurring; (~~ii) assess~~vii) assessment and ~~manage~~management of infection control ~~in the community outside of the hospital; and (iii) assess~~statewide; and ~~manage~~(viii) assessment and management, in coordination with hospitals and the county coroner, of the disposal of human corpses in accordance with Emergency Support Function #8 – health and medical;

vi) Assurance of the appropriate 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;

vii) Identification of ~~at least two~~a public information officer~~spokespersons~~ 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; ~~and~~

viii) 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, and~~;~~;

~~2. The Colorado Department of Public Health and Environment shall provide to each county and district local public health department subject to Section 25-1-501 et seq., C.R.S., and to the state Division of Emergency Management a copy of the plan submitted pursuant to these regulations. The plan shall be provided upon request to general and critical access hospitals, managed care~~

~~organizations, regional emergency medical and trauma services advisory councils, and local offices of emergency management.~~

ix) Maintenance of~~ain~~ a rapid transport system for the delivery of human diagnostic specimens to the state laboratory.

4) The CDPHE shall conduct at least one exercise of its plan every three years~~, of its plan~~. If the 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 6. Assessing Compliance with these Regulations

For the purposes of determining eligibility for the protections of section 24-~~32~~33.5-~~721~~11.5, C.R.S., the Colorado Department of Public Health and Environment shall review plans submitted ~~to the Colorado Board of Health~~ pursuant to Regulations ~~Two~~One through Four, 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 ~~Two~~One through Four.

~~A) 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;~~

~~B) 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;~~

~~C) 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";~~

~~D) 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~~

~~E) 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;~~