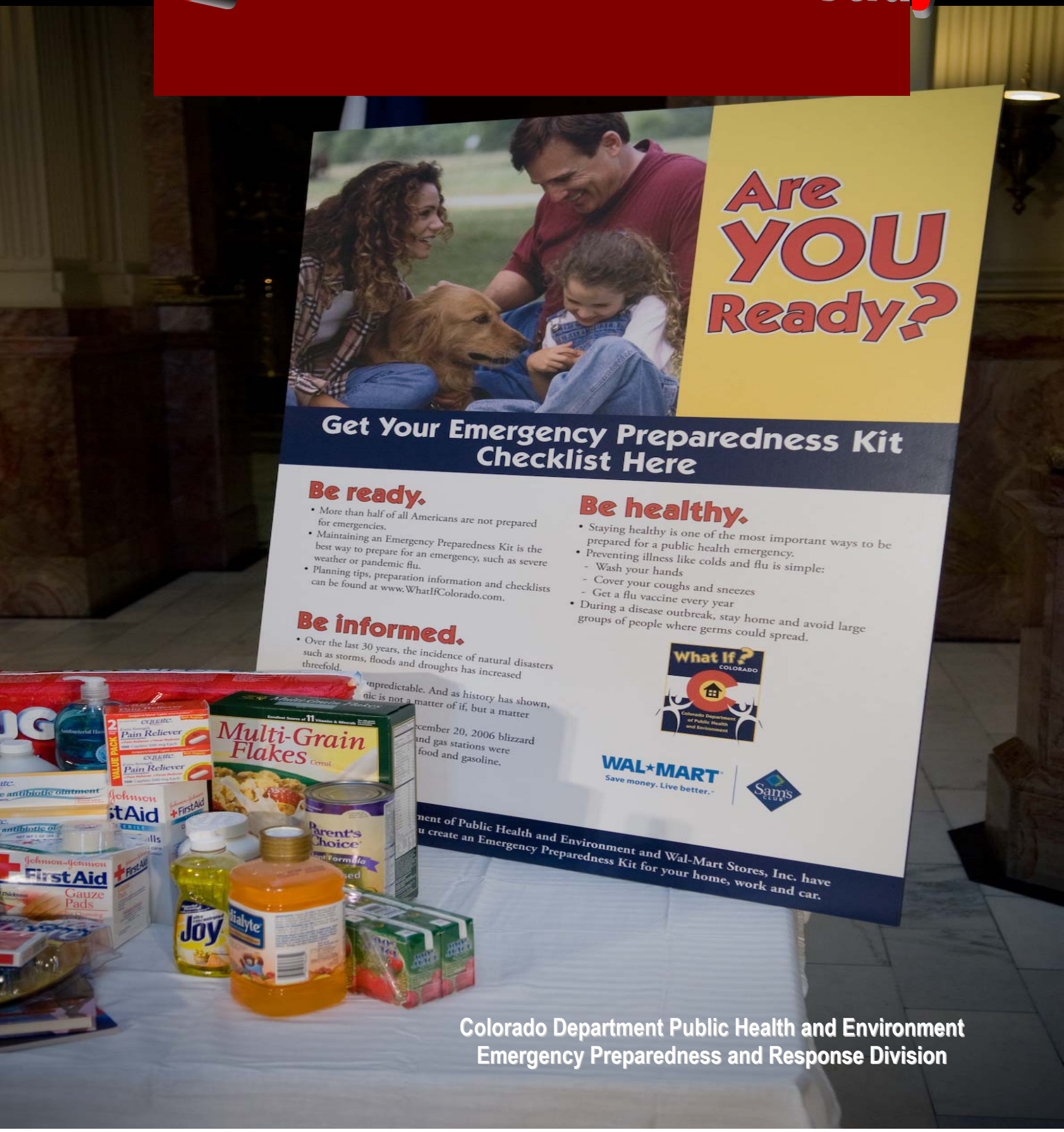
State of Colorado
Project Public Health Ready



Colorado Department Public Health and Environment
Emergency Preparedness and Response Division

PREFACE

This document was created to demonstrate the approach of the Colorado Department of Public Health and Environment in all-hazard emergency response. It is not intended to act as, replace or supercede existing plans or mutual aid agreements. Local partners are welcome to use this as a guide for state ESF 8 interaction but formal integration of the department into local emergency response plans should engage personnel from the department's Emergency Preparedness and Response Division and personnel in other divisions having expertise or response roles with the topics being addressed. Actual state-level ESF 8 support will occur per each local plan's expectation.

State Document **Project Manager**
State of Colorado Project Public Health Ready

Robin K Koons, PhD
Emergency Manager
Colorado Department Public Health and Environment
State Lead, ESF 8: Public Health and Medical Response
4300 Cherry Creek S., EPRD-A5
Denver, CO 80246-1530
o:303-692-2719 c:303-916-2933
303-691-7811 (fax)
robin.koons@state.co.us

Emergency Preparedness and Response Division
http://www.cdphe.state.co.us/epr/index.html
24/7 Emergency Line: 1-877-518-5608
Note: Contact information for individual staff within the Emergency Preparedness and Response Division are located on the website and in the appendices of this document.

EXECUTIVE SUMMARY

The purpose of this document is to provide a comprehensive summary of Colorado's public health emergency response planning efforts at the state level. The Colorado Department of Public Health and Environment, Emergency Preparedness and Response Division guides all local public health efforts within the state of Colorado in public health emergency response planning, requesting that they meet the Centers for Disease Control and Preventions' (CDC) Public Health Preparedness and Response Cooperative Agreement and the National Association of County and City Officials' (NACCHO) Project Public Health Ready expectations. The Emergency Preparedness and Response Division feels it is critical that the state health department not only mirrors the expectations set for local public health agencies but also meets the all-hazard planning and response expectations of the U.S. Dept of Health and Human Services' Hospital Preparedness Cooperative Agreement and the U.S. Department of Homeland Security Target Capabilities.

It is the mission of the Colorado Department of Public Health and Environment to protect and preserve the health and environment of the people of Colorado for all 64 counties in the state, working closely with the 24 counties that have organized local public health agencies (serving 85% of the state's population) as well as with local nursing services and environmental health partners. The department serves as the recognized leader for public health and environmental quality in the state. A key objective in the department's 2009-10 Strategic Plan is to have an effective emergency response system to address communicable diseases, epidemics, and other public health and environmental emergencies. The efforts in this area are lead by the department's Emergency Preparedness and Response Division.

In 2003, the Governor divided the state into 9 regions for the purpose of All-Hazard emergency response planning. The Emergency Preparedness and Response Division provides each region with funding to support a regional public health planner/trainer and epidemiologist to assist in the planning and coordination of public health preparedness activities at the local level. All regional staff are housed at, and employed by, local public health agencies and assist in ensuring that public health response is integrated into county and regional emergency response plans. As a Home Rule state, all decisions, including emergency response decisions, occur at the city and county level, with state agencies providing support to local government. This is a critical point in that emergency response planning at the state level is often only in the form of technical support. This department works closely with local government to ensure that public health support is available without delay, particularly for emergency response.

It is the intent of this document to demonstrate the state of Colorado's commitment to public health emergency response, both in policy and practice. This document will provide a compilation of policies and procedures that the Colorado Department of Public Health and Environment has in place to respond to emergency events. This will include the department's role as the state lead for Emergency Support Function (ESF) 8: Public Health and Medical Response and as support to local public health agencies or communities for all aspects of public health response. NACCHO's Project Public Health Ready's 2008-09 criteria is the foundation for organizing Colorado's state level public health emergency response documents to establish consistency in format with local public health's documentation and ensure local partners are fully aware of the support this department will provide to them during emergency events.

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BACKGROUND – COLORADO AND EMERGENCY RESPONSE PLANNING

Government Structure: The State of Colorado is a 'Home' or 'Local Rule' state, with all decisions, including emergency response, occurring at the city and county level. The state was divided into nine regions by the Governor in 2003 for the purposes of 'All-Hazard' emergency response activities. Mutual aid agreements exist between the counties within each region and among the regions for support during emergency events. The state government provides support to local government both in resources and technical knowledge. Regulatory enforcement occurs at both the local and state level. Public health and environment regulatory authority is predominantly at the state level.

Population Distribution: Colorado's population is approximately 5.4 million, with five-sixths of all Coloradoans living in a narrow belt along the eastern side of the Rocky Mountains. This 200-mile stretch of the Front Range includes Fort Collins, Denver, Colorado Springs, and Pueblo. Thus, 84 percent of the Colorado's population lives in areas defined as urban. According to the 2000 Census and current projections, the median age of Coloradans is 36 years. Approximately 10.3 percent of the population is 65 years or older and 24 percent of the population is less than 18 years of age (defined as pediatric population), with 2.7 percent of the pediatric population being less than 5 years of age.

Tribal Nations: The Ute Mountain Ute and the Southern Ute tribes reside in the southwest corner of the state and are separate jurisdictions/ Tribal nations, with integration occurring at the local level for public health emergency response planning.

Altitude and Geographic: Colorado is 104,094 square miles (measuring 387 miles from east to west; 276 miles from north to south), with 376 square miles of inland waters. Colorado ranks eighth in the nation in size and straddles the Continental Divide, which separates rivers flowing to the Pacific Ocean and the Gulf of Mexico. The state is geographically diverse, having mountains, plateaus, canyons and plains. The average elevation of Colorado is 6,800 feet, making it one of the nation's highest states. The Rocky Mountain range's altitude is 7,000 feet to well over 14,000 feet. There are 54 mountain peaks in Colorado over 14,000 feet high and more than a thousand peaks over 10,000 feet high. The San Juan Mountains in the southern part of the state have 27 mountain peaks over 14,000 feet, making this a challenging and rugged area for both living and travel. Colorado is geographically referred to as having four main descriptive zones: the Western Slope, which extends the length of the state to the west of the Continental Divide; the High Country, which are the mountainous areas; the Front Range, which extends along the foothills on the east side of the mountains; and, the Eastern Plains, which extends from the Front Range out to the Kansas border.

Weather: The deep canyons and numerous mesas throughout the mountain ranges across the state continue to isolate communities and limit communication. Unexpected snow storms can occur any time of the year in the High Country and are often unpredictable, which continue to complicate progress in advancing technology for both air and cable communication in these areas. The Colorado temperatures are equally as diverse; summer temperatures may reach as high as 102°F and winter temperatures as low as -20°F. Flash floods and high water can occur any time between the months of May and August in canyons and along mountain river beds, impacting communities each spring, particularly when mountain run-off and spring storms converge. The Eastern Plains and the Denver Metro area are also prone to tornadoes that have caused destruction as early as March and as late at July. High winds coming off the mountains can be a concern for wildfires that may happen in the High Country, the Foothills or on the Eastern Plains, as well as contribute to blizzard conditions and severe rain storms.

BACKGROUND – PUBLIC HEALTH IN COLORADO

The Colorado Department of Public Health and Environment is one of 16 cabinet-level departments whose executive director is appointed by the governor. The mission of the Colorado Department of Public Health and Environment is to protect and preserve the health and environment of the people of Colorado for all 64 counties in the state, working closely with the 24 counties that have organized local public health agencies (serving 85% of the state's population) as well as with local nursing services and environmental health partners. A number of counties contract directly with the department for some of their public health or environmental health programs. The department serves as the recognized leader that sets the agenda for public health and environmental quality in the state.

One of the Colorado Department of Public Health and Environment's key objective in the department's 2008-09 Strategic Plan is to have an effective emergency response system to address communicable diseases, epidemics, and other public health and environmental emergencies. Public health emergency response planning is based on the nine All-Hazard Emergency Management Regions (below) established by the governor in July 2003 (*see map below*). The department's Emergency Preparedness and Response Division provides each region with funding to support a regional public health planner/trainer and an epidemiologist to assist in the planning and coordination of public health preparedness activities at the local level. All regional staff are housed at, and employed by, local public health agencies and assist in ensuring that public health response is integrated into county and regional emergency response planning efforts. The Colorado Department of Public Health and Environment is the state lead for Emergency Support Function (ESF) 8: Public Health and Medical Response in the State Emergency Operations Plan. The department provides support to nine other annexes in the plan in the following manner: ESF 2: Communications – Health Alert Network; ESF 3: Public Works – water, wastewater systems; ESF 5: Emergency Management; ESF 6: Mass Care and Housing – food and child care inspections; ESF 10: Hazardous Materials – technical and lab support; ESF 11: Agriculture and Natural Resources – food and dairy safety; ESF 13: Pub Safety and Security – credible threat support; ESF 14: Long Term Recovery; ESF 15: External Affairs – public information. As a Home Rule state, the department supports these same annexes at the local level and will either support a local public health agency as the local ESF 8 lead or be the local lead for ESF 8. Chart 1 (next page) provides the organizational chart for the Colorado Department of Public Health and Environment.

Colorado's All-Hazard Emergency Response Regions

Adopted 2003

- Northwest Region
- Northeast Region
- North Central Region
- South Central Region
- West Region
- Southwest Region
- San Luis Region
- South Region
- Southern Ute Tribal Nation
- Ute Mountain Ute Tribal Nation
- Southeast Region

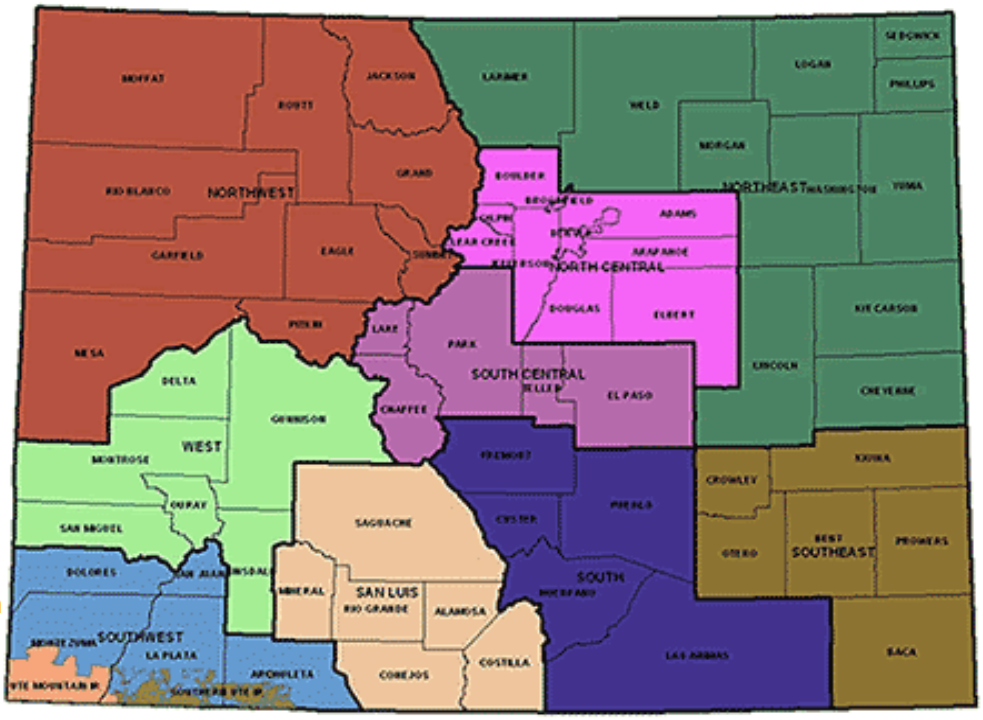
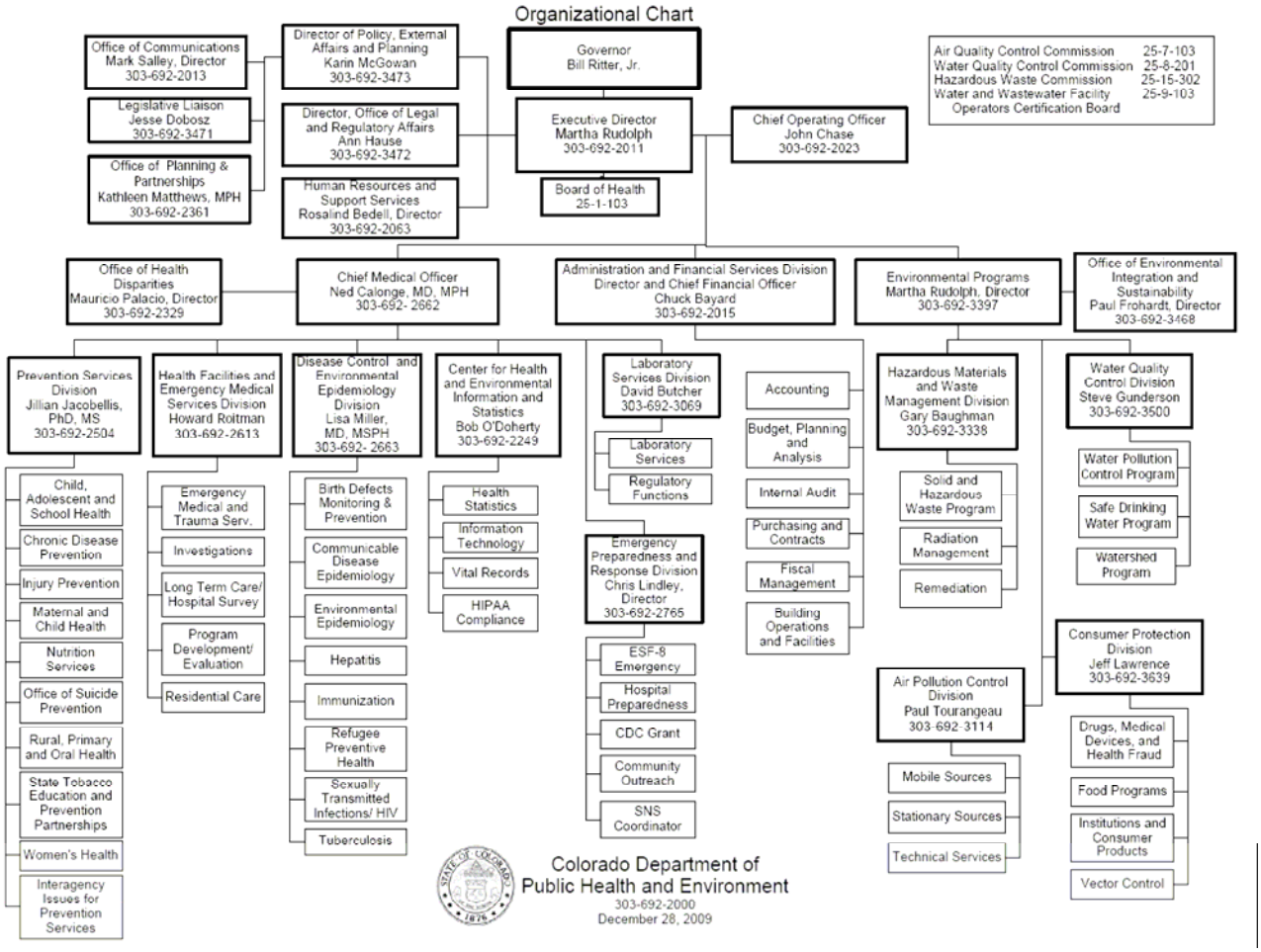


Chart 1: Department Organizational Chart

Colorado Department Public Health and Environment



Department Organizational Chart
Colorado Department Public Health and Environment
Emergency Preparedness and Response Division

Maroon Bells near Aspen, CO

Colorado Department Public Health and Environment

PPHR Cross-Walk Chart

Goal I: All Hazards Preparedness Planning

Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
A. Table of Contents		*(click link to go to narrative in this document)*	
a1.	The table of contents correctly corresponds to the numbered pages of the plan.	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	TOC TOC
a2.	The organization of the plan is consistent with the Local/State Civil Defense or Emergency Management Agency's Response Plan and compliant with the National Incident Management System (NIMS).	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	pg *iv - vi* Introduction Chapt 8 pg *iv – v*
B. Introductory Material			
b1.	Incident Management System (NIMS).	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan	Preface: *iv*
b2.	The plan describes how public health preparedness is approached in the jurisdiction, including a description of the planning process and planning team composition.	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Ltr Agree: *v-vi* pg *Viii* Chapt 8-10
b3.	The plan clearly defines all neighboring jurisdictions and, if applicable, tribal and/or international borders and/or military installations within the locality.	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan	Preface: *iv* Introduction
b4.	The plan lists the locations where copies of the plan are kept in the agency.	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Review *i* Review *i*
C. Plan- Update Cycle			
c1.	The plan bears a date showing that the plan and its annexes have been reviewed or revised within one year of PPHR submission.	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Rev *i* Rev *i*
c2.	The plan details the procedure CDPHE will use to update and revise its plan on a regular basis.	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Maintenance Maintenance
D. Authority and Acknowledgments			
d1.	The plan provides a description of the legal and administrative authority under which CDPHE would respond to an emergency requiring a public health response.	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Chapt 5, 6 Chapt 5,7,8
d2.	The plan details evidence of joint participation in disaster planning meetings and creation of an Emergency Operations Plan (e.g. city-state tribal collaboration, city-county collaboration).	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Pref *iv*; LoA *v;* Authority Chapt 3, 7, 8

Measure #1: POSSESSION AND MAINTENANCE OF A WRITTEN ALL-HAZARDS RESPONSE PLAN (*CONT*)		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
E. Situations and Assumptions Page		*(click link to go to narrative in this document)*	
e1.	**The plan identifies indicators that will suggest that an event has occurred that could exceed the ordinary capacity of CDPHE and possibly, the surge capacity of CDPHE.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Preface Chapt 4 Chapt 7
e2.	**The plan demonstrates performance of a hazard analysis of threats (e.g. chemical industry, hurricanes, floods) and unique jurisdictional characteristics/vulnerabilities that may affect a public health response to an emergency event.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Forward *viii* Chapt 8 Haz Analysis Chapt 7, 8
Homeland Security Strategy	*National Planning Scenarios:* Nuclear Detonation; ♦Biological Attack- Anthrax, Plague, Food, Disease Outbreak (pandemic), Foreign Animal Disease; ♦Chemical Attack – Industrial, Nerve, Chlorine Tank; ♦Natural Disaster – Earthquake, Hurricane; ♦Radiological Attack; ♦Explosives Attack; ♦Cyber Attack	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan ❖ State Emergency Operations Plan[1]	Chapt 2; Chart 1.5, 1.7 Forward: *vii* Web Link
e3.	**The plan describes policies for how CDPHE is preparing for the vulnerabilities described in the results of the hazard analysis.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Chapt 5 Chapt 5,7,9
F. Activation Circumstances and Event Sequence Following Activation			
f1.	**The plan includes Standard Operating Procedures that describe an all-hazards response for activation, decision matrices, flow charts, decision trees, or other means of describing an all-hazards response.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Chapt 8, 9, 10 Chapt 1,7,8,9
f2	**The plan includes a flow diagram or narrative description that indicates when CDPHE will consider deploying specific response activities and procedure to detail outbreak investigations.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan ❖ Guidance for Regional Epidemiologists on Outbreak Investigations	Chapt 7, 45-48 Pg 1-4
Homeland Security Strategy	*Capabilities - 'Prevent' Mission Area:* ♦ CBNE Detection ♦ Information Gathering and Recognition of Indicators/Warnings ♦ Intelligence Analysis and Production ♦ Counter Terrorism and Law Enforcement	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling ❖ National Fusion Center Conference 2009 - presentation	Preface *iv*; Forward *vii*; Chapt 5,7,8 Pg 4-6 Chapt 7-14 Presentation
G. Concept of Operations Page			
g1.	**The plan describes the responsibilities of the local/state emergency response agency or team(s) that will respond to a public health emergency.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Chapt 1 . Chapt 1, 7
g2.	**The plan contains a bulleted list, table, or matrix that clearly identifies both the primary and secondary support roles for local, state and federal partner agencies, in areas such as command and control, detection, investigation, communication, containment and prevention, recovery.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan	Chapt 1

Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan (cont)		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
G Concept of Operation ...cont		*(click link to go to narrative in this document)*	
Homeland Security Strategy	*Capabilities – 'Respond' Mission Area:* ♦ Animal Health Emergency Support ♦ Citizen Evacuation/Shelter in Place ♦ Critical Resource Logistics and Distribution ♦ Emergency Operations Center Management ♦ Emergency Public Information and Warning ♦ Environmental Health ♦ Explosive Device Response Operations ♦ Fatality Management ♦ Fire Incident Response Support ♦ Isolation and Quarantine ♦ Mass Prophylaxis ♦ Medical Supplies ♦ Medical Surge ♦ Mass Care ♦ Onsite Incident Management ♦ Public Safety and Security Response ♦ Responder Safety and Health ♦ Triage and Pre-Hosp Treatment ♦ Urban Search and Rescue ♦ Volunteer Management and Donations ♦ WMD/Hazmat Response and Decontamination ♦ Structural Damage Assessment	❖ State of Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan ❖ Department Operations Center Manual ❖ Colorado WARN System for Water Treatment Facilities ❖ Colorado Health Alert Network ❖ Colorado Department Public Health and Environment Emergency Response and Spill Reporting Line ❖ Vital Records Division - Mass Fatality documents ❖ Disease Control and Environmental Epidemiology Plan ❖ State of Colorado Strategic National Stockpile Base Plan ❖ Chempack Protocol and Chempack Exercise AAR ❖ Colorado Volunteer Management System and Medical Reserve Corps ❖ Volunteers-Policy Business Rules ❖ Mass Casualty Incident Plan website: www.cdphe.state.co.us/hf/emergencyplanning/masscare.html ❖ First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Ltr Inst *vi-vii* Chap 6,8,9,10 Ltr Agree *iv* Chapt 7,9 Document Web Links Document. Link & Doc. Link & Docs Web Link Document. Web Link Document. Web Link & Doc Document. Web Link Credible Threats
Homeland Security Strategy	*Capabilities – 'Common' Mission Area:* ♦ Communications ♦ Community Preparedness and Participation ♦ Planning ♦ Risk Management ♦ Intelligence Sharing & Dissemination	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan ❖ Department Operations Center Manual ❖ First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Chapt 8, 10 Chapt 1,4,7,9 Credible Threat
H. National Incident Management System			
h1.	**CDPHE has adopted NIMS through executive order, proclamation, resolution, or legislation as the agency's all-hazards, incident response system.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State Emergency Operations Plan, CO Div Emergency Management ❖ Executive Order	Ltr Instruct *vi* Chapt 7 Web Link
h2.	**CDPHE has completed a baseline assessment of NIMS implementation requirements.**	❖ Training of department staff for NIMS compliance ❖ CO-Train web link	Document Web Link.
h3.	**The departmental operations center or emergency operations center utilizes the incident command system, as called for by IMS, to perform core functions such as coordination, communications, resource dispatch, and information collection, analysis, and dissemination.**	❖ Department Operations Center Manual ❖ EMSystem (secure system) ❖ SATool (secure system)	DOC Ops Job Action Sheets Screen shots Screen shots
I.. Functional Staff Roles			
i1.	**The plan contains a list, table, or other format detailing the necessary roles to be filled during all-hazard response operations.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan ❖ Department Operations Center Manual	Roles-Resp, Mgmt Events Document Job Action Sheets
i2.	**The plan contains a roster of the primary, secondary, and tertiary staff to cover the command and general leadership roles during a response operation based on NIMS.**	❖ Department Operations Center Manual	Call-Down List

Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan (cont)		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
I.. Functional Staff Roles (cont)			
i3.	**The plan contains copies of Job Aids or Job Action Sheets for staff and volunteers detailing specific functions of each role indicated as necessary roles in Measure 1.I.i1.**	❖ Department Operations Center Manual	Job Action Sheets
i4.	**The plan provides procedures for how CDPHE will assimilate staff and/or volunteers into a response operation.**	❖ Department Operations Center Manual	Activation, Shift Change
J. Vulnerable Population Access and Demographics			
j1.	**The plan identifies vulnerable populations within the jurisdiction, using the definition of vulnerable populations found in the PPHR glossary.**	❖ Vulnerable Populations Summary Report ❖ CO-HELP Protocol	Document Document
j2.	**The plan describes systems in place and/or CDPHE's role in providing services to vulnerable populations, as identified by CDPHE in Measure 1, J. j1, in emergency services.**	❖ Health Disparity's website	Web Link
K. Command and Control *(note: Cross-cutting w/ concepts of Operations)*			
k1.	**The plan contains a table or diagram that illustrates the CDPHE command and control structure (Incident Command System/Unified Command Structure/ Multi-agency Coordination System) to be used for coordination of emergency response.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ Department Operations Center Manual	Roles-Resp, Mgmt Events, DOC Activ. Levels, Floor Plan
L. Communication Plan *(note: Cross-cutting w/ concepts of Operations)*			
l1.	**Agency Communication Plan.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan ❖ 800 MHz Programming File ❖ Crisis Communication Plan ❖ News and Media Department Policy ❖ Health Alert Network Plan	Chapt 10 Chapt 7 Spreadsheet Document Document Document
l1i.	**The plan details communication response actions to be taken, by whom, and how they will be documented.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan ❖ Department Operations Center Manual ❖ News Media Department Policy	Chapt 10 Chapt 7 Job Action Sheets Document
l1ii.	**The plan details the responsible party(ies) for notification, alerts, and mobilization.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling ❖ Health Alert Network Plan ❖ News Media Department Policy	Activation, Roles-Resp Credible Threats Document Document
l1iii.	**The plan describes whom to notify and at what level (e.g. alert, standby, report).**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ Duty Officer Manual	Chapt 9, 10 Document
l1iv.	**The plan describes the method by which notification will take place.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan	Chapt 9, 10
l1v.	**The plan contains pertinent contact information (e.g., EOC, phone, cell, fax).**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ Department Operations Center Manual	Chapt 9, 10 Contact Info

Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan (cont)		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
L. Communication Plan … cont		*(click link to go to narrative in this document)*	
I1vi.	**The plan describes where to report and the location of specified activity(ies).**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ Department Operations Center Manual	Ltr Agrmt *v* Chapt 8, 10 Activation
I1vii.	**The plan describes the timing of the activity(ies) noted in Measure 1.L.I1vi.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan	Chapt 8, 10
I1iii.	**The agency has a redundant communication plan that demonstrates the ability to standup 3deep communications systems to link public health, healthcare, emergency management, and law enforcement within 12 hours.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ EMSystem Communication Plan ❖ Health Alert Network Protocol ❖ 800 MHz Radio System Plan	Chapt 9 Web Link Document Document
I2.	**Risk Communication Plan.**	❖ Office of Communications – Risk Communication Plan ❖ Health Alert Network Protocol ❖ Colorado Department of Public Health and Environment Policy Manual Part: 6.1: Interfacing With the News Media	Document Document Policy
I2i.	**The plan describes the processes and procedures to communicate timely, accurate information to the public, including vulnerable populations, during an incident through the Joint Information Center and/or System.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan ❖ CO-HELP Protocol	Chapt 7, 9 Document
I2ii.	**The plan contains sample press releases (e.g., media alerts, pre-approved press releases, and coordinated messages).**	❖ Office of Communications – Risk/Crisis Communication Plan	Document
I2iii.	**The plan contains a Media Contact List, accompanied by a procedure for keeping the list current and accurate.**	❖ Office of Communications – Risk Communication Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan	Document Chapt 7
I2iv.	**The plan describes the approval process for communication.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan	Chapt 7
I2v.	**The plan provides evidence that key spokespersons for CDPHE and partner organizations have been trained in the principals of risk communication.**	❖ Office of Communications – Risk Communication Plan ❖ COTrain – Risk Communication courses ❖ Department Operations Center Manual	Document Web Link PIO Job Action Sheet
I2vi.	**The plan describes the process for partner notification, including at a minimum: (a) Who will notify partners? (b) How will partners be notified? (c) How will receipt of notification be confirmed? (d) What procedures are in place to assure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills, etc.)?**	❖ Office of Communications – Crisis Communication Plan ❖ Colorado Health Alert Network website – How To Use HAN ❖ Duty Officer Manual	Document Web Link Document
I3.	**Health Alert Network (HAN)/ Public Health Information Network (PHIN).**	❖ Colorado Health Alert Network Operations Manual	Document
I3i.	**The plan will describe the process for how CDPHE is sending, receiving, and interacting with HAN or PHIN.**	❖ Colorado Health Alert Network Operations Manual ❖ Colorado Health Alert Network website – training documents	Document Web Link
I3ii.	**The plan includes sample health alert message/s that may be shared by CDPHE with neighboring jurisdictions or military installations.**	❖ Colorado Health Alert Network Operations Manual ❖ Colorado Health Alert Network website	Document Web Link

Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan (cont)		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
M. Epidemiology (note: Cross-cutting w/ concepts of Operations)		*(click link to go to narrative in this document)*	
m1.	**The plan contains the protocol(s) for event-specific collection of health data for active surveillance outbreak management and regular passive surveillance of communicable disease reporting system currently in place.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan ❖ Disease Control and Environmental Epidemiology Division Plan	Chapt 1, 5, 8 Chapt 7, 9 Document
m2.	**The plan provides evidence of early incident detection (e.g., the use and monitoring of regular surveillance data).**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan ❖ Disease Control and Environmental Epidemiology Division Plan ❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations ❖State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control	Chapt 2 Document Document Web Link
m3.	**Epidemiological Investigation Tasks.**	❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations ❖State Board of Health Regulations Pertaining to the Detection, Monitoring and Investigation of Environmental and Chronic Diseases ❖State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control	Document Web Link – Reg 3: pg 4 Web Link
m3i.	**The plan calls for the comparison of cases to the baseline and confirmation of diagnosis.**	❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations ❖State Board of Health Regulations Pertaining to the Detection, Monitoring and Investigation of Environmental and Chronic diseases ❖State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control	Document Web Link – Reg 3: pg 4 Web Link
m3ii.	**The plan calls for contact tracing.**	❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations ❖State Board of Health Regulations Pertaining to the Detection, Monitoring and Investigation of Environmental and Chronic Diseases	Document Web Link – Reg 3: pg 4
m3iii.	**The plan calls for the development of a description of cases through interviews, medical record review and other mechanisms (person, place, and time).**	❖ Disease Control and Environmental Epidemiology Division Epidemiology Investigation Guide ❖ Epidemiology Investigation Protocol ❖State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control ❖State Board of Health Regulations Pertaining to the Detection, Monitoring and Investigation of Environmental and Chronic Diseases	Document Web Link Web Link Web Link
m3iv.	**The plan calls for the generation of possible associations of transmission**	❖ Disease Control and Environmental Epidemiology Division Plan ❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations	Document Document
m3v.	**The plan calls for identifying the population at risk.**	❖ Disease Control and Environmental Epidemiology Division Plan ❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations	Document Document
m3vi.	**The plan calls for the evaluation of therapeutic outcome(s).**	❖ Disease Control and Environmental Epidemiology Division Plan ❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations	Document Document
m3vii.	**The plan describes the process for reporting notifiable conditions, including any on-call system(s), policies, and procedures to take reports of notifiable conditions 24/7/365.**	❖ Disease Control and Environmental Epidemiology Division Plan ❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations ❖State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control ❖State Board of Health Regulations Pertaining to the Detection, Monitoring and Investigation of Environmental and Chronic Diseases	Document Document Web Link Web Link

Measure #1: POSSESSION AND MAINTENANCE OF A WRITTEN ALL-HAZARDS RESPONSE PLAN (CONT)		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
M. Epidemiology ….cont (note: Cross-cutting w/ concepts of Operations)		*(click link to go to narrative in this document)*	
m4.	**Epidemiological Data.**	❖ Disease Control and Environmental Epidemiology Division Plan ❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations ❖State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control ❖State Board of Health Regulations Pertaining to the Detection, Monitoring and Investigation of Environmental and Chronic Diseases ❖ CDPHE website	Document Document Web Link Web Link Web Link
m4i.	**The plan describes how epidemiological data is shared.**	❖ Disease Control and Environmental Epidemiology Division Plan ❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations ❖State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control ❖State Board of Health Regulations Pertaining to the Detection, Monitoring and Investigation of Environmental and Chronic Diseases	Document Document Web Link Web Link
m4ii.	**The application includes an example of epidemiological data that has been shared by CDPHE (or that might be shared) with partners, military installations, or neighboring jurisdictions.**	❖ Disease Control and Environmental Epidemiology Division Plan ❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations ❖State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control ❖State Board of Health Regulations Pertaining to the Detection, Monitoring and Investigation of Environmental and Chronic Diseases	Document Document Document, Web Link Web Link
m5.	**Data Management.**	❖ Disease Control and Environmental Epidemiology Division Plan ❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations	Document, Web Link Document
m5i.	**The application provides evidence of a database used for management/flow of epidemiological investigation data for both emergency response and daily work.**	❖ CDPHE website ❖ CEDRS summary	Web Link Web Link
m5ii.	**The application provides evidence of a protocol for management/flow of epidemiological investigation data for emergency response and daily work.**	❖ SATool ❖ CDPHE website ❖ Epidemiology After-Hours Protocol	Screen shots Web Link Web Link
m6.	**The plan calls for coordination with environmental investigation as required.**	❖ Disease Control and Environmental Epidemiology Division Plan ❖Guidance for Colorado Regional Epidemiologists on Outbreak Investigations ❖State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control ❖State Board of Health Regulations Pertaining to the Detection, Monitoring and Investigation of Environmental and Chronic Diseases	Document Document Web Link Web Link
Homeland Security Strategy	*Capabilities – 'Protect' Mission Area:* • Critical Infrastructure Protection • Epidemiological Surveillance & Investigation • Food & Agriculture Safety and Defense • Laboratory Testing	❖ Disease Control and Environmental Epidemiology Division Epidemiology Investigation Guide ❖ Epidemiology Investigation Protocol ❖State of Colorado Rules and Regulations Pertaining to Epidemic and Communicable Disease Control ❖ State Board of Health Regulations Pertaining to the Detection, Monitoring and Investigation of Environmental and Chronic Diseases ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan ❖ First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Web Link Web Link Web Link Web Link Web Link Document Document

Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan (cont)			CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
N. Laboratory Data and Sample Testing			*(click link to go to narrative in this document)*	
n1.	**Access to Labs (e.g. local, regional, state).**	❖	Laboratory Services Division website	Web Link
n1i.	**The plan describes current packaging and shipping regulations on transporting infectious substances and dangerous goods to labs in the jurisdiction that can test for biological/chemical/radiological agents.**	❖	First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Credible Threats
n1ii.	**The plan demonstrates the capability to transport specimens/samples to a confirmatory reference lab 24/7/365.**	❖	First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Packaging and Transport
n1iii.	**The plan details the process of contacting the proper lab to notify them of what specimens to expect and any special directions.**	❖	First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Important notifications
n1iv.	**The plan includes a list of laboratory contacts.**	❖	First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Regional labs
n2.	**The application provides evidence of the database and protocol for management/flow of laboratory data and sample testing information.**	❖	First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Appendixes
n3.	**The plan describes the system in place for sharing of laboratory information with public health officials and other partners in neighboring jurisdictions to facilitate the rapid formulation of appropriate response to and control of the outbreak (e.g., electronic system).**	❖ ❖	Laboratory Services Division website First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Web Link Credible Threats, Chart 2
n4.	**The plan describes a process or policy related to evidence management.**	❖	First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Chain-of-Custody
O. Mass Prophylaxis and Immunization				
o1.	**The plan describes the procedures for implementing mass prophylaxis and immunization in the jurisdiction.**	❖ ❖	Strategic National Stockpile Plan State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan	Base plan Empl Hlth/Saf
o2.	**The plan describes the system in place for managing and tracking personnel and material resources.**	❖ ❖	Strategic National Stockpile Plan State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Invent mgmt Immun Prog
o3.	**The plan provides a description of how the CDPHE monitors adverse reactions of public health interventions (also known as post-event tracking).**	❖	Strategic National Stockpile Plan	Adverse Reactions
o4.	**The plan includes a Point-of-Dispensing (POD) flow chart.**	❖	Strategic National Stockpile Plan	Distribution
o5.	**The plan specifies the number of volunteers necessary to support mass prophylaxis.**	❖	Strategic National Stockpile Plan	Warehouse Mgmt
o6.	**The application specifies the number of volunteers the CDPHE has recruited to support mass prophylaxis.**	❖	Strategic National Stockpile Plan	Distribution
o7.	**SNS Plan.**	❖	Strategic National Stockpile Plan	Document
o7i.	**The plan describes its integration into the state/federal SNS plan.**	❖	Strategic National Stockpile Plan	Activation, Communication

Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan (cont)		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
O. Mass Prophylaxis and Immunization ... cont		*(click link to go to narrative in this document)*	
o7ii.	**The plan includes clear delineation of local responsibilities for receiving, distributing, and dispensing SNS assets.**	❖ Strategic National Stockpile Plan	RSS, RTP
o7iii.	**The plan includes definition of Essential Personnel.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Concept Ops, Roles-Resp
o7iv.	**The plan includes definition of Local Medical Inventories.**	❖ Strategic National Stockpile Plan	Invent Mgmt
o7v.	**The plan includes a description of a system for maintaining and tracking vaccination or prophylaxis status of public health responders.**	❖ Strategic National Stockpile Plan	Invent Mgmt
P. Mass Patient Care			
p1.	**Mass Patient Care Plan.**	❖ RETAC plans	Web Links
p1i.	**The plan describes how mass patient care will be established.**	❖ Mass Care – Surge Capacity Summary	Document
Hospital Prep'dness	**Maintain and refine medical surge capacity and capability at the state and local level through associated planning, personnel, equipment, training, and exercises.**	❖ Health Facilities and Emergency Medical Services and Trauma Division website	Web Link
p1ii.	**The plan describes where mass patient care will be conducted.**	❖ N/A – not a state public health function. See narrative.	N/A
p1iii.	**The plan describes who will have access to care.**	❖ N/A – not a state decision. See narrative.	N/A
p1iv.	**The plan describes how mass patient care will be maintained.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan ❖ Colorado Mobilizer – Public Health and Medical Volunteer System ❖ Medical Reserve Corps	Level 1 Purpose Purpose
p2.	**The plan provides a detailed description of any CDPHE role in mass patient care from the field to the medical treatment center.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Hlth Fac-EMS
p3.	**The plan provides documentation detailing the communication process for mass patient care and the role of the CDPHE in that communication process.**	❖ Level 1 activation with federal teams only ❖ EMSystem website and screen shots ❖ 800 MHz Radio Plan	 Screen Shots Document
p4.	**The plan provides documentation detailing the casualty transportation process for mass patient care from the field to the medical treatment center.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan ❖ ROSS – Fire Safety Division, CO Dept Public Safety	Hlth Fac-EMS Web Link
p5.	**The plan describes plans, policies, and procedures to coordinate delivery of mass patient care services to shelters.**	❖ N/A – not a role of the state public health. See narrative.	N/A
p6.	**The plan describes the system of tracking and monitoring known cases/exposed persons through disposition to enable short and long-term follow-up (including patients under isolation or quarantine).**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Dis Control
Q. Mass Fatality Management Plan			
q1.	**The plan describes the CDPHE plan and process for managing mass fatalities at state level.**	❖ Mass Fatality Response website ❖ Mass Fatalities Plan ❖ CO Death Certificate Worksheet	Web Link Web Link Web Link

Measure #1: POSSESSION AND MAINTENANCE OF A WRITTEN ALL-HAZARDS RESPONSE PLAN (CONT)		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
R. Environmental Health Response		*(click link to go to narrative in this document)*	
r1.	**Environmental Surety Planning.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Chapt 7
r1i.	**The plan addresses the management of environmental hazards to public health and the environment, such as contaminated media, epizootic disease and environmental health infrastructure failure.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Document
r2.	**The plan describes the process for determining corrective actions, reporting findings, and establishing responsibilities for emergency actions in the following areas:**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Document
r2i.	**♦ Foodborne and Waterborne Outbreak Surveillance**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Food Hazard, Food Safety
r2ii.	**♦ Vector Surveillance for Injury Prevention and Vector borne Disease Control**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Scope, Assumpt Vector Ctrl
r2iii.	**♦ Food Safety**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Food Hazard, Food Safety
r2iv.	**♦ Drinking Water Supply and Safety**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Water Hazards
r2v.	**♦ Sanitation**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Debris Mgmt, Document
r2vi.	**♦ Mass Care and Evaluation of Shelter Facilities**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Food Safety
r2vii.	**♦ Wastewater**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Water Hazards
r2viii.	**♦ Solid Waste Management**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Debris Mgmt
r2ix.	**♦ Hazardous Waste Management**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Debris Mgmt, Haz Waste
r2x.	**♦ Air Quality and PPE (outdoor and indoor)**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Air Hazards
r2xi.	**♦ Radiation Exposure Response**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Radiologic Hazards
r2xii.	**♦ Chemical or Toxic Release Control and Clean Up**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Chemical Hazards
Homeland Security Strategy	*Capabilities – 'Recover' Mission Area:* ♦ Economic and Community Recovery ♦ Restoration of Lifelines ♦ Structural Damage and Mitigation Assessment	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Recovery, Water Hazards Air Hazards
S. Chemical or Toxic Release Control and Clean Up			
s1.	**The plan describes CDPHE process to prepare response personnel for behavioral health implications of public health emergencies.**	❖ N/A – not a role of the state public health. See narrative for integration with Behavior Health Services in the CO Department of Human Services	N/A

Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan (cont)		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
T. Disaster Behavioral Health: Population Wide Plan		*(click link to go to narrative in this document)*	
t1.	**The plan addresses processes to enhance the emotional resilience of a community prior to and following a public health emergency or disaster.**	❖ N/A – not a role of the state public health. See narrative for integration with Mental Health Services in the CO Department of Human Services	N/A
t2.	**The plan describes who is responsible for addressing and responding to the behavioral health issues of the community.**	❖ N/A – not a role of the state public health. See narrative for integration with Mental Health Services in the CO Department of Human Services	N/A
t3.	**The plan describes the partnerships the LHD has established and the local resources the LHD has cultivated to respond to population-wide mental health needs.**	❖ N/A – not a role of the state public health. See narrative for integration with Behavioral Health Services in the CO Department of Human Services	N/A
U. Quarantine and Isolation Plan			
u1.	**The plan addresses the processes for implementing quarantine and isolation.**	❖ Colorado Pandemic Influenza Plan	Legal Author, Concept Ops, Exec Orders, Susp Cases
u2.	**The plan describes the legal authority to isolate and/or quarantine of individuals, groups, facilities, animals, and food products.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan ❖ Colorado Pandemic Influenza Plan	Legal Author Legal Author
u3.	**The plan addresses coordination of public health and medical services among those isolated or quarantined.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan ❖ Colorado Pandemic Influenza Plan	Disease Haz Susp Cases
u4.	**The plan describes any stress management strategies, programs, and crisis response for those isolated or quarantined.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part I: Base Plan ❖ Colorado Pandemic Influenza Plan	Chart1,Author Communication, Phase 6, Containment
u5.	**The plan describes the procedure and/or process for directing and controlling public information releases about those who have been isolated or quarantined.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan ❖ Colorado Pandemic Influenza Plan	Mgmt Event Roles-Respon, Phases 1-4
V. Continuity of Operations Plan			
v1.	**The plan addresses the strategies by which an agency or jurisdiction will provide for ongoing function in light of a natural disaster or deliberately caused emergency.**	❖ Colorado Department of Public Health and Environment's Internal Continuity of Operations Plan	Document
W. Public Health Surge Capacity and Mutual Aid			
w1.	**The plan defines the limits of present CDPHE internal capabilities and surge capacity.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan ❖ Colorado Department of Public health and Environment's Internal Continuity of Operations Plan	Concepts Ops Document
w2.	**The plan describes expected capability/capacity of local, state, federal, and private resources to respond to an emergency.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part I: Base Plan ❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan	Preface Init Resp Per
w3.	**The plan provides a description of the regular availability and surge capacity of CDPHE personnel, treatment facilities, laboratories, redundant communications, pharmacologic supplies and security, in relation to scope and duration for anticipated events.**	❖ Colorado Department of Public health and Environment's Internal Continuity of Operations Plan	Div Annexes

Measure #1: POSSESSION AND MAINTENANCE OF A WRITTEN ALL-HAZARDS RESPONSE PLAN (CONT)		CO Dept of Public Health and Environment Plans Document (s) Name	Pages (s)
W. Public Health Surge Capacity and Mutual Aid ....cont		*(click link to go to narrative in this document)*	
w4.	**The plan specifies to what extent the CDPHE or partners can respond using their present human and physical resources before asking for outside assistance.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part II: Operational Plan ❖ Strategic National Stockpile Plan ❖ Colorado Mobilizer – Public Health and Medical Volunteer System	Chapt 7 Distrib Mgmt Pg 6
w5.	**The plan specifies how the CDPHE will determine when to ask for higher order support based on models and/or past experience.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part I: Base Plan	Activation Levels
w6.	**The plan specifies when and how the various resources of partners would be requested to accomplish public health mission, and how long such resources can be maintained.**	❖ State of Colorado Department of Public Health and Environment All-Hazards Internal Response Plan Part I: Base Plan	Document
w7.	**Volunteer Recruitment**	❖ Colorado Volunteer Mobilizer – Public Health and Medical System ❖ Medical Reserve Corps website	Pg 4, 6,12 Web Link
w7i.	**The plan describes the process for volunteer recruitment.**	❖ Colorado Volunteer Mobilizer – Public Health and Medical System ❖ Medical Reserve Corps website	Pg 4, 6 Web Link
Hospital Prep'dness	ESAR-VHP Compliance Requirements: Meet the compliance requirements for ESAR-VHP programs to ensure effective management and inter-jurisdictional movement of volunteer health personnel in emergencies.	❖ Colorado Volunteer Mobilizer – Public Health and Medical System	Web Link Document
w7ii.	**The plan includes what partners CDPHE works with for recruitment.**	❖ Colorado Mobilizer – Public Health and Medical Volunteer System ❖ Medical Reserve Corps website	Document
w7iii.	**The plan describes how volunteers are notified.**	❖ Colorado Mobilizer – Public Health and Medical Volunteer System ❖ Medical Reserve Corps website	Pg 23 Web Link
w7iv.	**The plan describes how volunteers are used in an emergency.**	❖ Colorado Mobilizer – Public Health and Medical Volunteer System ❖ Medical Reserve Corps website	Document Web Link
w7v.	**The plan describes how volunteers are credentialed.**	❖ Colorado Mobilizer – Public Health and Medical Volunteer System ❖ Medical Reserve Corps website	Document Web Link
w7vi.	**The plan describes how volunteers are retained.**	❖ Colorado Mobilizer – Public Health and Medical Volunteer System ❖ Medical Reserve Corps website	Document Web Link
w7vii.	**The plan describes CDPHE's involvement in the state's Emergency System for Advance Registration of Volunteer Health Professionals (ESARVHP) implementation.**	❖ Colorado Mobilizer – Public Health and Medical Volunteer System ❖ Medical Reserve Corps website	Document Web Link
w8.	**The plan describes the process by which CDPHE develops intrastate and interagency mutual aid agreements with neighboring jurisdictions, including military installations, private sector and on governmental organizations.**	❖ Colorado Mobilizer – Public Health and Medical Volunteer System ❖ Medical Reserve Corps website	Web Link Web Link
w9.	**The plan includes a table, chart, or other format that lists mutual aid agreements and their status (including inter-jurisdictional state agreements).**	❖ Mutual Aid Summary	Document

Bear Lake in Rocky Mountain National Park, CO

Narrative - GOAL I: All Hazards Preparedness Planning

MEASURE #1: POSSESSION AND MAINTENANCE OF A WRITTEN ALL-HAZARDS RESPONSE PLAN

A. TABLE OF CONTENTS

a1 The Colorado Department of Public Health and Environment provides a Table of Contents at the beginning of all emergency response documents that address multiple topics of response. Electronic versions of documents in the form of websites have the equivalent of a Table of Contents. Website contents follow a similar convention as the written documents in that when one clicks on the name of a document, links to subcategories – chapters – will appear. The State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan and the State of Colorado Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan both meet the criteria set by ASTHO for Table of Contents within the documents.

Reading the DOC

a2 Standard emergency response terminology as outlined in the National Response Plan (NRP) exists in all department emergency response documents. All state agencies in Colorado are required via Governor's mandate to comply with the NRP and the National Incident Management System (NIMS). It is also an expectation at the local level for both public health and local emergency management offices. The department's emergency response plan (follow bookmarks located in the plans), both the Internal Plan, Part I: Base Plan and Part II: Operational Plan, provide confirmation that public health at the state level complies with and practices NIMS.

B. INTRODUCTORY MATERIAL

b1 The Internal Emergency Response Plan Part I: Base Plan provides a comprehensive summary introduction of the department's approach to public health emergency response, beginning with the commitment to comply with the

b2 Homeland Security Presidential Directive 5 for following the NIMS framework. The *Preface* section of the plan outlines the department's expectations that all employees and division directors are to be familiar with the department's plan and each program is to create a supplemental operational guide that supports the plan during emergency events. The *Letter of Agreement* section instructs all division directors within the department to ensure their division has an effective and efficient incident management approach by designating lead and back-up responders to perform the assigned responsibilities during events. Both the *Concepts of Operations* and the *Management of Events* sections of the plan expand on the NIMS framework as it applies to this department's infrastructure and programs for both levels of activation

b4 and overall event organizational response command structure. (Note: location of printed copies of the plan are listed in the *Revisions* section) The department also has an obligation to the state's overall response to all disasters or emergency events; the *Letter of Instructions* section provides a brief overview of the department's role in the State

b3 Emergency Operations Plan (SEOP). The SEOP provides all state departments with the over-riding structure for the state's response to the 64 counties and two Tribal nations within Colorado, which this department mirrors for all response efforts.

C. PLAN – UPDATE CYCLE

c1 The department's Internal Emergency Response Plans are evaluated at least annually as well as after each activation of

c2 the department and following exercises. This process is outlined in the *Maintenance* section of Internal Plan Part I: Base Plan and in the *Plan Review and Maintenance* section of Part II: Operational Plan.

D. AUTHORITY AND ACKNOWLEDGEMENTS

Colorado is a Home Rule state whereby governmental infrastructure is managed at the local level and state government provides support. This holds true during emergency events as well; i.e. the local government remains the lead throughput the event and state and federal entities provide support under their leadership. At the state level, the Colorado Department of Public Health and Environment is the lead for public health emergencies. For all other natural and man-made disasters, including acts of terrorism, the Colorado Division of Emergency Management, (Department of Local Affairs) is the lead at the state level. In the State Emergency Operations Plan, the department of health is tasked as the lead for Emergency Support Function 8: Public Health and Medical Response.

Within the Internal Plan Part I: Base Plan, the *Authority and Legal Issues* section of the plan provides a detailed outline
d1 of all legal authority for the department related to emergency response. This includes the statutory formation of the
d2 Governor's Expert Emergency Epidemic Response Committee (GEEERC) to address emergency epidemics. Within the Internal Plan, Part II: Operational Plan, the *Authority and Legal Issues* section provides additional legal authority for specific programs and activities encountered during emergencies. This includes authority addressing spoiled or contaminated food and dairy products, contaminated or malfunctioning drinking water and wastewater systems, debris management, air pollution (e.g. air quality during wild fires), and disease outbreak control measures (e.g. isolation and quarantine). The size and scope of the emergency event determines the level of support required and the scope of authority implemented.

d2

State and local public health planning meeting

Joint participation in all public health planning efforts is ongoing with local partners. Implementation of the department's plan and the public health emergency response efforts requires extensive communication, collaboration, coordination, and cooperation among CDPHE divisions, numerous state and local agencies, (i.e. especially for the GEEERC and for Chempack planning and response), and community businesses. The department works closely with all 64 counties in the state for public health emergency response with the assistance of public health regional personnel (planners, trainers and epidemiologists) to ensure the department plan is synchronized with the local plans and coordinated with state and local response entities. The Emergency Preparedness and Response Division's website provides information that supports these partnerships and the documents generated.

E. SITUATIONS AND ASSUMPTIONS

The Colorado Department of Public Health and Environment provides general emergency event assumptions in the *Planning Assumptions* section of the Internal Plan Part I: Base Plan. Within the Internal Plan, Part II: Operational Plan,
e1 the *Emergency Response Coordination* section provides additional assumptions for the department and specific programs for public health and environmental issues in emergency events. Since the department is only one component of the state government for state-level response, the hazard analysis and the assumptions pertaining to specific threats reside in the State Emergency Operations Plan. The threat analysis is adopted by the department and the department's internal plan addresses public health response to all such threats and assumptions outlined in the overall State Emergency Operations Plan. The *Hazards Analysis Summary* section
e2 of the Internal Plan, Part II: Operational Plan enhances those assumptions for the hazards in which public health will have a critical role in coordinating the state's
e3 response efforts. In an effort to anticipate the response activities essential to succeed for certain threats, the department has developed 15 draft Executive Orders to support public health response. A summary of these orders exist in the *Authority and Legal Issues* section of the Internal Plan , Part I: Base Plan.

F. ACTIVATION CIRCUMSTANCES AND EVENT SEQUENCE FOLLOWING ACTIVATION

Responses to emergency events are always activated at the local level since all events are local in a Home Rule state such as Colorado. The local government will initiate response and establish the incident command structure for the event, including public health response. Technical support requests by the local leads for any component of public health, environmental health, or medical response will result in the activation of the department. The department can also be activated via an official request of the Governor for state resources. If the event is a public health emergency, the same protocol is followed as when activated from a local request or the Governor's Office except that the Colorado Department of Public Health and Environment is the state lead agency and the State Emergency Operations Plan will integrate into the public health response plan for the event. The *Forward*, *Scope*, *Authority, Implementation, Roles and Responsibilities,* and *Management of Events* sections of the Internal Emergency Response Plan: Part I: Base Plan all provide components of the Colorado Department of Public Health and Environment's standard operating procedures for activation. The levels of activation follow standard NIMS format and are determined by the type of response efforts and resource commitments of the department.

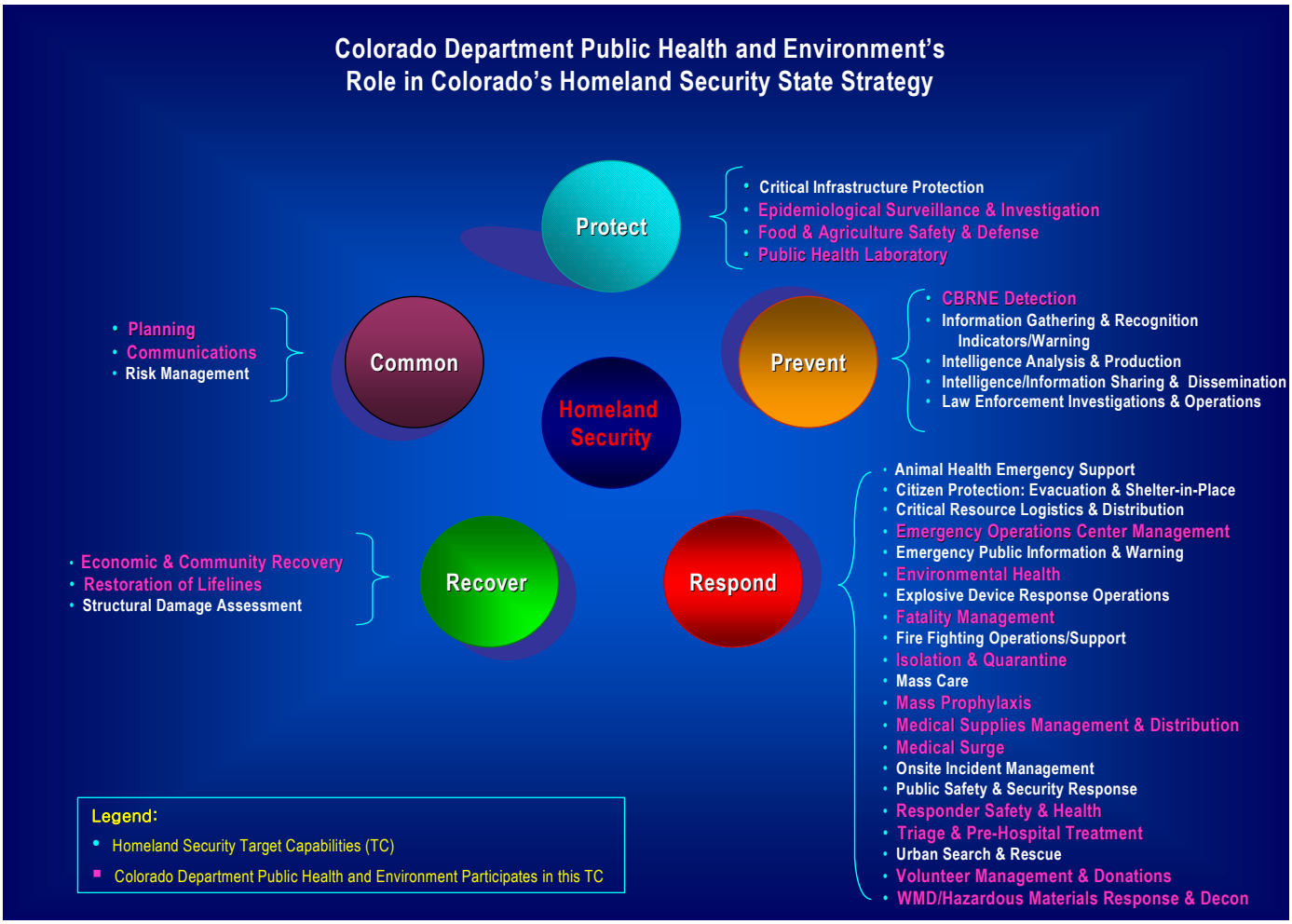
f1

f2

DEPARTMENT OF HOMELAND SECURITY: STATE STRATEGY

Colorado Department Public Health and Environment's Role

The Colorado Department Public Health and Environment has a role in Colorado's Homeland Security State Strategy in all five Capability Mission Areas established by the U.S. Department of Homeland Security. Of the 37 Homeland Security Target Capabilities, the department is lead or support for 19 (51%) of the capabilities.



DEPARTMENT OF HOMELAND SECURITY: ROLE IN NATIONAL PLANNING SCENARIOS

Nuclear Detonation • Biological Attack- Anthrax, Plague, Food, Disease Outbreak (pandemic) • Foreign Animal Disease • Chemical Attack – Industrial, Nerve, Chlorine tank • Natural Disaster – Earthquake, Hurricane • Radiological Attack • Explosives Attack • Cyber Attack

Colorado's Homeland Security State Strategy identifies the Colorado Department of Public Health and Environment as having a key role in the state's response planning efforts and response action for the U.S. Dept of Homeland Security National Planning Scenarios, universal tasks and target capabilities. All public health emergency response planning performed by this department takes into consideration this department's response integration with local responders, including local public health for all scenarios outlined. The department's Internal Emergency Response Plan, Part I: Base Plan references this in Chapter 2 of the plan as public health at the state level has a role in the following Homeland Security Planning Scenario categories. The department's role is support in the following areas:

Nuclear/ Radiologic **Nuclear Detonation** – Medical response (including SNS activation) and environmental impact on water ways, air, and soil

Biological **Biological Attacks: Aerosol Anth rax, Plague (disease/pandemic)** – Laboratory diagnostics, epidemiology disease surveillance/investigations, disease control measures (including SNS activation) and public information

Chemical **Chemical/Radiological Attack: Toxic Industrial Ch emical, Nerve Agent, Chlorine T ank Explosi on** – medical (including SNS activation), agent and air monitoring technical support, environmental impact on waterways, air, soil

Explosion **Explosions** – medical/trauma, mass fatality, environmental impact, and waste removal.

DEPARTMENT OF HOMELAND SECURITY: CAPABILITIES – 'PREVENT' MISSION AREA

•CBNE Detection • Information Gathering & Recognition of Indicators/Warnings •Intelligence Analysis & Production •Counter Terrorism & Law Enforcement

CBRNE The Colorado Department of Public Health and Environment also takes an active role in assisting in providing technical assistance and sharing intelligence on suspicious criminal acts that may involve biological, chemical, or radiological agents. The First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling was created by the department in collaboration with the FBI, the Colorado National Guard WMD Civil Support Team, local fire department hazardous materials response teams, the Colorado State Patrol Hazardous Materials Response Team, the U.S. Postal Service, Inspection Service and Colorado's intelligence fusion center - the Colorado Information Analysis Center.

Joint exercise with federal partners

G. CONCEPT OF OPERATIONS

The Emergency Preparedness and Response Division is responsible for establishing a concept of operations for the department's response. This operational plan requires that the department work closely with local partners to ensure the department fulfills their expectations of complete integration of the department into the local response efforts, while still g1 fulfilling the concepts of operation of the State Emergency Operation Plan for state response. The department's Internal Emergency Response Plan, Part I: The Base Plan outlines all of the *Concepts of Operations section*. Within the Base Plan, *Chart 2* in the *Introduction* section outlines the role of each department program based on the NIMS framework for g2 response by emergency support function in the State Emergency Operations Plan (SEOP). Some department programs will be the lead for specific activities and other department programs will be support to other state or local departments. Within Part II: Operational Plan, *Chapter 7* provides the details of the roles and responsibilities of each program. Since the department is only one component of the state's response, the SEOP on the state Division of Emergency Management's website provides a complete summary of all concepts of operations and roles that state agencies in Colorado must be prepared to fulfill.

DEPARTMENT OF HOMELAND SECURITY: CAPABILITIES – 'RESPOND' MISSION AREA

♦Animal Health Emergency Support ♦Citizen Evacuation/Shelter-in-Place ♦Critical Resource Logistics & Distribution ♦Emergency Operations Center Management ♦Emergency Public Information & Warning ♦Environmental Health ♦Explosive Device Response Operations ♦Fatality Management ♦Fire Incident Response Support ♦Isolation & Quarantine ♦Mass Prophylaxis ♦ Medical Supplies ♦Medical Surge ♦Mass Care ♦Onsite Incident Management ♦Public Safety & Security Response ♦Responder Safety and Health ♦Triage & Pre-Hospital Treatment ♦Urban Search & Rescue ♦Volunteer Management & Donations ♦WMD/HazMat Response & Decontamination

Critical Resource Logistic

EOC mgt

Activation of the Dept Operation Center (DOC)

Public Info & warning

The Colorado Department of Public Health and Environment has a role in virtually all categories outlined in the Homeland Security 'Response ' Mission Area through Colorado's Homeland Security State Strategic Plan. The department's Internal Emergency Response Plan takes into consideration acts of terrorism as well as natural or other man-made disasters. The logistical component of the plan is functionally outlined in the Department Operations Center Manual to ensure department resources are managed efficiently during emergency events. The Department Operations Center coordinates all ESF 8 activities with local public health and other ESF 8 community leads, while a department representative reports to the State Emergency Operations Center to coordinate the department's activities with other state agencies for state response. The department provides technical support on environmental health topics involving biological, chemical, and radiological agents in the air, water, and soil or impacting the food supply during natural and man-made events, including acts of terrorism. This is specifically addressed in the *Preface, Forward, Authority* and *Concepts of Operations* sections of the Internal Plan, Part I: Base Plan and the *Hazard Analysis Summary*; *Food and Drug Hazards*; *Water Hazards*; and *Laboratory Support* sections of the Internal Plan. Part II: Operational Plan.

Envir Hlth

Fatality Mgmt

While fatality management is referenced in the Internal Plan for the issuance of death certificates and general technical support, a fatality management website exists to support county coroners, funeral home directors and local mass fatality planning. The department worked closely with government and private entities to address: capacity issues; county coroner emergency management issues; cultural and religious issues; identity theft and other legal/law enforcement issues during mass fatality events.

Isol'n/ Quar

Mass Prophy

Med Supplies

The department's Disease Control and Environmental Epidemiology Division leads the state's activities for communicable disease surveillance and control, working closely with both the medical community and the regional epidemiologists for reporting and response activities. The division's website provides a summary of state rules, which include isolation and quarantine, as well as surveillance data. Response activities are typically managed by the local public health agencies. When incidents occur that involve exposures to preventable diseases such as anthrax, a comprehensive state plan is activated to support local public health in mass prophylaxis situations. The department does not lead a mass prophylaxis clinic but will support local public health response both in obtaining medication and providing technical support. If an incident occurs that requires medical supplies be distributed to local public health agencies or hospitals, the department's SNS Plan will be activated to support these response efforts as well. With the support from grant funds, the department has worked with the medical community and its regional medical and trauma advisory councils to support medical surge capacity across the state. The field movement of Chempack to the scene of an incident is under development and is a joint effort with local fire departments and EMS agencies, as demonstrated in an August 2009 Chempack exercise.

Med Surge

The Health Facility and EMST Division website provides emergency preparedness resources to support all categories of medical facilities for response to community disasters and patient surge.

Responder Hlth & Saf

Triage & Pre-hosp

The Colorado Department of Public Health and Environment houses a wealth of technical expertise on human health and safety topics. As a result, the department is integrated into the state's homeland security strategic plan as the lead for this target capability. The department routinely works with community responders related to planning and response for hazardous material incidents, threats to natural water ways and for mass casualty incidents. The Emergency Medical Services and Trauma Section website provides a wealth of information for pre-hospital (EMS) professionals as they are the state lead for coordinating the regional emergency medical and trauma advisory councils that develop the local plans.

Department N 95 mask fit-testing

Volunteer Mgmt

The Colorado Department of Public Health and Environment is the lead for developing a system to capture and train public health and medical volunteers to support emergency response activity. The Colorado Volunteer Mobilizer and the Medical Reserve Corps are two systems designed and coordinated through the state health department for local emergency operation centers to activate as needed for events. The Colorado Volunteer Mobilizer enrolls volunteers that are willing to respond to any event across the state while the Medical Reserve Corps are community – specific response teams.

WMD/ Hazardous Materials

As the state lead for the reporting of hazardous materials spills, the department also works on hazardous materials response planning. This occurs among the Air Pollution Control Division, Consumer Protection Division, Disease Control and Environmental Epidemiology Division, Hazardous Materials and Waste Management Division, Water Quality Control Division, Laboratory Services Division, and Emergency Preparedness and Response Division. All programs work with community partners, private industry partners, and local public health partners.

Alerts/ Warning

There are a variety of alert/warning systems in place through the Colorado Department of Public Health and Environment that support the Homeland Security expectations as well as the public health expectations:

- Air Quality Alerts – to notify the public of poor air quality from carbon monoxide, ozone, or wildfire particulates.
- Health Alert Network (HAN) – to inform state and local partners of public health incidents of importance.
- EMSystem – for EMS and acute care hospitals to assist in managing patient transports every day and to act as a mass casualty patient management tool during major emergency events with casualties.
- Water Alert Response Network (WARN) – to communicate with water districts for information sharing. This system also assists with mutual aid when impacted water districts may be in the need of personnel, pumps, or disinfection chemicals to keep the water supply operational during emergency events.
- Foodborne Illness Task System (FITS) – to track foodborne illness incidents.
- Foodborne Emergency Response Network (FERN) – for laboratory diagnostics associated with foodborne illnesses.
- General Alerts – to provide public information for consumer product safety, drugs and medical device alerts, as well as other information of importance to the public related to public health and the environment.

DEPARTMENT OF HOMELAND SECURITY: CAPABILITIES – 'COMMON' MISSION AREA

♦ Planning ♦Communications ♦ Community Preparedness and Participation ♦ Risk Management

Planning

Commun

Community Preparedness

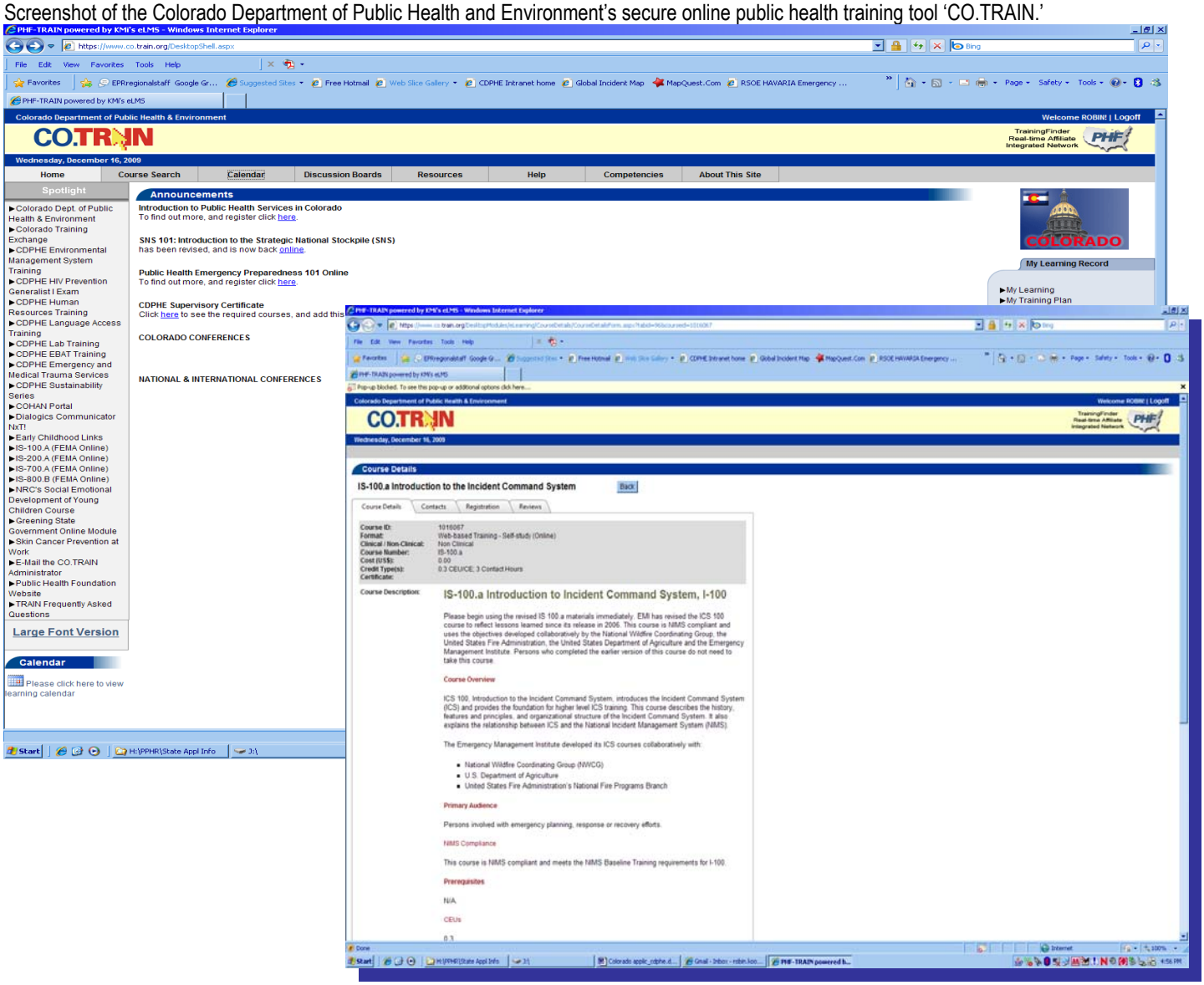
The Colorado Department of Public Health and Environment participates in the state's Homeland Security planning by acting as a subject matter expert to local/regional and state planning efforts for topics covered under Emergency Support Function # 8: Public Health and Medical Response, as well as for any public health or environmental health issues pertaining to the National Planning Scenarios and the Homeland Security Target Capabilities. The department has an effective and comprehensive communication plan (details located in Section L of the Communication Plan) that integrates into the state's overall communications capability so a continuous flow of information occurs from the public health and environmental health response activities. This supports the department's role in community preparedness and participation.

H. N ATIONAL INCIDENT MANAGEMENT SYSTEM

h1 The Governor of Colorado signed an executive order on December 6, 2004 that established the National Incident Management System (NIMS) as the state standard for incident management. The Colorado Department of Public Health and Environment subsequently adopted the standard for all public health emergency response planning and response activity. Within the department, a baseline assessment of the NIMS requirements exists. Personnel fulfilling pre-defined
h2 roles or levels of management must complete NIMS training, which ranges from the basic ICS 100 course to the more advanced ICS 400 level. A process was created on the secured electronic training program known as CO.TRAIN for department staff to conveniently take online courses and allow the department to easily track completion levels amongst department personnel. Trainers on staff teach the more advanced courses that require group dynamics. The image below displays the CO.TRAIN screens employees access for the NIMS training. The department currently has a 100%
h3 compliance level for managers. The department's Internal Plan, Part I: Base Plan and the Department Operations Center Manual (DOC) follows that National Response Framework as well as the NIMS structure and language.

Figure 1: CO.TRAIN

Screenshot of the Colorado Department of Public Health and Environment's secure online public health training tool 'CO.TRAIN.'



I. Functional Staff Roles

i1 The Colorado Department of Public Health and Environment relies on two documents to guide personnel about the roles and responsibilities they will be assigned during emergency response operations. They are: the i2 Internal Plan, Part I and Part II, and the DOC Manual. Each event and the level of activation determines the roles selected for state level public health response. Staff qualifications for NIMS course completion and technical expertise are taken into consideration when the roster is developed for each event. Personnel are trained for multiple ICS positions to ensure a minimum of three i3 individuals being qualified per position to ensure activities i4 continue over multiple operational periods. The DOC Manual contains Job Action Sheets for each key role and contains checklists for functional activities within the DOC to ensure appropriate safety and management of the facility and equipment. Outlines and 'Just-in-Time' training forms facilitate shift change and introduce volunteers into the system. These documents were successfully applied during both the Democratic National Convention in August 2008 when the department was operational 24/7 for 7 days, and during the H1N1 influenza outbreak in spring 2009.

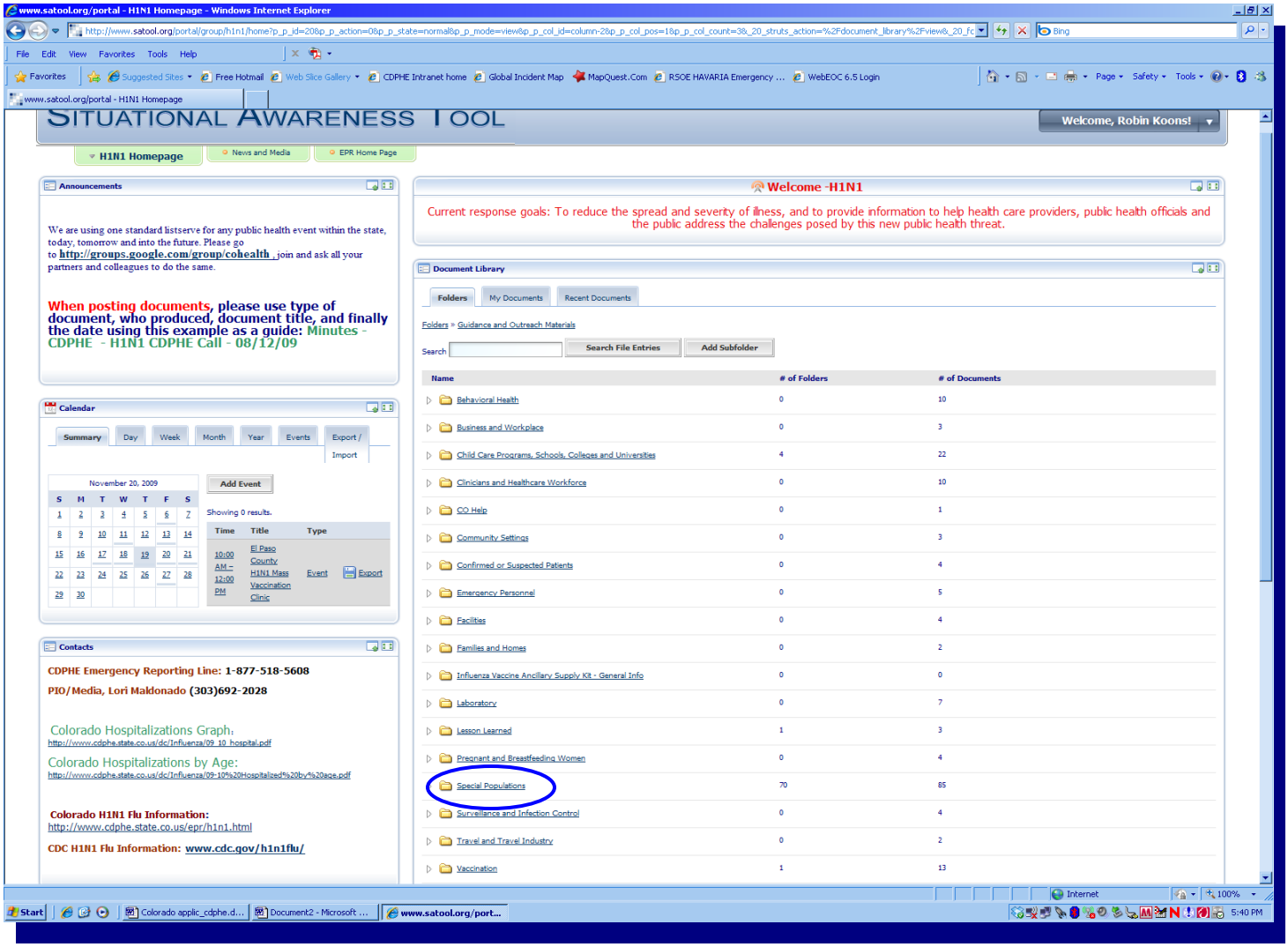
CO Dept Public Health & Environment's activated DOC

J. Vulnerable Populations Access and Demographics

j1 Based on Supplemental Security Insurance data from the 2000 census database, Colorado ranks 47th in the nation with 14.7 % of the state's population defined as blind or disabled. This statistic does not include individuals that are otherwise impaired or compromised for response purposes to emergency events. The department is sensitive to the fact that as much as 24% of the state's population is classified as a minority and more than 16% of the state's population has a primary language other than English. In addition to this, as many as 20% of the residents in some counties do not have a high school diploma. These, and other statistics on the vulnerable populations in Colorado, are important factors for the state's public health emergency response planning for both written and verbal communications, as well as working with local public health departments for their community response planning.

As a Home Rule state, each county maintains its own database for a more complete profile of the vulnerable populations in their jurisdiction for both emergency event planning and response activities. The state's role is to provide support to j2 local public health. There are no direct services provided by this department; all such services are provided at the local level. The Colorado Department of Public Health and Environment created two fact sheets to assist local public health in communicating readiness tips for: Populations with Medical Needs and Populations with Disabilities. A general guide also exists for Communicating with Persons with Sensory Impairments. With the assistance of the HHS Hospital Preparedness Grant, funding was given to the Colorado Cross Disability Coalition to participate in emergency response planning for vulnerable populations. The department translates these statistics to practical assistance to local partners for response actions. During the H1N1 events, the department created a folder on the state's public health emergency operations Situation Awareness Tool or 'SATool' (image below) for "special populations" information. This tool is accessible by both local emergency managers and local public health departments and played a critical role in communicating up-to-date information to local public health agencies and local emergency mangers throughout the H1N1 response efforts.

Figure 2: SATool
Screenshot of the Colorado Department of Public Health and Environment's 'Situation Awareness Tool' for local public health and other emergency response partners during the spring 2009 H1N1 activites. The Vulnerable/Special Populations folder is circled.



K. C OMMAND AND CONTROL

k1 It is an expectation of the Governor of Colorado, by executive order, that all state departments will follow the NIMS process. Therefore, the Colorado Department of Public Health and Environment implemented the NIMS Incident Command System/Unified Command structure into its Department Operations Center (DOC) and interacts with local public health and other local ESF 8: Public Health and Medical Response leads within the NIMS structure. This is documented in both the department's Internal Plan and the DOC Manual.

L. C OMMUNICATIONS PLAN

I1 I2i I2ii I2iii I2iv I1i The department identifies three different forms of public health communication: prevention, intervention, and control. All three types of communication occur in both a written and verbal manner. A comprehensive communication process exists to address all categories of communication. The department's Office of Communications is responsible for the formal Communication Plan for both daily and emergency events. In addition to this, each program provides written public health information on the department's website, which is routinely updated. The website is also a powerful tool for

communicating with the public during emergency events such as the H1N1 Influenza event and immunization process. The *Management* section of the Internal Plan, Part I: Base Plan, outlines the communication response process during emergency events, including the method in which notification occurs and the pertinent information to guide activated personnel. The Health Alert Network, Water Alert Response Network and EMSystem are tools for alerts and notifications. The 800 MHz radio system and SATool are used for ongoing operational communication during events.

The Duty Officer Manual guides the 24/7 Emergency Preparedness and Response Division's duty officer in responsibilities, while the Health Alert Network Plan outlines the details for the 24/7 HAN lead to activate the appropriate list of internal personnel when activation and mobilization occur, and to send notifications and alerts to staff and local partners. The DOC Manual provides the communication process for notification and alerts after initial activation takes place. Both the HAN and EMSystem (for hospital and EMS notifications) have the contact information pre-programmed into these notification systems. The department's public health emergency operations system, SATool is a secure system with restricted access reserved for local public health and emergency management communication. And, the 800 MHz radios has pre-programmed channels. The contact list for these systems provides home phone number, mobile phone numbers, email addresses, and text-message addresses for department staff trained to activate the systems to ensure they can be contacted when needed. There are a minimum of three individuals trained within the department for each of these communication systems. While the audience targeted for each of these systems may vary, the disciplines covered include: local public health, hospitals, EMS agencies, local emergency managers, and law enforcement agencies.

M. E PIDEMIOLOGY

The Colorado Department of Public Health and Environment's Board of Health, through state statute, has authority to require the reporting of dangerous diseases to public health officials. public health professionals also have authority to access medical records related to such diseases (C.R.S. 25-1.5-102((1) (a) (II) and 25-1-122). Additionally, authority exists to allow state and local public health agencies to "investigate/control causes of epidemic and communicable diseases affecting the public's health" (C.R.S. 25-1.5-1021.a and 25-1-506.1.b). The *Authority* section of the Internal Plan, Part I: Base Plan provides more details information pertaining to this department's legal authority for conducting epidemiological investigations. The department's Disease Control and Environmental Epidemiology Division conducts surveillance with the assistance of the centralized reportable disease database known as the Colorado Electronic Disease Reporting System (CEDRS). All local public health agencies have access to this secure system to assist them in their community-specific surveillance and epidemiologic investigations. The surveillance information of reportable diseases and syndromes is routinely posted on the division's website .

The department's Epidemiology Investigations and Disease Control Plan outlines the procedures for both passive and active surveillance, which includes the epidemiologic assessment of the disease rates in comparison to baseline data. The plan identifies the process for disease investigations and contact tracing as a mechanism to both characterize the illness or the outbreak (i.e., person-place-time). The plan summarizes that epidemiologic processes such as interviews, medical records review, and sampling help to obtain the details required to characterize a disease trend or outbreak. The Disease Control and Environmental Epidemiology Division also provides guidance to regional epidemiologists (local public health) through an Outbreak Investigations Guide. The division's Communicable Disease Program's website offers additional guides for general communicable diseases, special settings and zoonotic diseases to assist in determining population at risk and evaluating the impact of control measures. Also on the division's website is the Diseases/Conditions Reportable by Providers and Laboratories regulatory information, which is summarized in the department's Internal Plan, Part I: Base Plan, *Authority* section.

m5i Epidemiologic data is shared with local public health agencies via CEDRS and with healthcare professionals and the public via the department's website and, often, news releases. The Communicable Disease Program's website provides information on current topics and ongoing epidemiologic data in Surveillance Reports for Communicable Diseases.

m5ii During emergency events, data management of epidemiologic data is outlined in the Epidemiology Investigations and Disease Control Plan and will follow the standard ICS approach as outlined in the Internal Plan, Part II: Operational Plan for coordination and collaboration among programs within the department and for working with local and federal public health professionals. This includes collecting environmental samples and conducting joint analysis of their impact.

m6

N. Laboratory Data and Sample Testing

n1 The Colorado Department of Public Health and Environment's Laboratory Services Division provides detailed instructions for both first responders and local public health professionals on the manner in which samples should be collected, packaged, and transported to the state's laboratory. These guidelines are located in the First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling and on the Laboratory Services website. The department's laboratories are certified by CDC and CLIA for specific testing, including responding to credible threats. The division also provides a list of other certified laboratories to ensure samples can be delivered in a timely manner from any location in the state. The department's laboratories are available 24/7 for critical samples that are associated with a credible threat or emergency event. The First Responder Manual and other documents located on its website, such as for rabies testing, provide a 24/7 contact number for the Laboratory Services Division.

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n2 The department's Laboratory Services Division creates an annual report that summarizes its programs and the activities throughout the year. In the 2007-08 Annual Report, data management is demonstrated on page 24 for all laboratory diagnostics testing. Since these labs support programs within the department, specific laboratory diagnostic results are recorded in the databases of those programs. Internal documents outline the process each laboratory follows to ensure accurate flow of diagnostic information to the appropriate programs. The divisions' website and the First Responder Manual outline the procedures for completing a Chain-of-Custody sample and the manner in which the laboratory relays results to the appropriate agencies or internal programs.

n3

n4

Department of Homeland Security: Capabilities – 'Protect' Mission Area

♦ Critical Infrastructure Protection ♦ Epidemiological Surveillance & Investigation ♦ Food & Agriculture Safety and Defense ♦ Laboratory Testing

Critical Infrastr The Colorado Department of Public Health and Environment is the state lead for the 'Protect' Mission Area in the Homeland Security State Strategic Plan. The department exchanges information with the Colorado Department of Public Safety's, Office of Preparedness and Security on critical infrastructure that falls within the scope of the public health and medical areas. This includes keeping the office briefed when events occur that impact systems, such as drinking water supply.

Epi Surv & Invest Epidemiologic surveillance and investigations take into consideration covert acts of terrorism and shares information with the state's intelligence fusion center when any biological agent that is on the CDC List-of-Lists is identified in the state. The department has a partnership with the FBI, the U.S. Postal Service and the National Guard Civil Support Team for credible threat investigations that involve suspicious powders. These partnerships carry over to joint planning and response activities during events. The department also works closely with the Colorado Department of Agriculture for surveillance and investigations of diseases that may impact the food and agriculture industries.

Food Lab The department performs laboratory testing for law enforcement, hazardous materials specialty teams, and other partners that may have a role in protecting the public's health or the environment.

O. MASS PROPHYLAXIS AND IMMUNIZATION

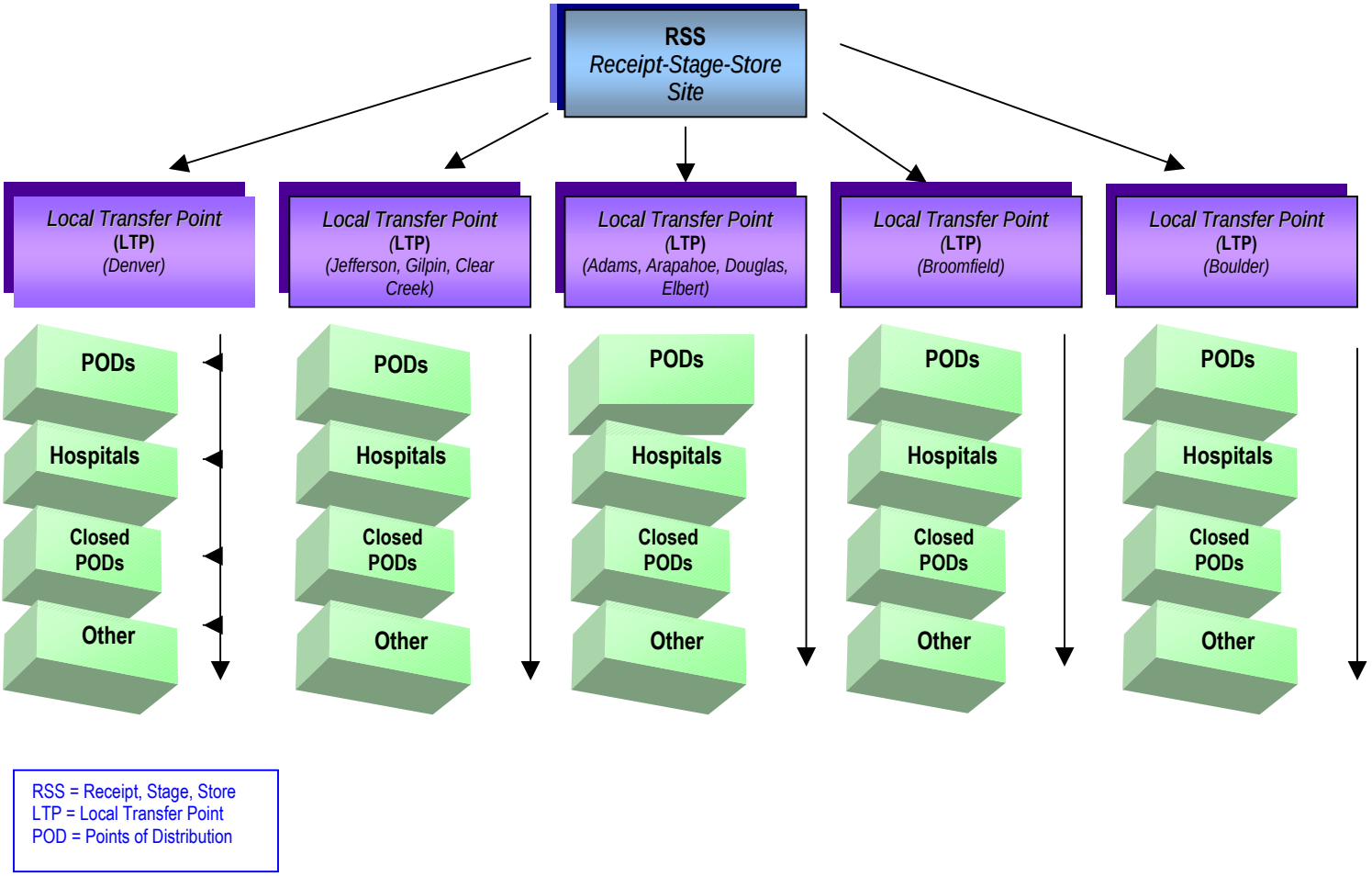
o1 The Colorado Department of Public Health and Environment has a limited role in mass prophylaxis and immunizations. As a Home Rule state, local public health agencies are responsible for implementing disease control measures,
o2 including mass prophylaxis response. The department's role in such events is the activation of the Strategic National Stockpile (SNS) to obtain the appropriate medications for a mass prophylaxis response. To activate the SNS, the department must first activate the Governor's Expert Emergency Epidemic
o3 Response Committee (GEEERC) and determine that the SNS is needed. Coordination and communication with the local public health agencies occurs before, during, and after activation of the SNS. The department's SNS Plan
o4 focuses on state-level ordering and receiving, and regional distribution of the SNS supplies. Local public health plans address receiving supplies at the regional level and movement to points of distribution. Personnel involved in the
o5 department's activities for SNS activation and movement are tracked through the Logistics Branch of the incident command structure, as with other personnel assisting the local jurisdictions in need.
o6 Memoranda of Understanding (MOUs) exist with agencies that assist with the resource management operations; a standardized tracking system is in place for inventory management. The department's Immunization Program website provides information for healthcare professionals pertaining to vaccinations. Within the Colorado Immunization Information System (CIIS), inventory management forms, vaccine fact sheets, and ordering forms can be found. The
o7 Colorado Immunization Manual provides a comprehensive guide for vaccine accountability and inventory management,
o7i o7ii tracking, and reporting of adverse reactions. The website provides a link to the CDC-FDA sponsored website for adverse-reaction tracking, known as the Vaccine Adverse Event Reporting System (VAERS).

State movement of the SNS

o7iv

Although the department does not host mass prophylaxis clinics for the public, the Immunization Program does have a
o7v plan for setting up a distribution point for administering vaccine to department personnel. This plan outlines the number of personnel required to support these activities, which are tested when department personnel are offered the seasonal influenza vaccine. Volunteers to support these mass prophylaxis clinics are obtained from other programs within the department, generally requiring less than ten volunteers per event. The SNS Plan is a comprehensive state-level document that describes the interaction between the Colorado Department of Public Health and Environment, the GEEERC, federal SNS representatives, and local public health SNS leads. The roles and responsibilities of the department's Emergency Preparedness and Response Division, as the department's lead for the SNS operations, are outlined in detail in the SNS Plan, as are the roles and responsibilities of the local public health SNS planning expectations. This includes defining the essential personnel for the state-level SNS operations and the inventory management requirements for the regional or local agencies to ensure consistency and accuracy of tracking supplies at all levels (local, state, federal).

Figure 3: SNS State Plan – Sample SNS distribution flow chart for public health in the North Central Region



P. MASS PATIENT CARE

Regional medical surge cache setup exercise

p1 p1i p1ii p1iil p1iv Colorado is divided into 11 regions (by state statute) for emergency medical and trauma planning purposes. Each region has its own advisory council, known as Regional Emergency Medical and Trauma Advisory Councils or RETACs, that is comprised of acute care hospitals, pre-hospital/EMS agencies, and local emergency managers. Each region has a mass casualty plan for patient management and movement in response to both daily and large-scale emergency events. With the assistance of the HHS Hospital Preparedness grant, supplies were purchased in 2003 to support Medical Surge Capacity Planning in each RETAC region of the state. Since that time, grant funds contributed to enhancing mass patient care plans.

p2 p3 Because all disasters are managed at the local level, the Colorado Department of Public Health and Environment only provides technical support to the lead jurisdiction establishing the mass patient care plans. The local jurisdiction will define who has access to the care and will lead activation of mutual aid or the medical volunteer systems to maintain operations. It is, however, the responsibility of the department to request federal assistance should additional resources be needed that exceed the capabilities of the local response. The department will follow the standard incident management system for communication with any medical surge sites, relying on the local ESF 8 – Medical lead to be the liaison with the facility and the State Emergency Operations Center or the Department's Operation Center. The public health 800 MHz radios may be used for physical communication with the site should no other mechanism for verbal communication exist.

P4 P5 P6 The casualty transportation process to medical surge sites is established by the local emergency operations center and will follow the procedures outlined in the region's mass casualty plan, unless modified due to circumstances related to the disaster event. The state will integrate into the local plan as requested. The decisions for providing medical care to individuals in shelters is also established by the local emergency operations center. The monitoring of communicable diseases will occur through local public health agencies for both medical surge sites and shelters. Reporting and tracking will follow standard reporting protocol as outlined in the Internal Plan, Part II: Operational Plan, *Disease Control* section and the Communicable Disease Plan. This includes the monitoring of individuals under isolation or quarantine orders.

Q. MASS FATALITY MANAGEMENT PLAN

q1 Mass fatality events are led by the local emergency operations center. Since death certificates are issued through the Colorado Department of Public Health and Environment, this department played a role in assisting in the development of templates for mass fatality plans. Committees formed by the department engaged county coroners, religious leaders, mortuary leaders, and law enforcement to ensure planning took into consideration both cultural, religious and legal issues. Guidance documents and links to other websites can be found through the department's mass fatality management website.

R. ENVIRONMENTAL HEALTH RESPONSE

r1 The Colorado Department of Public Health and Environment's Internal Plan, Part II: Operational Plan details environmental hazards in a manner that is consistent with the State Emergency Operation Plan (SEOP) and the National Framework for all-hazard emergency response. This is all-encompassing, addressing contaminated air, water, soil, and food (i.e., media); zoonotic diseases as well as those caused by biological, chemical, or radiological agents; and general environmental infrastructure (e.g. waterways, water, and water-wastewater treatment facilities, food-handling facilities, air quality control, and soil contamination-waste disposal). The Internal Plan provides the documentation of the department's legal authority to inspect, investigate, and take legal action on behalf of the public's health and Colorado's

environment. In some local jurisdictions in the state, local public and environmental health agencies have programs that perform these tasks on behalf of the state or on their own authority. In these jurisdictions, the department acts as a support agency to local response.

r2i At the state level, foodborne illness outbreak surveillance and investigations are collaboratively conducted within the department by the Consumer Protection Division and the Disease Control and Environmental Epidemiology Division. These activities may occur in conjunction with local public health personnel or on their behalf. All information is disseminated to the local community as requested or required, particularly when additional action is required to control or stop the outbreak. In situations involving community action such as bottled water orders, public announcements are made jointly with the community impacted and appropriate surveillance data is provided to the residents impacted.

r2ii Vector and vector-borne disease surveillance is conducted by the department throughout the state, in conjunction with local public health agencies where applicable. Vector control is a component of the SEOP's Debris Management Plan that is recommended by the state to local emergency managers following disasters. Local public health agencies are encouraged to be a part of this process, particularly with injury prevention by informing the public of health risks and the reporting of potential vector-borne diseases. The department provides technical support to local emergency response efforts in the form of both active surveillance and testing for vectors as well as disease and injury control messages. This information is available through the department's website for Vector Control. In 2008, vector-related control measures were recommended to the local public health agencies and the public in response to six tornadoes that touched down in the northeast portion of the state and significantly impacted the town of Windsor, CO in Weld County.

r2iii The department is the state's lead for food safety and food regulations. While most counties have a local environmental health program to enforce these regulations, 14 counties contract directly with the state for these activities through the Consumer Protection Division. The division's website also provides guidelines for local businesses and public/environmental health professionals on food safety for the following settings: campgrounds, summer camps, and recreational areas; child care facilities; group gathering areas; labor camps; penal institutions/jails; public accommodations; schools; milk and dairy; retail food; and wholesale food. When emergency events occur, the department supports local environmental health programs both from a technical perspective and in resources to conduct inspections and condemn food products, if essential to do so. The Consumer Protection Division also works closely with the CO Department of Agriculture through ESF 11: Food and Agriculture Response in the SEOP. Food safety action was taken by the department during: (1) the blizzards of 2007 and 2008; (2) r2iv the community-wide water supply contamination (of Salmonella) in Alamosa, CO in spring 2008; and (3) during food product recalls in 2009.

2007-08 blizzards in SE CO becomes a food safety challenge when power is lost for days.

r2iv The department works closely with both local environmental health programs and water supply-wastewater treatment facilities/operators for issues related to drinking water supply and water safety. The department is the state's lead agency for monitoring and reporting on: the quality of the state's waterways; preventing water pollution; protecting, r2vii restoring and enhancing the quality of surface and groundwater; and assuring that safe drinking water is provided from all public water systems. The department's interaction with local public health, environmental health, and emergency managers is similar to that for food safety, both on a daily basis and when emergency events occur. The Water Quality Control Commission's Colorado Primary Drinking Water Regulations is the foundation for the department's role in water supply and water safety. Through the Safe Drinking Water Program, guidelines are provided to both the homeowner that has a private well and septic system and to community operators on how to ensure systems are working properly and safe water exists for human and animal consumption. Regulations are available for all licensed operators and

environmental professionals, as well as templates for public notices when malfunctions occur and bottled water or boil-water orders must be issued to a community. The Water Quality Control Division has regional water engineers throughout the state to assist operators with challenging situations and to work closely with local public and environmental health agencies or emergency managers during events. Internally, the division works closely with the Consumer Protection Division for impact on food safety, the Disease Control and Environmental Epidemiology Division for human impact, the Laboratory Services Division for diagnostic testing to support water quality actions and disease surveillance, and the Hazardous Materials and Waste Management Division for impact on surface and ground water. These interactions are outlined in the department's Internal Plan, Part II: Operational Plan.

In recent years, the Water Quality Control Division was involved in addressing emergency response activities in support of a county environmental health program and the community water district related to drinking water supply for the following emergency events: (1) an explosion in the chemical treatment area of a drinking water treatment plant in the fall of 2007; (2) the removal of 14,000 head of cattle that died on the plains during the blizzards of 2007-2008 (to ensure ground and surface water contamination did not occur); (3) the contamination of the drinking water supply in Alamosa, CO in the spring 2008; (4) the impact on the drinking and wastewater treatment facilities after the tornado struck Windsor, CO in Weld County in 2008.

Contaminated water supply in Alamosa, CO in 2008 is both a drinking water and food safety issue.

The general sanitation topic overlaps into local government programs that are separate and independent of local public or environmental health programs. The Colorado Department of Public Health and Environment works closely with both entities to ensure Colorado's environment remains free of contaminants that may ultimately impact human health. The department's Hazardous Materials and Waste Management Division regulates solid waste, including materials management (recycling) facilities and hazardous waste generation as well as storage, transportation, treatment, and disposal facilities. The division also oversees the management of radioactive materials and radiation services. During emergency events, this division addresses the environmental impact of a chemical or toxic release and ensures appropriate clean-up occurs. The Radiation Control Program licenses and regulates facilities that work with radioactive material or have equipment (such as medical equipment) that contain radioactive material. During emergency events, they play a significant role in ensuring biomedical equipment and other materials are properly tested and damaged items safely disposed. This program has its own separate 24/7 response line while all other programs request hazardous materials and spills be reported through the department's 24/7 Emergency Response/ Environmental Release Hotline. Other department environmental programs have different components of sanitation and waste management that are specific to their discipline and require interaction with each other to ensure a cohesive and complete planning and implementation of rules and regulations, particularly during emergency events. These response efforts are outlined both in the department's Internal Plan, Part II: Operational Plan and the SEOP, Debris Management Plan. In addition to the sanitation activities of the Hazardous Materials and Waste Management Division, the Air Pollution Control Division addresses the disposal of asbestos, the Consumer Protection Division addresses sanitation as it relates to food safety, and the Water Quality Control Division addresses protecting surface and ground water during sanitation and waste disposal operations. All divisions provide technical assistance to private businesses and to local government agencies that handle waste management issues and releases. This includes smaller scale events involving sanitation and waste management issues when hazardous materials spills or industrial accidents occur. The department also provides technical support to communities when large-scale emergencies occur. This occurred after the 2007-08 blizzards when


The disposal of thousands of cattle that died in the 2007-08 blizzards in CO is a ground water and waste management issue.

snow prevented standard movement of waste due to road closures and ranchers having to address the disposal of dead animals buried under the snow out on the plains. In 2008, the department also provided technical support after the tornadoes struck the northeast part of the state, leaving behind both natural debris, spoiled food, and building demolition materials.

Mass care and sheltering for emergency response at the state level falls under the scope of the Colorado Department of Human Services and ESF 6 in the SEOP. The Department of Public Health and Environment is a support agency to
r2vi ESF 6 and will provide technical support to local public/environmental health agencies or emergency operations centers for food and water safety, waste management, and disease surveillance related to shelters. Resources in the form of inspectors and environmental testing are also available from this department.

Air quality activity is led by the Colorado Department of Public Health and Environment for both indoor and outdoor air
r2x issues in the state. The department keeps Colorado in compliance with the federal National Ambient Air Quality Standards, focuses on emerging air quality issues, performs transportation planning, oversees auto emissions testing, evaluates air permits and inspects stationary sources (industrial sources), monitors residential burning levels and open burning operations, provides technical assistance on indoor air pollutants such as asbestos removal, and collects and analyzes statewide ambient air quality data. In some jurisdictions in the state, local environmental health programs assist with some activities, most notably collecting ambient air samples. Virtually all of these programs have an active role during emergency events. The Air Pollution Control Division leads these efforts, which are detailed in the Internal Plan, Part II: Operational Plan. The SEOP, Debris Management Plan also has a section addressing asbestos abatement during the disaster recovery phase. The department actively keeps communities aware of air quality status downwind when major wildfires occur. The division also assists first responders with air modeling of potentially dangerous chemical agents that may release during industrial or vehicle accidents. First responders utilize this information when determining downwind notification of the public for health and safety purposes.

S. DISASTER BEHAVIORAL HEALTH: PUBLIC HEALTH EMERGENCY RESPONSE PERSONNEL

s1 Behavioral health programs are located in the Colorado Department of Human Services, which is a separate and independent agency from the Department of Public Health and Environment. Nevertheless, this department works closely with the Division of Mental Health Services on emergency preparedness and response. Collaboration and coordination for public health emergencies occurs through public health's DOC at the state level and encompasses community stress related to disasters as well as guiding victims in need of behavioral health prescriptive medication refills and behavioral health medical care.

T. DISASTER BEHAVIORAL HEALTH: POPULATION-WIDE PLAN

t1 Behavioral health programs are located in the Colorado Department of Human Services, which is a separate and
t2 independent agency from the Department of Public Health and Environment. Nevertheless, this department works
t3 closely with the Division of Mental Health Services on emergency preparedness and response. Collaboration and coordination occurs through the SEOP when large-scale disasters occur and communities request state assistance.

U. QUARANTINE AND ISOLATION PLAN

The Colorado Department of Public health and Environment, through state statute, has legal authority to "establish,
u1 maintain and enforce isolation and quarantine … and to exercise such physical control over property and the persons of the people within this state…." (see the *Authority and Legal* section of the Internal Plan, Part I: Base Plan). This authority
u2 is extended to local public health agencies as well. Thus, in jurisdictions that have local public health agencies, the department will be a technical support agency and each local public health agency will take the lead in the quarantine and isolation act ivies within their jurisdiction. The process requires health officials seek a court order requiring compliance with quarantine/isolation for non-compliant person(s). If individuals disobey a public health agency, state

statute considers such action a misdemeanor criminal offense. In addition to this, Executive Order 6.0 Concerning
u3 the Isolation and Quarantining of Individuals and Property in Response to the Current Disaster Emergency Epidemic, was created by the department specifically for emergency response action. This executive order authorizes the department to 'establish, maintain, and enforce isolation of all individuals infected with the disease or to quarantine all individuals exposed to the disease.' Coordination occurs with local public health agencies, local ESF 8: Public Health and Medical leads and local emergency managers during community emergency response activities. The Internal Plan, Part II: Operational Plan, *Disease Hazards* section provides details as to the department's process for coordination both internally and with partnering agencies at the local level.

u4 The department also provides online tools to local public health agencies, schools, and the private sector medical community for disease control measures of reportable diseases through the Communicable Disease Manual. The department's internal Pandemic Influenza Plan also addresses non-hospital isolation and quarantine as well as the issues that accompany these disease control measures. Despite the department being separate from the Division of Mental Health Services, which is located in the Colorado Department of Human Services, coordination occurs at the state level to ensure the sensitivity to human stress factors related to isolation and quarantine are taken into
u5 consideration and relayed to local public health agencies ordering and enforcing quarantine or isolation action. The department also encourages community behavioral health programs be an integral part of these disease control measures as standard operating procedure. Messages relayed to the public follow the department's Communication with the Media Plan and are generally performed jointly with local public health or community leaders.

v1 **V. C ONTINUITY OF OPERATIONS PLAN**

The Colorado Department of Public Health and Environment follow FEMA's guide for the development of the department's Continuity of Operations Plan (COOP). Each division is required to complete the criteria FEMA outlines in the COOP tool. The Emergency Preparedness and Response Division tracks the department's COOP status of all components of the COOP Plan by division. Due to new federal programs and ongoing changes in existing programs, the department's COOP plan is viewed as a living document; each division is expected to continually update its section of the plan as these changes occur or quarterly. Each division must exercise the COOP Plan annually.

W. P UBLIC HEALTH SURGE CAPACITY AND MUTUAL AID

w1 As a Home Rule state, leadership for public health response is the responsibility of the local public health agency. The Colorado Department of Public Health and Environment provides support to each jurisdiction as requested. The department's Internal Plan, Part I: Base Plan recognizes that, during large-scale emergency events, the department may be asked to provide resources for multiple jurisdictions at one time that may subsequently exceed the
w2 department's capacity. The *Assumptions* section of the Internal Plan addresses the expectation of standard capabilities and capacity being dependent on certain infrastructure resources such as power, fuel for generators, supply deliveries, and personnel accessibility. Standard availability is summarized in the Internal Plan, Part II:
w3 Operational Plan for each public and environmental health category. Within each division, a more detailed operations plan exists that further develops each program's capabilities and capacity. Consideration is given to equipment
w4 availability, skills and just-in-time training of volunteers, supplies, and time period to accomplish specific tasks. When a
w5 program's capacity is exceeded, the Internal Plan details that the department will move to Level 1 for internal
w6 activation and request public health resources from the federal government. If the event is a more encompassing 'State of Emergency,' and the department is only one response agency for the state as the ESF 8: Public Health and Medical Response lead via the SEOP, the department's request will be a component of the state's overall request to the federal government (during full Level 1 activation of the state). Standard federal emergency response request forms will be completed that will clearly state the mission of the requested resources, the location of their assignment and the anticipated duration of activity. Once received, they will respond to the local public health agency leadership or community emergency operations center ESF 8 lead.

w7 The Colorado Department of Public Health and Environment developed the public health and medical volunteer systems for the state. But actual activation and mobilization of the volunteers during emergency events becomes the w7i w7ii w7iii responsibility of local communities since Colorado is a Home Rule state. The Colorado Volunteer Mobilizer is a system allows for public health and medical professionals to register as volunteers to be activated during emergency events that may occur anywhere in the state. The system meets the criteria of the Emergency System for Advanced Registration of w7iv w7vii Volunteer Health Professionals (ESARVHP). All criteria are met and thoroughly outlined in the Colorado Volunteer w7v Mobilizer Manual. This manual includes a guide for local emergency management leads on the utilization of this w7vi volunteer population and to activate the system/volunteers desired, based on skill set. The department conducts a preliminary background check on potential volunteers and ensures professional licenses are active and in good standing. The department also oversees the Medical Reserve Corps program in which medical professionals can w8 volunteer for activation to events that occur within their own community. This program also follows the criteria set at the national level. Colorado does participate in the national Emergency Mutual Aid Compact and has a protocol in place w9 with for providing public health mutual aid to other states.

End Goal I Criteria and Documentation

AACRONYMS

AAR	After Action Report
AHJ	Authority Having Jurisdiction
CDC	Centers for Disease Control and Prevention
CDPHE	Colorado Department of Public Health and Environment
CFPD	Cunningham Fire Protection District
COC	Chain-of-Custody
COOP	Continuity of Operations Plan
CSP	Colorado State Patrol
CVM	Colorado Volunteer Mobilizer
DHS	Department of Homeland Security
DOC	Department Operations Center
DOT	Department of Transportation
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
EMST	Emergency Medical Services and Trauma
ESF	Emergency Support Function
FERN	Foodborne Emergency Response Network
FITS	Foodborne Illness Task System
FOUO	For Official Use Only
HAN	Health Alert Network
HHS	U.S. Department of Health and Human Services
HSEEP	Homeland Security Exercise Evaluation Program
IC	Incident Command
ICS	Incident Command System
LTP	Local Transfer Point
MAA	Mutual Aid Agreement
MCI	Mass Casualty Incident
MSEL	Master Scenario Events List
NACCHO	National Association of County and City Officials
NIMS	National Incident Management System
NRP	National Response Plan
POD	Points of Distribution
PPE	Personal Protective Equipment
PPHR	Project Public Health Ready
RETAC	Regional Emergency Medical and Trauma Advisory Council
RSS	Receipt, Stage, Store
SEOP	State Emergency Operations Plan
SNS	Strategic National Stockpile
START	Simple Triage and Rapid Treatment
TC	Target Capabilities
UC	Unified Command
WARN	Water Alert Response Network
WMD	Weapons of Mass Destruction

REFERENCES

SOURCE	CONTACT PERSON (*Link to email address*)
Colorado Chempack - Exercise After Action Report: 'Operation Cache Flow: A Chempack Field Mobilization Exercise'	Jennifer Trainer
Colorado Department of Public Health and Environment – website(s) • Air Pollution Control Division • Center for Health and Environmental Information and Statistics - GIS Support; Fatality Management • Consumer Protection Division • Disease Control and Environmental Epidemiology Division • Emergency Preparedness and Response Division • Health Facilities and Emergency Medical and Trauma Division • Hazardous Materials and Waste Management Division • Laboratory Services Division	http://www.cdphe.state.co.us/ http://www.cdphe.state.co.us/ap/index.html http://www.cdphe.state.co.us/GIS/index.html http://www.cdphe.state.co.us/ex/mortuary/ http://www.cdphe.state.co.us/cp/index.html http://www.cdphe.state.co.us/dc/index.html http://www.cdphe.state.co.us/epr/index.html http://www.cdphe.state.co.us/hf/index.html http://www.cdphe.state.co.us/hm/index.htm http://www.cdphe.state.co.us/lr/index.htm
Colorado Health Alert Network (HAN)	Chennelle Valenzuela
Colorado Homeland Security State Strategic Plan, Governor's Office of Homeland Security – website	http://www.colorado.gov/homelandsecurity
Colorado Pandemic Influenza Plan	Jackie Zheleznyak
Colorado State Emergency Operations Plan (SEOP); CO Division of Emergency Management, Department of Local Affairs – website	http://dola.colorado.gov/dem/index.html
Colorado Strategic National Stockpile Plan	Jennifer Trainer
Colorado Volunteer Mobilizer	Koral O'Brien
CO-HELP	Nancy Enyart
CO-TRAIN	Dana Erpelding
Department Operations Center Manual	Greg Stasinos
Disease Control and Epidemiology plans	Nicole Comstrock
Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Yonette Hintzen-Schmidt
Department Continuity of Operations Plan (COOP)	Greg Stasinos
Duty Officer Manual	Greg Stasinos
Emergency Preparedness and Response Division website design	Greg Schlosser
First Responder Manual on All-Hazard Environmental Incidents – Technical Support and Sampling	Larry Sater or Robin K. Koons, PhD
Mass Fatality Management – website	http://www.cdphe.state.co.us/certs/index.html
Medical Reserve Corps	Koral O'Brien
Medical Surge Cache and Mass Casualty Planning document	Robin K Koons, PhD
NIMS Requirements – department	Phyllis Bourassa
Radio Tactical Communication – Public Health and Medical	Greg Stasinos
Situation Awareness Tool- SATool	Kristen Campos or Lyle Moore
U.S. Dept Health and Human Services, Centers for Disease Control and Prevention, Public Health Readiness Grant	Natalya Verscheure
U.S. Department Health and Human Services, Hospital Preparedness Grant	Lyle Moore
Vulnerable Populations	Rachel Coles

APPENDIX A: SUPPORTING DOCUMENTS FOR GOAL I

APPENDIX A TABLE OF CONTENTS (click on document name)

Colorado Department Public health and Environment Emergency Response MOU Summary

State of Colorado
Department of Public Health and Environment (CDPHE)
All-Hazards Internal Emergency Response Plan
Part 1: Base Plan

In accordance with the Freedom of Information Act as per Exception 7, the information contained within this document is security sensitive, intended only for the use of those individuals and agencies to which this document is issued. Unauthorized dissemination, distribution, or reproduction of this document is strictly prohibited and subject to penalty by law. As a recipient of the enclosed information, I hereby understand the above responsibilities for maintaining the confidentiality of the enclosed information. I hereby agree not to copy, distribute, or communicate any of the enclosed information without authorization.

Revisions

This document will be reviewed annually or more frequently as needed. The reviewer will add the review date and any changes in the table below and **maintain a printed copy of the plan in a binder, replacing only the updated pages as necessary.** A copy will be kept in the Emergency Preparedness and Response Division and the Department Operations Center (DOC). **Electronic Copies are maintained on the division's network drive and on staff removable (or jump) drives.**

Date	Revision No.	Description of Change	Pages Affected	Reviewed or Changed by
November 2008	3	Updates/Revisions	Forward	Yonette Hintzen-Schmidt
October 2007	2	Updates/Revisions	ESF	Yonette Hintzen-Schmidt
November 2008	5	Updates/Revisions	Base Plan	Robin K Koons, PhD, Yonette Hintzen Schmidt
October 2007	1	Revisions/Additions	Authority/Legal Issues	Yonette Hintzen-Schmidt

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Chapter 10

Preface

In 2003, the president of the United States directed the development of a new National Response Plan (NRP) to align federal coordination structures, capabilities, and resources into a unified, all-discipline, and all-hazards approach to domestic incident management through Homeland Security Presidential Directive (HSPD)-5. This approach connects a broad spectrum of incident management activities that include the prevention of, preparedness for, response to, and recovery from large-scale natural disasters, acts of terrorism and other major emergencies. It is built on the template of the National Incident Management System (NIMS), which provides a framework for incident management at all jurisdictional levels, regardless of the cause, size, or complexity of the incident. The State of Colorado has adopted this framework and the Colorado Department of Public Health and Environment's (CDPHE) Internal Emergency Response Plan is revised and reformatted to comply. The Emergency Support Function (ESF) 8: Public Health and Medical Annex to the State Emergency Operation Plan (SEOP) also is modified in accordance with the NRP format.

The CDPHE All-Hazards Internal Emergency Response Plan is intended to guide personnel in the prevention of, preparedness for, response to and recovery from disaster or emergency events through two primary documents: Part I - the Basic Plan and Part II - the Operational Plan. Part I – The Basic Plan includes the scope, planning assumptions, roles and responsibilities, concepts of operations and ongoing plan review procedures. Part II – The Operational Plan outlines each specific program's responsibilities during events. Support Annexes provide guidance for effective implementation of the plan by outlining functional processes and essential administrative requirements for the department's role in the response to specific disasters and emergency events that may impact Colorado.

Implementation of the department's Internal Emergency Response Plan requires extensive communication, collaboration, coordination, and cooperation between CDPHE divisions, state and local agencies, and businesses. Collaboration and coordination with federal agencies will be employed when necessary. The size and scope of the disaster or emergency will determine the level of support required from federal, state, and local partners.

Any program within the department may receive the initial call from a local entity informing the department of a local disaster or emergency event. A program receiving such a call will contact the department's Emergency Preparedness and Response Division (EPRD) at 303-692-3022 and inform the division representative of the potential or unfolding event.

Letter of Agreement

The Colorado Department of Public Health and Environment's Internal Emergency Response Plan is intended to provide a single, comprehensive framework to manage disasters and emergencies within the state of Colorado that threaten the environment or the public health. The plan provides the structure for coordinating response activities among CDPHE's divisions or programs and assigns tasks and responsibilities to department personnel. The Internal Emergency Response Plan specifies division or program responsibilities and roles during a disaster or emergency that threatens the public health.

All department employees are to become familiar with this plan to ensure effective and efficient implementation of their division's and program's responsibilities. Divisions and programs must develop and maintain written emergency plan implementation instructions and standard operating guidelines (SOGs) in support of this plan. By being prepared, the department can better serve the citizens of Colorado.

This strategic document is continually evaluated, updated, and refined to meet the department's changing needs. While many department employees have contributed to this plan, the department's Emergency Preparedness and Response Division will coordinate the plan updates.

All division directors within the department agree to ensure effective and efficient incident management by designating lead and back-up responders to perform their assigned responsibilities during events. Any program receiving a report of a potential or unfolding disaster or emergency event in a community within Colorado or otherwise impacting Colorado should contact the department's Emergency Preparedness and Response Division(EPRD) at 303-692-3022. Division staff will monitor the situation for the department and coordinate internal updates to assist the programs involved in responding to the disaster or emergency event. When necessary, Emergency Preparedness and Response staff will activate the Department Operations Center (DOC) to manage the event and to coordinate internal departmental updates and response activities. All division directors agree to use the National Incident Management System (NIMS) to direct and coordinate their programs response activities from the DOC.

Letter of Instruction

The Colorado Department of Public Health and Environment's Internal Emergency Response Plan is guidance for the department's response activities during emergency events that require deviation from daily practices or routine activities. All programs are expected to cooperate and collaborate, following the NIMS framework to manage events that would adversely affect the public health.

As assigned under the Emergency Support Function (ESF) 8 annex to the State Emergency Operations Plan, each program is expected to provide resources and perform duties consistent with the department's authority and responsibilities. This also applies when the department is supporting response activities for other ESFs. Support may include providing personnel and other resources when the response requires more resources than one program has available.

When to Activate the Plan

This plan is activated in emergency situations requiring environmental and public health resources or protective actions that exceed the capabilities of the local jurisdictions. The department may be activated to support mass casualty incidents. Activation will occur following a declaration of a local disaster, upon request by the local jurisdiction, or in any incident affecting the health and safety of employees or the public. The level of activation is based on the type of event and the level of activity anticipated by this department. The primary telephone number to contact CDPHE's Emergency Preparedness and Response Division is 303-692-3022 to communicate a potential situation, provide an update on an unfolding event, or to ask questions and obtain clarification about the department's response or the internal plan.

Who May Activate the Plan

Executive Director of the CDPHE or Designee
Chief Medical Officer or Designee
Director of the Emergency Preparedness and Response Division or Designee
Department Emergency Response Coordinator or Designee

Foreword

Local governmental agencies are responsible for the coordination and management of disaster or emergency events affecting their jurisdictions. If the resources available to a jurisdiction are not adequate to respond to the disaster or emergency, local governmental agencies may request assistance from the state. When a request for assistance is made, CDPHE may be activated to mobilize resources, or to provide technical guidance and information to local governmental entities, other state departments, and the public. CDPHE may be activated in addition to many state agencies when the State Emergency Operations Plan (SEOP), managed by the Colorado Division of Emergency Management, is activated.

- ESF 1: Transportation
- ESF 2: Communications
- ESF 3: Public Works and Engineering
- ESF 4: Firefighting
- ESF 5: Emergency Management
- ESF 6: Mass Care, Housing, Human Services
- ESF 7: Resource Support
- ESF 8: Public Health and Medical
- ESF 9: Urban Search and Rescue
- ESF 10: Oil and Hazardous Materials Response
- ESF 11: Agriculture and Natural Resources
- ESF 12: Energy
- ESF 13: Public Safety and Security
- ESF 14: Long Term Community Recovery and Mitigation
- ESF 15: External Affairs

Colorado has experienced many natural disasters such as floods, wildfires, tornadoes, winter storms, and technological emergencies, such as dam failures and hazardous materials releases. Colorado continues to be vulnerable to a multitude of hazards. For in-depth information on the types of hazards Colorado is vulnerable to see the Colorado State Mitigation Plan that is a part of the SEOP. The SEOP outlines response activities to the following seven incidents:

1. Biological
Managing biological events resulting from acts of terrorism, pandemics, emerging infectious diseases, and novel pathogen outbreaks
2. Catastrophic
Implementing and coordinating an accelerated state response to a catastrophic event, as it applies to ESF 8: Public Health and Medical
3. Cyber
Coordinating and responding to catastrophic cyber events impacting critical state processes
4. Food/Agriculture
Managing major disasters impacting the state's agriculture and food systems
5. Nuclear/Radiological
Managing nuclear or radiological incidents
6. Oil/Hazardous Materials
Managing incidents related to hazardous materials pollution
7. Terrorism
Coordinating with law enforcement and working on criminal investigations

The department's Internal Emergency Response Plan outlines program activities to support public health's response to ALL disaster or emergency events in Colorado, including but not limited to those incidents named above.

1.
Introduction - State Plan Summary

When a disaster or emergency event exceeds local response capabilities, jurisdictions are likely to request common types of assistance from the state. The types of assistance have been grouped at the national level into 15 Emergency Support Functions (ESFs). The SEOP adopted the 15 ESFs and identified appropriate state departments as leads for each functional area. Chart 1: *Emergency Support Functions Assignment Matrix* (below) provides a summary of the lead departments and those state departments that are responsible for supporting the lead agency. The SEOP has 15 Emergency Support Function (ESF) Annexes to guide the state in its response efforts.

Lead – A state department is assigned the responsibility for planning, coordinating, and tasking support departments and agencies in the development of policies, procedures, roles, responsibilities, and requirements of the ESF and its operational requirements. This includes developing and maintaining the ESF annex to the SEOP.

Secondary Lead – Certain principal components of some ESFs are clearly shared by state departments or organizations other than the designated lead department. In such situations, the department or organization that would normally be the lead for one or more of these major components will be designated as a secondary lead, responsible for the development and implementation of that specific portion of the functional responsibility.

Supporting – Those departments assigned a supporting role of a given ESF will collaborate and coordinate with the lead department to carry out the assigned mission, including the development and exercising of response plans.

1. Departments not assigned to specific ESFs will serve as a reserve of material and personnel resources potentially required to perform unassigned tasks or supplement response.

2. Specific supporting tasks are assigned to volunteer and private organizations that, by their state or national charter, or through written Memoranda of Agreement or Understanding with the Colorado Division of Emergency Management, are committed to providing disaster response or disaster relief assistance.

A brief explanation of the scope of each ESF annex is represented in Chart 1 below.

Chart 1: State Emergency Operations Plan Emergency Support Functions (ESF)

State Departments Or Assigned Agency	ESF 1 - Transportation	ESF 2 – Communications	ESF 3 - Public Works & Engineering	ESF 4 - Firefighting	*ESF 4a - Wildfire Suppression*	ESF 5 – Emergency Management	ESF 6 – Mass Care, Housing and Human Services	ESF 7 - Resource Support	ESF 8 – Public Health and Medical Services	*ESF 8a - Mental Health& Substance Abuse*	ESF 9 –Search and Rescue	ESF 10 – Oil and Hazardous Materials Response	ESF 11 – Agriculture and Natural Resources	ESF 12 - Energy	ESF 13 – Public Safety and Security	ESF 14 – Long Term Community Recovery and Mitigation	ESF 15 – External Affairs
Governor's Office		S						S				S		S		S	L
Div of Emergency Management	S	S	S	S	S	L	S	L	S	S	L	S	S	S	S	S	S
Agriculture						S	S	S	S				L			S	S
Corrections	S		S	S	S	S		S							S	S	S
Education	S			S		S	S	S	S		S		S			S	S
Health Care, Policy & Finance							S		S							S	S
Higher Education			S		L	S	S	S	S	S		S	S			S	S
Human Services						S	L		S	L			S			S	S
Labor & Employment	S		S			S		S			S					S	S
Law				S	S	S			S						S	S	S
Local Affairs								S					S	S	S	L	S
Military & Veteran Affairs	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S		S
Natural Resources			S		S	S		S	S		S	S	L	S	S	S	S
Personnel & Administration		L				S	S	S	S	S						S	S
Public Health & Environ		S	S			S	S		L			S	S		S	S	S
Public Safety	S	S		L		S		S	S		S	L			L	S	S
Regulatory Agencies	S					S			S	S				L		S	S
Revenue	S					S										S	S
Transportation	L		L	S	S	S	S	S	S		S	S		S		S	S
Treasury						S		S								S	S
Red Cross				S	S	S	S	S	S	S						S	S
Salvation Army				S	S	S	S	S	S	S						S	S
COVOAD		S		S		S	S	S	S	S						S	S
CSRB						S					S						S
Private Sector		S												S		S	S
Professional Associations	S					S	S	S	S	S	S	S	S		S	S	S

L= Lead; **S**=Supporting

ESF 1: Transportation – *Department of Transportation*
Provides transportation support to assist in domestic incident management. Activities within the scope of this function include: processing and coordinating requests for state, local, and civil transportation support as directed under the SEOP; reporting damage to transportation infrastructure as a result of the incident; coordinating alternate transportation services (air, maritime, surface, and rail); coordinating the restoration and recovery of the transportation infrastructure; and coordinating and supporting prevention, preparedness, and mitigation of damage to transportation infrastructure among stakeholders at the state and local levels.

ESF 2: Communications – *Department of Personnel and Administration*
Coordinates state actions to provide the required temporary telecommunications and the restoration of the telecommunications infrastructure. Activities of this function support all state departments and agencies in the procurement and coordination of all telecommunications services from the telecommunications and information technology industry during an incident response.

Communications is information transfer and involves the technology associated with the representation, transfer, interpretation, and processing of data among persons, places, and machines. It includes transmission, emission, or reception of signs, signals, writing, images, sounds or intelligence, and security of any nature by wire, radio, optical, or other electromagnetic systems.

ESF 3: Public Works and Engineering – *Department of Transportation*
Provides public works and engineering-related support for the changing requirements of domestic incident management to include prevention, preparedness, response, recovery, and mitigation actions. Activities within the scope of this function include conducting pre- and post-incident assessments of public works and infrastructure; executing emergency contract support for life-saving and life-sustaining services; providing technical assistance to include engineering expertise, construction management, and contracting and real estate services; providing emergency repair of damaged infrastructure and critical facilities; and other recovery programs.

ESF 4: Fire Fighting – *Department of Public Safety*
Manages and coordinates firefighting activities, including the detection and suppression of fires on state and local lands, and provides personnel, equipment, and supplies in support of state, local, and tribal agencies involved in rural and urban firefighting operations.

> **ESF 4a: Wildfire Suppression** – *Department of Higher Education*
> Provides for and assist in the coordination and utilization of interagency firefighting resources to combat wild land emergencies. Also provides for incident management teams to assist on-scene incident command and control operations. Provide Governor's Authorized Representative for Federal Emergency Management Agency (FEMA) Fire Assistance Declarations.

ESF 5: Emergency Management – *Division of Emergency Management*
Supports ESFs for all state departments and agencies across the spectrum of domestic incident management from prevention to response and recovery. Facilitates information flow in the pre-incident prevention phase in order to place assets on alert or to pre-position assets for quick response. During the post-incident response phase, this function is responsible for support and planning functions. The activities of this function include those that are critical to support and those that facilitate multi-agency planning and coordination for operations. This includes alert and notification; deployment and staffing of designated emergency response teams; incident action planning; coordination of operations, logistics, and

material; direction and control; information management; facilitation of requests for federal assistance, resource acquisition, and management (to include allocation and tracking); worker safety and health; facilities management; financial management; and other support, as required.

ESF 6: Mass Care, Housing, and Human Services – *Department of Human Services*
Promotes the delivery of services and the implementation of programs to assist individuals, households, and families impacted by potential or actual disasters. This includes economic assistance and other services for individuals impacted by the incident.

Three primary activities under this function are mass care, housing, and human services. Mass care involves the coordination of non-medical mass care services to include sheltering of victims; organizing feeding operations; providing emergency first aid at designated sites; collecting and providing information on victims to family members; and coordinating bulk distribution of emergency relief items. Housing involves the provision of assistance for short- and long-term housing needs of victims. Human services include providing victim related recovery efforts such as counseling; identifying support for persons with special needs; expediting processing of new benefits claims; assisting in collecting crime victim compensation for acts of terrorism; and expediting mail services in affected areas.

ESF 7: Resource Support – *Division of Emergency Management*
Supports local and tribal governments in emergency relief supplies, facility space, office equipment, office supplies contracting services, transportation services (in coordination with ESF #1 – Transportation), security services, and personnel required to support immediate response activities. Other activities of this function include support for requirements not specifically identified in other ESFs, including excess and surplus property. Resource support may continue until the disposition of excess and surplus property, if any, is completed.

ESF 8: Public Health and Medical Services – *Department of Public Health and Environment*
Provides assistance to local and tribal governments in identifying and meeting the public health and medical needs of victims of a disaster. This support is categorized in the following core functional areas: assessment of public health/medical needs (including behavioral health); public health surveillance; medical care personnel; and medical equipment and supplies.

> **ESF 8a: Mental Health and Substance Abuse** – *Department of Human Services*
> Provides crisis-counseling services to individuals and groups impacted by the disaster situation. Mental health professionals may be mobilized to offer home- and community-based services. Substance abuse counselors may be mobilized to provide education and outreach regarding unhealthy coping mechanisms (i.e., alcohol or drug use) as a response to stress. Crisis counseling is a time-limited program designed to assist victims/survivors of a disaster in returning to their pre-disaster level of functioning. Coordinates and provides mental health services to victims and responders following a disaster.

ESF 9: Search and Rescue – *Division of Emergency Management*
Integrates the search and rescue system around a core of task forces prepared to deploy immediately and initiate operations in support of ESF #9. These task forces are staffed primarily by local fire department and emergency services personnel who are highly trained and experienced in search and rescue operations and possess specialized expertise and equipment.

ESF 10: Oil and Hazardous Materials Response – *Department of Public Safety*
Provides for a coordinated response to actual or potential oil and hazardous materials incidents. This includes the appropriate response and recovery actions to prepare for, prevent, minimize, or mitigate a threat to public health, welfare, or the environment caused by actual or potential oil and hazardous materials incidents. Hazardous materials addressed under the SEOP include chemical, biological, and radiological substances, whether accidentally or intentionally released. These include certain chemical, biological, and radiological substances considered weapons of mass destruction. This functional area describes the lead coordination roles, the division and specification of responsibilities among various agencies, and the regional and onsite response organizations, personnel, and resources that may be used to support response actions.

Response to oil and hazardous materials incidents is carried out in accordance with the National Contingency Plan (40 CFR part 300). The SEOP implements the response authorities and responsibilities created by the Comprehensive Environmental Response, Compensation, and Liability Act, and the authorities established by section 311 of the Clean Water Act, as amended by the Oil Pollution Act.

ESF 11: Agriculture and Natural Resources – *Department of Agriculture; Department of Natural Resources*
Determines nutrition assistance needs and meets needs by obtaining appropriate food supplies, arranging for delivery of the supplies, and authorizing disaster food stamps. Animal and plant disease and pest response includes implementing an integrated state, local, and tribal response to an outbreak of a highly contagious or economically devastating animal/zoonotic disease, an outbreak of a highly infective exotic plant disease, or an economically devastating plant pest infestation. Coordination occurs with ESF #8 – Public Health and Medical, to ensure that animal, veterinary, and wildlife issues in natural disasters are supported.

Assures the safety and security of the commercial food supply, including the inspection and verification of food safety aspects of slaughter and processing plants, products in distribution and retail sites, and import facilities at ports of entry; laboratory analysis of food samples; control of products suspected to be adulterated; plant closures; food-borne disease surveillance; and field investigations. Protects resources, including appropriate response actions to conserve, rehabilitate, recover, and restore resources.

ESF 12: Energy – *Department of Regulatory Agencies*
Collects, evaluates, and shares information on energy system damage and estimations on the impact of energy system outages within affected areas. The term "energy" includes producing, refining, transporting, generating, transmitting, conserving, building, distributing, and maintaining energy systems and system components. Additionally, activities include providing for information concerning the energy restoration process such as projected schedules, percent completion of restoration, geographic information on the restoration, and other information, as appropriate.

ESF 13: Public Safety and Security – *Department of Public Safety*
Provides a mechanism for coordinating and providing federal support to state and local authorities to include non-investigative/non-criminal law enforcement, public safety, and security capabilities and resources during potential or actual Incidents of National Significance.

The activities in this functional area support incident management requirements including force and critical infrastructure protection; security planning and technical assistance; technology support; and public safety in both pre-incident and post-incident situations. This functional area is activated in situations requiring extensive public safety and security assistance where state and local government

resources are overwhelmed or inadequate, or in pre-incident or post-incident situations that require protective solutions or capabilities unique to the state government.

ESF 14: Long-Term Community Recovery and Mitigation – *Department of Local Affairs*
Addresses policies and concepts that apply to appropriate state departments and agencies following disasters that affect the long-term recovery of a community. Support may vary based on the magnitude and type of incident and the potential for long-term and severe consequences. This functional area is activated for large-scale or catastrophic incidents that require federal assistance to address significant long-term impacts in the affected area (e.g., impacts on housing, businesses and employment, community infrastructure, and social services).

ESF 15: External Affairs – *Office of the Governor*
Coordinates state actions to provide the required external affairs support to state, local, and tribal incident management elements. This annex details the establishment of support positions to coordinate communications to various audiences. *Note: ESF #15 applies to all state and local departments and agencies that may require public affairs support or whose public affairs assets may be employed during a disaster.* The provisions of this annex apply to any response or other event designated by the Governor's Office where significant interagency coordination is required. ESF #15 is organized into the following functional components: Public Affairs, Community Relations, Congressional Affairs, International Affairs, State and Local Coordination, and Tribal Affairs.

This functional area provides the resources and structure for the implementation of the SEOP. Incident communications actions contained in the SEOP are consistent with the template established in the National Incident Management System.

CDPHE Programs

CDPHE is identified as a support agency for nine of the 15 annexes and is the lead agency for one annex: ESF 8: Public Health and Medical.

Chart 2 (below) identifies the programs within CDPHE that are likely to be involved in each ESF annex of the SEOP that lists CDPHE as a support agency. The nature of the event will drive which programs are activated by CDPHE through this internal plan.

Chart 2: Department Support to SEOP ESF Annexes By Department Program

Colorado Department Public Health and Environment Program	ESF 1 - [illegible]	ESF 2 – [illegible]	ESF 3 - Public Works &	ESF 4 - Firefighting	*ESF 4a - Wildfire Suppression*	ESF 5 – Emergency Management	ESF 6 – Mass Care, Housing, Human	ESF 7 - Resource Support	ESF 8 – Public Health and Medical	*SF 8a - Mental Health&*	ESF 9 –Search and Rescue	ESF 10 – Oil &Hazardous	ESF 11 – Agriculture and	ESF 12 - Energy	ESF 13 – Public Safety	ESF 14 – Long Term Community	ESF 15 – External Affairs
Accounting						X			X			X	X		X		
Air Pollution – Mobile Src									X			X	X				
Air Pollution – Stationary Src									X			X				X	X
Air Pollution – Technical Service			X				X		X			X	X		X	X	
Budget						X			X			X					
Building Operations		X							X						X	X	
Child, Adol & School Health							X		X							X	
Chronic Disease Prevention									X			X				X	
Communicable Disease Epi							X		X							X	
Consum Protn – Food Prog							X		X			X				X	
Consum Protn – Institutions & Consumer Products									X			X				X	
Contracts		X							X			X				X	
Drugs, Med Dev, Hlth Fraud									X			X				X	
Emergency Preparedness		X	X			X	X		X			X			X	X	X
Emergency Med & Trauma									X			X				X	
Environmental Epidemiology							X		X			X				X	
External Affairs & Planning			X						X			X				X	X
Health Facilities- Long Term							X		X			X				X	
Health Facility – Program Dev									X			X				X	
Health Facility – Residential							X		X			X				X	
Health Statistics									X			X				X	
Haz Mat & Solid Waste							X		X			X				X	
Haz Mat & Solid Waste - Remediation									X			X				X	
HIPPA Compliance		X							X							X	
Human Resources									X							X	

Colorado Department Public Health and Environment Program	ESF 1 - [illegible]	ESF 2 – [illegible]	ESF 3 - Public Works &	ESF 4 - Firefighting	*ESF 4a - Wildfire Suppression*	ESF 5 – Emergency Management	ESF 6 – Mass Care, Housing, Human	ESF 7 - Resource Support	ESF 8 – Public Health and Medical	*SF 8a - Mental Health&*	ESF 9 –Search and Rescue	ESF 10 – Oil &Hazardous	ESF 11 – Agriculture and	ESF 12 - Energy	ESF 13 – Public Safety	ESF 14 – Long Term Community	ESF 15 – External Affairs
Immunizations									X			X			X	X	
Information Technology		X							X							X	
Injury Prevention							X		X			X				X	
Interagency Prev' n Services									X							X	X
Internal Audit									X								
Laboratory Services		X							X			X			X	X	
Maternal & Child Health							X		X							X	
Nutrition Services							X		X							X	
Office of Communications		X	X			X	X		X			X			X	X	X
Office of Health Disparities							X		X			X				X	
Office of Legal & Regulatory Affairs		X							X			X				X	
Office of Suicide Prevention							X		X							X	
Purchasing		X							X			X				X	
Radiation Management									X			X				X	
Rural, Primary & Oral Health							X		X							X	
Sexually Transm Dis /HIV							X		X							X	
State Tobacco Educ & Prev' n							X		X							X	
Vector Control									X			X				X	
Vital Records		X							X			X				X	
Water Quality Protection							X		X			X				X	
Watershed Monitoring									X			X				X	
Women's Health							X		X							X	

2.
Purpose

The purpose of the CDPHE Internal Emergency Response Plan is to describe the basic strategies and mechanisms through which the department will prepare, mobilize, and respond to disasters and emergency events. This may include mobilization of resources or technical guidance and information to local governments, other state departments, and the public. It is to guide CDPHE programs in their roles and responsibilities with inter-departmental and inter-divisional response during disaster or emergency events that require public health and medical assistance.

This plan is comprised of two primary sections: Part I – The Basic Plan; and Part II – the Operational Plans. The purpose of Part I is to guide the department in the overall emergency response concept of operations and activation, including legal authority for emergency response actions. Part II will provide additional information on response procedures and protocols for each division and specific programs based on the scenarios outlined in the SEOP, the expectations of the SEOP ESF annexes and the responsibilities of the programs in fulfilling CDPHE's mission.

3.
Scope

This plan is intended to guide the department through planning, training, activation, and coordination of activities during declared disaster or emergency events. The department or divisions and programs within the department will provide guidance and technical assistance in identifying and meeting the health, medical, and environmental needs of any local jurisdiction threatened or impacted by a disaster or emergency event. The types of assistance the department will provide to local jurisdictions are described in Part II – The Operational Plan. The following list identifies the programs within the department that may be activated to provide support and guidance, or represent the department in a support role to other state departments identified as lead agencies for other ESFs during a state-level response to a disaster or emergency event.

Responding Health Programs

Child, Adolescent, and School Health
Chronic Disease Prevention (asthma, cancer, diabetes, etc)
Communicable Disease Epidemiology
Emergency Medical and Trauma Services
Emergency Preparedness and Response
Environmental Epidemiology
Epidemiology Investigations
Health Disparities
Health Statistics (including GIS)
HIPAA Compliance
Immunizations
Injury Prevention
Interagency Issues for Prevention Services
Laboratory (biological, chemical)
Long Term Care
Maternal and Child Health
Nutrition (WIC)
Oral Health
Residential Care
Sexually Transmitted Disease/HIV
Suicide Prevention
Tobacco Education and Prevention
Vital Records (birth/death certificates)

Responding Environmental Programs

Air Pollution (mobile and stationary sources)
Consumer Protection (drugs, medical devices, food, vector control, institutions, and consumer products)
Environmental Sustainability
Hazardous Materials (remediation)
Radiation Management
SARA Title III
Waste Management (solid and hazardous waste)
Water Quality (water protection and watershed monitoring)

4.
Planning Assumptions

The following are the planning assumptions used for the development of this internal plan.

A. Disasters and emergency events will exceed the available resources of local public and environmental health entities, requiring assistance from the state.

B. This department will take into consideration the type and scale of all disasters and emergency events, prioritizing the response based on the following criteria: life-threatening, possible injury to employees or the public, protection or safety of property, and protection of the environment.

C. A disaster or emergency event may cause death and widespread damage, including disruption to the health care system. It also may disrupt the public infrastructure, including water systems, food distribution, and other systems, which, in turn, could lead to a threat to the health and safety of the public.

D. Secondary hazards, such as fires and/or the release of hazardous materials, may require the redirection of resources, population evacuation, or shelter-in-place procedures.

E. This department will work with the affected local jurisdiction to provide guidance and support during disasters and emergencies that affect the public health.

F. This department will respond as the lead agency for Emergency Support Function (ESF) #8: Public Health and Medical, when the State Emergency Operations Plan (SEOP) is activated.

G. Standard program functions may be suspended during emergency response and recovery operations in order to meet community needs.

5.
Authority and Legal Issues

Authority
Colorado Revised Statutes

(CRS) 24-32-2103-Definitions
As used in this part 21, unless the context otherwise requires:
(1) "Bioterrorism" means the intentional use of microorganisms or toxins of biological origin to cause death or disease among humans or animals.

(1.3) "Committee" means the governor's expert emergency epidemic response committee created in section 24-32-2104.

(1.5) "Disaster" means the occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from any natural cause or cause of human origin, including but not limited to fire, flood, earthquake, wind, storm, wave action, hazardous substance incident, oil spill or other water contamination requiring emergency action to avert danger or damage, volcanic activity, epidemic, air pollution, blight, drought, infestation, explosion, civil disturbance, or hostile military or paramilitary action.

(1.7) "Emergency Epidemic" means cases of an illness or condition, communicable or non-communicable, caused by bioterrorism, pandemic influenza, or novel and highly fatal infectious agents or biological toxins.

(1.9) "Pandemic influenza" means a widespread epidemic of influenza caused by a highly virulent strain of the influenza virus.

(2) "Political subdivision" means any county, city, or town and may include any other agency designated by law as a political subdivision of the state.

(3) "Search and Rescue" means the employment, coordination, and utilization of available resources and personnel in locating, relieving distress and preserving life of, and removing survivors from the site of a disaster, emergency, or hazard to a place of safety in case of lost, stranded, entrapped, or injured persons.

(CRS) 24-32-2104 The Governor and Disaster Emergencies
(1) The governor is responsible for meeting the dangers to the state and people presented by disasters.

(2) Under this part 21, the governor may issue executive orders, proclamations, and regulations and amend or rescind them. Executive orders, proclamations, and regulations have the force and effect of law.

(3) (a) There is hereby created a governor's disaster emergency council, referred to in this part 21 as the "council", consisting of not less than six nor more than nine members. The attorney general, the adjutant general, and the executive directors of the following departments shall be members: Administration, transportation, public safety, and natural resources. The governor from among the executive directors of the other departments, if any, shall appoint the additional members. The governor shall serve as chairman of the council, and a majority shall constitute a quorum. The council shall meet at the call of the governor and shall advise the governor and the director of the office of emergency management on all matters pertaining to the declaration of disasters and the disaster response and recovery activities of the state government; except that nothing in the duties of the council shall be construed to limit the authority of the governor to act without the advice of the council when the situation calls for prompt and timely action when disaster threatens or exists.

(b) The members of the governor's disaster emergency council, as such existed prior to March 12, 1992, shall become the initial members of the council on March 12, 1992.

(4) A disaster emergency shall be declared by executive order or proclamation of the governor if the governor finds a disaster has occurred or that this occurrence or the threat thereof is imminent. The state of disaster emergency shall continue until the governor finds that the threat of danger has passed or that the disaster has been dealt with to the extent that emergency conditions not longer exist and the governor terminates the state of disaster emergency by executive order or proclamation, but no state of disaster emergency may continue for longer than thirty days unless renewed by the governor. The general assembly, by joint resolution, may terminate a state of disaster emergency at any time. Thereupon, the governor shall issue an executive order or proclamation ending the state of disaster emergency. All executive orders or proclamations issued under this subsection (4) shall indicate the nature of the disaster, the area threatened, and the conditions which have brought it about or which make possible termination of the state of disaster emergency. An executive order or proclamation shall be disseminated promptly by means calculated to bring its contents to the attention of the general public and, unless the circumstances attendant upon the disaster prevent or impede, shall be promptly filed with the office of emergency management, the secretary of state, and the county clerk and recorder and disaster agencies in the area to which it applies.

(5) An executive order or proclamation of a state of disaster emergency shall activate the disaster response and recovery aspects of the state, local, and inter-jurisdictional disaster emergency plans applicable to the political subdivision or area in question and shall be authority for the deployment and use of any forces to which the plans apply and for use or distribution of any supplies, equipment, and materials and facilities assembled, stockpiled, or arranged to be made available pursuant to this part 21 or any other provision of law relating to disaster emergencies.

(6) During the continuance of any state of disaster emergency, the governor is commander-in-chief of the organized and unorganized militia and of all other forces available for emergency

duty. To the greatest extent practicable, the governor shall delegate or assign command authority by prior arrangement embodied in appropriate executive orders or regulations, but nothing in this section restricts the governor's authority to do so by orders issued at the time of the disaster emergency.

(7) In addition to any other powers conferred upon the governor by law, the governor may:

(a) Suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders, rules, or regulations of any state agency, if strict compliance with the provisions of any statute, order, rule, or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency;

(b) Utilize all available resources of the state government and of each political subdivision of the state as reasonably necessary to cope with the disaster emergency;

(c) Transfer the direction, personnel, or functions of state departments and agencies or units thereof for the purpose of performing or facilitating emergency services;

(d) Subject to any applicable requirements for compensation under section 24-32-2111, commandeer or utilize any private property if the governor finds this necessary to cope with the disaster emergency;

(e) Direct and compel the evaluation of all or part of the population from any stricken or threatened area within the state if the governor deems this action necessary for the preservation of life or other disaster mitigation, response, or recovery;

(f) Prescribe routes, modes of transportation, and destinations in connection with evacuation;

(g) Control ingress to and egress from a disaster area, the movement of persons within the area, and the occupancy of premises therein;

(h) Suspend or limit the sale, dispensing, or transportation of alcoholic beverages, firearms, explosives, or combustibles; and

(i) Make provision for the availability and use of temporary emergency housing.

(8) (a) There is hereby created a governor's expert emergency epidemic response committee. The duties of the committee shall be to develop by July 1, 2001, a new supplement to the state disaster plan that is concerned with the public health response to acts of bioterrorism, pandemic influenza, and epidemics caused by novel and highly fatal infectious agents and to provide expert public health advice to the governor in the event of an emergency epidemic. The committee shall meet at least annually to review and amend the supplement as necessary. The committee shall provide information to and fully cooperate with the council.

(b) (I) State members of the committee shall include the following:

(A) The executive director of the department of public health and environment;

(B) The chief medical officer of the department of public health and environment;

(C) The chief public information officer of the department of public health and environment

(D) The emergency response coordinator for the department of public health and environment;

(E) The state epidemiologist for the department of public health and environment;

(F) The attorney general or the designee of the attorney general;

(G) The president of the board of health or the president's designee;

(H) The president of the state medical society or the president's designee;

(I) The president of the Colorado health and hospital association or the president's designee;

(J) The state veterinarian of the department of agriculture; and

(K) And (L) (Deleted by amendment, L. 2000, p.546, 24, effective July 1, 2000.

(II) In addition to the state members of the committee, the governor shall appoint to the committee an individual from each of the following categories:

(A) A licensed physician who specializes in infectious diseases;

(B) A licensed physician who specializes in emergency medicine;

(C) A medical examiner;

(D) A specialist in posttraumatic stress management;

(E) A director of a local public health department

(F) A hospital infection control practitioner;

(G) A wildlife disease specialist with the division of wildlife; and

(H) A pharmacist member of the state board of pharmacy.

(III) The executive director of the department of public health and environment shall serve as the chair of the committee. A majority of the membership of the committee, not including vacant positions, shall constitute a quorum.

(IV) The executive director of the department of public safety or the executive director's designee shall serve as an ex officio member of the committee and shall not be able to vote on decisions of the committee. The executive director shall serve as a liaison between the committee, the council, and the Colorado emergency planning commission in the event of an emergency epidemic.

(c) The committee shall include in the supplement to the state disaster plan a proposal for the prioritization, allocation, storage, protection, and distribution of antibiotic medicines, antiviral medicines, antidotes, and vaccines that may be needed and in short supply in the event of an emergency epidemic.

(d) The committee shall convene at the call of the governor or the executive director of the department of public health and environment to consider evidence presented by the department's chief medical officer or state epidemiologist that there is an occurrence or imminent threat of an emergency epidemic. If the committee finds that there is an occurrence or imminent threat of an emergency epidemic, the executive director of the department of public health and environment shall advise the governor to declare a disaster emergency.

1. In the event of an emergency epidemic that has been declared a disaster emergency, the committee shall convene as rapidly and as often as necessary to advise the governor, who shall act by executive order, regarding reasonable and appropriate measures to reduce or prevent spread of the disease, agent, or toxin and to protect the public health. Such measures may include, but are not limited to:

(I) Procuring or taking supplies of medicines and vaccines:

(II) Ordering physicians and hospitals to transfer or cease admission of patients or perform medical examinations of persons;

(III) Isolating or quarantining persons or property;

(IV) Determining whether to seize, destroy, or decontaminate property or objects that may threaten the public health;

(V) Determining how to safely dispose of corpses and infectious waste;

(VI) Assessing the adequacy and potential contamination of food and water supplies;

(VII) Providing mental health support to affected persons; and

(VIII) Informing the citizens of the state how to protect themselves, what actions are being taken to control the epidemic, and when the epidemic is over.

(CRS) 24-32-2111.5- Governor's expert emergency epidemic response committee-compensation-liability

(1) Neither the state nor the members of the expert emergency epidemic response committee designated or appointed pursuant to section 24-32-2104 (8) shall be liable for any claim based upon the committee's advice to the governor or the alleged negligent exercise or performance of, or failure to exercise or perform an act relating to an emergency epidemic. Liability against a member of the committee may be found only for wanton or willful misconduct or willful disregard of the best interests of protecting and maintaining the public health. Damages awarded on the basis of such liability shall not exceed one hundred thousand dollars for any injury to or damage suffered by one person or three hundred thousand dollars for an injury to or damage suffered by three or more persons in the course of an emergency epidemic.

(2) The conduct and management of the affairs and property of each hospital, physician, health insurer, or managed health care organization, health care provider, public health worker, or emergency medical service provider shall be such that they will reasonably assist and not unreasonably detract from the ability of the state and the public to successfully control emergency epidemics that are declared a disaster emergency. Such persons and entities that in good faith comply completely with board of health rules regarding the emergency epidemic and with executive orders regarding the disaster emergency shall be immune from civil or criminal liability for any action taken to comply with the executive order or rule.

(3) No personal services may be compensated by the state or any subdivision or agency of the state except pursuant to statute or local law or ordinance.

(4) Compensation for property shall be made only if the property was commandeered or otherwise used in coping with an emergency epidemic that is declared by the governor or a member of the disaster emergency forces of the state.

(5) The amount of compensation shall be calculated in the same manner as compensation due for taking of property pursuant to eminent domain procedures, as provided in articles 1 to 7 of title 38, C.R.S.

Source: L. 2000. Entire section added, p. 86, S. 3. Effective March 15.

Federal
Robert T. Stafford Disaster Relief and Emergency Assistance Act and Amendment (42 U.S.C. 5121,et al.)

State
Colorado Disaster Emergency Act of 1992 (Part 21 of Article 32, Title 24, Colorado Revised Statutes, 1988 as Amended)

Colorado Revised Statutes, 24-32-2103, Definitions

Colorado Revised Statutes, 24-32-2104, The Governor and Disaster Emergencies

Colorado Revised Statutes, 24-32-2111.5, Governor's Expert Emergency Epidemic Response Committee-Compensation-Liability

C.R.S. 25-1.5-102(1) (a) and 25-1-506(1) (b) - Allows state/local public health agencies to "investigate/control causes of epidemic & communicable diseases affecting the public health."

C.R.S. 25-1.5-102((1) (a) (II) and 25-1-122 - State Board of Health has authority to require reports of dangerous diseases to public health officials. Public Health can access medical records relating to such diseases.

C.R.S. 25-1-122(4) – Reports & records from a disease investigation are confidential and not subject to release.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits disclosure of individually identifiable health information.

45 CFR 164.512(b) - permits disclosures to public health authorities
45 CFR 164.512(a) - permits disclosures required by state law
C.R.S. 25-1-122(4) (e) does not violate HIPAA.
C.R.S. 25-1-122(4) (e) - Allows release to law enforcement "to the extent necessary for any investigation or prosecution related to bioterrorism." "Reasonable efforts shall be made to limit disclosure of personal identifying information to the minimal amount necessary to accomplish the law enforcement purpose." Information sharing with law enforcement does not violate HIPAA.

C.R.S. 25-1.5-102(1) (c) and C.R.S. 25-1-506(c) - CDPHE/Local PH has statutory authority to "establish, maintain and enforce isolation and quarantine … and to exercise such physical control over property and the persons of the people within this state…."

C.R.S. 25-1-112 and 512 – authorizes health officials to seek a court order requiring compliance with quarantine/isolation for non-compliant person(s)

C.R.S. 25-1-114(4) and 514(4) – disobeying a PH agency is a misdemeanor criminal offense.

C.R.S. § 24-32-2104(8) - The Governor's Expert Emergency Epidemic Response Committee (GEEERC) was statutorily created in 2000 to develop a public health response to "acts of bioterrorism, pandemic influenza and epidemics caused by novel and highly fatal infectious agents." Convenes to consider evidence presented by the CDPHE Chief Medical Officer or state epidemiologist that there is an occurrence or imminent threat of an emergency epidemic. Advises the governor to declare a disaster emergency.

C.R.S. § 24-32-2104(7) (a) - The Governor has the broad powers to meet an emergency. In any disaster, the Governor may "Suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders, rules, or regulations of any state agency, if strict compliance with provisions of any statue, order, rule, or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency. In an emergency epidemic the GEEERC advises the Governor on "reasonable and appropriate measures to reduce or prevent the spreading of disease." Under the GEEERC statute, the Governor may issue executive orders directing measures that may include but are not limited to:

- Procuring and taking supplies of medicines and vaccines;
- Ordering physicians and hospitals to cease admissions;
- Isolating or quarantining persons or property;
- Seizing, destroying or decontaminating property or objects;
- Safely disposing of corpses and infectious waste;
- Assessing the safety of food and water supplies;
- Providing mental health support;
- Providing information to the public.

C.R.S. § 24-32-2104(8)(e) - The declaration of a disaster serves to, change the legal rules by invoking emergency power and suspending statutes, make resources more readily available, and extend immunity from civil or criminal liability to health care providers and others that act pursuant to an Executive Order.

24-32-2605 - Immunity.
Statute text:

(1) No state commission or agency or county or municipal agency, including local emergency planning committees, citizen corps councils, fire protection districts, and volunteer fire, ambulance, or emergency service and rescue groups, nor their officers, officials, directors, employees, or volunteers, when engaged in emergency planning, service, or response activities regarding a hazardous material release, threat of release, or act of terrorism, shall be liable for the death of or injury to any person or for the loss of or damage to property or the environment resulting from the hazardous material release, threat of release, or act of terrorism, except for willful and wanton acts or omissions.

(1.5) No private organization or any of its officers, officials, directors, employees, or volunteers, when working under the direction of a local emergency planning committee or state or local fire or law enforcement agency and when engaged in emergency planning, training, or response activities regarding a hazardous material release, threat of release, or act of

terrorism, shall be liable for the death of or injury to any person or for the loss of or damage to property or the environment resulting from the hazardous material release, threat of release, or act of terrorism, except for willful and wanton acts or omissions.

(2) No member of the commission or any local emergency planning committee shall be liable for the death of or any injury to persons or loss or damage to property or the environment or any civil damages resulting from any act or omission arising out of the performance of the functions, duties, and responsibilities of the commission or local emergency planning committee, except for acts or omissions which constitute willful misconduct.

(3) Nothing in this section shall be construed to abrogate or limit the immunity or exemption from civil liability of any agency, entity, or person under any statute, including the "Colorado Governmental Immunity Act", article 10 of this title, or section 13-21-108.5, C.R.S.

Source: L. 92: Entire part added, p. 1041, § 5, effective March 12. L. 2004: (1) amended and (1.5) added, p. 676, § 1, effective April 26.

6.
Liability and Workers Compensation

Introduction
Liability and workers compensation for public health personnel and volunteers engaging in activities to meet an imminent or existing public health concern related to an emergency event are addressed in state statute.

The legal concept of liability applies when a public health worker or a volunteer injures someone in the course of performing public health actions. Workers compensation applies when the public health worker or volunteer is injured while performing public health duties.

Public health officials may take actions responding to a public health event under statutes used in the ordinary course of their duties. In certain extraordinary public health emergencies, the Governor may declare a disaster to meet a public health emergency. Statutes regarding liability and workers compensation applicable in both situations are cited below.

Note: While this document outlines general applicable principles of law, public health agencies and individual volunteers should consult legal counsel to determine liability and workers compensation coverage applicable to specific situations or local circumstances.

A. No Declared Disaster

Liability
Public Employees - State and local government employees are covered by the Colorado Governmental Immunity Act (CGIA). C.R.S. § 24-10-103(4)(a) (definition of "public employee"). Public employees are not liable for injuries arising out of an act or omission occurring during the performance of the employee's duties and within the scope of employment, unless the act or omission is willful or wanton. C.R.S. 24-10-105. A public entity is immune from liability in all claims for injury which lie in tort, with certain exceptions specifically set forth in the CGIA. C.R.S. § 24-10-106. The exceptions to immunity which might apply to public health activity would be: (a) the operation of a motor vehicle, owned or leased by the public entity, by a public employee while in the course of employment (except emergency vehicles operated in certain circumstances) and (b) the operation of a public hospital. C.R.S. § 24-10-106(1)(a) and (b). In these situations, the public entity might be liable for the acts of the employee. In sum, state and local public health employees are not personally liable for actions they take within the scope of their employment to meet a public health event, unless the act causing injury is willful and wanton.

Volunteers - A person who volunteers to assist a state or local health agency is also covered by the CGIA when the volunteer "performs an act for the benefit of a public entity at the request of and subject to the control of such public entity." C.R.S. § 24-10-103(4)(a). Thus, a volunteer

who acts under the direction of a state or local public health agency is not personally liable, unless the act causing injury is willful or wanton.

Nonprofit Entities that Supply and Supervise Employees CGIA does not explicitly address a situation in which a non-profit entity recruits, supplies and supervises volunteers who may assist state or local public health officials in meeting a public health event. The State is (a) evaluating whether a contract between a nonprofit entity and the State may bring the entity within the ambit of the CGIA and (b) whether a statutory change would clarify governmental immunity for this situation.

Workers Compensation

Public Employees - The Colorado Workers Compensation Act ("Compensation Act") defines "employee" to include, "Every person in the service of the state, or of any county, city, town, or of any public institution or administrative board thereof under any appointment pr contract for hire, express of implied…." C.R.S. § 8-40-202(1)(a)(I)(A). In general, the Compensation Act requires employers to provide coverage for injuries that occur within the scope of employment, which would include any injury suffered in the course of performing actions to meet a public health event.

Volunteers - The Compensation Act does not explicitly require public employers to cover volunteers, although the Act does include volunteer disaster teams and volunteer ambulance teams and groups as "employees" under the Act. See C.R.S. § 8-40-202(1)(a)(I)(A) and (1)(b). Public entity employers may choose to extend coverage to volunteers under the entity's workers comp insurance policies.

B. A Declared Disaster

Liability

Public Employees - During a declared disaster, CGIA continues to apply to the performance of duties by public health employees within the scope of their employment. In addition, certain provisions of the Colorado Disaster Emergency Act of 1992 ("Disaster Act") also apply. When the Governor issues executive orders directing measures to combat an emergency epidemic, the Disaster Act provides immunity from civil liability for "public health care workers" who completely comply in good faith with the executive orders. C.R.S. § 24-32-2111.5(2)

Health Care Volunteer - Through the Disaster Act "hospital, physician, health insurer or managed health care organization, health care provider, public health care worker, or emergency medical services provider" who completely comply in good faith with executive orders issued to combat an emergency epidemic shall be immune from civil liability. C.R.S. § 24-32-2111.5(2)

Other volunteers - The Disaster Act does not explicitly confer immunity from civil liability on other volunteers who assist in combating an emergency epidemic. However, under C.R.S. § 24-32-2303, the State assumes liability for damages and injuries "caused by acts done or attempted under the color of the 'Colorado Disaster Emergency Act of 1992' … in a bona fide attempt to comply therewith," except for willful misconduct, gross negligence or bad faith. This statute could apply to injuries of volunteers assisting in an emergency epidemic. The statute does not

apply to injuries suffered by volunteers who are registered with the division of emergency management or with a local organization for civil defense.

Workers Compensation

Public Employees - Workers compensation coverage remains in effect for public employees who perform duties within the scope and course of their employment during the disaster.

Health Care Volunteers - State statute provides workers compensation benefits in disasters to a "physician, health care provider, public health worker, or emergency medical service provider who is ordered by the Governor or a member of the disaster emergency forces of this state to provide specific medical or public health services related to an emergency epidemic and who complies with such an order without pay or other consideration" C.R.S. § 24-32-2202(3).

Other Volunteers - The same statute also provides workers compensation benefits (if appropriated) to persons who register with the state Division of Emergency Management (DEM) or a local organization for civil defense for the purpose of engaging in civil defense without pay or other consideration. C.R.S. § 24-32-2202(3). Civil defense means all activities authorized by and carried on pursuant to the Disaster Act. C.R.S. § 24-32-2202(2). These registered volunteers that assist public health agencies in meeting a public health declared disaster would be eligible for workers compensation benefits as provided by the above referenced statute.

	No Declared Disaster				Declared Disaster			
Party/ Situation	**Immune from Injury Liability**		**Gov Worker Comp Coverage**		**Immune from Injury Liability**		**Gov Worker Comp Coverage**	
	Yes / No	**Statute**	**Yes / No**	**Statute**	**Yes / No**	**Statute**	**Yes / No**	**Statute**
CDPHE Employee	Yes	§ 24-10-103(4)(a)	Yes	8-40-202(1)(a)(I)(A)	Yes	24-32-2111.5(2)	Yes	8-40-202(1)(a)(I)(A)
Local Public Health Employee	Yes	§ 24-10-103(4)(a)	Yes	8-40-202(1)(a)(I)(A)	Yes	24-32-2111.5(2)	Yes	8-40-202(1)(a)(I)(A)
Healthcare Volunteer	Yes	§ 24-10-103(4)(a)	No	governmental entity may opt to cover	Yes	24-32-2111.5(2)	Yes	24-32-2202(3)
Volunteer under supervision of CDPHE	Yes	§ 24-10-103(4)(a)	No	governmental entity may opt to cover	Yes	24-32-2303	Yes	24-32-2202(3) if registered with DEM
Volunteer under supervision of local public health	Yes	§ 24-10-103(4)(a)	No	governmental entity may opt to cover	Yes	24-32-2303	Yes	24-32-2202(3) if registered with DEM
Volunteers supervised by a nonprofit entity	No		No		Yes	24-32-2303	No	

This table indicates general principles of law; public health agencies and volunteer individuals should consult legal counsel to determine liability and workers compensation coverage applicable to specific situations and local circumstances.

7.
Draft Executive Orders

Description of the Draft Executive Orders available for the Governor's signature during an emergency or disaster event follow. These orders can be in a separate document as an attachment. Legal preparedness is an essential component of public health emergency preparedness and response. Planning and effective response to a public health emergency requires knowledge of the following legal issues:

Executive Order 0.0: Declaration of a State of Disaster Emergency due to Criminal Acts of Biological Terrorism.
Activates the Colorado's State Emergency Operation Plan (SEOP).

Executive Order 1.0: Ordering Hospitals to Transfer or Cease the Admission of Patients to Respond to the Current Disaster Emergency
Authorizes CDPHE to order hospital emergency departments to cease admissions and transfer patients to a hospital or facility as directed by CDPHE. CDPHE controls the determination of when a hospital has reached capacity and when the hospital may resume admission.

Executive Order 1.1: Ordering Hospitals to Transfer or Cease the Admission of Patients to Respond to the Current Disaster Emergency
Authorizes hospitals to cease admissions and transfer patients. Provides that hospital emergency departments may determine on their own, without central direction from CDPHE, whether they have reached capacity to examine and treat patients. Authorizes hospital emergency departments to resume admissions when they have determined that they have the capacity to do so.

Executive Order 2.0 Concerning the Procurement and Taking of Certain Medicines and Vaccines Required to Respond to the Current Disaster Emergency
Authorizes the seizure of named drugs from "outlets" (as defined in the pharmacy statutes.) Embargoes the supply of the named drugs in the possession of the outlets except for those supplies that CDPHE regulation requires certain facilities and organizations to keep for chemoprophylaxis of their employees.

Executive Order 3.0(2) Concerning the Suspension of Certain Statutes and Regulations to Provide for the Rapid Distribution of Medication in Response to the Current Disaster Emergency
Implements Colorado's Strategic National Stockpile (SNS) Plan. Provides for the rapid distribution of medication by suspending the pharmacy statutes and regulations pertaining to the compounding, dispensing and delivery of any drug. Suspends the "single patient- single prescription" requirement and authorizes the Executive Director or Chief Medical Officer of the CDPHE or the director of a local department of health to direct listed health care providers to compound, dispense or deliver prescription drugs.

Executive Order 4.0 Concerning the Suspension of the Physician and Nurse Licensure Statues to Response to the Current Disaster Emergency
Authorizes physicians and nurses who hold a license issued by another state to practice under the supervision of a Colorado licensed physician or nurse to meet the current emergency epidemic.

Executive Order 5.0 Concerning the suspension of Certain Licensure Statutes to Enable More Colorado Licensed Physician Assistants and Emergency Medical Technicians to Assist in Responding to the Current Disaster Emergency
Authorizes Colorado licensed physician assistants (PA) and emergency medical technicians (EMT) to practice outside of their normal supervision but under the supervision of another physician to meet the emergency epidemic.

Executive Order 6.0 Concerning the Isolation and Quarantining of Individuals and Property in Response to the Current Disaster Emergency Epidemic
Authorizes CDPHE to establish, maintain, and enforce isolation of all individuals infected with the disease or to quarantine all individuals exposed to the disease.

Executive Order 7.0 Ordering Facilities to Transfer or Receive Patients with Mental Illness and Suspending Certain Statutory Provisions to Respond to the Current Disaster Emergency
Authorizes the transfer of mental patients to different facilities when necessary to combat the current epidemic and promote the public health.

Executive Order 8.0 Concerning the Suspension of Certain Statutes Pertaining to Presumptions of Death and Burial Practices in Response to the Current Disaster Emergency
Authorizes suspension of statutes to allow for the rapid burial of epidemic victims without following normal funeral procedures, religious practices or death certificates in all cases.

8.
Concepts of Operations

General

CDPHE is responsible for monitoring disaster or emergency events that may be a potential hazard or pose significant threat to the public health and the environment in Colorado. CDPHE will advise federal, state, and local agencies of significant hazards or threats that pertain to the health and environment of Coloradans during disasters or emergency events. The Division of Emergency Management bases implementation of this Internal Emergency Response Plan upon a direct request for assistance from a local authority or activation of the SEOP.

Any significant hazard or threat reported to or monitored by CDPHE will be classified as either a "**routine response**," requiring a normal programmatic response according to pre-established procedures and protocols; or, as a "**disaster/emergency event response**" requiring a modification in normal programmatic response.

A disaster is defined in C.R.S. § 24-32-2103, as the occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from any natural cause or cause of human origin, including but not limited to fire, flood, earthquake, wind, storm, wave action, hazardous substance incident, oil spill, or other water contamination requiring emergency action to avert danger or damage, volcanic activity, epidemic, air pollution, blight, drought, infestation, explosion, civil disturbance, hostile military or paramilitary action, or a condition of riot, insurrection, or invasion existing in the state or in any county, city, town, or district in the state. Acts of bioterrorism, emergency epidemics and pandemic influenza also are incorporated into the state's definition of a disaster (C.R.S. § 24-32-2104, 1.7 and 1.9).

Some disasters or emergency events will require the non-programmatic/non-routine commitment of department personnel and resources. Events of this nature include but are not limited to: natural disasters; man-made disasters including acts of terrorism; events that require a multi-layered interface with other agencies at all levels of government; and events that have a catastrophic impact.

Implementation

CDPHE will follow the National Incident Management System (NIMS) structure in both the activation process and the administrative organization for decision-making and activity coordination. Departmental activities are coordinated through the Department Operations Center (DOC) when the activation level reaches a point of complexity that normal daily response activities are modified and coordination of multiple programs occurs.

Activation of the department will occur based on the level of response required by the department. Notification of the activation level will occur through the Emergency Preparedness and Response Division as follows:

Standby
An event is unfolding that may escalate into a situation that will require advanced response from CDPHE, or a State of Emergency is likely, requiring departmental response as the lead for ESF 8 in the State Emergency Operations Plan. The Emergency Preparedness and Response Division is monitoring the situation.

Level 4 Activation
Routine response and protocols are underway with slightly elevated use of resources from a small number of programs. However, the event is managed within the scope and resources of each division responding. The Emergency Preparedness and Response Division is monitoring activities and sending out updates.

Level 3 Activation
Response activities are occurring at an elevated level due to an emergency or disaster event, with coordination of activities and communication between department programs required. This level of activation warrants opening the DOC and initiating the incident management system as appropriate for the incident. The Emergency Preparedness and Response Division begins the internal notification process and sends routine updates internally.

Level 2 Activation
Response activities engage other state agencies. All department activities related to the disaster or emergency event are coordinated through the DOC and activation of the full incident management system is in place, including event documentation and financial tracking. The department is supporting the public health agency to the local jurisdiction as well as leading the efforts of ESF 8 through the State Emergency Operations Plan.

Level 1 Activation
Response has reached a level where federal support is needed. All department activities continue, coordinated through the DOC, with local and federal representatives present as liaisons to department and ESF 8 activities.

Deactivation
The Colorado Division of Emergency Management (CDEM) initiates deactivation procedures for all state agencies when a large-scale event enters the recovery or end phase. Department leadership deactivates personnel and the DOC, based on the status of the event and the threat to the public health. Activation levels gradually return to Level 4, and then to normal (day-to-day) program and department activities, signaling the conclusion of the disaster or emergency event.

9.
Roles and Responsibilities

There are specific roles and responsibilities assigned to specific positions in CDPHE for response to disasters or emergency events. The department's executive director or the incident commander, based on the circumstances surrounding the event or availability of personnel, can delegate those functions to others. Consideration must be given to the delegation of positions that may require a specific technical background, license, or skill to accomplish and achieve the authority of the position.

Executive Director is responsible for ensuring that the department is adequately prepared and capable of supporting the emergency response needs of local jurisdictions, based on the tasks that fall within the scope of the department's responsibilities. This position has the responsibility and authority for committing department personnel and resources to an event in response to an disaster or emergency event.

The authority of this position may be delegated to an appointed executive agent (e.g., the chief medical officer, the EPRD director, the director of Environmental Programs, etc.). This position or the delegated representative will serve as the chairperson for the Governor's Expert Emergency Epidemic Response Committee (GEEERC).

Emergency Preparedness and Response Division is responsible for assessing natural and man-made disasters and enhancing public health response to those events for CDPHE. The division will take the lead in coordinating public health and medical response with other local and state partners as well as ensuring the internal plan is appropriately activated. The division will guide individuals in incident management positions and the activities coordinated through the DOC.

Emergency Response Coordinator or designee is responsible for ensuring communication between management and the Emergency Preparedness and Response Division is continuous and effective at all times during an emerging event and throughout a declared emergency or disaster event. This position will serve as the CDPHE representative to the State Emergency Operations Center (SEOC) during events.

Duty Officer for the Emergency Response and Incident Reporting Line (303-594-5219 or 303-692-3022 or 1-877-518-5608) will report all calls pertaining to a disaster or emergency event and any requests for emergency assistance from a division within the department or local authority to the Emergency Response Coordinator. If unavailable, the report will be relayed to the Director of the Emergency Preparedness and Response Division, the Chief Medical Officer or the Executive Director, in this order.

The Duty Officer notebook will contain a current copy of the CDPHE Call-Down List that will be updated quarterly by Emergency Preparedness and Response Division staff.

Division Directors are responsible for the technical and operational response of their staff for completing tasks assigned to them during a disaster or emergency event. They are to ensure that personnel are tasked with activities for which they are trained or capable of performing.

Division directors also identify and designate primary and back-up technical specialists to provide technical guidance and serve as subject matter experts in the DOC; ensure division personnel are trained on the incident management system for appropriate response when the department is activated; and ensure that division personnel contact lists are complete and up-to-date. It is each division's responsibility to notify the Emergency Preparedness and Response Division of any changes to the CDPHE Call-Down list. All staff on the call-down list should be trained in the use of the list and the division call-routing procedures. There are specific roles and responsibility assigned to positions in CDPHE for response to disaster or emergency events. The department's executive director or the incident commander, based on the circumstances surrounding the event or availability of personnel, can delegate those functions to others. Consideration must be given to the delegation of positions that may require a specific technical background, license, or skill to handle the authority or other requirements of the position.

10.
Management and Organization

Management of the Event

The Emergency Preparedness and Response Division is responsible for the internal notification of the Executive Director's Office and the division directors. The division also determines the initial level of activation, and coordinates the activation of the internal plan and DOC. Once the DOC is operational, the division guides individuals in incident management positions and the activities coordinated through the DOC.

Notification and after-hours communication will follow a standard protocol of initially notifying the Executive Director's Office and then division directors. Each division is to maintain a current 'Call-Down List' for notification of their personnel. The emergency response coordinator and the duty officer use the primary department call-down list to notify division directors when events occur after hours. The Emergency Preparedness and Response Division confirms that each division received the notification in a timely manner, based on the level of activation and developing events.

Organizational charts for disasters or emergencies are developed based on the type and scope of each event. Response to disasters or emergencies follows the NIMS at activation Levels 3, 2, and 1. The Executive Director's Office will assign the incident commander and public information officer based on the required response for each disaster or emergency event; the CDPHE Incident Manager (IM), based on the activities of the department, will assign the primary roles of safety officer, liaison officer, and planning, logistics, operations and administration/finance chiefs based on the activities of the department. Groups, units, and teams are created to ensure an adequate span of control and to provide appropriate support to the local jurisdictions or other state agencies requesting support.

Communication systems during an event may include hard-line telephone systems, cellular telephones, pagers, faxes, multiple web based platforms (i.e., SATool, HC Standard, EMSystem, and HAN) computer Internet and Intranet systems, two-way 800 MHz radios, and the Disaster Telephone Network (DTN). Communication augmentation also is available through the local Amateur Radio Emergency Services (ARES).

The department's Office of Communications is responsible for public information and media communications during a disaster or emergency event. The Office of Communications or the incident's assigned public information officer updates the media at specified intervals or as needed. The Office of Communications or the incident's assigned public information officer coordinates with the Colorado Division of Emergency Management and the Governor's Office if the State Emergency Operations Center is activated and/or a State of Emergency is declared.

The public health information hotline (COHELP: 1-877-462-2911) may be used to assist in providing the public with routine or emergency public health or environmental information or guidance.

The Administration and Financial Services Division is responsible for the security of building operations and the building housing the DOC. The Emergency Preparedness and Response Division will work with the Administration and Financial Services Division to ensure appropriate protocols are in place for evening, weekend, and 24/7 access to the building, including DOC electronic access coding and operations.

The Administration and Financial Services Division tracks expenditures, emergency contracting, equipment purchases, and personnel time in support of the department's response to and recovery from disaster or emergency events. Other activities include:

Develop event specific protocols that divisions will use to record disaster or emergency incident operation activities. This should include a way to record non-exempt personnel time and any associated financial expenditures related to the event.

Coordinate the tasking and utilization of the department's legal and legislative liaison staff, as directed by the executive director or incident commander.

Department Operation Center (DOC)
The DOC is managed by the Emergency Preparedness and Response Division and provides a location for coordinating internal response activities and centralizing the department's communication with local, state, and federal partners. It is located on the first floor of Building A on the main campus. However, if the disaster or emergency event impacts the main campus, an alternative location for the DOC has been identified.

Individuals reporting to the DOC are to show and scan their employee identification (ID) or sign in at the DOC entrance. Personnel are directed to a briefing area where they are assigned an incident-specific emergency response role and briefed on the current status of the event.

A DOC operations manual is available to provide reporting personnel with guidance on how to use the facility and WEB EOC. This includes job action sheets for each position in the event responding personnel need guidance or reference documents to assist them in performing their assigned duties. The DOC operations manual also contains guidance documents in the event that organizational chart and federal forms for proper documentation are not available.

The DOC staff posts a current organizational chart in a central location for each operational period of a disaster or emergency response showing the current incident commander and personnel in key positions.

Continuity of Government

General
Should the disaster or emergency event impact the ability of the department to respond in an appropriate manner due to loss of utilities or the physical structure of the DOC, the department

will follow its Continuity of Operations/Continuity of Government Plan and identify a temporary DOC location for coordinating the emergency response operations.

Maintenance

General

The Emergency Preparedness and Response Division ensures the plan is evaluated routinely and updated as appropriate. The plan is evaluated and updated after each activation of the DOC for a disaster or emergency event. EPRD staff also review the response protocols and the administrative aspects of the DOC and all exercises to ensure the department's response is efficient and effective.

The department's response and the activation of this plan during exercises and actual events are reviewed when evaluating both Part I and Part II of this internal plan. Updates and revisions to individual program operational plans in Part II of this internal plan occur with the assistance and guidance from each program.

State of Colorado
Department of Public Health and Environment (CDPHE)
All-Hazards Internal Emergency Response Plan
Part II: Operational Plan

In accordance with the Freedom of Information Act as per Exception 7, the information contained within this document is security sensitive, intended only for the use of those individuals and agencies to which this document is issued. Unauthorized dissemination, distribution, or reproduction of this document is strictly prohibited and subject to penalty by law. As a recipient of the enclosed information, I hereby understand the above responsibilities for maintaining the confidentiality of the enclosed information. I hereby agree not to copy, distribute, or communicate any of the enclosed information without authorization.

Table of Contents

Revisions

This document will be **reviewed annually** or more frequently as needed. The reviewer will add the review date and any changes in the table below and maintain a printed copy of the plan in a binder, replacing only the updated pages as necessary. A **printed copy** will be **kept in the Department Operations Center** (DOC) and **electronic copies** maintained on the **department intranet**, on the policies, standards and external reports page, and on **the division's network** drive.

Date	Revision No.	Description of Change	Pages Affected	Reviewed or Changed by
APR 2009	3	Revised/Updated	Preface	Y. Hintzen-Schmidt
APR 2009	3	Revised/Updated	Letter of Agreement	Y. Hintzen-Schmidt
APR 2009	3	Revised/Updated	Letter of Instruction	Y. Hintzen-Schmidt
APR 2009	3	Revised/Updated	Forward	Y. Hintzen-Schmidt
APR 2009	3	Revised/Updated	Introduction	Y. Hintzen-Schmidt
APR 2009	3	Revised/Updated	Purpose	Y. Hintzen-Schmidt
APR 2009	3	Revised/Updated	Scope	Y. Hintzen-Schmidt
APR 2009	2	Revised/Updated	Planning Assumptions	Y. Hintzen-Schmidt
Division/Program Specific Response				
Section 1: Executive Director's Office				
APR 2009	1	Addition	Environmental Hazards	Y. Hintzen-Schmidt
APR 2009	3	Addition	Emergency Response Coordination	Y. Hintzen-Schmidt
Section 2: Environmental Divisions/Programs				
APR 2009	3	Revised/Updated	Air Hazards	Y. Hintzen-Schmidt
APR 2009	2	Revised/Updated	Food & Drug Hazards	Y. Hintzen-Schmidt
APR 2009	3	Revised/Updated	Chemical Hazards	Y. Hintzen-Schmidt
APR 2009	2	Revised/Updated	Radiological Hazards	Y. Hintzen-Schmidt
APR 2009	2	Revised/Updated	Water Hazards	Y. Hintzen-Schmidt
Section 3: Health Divisions/Programs				
APR 2009	2	Revised/Updated	Disease Hazards	Y. Hintzen-Schmidt
APR 2009	4	Revised/Updated	Laboratory Services	D. Butcher
APR 2009	2	Revised/Updated	Patient Transport	Y. Hintzen-Schmidt
Attachments				
APR 2009	1	Addition	Debris Management	Y. Hintzen-Schmidt
APR 2009	1	Addition	Division Summary	Y. Hintzen-Schmidt
APR 2009	1	Addition	Declaration Process	Y. Hintzen-Schmidt
APR 2009	1	Addition	Event Management	Y. Hintzen-Schmidt
APR 2009	1	Addition	ESF 8 Concerns	Y. Hintzen-Schmidt
APR 2009	1	Addition	ESF8	Y. Hintzen-Schmidt
APR 2009	1	Addition	ESF8 Concerns	Y. Hintzen-Schmidt

APR 2009	1	Addition	Activation	Y. Hintzen-Schmidt
APR 2009	1	Addition	ESF8 at SEOC	Y. Hintzen-Schmidt
APR 2009	1	Addition	Response Triangle	Y. Hintzen-Schmidt

Preface

The CDPHE Internal Emergency Response Plan is intended to guide personnel in the prevention of, preparedness for, response to and recovery from disaster or emergency events through two primary documents: Part I - the Basic Plan and Part II - the Operational Plan. Part I – The Basic Plan includes the scope, planning assumptions, roles and responsibilities, concepts of operations and ongoing plan review procedures. It is a separate document from Part II- The Operational Plan.

This document is Part II – The Operational Plan and it outlines each division's responsibilities during disaster or emergency events. Support Annexes (maintained by each division) provide guidance for effective implementation of the department's plan for response to specific disaster/emergency events that may impact Colorado, as outlined in the State emergency Operations Plan.

Implementation of the department's Internal Emergency Response Plan requires extensive communication, collaboration, coordination and cooperation between CDPHE divisions, state and local agencies, non-profit organizations and businesses. Collaboration and coordination with federal agencies will be employed when necessary. The size and scope of the disaster or emergency will determine the level of support required from federal, state and local partners.

Any program within the department may receive the initial call from a local entity informing the department of a local disaster or emergency event. Any program receiving such a call will contact the department's Emergency Preparedness and Response Division at **303-692-3022** and inform the Division of the potential or unfolding event.

Letter of Agreement

The Colorado Department of Public Health and Environment's Internal Emergency Response Plan is intended to provide a single comprehensive framework to manage disasters and emergencies within the state of Colorado that threaten the environment or the public health. The plan provides the structure for coordinating response activities among CDPHE's divisions or programs and assigns tasks and responsibilities to department personnel. The Internal Emergency Response Plan, Part II – Operational Plan, specifies division or program roles during a disaster or emergency that threatens the public's health.

All department employees are to become familiar with this plan to ensure effective and efficient implementation of their divisions' and programs' responsibilities. Divisions and programs must develop and maintain implementation instructions and standard operating guidelines (SOGs) in support of this plan. By being prepared, the department can better serve the citizens of Colorado.

This strategic document is continually evaluated, updated and refined to meet the department's changing needs. While many department employees have contributed to this plan, the department's Emergency Preparedness and Response Division will coordinate the plan updates. All divisions within the department agree to ensure effective and efficient incident management by designating lead and back-up responders to perform their assigned responsibilities during disaster or emergency events. Any program receiving a call reporting a potential or unfolding disaster or emergency event in a community within Colorado or otherwise impacting Colorado should contact the department's Emergency Preparedness and Response Division at **303-692-3022 during regular business hours or 303-594-5219 after-hours**. Division staff will monitor the situation for the department and coordinate internal updates to assist the programs involved in responding to the disaster or emergency event. When necessary, Emergency Preparedness and Response staff will activate the Department Operation Center (DOC) to manage the event and to coordinate internal departmental updates and response activities. All divisions agree to use the National Incident Management System (NIMS) to direct and coordinate their programs response activities from the DOC.

Letter of Instruction

The Colorado Department of Public Health and Environment's Internal Emergency Response Plan is intended as a guideline for the department's response activities during emergency events that require deviation from daily practices or routine activities. All programs are expected to collaborate and coordinate, following the NIMS framework to manage events that would adversely affect the public health.

As assigned under the Emergency Support Function (ESF) –8 annex to the state emergency operations plan, each program is expected to provide resources and perform duties consistent with the department's authority and responsibilities. This also applies when the department is supporting response activities for other ESFs. Support may include providing personnel and other resources when the response requires more resources than a program has available.

Plan Distribution

Updated or revised copies of this plan are distributed electronically. The Department and other Plan holders will:

- Print and maintain at least one hard copy
- Maintain an electronic copy on
    - A network drive
    - The CDPHE Intranet accessible via the internet (portal) or a Virtual Private Network (VPN)
    - COHAN, accessible via the internet (portal) or a Virtual Private Network (VPN)
- Distribute copies to key emergency response personnel on an encrypted, password protected USB drive that can: be updated from COHAN, the intranet or network drive and used on any computer equipped with a USB port
- Include emergency management references (federal, local and state)

Copies of the CDPHE All-Hazards Internal Emergency Response Plan are distributed to the following state agencies:

• Division of Emergency Management

When to Activate the Plan

This plan is activated in emergency situations requiring environmental and public health resources or protective actions that exceed the capabilities of the local jurisdictions. The department may also be activated to support mass casualty incidents. Activation will occur following a declaration of a local disaster or in **any** incident affecting the health and safety of employees and or the public. The level of activation occurs based on the type of event and the level of activity anticipated by this department. The primary way to notify the Emergency Preparedness and Response Division of an actual or potential event, provide an update or to ask questions and obtain clarification about the department's response or the internal plan is by calling the Emergency Response and Incident Reporting Line:

- **1-877-518-5608 for external partners during regular business hours,**
- **303-692-3022 for internal partners during regular business hours or**
- **303-594-5219 after-hours**.

Examples of potential or actual disaster or emergency events include:

- Mass casualties exceeding local capacity
- Disasters such as a flood or tornado that damages community infrastructure (hospitals, transportation systems, utilities, etc.) threatening the public health and safety
- Unexpected severe and acute occurrences of biological, chemical, radiological or environmental hazards (a widespread disease outbreak or exposure that affects the public health)
- Any event that has the potential to deteriorate rapidly or have an adverse impact on the public health and safety

The first individual receiving notification of an actual or potential emergency incident will contact EPRD to ensure that the information is quickly disseminated to the Executive Director, Chief Medical Officer or other department managers (if necessary) who may share responsibility for the department's response. Once notified, department officials may request preliminary response or investigation actions, and decide whether a briefing or meeting with other available department management staff, to determine next steps, is necessary.

Who May Activate the Plan

The Executive Director or Designee
The Chief Medical Officer or Designee
The Director of the Emergency Preparedness and Response Division or Designee
The Department's Emergency Response Coordinator (ERC) or Designee
Division Directors or Designee

Foreword

Local governmental agencies are responsible for the coordination and management of disaster or emergency events affecting their jurisdictions. If the resources available to a jurisdiction are not adequate to respond to the disaster or emergency, local governmental agencies may request assistance from the state. When a request for assistance is made, CDPHE may be activated to mobilize resources, provide technical guidance and information to local governmental entities, other state departments and the public. CDPHE may be activated along with many state agencies when the State Emergency Operations Plan (SEOP), managed by the Colorado Division of Emergency Management (CDEM), is activated.

Hazards Analysis Summary

Colorado has experienced natural disasters such as floods, wildfires, tornadoes, and winter storms, and technological emergencies, such as dam failures and hazardous material incidents. Colorado continues to be vulnerable to a multitude of hazards. For in-depth information on natural disasters frequent to Colorado and other hazards see the Colorado State Mitigation Plan available online at http://dola.colorado.gov/dem/mitigation/plan_2007/2008_plan.htm

The SEOP outlines response activities to the following incidents categories in greater detail:

Biological
Managing biological events resulting from acts of terrorism, pandemics, emerging infectious diseases and novel pathogen outbreaks.

Catastrophic
Implementing and coordinating and accelerated state response to a catastrophic event, as it applies to ESF8: Public Health and Medical.

Cyber
Coordinating and responding to catastrophic cyber events impacting critical state processes.

Food/Agriculture
Managing major disasters impacting the state's agriculture and food systems.

Nuclear/Radiological
Managing nuclear or radiological incidents

Oil/Hazardous Materials
Coordinating with law enforcement and to conduct criminal investigations

The department's All-Hazards Internal Emergency Response Plan outlines division activities to support response to all disasters or emergency events in Colorado that affect the public health or environment, including but not limited to those incidents named above.

Chapter 1

Introduction

When a disaster or emergency event exceeds local response capabilities, jurisdictions are likely to request common types of assistance from the State. The types of assistance have been grouped at the national level into 15 Emergency Support Functions (ESFs). The SEOP adopted the 15 ESFs and identified appropriate state departments as leads for each functional area. The SEOP has fifteen ESF Annexes to guide the state in its response efforts.

Emergency Support Functions

- ESF 1: Transportation
- ESF 2: Communications
- ESF 3: Public Works and Engineering
- ESF 4: Firefighting
- ESF 5: Emergency Management
- ESF 6: Mass care, Housing, Human Services
- ESF 7: Resource Support
- ESF 8: Public Health and Medical
- ESF 9: Urban Search and Rescue
- ESF 10: Oil and Hazardous Materials Response
- ESF 11: Agriculture and Natural Resources
- ESF 12: Energy
- ESF 13: Public Safety and Security
- ESF 14: Long Term Community Recovery and Mitigation
- ESF 15: External Affairs

CDPHE divisions/programs will take on potentially two functions: act as a lead or support program for public health response and act in a support role to another state department that is lead to a state response activity. The CDPHE Internal Emergency Response Part I - the Basic Plan, contains 2 charts:

- Chart 1 provides a summary of the areas CDPHE divisions/programs may respond in a support role to a state response activity.
- Chart 2 provides a summary of the programs within this department. Each program operational plan in this document provides a summary of each potential function of emergency response.

Lead – A state department is assigned the responsibility for planning, coordinating and tasking support departments and agencies in the development of policies, procedures, roles, and responsibilities and requirements of the ESF and its operational requirements. This includes developing and maintaining the ESF annex to the SEOP.

Secondary Lead - Certain principal components of some ESFs are clearly shared by State departments or organizations other than the designated Lead department. In such situations the department or organization which would normally be the lead for one or more of these major components will be designated as a Secondary Lead and will be responsible for the development and implementation of that specific portion of the functional responsibility.

Supporting - Those departments assigned a supporting role of a given ESF, will collaborate and coordinate with the Lead department to carry out the assigned mission, including the development and exercising of response plans.

1. Departments not assigned to specific ESFs will serve as a reserve of material and personnel resources potentially required to perform unassigned tasks or supplement response.

2. Specific supporting tasks are assigned to volunteer and private organizations that, by their state or national charter, or through written Memoranda of Agreement or Understanding with DEM, are committed to providing disaster response or disaster relief assistance.

A brief explanation of the scope of each ESF annex and the department support to the SEOP is represented in Charts 1 and 2 in the CDPHE All-Hazards Internal Emergency Response Plan Part I – the Basic Plan.

Chapter 2
Purpose

The purpose of the CDPHE Internal Emergency Response Plan Part II – Operational Plan is to describe the basic strategies and mechanisms through which each program will prepare, mobilize and respond to disaster/emergency events. This may include mobilization of resources or technical guidance and information to local government entities, other state departments or the public. It is to guide CDPHE divisions/programs in their roles and responsibilities with inter-divisional and inter-departmental collaboration and coordination during disaster/emergency response that require public health and medical assistance. For basic response information refer to the department's Internal Emergency Response Plan Part I – Base Plan.

An effective public health emergency response requires that CDPHE employees know the emergency response protocols and procedures in their divisional emergency response plans, where to find the plans and how to implement them. CDPHE personnel have diverse technical expertise however, their medical and public health skills may not include the specialized knowledge of emergency preparedness such as mass prophylaxis procedures, the use of personal protective equipment (PPE), and how the National Incident Management System (NIMS) functions.

The training section of each division's emergency response plan is intended to educate and qualify CDPHE employees at various levels of NIMS so that they will be able to recognize and respond appropriately to incidents of varying sizes, types and complexities.

Emergency leadership qualifications and trainings are developed to increase the number of CDPHE staff who can confidently lead a multidisciplinary response or integrate seamlessly into another organization's emergency response operations. Additional technical capability trainings are recommended to encourage the cross-training and increased flexibility of CDPHE staff when responding to a disaster or emergency.

Chapter 3
Scope

The scope of this Part II – Operational Plan, is to guide personnel through activation, setup and coordination, response and deactivation of independent activities within each division/program. It is intended to ensure inter-divisional coordination for department response activities during declared emergencies or, those emergency events requiring programs, divisions and or the department to provide guidance and technical assistance to local jurisdictions, threatened or impacted by a disaster event, in identifying and meeting the health, medical and environmental needs of its population. This document provides operational guidance for the divisions/programs listed below.

Responding Environmental Programs

Air Pollution (mobile and stationary sources)
Consumer Protection (drugs, medical devices, food, vector control, institutions and consumer products)
Environmental Sustainability
Hazardous Materials (remediation)
Radiation Management
SARA Title III
Waste Management (solid and hazardous waste)
Water Quality (water protection and watershed monitoring)

Responding Health Programs

Child, Adolescent and School Health
Chronic Disease Prevention (asthma, cancer, diabetes, etc)
Communicable Disease Epidemiology
Emergency Medical and Trauma Services
Emergency Preparedness and Response
Environmental Epidemiology
Epidemiology Investigations
Health Disparities
Health Statistics (including GIS)
HIPAA compliance
Immunizations
Injury Prevention
Interagency Issues for Prevention Services
Laboratory (biological, chemical)
Long Term Care
Maternal and Child Health
Nutrition (WIC)
Oral Health
Residential Care
Sexually Transmitted Disease/HIV
Suicide Prevention
Tobacco Education and Prevention
Vital Records (birth/death certificates)

Chapter 4

Planning Assumptions

The general planning assumptions used for the development of Part II – Operational Plan are outlined in Part I – Base plan of the department's Internal Emergency Response Plan. However, it is important to note that within each division's/program's operational guideline, summarized within this document, additional assumptions may be listed for that division's/program's response plan.

Chapter 5

Authority and Legal Issues

Authority
Colorado Revised Statutes that are general to the department are located in Part I – Base Plan. Specific authority for individual programs is located within each section of this document that contains a program-specific operational response guideline.

Chapter 6

Concept of Operations

General

The general department concept of operations for monitoring and advising on significant hazards or threats that pertain to the health and environment of Coloradans during disaster/emergency events are outlined in Part I – Base Plan of the department's Internal Emergency Response Plan. Program-specific concepts of operation are provided within each program's section in this document.

Chapter 7

Division/Program Specific Response

Section 7.01: *Executive Director's Office*

Environmental Hazards – General Assessment

Lead Division: Environmental Programs

Support Divisions
Emergency Preparedness and Response (EPRD)
Air Pollution Control (APCD)
Consumer Protection (CPD)
Disease Control and Environmental Epidemiology (DCEED)
Health Facilities and Emergency Medical Services (HFEMS)
Water Quality Control (WQCD)

External Support
Colorado Division of Emergency Management (CDEM)
Department of Military and Veterans Affairs (DMVA), National Guard
Department of Public Safety, State Patrol
Assistance from federal agencies is based upon the type of hazard; see details under specific hazards within the program specific plan

Definition
Environmental Assessment Response Team (EART) – a field team of two or more CDPHE personnel who will conduct assigned activities, observations and sampling in response to an event.

Environmental Triage – the review of all information available (initial situation reports from the event site, records held by the department, direct knowledge of the site from CDPHE field personnel, etc.) about a disaster/emergency event and the area/location that has been impacted by the event to support the needs of the State Emergency Operations Center (SEOC) and the DOC and to identify the lead division.

Authority
The authority is outlined in Part I- Base Plan of the department's All-Hazards Internal Emergency Response Plan.

Planning Assumptions

The department's Environmental assessment Response Team (EART) may conduct activities or coordinate and assist the response personnel from local or other state agencies as requested.

Department personnel for the EART are determined based on the most appropriate expertise for the event. The team's response efforts are focused on the protection of the public health and safeguarding the environmentally vulnerable portions of the impacted area.

Roles and Responsibilities

1. **EART**
   - Conduct assigned activities (observations and sampling) and report as necessary
   - Follow safety precautions and wear appropriate personal protective equipment (PPE) for the assigned activities
   - Complete written reports and maintain accurate records when in the field.

2. **EART Lead**

   An EART Lead is selected from the Environmental Programs based on the event and will:
   - Serve as the primary contact for the department's environmental response teams and EPRD
   - Coordinate with local, state and federal partners
   - Coordinate with the CDPHE LSD

3. **Individual Environmental Divisions**

   Develop and maintain a list of personnel with the expertise that would qualify for the EART, including those that may assume the team leader role, based on their knowledge and appropriate training for emergency response and the NIMS/ICS structure.

   Maintain a list of equipment available (if any) for environmental assessment and field response. Ensure equipment is appropriately calibrated and checkout procedures are in place for rapid deployment and tracking.

   Maintain a list of personnel with the training, equipment and knowledge to work in PPE including respiratory protection. This list should include the level of PPE each individual is qualified to use, date of last training and date of last medical monitoring check (as necessary).

Concept of Operations

1. **General**

Determine what occurred and the type of assistance requested. Notify the EPRD Emergency Response and Incident Reporting line at **1-800-518-5608 (or 303-692-3022)** during **regular business hours** or the **after-hours Duty Officer** by calling **303-594-5219**. Determine if the department and lead division can provide the requested assistance. If not, identify an alternative source to provide the requested assistance.

Advise the agency or jurisdiction requesting assistance3 of the actions the department and divisions believe is warranted.

Report any suspicious activities to the EPRD Emergency Response and Incident Reporting Line by calling one of the numbers above. The emergency Response and Incident Reporting Line Manager or After-Hours Duty Officer will notify the Emergency Response Coordinator (ERC) of the situation, providing all available information. THE ERC will report this information to the Colorado Information Analysis Center (CIAC), if necessary, and monitor the situation.

The environmental assessment provided by this department is intended to support response efforts of the local jurisdiction to assist in identifying risks and prioritizing response activities.

The environmental assessment will focus on the protection of the public health and safeguarding environmentally vulnerable areas impacted by the disaster/emergency event.

2. Activation

Upon request from a local jurisdiction impacted by an emergency event, a field team will be assembled with the most appropriate expertise available and deployed to the affected area. The number of teams activated and frequency of activation will occur based on the unfolding event.

Appropriate information and samples will be provided to the Laboratory Services Division (LSD) and the DOC as necessary.

3. On-scene Response

Teams, as necessary, will conduct department on-scene response. No environmental personnel will go to the scene alone unless they are meeting personnel from the local emergency response agency or public health agency to form a team.

On-scene teams will be assigned specific tasks and are expected to check in at the local on-scene command center/post, follow local safety protocols and local sign-in/out procedures.

Field observations, computer modeling, environmental samples and analytical assessments are conducted based on information and samples obtained from the on-scene response team.

Confined space entry may be required. If it is probable or necessary to conduct an environmental assessment, the department will seek the assistance of the EPA region VIII emergency Response personnel, from the EPA TAT contractor.

Once that assignment is complete the team will report on their findings and submit activity reports to the DOC.

4. Recovery

Site clearance and confirmation of cleanup may be necessary through sampling at a semi-quantitative to assure that the post-disaster/emergency environmental cleanup is reaching an adequate level to safeguard human health and the environment.

A summary of all department personnel who were deployed in the field at anytime during the event must be compiled, along with any actual or potential exposures to those individuals during response activities. A copy of this report must be submitted to the DOC upon deactivation.

After the incident has been mitigated, determine any recovery or closeout actions required. Make recommendations as necessary. Site safety and confirmation of cleanup may be necessary through sampling to assure that the post disaster/emergency environment has achieved an adequate level.

Training and Exercises

The purpose of training is to ensure that division and department staff are familiar with the CDPHE All-Hazards Internal emergency Response Plans and know how to effectively fulfill any role assigned during a disaster or emergency response; that they know how to work collaboratively with others in their functional role; and that functional groups can work together during a coordinated and cooperative response effort.

- Environmental divisions should provide relevant sampling training for technical personnel in the most common and effective types of sampling to assist in response decision-making.

- Environmental divisions should provide health and safety training as appropriate for the types of sampling and emergency response actions personnel in their divisions may be expected to perform.

- Training requirements for each division shall be reviewed at least annually and will be updated as necessary. The training will be based on the divisions/programs expectations as outlined in each division/program Standard Operating Guidelines (SOG).

- Each division will provide relevant training specific to its role during disaster/emergency response.

- Training will be provided at least once annually (quarterly training is recommended).
- At least two division staff will be trained for each analytic area. At least two staff, more when possible, will participate in ongoing DOC training.
- Each division will participate in department-wide exercises as necessary (at least one exercise annually).

Emergency Response Coordination

Lead Division: Emergency Preparedness and Response

Support Divisions:
Air Quality Control
Consumer Protection
Disease Control and Environmental Epidemiology
Hazardous Materials and Waste Management
Health Facilities and Emergency medical Services
Laboratory Services
Prevention Services
Water Quality Control

External support:
Colorado Department of Local Affairs, Division of Emergency Management
Colorado Department of Public Safety
Colorado Department of Military and Veterans Affairs – Colorado National Guard
US Department of Health and Human Services - Centers for Disease Control and Prevention
Community Dispatch Centers
US Environmental Protection Agency
Local Hospitals
Local Public Health Agencies
Local emergency Managers

Definitions
DERA – The designated emergency response agencies are determined at the local level and are typically local/regional fire department or law enforcement hazardous materials response teams.

Communications Systems - Hard line telephone systems, cellular telephones, pagers, faxes, computer Internet/Intranet and satellite systems (including email), two-way radios with 800 MHz capability, Metropolitan Emergency Telephone System (METS), and Government Emergency Telecommunications Service (GETS) cards. Note: The GETS card is to be used only when emergency telephone connection is required.

Authority
The authority is outlined in Part I- Base Plan of the department's All-Hazards Internal Emergency Response Plan.

Planning Assumptions
The following assumptions are in addition to the general department planning assumptions found in Part I- Base Plan:

- During emergency/disaster events, any one or all of these systems will be utilized for gathering and disseminating information and for coordinating and managing the CDPHE's response actions.

Roles and Responsibilities

1. General

See Part I- Base Plan for general expectations of divisions and programs.

All department personnel are subject to receiving notification of an actual or potential disaster or emergency.

The Colorado Department of Public Health and Environment's Department Operations Center (DOC) has been established to provide the department with a centralized, equipped, location from which staff can respond to any disaster or emergency in a collaborative and coordinated manner. The DOC will be activated at the discretion of the Executive Director, Chief Medical Officer, EPRD Director and or Emergence Response Coordinator. Activation will occur when a disaster or emergency requires departmental response beyond normal daily activities.

The size and nature of the incident will determine the response level. When the Strategic National Stockpile (SNS) is requested, the activation of specific roles and responsibilities will occur based on the complexity of the incident. CDPHE will follow the National Incident Management System (NIMS) structure for the response activities; CDPHE's Internal Plan provides a detailed outline of all roles that may be activated in response to disaster or emergency incidents.

EPRD is responsible for coordinating the emergency response activities of CDPHE and for the management and maintenance of the DOC for possible activation. CDPHE is the lead state agency responsible for coordinating public health and medical services (ESF #8) in response to a disaster or emergency in Colorado. EPRD is specifically responsible for:

a. Coordinating the development of emergency response plans.
b. Assessing natural and human-caused disasters and enhancing public health response to those events.
c. Integrating public health and medical systems with local and state partners.
d. Training public health, medical and emergency response partners on the latest and improved protocols related to health, medical and mortuary response.
e. Distributing health information as well as implementing systems for effective and redundant communication among all stakeholders involved in public health detection and response.
f. Assessing Colorado's ability to respond to the medical care of victims during an emergency.
g. Requesting and distributing the Strategic National Stockpile (SNS) when necessary.

Note: Detailed information about the SNS in include in the SNS plan maintained by EPRD.

2. Emergency Preparedness and Response Division

Any program, within the department, receiving notification from a local entity of a potential or unfolding disaster or emergency event, that may exceed department capabilities, will notify the EPRD Emergency Response and Incident Reporting line at **1-800-518-5608 (or 303-692-3022)** during **regular business hours** or the **after-hours Duty Officer** by calling **303-594-5219**. The Duty Officer will report all calls pertaining to a disaster or emergency event and any requests for emergency assistance from a local authority to the Emergency Response Coordinator (ERC). If unavailable, the report will be relayed to the EPRD Director, the Chief Medical Officer or the Executive Director, in this order.

The Duty Officer notebook will contain a current copy of the CDPHE Call-Down List that will be updated quarterly by EPRD staff.

EPRD will maintain the Duty Officer Book containing a current copy of the emergency notification "Call-Down List". EPRD will update the "Call-Down List" quarterly. It is each division's responsibility to ensure that the information in its "Call-Down List" is kept current and to notify EPRD of any changes or updates.

EPRD will utilize office phone numbers, home phone numbers, pagers and cellular phones to notify appropriate department personnel of an emergency situation. The person(s) notified is responsible for additional notification of personnel within their division or program.

EPRD will notify the appropriate local, state and federal agencies, of the department's activation status using any of the communication systems listed below. Volunteers or Volunteer Organizations will be activated or notified using some of the communication systems listed below.

Disaster or emergency event situational updates will be provided to local and state emergency operations centers through the DOC. Multiple communication systems will be utilized to ensure that the flow of information continues in a timely and efficient manner should any one-system fail.

Dialogic Communicator

The EPRD emergency notification system is Dialogic Communicator or Dialogics. This system can notify the recipient(s) vial multiple contact devices and allows users to update their contact information over the web.

The functionality of the Dialogics system includes notification through various means, including, multiple phone numbers (work/business, home, cell, pager, fax) and e-mail. Once activated, the system follows a specific calling sequence, the order in which notification devices are dialed/contacted, to deliver a message(s) to one or multiple groups. The system

will leave a message with a call back number, if the individual did not answer. The system will continue the calling sequence, until a response is received. The system manager can program the system to terminate the calling sequence after a specific number of attempts (i.e., 6 attempts) or length of time (i.e., 2 hours).

Each user in the system is required to have 3 setup elements: a username, ID code, and password. In order to receive a notification message for certain types of events (specific emergencies or exercises), a user may be asked to enter their ID code. Users wanting to change information in the Dialogics system via the web will be asked to enter their username and password.

Colorado Health Alert Network (COHAN)

The Health Alert Network (HAN) is a nationwide, integrated information and communication system intended as a platform for distribution of health alerts, dissemination of prevention guidelines and other information, electronic laboratory reporting, disease surveillance, and communications with Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response program.

Health Alert Network Overview

The Colorado Health Alert Network (COHAN) is a statewide, integrated information and communication system intended for the distribution of health alerts; dissemination of prevention guidelines, for example guidelines to contain the spread of illness; and communication with the Centers for Disease Control and Prevention (CDC) all-hazards preparedness and response program. CDPHE Health Alert Network (HAN) communications are most frequently distributed to infection control practitioners, disease physicians, emergency departments, local public health agencies, laboratories, coroners, and key state stakeholders.

Purpose and Strategic Goals

The purpose of the Health Alert Network (HAN) is to:

- Ensure effective communication connectivity among local and state public health departments, healthcare organizations, local governments and emergency management personnel statewide and other key partners involved in public health response through Internet connectivity, email notifications, and other forms of communications.
- Ensure methods of emergency communications are fully redundant with email (faxes, two-way radios, cell phones, pagers, wireless devices).
- Ensure ongoing protection of critical data and information systems.
- Ensure electronic exchange of information in standard formats.

The goal and purpose of HAN at a local level is to:

- Ensure important information received from the state HAN at the Colorado Department of Public Health and Environment (CDPHE) is distributed to all appropriate local partners and health care providers (the local HAN users).

- Ensure key local HAN contact information is up-to-date.
- Ensure 24x7 emergency contact information is regularly maintained in a state specified system/location.
- Test and assess the local HAN system, including a variety of devices, at least quarterly.
- Develop and document policies and procedures for a local HAN system.
- Inform state HAN of any notifications initiated at the local level.
- Ensure local agency compliance with state strategic planning goals of the IT and Communication group as stated in section **Error! Reference source not found.**

EMSystem

EMSystem is a web-based patient transport system that contains live hospital divert status. In an emergency the system is used by dispatch agencies and ESF-8 leads to query hospitals for bed availability to aid in patient transport.

HC Standard is a healthcare resource tracking system. Hospitals use this system to track inventory such as ventilators, N95 masks, radios and other emergency preparedness supplies. In an emergency, ESF-8 leads use this system to query healthcare agencies for specific resources needed during the event.

Medical Reserve Corps

The Medical Reserve Corps (MRC) are locally run medical and non medical volunteers, who when requested will assist with medical activities during planned activities such as health fairs, concerts, conventions and other large gatherings that have the potential to involve public health emergencies. MRCs can also be activated in response to disaster such as tornados, wildfires, and floods. There are 19 MRC units with over 1000 volunteers in Colorado. There are a few unique units- the Colorado MRC is a unit that can deploy upon request anywhere in the state, the Colorado Star Unit accepts volunteers with both law enforcement and medical backgrounds and the Heritage Eagle Bend Unit is part of a gated community and that works in partnership with Parker Adventist Hospital.

Units can be activated locally by sending a request to the local ESF-8 lead in the local EOC; a resource request is completed, approved and routed through the logistics section

This is important because the local requesting agency is responsible for workers comp and liability insurance, lodging, mileage and food for the MRC volunteers.

If the unit(s) are activated at the state level:
The activation steps are the same except the request is routed through the State ESF-8 lead at the SEOC. In this instance, the state is responsible for workers comp, liability insurance, and other costs.

The MRC Units can also be federalized, activated and deployed by the US Department of Health and Human Services (DHHS). The guidelines for this type of activation are currently being revised.

Colorado Volunteer Mobilizer (CVM)

The Colorado Volunteer Mobilizer is a secure web-based database for local partners. It is managed at the local level for Colorado emergency Response. It is comprised of public health and medical professionals.

(add a brief line above about, BioWatch)

EPRD will maintain the Duty Officer Book containing a current copy of the emergency notification "Call-Down List". EPRD will update the "Call-Down List" quarterly. It is each division's responsibility to ensure that the information in its "Call-Down List" is kept current and to notify EPRD of any changes or updates.

EPRD will utilize office phone numbers, home phone numbers, pagers and cellular phones to notify appropriate department personnel of an emergency situation. The person(s) notified is responsible for additional notification of personnel within their division or program.

3. All Divisions

Personnel are to be trained to use all available communication systems, as listed above, during any emergency response. Should any staff be unfamiliar with the available communications systems, "Just-in-time" training is available to help them become familiar with the equipment and how to use it, in advance of being assigned a response role.

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Should the status of communication systems or equipment change during an event, personnel will be briefed and provided with any necessary training allowing them to adjust to these modifications.

Report any suspicious activities to the EPRD Emergency Response and Incident Reporting line at **1-800-518-5608 (or 303-692-3022)** during **regular business hours** or the **after-hours Duty Officer** by calling **303-594-5219**. The ERC will relay all pertinent information to the CIAC and monitor the situation.

EPRD will notify the appropriate local, state and federal agencies, using any of the above listed communication systems, of the department's activation status.

Disaster or emergency event situational updates will be provided to local and state emergency operations centers through the DOC. Multiple communication systems will be utilized to ensure that the flow of information continues in a timely and efficient manner should any one-system fail.

Note: For safety reasons, no personnel should be without a form of communication or a method for documenting their location and expected check-in times.

Concept of Operations

1. General

The Tactical Communications Lead will determine the communication systems and hardware to be used during a disaster or emergency event. This decision will be based on standard operations guidelines and the availability of each system and the hardware.

2. Activation

Upon activation, the Incident Manager and Logistics Chief with the assistance of the Tactical Communications Lead will prioritize the use of available communications systems and hardware.

Communication infrastructure must be present for adequate and timely notification of critical personnel including those manning the CDPHE DOC, RSS, and personnel assets (for potential field response). Colorado has made a significant investment in improving the communications interoperability and infrastructure in the state. This investment directly influences the ability of public health and medical providers to communicate in the event of a catastrophic disaster.

EPRD Guide: Activation and First Operational Period

Notification of all EPRD staff, Executive Director's Office, Division Directors
Assigned Person: EPRD staff in office, off site, teleworking (*on leave – if necessary)*
Assigned Person: Executive Director, Chief Medical Officer, Director Environmental Health, PIO, others
Assigned Person: Call-down list/email to Health & Environmental Health Division Directors (back-ups)

Set-up The DOC
Computers and access information for users
Telephones and v-messaging access guide
Pens/paper and other basics
Television/news monitoring
Check-in sheet at entrance
Check printers, fax machine, copying

Begin filling in the initial ICS Forms (*initially 80% EPR staff are assigned to Planning*)
Incident Name – Use the same name as the local or State EOC
Determine the Department's Mission/Goals for each Operational Period (ICS 202)
First Operational Period the mission and goals are:
Mission: Protect the public's health and environment

Goal 1: "Determine the Public Health Concerns"
Goal 2: "Provide Support to Local Public Health"
Second/subsequent Operational Periods the goals are:
The mission remains the same; goals will compliment the SEOC goals
Develop the organizational chart for the DOC (ICS 203)
Adjust as often as necessary to meet the changing issues of the event
Be certain to record date and time to ensure the correct version is being used
Assist activated divisions in maintaining a span of control with staff involved

Establish a safety component
CDPHE personnel that are going to the affected area must be listed (master list for all programs)
Departure time, destination and task must be listed: ESF 8 Lead to give to SEOC/Local EOC
Staff should be briefed on major points of the event before departure
Personnel are to check-in with the local EOC at site identified by local EOC and DOC (if possible)
Personnel are to obtain a safety briefing at the local EOC
Prepare for the transition of staff/positions in DOC and SEOC
Staff in DOC and SEOC are to prepare summaries to share with incoming staff at shift change
Anticipate 30 minutes to relay information (*arrive early/leave late*)
The transition briefing should include
Brief summary of event
Detailed summary of current operational period
Items critical to the position
Demonstrate/show computer programs being used
Share how to access phone messages, password to computer (logging in), etc.

3. Response

Initial Response Checklist

Number		Date/Time
1	Evaluate Situation • Determine impact/severity. • Create initial response organization. • Analyze incident's growth potential. • Determine real and potential media and political interest. • Coordinate with other divisions, local responding agencies and supporting state agencies. Note: If time is critical, any Department director, manager or supervisor initiates reasonable actions to get the facts and protect health and safety.	
2	Notify to Appropriate Internal Level Promptly notify senior Department officials of actual or potential	

	emergency: • Executive Director • Chief Medical Officer • Division Directors (e.g., communicable disease investigation, emergency medical service…)	
3	Activate Plan If actual or potential health and safety threats exceed routine capacity to respond or require unusual coordination between two or more work units: • Assign Incident Commander (IC) and appropriate staff. • Delegate authority. • Set initial objectives. • Commit resources. • Notify political leaders and partner organizations (including health departments).	
4	Create Response Organization and Conduct Operations Based on objectives, the IC will: • Develop the organization. • Create the Incident Action Plan (IAP). • Order and manage resources. • Identify and engage other needed cooperating or supporting organizations.	
5	Refine the Response Organization • Continually adjust response organization structure. • Smooth operating relationships (with support organizations and agency/political leadership). • Consider establishing Unified Command (UC) of ICs from organizations with highest relevant responsibility, authority, and resources.	
6	Support the Response Organization As incident size and complexity increase, ensure: • Adequate resource management systems. • A scheduled planning cycle. • Personal accountability controls.	

Disaster or emergency event communications will include the title of the incident, a date and time stamp and the type of equipment used to transmit information. This will ensure effective tracking of all communications during the response operational and recovery periods.

Written and verbal communication will go to designated positions in the incident command structure with the intent that these individuals will forward the information to the appropriate positions within their branch.

4. Recovery

During the recovery phase of a disaster or emergency event response, protocols to deactivate all tactical communications equipment and personnel using said equipment will be implemented when directed by the Incident Commander, Section Chief and Unit leader.

Training and Exercises

The purpose of training is to ensure that division and department staff are familiar with internal emergency response plans and know how to effectively fulfill any role assigned during a disaster or emergency response; that they know how to work collaboratively with others in their functional group, and that functional groups can work together during a coordinated and cooperative response effort.

Training to receive and distribute the SNS will be an ongoing activity. The SNS Coordinator and Trainer are responsible for ensuring that training and exercises are conducted and evaluated for effectiveness and that all training activities are coordinated with other activities. The EPR planning and training groups will work closely with the SNS Coordinator to ensure exercises are developed and evaluated in a way that encourages process improvement at the state and local levels.

The division will conduct department-wide quarterly testing of the various internal and external communication systems to ensure systems are functioning properly.

Training on two-way radio usage is ongoing and available upon request to the EPRD.

Training for all information and communication systems and web tools used by the department during emergency response (EMSystem, HCStandard, Health Alert Network (HAN), Emergency Response and Incident Reporting Line, Situational Awareness Tool (SATOOL), Colorado Volunteer Mobilizer (CVM)), is ongoing and available upon request to the EPRD.

General ICS Qualifications of Incident Commanders and Key Staff

The chart below summarizes the kinds of ICS training and experience (exercises and actual operations) desired for key response organization leadership positions

Incident Type	Incident Commander (IC)	Command & General Staff (C&GS)	Key Unit Leaders	Special Procedure and Protocol Knowledge

Minor, Routine	IS-100 & 200 Generally performs all leadership functions Qualified to lead normal operations.	IS-100 & 200 Generally not required	IS-100 Several operational leaders may be required.	Standard Department Operating Procedures (SOPs). Generally routine response, regular partners, Plan not activated
Locally Significant	IS-100 to 300 Suitable experience & confidence of cognizant manager	IS-100 to 300 Generally several C&GS required, e.g., an IO, OSC, and PSC Suitable experience & confidence of IC	IS-100 to 200 for operations leaders, IS-100-300 for other section leaders Several operational and select unit leaders.	SOPs Plan chapter 2 and relevant Tabs Consider activating Plan, creating formal response organization.
Regionally Significant	IS-100 to 400 Position Training IS-420 Suitable experience & confidence of Director.	IS-100 to 400 Position Training IS-420 Full C&GS required. Suitable experience & confidence of IC	IS-100 to 400 Position Training Many operational and unit leader positions required.	SOPs Plan activated Related plans and emergency policies Plan chapter 2 Relevant Tabs
Nationally Significant	IS-100 to 400 Position Training Experience at Type 1 Level IS-420/520 Suitable experience & confidence of political and agency leaders	SI-100 to 400 Position Training Experience at Type 1 Level IS-420/520 Suitable experience & confidence of IC	IS-100 to 400 Position Training Most/all operational and unit leader positions required	SOPs Plan activated Related plans and emergency policies Plan chapter 2 Relevant Tabs

Response Qualifications and Training – NIMS ICS Curriculum to determine equivalent training:

IS-100 Introduction to ICS: organization, terminology, and common responsibilities for those requiring minimum understanding; self-taught in 1-2 hours.

IS-200 Basic ICS: Basic principles, organization, facilities, resource terminology, and common responsibilities; 8-16 hours of instruction and exercises.

IS-300 Intermediate ICS: More description of detail and operation of ICS including resource management, duties of all positions, and incident and event planning; 12-24 hours of instruction and exercise.

IS-400 Advanced ICS: Large scale organization development, roles and relationships of primary staff, planning/operational/logistic/fiscal considerations for large and complex incident and event management, Area Command (AC), and Multi-Agency Coordination System (MACS); 8-16 hours of instruction and exercise.

IS 700
IS 800

Section 7.02: *Environmental Divisions*

Air Hazards

Lead Division: Air Pollution Control Division

Support Divisions
Emergency Preparedness and Response Division
Consumer Protection
Disease Control and Environmental Epidemiology
Hazardous Materials and Waste Management
Laboratory Services

External Support
AlphaTrac (303-428-5670)
National Weather Service
EPA/R8 (800-227-8914)

Definitions
Air Pollution Emergency or Disaster I – Any significant occurrence that is beyond normal regulatory authority of the Air Pollution Control Division.

Authority

The following authority is in addition to that outlined in Part I – Base Plan of the department's All-Hazards Internal Emergency Response Plan.

C.R.S. 25-7-112 and C.R.S. 25-7-113 – Descries tha authority of the Division and Commission in the case of, "an activity involving a significant risk constituting a clear and present danger." While these statutes apply more specifically to a source and the issuance of cease and desist orders, it is clear that there is an expectation that the Division plays a role in being responsible for interactions to protect the public health and welfare under the condition of an emergency.

Planning Assumptions
The following assumptions are in addition to the general department planning assumptions found in Part I – Base Plan:

- Air pollution emergencies generally have an immediate thereat to human health or the environment; they are not readily ameliorated through an order or other type of regulatory or administrative action.

Roles and Responsibilities

1. Air Pollution Control Division

a. Act as the lead division when a potential or actual major release to air exists

b. Provide available meteorological or other air data from the state pollution monitoring stations are requested.

c. Provide meteorological recommendations concerning dispersion potential and general wind flow patterns where data is available.

d. Provide recommendations concerning monitoring of air and references to appropriate first line responders for on-site monitoring of air pollutants.

e. Provide second line coordination to other sources of information concerning dispersion potential and possible areas of evacuation where services and coverage is available.

f. Provide on-site assistance in the collection and transportation of environmental samples as necessary and feasible.

g. Provide post disaster assistance in evaluating environmental impacts that result within the resources and capabilities of the Division.

h. Maintain a call-down list that identifies and designates primary and backup technical specialists for routine incidents management and technical staff for general information about the possible dispersion of chemicals.

2. Organizational Responsibility

The division will maintain a call-down list of key management and technical staff that can provide general information about the possible dispersion of chemicals due t emergency/disaster situations. This list will be maintained as part of the department's overall emergency resource list and plan. The Division Director is the team lead and will be the first line of contact in an emergency. The type and scope of the emergency will determine whether or not the division can or will respond.

3. Administration

The Air Pollution Control Division will provide a call-down list of individuals assigned to a functional role within the DOC during a disaster/emergency event response.

4. Activation

Air Pollution Control Division will activate the division leadership brief them on the incident and decide on a course of action. Response team members will be activated in the following order:

- Division Director
- Deputy Director

- Program Manager for Stationary Sources
- Program Manager for Technical Services

Other Division teams that may be activated are:

- Meteorology – Unit lead and staff meteorologist
- Stationary Source – Unit lead and technical support

5. On-Scene Response

Equipment and field personnel trained to collect hazardous chemicals may be made available to provide on-site assistance for the collection and transport of samples.

NOTE: Proper sampling equipment must be available, training provided and an appropriate level of personal protective equipment (PPE), suitable for responding to the specific emergency event, before personnel will be allowed to respond to the scene.

6. Recovery

After the incident has been mitigated, determine and recommend site safety and confirmation of cleanup as necessary through sampling to assure that the post disaster/emergency environment has achieved and adequate level to safeguard the public health and environment.

A summary report of all department personnel who were on-scene at any time during the incident response and any actual or potential exposure must be provided to EPRD after deactivation.

Training and Exercises

The division will participate in training provided by the Department and will incorporate an element of training and participation in designated Team member's' annual performance plans. Training will be logged into Department time and effort accounting systems and a record will be maintained of all Team members' training status.

NOTE: See the Air Pollution Control Division's annex to this plan for more detailed information.

Food and Drug Hazards

Lead Division: Consumer Protection Division (CPD)

Support Divisions
Emergency Preparedness and Response Division (EPRD)
Air Pollution Control (APC)
Disease Control and Environmental Epidemiology (DCEED)
Hazardous Materials and Waste Management (HMWMD)
Health Facilities and Emergency Medical Services (HFEMS)
Laboratory Services (LSD)

External Support
Colorado Department of Agriculture
Colorado Division of Emergency Management
Colorado Department of Public Safety, State Patrol
Colorado Department of Military and Veterans Affairs, National Guard
US Department of Health and Human Services (DHHS)
DHHS, Centers for Disease Control and Prevention (CDC)
DHHS, Public Health Service (PHS)
US Environmental Protection Agency (EPA)
US Food and Drug Administration (FDA)

Authority
Outlined in Part I – Base Plan of the department's All-Hazards Internal Emergency Response Plan and in the Consumer Protection Division's Emergency Response Plan.

Planning Assumptions

The following assumptions are in addition to those outlined in Part I – Base Plan of the department's Internal Emergency Response Plan.

The Consumer Protection Division has oversight responsibility for wholesale food, retail food, Over The Counter (OTC) drugs, raw milk, dairy products, and vector control within Colorado.

1. In the event of an emergency, CPD would delegate primary response at these facilities to local organized or county health departments (local health department contact information is maintained as a separate document on the CDPHE Intranet page), except in the case of a disaster that included raw milk, fluid milk, fluid milk products, dairy products and vector in which CPD would become the primary responder. Additionally, emergencies involving USDA regulated products (i.e., meat and poultry) will be handled by USDA. There are a number of remote counties served directly from the Denver office: Moffat, Garfield, Gilpin, Grand, Jackson, Rio Blanco and Elbert. CPD also

provides service to Alamosa, Rio Grande, Mineral, Saguache, Costilla and Conejos counties through staff stationed in Alamosa.

2. If an emergency occurs in one of the counties served directly from the Denver office, CPD would seek assistance from neighboring counties initially and/or staff would travel from Denver to respond. In the event CPD staff would travel from the Denver office, they will first obtain the Emergency Response Kit from the locked storeroom in the CPD file room (Tab 2). Included in the kit are the general tools and paperwork required to respond to an emergency. The kit will be checked the first month of every year to assure the contents have not expired.

3. If an emergency occurs that only includes the health of cows, goats or sheep used for the production of milk for products intended for human consumption, the Colorado Department of Agriculture (CDA) would be the primary responder (303-239-4170). However, if an emergency or an act of bio-terrorism occurs on a dairy farm that resulted in dairy animals possibly being contaminated with a disease transmissible by milk, both CPD and CDA would be primary responders. If drugs or medical devices are involved in the emergency the US Food and Drug Administration (FDA) would be the primary responder (303-232-6301)

4. If an act of bio-terrorism would occur that affected processed milk and dairy products, CPD would be the primary responder for the plant manufacturing the products, with local health agencies or health agencies in other states responsible for products that are in warehouses or markets in their jurisdictions.

5. CDPHE officials will communicate with employees in advance (during pre-planning activities) and at the time the event is recognized, to assure workers that their safety and their families' has been planned for and that prophylaxis and/or protection will be provided. It will be crucial to have accurate and timely dissemination of information to staff in order to decrease their risk and concern of becoming secondarily infected and to encourage them to report for work.

Roles and Responsibilities

A. Division Director Duties: The Division Director will review a summary of key facts associated with the emergency incident and will assess the level of appropriate involvement of the Consumer Protection Division (CPD). This will be consistent with statutory responsibilities of CPD. The Division Director will determine the level of appropriate Division participation of response activities involving CPD Program Managers and Environmental Protection Specialists (EPS). The Division Director will also coordinate transfer of information and requests for assistance to local health agency representatives responsible for Consumer Protection programs and to federal agencies including but not limited to the Food and Drug Administration and Centers for Disease Control.

B. Assistant Division Director Duties: The Assistant Division Director will have all the duties listed for the Division Director if the Division Director is not available. The Assistant Division Director will also provide technical guidance to CPD Program Managers and EPS.

C. Program Managers Duties: The Program Manager will be in charge of the on site operations, either from the office or at the incident, and direct the local and state EPS as to their specific duties. The Program Manager will also act as direct technical assistance to the EPS on site, and report the status of the operation to the Division Director and Assistant Director.

D. Environmental Protection Specialist: The Environmental Protection Specialist is the person on site performing essential functions in the field and will report back to the program manager in charge of duty assigned.

Concept of Operations

1. **General**
   Determine what occurred and the type of assistance requested. Notify the EPRD Emergency Response and Incident Reporting line at **1-800-518-5608** (**or 303-692-3022**) during **regular business hours** or the **After-Hours Duty Officer** by calling **303-594-5219**.

   Advise the agency or jurisdiction requesting assistance of the actions the department and or division has determined is necessary.

   Report any suspicious activities to the EPRD Emergency Response and Incident Reporting Line by calling one of the numbers above. The emergency Response and Incident Reporting Line Manager or After-Hours Duty Officer will notify the Emergency Response Coordinator (ERC) of the situation, providing all available information. THE ERC will report this information to the Colorado Information Analysis Center (CIAC), if necessary, and monitor the situation.

2. **Activation**
   The CPD will coordinate with EPRD or local public or environmental health agency upon notification of an emergency incident.
   Notification of the EPRD, CPD or all listed divisions will result in department activation.

3. **Field Response**
   Determine the size and scope of the emergency and what resources will be required (if any) for response.

Provide technical assistance in defining the potential for toxicity and problematic reactions after identification of the source chemical(s); document the source agent (from shipping invoice, bill-of-lading or plant/facility operations manager, etc.)

Review steps taken to:

- Control and minimize consequences of the emergency
- Protect human health
- Protect environment

Assist the local health agency in identifying additional response action, necessary for response and prevention of disease spread from contaminated food or drug products.

Note: If an emergency occurs that only includes the health of livestock such as cows, goats or sheep used for the production of milk for products intended for human consumption, the Colorado Department of Agriculture (CDA) is the primary responder (303-239-4170)

4. Recovery

Once decisions regarding product disposition have been made or during the evaluation process, necessary measured for cleaning, sanitizing and securing the facility will be determined.

a. It may be determined that the facility is no longer viable for the storage of the products die to the extent of damage in which case alternate arrangements will be required. The responder(s) will be required to follow-up on the alternate arrangements.

b. It may be determined that the facility can be used for the storage of product once thorough cleaning is complete. Again, the responder(s) will need to make arrangements to return to the facility to evaluate cleanup.

c. A portion of the facility may be usable and a portion may require repair before it can be returned to daily intended use. The responder(s) should coordinate with the facility to provide follow-up once necessary repairs have been made.

- The responder will also need to provide the operator/responsible parties with the appropriate paperwork for product disposition and to document actions that were taken by the CPD.
- A debriefing of the activities will be done with the appropriate program managers to assure proper handling of similar situations in the future.

<u>Training and Exercises</u>

The purpose of training is to ensure that division and department personnel are familiar with the CDPHE All-Hazards Internal Emergency Response Plan and all associated divisional plans. Training allows personnel to know how to effectively fulfill any role assigned during a disaster

or emergency response; that they know how to work collaboratively with others in their functional group, and that functional groups can work together conduct a coordinated and cooperative response effort.

- Training requirements for the division are reviewed at least annually and will be updated as necessary. The training will be based on the division's/program's expectations, as outlined in its standard operating guidelines (SOGs).
- The division will provide relevant training specific to its role during disaster/emergency response.
- This training will be provided at least once annually.
- Staff will be trained for each analytic area. A minimum of 2 people will participate in ongoing DOC training.
- The division will provide training in health and safety as appropriate for the types of sampling and emergency response actions that may be required.
- The division will participate in at least 1department-wide exercise annually.

NOTE: See the Consumer Protection Division's annex to this plan for more detailed information.

Chemical Hazards

Lead Division: Hazardous Materials and Waste Management Division

Notify the Hazardous Materials and Waste Management Division by calling the duty officer pager first at 303-826-8086 and if there is no callback within a reasonable amount of time call 303-877-9957.

Support Divisions
Emergency Preparedness and Response Division (EPRD)
Air Pollution Control (APCD)
Consumer Protection (CPD)
Disease Control and Environmental Epidemiology (DCEED)
Laboratory Services (LSD)
Water Quality Control (WQCD)

External Support
Colorado emergency Planning commission (CEPC)
Colorado State Patrol (CSP)
Local Designated Emergency Response Agency (DERA)
US Environmental Protection Agency (EPA)

Definitions
SERA – the designated emergency response agencies are determined at the local level and are typically local/regional fire departments or law enforcement hazardous materials response teams.

Authority
Outlined in Part I – Base Plan of the department's All-Hazards Internal Emergency Response Plan and in the HMWMD Emergency Response Plan.

Planning Assumptions
The following assumptions are in addition to the general department planning assumptions found in Part I – Base Plan:

- Chemical hazards may be detected in the air, food or water; the appropriate departmental program will take the lead or work in coordination with all responding divisions/programs to coordinate and manage the response to the emergency event.

Roles and Responsibilities

1. **Director environmental Programs**
   Activate one or more Environmental Assessment Teams (EAT) or Environmental Sampling Teams (EST) as part of the Chemical Hazard Response.

2. **Air Pollution Control Division**
   Act as lead when a potential or actual major release to air exists.

3. **Hazardous Materials and Waste Management Division**
   Act as lead when potential or actual threat of chemical release exists

4. **Water Quality Control Division**
   Act as lead when a potential or actual release into water or water system exists.

5. **Environmental Assessment Team (EAT)/Environmental Sampling Team (EST)**
   The EATs and ESTs are to be comprised of technical and field personnel from a environmental divisions/programs as appropriate.

   The type of emergency will determine which division will serve as lead during the response.

   When resources of a single division are inadequate or exceed the response capabilities required for a chemical hazard event, assistance from other divisions/programs and external agencies will be requested.

   The EATs and ESTs may be deployed to the field to conduct environmental assessments (see Environmental Assessment Guidelines in the **HMWMD** plan); team members will follow appropriate safety precautions.

Concept of Operations

1. **General**
   Determine what occurred and the type of assistance requested. Notify the EPRD Emergency Response and Incident Reporting line at **1-800-518-5608** (**303-692-3022**) during **regular business hours** or the **after-hours Duty Officer** by calling **303-594-5219**.
   Notify the Hazardous Materials and Waste Management Division by calling the division's duty officer pager first at 303-826-8086 and if there is no callback within a reasonable amount of time call 303-877-9957.

   Determine if the department and lead division can provide the requested assistance. If not, identify an alternative source to provide the requested assistance. Advise the agency or jurisdiction requesting assistance of the actions the department and division believe is necessary.

   Report any suspicious activities to the EPRD Emergency Response and Incident Reporting Line by calling one of the numbers above. The Emergency Response and Incident Reporting Line Manager or After-Hours Duty Officer will notify the Emergency Response Coordinator (ERC) of the situation, providing all available information. THE ERC will report this information to the Colorado Information Analysis Center (CIAC), if necessary, and monitor the situation.

2. Activation

The HMWMD, EPRD or local public or environmental health agency will contact the local hazardous materials emergency lead agency upon notification of an emergency incident; i.e., the site/facility hazardous materials response manager, the local DERA coordinator(s) or, in some cases, contractor acting on behalf of the responsible party.

Notification of the EPRD, HMWMD, LSD or all listed divisions will result in department activation.

Notify the Hazardous Materials and Waste Management Division by calling the duty officer pager first at 303-826-8086 and if there is no callback within a reasonable amount of time call 303-877-9957.

3. Field Response

Determine the size and scope (area spread, volume and concentration) of the chemical or hazardous materials release or spill.

Provide technical assistance in defining the potential for toxicity and problematic reactions after identification of the source chemical(s); document the source agent (from shipping invoice, bill-of-lading or plant/facility operations manager, etc.)

Review steps taken to:

- Control and minimize the spill
- Protect human health
- Protect environmentally sensitive areas.

Assist the local coordinating agency in identifying additional action, including ensuring that all routes (storm drains, sewer openings, ditches, channels, traffic across the spill area, etc.) that may contribute to spreading the spilled agent are reviewed and assessed, and control measures implemented.

4. Recovery

Once the situation is under control, determine the type of release (spilled chemical is solid or hazardous waste) and recommend appropriate cleanup management.

a. Determine if the chemical must be treated prior to cleanup (e.g., neutralization, solidification, adsorption or other simple actions)

b. Coordinate effective delivery and application of treatment and or absorbents with local responding agency.

c. Ensure that the cleanup residue is sent to a per-identified waste disposal facility.

d. Test impacted buildings and area to ensure that cleanup is complete. Reviewing the sampling/testing results will allow responders to clear the building and surrounding area to return to normal activities.

Training and Exercises

The purpose of training is to ensure that division and department personnel are familiar with the CDPHE All-Hazards Internal Emergency Response Plan and all associated divisional plans. Training allows personnel to know how to effectively fulfill any role assigned during a disaster or emergency response; that they know how to work collaboratively with others in their functional group, and that functional groups can work together conduct a coordinated and cooperative response effort.

- Training requirements for the division are reviewed at least annually and will be updated as necessary. The training will be based on the division's/program's expectations, as outlined in its standard operating guidelines (SOGs).
- The division will provide relevant training specific to its role during disaster/emergency response.
- This training will be provided at least once annually.
- Staff will be trained for each analytic area. A minimum of 2 people will participate in ongoing DOC training.
- The division will provide training in health and safety as appropriate for the types of sampling and emergency response actions that may be required.
- The division will participate in at least 1department-wide exercise annually.

NOTE: See the Hazardous Materials and Waste Management Division's annex to this plan for more detailed information.

Radiological Hazards

Notify the Radiation Management Program by calling the 24/7 Radiation Management Phone Line for Radiological Incidents at 303-877-9757.

Lead Division: Hazardous Materials and Waste Management Division
Radiation Management Program

Support Divisions
Emergency Preparedness and Response Division (EPRD)
Air Pollution Control (APCD)
Consumer Protection (CPD)
Disease Control and Environmental Epidemiology (DCEED)
Laboratory Services
Water Quality Control (WQCD)

External Support
Colorado Emergency Planning Commission (CEPC)
Colorado Division of Emergency Management (CDEM)
Colorado Department of Military and Veterans Affairs (CDMVA), Civil Support Team (CST)
Colorado State Patrol (CSP)
US Environmental Protection Agency (EPA)
Federal Bureau of Investigation (FBI)
Nuclear Regulatory Center (NRC)

Note: Some non-emergency radiologic events will fall under the purview of the federal government or other state agencies and is not within the scope of the department's plan. Thus, the department will act in a support role and not as lead.

Definitions
Administratively Reportable Occurrence – Events that require only initial reporting as a response. This type of event involves radioactive materials or licensees where there is:

- Lost or stolen radioactive material or devices containing radioactive material
- Medical misadministration
- A well logging source that has become stuck in a hole
- A radiography source that is stuck or disconnected or
- A contained radioactive material spill

Non-Emergency Radiological Event – Events involving radiation or radioactive materials whereby the responder has time to plan an effective response and there is limited potential for public exposure. Such events include:

- Broken or ruptured sources

- Damage to or inoperability of devices containing radioactive materials that impact radiation safety
- Uncontained radioactive material spills
- Landfill or metal recycler radiation detection system alarm
- Found radioactive materials
- Perceived or confirmed radioactive sources lost in a large or defined area
- Request for support by the public, emergency responders or other agencies

Radiological emergency Event – events involving radiation or radioactive materials that:

- Pose an immediate and significant threat to the public health that cannot be adequately resolved through routine regulatory and administrative actions
- Required immediate action to protect human life or large populations
- Requires immediate action to contain and prevent environmental contamination
- Including but not limited to accidents, fires, explosions or intentional releases

Notify the Radiation Management Program by calling the 24/7 Radiation Management Phone Line for Radiological Incidents at 303-877-9757.

Authority

Outlined in Part I – Base Plan of the department's All-Hazards Internal Emergency Response Plan and in the Radiation Management Program section of the HMWMD Emergency Response Plan.

Planning Assumptions

The following assumptions are in addition to the general department planning assumptions found in Part I – Base Plan:

- Planning for radiological hazards events can address common scenarios, but not all situations can be anticipated; the actual response activities may vary based on the circumstances of the event.

- Each radiological event is unique and it is understood that implementation of procedures in response to any event should remain flexible to provide for the protection of the department's response personnel, the public, emergency responders and the environment.

- Police and or fire department personnel are likely to be on the scene prior to the department and will implement the National Incident Management System (NIMS) to manage the event.

- Department responders will use their expertise and all available information to determine the best course of action specific to each event.

- Technical support guidance for event response will be provided using the Radiation Management Program's databases, Health Physics Society Guides and American Nuclear Society Guides.

- Most significant radiological emergencies in Colorado will quickly exceed the response capability of the department necessitating federal assistance.

Roles and Responsibilities

1. **Hazardous Materials and Waste Management Division (HMWMD)**
    a. Take the lead for technical support for:
    b. Solid waste management, treatment and disposal sites/facilities
        - Hazardous waste generation, storage, transportation, treatment and disposal
    c. Ensure compliance with state hazardous waste regulations and permits
    d. Oversee remediation of contamination at federal facilities in Colorado
    e. Over see management of radioactive materials and services

2. **HMWMD Director (or designee)**
    a. **Approve changes to the division emergency response plan**
    b. **Assign emergency response duties to division personnel**
    c. **Conduct appropriate exercises for Radiation Management readiness**

3. **Radiation Management Manager or Unit Leader**
    a. Act as lead in the absence of the HMWMD Director or designee
    b. Provide technical support to first responders based on the specific radiation hazard and appropriate Personal Protective Equipment (PPE)
    c. Division Subject matter experts will assist in determining what type of event has occurred (i.e., administrative reportable occurrence, a non-emergency incident or an emergency incident).

4. **Radiation Management Program**
    a. Perform radiological surveys, sampling and other necessary actions to determine the size and scope of the emergency
    b. Document all interviews, environmental surveillance, technical support, notification of personnel and other agencies and any response actions taken
    c. Provide technical support on the care and evaluation of persons who may be contaminated or may have been exposed to radiation
    d. Advise internal and external partners of actions to be taken during the recovery phase of the emergency and when disposition of any contaminated or radioactive materials

Notify the Radiation Management Program by calling the 24/7 Radiation Management Phone Line for Radiological Incidents at 303-877-9757.

Important Note: The Radiation Management Program will <u>NOT</u> be the lead responder for events involving federal facilities or federal waste including: shipments of defense-related materials (i.e., WIPP destined waste, weapons components); spent nuclear fuel; material

associated with facilities such as the USGS Reactor at the Denver Federal Center and the Ft. St. Brain Interim Fuel Storage Facility.

Concept of Operations

The response to an administratively Reportable Occurrence requires only an initial reporting as a response.

Response to a non-emergency incident with limited public exposure to radioactive materials (below 1 rem TEDE) will follow standard protocol.

1. General

Determine what occurred and the type of assistance requested. Notify the EPRD Emergency Response and Incident Reporting line at **1-800-518-5608** (**or 303-692-2033**) during **regular business hours** or the **after-hours Duty Officer** by calling **303-594-5219**. **Notify the Radiation Management Program by calling the 24/7 Radiation Management Phone Line for Radiological Incidents at 303-877-9757.**

Determine if the department and lead division can provide the requested assistance. If not, identify an alternative source to provide the requested assistance. Advise the agency or jurisdiction requesting assistance of the actions the department and division believe is necessary.

Report any suspicious activities to the EPRD Emergency Response and Incident Reporting Line by calling one of the numbers above. The emergency Response and Incident Reporting Line Manager or After-Hours Duty Officer will notify the Emergency Response Coordinator (ERC) of the situation, providing all available information. THE ERC will report this information to the Colorado Information Analysis Center (CIAC), if necessary, and monitor the situation.

When assistance from federal sources is requested, personnel will keep the HMWMD Director and the DOC informed of the nature of the request and the status of forthcoming assistance.

During emergency response, higher dose limits are acceptable for department responder.. This includes emergencies hat require immediate life saving actions or actions to protect the public health. The higher dose limits are defined as : 25 rem TEDE, 75 rem LDE and 250 rem SDE. These higher dose limits require additional evaluation and approval/acceptance by the ex[posed individual. *Note: The standard limits are defined in Part 4 of the State of Colorado Rules and Regulations Pertaining to Radiation control: 5 rem TEDE, 15 rem LDE and 50 rem SDE.*

Inadequate training, radiation detection equipment or PPE will prevent department responders from entering any high contamination area. This includes:

a. Any area known or suspected to contain airborne contaminants that are immediately dangerous to life and health (e.g., deficient in oxygen)
b. Confined spaces
c. A radiation field exceeding 5 R/hr for any radiological incident or a radiation field exceeding 50 R/hr for any radiological emergency
d. Areas known or suspected to contain radioactive materials, which could result in a dose of 5 rem TEDE, or 50 rem SDE to the maximally exposed organ form an occupancy period of 10 hours without respiratory protective equipment. (See the Field Guide for Additional details).

2. Activation

The HMWMD, EPRD or local public or environmental health agency will contact the local hazardous materials emergency lead agency upon notification of an emergency incident; i.e., the site/facility hazardous materials response manager, the local DERA coordinator(s) or, in some cases, contractor acting on behalf of the responsible party.

Notification of the EPRD, HMWMD, LSD or all listed divisions will result in department activation.

3. Response

The Radiation Management Program will communicate via telephone (both land line and cell). Emergency notifications will be provided to the US Nuclear Regulatory commission in accordance with established protocol. Federal agencies that may serve as technical support or responders should be contacted as appropriate. Contact information for these agencies are listed in the HMWMD emergency response plan under the Radiation Management Program's section.

The Radiation Management Program Duty Officer will be the initial point of contact for notifications. This person will determine the appropriate steps to take and initiate division and department activation as necessary. The Duty Officer will initiate activation and initial response in collaboration the HMWMD Director, Radiation Management Program Manager and EPRD. Duty Officer assignment is based on a rotation of qualified staff (qualification criteria for this position is maintained within the Radiation Management Program).
Notify the Radiation Management Program by calling the 24/7 Radiation Management Phone Line for Radiological Incidents at 303-877-9757.

4. Field Response

The Radiation Management Duty Officer is prepared to respond to the scene if necessary. It an on scene response is necessary, the following steps shall be followed:

a. Obtain team support of at least one additional person
b. Wear the state-issued personal dosimeter
c. Carry an approved cell phone
d. Carry the Radiation Management Program emergency pager or cell phone

e. Be prepared to operate the department's radiation monitoring equipment in accordance with outlined procedures
f. Report to the on scene Incident Commander
g. Evaluate the scene for other potential non-radiological hazards
h. Implement on scene responses in accordance with the Radiation Management Program's Standard Operating Guidelines (SOGs)
i. Notify the DOC and the Public Information Officer (PIO) and restrict communication with the media unless sanctioned by the PIO

Safety of responders is critical, department personnel responding to the scene are to follow safety guidelines and are expected to limit their individual dose to the limits established for occupationally exposed persons.

If department responders arrive at the scene prior to local authorities, the responders will take action that in their best professional judgment is appropriate and necessary to protect the public health and the environment. This may include but is not limited to:

a. Technical support and assistance to conduct hazard assessment and identification
b. Serve as the Liaison with the licensee's Radiation Safety Officer if the incident involves a licensed vendor
c. Assess the size and scope of the contamination
d. Determine the radiation levels and define safe areas
e. Collect and analyze samples so that radioactive materials can be identified
f. Initiate steps to relocate, isolate and or contain radioactive materials
g. Provide technical support and guidance for decontamination of persons and equipment
h. Assess the level of exposure to first responders and the public
i. Provide recommendations/directives for PPE and protection of the environment
j. Issue orders and other licensing documents to control radioactive materials
k. Handle requests for additional resources from the department, CST, NRC, EPA, DOE or other appropriate agencies
l. Provide technical support and statutory citations that govern material management and clean-up
m. Provide technical expertise and speaking points for department directors/managers external partners and PIO

Department responders arriving on scene before the local jurisdiction will relinquish the lead to the local authority upon their arrival and provide the incident commander with a description of the incident, known hazards at the site and a summary of actions taken. Department responders will offer their continued assistance to the on scene incident commander and follow instructions to the extent that they are within the scope of the department's capabilities. Department responders will collaboration and coordination with law enforcement will should it be necessary or required.

5. Recovery

Once the situation is under control, determine the type of release (spilled chemical is solid or hazardous waste) and recommend appropriate cleanup management.

e. Determine if the chemical must be treated prior to cleanup (e.g., neutralization, solidification, adsorption or other simple actions)

f. Coordinate effective delivery and application of treatment and or absorbents with local responding agency.

g. Ensure that the cleanup residue is sent to a per-identified waste disposal facility.

h. Test impacted buildings and area to ensure that cleanup is complete. Reviewing the sampling/testing results will allow responders to clear the building and surrounding area to return to normal activities.

Training and Exercises

The purpose of training is to ensure that division and department personnel are familiar with the CDPHE All-Hazards Internal Emergency Response Plan and all associated divisional plans. Training allows personnel to know how to effectively fulfill any role assigned during a disaster or emergency response; that they know how to work collaboratively with others in their functional group, and that functional groups can work together conduct a coordinated and cooperative response effort.

- Training requirements for the division are reviewed at least annually and will be updated as necessary. The training will be based on the division's/program's expectations, as outlined in its standard operating guidelines (SOGs).
- The division will provide relevant training specific to its role during disaster/emergency response.
- This training will be provided at least once annually.
- Staff will be trained for each analytic area. A minimum of 2 people will participate in ongoing DOC training.
- The division will provide training in health and safety as appropriate for the types of sampling and emergency response actions that may be required.
- The division will participate in at least 1department-wide exercise annually.

Training for the department's response will occur in the following areas:

a. Source identification and hazard recognition
b. Nuclear Materials Events Database (NMED) protocols
c. Instrument vehicle operation
d. Provisional Licenses
e. Department of Transportation Special permits

Drills and exercises will occur within the Radiation Management Program to maintain proficiency in procedural knowledge and in the use of equipment.

The Radiation Management Program will conduct or participate in at least one tabletop exercise and one field exercise annually. Tabletop exercises will be used as a means of integrating the program's response capabilities with the department's overall emergency response or that of other local, state and federal agencies. Radiation Management Program personnel that are "in-training" are expected to participate in actual response activities, as available or needed should a real event occur.

Resources for Emergency response Radiological Field Guide
The reference materials listed below are located within the HMWMD, Radiation Management Program

- Standard Events Response
- Lost or Stolen Material or Devices
- Medical Mis-administrations
- Well Logging Tool Stuck in Hole
- Radiography Source Stuck of Disconnected
- Radioactive Material Spill (contained)
- Broken Devices
- Radioactive Materials Spills (uncontained)
- Landfill or Metal Recycler Gate Alarm
- Found Radioactive Materials
- On-Scene Radiological Incident or Emergency Response Guidelines
- Arrival and Scene Assessment
- Protective Equipment
- Surveys
- Decontamination
- Field Equipment
- Radiation Dose Monitoring
- Decision Criteria for Selected Protective Actions
- Emergency Notification Data Sheet
- On-Scene Activation Check Sheet
- Requirements for Emergency Response Duty Officer Status

NOTE: See the Hazardous Materials and Waste Management Division's annex to this plan for more detailed information.

Water Hazards

Lead Division: Water Quality Control (WQCD)

Support Divisions
Emergency Preparedness and Response Division (EPRD)
Consumer Protection (CPD)
Disease Control and Environmental Epidemiology (DCEED)
Laboratory Services (LSD)

External Support
Colorado Division of Emergency Management (CDEM)
Local Public Health Agencies
US Environmental Protection Agency (EPA)

Authority
Outlined in Part I – Base Plan of the department's All-Hazards Internal Emergency Response Plan and in the Water Quality Control Division Emergency Response Plan.

Planning Assumptions
The following assumptions are in addition to the general department planning assumptions found in Part I – Base Plan:

- Planning for water hazards events can address common scenarios, but not all situations can be anticipated; the actual response activities may vary based on the circumstances of the event.
- Each event is unique and it is understood that implementation of procedures in response to any incident should remain flexible to provide for the protection of the department's response personnel, the public, emergency responders and the environment.
- Police and or fire department personnel are likely to be on the scene prior to the department and will implement the National Incident Management System (NIMS) to manage the event.
- Department responders will use their expertise and all available information to determine the best course of action specific to each event.

Roles and Responsibilities

1. "Water Supply" has been designated as "Critical Infrastructure" under Presidential Directive 63 and includes:
   a. Public Water systems (PWS), as defined under the Safe Drinking Water Act, and
   b. Public Owned Treatment Works (POTW), as defined under the Clean Water Act

c. Based on the Colorado Water Quality Control Act, the WQCD will work with both POTWs (i.e., domestic facilities) and industrial wastewater facilities.

2. In general, WQCD is responsible for :

a. Providing timely and accurate technical support and
b. Working with other agencies to assess the situation or provide services to local systems.

3. In the event of a Governor-declared water supply "State of Emergency" or when the emergency exceeds the local community's response capability, WQCD shall work with the federal on-scene coordinator to deploy significant emergency response or counter terrorism resources to the site, including emergency water supplies.

Note: Detailed information is provided in the "Response" section of the WQCD Emergency Response Plan.

Concept of Operations

1. General

Determine what occurred and the type of assistance requested. Notify the EPRD Emergency Response and Incident Reporting line at **1-800-518-5608** (**or 303-692-3022**) during **regular business hours** or the **after-hours Duty Officer** by calling **303-594-5219**.

Determine if the department and lead division can provide the requested assistance. If not, identify an alternative source to provide the requested assistance. Advise the agency or jurisdiction requesting assistance of the actions the department and division believe is necessary.

Report any suspicious activities to the EPRD Emergency Response and Incident Reporting Line by calling one of the numbers above. The emergency Response and Incident Reporting Line Manager or After-Hours Duty Officer will notify the Emergency Response Coordinator (ERC) of the situation, providing all available information. THE ERC will report this information to the CIAC, if necessary, and monitor the situation.

2. Activation

WQCD routinely deals with spills, releases, and drinking water compliance issues, that may escalate to an emergency level as the event unfolds. The following incident classifications indicate the "level" of response by WQCD:

- **Standby** – An event is unfolding that may escalate into a situation that will require advanced response from the division

- **Level 4 Activation** – Routine response and protocols are underway with slightly elevated use of resources ("Normal or Routine" spills or "significant non-compliance" issues handled by personnel on duty)

- **Level 3 Activation** – Response activities are occurring at an elevated level due to an "Alert or Minor Emergency" handled by appropriate interdisciplinary team comprised of personnel on duty or, if not during normal business hours, a team derived from the WQCD call-down list and may require additional assistance.

- **Level 2 Activation** – Response activities engage other state and local agencies and a State of Emergency is declared or eminent.

- **Level 1 Activation** – Response has reached a level requiring federal support.

Note: Detailed information for increasing WQCD response is contained in the division's emergency Response Plan.

3. Response

The Radiation Management Program will communicate via telephone (both land line and cell). Emergency notifications will be provided to the US Nuclear Regulatory commission in accordance with established protocol. Federal agencies that may serve as technical support or responders should be contacted as appropriate. Contact information for these agencies are listed in the HMWMD emergency response plan under the Radiation Management Program's section.

The Radiation Management Program Duty Officer will be the initial point of contact for notifications. This person will determine the appropriate steps to take and initiate division and department activation as necessary. The Duty Officer will initiate activation and initial response in collaboration the HMWMD Director, Radiation Management Program Manager and EPRD. Duty Officer assignment is based on a rotation of qualified staff (qualification criteria for this position is maintained within the Radiation Management Program).

4. Field Response

The Radiation Management Duty Officer is prepared to respond to the scene if necessary. It an on scene response is necessary, the following steps shall be followed:

j. Obtain team support of at least one additional person
k. Wear the state-issued personal dosimeter
l. Carry an approved cell phone
m. Carry the Radiation Management Program emergency pager or cell phone
n. Be prepared to operate the department's radiation monitoring equipment in accordance with outlined procedures
o. Report to the on scene Incident Commander
p. Evaluate the scene for other potential non-radiological hazards
q. Implement on scene responses in accordance with the Radiation Management Program's Standard Operating Guidelines (SOGs)
r. Notify the DOC and the Public Information Officer (PIO) and restrict communication with the media unless sanctioned by the PIO

Safety of responders is critical, department personnel responding to the scene are to follow safety guidelines and are expected to limit their individual dose to the limits established for occupationally exposed persons.

If department responders arrive at the scene prior to local authorities, the responders will take action that in their best professional judgment is appropriate and necessary to protect the public health and the environment. This may include but is not limited to:

n. Technical support and assistance to conduct hazard assessment and identification
o. Serve as the Liaison with the licensee's Radiation Safety Officer if the incident involves a licensed vendor
p. Assess the size and scope of the contamination
q. Determine the radiation levels and define safe areas
r. Collect and analyze samples so that radioactive materials can be identified
s. Initiate steps to relocate, isolate and or contain radioactive materials
t. Provide technical support and guidance for decontamination of persons and equipment
u. Assess the level of exposure to first responders and the public
v. Provide recommendations/directives for PPE and protection of the environment
w. Issue orders and other licensing documents to control radioactive materials
x. Handle requests for additional resources from the department, CST, NRC, EPA, DOE or other appropriate agencies
y. Provide technical support and statutory citations that govern material management and clean-up
z. Provide technical expertise and speaking points for department directors/managers external partners and PIO

Department responders arriving on scene before the local jurisdiction will relinquish the lead to the local authority upon their arrival and provide the incident commander with a description of the incident, known hazards at the site and a summary of actions taken. Department responders will offer their continued assistance to the on scene incident commander and follow instructions to the extent that they are within the scope of the department's capabilities. Department responders will collaboration and coordination with law enforcement will should it be necessary or required.

5. Recovery

Once the situation is under control, determine the type of release (spilled chemical is solid or hazardous waste) and recommend appropriate cleanup management.

i. Determine if the chemical must be treated prior to cleanup (e.g., neutralization, solidification, adsorption or other simple actions)

j. Coordinate effective delivery and application of treatment and or absorbents with local responding agency.

k. Ensure that the cleanup residue is sent to a per-identified waste disposal facility.

l. Test impacted buildings and area to ensure that cleanup is complete. Reviewing the sampling/testing results will allow responders to clear the building and surrounding area to return to normal activities.

Training and Exercises

The purpose of training is to ensure that division and department personnel are familiar with the CDPHE All-Hazards Internal Emergency Response Plan and all associated divisional plans. Training allows personnel to know how to effectively fulfill any role assigned during a disaster or emergency response; that they know how to work collaboratively with others in their functional group, and that functional groups can work together conduct a coordinated and cooperative response effort.

- Training requirements for the division are reviewed at least annually and will be updated as necessary. The training will be based on the division's/program's expectations, as outlined in its standard operating guidelines (SOGs).
- The division will provide relevant training specific to its role during disaster/emergency response.
- This training will be provided at least once annually.
- Staff will be trained for each analytic area. A minimum of 2 people will participate in ongoing DOC training.
- The division will provide training in health and safety as appropriate for the types of sampling and emergency response actions that may be required.
- The division will participate in at least 1department-wide exercise annually.

Training for the department's response will occur in the following areas:

f. Source identification and hazard recognition
g. Nuclear Materials Events Database (NMED) protocols
h. Instrument vehicle operation
i. Provisional Licenses
j. Department of Transportation Special permits

Drills and exercises will occur within the Radiation Management Program to maintain proficiency in procedural knowledge and in the use of equipment.

The Radiation Management Program will conduct or participate in at least one tabletop exercise and one field exercise annually. Tabletop exercises will be used as a means of integrating the program's response capabilities with the department's overall emergency response or that of other local, state and federal agencies. Radiation Management Program personnel that are "in-training" are expected to participate in actual response activities, as available or needed should a real event occur.

Resources for Emergency response Radiological Field Guide

The reference materials listed below are located within the HMWMD, Radiation Management Program

- Standard Events Response
- Lost or Stolen Material or Devices
- Medical Mis-administrations
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- Radioactive Material Spill (contained)
- Broken Devices
- Radioactive Materials Spills (uncontained)
- Landfill or Metal Recycler Gate Alarm
- Found Radioactive Materials
- On-Scene Radiological Incident or Emergency Response Guidelines
- Arrival and Scene Assessment
- Protective Equipment
- Surveys
- Decontamination
- Field Equipment
- Radiation Dose Monitoring
- Decision Criteria for Selected Protective Actions
- Emergency Notification Data Sheet
- On-Scene Activation Check Sheet
- Requirements for Emergency Response Duty Officer Status

NOTE: See the Hazardous Materials and Waste Management Division's annex to this plan for more detailed information.

Section 7.03: *Health Divisions*

Disease Hazards

Lead Division: Disease Control and environmental Epidemiology (DCEED)

Support Divisions
Emergency Preparedness and Response (EPRD)
Air Pollution Control (APCD)
Consumer Protection (CPD)
Hazardous Materials and Waste Management (HMWMD)
Health Facilities and Emergency Medical Services (HFEMS)
Prevention Services (PSD)
Water Quality Control (WQCD)

External support
Colorado Department of Agriculture (CDA)
Colorado Division of emergency management (CDEM)
Colorado State Patrol (CSP)
Health Care Professionals Hospitals and Private
Laboratories – Hospital and Commercial
Local emergency Medical services
Local Fire and Rescue/Hazardous Materials Responders
Local Law enforcement agencies
Medical Examiners/Coroners
Pharmacies
Rocky Mountain Poison and Drug Center
Veterinary Services

Authority
The authority is outlined in Part I- Base Plan of the department's All-Hazards Internal Emergency Response Plan and the Disease Control and Environmental Epidemiology Division's Emergency response Plan.

Planning Assumptions
The following assumptions are in addition to the general department planning assumptions:

- A terrorist attack will likely involve a covert release of a biological agent or toxin that would not be readily detected. Private physicians, hospital emergency departments and coroners would likely be the first to detect an event.

- Once surveillance systems detect an abnormality, a rapid investigation is undertaken to determine the etiologic agent, the mode of transmission, the source and if the potential exists for further spread in the community.

- Disease outbreaks of a large magnitude may overwhelm Emergency Medical Services (EMS), hospitals and diagnostic laboratories.

- Accurate and timely dissemination of information to department personnel and the public decreases their risk and concerns for secondary infections in disease hazards involving communicable diseases.

- Surveillance is conducted to evaluate the extent of the disease, monitor for new cases and plot the location of suspected/confirmed cases. All data collected is analyzed and a summary report is generated that contains a clinical picture of the outbreak, suspected risk factors and possible means of exposure.

Roles and Responsibilities

1. **Surveillance Unit Leader**
   Coordinate and oversee surveillance activities, utilizing standard contacts at the local, state and federal levels.

   After consulting with the Chief Medical Officer and the Chief of Operations, determine the best systems for surveillance and then mobilize staff as appropriate. Potential methods of surveillance are outlined in the DCEED Emergency Response Plan.

2. **Surveillance Unit Staff**
   Conduct appropriate surveillance as directed by the Surveillance Unit Leader.

3. **Outbreak Investigation Unit**
   Perform investigative follow-up on identified cases and their contacts. Coordinate with the Immunization/Prophylaxis Unit if appropriate for implementation of control measures.

4. **Data Manager**
   Manage entry and analysis of information collected during active surveillance and from investigations conducted by the Outbreak Investigation Unit.

5. **Data Coordinator**
   Oversee database creation and data entry for current activities related to the event.

   Consult with the Technical Support Team to facilitate data entry. The database will be designed with tow main functions:
   - Maintain a list of suspect and confirmed cases, with contact information
   - Provide an interface for entry and storage of case interviews

Consult with the Surveillance Team Leader to determine the database platform and provide an interface for data entry. The Outbreak Investigation Unit will provide copies of the data collection tools.

Consult with the Data Analysis Team Leader during the construction of the database to assure that data entry screens are coded properly and utilize dropdown boxes/pick lists to minimize data entry errors.

6. **Data Entry Team**
   Perform data entry functions as directed by the Database Team Leader.

7. **Data Analysis Team Leader**
   Perform appropriate analysis on data collected.

   Provide concise summaries of results for the DOC and partnering agencies.

   Develop an analysis plan for the interview data and oversee all statistical analyses. The Data analysis Team will produce summary statistics to characterize the outbreak with concise text interpretations.

   Provide updates on the status of the analysis and summaries characterizing the outbreak to the Data Manager. The Data Manager will share the results with the Outbreak Investigation Unit and the Office of Communications.

8. **Technical Support Team/Data Processing Unit**
   Coordinate the technical aspects of database creation including network settings, hardware and database programming if necessary.

   Provide advice on database construction and responds to issues of multiple users, providing log in names and passwords to supplemental staff, setting up shared drives dedicated to the outbreak investigation, and addressing hardware needs for in-house and on-site staff.

9. **Administrative Staff**
   Assist with the team communication and document preparation.

Concept of Operations

1. **General**
   Determine what occurred and the type of assistance requested. Notify the EPRD Emergency Response and Incident Reporting line at **1-800-518-5608** (**or 303-692-3022**) during **regular business hours** or the **after-hours Duty Officer** by calling **303-594-5219**.

   Determine if the department and lead division can provide the requested assistance. If not, identify an alternative source to provide the requested assistance. Advise the agency or

jurisdiction requesting assistance of the actions the department and division believe is necessary.

Report any suspicious activities to the EPRD Emergency Response and Incident Reporting Line by calling one of the numbers above. The emergency Response and Incident Reporting Line Manager or After-Hours Duty Officer will notify the Emergency Response Coordinator (ERC) of the situation, providing all available information. THE ERC will report this information to the Colorado Information Analysis Center (CIAC), if necessary, and monitor the situation.

Surveillance will occur in one or more of the following ways:

- Monitor Reportable Diseases – CEDARS Website
- Hospital admissions
- ICU Occupancy
- Unexplained Deaths Including Medical examiner/coroner cases)
- Unusual symptoms in ambulatory Patients
- Influenza-Like Illnesses
- 911 Calls
- Poison Control Center Calls
- Pharmaceutical Demand (antimicrobial agent usage)
- Emergency Department Utilization
- Outpatient Department Utilization
- Absenteeism in Large Worksites
- Absenteeism in Schools

2. Activation

Community events and requests for support from local public health agencies will establish the point of activation.

3. On-Scene response

Investigators will follow appropriate safety protocols for Personal Protective Equipment (PPE) and will ensure supervisors know their destination.

Investigators will check in with the on-scene command post prior to beginning any activities and will coordinate activities with other agencies also on-scene. This may include law enforcement, EMS, local public health and or federal agencies such as the FBI or CDC.

4. Recovery

After the incident is deemed under control, normal activity will resume. A summary report of all department personnel who were on-scene at any time during the incident response and any actual or potential exposure must be provided to EPRD after deactivation.

Training and Exercises

The purpose of training is to ensure that division and department personnel are familiar with the CDPHE All-Hazards Internal Emergency Response Plan and all associated divisional plans.

Training allows personnel to know how to effectively fulfill any role assigned during a disaster or emergency response; that they know how to work collaboratively with others in their functional group, and that functional groups can work together conduct a coordinated and cooperative response effort.

- Training requirements for the division are reviewed at least annually and will be updated as necessary. The training will be based on the division's/program's expectations, as outlined in its standard operating guidelines (SOGs).
- The division will provide relevant training specific to its role during disaster/emergency response.
- This training will be provided at least once annually.
- Staff will be trained for each analytic area. A minimum of 2 people will participate in ongoing DOC training.
- The division will provide training in health and safety as appropriate for the types of sampling and emergency response actions that may be required.
- The division will participate in at least 1department-wide exercise annually.

NOTE: See the Disease Control and environmental Epidemiology Division's annex to this plan for more detailed information.

Medical Facilities, Equipment & Supplies and Patient Transport Support,

Lead Division: Health Facilities and Emergency Medical services Division (HFEMS)

Support Divisions
Emergency Preparedness and Response (EPRD)
Air Pollution Control (APCD)
Consumer Protection (CPD)
Disease Control and Environmental Epidemiology (DCEED)
Hazardous Materials and Waste Management (HMWMD)
Prevention Services

External Support
Colorado Division of Emergency Management (CDEM)
Department of Military and Veterans Affairs, National Guard
Division of Fire Safety
Colorado State Patrol (CSP)
US Department of Health and Human Services (DHHS), Disaster Medical Assistance Team (DMAT)
US Department of Health and Human Services (DHHS), National Medical Response Team (NMRT)

Definitions
EMS - Emergency Medical Services

Authority
The authority is outlined in Part I- Base Plan of the department's All-Hazards Internal Emergency Response Plan.

Planning Assumptions
The following assumptions are in addition to the general department planning assumptions:

The following assumptions are in addition to the general department planning assumptions found in Part I – Base Plan:

A. The division's response will be based on the expertise, knowledge and skills of its personnel. The scope of the division's support and participation will be centered on the job functions and entities that it normally works with on a day-to-day basis.

B. HFEMS will provide technical advice, information and support to other government agencies, certain health care associations and health facilities during a disaster/emergency response.

C. HFEMS is **not** a **first** responder

Roles and Responsibilities

1. **Emergency Medical and Trauma Services Program (EMTS)**
   Provide an inventory of emergency medical services resources and ambulance transport agencies.

   The non-patient transport emergency medical resource units are categorized:
   - Fire Departments
   - Quick Response Teams
   - Non-Transport Advanced Life Support Services

   The patient transport resources are categorized as follows:
   - Basic Life support (BLS)
   - Advanced Life Support (ALS)
   - Critical Care
   - Air Medical (Civilian rotor and fixed wing)

2. **Consumer Protection Division (CPD)**
   Inform the EMTS Program of Issues pertaining to biomedical equipment and or FDA rulings pertinent to the response efforts on medical devices.

3. **Disease Control and Environmental Epidemiology Division (DCEED)**
   Inform the EMTS Program of recommended Personal Protective Equipment (PPE) necessary for patient transport personnel to protect them from exposure to biological agents that may be of concern during the response to an event.

4. **Hazardous Materials and Waste Management Division (HMWMD)**
   Inform the EMTS Program of potential hazardous substance dangers and PPE necessary for protection from exposure to chemical or radiological agents that may be of concern during response to an event.

Concept of Operations

1. **General**
   Determine what occurred and the type of assistance requested. Notify the EPRD Emergency Response and Incident Reporting line at **1-800-518-5608** (**or 303-692-3022**) during **regular business hours** or the **After-Hours** Duty Officer by calling **303-594-5219**.

   Determine if the department and lead division can provide the requested assistance. If not, identify an alternative source to provide the requested assistance. Advise the agency or jurisdiction requesting assistance of the actions the department and division believe is necessary.

   Report any suspicious activities to the EPRD Emergency Response and Incident Reporting Line by calling one of the numbers above. The Emergency Response and Incident Reporting Line Manager or After-Hours Duty Officer will notify the Emergency Response Coordinator

(ERC) of the situation, providing all available information. THE ERC will report this information to the Colorado Information Analysis Center (CIAC), if necessary, and monitor the situation.

2. Activation

The department will monitor patient transport, using available tools (e.g., EMSystem and HCStandard), and monitor information pertaining to victims related to an actual or potential event.

Provide assistance regarding the location and type of emergency medical service resources to the local emergency manager, ESF 8 lead in the affected jurisdiction, or the department as a component of the state response efforts.

3. On-Scene Response

The department/division will communicate relevant incident specific information to emergency medical service agencies (transport & non-transport) and their physician supervisors through the DOC.

State or federal support may be required if:

- Local capacity for patient transport is overwhelmed
- Activation of mutual aid and total regional capacity for patient transport is inadequate
- Status of essential medical supplies to support initial triage and transport is inadequate or insufficient

4. Recovery

After the incident has been mitigated, determine if further assistance is necessary and recommend incident specific actions.

A summary report of all department personnel deployed on-scent at anytime during the incident response and any actual or potential exposure must be provided to EPR after deactivation.

Training and Exercises

The purpose of training is to ensure that division and department staff are familiar with internal emergency response plans and know how to effectively fulfill any role assigned during a disaster or emergency response; that they know how to work collaboratively with others in their functional group, and that functional groups can work together during a coordinated and cooperative response effort.

Training requirements for the division are reviewed at least annually and will be updated as necessary. The training will be based on the division's/program's expectations, as outlined in its standard operating guidelines (SOGs). The division will provide training relevant to its specific role during disaster/emergency response.

Training will be provided at least annually and the division will participate in at least one department-wide exercise annually.

NOTE: See the Health Facilities and Emergency Medical Services Division's annex to this plan for more detailed information.

Laboratory Support

Lead Division: Laboratory Services Division (LSD)

Support Divisions
Emergency Preparedness and Response Division
Center for Health and Environmental Information and Statistics

External Support
Centers for Disease Control and Prevention (CDC)
National Guard Civil Support Team (CST)
Colorado Department of Public Safety – State Patrol
Colorado Laboratory Forum Laboratories (CLFL)
US Environmental Protection Agency (EPA)
Federal Bureau of Investigation (FBI)
Local Public Health Agencies (LPHA)
Local Fire and Rescue/Hazardous Materials Departments
Local Law Enforcement

Authority
The authority is outlined in Part I- Base Plan of the department's All-Hazards Internal Emergency Response Plan.

Planning Assumptions
The following planning assumptions are in addition to the general department planning assumptions outlined in Part I – Base Plan:

- The CDPHE Laboratory Sever ices Division will provide testing for biological, chemical and radiological agents; the LSD facility had BLS-3 capability.
- Bioterrorism attacks will most likely involve the covert release of a biological agent or toxin that would not be readily detected.
- Private physicians, infectious disease specialists and emergency room physicians and coroners would most likely be the first to detect an event. Local laboratories in affected areas will be overwhelmed requiring state and federal assistance.
- Once the surveillance system has detected an aberration, a rapid investigation must be launched to determine if there is an actual or potential outbreak. This will aid in the determining the type of agent, the transmissibility, the source and potential for further spread in the community.

- The Terrorism Response Laboratory Triage Guideline is contained in the LSD Emergency Response plan and will be activated.

Roles and Responsibilities

1. **Laboratory Services Division Representative to the DOC**
   a. Represent the Division for planning and operational decisions
   b. Maintain communication with LSD
   c. Convey and track all requests for action and information to LSD Communications Coordinator
   d. Keep the DOC advised of all LSD activities and advise them of any changes, resource needs or concerns
   e. Accept assignments from the DOC Incident Manager and or the DOC Operations Chief

2. **Laboratory Response Leader**
   a. Ensure two-way communication with the DOC
   b. Lead overall decision-making for the LSD response
   c. Allocate internal laboratory resources
   d. Report laboratory diagnostic results
   e. Coordinate with other agencies
   f. Responsible for recording costs associated with the response

3. **Laboratory Communications Coordinator**
   a. Maintain communications with LSD Representative in DOC
   b. Liaison with:
      - CDC Rapid Response Laboratory
      - Department Public Information Officer (PIO)
   c. Distribute information and testing results to authorized recipients
   d. Locate subject matter experts (SMEs) to answer technical questions
   e. Interface with other state and federal laboratories
   f. Direct support staff to receive and categorize incoming messages, directives and information to the Laboratory Response Leader for testing efforts

4. Specimen Coordinator
   a. Receive, triage and assign testing priorities
   b. Control login information
   c. Ensure system in place for distribution/sub-sampling, chain-of-custody, receiving, routing and storage of specimens
   d. Refer specimen to other laboratories as appropriate

5. **Safety/Security Officer**
   a. Ensure laboratory space is not accessed by unauthorized persons
   b. Responsible for the safety of workers

c. Check worker vaccination status and report the information to the Laboratory Response Coordinator
d. Observe the physical and mental status of workers and recommend relief from duties as appropriate to the Laboratory Response Leader
e. Ensure that personnel:
    - Have food and water
    - Have lodging if they are unable to go home
    - Have adequate child and pet care during response
    - Communicate with family
    - Have transportation

Concept of Operations

1. General

Determine what occurred and the type of assistance requested. Notify the EPRD Emergency Response and Incident Reporting line at **1-800-518-5608** during **regular business hours** or the **After-Hours** Duty Officer by calling **303-xxx-xxxx**.

Determine if the department and lead division can provide the requested assistance. If not, identify an alternative source to provide the requested assistance. Advise the agency or jurisdiction requesting assistance of the actions the department and division believe is necessary.

Report any suspicious activities to the EPRD Emergency Response and Incident Reporting Line by calling one of the numbers above. The emergency Response and Incident Reporting Line Manager or After-Hours Duty Officer will notify the Emergency Response Coordinator (ERC) of the situation, providing all available information. THE ERC will report this information to the Colorado Information Analysis Center (CIAC), if necessary, and monitor the situation.

NOTE: for naturally occurring epidemic or covert release of a biological agent, the department will be notified of unusual clusters of disease through established Surveillance systems, including the Colorado Electronic Disease Reporting System (CEDRS). The EPRD will notify and update LSD of the need for preparation for a laboratory response.

Surge laboratories have been identified and Memoranda of Understanding are in place to provide surge laboratory capacity.

Information and test results will be entered into the Laboratory Response Network – CDC reporting system and LITS+, test results will be released only to authorized recipients.

Summaries of test results will be periodically forwarded to the DOC Planning Section.

The five (5) Regional Response Laboratories will receive training for Levels A and B laboratory protocols. The laboratory analytic capability will be tested quarterly with proficiency tests and at least one specimen volume exercise will be conducted annually.

2. Activation

LSD may be activated when a local agency requests analytical assistance for potential or known risks to a community, or when CDPHE's involvement in an event deems laboratory support necessary. The request may come from a local public health agency, law enforcement or hazardous materials response team or through the DOC.

3. On-Scene Response Support

LSD will provide on-scene responders with knowledge of proper sampling collection methods, appropriate sample collection containers, and sample quantities necessary to meet analytical requirements.

After the incident has been mitigated, determine site safety and determine if cleanup is necessary through sampling. This will assure that the public health and environment are protected from further exposure or contamination.

Training and Exercises

The purpose of training and exercise is to ensure that division and department staff are familiar with the All-Hazards Internal emergency Response Plans and know how to effectively fulfill any role assigned during a disaster or emergency response; that they know how to work collaboratively with others in their functional group; and that functional groups can work together during a coordinated and cooperative response effort.

Training requirements for the division are reviewed at least annually and will be updated as necessary. The training will be based on the division's quality Assurance Plan and Training guidelines. The division will provide relevant training specific to its role during disaster/emergency response.

The training will consist of at least 12 hours of job related training for all scientific personnel performing laboratory analyses and 8 hours for all other personnel. All scientific personnel will be assessed for analytical competency at least annually.

The division will provide annual training in safety as appropriate for the types of sampling and emergency response actions personnel perform.

The division will participate in department-wide training and exercises as appropriate.

Terrorism Response Laboratory Specimen Triage Guide

Category 1- High Priority	
Human specimens and culture isolates from cases of illness with signs and symptoms judged by a clinician or epidemiologist as consistent with infection/intoxication due to a recognized biologic, chemical or radiologic agent to terrorism (CBR agent)	Environmental specimens collected from a scene or associated with an event that is deemed a credible threat for a named agent by an FBI agent in concert with local law enforcement.
Action: Perform testing immediately on receipt of specimen (24/7) and refer to other federal or state laboratories as soon as possible Testing: conduct testing with multiple methods	
Category 2- Intermediate Priority	
Human specimens from cases of illness with a low possibility of causation by a CBR agent, i.e., ill patient but clinical picture not typical for CBR agent.	Environmental specimens associated with a criminal act (felony menacing, hoax) for which a specific CBR agent is named, but is a non-credible threat.
Action: Perform testing on the next regular business day Testing: Perform testing using a single method for the threat agent on probable criminal specimens; other testing deemed appropriate as indicated by the situation.	
Category 3-Low Priority	
Human specimens from patients with no discernible illness or specimen obtained for epidemiologic studies	Environmental specimens deemed non-credible threats.
Action: Refer submitters to private sector laboratories who are offering testing for threat agent or identification of substance on a fee-for-service basis. By agreement with a responsible public health official, perform testing of human exposure or environmental specimens collected for epidemiologic studies on a mutually-agreeable schedule. Testing: as requested by submitter.	

NOTE: See the Laboratory Services Division's annex to this plan for more detailed information.

Chapter 8

Colorado Department of Public Health and Environment

Disaster Debris Management Plan, April 2009

(UNDER DEVELOPMENT)

DEBRIS MANAGEMENT PLAN

PURPOSE

To provide guidance to Colorado Department of Public Health and Environment (CDPHE), Divisions for the removal and disposition of debris caused by a major disaster.

To facilitate and coordinate the management and removal of debris following a disaster in order to mitigate the consequences of any potential threat to the lives, health, safety, and welfare of the affected citizens, expedite recovery efforts in the impacted area, and address any significant damage to developed public or private property.

PLANNING ASSUMPTIONS

Natural and human caused disasters generate a variety of debris that include, but are not limited to, biomedical waste, asbestos, commercial hazardous waste, household hazardous waste, vegetative waste (e.g., trees), sand, gravel, building construction material, vehicles, personal property, white goods (e.g., household appliances, refrigerators, freezers, stoves, washers, dryers) and furniture.

The quantity and type of debris generated from any particular disaster will be based on the type, size, duration, intensity and location of the incident. This will influence the type of collection and disposal methods used, associated costs incurred and how quickly debris removal and cleanup can begin. Debris management and operations planning is heavily dependent on knowing the types of debris that different disasters are likely to generate. The table below depicts the types of disasters that are most likely to occur in Colorado and the quantity and types of debris that may be left behind.

INSERT TABLE

In a major or catastrophic disaster, many state agencies and local governments will have difficulty in locating staff, equipment, and funds to devote to debris removal, in the short-term as well as long-term.

A natural disaster that requires the removal of debris from public or private lands and waters may occur at any time.

The amount of debris resulting from an event or disaster could exceed the local government's ability to dispose of it.

If necessary, the Governor will declare a State of Emergency that authorizes the use of State resources to assist in the removal and disposal of debris. In the event Federal resources are required, the Governor would request through FEMA a Presidential Disaster Declaration.

Private contractors will play a significant role in the debris removal, collection, reduction and disposal process.

The Disaster Debris Management Plan implementation will be based on the waste management approach of reduction, reuse, reclamation, resource recovery, and landfill disposal.

AUTHORITY AND LEGAL ISSUES

State Authorities (Division Specific)

- Insert Air Pollution
- Insert Water Quality
- Insert Hazardous Materials and Waste Management Division
- Insert Consumer Protection (bodies of Dead Animals, food condemnation and disposal)

Federal Authorities

- Public Law 93-288, as amended, the Robert T. Stafford Disaster Relief and Emergency Assistance Act
- Public Law 109-295, the Department of Homeland Security Appropriations Act, 2007 (established Public Assistance Pilot Program)
- National Response Framework (NRF), ESF #3 (Public Works and Engineering Annex) and Catastrophic Incident Annex
- FEMA Handbook: Public Assistance Applicant Handbook (323)
- FEMA Handbook: Public Assistance Debris Management Guide (325)
- FEMA Handbook: Public Assistance Pilot Program – Program Guidance (June 2007)
- FEMA Disaster Assistance Strategy 2007-2 (Debris Removal Operations)
- 44 CFR: Emergency Management and Assistance (Parts 13 and 206 in particular)
- FEMA Fact Sheets and Policies related to debris removal / disposal and/or the Public Assistance Grant Program (PAGP) from the "9500

Series Policy Publications." Those that are most relevant to debris removal / disposal operations include:

- 9523.4 – Demolition of Private and Public Facilities
- 9523.11 – Hazardous Stump Extraction and Removal Eligibility
- 9523.12 – Debris Operations: Hand-Loaded Trucks and Trailers
- 9523.13 – Debris Removal from Private Property
- 9523.14 – Debris Removal from Private Property to Address Immediate Threats
- 9580.1 – Debris Operations Job Aid
- 9580.4 – Fact Sheet: Debris Operations – Clarification: Emergency Contracting vs. Emergency Work
- 9580.201 – Fact Sheet: Debris Removal – Applicant's Contracting Checklist
- 9580.202 – Fact Sheet: Debris Removal – Authorities of Federal Agencies
- 9580.203 – Fact Sheet: Debris Monitoring

(Note: Current versions of these documents are available for viewing and downloading

from the FEMA web site at the following address:
http://www.fema.gov/government/grant/pa/9500toc.shtm

CONCEPT OF OPERATIONS

How a community manages disaster debris depends on the debris generated and the waste management options available. Many communities are finding effective ways to salvage, reuse, and recycle all kinds of disaster debris. Soil, wood and some building materials can be recycled or composted into useful commodities. For example:

- Green waste, such as trees and shrubs, can be "recycled" into valuable organic material, such as compost or mulch.
- Concrete and asphalt can be crushed and sold for use as sub-base in road building.
- Metal can be recycled and sold by scrap metal dealers.
- Brick can be sold for reuse or ground for use in landscaping applications.
- Dirt can be used as landfill cover or a soil amendment for farmers.

In the past debris was often *buried* or *burned* near the community that experienced the disaster. This option is *no longer acceptable*, however, because of the side effects of the fire and smoke from burning and potential water and soil contamination from burial. The typical methods of recycling and solid waste disposal in sanitary landfills often cannot be applied to disaster debris because of the large volume of waste and reluctance to overburden existing disposal capacity.

The benefits of recycling disaster debris, and putting a recovery plan in place before a disaster occurs, include:

- Saving money by avoiding costly mistakes in disaster waste management
- Cleaning up potentially hazardous materials that can harm human health and the environment
- Speeding the community's recovery time by planning recycling, reuse and disposal options
- Salvaging large amounts of materials for reuse
- Helping the community's post-disaster healing process

Benefits of having a plan:

- Guidance for division directors and personnel in defining debris management for their divisions
  - Recovery (collecting)
  - Recycling
  - Disposition
  - Identification of agencies having jurisdiction of the affected area
- Guidance in developing a flexible debris assessment and management plan that can be implemented within 24 hours of a disaster/emergency incident

- Interdivisional collaboration to identify a CDPHE Debris Management Team consisting of:
  - Air Pollution/Asbestos (APCD)
  - Consumer Protection (CPD)
  - Emergency Preparedness and Response (EPRD)
  - Water Quality (WQCD)
  - Waste management (HMWMD)

Types of Disasters

All communities are vulnerable to a variety of natural disasters, including tornadoes, floods, forest fires, earthquakes and severe weather (snow storms, thunder storms and occasionally ice storms), resulting in large quantities of debris. While this plan is applicable to both natural and human-caused disasters (accidental or intentional), its focus on debris management resulting from natural disasters. This section summarizes the types of natural disasters that could occur in the State and the kinds of waste materials that may be generated form such events, provides debris modeling waste generation projections and presents information concerning potential climate change impacts in Colorado as it relates to natural disaster planning.

A. **Tornadoes**

Damage from tornadoes is caused by high velocity rotation winds. Many parts of the state have experienced tornadoes, but the most sever tornadoes in recent years have occurred on the eastern plains. The amount of damage depends on the size of the tornado, the velocity of the winds and the length of time the funnel is on the ground. Tornadoes may move across a wide area with several touchdowns, ranging from a mile or less in width and from 100 yards to several miles in length. Damage consists of damaged or destroyed structures, green waste (vegetative material), personal property, household hazardous waste and in some instances animal carcasses (pets, research and farm animals). The debris is usually mixed and scattered across the path of the tornado.

B. **Floods (heavy rain/spring runoff/dam failure)**

The damage resulting form flood events is caused by structural inundation and erosion. Structural damage is usually confined to floodplain areas or areas susceptible to spring runoff. Heavy structural damage may result from high velocity waters (flash flooding) in areas of steep slopes or failure of a flood control project, such as a dam or levee. Debris consists of sediments deposited on public and private property, sand bags, discarded personal belongings/flood damaged household items, household and industrial hazardous waste, animal carcasses and construction materials. Landslides are sometimes associated with flooding and result in debris consisting of soil, gravel, rock and some construction materials.

C. **Wild Fires**

Debris from wild fires consists of burned out structures, cars and other metal objects, ash and charred wood waste (trees). Large-scale loss of ground cover may lead to mud

slides, resulting in clogged drainage systems and possible damage to homes, roads and bridges.

D. **Snow/Ice Storms**
Snow/ice storms can generate significant amounts of debris from trees, utility lines/infrastructure (poles/towers) and building debris from some roofs (flat) and structures. Debris consists of trees, utility lines, wires, poles/towers and building debris from damaged roofs and structures. Snow removal from roadways and access routes may also be of concern. Heavy snows can restrict access to animals (cattle) that may result in death to the animals and carcasses.

E. **Earthquakes**
While a significant earthquake is less likely to occur in Colorado, earthquakes have been recorded in the past and in recent years in the southern part of the state. Shock waves and earth movements along fault lines cause earthquakes. Secondary damages, such as fires and explosions, may result from the disruption of utility systems. Debris consists of building materials, personal property, and sediment caused by landslides. Asphalt, brick, concrete, concrete with rebar and cinder block, large metals, white goods, gutter pipes, corrugated metal.

F. **Catastrophic Animal Mortalities**
Catastrophic animal mortalities can result from a natural disaster such as flooding caused by a spring runoff or heavy rains, severe winter/snow storms or the direct result of disease. Disposal of animal carcasses presents environmental and health hazards due to contamination and disease spread.

G. **Catastrophic Vegetative Waste (from disease)**
Periodic occurrences of major tree diseases leading to widespread tree death is the result of insects such as the pine bark beetle or disease such as Dutch Elm spreading rapidly throughout the existing tree population. Tree decline and death from insect infestation or disease outbreaks tends to occur over a period of months to years. The impact of the outbreak does not require the immediate response of a forest fire or major storm. However, problems resulting form such damage may call for the attention of tree wardens and other public officials to promptly remove dead and hazardous trees that may be a danger to the public. With a large outbreak, municipalities may not be in position to handle the amount of resources and space necessary to remove these trees and handle the resultant large amount of debris that could be generated.

Estimating the Type and Amount of Debris

(This should be developed by CDEM in collaboration with CDPHE and other state departments)
Designate department personnel to determine the estimated amount of debris generated as soon as possible.

Define the estimating methods to be used. One method to estimate debris is to conduct a drive-through "windshield" damage assessment and estimate the amount of debris visually. Another method is an aerial assessment by flying over the area using INSERT RESOURCE HERE (National Guard, Civil Air Patrol) reconnaissance flights. The damaged area can be assessed either visually or using aerial photography. Once the area has been assessed actions can be taken to implement Phase I debris clearing procedures and institute requests for additional State or Federal assistance.

Debris Modeling

Site Selection Priorities

Determine the number of Temporary Debris Storage and Reduction (TDSR) sites and location of these sites for the collection and processing of debris.

Prioritize which sites will be opened based on the amount of debris estimated.

First Priority: Pre-determined TDSR sites
Second Priority: Public property within the damaged area
Last Priority: Private property

Pre-Designated TDSR sites

Pre-identified TDSR sites should be identified on county maps.

Either HMWMD (Solid Waste) or Public Works should maintain detailed information pertaining to each of these sites. Designate which agency has responsibility.

Detailed information should include exact location, size, available ingress and egress routes and results of an environmental assessment and initial data samples.

Baseline data should include videotapes, photographs, documentation of physical and biological features, and soil and water samplings.

The list of TDSR sites should be reviewed annually and updated as necessary as part of the normal maintenance plan.

TDSR Site Preparation.

Identify the preparatory actions that need to be accomplished after a pre-designated TDSR site has been selected.

Develop a Memorandum of Understanding or a Memorandum of Agreement if necessary.

Identify who would be responsible for updating the initial base line data and develop an operation layout to include ingress and egress routes (CDPHE divisions).

Existing Landfills.
Identify location of county and private landfills (solid waste disposal sites).

Identify any restrictions, limitations or tipping fees. (other agencies that may be responsible or provide support)

Debris Removal

General

Natural disasters can generate large amounts of debris in a few minutes or hours. The debris may include damage to structures (homes, businesses), utilities (telephone lines and other cables) and signs, downed trees and power lines. This section provides guidelines on debris removal including emergency roadway clearance, public right-of-way removal, mobile home park removal, private property removal, navigational hazardous removal, and household hazardous waste removal.

Debris removal, regardless of source, becomes a high priority following a disaster. Debris management strategy for a large-scale debris removal operation divides the operation into two phases.

Phase I consists of the clearance of the debris that hinders immediate life saving actions being taken within the disaster area and the clearance of that debris which poses an immediate threat to public health and safety.

Phase II operations consists of the removal and disposal of that debris which is determined necessary to ensure the orderly recovery of the community and to eliminate less immediate threats to public health and safety.

Emergency Roadway debris Removal (Phase I) (CDEM, CDOT)

- Identify critical routes that are essential to emergency operations
- Define how efforts will be prioritized between local agencies
- Identify areas that State and Federal assistance can target
- Define what actions are required during phase I (e.g., roadway debris removal involves the opening of arterial roads and collector streets by moving debris to the shoulder of the road.
- There is no attempt to physically remove or dispose of the debris, only to clear key access routes to expedite the:
    - Movement of emergency vehicles
    - Law enforcement
    - Resumption of critical services and,
    - Assessment of damage to key public facilities and utilities such as schools, hospitals, government buildings, and municipal owned utilities.

Define the type of debris that may be encountered such as fallen tree and broken limbs; yard trash such as outdoor furniture, trash cans, utility poles, power, telephone and cable TV lines,

transformers and other electrical devices; building debris such as roofs, sheds and signs; and personal property such as clothing, appliances (refrigerators my contain hazardous fluids), boats, cars, trucks and trailers (the vehicles may contain fluids that may be deemed hazardous).

Define the priority to open access to other critical community facilities, such as municipal buildings, water treatment plants, wastewater treatment plants, power generation units, and airports

The requirement for government services will be increased drastically following a major natural disaster. Develop procedures to determine the damage done to utility systems. Activities involving these facilities should be closely coordinated with their owners and operators.

Local, Tribal, State and Federal Assistance

Identify local, tribal, state and federal government assets that may be available such as:

Municipal workers and equipment
Local and state department of transportation workers and equipment
National Guard
Local contractors
US Department of Agriculture forest Service chain saw crews
Local US Army Corps of Engineers (USACE) workers and equipment

Supervision and special Considerations

Immediate debris clearing (Phase I) action should be supervised by local public works or DOT personnel using all available resources. Requests for additional assistance and resource should be made to the SEOC. Requests for Federal assistance will be requested through the State Coordinating Officer (SCO) to the FEMA Federal Coordinating Officer (FCO).

Special crews equipped with chain saws may be required to cut up downed trees. This activity is hazardous, and common sense safety considerations are necessary to reduce the chance of injury and possible loss of life. When live electric lines are involved, work crews should coordinate with local utility companies to have power lines deenergize for safety reasons.

Household Hazardous Waste Removal

- Household hazardous waste (HHW) may be generated as a result of a major disaster. HHW may consist of common household chemicals, propane tanks, oxygen bottles, batteries and industrial and agricultural chemicals. These items will be mixed into the debris stream and will require lose attention throughout the debris removal and disposal process.

- Regulatory waivers (permitting) and other emergency actions may be necessary. Emergency contracts with generic scopes of work may be necessary. Coordinate with State and Federal agencies as necessary.

- Cleanup actions should meet local, state and federal regulations.

- HHW identification and segregation should be completed prior to demolition of any structures.

- Protecting ground water from HHW and other hazardous waste contamination.

Environmental Controls

- Incineration (regulations related to burning of debris, including animal carcasses, after an incident)
    - Fences, warning signs, proximity to buildings, proximity to populated areas…

- When should fire be put out prior to removal of ash mound; how will ash be disposed of?
- Size of incineration pit (dimensions, regulations that govern)
- Protection of ground water (aquifers), or waterways

After Action Report (Post-Incident Review)

As appropriate, the CDPHE Emergency Response Coordinator (ERC) will conduct a post-incident review of the debris management operations with the debris management team or each division, and develop a summary of the findings for inclusion in the incident after-action report.

Training and Exercises

Debris Management training will be provided on an annual basis. If circumstances allow, this training will be conducted before the start of the traditional severe weather seasons in Colorado. The training may consists of classroom training, online training, video training, field training, or any combination of the listed approaches. The training will incorporate the National Incident Management System (NIMS) and evaluate the crucial elements of disaster debris management. Training and exercises will incorporate current federal and state processes, procedures, and regulations related to Category A (Debris Removal and Disposal) and Category B (Emergency Protective Measures) work under the federal Public Assistance Grant Program (PAGP). CDPHE Emergency Response Coordinator (ERC) in coordination with the EPRD training team and division representatives will determine the content of the training and exercises, and delivery method(s) based on current and anticipated needs and federal and state requirements.

Plan Review and Maintenance

This document will be reviewed annually or more frequently as needed. Updated material will be disseminated as required. A printed copy of the plan will be maintained in a binder along with the CDPHE All-Hazards Internal Emergency Response Plan. Updated pages will be replaced as necessary. The printed copy will be kept in the Department Operations Center (DOC), electronic copies maintained on the department intranet, on the policies, standards and external reports page, and on the division's network drive.

Chapter 9

Supplemental Information

CDPHE Division Summary

There are 48 programs within the Department's 10 divisions and 3 offices; not all divisions and programs are included in this document.

During declared disasters, the Department is the lead for Emergency Support Function #8: Public Health and Medical Response

AIR POLLUTION CONTROL DIVISION

Daily:	**During Disasters**:	***Supports*:**
Technical Support	Wild Fires	***ESF 4, 8***
– Particulate & plume modeling	*– Health alerts to public on air quality*	
Mobile Sources	Chemical Explosions	***ESF 8,10***
– Vehicle emissions regulatory compliance	*– Plume modeling for down wind risks*	
Stationary Sources	Building Collapse	***ESF 8,10,14***
– Construction sites and manufacturing facility regulatory compliance	*– Asbestos assessments and removal technical support*	
	– Asbestos abatement permits and regulatory compliance	
Indoor Sources		
– Asbestos abatement permits/regulatory compliance		

CENTER FOR HEALTH & ENVIRONMENTAL INFORMATION AND STATISTICS DIVISION

Daily:	**During Disasters**:	***Supports*:**
Health Statistics	Outbreaks & Epidemics	***ESF 8***
– Health trends, cancer registry, injury trends	*– Surveillance or outbreak data technical support*	
Vital Records	Mass Fatality	***ESF 8,9***
– Birth certificates; Death certificates	*– Rapid issuance of death certificates*	
GIS	Air Contaminant	***ESF 8,10***
– Health & cancer trends; Healthcare facilities; Community wells	*– Support to plume modeling, downwind risks, etc*	
	Floods, Tornados, Blizzards	ESF 8
	– Locations of licensed facilities, wells	

CONSUMER PROTECTION DIVISION

Daily:	**During Disasters**:	***Supports*:**
Food Safety	*Power Outage*	**ESF 8, 11**
– Retail, Wholesale, Dairy inspection, license	*– Food safety: retail, schools & citizens*	
	Road Closures	***ESF 8, 11***
Consumer Product Safety	*– Milk/dairy safety & food transport temps*	
– Product Recall notification & assessment	Building Collapse	***ESF 8,11,14***
	– Condemnation of consumer products orders	
Vector Control		
– Reducing reservoirs technical support		

DISEASE CONTROL & ENVIRONMENTAL EPIDEMIOLOGY DIVISION

Daily:	**During Disasters (ESF 8)**:
Regulatory	Floods, Tornadoes, Blizzards
– Reportable disease surveillance & control;	*– Anticipate diseases & monitor, prevent (includes*

child & tetanus immunization Services *– Vaccine to public health clinics* Education *– Tuberculosis, STD/HIV, general disease transmission & prevention*	*immunizations - tetanus)* Loss of Utilities *– Public information & technical support* Outbreaks & Epidemics *– Surveillance, public education, disease control measures and orders*

EMERGENCY PREPAREDNESS AND RESPONSE DIVISION

Daily:	**During Disasters (ESF 8)** :
Planning *– Internal/External all hazards response* Response Tools *– HAN(Health Alert Network); EMSystem (EMS to hospital transport guide), HC Standard, Pub Hlth Med Volunteer* Training *– NIMS; Forensic Epi; SNS; Pan Flu Preparedness; HAN; HC Standard; EMSystem*	Floods, Tornadoes, Blizzards *– Coordinate dept support to locals* Outbreaks & Epidemics *– Coordinate public information & dept response (Health Alert Network)* Pub Hlth/Medical *– Activate/distrib the Strategic National Stockpile (SNS)* Hazardous Chemical, Nerve Agent *Monitor Chempack activation and use* Supports and coordinates all CDPHE response activities

HAZARDOUS MATERIALS & WASTE MANAGEMENT DIVISION

Daily:	**During Disasters (ESF 8)** :
Hazardous Materials *– License source; Technical support; Incident response support;, permits* ***Solid Waste*** **– Trash, hazardous materials, livestock/animal waste removal technical support & permits** Radiation *– License sources; Technical support; Incident response support; Permits*	Floods, Tornadoes *– Trash, hazardous/biohazardous debris segregation & removal tech support, permits* Building Collapse *– Pesticides & other waste removal tech support, permits, orders* Blizzard *– Safe livestock burial/removal guidance* Hazardous Materials Scene *– Chemical & radiologic tech support*

HEALTH FACILITIES & EMERGENCY MEDICAL SERVICES DIVISION

Daily:	During Disasters (ESF 8):
Regulatory *– Investigations; Licensing of ambulatory surgery centers, assisted living/nursing homes, hospitals* EMS *– Licensing of professionals; complaint investigations* Trauma *– Registry & Analysis; Hospital trauma designation; RETACs/SEMTAC lead*	Floods, Tornados, Blizzards *– Medical facility ruling modifications* Building Collapse *– Movement of patients technical support* Loss of Utilities *– Monitor hospitals/home health & dialysis status* Hazardous Materials *– Emergency department functionality tech support* Mass Casualty *– EMS resources (in ROSS); EMT formulary modifications*

LABORATORY SERVICES DIVISION

Daily: Regulatory *– Water; Dairy; Alcohol/DUI & Forensic;* Premarital; Medical Services *– Newborn & medical screenings* Environmental screenings, Public Health *– Incident response (bio, chemical, radiation): air, water, soil, food & human*	**During Disasters (ESF 8):** Floods, Tornados, Blizzards *– Drinking water & disease control testing* Building Collapse *– Indoor air samples; Unknown environ contaminants* Air Contaminant *– Particulate levels; Anthrax/suspicious powders (credible threat)* Hazardous Materials Scene *– Support to on-scene haz-mat teams & CST*
WATER QUALITY CONTROL DIVISION	
Daily: Drinking Water *– Industrial/domestic treatment facilities; Wells* ***Water Ways*** **– Rivers, streams & irrigation canals** Water Sheds/Waste Water *– Treatment facilities & private systems*	During Disasters (ESF 8): Power Outage *– Tech support for treatment sites & commercial wells* Road Closures *– Mutual aid between utility agencies for supplies* Broken Lines or contaminated systems *– Water testing; Boil or bottled water orders*

Overview of Declaration Process for Colorado

Local government responds, supplemented by mutual aid from neighboring communities and volunteer agencies. If the disaster exceeds the local capabilities, they can request state assistance. A local government may declare a local disaster or an emergency through the chair of the Board of County Commissioners, or other principal executive officer of a political subdivision, through an order or proclamation and submit it to the state. This activates response and recovery of all applicable local and inter-jurisdictional disaster emergency plans.

Why Declare a Disaster?

- To gain access to TABOR emergency reserves
- To qualify for certain types of federal and state disaster assistance
- To activate local and inter-jurisdictional emergency plans and mutual assistance agreements
- To support the enactment of temporary emergency restrictions or controls (e.g., curfews, price controls)
- The State Responds with state resources as requested (and/or needed) by the local government
- The Colorado Division of Emergency Management, Department of Military and Veterans Affairs, Department of Public Health & Environment, Department of Transportation, Department of Local Affairs, Department of Public Safety, Colorado State Patrol, Department of Human Services, Department of Agriculture, and the Department of Natural Resources are all examples of Colorado agencies who may respond to a disaster

The State may declare a disaster or emergency by Executive Order or Proclamation of the Governor if the Governor finds a disaster has occurred or that this occurrence or the threat of a disaster or emergency is imminent. This frees up State TABOR reserves and Disaster Emergency funds, enables the Governor to temporarily enact or suspend State restrictions or controls, activates the State Emergency Operations Plan, and activates the State Emergency Operations Center.

Damage Assessment The state can request a disaster declaration from the Governor with a preliminary damage assessment from the local government through the state Division of Emergency Management. The state can also perform a formal federal, state, and local preliminary damage assessment with FEMA to determine if damage amounts may qualify for a presidential disaster request and therefore, federal assistance.

A presidential disaster declaration and/or emergency can be requested by the governor to the President through FEMA, based on the damage assessment, and an agreement to commit state funds and resources to the long-term recovery is made.

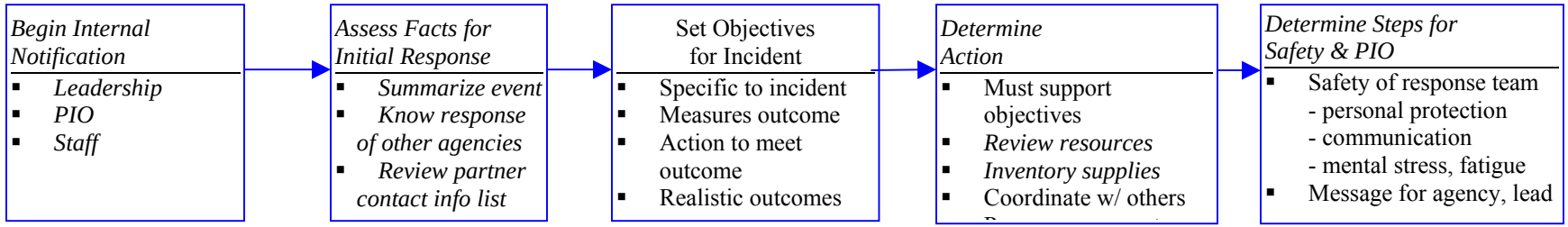
FEMA will evaluate the request and recommend action to the White House based on the disaster damage assessment, the local community and the state's ability to recover. The President approves the request or FEMA informs the governor it has been denied. The decision process could take a few hours or several weeks depending on the nature of the disaster.

Note: The difference between a disaster declaration and an emergency declaration is that an emergency can be declared even though there is no disaster. An example would be the Summit of the Eight or World Youth Day. Additional resources were requested and the State Emergency Operations Plan was activated. Also, an emergency declaration is generally of lesser scope and impact than a major disaster declaration

Event Management Process:

Step 1: Initial Response When Incident occurs

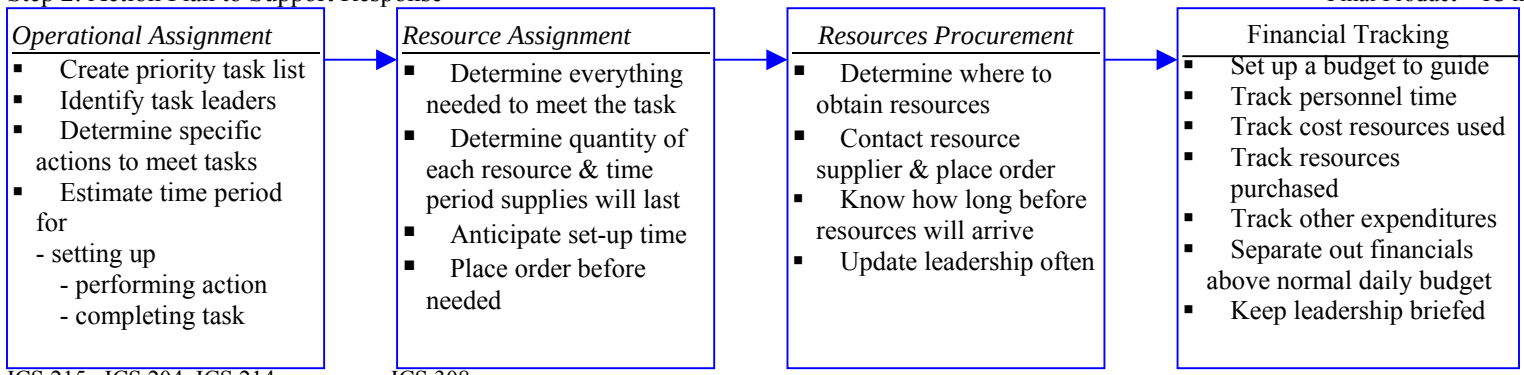
Final Product = Incident Action Plan



ICS 201 ICS 202 ICS 203 ICS 207 ICS 208 ICS 205

Step 2: Action Plan to Support Response

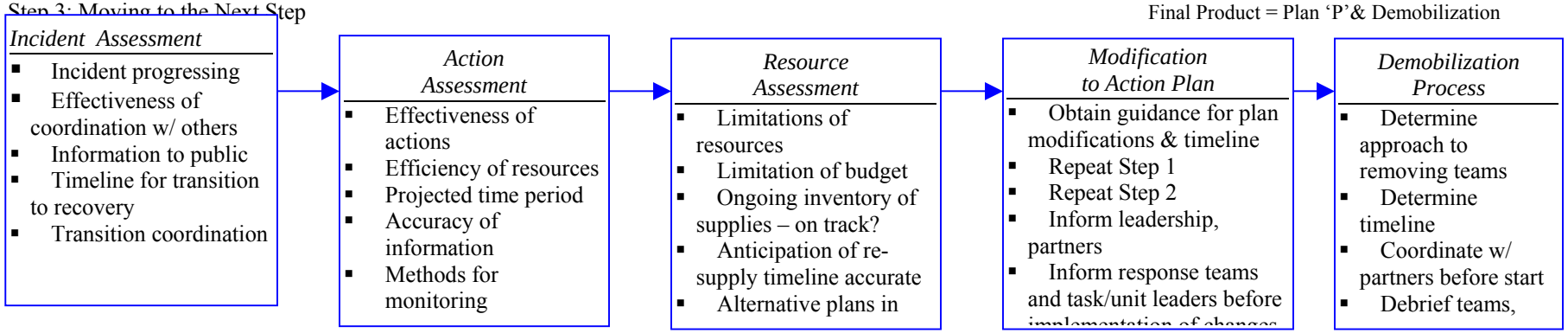
Final Product = IC management system



ICS 215 ICS 204 ICS 214 ICS 308

Step 3: Moving to the Next Step

Final Product = Plan 'P'& Demobilization



ICS 209 Repeat Step 1 forms Repeat Step 2 forms new operational action plan packet ICS 221

Colorado Department of Public Health and Environment

Potential ESF 8 (Public Health and Medical) Concerns During Emergencies

This document is intended to provide a quick outline of the areas of concern related to ESF 8. Recognize that the length of time associated with the topics listed will vary based on the incident and may build off each other for overall impact.

First 24 Hours After Incident	48 Hours After Incident	72 Hours or More After Incident
DRINKING WATER SUPPLY		
❑ Loss of water treatment, loss water pressure - ground/surface contamination introduced ❖ *Bottle/Boil Water Order*	❑ Bottle water supply - safe containers ❑ Extent of damage to treatment facility ❖ *Additional Orders*	❑ Sufficient safe supply ❑ Approval of temporary systems - retail / community use
If Power is Lost:		
❑ Community water treatment facility may fail - Is back-up generator, fuel available/working ❑ Private well pumps may fail w/o gen & fuel ❖ *Boil/Bottle Water Advisory/Order*	❑ Fuel & chemical needs for community plant ❑ Bottle water supply - appropriate containers (food-grade)	❑ Impact/disinfection for other systems ❖ *Continue Boil/Bottle Water Advisory or Order as needed*
WASTE WATER TREATMENT		
❑ Damage to waster waste treatment facility - loss of service	❑ Extent of damage to facility assessed ❖ *Additional Orders*	❑ Guide for liquid waste removal to prevent contamination & disease
If Power is Lost:		
❑ Sewage release into waterways - alert downstream drinking water, irrigation users ❖ *Water Way Alerts/Warnings*	❑ Control current or ongoing releases ❑ Assessment downstream waterways ❖ *Water Way Alerts/Warnings*	❑ Clean up phase of contaminants - Impact materials down storm drains - Load on treatment facility
FOOD HANDLING AND COOKING		
❑ Assess damage to retail & wholesale foods ❑ Assess dairy farmers impacted	❑ Condemn adulterated food products ❑ Advise/inspect community on food handling	❑ Assist food service facilities return to standard operating mode
If Power is Lost:		
❑ Dairy and food refrigeration **- Note: Spoilage occurs within 4 hours** ❑ Cooking capabilities (not operational) ❑ Shelters - food handling safety ❖ *Food Handling Orders*	❑ Meals-on-wheels operational check - food to dependant citizens ❑ Shelters evaluated/inspected ❑ Assess ice machines/dental/chemo/dialysis ❖ *Food Condemnation Orders*	❑ Temporary storage devices - approved refrigerated trucks & fuel - approved ice/sealed food containers ❑ Temporary cooking tools approved ❖ *Food Inspection Alerts/Orders*
HAZARDOUS MATERIALS RELEASED		
❑ Retail facilities impacted status check - pesticides & cleaners in stores - oil & antifreeze at auto shops ❑ Medical facilities impacted check - biohaz/chem/sharps containers ❑ Structure damage & release of asbestos ❖ *Asbestos Alert, Waste Orders*	❑ Debris/waste management - Waste segregation plan: natural/ hazardous/trash, etc - Damaged medical equip (X-ray, etc) ❖ *Hazardous Waster Permits/Orders* ❖ *Asbestos Abatement Permits/Orders* ❖ *Radiologic Material Permits/Orders*	❑ Permits for removal of materials - asbestos, chemicals, other material - damaged medical equipment ❖ *Continue with Alerts /Permits / Orders as needed*
MEDICAL - MEDICATIONS		
❑ Lost prescriptions/meds (see Red Cross)	❑ Medical supplies sufficient	❑ Disposal of adulterated medications
If Power is Lost:		
❑ Refrigerated medication needs (e.g. insulin)	❑ Increase in 911 calls when not taking meds	❑ Ongoing mechanism for refrigeration

- homes/medical site/retail w/o generators	❑ Increase in hospital visits if not taking meds	- pharmacies & citizens
MEDICAL – MEDICAL CARE/MEDICAL SYSTEMS		
❑ Potential evacuation of facilities	❑ Ability out-patient sites to operate	❑ Disease surveillance
❑ Acute care needs of injured met	** Dialysis required every 72 hrs*	- Shelters/ schools/ community
	❑ Patients able to get to facility	- (if flooding: mosquitoes & disease)
❖ *Executive Orders*	❑ Tetanus vaccine for clean-up (PH role)	❑ Access to safe water for med (dialysis)
	❑ Fatality mgt/death certificate process	❑ Death certificates management
If Power is Lost:		
❑ Biomed pumps, ventilators in homes status	❑ Generator/fuel status for medical centers	❑ Fatality Management refrigeration
(Note: Batteries last 8-12 hr; 911 calls will occur)	❑ Medical supplies and staffing status	
❑ Generator, fuel for at-home care to continue	❑ At-home care & elderly status	

CDPHE - ESF 8 Guide for CDPHE Response

Emergency Support Function 8: Public Health and Medical Response

Public Health Lead for Environmental Issues

CDPHE Program	CDPHE Lead	Local Lead	Notes/Comments
Air Pollution Control Division			
Air Emissions Permits			
Asbestos Removal			
Indoor Air Quality			
Lead-based Paint			
Motor Vehicle Emissions			
Open Burning			
Small Business Assistance			
Consumer Protection Division			
Child Care Centers			
Milk and Dairy Products			
Product Safety			
Retail and Wholesale Food			
Hazardous Materials and Waste Management Division			
Hazardous Waste			
Radiation Services			
Solid Waste			
Superfund Program			
Technical Assistance			
Generator Assistance Program			
Water Quality Control Division			
Biosolids			
Direct Discharge Permits			
Drinking Water (Compliance & Engineers)			
Stormwater Permits			
Wastewater Treatment			
Water Quality Control Standards			

Colorado Department of Public Health and Environment
ESF 8:Public Health & Medical
State Level Leads

1. **Health Surveillance**
   Colorado Department of Public Health & Environment

2. **Medical Care Personnel**
   Colorado Department of Public Health & Environment for volunteer system administration
   Local lead activation and management

3. **Health/Medical Equipment**
   Colorado Division of emergency Management for procurement
   Colorado Department of Public Health & Environment for technical support and SNS activation

4. **Potable Water/Wastewater**
   Water District for infrastructure
   Colorado Department of Public Health & Environment for technical support and health orders

5. **Solid Waste**
   Colorado Division of Emergency Management for general support
   Colorado Department of Public Health & Environment for permits and orders

6. **Patient Evacuation**
   Colorado Division of Emergency Management for general support
   Colorado Department of Public Health & Environment for NDMS coordination

7. **Safety/Security Drugs & Medical Devices**
   Colorado Department of Public Health & Environment

8. **Agriculture & Security**
   Colorado Department of Agriculture for livestock
   Colorado Department of Public Health & Environment for wholesale and retail foods, dairy farm/products

9. **Public Health & Medical technical Assistance**
   Colorado Department of Public Health & Environment

10. **Behavioral Health**
    Colorado Department of Human Services

11. **Mass Fatality management**
    Colorado Division of Emergency Management for general support
    Colorado Department of Public Health & Environment for death certificates

12. **Veterinary Medicine**
    Colorado Department of Agriculture

13. **Public Information**
    Governor's Office

Colorado Department of Public Health & Environment for public health and medical messages

14. Vector Control

Colorado Department of Public Health & Environment

Colorado Department of Public Health and Environment

Potential ESF 8 (Public Health and Medical) Concerns During Emergencies

This document is intended to provide a quick outline of the areas of concern related to ESF 8. Recognize that the length of time associated with the topics listed will vary based on the incident and may build off each other for overall impact..

If Power is Lost		
First 24 Hours After Incident	**48 Hours After Incident**	**72 Hours or More After Incident**
Drinking Water Supply		
❑ Community treatment facility may fail - back-up generators & fuel needs ❑ Private well pumps may fail ❖ *Boil/Bottle Water Advisory*	❑ Fuel & chemical needs ❑ Bottle water supply - appropriate containers	❑ Impact/disinfection for other systems ❖ *Continue Boil/Bottle Water Advisory or Order*
Waste Water Treatment		
❑ Sewage release into waterways - alert downstream drinking water, irrigation users ❖ *Water Way Alerts/Warnings*	❑ Control of releases ❑ Assessment downstream ❖ *Water Way Alerts/Warnings*	❑ Clean up phase contaminants - run-off into storm drains - Load on treatment facility
Food Temperatures and Cooking		
❑ Dairy and food refrigeration **- Note: Spoilage occurs within 4 hours** ❑ Cooking capabilities (not operational) ❑ Shelters - food handling safety ❖ *Food Handling Orders*	❑ Meals-on-wheels operational - food to dependant citizens ❑ Shelters evaluated ❑ Ice machines/dental/chemo/dialysis etc. ❖ *Food Condemnation Orders*	❑ Temporary storage devices - refrigerated trucks approved & fuel - approved ice/sealed food containers ❑ Temporary cooking tools approved ❖ *Food Inspection Alerts/Orders*
Medications		
❑ Refrigerated medication; e.g. insulin - homes/medical site(w/o generator) - retail pharmacies (w/o generator)	❑ Increase in 911 calls ❑ Increase in hospital visits	❑ Ongoing mechanism for refrigeration
Medical/ Medical Systems		
❑ Biomed pumps, ventilators in homes **Batteries last 8-12 hr; 911 calls begin* ❑ Back-up generators & fuel status	❑ Generator status ❑ Supply and staffing status ❑ At-home care & elderly status	❑ Fatality Management refrigeration
If Flooding, Tornado, Blizzard Occurs	**(if power is lost, see above concerns)**	
First 24 Hours After Incident	**48 Hours After Incident**	**72 Hours or More After Incident**
Drinking Water Supply		
❑ Loss of water pressure/blown taps - ground/surface contamination ❖ *Bottle/Boil Water Orders*	❑ Bottle water supply - appropriate containers ❖ *Additional Orders*	❑ Sufficient safe supply ❑ Approval of temporary systems - retail & community use
Hazardous Materials Released		
❑ Retail facilities impacted - pesticides & cleaners in stores - oil & antifreeze at auto shops ❑ Medical facilities impacted - biohaz/chem/sharps containers ❑ Structure damage & release of	❑ Debris/waste management - Waste segregation plan: natural/ hazardous/trash, etc - Damaged medical equipment X-ray, mercury, sterilizers ❖ *Hazardous Waster Permits/Orders*	❑ Permits for removal of materials - asbestos, chemicals, other material - damaged medical equipment

asbestos ❖ *Asbestos Alert*	❖ *Asbestos Abatement Permits/Orders* ❖ *Radiologic Material Permits/Orders*	
Medications		
❑ Lost prescriptions/meds	❑ Supplies sufficient	❑ Disposal of adulterated medications
Medical/Medical Systems		
❑ Potential evacuation facilities ❑ Acute care need ❖ *Draft Executive Orders*	❑ Ability out-patient sites to operate ** Dialysis required every 72 hrs* ❑ Patients able to get to facility ❑ Tetanus vaccine for clean-up phase ❑ Fatality mgmt/death certificate	❑ Disease surveillance - Shelters/ schools/ community - (flooding – mosquitoes & disease) ❑ Access to safe water for medical tools ❑ Death certificates management

EPRD Guide: Activation and First Operational Period

1. **Notification of all EPRD staff, Executive Director's Office, Division Directors**
   - ❑ Assigned Person: EPRD staff in office, off site, teleworking (*on leave – if necessary)*
   - ❑ Assigned Person: Executive Director, Chief Medical Officer, Director Envir Hlth, PIO, others
   - ❑ Assigned Person: Call-down list/email to Health & Envir Hlth Division Directors (back-ups)

2. **Set-up The DOC**
   - ❑ Computers and access information for users
   - ❑ Telephones and v-messaging access guide
   - ❑ Pens/paper and other basics
   - ❑ Television/news monitoring
   - ❑ Check-in sheet at entrance
   - ❑ Check printers, fax machine, copying

3. **Begin filling in the initial ICS Forms (*initially 80% EPR staff are assigned to Planning*)**
   - ❑ Incident Name – Use the same name as the local or State EOC
   - ❑ Determine the Department's Mission/Goals for each Operational Period (ICS 202)
     - First Operational Period the mission and goals are:
       - Mission: Protect the public's health and environment
       - Goal 1: "Determine the Public Health Concerns"
       - Goal 2: "Provide Support to Local Public Health"
     - Second/subsequent Operational Periods the goals are:
       - The mission remains the same; goals will compliment the SEOC goals
   - ❑ Develop the organizational chart for the DOC (ICS 203)
     - Adjust as often as necessary to meet the changing issues of the event
     - Be certain to record date and time to ensure the correct version is being used
     - Assist activated divisions in maintaining a span of control with staff involved

4. **Establish a safety component**
   - ❑ CDPHE staff that are going to the affected area must be listed (master list for all programs)
   - ❑ Departure time, destination and task must be listed; ESF 8 Lead to give to SEOC/Local EOC
   - ❑ Staff should be briefed on major points of the event before departure
   - ❑ Staff are to check-in with the local EOC at site identified by local EOC and DOC (if possible)
   - ❑ Staff are to obtain a safety briefing at the local EOC

5. **Prepare for the transition of staff/positions in DOC and SEOC**
   - ❑ Outgoing staff in DOC and SEOC are to prepare summaries
     - Anticipate 30 minutes to relay information (*arrive early/leave late*)
     - The transition briefing should include
       - Brief summary of event
       - Detailed summary of current operational period
       - Items critical to the position
   - ❑ Demonstrate/show computer programs being used
   - ❑ Share how to access phone messages, password to computer (logging in), etc.

EPRD Guide: ESF 8 Representative to State Emergency Operations Center (SEOC)

1. The Role and Activities Occurring at the SEOC

- All ESF representatives report to the Operations Chief
- Each ESF is a Branch under the Operations Section
  - Each Program within the individual ESF Branch is a Group (located at DOC)

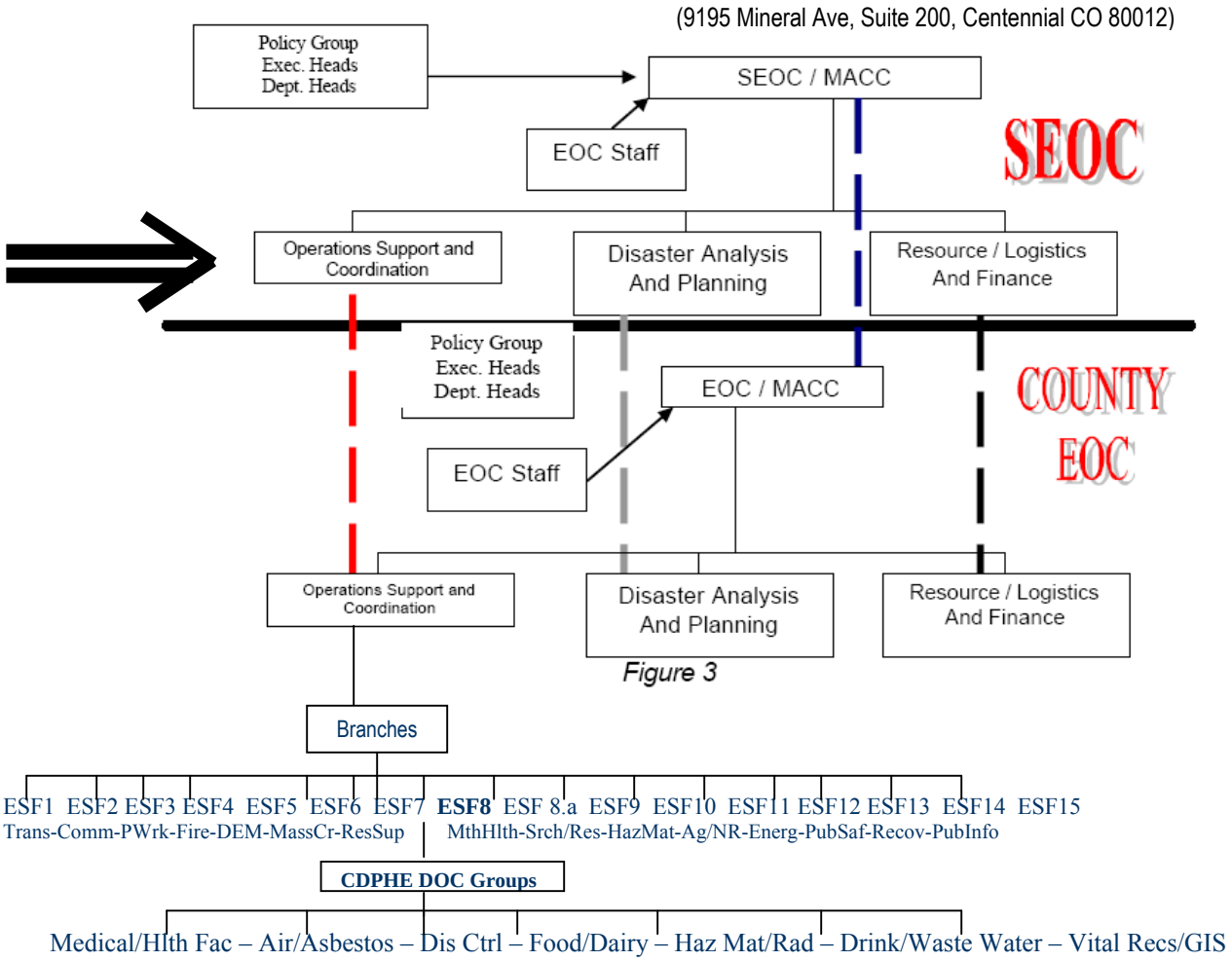


Figure 3

2. Items To Take With

- ❑ Paper and sticky notes for work station
- ❑ Charger for cell phone & laptop
- ❑ Laptop & air card (in case no internet and for own notes and access to resources)
- ❑ Water and snacks
- ❑ Medication and personal items (to ensure getting through 12 hour shift)

(ESF 8 Position)

3. Tasks Upon Arrival at SEOC (9195 Mineral, Suite 200, Centennial, CO 80012)

- ❑ Park in designated location (as given by DEM upon activation) or front lot
- ❑ If doors are locked, call DEM or existing ESF 8 rep to gain entrance
- ❑ Sign in at the SEOC and pick up handouts
- ❑ Locate the ESF 8 designated seating location (signage exists on tables)
- ❑ Turn on SEOC computer, enter computer password
- ❑ Log on to Web EOC: www.webeoc.colorado.gov/eoc6/
- ❑ Call the DOC and report in; relay the phone number assigned to ESF 8 at SEOC

4. ESF 8 Rep Tasks for CDPHE DOC

- ❑ Log on to the SATool for DOC communication: www.satool.org/portal
- ❑ Relay to the DOC the initial facts provided in SEOC about incident (form 214-briefing notes)
- ❑ Relay the operational period times to DOC (for staffing considerations)
- ❑ Relay the goals set at the SEOC for the current operational period (for DOC goal integration)
- ❑ Review documents/ICS forms already developed by the SEOC
  - o If electronic, transfer critical information to the DOC via SATool, email or phone
- ❑ Set up the CDPHE laptop; begin tracking information important to ESF8 (form 214-Unit Log)
  - o Weather changes, estimation time for power outage recovery, road closures, etc
- ❑ Note the SEOC briefing schedule and relay to DOC
  - o DOC should provide an update to ESF 8 rep 20 minutes prior to briefing time

5. ESF 8 Rep Tasks for SEOC

- ❑ Obtain a summary of anticipated public-envir health/medical issues from DOC (form 202)
- ❑ Be prepared to verbally relay to all ESF reps at the SEOC briefing a summary of:
  - o Current medical and pub/env hlth activities by state or local agencies
  - o anticipated medical and pub/env hlth issues to be addressed
  - o proposed action (if known at the time of the briefing) for those issues
- ❑ Listen to all other ESF updates and relay information to DOC
  - o Work with DOC to identify impact of other ESF activities on ESF 8
  - o Work with ESF reps in SEOC about activity impacts; coordinate response actions
- ❑ Meet/talk to ESF reps in SEOC that ESF 8 supports – or needs support from ESF 8
  - o ESF 8 supports: ESF 2,3,5,6,10,11,13,14,15
  - o ESF 8 receives support from: ESF 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13
- ❑ Prepare the ESF 8 component for the Division Assignment List (form 204)
  - o Outline action plan for each CDPHE group activated (med, air, water, food, waste)
- ❑ Work closely with ESF14 early on and throughout incident on waste removal
  - o Asbestos concerns, segregation of waste (animal/livestock, debris, haz subs)
- ❑ Relay safety concerns to Operations Chief and JIC lead
  - o This would include public health orders and advisories/alerts
- ❑ Ensure DOC PIO is tied into the SEOC-JIC

6. Transition to New ESF 8 reps (next operational period)

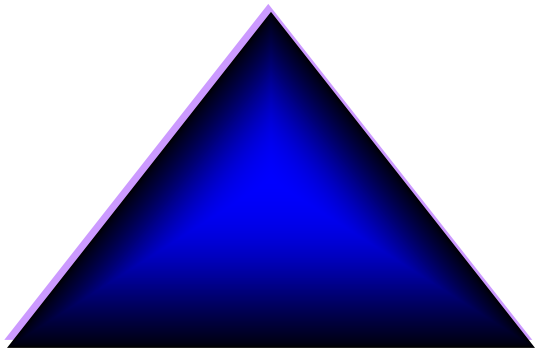
- ❑ Anticipate about 30 minutes; organize computer/phone access and contacts information

- ❑ Provide a brief overview of operational period general activity and ESF 8 activity
- ❑ Provide specific details of pending activity under ESF, briefing time and form requirements
- ❑ Sign out and ensure DOC knows transition is complete

The Response Triangle for EPRD

Local Emergency Operations Center (LEOC)

ESF 8 – Public/Environmental Health
ESF 8 – Medical
ESF 8 – Fatality



State Emergency Operations Center (SEOC)

ESF 8 – CDPHE rep

Support to:
ESF 2 – Communications *(800MHz)*
ESF 3 – Public Works *(water/waste water)*
ESF 5 – Emergency Management *(DEM/SEOC)*
ESF 6 – Mass Care, Housing *(food/water inspections, disease surv)*
ESF 10 – Oil & Haz Mat (*asbestos, haz-mat, rad, waste*)
ESF11 – Agric & Natural Resources (*food, dairy, waste removal)*
ESF 13 – Pub Safety & Sec (*SNS & Chempack movement, intel*)
ESF 14 – Long Term Community Recovery (*air, water, food, waste removal*)
ESF 15 – External Affairs (*public information*)

CDPHE Department Operations Center (DOC)

Manage the CDPHE response

Follow the Internal Response Plan
Activate and manage the DOC
Complete ICS Forms
Coordinate with ESF 8 at SEOC
Track budget
Manage IT tools
Track department activities
Track field teams/safety
Activate and manage SNS response
Coordinate with US Dept HHS

Colorado Department
of Public Health
and Environment

First Responder Manual
On
All-Hazard Environmental Incidents
Technical Support & Sampling

Colorado Department of Public Health & Environment

2008 Edition

Colorado Department Public Health and Environment (CDPHE)

Table of Contents

Important Notification Numbers

CDPHE 24-hour Emergency Response Line	877-518-5608
CDPHE 24-Hour Epidemiological Hotline	303-370-9395
Disease Control and Environmental Epidemiology Division (business)	303-692-2700
National Response Center (24-hour)	800-424-8802
Local Emergency Planning Commission	303-273-1622
State Oil Inspector	303-318-8547
Colorado State Patrol (Hazmat)	303-239-4546
After-Hours	303-239-4501
Rocky Mountain Poison Control Center	
Metro Area	303-739-1123
Outside Metro Area	800-332-3073
Colorado/Wyoming Joint Terrorism Task Force	303-629-7171
Regional Laboratories	
Denver County	303-436-7365
El Paso County	719-578-3121
La Plata County	970-247-5702
Mesa County	970-245-7800
Pueblo County	719-583-4318
Weld County	970-304-6415 X2273

INTRODUCTION

Occasionally both technical support and laboratory diagnostics are required to assist the on-scene commander in the decision process when an unknown or suspicious material is involved in an incident. The Colorado Department of Public Health and Environment (CDPHE) provides technical support to community first responders, other state agencies and federal agencies for incidents involving biological, chemical and radiological agents.

Laboratory diagnostics are available for incidents involving criminal acts (i.e. violators of hazardous materials regulations or laws) or credible threats and incidents impacting the public's health. Specific steps must occur before samples can be taken to CDPHE's laboratories for both the protection and safety of laboratory personnel as well as ensuring limited resources are used wisely and the laboratory is prepared to receive the samples.

Purpose

This document is to serve as a resource to first responders. The goal is to provide first responders with information and guidance related to technical support and environmental sample collection expectations. It will detail procedures for sample collection and submission to the CDPHE's Laboratory Services Division. The technical support provided by CDPHE can occur through multiple divisions based on the combined information shared by the on-scene responders through their hazard assessment and the on-scene safety assessment of the impact on first responders or the public.

Process

The objectives, scope and content of this document were developed through a series of workgroup meetings comprised of state and local public health professionals, state and local hazardous materials specialists, U.S. Postal Service Inspection Services, and the Federal Bureau of Investigation (FBI). The 2008 updates to the manual also included the Colorado National Guard Civil Support Team.

Reporting Events

To report an emergency event, a hazardous substance spill or request immediate technical support, contact CDPHE's Emergency Response Line at 1-877-518-5608. CDPHE's Emergency Response Line is staffed 24 hours a day, 7 days a week by the department's Emergency Preparedness and Response Division. This division will coordinate the appropriate expertise for each situation, including access to the department's Laboratory Services Division during non-business hours for credible threats.* **No sample will be accepted at the CDPHE Lab without prior notification AND approval by this department.**

*Note: CDPHE is not a first responder agency. The department provides technical expertise as secondary responders supporting the on-scene responders. CDPHE does not retrieve or provide transport for samples intended to go to the department's laboratory. The transport of samples is the responsibility of the on-scene agencies.

A. Requesting Technical or Laboratory Support of CDPHE

Once an incident is reported to CDPHE, assistance can be requested. The following will subsequently occur for each type of incident:

General Emergencies – Technical Support

The Emergency Preparedness and Response Division will notify:

- Local public/environmental health departments in the jurisdiction of the incident
- CDPHE Divisions assisting (based on the potential of biological, chemical or radiological agents involving air, water, food or soil). This may include:
  - Air Pollution Control Division (for air modeling and asbestos)
  - Consumer Protection Division (for food, dairy and consumer products)
  - Disease Control and Environmental Epidemiology Division (disease investigation, control)
  - Hazardous Materials and Waste Mgmt Division (chemical, radiological, waste)
  - Water Quality Control Division (drinking and waste water)
- Appropriate other entities including federal agencies such as FDA, USDA, EPA and DOE

Credible Threats – Technical Support *(see Credible Threat Section for details)*

The Emergency Preparedness and Response Division will notify:

- Local public/environmental health departments in the jurisdiction of the incident
- CDPHE Laboratory Division and other divisions assisting (based on the potential of biological, chemical or radiological agents involving air, water, food or soil)
- Colorado Division of Emergency Management (verification call)
- Colorado Department Public Safety, Office of Preparedness and Security
  Federal agencies as appropriate (e.g. FBI, EPA, HHS, DOE)

General Emergencies or Credible Threats – Laboratory Diagnostics

The Emergency Preparedness and Response Division will notify:

- CDPHE Laboratory Services and other divisions assisting (based on the potential of biological, chemical or radiological agents involving air, water, food or soil); the laboratory may be contacted directly at 303-692-3090 or pager: 877-705-1016

FIELD OPERATIONS

A. Scene Characterization

Scene characterization is a concise summary of information from the scene that is quickly assembled (within two hours). When responders are seeking technical and laboratory support, this initial field assessment should occur prior to contacting CDPHE. At the time CDPHE is contacted the following information should be relayed as the Scene Characterization Report:

1. Hazard Assessment/Immediate Risks
   (a) Identify if the incident is 'Accidental' or 'Deliberate'
   (b) If deliberate, determine if it's a 'Credible Threat' or 'Non-Credible Threat'
   (c) Identify type agent and media (e.g. biological, chemical, radiological; air, water, soil, food)
2. Safety Assessment
3. Rapid Field-Test Results
4. Documentation/inventory of samples

From this information a sample collection process is developed by the Laboratory Services Division to support on-scene response and the chain-of-custody requirements for legal action. Ideally, standard formats should be used for the Scene Characterization Report, specifically the field tests and the sample collection documentation (described in greater detail below).

1. Scene Characterization Report - Hazard Assessment Section

Since the events at the scene are typically still unfolding when the Scene Characterization Report is initially generated, the Hazard Assessment section of the report can be brief and added to as the details unfold.

a. Hazard Assessment Section -Accidental/Deliberate/Suspicious

It is important to determine if the incident is accidental or deliberate. Items are classified as suspicious when:
(1) Unknown substance exists (including those in packages or envelopes)
(2) Threatening communication is associated with the item
(3) Illness is associated with the item

When there is an unknown substance release with no threat or illness associated a logical explanation for the substance's presence must be ruled out. If an envelope or package exists, often the name of the company sending the item can provide assistance in obtaining an explanation. If a reasonable and defendable explanation occurs, then the item is determined to be a 'non-credible' threat. Further action and support from CDPHE will be based on the potential risk to the public's health or the environment.

** Note: CDPHE will not test samples collected from 'non-credible' threats except under a 'fee-for-service' basis and with prior laboratory approval.

b. Hazard Assessment Section - Deliberate; Credible/ Non-Credible Threat
Any situation, accidental or deliberate, that is a violation of hazardous materials regulations or is a criminal act requires specific steps occur to support legal action. This needs to be determined early to ensure chain of custody occurs.

The threat assessment and credible/non-credible threat determination is based on information received by responders at the scene. If the threat is deemed 'credible' specific steps are taken to protect the public and the responders and this should be communicated to the appropriate officials.

- UNOPENED Letter/Package Threat Assessment:
  - Oily stains or suspicious discolorations or powder on package
  - No Return Address, Foreign, fictitious address
  - Foreign mail, airmail and special delivery
  - Restrictive markings, such as confidential, personal, etc.
  - Excessive postage stamps
  - Handwritten or poorly typed addresses
  - Incorrect titles
  - Titles, but no names
  - Misspelling of common words
  - No return address
  - Excessive weight
  - Rigid envelope
  - Lopsided or uneven envelope
  - Protruding wires or tinfoil
  - Excessive security materials, such as masking tape, string, etc.
  - Visual distractions

- OPENED Letter/Package Threat Assessment:
  - Liquid, spray, powder or vapor
  - Unusual odor
  - Threatening notes

If the suspicion of a threat cannot be resolved, notify immediate supervisor, police, fire and the FBI. For credible threats notify:
- Immediate Supervisor
- **Local police, fire and hazmat**
- County and State emergency manager
- FBI\ Local, county and state health departments

If individuals are potentially exposed, a decision must be made in a reasonable period of time (preferably less than 2 hours) to:

- Release the individuals without decontamination or follow-up
  Release without decontamination but public health or medical follow up
  Decontaminate and then release individuals without follow-up
  Decontaminate and then release with public health or medical follow-up

*Obtain the names and contact information for each individual potentially exposed so that public health or medical follow-up can occur. Turn over the information to the local public health agency or medical support personnel on-scene.

c. Hazard Assessment Section -Type of Agent

DOT papers, signage, company experts, and responder experience is all beneficial in determining the type of agent. It is important for responders to summarize the methods used to obtain this preliminary information. The type of agent should include preliminary identification of the:

(1) Agent classification as biological (including toxins), chemical or radiological
(2) Media type as powder, liquid, vapor that exists in the soil, water, air or food
(3) Quantity of material (best estimate)

2. Scene Characterization Report – Safety Assessment Section

The dangers associated with an agent are influenced by the use of personal protective equipment, weather conditions and other factors. This ultimately becomes critical to the safety of the responders and the public's health. For suspicious envelopes/packages or shipments vehicles an attempt to contact the sender of the envelopes/package to verify contents may assist in determining risk or threat status. Responders should identify all persons who touched the item to assist in surveillance, medical monitoring or implementation of health and safety measures.

a. Safety Assessment - Credible Threat and Envelopes/Packages
Safety for UNOPENED Envelopes/Package – Credible Threat:

- Wash hands with soap and water if the item was touched
  Double wrap the item in plastic wearing gloves (latex, nitrile or vinyl), a particulate mask and move to a secure location if its not leaking
- Treat as crime scene and proceed as with opened letters/packages

Safety for OPENED Envelope/Package – Credible Threat:

- Do not touch, smell or inhale near the item and substance
- Avoid hand contact with outer clothing or skin surfaces
- Keep mouth and nose closed or cover face with sheets of paper or protective mask
- Evacuate persons from at-risk areas to minimize potential exposure
- Isolate area and deny entry
- Wash hands with soap and water if the item was touched
- If clothing is contaminated, remove outer clothing, place in garbage bags and label the bag 'BIOHAZARD' (one bag per person)
- Give clothes to law enforcement for lab analysis
- Treat as a crime scene if suspicion cannot be resolved or a threat is received

Note: Approximately 80 percent of contamination can be removed by taking off outer garments

All samples must be screened for volatile organic compounds, explosives, incendiaries, and ionizing radiation prior to sample collection. Present a copy of this document to the laboratory at the time the sample is delivered.

b. Safety Assessment - Credible Threat Sample Transport

Safety measures must include assessing the package or material for potential secondary devices, particularly explosives, prior to transport of samples to the CDPHE laboratory. The FBI and local law enforcement are expected to provide CDPHE with confirmation that such safety checks and radiological screen occurred prior to the sample leaving the scene. Be prepared to provide the laboratory information on the packaging and labeling of shipping containers, the transport vehicle and the identification of the driver. CDPHE will provide driving instructions to the correct laboratory facility and any safety criteria essential to accept the sample. **Sending samples to CDPHE laboratories for testing must be pre-approved by CDPHE.**

3. Scene Characterization Report – Rapid Field Testing

a. Field Testing Process

Field testing is the process of screening an unknown material to obtain a preliminary identification of the materials as a 'toxic industrial chemical' (TIC), biological agent, potential WMD or other agent. The objective of field screening is to:

- Tentatively identify the contaminant (definitive laboratory testing to occur later)
- Rule out potential risks (for hazard reduction and mitigation), which include:
  - Explosives/ volatility
  - Radiological agents
  - Chemical agents
  - Flammability/ volatility
  - Corrosive/pH determination
- Determine if isolation, evacuation or other measures are warranted
- Initiate chain-of-custody steps for formal samples

If the material is of a small enough quantity that the entire sample could be consumed during field testing, retain the sample for more definitive laboratory testing and do not destroy the entire sample by field testing (but a non-destructive field test may be used).

Tests should be performed with multiple testing methods when possible. All field screenings and sample collection steps should be performed in accordance with nationally recognized standards. Appropriate personal protective equipment (PPE) should be worn. It is important to also collect and test background samples in the area of the contaminant to compare the test results. When possible photograph sample sites prior to sampling in accordance with local law enforcement procedures and practices.

On-site responder testing equipment utilized for the field screening tests may include, but is not limited to:

- colorimetric tubes
  biological immunoassay "tickets"
  military type paper chemical agent detectors (M8 paper)
  military type wet chemistry chemical agent testing detectors (M256 kits)
- chemical agent monitors
- surface acoustic wave (SAW) monitors
- infrared spectrometers
- chemistry categorization kits

The accuracy of these tests varies and false positives, misinterpretation of results and cross sensitivities with non-hazardous substances can occur. If a field screening is falsely reported as positive, the result could provoke unnecessary concern, evacuations, panic, and media attention. Action taken on a false positive could damage the credibility of the agency and its personnel. Likewise, a negative result on a field-screening test for a true hazardous agent could be more damaging. Therefore, field test results should be referred to as 'presumptive' positive or negative.

b. Field Testing Support- National Guard

The Colorado National Guard 8th Civil Support Team (CST), Weapons of Mass Destruction Unit, works for State Governors under the command and control of the Adjutant General. The CST can deploy to a scene and link up with the civilian incident commander to provide a direct-support military relationship but CST always remains under military control. The team can provide support in the form of conducting slightly more advanced field testing than the typical local hazardous materials response team.

Requesting operational deployment of the 8th Civil Support Team is accomplished through contacting the State Emergency Operations Center (EOC) at their 24 hour number 303-279-8855. For general assistance contact the 8th CST-WMD through the 24 hour Staff Duty Officer at 720-847-6874. The anticipated deployment time is 4 hours from a validated alert; they do strive to have the team out the door within 2 hours.

c. State Health Dept Laboratory Support
If samples are desired to be tested by CDPHE or confirm on-scene preliminary analysis, a scene-specific sample collection plan must be developed. CDPHE's Laboratory Services Division and other entities involved on-scene will utilize the Scene Characterization Report to assist in developing the sample collection steps. A briefing among relevant parties is recommended to ensure that the transition from the scene to laboratory analysis occurs smoothly. **Samples will not be accepted at the CDPHE lab if laboratory notification and approval does not occur prior to sample delivery.**

When a sample is forwarded to the CDPHE lab for additional laboratory testing include: a list of the performed field screening tests and their results; the manner in which the samples were collected; the quantity collected per sample.

4. Scene Characterization Report – Documentation

a. Documentation – Inventory of Samples
A summary document should be created that lists the location and sampling method for each sample collected. Use the sample identification number as the key identifier for each sample listing. Ideally a copy of this summary document should accompany the samples to the laboratory as the information may be important for the laboratory techniques.

Save items such as immunoassay "tickets" and buffer solutions for possible future legal action related to the material. When chemical or biological monitors have a "data logging" capability or a printout capability, save or record the data as well.

b. Documentation – Record Maintenance
It is important to maintain records of all scene characterization activities, even for potential threat incidents that were ultimately dismissed as 'not credible.' Documentation about a particular activity can be accessed long after the details of the incident have faded from memory.

B. Human Exposure

It is critical a decision be made in a reasonable period of time (preferably less that two hours after exposure) as to the action to take for individuals potentially exposed to the substance. If the level of hazard is not known, professional judgment should be used to ensure these individuals receive proper medical care, if needed.

It is important that law enforcement is informed of the decision pertaining to human exposure for any incident involving a credible threat; proper handling of items deemed evidence is important.

Any person believed contaminated with a hazardous substance and displaying symptoms should be decontaminated prior to leaving the scene. Proper procedures should exist to ensure privacy and dignity is maintained. Proper clothing should be available for each person after decontamination is complete.

The name(s) and contact information for all individuals potentially exposed should be recorded and the local public health department contacted so surveillance for potential illness can occur.

EMS should be properly briefed prior to transporting any individual requiring a medical assessment. No individual that is contaminated should leave the scene in an ambulance without prior approval from the ambulance agency. Appropriate PPE should be worn if a contaminated person is being transported. Any ambulance that is contaminated must be properly cleaned prior to re-use of the vehicle.

C. CDPHE Laboratory Use

Although there are other laboratories in the state, this section will pertain only to the CDPHE laboratory services. The CDPHE's Laboratory Services Division functions as the state's principal public health and environmental laboratory. The mission of the Laboratory Services Division is to protect the health and environment of all Coloradoans from infectious and metabolic diseases, environmental pollutants, and acts of terrorism by providing accurate and timely laboratory analyses and information. Specific details about the services the CDPHE laboratory can be found at the division's homepage: http://www.cdphe.state.co.us/lr/index.htm

CDPHE accepts human specimens (blood, sputum, aspirates, etc.), fomites (documents, powders, food, soil, etc.), and culture isolates (identification/confirmation). Laboratory testing for biological, chemical and radiological agents can occur, based on the type of sample.

CDPHE Lab Use and Threat Credibility
Based on the credibility of the threat, the following assumptions exist for laboratory diagnostics:

1. **Non-Credible Threat Laboratory Diagnostics**
   No testing is warranted. Public Health officials may receive demands for testing and may offer fee-for-service testing options including powder identification or rule-out cultures for Bacillus anthraces or other agent. If testing is desired but rejected by CDPHE, responders should consider having desired tests performed at private laboratories or qualified local public health.

2. **Credible Threat Laboratory Diagnostics**
   Testing is warranted. FBI is responsible for the investigation of credible threats; CDPHE's laboratory must receive confirmation from the FBI before acceptance of any sample related to a credible threat occurs.

Public Health officials are responsible for intervention and communication pertaining to protecting the public's health and notification of the diagnostic findings will occur with local public/environmental health as well as the responding agency and the FBI.

Prioritizing Samples and Tests

CDPHE's laboratory will prioritize samples based on public health incidents and credible threat status. The Credible Threat Specimen Triage Guide (Chart 1.0) below is utilized to determine threat-related prioritization. The responder will be informed by laboratory personnel of the priority status for their samples at the time of the testing request. Those submitting samples should follow the protocols outlined in the **Sample Collection** section to ensure samples submitted are processed in a timely manner and provide the best results feasible.

Chart 1.0: Credible Threat Laboratory Specimen Triage Guide

Human Specimens / Culture Isolates	Environmental Specimens
Category 1- HIGH PRIORITY	
From cases with illness - signs and symptoms were reviewed by a clinician or epidemiologist as consistent with infection/intoxication due to a recognized biologic, chemical or radiologic (CBR) agent associated with a credible threat.	Collected from a scene or associated with an event that is deemed a credible threat for a CBR agent by the FBI, in concert with local law enforcement.
Action: Perform testing immediately on receipt of specimen (24/7) and refer to other federal or state laboratories as soon as possible. **Testing**: *Conduct testing with multiple methods*	
Category 2- Intermediate Priority	
From cases with illness that is a low possibility of causation by a CBR agent (i.e. the patient is ill but the clinical picture is not typical of a CBR agent).	Collected from a scene or associated with a criminal act (felony menacing, hoax) with a specific CBR agent known, but no credible threat known.
Action: Perform testing on the next regular business day **Testing**: *Perform testing using a single method for the threat agent on probable criminal specimens; other testing deemed appropriate as indicated by the situation*	
Category 3-Low Priority	
From patients with no discernible illness – or – specimen was obtained for epidemiologic studies.	Collected from scene that was deemed a non-credible threat.
Action: Refer submitters to local health department or private laboratories offering testing for threat agents or for the identification of a substance on a fee-for-service basis. * **Testing:** *As requested by submitter*	

Environmental testing for anthrax (1) and powder identification (2) is available on a fee-for-service basis by:

- Industrial Laboratories, 1450 East 62nd Avenue, Denver, CO 303-287-9691 (1, 2) or
- Colorado State University Veterinary Diagnostic Laboratory, Ft Collins, CO 80523 970-491-1281 (1)

SAMPLE COLLECTION

A. General

Collect general-purpose samples only after law enforcement, hazardous materials, and public health personnel have determined if there is a credible threat or legal action required related to the incident or substance. Properly trained HAZMAT personnel using appropriate personal protective equipment as specified in OSHA standard 1910.120 should collect samples. Duplicate samples may need to be collected for law enforcement/evidence purposes.

NOTE: Samples to be submitted to the CDPHE laboratories must be pre-approved and properly packaged. CDPHE will provide specimen and packing guidelines.

B. Chain-of-Custody

Follow the appropriate security measures for samples considered evidence. Initiate Chain-of-Custody steps prior to sample collection and keep samples under the control of designated personnel at all times. When samples are not in the possession of the designated personnel, secure samples (e.g. locked in a secure area). Closely track and document the Chain-of-Custody steps for each sample, using a 'Chain-of-Custody Form.'

Steps for Sample Collection

1. Change gloves between each sample to prevent cross-contamination
2. Collect no more than 10 grams of material per sample
3. Place each sample in an unused, self-sealing sterile bag
4. Properly label each bag (see below) after sample is placed in the bag, seal the bag
5. Clean the outside of the sealed bag with sodium hypochlorite (concentration = 0.5-0.6%) just prior to leaving the contaminated area
6. Place the cleaned sealed bag in another unused self-sealing bag
7. Place contaminated discarded items in a biohazard bag; proceed to decontamination area
8. Place the bag in a shipping container *(See Packaging and Shipping section for details)*.
9. Transport samples at ambient temperature, unless otherwise indicated, to the CDPHE

The CDPHE Lab will NOT accept items with dimensions exceeding 11 ½ inches in size

For Chain-of-Custody samples document on the label the following:

- Unique number or identifier for each sample
- Type of analyses requested (biological, chemical, radiological – specific test)
- Sample location description
- Type of sample (liquid, solid – object or powder, food, etc)
- Date and time of sample collection
- Name of person collecting sample
- Optional - Map of the sample area (consider photographing the collection site)

C. General Information

Consider obtaining technical support from a local public or environmental health agency, or an appropriate CDPHE program, prior to sampling. The goal of chemical and biological sample collection is to detect and characterize the presence of a contaminant. A biological/microbial assessment can occur from analysis of building or environmental materials such as carpet, office equipment, supplies, vials of dust, mail, clothing, heating, ventilation and air conditioning (HVAC) filters etc. To collect these bulk samples, follow the appropriate sample collection method listed below.

Prepare sample labels for each container before beginning sample collection (to minimize the time spent on the site during the sample collection stage). Transfer the information captured on the sample labels to the Chain-of-Custody Form, which can also serve as the sample inventory. See the *'Packaging and Shipping'* section for packaging, transport and shipping guidance.

The CDPHE Lab will <u>not</u> accept items with dimensions exceeding 11 ½ inches in size

<u>General Materials for All Sample Collections:</u>

- Non-powdered, sterile gloves (such latex, nitrile, or vinyl gloves)
- Dacron swab (not cotton or calcium alginate)
- Non-sterile self-sealing bags
- Permanent markers
- Labels and forms – for sample site mapping of the scene
- Sodium hypochlorite (0.5% – 0.6% concentration) in a wash or squirt bottle
- Shipping container approved for transport (See ***Packaging and Shipping*** section)
- Biohazard bag for discarding contaminated materials
- Chain of Custody Form – Required for all credible threat samples

Items that might be useful:

- Sample Documentation Form (*serves as the sample inventory tracking form*)
- Ultra Filtration Field Concentration Apparatus
- Camera (*for documentation of sample collection sites*)
- Sealable Plastic Bag (*bubble wrap baggies can be used*)
- Shipping Container or Rigid Shipping Container

It is important to follow any special laboratory requirements regarding sample collection and transport as this may affect the quality of the analytical results.

Verify that any hatches, locks, etc. are properly secured before leaving the site. Remove all PPE at the site perimeter and place disposable PPE and waste material into a heavy-duty plastic trash bag before leaving the scene. Properly label this contaminated waste.

1. Collecting Surface Samples: Swab/Wipe Method

The swab method is used for biological/microbial sample collection on small, non-porous surfaces that do not have a large accumulation of dust and dirt such as keyboards, hard-to-reach areas within machinery, mail sorters, ventilation grilles, etc.

The wipe method is used for sample collection on large (> 100cm2 or 1 ft^2), non-porous surfaces such as tabletops, counters, desks, file cabinets, windowsills, floors, mailboxes, non-carpeted floors, etc.

Obtain the materials outlined in '*General Materials for all Sample Collections*' (page 16) as well as these additional items:

- Sterile 3" X 3" or smaller synthetic (non-cotton) gauze pad
- Tweezers (if needed)
- **Solution to moisten** swab - Sterile saline (0.85%) or Phosphate buffered saline (PBS) 0.1M, pH 7.2
- Sterile conical centrifuge tube (polypropylene or polystyrene)

Collection Procedure:

1) Don sterile, non-powdered gloves over the standard PPE gloves and clothing
2) Pre-label each container
3) Transfer label information to a Chain-of-Custody Form (see ***Chain-of-Custody*** *section*)
4) Aseptically obtain a sterile 3" X 3" or smaller synthetic (non-cotton) gauze pad
5) Moisten the gauze with sterile saline or sterile phosphate buffered saline (PBS)
6) Wipe the surface being sampled approximately 1 square foot.
   - Avoid letting the gauze pad dry completely
   - Make enough vertical S-strokes to cover the entire sample area
   - Fold the exposed side of the pad
   - Make horizontal S-strokes over the same area
7) Place the sampled gauze in a sterile conical vial, and cap the vial – OR – Place the sampled swab in a sterile conical centrifuge tube, break off the shaft below the area that was held during sampling and cap the tube
8) Ensure vial or tube is labeled and place it in a self-sealing bag
9) Follow Chain of Custody steps

2. Collecting Surface Samples: HEPA Vacuum Method

This method is used for biological/microbial sampling of large porous or non-porous, dusty or dirty surfaces such as carpeting, upper surface of ceiling tiles, ventilation systems, and papers.

Obtain the materials outlined in 'General Materials for all Sample Collections' (page 16) and these items:

- Non-powdered, sterile gloves (such latex, nitrile, or vinyl gloves)
- Dust filter sock (Midwest Filtration Company or equivalent is preferred)*
- HEPA vacuum with collection nozzle
- Rubber bands
  Biohazard bags
- Sterile bags
- Alcohol wipes
- Shipping container approved for transport (see ***Packaging and Shipping*** section)

Note: *If the number of CFUs per gram of dust is desired, use pre-weighed filter socks – or – the mean filter weight of several socks as a background, representative weight.*

Pre-label each container to minimize the time spent on the site collecting samples. Transfer the label information to the Chain-of-Custody Form (see ***Chain-of-Custody*** section)

Collection Procedure:

1) **Don sterile, non-**powdered gloves over the standard PPE gloves and clothing
2) Insert a cone-shaped Dust Collection Filter Sock into the vacuum cleaner nozzle
3) Fold the plastic sleeve over the outside of the nozzle
   - Secure with an elastic band or hold firmly in place using a gloved hand
4) HEPA vacuum the surface: Make one pass of the entire sampling area at a slow rate (12 inches per 5 seconds) Note: *1-2 tablespoons of vacuumed debris are desired*
5) Remove the tape/elastic band; discard as contaminated waste material
6) Remove the cone-shaped dust collection filter sock; place in a self-sealing bag
7) Roll the filter and place it in a sterile conical bag
8) Label the bag; place the cleaned sealed bag in another unused self-sealing bag
9) Clean the outside of the sealed bag with a sodium hypochlorite/bleach solution
   - Use 0.5 to 0.6% concentration of sodium hypochlorite
10) Place contaminated materials into a biohazard bag; proceed to decontamination
11) Place the bag in a container approved for transport

To collect another sample, wipe the nozzle with an alcohol wipe,* change gloves, and repeat steps 1-11. Note: Alcohol wipes will physically remove contamination from the nozzle surface but will not sterilize the surface. *To determine if cross-contamination of samples occurs, occasionally insert a filter sock into the vacuum nozzle after a sample is collected and the nozzle cleaned. Withdraw the sock and place in a sterile conical tube for analysis.*

3. Collecting Credible Threat Samples

Confirmation of a credible threat or other legal action must occur prior to samples being approved and taken to CDPHE's laboratory.

If a credible threat is established and a visible powder or liquid is present on surfaces, collect a swab or wipe sample. Follow proper sampling technique for all other types of samples and desired testing.

If a package or container needs to be opened or disturbed to access visible substance, do NOT open. Instead, submit the item intact to the lab. Follow proper transport steps.

Note: *Avoid submitting clothing, office products, furniture, or other such* ***items unless prior approval for submittal is obtained from CDPHE.***

4. Collecting Water Samples

Technical support may be required through the local public/environmental health agency or CDPHE's Water Quality Control Division. Water samples are accepted for chemical and biological/microbial agent analysis from drinking water, ambient water, and wastewater. Water samples may be from surface sources, storage tanks, pressurized pipes, or other distribution system element (see Figure II-2 for corresponding human tests when samples are related to outbreaks).

Samples from large bodies of water such as reservoirs, whether finished or source water, requires different sampling techniques than those used to collect samples from distribution systems. The EPA Environmental Response Team's standard operation procedure #2013 is an acceptable technique for collecting sampling from these types of water sources.

Obtain the materials outlined in 'General Materials for all Sample Collections' (page 16) and these items:

- Preservative and/or Dechlorinating Agent (if needed)
- Ultra Filtration Field Concentration Apparatus
- Sealable Plastic Bag (bubble wrap baggies can be used)
- Shipping Container or Rigid Shipping Container
- Frozen Ice Packs (preferred) or Sealable Freezer Bags filled with ice
- Heavy Trash Bag

Pre-label each sample container to minimize the time spent on the site collecting samples. Transfer the label information to a Chain-of-Custody Form (see ***Chain-of-Custody*** section).

Procedure – For Water Faucet Samples:

1) Don sterile, non-powdered gloves over standard PPE gloves and clothing
2) Check for in-line filters (home treatment devices) that might interfere with sampling
   - Remove devices, if present; collect sample
   - Collect sample from the device if it cannot be removed; note this on the label
3) If water is collected from a faucet, flush the water tap for a sufficient time to displace the water in the lines (*to obtain a representative sample from water distribution systems*)

Note: Keep the flow rate sufficiently low in order to avoid splashing and aerosolizing water droplets. Divert water to a drain, if possible.

If the water flushed from the tap poses a hazard to the discharge area, consider collecting the discharge for decontamination.

If the decision is made to analyze the samples immediately, contact the lab as soon as possible so they can prepare for sample arrival.

If the decision is made to hold samples (rather than send to the laboratory for immediate analysis), consider the stability of the suspicious agent in unpreserved samples. Preserved sample holding times are based on the respective analytical methods desired and are typically 7-28 days for properly preserved samples. Chill samples, but protect from freezing when holding. If a threat is of concern, be certain to hold samples until the threat evaluation is complete and the decision is made to either analyze the samples or close the investigation.

Procedure – For Chemical Testing of Water:

If the water samples are considered to be hazardous, it may be necessary to implement certain sampling techniques in addition to the guidelines presented below.

For Open-Top caps and septa – seal sample containers; make certain the Teflon (smooth) side is facing towards the water.

For Closed-Top caps (pesticides, etc.) – fill the container to the top, leaving very little or no headspace.

If necessary add a preservatives and/or de-chlorinating agents to collection containers.

Preservatives and/or de-chlorinating agents may be added to the sample containers during sample kit preparation to decrease time of sample collection.

1) Fill sample containers with water flowing from the sample tap
   - Do NOT use rubber or plastic tubing during the collection step
   - Do NOT rinse or overfill the sample containers (for containers with a preservative or de-chlorinating agent)
2) Wipe the outside of the sealed containers with an antiseptic wipe or mild bleach solution
3) Attach a custody seal to the individual sample container (if required)
4) Place the sample container into a sealable plastic bag
   - Bubble wrap baggies can provide protection against breakage of glass containers
5) Place the sealed bags containing the samples into an appropriate rigid shipping container
   - Pack with frozen ice packs (preferred) or sealable freezer bags filled with ice
   - If ice is used, the bag should be thoroughly sealed to avoid leakage
6) Transport samples at ambient temperature, unless otherwise indicated

Procedures – For Microbial Testing of Water

Sampling technique for microbial contaminants may vary based on the agent suspected. The following specific steps should be followed based on the type of testing requested.

Bacteria Tests – Collect a 4-liter sample of water.

Virus Tests – Collect 100 and 1,200 liters of water and filter through a positively charged filter. Send the processed filters to the laboratory; viruses adsorbed to the filter can be eluted in the field and shipped as a one-liter concentrate to another laboratory for further processing.

Protozoa Tests - Collect a 10-liter sample of water (Method 1623: Cryptosporidium and Giardia in Water by Filtration by IMS/FA, EPA-821-R-99-006, April 1999, http://www.epa.gov/nerlcwww/).

Add a preservative and/or de-chlorinating agent (if required) during the sample kit preparation phase to decrease the complexity and time required for sample collection.

1) Fill sample containers with water flowing from the sample tap
   - Do NOT rinse or overfill the sample containers (*Particularly if a preservative or de-chlorinating agent exists in the container*)
2) Wipe the outside of the sealed containers with an aseptic wipe/mild bleach solution
3) Attach custody seal to the each sample container (if required)
4) Place the sample container into a sealable plastic bag
   - Bubble wrap baggies can provide protection against breakage of glass containers
   - Additional instructions for packaging samples potentially containing infectious biological contaminants are provided in the 'Packaging and Shipping' section
5) Place the sealed bags containing the samples into an appropriate, rigid shipping container
   - Pack with frozen ice packs (preferred) or sealable freezer bags filled with ice
   - If ice is used, the bag should be thoroughly sealed to avoid leakage
6) Transport samples at ambient temperature unless otherwise indicated

5. Collecting Food Samples

Food items suspected of causing foodborne illness can be tested for bacterial agents or toxins (but not viruses or most parasites). If a potential foodborne outbreak occurred, notify your local health department. CDPHE technical support may also occur via the Consumer Protection

Acceptable samples include: food consumed from the suspect meal; swabs of the food preparation area; food prepared in a similar manner as the suspect food; unopened samples of suspect canned or packaged food.

Obtain the materials outlined in 'General Materials for all Sample Collections' (page 16) and these items:

- Sterile plastic – food gloves
- Sample containers
- **Sterile plastic cups** with screw tops for liquids

When possible, use sterile utensils to collect the sample. If sterile utensils are not available, sanitize an appropriate utensil with an alcohol wipe or a sanitizer such as a 200-ppm bleach solution or a 400-ppm quaternary ammonia sanitizing solution.

An adequate sample quantity is approximately 200g (1/3 to 1/2 lb).

Collection Procedures – For Solid/Liquid Food

1) Place the food product in a sterile Ziploc® bag or Whirlpak®, or sterile container
   - Do NOT touch or handle the inside of the sample bag/container
2) Tightly seal the bag or container to prevent leakage
3) Ship food samples as follows:
   - Ship frozen foods on dry ice
   - Ship perishable or cold foods on ice or with refrigerated packs
   - Ship canned or low moisture foods at room temperature
2) Pack samples in an insulated box (***Packaging and Shipping*** section)
3) Specimens must be received at the laboratory within three days of collection

The CDPHE Lab will <u>not</u> accept sample containers with dimensions exceeding 11 ½ inches in size

6. Collecting Dead Bird Samples - West Nile Virus Testing

Birds provide early warning of West Nile virus (WNV) activity and can determine areas of increased risk of human exposure. Obtain a sample within 48 hours of the bird dying.

Obtain the materials outlined in 'General Materials for all Sample Collections' (page 16) and these items:

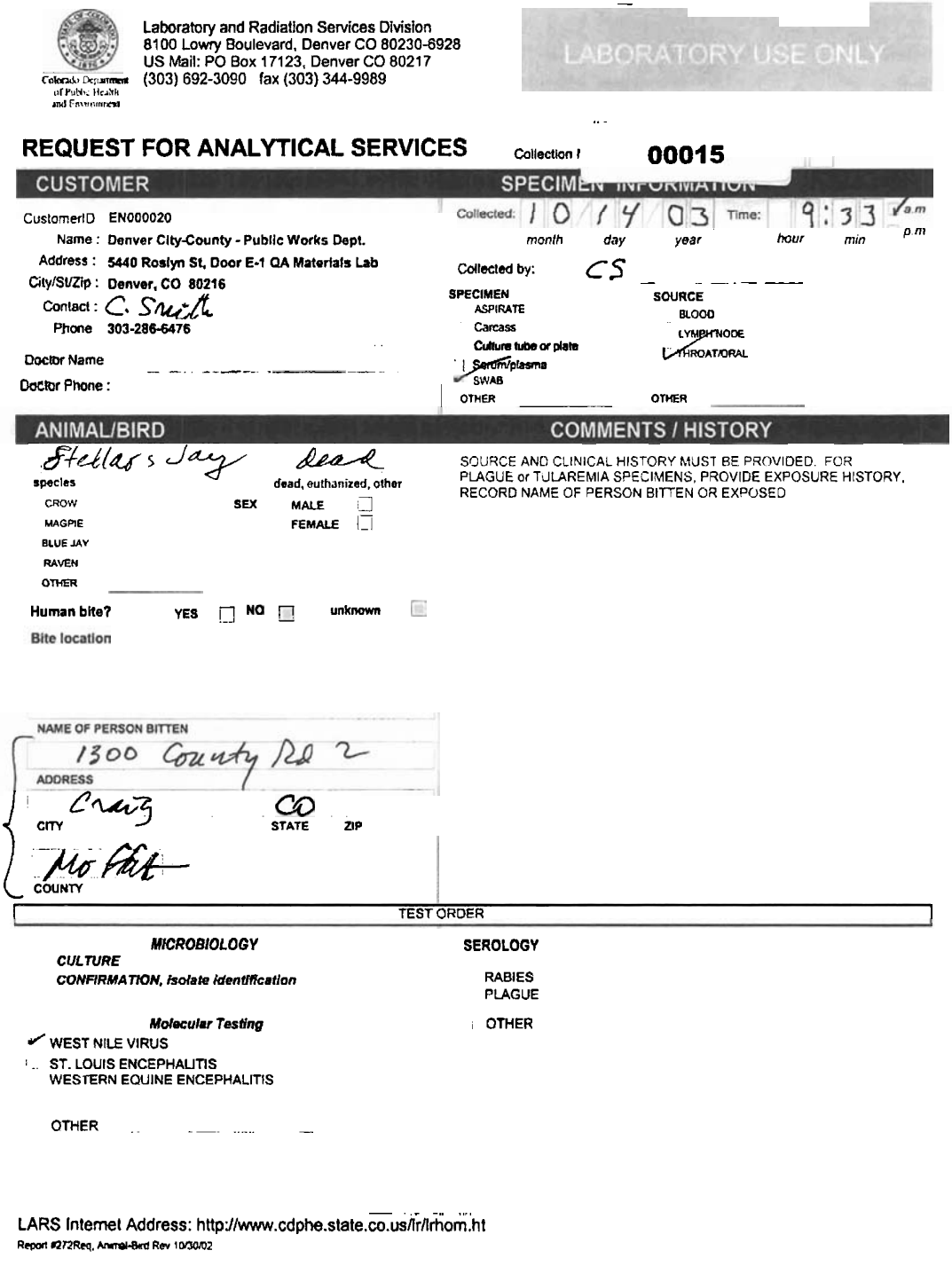
- Eye protection/goggles to protect from airborne material during swabbing
- Trash bag – for disposal of bird carcass
- Optional: Respirator (N95) – for covering the nose and mouth
  Note: The above materials are supplied by local public health for 'Avian Oral Swab Collection'
- 1 – Instruction Sheet
- 1 – Map of regional testing laboratories and county designations
- 20 – Dacron swabs
- 20 – Screw-cap tubes, 1.5 ml
- 10 – Shipping containers (double-mailer)
- 10 – Biohazard labels
- 10 – Diagnostic specimen labels
- 1 – Sheet Sample Collection Number labels
- 10 – Avian Swab Requisition Form 272 (*see **Figure1: Requisition Form 272***)
  Note: The above materials are supplied by CDPHE (303-692-3074) – 'Bird Kit' (10 pack)

Collection Procedures – For Dead Birds/West Nile Virus

1) Put on gloves and face/eye protection (respirator use is optional)
2) Open the bird's beak and check for any maggots or signs of decay
   - If maggots/decay is present do NOT obtain a sample
3) Swab the interior of the bird's beak and throat (under tongue as well) with a Dacron swab
4) Place the tip of the swab into the screw-cap tube
   - Break the shaft from the swab so the it fits in the vial
5) Seal the tube with the cap and tighten securely
6) Place the screw-cap tubes in the metal sample container
   - Add strips of newspaper/paper towel to prevent movement of tubes in the container
7) Put the metal sample container into the cardboard mailer
8) Complete Requisition Form 272 - **Samples with incomplete forms will not be tested**
   - Indicate the bird species and all other sample information requested
   - Classify the bird type using the identification chart; if no clear match, check 'other'
9) Transfer the sample collection number label to Requisition Form 272
   - Duplicate sample collection number label to each of the two 1.5 ml screw-cap sample collection tubes

Change gloves between sample collection to prevent cross-contamination and dispose of discarded gloves in an appropriate biohazard waste container.

Figure 1: Requisition Form 272 - For West Nile Virus Testing



Colorado Department of Public Health and Environment

Laboratory and Radiation Services Division
8100 Lowry Boulevard, Denver CO 80230-6928
US Mail: PO Box 17123, Denver CO 80217
(303) 692-3090 fax (303) 344-9989

LABORATORY USE ONLY

REQUEST FOR ANALYTICAL SERVICES Collection # **00015**

CUSTOMER

CustomerID EN000020
Name : Denver City-County - Public Works Dept.
Address : 5440 Roslyn St, Door E-1 QA Materials Lab
City/St/Zip : Denver, CO 80216
Contact : C. Smith
Phone 303-286-6476

Doctor Name
Doctor Phone :

SPECIMEN INFORMATION

Collected: 10 / 14 / 03 Time: 9:33 ✓a.m p.m
month day year hour min

Collected by: CS

SPECIMEN
ASPIRATE
Carcass
Culture tube or plate
✓ Serum/plasma
SWAB
OTHER

SOURCE
BLOOD
LYMPH NODE
✓ THROAT/ORAL
OTHER

ANIMAL/BIRD

Stellar's Jay — species
dead — dead, euthanized, other

CROW
MAGPIE
BLUE JAY
RAVEN
OTHER

SEX MALE ☐ FEMALE ☐

Human bite? YES ☐ NO ☐ unknown ☐
Bite location

COMMENTS / HISTORY

SOURCE AND CLINICAL HISTORY MUST BE PROVIDED. FOR PLAGUE or TULAREMIA SPECIMENS, PROVIDE EXPOSURE HISTORY. RECORD NAME OF PERSON BITTEN OR EXPOSED

NAME OF PERSON BITTEN

1300 County Rd 2
ADDRESS

Craig — CITY
CO — STATE
ZIP

Moffat
COUNTY

TEST ORDER

MICROBIOLOGY
CULTURE
CONFIRMATION, isolate identification

Molecular Testing
✓ WEST NILE VIRUS
ST. LOUIS ENCEPHALITIS
WESTERN EQUINE ENCEPHALITIS

OTHER

SEROLOGY

RABIES
PLAGUE

OTHER

LARS Internet Address: http://www.cdphe.state.co.us/lr/lrhom.ht
Report #272Req, Animal-Bird Rev 10/30/02

Chart 2: Instructions for Completing Requisition Form 272

All items listed below must be completed except for the Comments/History section.

Blank items on 272 Requisition Form	Information Required
Blank below Laboratory Use Only **Required**	Affix the sample collection number to both the sample collection tubes and Requisition Form #272
Customer; preprinted **Required**	Enter the contact name and phone number if blank
Specimen Information **Required**	Fill in the collection time fields indicating month, day, year and time Enter the name of the person collecting the specimen Enter the type of specimen Enter if sample is throat/oral for submission of bird swabs
Animal/Bird **Required**	Enter the identity of the bird species Note if the bird was live, euthanized, or dead when found Ignore the blank that is labeled "Name of Person Bitten" and enter the address, city, state, ZIP, and county blanks
Comments/History **Optional**	Enter additional information related to the sample or collection site that may be of epidemiological value (optional)
Test Order (left-hand side) **Required**	Enter 'West Nile Virus testing'

Ship the sample container via UPS or Greyhound bus service to the appropriate laboratory. Record the account numbers provided to the designated county point-of-contact.

Test results are mailed to the submitting agency and electronically sent to the county point-of-contact. Notification to the agency or individual who submitted the dead bird will be the responsibility of the local health department.

The CDPHE Lab will <u>not</u> accept items with dimension exceeding 11 ½ inches in size

7. Collecting Samples - Rabies Testing

Rabies confirmation analysis can be performed at CDPHE's laboratory and Colorado State University (CSU in Fort Collins) Diagnostic Laboratory. Technical consultation on rabies exposure, testing, bite follow-up and reporting, and rabies pre- and post- exposure prophylaxis. Can be obtained through the Disease Control and Environmental Epidemiology Division. Local public/environmental health agencies and animal control agencies can assist in preparing rabies samples.

CDPHE's Disease Control and Environmental Epidemiology Division must be notified of all samples to be tested for rabies: 303-692-2700; 303-370-9395 for nights/weekends.

Note: *Samples received by the CDPHE laboratory before 11:00 A.M. on a regular business day will be processed that same day. Those samples received after 11:00 A.M. will be processed the next workday, unless an emergency involving human exposure exists.*

Positive rabies results are telephoned immediately to the submitting agency and to the Disease Control and Environmental Epidemiology Division; negative results are reported by mail. Submitting agencies may contact the CDPHE Laboratory Services Division for results during regular business hours at 303-692-3485 or 303-692-3499. The CSU Diagnostic Lab can be reached at 970-491-1281.

Domestic Animal Samples

Appropriate domestic animal samples include dogs, cats, ferrets, livestock, etc. Submission of domestic animals to CDPHE is limited to those involved in human exposure. Dogs and cats that have bitten a person are required under Colorado law to be held for a 10-day observation period, as opposed to euthanizing and testing the animal. Any exception to this requirement must have prior approval from the CDPHE. If the biting animal remains healthy for the 10-day quarantine, the risk of rabies transmission is eliminated. Rabies testing is then unnecessary.

Wildlife Samples

Appropriate wild animal samples include carnivorous, terrestrial mammal species and bats involved in human or domestic pet exposure. With prior approval, bats, skunks, or wildlife exhibiting neurological symptoms are accepted for surveillance purposes. Rodents, rabbits and hares, wild or domestic, are not involved in rabies transmission, rarely ever infected, and are not accepted for rabies testing at CDPHE.

Appropriate samples acceptable for submission for rabies testing:

Bats: Submit the entire animal

- Dogs, cats, skunks, raccoons and similarly sized animals: Submit the head only
- Livestock: Submit the brain only

Collecting Procedure – Rabies Testing

1) Removal of heads or brains should be performed by individuals with knowledge and adequate personal protective equipment (PPE) to protect from rabies virus exposure
2) Place the sample in a plastic bag and seal; place the bag in a second bag and seal
   - Refrigerate sample immediately after collecting; hold at 35-40°F (2-8°C)
3) Complete a Rabies Epidemiology Form (available from local health departments, animal control agencies or CDPHE)
4) Label the bag containing the sample with the number on the Rabies Epidemiology Form
   - Attach a Rabies Epidemiology Form to each sample
5) Place sample in an inner waterproof container with cold packs
   - Do not use dry or wet ice
   - Do not freeze or place sample in a preservative (such as Formalin)
6) Place the container in an outer shipping container; mark as "Biological Specimen"

Note: It is the responsibility of the submitting agency to ensure no leakage during shipment.

Rabies samples may be shipped by bus, airfreight or overnight delivery to the CDPHE Laboratory. *DO NOT SEND BY MAIL* unless overnight delivery is guaranteed.

The CDPHE Lab will not accept items with dimensions exceeding 11 ½ inches in size

Chart 3: Quick Reference – Rabies Testing Submission

Rabies Submission		
Domestic animals	Horse or Bovine (head) - Have the vet remove the brain prior to submission	
Wildlife	Human Exposure - Emergency Status when skunks or bats involved - Call Epidemiology for surveillance	(303) 692-2628
Preparation	Use safety protection - Seek an expert (vet) for decapitation	
Shipment	Do not freeze – ice packs only Complete rabies form Courier or bus Prevent leakage of packing container	
Test results	Positive resulted are telephoned to submitter Negative results are sent by mail (can call)	(303) 692-2628

8. Collecting Samples - Plague Testing

Chart 4: Quick Reference – Plague Testing Submission

Plague Submission	
Rodents	Whole carcass, freeze if decay is evident. Double bag in clear zip-top bags; ship to CDPHE
Cats & dogs	Lymph node aspirate, or abscess aspirate, swab; if expired, liver and spleen tissue, in syringe with needle removed or sterile vial. Ship to CDPHE
Fleas	Place pool in plastic vial as per WNV mosquito pools, ship to CDPHE

9. Collecting Samples - Mosquito Trapping

Obtain the Mosquito Kit from CDPHE (303-692-3074)

Mosquito Kit (20-pack):

- 1 – Instruction sheet
- 20- 2 ml Screw-cap sample collection tubes (green top), pre-filled with ceramic beads
- 4 – Shipping containers (double-mailer)
- 4 – Return address labels – Molecular Science
- 4 – Biohazard labels
- 4 – Diagnostic specimen labels
- 1 – Sheet of Sample Collection Number labels
- 4 – Requisition Forms 273

Also obtain the following materials:

- Triethylamine (TEA) - optional
- 13 gallon plastic trash bag
- Collection nets
- Fan
- Cooler
- Dry ice
- Newspaper
- Clean white plastic tray

General Mosquito Collection

1. Gather traps early in the morning (to minimize damage/morbidity to mosquitoes)
2. Pinch off the collection net while the fan is still running
3. Record the following information on a piece of white medical tape:
   - Trap identification number, location/site
   - Sample collection date
   - Method of collection (i.e. light trap or gravid trap)
   - Collector's name
4. Place the tape on the capture net for identification and later reference

Mosquito Virus Testing

Mosquito testing is currently limited to *Culex* species through the CDPHE laboratory. Before mosquito identification and further testing, anesthetize the mosquitoes. Achieve this by cooling the samples in the collection net: place a small amount of dry ice inside a cooler insulated with newspaper (30-45 minutes) or freeze mosquitoes immediately by placing the collection nets directly on dry ice. *Note: If the nets have dew on them, freezing will damage mosquitoes caught in the frozen dew.* An alternative process involves using Triethylamine (TEA) can to permanently paralyze mosquitoes. This process avoids a freeze-thaw cycle that is deleterious to virus isolation. TEA is caustic, flammable and is very hazardous when inhaled. Thus, it is important to follow appropriate personal safety precautions.

After the mosquitoes are anesthetized or killed:

1. Transfer the mosquitoes from the collection nets to the sample tubes
2. Properly label each tube with the trap site information
3. Freeze the sample tube on dry ice
4. Empty the contents of collection net into a white plastic tray where mosquitoes are separated from non-mosquito captures and placed into the specimen vial
   - Anesthetized mosquitoes will stay down (about 10 minutes) for the transfer step
5. Identify and separate mosquitoes by species into pools (max. 50 mosquitoes per pool)
   - Perform this task as soon as possible to minimize damage to mosquitoes
6. Place sorted mosquitoes in the supplied screw-cap sample collection tubes
   - The sample collection tubes contain ceramic beads, which are a critical component of the processing of the samples at the laboratory. Carefully uncap the sample collection tube when placing the sorted mosquitoes into the tube. Securely re-fasten the cap.
7. Attach a Sample Collection ID number to the vials and to the Requisition Form
   - Use the page of Sample Collection ID number supplied in the Mosquito Kit (four copies of each number are provided)
8. Maintain a mosquito collection and identification record to record the following for all captured mosquitoes: collection/trap date; county; site identification; trap method
9. Complete the CDPHE Requisition Form 273 (*sample form on next page*)
   - Fill in the all fields on Requisition Form 273 (can record up to 5 pools per form)

Failure to complete the form may result in delays in testing or disposal of samples

10. Place the sample tubes and the completed Requisition Form 273 in the metal container
11. Put the metal container into the cardboard mailer and affix labels
    - Include return address, biohazard and diagnostic specimen labels
    - Ship via UPS or Greyhound bus service delivery to the Molecular Science laboratory

    Note: When assembling double mailers for shipment, be certain to insert the black rubber gasket into the lid of the inside canister.

Do not ship samples after Thursday or the day before a holiday to avoid having them delivered over the weekend or on a holiday; the lab will not set up samples until the next standard work day.

The CDPHE Lab will <u>not</u> accept items with dimensions exceeding 11 ½ inches in size

<u>Mosquito Samples - CDC Light Trap Method</u>

CDC Light Traps are used to capture female mosquitoes (species *Cx. Tarsalis*) seeking a blood meal. Gravid Traps are used to capture mosquitoes (species *Cx. pipiens* complex) that carry diseases impacting humans, including equine encephalitis and West Nile

In addition to the above items, obtain the following materials before collecting samples:

- Large padded manila envelope, newspaper, insulated plastic thermos jug w/ holes in bottom or insulated re-usable flexible nylon lunch bag w/ holes punched in the bottom

<u>Collection Procedure - CDC Light Trap</u>

1. Bait the trap with two to three pounds of dry ice per night of trapping
    - Actual quantities vary based on humidity and temperature
    - The dry ice can be placed in a large padded manila envelope (no holes), tightly wrapped in newspaper, in an insulated plastic thermos jug w/ holes drilled in bottom (keep spout open when using jug to keep condensate from freezing or plugging holes) or an insulated re-usable flexible nylon lunch bag w/ holes punched in bottom
2. Place the light trap 5 to 6 feet above the ground
3. Select a location for the light trap that is protected from competing light sources, smoke/ fume emitting areas (like industrial plants), high winds, public view or morning sun
    - Collect samples on non-full moon nights when using light traps
4. Place the light trap in an open area near good mosquito resting surfaces
    - Mosquitoes are located near abundant vegetation (i.e. trees, shrubs, sheds, stables, sewers/culverts, etc.) and /or areas where birds congregate (e.g. grain storage, livestock feeding areas, etc.)
5. Suspend the light trap below the padded envelope/newspaper holding the dry ice or from the bottom of the jug/lunch bag and then from a tree limb
6. Place a 13 gal plastic trash bag over the collection net (to protect mosquitoes from rain)
    - Cut a hole in the bottom of the bag to fit over the collection net

Consider collecting samples through this method for a minimum of two consecutive nights to maximize obtaining mosquitoes and minimize the influence of adverse weather.

Mosquito Samples – Gravid Trap Method

In addition to the above general sample collection materials, obtain the following materials for the Gravid Trap sample collection method:

- 38 liters unchlorinated (e.g. well water) water
- 1 pint undiluted Microbe Lift (commercial bacterial additive)
- 8 kg freshly cut bulrush
- 700 g dry horse manure
- Large plastic 15 gallon tub
- Breathable or vented container
- Permanent Marker
- Unchlorinated water

Mosquito Collection Procedure – Gravid Trap

1 **Bait trap with a fermented infusion of water** and manure (provided by Colorado Mosquito Control, Inc) using the following materials:
    - 38 liters unchlorinated (e.g., well water) water
    - 1 pint undiluted Microbe Lift (commercial bacterial additive)
    - 8 kg freshly cut bulrush
    - 700 g dry horse manure
2 Mix the bait ingredients thoroughly in a large plastic Rubbermaid 15-gallon tub
    - **Transfer the mixture to a breathable or vented container; mark the fill level** of the infusion on the container and let stand for 10 days
    - Periodically add unchlorinated water to marked fill level to adjust for evaporation
3 Fill the trap reservoir with the fermented mixture
    - **Fill to within 1 to 1.5 inches of the bottom** of the vertical suction tube
    - Consider drilling an overflow hole into the wall of the reservoir tub at the maximum infusion level (to keep the level of the infusion below the opening due to rain)
4 Add the mixture as necessary to maintain the space at the bottom of vertical suction tube
    - Change the mixture in the gravid trap when it begins to produce mosquito larvae
5 Place the Gravid trap in a location that is protected from the morning sun, near mosquito resting areas (e.g. abundant vegetation, outbuildings, sheds, sewers/culverts, etc.) and areas where birds congregate (e.g. grain storage, livestock feeding areas, etc.)
    - **Do not place trap near sites that compete (e.g. adjacent to a livestock water tank)**
6 Place a 13-gallon plastic trash bag over the collection net to protect mosquitoes from rain
    - **Place holes in bag to allow air to vent out**
7 Collect samples a minimum of two consecutive nights to maximize the sample

Figure 2: Request for Analysis of Mosquito Pool(s)

Colorado Department of Public Health and Environment

Laboratory and Radiation Services Division
8100 Lowry Boulevard, Denver CO 80230-6928
US Mail: PO Box 17123, Denver CO 80217
(303) 692-3090 fax (303) 344-9989

REQUEST FOR ANALYTICAL SERVICES

CUSTOMER

CustomerID PH002027
Name : Granby Veterinary Clinic
Address : PO Box 425
City/St/Zip : Granby, CO 80446
Contact :
Phone 970-887-3848
Contact Name : C Smith
Contact Phone : 970-887-3840

SPECIMEN INFORMATION

Collected by: CES
Comments:

MOSQUITO POOL DESCRIPTION

Accession # USE ONLY	LAB	Sample Collection #	Pool number	Collection date MM/DD/YY	Collection SiteID	County	method Lite vs gravid	genus/ species
		00016	LV-23	08-24-03	12	GRAND	lite	Culex tarsalis
		00017	LV-24	08-24-03	10	LAKE	lite	Culex tarsalis
		00018	LV-25	08-24-03	14	LAKE	lite	Culex pipiens
		00019	LV-26	08-25-03	16	GILPIN	gravid	Culex tarsalis
		00020	LV-27	08-25-03	8	GRAND	lite	Culex tarsalis

SAMPLE
DO NOT USE

LARS Internet Address: http://www.cdphe.state.co.us/lr/lrhom.ht
Report #273 MOSQUITO POOL Req. 10/30/02

PACKAGING AND SHIPPING SAMPLES

Background

The United Nations, Federal agencies, United States Postal Service (USPS,) and private carriers strictly regulate the packaging and shipment of biological, chemical and radiological specimens to ensure the safety of their workers, the public and the package recipients. Before sending specimens to the CDPHE LSD for testing, submitters must determine the following:

- Type of specimen (powder, blood, tissue, chemical, radioactive, etc)
- Type of analyses to be performed (biological, chemical, radiological)
- Quantity of the specimen needed for testing
- Classification of the specimen as a hazardous/infectious material.
  - The CDPHE Laboratory must be notified prior to shipping such samples
- Temperature required to preserve the specimen during transit
- Specimen packaging size and containment; CDPHE standards are met
- Time frame for specimen arrival at the CDPHE laboratory
- Whether the specimen is evidence in a criminal investigation
- Chain of custody documentation

The CDPHE laboratory does <u>not</u> accept items larger than 11 ½ inches in size

Contact the CDPHE Laboratory Services Division at 303-692-3090 for help with information about the appropriate packaging and shipping of a specimen.

A. Packaging Samples For Shipping

1. Non-Infectious Samples - U. S. Postal Service Mailing

This section pertains to Infectious or Non-Infectious samples mailed to laboratories.

a. <u>Mailing Samples in Tubes</u>

Primary Container:

Note: The specimen tube is the primary container.

- Write the specimen ID number on the side of the specimen tube
- Cover the specimen tube with cellophane tape
- Use a strip of Para film to wrap and seal the lid/cap interface
- Wrap the specimen tube in an absorbent material (paper towels)

Secondary and Tertiary Container:

Note: The inner tube is the secondary container; outer tube is the tertiary container.

- Insert the wrapped sample tube into the inner/secondary mailing tube
- Cap the secondary tube
- Fold up paperwork and wrap it around the inner tube
- Place the secondary tube and paperwork inside the outer/tertiary mailing tube

(1) Labeling Shipping Tube Containers

- Attach a *To/From* label to the outside of the container.
- On the label, include the name and address of the shipper and receiver **plus** the name and the telephone number of the person responsible for the sample
  - CDPHE prefers the responsible party records a 24-hr contact number
- Print 'Micro 0622' (a CDPHE mail code) under-the return address
- Affix at least one red *BIOHAZARD* label to the outer shipping container
- If the sample is a known organism, record the organism name or the word 'Bacteria' on the red *BIOHAZARD* label
- If the sample is a medical or diagnostic sample, write 'Medical,' 'Clinical,' or 'Diagnostic Specimen' on the *BIOHAZARD* label

b. Mailing a Sample Plates

Do not use a standard double mailer to send a specimen plate.

Primary Container:
Note: The specimen plate is the primary container.

- Write sample number on the face of the plate and cover with cellophane tape
- Use a strip of Para film to wrap and seal the lid/cap interface
- Wrap the plate with an absorbent material, such as paper towels
- Use packing material to secure the inner contents from movement

Secondary and Tertiary Containers:
Note: The inner container is the secondary container. This is typically a cardboard box small enough to fit into the tertiary container, also a cardboard box. It may also be a specially made "plate mailer" usually made of Styrofoam.

- **Insert the wrapped plate into the secondary container and seal tight**
  - Use packing material to secure the inner contents from movement
- Fold paperwork and attach it to the inner container
- Place the secondary container and paperwork inside the tertiary container

(1) Labeling Shipping Containers

- Attach a *To/From* label to the outside of the container
- On the label, include the name and address of the shipper and receiver **plus** the name and telephone number of the person responsible for the sample.
  - CDPHE prefers the responsible party records a 24-hr contact number
- Print 'Micro 0622' (CDPHE mail code) under-the return address.
- Affix at least one red BIOHAZARD label to the outer box.
- If the sample is a known organism, record the organism name or the word 'Bacteria' on the red *BIOHAZARD* label
- If the sample is a medical or diagnostic sample, write 'Medical,' 'Clinical,' or 'Diagnostic Specimen' on the *BIOHAZARD* label

2. Non-Infectious Samples - Overnight Mailing

This section pertains to overnight mailing via FedEx shipments. If other couriers are used, contact courier for overnight mailing guidelines for samples.

a. Overnight Mailing Non-Infectious Substances - Tubes

Primary Container:

Note: The sample tube is the primary container.

- **Write sample number on the side of the sample tube**
- Cover with cellophane tape
- **Use a strip of Para film to wrap and seal the lid/cap interface**
- Wrap the specimen tube in absorbent material (paper towels)

Secondary and Tertiary Containers:

Note: The inner tube (usually made of metal) is the secondary container; the outer mailing container is the tertiary container.

- **Insert the wrapped sample tube into the secondary container; cap the mailing tube**
- Fold paperwork around the container
- Place the secondary container and paperwork inside the outer mailing tube
- Over pack secondary container inside a standard FedEx box (tertiary container)
  Note: See Over pack instructions below.
  - The outer box must be large enough to accommodate the FedEx Air Waybill pouch without folding it
  - The Air Waybill must be visible to read without removing it from the pouch; it must be easy to remove and insert

(1) Labeling Overnight Shipping - Tubes

- Attach a *To/From* label to the outside of the container
- On the label, include the name and address of the shipper and receiver **plus** the name and telephone number of the person responsible for the sample
  - CDPHE prefers the responsible party records a 24-hr contact number
- Print 'Micro 0622' (CDPHE mail code) under the return address on label
- Attach FedEx AIR WAYBILL pouch to the outside of the double mailer -
  - Make sure the Air Waybill will fit, without folding, and is visible to read without removing it from the pouch
  Note: See the section below on completing the Air Waybill.
- For medical, clinical or diagnostic samples, use a standard FedEx air waybill The Dangerous Goods Air Waybill is not necessary
  - Once complete, insert the Air Waybill into the pouch
- Affix at least one red *BIOHAZARD* label to the outer tube
- Write 'Medical,' 'Clinical,' or 'Diagnostic Specimen' on the *BIOHAZARD* label for a medical or diagnostic specimen

b. Overnight Mailing Non-Infectious Substances – Sample Plates

Do not use a standard double mailer to send a specimen plate.

Primary Container:
Note: The plate is the primary container.

- **Write the sample number on the face** of the plate and cover with cellophane tape
- Wrap the plate with an absorbent material, such as paper towels
- Use packing material to secure the inner contents from movement
- Use a strip of Para film to wrap and seal the lid/cap interface

Secondary and Tertiary Container:
Note: The inner container is the secondary container (typically a cardboard box or a 'plate mailer' – usually Styrofoam – that is small enough to fit into a larger box.

- **Insert the wrapped plate into the secondary container and seal**
- Fold paperwork and attach it to the secondary container
- Place the secondary container and paperwork inside the another container; seal
  - If necessary, use packing material between the two boxes
- Pack this container inside a FedEx box (tertiary container)

(1) Labeling Overnight Shipping – Sample Plates

- Attach a *To/From* label to the outside of the container. On the label, include the name and address of the shipper and receiver **plus** the name and telephone number of the person responsible for the sample
- Print Micro 0622 (CDPHE mail code) under the return address
  Attach FedEx AIR WAYBILL pouch to the outside of the double mailer
  - Make sure the Air Waybill will fit, without folding, and is visible to read without removing it from the pouch
    Note: See the section below on completing the Air Waybill.
- See the section below on completing the Air Waybill; insert it into the pouch
- Affix at least one red *BIOHAZARD* label to the outer box.
- Write 'Medical,' 'Clinical,' or 'Diagnostic Specimen' on the *BIOHAZARD* label for a medical or diagnostic specimen

3. Infectious Samples - U. S. Postal Service Mailing

This section pertains to mailing samples that contains an infectious material.

a. Mailing Samples

Primary Container:
If the sample contains a known or suspect etiologic agent, the outer or final packaging must display additional information and meet specific requirements.

No more than 50 ml/50 g of an infectious substance can be shipped in a single United Nations approved package or shipment. **Only United Nations approved packaging can be used for overnight shipments of infectious substances.**

Note: The fiberboard box in which the double or plate mailer is placed must be a tested and U.N. – approved system for containment of infectious substances.

- The box must exhibit U.N. performance markings that verify it meets the requirements (for example, "U.N. Class 6.2/95")
- Pack samples as detailed above for non-infectious agents
- There are no specific requirements for packing the mailer inside the U.N. box if the contents are secure and immobile

(1) Labeling Shipping

- Label as above, but do not cover up any U.N. markings
- Place an Air Waybill window pouch on the box in a manner that allows the Air Waybill to be easily removed and reinserted
  - The Air Waybill must be readable through the window and not folded
- The *To/From* label should contain the same information as regular mailings
- The *To/From* label and the FedEx Air Waybill must be the same
- On the outside edge of the "Infectious Substance" diamond (the design stamped on the box), hand print:
  'Affecting Humans; Bacteria: (name of predominant bacteria)" **and**
  'U.N. 2814'
- Affix at least one red *BIOHAZARD* label to the outer tube or box
  - If the sample is a known organism, write in its name (bacteria) or the word "Bacteria" on the red label

Special U.N. – approved boxes state "Infectious Substance" on them and the performance markings. However, the information mentioned above still must be added as described.

All FedEx shipments must be in packaging that will accommodate the Air Waybill and pouch so that the Air Waybill will fit in the pouch without folding, can be easily inserted or removed, and can be read without being removed.

3. Completing the Air Waybill

a. Non-Infectious Substances

If the sample is a medical or diagnostic specimen, use the standard Air Waybill supplied by FedEx.

b. Infectious Substances

If the sample is an infectious substance, use the "Dangerous Goods" Air Waybill.

- Account number and date must be on the Air Waybill
- Fill out the "*To*" and "*From*" boxes completely, including phone numbers
  - The two boxes must match the *To/From* label on the package
- For normal overnight delivery, check the "FedEx Standard Overnight" box under Section 4a
  - Do not FedEx on a Friday unless the business is open on Saturday to receive it

- Check '*Dangerous Goods as per attached Shipper's Declaration*' box under Section 6
- If the account number listed in section 1 is to be billed, check the "*Sender*" box in Section 7
- Fill in "*Total Package*s" and "*Total Weight*" blanks. Use estimated weight in the Total Weight blank. For shipping purposes, consider each culture or specimen to contain approximately two (2) mg; two (2) tubes = four (4) mg, and so forth.
- Under "*Transport Details*," mark through the boxes stating "*Cargo Aircraft Only*" and "*Radioactive*"

Note: The bottom area of the Air Waybill must be accurate, or the courier will not deliver the package. If the headings below are not on your copy of the Air Waybill, print them in as shown on the example. For bacterial isolates or cultures, fill in the blanks as follows:

- Below "*Proper Shipping Name*," print: **Infectious Substance Affecting Humans**
- Under this, print "Bacteria: _____"
  - Fill in the blank with the name of the bacteria being sent.
  - If more than one isolate is sent, give the name of the predominant organism
- Below "*Class or Division*," print: **6.2**
- Below "*U.N*." or "*ID No*." print: **U.N. 2814**
- Below "*Quantity and type of packing*," print: **One Fiberboard Box X _____mg**
  - Fill in the blank with the weight of the specimen(s)
  - For shipping purposes, consider a sample to be about 2 mg (2 tubes = 4 mg, etc)
  - One shipment of infectious substance must <u>not</u> exceed 50 g or 50 mL
- Below "*Packing Inst*.," print: **602**
- Below "*Additional Handling Information*," print: **Prior arrangements as required by the IATA Dangerous Goods Regulations 1.3.3.1 have been made** (IATA Statement)
- Following the IATA statement, print the name and phone number of the person with primary responsibility for the sample
- Fill out the balance of the sheet as instructed
- The "*Place and date*" blank refers to name and location of receiving facility (Example: CDPHE; Denver, CO, + date.)
- In the "*NATURE AND QUANTITY OF DANGEROUS GOODS*" section, print: **Emergency Phone Number**
  - A 24-hr number for a person/business liable for any required emergency response regarding the shipment. (Example: Dr. smith 303-xxx-xxxx)

Figure 3: Diamond Printed On A FedEx Box

Figure 1 : FedEx Dangerous Goods Air Waybill

SHIPPER'S DECLARATION FOR DANGEROUS GOODS (Provide at least three copies to FedEx Express

Shipper	Air Waybill No Page of Pages Shipper's Reference Number
Consignee	FedEx Federal Express
Two completed and signed copies of this Declaration must be handed to the operator.	WARNING Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. This Declaration must not, in any circumstances, be completed and/or signed by a consolidator, a forwarder or an IATA cargo agent.
TRANSPORT DETAILS This shipment is within the limitations prescribed for *(delete non-applicable)* PASSENGER AND CARGO AIRCRAFT / CARGO AIRCRAFT ONLY Airport of Departure	
Airport of Destination	Shipment type: *(delete non-applicable)* NON-RADIOACTIVE / RADIOACTIVE

NATURE AND QUANTITY OF DANGEROUS GOODS

Proper shipping name, Class or Division, UN Number or Identification Number, Packing Group (if required), and all other required information.

Proper Shipping Name	Class or Division	UN or ID No.	Packing Group	Subsidiary Risk	Quantity and Type of Packing	Packing Inst.	Authorization

Additional Handling Information

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked, and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.	Name/Title of Signatory Place and Date Signature *(see warning above)*

IF ACCEPTABLE FOR PASSENGER AIRCRAFT, THIS SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED FOR USE IN, OR INCIDENT TO, RESEARCH, MEDICAL DIAGNOSIS, OR TREATMENT

4. Overpacking for Shipping

If the U.N. approved packaging is to be overpacked (repacked into a larger, non-specific box), state "**Overpack Used**" below the IATA statement at the bottom.

Overpacking can be done to provide a larger outer container to ensure the FedEx and From/To labels fit on the box. However, except for the container testing ~~r~~requirements the labeling requirements pertaining to Infectious Substances must be placed on the overpack box AND on the inner packaging.

To be safe when overpacking, print a statement on the outside confirming use of "U.N.-approved" packaging on the inside.

5. Other Packaging Systems

Complete 'Infectious Substance' packaging systems are available for purchase that are specially designed to meet all the shipping requirements. They include secondary containers (heavy plastic canisters) along with all necessary instructions and packing materials.

B. Other Shipping Methods

Private contract courier can be used to transport specimens to the CDPHE laboratory. These samples should pose no significant threat to the courier. Contact CDPHE laboratory for instructions.

Shipping rabies and other carcass samples may be shipped by bus. Contact CDPHE laboratory for instructions.

Appendix 1: Guidance on Initial Responses to a Suspicious Letter/Container With a Potential Biological Threat

This is an FBI – DHS – HHS/CDC Coordinated Document

A large number of potentially suspicious letters and packages continue to be reported to federal, state, and local law enforcement and emergency response agencies nationwide. In some instances these letters or packages may include powders, liquids, or other materials. Federal, state, and local response agencies should be mindful of the potential for small-scale exposure, which could result from material contained in threatening or suspicious packages. While this guidance is generally focused on the initial response to potential biological threats, all personnel responding to such incidents must be aware of the potential for exposure to hazardous chemical and/or radiological materials in addition to biological hazards. Additionally, there may be a threat posed from secondary releases or devices. Consistent with established protocols, response agencies should follow standard law enforcement procedures and hazard risk assessments in response to calls, and should pre-identify the relevant local public health points of contact to be notified in the event of a potential bioterrorism event.

The following guidelines are recommendations for local responders, based on existing procedures (including recommendations from the International Association of Fire Chiefs). This document provides guidance on the initial response to a suspicious letter/container, while other follow-on response plans, such as portions of the National Response Plan (NRP), may be utilized if a threat is deemed credible. In general, these potential threats or incidents fall into one of five general scenarios. They are as follows:

1. Letter/container with unknown powder-like substance and threatening communication (with or without illness):

Since there is an articulated threat, it is likely that the substance was intentionally introduced into the package in an effort to validate that threat. An articulated threat itself (with or without the presence of a suspicious substance) is a federal crime and may also constitute a violation under state and local statutes. The local Federal Bureau of Investigation (FBI) Weapons of Mass Destruction (WMD) Coordinator and/or FBI Joint Terrorism Task Force (JTTF), a certified HAZMAT unit, local law enforcement, and the local public health department should be notified. The role of Incident Commander (IC) will be assumed by the appropriate authority, as designated by state or local law. In many cases, the IC will be the most senior public safety officer (most likely the fire department chief or deputy chief, however, in many circumstances it may be a local sheriff or senior local or state police official). As such, it is the responsibility of the IC to establish the Incident Command System (ICS) and to ensure that notifications of the above-mentioned responders have been made or are in the process of being made. As the referenced agencies arrive, the IC will evolve into a Unified Command, as necessary.

At this stage, and later again as necessary, the FBI will conduct a timely WMD threat assessment with local law enforcement/fire/HAZMAT personnel. Depending on the nature of the threat, this assessment may include relevant interagency partners. This process utilizes coordination from FBI Headquarters elements to conduct an initial assessment of the credibility of the threat and provide technical support to responders who are on-scene. In coordination with recommendations from the threat assessment process and the unified command on-scene, an appropriately trained HAZMAT unit should screen evidence for the presence of chemicals and radiological material and double-bag in clear sealed bags (where possible), consistent with chain-of-custody requirements. Before packaging and when possible, photographs of the letter/container should be taken and relevant information should be documented, in coordination with the FBI WMD Coordinator. Under NO CIRCUMSTANCES should an unprotected responder, such as a law enforcement officer, attempt to package an unknown substance.

If this incident involves an unopened container such as a box, it must be evaluated by a certified bomb technician/explosives ordinance disposal personnel prior to being handled by HAZMAT. Any such letters/packages must also be evaluated by the HAZMAT unit for only a broad class of radiological and chemical threats prior to being released to law enforcement personnel for transport. This is required by the laboratory in an effort to protect the staff members who will ultimately be opening the container and performing definitive biological testing and/or forensic examinations.

The FBI, or the responding law enforcement agency, will ensure that a certified HAZMAT team has performed necessary field safety screening before transporting to an appropriate laboratory. This field safety screening should be clearly documented and limited to screening for pH (for liquids), radioactivity, volatile organic compounds, flammable materials, and oxidizing agents. Definitive analysis will only be performed by the appropriate laboratory.

A chain-of-custody form must be initiated along with an incident report. The FBI will then coordinate delivery of the evidence to the designated Laboratory Response Network (LRN) laboratory for further testing and analysis.

If individuals immediately present with illness in this scenario, the public health departments will have an increased role in the initial response. These issues are further addressed in the 'Critical Response Issues for Scenario #1' included below.

If the FBI Headquarters-led threat credibility assessment process deems the threat to be credible, the FBI will immediately notify the Centers for Disease Control and Prevention (CDC), the Department of Homeland Security Operations Center (HSOC), and other appropriate federal agencies. Appropriate response guidelines to a credible threat will be utilized from the NRP, including the Biological Annex and Terrorism Incident Law Enforcement and Investigation Annex. Depending on the nature and scale of the incident, the Department of Homeland Security (DHS) may choose to help coordinate response activities based on NRP procedures which, at a minimum, may include coordinating a joint public affairs statement.

2. Letter/container with a threat but no visible powder or substances present:

Merely threatening the use of a chemical or biological agent *is* a violation of federal law and merits investigation. As in scenario #1, all of the responders should be notified. Although no powder may be visible to the eye, there could be trace amounts of material present that could represent a health risk and also provide critical forensic evidence required for further investigation and prosecution. Therefore, the guidance in Scenario #1 also applies to responses to a letter/container containing a threat with no visible powder or substance.

3. Letter/container with unknown powder, no articulated threat, and no illness:

As there is no threat and no one is ill, it must be determined if there is a logical explanation for the presence of this substance. For example, HAZMAT teams have responded to a number of letters that contained crushed samples from vitamin and pain-relief companies. If a reasonable and defendable explanation can be given as to the source of the substance, that there is no articulated threat, and that no one is ill, then no further actions are necessary.

If, however, a reasonable source cannot be determined or there is any uncertainty, the steps outlined in scenario #1 must be conducted.

4. Letter/container with no visible powder, no threat, but recipients are ill:

This scenario has the most potential for ambiguity and confusion. Those who come in contact with *Bacillus anthracis* (anthrax), or other biological pathogens/toxins, may not immediately appear symptomatic. Although no powder or substance may be available to be collected for environmental testing, public health officials may decide to utilize clinical samples from potentially exposed individuals. Additionally, in this scenario it may be difficult to determine if a letter/container is actually associated with the illness. As there is no specific threat to investigate, this is primarily a public health and medical issue; but this scenario also represents a potential criminal act that should be jointly investigated by public health and law enforcement. The initial notifications will largely be the same as scenario #1, with public health taking a primary role in the response. While the primary concern is the treatment and well-being of the recipient, public health and law enforcement should maintain close contact, while public health determines the nature of the illness and law enforcement examines any relevant intelligence. Depending on the scale and nature of the incident, if HHS/CDC is notified they will maintain close contact and coordinate with DHS. If a potential criminal nexus is identified, the FBI will conduct an initial threat assessment and initiate appropriate actions and notifications listed under scenario #1.

5. Letter/container arrives with no powder, no threat, the recipient is not ill, but the recipient is concerned about the package:

With strict regard to federal criminal statutes, no investigative actions are necessary in this matter. However, if other threat indicators are present such as excess postage, misspelled names, unusual odors/colors, etc., law enforcement and the United States Postal Inspection Service should be notified to evaluate it for potential hazards. If the assessment determines that the letter/container is “suspicious,” then appropriate steps outlined in scenario #1 would be initiated.

Critical Response Issues for Scenario #1:

1. Request the assistance of the nearest certified hazardous materials response team to conduct risk assessments, field safety screening, sample (evidence) collection, decontamination, and other mitigation activities. Any sample (evidence) collection must be coordinated with law enforcement (FBI).

2. Notify appropriate law enforcement (local, state and local FBI WMD coordinator/JTTF, postal inspectors) when a potential threat is identified.

3. Do not touch, move, or open any suspicious package until an initial hazard risk assessment of the package can be performed in coordination with HAZMAT personnel and law enforcement.
4. An initial threat credibility assessment will be coordinated via the local FBI WMD Coordinator and the FBI Counterterrorism Division's Weapons of Mass Destruction Operations Unit (WMDOU). This will include the FBI Laboratory Division, Hazardous Materials Response Unit (HMRU) and other select interagency subject matter experts, tailored for the specific threat. This assessment includes an analysis of technical feasibility, operational practicability, behavioral resolve, and examination of any intelligence that might relate to the threat. If the threat is determined to be credible, other appropriate federal agencies will be notified, to include DHS and HHS/CDC. Additional information on this process is available from the NRP, including the Biological Annex and Terrorism Incident Law Enforcement and Investigation Annex.

5. Contact your local public health department (who should in turn notify state authorities and the CDC) if there is a threat of public health exposure or environmental contamination exists. HHS/CDC will then notify the HSOC, where appropriate.

6. In coordination with law enforcement, always notify the U.S. Postal Inspection Service, whenever it appears that the threat was delivered through the U.S. Postal Service. Assist with ensuring that origin and tracking information is obtained from the package (ideally, photographs of the front and back).

7. Treat the scene as a crime scene. Preserve evidence in coordination with law enforcement and ensure that materials are safely packaged. Take steps to retain enough suspicious material for:

a. Laboratory analysis;
b. Forensic examination of criminal evidence, regardless of whether the threat is ultimately determined to be accompanied by a hazardous material.

8. Transfer custody of evidence to a law enforcement officer as soon as possible. Maintain chain of custody by obtaining a record of names and signatures every time custody of a suspicious material or sample for laboratory analysis changes hands.

9. Perform basic field safety screening of the substance to rule out explosives, radiation, flammability, corrosives, and volatile organic compounds prior to transporting the materials to the appropriate LRN, as coordinated with the FBI WMD Coordinator. All field safety screening that is performed by responders should be clearly documented and shared with law enforcement and the LRN.

10. In coordination with the local FBI WMD Coordinator (and/or a responding law enforcement entity), transport samples to the designated CDC-qualified LRN facility. If field

safety screening detects the presence of chemical or radiological hazards, the FBI WMD Coordinator will contact FBI Headquarters for guidance regarding which laboratory is appropriate to perform the analysis. This will be done as part of the threat credibility assessment process noted above (see #4).

11. In coordination with public health and law enforcement, identify and list the names and contact information for anyone who may have been exposed to the suspicious substance so that they may be contacted when the LRN test results are available or if there is other additional information. If positive results are obtained, state and local public health departments will need to contact those potentially exposed as soon as possible to provide appropriate assistance (e.g., antibiotics, education, additional testing, vaccination, surveillance/symptom reporting).

12. In coordination with the FBI, identify a single point-of-contact for incident follow-up.

13. If LRN tests identify positive results for threat agents or a threat is determined to be credible, the FBI will immediately notify the DHS and other appropriate federal agencies to initiate relevant NRP actions, as necessary. The DHS will work closely with the FBI, HHS/CDC and other agencies to ensure a coordinated response.

Note on field screening

Once activities are complete to address immediate public safety concerns, every effort must be made to preserve evidence necessary for public health and law enforcement investigations.

> In situations where biological threat agents are suspected, the item(s) should be field safety screened and immediately transported in law enforcement custody to an LRN laboratory. This should be done in coordination with the local FBI WMD Coordinator.

Field safety screening should be limited to ruling out explosive devices, radiological materials, corrosive materials and volatile organic compounds. Currently, there are no definitive field tests for identifying biological agents. Additional field testing can mislead response efforts by providing incorrect or incomplete results, and destroy limited materials critical for definitive laboratory testing required to facilitate any appropriate public health and law enforcement response.

This information is provided for guidance. Questions related to the content of this document can be addressed to: Scott Steele, Ph.D., Counterterrorism Division,
WMD Countermeasures Unit, Federal Bureau of Investigation,
E-mail: ssteele2@leo.gov

Appendix 2: Hazardous Specimen Assessment Checklist

For credible or unknown threat specimens, first contact the FBI or local law enforcement agency for a threat assessment. Specimens must be pre-screened for radioactivity, volatile organic chemicals, explosives and other hazards prior to submission to the CDPHE Laboratory for further analysis. The CDPHE Laboratory must be notified before specimens are brought to the facility. The maximum allowable dimension of specimen packages that can be received by the CDPHE Laboratory is 11½ inches.

Submitter:

Name: **Title:** **Organization:**

Address:

Phone: **Fax:** **E-mail:**

Specimen:

Type:

Weight (g) or volume (ml):
Sample collection location:
Collection method:

Radioactivity assessment:

Is radiation present? Yes No
If yes, reading and unit of measurement:
Type of radiation detected:

pH assessment:

Testing device used: pH paper pH meter
pH level:

Volatile Organic Chemicals Assessment:

Is this type of chemical present? Yes No
If yes, type of chemical and concentration:

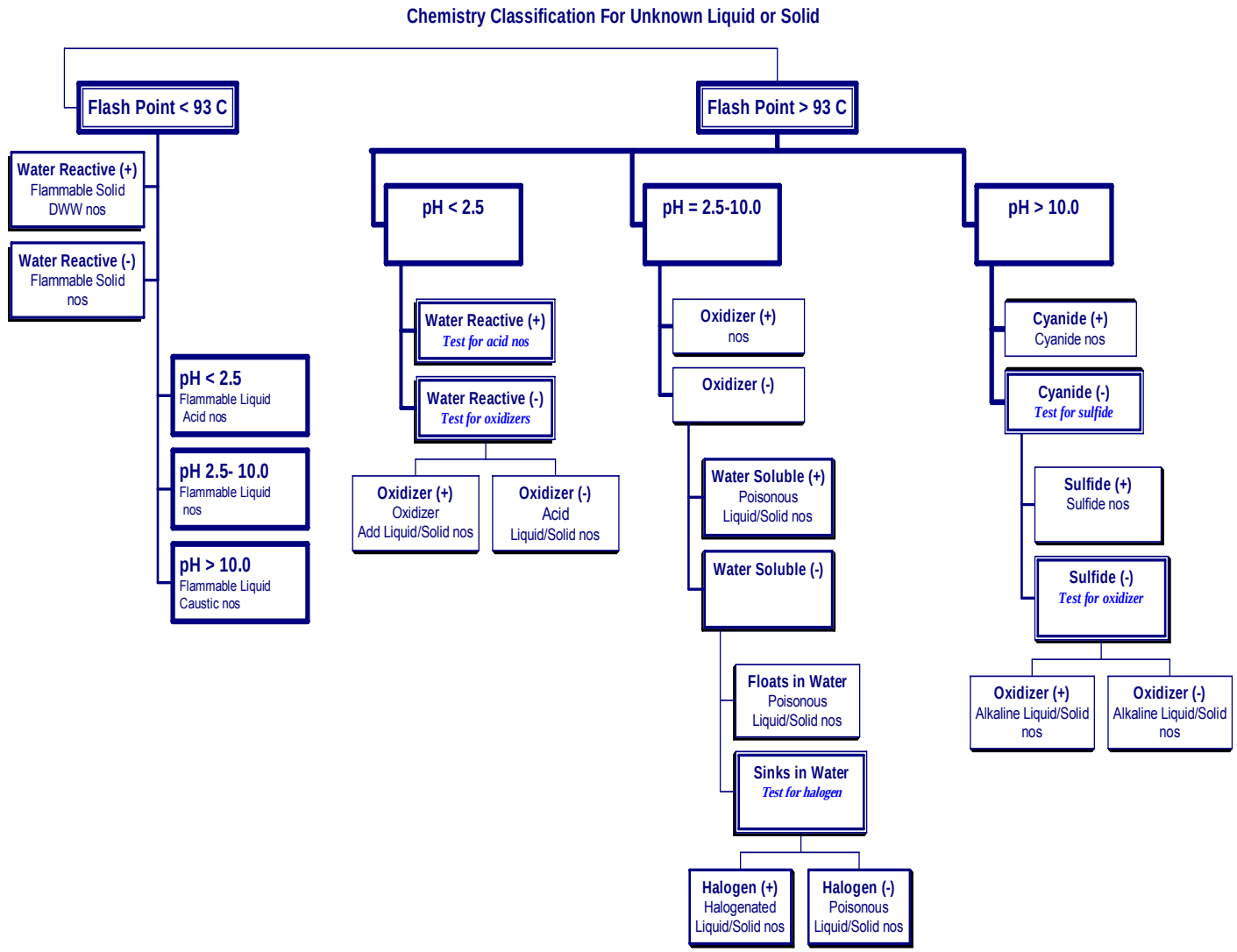
Incendiary/Aerosol/Dissemination Device Assessment:

Type of inspection conducted:	Visual		X-ray
Incendiary device detected?	Yes	No	
Aerosol device detected?	Yes	No	
Pressurized vessel present?	Yes	No	
Other dissemination device?	Yes	No	If yes, type of device:

This environmental specimen/package (ID#_____) has been assessed by individuals specifically trained or certified to perform the listed assessments. The assessments have been performed using acceptably calibrated/certified instruments or other acceptable means (as stated). Interpretation of these assessments indicates that the specimen/package has been declared free of hazardous levels of the following: radioactivity, volatile organic chemicals, incendiary or aerosol devices, pressurized vessels and other potential dissemination devices.

_____ ___/___/___ _____
Submitter Signature Date Time

Appendix 3: Chemistry Classification



Technical support is available both through the CDPHE Hazardous Materials and Waste Management Division and the Laboratory Services Division.

Appendix 4: Biological Testing Offered

CDPHE Laboratory Testing Availability for Biological Agents

Disease (Agent)	DFA*	PCR**	Culture	Toxin***	Antigen****	Serology
Anthrax (*Bacillus anthracis*)	X	X	X		X	
Botulism (*Botulinum* toxin)			X	X		
Brucellosis (*Brucella* spp.)		X	X		X	X
Cholera *(Vibrio cholerae)*			X			
Glanders (*Burkholderia mallei)*		X	X			
Melioidosis *(Burkholderia pseuodomallei)*		X	X			
Plague (*Yersinia pestis*)	X	X	X		X	
Ricin					X	
Tularemia (*Franciscella tularensis*)	X		X		X	X
SEB (Staph enterotoxin B)					X	
Q fever (*Coxiella burnetii*)					X	X
Rash illness testing						
Orthopox		X				
Vaccina (vaccine virus)		X				
VARIOLA (SMALLPOX VIRUS)		X				
Varicella Zoster (Chickenpox & Shingles virus)		X				

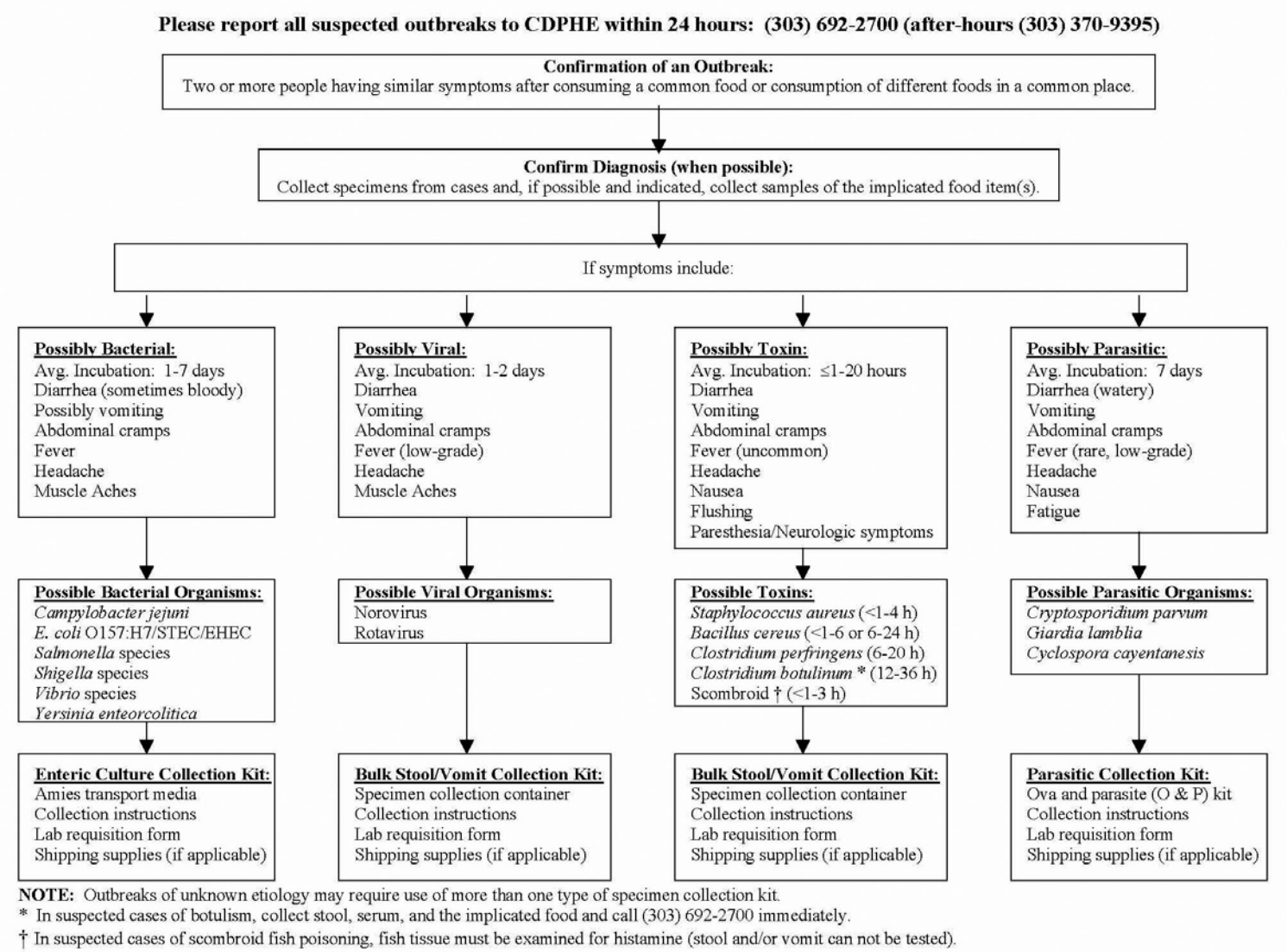
* Direct fluorescent antibody stain ** Polymerase Chain reaction *** Bioassay **** Time-resolved fluorescence (TRF) immunoassay

Time Period for Test Results

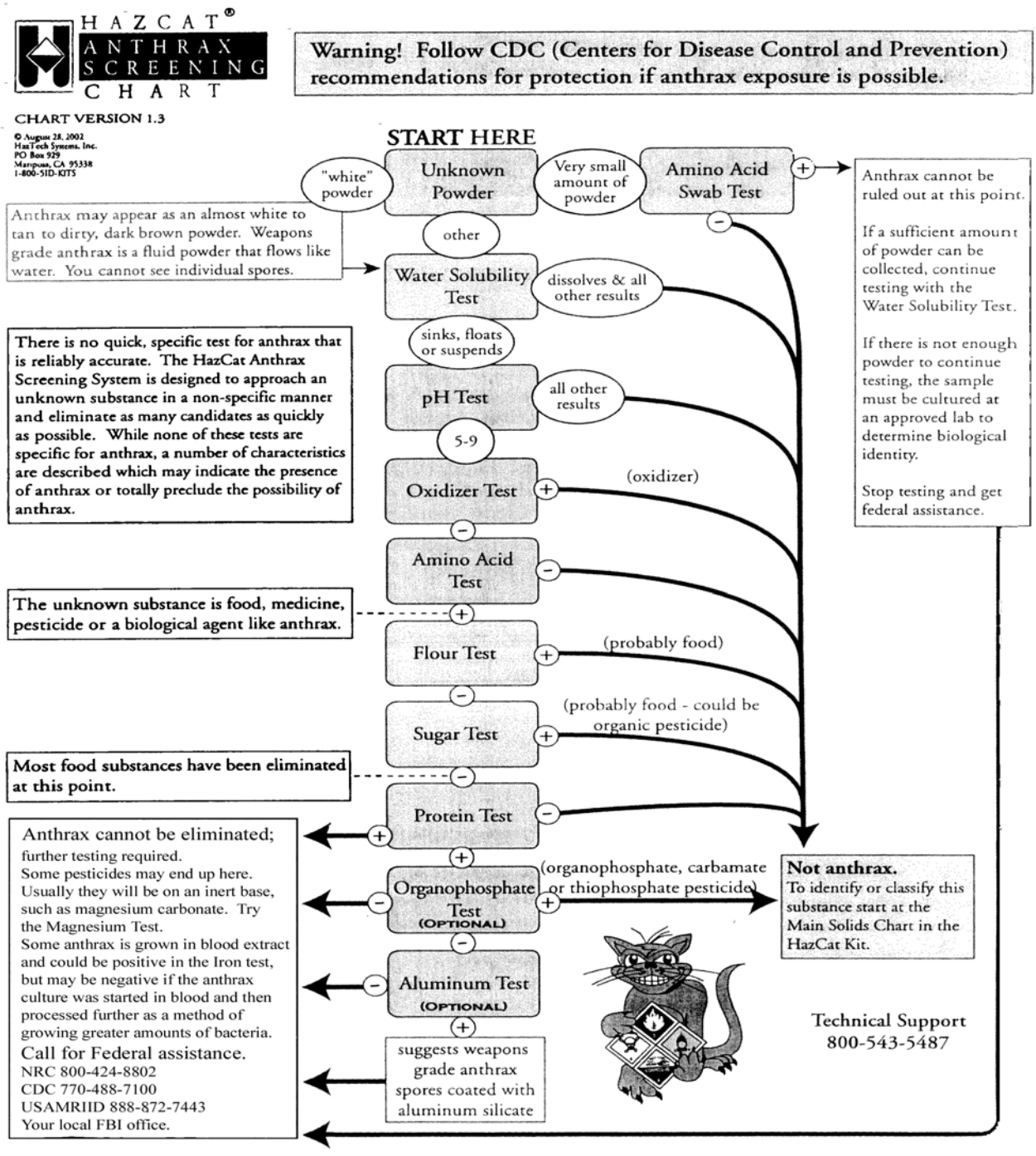
- **Preliminary Testing** (Direct exam, DFA, Antigen, PCR) – **2-4 hours**
- **Confirmatory testing** (culture & identification) – **24-48 hours**

Appendix 5: Outbreak Investigations

Reports of disease outbreaks should be made to CDPHE's Disease Control and Environmental Epidemiology Division. Technical support is available from both the local public/environmental health agency and CDPHE. Samples related to outbreaks should follow an epidemiological investigation must be pre-approved by CDPHE before being brought to the laboratory.



Appendix 6: Anthrax Screening



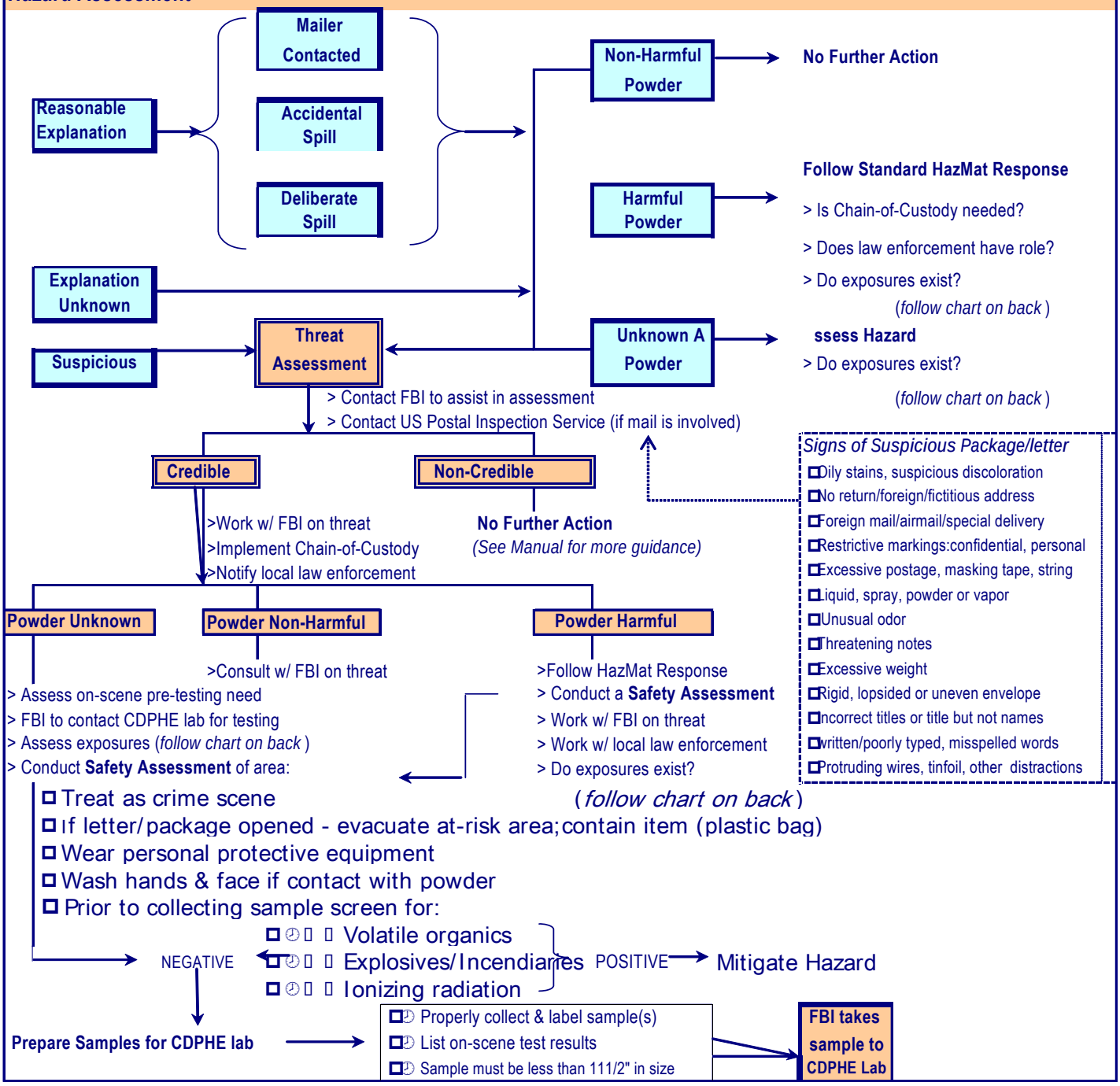
Appendix 7: Suspicious Powder Flowchart

Colorado Department of Public Health and Environment

First Responder Guide: Suspicious Powder Incidents

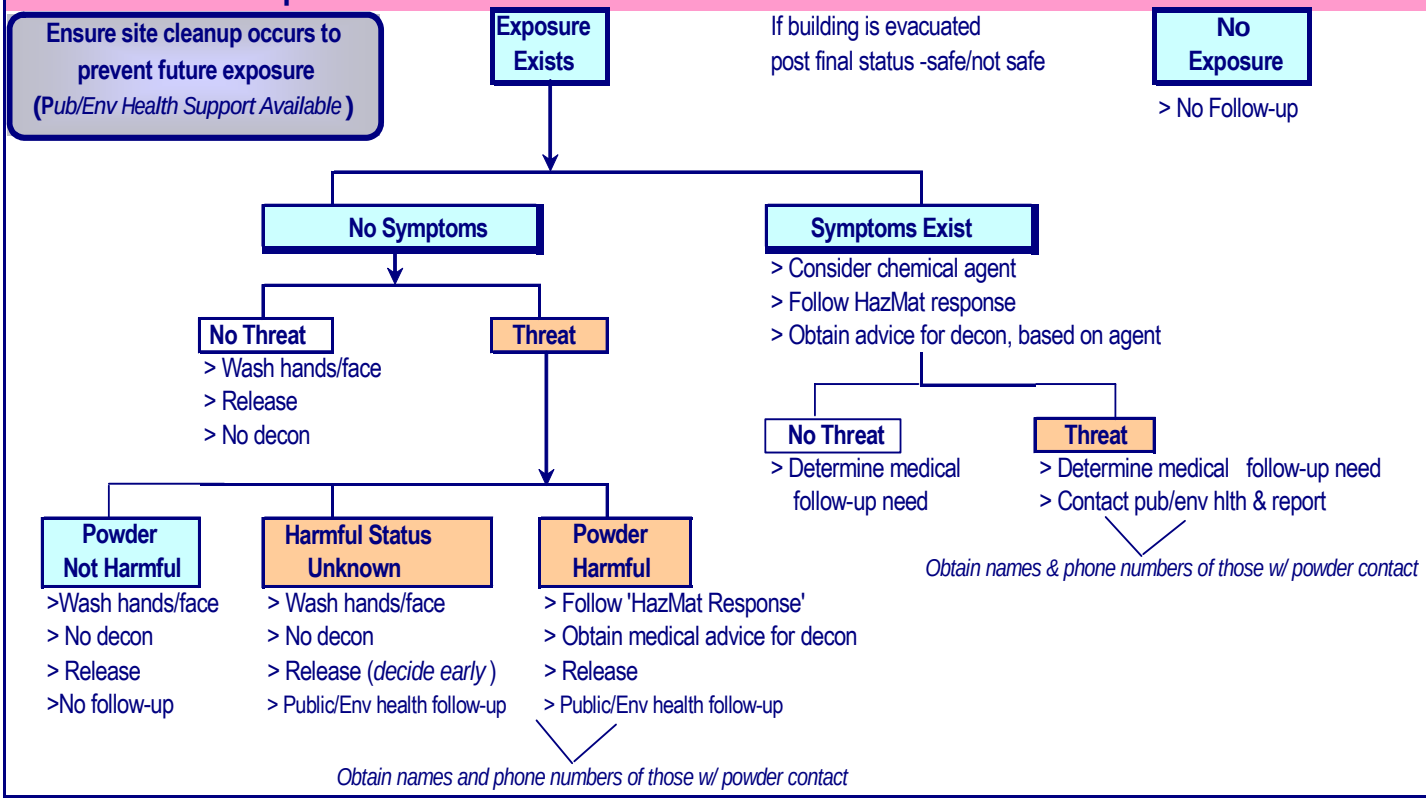
Suspicious powder incidents are a multi-disciplinary response. This document does not replace or supercede any local or agency protocols for primary response or investigations but is intended to compliment the response efforts of those agencies.

Hazard Assessment



The CO Department of Public Health & Environment (CDPHE) created this document in partnership with the CO National Guard Civil Support Team (CST), the U.S. Postal Inspection Service (USPIS) and the Federal Bureau of Investigation (FBI) as a tool to assist responders. 0708

Potential Human Exposures



Important Notification Numbers

Colorado Department Public Health & Environment (CDPHE)	**24/7 Emergency Response Line**		**877-518-5608**
	Disease Control Reports	303-692-2700	**303-370-9395**
Colorado Dept Public Safety	**State Patrol Hazmat Response**		**303-273-1900**
	After-Hours		303-239-4501
Colorado National Guard Civil Support Team (CST)	**General Assist**		**720-847-6874**
	Request Team		303-279-8855
Federal Bureau Investigation (FBI) 303-			**629-7171** WMD Coord
U.S. Postal Inspection Service (USPIS)			**877-876-2455** opt'n 2
Rocky Mountain Poison and Drug Center	**24/7 Denver-Metro Area**		**303-739-1123**
	Outside metro Area		**800-222-1222**
National Response Center	**24/7 Notification**		**800-424-8802**
Regional Public Health Laboratories	Denver County		303-436-7365
	El Paso County		719-578-3121
	Mesa County		970-245-7800
	Pueblo County		719-583-4318
	Weld County		970-304-6415 x2273

Estimated Support Response Time - Credible Threat

Agency	Time to Scene		Time Assessment/Testing	Total time
USPIS	Within 1 hr to scene	(most locations)		
FBI	Within 1 hr to scene		Threat investig'n: 1-3 hrs (w/ local law enf)	
CST	Within 30 min to mobilize	(1-4 hrs to scene)	Preliminary tests: 1-2 hrs (CDPHE to confirm)	
CDPHE Lab	24/7 for sample approval		Bio & Chem tests: 3hrs (after sample arrive)	
				6 hours *(per incident)*

This Guide is taken from the *"First Responder Manual On All-Hazard Environmental Incidents Technical Support & Sampling"* published by the Colorado Department Public Health and Environment, Laboratory Services Divisions and Emergency Preparedness & Response Division (cdphe2005/Rev2008)

Colorado Department of Public Health and Environment

Department Operations Center (DOC) Manual

ACTIVATION LEVELS

The Department Operations Center (DOC) provides a central location and operating system where staff can:

- **Monitor** a developing situation
- **Communicate** with internal departmental programs and external partners
- **Plan** resource needs
- **Track** utilization of resources
- **Coordinate** department activities including coordination with local, State and Federal partners, along with response and recovery activities of the department/ state level ESF 8
- **Centralize** documentation of all DOC and incident activities for legal and financial purposes.

The department DOC can be activated utilizing one of three levels of activation that are consistent with the National Response Plan levels: Level III – lowest level of activation; Level II – mid level of activation; Level I – highest level of activation. Moving from one level to another is determined by staffing levels; activity levels and number of departmental programs involved. A trained core staff of personnel from the Emergency Preparedness and Response Division supports the DOC activation by filling specified positions in the EOC incident management organization.

Internal Call Down List

Due to the sensitive material and information contained within the Internal Call Down List, this list will not be posted to or be included in the Department Operations Center (DOC) Operations Manual. For more information concerning this list, please contact Greg Stasinos, x3023 or greg.stasinos@state.co.us .

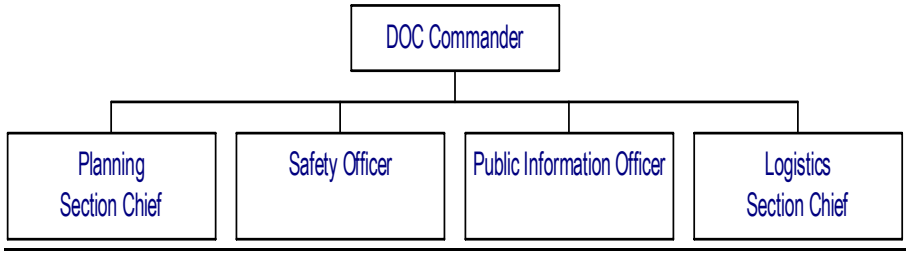
Level III Activation

1. Level III is the lowest level of activation. Under Level III activation, CDPHE staff **will monitor a local or regional event where no or limited state health department resources are needed**. This level of activation does not rise to the level of a state-declared disaster or public health emergency. Under Level III activation, the DOC facility will be used as a centralized communication resource. Staff will likely work from their regular work place.

2. Staffing consists of designated Emergency Preparedness and Response Division staff and program staff from any affected division in the department. This level is commensurate with the requirements for gathering and evaluating event information and keeping the Executive Office advised of the situation.

3. DOC activation at this level is at the discretion of the Executive Director or his designee, based upon information from impacted program(s)/division(s) and/or on the nature of the emerging situation. During virtual activation the incident management staff meets in the DOC for briefings on a regular schedule as established by the DOC Commander (IC). One or more individuals may be asked to work out of the DOC.

4. Level III DOC incident management staffing may consist of five to ten people including the DOC Commander, Public Information Officer (PIO), Safety Officer, Logistics Section Chief and Planning Section Chief and associated support staff as necessary. The Logistics Section Chief assumes the role of DOC Commander until the need arise to add additional staff. The appointed IC is responsible for determining staffing requirements for Level III activation.



Level II Activation

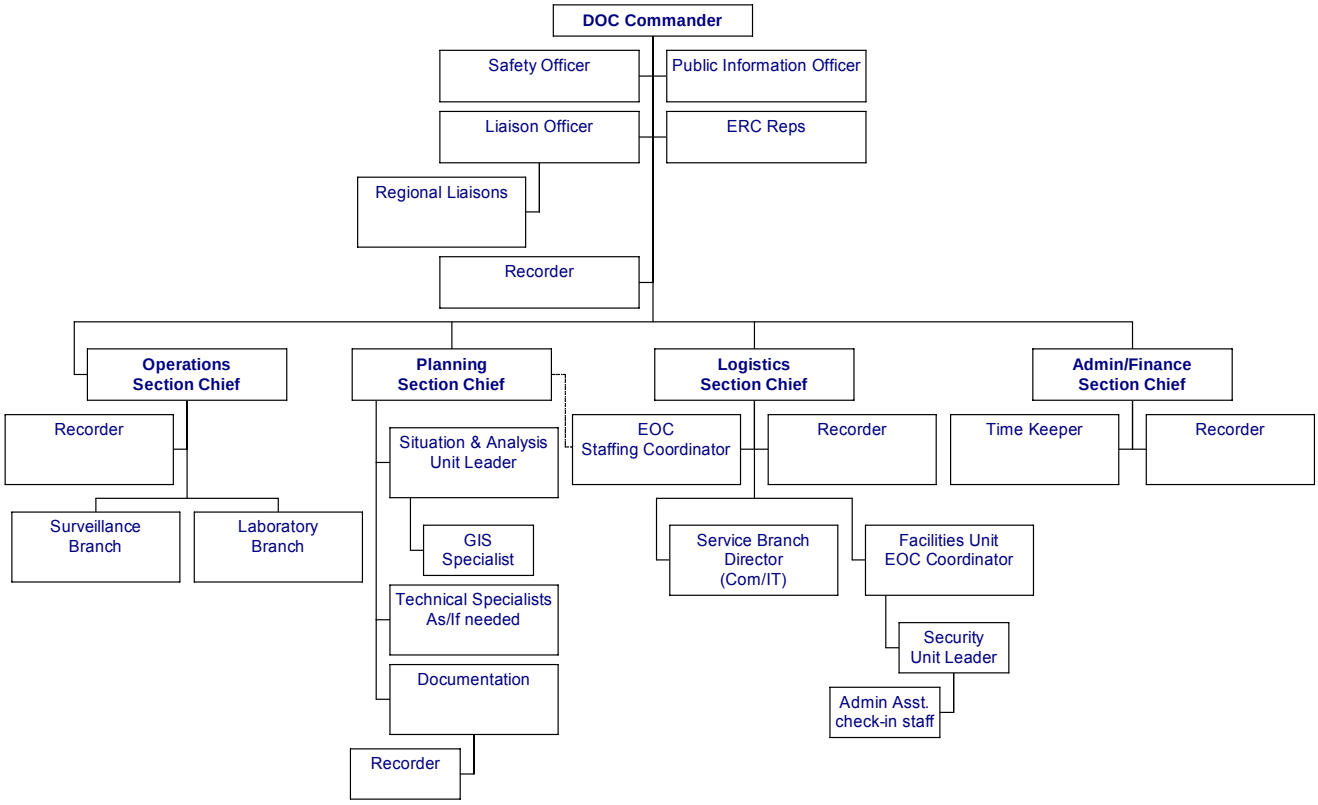
1. Level II activation is intended for use in response to most state-declared disasters or public health emergencies or to manage local or regional events when multiple departmental resources may be involved. The need to support field operation activities and to provide additional staffing for the DOC functional sections may increase staffing of the DOC. Liaison activities with the State Emergency Operations Center (SEOC) and other local, state and federal partners for purposes of information and intelligence gathering and provision of services become a focus of the DOC.

2. At Level II, CDPHE staff is will actively:
   - Monitor the developing situation
   - Communicate with internal departmental programs and external partners
   - Plan resource needs
   - Track utilization of resources
   - Coordinate department and ESF 8 activities including coordination with local, State and Federal partners, along with response and recovery activities of the department
   - Centralize documentation of all DOC and incident activities for legal and financial purposes.

3. When the DOC is activated at a Level II, the SEOC is notified.

4. Level II activation may continue for multiple operational periods (shifts) as determined by the Incident Commander. Level II operation period will normally be 8 hours in length. 24/7 Operation is not normally required for Level II activation.

Level II Activation
Shift #1



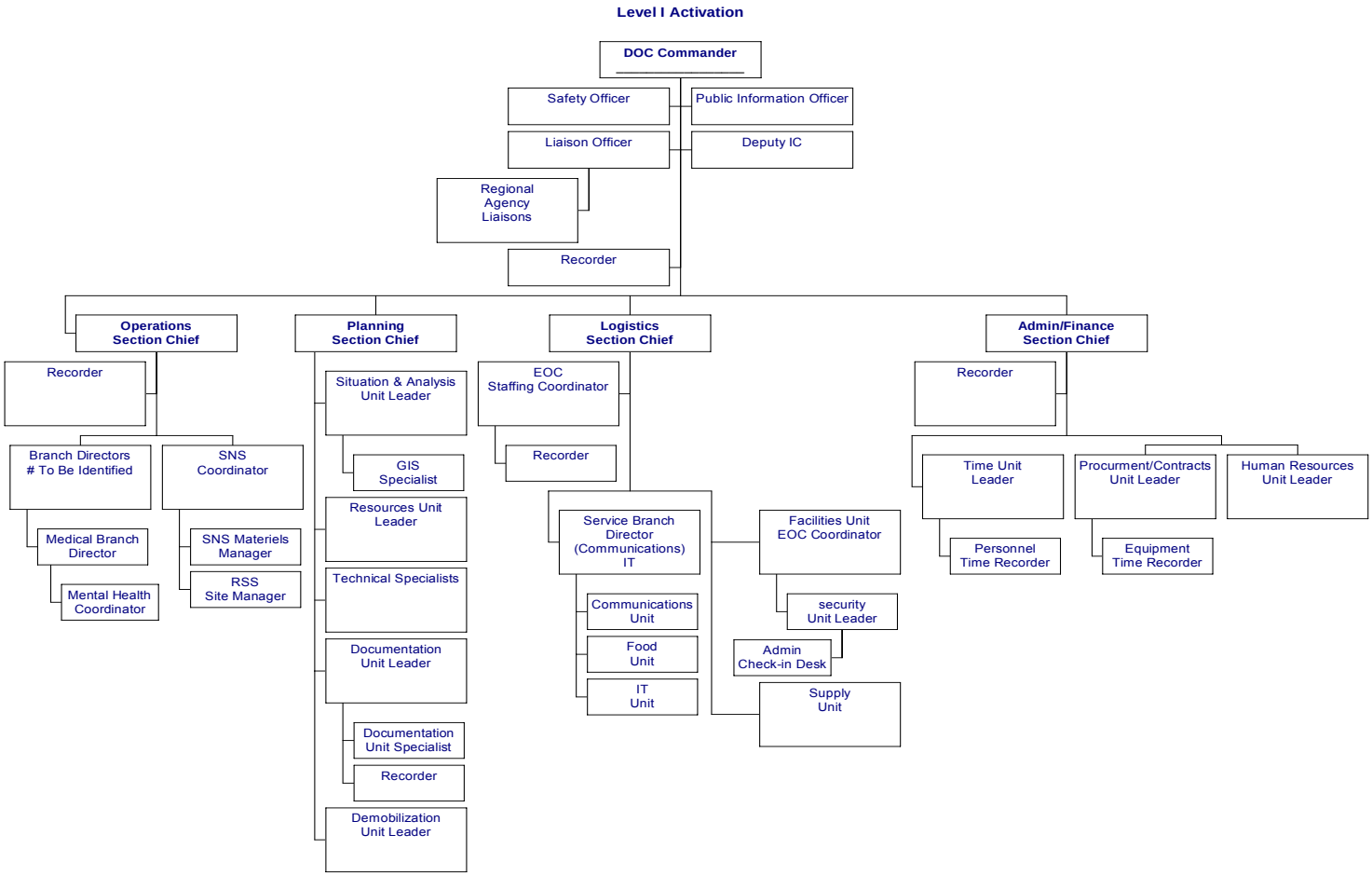
Level I Activation

1. Level I is **"full"** activation of the DOC. During this level of activation, numerous departmental programs/divisions are involved. In addition to the Incident Commander, most, or all of the DOC sections are activated. DOC staff will continue to monitor the event, assign tasks and activate additional personnel as needed. It is important to note that in events of this magnitude, the State EOC (SEOC) will likely be activated and will serve as the state's main coordination site. Activities at the department will be fully coordinated with the SEOC and other involved organizations. A department liaison will serve in the SEOC.

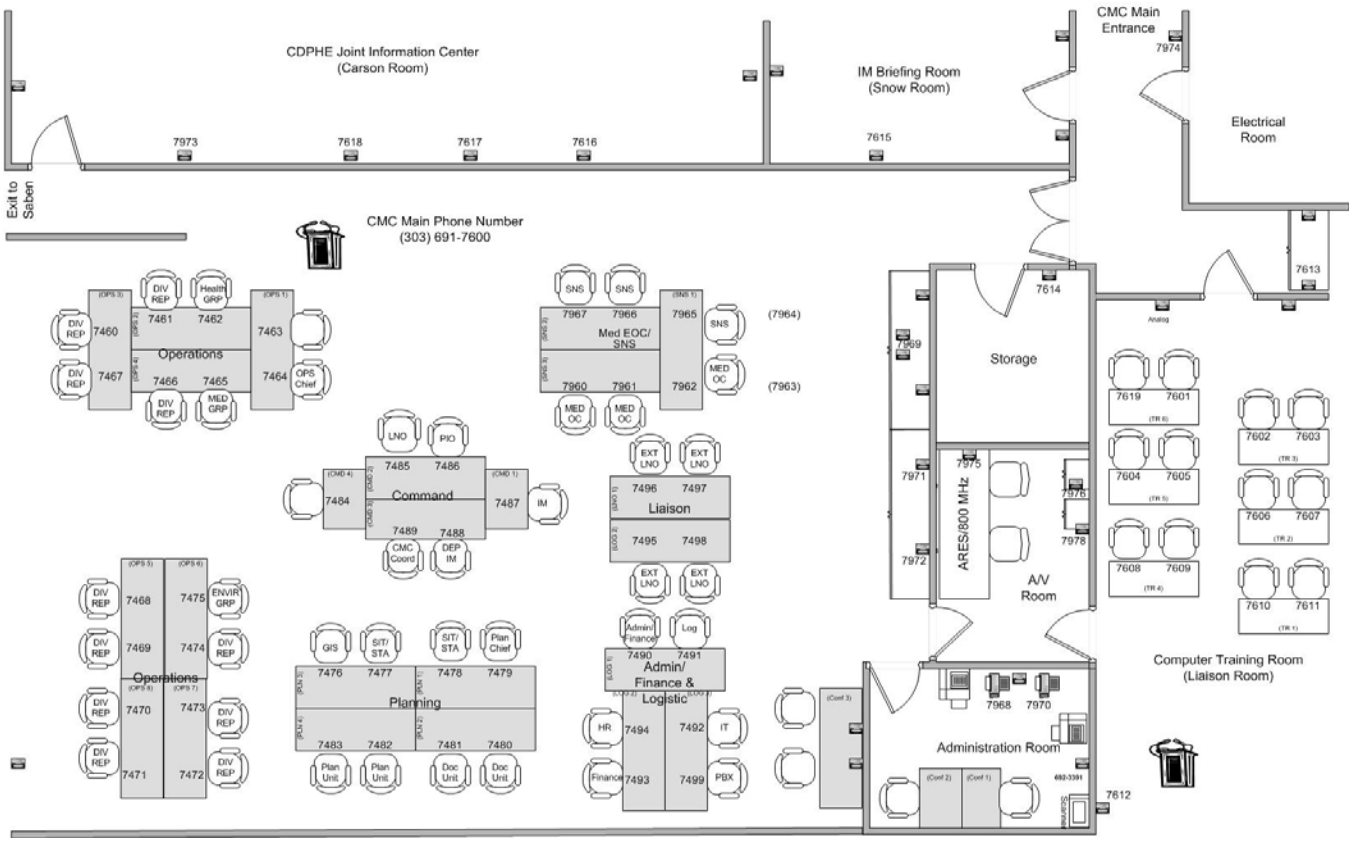
2. Under Level I activation, DOC staff will plan current and future departmental activities as well as coordinate department resources and resources from local and federal partners.

3. Level I activation is intended for use in response to a major event such as a bioterrorist incident, emergency epidemic or a major natural hazard event. All sections within the DOC are activated and may have multiple people staffing those sections. The DOC may require 24 hours, 7 day a week operation for extended periods of time.

4. Activation may occur based on information from SEOC, local public health officials, other health agencies, or by department officials. The department liaisons normally will serve as the link to the SEOC, to coordinate response with other state agencies, and local jurisdictions, to update information between the agencies and to receive tasking from the SEOC.



DOC FLOOR PLAN



CHECK IN/OUT PROCEDURES:

Obtain Job Action Position Folder from Logistics Section Chief, DOC Commander or Security Manager.

If not already setup, set up the Security Check in/out Station in accordance with the steps in the Job Action Sheets.

Obtain list of approved staff. This primary list(s) will consist of the Internal Call-down List and other lists that are generated based on additional staffing needs and shift changes.

1. Everyone must sign in and out of the DOC each time they leave.
2. If there is a shift change, this should be noted on the sign-in/out.
3. Make additional copies of sign-in/out log as needed.

Everyone attempting to enter must:

1. Be listed as approved staff. NOTE: If someone wants to be admitted who is not on the advance approval list, they may be admitted upon approval by the Incident Commander or other Command/General Staff member. These individuals must also follow the check in/out procedures below.
2. Present a current photo ID.
3. Sign in by providing the following information:
   a. Name – this information must be legible. Security staff will be instructed to ask individuals to print their name first, before signing in.
   b. Division/Section or Program
   c. Extension
   d. Time In.
4. Planning Section Chief is responsible for ensuring that the sign-in roster is kept current at all times.

5. Visitors and agency representatives from outside of the DOC will have to show proper agency identification prior to admission to the DOC.
    a. Shift Change Check-out Procedures:
    b. Check Out should occur only after the following have been completed:
    c. Briefing of replacement and passing on of all materials of position
    d. Sign-out at Security Station to include date, time and signature of individual.
    e. It is necessary for anyone leaving the DOC to check out each time they leave the facility. This includes those who are leaving for personal comfort or job related activities.

INITIAL BRIEFING –ORIENTATION INFORMATION

Each arriving staff person assigned to the DOC will receive a packet that contains general and specific information that will guide them in their role in the department's DOC. Please review each of these documents prior to beginning work. Do not hesitate to ask questions about anything that is unclear.

Station Set-up:

- Signed in. Each person will need to sign out each time you leave the DOC and sign in again, each time you return, regardless of the reason leaving. This is to maintain an accurate accounting of each staff person during an incident.
- Distribute position vests and job action sheets
- Been briefed on the current status of the incident and the position you will fill.

The computer will contain a copy of the department's Emergency Operations Center Operations Manual. This manual contains the following information, should you need it:

- An extra copy of your job action sheet and the job action sheet for all other positions in the DOC.
- Instructions on using voice mail
- Floor diagram of the DOC
- Instructions on using all the equipment available in the DOC. Please note that there is a specific position responsible for the facility.
- CDPHE procedures that relate to the DOC
- Forms used for each position and how to access them electronically from your work station
- Information on activation levels, IC structure, roles and responsibilities, the activation process, operational procedures Internal and external contact lists and where to access them.
- Security and support services information

DOC Telephone Operating Instructions

The telephones used in the DOC are the Rolm Model #RP240, and are similar in operations to the telephones used throughout the department. Each table in DOC is equipped with two data/telephone/electrical power hubs. *The telephone connections are extension specific* with the corresponding extension labeled on each of the table hubs. **Please note that the prefix number for all the DOC phones is 303-691-** and not 303-692 – which is used throughout the rest of the department.

The primary phone number to the DOC (when activated) is **(303) 691-xxxx. N***ote: Phone numbers are tied to ICS positions/functions and not to specific people staffing the DOC. See the Telephone Directory section of this manual for specific phone numbers.*

Basic Telephone features:

1) Each phone has two lines**,** one incoming and one outgoing, which allows you to be on the phone and still receive incoming calls. Listed on each phone is a 7000 and 8000 series extension numbers.
    a) Incoming calls – 7000 series line only.
    b) Outgoing calls – 8000 series line.

2) Voice Mail: All incoming calls that are not answered will go into the voice mail associated with that phone's extension. To retrieve messages**:** dial **2002** and when promoted, enter the password – **xxxxxxx.**

3) Conference Calling: These phones allow up to 3 additional callers in a telephone conversation. The following steps are used to setup a conference call:

   a) Call all the initial party and when they are on the line ask them to stand by to be connected to a conference call.
   b) Press the **FLASH** button (listen for tone change)
   c) Dial the next party's number
   d) When the next party answers, ask them to hold for the conference call.
   e) Press the **FLASH** button (listen for tone change)
   f) When tone changes, press the ✳**4** to bridge this party onto the conference call.
   g) To add additional callers, repeat steps 2-6. (FLASH, DIAL #, then ✳**4)**

4) Speaker phone operation:
   a) Press either of the extension number buttons and then the speaker (SPKR) button. The speaker button will light up indicating that it is engaged. You will also hear the dial tone through the phone speaker.
   b) If you are already engaged in a call and want to put the call through the speaker, press the speaker button and then hang up the receiver. The call will now be broadcast through the speaker. To disengage from the speakerphone just pickup the receiver. ** Always let the caller know when they are on speaker.

5) Forwarding a call to another extension:
   a) Tell the caller to hold while you transfer the call
   b) Press the transfer (**XFER**) button and dial the extension you want to transfer the call to.
   c) Either hang up the receiver or wait until the person you are calling answers and inform then that you are transferring a call.
   d) Hang up the receiver.

6) Voice Mail Retrieval – Use the following steps to retrieve a voice mail message left on a DOC phone:
   a) Dial **2050** and listen to instructions.
   b) Press **#** button
   c) Dial password, **1111** and press the **#** button. The password is the same for all DOC phones.
   d) The following message will be heard, "Please note you do not yet have a recorded name for your extension. To record your name press 8 then 4", *(take no action on this message!!).*
   e) Following the message you then be instructed to press the **3** button to listen to the voice mail message.
   f) Once you have listened to the voice mail you will be told that you can save or delete the message:
      (i) To **delete,** press the **6** button
      (ii) To **save,** press the **4** button

7) Forwarding a voice mail message to another extension:
   a) Follow the instructions above to **save** or **delete** (Step 6 above) a voice mail message – *DO NOT HANG-UP THE RECEIVER*.
   b) Once you choose to either save or delete the voice mail message, the system will prompt you to press 9 to forward the message.
   c) You will be asked if you want to record a comment, if so, follow the instructions; if not, then press ✳ and #.
   d) After pressing ✳ and #, enter the phone extension that you want to forward the message to – dial the extension and press #.
   e) After pressing # you will be asked for forwarding instructions, press # to proceed.
   f) Press the # button once more and the voice mail message will be delivered to the intended extension.

8) Headset and adapter: Each phone in the DOC is equipped with a P10 Headset Adapter to allow for hands free phone operations and to assist with noise control. The P10 has been modified with the addition of a custom made toggle switch which allows you to be in the phone mode; or, if using one of the Bosch IR Receivers, it allows you to monitor the audio reception from Dish Network televisions located in the DOC.
   a) Plug headset into toggle switch.
   b) Switch the toggle between Audio and Phone to be able to either listen to the television or talk on the phone.

Answering Convention:
When answering a DOC telephone follow this script:
Title First – DOC position Title
Your Name - "How may I help you?"

EVACUATION

In the event of a fire drill or real event that may require evacuation of this facility, the following procedures are in place:

1. The meeting coordinator/host is responsible for:
   a. Ensuring all participants are aware of the evacuation procedures.
   b. Ensuring all participants have left the building through the appropriate route (see floor plan below).
   c. Close doors after everyone has vacated the DOC rooms.

2. Follow the evacuation route as indicated in red on the posted floor plan map.
   a. Go out front doors.
   b. Evacuate at least 300 feet from the main entrance of the building, which is the grassy area located across the driveway from the building (directly east of the front doors).

SHIFT CHANGE BRIEFING CHECKLIST

Shift changes should be scheduled to allow 30 minutes of overlap for briefing of relief staff. incoming staff should be briefed; the briefing should include the following information:

- Review of job action sheets for the position.
- Follow briefing agenda.
- Review the DOC floor plan.
- Describe the incident and the activities taken place during your shift.
- Review forms applicable to the position as well as those created during your shift.
- Review pertinent protocols including:
- DOC emergency evacuation
- Sign in/out procedures
- Telephone etiquette
- Information tracking procedures
- Shift duration
- Facility Information:
- Restroom
- Supplies
- First-aid
- Break areas for DOC staff
- Describe protocol for breaks, food, drinks, and communicating with family members.
- Ensure relief staff knows how to operate all position related equipment.
- Provide instructions for personal protective equipment, if applicable.
- Explain the checkout process.

CYBER SECURITY

While working in the DOC, it is important to protect information about the emergency, and maintain good security practices. In an emergency some procedures remain the same, while others change.

Procedures and Practices that Stay the Same:

1. Watch out for phony email messages and scams that would compromise the system or transmit viruses…or that could disrupt communications
2. Be professional in sending messages. Leave expletives, personal opinions about others out the emails. Once the dust settles, would you want your emails to be read by others?
3. Report possible and actual security incidents to the Operations Manager.
4. Don't try to browse screens where you do not have access or are not necessary for the job you are doing.
5. Understand that your work may be monitored and audit logs created
6. Assume that all of what goes on in the emergency operations center, and is said, is confidential and will not be shared outside the room, unless it is necessary in resolving the crisis.
7. Don't share passwords or grant access to the system to another unless authorized to do so.
8. If you are sending information that is confidential, make sure you have a safe means of transmission. Regular email may not be safe.
9. Be careful about disposing of media, whether floppies, flash drives, or paper which contains confidential information.

Procedures and Practices that Change:

1. Persons sharing the same position across shifts will have a shared sign-on. The person acting as the Operations Manager at any one time will have access to all the Operations Manager mail messages, even if sent or received in another shift.
2. Screens should not be set to blank out after a few minutes. If important information comes in over a screen, it is more important that it is read than it is to prevent the wrong person from reading it.
3. "Minimum necessary" standards may not apply. It may not be obvious how information can be important…so try to communicate everything of relevance. Ask for clarification if you are concerned about disclosing too much to another team member or to someone outside the Crisis Management Center.

SECURITY PROCEDURES

Upon activation of the DOC, the Command Staff will assess the need for increased building security. If it is determined that increased security is necessary, the Logistics Section Chief will investigate agreements in place for providing security, including, but not limited to:

Building Perimeter Security

The department has three options for external/building security: private security company, local police force, Colorado National Guard. If the National Guard is to be requested, this request must be coordinated through the state Division of Emergency Management (CO-DEM). Additional security will be secured through the Logistics Section.

DOC Access Security:

When activated, access to the DOC will be restricted to only those who have a need to be present.

1. The Internal Call-Down list will serve as the primary list of authorized personnel.
2. The current Internal Call-Down list will be provided to those staffing the CHECK-IN STATION of the DOC.
3. As the need for additional personnel increases, the Planning Section will develop the list of approved staff to be admitted.
    a. This list will be provided to the Logistics Section Chief and the Security Manager each time it is updated.
    b. The list used will always be the most current according to date/time.

c. The list will include a signature line for the Planning Section Chief (or designee) and the Security Manager to sign upon transfer.
4. It is the responsibility of the Security Manager to provide updated lists to the check-in staff.
5. A sign-in roster will be maintained at the entrance to the DOC and staffed by an individual from the DOC Security Unit.

Check In/Out Procedures:
Everyone entering and exiting the DOC are required to sign in and out of the DOC facility each time they enter or leave. Everyone attempting to enter must:

1. Be listed as approved staff.
2. Present a current CDPHE photo ID.
3. Sign in by providing the following information:
   a. Name – this information must be legible. Security staff will be instructed to ask individuals to print their name first, before signing in.
   b. Division/Section or Program
   c. Extension
   d. Time In.
4. Planning Section Chief is responsible for ensuring that the sign-in roster is kept current at all times.
5. Visitors and agency representatives from outside of the DOC will have to show proper agency identification prior to admission to the DOC.

Shift Change Check-out Procedures:
Check Out should occur only after the following have been completed:

- Briefing of replacement and passing on of all materials of position
- Sign-out at Security Station to include date, time and signature of individual.

It is necessary for anyone leaving the DOC to check out each time they leave the facility. This includes those who are leaving for personal comfort or job related activities.

DOC After Hours Access:
Follow current department access procedures.

DOC Visitor Access:
Visitors and outside agency representatives will be allowed access on a case-by-case basis. Command Staff will determine access to the DOC by individuals from outside of the department. The Logistics Chief will provide the list of approved outside parties (liaisons and representatives of outside organizations) to the Security Manager. If outside parties are approved, this could present the need to increase the number of security staff. The Security Manager will provide this list to the Check-in station.

Outside parties will be provided with the telephone number of the Check-in station DOC to gain access after hours.

After-hours access will be through the back doors of Building A only. The Security Manager will post a staff member at the entrance to check a photo ID before escorting the visitor to the DOC.

DOC Blackout Shades:
The blackout shades in the DOC will remain closed anytime the DOC is activated.

DOC Power Outage:
In the event of a power outage there is currently no backup alternative power source. Power outages effecting Building A, will render the phone system and the department's computer servers non-operational. Laptops in the DOC will operate for up to three hours on internal battery. In the event of a power outages that last longer than 30 minutes the IM will direct the DOC Coordinator and Logistic Section Chief to initiate plans for relocating the DOC staff and operations to an alternate (to be determined) location. The Planning Section Chief will ensure that a HAN message is sent out informing of the power outage and relocation plan.

Parking:
Normal Working Hours: DOC personnel are to park vehicles per the current CDPHE parking policy. Outside agency representatives (Liaison) and other outside visitors to the DOC will be directed to park their vehicles in the parking area to the West of Building A and South of Building B. After Hours and Weekend Parking: DOC personnel may park their vehicle in visitor parking spaces.

ONSITE CHILD-ELDER CARE

In providing on-site childcare or elder care services to department employees, who may be working eight-hour shifts in the Emergency Operations Center, the following should be considered:

Child Care
Child to Staff Ratios will be as follows:

- Birth to 24 months = 3:1
- 25-30 months = 4:1
- 31-35 months = 5:1
- 3year olds = 7:1
- 4-5 year olds = 8:1
- 6-8 year olds = 10:1
- 9-12 year olds = 12:1

Space – two rooms: one for activities such as playing and eating and another for resting. The floors will be kept smooth, dry, and free of utility outlets, cracks and splinters. The rooms should have adequate lighting and heating (maintaining a temperature of at least 68 F). A thermometer or thermostat should be used to check the temperature.
The restrooms are to be located relatively near the rooms where the child care and/or elder care are provided. Staff access to cleaning supplies.

Basic First Aid Equipment and medical supplies – to be kept in clean storage, should be conveniently available for emergency use.
Refrigerator - to store food and medications (medications should be stored in an impervious secondary container separated from food and inaccessible to children.
Diaper changing station area - should be provided as well as proper receptacle for diaper disposal.
Designated area - to care for children who are ill
Designated area - for resting and napping
Phone available
Tables and comfortable chairs

Elder Care
When providing elder care, the items listed below are in addition to most of the aforementioned considerations:

- A staff ratio of 1:10 staff is required.

Bathroom safety equipment installed or available if needed such as grab bars, raised toilet seat.
Hallways and doorways wide enough for wheelchairs.

INTERNAL/EXTERNAL CONTACT LIST

Due to the sensitive nature of the personal information, this list is maintained in a secured location known to the DOC coordinator and back-ups, and managers within the Emergency Preparedness and Response Division.

DEMOBILIZATION CHECKLIST

- ❑ If it has been removed, return remote unit to the wall.
- ❑ Turn off projectors and raise screens.
- ❑ Return computers to carts. Make sure the number on the shelf corresponds to the computer number.
- ❑ Disconnect phones and return them to storage room in appropriate boxes. (Extension on phone matches the extension number printed on the box.)
- ❑ Return 800 MHz radios to the charger
- ❑ Place vests in box located in storage room.
- ❑ Charge batteries as necessary.
- ❑ Place remote control devices in zippered cases and return to storage.
- ❑ Clean all surfaces using cleaning supplies in storage room
- ❑ Straighten up tables and chairs
- ❑ Ensure trash is emptied
- ❑ Replenish cleaning supplies
- ❑ Inventory office supplies and replenish as needed
  - Staplers
  - Staples
  - Pens, Pencils, highlighters
  - Pads
  - Paper for printer
  - Scotch tap
  - Push pins
- ❑ Return all office supplies to cabinet drawers
- ❑ Check toner cartridges in fax machines and printer
- ❑ Check paper supply in fax machine and printer
- ❑ Inventory ICS forms, job action sheets and position packets and replenish as needed.
- ❑ Lock storage, mechanical and AV rooms.
- ❑ Ensure window shades are drawn.
- ❑ Return key to DOC director or coordinator.

ANNEX A: JOB ACTION SHEETS

JOB ACTION SHEET

ADMINISTRATIVE COORDINATOR

Employee Name: _____ Telephone #s _____
Site: Emergency Communications Center or Joint Information Center
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind? _____ No/Why not? _____

Reports to:	Lead Emergency Communications Center Public Information Officer
Supervises:	Administrative Support Staff; Facility and Technology Coordinator
Job Description	• Coordinate set-up of the Emergency Communications Center, including computers, fax machine, telephones, supplies, tables and chairs. • Assist Lead Emergency Communications Center PIO and other PIOs with communications operations, including making photocopies, faxing, obtaining supplies, answering telephones and taking messages, and arranging for ECC refreshments. • Coordinate administrative support team.
Qualifications:	• Basic training in emergency preparedness and response and DOC operations. • Familiarity with department's internal emergency response plan. • Ability to set up and operate basic computer, copier, fax and telephone equipment. • Ability to maintain a calm and cooperative approach to problem-solving in a crisis situation. • Ability to identify priorities and understand when to request assistance in setting priorities.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATIONAL CHART

Mission	To provide the support that public information officers need in order to develop public information and media communications in the Emergency Communications Center or Joint Information Center during emergency response activities in a manner that facilitates both the state's response efforts and compliance from Colorado residents.
Immediate	• Coordinate set-up of Emergency Communications Center, including unpacking and set-up of all tools and computers in go-kits. • Coordinate clerical support including word processing, photocopying, faxing and filing for all Emergency Communications Center staff. • Coordinate distribution, by fax or hand delivery, of all media and public information to DOC and Emergency Communications Center staff, the state DOC and other partner agencies. • Manage logistical support including obtaining technical and facility assistance, equipment, supplies and assisting with transition for shift changes. • Coordinate staffing for Emergency Communications Center telephone and take messages for PIOs as needed. • Coordinate set-up for news conferences as needed. • Coordinate media registration and credentialing with DOC. • Maintain a comprehensive and current media list containing points of contact, phone, pager, cellular and fax numbers and e-mail and postal addresses. • Obtain and post maps from GIS staff; request mapping for public information purposes as needed.

<table>
<tr><td>Intermediate</td><td colspan="2">• Maintain notebooks of all documents that are disseminated and/or used internally, including all logs that are kept during activation.
• Display current news releases, fact sheets, other incident news and meeting notes.</td></tr>
<tr><td>Deactivation</td><td colspan="2">• Coordinate take-down of Emergency Communications Center, including storage of equipment and go-kits.
• Inventory go-kits and re-supply as needed.
• Produce incident notebook.
♦ All news releases, fact sheets, talking points and command messages generated by the ECC.
♦ Copies of all news clippings.
♦ Copies of all video and photographs that are available.
♦ Copies of all incident-specific reports that contain daily updates or situation reports.
• Provide a copy of the incident notebook to the Chief PIO, the Lead Emergency Communications Center Public Information Officer, and the Incident Manager.
• Provide informal evaluation and/or feedback for After-Action Report to Lead Emergency Communications Center PIO.</td></tr>
<tr><td>PPE
♦ none</td><td>Equipment
♦ Identification badge
♦ Phone (cell/landline)
♦ Radios
♦ Internal plan
♦ Media directory
♦ Local public health agency directory
♦ Operations map(s)
♦ Organizational chart
♦ Area maps
♦ Extension cords/surge protectors</td><td>Supplies
♦ Telephone message pads
♦ Pens
♦ 3-ring binders
♦ Copy paper, in several colors</td></tr>
</table>

Special instructions:

_____

_____

_____

_____

DOC COMMANDER

Employee Name: _____ **Telephone #'s:** _____

DOC Site: _____

Report Time In: _____ **Date In:** _____

Report Time Out: _____ **Date Out:** _____

Prophylaxis: Yes/What kind? _____ **No/Why not?** _____

Reports to:	Executive Director or Designee
Supervises:	Command Staff - Public Information Officer, Liaison Officer, Safety Officer, PIO and General Staff - Operations, Planning, Logistics, Administration & Finance, Section Chiefs
Job Description:	This position is responsible for the **COMMAND STAFF** functions at all times. This includes the overall management of the DOC and CDPHE's involvement in the emergency/disaster incident response and recovery operations. The DOC Commander is responsible for developing and implementing incident objectives, establishing priorities, approving and implementing the Incident Action Plan (IAP), and for approving requests for resources. This position covers all of the **GENERAL STAFF** positions when they are not filled.
Qualifications:	Appointed by the Executive Director, proficient in NIMS and Incident Command concepts, the CDPHE Internal Plan, ESF #8 and 10….

READ THIS ENTIRE JOB ACTION SHEET. SOME TASKS ARE ONE-TIME ACTIONS OTHERS ARE ONGOING OR REPETITIVE FOR THE DURATION OF THE INCIDENT.

Mission:	To ensure overall management of the incident as it pertains to the mission of CDPHE in fulfilling its role and responsibilities under the State Emergency Operations Plan (SEOP) and Emergency Support Function #8: Public Health and Medical Response.
Immediate Tasks: **0 – 2 hr**	❑ Establish the DOC or appoint Logistics Section Chief to establish the DOC. ❑ If a shift change is in progress, obtain briefing from outgoing IC. ❑ Review organization chart. ❑ Assign the appropriate activation level and staff positions as needed. ❑ Don appropriate identification and vest. ❑ Set up your workstation and review your position folder and job responsibilities. ❑ Review available situation information and current status of department actions and resources. ❑ Determine status of any disaster declaration and delegation of authority ❑ Name the incident ❑ Conduct roll call ❑ Establish incident objectives ❑ Determine operational period ❑ Ensure adequate safety measures and messages are in place ❑ Set time for first Planning Meeting ❑ Establish and maintain a position log, which chronologically describes your actions taken during your shift.
Intermediate Tasks:	❑ If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log. ❑ Notify the State Emergency Operations Center (SEOC) of the activation of the DOC

2 hr – end of operational period	❑ Activate appropriate Command and General Staff positions as required. ❑ Coordinate with the Plans Chief to determine the time and location of initial planning meetings. ❑ In conjunction with the Operations and Planning Section Chiefs, develop initial Information Collection Plan and inform staff of requirements. ❑ Obtain update briefing from available sources such as State EOC, local heath departments and other state agencies. ❑ Prepare and participate in planning meetings. ❑ Assist in development and approve the IAP ❑ Ensure that a DOC organization and staffing chart is posted and updated appropriately. ❑ Ensure that computer, telephone and/or radio communications with key field units are established and functioning. ❑ Confer with local health departments and the State EOC to determine what CDPHE representation is needed at affected local health departments and other agencies. ❑ Assign a Liaison Officer (SEOC Representative) to coordinate CDPHE response with the State EOC. ❑ If needed, in coordination with the PIO, activate the Joint Information Center (Carson Room) and ensure that it is setup and operational ❑ Document actions in the Individual Position Section Log. ❑ Ensure adequate safety measures and message is in place and communicated to all workers. ❑ Initiate the advancement of activation levels, including shift change processes.
Deactivation Tasks:	❑ Review IAP for completeness and accuracy. ❑ Sign IAP ❑ Ensure Command and General Staff coordination ❑ Notify Executive Director of planned demobilization ❑ Submit all documentation to the Document Unit ❑ Authorize demobilization of Sections, Branches, and Units when they are no longer required ❑ Notify the SEOC and local Health Departments of planned demobilization ❑ Document actions in the Individual Position Log ❑ Ensure that any open actions not yet completed will be handled after demobilization of sections or after complete DOC demobilization ❑ Be prepared to provide input to the After Action Report ❑ Deactivate the DOC at the designated time

Equipment:
- ❑ Identification badge
- ❑ ICS safety vest
- ❑ PPE as appropriate
- ❑ Phone (cell/landline)
- ❑ Radio w/charger
- ❑ Computer
- ❑ Flashlight
- ❑ Driver's license

Supplies available:
- ❑ Key contact list
- ❑ Area maps
- ❑ Clinic site map
- ❑ Incident map
- ❑ Notepad
- ❑ Stapler
- ❑ Flip Charts w/markers
- ❑ Wipes

- ❑ Pens
- ❑ Highlighters
- ❑ File folders
- ❑ Post It Notes
- ❑ Paper clips

Special instructions:

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DEPUTY DOC COMMANDER

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	DOC Commander
Supervises:	Command Staff as designated by the DOC Commander. In 24/7 operations will supervise night shift.
Job Description	Assist the DOC Commander as directed in the overall management of the DOC activation and continued operations. In 24/7 operations supervise the night shift DOC staff and operations.
Qualifications:	Appointed by the DOC Commander and a senior member of the Department Staff.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	To support the DOC Commander in the overall management of the incident as it pertains to the mission of CDPHE in fulfilling its role and responsibilities under the State Emergency Operations Plan (SEOP) and Emergency Support Function #8: Public health and Medical Response. To be prepared to assume the role of the DOC Commander as needed (refer to DOC Commander Job Action Sheet).
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your CDPHE photo ID • Report to DOC Commander, Section Chief, Branch Director, or Unit Leader. • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
DOC Activation Phase	• Perform duties assigned by the DOC Commander, such as: -- Oversee the activation and setup of the DOC facility -- Ensure that the DOC check-in procedures are established. -- Provide situation briefing to incoming DOC staff

Operational Period Phase	• Perform duties as assigned by the DOC Commander • Be prepared to assume the role of the DOC Commander in his/her absence. • In a 24/7 operations manage the operations of the night shift (1900 – 0700). • Facilitate Incident Briefings as needed.
General Deactivation Procedures	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of DOC.

_____ Job Action Sheet

Equipment

- Phone (cell/landline)
- Computer
- Office Supplies

Special instructions:

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LOGISTICS SECTION CHIEF

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	DOC Commander
Supervises:	Logistics Section personnel
Job Description	Ensure the logistics function is carried out in support of the Department Operations Center (DOC) activation and operations. This function includes providing communication services including; phone, radio, and computer technical support, internal supplies, equipment, food, DOC security, and other support services as required.
Qualifications:	▪ Basic training in emergency preparedness, response, and DOC operations ▪ Familiarity with the department's internal emergency response plan ▪ Ability to manage and delegate tasks to staff ▪ Ability to set up and operate basic computer, and telephone equipment ▪ Ability to identify priorities and understand when to request assistance in setting priorities

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	To ensure access to facilities, services, and materials in support of the activation of the DOC.
Immediate	▪ Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. ▪ Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). ▪ Check in/sign in upon arrival at the DOC. ▪ Always wear your CDPHE photo ID ▪ Report to DOC Command. ▪ Set up your workstation and review your position responsibilities. ▪ Establish and maintain a position log, which chronologically describes your actions taken during your shift. ▪ If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.

Intermediate	▪ Appoint a Deputy Section Chief if necessary and not previously assigned. ▪ Obtain briefing from the Incident Commander. ▪ Work with DOC Staffing Coordinator to ensure all necessary staff positions. ▪ Ensure that all operational processes are linked to security. ▪ Oversee and implement shift change processes (including moving from activation level 2 to level 3). ▪ Review Situation and Resource status for number of personnel assigned to the DOC. ▪ Organize and staff Logistics Section as appropriate. Consider the need for creating units in order to maintain span of control: IT/Communications Unit Facility Support Unit Security Unit ▪ Mobilize sufficient section staffing for one shift or 24-hour operations, if necessary. ▪ Meet with the DOC Manager and General Staff and identify immediate internal Information Technology (IT)/Communication DOC supply needs. ▪ Meet with the Administration/Finance Section Chief and determine level of purchasing authority for the Logistics Section. ▪ Notify Administration and Finance Section of the Logistics Section activation, including names and location of assigned personnel. ▪ Participate in preparation of Incident Action Plan (IAP). ▪ Prepare the Logistics Section assignments for the next operational period based on the operational objectives in the IAP. ▪ Identify future operational needs (both current and contingency), so as to anticipate logistical requirements. ▪ Review IAP and estimate section needs for next operational period; order relief personnel if necessary. ▪ Hold Section meetings as necessary to ensure communication and coordination among Logistics Units. ▪ Ensure general welfare and safety of section personnel. ▪ Provide briefing to relief on current activities and unusual situations. ▪ Ensure that Logistic Section position logs and other necessary files are maintained. ▪ Provide the Planning Section Chief with the Logistics Section updates at least 30 minutes prior to each Planning meeting. ▪ Ensure that transportation requirements, in support of Division Response Teams, are met. ▪ Ensure that all requests for facilities and support services are addressed to include medical services; communication services including phone, and computer technical support; internal supplies; equipment; food; and other support services as required. ▪ Provide periodic Section Status Reports to the Incident Commander. ▪ Coordinate with Glendale Police Department for external building security.
Deactivation	▪ Deactivate your assigned position and close out logs when authorized by the DOC Manager. ▪ Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. ▪ Be prepared to provide input to the after-action report. ▪ Clean up your work area before you leave. ▪ Leave a forwarding phone number where you can be reached. ▪ Check out/sign out of DOC. ▪ Participate in the After Action Report process.

EOC Logistics Section Chief
Job Action Sheet

Equipment

- Identification
- Vest
- Phone (cell/landline)
- Computer
- Office Supplies
- Floor Map
- Area Maps

Special instructions:

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OPERATIONS SECTION CHIEF

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	DOC Commander
Supervises:	Operations Section personnel
Job Description	Manages and coordinates all DOC operations directly applicable to the primary mission. Activates and supervises organization elements in accordance with the Incident Action Plan (IAP) and directs it execution. Determines the need for and initiates requests for additional resources. Recommends the releases of resources as the situation dictates. Report current situational information to the IM and Planning Section Chief.
Qualifications:	

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	To supervise the activities of the Operations Section and to ensure operational objectives and assignments identified in the IAP are carried out.
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your Department photo ID • Report to DOC Commander • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
DOC Activation Phase	• Obtain briefing from the DOC Commander. - Determine strategic goals. - Determine current tactical objectives. - Identify current organization, location of resources and assignments. - Confirm resource ordering process. • Coordinate with DOC Commander strategic and tactical goals and objectives. • Organize Operations Section to ensure operational efficiency, personnel safety and adequate span of control. • Ensure that the Operations Section is set up properly and that appropriate personnel, equipment, and supplies are in place, including maps and status boards as needed. • Based on the situation; activate appropriate Branches within the Section. Designate Branch Director as necessary.

	- Public Health Branch - Medical Branch - Environmental Branch • Determine, with the DOC Commander and Planning Section, need for mutual aid/outside resources, private, non-governmental or federal government. • Request additional personnel and resources for the Section. • Confer with the DOC Commander to ensure that the Planning and Logistics Sections are staffed at levels necessary to provide adequate information and support to the Operations Section activities. • Coordinate with the Liaison Officer regarding the need for Agency Representatives in the Operations Section. • Work with the Planning and Logistics Sections and the Human Resources Unit to determine likely future resource needs of the Operations Section. This is based on the emergency situation as known or forecasted. • Identify key issues currently affecting the Operations Section; meet with Section personnel and determine appropriate section objectives for the first operational period. • Review responsibilities of Branches in section; develop an Incident Action Plan (IAP) detailing strategies for carrying out defined Operational Objectives. • Notify Administration and Finance Section of the Operations Section activation, including names and location of assigned personnel. • Coordinate with the IT/Communication Unit to identify the need for communication requirements for internal DOC and field operations use. • Establish communication links with local health departments/hospitals/emergency operations centers in the operational areas. • Conduct periodic briefings and work to reach consensus among staff on objectives for forth-coming operational period. • Brief Section staff periodically on any updated information you may have received.
Operational Period Phase	• Develop and manage tactical operations to meet incident objectives. • Determine the need for and request additional resources. • Evaluate situation and provide update to Planning Section. Location, status, and assignment of resources. Effectiveness of tactics. Desired contingency plan. • With the Planning Section Chief, write the formal Operations portion of the DOC's Incident Action Plan (IAP) if so directed by the DOC Commander. o Identify assignments by Branch or Team. o Identify specific tactical objectives. o Identify resources needed to accomplish objectives. • Ensure coordination of the Operations Section with other Command and General Staff • Ensure Operations Section time keeping is maintained and passed to Administration/Finance • Ensure resource ordering support needs are passed to Admin/Finance Section in a timely fashion within the Section enforce ordering process. • Notify Logistics of communications problems. • Keep Planning up-to-date on resource and situation status. • Notify Liaison Officer of issues concerning cooperating and assisting agency resources. • Keep DOC Commander apprised of status of operational efforts including problems and successes. • Meet with Planning Section Chief and DOC Commander prior to the planning meeting to review and agree on strategy, tactics, and outline organizational assignments. • Hold Section meetings as necessary to ensure communication and coordination among units. • Ensure that all Section personnel are maintaining their individual position logs.

	• Ensure that situation and resources information is provided to the Planning Section on a regular basis. • Ensure that all media contacts are referred to the Public Information Officer. • Conduct periodic briefings with Planning Section and work to reach consensus with DOC Commander and Command Staff on tactical objectives for forth-coming operational periods. • Attend and participate in planning meetings. • Provide the Planning Section Chief with the Operations Section's objectives, problems and requirements prior to each Planning meeting. • Work closely with each Branch Director to ensure that the Operations Section objectives, as defined in the current Action DOC Manual, are being addressed. • Ensure that intelligence information from Branch Directors is made available to the Planning Section in a timely manner. • Ensure that fiscal and administrative requirements are coordinated through the Administration and Finance Section (notification of emergency expenditures and daily time sheets). • Continuously monitor the organizational effectiveness and modify as necessary. • Based on the situation known or forecasted, determine likely future needs of the Operations Section. Coordinate through the department's Liaison Officer at the State EOC for providing technical support to designed state lead agencies for ESF #3, 6, 10, 11, 12, 14 and 15.
General Deactivation Procedures	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of DOC.

_____ Job Action Sheet

PPE

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Equipment

- Phone (cell/landline)
- Computer
- Office Supplies
- Floor Map
- Area Maps

Special instructions:

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PLANNING SECTION CHIEF

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	DOC Commander
Supervises:	Planning Section personnel
Job Description	Supervises the collection and analysis of all incident-related data regarding incident operations and assigned resources, oversees the development of alternatives for tactical operations, conducts planning meetings, and oversee the preparation and distribution of the Incident Action Plan (IAP) for each operational period. Develops and publishes the Situation Status Reports. Supervises the activities and ensures efficiency of operations of the Situation/Analysis Unit, Documentation Unit, GIS Unit and assigned technical specialist.
Qualifications:	

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	Mission of the Planning Section Chief is to assist the DOC Commander by effectively supervising the activities of the Planning Section in the collection, evaluation, displaying and disseminating incident information and status of resources. Provides anticipatory appraisals and develops plans necessary to cope with changing tactical events. Prepares and disseminates the IAP. Ensures the detailed recording of the entire response and recovery efforts and the preservation of these records.
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your Department photo ID • Report to DOC Commander • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.

DOC Activation Phase	• Obtain briefing from the DOC Commander: - Determine current resource status - Determine current situation status - Determine current strategic goals and tactical objectives - Determine time and location of first Planning Meeting. • Activate Planning Section positions as necessary. • Establishes the appropriate level of organization within the Section, and continuously monitor the effectiveness of the organization. • In coordination with the DOC Commander and Operations Section Chief develop an initial information location plan. • Establish and maintain the resource tracking system. • Establish information requirements and reporting schedules for DOC and deployed field staff. • Ensure that the Planning Section is set up properly and that appropriate personnel, equipment, and supplies are in place, including maps and status boards. • Based on the situation, activate units within section as needed and designate unit leaders. - Situation and Analysis Unit - Documentation Unit • Meet with Operations Section Chief; obtain and review any major issues and reports. • Review responsibilities of units in section; develop plans for carrying out all responsibilities. • Make a list of key issues to be addressed by Planning; in consultation with section staff, identify objectives to be accomplished during the initial Operational Period. • Keep the DOC Commander informed of significant events. • In coordination with the DOC Commander and Ops Section Chief define operational periods and establish planning/briefing schedule. • Brief Section staff periodically on any updated information you may have received. • Coordinate with DOC Commander, setup and conduct the initial IAP planning meeting. • Develop, maintain and display current organizational structure.

Operational Period Phase	• Prepare contingency plans (Include plans for the next shift). - Review current and projected incident and resource status. - Develop alternative strategies. - Identify resources required for the implementation of contingency plans. - Document alternatives for presentation to DOC Commander and Operations. • Prior to planning and strategy meetings, meet with Operations Section Chief and/or the DOC Commander to discuss proposed strategy and tactics and diagram incident organization and resource location. • Ensure Section has adequate coverage and relief. • Conduct planning and strategy meetings. • Supervise preparation and distribution of the written DOC Incident Action Plan (IAP). • Establish information requirements and reporting schedules for use in preparing the IAP. • Ensure that detailed contingency plan information is available for consideration by Operations and Command. • Verify that all support and resource needs are coordinated with Administration/Finance Section prior to release of Plan. • Coordinate the IAP changes with General Staff personnel. Distribute written changes as appropriate. • Provide periodic prediction of the medical, public health and environmental impact of incident in the immediate future. • Establish through the APCD a weather data collection system when necessary. • Identify need for specialized resources; discuss need with Operations and Command; facilitate resource requests with Administration and /Finance Section. • Ensure general welfare and safety of section personnel. • Hold Section meetings as necessary to ensure communication and cooperation among Planning Section personnel. • Ensure coordination between Planning Section and Command Staff, General Staff and other agencies. • Compile and display incident status summary information. Document on a Situation Status Report. • Forward the Situation Status Report to State EOC once per shift. Also provide copy to Information Officer. • Advise DOC Manager's staff of any significant changes in incident status. • Ensure that Planning Section position logs and other necessary files are maintained. • Ensure that the Situation and Analysis Unit is maintaining current information for the Situation Status Report. • Ensure that Status Reports are completed by the Operations Section and are shared with the Planning Section, Situation and Analysis Branch. • Ensure that a Situation Status Report is produced and distributed to DOC Sections and the members of the ECG at least once, prior to the end of the operational period. • Ensure that all status boards and other displays are kept current. • Conduct periodic briefings with section staff and work to reach consensus among staff on section objectives for forthcoming operational periods. • Facilitate Planning meetings as needed. • Ensure that objectives for each Section are completed, collected and posted in preparation for the next Planning meeting. • Ensure that the IAP is completed and distributed prior to the start of the next operational period. • Ensure that each DOC provides Status Reports, on a regular basis. • Meet with the Public Information Officer to determine the best method for ensuring access to current information. • Prepare situation summaries for the DOC planning meetings. • Ensure each section provides their updates at least 30 minutes prior to each Planning meeting. • Work closely with each unit within the Planning Section to ensure the section objectives, as defined in the current IAP are being addressed. • Ensure that the Situation and Analysis Unit develops and distributes a report which highlights forecasted events

	or conditions likely to occur beyond the forthcoming operational period; particularly those situations which may influence the overall strategic objectives. • Ensure that the Documentation Unit maintains files on all DOC activities and provides reproduction and archiving services for the DOC, as required. • Oversee the preparation and transmission of all HAN messages created by the DOC. • Ensure that adequate staff is assigned to maintain all maps, status boards and other displays. • Ensure that fiscal and administrative requirements are coordinated through the Administration and /Finance Section. • Refer all contacts with the media to the Public Information Officer. • Provide briefing to relief on current and unusual situations.
General Deactivation Procedures	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of DOC.

_____ Job Action Sheet

PPE

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Equipment

- Phone (cell/landline)
- Computer
- Office Supplies
- Floor Map
- Area Maps

Special instructions:

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PUBLIC INFORMATION OFFICER (PIO)

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	DOC Commander
Supervises:	Additional PIOs assigned as assistants.
Job Description	Serves as the coordination point for the development of all incident related public information and media releases imitating from the DOC.
Qualifications:	

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your Department photo ID • Report to DOC Commander, Section Chief, Branch Director, or Unit Leader. • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
DOC Activation Phase	• Obtain situation briefing from the DOC Commander. • Coordinate with all PIO's incident wide. • Determine current media presence. • Coordinate establishing the Carson Room as the Information Center Room with phones, fax, computers, TVs, etc. • Prepare initial information summary as soon as possible after activation. • Establish schedule for news briefings. • Determine staffing requirements and make required personnel assignments for the Public Information functions as necessary. • Obtain policy guidance from the DOC Commander with regard to media releases.

Operational Period Phase	• Ensure coordination between PIO's, Command, General Staff and other agencies • Observe constraints on the release of information imposed by the DOC Commander. • Obtain approval for information release from the DOC Commander. • Confirm details with appropriate Section Chief to ensure no conflicting information is released. • Confirm who can authorize information releases in the absence of the DOC Commander. • Keep the DOC Commander advised of all unusual requests for information and of all major critical or unfavorable media comments. Recommend procedures or measures to improve media relations. • Coordinate with the Planning Section and identify method for obtaining and verifying significant information as it is developed. • Activate and staff message center "rumor control" lines to receive request and answer questions from the public. Ensure that the "rumor control" lines receive all release prior to or at the same time as the media. • Develop and publish a media-briefing schedule, to include location, format, and preparation and distribution of handout materials. • Implement and maintain an overall information release program. • Maintain up-to-date status boards and other references at the media information center. Provide adequate staff to answer questions from members of the media. • Interact with other agency PIO's and obtain information relative to other public information operations. • In coordination with other sections, and as approved by the DOC Commander, issue timely and consistent advisories and instructions for life safety, health, and assistance for the public. • At the request of the DOC Commander or Executive Director, prepare media briefings for the DOC and provide other assistance as necessary to facilitate their participation in media briefings and conferences. • Ensure that a rumor control function is established to correct false or erroneous information. Consider setting up an Information Hotline. Provide appropriate staffing and telephones to efficiently handle incoming public calls. • Consider announcements, emergency information and materials that are translated and prepared for special populations (elderly, house bound, non-English speaking, hearing impaired, etc.). • Monitor broadcast media, using information to develop follow-up news releases and rumor control. • Ensure that file copies are maintained of all information released. • Provide copies of all media releases to the DOC Commander for approval before released to the media. • Conduct shift change briefings in detail, ensuring that in-progress activities are identified and follow-up requirements are known. • Prepare final news releases and advise media representatives of points-of-contact for follow-up stories. All releases need to have the concurrence of the DOC Commander. • Approve and authorize implementation of the PIO section of the Incident Action Plan. -- Review the PIO section for accuracy. -- Verify that objectives are incorporated and prioritized. • Ensure general welfare and safety of section personnel.
General Deactivation Procedures	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the After Action Report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of DOC.

_____ Job Action Sheet

Equipment

- Phone (cell/landline)
- Computer
- Office Supplies
- Radios

Special instructions:

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LIAISON OFFICER

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	DOC Commander
Supervises:	N/A
Job Description	Oversees all liaison activities The Liaison Officer serves as the primary point of contact for all incoming agency representatives assigned to the DOC.
Qualifications:	Familiar with the DOC Operations. Familiar with Community Partners and Stakeholders. Excellent Communication Skills.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	To ensure communication with representatives from outside agencies.
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your CDPHE photo ID • Report to DOC Commander, Section Chief, Branch Director, or Unit Leader. • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
DOC Activation Phase	• Receive briefing from the DOC Commander. Ensure knowledge of full mission request and plan of operations • Prepare a briefing statement, to be given to staff members at scheduled briefing(s) • Obtain assistance for your position through the Administration/Finance Section • Contact agency representatives already onsite, ensuring that they have checked in., understand their assigned functions, and know their work locations • Identify and verify agency representatives from each agency sending representatives to the DOC • Manage and coordinate the sign-in, identification process, function assignments, and briefings to the outside agency representatives

Operational Period Phase	• Stay in contact with the liaison counterparts in other agencies • Send DOC contact information to the other agencies, including the Emergency Communications Center (ECC) • Receive requests for assistance from other agencies • Make requests for material and resource support from local agencies, as necessary • Hold meetings with agency representatives and stakeholders, as necessary • Establish and maintain a contact list (liaison roster), of outside representatives, providing their assignments and location
General Deactivation Procedures	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of the DOC.

_____ Job Action Sheet

PPE

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Equipment

- Phone (cell/landline)
- Computer
- Office Supplies
- Floor Map

Special instructions:

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ADMINISTRATIVE COORDINATOR

Employee Name: _____ Telephone #s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind? _____ No/Why not? _____

Reports to:	Lead Emergency Communications Center Public Information Officer
Supervises:	Administrative Support Staff; Facility and Technology Coordinator
Job Description	• Coordinate set-up of the Emergency Communications Center (ECC), including computers, fax machine, telephones, supplies, tables and chairs. • Assist Lead Emergency Communications Center PIO and other PIOs with communications operations, including making photocopies, faxing, obtaining supplies, answering telephones and taking messages, and arranging for ECC refreshments. • Coordinate administrative support team.
Qualifications:	• Basic training in emergency preparedness and response and DOC operations. • Familiarity with department's internal emergency response plan. • Ability to set up and operate basic computer, copier, fax and telephone equipment. • Ability to maintain a calm and cooperative approach to problem-solving in a crisis situation. • Ability to identify priorities and understand when to request assistance in setting priorities.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATIONAL CHART

Mission	**To provide the support that public information officers need in order to develop public information and media communications in the Emergency Communications Center or Joint Information Center during emergency response activities in a manner that facilitates both the state's response efforts and compliance from Colorado residents.**

Immediate	• Coordinate set-up of Emergency Communications Center, including unpacking and set-up of all tools and computers in go-kits. • Coordinate clerical support including word processing, photocopying, faxing and filing for all Emergency Communications Center staff. • Coordinate distribution, by fax or hand delivery, of all media and public information to DOC and Emergency Communications Center staff, the state DOC and other partner agencies. • Manage logistical support including obtaining technical and facility assistance, equipment, supplies and assisting with transition for shift changes. • Coordinate staffing for Emergency Communications Center telephone and take messages for PIOs as needed. • Coordinate set-up for news conferences as needed. • Coordinate media registration and credentialing with DOC. • Maintain a comprehensive and current media list containing points of contact, phone, pager, cellular and fax numbers and e-mail and postal addresses. • Obtain and post maps from GIS staff; request mapping for public information purposes as needed.
Intermediate	• Maintain notebooks of all documents that are disseminated and/or used internally, including all logs that are kept during activation. • Display current news releases, fact sheets, other incident news and meeting notes.

Deactivation	• Coordinate take-down of Emergency Communications Center, including storage of equipment and go-kits.
	• Inventory go-kits and re-supply as needed.
	• Produce incident notebook.
	  ♦ All news releases, fact sheets, talking points and command messages generated by the ECC.
	  ♦ Copies of all news clippings.
	  ♦ Copies of all video and photographs that are available.
	  ♦ Copies of all incident-specific reports that contain daily updates or situation reports.
	• Provide a copy of the incident notebook to the Chief PIO, the Lead Emergency Communications Center Public Information Officer, and the Incident Manager.
	• Provide informal evaluation and/or feedback for After-Action Report to Lead Emergency Communications Center PIO.

PPE

- none

Equipment

- Identification badge
- Phone (cell/landline)
- Radios
- Internal plan
- Media directory
- Local public health agency directory
- Operations map(s)
- Organizational chart
- Area maps
- Extension cords/surge protectors

Supplies

- Telephone message pads
- Pens
- 3-ring binders
- Copy paper, in several colors

Special instructions:

_____
_____
_____
_____
_____

ADMINISTRATIVE SUPPORT

Employee Name: _____ Telephone #s _____
Site: Emergency Communications Center (ECC) or Joint Information Center (JIC)
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind? _____ No/Why not? _____

Reports to:	Administrative Coordinator
Supervises:	N/A
Job Description	• Assist with set-up of the Emergency Communications Center (ECC), including computers, fax machine, telephones, supplies, tables and chairs. • Assist Lead Emergency Communications Center PIO and other PIOs with communications operations, including making photocopies, faxing, obtaining supplies, answering telephones and taking messages, and arranging for ECC refreshments.
Qualifications:	• Basic training in emergency preparedness and response and Department Operations Center (DOC) operations. • Familiarity with department's internal emergency response plan. • Ability to set up and operate basic computer, copier, fax and telephone equipment. • Ability to maintain a calm and cooperative approach to problem-solving in a crisis situation. • Ability to identify priorities and understand when to request assistance in setting priorities.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATIONAL CHART

Mission	**To provide the support that public information officers (PIOs) need in order to develop public information and media communications in the Department Operations Center (DOC) or Joint Information Center (JIC) during emergency response activities in a manner that facilitates both the state's response efforts and compliance from Colorado residents.**
Immediate	• Provide clerical support including word processing, photocopying, faxing and filing for all Emergency Communications Center (ECC) staff. • Distribute, by fax or hand delivery, of all media and public information to Department Operations Center (DOC) and Emergency Communications Center (ECC) staff, the State EOC and other partner agencies. • Assist with logistical support including obtaining technical and facility assistance, equipment, supplies and assisting with transition for shift changes. • Staff Emergency Communications Center telephone and take messages for PIOs as needed. • Assist with set-up for news conferences as needed. • Assist with media registration and credentialing with the DOC. • Assist with maintenance of a comprehensive and current media list containing points of contact, phone, pager, cellular and fax numbers and e-mail and postal addresses.
Intermediate	• Maintain notebooks of all documents that are disseminated and/or used internally, including all logs that are kept during activation. • Display current news releases, fact sheets, other incident news and meeting notes.
Deactivation	• Assist with take-down of Emergency Communications Center, including storage of equipment and go-kits. • Assist with inventory of go-kits. • Provide informal evaluation and/or feedback for After Action Report to Administrative Coordinator.

PPE
- none

Equipment
- Identification badge
- Phone (landline)
- Internal plan
- Media directory
- Local public health agency directory
- Operations map(s)
- Organizational chart
- Area maps
- Extension cords/surge protectors

Supplies
- Telephone message pads
- Pens
- 3-ring binders
- Copy paper, in several colors

Special instructions:

_____
_____
_____
_____
_____

DOC COORDINATOR

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	DOC Commander
Supervises:	N/A
Job Description	Serves as an advisor to the DOC Commander and General Staff on the DOC operations. Directs the physical setup of the DOC. Assist the Liaison Officer(s) in briefing agency representatives on the function and capabilities of the DOC.
Qualifications:	Knowledgeable on the operations of the DOC equipment and facility.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your Department photo ID • Report to DOC Commander, Section Chief, Branch Director, or Unit Leader. • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
DOC Activation Phase	• Obtain situation briefing from the DOC Commander. • Coordinate with the DOC Commander to determine initial requirements for activation of the DOC • Assist the DOC Commander in determining appropriate staffing for the DOC. • Oversee the physical setup of the DOC according to the DOC Commander and level of activation. • Provide assistance and information regarding section staffing to all general staff. • Assist the Logistic Section in determining DOC technical and DOC logistical support requirements.
Operational Period Phase	• Assist DOC Commander in preparing for and conducting briefings. • Assist the DOC Commander and Liaison Officer, in coordinating with outside agency representatives and executives not assigned to specific DOC branches or sections. • Assist the Liaison Officer and Public Information Officer (PIO) with coordination of all DOC visits.

	• Provide assistance with shift change activity as required. • In coordination with the Logistics Section assure all need supplies and equipment are provide DOC staff and fully operational.
General Deactivation Procedures	• Oversee the return of the DOC to its pre-activation status. • Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the After Action Report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of DOC.

_____ Job Action Sheet

Equipment

- Phone (cell/landline)
- Computer
- Office Supplies

Special instructions:

_____
_____
_____
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_____
_____

STAFFING COORDINATOR

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	Logistics Section Chief
Supervises:	N/A
Job Description	Coordinates and ensures needed DOC positions are filled. Prepare staffing rosters, schedules, and updated organization charts.
Qualifications:	• Basic training in emergency preparedness and response and DOC operations. • Familiarity with department's internal emergency response plan. • Ability to set up and operate basic computer and telephone equipment • Ability to maintain a cal, and cooperate approach to problem solving in a crisis situation. • Ability to identify priorities and understand when to request assistance in setting priorities.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	Ensures that all necessary DOC positions are staffed for current and future operational needs.
Immediate	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the DOC site. • Follow the general activation checklist. • Receive briefing from the Logistics and Planning Section Chiefs. • Ensure full knowledge of mission requests and plans for operation. • Be familiar with the current staff available, the Internal Call-down List(s), and other rosters for use in the DOC. • Coordinate with the Planning and Logistic Sections to decide staff needed for the emergency.
Intermediate	• Participate in staff briefings as scheduled by the Planning and Logistic Sections. • Provide staff briefings to those working, as necessary. • Ensure that all staff show proper identification. • Explain the check-in and check-out processes. • Ensure that staff, receive all necessary information, including Job Action Sheet and evaluation forms. • Identify gaps in staffing resources. • Provide the Internal Call-down List(s), and other rosters to the Security staff desk. • Provide updated rosters to the Administrative and Finance staff to ensure they receive pertinent staffing information. • Cooperate and work with the Section Chiefs to maintain proper staffing levels and resources.

	• Receive assignments from the DOC Commander and Section Chiefs, and coordinate tasks with DOC staff for completion. • Provide shift descriptions, or a report of number of staff, locations, and duty/responsibility. • Plan, coordinate, monitor, and manage staff shift changes. • Provide timesheet and staffing information to the Administrative and Finance Section Chief. • Oversee the security process for outgoing and incoming staff. • Ensure that shift changes are monitored and recorded. • Ensure that relief staff know how to operate all position related equipment.
Deactivation	• Ensure that all final DOC staff paperwork has been provided to the Administrative and Finance Section Chief(s). • Assist DOC staff with final duties, documentation preparation, and shut-down processes. • Participate in the After Action meetings.

DOC Documentation Unit Lead

Job Action Sheet

Equipment

- Safety Vest
- Identification Badge
- Phone (cell/landline)
- Computer
- Office Supplies
- Radios
- Facility Layout and/or map
- Floor Map
- Area Maps

Special instructions:

_____
_____
_____
_____
_____

SECURITY UNIT LEAD

Employee Name: _____Telephone #'s _____
DOC Site:_____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	Logistics Section Chief
Supervises:	DOC Security Desk Administrator
Job Description	This position is responsible for maintaining a safe and secure working environment internally and externally to the DOC.
Qualifications:	▪ Basic training in emergency preparedness and response and DOC operations. ▪ Familiarity with department's internal emergency response plan. ▪ Ability to set up and operate basic computer, and telephone equipment. ▪ Ability to maintain a calm and cooperative approach to problem solving in a crisis situation. ▪ Ability to identify priorities and understand when to request assistance in setting priorities. ▪ Ability to lift 20 lbs.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	To ensure a safe and secure working environment for the DOC staff and visitors.
Activation	▪ (The following checklist should be considered as minimum requirements for this position. Note that some of the activities are one-time actions; others are ongoing or repetitive for the duration of the incident.) ▪ Receive notification from the DOC Commander that the DOC is to be activated. ▪ Obtain from IC a list of departmental and external personnel that will be allowed access to the DOC. ▪ Setup and establish DOC access control and sign-in procedures according with policies established by the IC. ▪ Establish internal/external security control measures. ▪ Coordinate with Logistic Section Chief to determine the DOC security requirements and arrange for staffing as needed. ▪ Coordinate with Administrative Services as to the need for 24/7 external campus security. ▪ After duty hours, provide security personnel to control external door access to building A. ▪ Determine need for special access to the DOC.
Operational Period	▪ Develop simplified Security Plan/Sizeup for inclusion in the Incident Action Plan (IAP). Security planning areas of concern include: Main entrance to DOC; Hall entrance into Carson Room; after-hours entrance into A Building; after-hours vechile parking areas; and, Sabin Room, if used as a media stagging area. ▪ Maintain positive access control and adherence to sign-in/sign-out procedures. ▪ Receive from the Planning Section update staffing/access rosters. ▪ Coordinate with the Safety Officer, if activated, any safety concerns noted in the DOC. ▪ Continually monitor for security concerns, internal and external, to the DOC. ▪ Provide security recommendations as appropriate to IC through the Logistic Section Chief. ▪ Keep Logistic Section Chief informed on all actions taken by the Security Unit. ▪ Ensure that security shades are keep closed at all times. ▪ Ensure that the external access doors to the Carson Room and kept closed and secured at all times.

Deactivation	▪ Authorize demobilization of Unit personnel when they are no longer required. ▪ Document actions in the Individual Position Log. Submit all documentation to the Document Unit. ▪ Ensure that all required forms or reports are completed and sent to Documentation Unit prior to demobilization. ▪ Be prepared to provide input to the After Action Report.

DOC Security Unit Leader

Job Action Sheet

PPE

Equipment

- Identification Badge
- Phone (cell/landline)
- Computer
- Office Supplies
- Floor Map

Supplies

Special instructions:

_____
_____
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_____
_____

SECURITY DESK ADMINISTRATOR

Employee Name: _____ Telephone #s _____
Doc Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind? _____ No/Why not? _____

Reports to:	Logistics Chief or Security Unit Leader
Supervises:	N/A
Job Description	Set up or assist with the setup of the Department Operations Center (DOC) security desk including computers, telephones, supplies, tables and chairs. Cover the main entrance to the CDPHE DOC Check in/out all personnel entering or leaving the DOC.
Qualifications:	Basic training in emergency preparedness and response and DOC operations. Familiarity with department's internal emergency response plan. Ability to set up and operate basic computer, and telephone equipment. Ability to maintain a calm and cooperative approach to problem solving in a crisis situation. Ability to identify priorities and understand when to request assistance in setting priorities. Ability to lift 20 lbs.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	To facilitate and support the processes in place to ensure a secure DOC during emergency response activities.
Immediate	▪ Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications, and emergency contact information. ▪ Report to the CDPHE DOC. ▪ Check in/sign in upon arrival at the DOC. ▪ Always wear your CDPHE photo ID. ▪ Report to the Logistics Section Chief. ▪ Follow check in-out and security procedures as contained in the DOC Manual. ▪ Set up your workstation and review your position responsibilities.
Intermediate	▪ Establish and maintain an Individual Position Log, which chronologically describes your actions taken during your shift. ▪ If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log. ▪ Perform activities requiring immediate action as assigned by the Logistics Chief or Security Manager. ▪ Assist with the set-up of DOC security desk, including the set-up of tables, chairs and telephone. ▪ Obtain list of approved DOC staffing from Security Manager, Staffing Coordinator, or Planning Chief. (*Level of activation will determine who will provide the list and the number of staff who will likely report to the DOC*).

	▪ Note time each new list is received in your individual position log. ▪ Note time the first and last person on each new list checks in to the DOC. ▪ Oversee that staff, volunteers, and visitors show proper identification. ▪ Maintain check in/out lists in accordance with established procedures. ▪ Work with Planning Section Chief and check-in / check-out staff to ensure that the sign-in roster remains current and secure. ▪ Oversee and monitor shift change processes, documenting date, time, and signatures.
Deactivation	▪ Coordinate take-down of table, chairs, telephone other supplies. ▪ Review and sign off on each check in-out log used during your shift. ▪ Participate in the development of the After Action report.

Security Desk Administrator - DOC

Job Action Sheet

PPE
- none

Equipment
- Identification badge
- Table
- Chairs
- Phone
- Computer

Supplies
- Telephone message pads
- Pens
- Blank sign in-out forms

Special instructions:

Review security procedures, check in-out procedures and forms used by this position. All are contained in the DOC Manual.

EXTERNAL AGENCY REPRESENTATIVES

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	DOC Liaison Officer
Supervises:	N/A
Job Description	The Agency Representative acts as the liaison between the DOC and the agency represented. He/she speaks on behalf of the agency and is the primary source of situational status information to the supporting activities of the agency. Assists in coordinating requests for resources from the agency.
Qualifications:	

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	Serve as the advisory to the DOC Commander relating to home agency's ability to assist.
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your Department photo ID • Report to the DOC Commander, Section Chief, Branch Director, or Unit Leader. • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
DOC Activation Phase	• Check in with the DOC Liaison Officer and clarify any issues regarding your authority and assignment, including the functions of other representatives from your agency (if any) in the DOC. • Establish communications with your home agency; notify the Liaison Officer of any communications problems and provide Liaison Officer with all your contact information. • Unpack any materials you may have brought with you and set up your assigned station, request through the Liaison Officer to obtain necessary materials and equipment. • Through the Liaison Officer, contact the DOC Section or Branch that are appropriate to your responsibility; advise them of your availability and assigned work location in the DOC.

Operational Period Phase	• Facilitate requests for support or information that your agency can provide. • Keep current on the general status of resources and activity associated with your agency. If you do not have authority to commit your agency (money and resources), be sure you know who can. • Provide appropriate situation information to the Planning Section. • Represent your agency at planning meetings, as appropriate, providing update briefings about your agency's activities and priorities. • Keep your agency executives informed and ensure that you can provide agency policy guidance and clarification for the Incident Manager as required. • On a regular basis, inform your agency of the DOC priorities and actions that may be of interest. • Maintain logs and files associated with your position.
General Deactivation Procedures	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of DOC.

_____ Job Action Sheet

PPE

- None required
-

Equipment

- Phone (cell/landline)
- Computer
- Goggles/Face Shield
- Office Supplies
- Radios
- Clinic Site Map
- Floor Map
- Area Maps

Special instructions:

_____
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_____
_____

GIS Specialist

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	Data Unit Lead
Supervises:	N/A
Job Description	Analyze geographic and quantitative data available to provide Logistics and Operations Sections with geospatial information as useful to the mitigation of the event.
Qualifications:	• Basic training in emergency preparedness and response and DOC operations. • Familiarity with department's internal emergency response plan.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	Analyze geographic and quantitative data to create geospatial information that supports the response, recovery and mitigation of public health emergency events in Colorado.
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your Department photo ID • Report to Data Unit Leader. • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
DOC Activation Phase	• Obtain briefing from the Data Unit Leader. • Determine requirements for DOC including: • Maps • Tables • Other visual aids from geographic information • In cooperation with other incident staff, determine the following requirements to produce data documents: • Data needed • Equipment/connections needed to create maps etc.
Operational Period Phase	• Attend Unit meetings as necessary to ensure data is accurate. • Work closely with the DOC Coordinator to ensure continued function of equipment necessary for data documents.

	• Produce necessary maps and data documents requested by Data Unit Leader. • Keep the Data Unit Leader informed of significant issues preventing creation of data documents. • Maintain a consistence awareness of status of the facility infrastructure and correct identified problems in as expeditious manner as possible.
General Deactivation Procedures	• Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of DOC.

_____ Job Action Sheet

PPE

-
-

Equipment

- Phone (cell/landline)
- Computer
- Office Supplies
- Floor Map

Special instructions:

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_____
_____
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_____
_____

MEDICAL GROUP SUPERVISOR

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	Operations Section Chief
Supervises:	HF&EMSD and PSD Division Representatives
Job Description	
Qualifications:	

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	To assist the Operations Section Chief by managing and coordinating the response activities of the, Medical Facilities, Equipment & Supplies Unit, EMS & Mass Casualties Unit, Mass Fatality Management Unit and the Preventative Services Division Unit, Division Representatives.
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your Department photo ID • Report to Operations Section Chief. • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.

DOC Activation Phase	• Obtain current situation briefing from Operations Section Chief. • Work closely with Operations Section Chief as well as the Planning Section to determine current state of health facilities in the affected area and what temporary facilities are needed. • Establish operating relationship with Divisional Representatives. • Ensure Divisional Representatives are effectively communicating and passing pertinent event information appropriately through the DOC information system. • Assist the Divisional Representatives in identifying and obtaining additional resources. • Coordinate with Divisional Representatives on the development and implementation of tactical strategies and response tactics. • Determine the status and availability of governmental and non-governmental owned mutual aid resources in the operational area. • Assist the Operations Section Chief with the development of the operation's portion of the IAP. • Coordinate with Administration and Finance in identifying and obtaining needed additional resources, including additional technical specialty personnel. • Work with Public Information Officer (PIO) to insure proper procedures for media contacts. • Work with Public Information Officer (PIO) to develop public action or warning releases. • Determine the status and availability of medical mutual aid resources in the operational area; especially paramedics and ambulances.
Operational Period Phase	• Monitor and assist Division Representatives in implementing the assigned portion of the IAP. • Establish and maintain position logs and other necessary files. • Work closely with all Operations Section Chief to determine the current state of health facilities in the area and what temporary facilities are needed • Determine the status of medical care facilities within the affected area. Determine status and availability of specialized treatment facilities such as burn centers, dialysis clinics, etc. If the situation requires distribution of limited resources to hospitals, nursing homes and other licensed inpatient facilities this unit will coordinates state activities including priority for re-supply and transportation. The Medical Group Supervisor will coordinate with the local ESF 8- Medical Lead and assist as requested. • Coordinate with the Local ESF 8- Medical Lead to establish communication with area hospitals and other medical facilities to determine their capability to treat patients. • Ensure that the state inspection occurs of each affected inpatient facility for safety after a major earthquake, flood, or terrorism event. • If temporary care facilities are necessary coordinate the selection, equipping and staffing the facility. • Coordinate with local ESF 8- Medical Lead for patient evacuation, food/drug devise safety, worker health and safety, radiation/chemical/biological consultation, and veterinary services. • Ensure that all available emergency medical resources are identified and mobilized as required Work with the state EOC to determine the status and availability of EMS mutual aid resources in the operational area, specifically paramedics and ambulances. If requested, coordinate with the State EOC (ROSS) for EMS mutual aid from outside the affected area including all field EMS responders and federal Disaster Medical Assistance Team(s) (DMATS). Recommend to the Operations Section Chief the need for the DMATS. • Develop requests and requirements to be sent to the SEOC to address additional transportation resources other than ambulances as needed by the impacted local jurisdictions. • Reinforce the use of proper procedures for media contacts with the Public Information Officer (PIO). This is particularly critical in emergency medical situations where statistical information is requested by the media. • Assist Public Information Officer (PIO) in developing public action or warning releases. • Coordinate with the local coroner in the handling of the deceased. Advise on any health-related problems associated with the storage and disposal of the human remains. Coordinate incoming DMORTs and similar support. • Coordinate with the Admin/Finance Section to obtain necessary supplies and equipment to support affected

	health facilities and temporary facilities set up to support the response and recovery activities. • Refer all contacts with the media to the Public Information Officer. • Works with local medical organizations to manage the need for additional patient care facilities (Surge Capacity). • Ensure lines of communications between Division Representatives and field response elements are being maintained. • Ensure that operational information/intelligence is being effectively gathered and disseminated to the Operations Section Chief and Planning Section. • Ensure that the Division Representatives are maintaining current resource status information in accordance with DOC procedures. • Keep Operations Section Chief and Planning Section informed of progress being made in the implementation of IAP operations. • Ensure that the Operations Section Chief and Planning Section are informed of any changes in the status of the implementation of the IAP tactical operations and of assigned resources. • Submit situation and resource status information to Operations Section Chief. • Participate in the development of tactical plans for the next operational period.
General Deactivation Procedures	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of Department Operations Center (DOC).

_____ Job Action Sheet

Equipment

- Phone (cell/landline)
- Computer
- Office Supplies
- Maps (as necessary)

Special instructions:

_____
_____
_____
_____
_____

PUBLIC HEALTH GROUP SUPERVISOR

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	Operations Section Chief
Supervises:	DCEED and LSD Division Representatives
Job Description	
Qualifications:	

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	To assist the Operations Section Chief by managing and coordinating the response activities of the Health Surveillance, Outbreak Management, Pharmaceutical and Immunization and Laboratory Services, Units.
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your CDPHE photo ID • Report to Operations Section Chief. • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
DOC Activation Phase	• Obtain current situation briefing from Operations Section Chief. • Work closely with Operations Section Chief as well as the Planning Section to determine the scope of public health service assistance required. • Establish operating relationship with Divisional Representatives. • Ensure Divisional Representatives are effectively communicating and passing pertinent event information appropriately through the DOC information system. • Assist the Divisional Representatives in identifying and obtaining additional resources. • Coordinate with Divisional Representatives on the development and implementation of tactical strategies and response tactics. • Determine the status and availability of public health mutual aid resources in the operational area. • Establish communication with local departments of public health and provide oversight of the departmental public health field activities including risk communications. • Assist the Operations Section Chief with the development of the operation's portion of the IAP. • Coordinate with Administration and Finance in identifying and obtaining needed additional resources, including additional technical specialty personnel.

	• Work with Public Information Officer (PIO) to insure proper procedures for media contacts. • Work with Public Information Officer (PIO) to develop public action or warning releases.
Operational Period Phase	• Monitor and assist Division Representatives in implementing the assigned portion of the IAP. • Ensure lines of communications between Division Representatives and field response elements are being maintained. • Ensure that operational information/intelligence is being effectively gathered and disseminated to the Operations Section Chief and Planning Section. • Ensure that the Division Representatives are maintaining current resource status information in accordance with doc procedures. • Keep Operations Section Chief and Planning Section informed of progress being made in the implementation of IAP operations. • Ensure that the Operations Section Chief and Planning Section are informed of any changes in the status of the implementation of the IAP tactical operations and of assigned resources. • Submit situation and resource status information to Operations Section Chief. • Participate in the development of tactical plans for the next operational period.
General Deactivation Procedures	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of DOC.

_____ Job Action Sheet

Equipment

- Phone (cell/landline)
- Computer
- Office Supplies
- Maps (as necessary)

Special instructions:

_____
_____
_____
_____
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_____

SURVEILLANCE DIRECTOR

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	Operations Chief
Supervises:	Surveillance and Epidemiology staff
Job Description:	Oversees surveillance and epidemiology staff and activities.
Qualifications:	• Familiar with the Colorado Department of Public Health and Environment (CDPHE) Department Operations Center (DOC) and Incident Command System (ICS) procedures. • Knowledgeable about communicable diseases, laboratory testing capabilities, disease surveillance systems, and disease prevention and control measures. • Knowledgeable about CDPHE policies and procedures with regard to communicable diseases. • Experience conducting and leading outbreak investigations. • Excellent verbal and written communication skills.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	• Provide guidance about surveillance and epidemiological aspects of the incident. • Coordinate surveillance and epidemiological data collection and staff. • Ensure proper disease prevention and control measures are promptly implemented.
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications, and emergency contact information. • Report to the DOC. • Check in/sign in upon arrival at the DOC. • Always wear your CDPHE photo ID. • Report to Operations Chief. • Set up your workstation and review your position responsibilities. • Establish and maintain an Individual Position Log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
Immediate	• Delegate activities to Surveillance and Epidemiology staff. • Assess the surveillance, laboratory, and epidemiological data that are available. • Implement appropriate disease prevention and control measures. • Facilitate specimen collection and transport to the appropriate laboratory. • Implement/enhance surveillance for the disease/organism being investigated.
Intermediate	• If applicable, design and launch an epidemiological study. • If applicable, coordinate field investigations with other Operations Branch counterparts, such as

	Environmental Health. • Maintain communication with appropriate local public health agency counterparts, hospitals, health care providers, laboratories, and Centers for Disease Control (CDC) officials. • Assist in developing and/or reviewing informational fact sheets and/or guidance for the population affected, hospitals, health care providers, laboratories, and local public health agencies.
Extended	• Plan for the possibility of extended deployment. • Document surveillance and epidemiological findings in a formal report.
Deactivation	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of DOC.

PPE

- Dependant on the type of field investigation work that may occur.

Equipment

- Computer with internet access and appropriate software for collecting and analyzing epidemiological data
- Phone (cell/landline)
- Fax
- Office supplies
- Radios
- Area maps

Special instructions:

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_____

SURVEILLANCE BRANCH STAFF

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	Surveillance Branch Director
Supervises:	N/A
Job Description:	Performs surveillance and epidemiology activities as assigned.
Qualifications:	• Knowledgeable about communicable diseases, laboratory testing capabilities, disease surveillance systems, and disease prevention and control measures. • Knowledgeable about CDPHE policies and procedures with regard to communicable diseases. • Experience participating in outbreak investigations. • Good communication skills.

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	Support the surveillance and epidemiological aspects of the incident.
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications, and emergency contact information. • Report to the CDPHE DOC. • Check in/sign in upon arrival at the DOC. • Always wear your CDPHE photo ID. • Report to the Surveillance and Epidemiology Director. • Set up your workstation and review your position responsibilities. • Establish and maintain an Individual Position Log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
Immediate	• Perform activities requiring immediate action as assigned by the Surveillance and Epidemiology Director.
Intermediate	• If applicable, assist in conducting an epidemiological study. • If applicable, prepare and conduct field investigations and/or enhanced surveillance activities. • Assist in developing and/or reviewing informational fact sheets and/or guidance for the population affected, hospitals, health care providers, laboratories, and local public health agencies.

Extended	• Plan for the possibility of extended deployment. • Document surveillance and epidemiological findings in a formal report.
Deactivation	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of DOC.

PPE

- Dependant on the type of field investigation work that may occur.

Equipment

- Computer with internet access and appropriate software for collecting and analyzing epidemiological data
- Phone (cell/landline)
- Fax
- Office supplies
- Radios
- Area maps

Special instructions:

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ENVIRONMENTAL GROUP SUPERVISOR

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	Operations Section Chief
Supervises:	APCD, CPD, HMWMD and WQCD Division Representatives
Job Description	
Qualifications:	

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	To assist the Operations Section Chief by managing and coordinating the response activities of the, Air Pollution Control Division, Consumer Protection Division, Hazardous Material Waste Management Division, and Water Quality Control Division, Response Units.
General Activation Procedures	• Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. • Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). • Check in/sign in upon arrival at the DOC. • Always wear your Department photo ID • Report to Operations Section Chief. • Set up your workstation and review your position responsibilities. • Establish and maintain a position log, which chronologically describes your actions taken during your shift. • If another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note this briefly in your Individual Position Log.
DOC Activation Phase	• Obtain current situation briefing from Operations Section Chief. • Work closely with Operations Section Chief as well as the Planning Section to determine the scope of environmental impact and assistance required. • Dispatch teams to survey and test potable water systems; determine status of potable water as needed. • Dispatch teams to survey and test sanitation systems to ensure that they are operating effectively and not contaminating water supplies. • Mobilize and deploy available HazMat Technical Assistances Teams as needed. • Develop a transportation and distribution strategy for potable water as needed. • Develop and implement a plan to identify sources of contamination that could pose a health problem; contain and/or eliminate the threat to the general population. • Make plans for solid waste disposal as needed. • Inspect mass care shelters. • Inform the Operations Chief of all significant events. • Refer all contacts with the media to the Public Information Officer.

	• Refer all contacts with the media to the Public Information Officer. • Work with Public Information Officer (PIO) to develop public action or warning releases. • Establish operating relationship with Divisional Representatives. • Ensure Divisional Representatives are effectively communicating and passing pertinent event information appropriately through the DOC information system. • Assist the Divisional Representatives in identifying and obtaining additional resources. • Coordinate with Divisional Representatives on the development and implementation of tactical strategies and response tactics. • Determine the status and availability of mutual aid resources in the operational area. • Establish communication with local departments of public health and provide oversight of the departmental public health field activities including Risk Communications. • Assist the Operations Section Chief with the development of the operation's portion of the IAP. • Coordinate with the Medical Group Supervisor and Medical Operations Unit to determine medical facilities where victims can be transported following decon. • Coordinate with Mass Fatalities Unit to provide technical assistance. • Coordinate with local governmental and federal agencies in assessing the need for vector control measures.
Operational Period Phase	• Monitor and assist Division Representatives in implementing the assigned portion of the IAP. • Ensure lines of communications between Division Representatives and field response elements are being maintained. • Ensure that operational information/intelligence is being effectively gathered and disseminated to the Operations Section Chief and Planning Section. • Inspect food preparation activities for the DOC and coordinate with Colorado Department of Public Health and Environment (CDPHE) food inspection of food preparation activities for local responders. • Develops and implements plans that address the process of assessing of the environmental impact caused by an incident and contingency plans for initiating recovery actions. • Ensure that the Division Representatives are maintaining current resource status information in accordance with DOC procedures. • Keep Operations Section Chief and Planning Section informed of progress being made in the implementation of IAP operations. • Provide technical advice and consultation on debris management issues. • Ensure that both water and sanitation systems are continually monitored. • Coordinate with Administration and Finance in identifying and obtaining needed additional resources, including additional technical specialty personnel. • Work with Public Information Officer (PIO) to insure proper procedures for media contacts. • Work with Public Information Officer (PIO) to develop public action or warning releases. • Ensure that the Operations Section Chief and Planning Section are informed of any changes in the status of the implementation of the IAP tactical operations and of assigned resources. • Submit situation and resource status information to Operations Section Chief. • Participate in the development of tactical plans for the next operational period. • Work closely with all of the other Operations Section Group Supervisors as well as the Planning Section to determine the scope of mental health services needed to support responders. • Assist local health departments with the development and implementation of a vector control plan. • Coordinate through the department's Liaison Officer at the State EOC for providing technical support to designed state lead agencies for ESF #10, 11, 12, 14 and 15.

General Deactivation Procedures	• Deactivate your assigned position and close out logs when authorized by the DOC Commander. • Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure. • Be prepared to provide input to the after-action report. • Clean up your work area before you leave. • Leave a forwarding phone number where you can be reached. • Check out/sign out of the DOC.

_____ Job Action Sheet

Equipment

- Phone (cell/landline)
- Computer
- Office Supplies
- Maps (as necessary)

Special instructions:

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DOCUMENTATION UNIT LEAD

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	Planning Section Chief
Supervises:	Documentation staff and Specialists
Job Description	Facilitate the overall documentation operations, and assist and serve as a Lead to the DOC documentation specialists.
Qualifications:	▪ Possess excellent coordination and organizational skills ▪ Ability to delegate tasks ▪ Excellent Communication Skills ▪ Extensive experience and training in documentation and record management

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	To ensure that all Documentation Unit operations are operating efficiently and effectively.
Immediate	▪ Brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. ▪ Report to the DOC site. ▪ Direct the physical set-up of the Documentation Unit, and follow the general activation checklist. ▪ Assist the Planning Chief in determining appropriate DOC documentation needs. ▪ Provide orientation to new Documentation Unit specialists. ▪ Obtain the objectives and operations plan from the Planning Chief.
Intermediate	▪ Supervise the Documentation Unit by leading the organization, collection, and filing of duplicate copies of event or disaster related forms *(i.e. DOC logs, Situation Status reports, Incident Action Plans (IAPs)…etc.)* ▪ Hold Documentation Unit meetings as necessary to ensure communication and coordination. ▪ Ensure that the required documentation is prepared and distributed to the Planning Chief, Command, and General staff as necessary. ▪ Maintain an accurate knowledge of updated forms, logs, and reports to be provided to the Sections. ▪ Check accuracy and completeness of records and documentation submitted for review. ▪ Ensure that permanent, hard copies of documentation is maintained and electronically archived. ▪ Assist the DOC Coordinator in the preparation and distribution of the After Action Report. ▪ Develop an Action Plan for each operational period, based on objectives developed by the Planning Section. ▪ Provide periodic briefings for Planning Chief, Command and General staff. ▪ Meet with Planning Chief to ensure that objectives are being achieved and actions are being recorded. ▪ Work with DOC staff to ensure that the following files are completed, maintained and distributed appropriately (*including, but not limited to)*: ▪ *Incident Action Plan, Press releases, Operations Log, Position notes, Incident status summaries,*

	Time Sheets, Resource status reports, Demobilization plan, Contracts, Cost summaries, incidental material (officially recorded). ▪ Participate in the development of status reports and situation plans for use in the DOC.
Deactivation	▪ Ensure that all needed documentation and reports are available and distributed to the planning Chief, Command, and General staff. ▪ Ensure that an After Action Report review occurs and is documented. ▪ Participate in After Action Report review meetings. ▪ Assist with the preparation of the After Action Report.

DOC Documentation Unit Leader

Job Action Sheet

Equipment

- Safety Vest
- Identification Badge
- Phone (cell/landline)
- Computer
- Office Supplies
- Radios
- Facility Layout and/or map
- Floor Map
- Area Maps

Special instructions:

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RECORDER

Employee Name: _____ Telephone #'s _____
DOC Site: _____
Report Time In: _____ Date In: _____
Report Time Out: _____ Date Out: _____
Prophylaxis: Yes/What kind _____ No/Why not? _____

Reports to:	Documentation Unit Lead
Supervises:	N/A
Job Description	This position is assigned in each of the command and general staff sections and is responsible for taking messages, checking email for the section chief or command staff positions assigned. This position uses technology to record activities and decisions made, track resources
Qualifications:	Have excellent listening and information synthesizing skills Have experience in Word, Excel, Access, communication skills, GroupWise Possess exceptional knowledge and ability to set-up and operate basic computer and telephone equipment

READ THIS ENTIRE JOB ACTION SHEET AND REVIEW ORGANIZATION CHART

Mission	Record all activities and decisions made during DOC activation.
Immediate	▪ Notify immediate supervisor you have been asked to report to the DOC. ▪ If extended hours are expected, brief family members on your mission, confidentiality, estimated time of your return, procedures for getting any required medications and emergency contact information. ▪ Report to the Colorado Department of Public Health and Environment (CDPHE) – Department Operations Center (DOC). ▪ Secure paper and writing instruments to record the activities and decisions. ▪ Set-up your workstation and review your position responsibilities. ▪ Log in to computer and GroupWise email box for the ICS section assigned.
Intermediate	▪ Participate in briefing meetings and record information as requested. ▪ Document decisions that have been made. ▪ Obtain a copy of the organization chart and positions. ▪ Know all ICS positions and supporting staff for accurate note taking. ▪ Know uses, context, and staff responsibility to various emergency forms, and data collecting strategies. ▪ Check assigned email box(es) and route messages to appropriate DOC section/positions ▪ Receive and route to the appropriate DOC section/positions messages by email, phone, fax, mail or radio. ▪ Ensure that Section position logs and other necessary files are maintained. ▪ Electronically enter data as requested. ▪ Participate in and record information at briefings as requested. ▪ Deliver necessary recorded information to the ICS Section Chiefs as needed. ▪ Maintain extra copies of all recorded information for filing. ▪ Provide recorded information to Section Chief(s) as requested. ▪ Maintain a log of recorded information.

Deactivation	▪ Save all email messages to a Groupwise folder, or other identified location named for the Incident. ▪ Provide all documentation recorded, to the Documentation Leader, including, Individual Position Log. ▪ Participate in the After Action Report preparation.

Recorder - DOC

Job Action Sheet

Equipment

- Phone (cell/landline)
- Computer
- Vest
- Goggles/Face Shield
- Office Supplies
- Radios
- Clinic Site Map
- Floor Map
- Area Maps

Special instructions:

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SHIFT CHANGE AND DEACTIVATION

Shift Change Procedures for Outgoing Staff:

- ❑ Record into log any important developments in their area of responsibility.
- ❑ Introduce incoming member(s) to present staff and key people.
- ❑ Brief incoming staff on:

    - ❑ The current situation as per the status board or logs.
    - ❑ Any special events expected to occur during their shift
    - ❑ Any special needs groups in the DOC
    - ❑ Requisitions made, but not yet filled for supplies, equipment or information
    - ❑ Incident action plans
    - ❑ Where to locate job action sheets, forms, supplies, or operations manuals.
    - ❑ Layout of the DOC and supporting facility
    - ❑ Overall status of duties
    - ❑ Advise supervisor that handover of position has been completed.
    - ❑ Turn in vest and other identification obtained upon check-in.

Deactivation:

The emergency operations center deactivation procedures will be contained in each of the job action sheets. The basic deactivation procedures are:

- ❑ Deactivate your assigned position and close-out logs when authorized by the Incident Commander.

- ❑ Complete all required forms, reports, and other documentation. All forms should be submitted through your supervisor to the Planning Section, Documentation Unit, as appropriate, prior to your departure.

- ❑ Be prepared to provide input to the after-action report.

- ❑ Clean up your work area before you leave.

- ❑ Leave a forwarding phone number where you can be reached.

Check out/sign out of DOC.

OPERATION CACHE FLOW:

Chempack Field Activation Exercise

August 05, 2009

AFTER ACTION REPORT / IMPROVEMENT PLAN

September 30, 2009

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Handling Instructions

1. The title of this document is Operation Cache Flow: Chempack Field Activation Exercise After Action Report/ Improvement Plan (AAR/IP)

2. The information gathered in this AAR/IP is classified as For Official Use Only (FOUO) and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from Colorado Department Public Health and Environment, Emergency Preparedness and Response Division or Cunningham Fire Protection District is prohibited.

3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.

4. Points of Contact:
   Jennifer Trainer, Colorado Department Public Health and Environment
   Capt. Tom Chavez, Cunningham Fire Protection District

   State of Colorado Chempack POC & Exercise Director:

   Jennifer Trainer
   SNS-Chempack
   Colorado Dept. Public Health and Environment
   4300 Cherry Creek Drive South
   Denver, CO 80246-1530
   303-692-2751(office)
   303-241-0191 (cell)
   Jennifer.Trainer@state.co.us

   Cunningham Fire Protection District POC & Fire/EMS Exercise Director:

   Captain Tom Chavez
   Cunningham Fire Protection District Training Coordinator
   2015 S. Dayton Street, Denver, CO 80247
   303-755-9202
   tchavez@cfpd.org

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CONTENTS

Executive Summary

Operation Cache Flow was a full-scale exercise intended to establish best practices and protocols for the activation and field deployment of Chempack to ensure the rapid and safe delivery of medications to victims at the scene of a hazardous materials incident involving an organophosphate. The Colorado Department of Public Health and Environment, in partnership with the Cunningham Fire Protection District, created a chemical – nerve agent – scenario for this multi-jurisdictional functional exercise to test the activation and movement of Chempack to the field.

The scenario involved a truck carrying a concentrated form of an organophosphate pesticide that is involved in a multi-vehicle accident at an intersection in Centennial, Colorado. The truck rolls, releasing the liquid pesticide onto the road surface and exposing accident victims to the chemical agent. Vapors from the leaking pesticide containers impact drivers in other vehicles at the intersection and enter the ventilation system of a nearby commercial building that is downwind, exposing those employees and patrons to the nerve agent.

There were four Homeland Security Target Capabilities tested in this exercise:

- Communications
- WMD/Hazardous Materials Response and Decontamination
- Triage and Pre-Hospital Treatment
- Medical Supplies Management and Distribution

The exercise planning team included Cunningham Fire Protection District, South Metro Fire Rescue Authority Hazardous Materials Team, Colorado State Patrol and Sky Ridge Medical Center. The exercise planning team discussed the need to develop a Chempack activation protocol that would be applicable to all jurisdictions in Colorado. The objectives set for the exercise were intended to ensure an outcome leading to a guide for first responders involved in a mass casualty incident (MCI) involving a nerve agent.

The following objectives were developed for Operation Cache Flow:

- Objective 1: Test the field request and notification process of: Fire dept or HazMat team on-scene command; Colorado State Patrol mobilization; Host facility activation and transport to scene
- Objective 2: Development of zones, staging, patient movement for on-scene Chempack delivery and medication documentation for a mass casualty incident
- Objective 3: Recognition of a Chempack incident
- Objective 4: Receipt and utilization of Chempack resources on-scene

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

MAJOR STRENGTHS

The major strengths identified during this exercise are as follows:

· Coordination and communication between Communication Centers and first responder agencies (i.e. fire, law enforcement, hazardous materials team, EMS) and the first receivers (acute care hospitals)
· Movement of Chempack from the host site to the scene Staging Area
· Coordination on-scene with the Medical Branch Lead for distribution and management of Chempack

PRIMARY AREAS FOR IMPROVEMENT

Because this exercise was intended to assist in the development of a statewide protocol for activation and utilization of the Chempack cache in the field, there were several opportunities for improvement in the utilization of the Chempack cache at a scene. The primary areas for improvement, including recommendations, are as follows:

- Develop a protocol to assist the Staging Area with just-in-time training for Chempack utilization
- Enhance training and knowledge of the Chempack activation and movement process
- Translate the procedures tested in this exercise to a guide for all EMS professionals on Chempack inventory management and patient documentation of received medications

CONCLUSION

Overall, Operation Cache Flow was a success for both the identification of a nerve agent plus the movement and utilization of Chempack in the field. Solid communication, coordination and teamwork occurred by the responding agencies for the rapid identification of an organophosphate chemical, scene control, patient analysis of a nerve agent involved. This teamwork and sharing of information allowed for the on-scene EMS leads to recognize their limitations in treatment options and make modifications in their MCI patient management plan to maximize the resources available to them through the activation of Chempack. Currently, a Chempack field protocol does not exist for field management of the cache. The expectation is that there will be ongoing scenario testing of Chempack field deployment to continue the development of the Chempack Field Activation Protocol. This includes: movement from Staging to Treatment and Transport Areas; on-scene inventory management and on-scene medication documentation of patient doses on MCI tags.

Section 1: Exercise Overview

Operation Cache Flow engaged communication centers, fire, law enforcement, EMS, acute care hospitals and public health professionals for this exercise, as well as the Chempack cache.

EXERCISE DETAILS

Exercise Name

Operation Cache Flow: Chempack Field Activation

Type of Exercise

Functional Exercise

Exercise Start Date

August 05, 2009

Exercise End Date

August 05, 2009

Duration

3.5 hours

Location

Arapahoe County, Colorado

Sponsors

Colorado Department Public Health and Environment (CDPHE)

Cunningham Fire Protection District (CFPD)

Program

CDPHE – CDC Public Health Readiness grant

CFPD – Hazardous Materials Emergency Preparedness grant

Mission

Establish best practices and protocols for the activation and field deployment of Chempack to ensure the rapid and safe delivery of medications to victims at the scene of hazardous materials incident involving an organophosphate/nerve agent.

Capabilities

1. Communications
2. WMD/Hazardous Materials Response and Decontamination
3. Triage and Pre-Hospital Treatment
4. Medical Supplies Management and Distribution

SCENARIO TYPE
Chemical – Nerve Agent

EXERCISE PLANNING TEAM

Chief Jerry Rhodes	Cunningham Fire Protection District, Chief
Chief Ralph Vickrey	Cunningham Fire Protection District, Paramedics Division Chief
Capt Tom Chavez	Cunningham Fire Protection District, Exercise Coordinator
Dan Box, EMT-P	Cunningham Fire Protection District, Paramedic Supervisor
Jennifer Trainer	CO Dept Public Health and Environment, Emergency Preparedness and Response Division, Strategic National Stockpile/Chempack Coordinator
Robin K Koons, PhD	CO Dept Public Health and Environment, Emergency Preparedness and Response Division, Emergency Response Manager and State Lead ESF 8: Public Health-Medical

PARTICIPATING ORGANIZATIONS

Action Care Ambulance	Littleton Communication Center
Arapahoe County Sheriff's Office	Medical Center of Aurora
Aurora Fire Department	Metcom Communication Center
CO Dept Public Health and Environment	Parker Adventist Hospital
CO State Patrol Communication Center	Rural Metro Ambulance
CO State Patrol	South Metro Fire Rescue Authority
Cunningham Fire Protection District	Sky Ridge Medical Center
Denver Health Paramedics Division	Swedish Medical Center

Number of Participants -18 total agencies
Players by discipline:

- Communication Centers – 3
- Emergency Medical Services/patient transport - 4
- Fire Departments – 3
- Hazardous Materials teams – 1
- Hospitals – 4
- Law Enforcement - 2
- Public Health - 1

Controllers/Evaluators – 6 (combined function)

Facilitators - 5

Observers - 20

Victim Role Players
35 (*stuffed toy bears were used to simulate victims since the goal of this exercise was focused on the process not patient care*)

Section 2: Exercise Design Summary

The exercise design process followed standard HSEEP protocol. The initial development of the scenario and exercise objectives was based on state planning efforts related to the pre-positioning of the Strategic National Stockpile (SNS) Chempack cache. The appropriate Department of Homeland Security (DHS) Target Capabilities (TC) are incorporated into the exercise objectives to ensure a complete community planning process at the state and local level. Professionals in all disciplines participating in the exercise were interviewed to develop the Master Scenario Event List (MSEL), which was subsequently used to create the Exercise Evaluation Guide (EEG) and Controller checkpoints. A tabletop exercise with all participating agencies occurred on July 13, 2009 and a tabletop exercise with the specific responding fire–EMS crew occurred on July 20, 2009. Notification of Colorado's media about the exercise occurred on August 3, 2009. An invitation to attend the exercise was extended to both the media and community officials. The functional exercise occurred on August 5, 2009.

EXERCISE PURPOSE AND DESIGN

The purpose of this exercise was to establish best practices and protocols for the activation and field deployment of the SNS Chempack. The intent was to ensure the rapid and safe delivery of medications to victims of a hazardous materials incident involving an organophosphate/nerve agent. The Operation Cache Flow scenario involved an event plausible anywhere in Colorado for an accident scene involving a hazardous chemical – nerve agent. Methyl Parathion was selected to represent the organophosphate pesticide/nerve agent. The exercise focused on general response efforts of fire/hazmat agencies, communication centers and law enforcement. It incorporated standard mass casualty incident (MCI) response with the unique field medical response actions required when nerve agent exposures occur.

EXERCISE OBJECTIVES, CAPABILITIES, AND ACTIVITIES

The following summary tables outline the exercise objectives for Operation Cache Flow and the Homeland Security Target Capabilities (TC) that supported each exercise objective. The corresponding activities for each identified TC are subsequently listed next to the TC if the activity occurred in this exercise. The specific critical tasks that Operation Cache Flow focused on for the identified activities are listed in the third column of the table. Section 3: Analysis of Capabilities provides the detailed observations and recommendations for each exercise objective, TC and the listed activities in the same order as that of the summary tables. Every effort was made to ensure this report flows in a similar manner as the progression of the exercise play for continuity purposes of both the scene development, which is critical to the development of best practices protocol and the critique of the response efforts.

OBJECTIVE 1: Test the Field Request and Notification Process of Fire Dept or Hazmat Team on-scene command, Colorado State Patrol mobilization, Host facility activation and transport to scene		
Target Capability	***Activity***	***Critical Tasks***
Communications	**Activity 1: Alert and Dispatch**	**1.1** Implement response communications interoperability plans and protocols. **1.2** Communicate incident response information per agency protocols **1.2.01** Provide dispatch information to initial responders in timely manner **1.2.02** Information is transmitted via secondary means when primary means are overloaded or fail **1.3** Use established common response communication language **1.3.01** First responders acknowledge receipt and understanding of radio communications information **1.4** Initiate documentation process of required forms and follow-up notations **1.5** Ensure that all critical communication networks are functioning **1.5.01** Equipment and personnel capabilities within communications and/or dispatch centers are available to process incoming calls **1.6** Implement procedures to protect information facility and communication network systems
	Activity 2: Provide Emergency Operations Center Communications Support	**2.1** Implement incident communications interoperability plans and protocols **2.2** N/A– Not an objective of this exercise **2.3** Communicate incident response information per agency protocols **2.4** Use established common response communications language **2.5** Coordinate incident site communications to be consistent with the NIMS **2.6** NA – Not an objective of this exercise **2.7** Verify that all critical communication networks are functioning **2.7.01** Communications plan includes provision for back up if primary mode of communications overloads or fails **2.8** Establish and maintain response communications systems on-site **2.8.01** First responders are provided with command, tactical and support communications networks as requested by the Incident Commander (IC) **2.9** Implement information systems protection procedures **2.9.01** Communications plan accounts for known equipment incompatibility, and identifies strategies to overcome deficiencies **2.10** NA– Not an objective of this exercise **2.11** Coordinate and provide telecommunications and information technology support to Federal, State, regional, local officials **2.11.01** Communications are established with incoming personnel

OBJECTIVE 1: Test the Field Request and Notifi cation Process of Fire Dept or Hazmat Team on-scene command, Colorado State Patrol mobilization, Host facility activation and transport to scene (*cont*)		
Target Capability	***Activity***	***Critical Tasks***
WMD/Hazardous Materials Response and Decontamination	**Activity 1: Site Management and Control**	**1.1** Conduct initial approach and positioning of responders **1.1.01** Time for WMD/HM response and decontamination resources to arrive on-scene, if requested by IC **1.2** Implement/integrate WMD/HM resources into the ICS organization **1.2.01** Coordinate/incorporate into the Incident Command System (ICS) **1.3** Establish and identify visually an isolation perimeter (outer perimeter) to isolate the area and deny entry **1.3.01** Time to establish site management and control **1.4** Establish a hot zone (inner perimeter) to identify high hazard area(s) where responders will operate **1.5** Establish other hazard control zones, based upon scope and nature of the event **1.6** Initiate initial public protective actions (PPA)
	Activity 2: Identify the Problem	**2.1** Survey the Incident **2.2** Conduct offensive or defensive reconnaissance operations
	Activity 3: Hazard Assessment and Risk Evaluation	NA – *Not an objective of this exercise but a hazard assessment was conducted as part of the standard operating procedure for the type of incident simulated in this exercise*
	Activity 4: Select Personal Protective Clothing and Equipment	NA – *Not an objective of this exercise but appropriate PPE was addressed as part of the standard operating procedure for the type of incident simulated in this exercise*
	Activity 5: Information Management and Resource Coordination	**5.1** WMD/HM branch / group has been established and operations are effectively coordinated within the ICS organization **5.2** Key WMD/HM response and support agencies are represented through either UC or through the Liaison Officer **5.3** Pertinent planning documents are referenced and utilized **5.4** WMD/HM branch / group resource requirements are identified and coordinated within the ICS organization
	Activity 6: Implement Response Objectives	**6.1** Determine the nature and priority of rescue operations **6.2** Identify personnel and equipment requirements to initiate rescue operations **6.3** Implement safe and effective tactics to accomplish rescue operation objectives **6.3.01** Time to initiate rescue operations (non-contaminated victims) **6.3.02** Time to initiate rescue operations (contaminated victims) **6.4** Implement secondary public protective actions (PPA) **6.5** Identify personnel and equipment requirements to initiate product/agent control operations **6.6** Implement safe and effective tactics to accomplish product/agent control objectives **6.6.01** Time to initiate product/agent control operations (spill, leak, fire) **6.7** Implement decontamination tactics to support rescue and product/agent control objectives

OBJECTIVE 2: Development of Zones, Staging, Patient Movement for On-Scene Chempack Delivery and Medication Documentation for a Mass Casualty Scene		
Target Capability	***Activity***	***Critical Tasks****
WMD/Hazardous Materials Response and Decontamination (*cont*)	**Activity 7: Decontamination and Clean-Up/Recovery Operations**	**7.1** Identify the type of contaminants, nature of response operations and the required type / level of decon operations **7.2** Implement emergency decon operations **7.3** Implement mass decon operations **7.4** Implement secondary public protective actions (PPA) **7.5** Implement technical decon operations for injured, contaminated victims **7.6** Implement technical decon operations in support of WMD/HM entry & response **7.7** Implement decon operations to address incident specific scenarios & requirement **7.8** Coordinate with environmental authorities to ensure the appropriate decon area clean-up and disposal of waste materials generated by decon operations **7.8.01** Safe and effective transition to clean-up and recovery operations
	Activity 8: Terminate the Incident	**8.1** Transfer command for emergency response phase to authority having jurisdiction (AHJ) for post-emergency clean-up and recovery operations **8.2** Work through IC/UC to ensure that incident-specific evidence collection and investigation protocols are clearly understood & communicated to all responders **8.3** Conduct an incident debriefing for on-scene personnel **8.4** Inventory WMD/HM equipment cache and restore to service **8.4.01** Time for WMD/HM equipment cache to be inventoried, etc **8.5** Implement a formal post-incident analysis process (based upon local procedures)

OBJECTIVE 3: Recognition of a Chempack Incident		
Target Capability	***Activity***	***Critical Tasks****
Triage and Pre-Hospital Treatment	**Activity 1: Direct Triage and Pre-Hospital Treatment Tactical Operations**	**1.1** Establish Medical Branch/Group Officer **1.1.01** Time to provide medical coordination of on-scene emergency medical services (EMS) system personnel and other health resources **1.1.02** Time to provide medical coordination of public health services, hospitals, and healthcare providers **1.2** Coordinate with on-scene Incident Command **1.3** Ensure effective, reliable interoperable communications between providers, medical command, public health, and health care facilities **1.3.01** Time to establish primary communication with on-scene personnel and ESF liaison contacts **1.4** Assess need for additional medical resources/mutual aid **1.5** Initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability **1.5.01** Time to execute recall and mutual aid agreements (MAA) with State and local partners **1.6** Implement and maintain accountability procedures for EMS personnel, equipment, and supplies **1.7** Provide medical support and safety considerations **1.8** Organize and distribute medical resources **1.8.01** Time to ensure sufficient and appropriate medical equipment and supplies are readily available to on-scene personnel

OBJECTIVE 3: Recognition of a Chempack Incident		
Target Capability	***Activity***	***Critical Tasks****
Triage and Pre-Hospital Treatment (*cont)*	**Activity 2: Activate Triage and Pre-Hospital Treatment**	**2.1** Dispatch and support medical care personnel **2.1.01** Time for EMS responders to be notified and dispatched to the scene **2.2** Complete scene survey **2.3** Establish scene safety, based on the type and severity of the incident **2.4** Establish triage, treatment, and transport areas
	Activity 3: Triage	**3.1** Conduct initial and on-going pre-hospital triage in accordance with a jurisdiction's existing plans and procedures and prescribed triage methodology (e.g., Simple Triage and Rapid Treatment (START) Triage) **3.1.01** Time to initiate triage of ill/injured patients **3.2** Initiate a patient tracking system **3.2.01** Time to initiate a patient tracking system **3.3** Move patients to safe, secure, and easily accessible treatment area(s)
	Activity 4: Provide Treatment	**4.1** Establish Immediate, Minor, and Delayed Treatment areas **4.2** Provide treatment appropriate to the nature of incident and number of injured/ill **4.3** NA (pain management)– Not an objective of this exercise **4.4** Ensure documentation of patient care and transfer, in accordance with mass casualty protocols
	Activity 5: Transport	**5.1** Identify transport vehicles, victims, and priority of transport **5.2** Provide for alternative modes of transport should air or other operations be necessary **5.3** Coordinate and transport patients to the appropriate treatment facility
	Activity 6: Demobilize	**6.1** Reconstitute personnel and equipment **6.2** Participate in incident debriefing **6.2.01** Triage and pre-hospital personnel debriefed **6.3** Identify responder needs dependent upon their level of involvement **6.3.01** Triage and pre-hospital personnel restored to normal or original ops
	Activity 7: Special Threats and Duties	**7.1** Direct triage and pre-hospital treatment tactical operations (develop procedures for handling patients, health care receivers, and property) **7.1.01** Time to organize, deliver, and issue personal protective equipment (PPE) to all on-scene medical personnel **7.1.02** Time to provide handling procedures to all on-scene medical personnel **7.2** Provide triage (ensure decontamination of patients prior to treatment and transport **7.3** Provide treatment (ensure documentation of patient care and transfer, in accordance with mass casualty protocols **7.4** Provide transport (identify transport vehicles, victims, and priority of transport

OBJECTIVE 4: Receipt and Utilization of Chempack Resources On-Scene		
Target Capability	***Activity***	***Critical Tasks****
Medical Supplies Management and Distribution	**Activity 1: Direct Medical Supplies Management and Distribution Tactical Response**	**1.1** Check State inventory of needed resources **1.2** Request Federal assistance **1.2.01** Time to request Strategic National Stockpile (SNS) – Chempack following medical surveillance indications **1.3** Maintain communications with transportation vendors during distribution of medical supplies **1.4** Coordinate acquisition of private source medical supplies **1.5** Monitor supply usage and stockpile levels of health facilities, mass prophylaxis sites, and other critical care venues
	Activity 2: Activate Medical Supplies Management and Distribution	**2.1** Establish medical supplies warehouse management structure **2.2** Activate warehousing operations for receipt of medical assets **2.2.01** Time for request of local supplies to arrive at scene **2.3** Identify needed transportation assets for medical supplies
	Activity 3: Establish Security	**3.1** Credentialing medical supplies personnel – Not an objective of this exercise **3.2** Security at point of entry into state – Not an objective of this exercise **3.3** Security checkpoints - Not an objective of this exercise **3.4** Identify locations that require heightened security – controlled substances

SCENARIO SUMMARY

It is an average August morning in Centennial, Colorado. The temperature is a pleasant 74^0 F with a light wind blowing from the North. A truck carrying a concentrated form of an organophosphate pesticide is involved in a multi-vehicle accident (scene A) at an intersection in a suburban area of Arapahoe County. The truck rolls, releasing the liquid pesticide onto the road surface and exposing accident victims to the chemical agent. Vapors from the leaking tanks drift across the scene, impacting drivers in vehicles unable to move because of the accident and entering the ventilation system of a nearby bank (scene B) downwind from the accident scene. Bank employees and patrons within the bank are subsequently exposed to the nerve agent. Individuals impacted at the scene, in vehicles downwind from the scene and within the bank begin calling 911 with a growing level of concern as the health affects of the nerve agent begins to be felt. A standard multi-vehicle accident quickly escalates to a complex hazardous materials mass casualty incident for local fire and EMS response.

Section 3: Analysis of Capabilities

OBJECTIVE 1: Test the Field Request and Notification Process of Fire Dept or Hazmat Team on-scene command, Colorado State Patrol mobilization, Host facility activation and transport to scene

TARGET CAPABILITY: COMMUNICATIONS

Capability Summary: *The fundamental capability within disciplines and jurisdictions to perform the most routine and basic elements of their job functions. A continuous flow of critical information is maintained as needed among multi-jurisdictional and multi-disciplinary emergency responders, command posts, agencies, and governmental officials for the duration of the emergency response operation in compliance with NIMS.*

Activity 1: Alert and Dispatch

OBSERVATION:

Strengths Observed – The digital communication system used daily was activated in this exercise. The initial responding emergency (911) communication center disseminated information pertinent to the incident in a timely manner to the first responding fire department and law enforcement units. All additional communication centers notified for the activation of mutual aid and Chempack also demonstrated an ability to accurately relay information in a timely manner. Communication plans were explicitly announced to all responding personnel and NIMS compliance occurred throughout the exercise by each discipline.

Area for Improvement – None for Dispatch. Increase familiarization of radio banks with responding agencies. Enhance training with communication centers on the Chempack content and the Chempack activation steps.

ANALYSIS:

Description of Actions Observed – Clear and timely communication occurred between all emergency communication centers throughout the exercise for each discipline responding to the incident – law enforcement, fire, hazardous materials, and EMS. Common language was utilized and comprehended by all responding agencies, with information exchange occurring between responding disciplines on-scene to complete the implementation of the communication plan. ICS forms were completed by both Dispatch personnel and responders on-scene, confirming NIMs compliance for each responding agency and discipline. There was confusion for some responding units related to locating the frequency and/or accessing the specific channel selected by On-Scene Command (despite clear instructions from Dispatch). This issue appeared to be related to familiarization with radio banks versus dispatched communication.

Consequences – The communication center's comprehensive exchange with responders about the incident, as well as their knowledge of the Chempack Activation Protocol, is critical to the success of this type of incident. The confusion over radio channels and frequencies represents an operational and safety liability for responding agencies as well as potential communication delays that could result in a poor outcome.

RECOMMENDATIONS:

1. Knowledge of Chempack and channel/ frequency cards is essential for successful response; training currently underway on Chempack and the cards needs to continue.
2. More joint training can also reduce radio usage confusion.

TARGET CAPABILITY: COMMUNICATIONS (CONT)

Activity 2: Provide Emergency Operations Center Communications Support

OBSERVATION:

Strengths Observed – Communication plans for interoperability were properly implemented and appropriate information about the incident was shared quickly. The intent for Chempack, and the medications within the cache, was shared amongst responders via the incident command structure and standard scene interaction. Appropriate briefings occurred at Staging with arriving mutual aid partners and the Chempack transport agency. All responding agencies used common response communication language throughout the exercise. Tactical communication network support and on-site redundancy for system maintenance and management existed through a mobile communication center.

Areas for Improvement – Enhance experience with radio channel options/use. Identification and location of the selected communication channel posed a challenge for some responding units due to inexperience with the use of these channels.

ANALYSIS:

Description of Actions Observed – Command and tactical communication networks were available to all field personnel. All responding disciplines – law enforcement, fire, hazardous materials special operations, and EMS – understood and engaged in the NIMS incident command structure using common language, per standard operating procedures and communication plans. Once aware of the type of agent involved, EMS personnel recognized and communicated the medication needed for nerve agent exposure treatment and appropriately translated the request, using the term 'Chempack,' to the communication center to begin the Chempack Activation Protocol. ICS forms were completed by the communication center and personnel on-scene. The forms were appropriately supplemented when Chempack was activated.

Consequences – Working within the incident command structure contributed to the clear and concise communication of the nerve agent identification and the need for the Chempack cache. The communication center's awareness of the Chempack Activation Protocol further expedited the activation process. The thorough manner in which the tactical communication coordination occurred assisted in ensuring communication plans or system failures were minimized. The rapid activation of the county's mobile communication center demonstrated a high level of readiness for this type of incident. However, the inexperience that led to confusion over radio channels/frequencies represents an operational and safety liability for responding agencies that could result in a poor outcome for both responders and patients. Nevertheless, on-scene coordination and teamwork contributed to this challenge being overcome quickly.

RECOMMENDATIONS:

1. Continue to train Dispatch personnel and responding personnel on the presence of Chempack caches in the state, with enhanced training to EMS personnel on the cache inventory.
2. Continue to train responders on the frequency/channel cards to ensure interoperable communication is seamless.

OBJECTIVE 1 (cont)

TARGET CAPABILITY: WMD/HAZARDOUS MATERIALS RESPONSE AND DECONTAMINATION

Capability Summary: The capability to assess and manage the consequences of a hazardous materials release, either accidental or as part of a terrorist attack. It includes the hazardous material being rapidly identified and mitigated via testing and identifying of all likely hazardous substances onsite; ensuring that responders have protective clothing and equipment; conducting rescue operations to remove affected victims from the hazardous environment; conducting geographical survey searches of suspected sources or contamination spreads and establishing isolation perimeters; mitigating the effects of hazardous materials (at-risk populations are effectively protected), decontaminating on-site victims, responders, and equipment; coordinating off-site decontamination with relevant agencies, and notifying environmental, health, and law enforcement agencies having jurisdiction.

Activity 1: Site Management and Control

Strengths Observed – The responding fire department utilized the preliminary dispatched information to determine the type of incident unfolding prior to their arrival on-scene. The details captured from callers and relayed by the communication center assisted responders in ensuring their approach to the scene was upwind, allowing for the establishment of the initial escape routes and prompting an immediate request for a hazardous materials team. Law enforcement assisted with initial scene access control. The arriving HazMat team was thoroughly briefed en route by On-Scene Command and then integrated into the existing incident command structure. The Hot zone perimeter was set within 10 minutes of the first engine company arriving on-scene. The site management protocol was then relayed to all on-scene and arriving crews.

Area for Improvement – Confirm that responding law enforcement knows potential scene hazards so that only responders with appropriate personal protective equipment are involved in road closures downwind. Clearly mark the Hot zone.

ANALYSIS:

Description of Actions Observed – The preliminary information dispatched to the initial responding fire department prompted an immediate establishment of a HazMat Branch in the incident command structure. Topography, wind and waterways were taken into account for initial approach and in determining the preliminary perimeter of the scene. The first arriving engine crew used the Emergency Response Guidebook, along with DOT labels on the truck, to determine the agent category and set the initial Hot zone.

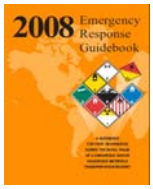
Consequences – By the communications center obtaining preliminary information from callers that characterize the scene, information critical to site management as well as first responder health and safety is relayed promptly. Early awareness by the initial fire crew of the need for a HazMat team reduces response time delays and enhances scene control. Strong coordination and communication between disciplines ensures a solid risk assessment occurs and the establishment of zone perimeters takes place quickly to minimize further exposures.

RECOMMENDATIONS:

1. Continue to exercise the full scope of responders, including communication centers and law enforcement, for incidents involving hazardous materials and exposures.

TARGET CAPABILITY: WMD/HAZARDOUS MATERIALS RESPONSE AND DECONTAMINATION (CONT)

Activity 2: Identify the Problem



OBSERVATION:

Strengths Observed – The first arriving fire department unit relied on their training, the Emergency Response Guidebook and DOT labels located on the truck involved in the accident for their initial assessment of the scene and identifying the hazard category of the material involved. The HazMat team's seamless integration into the existing incident command structure allowed for the team to quickly focus on the scope of the problem and build off of the initial response activity (e.g. scene perimeter and zones), performing both offensive and defensive reconnaissance to survey and characterize the incident. Open communication with all responding companies existed. This allowed for EMS to move quickly once the nerve agent was identified.

Area for Improvement – Relaying the physical state (e.g. solid, liquid, gas/vapor) of the hazardous material when the HazMat team is first activated may assist with their en route planning and overall approach.

ANALYSIS:

Description of Actions Observed – The HazMat team integrated into the existing incident command structure immediately upon arrival on-scene (arriving 25 minutes after the engine company's request). They progressed slowly and methodically through the scene assessment, which included assessing support for patient care (decontamination and potential medical supply support). [1] The team performed both offensive and defensive reconnaissance to characterize the scene and formalize the hazard zones that were initially set up by the first arriving engine crew. This allowed for isolation of the scene and control of entry into the area.

Through the ICS structure, the HazMat Branch coordinated with the Medical Branch to place the decontamination unit in the best location to allow for easy integration into the patient management process they already established. The HazMat team also provided all responders with a summary document of the identified nerve agent and kept communication open with all responding companies throughout their assessment process. The EMS professionals used this coordination effort to their advantage by planning and making decisions on patient management as the nerve agent identification steps occurred. This included identification of the type of medication required for patient treatment and a review of their own inventory of the supplies.

Consequences – The communication center's efforts to obtain details from callers assists in characterizing the scene quickly. Although preliminary information is not always accurate, it can be critical to first responder health and safety and overall site management. Early awareness by the responding fire crews of the need for a specialty team (such as a HazMat team) reduces delays. Strong coordination and communication between disciplines ensures a solid risk assessment occurs and the establishment of zone perimeters takes place quickly to minimize further exposures. Open communication by the HazMat team throughout their assessment process helps all disciplines prepare and successfully complete their mission assignment.

RECOMMENDATIONS:

1. Continue to exercise the full scope of responders for hazmat incidents to practice inter-agency coordination and communication for initial identification of the problem and control of the scene.

1. *Some areas of the state have a Metro Medical Response System (MMRS) that purchased nerve agent antidotes. Use of these supplies should be considered prior to or in conjunctions with Chempack in those jurisdictions, based on quantity needed and delivery time to scene.*

TARGET CAPABILITY: WMD/HAZARDOUS MATERIALS RESPONSE AND DECONTAMINATION (CONT)

Activity 5: Information Management and Resource Coordination

OBSERVATION:

Strengths Observed – Each responding agency identified their resource needs and coordinated their activities through On-scene Command. They all properly verbalized and presented the tactical objectives for their branch using the standard ICS-200 forms. Committed resources were tracked on a Status Board (which represented the Planning Section), facilitating tactical objectives being met for all branches. Full integration occurred of the HazMat team as a separate branch per current ICS expectations, resulting in a Unified Command structure for the incident. Subsequently, Command developed a single Incident Action Plan (IAP) for the event. Appropriate adjustments to the IAP occurred when the Medical Branch requested Chempack for pre-hospital triage and treatment. EMS teams took the lead for managing the Chempack resources and kept Command informed of its status.

Area for Improvement – No improvement recommendations, based on the objectives set for this exercise.

ANALYSIS:

Description of Actions Observed – The first arriving engine company developed the incident command structure immediately after arriving on-scene, creating the anticipated branches for law enforcement, special operations (HazMat team) and medical. The use of standard ICS forms assisted in managing information.

Management of resource allocation and tactical objectives was important as this scene transformed from a standard vehicle accident to a hazardous materials incident and, ultimately, to a mass casualty scene involving a nerve agent.

The Medical Branch went through the most modifications as the patient triage plan expanded to include hazardous materials response (i.e. patient rescue by the HazMat team and patient decontamination) and enhanced pre-hospital triage and treatment once the Chempack supplies arrived. Response activities went smoothly because a strong command structure existed and was adhered to. Solid teamwork between responding agencies, including mutual aid agencies, for both information management and resource coordination contributed to the efficient manner of the IAP implementation.

Consequences – Ongoing communication and coordination with routine and mutual aid partners can significantly improve resource coordination and teamwork during large-scale events. Adhering to the identified command structure and ICS can equally enhance information management at a complex scene and assist in ensuring tactical objectives are met efficiently.

RECOMMENDATIONS:

1. Exercise the full scope of responders, including mutual aid partners, for unique and complex scenarios to ensure a comfort level with the information management approach and teamwork for resource coordination.
2. Enhance first responder knowledge of where the critical resources are located (i.e. the decon unit, MMRS or Chempack supplies, patient transport mutual aid units, etc) so the Incident Action Plan can incorporate appropriate intermediate steps for both responder safety and patient management

TARGET CAPABILITY: WMD/HAZARDOUS MATERIALS RESPONSE AND DECONTAMINATION (CONT)

Activity 6: Implement Response Objectives

OBSERVATION:

Strengths Observed – On-Scene Command was able to safely ascertain the potential number of victims in the Hot zone prior to the HazMat team's arrival, allowing for the HazMat team to quickly determine the nature and priorities of the rescue operation. Identification of the appropriate PPE and assignments occurred in a timely manner for safe and effective rescue and spill-control operations. The secondary public protection actions (PPA) were fully implemented and continually updated as the incident evolved.

Area for Improvement – No improvements based on the objectives for this exercise.

ANALYSIS:

Description of Actions Observed – The first arriving engine company identified the potential number of victims when they assessed the scene and set the perimeter. Non-contaminated victims were rescued within the first 10 minutes of scene arrival and the crew used a megaphone to encourage those in the Hot zone (that could) to self-evacuate.

The HazMat team developed and implemented safe and effective tactics to support the rescue operation objectives, splitting their team so control measures to stop the release of the organophosphate agent could continue while the rescue operations were underway. These decisions involved Command and occurred within 7 minutes after arrival of the HazMat team. As Command became aware of the subsequent victims (in the vehicles and the building downwind), priorities and objectives were appropriately adjusted/expanded.

Command approved the tactical worksheet completed by the HazMat Branch prior to entry into the Hot zone, which assisted in ensuring safety of all responders. The appropriate number of technicians and type of PPE (Level A) was selected for safe entry. The rescue crew only took 20 minutes to don the PPE and safely begin the rescue operations. Full monitoring of the environmental conditions occurred (i.e. wind direction and plume status) and was relayed to the entry crew throughout the rescue operations. Severity of victim injuries was assessed as a component of the rescue operations and the waiting EMS teams monitored the situation to anticipate the full scope of treatment needed for the victims. Within 30 minutes after the decon resources arrived, full decontamination was effectively integrated into the gross decon process that the first arriving crew initiated. As these activities were underway, the HazMat team assigned to controlling the spill safely initiated the spill-control operations. The scene subsequently moved from a defensive to an offensive mode as the control objectives were fully met and the spilled product was contained.

Consequences – Clear response objectives that allow each discipline to offer their expertise to the process can result in a fully integrated scene with smooth transitions between all scene operations and safe completion of response objectives. Familiarity among mutual aid partners can reduce conflicting actions and improve responder safety.

RECOMMENDATIONS:

1. Tabletop exercises focusing on integration of each discipline's tactical objectives into a single tactical operations plan should occur with all responding partners (including Dispatch for Chempack activation).

OBJECTIVE 2: Development of Zones, Staging, Patient Movement for On-Scene Chempack Delivery and Medication for a Mass Casualty Scene

TARGET CAPABILITY: WMD/HAZARDOUS MATERIALS RESPONSE AND DECONTAMINATION (CONT)

Activity 7: Decontamination and Clean-up/ Recovery Operations

OBSERVATION:

Strengths Observed – With the assistance of Dispatch (for scene description) and observation, the first arriving engine crew was able to promptly initiate standard operating procedures for a potential hazardous materials incident. The visual assessment of exposures to accident victims, and the preliminary facts on wind speed and direction contributed to the crew determining the location for gross decontamination set-up, which occurred within the first 10 minutes at the scene. The more thorough assessment by the HazMat team solidified the perimeter boundaries and zones. They fine-tuned the decontamination efforts for victims as well as initiated entry team decontamination operations. Staging was appropriately positioned to assist all response activities. After containment of the organophosphate agents occurred, the spill-control team properly and effectively implemented clean-up procedures as the scene operations moved into the Recovery phase.

Area for Improvement – No improvements based on objectives for this exercise.

ANALYSIS:

Description of Actions Observed – As stated previously, the first-arriving fire department unit relied on existing training and resources on-hand (Emergency Response Guidebook and DOT labels on the truck) to identify the category of the spilled chemical (organophosphate agent), set the initial perimeter and determine the location for gross decon operations. Coordination for decontamination occurred among the Fire, HazMat and Medical Branches. The Medical Branch appropriately contributed to the decisions for the decon operation location to ensure decon was located near the Triage and Treatment area and the Transport Staging for rapid movement of patients. The public protection actions (PPA) continually expanded as the downwind impact became evident. It remained in place until the transition to Recovery was fully initiated. Transition to Clean-Up and Recovery occurred efficiently by all responding crews, with the Medical Branch having the most complex and new tasks to complete to address the Chempack inventory waste and removal of the remaining Chempack supplies from the scene.

Consequences – Decontamination procedures that do not take into consideration both victim and response crew decon requirements may result in delays that can impact responder health and safety and/or patient outcome. Awareness that the medical supplies within Chempack require new considerations for both the Clean-Up and the Recovery phases in both waste and supply removal can ensure smooth transition to these phases.

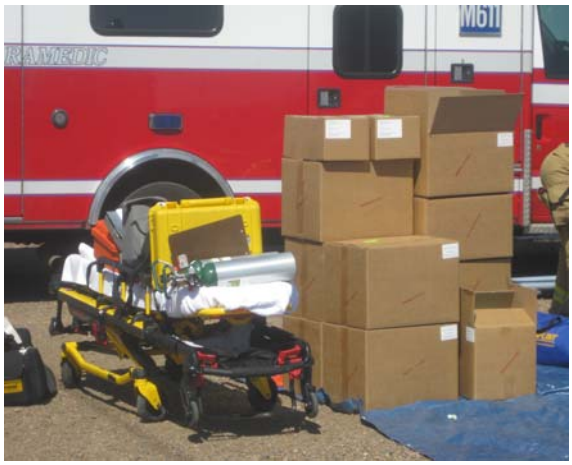
RECOMMENDATIONS:

1. Continue with existing training and coordination for zone development, staging and decontamination. Introduce Chempack training to all EMS crews and all fire and HazMat personnel likely to be in a Command position to ensure appropriate planning occurs for Operations, Clean-Up and Recovery phases of complex events involving hazardous materials and the activation of Chempack.

TARGET CAPABILITY: WMD/HAZARDOUS MATERIALS RESPONSE AND DECONTAMINATION (CONT)

Activity 8: Terminate the Incident

OBSERVATION:



Strengths Observed – Strong standard operating procedures for the Response and Clean-up phases of this hazardous material incident allowed for rapid termination of the incident. Because equipment was continually inventoried during the event, all equipment was accounted for at the end of the incident, ensuring a prompt termination of the event. Ongoing open communication with all responding agencies, including mutual aid agencies still in Staging, provided for a smooth transition to Recovery and ultimately to termination of the incident. Chempack inventory management by the Medical Branch occurred throughout the incident.

Area for Improvement – A protocol for removing or terminating Chempack is still under development.

ANALYSIS:

Description of Actions Observed – Standard operating procedures for demobilization occurred for this incident, with accountability of personnel taking place throughout the event (per protocol). Since Unified Command existed, the appropriate transfer of command from the Response phase to the authority having jurisdiction for the post-emergency Clean-Up and Recovery phases was unnecessary. However, a seamless reduction and simplification of the incident command structure occurred as mutual aid phased out. The crew inventoried the equipment cache throughout the incident and again prior to demobilization; no equipment was missing or unaccounted for. This included the Chempack supplies. Appropriate debriefings and post-event analysis subsequently occurred.

Consequences – Ongoing inventory management greatly enhances transition from Recovery to Termination.

RECOMMENDATIONS:

1. Utilize standard inventory management techniques for Chempack inventory management.

OBJECTIVE 3: Recognition of Chempack Incident

TARGET CAPABILITY: TRIAGE AND PRE-HOSPITAL TREATMENT

Capability Summary: To appropriately dispatch emergency medical services (EMS) resources; to provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients; to provide transport as well as medical care en-route to an appropriate receiving facility; and to track patients to a treatment facility.

Activity 1: Direct Triage and Pre-Hospital Treatment Tactical Operations

OBSERVATION:

Strengths Observed – On-scene Command established the Medical Branch quickly. This allowed for a rapid assessment of the medical issues related to this incident for the tactical operations plan development. Because EMS personnel had existing knowledge of standard mass casualty incident response and hazardous materials exposures, it assisted them in the enhanced awareness of the medical needs and the prompt request for mutual aid. Through the open and ongoing communication among all disciplines, the EMS team was able to review the type of medication likely needed for pre-hospital patient care prior to the rescue of the exposed victims. They appropriately evaluated their existing medical supplies and recognized their limitations early, prompting the activation of Chempack.

Area for Improvement – Establish a mechanism for retaining a copy of the Chempack inventory in the Medical Branch to track usage and establish a process for ordering additional resources, if needed.

ANALYSIS:

Description of Actions Observed – The on-duty EMS supervisor was assigned the Medical Branch Lead and all EMS units appropriately reported to the lead throughout the event. The initial EMS crew began assessing the situation soon after the branch was created (5 minutes after arriving on-scene) and relayed critical information to the IC for integration of the Medical Branch plan into a single Incident Action Plan developed by Command for the incident.

A separate medical safety officer was assigned to the triage area because of the known exposures to a hazardous material and specific concerns for the triage and treatment teams.

The standard operating protocol for a mass casualty incident was initiated based on the preliminary estimate of 12 victims involved in the accident. EMSystem, the web-based patient transport coordination tool, was activated to notify hospitals of the event and obtain hospital emergency department response capabilities for Red, Yellow and Green patients.

Due to the remote location of the incident, it was identified early that the availability of transport units was limited. Therefore, a personnel recall roster was created and mutual aid activation was requested to meet the surge requirements for EMS personnel and transport units. Working with the communication center, the Medical Branch evaluated transport resource availability from agencies pre-identified through mutual aid agreements. The estimated their time of arrivals assisted in establishing pre-hospital treatment actions (for delayed patient movement). The Dispatcher also provided responding MA agencies with critical safety information when they were activated, assisting Staging with the briefing process. Safety equipment was available for all triage teams; safety and medical resources were distributed in the Triage area. A seamless integration of the Chempack resources occurred.

Medical radio communication channels were assigned by Command and relayed to all responding EMS mutual aid agencies. The accountability procedures for EMS personnel, equipment and supplies began when the Medical Branch was created and remained in place throughout the event. The Medical Branch used standard ICS forms throughout the incident, demonstrating ICS compliance and coordination with the HazMat Branch. The resource needs were re-assessed every 15 to 20 minutes and relayed to Command. Standard field triage tags were used and transport crews completed the patient records.

Consequences – Solid inventory management of medical supplies is critical to pre-hospital patient management when transport delays are likely. Chempack integration into an existing system is ideal.

RECOMMENDATIONS:

1. Consider creating a formal Logistics Section when an event becomes complex and the ordering of unique medical supplies and caches occurs, particularly if patient movement is delayed.
2. Develop/keep an initial Chempack inventory at the Triage area (*note: The official Chain-of-Custody form for Chempack, which contained the cache's inventory, remained at the Command Post, not the Triage area, because it was the Chain –of-Custody signature page*).

TARGET CAPABILITY: TRIAGE AND PRE-HOSPITAL TREATMENT (CONT)

Activity 2: Activate Triage and Pre-Hospital Treatment

OBSERVATION:

Strengths Observed – The initial EMS responders received the same information from the communication center as the first responding fire crew and they were completely integrated into with the command structure from the beginning of the event. This solid coordination of communication and planning allowed for the Medical Branch to survey the scene at the same time as the initial crew and establish a solid triage and pre-hospital treatment plan that was immediately integrated into the overall Incident Action Plan. Because of this, the locations for patient decontamination and the triage area were appropriately determined so that medical response operations were efficient and effective for the event. Existing knowledge of nerve agent affects, combined with tools to confirm protocols for nerve agent exposures, contributed to the awareness of the need for the Chempack resources.

Area for Improvement – Enhance training; an understanding of the supplies in Chempack is essential for the Medical Branch to appropriately plan and the Medical Safety Officer to properly institute safety measures.

ANALYSIS:

Description of Actions Observed – The initial EMS response units were dispatched with the responding engine within 40 seconds of the Communication Center receiving the 911 calls. The Dispatchers continued to provide the responding EMS unit with information about the scene hazards and status of victims as they queried the callers, including prompt notification of potential secondary victims downwind from the scene. The initial scene survey successfully occurred at the same time as the initial scene assessment by the first arriving crews. The medical tactical operations objectives were expanded as the awareness of secondary victims unfolded. EMS coordinated with the communication center for: hospital notifications; relaying scene hazards to EMS mutual aid agencies; and coordinating with other communication centers for the activation of Chempack. A separate Medical Safety Officer was appointed to the Medical Branch to focus on safety issues related to the triage and treatment operations. Complete coordination occurred with the incident Safety Officer and the IC throughout the event. The Medical Branch explored and relayed to Command the potential security needs related to the movement of Chempack to the scene. The Triage, Treatment and Transport areas were established as a component of the Unified Command process. The process ensured the triage area was located in the Green zone near a roadway and in close proximity to both the decontamination area and the Command Post. This assisted in the facilitation of communicating resource needs to the IC while still coordinating patient management operations.

Consequences – Having a separate Medical Safety Officer for a complex incident, particularly when a nerve agent is involved, can improve EMS responder safety by allowing for special focus to occur on the potential exposure concerns specific the triage and treatment activities.

RECOMMENDATIONS:

1. Consider tabletop exercises focused on triage and pre-hospital treatment for fire, hazmat and EMS responders. The training should expand on traditional mass casualty response to address uncommon hazardous material exposures such as nerve agents.
2. Conduct tabletop exercises with EMS professionals that incorporate the Chempack resources and address field movement of the cache (i.e. distribution and tracking methods for each patient receiving the supplies).

TARGET CAPABILITY: TRIAGE AND PRE-HOSPITAL TREATMENT (CONT)

Activity 3: Triage

OBSERVATION:

Strengths Observed – Standard mass casualty incident (MCI) triage procedures were successfully implemented at this complex and dangerous scene. Solid communication and coordination between the HazMat team performing the rescues from the Hot zone and the Medical Branch ensured EMS responder safety was adhered to and patient triage occurred without delay once the patients arrived at the Triage area. Chempack activation occurred promptly upon the awareness of an organophosphate/nerve agent present and was appropriately integrated into both the triage and transport activities. Inventory management of Chempack occurred in the Triage area and on the triage tags for each patient.

Area for Improvement – A more formal protocol for recording multiple dose administration of specific drugs needs to occur due to the limited space on triage tags. Consistent abbreviations for tracking of multi-dose medication needs to be developed, such as using Roman numerals to represent each dose administered.

ANALYSIS:

Description of Actions Observed – The medical plan that was integrated into the Incident Action Plan implemented standard MCI operations, with patient flow and setup being coordinated through the IC and Tactical Operations. Activation occurred smoothly, following the prescribed triage methodology (e.g. 'Simple Triage and Rapid Treatment' – START).

Solid coordination and communication existed with the HazMat team assigned to assess and extricate victims from the Hot zone. All patient conditions were formally identified after decon and were recorded on the standard MCI triage tags, which also served as the foundation for patient tracking. Patient tracking was assigned to the Transport Officer, who was the lead in managing the transport resources and moving patients off the scene to area hospitals.

The Chempack supplies were effortlessly integrated into both the treatment and transport activities. The county MCI cache was activated for triage supplies. The tracking of medication administered to each patient occurred on the triage tags.

Consequences – When hazardous materials are aerosolized and the risk of additional exposures exists, extrication and triage of patients can be delayed. Due to the dangers of nerve agents, HazMat teams are critical to controlling the scene, assessing patients in the Hot zone and reducing additional patient care delays.

Enhancing and clearly communicating safety protocols to EMS personnel when organophosphate/nerve agent exposures are identified can assist the Medical Branch in their triage activities once the victims are safely removed from the Hot zone and decontamination is complete. Clear documentation on the triage tags of multi-dose medications is essential.

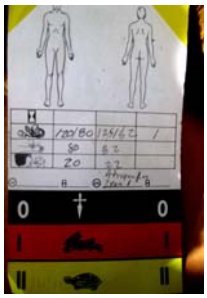
RECOMMENDATIONS:

1. Continue to conduct tabletop exercises with EMS professionals on the triage issues (including personal safety) for complex and dangerous scenes.
2. Have EMS professionals practice recording advanced pre-hospital treatment (as with Chempack supplies) in the limited space of triage tags, particularly when multiple dose medications are involved.

TARGET CAPABILITY: TRIAGE AND PRE-HOSPITAL TREATMENT (CONT)

Activity 4: Provide Treatment

OBSERVATION:



Strengths Observed – Combining the Triage and Treatment areas for this incident was both an effective and efficient way of addressing the expanding number of victims identified. Solid communication between all medical branch leads contributed to the operations in all medical areas progressing with minimal confusion. Clear direction on the use of Chempack supply distribution to EMS personnel resulted in solid documentation on the triage tags and efficient inventory management. Medications administered in multiple doses were designated on the tags using Roman numerals instead of standard numbering. Centralizing patient tracking with the Transport Officer allowed for easy identification of Red, Yellow, Green counts on-scene and prioritizing patient movement off-scene.

Area for Improvement – A guide for recording Chempack medications on triage tags could benefit patient management on-scene, as could a guide for tracking the initial inventory in the Medical Branch area (versus at the Command Post). It may assist with determining additional needs before existing supplies are depleted.

ANALYSIS:

Description of Actions Observed – The initial triage and treatment areas were continually expanded as the scenario unfolded and it became clear that secondary exposures occurred downwind from the accident scene. Due to the number of patients, the Triage and Treatment areas were eventually combined. Color-coded tarps consistent with the triage tag designations (Red, Yellow, Green) were used to designate each area. Lead EMS personnel for each area wore properly labeled vests displaying the role they were assigned. All EMS personnel were assigned to a triage team based on capability. The Transport Officer tracked patient count and verbally relayed the information to the Medical Branch Director throughout the event. Patients were prioritized based on injury status.

Treatment was appropriately provided based on the nature of the incident and number of patients, following standard protocol for the jurisdiction. Each patient's initial condition and vitals were obtained to initiate care. Once the Chempack arrived, additional treatment occurred per the patient's status and the anticipated delay in transport to an area hospital. Any requests for additional medical supplies or equipment were relayed to the lead for that area, which was then transferred the Medical Branch Director. All requests were subsequently forwarded to Command. Adequate documentation of patient care and transport occurred, following standard protocol. A system for recording Chempack-supplied medication was tested. EMSystem, the web-based patient transport tool, was utilized to assist in managing patient movement to area hospitals. The Triage Officer determined priority of the patients for transport. For some patients, Chempack supplies were provided to the EMS transport teams to ensure ongoing treatment during transport.

RECOMMENDATIONS:

1. Continue to conduct tabletop exercises with EMS professionals on the triage and safety issues of complex and dangerous scenes.
2. Have EMS professionals practice recording advanced pre-hospital treatment activities in the limited space of triage tags such as that which will occur when the Chempack is activated (due to the nature of the exposures and drugs administered).

TARGET CAPABILITY: TRIAGE AND PRE-HOSPITAL TREATMENT (CONT)

Activity 5: Transport

OBSERVATION:

Strengths Observed – Setting up the Transport area near the Triage and Treatment area allowed for easy coordination between the area leads for prioritizing and tracking patients and resources. The transport location was in close proximity to the ambulance staging area, which facilitated management of transport units and rapid movement of patients from the scene. A pre-existing system for querying hospitals on their capabilities for taking patients functioned properly and effectively assisted the Transport Officer with determining patient destinations. The decision to distribute Chempack supplies to EMS transport teams may positively contribute to patient outcomes when nerve agents are involved, but this was not an objective of the exercise and was not assessed.

Area for Improvement – A protocol for final removal of the remaining Chempack supplies from the scene needs to be developed. Consideration should be given for the last transport vehicles on-scene to move the supplies to area hospitals to ensure security of controlled substances.

ANALYSIS:

Description of Actions Observed – The transport plan followed standard protocol. The Transport Officer determined the mode and destination of patients. Solid and effective communication occurred between the Triage and Treatment area and the Transport Officer throughout the event. This assisted in prioritizing and moving patients, which occurred smoothly and without confusion. All transport resource requests were coordinated both with On-scene Command and the communication center. Mutual aid was activated for additional ambulances but buses were also requested for rapid movement of Green patients. Green patients placed on alternative transport units – buses – had EMS teams on board to monitor their medical status during transport due to their potential delayed response from exposure to the organophosphate agent. Because rural locations of accident scenes have extended transport times, Chempack supplies were also given to the EMS teams on the ambulances to ensure proper care of the patients while en route to the hospital.

The communication center assisted the Transport Officer in determining hospital capabilities and patient destinations by sending hospitals updates on the incident via EMSystem. The same system queried hospitals for the number of Red, Yellow and Green patients they could take. With the responses from the hospitals, the Transport Officer subsequently was able to determine the destination for patients.

Consequences – Proper assessment of transport needs, including alternative units such as buses, occurring early in the scene assessment process can minimize the delays in patient movement. Familiarity with triage tags assists in reading and prioritizing patients for transport.

RECOMMENDATIONS:

1. When nerve agents are involved, sending Chempack medications with the transport team could benefit the patient the treatment process.
2. Consider utilizing ambulances to remove the remaining Chempack supplies from the scene and transport it to a hospital or other secure location where Chain-of-Custody can be maintained and the State Health Department can retrieve it.

TARGET CAPABILITY: TRIAGE AND PRE-HOSPITAL TREATMENT (CONT)

Activity 6: Demobilization

OBSERVATION:

Strengths Observed – Solid standard protocols for equipment and inventory management allowed for the Triage and Treatment areas to demobilize in an efficient manner. Strong coordination between Staging and Transport facilitated the release of mutual aid units and final demobilization of the Medical Branch.

Area for Improvement – A guide for the final movement of the remaining Chempack supplies, maintaining the Chain-of-Custody requirements and transporting the supplies to a secure location needs to occur. (*Note: it is currently under development*)

ANALYSIS:

Description of Actions Observed – Demobilization followed standard protocol, with all crews responsible for their own units and retrieving their own equipment or documenting lost items per their agency's standard operating procedures. Due to Chain-of Custody protocols for the Chempack, the Treatment and Transport areas were responsible for determining the method of securely transporting the Chempack cache off the scene. The Chempack supplies were inventoried throughout the event and a remaining inventory list was created for this final demobilization but movement off the scene was not a component of this exercise.

Consequences – Clear and ongoing documentation of the Chempack supplies throughout the event can assist in final inventory management and a smooth transition to demobilization.

RECOMMENDATIONS:

1. Conduct additional exercises to determine best practices for demobilization of Chempack.

Activity 7: Special Threats and Duties

OBSERVATION:

Strengths Observed – Existing planning for unique incidences such as nerve agent exposures contributed to the smooth triage and pre-hospital treatment process. Teamwork and solid communication between the HazMat team and the fire/EMS teams ensured the decontamination process was well identified and properly managed by both disciplines. The HazMat team also utilized their knowledge to assist in the Treatment area of the scene.

Area for Improvement – Enhance the general knowledge of first responders on the Chempack cache.

ANALYSIS:

Description of Actions Observed – The HazMat team was the lead in isolating contaminated clothing and equipment. Their strong leadership carried through with the patient management through the rescue, isolation and decontamination process of exposed patients. HazMat specialists assisted in the Treatment area with both documentation and treatment recommendations for victims exposed to an organophosphate/ nerve agent.

Consequences – Planning and exercising with multiple disciplines fosters teamwork and confidence with unique and dangerous scenes such as that involving organophosphates/ nerve agents.

RECOMMENDATIONS:

1. Continue with multi-discipline exercises that challenge skills and introduce new procedures to test.

OBJECTIVE 4: Receipt and Utilization of Chempack Resources On-Scene

TARGET CAPABILITY: MEDICAL SUPPLIES MANAGEMENT AND DISTRIBUTION

Capability Summary: To obtain and maintain medical supplies and pharmaceuticals prior to an incident and to transport, distribute, and track these materials during an incident. Critical medical supplies and equipment are appropriately secured, managed, distributed and restocked in a timeframe appropriate to the incident.

Activity 1: Direct Medical Supplies Management and Distribution Tactical Response:

OBSERVATION:

Strengths Observed – Existing protocols for Chempack management were properly followed to ensure the correct cache was mobilized and appropriate Chain-of-Custody occurred. Communication between on-scene Command and the Medical Branch occurred as anticipated for medical supply management and requesting resources. Subsequent communication between all communication centers, the Chempack Host facility and the Chempack transport agency progressed smoothly and in accordance with the protocol.

Area for Improvement – Internal communication gaps at the Host facility occurred that delayed internal management steps but did not impact the overall tactical response. Improve guidelines for Host facilities to minimize such issues.

ANALYSIS:

Description of Actions Observed – Pre-existing knowledge of the Chempack and its contents assisted the Medical Branch in recognizing this resource contained the medical supplies they needed to successfully treat individuals exposed to an organophosphate/nerve agent. Thus, the Chempack was requested within the first 20 minutes after arriving on-scene. By requesting the Communications Center for the 'Chempack cache' (versus independent medications), the Dispatcher was able to promptly activate the protocol. Solid communication between dispatchers in multiple communication centers occurred as the activation steps progressed, demonstrating that the overall management of the Chempack activation process and the tactical response occurred successfully.

Consequences – Medical supply management must include awareness training and guidelines for Dispatchers on the supplies in Chempack since their role is critical to the activation of the cache.

RECOMMENDATIONS:

1. Revise the Chempack Request Protocol for Communication Centers to include prompting on-scene Command to consider requesting Chempack for unique hazardous materials scenes. Specifically list the medications in Chempack to help them recognize the requested medications are in the Chempack.
2. Ensure regular maintenance of plans, with proper notifications when updates/changes occur. Orient partners in the plan as to their roles and responsibilities with the management of the plan.
3. Modify the Host facility protocol to emphasize continuous communication with Dispatchers.
4. Modify the protocol for Host facilities to streamline all Chempack communication to one phone line.
5. Develop a checklist for the host facility of information they need to be sure to get from CSP.
6. Create a checklist for use in loading the Chempack. Include instructions on labeling the pack and signing the chain of custody forms.

TARGET CAPABILITY: MEDICAL SUPPLIES MANAGEMENT AND DISTRIBUTION (CONT)

Activity 2: Activate Medical Supplies Management and Distribution

OBSERVATION:

Strengths Observed – The activation process from the scene to their primary communication center was performed in an efficient manner, with a formal request of the cache (versus supplies within the cache) occurring. All communications centers outlined in the protocol were contacted in a timely manner and the communication between Dispatchers was clear and accurate. The Host facility properly notified the transport agency for their activation and the Chempack cache arrived in the appropriate location at the scene that On-Scene Command identified. Chain-of-Custody forms were signed by each agency the Chempack was transferred to during the cache's activation and movement until its final destination on- scene. On-scene inventory management of the cache supplies was excellent.

Area for Improvement – Ensure the signed Chain-of-Custody forms accompany the Chempack cache (in the same vehicle) during transport. Enhance communication between the transport agency and Communication Centers involved in the activation process, as well as with On-Scene Command.

ANALYSIS:

Description of Actions Observed – The communication center properly implemented the activation protocol when they received the request to activate Chempack. Coordination between all communication centers went smoothly and efficiently. A rapid security assessment took place to determine law enforcement escort needs, per protocol. The Chempack Host facility was properly notified by Dispatch. After some confusion at the Host facility, the Chempack procedures for deployment of the EMS cache were activated and the transport agency was notified. The transport agency arrived at the Host facility in a timely manner and loading of the cache occurred without incident.

Proper Chain-of-Custody forms were completed by the Host facility and the transport agency, allowing for the formal transfer of the cache to occur. However, the Chain-of-Custody form was placed in a separate vehicle from the cache en route to the scene. When the two vehicles arrived at the scene they reported to different locations, compromising the final Chain-of-Custody transfer. A second Chain-of-Custody form was completed on-scene between the transport agency and the Medical Branch, completing the activation and movement process.

Communication between the transport agency and the Dispatcher identified as the Dispatch lead and point-of-contact for any law enforcement escorts failed.

Communication with On-scene Command did occur but was intermittent. Distribution of the Chempack supplies occurred at the Triage and Treatment area but lack of knowledge of the cache inventory (which is listed on the original Chain-of-Custody form) initially required the EMS teams to estimate the quantities of medical supplies delivered. The crew did an excellent job in developing a supply tracking process and managing the inventory.

Consequences – The two types of Chempack caches are significantly different in packaging and overall content. Activating the correct – EMS – cache is critical to its effectiveness at the scene.

RECOMMENDATIONS:

1. Develop a Chempack checklist for the cache that specifically instructs the transport agency to keep the inventory and Chain-of-custody forms with the cache during transport (not left with the host agency).
2. Create a guidance document to stay with the cache that provides details regarding the severity of patients and treatment requirements. Include information on the number of patients and severity of patients that the Chempack can address so responders can track how much they will use out of the Chempack and if they need additional resources.
3. Guidance for responders should be that they dedicate a team responsible for the controlled substances. Specifically, they would be accountable for: (1) how much is on hand (2) what amount(s) have been given out. This medication – along with others in the Chempack may require security during an incident.
4. Develop Medical Branch guidance to address how to demobilize the Chempack and remove it from the scene.
5. Develop a document to stay with the cache that provides details regarding the durations of medications.
6. Additional personnel and resources need to be assigned to track distribution and assignment of medications to EMS teams in the Treatment area for accountability.

TARGET CAPABILITY: MEDICAL SUPPLIES MANAGEMENT AND DISTRIBUTION (CONT)

Activity 3: Establish Security

OBSERVATION:

Strengths Observed – Solid communication between Communication Centers as well as notification of the designated law enforcement agency occurred. A thorough security assessment occurred and the appropriate escort protocol was effectively and efficiently activated by law enforcement.

Area for Improvement – Improve Host facility security steps so internal security is activated at the time the cache is loaded for transport. Enhance communication expectations between the transport agencies and law enforcement to ensure delays don't occur in cache movement when security escorts are activated.

ANALYSIS:

Description of Actions Observed – A security assessment was initiated by the law enforcement communication center identified in the Chempack activation protocol. One option is for a standard security escort to occur and the other is for such security steps to occur only when there is a need. For this exercise, the escort process was tested to ensure communication and coordination protocols could be accomplished. The law enforcement agency was properly informed of the activated Host facility and the location to meet and coordinate escort/movement with the transport agency. The escort arrived at the Host facility prior to transport vehicle leaving with Chempack but communication channels and message relaying broke down, resulting in the transport vehicle leaving without the security escort. The miscommunication was quickly corrected and the escort occurred without delaying the cache transport operations.

RECOMMENDATIONS:

1. Emphasize in the Host facility's protocol that continuous communication with the law enforcement entity providing the security escort should occur until the cache is officially transferred to the transport agency.
2. Ensure a protocol and training exist with Chempack transport agencies to establish communication with the law enforcement agency providing a security escort before leaving the Host facility with the cache.

Section 4: CONCLUSION

This exercise demonstrated that ongoing multi-disciplinary training could reduce confusion and coordination concerns during a complex and dangerous event. Following ICS and engaging in ongoing and open communication with all responding disciplines assisted all responders in achieving their assigned tasks effectively, with a seamless integration between disciplines. Familiarity with unusual hazardous materials identification tools allowed for a rapid assessment and scene characterization to occur. Having existing mutual aid agreements and multi-jurisdiction tactical operations protocols in place minimized mutual aid activation and briefing times as well as expedited the development of the Incident Action Plan. Engaging the HazMat specialty team early in the incident contributed to both spill control and victim rescues-decontamination occurring without delay.

Existing EMS/Fire training on patient triage and treatment considerations for organophosphate/nerve agent exposures contributed to an awareness of the limitations in the medical supplies on the ambulances at the scene. Subsequently, the enhanced training of EMS and Fire leadership of the presence of Chempack caches and their content was equally as critical to ensure appropriate patient triage and pre-hospital treatment could occur. In rural areas this knowledge is even more important due to the potential delays or extended time for patient transport.

Training communication center personnel on Chempack and the supplies within the cache was equally as critical to the rapid activation of the cache observed in this exercise. It must be recognized that this discipline having knowledge of both the cache and the activation process is essential for successful movement of Chempack to the scene. The solid interaction between the local communication centers participating in this exercise and the Colorado State Patrol Communication Center demonstrated the importance of training together to ensure no delays occur in the Chempack activation process.

The Chempack Chain-of-Custody forms will be modified since the current format does not allow for the Medical Branch to retain a copy of the arriving inventory to compare with their distribution and tracking inventory in the Treatment area (the official Chain-of-Custody form contained the inventory and was delivered to the IC when the Chempack arrived). Thus, it was difficult to determine if additional supplies were needed without first re-counting what was delivered (if not done there was a concern for a potential delay in requesting specific medications later). But this exercise did demonstrate that the inventory management of the Chempack supplies was not difficult to do at the scene.

The protocols tested by the Medical Branch for Chempack distribution and inventory management were never tested before and were found to work well by integrating Chempack supplies into the standard EMS ICS structure for an MCI. Utilizing existing triage tags for individual patient records of administered Chempack medications was efficient and consistent with existing EMS documentation procedures. Multiple dose medication administrations were easier to track and read when Roman numerals were used to represent each dose. Due to the nature of nerve agents and patient care protocols, EMS transport teams were also given Chempack supplies for patient care during extended transport times to hospitals. This new protocol appeared to work well for both Chempack inventory management and patient medication tracking when a similar process as that used on-scene was initiated. A protocol for movement of unused Chempack supplies from the scene is still under development, with strong consideration given to moving the remaining cache to a hospital for security reasons of controlled substances and easy retrieval by the CO Dept Health.

Appendix A: Improvement Plan

Operation Cache Flow was about the field activation and movement of Chempack within Colorado. In order for the Chempack activation to occur, standard operating procedures for a hazardous materials scene involving human exposure must exist. This Improvement Plan will focus only on the continual efforts to create a simple and universal protocol for first responders pertaining to the Chempack cache activation within Colorado.

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Medical Supplies Management and Distribution	1 Confusion and Miscommunication regarding activation of Chempack Host Facility	1.1 Revise Chempack Request Protocol Add: Responsibilities of Communication Centers with Host facility	1.1.1 Ensure protocol is incorporated into the Communication Center's resource materials	Planning	CDPHE	Jennifer Trainer	01/01/10	06/30/11
			1.1.2 Continuous communication with Host facility and Transport agency	Planning	CDPHE	Jennifer Trainer	01/01/10	06/30/11
		1.2 Ensure regular maintenance and updates of plans	1.2.1 Revise Host facility MOUs to include responsibilities of plan maintenance and partner notification regarding any changes	Planning	CDPHE	Jennifer Trainer	01/01/10	06/30/11
			1.2.2 Modify Host facility template to emphasize continuous communication with Transport agency and Communication Center(s)	Planning	CDPHE	Jennifer Trainer	01/01/10	06/30/11
	2 There was no communication between Transport agency and CSP security escort	2.1 Ensure CSP shares security recommendation in communication with Host and Transport agency	2.1.1 Revise the protocol housed by the Transport agency, Host facility and CSP to ensure communication specific to the absence or presence of security escort	Planning	CDPHE	Jennifer Trainer	01/01/10	06/30/11
	3 Communication between Transport and On-Scene IC was not maintained	3.1 Ensure Chempack ETA is relayed to On-Scene Command by Transport agency	3.1.1 Enhance EMS, Fire and Transport agency training on importance of including arrival information in communications	Training	CDPHE	Jennifer Trainer	01/01/10	06/30/11

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Medical Supplies Management and Distribution	4 Signed Chain-of-Custody forms were not transported with the Chempack	4.1 Develop a Chempack checklist that specifically instructs the transport agency to keep the forms with the cache	4.1.1 Develop a transport Checklist	Planning	CDPHE	Jennifer Trainer	01/01/10	06/30/11
			4.1.2 Revise the Transport agency protocol to ensure the signed Chain-of-Custody form stays with the Chempack vs. the command vehicle	Planning	CDPHE	Jennifer Trainer	01/01/10	06/30/11
	5 Separating the cache forms created some difficulty in the Treatment area for tracking the Chempack cache inventory	5.1 Create a guidance document for field Chempack caches related to medications in the cache	5.1.1 Create a guide that stays with the field cache	Planning	CDPHE	Jennifer Trainer	01/01/10	06/30/11
			5.1.2 Add the guide to the Host facility and Transport agency protocols	Planning	CDPHE	Jennifer Trainer	01/01/10	06/30/11
		5.2 Provide the Medical Branch with guidance on creating a team for Controlled Substance management	5.2.1 Add to Transport protocol: prompt Medical Branch about Controlled Substance management	Planning	CDPHE	Jennifer Trainer	01/01/10	06/30/11
	6 Responders established medical supplies organization structure at the scene	6.1 Responders should be consistent in the type of detail being tracked on the triage tags regarding medication dispensed	6.1.1 Guide responding agencies to establish roles in the Medical Branch to track distribution of Chempack supplies, including specific EMTs given controlled substances	Training	CDPHE	Jennifer Trainer	01/01/10	06/30/11

Appendix B: Lessons Learned

COMMUNICATION CENTERS

1. Communication centers can provide critical information to first responders prior to their arrival to the scene. This information can assist with the safety of the first arriving units and the rapid development of an Incident Action Plan.
2. Communication centers being well informed of special caches (name and content) available to responders such as the Chempack cache is essential for successful activation and movement of the cache.
3. Ongoing training of dispatchers about what Chempack is and the activation process with the cache managing agency, the State Patrol and the local responding agencies will continue to ensure all communication center personnel are prepared to take the steps required to activate the cache without delay.
4. Incorporating communication centers into the exercise process assists in solidifying regional response protocols for dispatchers in the same manner as it does for first responders.

FIRE – HAZARDOUS MATERIALS RESPONDERS

1. Pre-existing training of both law enforcement and fire department personnel on general hazardous materials awareness significantly reduces the initial impact of an unidentified hazardous material to the responders that are first on-scene.
2. Having access to tools such as the Emergency Response Guidebook and poison control centers assist in identifying the category of the material. This helps On-scene Command develop an initial action plan and set preliminary perimeters prior to the Hazardous Materials team arriving.
3. Existing mutual aid agreements and exercises between the responding law enforcement, fire department and hazardous materials agencies ensures a clear comfort level for a coordinated response to the incident. The additional partners incorporated into the response efforts when Chempack was activated subsequently occurred smoothly and efficiently.
4. Open and redundant communication between disciplines allowed for all branches of the response efforts to plan appropriately and adjust quickly to new information or modifications in the IAP. The large number of channels selections for communication can create it own challenges that can only improve with more practice.
5. Relaying the physical state (e.g. gas/vapor, liquid, solid) of the hazardous material to the HazMat team when the team is activated or while in transit can assist the specialty team in developing their tactical operations plan.

EMS- MEDICAL RESPONDERS

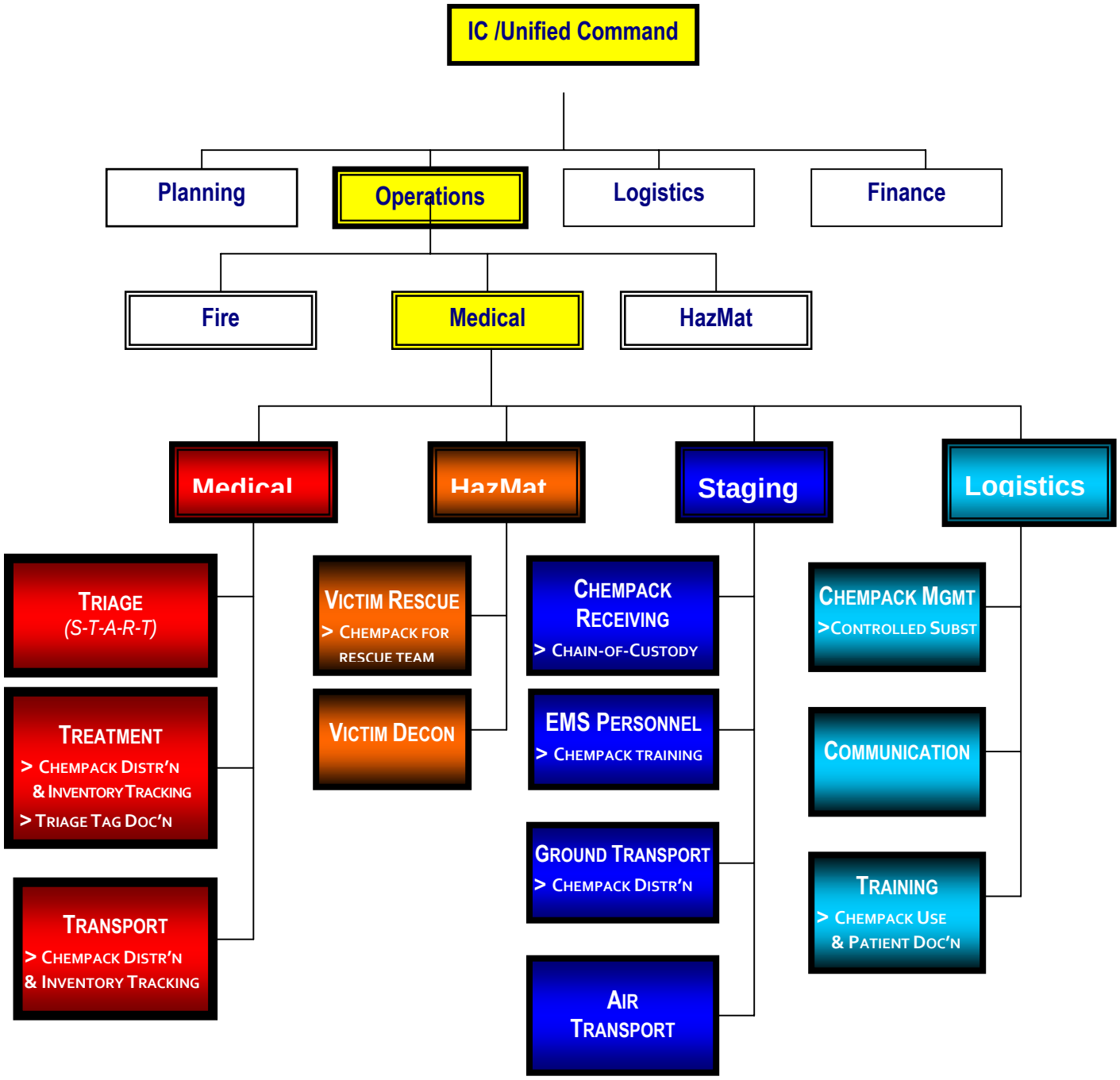
1. Pre-existing knowledge of medical resources available to responders for victims exposed to nerve agents (such as organophosphate pesticides) provides both On-Scene Command personnel and EMS leads with an opportunity to develop an Incident Action Plan early on that incorporate such resources into the scene management process.
2. The ICS – Medical Branch must be prepared for the transport delays of patients when nerve agent MCIs occur.
3. The ICS – Medical Branch must also incorporate advanced inventory management activities when medication caches arrive on-scene. There must be a mechanism added to track both what arrived and what is distributed the EMS professionals.
4. Standard MCI patient status documentation must also be expanded to address medication administered in multiple doses.
5. Final removal of the un-used cache must be part of the initial Medical Branch plan; consider ambulances to move it off-scene.

CHEMPACK ACTIVATION AND MOVEMENT

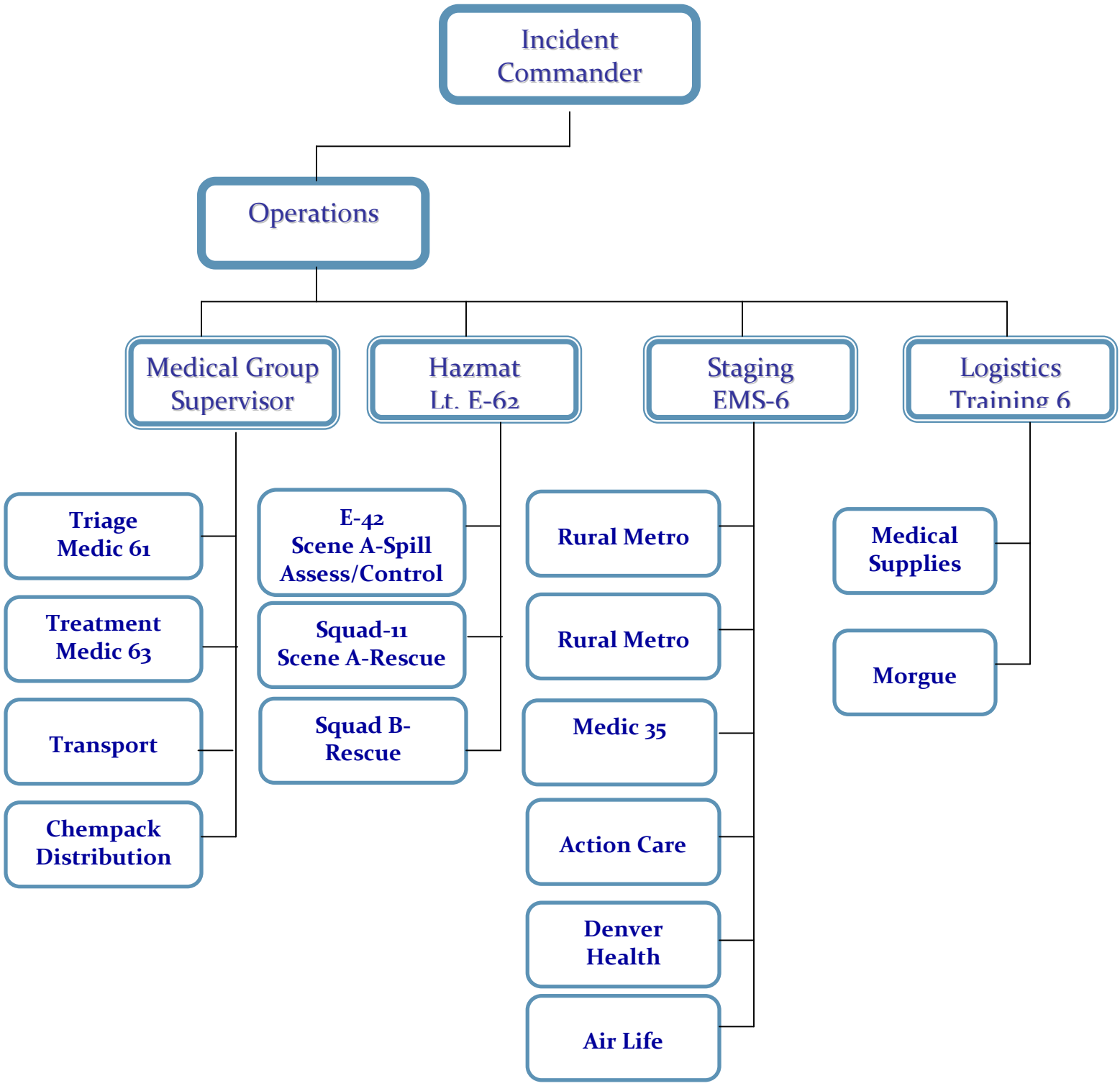
1. Regional plans are ideal for Chempack activation to ensure the activation process can be integrated into the standard operating procedures for communication centers, fire departments and EMS agencies in each region of the state.
2. Ongoing reminders of the activation protocol should to occur at cache Host facilities; with first responder scene leads (Fire, HazMat and EMS) and with law enforcement to ensure rapid activation occurs.
3. Movement of the Chempack cache must occur from Staging to the Treatment area for quick access to the supplies.
4. Signed Chain-of-Custody forms must accompany the cache at all times; i.e. move with the cache to the scene.
5. The Chempack inventory should stay with the Medical Branch and un-used quantities recorded.

Appendix C: ICS – Medical Branch

Proposed Chempack Integration Chart



ICS – Medical Branch: Operation Cache Flow



Appendix E: Acronyms

AAR	After Action Report
AHJ	Authority Having Jurisdiction
CDPHE	Colorado Department of Public Health and Environment
CFPD	Cunningham Fire Protection District
COC	Chain-of-Custody
CSP	Colorado State Patrol
DHS	Department of Homeland Security
DOT	Department of Transportation
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
ESF	Emergency Support Function
FOUO	For Official Use Only
HSEEP	Homeland Security Exercise Evaluation Program
IC	Incident Command
ICS	Incident Command System
MAA	Mutual Aid Agreement
MCI	Mass Casualty Incident
MSEL	Master Scenario Events List
NIMS	National Incident Management System
PPA	Public Protection Actions
PPE	Personal Protective Equipment
SNS	Strategic National Stockpile
START	Simple Triage and Rapid Treatment
TC	Target Capabilities (Dept Homeland Security)
UC	Unified Command
WMD	Weapons of Mass Destruction

Operation Cache Flow

CHEMPACK Mobilization Exercise

AUGUST 5, 2009

Co-Sponsored By: Cunningham Fire Protection District
Colorado Department Public Health and Environment

Cunningham Fire Protection District
Colorado Department Public Health and Environment

MASTER PLAYBOOK

Colorado Department
of Public Health
and Environment

Exercise Purpose
Establish best practices and protocols for the activation and field deployment of CHEMPACK to ensure the rapid and safe delivery of medications to victims at the scene of hazardous materials incident involving an organophosphate/nerve agent..

Exercise Objectives
1) Recognition of a CHEMPACK incident
2) Test the field request and notification process of:
   (a) Fire Dept or Hazmat Team on-scene command
   (b) Colorado State Patrol mobilization
   (c) Host facility activation and transport to scene
3) Receipt and utilization of CHEMPACK resources on-scene
4) Development of zones, staging, patient movement for on-scene CHEMPACK medication delivery and documentation (MCI scenarios)
5) Activation of mutual aid for fire, EMS, hazmat and law enforcement

Scenario
It is a Wednesday morning in August. The temperature is a pleasant 74^0 F with a light wind blowing from the North. A truck carrying a concentrated form of an organophosphate pesticide is involved in a multi-vehicle accident (scene A) at an intersection in Centennial, Colorado. The truck rolls, releasing the liquid pesticide onto the road surface and exposing accident victims to the chemical agent. Vapors from the leaking tank enter the ventilation system of a nearby bank (scene B) down wind, exposing bank employees and patrons to the nerve agent.

Exercise Design and Planning Team
Cunningham Fire Protection District:
Chief Ralph Vickrey, EMS Bureau Chief
Dan Box, Paramedic Supervisor
Tom Chavez, Exercise Coordinator

Colorado Department Public health and Environment:
Jennifer Trainer, Chempack Coordinator, Emergency Preparedness and Response Division
Phyllis Bourassa and Nicole Roland, Emergency Preparedness and Response Division

Timeline of Activities
March-May: Individual partner/player coordination meetings (discussions regarding assumptions, Standard Operating Procedures etc)
July Tabletop Exercise (Date, Time and Location to be determined)
August 2 Cunningham Fire participating crew tabletop for assumptions determined before functional exercise
August 5 Full Scale Exercise at Arapahoe County Fairgrounds (0900-12:00)

Players

Action Care Ambulance	EMS
Aurora Fire Department	Fire, EMS
Arapahoe County Sheriff's Office	Law Enforcement
CO State Patrol	Law Enforcement
CO State Patrol Communication Center	Dispatch
Cunningham Fire Protection District	Fire, EMS
Denver Health Paramedics Division	EMS, Chempack
Littleton Communication Center	Dispatch
Medical Center of Aurora	Hospital
Metcom Communication Center	Dispatch
Parker Adventist Hospital	Hospital
Rural Metro Ambulance	EMS
Sky Ridge Medical Center	Hospital
South Metro Fire Rescue Authority	Fire, EMS, Hazmat
Swedish Medical Center	Hospital
Tri-County Health Department	Public Health

Rules

All players are to check in at the designated location in the appropriate time frame prior to the initiation of play for both the tabletop and functional exercise.

Decisions determined during the tabletop exercise will be used in the functional exercise in place of actual play for pre-identified areas of the exercise in an effort to expedite actions that support the primary goal of the exercise.

All players will be informed of the functional role they are to play, in both the tabletop and functional exercise. If roles change during the exercise due to the actions taken during the exercise play, clear documentation of those changing roles is to occur by both the on-scene command staff and the controllers.

If the exercise appears to be deviating from the primary goal of the exercise, controllers will have the authority to stop play and re-direct the exercise to the task necessary to meet the goal objectives.

All safety measures will be followed throughout the exercise period, ensuring personal safety is adhered to and proper steps are taken. Should severe weather occur during the exercise period, the exercise will be stopped and appropriate steps will be taken to move all players to safety.

Should an actual event occur that requires the participating agencies to respond, the exercise will be stopped and a review of the options will occur. If the goals can be met with the remaining players, the exercise will continue. If not, the exercise will be suspended and an alternate date will be determined to complete the exercise.

Pre-staging Location/ Setup
Arapahoe County Fair Grounds; check-in is Arapahoe Park Race Track

Controller Role and Forms
Individuals will be selected from the fire, EMS, Communications, hazardous materials and law enforcement disciplines to serve as controllers for the exercise. The Controllers will follow the set guidelines provided to them for the specific discipline they are monitoring. Each controller will have a list of injects to deliver to the players per the prescribed time in the exercise and will monitor the exercise play to ensure the exercise goals are met.

Evaluator Role and Forms
Individuals within each discipline will be assigned as Evaluators. They will observe play and record comments as to best practices, identified gaps and areas of improvement for the specific discipline they are assigned. Evaluators cannot communicate with players and cannot do anything that may impact the exercise play outcome. All completed forms will be shared during the hotwash and will contribute to the final after action report.

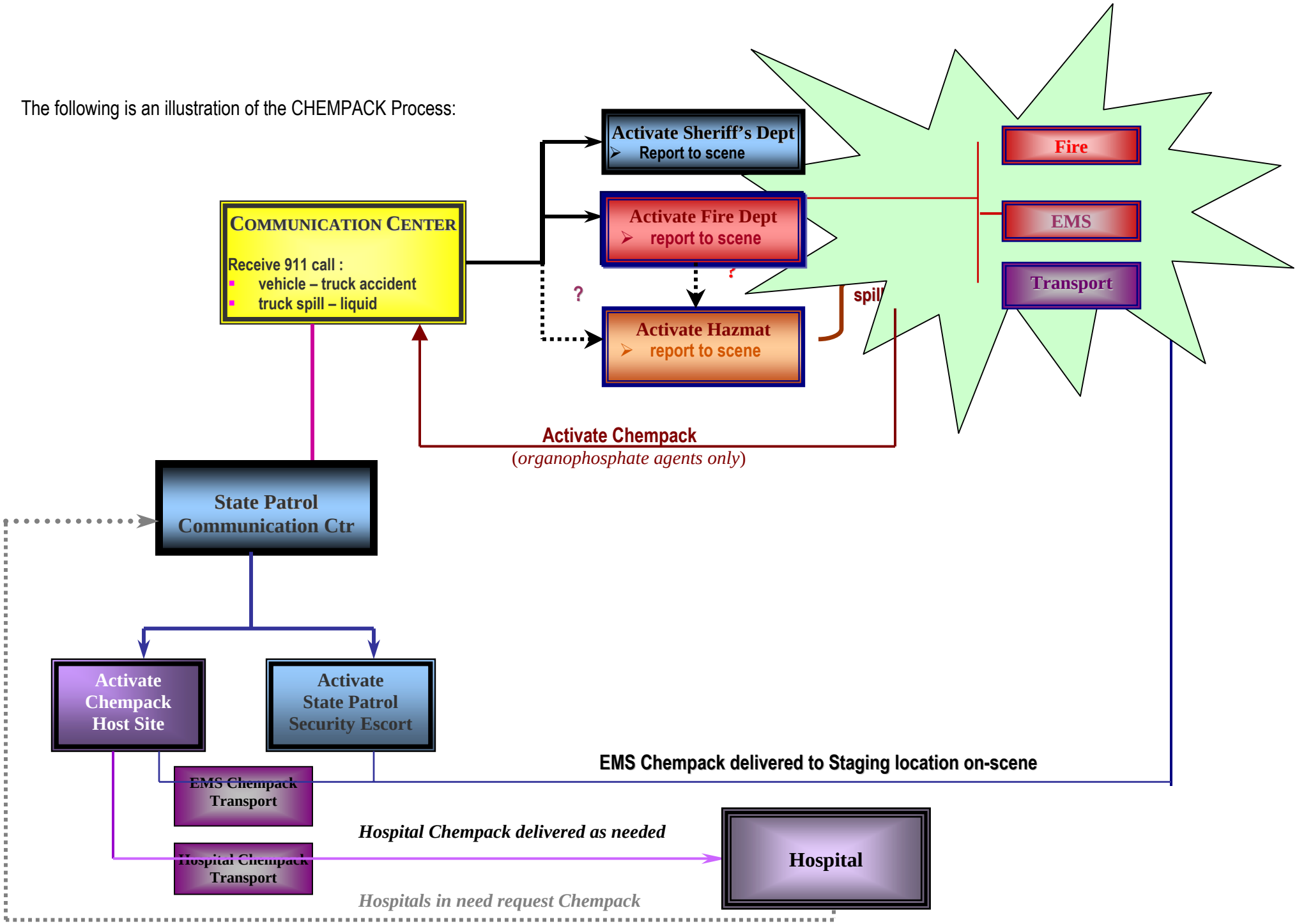
Situation Manual
Players handbook for TTX
Players handbook for FX

Controller/Evaluator Manual
(functional exercise only)

Background
CHEMPACK:
CHEMPACK is the forward placement of nerve agent antidotes in order to treat patients and responders with nerve agent or organophosphate exposure in both the pre-hospital and hospital phase. These caches are a federal asset that will be used to supplement existing supply of antidote kits. It can be activated by on-scene responders or hospital personnel that have assessed that the need for antidote kits exceeds the existing community supply. The CHEMPACK containers have four controlled substances that must be secured according to DEA, FDA, state and local pharmaceutical regulations. Activation and transport of the caches requires Chain of Custody forms accompany these substances.

The caches are strategically placed throughout the state for rapid deployment. They are stored in temperature and environmental conditions; the integrity of the drugs are continuously monitored 24/7 via telephone line directly linked to CDC. Once a cache is activated, the Colorado Department of Public Health and Environment is the custodian of the cache and is responsible for all pre-event planning for rapid mobilization of the caches and inventory management after activation has occurred. Each CHEMPACK cache's dimensions are: ___.

The following is an illustration of the CHEMPACK Process:



Background (cont)

Organophosphates:

Organophosphates (OP) are toxic compounds were first created in the 19th Century but were identified as insecticides in 1932 and were used as warfare agents against humans in WWII: sarin (GB), soman (GD) and VX. Today OPs are still common pesticides. Because OPs do not persist in the environment, they are approved and used in agriculture, in the home, in gardens, and in veterinary practice. The U.S. Environmental Protection Agency (EPA) records over 30 pesticides in the organophosphate group :

- Acephate
- Azinphos-methyl (AZM)
- Bensulide
- Chlorethoxyfos
- Chlorpyrifos
- Chlorpyriphos-methyl
- Diazinon
- Dichlorvos (DDVP)
- Dicrotophos
- Dimethoate
- Disulfoton
- Ethoprop
- Fenamiphos
- Fenthion
- Fosthiazate
- Malathion
- Methamidophos
- Methidathion
- Methyl-parathion
- Mevinphos
- Naled
- Omethoate
- Oxydemeton-methyl
- Phorate
- Phosalone
- Phosmet
- Phostebupirim
- Pirimiphos-methyl
- Profenofos
- Terbufos
- Tetrachlorvinphos
- Tribufos
- Trichlorfon

OP agents remain toxic to humans, impacting the human body by inhibiting acetyl cholinesterase (ACh) in the peripheral and central nervous system. EPA studies indicate that exposure to the same organophosphate by multiple routes or to multiple organophosphates by multiple routes can lead to an additive toxicity affect. The impact on the central nervous system results in sensory and behavioral response, depressed motor function, and respiratory depression. Death from OP poisoning is generally related to increased pulmonary secretions coupled with respiratory failure. But human toxicity varies considerably as it is dependant on the type of organophosphate compound – both the physicochemical characteristics and the concentration – the environmental conditions (temperature and humidity), the tissue/skin density and absorption rate as well as the demographics of the exposed person. Inhalation exposure results in the fastest display of toxic symptoms, followed by ingestion. OP toxicity symptoms may include: bronchospasm producing tightness in the chest, wheezing, productive cough, and pulmonary edema. Some of the most commonly reported early symptoms include headache, nausea, dizziness, and hypersecretion, the latter of which is manifested by sweating, salivation, lacrimation, and rhinorrhea. Blurred and/or dark vision, anxiety and restlessness are prominent symptoms as well. Muscle twitching, weakness, tremor, incoordination, vomiting, abdominal cramps, and diarrhea all signal worsening of the poisoned state. Severe poisoning results in loss of consciousness, incontinence, convulsions, and respiratory depression.

Accidental intoxications occur from vapor inhalation (absorption across the respiratory tract), skin absorption or ingestion. A 2004 National Institute for Occupational Safety and Health (NIOSH) report on 'Acute Occupational Pesticide-Related Illness in the US, 1998–1999: Surveillance Findings From the SENSOR-Pesticides Program' (*American Journal of Industrial Medicine;45:14–23. 2004*) revealed that organophosphates was one of the leading categories of pesticides (59%) responsible for acute occupational pesticide-related illness. Occupational exposures occurred from drift, off target deposition during pesticide application; contact with treated surface; indoor air contamination inhalation; direct contact with the spray of the pesticide; spills or leaking containers and other direct contact.

The primary treatment for severe organophosphate toxicity is Atropine. 2-PAM is used to counter respiratory depression, muscle weakness, and/or twitching.

Scene A: Accident
Rolled Truck releasing a pesticide in the middle of an intersection.


Scene B: Bank
Vapors drift south-southeast of scene A and enter a bank's ventilation system.
N
© 2009 Tele Atlas
Google
Pointer 39°37'33.98" N 104°47'28.64" W elev 5822 ft Streaming 100%
Eye alt 9028 ft

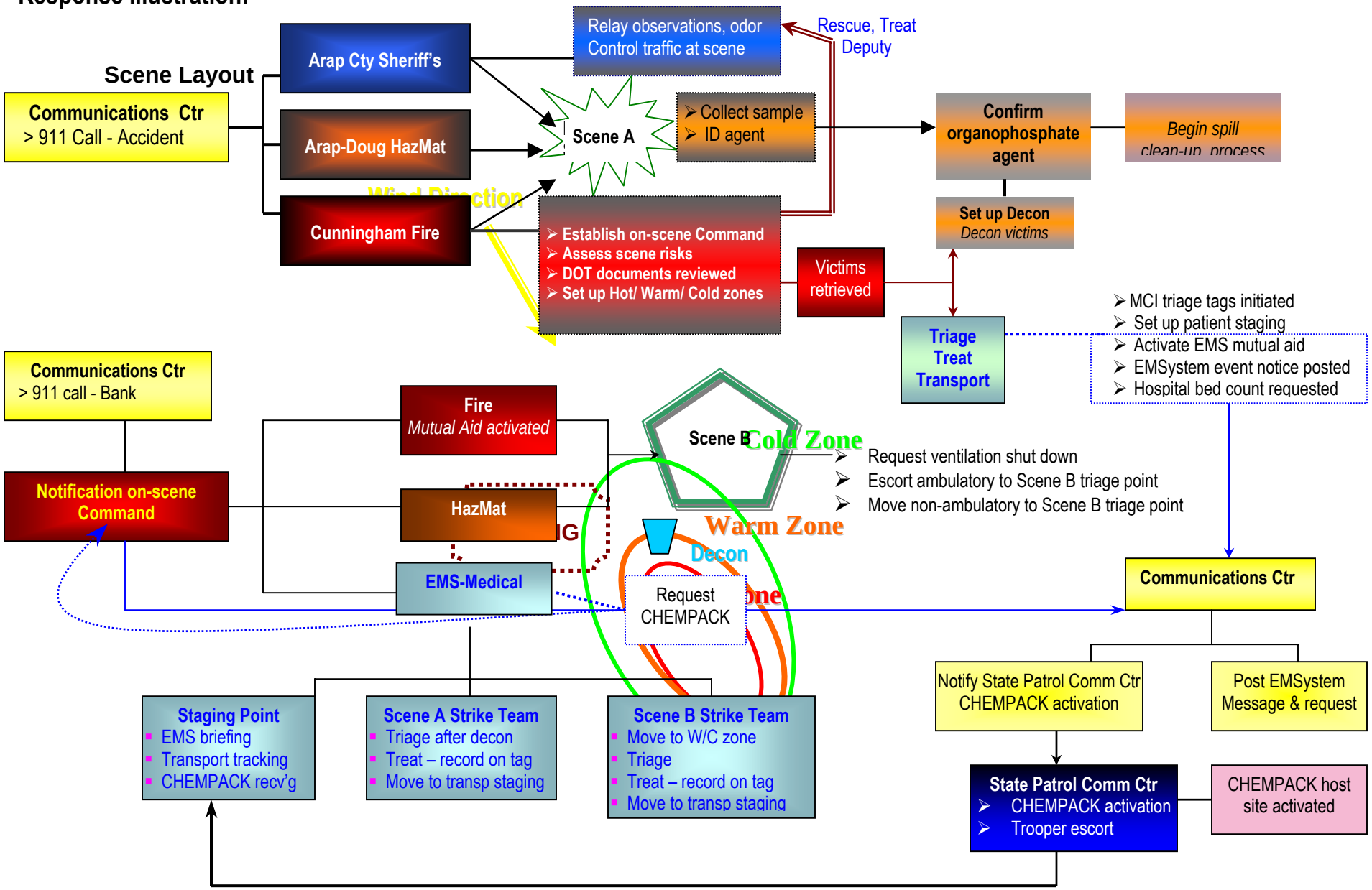
	Scene A	Time (per min)
2	Vehicle and Truck colide in intersection > truck rolls	0
3	Citizens call 911	1
4	Littleton Comm Ctr questions caller	2
5	Caller informs Dispatch: > People are injured, truck on side > Medium size flatbed w/ tank > Liquid is leaking from tank > smells strange - chemical odor	
6	Arap Cty Sheriff's activated	
7	Littleton Comm Ctr notifies Cunningham Fire -relays caller information	
8	Cunningham Fire - Engine 62 & 63 and medic activated > South Metro HazMat activated > Action Care Amb on Standby	3
9	Dispatch gets weather report	5
10	**Arap Cty Sheriff's Deputy on scene** > Informs Dispatch chemical discharge/spill from truck tank > Begins closing off the road	6
11	**Cunningham Fire 62 arrives on scene**	7
12	**Cunningham Fire 63 arrives on scene**	9
13	Cunningham Fire begins scene assessment > Truck DOT symbols identified > Emergency Response Guidebook reviewed > Weather data confirmed	12
14	Arap County Sherrif's Deputy on-scene reports light-headed, difficulty breathing > He passes out after relaying his message	
15	Cunn Fire Company Officer determines Hot/Warm/Cold zone parinmeter	13
16	Cunningham Fire requests additional Arap Cty Sheriffs from Dispatch	
17	Cunningham Fire Company Officer instructs FFs to prepare for Deputy retrieval > SCBA & safety rules followed > Sheriff's Deputy retrieved from Hot zone > Medics assess	15
18	Hot zone / down wind car evacuations begin	
19	Cunn Fire Medic triage occurs for Deputy > Atropine and 2-PAM required	26
20	**SouthMetro HazMat arrives on scene**; >MSDS provided >Team suits up	26
21	Pesticide determined by documents on-	30
22	SouthMetro HazMat obtains chemical sample > Confirms organophosphate agent	35
23	South Metro Haz Mat set up gross decon in Warm zone for 7 accident victims	
24	SouthMetro HazMat initial triage occurs for accident victims in hot zone > Accident victims moved to warm zone > Medics determine Mark I's needed for all	40

	Scene A	Scene B	Time (per min)
25			
26	On-scene Command informs Littleton Comm Ctr **CHEMPACK activation required**		46
27	Littleton Comm Ctr contacts State Patrol Comm Ctr to request CHEMPACK activation		50
28	Citzen calls 911 > Reports people in a Bank southeast of the accident scene are feeling ill > One person passed out, three others have blurred vision, labored breathing > Total 12 -18 people in bank	**Scene B established**	45
29	Littleton Comm Center relays information to Cunningham Fire on-scene		46
30	Command establishes radio channels for enhanced operations		48
31	Notification of downwind evacuation begins; precautions given to all responders		
32	Command expands mutual aid request to South Metro Fire and Aurora Fire		
33		Cunningham Fire Medic supervisor moves Action Care from standby to full activation > Requests additional ambulances > Requests EMSystem notice to hospitals > Requests EMSystem bed count from: Swedish, Aurora & Parker Adv hospitals > Instructs medics to use MCI triage tags > Commander told CHEMPACK needed	53
34		Cunningham Medic supervisor develops triage system for victims from both scenes > Establishes patient staging area in Warm/Cold zone near ambulance staging > Instructs medics to use MCI START process for triage (estim 22-30 patients) > Medic strike teams created to track each scene patient triage and movement	55
35	State Patrol Comm Ctr notifies host site > State trooper notified for transport escort > Destination of CHEMPACK relayed > ETA given to Littleton Comm Ctr: 20-30 m	Cunnigham Fire & HazMat team procede to Bank to assess internal conditions > Instruct Bank to shut down air intake > Instruct ambulatory to leave building - go to warm zone for medical assessment	57
36	Host Site notifies: > Internal team to mobilize CHEMPACK > Local public health - Tri-County Hlth > CHEMPACK transport agency (ambulance)	Medic mutual aid arrives at Staging > Medics assigned to positions: Patient tracking, green/yellow/red pats >Just-in-time training occurs for triage tag documentation of CHEMPACK drugs	62
37	Chempack seal is broken		65
38	Tri-County Hlth notifies CDPHE via 24/7 emergency line		
39	CDC notifies CDPHE when CHEMPACK seal is broken		
40	Scene A victim transport begins > Refusal of patients by some hospitals		
41		Movement of non-ambulatory victims in Bank begins to Warm/Cold zone	
42	CHEMPACK arrives at Staging > Chain of Custody forms signed by CHEMPACK lead		
43		Administration of CHEMPACK meds begins	
44		Movement of patients from scene B begins	
45	Chempack Demobilized		
46	HazMat team begins spill clean up	EMSystem scene update given to hospitals	

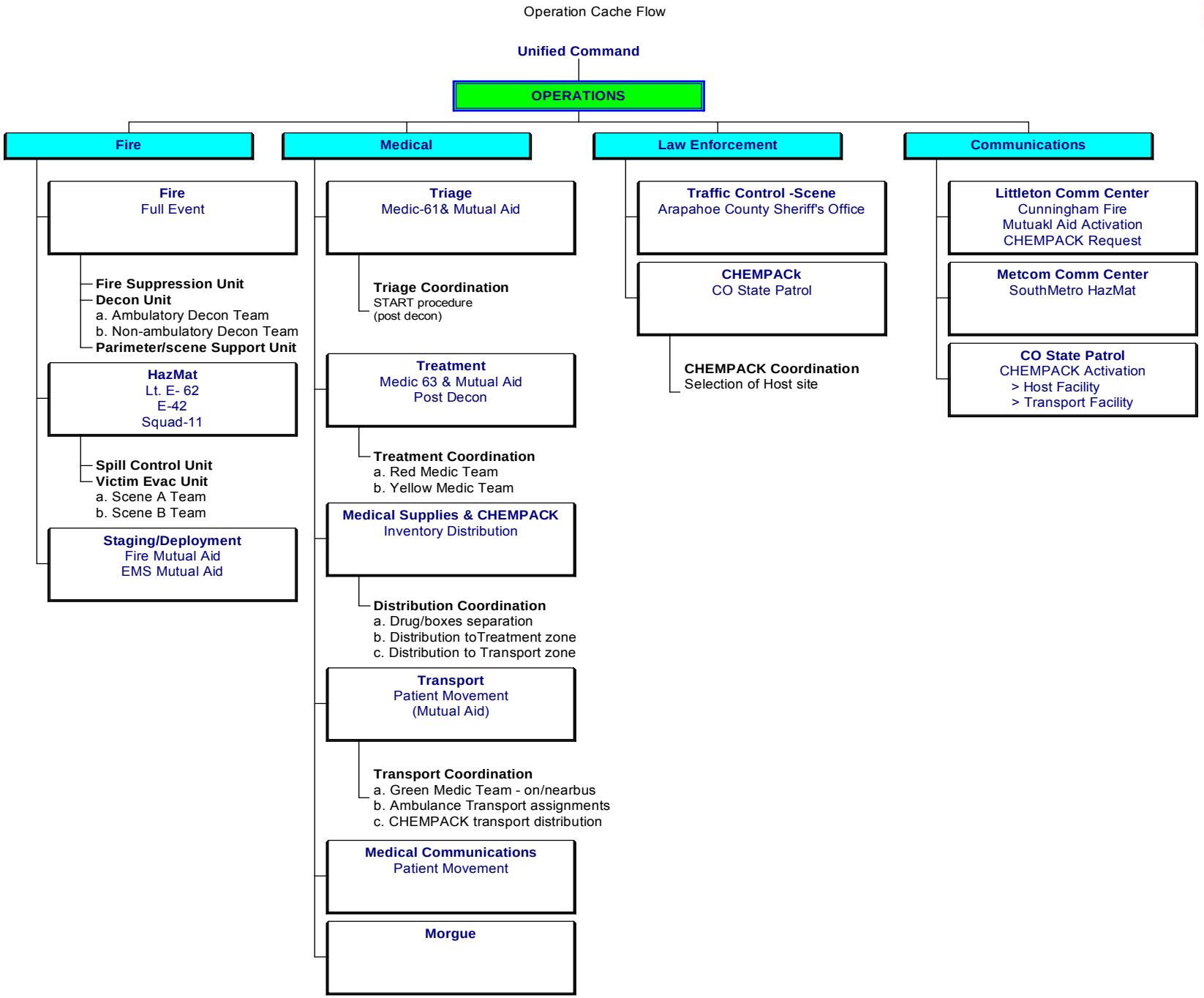
Critical Control Points

	A	B	C
1	**Injects:**	**To Who:**	**Control Points:**
2	911 Calls reporting accident at intersection > injuries on scene > rolled truck leaking a liquid > medium size flatbed truck with tank	Dispatch	Activation of Arapahoe Co. Sheriff Activation of Cunningham Fire
3	Arapahoe County Sheriff's Deputy on-scene reports liquid spilling from truck > smells like pesticide	Dispatch, Cunnigham Fire (while enroute)	Cunningham Fire preliminary action/expectation for arrival on-scene
4	Cunnigham Fire on-scene observes DOT symbols on side of truck - Cannot approach truck yet to obtain paperwork/MSDS from driver	Cunnigham Fire	Cunnigham Fire has a general idea of dangers > Activate HazMat & relay information
5	Cunningham Fire visual assessment of scene > truck driver unconscious > car passengers (5); 2 unconscious > all exposed to liquid & vapors	Cunnigham Fire	Cunnigham Fire sets up command post > Assignments begin > Request weather status
6	Weather Report	Dispatch (to Cunningham Fire)	Establishment of Hot/Warm/Cold Zone perimeters > Cunnigham Fire requests more Arap Cty Sheriff Deputies to assist with parimeter control
7	Request Arapahoe County Sheriff's Deputies	Dispatch, (to Arapahoe County Sheriff's Office)	Activation 2 of Arapahoe Co. Sheriff
8	Arapahoe County Sheriff's Deputy on-scene reports light-headed, difficulty breathing. > deputy passes out after relaying his message > location of deputy is edge of warm zone	Dispatch, Cunnigham Fire	Cunnigham Fire don SCBAs and prepare for rescue > Medics prepare for patient assessment & care
9	Medic patient assessment (triage tag) > pesticide exposure likely	Cunningham Fire medics	Inhalation and skin absorbtion > Atropine & 2-PAM required
10	MSDS provided to SouthMetro HazMat upon arrival on-scene in response to scene sample testing	SouthMetro HazMat	South Metro HazMAt suits up for scene response > decon set-up begins in warm zone for auto-truck victims
11	Status of vehicles stopped at traffic light > Drivers & passengers in cars in hot zone overcome by vapors	Cunningham Fire-South Metro HazMat Command	Rescue and triage operations begin (no decon required for inhalation exposure only) > medics evaluate Mark I inventory; Chempack need
12	911 Calls: >Reports people in Bank southeast of accident scene are feeling ill >One person passed out, three others have blurred vision, labored breathing	Dispatch (to Cunnigham Fire/Command)	Establishment of Scene B Evacuation/rescue planning for scene B > Activation of Chempack > Activation of medic mutual aid & ambulances > Hospital notification of event
13	Request for Chempack	Cunnigham Fire (to Dispatch)	Activation of Chempack at pre-staged host facility Contact between Littleton and CSP Dispatch occurs > CSP dispatch to send Trooper to host facility > Call down begins w/ hosp, Tri-Cnty Hlth, CDPHE
14	Activation of Mutual Aid	Dispatch	Establishment of scene A & B triage areas Establishment of ambulance staging area Establishment of Chempack staging area
15	Scene B victim status (triage tags); 20-30 victims	Medics	MCI START system used Distribution & administration of Chempack meds Movement of patients off the scene
16	Demobilization of scene & chempack	Command, Medics	Final inventory chempack HazMat cleanup

Response Illustration:



Scene Organizational Chart:



Organophosphate Pesticide Agent:
Vehicle Placards and MSDS

METHYL PARATHION

0626
October 2005

CAS No: 298-00-0
RTECS No: TG0175000
UN No: 2783
EC No: 015-035-00-7

O,O-Dimethyl O-4-nitrophenyl phosphorothioate
O,O-Dimethyl-p-nitrophenylthionophosphate
Phosphorothioic acid, O,O-dimethyl O-(4-nitrophenyl) ester
$C_8H_{10}NO_5PS$
Molecular mass: 263.2

TYPES OF HAZARD/ EXPOSURE	ACUTE HAZARDS/SYMPTOMS	PREVENTION	FIRST AID/FIRE FIGHTING
FIRE	Combustible. Liquid formulations containing organic solvents may be flammable. Gives off irritating or toxic fumes (or gases) in a fire.	NO open flames.	Water spray, foam, powder, carbon dioxide.
EXPLOSION			
EXPOSURE		PREVENT DISPERSION OF DUST! STRICT HYGIENE! AVOID EXPOSURE OF ADOLESCENTS AND CHILDREN!	IN ALL CASES CONSULT A DOCTOR!
Inhalation	Sweating. Nausea. Vomiting. Dizziness. Pupillary constriction, muscle cramp, excessive salivation. Muscle twitching. Laboured breathing. Diarrhoea. Convulsions. Unconsciousness. Symptoms may be delayed (see Notes).	Local exhaust or breathing protection.	Fresh air, rest. Artificial respiration may be needed. Refer for medical attention.
Skin	MAY BE ABSORBED! (See Inhalation).	Protective gloves. Protective clothing.	Remove contaminated clothes. Rinse and then wash skin with water and soap. Refer for medical attention.
Eyes	Blurred vision.	Face shield or eye protection in combination with breathing protection if powder.	First rinse with plenty of water for several minutes (remove contact lenses if easily possible), then take to a doctor.
Ingestion	(See Inhalation).	Do not eat, drink, or smoke during work. Wash hands before eating.	Induce vomiting (ONLY IN CONSCIOUS PERSONS!). See Notes. Give a slurry of activated charcoal in water to drink. Refer for medical attention immediately.

SPILLAGE DISPOSAL	PACKAGING & LABELLING	
Personal protection: chemical protection suit including self-contained breathing apparatus. Do NOT let this chemical enter the environment. Sweep spilled substance into containers; if appropriate, moisten first to prevent dusting. Carefully collect remainder, then remove to safe place.	T+ Symbol N Symbol R: 5-10-24-26/28-48/22-50/53 S: (1/2-)28-36/37-45-60-61 UN Hazard Class: 6.1 UN Pack Group: II	Do not transport with food and feedstuffs. Severe marine pollutant.

EMERGENCY RESPONSE	SAFE STORAGE
Transport Emergency Card: TEC (R)-61GT7-II	Store in an area without drain or sewer access. Keep in a well-ventilated room. Separated from food and feedstuffs.

IPCS International Programme on Chemical Safety

Prepared in the context of cooperation between the International Programme on Chemical Safety and the European Commission © IPCS 2005

SEE IMPORTANT INFORMATION ON THE BACK.

ADDITIONAL INFORMATION: Emergency Response Guidebook

2008 Emergency Response Guidebook

GUIDE
152
SUBSTANCES - TOXIC (Combustible)

POTENTIAL HAZARDS

HEALTH

- **Highly toxic**, may be fatal if inhaled, swallowed or absorbed through skin.
- Contact with molten substance may cause severe burns to skin and eyes.
- Avoid any skin contact.
- Effects of contact or inhalation may be delayed.
- Fire may produce irritating, corrosive and/or toxic gases.
- Runoff from fire control or dilution water may be corrosive and/or toxic and cause pollution.

FIRE OR EXPLOSION

- Combustible material: may burn but does not ignite readily.
- Containers may explode when heated.
- Runoff may pollute waterways.
- Substance may be transported in a molten form.

PUBLIC SAFETY

- CALL Emergency Response Telephone Number on Shipping Paper first. If Shipping Paper not available or no answer, refer to appropriate telephone number listed on the inside back cover.
- As an immediate precautionary measure, isolate spill or leak area in all directions for at least 50 meters (150 feet) for liquids and at least 25 meters (75 feet) for solids.
- Keep unauthorized personnel away.
- Stay upwind.
- Keep out of low areas.

PROTECTIVE CLOTHING

- Wear positive pressure self-contained breathing apparatus (SCBA).
- Wear chemical protective clothing that is specifically recommended by the manufacturer. It may provide little or no thermal protection.
- Structural firefighters' protective clothing provides limited protection in fire situations ONLY; it is not effective in spill situations where direct contact with the substance is possible.

EVACUATION

Spill → ½ mi

- See Table 1 - Initial Isolation and Protective Action Distances for highlighted materials. For non-highlighted materials, increase, in the downwind direction, as necessary, the isolation distance shown under "PUBLIC SAFETY".

Fire

- If tank, rail car or tank truck is involved in a fire, ISOLATE for 800 meters (1/2 mile) in all directions; also, consider initial evacuation for 800 meters (1/2 mile) in all directions.

EMERGENCY RESPONSE

FIRE

Small Fire

- Dry chemical, CO_2 or water spray.

Large Fire

- Water spray, fog or regular foam.
- Move containers from fire area if you can do it without risk.
- Dike fire-control water for later disposal; do not scatter the material.
- Use water spray or fog; do not use straight streams.

Fire involving Tanks or Car/Trailer Loads

- Fight fire from maximum distance or use unmanned hose holders or monitor nozzles.
- Do not get water inside containers.
- Cool containers with flooding quantities of water until well after fire is out.
- Withdraw immediately in case of rising sound from venting safety devices or discoloration of tank.
- ALWAYS stay away from tanks engulfed in fire.
- For massive fire, use unmanned hose holders or monitor nozzles; if this is impossible, withdraw from area and let fire burn.

SPILL OR LEAK

- ELIMINATE all ignition sources (no smoking, flares, sparks or flames in immediate area).
- Do not touch damaged containers or spilled material unless wearing appropriate protective clothing.
- Stop leak if you can do it without risk.
- Prevent entry into waterways, sewers, basements or confined areas.
- Cover with plastic sheet to prevent spreading.
- Absorb or cover with dry earth, sand or other non-combustible material and transfer to containers.
- DO NOT GET WATER INSIDE CONTAINERS.

FIRST AID

- Move victim to fresh air.
- Call 911 or emergency medical service.
- Give artificial respiration if victim is not breathing.
- **Do not use mouth-to-mouth method if victim ingested or inhaled the substance; give artificial respiration with the aid of a pocket mask equipped with a one-way valve or other proper respiratory medical device.**
- Administer oxygen if breathing is difficult.
- Remove and isolate contaminated clothing and shoes.
- In case of contact with substance, immediately flush skin or eyes with running water for at least 20 minutes.
- For minor skin contact, avoid spreading material on unaffected skin.
- Keep victim warm and quiet.
- Effects of exposure (inhalation, ingestion or skin contact) to substance may be delayed.

Player- Evaluator Guide

The guidebook and forms for the Evaluators and Controllers are to be distributed to the individuals selected for these tasks on the morning of the exercise. These indivudals are to arrive one hour prior to the onset of the exercise and will be assigned at that time the specific area or discipline they will be responsible for. At this time they will aso receive instruction on the expectations of their role by the Lead Evaluator and Controller.

Evaluators

The primary goal of the Evaluators is to assess how well the players meet the objectives of the exercise. The second function is to record observed best practices and potential areas of concerns for their assigned area or discipline throughout the exercise. Evaluators are not to talk to players or in any way interfere with the functional exercise play; they are to just observe and record their observations, based on the questions outlined on the Evaluator Form. If concerns about the play or specific players are identified, the Evaluator is to communicate this to the Lead Evaluator and the Controller assigned to the area or disciplines involved.

The lead Evaluator will compile the observations and answers to the questions on the Evaluator Form for the After Action Report . The After Action Report will display this informaiton in the HSEEP format. The informaiton recorded will ultimately contribute to a preliminary state guideline for all first responders on the activation of CHEMPACK.

Controllers

The primary objective of the Controllers is to ensure critical action steps occur by the players throughout the exercise so the exercise play remains focused on the goals and objectives outlined ini the Playbook. All Controllers should be in communication with each other to ensure timing is appropriately monitored between all disciplines as the play unfolds. The Controllers are to interpret the play based on the MSLE summary on the Controller Form and provide injects at the appropriate time. If the players independently reach the conclusion or perform the activity of the inject, there is no need to proceed with officially providing it to them. Simply document the action occurred. If the players seem to be taking too long to reach a critical point in the exercise, the Controller can step in and guide them to the desired step.

It is the role of the Controller to allow the players to move forward at their own pace but also direct the speed of the play, having the freedom to slow the play down to re-establish structure of the play. This action will require notification of the Lead Controller to assist in guiding all Controllers through any particularly difficult points in the exercise that may require more time by one dicsipline than others to accomplish a task. It is the role of the Lead Controller to stop play completely if the exercise is deviating too far from the expected goals or outcome. If this occurs, all Controllers should meet with their assigned discipline and explain what has happened, re-establish the assumptions they are to begin with and then re-start the play when the Lead Controller signals to do so.

Hotwash Guide

The Hot wash will occur immediately after the exercise. All players will have the opportunity to share their views, focusing on the goals of the exercise. The discussion will first review the overall design of the execise. The discussion will then systematically go through the exercise goals and objectives, paying particular attention to capture comments on the identified successes and gaps (or areas of concern). The review process should be no more than one hour. More detailed comments should be provided in writing to the Exercise Design Team.

Debriefing – Controllers & Evaluators, Exercise Design Team
The debriefing will occur at a later date, as determined by the Exercise Design Team. This may occur via phone conference or formal meeting, not to exceed one month form the exercise date.

After Action Report
The After Action Report will follow standard HSEEP format and will be distributed to players and all other pertinent players.

Evaluator Name:
Controller Name:

Evaluator- Controller Form - DISPATCH

Exercise Play - DISPATCH *E= Evaluator C = Controller*	Action Yes/No/NA	HSEEP Code	Comments
DISPATCH: Receiving 911 calls from public about an accident scene involving a truck with spilled liquid **E_1: Did Dispatch attempt to obtain more information about the scene?** **E_2: Did dispatch automatically activate HazMat?** **C1: DISPATCH informs FIRE auto-truck accident at intersection A-B. Parties injured** * Do not allow FIRE to order HazMat before details are relayed - HazMat rejects request		2	
FIRE: Dispatch relays to fire station 911 Calls reporting accident at intersection		1 2a	
DISPATCH: Receiving more 911 calls from public about an accident scene > rolled truck leaking a liquid, unkn subst > medium size flatbed truck with tank **C2: DISPATCH relays information to FIRE**		5	
FIRE: Requests DISPATCH activate HazMat		2	
DISPATCH: Littleton Comm notifies Metcom of HazMat request **E_3: Are the instructions clear to HazMat?** **E_4: Was HazMat informed of entry route to avoid downwind exposure?** **C3: Confirm DISPATCH contacts Metcom; activates HazMat**		2	
DISPATCH: Dispatch informs Arapahoe County Sheriff's Deputy of 911 calls reporting an accident w/ reports liquid spilling from truck involved **C4: Confirm DISPATCH activates Arap Cty Sheriff's Office to scene**		4	
FIRE: Cunnigham Fire on-scene observes DOT symbols on side of truck - Cannot approach truck yet to obtain MSDS from driver **E_5: Did FIRE ask DISPATCH to brief HazMat or LE on symbols?**		1 2a	
FIRE: Preliminary designation of Zones are determined & set up > Downwind notification begins		1 4	

FIRE: Cunningham Fire performs visual assessment of scene > truck driver unconscious > car passengers (5); 2 unconscious > all exposed to liquid & vapors **E_6: Was DISPATCH notified of zones?** **E_7: Is DISPATCH considering EMSystem?**		1 2a 4	
FIRE: Cunningham Fire requests Mutual Aid > Fire response Mutual Aid (MA) > EMS/Medic response Mutual Aid (MA) **E_8: Was DISPATCH told to brief MA crews?**		2 5	
DISPATCH: Littleton Comm notifies Aurora Fire and Metcom Comm Centers of Mutual aid activation **C5: Mutual Aid is activated by DISPATCH for Aurora Fire & South Metro Fire; Action Care & Rural Metro EMS**		2a 5	
FIRE/HAZMAT: Weather Report requested/ provided to HazMat **E_9: Was Dispatch pro-active in giving weather report?**		2 2a	
FIRE: Request to Dispatch for more Arap County Sheriff's Deputies **E_{10}: Was information about the scene also relayed w/ request?**		2a 5	
DISPATCH: Littleton Comm relays request for additional deputies, precautions relayed **C6: DISPATCH requests additional Arap Cty Deputies to scene for traffic control**		5	
LE: Arapahoe County Sheriff's Deputy on-scene reports feeling light-headed and difficulty breathing. > deputy passes out after relaying message > location of deputy is edge of warm zone **E_{11}: Did DISPATCH transfer information to FIRE Command?** **C7: Confirm DISPATCH relays info to FIRE Command**		3 4	
FIRE: Sets up gross decon area **E_{12}: Are FIREfighters and MEDIC working together with DISPATCH**		1 4	
MEDIC: patient assessment (triage tags) > pesticide exposure likely **E_{13}: Was DISPATCH told to relay anything to EMS Mutual Aid enroute?**		4	
HAZMAT: Arrives. Coordinates with on-scene FIRE Command for zone designations		2a 5	

HAZMAT: Hazmat prepares to suit up. Prepares plan for evacuation process		**1**	
HAZMAT: Hazmat suits up & develops plan for rescue & decon process. Retrieves MSDS from inside truck - Methyl Parathion *(organophosphate)* identified **E_{14}: Was DISPATCH informed?** **C8: If not, DISPATCH queries FIRE so hospitals could be told via EMSystem?**		**1**	
HAZMAT: Inform all other responders the pesticide involved		**1**	
FIRE: Status of vehicles stopped at traffic light > Drivers & passengers in cars in Hot Zone overcome by vapors		**1** **2A** **3** **4**	
DISPATCH: 911 Calls received >Reports that people in the Bank southeast of accident scene are feeling ill >One person passed out, three others have blurred vision, labored breathing **C9: Transfer message to FIRE Command**		**2a**	
MEDIC: Request for CHEMPACK		**2**	
DISPATCH: Littleton Comm contacts State Patrol Comm. State Patrol Comm contacts Host facility and Transport agency **E_{12}: Did Littleton Comm consider adding a message to EMSystem to let hospitals know?** **C10: DISPATCH contacts State Patrol Comm Ctr and requests CHEMPACK**		**2b** **2c**	
DISPATCH: State Patrol Comm Ctr contacts SkyRidge Medical Center and activates CHEMPACK **C11: Confirm State Patrol Comm Ctr notifies Sky Ridge Medical Center**		**2**	
MEDIC: Bank victim status (triage tags); 20-30 victims		**2**	
MEDIC: patient triage continues with CHEMPACK supplies		**3**	
Demobilization of scene & CHEMPACK C: Confirm Dispatch ends EMSystem (if initiated for play)		**end**	

Evaluator Name:
Controller Name:

Evaluator- Controller Form - FIRE

Exercise Play -FIRE *E= Evaluation point C= Control point*	Action Yes/No/NA	HSEEP Code	Comments
DISPATCH: Receiving 911 calls from public about an accident scene involving a truck with spilled liquid C: Two separate DISPATCH injects will occur		2	
FIRE: Dispatch relays to fire station 911 Calls reporting accident at intersection > injuries on scene > rolled truck leaking a liquid, unkn subst > medium size flatbed truck with tank **E_1: Did Fire recognize this may be a HazMat scene?** **E_2: Has HazMat been requested/notified?** **C1: HazMat is requested early but not immediately (need must be justified)** * Do not allow FIRE to order HM without discussion of need based on dispatched info given to them		1 2a 5	
DISPATCH: Littleton Comm notifies Metcom of HazMat request		2	
LE: Dispatch informs Arapahoe County Sheriff's Deputy of 911 calls reporting an accident w/ reports liquid spilling from truck involved. **E_3: Did FIRE talk w/ LE about risk at scene?**		4	
FIRE: Cunnigham Fire on-scene observes DOT symbols on side of truck - Cannot approach truck yet to obtain MSDS from driver **E_4: Did FIRE brief HazMat or LE on symbols?**		1 2a	
FIRE: Preliminary designation of Zones are determined & set up > Downwind notification begins **E_5: Was Orange '*Emergency Response Guidebook*' (ERG) used?** **C2: Provide FIRE ERG sheets for 152, 3018 and Poison-6 placards** **C3: Zones must be set up**		1 4	
FIRE: Cunningham Fire performs visual assessment of scene > truck driver unconscious > car passengers (5); 2 unconscious > all exposed to liquid & vapors **E_6: Did FIRE discuss the need to brief arriving crews?** **E_7: Was decon discussed with Medic-EMS and HazMat?** **C4: Decon must be set up (*no water used for X*)**		1 2a 4	

Exercise Play -FIRE *E= Evaluation point C= Control point*	Action Yes/No/NA	HSEEP Code	Comments
FIRE: Cunningham Fire requests Mutual aid > Fire response > EMS/Medic response **E_8: Was 'Staging Lead' told to brief arriving MA crews on potential dangers of scene?** **C5: Confirm Mutual Aid is requested (check w/ *Dispatch Controller*)**		2 5	
DISPATCH: Littleton Comm notifies Aurora Fire and Metcom Comm Centers of Mutual Aid activation		2a 5	
FIRE/HAZMAT: Weather Report requested/ provided to HazMat **E_9: Was a weather report obtained?**		2 2a	
FIRE: Request to Dispatch for more Arap County Sheriff's Deputies **E_{10}: Was information about the scene also relayed w/ request for Deputies?**		2a 5	
DISPATCH: Littleton relays request for additional deputies, precautions relayed		5	
LE: Arapahoe County Sheriff's Deputy on-scene reports feeling light-headed and difficulty breathing. > deputy passes out after relaying message > location of deputy is edge of warm zone **E_{11}: Did FIRE brief HazMat?** **E_{12}: Did FIRE discuss the rescue process from the Hot Zone?**		3 4	
FIRE: Sets up gross decon area **E_{13}: Are FIREfighters and MEDICs working together for decon & post decon coordination?** **C6: Do NOT use actual water for exercise**		1 4	
MEDIC: patient assessment (triage tag) > pesticide exposure likely **E_{14}: Did FIRE-MEDIC Lead inform 'Staging Lead' for briefing to EMS MA agencies?**		4	
HAZMAT: Arrives. Coordinates with on-scene Command for zone designations **E_{15}: Did FIRE discuss this prior to HazMat arrival?**		2a 5	
HAZMAT: HazMat team prepares to suit up. Prepares plan for evacuation process		1 2	
HAZMAT: Hazmat teams suit up & develops plan for rescue & decon process. Retrieves MSDS from inside truck - Methyl Parathion *(organophosphate)* identified		1	

Exercise Play -FIRE *E= Evaluation point C= Control point*	Action Yes/No/NA	HSEEP Code	Comments
HAZMAT: Inform all other responders the pesticide involved **E_{16}: Was Fire informed by HazMat details about the agent (organophosphate properties)?** **C7: Confirm FIRE informs MEDIC that the agent is Methyl Parathion - an organophosphate (nerve) agent**		1 2	
FIRE: Status of vehicles stopped at traffic light > Drivers & passengers in cars in Hot Zone overcome by vapors **C8: FIRE notifies HazMat & MEDIC of concerns**		1 2A 3 4	
DISPATCH: 911 Calls received >Reports that people in the Bank southeast of accident scene are feeling ill >One person passed out, three others have blurred vision, labored breathing **E_{17}: Did FIRE Command inform HazMat and MEDIC lead?** **C9: FIRE informs both HazMat and MEDIC**		2a	
MEDIC: Request for Chempack **E_{18}: Did HazMat discuss activation?** **E_{19}: Was HazMat informed?**		1 2b 3	
DISPATCH: Littleton Comm contacts State Patrol Comm > State Patrol Comm contacts Host facility and Transport agency		2b 2c	
MEDIC: Bank victim status (triage tags); 20-30 victims **E_{20}: Was FIRE informed of MEDIC-HazMat rescue/triage process?**		2	
MEDIC: Patient triage continues with CHEMPACK supplies		3	
FIRE: MEDIC may need assistance in CHEMPACK distribution **C10: Request Treatment status and CHEMPACK inventory status - how much used & will more be**		3	
C11: FIRE and MEDIC controllers should be talking. **Demobilize FIRE**		end	

Evaluator Name:
Controller Name:

Evaluator- Controller Form - HazMat

Exercise Play - HazMat *E= Evaluation point C= Control point*	Action Yes/No/NA	HSEEP Code	Comments
DISPATCH: Receiving 911 calls from public about an accident scene involving a truck with spilled liquid		2	
FIRE: Dispatch relays to fire station 911 Calls reporting accident at intersection > injuries on scene > rolled truck leaking a liquid, unkn subst > medium size flatbed truck with tank **E_1: Was HazMat notified at this time?**		1 2a 5	
DISPATCH: Littleton Comm notifies Metcom of HazMat request		2	
LE: Dispatch informs Arapahoe County Sheriff's Deputy of 911 calls reporting an accident w/ reports liquid spilling from truck involved. **E_2: Was HazMat briefed at this time?**		4	
FIRE: Cunnigham Fire on-scene observes DOT symbols on side of truck - Cannot approach truck yet to obtain paperwork/MSDS from driver **E_3: Was HazMat briefed/Requested?** **C1: HazMat is requested early** *(coordinate w/ Fire, Dispatch Controllers for time)*		1 2a	
FIRE: Cunningham Fire visual assessment of scene > truck driver unconscious > car passengers (5); 2 unconscious > all exposed to liquid & vapors **E_4: Was HazMat Briefed scene?** **E5: Was decon discussed?** **C2: Confirm HazMat is informed**		1 4	
FIRE: Cunningham Fire requests Mutual aid > Fire response > EMS/Medic response **E_6: Was HazMat Briefed?**		1 2a 4	
DISPATCH: Littleton Comm notifies Aurora Fire and Metcom Comm Centers of Mutual aid activation		2a 5	
FIRE/HAZMAT: Weather Report requested/ provided to HazMat **E_7: Was a weather report obtained?** **C3: Whatever direction the wind is blowing, tell team the Bank is downwind in the Hot Zone**		2 5	
FIRE: Request additional Arapahoe County Sheriff's Deputies		2	
DISPATCH: Littleton relays request for additional deputies, precautions relayed		5	

Exercise Play - HazMat *E= Evaluation point C= Control point*	Action Yes/No/NA	HSEEP Code	Comments
LE: Arapahoe County Sheriff's Deputy on-scene reports feeling light-headed and difficulty breathing. > deputy passes out after relaying message > location of deputy is edge of warm zone **E_8: Is HazMat briefed they will be needed to do rescues in hot zone?** **C4: If HazMat is not informed, contact** *FIRE Controller*		3 4	
MEDIC: patient assessment (triage tag) > pesticide exposure likely		4	
HAZMAT Coordinates with on-scene command for zone designations **E_9: Scene layout and potential risks known prior to arrival?**		4	
HAZMAT: Hazmat prepares to suit up. Prepares plan for evacuation process **E_{10}: Aware of potential pesticide?** **C5: Confirm team knows Hot Zone layout**		1 2 4	
HAZMAT: Hazmat suits up & develop plan for rescue & decon process **E_{11}: Did discussion occur early after arrival?** **C6: MSDS is inside truck by driver** *** Confirm HazMat knows liquid is Methyl Parathion** *(organophosphate)*		1 4	
HAZMAT: Inform all other responders the pesticide involved **E_{12}: Was the decision made to inform others on-scene of agent's name?** **E_{13}: Were other details about the agent (organophosphate properties) shared w/ Command, EMS?** **C7: Confirm HazMat informs FIRE Command its Methyl Parathion - an organophosphate (nerve) agent**		1 2a 4	
FIRE: Status of vehicles stopped at traffic light > Drivers & passengers in cars in Hot Zone overcome by vapors **C8: HazMat notified by FIRE of concerns; discussion on rescues occurs**		1 2A 3 4	
DISPATCH: 911 Calls received >Reports that people in the Bank southeast of accident scene are feeling ill >One person passed out, three others have blurred vision, labored breathing **E_{14}: Did Dispatch or FIRE Command inform HazMat?** **C9: Confirm HazMat knows rescue required by HazMat team in Bank**		2a	

Exercise Play - HazMat *E= Evaluation point C= Control point*	Action Yes/No/NA	HSEEP Code	Comments
MEDIC-EMS: Request for CHEMPACK **E_{15}:Was HazMat involved in any talks about CHEMPACK activation?** **E_{16}: Was HazMat informed it was activated?**		1 2b 3	
MEDIC: Bank victim status (triage tags); 20-30 victims discussed for triage & treatment **E_{17}: Are MEDICs and HazMat working together on rescued victims?**		1 2a 3 4	
MEDIC: Distribute Chempack drugs		3	
MazMat: Pesticide spill is controlled & Demobilization begins **E_{18}: Any final discussion w/ FIRE Command or MEDICs about CHEMPACK before they leave?** **C10: Demobilize HazMat team**			
Demobilization of scene & CHEMPACK		end	

Evaluator Name:
Controller Name:

Evaluator- Controller Form - MEDIC/EMS

Exercise Play - MEDIC/EMS *E= Evaluator C = Controller*	Action Yes/No/NA	HSEEP Code	Comments
DISPATCH: Receiving 911 calls from public about an accident scene involving a truck with spilled liquid (Dispatch will relay info in 2 separate msgs)		2	
FIRE: Dispatch relays to fire station 911 Calls reporting accident at intersection > injuries on scene > rolled truck leaking a liquid, unkn subst > medium size flatbed truck with tank **E_1: Is the MEDIC verbalizing any plans at this time?**		1 2a 5	
DISPATCH: Littleton Comm notifies Metcom of HazMat request		2	
LE: Dispatch informs Arapahoe County Sheriff's Deputy of 911 calls reporting an accident w/ reports liquid spilling from truck involved. **E_2: Is MEDIC expressing concern for Deputy?**		4	
FIRE/MEDIC: Cunnigham Fire on-scene observes DOT symbols on side of truck - Cannot approach truck yet to obtain paperwork/MSDS from driver **E_3: Did MEDIC provide input on medical impact on first responders and/or victims?** **C1: MEDIC knows the placard information observed on truck**		1 2a	
FIRE/MEDIC: Cunningham Fire visual assessment of scene > truck driver unconscious > car passengers (5); 2 unconscious > all exposed to liquid & vapors **E_4: MEDIC providing any initial assessment?** **E_5: Was decon discussed?**		1 4	
FIRE/MEDIC: Cunningham Fire requests Mutual aid > Fire response > EMS/Medic response **E_6: Did MEDIC estimate number of EMS personnel or ambulances?** **E_7: Are tactical ops for triage and medical supplies discussed yet?**		1 2a 4	
DISPATCH: Littleton Comm notifies Aurora Fire and Metcom Comm Centers of Mutual aid activation **E_8: Is MEDIC requesting any info be given to MA responding vehicles/crews?**		2a 5	
FIRE/HAZMAT: Weather Report requested/ provided to HazMat **E_9: Was the weather report shared w/ MEDIC?**		2 5	
FIRE: Request add'l Arap County Sheriff's Deputies (scene hot zone shared range, precautions shared)		2	

Exercise Play - MEDIC/EMS *E= Evaluator C = Controller*	Action Yes/No/NA	HSEEP Code	Comments
DISPATCH: Littleton relays request for additional deputies, precautions relayed		5	
LE/MEDIC: Arapahoe County Sheriff's Deputy on-scene reports feeling light-headed and difficulty breathing. > deputy passes out after relaying message > location of deputy is edge of warm zone **E_{10}: Is MEDIC briefed on rescues in hot zone?** **C2: MEDIC must know Deputy's symptoms**		3 4	
MEDIC: patient assessment (triage tag) > pesticide exposure likely **C3: MEDIC should assume pesticide and neurologic impact on all victims**		4	
HAZMAT Coordinates with on-scene command for zone designations **E_{11}: Scene layout and potential risks known shared with HazMat?**		4	
HAZMAT: Hazmat prepares to suit up. Prepares plan for Rescue process **E_{12}: MEDIC discusses decon and triage process with HazMat Rescue team?**		1 2 4	
HAZMAT: Hazmat suits up & develop plan for rescue & decon process **E_{13}: Did medic inform 'Staging' for EMS Mutual Aid teams of full process?** **C4: Confirm HazMat/ FIRE Command told MEDIC liquid is Methyl Parathion *(organophosphate)***		1 4	
MEDIC: Obtains information about agent **E_{14}: Did MEDIC request details about the organophosphate properties for patient care?** **E_{15}: Did MEDIC assess supplies and teams?** **C5: Confirm MEDIC knows what to do with victims exposed to Methyl Parathion - an organophosphate (nerve) agent -give MSDS**		1 2a 4	
FIRE: Status of vehicles stopped at traffic light > Drivers & passengers in cars in Hot Zone overcome by vapors **E_{16}: Did MEDIC assess teams and supplies? Verbalize needs?** **C6: MEDIC notified by FIRE of concerns; discussion on rescues begin**		1 2A 3 4	
DISPATCH: 911 Calls received >Reports that people in the Bank southeast of accident scene are feeling ill >One person passed out, three others have blurred vision, labored breathing **E_{17}: Did DISPATCH or FIRE Command inform MEDIC about Bank?**		2a	

Exercise Play - MEDIC/EMS *E= Evaluator C = Controller*	Action Yes/No/NA	HSEEP Code	Comments
C7: Confirm MEDIC know status at Bank.			
MEDIC: Request for CHEMPACK **E_{18}: Did MEDIC talk through what they need & that it means CHEMPACK drugs?** **E_{19}: Are MEDIC processing distribution process?** **E_{20}: Are non-Medic responders asking for CHEMPACK supplies from MEDICS** **C8: Confirm DISPATCH informed to activate CHEMPACK**		**1** **2b** **3**	
MEDIC: Bank victim status (triage tags); 20-30 victims **E_{21}: Are MEDICs all briefed prior to scene arrival & working together on rescue?** **E_{22}: Are MEDICS thinking through CHEMPACK distribution?** **C9: Confirm a system for CHEMPACK distribution is set up for Treatment and Transport areas** * Work w/ CHEMPACK Controller to confirm inventory mgmt exists		**1** **2A** **3** **4**	
MEDIC-EMS: Distribute Chempack drugs **E_{23}: Is the structure understood quickly by all in Treatment?** **E_{24}: Is the structure understood quickly by all in Transport?** **E_{25}: Are tags being marked w/ doses given?** **E_{26}: Are transport teams being given meds consistently?** **E_{27}: Are narcotics handled more carefully?** **C10: Slow-stop play if these steps appear unclear**		**3**	
MEDIC-EMS: Demobilization occurs **E_{28}: Where were spent meds containers left?** **E $_{29}$: Did MEDICs leave scene understanding what to**			

Evaluator Name:
Controller Name:

Evaluator- Controller Form -CHEMPACK

Exercise Play - CHEMPACK *E = Evaluator C = Controller*	Action Yes/No/NA	HSEEP Code	Comments
DISPATCH: Receiving 911 calls from public about an accident scene involving a truck with spilled liquid		2	
FIRE: Dispatch relays to fire station 911 Calls reporting accident at intersection > injuries on scene > rolled truck leaking a liquid, unkn subst > medium size flatbed truck with tank		1 2a 5	
DISPATCH: Littleton Comm notifies Metcom of HazMat request		2	
LE: Dispatch informs Arapahoe County Sheriff's Deputy of 911 calls reporting an accident w/ reports liquid spilling from truck involved.		4	
FIRE/MEDIC: Cunnigham Fire on-scene observes DOT symbols on side of truck - Cannot approach truck yet to obtain paperwork/MSDS from driver - Cunningham Fire visual assessment of scene > truck driver unconscious > car passengers (5); 2 unconscious > all exposed to liquid & vapors		1 1 4	
FIRE/MEDIC: Cunningham Fire requests Mutual aid > Fire response > EMS/Medic response		1 2a 4	
DISPATCH: Littleton Comm notifies Aurora Fire and Metcom Comm Centers of Mutual aid activation		2a 5	
FIRE/HAZMAT: Weather Report requested **FIRE:** Request add'l Arapahoe County Sheriff's Dep		2 2	
DISPATCH: Littleton relays request for additional deputies, precautions relayed		5	
LE/MEDIC: Arapahoe County Sheriff's Deputy on-scene reports feeling light-headed & difficulty breathing > deputy passes out after relaying message > location of deputy is edge of warm zone		3 4	
MEDIC: patient assessment (triage tags) > pesticide exposure likely		4	
HAZMAT Coordinates with FIRE command for zones **HAZMAT:** Hazmat suit up. Prepares plan for rescues		4 1	
MEDIC: Obtains information about agent		1	
FIRE: Status of vehicles stopped at traffic light > Drivers & passengers in cars in Hot Zone overcome by vapors		1 2A	
DISPATCH: 911 Calls received >Reports that people in the Bank southeast of accident scene are feeling ill >One person passed out, three others have blurred vision, labored breathing		2a	
MEDIC: Request for CHEMPACK		1	
MEDIC: Bank victim status (triage tags); 20-30 victims		1	

Exercise Play - CHEMPACK *E = Evaluator C = Controller*	Action Yes/No/NA	HSEEP Code	Comments
MEDIC: A system for CHEMPACK distribution is set up for Treatment and Transport areas		**4**	
MEDIC: Distribute CHEMPACK drugs		**3**	
CHEMPACK: CHEMPACK transport vehicle arrives **E_1: Was vehicle sent to Staging first?** **E_2: Was vehicle's arrival on-scene told to MEDIC lead?** **E_3: Did MEDIC lead assign a CHEMPACK coord?** **E_4: Was FIRE Command informed?**			
CHEMPACK: Chain-of-Custody signed over to scene **E_5: What position signed for the CHEMPACK?** **E_6: Was FIRE Command informed of Custody transfer?** **C1: Confirm Chain-of-custody transfer occurs**			
CHEMPACK : Distribution of drugs begin **E_7: Was a preliminary inventory conducted?** **E_8: Were drugs distributed by runners or did medics pick them up?** **E_9: Were medics given more than 5 at a time?** **E_{10}: What are they doing with the waste?**			
CHEMPACK : CHEMPACK distribution at Transport are also occurring **E_{10}: Was the coordination between Treatment and Transport clear for drugs going with patient?** **C2: Confirm drugs going with transport of patients at Transport area**			
CHEMPACK: Fire Command requests status on CHEMPACK inventory **E_{11}: Can CHEMPACK lead provide an inventory?** **C3: Confirm CHEMPACK lead is requested to provide FIRE Command with an inventory status**			
CHEMPACK: Patient movement and distribution is complete **E_{12}: Where are the waste items placed?** **E_{13}: Is a final inventory performed?**			
CHEMPACK: Demobilization begins **E_{14}: What happens with CHEMPACK?** **C4**: Demobilization occurs			

Policy and Business Rules
November 2008
The Colorado Department of Public Health and Environment Emergency Preparedness and Response Division

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Appendix

Policy and Business Rules
The Colorado Volunteer Mobilizer for Medical and Public Health Professionals
November 2008

Background

The Colorado Volunteer Mobilizer (CVM) system for Medical and Public Health Professionals is administered through the Hospital Preparedness Program (HPP) of the Colorado Department of Public Health and Environment (CDPHE). As a centralized database of medical professionals, paraprofessionals and administrative volunteers CVM has the capability of alerting its volunteers regarding any local, regional or statewide emergency. The Medical Reserve Corps (MRCs) in Colorado are also included in the system.

The CVM is a state program and part of the national Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP). ESAR-VHP is administered by the United States Department of Health and Human Services, Office of the Assistant Secretary for Emergency Preparedness and Response.

The State of Colorado Emergency Operations Plan identifies CDPHE as the lead agency for the National Incident Management System Emergency Support Function 8 (ESF-8). Public Health, Medical and Mortuary services, are included in ESF-8. The Colorado Volunteer Mobilizer is a tool to be utilized as a support function to meet the needs of ESF-8. With this specific task in mind a user policy has been developed for CVM system administrators at the state and local government level.

Levels of Administration

The Colorado Volunteer Mobilizer System has three levels of administration privileges. application administrators, group administrators and county/regional administrators.

SPECIAL NOTICE

All administrators have the authority to remove volunteers from the system. When removal of a volunteer is warranted, the administrator executing the action must notify the CDPHE CVM Coordinator or the system administrator. This notification is important for record keeping purposes.

Application Administrator

There are six application administrators of the CVM system at the state level. The application administrator has full access to the system. The following CVM features are available to the application system administrator:

- Create, view, update or delete user accounts.
- Approve volunteers for the statewide system.
- Reset passwords for user accounts.
- Initiate, edit and end system events, announcements and alerts.
- Create, view and edit specialized account information.
- Upload, edit and delete documents.
- Generate queries for the identification of specific resources.
- Run various reports.
- Post information regarding training, maintenance, etc. to message boards.
- Create and edit resource types.

Group Administrator

Group administrators are individuals employed by local governments or they may be coordinators of Medical Reserve Corps (MRC) or Citizen Emergency Response Teams (CERT).

Group administrators can only view the information regarding volunteers assigned to a specific group. Example: A Weld County MRC coordinator can only view those volunteers within that MRC. Group administrators have access to all of their volunteers' information. They also perform all the functions listed for the application administrator with the exception of volunteer approval.

County/Regional Administrator

The county/regional administrator will be able to see, manage and alert only those volunteers who reside within the county/region they are assigned.

When a county/regional administrator expects volunteer resources to be exhausted, the administrator may make requests for additional statewide CVM resources through their local government emergency operations center (EOC).

See activation chart – page 23

Confidential Agreement

All administrators are required to sign a confidentiality agreement before gaining access to the CVM system.

Please see page 8 for a copy of the Confidential Agreement.

Volunteer Background Checks

The Colorado Department of Public Health and Environment Hospital Preparedness Program (CDPHE/HHP) performs background checks of ***all*** volunteers. Approval of volunteers entered in the CVM system is the responsibility of CDPHE Hospital Preparedness Program (HPP). Each background check costs $6.85 and is paid for by CDHPE/HHP. Background checks are generated through the Colorado Bureau of Investigation (CBI).

Required information for background checks includes:

Name: First/Last
Date of Birth: month/day/year
Male or Female: M/F

All background checks are confidential and kept in a secure electronic server.

Registration of Volunteers into the Colorado Volunteer Mobilizer System

CDPHE/HPP encourages all volunteers to register themselves online at the following web location: https://covolunteers.state.co.us/VolunteerMobilizer/

Phased Approach to Identify and Populate the Colorado Volunteer Mobilizer

The following is the order in which groups will be added to the CVM:

1. Licensed and Certified Health Professions – this includes, physicians, nurses, paramedics, medical technicians, pharmacists, veterinarians, etc.
2. Medical Reserve Corps – this includes all Medical Reserve Corps within the state of Colorado.
3. Public and Environmental Heath – this includes water quality, air quality, environmental health from local county and city health departments and professionals in the private sector. Example: asbestos removal specialists.
4. General Volunteers – logistics, administrative, strategic national stockpile, clergy.
5. Students – medical, dental, veterinarian, pharmacist, nursing, etc.
6. Community Emergency Response Teams (CERT) and Citizen Corps.

Job Titles for the Volunteer Mobilizer

1. Advanced Practice Registered Nurse
2. Assessment Team Leader
3. Behavioral Health Specialist
4. Clinical Social Worker
5. Dental Assistant/Hygienist
6. Dentist
7. Dialysis technician
8. Dietician/Nutritionist
9. Disease Control Specialist
10. Environmental Health Sanitarian
11. Environmental Health Specialist
12. Environmental Health Team Leader
13. Epidemiologist
14. Epidemiology Data Entry Staff
15. Epidemiology Interviewer
16. Epidemiology Team Leader
17. Laboratory Technologist/Technician
18. Mass Dispensing Team Leader
19. Mass Dispensing, Consultant
20. Mass Dispensing Operations Team Consultant
21. Mass Dispensing, Patient Intake/Line Flow Consultant
22. Mass Dispensing, Public Information Consultant
23. Mass Dispensing, Dispenser
24. Mass Dispensing, Vaccinator
25. Patient care Technician
26. Pharmacist
27. Pharmacy Technician
28. Phlebotomist
29. Physician
30. Physician Assistant
31. Public Health Disaster Assessor
32. Public Health Information Technology Specialist
33. Radiologic Technician
34. RSS Distribution Leader
35. RSS Finance and Administrative Team Lead
36. RSS Logistics Team Lead
37. RSS Operations Team Lead
38. RSS Tactical Communications Leader
39. RSS Task Force Leader
40. Registered Nurse
41. Respiratory Therapist
42. Shelter Team Leader
43. Surgical Technician

Source: FEMA

Public Health Alert Policy for the Colorado Volunteer Mobilizer

There are three distinct areas of responsibility for administrators of the CVM.

1. Volunteer Management – The county/regional administrator manages the majority of volunteers. Volunteers are trained, managed and deployed at the local group level. For this specific purpose volunteers will be assigned to a work county, home county or a specific group. For example: a group could be a Medical Reserve Corps or strike team. If needed, application administrators at the state level will manage volunteers who are not a member of any specific group.

2. Volunteer Mobilizations – All administrators have the ability to mobilize volunteers. Administrators may only mobilize volunteers who are members of their specific state, group or county/region. To mobilize volunteers external to their county or group an administrator may make a request via mutual aid to a neighboring city/county CVM administrator or ESF-8 representative. In the case of the overwhelming use of local resources, a request will be made to the State Office of Emergency Management (SOEM) for additional resources.

Please note: All CVM administrators are encouraged to develop working relationships with local emergency managers and public health officials regarding the capabilities of the CVM for resource management.

3. Volunteer Training Notifications – The application administrator can post and modify announcements for all volunteers in the CVM system. Group administrators can post and modify announcements for the group(s) they manage. Each volunteer group home page will display unique announcements. Notifications are a special use tool and should be used for planning, training and exercise notifications. Special exceptions may include announcements of local, regional, and statewide meetings, exercises or trainings that would be of a public health capacity building nature.

Alert Policy

There are three levels of Alerts for Mobilization/Mustering of Volunteers. These include:

Health Alert (High Level)	Conveys the highest level of importance, warranting immediate action and attention. Volunteers would need to respond within the first 90 minutes of the alert. Notification will include deployment information on a specific duty reporting location.
Health Advisory (Medium Level)	Provides information regarding a specific incident or situation that may not require immediate action, but may require preparations for action. Planning for the incident may be required. Example: development of plans to assist with mutual aid to another state.
Health Update (Low)	Provides volunteers with information on a specific incident or situation that may not require immediate action. This may serve as a situational awareness report and update to alert volunteers for possible action in the near future. Response can be delayed for 24 hours.

Alerts should also contain the following information for clarity:

Message ID: Month/Day/Year
Time: Hours/Minutes
From: Whom the message is from.
Subject: Purpose of the Message
Recipients: (specific MRC, all volunteers, etc)

Please see page 10 for the state call-up form. This may be adapted for local use.

For emergency notifications there must be one point-of-contact (with two backup points-of-contact) per county for the activation of volunteers. Backup contacts ensure continuity of operations during a natural or man made event. Preferably the point-of-contact will be either a public health official within the county or the county emergency manager.

Please see the appendix for direction on how to send alerts. Page 14

TELEPHONE ALERTS ARE ONLY MADE AT THE HIGHEST ALERT LEVEL

STATE OF COLORADO

Bill Ritter, Jr., Governor
James B. Martin, Executive Director

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

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

http://www.cdphe.state.co.us

Colorado Department
of Public Health
and Environment

COLORADO PUBLIC HEALTH AND MEDICAL VOLUNTEER SYSTEM
CONFIDENTIALITY AGREEEMENT
OCTOBER 2007

Confidentiality is a general standard of professional conduct. By signing this agreement any person with authorized access to personal identifying information and condition contained in any Colorado Department of Health and Environment (CDPHE) record agrees not to discuss information with or provide copies of reports about a volunteer, regardless of how or where acquired, to family members, friends, professional colleagues, other employees, other volunteers or any other person unless such person has been authorized to have access to that information.

A breach of confidentiality is defined as the release of personal identifying information (e.g. name, address, date of birth, telephone number, social security number, information that could reasonably lead to personal identification) to any person not authorized to have access to that information by the custodian of the records in question, a local governmental volunteer coordinator (e.g. Medical Reserve Corps Coordinator, Public Health Emergency Manager, etc.) or by another CDPHE employee of higher line authority than the custodian.

Persons employed by CDPHE, contractor, and/or volunteers with access to confidential records suspected of breaching confidentiality will lose their privileged status, until an investigation of the matters is completed. A committee, consisting of the Division Director, the custodian of the records in question, the Hospital Preparedness Program Manager, and any other persons designated by the Division Director, will listen to the involved parties, review the facts of the case, and make a determination as to whether there is evidence of a breach of confidentiality. The CDPHE employee and/or local governmental representative/volunteer concerned will be given and opportunity to present his/her side of the incident to the committee. If the committee determines there is

not evidence or insufficient evidence of a breach of confidentiality, the concerned individual will immediately have his/her privileged stat us reinstated. If the committee determines there is evidence of a breach of confidentiality the individual will permanently lose their privileged status. The individual may also be subject to corrective or disciplinary action.

I understand that credential and background information including the names of individuals and their respective licenses and other information reported to the Colorado Volunteer Mobilizer for Medical and Public Health Professionals System (CVM) is confidential information. I agree that I will not reveal such confidential information, regardless of how or where acquired, to family members, friends, professional colleagues, other employees, volunteers, or any person unless such person has been authorized to have access to that information.

I also understand the CVM is to be used only for the purpose of the activation of medical and public health volunteers for planned exercises and real life disaster response. The system is not to be used for the recruitment of volunteers and for the distribution of information not directly related to disaster response or planned exercises.

I further understand this agreement shall be in force during any period of authorized access to the Colorado Volunteer Mobilizer for Medical and Public Health Professionals System records and even after my authorized status has been terminated and that unauthorized use or disclosure of any confidential information is a breach of the terms of privileged access granted by CDPHE/CVM program may be subject to court action by any interested party or to other sanctions by the Hospital Preparedness Program or CPHE as appropriate.

I have read and understand the above information.

Name: _____
(Please print)

Signature: _____ Date: _____

Witness: _____

Signature: _____ Date: _____

STATE OF COLORADO

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http://www.cdphe.state.co.us

Colorado Department
of Public Health
and Environment

The Colorado Volunteer Mobilizer For Medical and Public Health Professionals

Official Volunteer Call-Up Form

Who: (Name of individuals/s or organization the volunteer will report when activated at the state level) Have a photo ID.

What: (The specific duty section to which the volunteer is being assigned.)

When: (The exact military time & date the volunteer is to report)

Where: (The exact place the volunteer is to report)

Phone: (Various phone numbers will be placed here for assistance)

A map of the location for reporting will be attached in this space.

Register Volunteers

Volunteer Mobilizer allows users to register themselves with the system. By following the sign up instructions and filling in the required fields, each user can set up a personal profile and password for him or herself. With self-registration enabled, as an administrator, all you need to do is provide volunteers with the correct Web address (URL) to access the portal and sign up.

When self-registration is not enabled, Administrators register volunteers.

> If you sign up volunteer for positions that make use of medical skills or their services as a healthcare provider, you must provide whatever certification and credential information the volunteer group requires (such as medical license, institution that conferred medical degree, etc.) The registration system does not allow you to save a partial profile and come back to it later, so it is a good idea to gather any needed items before you begin the registration process.
>
> The particular data you must supply will depend on the requirements of the group you are assigning the volunteer too, but to get an idea of the type of information you may be asked to provide, review the Healthcare Provider Credential Information section.

↓To register a volunteer

1. On the sidebar, click **Volunteers**.

   The menu expands, displaying menu choices.

2. Click **Add/Edit**.

   The *Add/Edit* page displays.

3. Click 

.

   The *Add/Edit* page displays the various groups to which you can add a volunteer.

4. Select the groups you want this volunteer to join.

   The *Add/Edit* page displays the profile form.

5. Using the instructions in Update a Profile, create a profile for this user.

6. When you are finished, click **Register**.

   The *Add/Edit* page displays.

Search for Volunteers

Administrators can search for any active volunteer they manage and view that volunteer's profile information.

To search for volunteers

1 In the sidebar, click **Volunteers**.

The menu expands, displaying menu choices.

2 Click **Search & Export**.

The *Search & Export* page displays. The page contains sections of information that you can search by:

3 Expand the sections in which you want to enter search criteria.

You can expand sections to enter search criteria, and then collapse them to decrease the page size. However collapsed sections will not be included in the search criteria.

4 Using the Search Guidelines, enter values you want to search for in one or more fields.

Values you enter for all fields are treated as an "AND" search; for example, volunteers who belong to the "Red Cross Volunteers" group **and** whose home county is "Los Angeles".

Multiple values you enter within a single field are treated as an "OR" search; for example, volunteers who belong to the "Red Cross Volunteers" group and whose home ZIP Code is "95825" **or** "95652".

5 When you are finished, click **Search**.

The *Search Results* page displays the results of your search.

To view a volunteer's profile information, click the volunteer's first name. To sort the results, click a column title.

Remove Volunteers

When you remove a volunteer from a group, the volunteer will no longer see that group when he or she logs in to the application. Even if a volunteer is removed from all active groups, however, he or she can still log in to join another group using the same login and profile information. If you remove a volunteer from the application, he or she must start the registration process over using a different username to access the application.

Regional and Group Administrators can remove volunteers from groups that they have rights to manage; Application Administrators can remove volunteers from groups, or from the application.

↓To remove volunteers

1 On the sidebar, click **Volunteers**.

The menu expands, displaying menu choices.

2 Click **Remove**.

The *Remove* page displays.

3 Using the Search Guidelines, enter values you want to search for in one or more fields.

Values you enter for all fields are treated as an "AND" search; for example, volunteers who belong to the "Red Cross Volunteers" group **and** whose home county is "Los Angeles".

Multiple values you enter within a single field are treated as an "OR" search; for example, volunteers who belong to the "Red Cross Volunteers" group and whose home ZIP Code is "95825" **or** "95652".

4 When you are finished, click **Search**.

The *Remove* page displays results matching your criteria.

To view a volunteer's profile information, click the volunteer's first name.

5 For each volunteer, select one of the following check boxes:

- **Remove from Application** — removes the volunteer from all active groups, and from non-approved applications (this column does not display for Statewide and Regional Administrators)
- **Remove from Group** — removes the volunteer from the selected group (this check box is grayed out if the user has not yet been approved for the group)

If you select both check boxes in a single row, the volunteer will be removed from the application.

6 For each selected group, in the **Reason** column, enter the reason you are removing the volunteer.

– or –

If you are removing the volunteer from the application, enter the reason one time per volunteer, even if the volunteer appears in multiple rows.

The information you enter in the **Reason** column is included in email notifications to the volunteer.

7 When you are done, click **Remove**.

Volunteer Mobilizer displays the message, "Are you sure you want to remove the selected volunteer(s)?"

8 Click **OK**.

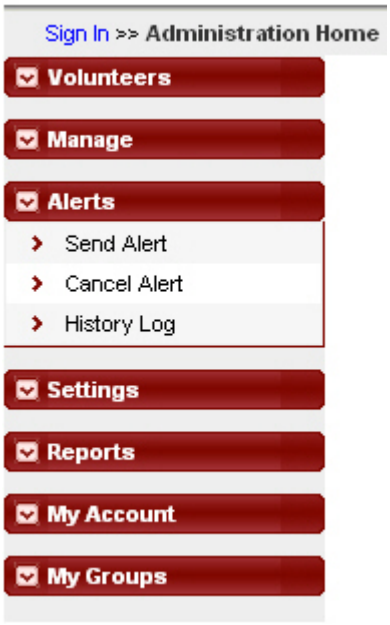
The *Administration Home* page displays.

Manage Alerts

Volunteer Mobilizer enables administrators to inform volunteers about emergencies in several ways. Volunteers view posted news, announcements, and documents when they sign in to the Volunteer Mobilizer portal. In addition, administrators can send alerts of time sensitive information to volunteer devices (email addresses/phone numbers), as well as to their group home pages.

↓To manage alerts

- Expand the **Alerts** menu in the sidebar of the *Administration Home* page.



Alerts menu - expanded

This menu allows you to:

- Send Alerts
- Cancel Alerts
- Generate an Alert History Log

Change Your Password

From a group's *Volunteer Home* page, you can change your password at any time.

↓To change your password

1 On a group's *Volunteer Home* page, click **My Account**.

The *My Account* menu displays.

My Account menu displaying options

2 Click **Change Password**.

The *Change Password* page displays.

3 Use the instruction in the following table to change your password.

Required fields (indicated by a red *) must be filled out, other fields are optional.

In this field	Do this
Password*	Type your current password that you use to sign in.
New Password*	Type the new password you want to use to sign in. Choose a password that is easy to remember, but is not easy for others to guess. For added security, use a combination of letters and numbers in your password. For example, Mary Smith might use "4EmergOnly" as her password.
Confirm New Password*	Re-type your new password to confirm it.

Never share your password with others. If you forget your password, click the Forgot Password link on the *Sign In* page to have the system create a new one and send it to your primary email account.

4 To submit your password change, click **Submit**.

Volunteer Mobilizer displays the message, "Your password has been changed!"

5 Click **Continue**.

The group's *Volunteer Home page displays.*

Related Topics

Manage Reports

To assist administrators in managing volunteers, groups, and information, Volunteer Mobilizer allows administrators to create several reports on various data and functions in the system.

To manage reports

1 Expand the **Reports** menu in the sidebar of the *Administration Home* page.

Reports menu - expanded

This menu provides access to:

- User Profile
- User Inactivity
- Application Status
- Removed Volunteers
- Audit Log
- Credential History

2 Expand the Alerts menu in the sidbar to access the History Log.

Add Announcements

You can post announcements that will appear on one or more volunteer groups' home pages.

To add an announcement

1 On the sidebar, click **Manage**.

The menu expands, displaying menu choices.

2 Click **Announcements**.

The *Announcements* page displays.

3 Click 

.

The *Add Announcements* page displays.

4 In the **Title** field, type the headline for the announcement.

This information appears as the link to the announcement on the group's home page.

5 To add an attachment, click **Browse**, and select a file to include with the announcement.

6 In the **Announcement Text** field, type the body of the announcement.

You can enter up to 2,000 characters, including spaces.

7 Under **Volunteer Groups**, select one or more group home pages that will display the announcement, and click **Add**.

– or –

To add the announcement to all groups' home pages, click **Add All**.

8 When you are done, click **Save and Post**.

The *Announcements* page displays with empty fields, ready to recieve more input.

Modify Announcements

After an announcement has been posted, you can make changes to the announcement's title, attachment, or body, or change which groups' home pages will display the announcement.

To modify an announcement

1 On the sidebar, click **Manage**.

The menu expands, displaying menu choices.

2 Click **Announcements**.

The *Announcements* page displays.

3 Enter search criteria in one or more fields, then click **Search**.

To view all announcements posted for groups you can manage, leave all fields blank, then click **Search**.

The *Announcements* page displays results matching your search criteria.

To view the contents of an announcement, click the announcement's title.

4 Next to the name of the announcement, click the **Modify** link.

The *Modify Announcements* page displays.

5 Make any necessary changes to the content of the announcement.

6 When you are done, click **Save and Post**.

The *Announcements* page displays with empty fields, ready to receive more input.

Remove Announcements

After an announcement has been posted, you can remove it at any time. Removing the announcement deletes it from the home pages of all selected groups.

↓To remove an announcement

1 On the sidebar, click **Manage**.

The menu expands, displaying menu choices.

2 Click **Announcements**.

The *Announcements* page displays.

3 Enter search criteria in one or more fields, then click **Search**.

To view all announcements posted for groups you can manage, leave all fields blank, then click **Search**.

The *Announcements* page displays results matching your search criteria.

To view the contents of an announcement, click the announcement's title.

4 Next to the name of the announcement, click the **Remove** link.

Volunteer Mobilizer displays the message, "Are you sure you want to delete this record?"

5 Click **OK**.

The *Announcements* page refreshes with the announcement no longer listed. In addition, the announcement no longer appears on any group home pages.

Colorado Statutes Pertaining to Liability and Workers Compensation for Public Health Personnel and Volunteers

I. Introduction

This document outlines the Colorado statutes regarding liability and workers compensation that may pertain when public health personnel and volunteers take actions to meet an imminent or existing public health event or emergency.

The legal concept of liability applies when a public health worker or a volunteer injures someone in the course of performing public health actions. Workers compensation applies when the public health worker or volunteer is injured while performing public health duties.

Public health officials may take actions responding to a public health event under statutes used in the ordinary course of their duties. In certain extraordinary public health emergencies, the Governor may declare a disaster to meet a public health emergency. Statutes regarding liability and workers compensation applicable in both situations are cited below.

This document outlines general applicable principles of law. Public health agencies and individual volunteers should consult legal counsel to determine liability and workers compensation coverage applicable to specific situations or local circumstances.

II. Public Health Activities Without a Declared Disaster

A. Liability

1. Public employees. State and local government employees are covered by the Colorado Governmental Immunity Act ("CGIA"). C.R.S. § 24-10-103(4)(a) (definition of "public employee.") Public employees are not liable for injuries arising out of an act or omission occurring during the performance of the employee's duties and within the scope of employment, unless the act or omission is willful or wanton. C.R.S. 24-10-105. A public entity is immune from liability in all claims for injury, which lie in tort, with certain exceptions specifically set forth in the CGIA. C.R.S. § 24-10-106. The exceptions to immunity which might apply to public health activity would be: (a) the operation of a motor vehicle, owned or leased by the public entity, by a public employee while in the course of employment (except emergency vehicles operated in certain circumstances) and (b) the operation of a public hospital. C.R.S. § 24-10-106(1)(a) and (b). In these situations, the public entity might be liable for the acts of the employee. In sum, state and local public health employees are not personally liable for actions they take within the

scope of their employment to meet a public health event, unless the act causing injury is willful and wanton.

2. Volunteers. A person who volunteers to assist a state or local health agency is also covered by the CGIA when the volunteer "performs an act for the benefit of a public entity at the request of and subject to the control of such public entity." C.R.S. § 24-10-103(4)(a). Thus, a volunteer who acts under the direction of a state or local public health agency is not personally liable, unless the act causing injury is willful or wanton.

3. Nonprofit entities that supply and supervise employees. CGIA does not explicitly address a situation in which a non-profit entity recruits, supplies and supervises volunteers who may assist state or local public health officials in meeting a public health event. The State is (a) evaluating whether a contract between a nonprofit entity and the State may bring the entity within the ambit of the CGIA and (b) whether a statutory change would clarify governmental immunity for this situation.

B. Workers Compensation

1. Public Employees. The Colorado Workers Compensation Act ("Compensation Act") defines "employee" to include, "Every person in the service of the state, or of any county, city, town, or … of any public institution or administrative board thereof under any appointment pr contract for hire, express of implied…." C.R.S. § 8-40-202(1)(a)(I)(A). In general, the Compensation Act requires employers to provide coverage for injuries that occur within the scope of employment, which would include any injury suffered in the course of performing actions to meet a public health event.

2. Volunteers. The Compensation Act does not explicitly require public employers to cover volunteers, although the Act does include volunteer disaster teams and volunteer ambulance teams and groups as "employees" under the Act. See C.R.S. § 8-40-202(1)(a)(I)(A) and (1)(b). Public entity employers may choose to extend coverage to volunteers under the entity's workers comp insurance policies.

III. Public Health Activities During a Governor's Declared Disaster

a. Liability

1. Public Employees. During a declared disaster, CGIA would continue to apply to the performance of duties by public health employees within the scope of their employment. In addition, certain provisions of the Colorado Disaster Emergency Act of 1992 ("Disaster Act") would apply. When the Governor issues executive orders directing measures to combat an emergency epidemic, the Disaster Act provides immunity from civil liability for "public health care workers" who completely comply in good faith with the executive orders. C.R.S. § 24-32-2111.5(2)

2. Health Care Volunteer. The Disaster Act provides that a "hospital, physician, health insurer or managed health care organization, health care provider, public health

care worker, or emergency medical services provider" who completely complies in good faith with executive orders issued to combat an emergency epidemic shall be immune from civil liability. C.R.S. § 24-32-2111.5(2)

3. Other volunteers. The Disaster Act does not explicitly confer immunity from civil liability on other volunteers who assist in combating an emergency epidemic. However, under C.R.S. § 24-32-2303, the State assumes liability for damages and injuries "caused by acts done or attempted under the color of the 'Colorado Disaster Emergency Act of 1992' … in a bona fide attempt to comply therewith," except for willful misconduct, gross negligence or bad faith. This statute could apply to injuries caused by volunteers assisting in an emergency epidemic. This statute does not apply to injuries suffered by volunteers who are registered with the division of emergency management or with a local organization for civil defense.

b. Workers Compensation

1. Public Employees. Workers compensation coverage continues to remain in effect for public employees who perform duties within the scope and course of their employment during the disaster.

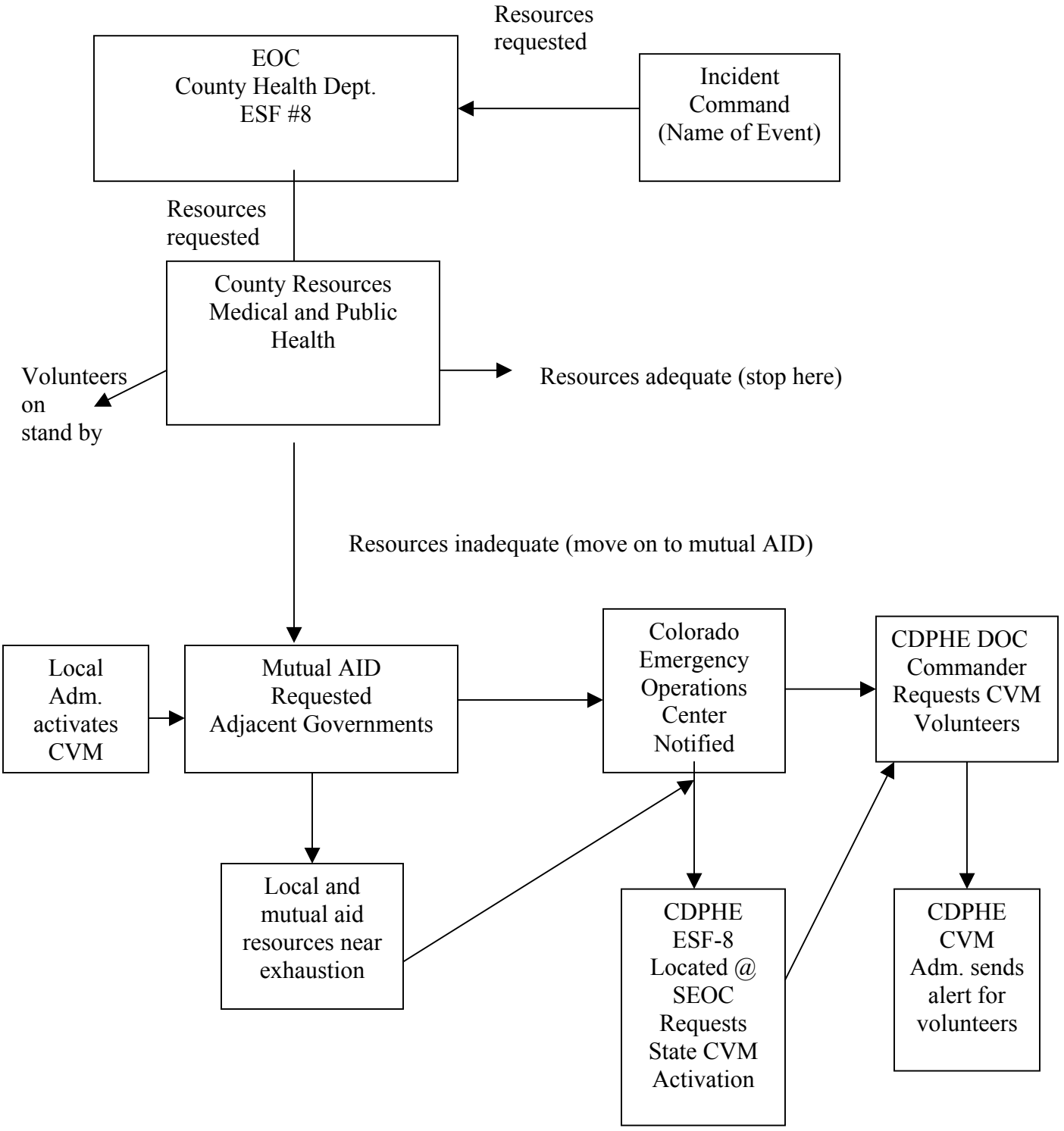
2. Health Care Volunteers. State statute provides workers compensation benefits (if appropriated) in disasters to a "physician, health care provider, public health worker, or emergency medical service provider who is ordered by the Governor or a member of the disaster emergency forces of this state to provide specific medical or public health services during an related to an emergency epidemic and who complies with such an order without pay or other consideration." C.R.S. § 24-32-2202(3).

3. Other Volunteers. The same statute also provides workers compensation benefits (if appropriated) to persons who register with the state division of emergency management or a local organization for civil defense for the purpose of engaging in civil defense without pay or other consideration. C.R.S. § 24-32-2202(3). Civil defense means all activities authorized by and carried on pursuant to the Disaster Act. C.R.S. § 24-32-2202(2). Thus, volunteers who have registered with the division of emergency management and who assist public health agencies in meeting a public health declared disaster would be eligible for workers compensation benefits as provided in this statute.

Party/Situation	No Declared Disaster				Declared Disaster			
	Immune from Liability for injuries caused		Worker's Comp Coverage from governmental entity for Injury		Immunity from Liability		Worker's Comp Coverage from governmental entity for Injury	
	Y/N	Statute	Y/N	Statute	Y/N	Statute	Y/N	Statute
CDPHE employee	yes	§ 24-10-103(4)(a)	yes	8-40-202(1)(a)(I)(A)	yes	24-32-2111.5(2)	yes	8-40-202(1)(a)(I)(A)
Local Public Health Agency employee	yes	§ 24-10-103(4)(a)	yes	8-40-202(1)(a)(I)(A)	yes	24-32-2111.5(2)	yes	8-40-202(1)(a)(I)(A)
Health Care Volunteer	yes	§ 24-10-103(4)(a)	no	governmental entity may opt to cover	yes	24-32-2111.5(2)	yes	24-32-2202(3)
Volunteer under supervision of CDPHE	yes	§ 24-10-103(4)(a)	no	governmental entity may opt to cover	yes	24-32-2303	yes	24-32-2202(3)- if registered with the division of emergency management
Volunteer under supervision of local public health agency	yes	§ 24-10-103(4)(a)	no	governmental entity may opt to cover	yes	24-32-2303	yes	24-32-2202(3)- if registered with the division of emergency management
Volunteers supplied and supervised by a nonprofit entity	no		no		yes	24-32-2303	no	

This table indicates general principles of law. Public health agencies and volunteer individuals should consult legal counsel to determine liability and workers compensation coverage applicable to specific situations and local circumstances.

Colorado Volunteer Mobilizer
Activation Chart



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EXECUTIVE ORDER
NATIONAL INCIDENT MANAGEMENT SYSTEM

Pursuant to the authority vested in the Office of the Governor of the State of Colorado, I, Bill Owens, Governor of the State of Colorado, hereby issue this Executive Order concerning the designation of the National Incident Management System ("NIMS") as the basis for all incident management in the State of Colorado.

1. Background and Need

The President of the United States, in Homeland Security Directive (HSPD)-5, directed the Secretary of the United States Department of Homeland Security to develop and administer a national incident management system, which would provide a consistent nationwide approach for Federal, State, local, and tribal governments to work together more effectively and efficiently to prevent, prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. In addition, the National Commission on Terrorist Attacks (9-11 Commission) recommended adoption of a standardized Incident Command System.

The collective input and guidance from all Federal, State, local, and tribal homeland security partners has been, and will continue to be, vital to the development, effective implementation and utilization of a comprehensive NIMS. It is necessary and desirable that all Federal, State, local, and tribal emergency agencies and personnel coordinate their efforts to effectively and efficiently provide the highest levels of incident management. In order to facilitate the most efficient and effective incident management it is critical that Federal, State, local, and tribal organizations utilize standardized terminology, standardized organizational structures, interoperable communications, consolidated action plans, unified command structures, uniform personnel qualification standards, uniform standards for planning, training, and exercising, comprehensive resource management, and designated incident facilities during emergencies or disasters.

The NIMS standardized procedures for managing personnel, communications, facilities and resources will improve Colorado's ability to utilize federal funding to enhance local and state agency readiness, maintain first responder safety, and streamline incident management processes. Furthermore, the Incident Command System components of NIMS are already an integral part of various incident management activities throughout the State, including current emergency management training programs.

2. Directive

I hereby establish the National Incident Management System as the State standard for incident management.

3. Duration

This Executive Order shall remain in effect until further modification or rescission by Executive Order.

GIVEN under my hand and the
Executive Seal of the State
of Colorado, this 6th
day of December, 2004.

Bill Owens
Governor

STATE OF COLORADO

Bill Ritter, Jr., Governor
James B. Martin, Executive Director

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

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

http://www.cdphe.state.co.us

Colorado Department of Public Health and Environment

National Incident Management System (NIMS) and Incident Command System (ICS) Training Policies and Procedures for the Colorado Department of Public Health and Environment (CDPHE)

Colorado public health and medical personnel are required to use the Incident Management System (ICS) as required by the National Incident Management System (NIMS) as the model for responding to all emergency incidents. The NIMS Integration Center (NIC) Five-Year NIMS training plan published the following NIMS training requirements, which have been adapted by CDPHE:

Level 1:	All employees are required to take ICS-100 and IS-700
Level 2:	Supervisors are required to take all of the above including ICS-200
Level 3:	All Emergency Preparedness and Response Division Staff (those expected to fill Command and General Staff Positions in the Department Operations Center) are required to take all of the above including ICS-300 and IS-800
Level 4:	All EPRD Program Managers are required to take all of the above including ICS-400
ICS-402:	*Incident Command for Senior Officials* will be provided to all CDPHE executive level staff who are not expected to serve in the command or general staff positions but are in a policy making positions during an emergency.

In order to ensure that the approximately 1,200 staff members at the Colorado Department of Public Health and Environment are all trained to the appropriate level of NIMS and ICS training requirements, ERPD staff have developed a process for marketing, collecting and tracking this training information from each division within the department.

NIMS and ICS training requirements are marketed to all staff, new and existing, through various methods including weekly broadcast emails to all employees in the department and links on the CDPHE Intranet. All CDPHE staff members are also required to complete a '**Policy Designation Form**' for NIMS compliancy, which outlines their understanding of what ICS and NIMS courses they are required to take based upon their role. In order to be considered NIMS compliant, all employees must obtain a FEMA certificate of completion for all ICS and NIMS courses completed. Copies of these certificates must be provided to EPRD and these certificates are kept on file for all CDPHE staff.

A spreadsheet was developed to track the NIMS and ICS training status for each employee in the department. This spreadsheet includes the various levels of ICS training required per employee based upon their current role within the department. This spreadsheet is titled "CDPHE NIMS Training_062009.xls" in the PPHR application. Once a quarter, this spreadsheet is sent to the "personnel liaison" in each of CDPHE's eleven divisions. The personnel liaison is responsible for ensuring that the employee information listed on this spreadsheet is correct. The personnel liaison is also the person responsible for collecting the FEMA course completion certificates from the employees within their division and sending these to EPRD once a quarter to update the above referenced spreadsheet.

The following page provides an example of a quarterly email sent by EPRD to CDPHE division personnel liaisons requesting that NIMS and ICS training data be updated for the department.

Attached is the NIMS training spreadsheet for your division/program. The spreadsheet reflects the FEMA certificates we have received up to the present date (1/20/09). We are asking that you update the spreadsheet and send it back by **Friday, March 13, 2009**.

When updating the NIMS spreadsheet, please check /include the following:

1. Add new individuals in your division who are not on the spreadsheet and make sure they have completed the attached NIMS Compliance Designation Form.

2. Notate on the spreadsheet if an employee no longer works for your division and let us know their status, i.e. retired, moved to another division (if so which one), military leave, etc.

Send the spreadsheet with your changes electronically or hard copy via interoffice mail to the attention of Kristen Campos EPRD-A5.

Also, provide a copy of any certificates of completion that have not been submitted to the Office of Emergency Preparedness and Response. A box without an "X" on the spreadsheet means we don't have that individual's certificate on file.

Remember-the NIMS training required by each employee is designated by their Management Level on the spreadsheet:

Level 1: All CDPHE Employees - need to take ICS-100 and IS-700

Level 2: CDPHE Supervisors, Section Chiefs, Program Managers, Division Directors and selected Executive Level Staff- need to take ICS-100, 200 and IS-700

Level 3: CDPHE Emergency Preparedness and Response Division Staff ONLY- need to take ICS-100, 200, 300, 800a (800 is also acceptable) and IS-700

Level 4: CDPHE Emergency Preparedness and Response Division Program Managers and Division Director ONLY - need to take ICS-100, 200, 300, 400, 800.B (800 and 800.a are also acceptable) and IS-700

Once we receive the certificates and your updated division spreadsheet, we will update our NIMS Master Spreadsheet for the department and verify completion of the NIMS training in CO.TRAIN.

If you have any questions, please contact one of the following individuals in the Emergency Preparedness and Response Division.

Paula Robinson- Extension 2962
Kristen Campos – Extension 2763

Thank you for your time in assisting us with maintaining these records.

Employee's Name (Please Print):

Colorado Department of Public Health and Environment Policy Designation Form – NIMS Compliancy

It is strongly recommended that the NIMS online training be taken within 60 days of an employee's date of hire. ICS 300 and 400 courses are only conducted in the classroom and are required in FY 08 and FY 09 respectively. Please contact Phyllis Bourassa at Ext. 2665 for upcoming classes.

Date:

Division:

Program:

Position Number:

Position Type:

General Staff (Includes all CDPHE Staff)
(FEMA IS-700, ICS-100)

Supervisors, Section Chiefs, Program Managers, Division Directors and selected Executive Level Staff
(FEMA IS-700, ICS-100, IS-200)

All Emergency Preparedness and Response Division (EPRD) Staff **ONLY**
(FEMA IS-700, IS-800.B, ICS-100, ICS-200, *ICS-300)*

Emergency Preparedness and Response Division (EPRD) Program Managers and the Division Director **ONLY**
(FEMA IS-700, IS-800.B, ICS-100, ICS-200, *ICS-300 and ICS-400)*

I understand that I am responsible for completing FEMA National Incident Management System (NIMS) and Incident Command System (ICS) training as it applies to my position as indicated above.

Signature of Employee Date

Signature of Program Manager (or program manager's supervisor) Date

Sent to the CDPHE Emergency Preparedness and Response Division NIMS Training Center (Attention: Kristen Campos EPRD-A5):

(Date) Updated 6-08

Colorado Department of Public Health and Environment NIMS Training

STANDARD

NIMS Integration Center (NIC) Five-Year NIMS training plan published the following NIMS training requirements, which have been adapted by CDPHE:

- Level 1-All employees are required to take ICS-100 and IS-700
- Level 2-Supervisors are required to take all of the above including ICS-200
- Level 3- All Emergency Preparedness and Response Division Staff (those expected to fill Command and General Staff Positions in the Department Operations Center) are required to take all of the above including ICS-300 and IS-800
- Level 4-All EPRD Program Managers are required to take all of the above including ICS-400
- ICS-402 *Incident Command for Senior Officials* will be provided to all CDPHE executive level staff who are not expected to serve in the command or general staff positions but are in a policy making position during an emergency.

DEPARTMENT STATUS

Out of 1257 Employees at the Colorado State Health Department the following percentages reflect the number of employees who have taken their NIMS required courses:

Class Number	Percent of Employees who have taken the NIMS Training Courses
ICS 100	95%
IS-700	95%
ICS-200	91%
ICS-300	89%
ICS-400	80%
IS-800	69%
ICS-402	100%

Vulnerable Populations

Title VI of the Civil Rights Act requires that any organization receiving federal grants must provide equal quality of treatment to all persons. "*No person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."* By extension, this portion of the Civil Rights Act also aims at reducing discrimination for other reasons, such as socioeconomic status. However, if there to be an incident in Colorado, certain vulnerable groups of people would have a difficult time accessing information, and resources, throughout Colorado, due to significant barriers, such as limited English proficiency, poverty, lack of transportation, lack of home, for which there are not yet consistent solutions.

According to the definition of vulnerable populations specified by PPHR, there are concentrations of vulnerable populations throughout Colorado.

- Over 16% of Coloradans have a primary language other than English
- Spanish-speaking Only households rose 171% from 1991-2000, and has risen more since then. Areas of concentration include Denver, Larimer and Weld County, Lincoln and Cheyenne Counties, the San Luis Valley, and the far northwest of Colorado. Many of the families in rural Colorado are migrant workers who are also illiterate or extremely low-literacy in Spanish or English.
- As of 2000, over 24% of the population was of minority groups, with large pockets of refugees in the Denver area, and a high proportion of recent immigrants in areas such as the San Luis Valley.
- There are some tracts within the San Luis Valley, Montezuma, Weld, Kit Carson, Delta and Montrose Counties, and some portions even of Denver, where up to 20% of the population has less than a high school diploma.
- Large portions of Denver, Mesa, Arapahoe, Washington, Pitkin, Gilpin, Grand, and the southeast counties have up to 10% of their population relying on public transportation.
- Large portions of the San Luis Valley, Otero, Prowers, Montezuma, and Denver have almost 50% of persons living at or below the poverty level. As of 2007, over 10% of Coloradans overall live below the poverty level of $17,000 annual income. Eleven percent of children under 6 years in Colorado are living below the poverty level. Twelve percent of Coloradans qualified as low-income households. Since the recession, this number will have risen. Significant portions of most of the counties throughout Colorado have up to 10% of persons on public assistance. And 17% of Coloradans are medically uninsured.
- As of 2006, there were 16,203 documented homeless persons in Colorado. Since the recent recession, this number has inevitably risen.
- As of 2005, approximately 12.1% of persons living in Colorado were classified as disabled. Approximately 2% of that population had self-care difficulties. Of those with disabilities, 16% were sensory, 24% mobility, and 25% cognitive.

Over the past three years, based on the promotora model of care, Colorado Department of Public Health and Environment Emergency Preparedness and Response Division (EPRD) has been contacting and building relationships with community-based organizations to

assist in community capacity-building in communities with vulnerable populations. Current and past contractors include:

- Clinica Tepeyac
- St. Cajetan's Catholic Church
- Annunciation Catholic Church
- Inner City Parish
- Colorado Cross Disability Coalition
- Center for African American Health
- Denver Indian Center
- Denver Indian Family Resource Center
- Colorado Asian Health Education and Promotion (CAHEP)
- Hispanic Nurses Association
- Salud Clinic

There have been readiness, needs, and strengths assessments done in the Denver area in the Hispanic community, Hmong, Asian Indian, Filipino, Thai, Chinese, Vietnamese, and cross-disability communities. The cross-disability community assessment was done across Colorado. Following assessments, all of the listed organizations have been providing training for their organization members around emergency preparedness, kit-building, CERT, CPR, ICS, and other response and planning activities. CAHEP has completed a pilot run of community-based emergency preparedness presentations designed by community leaders, and are preparing a site in the Vietnamese community to become a bi-lingual POD (point of dispensing or distribution) site. Denver Indian Family Resource Center has completed a pilot of parenthood classes incorporating emergency preparedness, and are writing their organization's emergency draft plan. Hispanic Nurses Association and CAHEP are creating toolkits and community call-downs for hospitals to access during surge, for working with members of the Hispanic and various Asian communities. Center for African American Health has completed a first round of CERT training for staff and community members, created an emergency preparedness toolkit for their churches, and is preparing to assist two of their church sites in becoming medical and commodity PODs. Colorado Cross Disability Coalition is creating a volunteer base for disaster mental health, and other sheltering roles, and is assisting CDPHE in creating an annex in the state plan for working with the disabled in Colorado. St. Cajetan's has trained and created their own bi-lingual Spanish CERT teams and trainers, and completed their first mass vaccination. They are also preparing to become a medical POD site. Denver Indian Center has created an Elder Preparedness Circle to train and assist the seniors of the Denver pan-Indian community, and as leaders of this community themselves, in emergency preparedness, and working to break down barriers to service and communication between government and the Indian communities. Annunciation Catholic Church has created an emergency parishioner database, and are working on a plan to assist their population, many of whom are homeless and with limited English proficiency. Inner City Parish has created training for their seniors, and high school children in emergency preparedness, and will be training staff and community members in disaster mental health.

Facts:

from the Colorado Department of Public Health and Environment

Fight fear with Facts

Preparedness: Tips for People with Special Medical Needs

How can I prepare for emergencies?

Being ready for an emergency is a part of maintaining your independence. Although you may not know when a disaster or crisis will strike, if you are prepared ahead of time, you will be better able to cope with the disaster and recover from it more quickly. The Colorado Department of Public Health and Environment's "Tips for People with Disabilities" also may be helpful to you as you prepare.

What will I need?

Try to picture yourself during a disaster and during the three days immediately following it. What might be some of your special medical needs?

Medications

- Keep at least a three-day supply of your medications at all times.
- Store your medications in one location in their original containers.
- Have a list of all of your medications: name of medication, dose, frequency, the name of the doctor prescribing it, and the pharmacy.

Medical Supplies

- If you use medical supplies, such as bandages, ostomy bags, or syringes, have an extra three-day supply available.

Intravenous (IV) and Feeding Tube Equipment

- Know if your infusion pump has battery back-up, and how long it would last in an emergency.
- Ask your home health care provider about manual infusion techniques for power outages.
- Have written operating instructions attached to all equipment.

Oxygen and Breathing Equipment

- If you use oxygen, keep an emergency supply for three days or more.
- Oxygen tanks should be securely braced so they do not fall over. Check with your medical supply company for safety instructions.
- If you use breathing equipment, have a three-day supply or more of tubing, solutions, medications, and other needs.

Electrically Powered Medical Equipment

- For all medical equipment requiring electrical power, such as beds, breathing equipment, or infusion pumps, check with your medical supply company and get information regarding a back-up power source, such as a battery or generator.
- Check with your local utility company to determine that back-up equipment is properly installed.

Emergency Bag

Have a bag packed at all times in the event you need to leave your home. The bag should contain:

- A medication list.
- Medical supplies for three days.
- Copies of vital medical papers, such as insurance cards, Advanced Directive, Power of Attorney, and others.
- When you leave your home, take refrigerated medications and solutions. Keep ice packs in your freezer if your doctor tells you to keep medications cold.

People Who Can Help

- Plan with your family, friends, and neighbors. Know who could walk to your home to assist you if other means of transportation are unavailable.
- Discuss your disaster plans with your home health care provider.
- Ask your local fire department if the department keeps a list of people with special medical needs.
- If you depend on electrical power for your medical equipment, notify your local power company. Some companies provide priority service to people with special medical needs.
- Keep a list of people, with their names, addresses, and phone numbers, who can help you if needed.

How can I help people with disabilities during a crisis?

- **Offer assistance.** If a disaster warning is issued, check with neighbors or coworkers who are disabled. Learn how to transfer or move someone in a wheelchair and what exit routes from buildings are best.
- **Prepare an emergency plan.** Work with neighbors who are disabled to prepare an emergency response plan. Identify how you will contact each other and what action will be taken.
- **Help evacuate.** Be able to assist if an evacuation order is issued. Provide physical assistance in leaving and transferring to a vehicle. Provide transportation to a shelter. This may require a specialized vehicle designed to carry a wheelchair or other mobility equipment.
- **Join a self-help network.** Self-help networks are arrangements of people who agree to assist an individual with a disability in an emergency. Discuss with the relative, friend, or co-worker who has a disability what assistance he or she may need. Urge the person to keep a disaster supplies kit and suggest that you keep an extra copy of the list of special items such as medicines or special equipment that the person has prepared. Talk with the person about how to inform him or her of an oncoming disaster and see about getting a key to the person's house so you can provide assistance without delay.

Adapted from the American Red Cross and the Federal Emergency Management Agency (FEMA)

Reliable sources of information

Colorado HELP hotline
1-877-462-2911 (toll-free)
M-F 7 a.m. – 11 p.m.;
S-S 9:30 a.m. – 8 p.m.

Federal Emergency Management Agency, Region VIII
www.fema.gov
303- 235-4800

Centers for Disease Control and Prevention
www.cdc.gov
1-800-311-3435 (toll-free)

National Organization on Disability
www.nod.org
202-293-5960
202-293-5968 (TTY)

Ready Colorado
www.readycolorado.com

Colorado Department of Public Health and Environment

01/06

Facts:
from the Colorado Department of Public Health and Environment

Fight fear with Facts

Preparedness: Tips for People with Disabilities

Being ready for an emergency is a part of maintaining your independence. Although you may not know when a disaster or crisis will strike, if you are prepared ahead of time, you will be better able to cope with the disaster and recover from it more quickly.

What should I expect during emergencies?

When an emergency occurs, the disaster responders and government agencies first provide the basic needs of food, water, and safe shelter to everyone who needs them. Replacing your medicines and adaptive equipment, restoring power for equipment, and restoring your regular ways of support for daily living activities may take some time.

Be prepared to meet your own basic needs by storing enough food and water for at least three days. Be ready to take care of your special needs by storing enough oxygen, medicines, battery power, or other important supplies for at least seven days after an emergency.

Why might I need extra help during emergencies?

- Just like anyone else, people with disabilities who are self-sufficient under normal circumstances may have to rely on others in a disaster.
- People with disabilities or older adults may need more time than others to make necessary preparations in an emergency.
- Because disaster warnings are often given by audible means, such as sirens and radio announcements, if you are deaf or hearing-impaired, you may not receive early disaster warnings and emergency instructions.
- If you are blind or visually impaired, especially older people, you may be extremely reluctant to leave familiar surroundings when the request for evacuation comes from a stranger.
- Your service dog could become confused or disoriented in a disaster. People who are blind or partially sighted may have to depend on others to lead them, as well as their dog, to safety during a disaster.
- In most states, service dogs will be allowed to stay in emergency shelters with owners. Check in advance with your local emergency management officials for more information.
- You may be concerned about being dropped when being lifted or carried.
- If you have developmental or mental disabilities, you may be unable to understand the emergency and could become disoriented or confused about the proper way to react.
- Many respiratory illnesses can be aggravated by stress. In an emergency, your oxygen and equipment may not be readily available.
- People with epilepsy, Parkinson's disease, and other conditions often have very individualized medication regimes that cannot be interrupted without serious consequences. You might not be able to tell the emergency workers about this in an emergency.

What should I do in advance?

The best way to cope with an emergency is to learn about the challenges you might face if you could not use your home, office, and personal belongings. You can meet your basic personal needs by preparing in advance. You also may have to deal with a service animal that is unable to work or is frightened, or pets that need care and assistance.

How can I prepare for power failures?

- If you use a battery-operated wheelchair, life-support system,

or other power equipment, call your power company now, before blackouts happen. Many utility companies keep a list and map of the locations of power-dependent customers in case of an emergency. Ask them what may be available in your area.

- If you use a motorized wheelchair or scooter, keep an extra battery fully charged. A car battery also can be used with a wheelchair, but it will not last as long as a wheelchair's deep-cycle battery. If available, store a lightweight manual wheelchair for backup.
- If you are blind or have a visual impairment, store a talking or Braille clock, or a large-print timepiece, and extra batteries.
- If you are deaf or have a hearing loss, consider getting a small, portable, battery-operated television set. Emergency broadcasts may give information in American Sign Language or open captioning.

How can I help people with disabilities during a crisis?

- **Offer assistance.** If a disaster warning is issued, check with neighbors or coworkers who are disabled. Learn how to transfer or move someone in a wheelchair and what exit routes from buildings are best.
- **Prepare an emergency plan.** Work with neighbors who are disabled to prepare an emergency response plan. Identify how you will contact each other and what action will be taken.
- **Help evacuate.** Be able to assist if an evacuation order is issued. Provide physical assistance in leaving and transferring to a vehicle. Provide transportation to a shelter. This may require a specialized vehicle designed to carry a wheelchair or other mobility equipment.
- **Join a self-help network.** Self-help networks are arrangements of people who agree to assist an individual with a disability in an emergency. Discuss with the relative, friend, or co-worker who has a disability what assistance he or she may need. Urge the person to keep a disaster supplies kit and suggest that you keep an extra copy of the list of special items such as medicines or special equipment that the person has prepared. Talk with the person about how to inform him or her of an oncoming disaster and see about getting a key to the person's house so you can provide assistance without delay.

Adapted from the Federal Emergency Management Agency (FEMA)

Reliable sources of information

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National Organization on Disability
www.nod.org
202-293-5960
202-293-5968 (TTY)

Ready Colorado
www.readycolorado.com

Colorado Department of Public Health and Environment

01/06

<Print on Agency Letterhead>

PROCEDURE FOR COMMUNICATING INFORMATION TO

PERSONS WITH SENSORY IMPAIRMENTS

<INSERT AGENCY TITLE>

(Name of provider) will take such steps as are necessary to ensure that qualified persons with disabilities, including those with impaired sensory or speaking skills, receive effective notice concerning benefits or services or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice are provided without cost to the person being served.

For Persons With Hearing Impairments: Qualified sign-language interpreter - For persons who are deaf/hearing impaired and who use sign-language as their primary means of communication, the following procedure has been developed and resources identified for obtaining the services of a qualified sign-language interpreter to communicate both verbal and written information:

(Insert the information for obtaining the services of a qualified sign-language interpreter. The information should identify the staff person authorized to obtain the interpreter, the information on the agency that has agreed to provide the service, telephone numbers and hours of availability and/or a list of qualified staff interpreters. Methods used to train client contact staff in the use of effective methods of communication with Sensory Impaired persons should also be included. ***Note:*** *Family members and friends should not be used as interpreters. The only case when this is acceptable is when the client has been made aware of the availability of qualified sign language interpreters at no additional charge and, without any coercion whatsoever, chooses the services of family members or friends).*

**If your agency/facility utilizes a Telecommunication Device for the Deaf (TDD), give an explanation of where it is located, how to operate it, and the telephone number. If there is an arrangement for sharing a TDD, give an explanation of the sharing arrangement, the telephone number and the procedures for borrowing the device. If you are using your State Relay Service, give an explanation of how this is used.

For Persons With Visual Impairments: Reader – Staff will communicate the content of written materials concerning benefits, services, waivers of rights, and consent to treatment forms by reading them out loud to visually impaired persons. Large print, taped, and Braille materials – (If any of these aids are chosen, in addition to reading, this section should tell what other aids are available, where they are located, and how they are used.)

For Persons With Speech Impairments: Writing materials, typewriters, TDD, and computers are available to facilitate communication concerning program services and benefits, waivers of rights, and consent to treatment forms.

<Insert Date of Policy>

2009-2010 HPP Executive Summary

Amateur Radio $25,000

Goal: Provide the hospitals with another level of communication redundancy, encompassing horizontal and vertical means of communication.

Objectives:

- Assess gaps of hospitals use of amateur radio communication
- Fill identified gaps

Capabilities: Communication

Colorado Asian Health $10,000

Goal: To consult and assist in capacity building around Limited English Proficiency (LEP) issues facing hospitals in an emergency incident, particularly pertaining to Asian communities.

Objective:

- To assist in creating communications trainings for hospitals to implement where Asian patients come into contact with the hospital staff in an incident.
- To assist hospitals in locating and/or exercising medical interpretation training and/or services.
- To assist hospitals in exercising Limited English Proficiency (LEP) capabilities around Asian languages and cultures in an incident.

Capabilities: Needs of At-Risk Populations

CBI Background Checks $17,000

Goal: To verify if a volunteer has a criminal history

Objective: Continue checking the backgrounds of each volunteer

Capabilities: ESAR-VHP

Colorado Community Health Network $175,000

Goal: Assist Federal Qualified Health Centers (FQHC) to integrate and enhance preparedness activities with the overall effect of making Colorado's healthcare systems function in a more efficient, resilient and coordinated manner during emergency incidents.

Objectives:

- Continue to integrate NIMS into Federally Qualified Health Center (FQHC) emergency management plans, trainings, and exercises.
- Integrate FQHC planning with regional operational partnerships/coalitions.
- Identify and address training and exercise gaps in relation to FQHC response and surge capability.
- Insure that 100% of FQHCs have redundant communications with emergency response partners.
- Assess FQHC role in supporting vulnerable patient populations in disaster.

Capabilities: NIMS, Education/Training, Exercise/Evaluation, Communications, ESAR-VHP, Partnership/Coalition, PPE

Colorado Cross Disability Coalition $15,000

Goal: To consult and assist in capacity building around populations with disabilities centering on issues facing hospitals in an emergency incident.

Objective:.

- Review current guidance
- Create guidance identified as gaps
- Develop strategies for disabled community members adjust during emergencies
- Educate the community on disabled populations

Capabilities: Needs of At-Risk Populations

Colorado Hospital Association $650,000

Goals:

- Enhance hospital capability and to support and aid hospitals in their effort to achieve high levels of readiness, people and resources in the event of a disaster or emergency situation.
- Assist hospitals to integrate and enhance preparedness activities throughout the healthcare system with the overall effect of making Colorado's healthcare systems function in a more efficient, resilient and coordinated manner.
- Create a unified hospital voice, which generates collaborative partnerships, both amongst hospitals and healthcare facilities and across local, regional and state emergency preparedness systems, resulting in greater capability to support and integrate hospitals into all aspects of preparedness.

Objectives**:**

- Provide hospitals with tools and trainings to adopt all NIMS implementation activities and reaching full NIMS integration and compliance. This includes advancing preparedness education for hospital upper management.
- Identify and address training and exercise gaps in relation to transitioning hospital capacity to surge capability. To deliver training programs which assist hospitals in transitioning from capacity to capability by supporting training in assessment, planning, plan writing, exercise and implementation of compliance and regulatory guidelines as they relate to All Hazards Emergency Preparedness.
- Facilitate improved cultural understandings and to identify common ground for collaboration and between local and state Public Health, Office of Emergency Management and other specialty partners by strengthen hospital relationships with regional Healthcare coalitions.
- Take into account the medical and psychological needs of at-risk individuals in the event of a disaster through education and training.
- Address the psychological impact of disaster on individuals and the resulting impact on hospital surge response.
- Evaluate the new Standard Operating Procedures as they relate to a hospital disaster response.

Capabilities: NIMS, Needs of At-Risk Populations, Education/Training, Fatality Management, Partnership/Coalition

Colorado Medical Society $450,000

Goal: To continue to inform, educate, and integrate physicians concerning public health emergency response and medical surge.

Objectives:

- That Colorado physicians are integrated into the community response of public health and surge planning of local area hospitals through regional partnerships and coalitions.
- That Colorado physicians participate in exercises/drills to identify needs and gaps in disaster planning including but not limited to the following areas: hospital surge, Alternate Care Sites, fatality management, medical evacuation and communications.
- That Colorado physicians, working with the Medical Reserve Corps (MRC) and the Colorado Volunteer Mobilizer (CVM), are exposed to the COTRAIN system and associated volunteer educational opportunities and as a result, register and are trained as volunteers to respond better to an event.
- That Colorado physician practices (businesses) are prepared through continuity of operations planning.
- That Colorado physicians understand what they need to do to prepare themselves and their families for a disaster and that they fully understand what will happen in the event a large-scale response is initiated.

Capabilities: NIMS, Education/Training, Exercise/Evaluation, ESAR-VHP, Partnership/Coalition, Alternate Care Sites

Colorado Muslim Society $15,000

Goal: To consult and assist in capacity building around populations from the Muslim community centering on issues facing hospitals in an emergency incident.
Objective:.

- Review current guidance
- Create guidance identified as gaps
- Develop strategies for Muslim community members to adjust during emergencies
- Educate the community on the Muslim community

Capabilities: Needs of At-Risk Populations

Colorado Rural Health Center $2,322,150

Goal: Provide the state a means of procurement that will fit into quick grant timelines
Objective:

- Provide the state with a means of reimbursement
- Provide hospitals with an avenue for purchasing equipment
- Provide reimbursement for activities/deliverables set by the Colorado HPP

Capabilities: NIMS, Education/Training, Exercise/Evaluation, Communications, Tracking of Bed Availability, Partnership/Coalition, Medical Reserve Corps, Critical Infrastructure Protection

Acute Care Hospitals

GOAL: Assist hospitals to enhance capability in achieving high levels of readiness for disaster events or emergency incidents, whether natural or man-made.
Objectives: The following deliverables have been created:

- 800MHz Drills
  - Funding released for participation in statewide drills conducted once a month by CDPHE-HPP
- EMSystem Drills
  - Funding released for participation in statewide drills conducted quarterly by CDPHE-HPP
- Statewide MOU
  - Funding released for signing the statewide memorandum of understanding for resource exchange among hospitals statewide
- COOP Plan Submittal
  - Funding released when hospital submits a Continuity of Operations Plan or Annex, of which a template will be provided by CDPHE-HPP
- NIMS Compliance
  - Funding released for NIMS compliance measures specific to individual hospitals as surveyed by the NIMS Workbook
- Coalition Participation
  - Funding released for hospital participation with local/regional healthcare coalitions
- HSEEP Training
  - Funding released for participation in CHA HSEEP training
- Exercise AAR
  - Funding released for exercise costs incurred after the HSEEP compliant AAR submitted to CDPHE-HPP
- Public Health Medical Surge Drill
  - Funding released for participation verification in Public Health Med Surge drill, a cross over deliverable with the CDC grant
- ICS – 402
  - Funding released for certificate of passing the ICS-402 course by 2 CEO level staff within the hospital

Capabilities: Interoperable Communications, Tracking of Bed Availability, Critical Infrastructure Protection, NIMS, Partnership/Coalition, Education/Training, Exercise/Evaluation

Additional Hospitals

GOAL: Assist additional hospitals, not previously covered in past grant opportunities, to enhance capability in achieving high levels of readiness for disaster events or emergency incidents, whether natural or man-made.

Objectives: The following deliverables have been created:

- IS – 700 Course
  - Funding will be released for certificates of passing the IS-700 course by 5 staff members that are designated by the hospital.
- Emergency Operations Plan
  - Funding will be released for emergency operations plan revisions to include local CVM administrator and local ESF#8 representative
- 800MHz Radio
  - Funding will be released for reimbursement of 800MHz radio purchase

Capabilities: NIMS, Partnership/Coalition, Interoperable Communications

RETAC

GOAL: Provide funding, through the Regional Emergency Trauma Advisory Councils (RETAC), to assist local Emergency Medical Services (EMS) in achieving high levels of readiness for disaster events or emergency incidents, whether natural or man-made.

Objectives: Funding will be provided to the RETACs for projects centered on the overarching requirement of education and training for EMS staff that will be accomplished within the given grant deadlines.

Capabilities: Education/Training

Rural Clinics

GOAL: Provide funding to assist rural health clinics in achieving high levels of readiness for disaster events or emergency incidents, whether natural or man-made.

Objectives: The following deliverables have been created:

- 800MHz Drills
  - Funding will be released for participation in bi-annual statewide 800MHz drills conducted by CDPHE-HPP
- NIMS
  - Funding will be released for certificates of passing IS-700 and ICS-100 course by staff members designated by the clinic
- Coalition
  - Funding will be released for participation in local/regional healthcare coalitions.
- Emergency Operations Plans
  - Funding will be released for emergency operations plan revisions to include local CVM administrator and local ESF#8 representative

Capabilities: Interoperable Communications, NIMS, Partnership/Coalition,

Medical Reserve Corps

GOAL: To improve the health and safety of communities in Colorado by organizing public health, medical and other volunteers.

Objectives:

- Integrate with existing programs and resources including the hospitals
- Identify, credential, train and prepare in advance for all hazards
- Bolster public health, medical and emergency response infrastructures

Capabilities: Medical Reserve Corps

DoIT and Site Vision Server Rent $15,752

Goal: To continue housing the computer servers
Objective: Pay for the rent.
Capabilities: Communications

EM Systems $200,461

Goal: To provide medical entities a means of communicating alert information
Objective:

- Maintain the system by providing server file maintenance
- Training users on proper use
- Interface Bridge
- Expanding the NDMS bed poll drill to include other entities

Capabilities: Tracking of Bed Availability

Global Secure $80,400

Goal: To continue with the volunteer management database
Objectives:

- Maintain the volunteer system
- Continue to ensure proper use
- Provide training to personnel and administrators
- Market the volunteer system to prospective volunteers/local governments
- Conduct quarterly testing of the system

Capabilities: ESAR-VHP

HC Standard $54,781

Goal: To provide medical entities a resource-tracking and communication tool
Objective:

- Continue developing policy and procedures for the system
- Continue to populate data fields
- Statewide roll out of new version of HC Standard (3.0), which includes a patient tracking module
- Continue to train personnel on proper use using drills and exercises

Capabilities: Interoperable Communications

Hispanic Medical Health Organization $10,000

Goal: To consult and assist in capacity building around Limited English Proficiency (LEP) issues facing hospitals in an emergency incident, particularly pertaining to HIspanic communities.
Objective:

- To assist in creating communications trainings for hospitals to implement where Hispanic patients come into contact with the hospital staff in an incident.
- To assist hospitals in locating and/or exercising medical interpretation training and/or services.
- To assist hospitals in exercising Limited English Proficiency (LEP) capabilities around Hispanic languages and cultures in an incident.

Capabilities: Needs of At-Risk Populations

Kaiser $150,000

Goal: Continue and enhance KP-Colorado's emergency preparedness planning, training and exercising in order to better serve the community in the event of an emergency

Objective:

- Work towards NIMS compliance
- Enhance partnerships with the medical emergency response coalitions
- Participate in local and regional drills and exercises
- Continue to enhance resources for each Medical Office Building (MOB)

Capabilities: NIMS, Education/Training, Exercise/Evaluation, Partnership/Coalition, PPE

Mental Health $200,000

Goal: To continue to refine the products that we have developed and increase our level of networking, training and supporting of the hospital and medical response community

Objective:

- Continue to develop and provide the "Resilience in the Workforce" training.
- Continue to provide the "*Pandemic Influenza: Quarantine, Isolation and Social Distancing: Toolbox for Public Health and Public Behavioral Health Professionals***"** .
- To educate the emergency/medical response community on the CoCERN document and of its availability for support.
- To address the gaps identified from CoCERN tabletop exercises.
- To further the processes of standardization for behavioral health and to have at least 350 individuals registered within the CVM.
- To further the connection with the NC Regional Special Needs Committee and look for ways to better respond to special needs populations.

Capabilities: Needs of At-Risk Populations

NDMS Exercise $50,000

Goal: To test the capacity and capability of patient transport between participating hospitals and states.

Objective:

- Test the current NDMS system
- Test interagency collaboration and cooperation
- Train new personnel

Capabilities: Exercise/Evaluation

Western Slope Cache $200,000

Goal: To develop a sustainability plan in three years for maintaining the cache of durable medical supplies in the Western Colorado Emergency Medical Supplies Cache for emergencies in a location prone to supply route disruption due to geographic location.

Objective:

- Work toward sustainability
- Conduct annual survey obtain demographic data and supply usage
- Develop MOUs with local suppliers
- Recruit and train volunteers for working in the warehouse
- Revise current and create new plans as needed

Capabilities: Mobile Medical Assets

Office of Communications Plan

Lead Division: Office of the Executive Director

Supporting Divisions and Programs:
Office of Communications and the Public Information Officers for All Department Divisions and Programs

External Support:
Centers for Disease Control and Prevention: Public Information Officers for Local Health Departments in Colorado; Public Information Officers for other State Agencies in Colorado

I: Purpose
This appendix provides guidance on the implementation of internal and external communications efforts in the case of an emergency/disaster facing the State of Colorado, in which the Colorado Department of Public Health and Environment is a player, or in an emergency involving just the Colorado Department of Public Health and Environment.

II: Scope
The communications efforts will include communications directly to the public; communications to the public through the news media and through other community outreach efforts that have been determined in advance to be ways of getting information to various areas of the state and population groups; internal communications to Colorado Department of Public Health and Environment employees; and communications to local health departments; county public health nursing services; the Governor's Office; other state agencies; hospitals; and public health agencies in the bordering states of Kansas, Nebraska, New Mexico, Utah and Wyoming. In the case of a disease-related, public health emergency, there also will be ongoing, extensive communication; information sharing; and requests for guidance from the Centers for Disease Control and Prevention.

III: Assumptions

A. A disaster or emergency event would require accurate and prompt communications. The communications needs would vary, depending on whether the disaster or emergency event involved parts or all of Colorado and its state government or if the emergency event has occurred at the Colorado Department of Public Health and Environment.

B. The director of the department's Office of Communications is required to work with and advise the department's Command staff on the public relations aspects of handling such an emergency.

C. Working under the direction of the director of the Office of Communications or designee, public information officers from throughout the department would be asked to gather at one location in the department or, if necessary, at a designated location outside the department, to work together to handle the communications aspect of the disaster or health emergency event.

D. In preparation for such an emergency and the related communications work, the Office of Communications has prepared an informational notebook and informational CDs, which will be updated on a regular basis. Two copies of each notebook and two CDs have been provided to each public information officer for use in the office and at home. Six copies of the notebooks and of the CDs also will be maintained for the Office of Communications.

The notebooks and the CDs contain:

- A list of telephone numbers for all Denver news media outlets.
- A list of telephone numbers for all national media offices in Denver, including evening and weekend numbers.
- The Colorado Press Association directory for all newspapers in the state.
- The Colorado Broadcasters Association directory for all television and radio stations in the state.
- A telephone list for the staff of the Centers for Disease Control and Prevention public information office in Atlanta.
- A list of all hospital public information officers for the Denver metropolitan area.
- A current membership list of the Emergency Services Public Information Officers of Colorado.
- The current Colorado Department of Public Health and Environment emergency call down list.
- Listings by division and program of all key department subject-matter experts and telephone numbers where they can be reached 24 hours a day. Their areas of expertise are to be described with notations regarding their experience in serving as a spokesperson with the news media and whether they are recommended as someone who could serve as an effective department spokesperson.
- A listing of all department public information officers and contact information so they can be reached 24/7.
- A listing of all public information officers for local health departments throughout Colorado and their office and home telephone numbers.
- A listing of the names and telephone numbers for the public information officer and the director of the state health departments in Kansas, Nebraska, New Mexico, Utah and Wyoming.

- Short biographies or vitae for the department executive director and for the chief medical officer and of other department officials determined to be key to such a communications efforts.

- Fact sheets on agents that might be expected to be the source of illness or injury in the case of a terrorism event.

IV: Concept of Operations

A. General

1. An incident internal or external to the Department of Public Health and Environment, which will require an intense communications and public relations effort, can occur with little or no warning.

2. If the incident occurs during a regular business day, the administrative assistant for the Office of Communications or that staff member's backup will notify department public information officers that their assistance is needed and where they should gather.

3. If the incident occurs during evening, night or weekend hours, the director of communications and/or a public information officer who works regularly with the director of communications, will call public information officers at home and ask them to meet at the pre-designated location. The number of public information officers needed will be determined by the severity and demands of the situation and the time over which it is expected to continue.

4. If it is possible to use the Emergency Communications Center, which adjoins the Department Operation Center (DOC), public information officers will gather and work there. If those offices are not usable, another location will be found where public information officers can do their work using laptop computers and cell phones. The alternate location should have a space where news media briefings can be held.

5. The assistance of additional public information officers from local health departments in the Denver metropolitan area will be requested if it is determined that the emergency situation is going to require around the clock staffing beyond an initial period of time. These local public information officers will be asked to provide assistance only after consultation with and approval by the executive director of the Department of Public Health and Environment and approval by the appropriate local health department directors.

6. If the incident is internal to the Department of Public Health and Environment and occurs during regular work hours, a key initial portion of communications will be the notification of department employees about the situation, how it affects them and what precautions they should take, if any.

B. Organization and Responsibilities

1. The director of communications will have overall responsibility for directing and managing the communications aspects of any emergency incident that requires the mobilization of a department communications and public relations operation. In that capacity, the director of communications or, in her absence, the person designated to serve in that position will work at the Incident Command Table in the DOC. The director of communications or designee also will work closely with and advise the department's incident command staff. The incident command staff is comprised of the department's executive director; chief medical officer; environment health director and leadership personnel in divisions activated.

2. The director of communications or designee will work with the DOC in connection with the group's communication with the Governor's Office, other state agencies, federal agencies, local health departments and police and fire departments to determine which public relations group is to take the lead in managing the crisis and risk communications for the incident.

3. After that determination has been made, the Colorado Department of Public Health and Environment's communications staff will either assist in the crisis or risk communications or take the lead for the incident. If the department's public information officers are asked to take the lead and to work with other appropriate, involved agencies, the director of communications or designee will establish procedures for participation in conference calls and for circulation of draft news releases and other documents for review and approval by all key participants; and for issuance of news releases, scheduling of news conferences, and handling reporters' calls.

4. If the director of communications is unavailable at the time of an emergency, the public information officer who regularly works directly with the director, will assume that position. If that public information officer isn't available, the public information officers that report to the DOC, or another location where the emergency response operations are taking place, will designate one person to assume that position.

   The director of communications or the public information officer assuming this position will be responsible for management of the entire public relations operation, including the communications work at the Command table and the closely related work in the DOC.

5 The director of communications; the public information officer who works regularly with the director, or, in the absence of both of those individuals, the assembled public information officers will designate one person to be in charge of the work in the DOC. That individual will work directly with the director of communications or, if absence, the public information officer who has been designated to fill the public information position on the Incident Command staff.

6 The director of communications and the public information officer in charge of the Emergency Communications Center will assign individual public information officers and support personnel to each of the following tasks or will assign several of the tasks to each available public information officer. If there are not enough public information officers and support personnel present to perform all of the tasks, it will be determined which are most essential and which must be performed. These tasks are:

- Retrieving the "go-kits" maintained by the department's Emergency Preparedness and Response Division and setting them up in the Emergency Communications Center. The kits include laptop computers and a variety of other office supplies needed for the operation of an information center.

- Arranging the tables in the Emergency Communications Center in a way that facilitates the flow of the work that needs to be done there. Pre-printed signs will be placed on each of the tables to indicate the task that is being performed there.

- Distributing the laptop computers and other materials in the go-kits so that they can be used most efficiently.

- Once the room is ready for operation, which should be accomplished as quickly as possible, the writing of news releases and statements to be issued to the news media as part of interviews and news conferences should be started by the person designated to serve as the chief writer.

  The goal will be to issue the first news release within one hour of the activation of the Crisis Communication Center. This news release may be short and provide only the basic available information.

  In order to facilitate the handling of reporter inquiries that can be answered over the telephone, the public information officer who is writing news releases also will prepare companion question-and-answer documents that can be used by other public information officers; by persons doing interviews; and by hotline operators handling telephone calls from the news media. If there is not time to prepare the question-and-answer documents, persons answering questions will work from the news releases.

- Handling calls from the news media and obtaining information required to respond to those inquiries and any resulting telephone or print interviews. Appropriate department subject-matter experts will be identified from those individuals present at the DOC. After the experts have been thoroughly briefed and the subject matter discussed, those experts will handle any interviews on the subjects with which they are familiar.

The message(s) and information to be provided through the interview(s) will be identified in consultation with appropriate department executives such as the executive director, chief medical officer, director of environmental programs, the director of legal and regulatory affairs and/or the appropriate division director.

In the case of involvement of law enforcement in an internal department incident, appropriate law enforcement officials or their agency's public information officers will be consulted about what information can be released to the public, to the news media and to department employees.

- Arranging for television interviews and organizing news conferences as is required, including preparing and issuing news advisories to notify the news media of times and locations of any such news conference and/or media briefings. This person will be in charge of identifying and properly equipping a department location where a news conference or regular media briefings could be held.

  Such news conferences and/or media briefings should be scheduled only after consultation with the manager of the Emergency Communications Center; the publication information officer working at the Incident Command table; other department officials assigned to the Incident Command table; and members of the Incident Command staff.

  If the emergency operation is being run from a location outside the Department of Public Health and Environment, a news conference and/or media briefing should be scheduled only after consultation with managers of the public relations operation and appropriate department officials.

  It may be necessary for the public information officer in charge of a news conference to establish a procedure for checking the credentials of reporters and photographers if it is determined that that identification should be required for them to gain entrance to a news conference or media briefing. If credentials are determined to be necessary for security purposes, news media representatives will be required to display current Colorado Press Association or Colorado Association of Broadcasters credentials or credentials from the news organization they represent.

- Arranging for security personnel to be present at news briefings or news conferences if it is determined that such security is necessary. The decision to request security will be made after consultation with the department's executive director and the director of communications.

- Arranging for a chief department spokesperson to talk with the news media about the emergency situation. The spokesperson will be chosen depending on the nature of the emergency situation and that person's expertise and availability. If a department official, such as the chief medical officer, is needed in another decision-making role, another

appropriate spokesperson, who can be properly briefed and can handle the situation, will be selected.

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- Preparing the designated spokesperson for talking with the news media will be the joint responsibility of the director of communications or the lead public information officer in her absence; the manager of the Emergency Communications Center; and the public information officer for the division that is supplying the information.

  This group will brief the designated spokesperson and brief that individual in preparation for any news conferences or interviews.

- Answering telephones, conducting mass distribution of news releases, making copies of needed materials and obtaining needed supplies for public information officers. Office of Communications' administrative staff, or other administrative staff in that staff member's absence, will be in charge of support needs for the Emergency Communications Center.

  If it is not possible to either e-mail or fax information to the news media, it may be necessary for public information officers to deliver news advisories and news releases or to provide the information via telephone.

  Support staff also will be responsible for making certain that hotline operators and other persons answering citizen questions promptly receive the latest fact sheets; news releases; and question-and-answer documents.

- Monitoring media. A public information officer or a member of the available support staff will be assigned to monitor broadcast, print and electronic coverage of the incident and to prepare regular news briefing packets. Internal communications and the preparation and editing of all such messages will be the responsibility of the department's communications/publications specialist if that staff member can be present.

7 The communications/publications specialist for the Office of Communications also will be responsible for preparing fact sheets and for editing news releases and question-and-answer documents prepared by other public information officers. In the publications specialist's absence, another public information officer will be assigned those responsibilities. Also, if the workload and deadline pressure necessitate, an additional public information officer will be assigned to work with the communications specialist on these writing duties.

- The communications/publications specialist, or the person working in that position, also will be in charge of preparing and/or editing information to be placed on the department's Internet and Intranet sites. The publications specialist also will work with the department's Web coordinator to place news releases and other informational materials on department Web sites in a timely manner.

- The communications/publications specialist also will prepare any necessary fact sheets and prepare and/or edit any Health Alert Network messages; messages to be recorded for the hotline; and questions and answer documents that have been prepared for use by hotline operators who are handling citizen calls or by public information officers who are answering calls from reporters.

- In consultation with appropriate department officials and Disease Control and Environmental Epidemiology Division physicians and epidemiologists, information sheets will be prepared for distribution to local health departments and county public health departments. Completed messages will be distributed by the Health Alert Network.

- The communications/publications specialist, working in consultation with the director of communications, will have oversight responsibility for making certain that department employees are kept informed if the emergency occurs during regular business hours.

  Unless otherwise directed by first responders on site and unless the emergency nature of the situation requires immediate notification and evacuation, the internal department communications to employees will include regular e-mails to all department employees and telephone messages to all department receptionists on must-answer lines.

- The receptionists in turn will forward the messages to their division's representatives on the department Safety and Security Committee and on the Fire Safety Committee. The committee members then will notify all possible division employees as quickly as possible that they should read their e-mail for the latest information on the situation.

- The messages to employees will inform employees about how they might be affected by the situation and their roles in the emergency; whether they should remain at their desks to best protect their safety; or whether they should exit the building and gather at pre-designated locations.

- The messages will be prepared in consultation with department officials, members of the Safety and Security and Fire Safety committees and law enforcement officials as is appropriate.

8 The director of communications or designee will be responsible for making certain the Governor's press secretary; members of the Colorado Legislature; other Colorado state agencies; the Centers for Disease Control and Prevention; and the appropriate staff for state health departments in neighboring states are kept informed about the developing situation and receive the latest written documents. The distribution of these documents will be handled by support staff.

9 The director of communications or designee will be responsible for making certain there is regular communication with the public information staff of the Centers for Disease Control and Prevention and that advice, guidance and support from this federal agency is requested as necessary.

V: Demobilization

When the emergency situation is resolved and the command staff determines that an DOC is no longer required, the operation will be shut down.

- The work area will be cleaned up and returned to its previous order.
- Equipment will be reassembled in the go-kits and returned to storage areas.
- Informational notebooks maintained by the Office of Communications will be reassembled, updated as needed and returned to the location where they are kept.
- Public information officers will debrief about the handling of the emergency and on portions of the work that were handled well and those that could have been handled better.
- A written summary of the comments will be prepared and placed in a separate notebook along with news releases and other written material distributed during the emergency situation. News clippings relating to the emergency situation also will be placed in the notebook.
- Public information officers will be asked to provide suggestions about additional information, including telephone numbers and fact sheets, that was needed and was not in the Office of Communications' informational notebooks. Arrangements will be made to have that information placed in the notebooks.
- At an appropriate time after the emergency situation has been resolved, public information officers will discuss the report and determine what changes need to be made in the crisis communications plan to make certain those problems do not arise again.

ASSIGNMENT CHECKLIST
COMMUNICATION PLAN
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

1. ____ The director of communications or the designated replacement has assumed overall responsibility for handling communications for the emergency situation and has assumed the communications position at the Command staff table in the DOC.

2. _____ The director of communications or designee has established contact with the department's Command staff and is working with that group.

3. _____The director of communications or designee has assigned a public information officer to serve as manager of the Emergency Communications Center.

4. _____ All public information officers assigned to the Emergency Communications Center are provided with equipment required to do their work and Office of Communications' information notebooks and/or CDs are distributed throughout the work area.

5. _____ A public information officer has assumed responsibility for having news releases written, edited and distributed and for having news media inquiries handled.

   a) _____A public information officer has been assigned to write news releases.

   b) _____ A public information officer has been assigned to answer calls from the news media and to gather information to provide answers to those inquiries.

   c) _____ A public information officer has been assigned to monitor newspapers and radio and television coverage of the emergency situation; to prepare regular briefing packets of newspaper stories; and to maintain a notebook(s) of news releases and other pertinent information regarding the emergency.

6. _____ A public information officer has assumed responsibility for arranging news conferences, news briefings and television interviews. A public information officer(s) has been assigned to assist in these tasks as needed.

7. _____The communications/publications specialist, or the replacement for this individual, has assumed responsibility to preparing and distributing information and messages to department employees if that is required; for preparing information for placement on the department's Internet and Intranet sites; for preparing and distributing information to local health departments and county public health nursing services; and for editing and distributing other written, informational materials as may be required.

8. ____ The department's website coordinator, or the person acting in that position, has been assigned the responsibility for reviewing, approving and for placing appropriate materials relating to the emergency situation on the department's Internet and Intranet sites.

9. ____ The individual who serves as support staff for the Office of Communications assumes responsibility for taking telephone messages, distributing news releases and news advisories, making copies, obtaining supplies for public information officers and for performing any additional support staff functions that may be required.

10. _____Arrange for shift-change briefings of public information officers and administrative staff, if the emergency situation continues for several days or several weeks and shifts are necessary.

EQUIPMENT LIST

The Emergency Communications Center in the DOC will have the following equipment, some of which now is included in go-kits:

-Six computers.

-Printer capabilities for the computers.

-One computer that is equipped with all e-mail and fax lists for the news media.

-At least one computer equipped with the department's news release letterhead.

-Six additional cell phones that can be used for regular telephone communication.

-One copier.

-One fax machine.

-One television set with a VCR.

-One AM/FM radio.

-At least six copies of the information notebooks or CDs contained that information, which have been prepared in advance and kept up to date by the Office of Communications. These notebooks and/or CDs primarily contain telephone, fax and informational lists to be used for communication purposes during an emergency.

-Office supplies, including legal pads, pens, tape, scissors, sticky notes, telephone books, dictionaries, staplers and other necessary items.

-A digital camera.

-Electronic equipment for holding a news conference, including a podium, which has a battery-powered microphone, and a multi-box from which television and radio crews can obtain sound from the microphone on the podium.

-Internet connections for at least two of those computers.

-One computer equipped with e-mail and fax information for distribution of news releases to the news media statewide.

-One computer equipped with the department's news release letterhead.

-Go-packs containing necessary office supplies, including legal pads, a dictionary, pens, printer, fax and copier paper; scissors; staplers; Scotch tape; telephone books; dictionaries and other necessary items.

-At least six copies of the information notebooks and/or CDs which have been prepared in advance and kept up to date by the Office of Communications. These notebooks and CDs primarily contain telephone, fax and informational lists to be used for communication purposes during an emergency.

-A copier.

-A fax machine.

-Telephone credit cards.

-A state credit card to buy necessary supplies.

-A battery-powered television equipped with a VCR.

-Blank video and audio tapes.

-A tape recorder.

-A battery-powered AM/FM radio.

-A digital camera.

-If equipment needed to hold a news conference can be brought from the department's main building, this equipment will include a podium, which has a battery-powered microphone, and a multi-box from which television and radio crews can obtain sound from the microphone on the podium. If the equipment isn't available, news conferences will be staged at the best possible location with available equipment or without additional equipment if it isn't available.

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Subject: INTERACTING WITH THE NEWS MEDIA	**Page: 1 of 5**
Date: OCTOBER 19, 2004 **Revised: MAY 29, 2008**	X Replacement Page(s) Of Part 6.1 ❑ Addition of Page(s) To Part ___ ❑ New Section

Approved by James B. Martin, Executive Director, June 2008

Summary

This policy identifies the department's position on interacting with and providing information to the media, by handling news media calls, doing interviews, sending out press releases and other means.

For the purpose of this policy, "media" will include reporters, editors, columnists, anchors, assignment editors, editorial writers, freelance writers, bloggers, podcasters and other individuals who either may be writing for print or Web publications or producing broadcast reports. Generally, if an employee is in doubt whether an individual is a media representative, he or she should direct the individual to the Office of Communications or one of the department's public information officers.

I. Protecting Privacy

When providing information to the news media about individual cases of reportable diseases or outbreak investigations, the department will be guided by the principle of releasing the minimum amount of information required to protect public safety. Decisions about providing demographic information, such as gender, age, geographic location and other details of individuals affected by a health or environmental issue, will be decided on a case-by-case basis.

II. Handling Calls From the News Media

A. Taking the Initial Call

It is the department's expectation that all news media calls coming into a division that has a public information officer will be routed to that person. If a division does not have a public information officer or if the public information officer is not available, the calls should be referred to the department's Office of Communications. The job of the person taking the media call is to take the initial message and determine what the reporter is calling about, what the reporter's deadline is and who can best provide the requested information. See the Public Information Officer list for contact information of public information officers specific to divisions.

The person who takes an incoming media call should collect information about the inquiry. Then the program or division director will help that person determine who can best answer the call and/or handle an interview.

If a department employee happens to receive a call from a reporter, that individual should politely indicate that he or she does not handle media calls and will transfer the call to the public information officer or to a member of the Office of Communications staff. This procedure ensures that an individual who is trained in dealing with the news media handles the call. Any exceptions to this policy must be agreed upon by the appropriate division director and the communications director.

If the call relates to an important or controversial matter, it should be reported immediately to the division public information officer or the division director, and to the department's director of communications.

It is important to have someone available to respond to media calls so they are handled as efficiently and promptly as possible. If it is necessary to leave a voice mail message for a public information officer, mark the message as urgent.

Any division also may choose to route news media calls to the department's director of communications, particularly those calls on complex or controversial subjects. Names and telephone numbers of the Office of Communications staff and of all other department public information officers are available on the Public Information Officer list. In addition, pocket-sized lists of public information officers and their office and home telephone numbers are available from the Communication Office to department employees and are for news media or internal use only.

B. Response Times and Availability

All news media calls should be returned within a short time after they are received and certainly on the same day they are received.

Division and program directors and program specialists who regularly respond to media inquiries should leave telephone and pager numbers where they can be reached at all times. Even if they are out of town, they still may be the best people to answer the questions and the next day may be too late for the story.

Contact numbers should be given to the person or people in the division who handle media calls and to the communications director if that is appropriate.

A public information officer who is out of the office temporarily should regularly check his or her voice mail to make certain media calls are handled promptly.

C. Handling Difficult Media Calls

News media inquiries about complex or potentially controversial issues should be reported immediately or forwarded immediately to the department's director of communications. The communications director should be notified in person if possible, or by voice mail or electronic mail messages.

The communications director can be helpful in working with department personnel to formulate their responses to any media inquiry, but particularly those that are of a complex or controversial nature. Inform the communications director about relevant issues and potential controversies and when those stories are expected to be broadcast or printed.

D. Calls From the National Media

Calls from reporters, producers or staff assistants working for major national news organizations, including newspapers, television, radio networks and news magazines, should be forwarded directly to the communications director. This directive applies even if the caller is just asking for written materials.

E. Calls About Legislation or Legislative Actions

News media calls about legislative actions also should be forwarded to the director of communications. This will permit the department's executive director or lead legislative liaison to talk with these reporters and to directly relate their answers to the department's position on particular bills or related legislative issues.

III. Television and Radio Interviews

All television interviews with Colorado stations and radio interviews with major Denver stations are to be scheduled only after consultation with the director of communications.

The department periodically receives requests from smaller radio stations from outside the Denver area for interviews in connection with a department news release. Employees involved with the program discussed in the release should feel free to schedule such interviews and then let their division’s public information officer or their division director know the interview is to take place. They should also notify the communications director.

It may be helpful to discuss the request with the division public information officer, the division director or the communications director before agreeing to the interview so the subject can be reviewed.

A. Responsibility for Information Provided in Interviews

Employees who do interviews will be held responsible for what they say. Those who are to be interviewed should confirm with their supervisor that they are the appropriate person to do the interview. Employees being interviewed shall identify themselves as representing the Colorado Department of Public Health and Environment (not just the division in which they work) and shall ensure that they are properly briefed before making any comments.

> **Example:**
> **DO:** "My name is XXXX and I am a program specialist for the Air Pollution Control Division at the Colorado Department of Public Health and Environment."
> **DON'T**: "I'm XXXX from the Air Pollution Control Division."

IV. News Releases

The department's Office of Communications shall approve all news releases from any division before the release is finalized and disseminated. When possible, allow two to five days in the planning process for this step.

All releases shall follow the department's regular news release format and shall be placed on the department news release letterhead.

When a news release is being issued, department employees who are needed to respond to questions about the release shall be available to talk to reporters. The issuance of a timely news release will not be delayed because a key person is unavailable for media calls.

Every effort should be made to issue news releases as early in the day as possible. However, when a news release has to be issued late in the afternoon, the home telephone or pager numbers of public information officers and department employees who are the contacts on the release must be included. A 24-hour emergency number for a division may be included if one is available.

V. News Conferences and Briefings

Proposals and materials for news conferences and news briefings must be reviewed with and approved by the department's director of communications early in the planning stages.

Department employees also must obtain approval in advance from the director of communications to participate in a news conference organized by another agency or group.

VI. Editorial Board Meetings

Plans for meetings with major newspaper editorial boards must be cleared with the communications director before being scheduled. It then can be determined if the subject of concern is one that should be taken before an editorial board and who should attend.

Because editorial board visits are of great importance to the overall department and should be used only sparingly, it is important that a high-ranking department official participate in any such session.

VII. Opinion Pieces or Letters to the Editor

Opinion pieces written for editorial pages or letters to the editor must be cleared in advance with the director of communications. These communication vehicles also should be used sparingly and only to make important points on behalf of the department.

VIII. Role of Public Information Officers

This policy is not designed to make public information officers the spokespersons for the division or department or to designate them as the individuals who do interviews, particularly television interviews. As facilitators, public information specialists can and will answer general questions or find basic information for reporters. However, they should find the right person in the department to answer technical questions or do interviews.

Public information specialists also are key to shaping the department response to a media inquiry, to helping determine how the questions can best be answered and in collecting the required information. They should be used as a resource for helping to shape answers before the call is returned.

Colorado
Health Alert Network
(HAN)
Policy and Procedure
Manual

Table of Contents

Revision History

Revision	Date	Last Modified By	Description
v. 0.1-0.5	2002-2003	Natalya Verscheure	Various changes/edits as the document was created.
v. 0.6	11/6/03	Natalya Verscheure	Changes to the network drive where documentation is stored.
v. 0.7	5/4/05	Natalya Verscheure	Changes to the procedures for maintenance of lab contacts. Contact database information changes.
v. 1.0	2/23/06	Natalya Verscheure	Changes include key PHIN PCA requirements, new systems and procedures, and new operational procedures.
v. 1.1	2/19/09	Chennelle Valenzuela	Changes to archive information to the network drive where documentation is stored. Updates to roles used for alerting/testing purposes. Changes to upgrade information to include Dialogic upgrades notes.
v. 1.1	7/21/09	Chennelle Valenzuela	Deletion of COpharm Information. Addition of Dialogic Redundant System information in section 7. Appedix B.

~~1.~~History

The Health Alert Network (HAN) is nationwide, integrated information and communication system intended as a platform for distribution of health alerts, dissemination of prevention guidelines and other information, electronic laboratory reporting, disease surveillance, and communications with Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response program.

~~2.~~HAN Overview

Colorado HAN goal is to continuously strive to improve the effectiveness of health-related communications utilizing the best technology available.

2.1 Purpose and Strategic Goals

The purpose of the Health Alert Network (HAN) is to:

- Ensure effective communication connectivity among local and state public health departments, healthcare organizations, local governments and emergency management personnel statewide and other key partners involved in public health response through Internet connectivity, email notifications, and other forms of communications.
- Ensure methods of emergency communications are fully redundant with email (faxes, two-way radios, cell phones, pagers, wireless devices).
- Ensure ongoing protection of critical data and information systems.
- Ensure electronic exchange of information in standard formats.

Based on the state strategic planning the following are the goals of the HAN and IT and Communication group:

1. Ensure use of statewide systems for communication through routine use, testing and exercising.
2. Ensure by 2008 all public health agencies will have automated notification capabilities beyond fax and email.
3. Improve staff competency in using communication systems through training, exercises and known procedures.
4. Ensure high level of successful contact and response through regular testing and assessment.
5. Ensure adequate speed of communications link.
6. Sustain and improve security and reliability of computer and communication systems.
7. Sustain and improve secure automated electronic exchange of data (XML, HL7).

2.2 Concept of Operations

Colorado Health Alert Network has established a 24x7 notification process for reporting any public health emergency that eminently affects the health and well being of the public in Colorado state.

HAN communications are sent via email, fax or voice (future) from CDC to the state designated Big 6 roles and alternates. Big 6 roles, as defined by CDC are:

- State Laboratory Directory
- State WMD Coordinator
- State HAN Coordinator
- State Epidemiologist
- State Health/Medical Officer
- State Information Officer
- State HAN general mailbox.

HAN communications can also be initiated by authorized personnel at the state or local public health level via email, fax, or phone. The primary point of contact for all notifications, during regular hours or for after hours, is the HAN Duty Officer.

Upon review and assessment of the information received, the HAN Duty Officer forwards the information to the appropriate designating authority for content review and notification classification. Based on the guidance from the designating authority, the HAN Duty Officer distributes the HAN notification to the relevant recipients, such as local health departments and nursing services, laboratories, and hospitals and other key non-public health partners. The method of distribution depends on content and urgency of the message. In a case where a HAN communication is initiated at the local level, it should be sent to the state HAN as well as the initiator's local HAN contacts. This notification can be distributed further by state HAN based on instructions from the initiating local public health agency or guidance from the designating authority.

The HAN information flow, at the state level, is shown in figure 2.1 below.

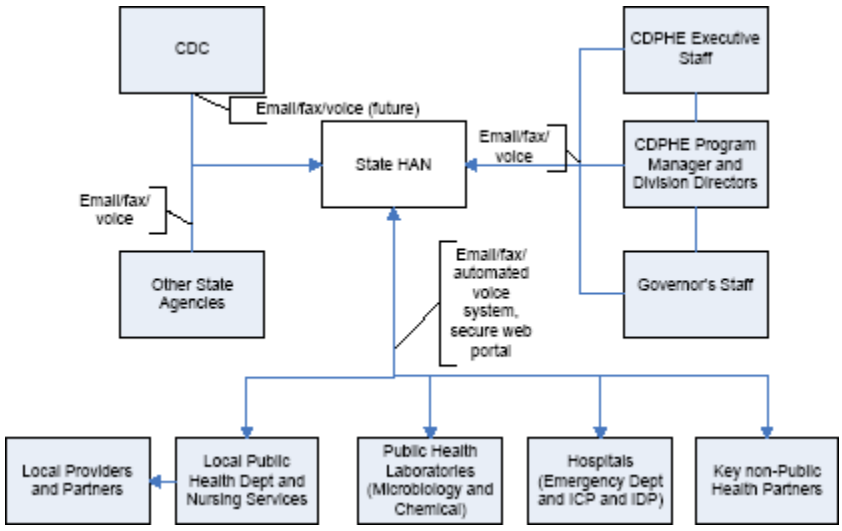

Figure 2.1

2.3 Local Public Health Agency and Nursing Service-level HAN

The goal and purpose of HAN at a local level is to:

- Ensure important information received from the state HAN at the Colorado Department of Public Health and Environment (CDPHE) is distributed to all appropriate local partners and health care providers (the local HAN users).
- Ensure key local HAN contact information is up-to-date.
- Ensure 24x7 emergency contact information is regularly maintained in a state specified system/location.
- Test and assess the local HAN system, including a variety of devices, at least quarterly.
- Develop and document policies and procedures for a local HAN system.
- Inform state HAN of any notifications initiated at the local level.
- Ensure local agency compliance with state strategic planning goals of the IT and Communication group as stated in section 2.1 Purpose and Strategic Goals.

2.4 Health Alert Notification Classification Levels

There are several message types of HAN communications as defined by CDC. These classifications are listed in increasing order of severity:

- **HAN Information/Notification/Info Service** – Provides information that requires no action on the part of the recipient. A message of non-urgent nature, such as news articles or journals, teleconferences or training opportunities.
  Dissemination of information is scheduled during business hours.

- **Health Update** – A communication that references an original Notification, Advisory or Alert based upon changes to the originating specified set of criteria such as event severity, subject area, urgency, target population, location, communication method or area affected.
  Dissemination of information is scheduled during regular business hours or after hours, as needed.
- **Health Advisory** – Provides information that requires an awareness and/or preparatory activities by public health officials due to events that have or are suspected to occur.
  Dissemination of information is scheduled 24x7 as needed.
- **Health Alert** – Risk to human health that warrants immediate action or attention; highest level of importance for public health attention.
  Dissemination of information is scheduled immediately based as needed.

Each HAN classification level is clearly stated at the beginning of each communication. This is to aid in quick identification and differentiation of HAN messages from other types of communications.

2.5 Public Health Roles

Colorado utilizes a secure portal, COHAN, which includes a role based directory. It utilizes public health roles, as defined in Public Health Information Network (PHIN) guidance (www.cdc.gov/phin). Public Health directory contains contact information, jurisdictions and communication devices for organization and persons involved in public health. The role-based directory allows for quick and efficient search of necessary contacts without knowing the correct title or name of the individual. This is especially valuable as there is a lot of turn over in public health, especially emergency preparedness and response area.
Below is a list of the current required public health roles and their PHIN and COHAN definitions:

Role Title	**PHIN Description**		**CDPHE Role Descriptions (COHAN)**
Health Officer	Responsible for the direction and administration of the jurisdiction's Dept. of Health.		**Public Health Officer-** Legal authority for public health matters.
Terrorism Coordinator	Responsible for the administration of all Bioterrorism related activities.		**Public Health Emergency Response Coordinator-** Coordinates planning and response for all health related emergencies such as bioterrorism or other public health emergencies or threats.

Health Alert Network Coordinator	Responsible for the coordination, implementation, and maintenance of the public health alert and information network for the agency or jurisdiction		**State Health Alert Network (HAN) Coordinator-** Responsible for the coordination, implementation, and maintenance of the public health alert and information network for the agency or jurisdiction and relaying/handling of message content and response.
Laboratory Director	Responsible for the coordination of the laboratory testing and reporting for the agency or jurisdiction.		**PH Laboratory Director** - Coordinates all laboratory testing and reporting for agency or jurisdiction
Public Health Administrator	Responsible for the management of the jurisdiction's Dept. of Public Health.		**Public Health Administrative Director** - Person responsible for developing and implementing administrative practices and policies for a local health department and its programs, and financial management.
Emergency Management Coordinator	Responsible for the coordination of emergency response activities. Coordinates response activities with other agencies and jurisdictions.		**Public Health Emergency Response Coordinator-** Coordinates planning and response for all health related emergencies such as bioterrorism or other public health emergencies or threats.
Chief Epidemiologist	Responsible for the coordination of the public health surveillance, investigation and response activities within the jurisdiction		**Communicable Disease Epidemiologist-** Coordinates health surveillance, investigation and response activities.
Public Information Officer	Responsible for the coordination of public information and emergency risk communications for the jurisdiction.		**Public Health Public Information Officer-** Coordinates public health communications.
Communicable/Infectious Disease Coordinator	Responsible for the coordination of all communicable and infectious disease surveillance and investigations and response within the jurisdiction.		**Communicable Disease Epidemiologist-** Coordinates health surveillance, investigation and response activities.

Strategic National Stockpile Coordinator	Responsible for the coordination of the pharmaceutical stockpile planning for the agency or jurisdiction		**State Public Health Strategic National Stockpile Coordinator-** Coordinates the planning, distribution and management of the pharmaceutical stockpile.
Environmental Health Director	Responsible for the coordination and direction of the jurisdiction's Environmental Health department.		**Environmental Health Director-** Coordinates the surveillance, investigation and response to the impact of environmental hazards on public health.
Chief Veterinarian	Responsible for the coordination of animal disease outbreak response activities for the agency.		**Public Health Veterinarian- No COHAN description.**
Behavioral Health Director	Responsible for the coordination of mental health services within the agency or jurisdiction.		**No title, no COHAN description.**
Emergency Medical Services Authority	Coordinates all medical response activities. Coordinates with other agencies and jurisdictions and respond to medical emergencies.		**EMS Liaison-** provides liaison services to pre-hospital providers.
Public Health Nursing Director	Responsible for coordinating the jurisdiction's public health nursing activities.		**Public Health Nursing Director-** Person responsible for the administration, management and delivery of personal or community health services within the jurisdiction.
Public Health Logistics Coordinator	Responsible for transportation, facility setup, personnel protective equipment, supplies and other logistical requirements in an emergency response situation.		**No title, no COHAN description.**

Below is the list of the current optional public health roles and their PHIN and COHAN definitions:

Role Title	PHIN Description		CDPHE Role Descriptions (COHAN)
Immunization Director	Responsible for management of immunization services within the jurisdiction.		**Immunization Program Director-** Directs the planning and administration of immunization activities. Directs the planning, distribution and management of pharmaceuticals
Emergency Training Coordinator	Responsible for the coordination of the WMD and other emergency training, education, and distance learning activities for the agency.		**Public Health Education and Training Manager-** Coordinates training and education, including distance learning.
Quarantine Officer	Individual responsible for quarantine enactment and coordination at the local level to include international and travel issues for a region.		**Public Health Officer-** Legal authority for public health matters.
Laboratory BT	Responsible for the administration of Bioterrorism laboratory testing within jurisdiction.		**Public Health Laboratory Director-** Coordinates all laboratory testing and reporting for agency jurisdiction. Can also be referenced under **Public Health Micro Lab Manager, Public Health Chem Lab Manager**
Medical Director	Responsible for medical/health services in the jurisdiction.		**Public Health Chief Medical Officer-** Physician providing medical direction in the formulation of health policy and program operations.
Medical Examiner/Coroner	Responsible for performing autopsies in the jurisdiction.		**Medical Examiner-** A medical examiner is a physician who investigates the cause and manner of death of certain individuals who die within a specified jurisdiction. The investigation shall be of individuals who died by violence, whose death was unexpected, who died without medical attention, or who died as a result of an abortion.
Poison Control Center	Office responsible for handling poison injury calls in a region.		**Public Health Poison Control and Toxicology- No COHAN description.**

Border Health Director	Responsible for cross-border health issues, coordination and communication.		**No title-No COHAN description.**
Microbiologist	A laboratorian that specializes in performing microbial testing for the jurisdiction.		**Public Health Micro Lab Manager-** Coordinates all laboratory testing and reporting for agency or jurisdiction.
Epidemiologist	Individual who performs analysis of communicable disease and/or BT information for their jurisdiction.		**Communicable Disease Epidemiologist-** Coordinates health surveillance, investigation and response activities.
Technical Training Liaison	Coordinates training on the use of technical systems including those for IT/Communication.		**IT/Communications- No COHAN Description.**
Emergency Operations Center Coordinator	Responsible for managing the EOC and for bringing together the individuals who participate as members of the Emergency Operations Center.		**No title-No COHAN description.**
Medical Society	Organization responsible for maintaining directory information and communications with the physician community.		**Division Director_MedSociety. No COHAN description.**
Infection Control Practitioner	Responsible for nosocomial and infectious disease in a hospital.		**Infection Control Practitioner-** Reports reportable diseases, coordinates infection control efforts with institution and local health.
Emergency Room Director	Responsible for running the hospital emergency room.		**Physician Emergency Medical Director-** Medical director for Emergency Dept.
School District Nurse	Responsible for school health in a school district.		**No title-No COHAN description.**
FBI WMD/BT Agent	Responsible for FBI activities and response in a WMD/BT event.		**No title- No COHAN description.**
Public Health Investigator/Contact Tracer	Individual skilled at tracking down contacts to TB, HIV or STD cases.		**Communicable Disease Epidemiologist-** Coordinates health surveillance, investigation and response activities.

Animal Control Director	Responsible for animal bites and quarantine.		**Public Health Veterinarian- No COHAN description.**

The COHAN directory also contains non-public health roles for key partners. The standardization of these roles is still occurring. Colorado intends on using non-public health roles in a standard manner in the COHAN directory across all Colorado agencies until national standards for these roles have been developed. More information on these roles can be found in COHAN directory.

2.5.1 24x7 Emergency Contact Role

Colorado Department of Public Health and Environment (CDPHE) is always working on improving the emergency and after hours notification capabilities between CDPHE and the local public health partners. CDPHE established the 24x7 emergency contact role in COHAN to have the ability to contact key local public health partners after hours or in the event of urgent situations.

2.5.2 Governor's Expert Emergency Epidemic Response Committee (GEEERC) Role

Colorado Department of Public Health and Environment (CDPHE) utilizes Dialogic Communicator to contact Governor's Expert Emergency Epidemic Response Committee members and relay important information in the event of public health emergencies and threats. CDPHE established the GEEERC role in COHAN to have the ability to notify GEEERC members in the event of a public health emergency. CDPHE Emergency Preparedness and Response Division (EPRD) staff maintains the contact information for this role.

2.5.2 HAN Broadcast and HAN Hospital Role

Colorado Department of Public Health and Environment (CDPHE) established the HAN Broadcast and HAN Hospital role to assign to members of the HAN Broadcast and HAN Hospital listserves. The HAN Broadcast role is assigned various contacts with roles within the local public and environmental health departments, nursing services agencies, key public health and non-public health partners, and emergency response partners. The HAN Hospitals role is assigned to various contacts primarily within a hospital setting including emergency departments, infection control practitioners, and infectious disease physicians, and safety officers or hospital emergency response coordinators. CDPHE Emergency Preparedness and Response Division (EPRD) staff maintains the contact information for this role.

Maintenance of data is an ongoing task. Individuals can update their own contact information on COHAN; regional FTE and regional and local COHAN administrators are encouraged to assist in the maintenance of the contact information. At this time, it is unclear who will be responsible for data maintenance for non public health partners, hospitals and Emergency Medical Services (EMS) agencies.

2.6 Chain of Command for HAN Message Distribution

This section describes a process for initiating, approving and distributing HAN notifications.

2.6.1 Designating Authority

When a HAN communication needs to be sent, assessing and reviewing message content and target audience is done by individuals with designating authority. The individuals who have authority to initiate and approve HAN communications include:

- CDPHE Executive staff
- Emergency Preparedness and Response (EPR) program managers and other staff authorized by EPR section chief
- Disease Control and Environmental Epidemiology (DCEED) division director, deputy director, and emergency on-call/pager duty officer
- State laboratory director or other authorized personnel
- Governor and Governor's designated staff
- Other Colorado Department of Public Health and Environment staff authorized by the EPR section chief
- Other state and federal agencies which are part of the Emergency Preparedness and Response programs.

Responsibilities of the Designating Authority:

- Review, create and properly classify alert level of HAN Communication
- For review, determine if additional information needs to be included
- Identify means of transmission (email, fax, voice/pager)
- Identify intended recipients (by public health role(s) as defined in COHAN)
- Identify any recipient instructions as necessary, including Acknowledgment requirements
- Identify HAN Communication delivery times
- Notify HAN Duty Officer by email to cdphe.han@state.co.us and/or phone Weekly Duty Officer rotation schedules are distributed to appropriate personnel.

2.6.2 Initiating Authority – HAN Duty Officer

Once a HAN communication is approved, individuals with initiating authority are responsible for message distribution. The individuals who have the authority and administrative privileges in COHAN and Dialogics are known as HAN Duty Officers.

Responsibilities of the Initiating Authority (HAN Duty Officer):

- Read and interpret the CDC HAN message (CDC HAN messages are not always appropriately or consistently classified) and determine the appropriate next action depending on the HAN message being routine or non-routine
- For CDC HAN messages, solicit advise from Disease Control program manager or DCEED division director or other appropriate designating authority
- If needed, advise on key elements of HAN notifications, such as classification levels, modes of transmission, recipients, etc.
- Format the message for all necessary modes of transmission

- Distribute the message as directed by the designating authority
- Serve as HAN Duty Officer; 24x7 for non-routine HAN communications on a rotating schedule (posted weekly)
- Participate in all necessary trainings, tests, drills and exercises as appropriate.

Step-by-step instructions on how to send a HAN communication are documented in HAN training manual.

3 HAN Message Distribution Logistics

Public health communications and alerts may be sent to a wide range of people and roles. A standard format will help ensure that the alerting process works faster and more efficiently in times of urgency.

3.1 Alert Format

Below are the alert format considerations for HAN messages as defined in the Public Health Information Network (PHIN) guidance.

1. Each notification must address a single issue rather than combing multiple issues.
2. All notifications must contain a standard header which contains (CDPHE message header fields are indicated in parenthesis):
    a. A unique message identifier (Message id)
    b. A human readable, unique originating agency identifier (From)
    c. An indicator of sensitivity (not currently used)
    d. An indication of severity (not currently used)
    e. An indication whether acknowledgment is required (Recipient Instructions)
    f. Succinct title (Subject)
3. Notification may optionally include (CDPHE message header fields are indicated in parenthesis):
    a. Issuing date and time (used to comprise the Message ID)
    b. Delivery time (not currently used)
    c. Intended audience (Recipients)
    d. Name, title and contact information for issuing partner (not currently used)
    e. Required action (Recipient Instructions)
    f. Instructions for sharing information (Recipient Instructions)
    g. Public Health Agency's emergency contact information (not currently used)
    h. Estimated time for follow up (Recipient Instructions)
    i. Page numbers (if multiple pages) (not currently used)

3.2 Non-Routine Messages

Non-routine HAN messages are: an alert or advisory that requires technical review or has policy implications. These messages are monitored 24x7 and distributed in the shortest amount of time necessary during and after business hours. The HAN Duty Officer is required to review and forward non-CDPHE initiated HAN message to an appropriate designating authority as soon as possible but non longer than 30 minutes of

receipt. After receiving appropriate distribution criteria from the designating authority, HAN Duty Officer distributes the message per standard protocol.

3.3 Routine Messages

Routine HAN messages are: notification, update, or advisory message that contains information of interest about a specific or educational opportunity. These messages monitored and distributed during business hours only. The HAN Duty Officer is required to review and forward non-CDPHE initiated message to an appropriate designating authority within 90 minutes of receipt during business hours or 1st thing 1st Business Morning after a weekend or holiday. After receiving appropriate distribution criteria from the designating authority, HAN Duty Officer distributes the message per standard protocol.

3.4 Modes of Transmission

The mechanism for sending HAN messages is based on the following means of transmission:

- Email (listserves: cdphe.bt-han_broadcast@state.co.us, cdphe.bt-han_hospitals@state.co.us) - most commonly used for general communications and information, such as HAN update and HAN advisory. Can also be used as a back-up method to other modes of transmission.
- Broadcast Fax – most commonly used for high or medium level of importance communications. To be used for HAN alert and HAN advisory categories of alerts. Also used as a redundancy mechanism to other modes of transmission.
- Phone and pager notification (Dialogics Communicatio NxT) – most commonly used for high level of importance communications. This mode is also used to inform that additional information is being sent via fax and/or email or posted on a secure web portal.
- Secure website (COHAN) – All HAN messages are posted on the home page of the portal (https://www.cohan.state.co.us). After the number of postings has exceeded the maximum number (25) on the home page, the HAN notifications are archived on the portal and can be accessed at any time.

HAN messages are most commonly received via email to the 24x7 monitored cdphe.han@state.co.us mailbox or HAN fax at CDPHE. They can also be received via a phone call to a CDPHE emergency response line or disease reporting line.

3.5 Vocabulary Standards

It is recommended that the standards be used across systems supporting HAN notifications. PHIN vocabulary requirements are included below. **Note:** as the PHIN guidance only recently became available, not all these standards have been implemented for Colorado HAN, as indicated in parenthesis. Local public health agencies are encouraged to comply with PHIN standards whenever possible.

3.5.1 Severity (not currently used)

Systems must include a “severity” attribute to describe level of significance to the recipients, using the values defined in the table below.

Severity Value	**Public Health Definition** (to be used in communications and alerts)
Extreme	Extraordinary threat to life or health; warrants immediate action or attention.
Severe	Significant threat to life or health; warrants immediate action or attention.
Moderate	Possible threat to life or health; may require immediate action.
Minor	Minimal or non-existent threat to life or health; unlikely to require immediate action.
Unknown	Unknown level of threat to life or health; may require immediate attention.

3.5.2 Delivery Time (not currently used)

Systems must include a "delivery time" attribute used to indicate how quickly the communication or alert must be delivered to the recipient.

- Within 15 minutes – no more than 15 minutes should elapse.
- Within 60 minutes – no more than 60 minutes should elapse.
- Within 24 hours – no more than 24 hours should elapse.
- Within 72 hours – no more than 72 hours should elapse.

3.5.3 Acknowledge

An "acknowledge" attribute must be used to indicate whether a return-receipt is required from the recipient to confirm the communication or alert is received.

- Yes – indicates that communication or alert requires a return receipt from recipients (e.g. "sign and fax back" verbiage on faxed alerts)
- No – indicates that the communication or alert does not require a return-receipt from the recipients.

3.5.4 Jurisdiction and Jurisdictional Level (not currently used)

Communication and alerts must have an attribute for "jurisdiction" to indicate the targeted recipients. Federal Information Processing Standards (FIPS) codes will be used to indicate the jurisdiction targeted by the communication or alert.
Communication and alerts must include an attribute to indicate the targeted recipients' jurisdictional level.

- National – indicates national recipients
- State – indicates state recipients
- Territorial – indicates territorial recipients
- Local – indicates local recipients

3.5.5 Roles (partially used)

If a communication or alert is directed by recipients' roles, then one ore more "role" attributes must be included to describe the public health functions for which a person is responsible. Roles are defined in section 2.5 Public Health Roles.

3.5.6 Sensitive (not currently used)

A communication or alert must include a "sensitive" attribute to indicate whether it contains sensitive or non-sensitive information.

- Yes – indicates sensitive content is included.
- No – indicates non-sensitive content is included.

Example:
Answering "yes" to the following guidelines may help determine whether content is considered to be "sensitive".

- If the content were used inappropriately, would it hamper the organization's ability to operate?
- If the content were used inappropriately, would it damage the organization's reputation?

3.5.7 Status (used only for exercises and tests)

A "status" attribute must be used to indicate whether a communication or alert is related to a true event or to a test scenario.

- Actual – indicates reference to a live event.
- Exercises – indicates that designated recipients must respond to the communication or alert.
- Test – indicates that the communication or alert is related to a technical, system test and should be disregarded.

3.5.8 Message Type (not currently used*)

*At this time, CDPHE uses definitions referenced in section 2.4 Health Alert Notification Classification Levels.
A "message type" attribute must be included to categorize the communication or alert.

- Alert – indicates an original communication or alert.
- Update – indicates prior communication or alert that has been updated and superseded.
- Cancel – indicates prior communication or alert has been cancelled.
- Error – indicates prior communication or alert has been retracted.

3.6 Services and Equipment

CDPHE utilizes commercial listserve, broadcast fax, emergency notification system and secure web portal. Vendor support contact information can be found in Appendix A **Error! Reference source not found. Error! Reference source not found.**.

1. The listserves are provided by LookNet, LLC. There are 2 announce type (i.e. broadcast only, no discussion) listserves set up. HAN Broadcast listserve, includes various roles within the local public and environmental health departments, nursing services agencies and key public health and non-public health partners. HAN Hospitals listserve includes emergency department, infection control practitioners, and infectious disease physicians, primarily within a hospital setting.

The service includes system support via email and phone.

In some cases, as a back-up, email communications may be sent out using the Colorado Department of Public Health and Environment's email server. In this case, GroupWise email group lists will be used.

2. The broadcast fax service is provided by Actual Software, Inc. The fax broadcast is initiated via the Internet. The fax contact list for broadcast fax can reside on the website or can be uploaded immediately prior to initiation of a broadcast. The lists can also be maintained directly on the website. The HAN document for the broadcast can be uploaded immediately prior to the initiation of a broadcast.

The yearly renewable support service includes support via email, phone and pager. The vendor has a fully redundant site that includes duplicate power feeds, generator backup, duplicate server feeds, multiple telecom vendors, multiple redundant servers, and fire detection/suppression. The vendor has about 350 fax lines.

3. The emergency notification system, Dialogic Communicator NxT or Dialogics, is provided by Dialogic Communication Corporation. Dialogics contains a database of users, including their contact information and role association. Once a notification scenario is activated via the Internet or phone, it notifies individuals on a variety of devices such as phone, pager, fax and email, that are entered in their profile.

Dialogics utilizes T1 line for the phone and pager notifications that is maintained by Qwest. Yearly renewable support contract with Dialogics includes software and hardware maintenance which is provided via phone, email and pager. The back-up (server ghosting) of the primary system is done 3 times per week.

   a. Additionally, CDPHE set up a redundant system using the off-site shared environment. The primary system is data synchronized every 4 hrs with the hosted solution. The redundant system is used for tests and in the event the primary system is not available. Information and instructions for using the back-up system can be found in Appendix B 7.

4. COHAN – secure web portal, directory and document management services are provided by Global Secure Corporation.

Yearly renewable support contract with Global Secure Corporation includes software maintenance support provided via email, phone and online system. The back-up (server ghosting) of the 5 COHAN servers is done once a week and 2 main servers, SQL and SharePoint servers are additionally ghosted twice a week. Daily back ups to tape are done in addition to server ghosting. The hardware for COHAN is maintained by CDPHE IT department and is based on standard agreement with the hardware vendor. Currently, the COHAN system doesn't have a redundant system.
Dialogics and COHAN are integrated so the user contact and role information is transferred to Dialogics via a proprietary VA Roster API.

5. Radio communications. CDPHE utilizes statewide 800 MHz Digital Trunked Radio system. There are 24 portable units and a base station. Additionally, as a back up communication system, CDPHE utilizes an Amateur Radio Emergency Services (ARES). In the event that traditional modes of communication (i.e. hard line phones, cell phones, computers, etc) are overloaded or inoperable, ARES will be used as a back up communication system to provide information to those entities that are supported by the CDPHE and will be involved in the response to the emergency or hazard in question. ARES will be used to relay information via voice and data

capabilities through the ARES system. For more information on ARES notifications, please refer to the CDPHE Internal Emergency Response Implementation plan.

3.7 System Failure Recovery

In the event of system failure or unavailability, the back-up mechanism for sending out HAN communications is documented below. The decision on what system to utilize as a back-up is based upon the level of urgency of the information.

- In the event of the listserve (email) system failure, the back-up is to use the department's email server, broadcast fax methods, or Dialogics alerting. Additionally, all information is posted on COHAN and archived on the listserve's website.
- In the event of the commercial broadcast fax services failure, the back-up is to utilize the department's fax machines or Dialogics faxing feature.
- In the event of the emergency voice notification system (Dialogics) failure, the back-up is to use the hosted redundant system. Information and instructions for using the back-up system can be found in Appendix B 7.
- In the event of all methods of communications (i.e., e-mail, fax, and voice communications) are down, use of radios is recommended.

A list of support contact numbers for all appropriate vendors is listed in Appendix A 6.4 Vendor Support Contact Information.

3.8 System Upgrades

Software and hardware system upgrades are done at the discretion of state HAN Duty Officer and in consultation with the appropriate vendor and CDPHE IT department.

3.8.1 Dialogic Upgrades

It should be noted that if/when Dialogic is upgraded, important database modification of the API importing will be overwritten and errors that caused the modifications to be made will return.

4. Operating Procedures

4.1 HAN Header for Fax and Email Notifications

The broadcast fax service over the Internet allows only 1 document to be faxed per broadcast. If a cover page is required, it should be uploaded as part of the document. A standard broadcast fax header should be used for all broadcasts. __ A copy of the header can also be found in Appendix A 6.1 HAN broadcast fax standard header. A user will need to copy this header at the top of the document being faxed and change the necessary header information, such as message id, recipients, etc.

For all communications received from CDC, ensure the original message number from the CDC HAN email is included in the subject field. For more details, see HAN training manual or HAN procedures checklist.

The broadcast fax documents are required to be in either .prn or .pdf formats. For .prn formatting, a special printer driver that converts documents into the proper .prn format is required. HAN Duty Officers have the driver loaded on their computers. Additionally, it can be found on K: network drive \HAN\Support Files\winnt and on COHAN under COHAN Training in document library. Documents in .pdf format don't need to be converted further and can be uploaded directly to the website.

When a HAN communication is to be sent via a back-up fax, the standard header should be used as described above.

When a HAN communication is to be sent via the email (listserve or otherwise), the standard header should be used. The header can be found on K: network drive For more details see the HAN Duty Officers - they have the header saved in the drafts folder of cdphehan GroupWise e-mail. The header can be used either by copying it from the word document named above or by copying it from the draft email in the Drafts folder. A copy of the header can also be found in section Appendix A 6.2 HAN email header for broadcast email.

When a Colorado Pharmacy (COpharm) HAN communication is to be sent via the email or fax (Dialogic or Blastfax), the standard COpharm header should be used. The header can be found on __ network drive ..\Support Files\COpharm HAN header.doc. HAN Duty Officers have the header saved in the drafts folder of cdphehan GroupWise e-mail. A template of the Header can be found in the Message tab of Dialogic, the name of the message is *COpharm HAN Notification-email*. The header can be used either by copying it the message from the Dialogic messages or from the word document named above or by copying it from the draft email in the Drafts folder. A copy of the header can also be found in section Appendix A 6.3 COpharm HAN email header for email and fax.

4.2 Voice Notifications

All voice notifications will identify that it is the Colorado Health Alert Network Notification System. In the body of the message it will also identify the recipients to whom this message is sent. Local public health agencies using the Dialogics voice notifications are required to identify the message is from their agency.
CDPHE utilizes simple or simple_response call flow tempates. Simple template just delivers the message. Simple_reponse template delivers the message and requests receipt confirmation.

4.3 Numeric Pager Notifications

All test pages are sent out with a call-back number and 211 appended. All live event pages are sent out with a call-back number and 911 appended.

4.4 Archiving HAN Communications

The HAN Duty Officer keeps all email HAN requests and communications archived in cdphehan Groupwise mailbox and a copy of HAN communications is also \HAN\HAN Communications\. Due to paper reduction efforts, HAN requests and communications

are not maintained in hard copy since April 2005. All email messages sent via listserve are archived on the listserve website. All email messages are posted on COHAN and are archived in HAN Archive on COHAN website. All messages created in Dialogics are saved in the system. All fax broadcasts are archived on the broadcast fax web site as well as on __network drive ..\Broadcast fax archive\. Any broadcast fax reports are also stored in the location indicated above, and all fax notification are also tracked in a spreadsheet saved on __ network drive ___AN\Broadcast fax archive\Blastfax Broadcast Tracking.xls. All Dialogics notification scenario reports are saved on __ network drive __\HAN\Dialogic Archive. Additionally, as of December 2008 all Dialogic Notifications are also tracked in a spreadsheet on __ network drive __HAN\Dialogic Archive\Dialogic Scenario Tracking.xls.

All Broadcast fax and Dialogic notification tests and reports are saved on __network drive __Focus Area - HAN\Quarterly Assessments.

4.5 Evaluation

The HAN coordinator will periodically review the effectiveness of the HAN system and recommend improvements. Emergency Preparedness and Response Program managers and individuals using the HAN system are encouraged to submit suggestions for improvement of the program effectiveness. The HAN coordinator will collaborate with public health agencies at the local level to ensure effectiveness of the system and discuss potential improvements both at the state and county level.

4.6 Testing of HAN system

The state HAN fax system is tested quarterly by initiating a test broadcast fax to designated local public health agency HAN faxes statewide. The response rates are assessed and documented on __network drive ..\..\Bioterror\Focus Area E\Quarterly Assessments\.
Currenty, the email system is not tested or assessed.
The voice/pager notification system is tested and assessed quarterly by initiating a test voice/pager broadcast to the following groups:

- Governor's Expert Emergency Epidemic Response Committee
- CDPHE internal call down list
- SNS Planners
- 24x7 emergency contact role.
- CDPHE ERPD Staff

Other groups will be added as appropriate. The response rates are assessed and documented on__ network drive ..\..\Bioterror\Focus Area E\Quarterly Assessments\
Dialogics test folders for each appropriate year.
Recommendations for improvement, if any, are documented and distributed to the appropriate audience.
The various components of the HAN system are used regularly for drills and exercises statewide.

5. Training

The identified HAN Duty Officers are trained in the use of the HAN system, policies and procedures. The step-by-step instructions on how to send HAN messages can be found in HAN training manual.

6. Appendix A

6.1 HAN broadcast fax standard header.

Health Alert Network Broadcast

MESSAGE ID: mmddyyyy hh:mm
FROM: CO-CDPHE or CDC via CO-CDPHE
SUBJECT: HAN <Update> –
RECIPIENTS:
RECIPIENT INSTRUCTIONS: For your information. This message can also be found on www.cohan.state.co.us

6.2 HAN email header for broadcast email.

HAN <Update> - Health Alert Network Broadcast

MESSAGE ID: mmddyyyy hh:mm
FROM: CO-CDPHE or CDC via CO-CDPHE
SUBJECT: HAN <Update> –
RECIPIENTS:
RECIPIENT INSTRUCTIONS: For your information. This message can also be found on www.cohan.state.co.us

6.3 COpharm HAN email header for email and fax

COpharm HAN <Update> - Health Alert Network (HAN) Broadcast

MESSAGE ID: mmddyyyy hh:mm
FROM: CO-CDPHE or CDC via CO-CDPHE
SUBJECT: COpharm HAN <Update> –
RECIPIENTS:
RECIPIENT INSTRUCTIONS: For your information. This message can also be found on www.cohan.state.co.us

6.4 Vendor Support Contact Information

1. **Listserve**

___
Main toll - free: _____
Main: _____
Email:_____
Support provided during business hours. The company located on the east coast (2 hrs ahead of Colorado).

2. **Broadcast Fax**
Customer support: ____
Email: _____

_____

3. **Dialogics Communicator NxT**
Support primary: ___
Support secondary: ___
Email: ___
Company ID: _____

4. **COHAN (EMSystems** a.k.a. Global Secure Systems or Virtual Alert)
Support main: ____
Email:____
Website:____ (for non-urgent requests.
Account needs to be set up to use this site to raise support tickets and requests).

7. Appendix B

7.1 Data Replication Usage Information

In the event that the Dialogic Primary System is not available, it is recommended that the off-site shared redundant system be utilized. The redundant system can be accessed via the web and scenarios can be activated remotely or by accessing the redundant system using the URL for the backup system.

Due to the important nature of this option, please note the following:

1. **To enable the backup system for immediate use in a crisis situation, access the system via web browser, telephone (Remote Activation) or contact Hosting Support for assistance. When activating the backup system, a user *must* have permissions to activate a scenario.**
2. **If you plan to test the backup system, you must notify your hosting center support staff and schedule a time for this. Without informing us beforehand, you will interrupt data replication from the primary server to the backup system.**
3. **In any event, please contact DCC Hosting Support following a notification effort on your backup system to schedule resumption of normal replication services.**

To schedule a test, alert DCC of use of the backup system, or for any questions or concerns, please contact your hosting center support staff via email at
or by phone at ____. _____

7.2 DCC Hosted Back up Activation Information

The following information may be needed to activate a scenario in the back up system:

Customer ID #: ___
Callback #: _____
Remote Activation #: ____
Callback #: (local DID) _____
Remote Activation #: (local DID) ____
URL: ___ _____
Login Name: Same as your primary system
Password: Same as your primary system
Company Name: Same as your primary system

DCC Hosting Center hours are Monday – Friday 8:00 am – 5:00 pm CST, excluding holidays. Outside normal business hours, we are available via phone for emergency assistance. Please contact us at:

DCC Hosting Center: _____**(**available for emergency access 24X7)
Fax Number: _____

Email: _____

Hosting Center Escalation list:

7.3 Dialogics DataSync Back up System Usage Notes

1. When using the back up system, the caller ID may show call coming from area code (480).
2. Notification reports **From** address is _____ not ____
3. During remote activation, will need to know:
    a. User ID
    b. Security PIN – unless this was manually changed, security pin is the same as user id.
4. During remote activation, a voice message can be re-recorded. The length of the new message doesn't have a known time limitation. However, if the system detects a pause in your speech, the recording may stop.
    a. This re-recorded message is not saved in the system for future scenarios. The scenario retains the original message.
5. With remote activation, a voice mail message can't be changed. The system will deliver the message previously selected for a scenario. **Workaround**: create a set of scenarios with messages to be used only during a back up system activation.
6. Call-Back number – if you have it hard coded in your messages (for any device), the system will not change to the back up call-back number. **Workaround**: Create a new message (for all required devices) with the back up call-back number. _____ _____

7. Scenario Templates with Callback option – this option allows for a system, not yours, recorded message instructing the user to call back to the system. This system message will give the correct call-back number (i.e. back up call-back number, if using the DataSync Back up system; primary call-back number if using the Primary system). If not using this template for your scenario, ensure your call back number is correctly changed, as mentioned in item 5 above.

Scenario Scheduler – this feature is disabled in the back up system to prevent the back up system from automatically activating a scenario.

Situation AwarenessTool Operations Guide
(SATool)

Overview

The SATool is a web-based portal environment designed to facilitate communications in an emergency event across jurisdictions and professions.

Purpose

The purpose of the SATool is to:

- Provide an incident specific common resource for response partners to store and exchange data and information.
- Ensure effective communication connectivity among local, state and federal response partners involved with public health response.
- Provide an avenue for collaborative discussions, creating a redundant means of communication.
- Ensure ongoing protection of critical data and information.
- Provide the arena for announcements and alerts specific to the emergency response.
- Create an information-gathering platform for traditional media, as well as social media, collection that assists in risk communication and rumor control.

Goals

1. Ensure use of SATool as a statewide system for communication through routine use, testing and exercising.
2. Improve response staff competency in using SATool through training, exercises and real events.
3. Ensure proper and appropriate response staff are given access to the system.
4. Create connectivity between SATool and other response communication tools when possible.
5. Establish a regional partnership with surrounding states and provide appropriate access to the SATool for emergency response activities that cross state borders.

Contents

When an emergency is identified requiring the use of SATool, a community of interest (COI) is created with the following basic elements to facilitate communication. These elements include:

- Alerts – provides the ability to notify members of the COI. These alerts can be web-based (shown within the community when an authorized user logs into the system and accesses the COI), SMS alerts, or emails. Each user can choose their communication preferences within their individual profile.
- Announcements – provides the ability to give status announcements within the COI.
- Blog Aggregation – provides the ability to search and retrieve blog entries specific to the emergency and display those results in a user-friendly format sorted by most recent blog entries.
- Calendar – provides the ability for a registered user to see events related to the management of the emergency.
- Chat – provides the ability to participate in a live chat environment with members of the COI.
- Discussion forums – Discussion categories can be created for any aspect of emergency. Within each category an unlimited number of threads can be created to provide an ability to address any questions or discussions related to that discussion category. A user can subscribe to any message category or thread. This allows the user to be notified via email any time a new message is added to a subscribed message category or thread.

- Document Library – provides the ability to store and share documents specific to the emergency being managed. A user can subscribe to document folders and files. This allows the user to be notified via email any time a file is added or modified.
- Geospatial Visualization – Google maps or other geospatial visualization platforms can be embedded within the SATool portal.
- Image Library – provides the ability to store and share pictures specific to the emergency being managed.
- Other Web-based application access – provides the ability to embed access to other web-based systems required to assist in the management of the emergency.
- Resource Management – provides the ability to manage resources relevant to the emergency event through the use of a FEMA-provided resource management database. Resources can be geo-coded and displayed via a geospatial visualization platform.
- RSS Feeds – provides the ability to subscribe to RSS feeds from other web sources that are providing relevant information to the emergency event.
- Time Line – provides the ability to visualize events specific to the emergency on a dynamic timeline.
- To-Do List – provides the ability to generate a basic list of tasks necessary to be performed and mark those tasks as completed.
- Video – provides the ability to embed streaming video relevant to the emergency event from sources such as YouTube, Google, and other Internet sources.
- Wiki – provides the ability to build a knowledge repository for the emergency. The permission to write to the wiki can be managed on a per-user basis, or by a subset of users as defined by the emergency management team.

The leadership of the emergency crisis team can make the decision of which applications and tools are embedded within a COI. This allows each COI to be customized specifically for the emergency being managed.

Colorado Department of Public Health and Environment

Epidemiology Investigations
and
Disease Control Plan

Table of Contents

PURPOSE

Provide a comprehensive guide for state-level disease and injury surveillance, investigation, and intervention/control response, working closely with local public health and other community partners developing or actual emergency response events.

SCOPE

This plan will focus on the state-level response efforts for disease and injury emergency response efforts, including response to novel diseases, pandemics and acts of terrorism involving biological agents.

Lead Division:
Disease Control and Environmental Epidemiology (DCEED)

Support Divisions:
Air Pollution Control (APCD)
Center for Health and Environmental Information and Statistics (CHEIS)
Consumer Protection (CPD)
Emergency Preparedness and Response (EPRD)
Hazardous Materials and Waste Management (HMWMD)
Health Facilities and Emergency Medical and Trauma Services (HFEMS)
Laboratory Services
Prevention Services (PSD)
Water Quality Control (WQCD)

External Support:
Colorado Department of Agriculture (CDA)
Colorado Division of Emergency Management (CDEM)
Colorado Department Public Safety, State Patrol (CSP)
Health Care Professionals
Hospitals and other medical facilities
Laboratories
Local Emergency Medical Services
Local Fire and Rescue/Hazardous Materials Responders
Local Law enforcement agencies
Medical Examiners/Coroners
Pharmacies
Rocky Mountain Poison and Drug Center
Veterinary facilities

PLANNING ASSUMPTIONS

The following assumptions are in addition to the general department planning assumptions:

- A terrorist attack involving a biological agent will likely involve a covert release of a biological agent or toxin that would not be readily detected. Private physicians, hospital emergency departments and coroners would likely be the first to detect an event.

- Once surveillance systems detect an abnormality, a rapid investigation is undertaken to determine the etiologic agent, the mode of transmission, the source and if the potential exists for further spread in the community.
- Disease outbreaks of a large magnitude may overwhelm Emergency Medical Services (EMS), hospitals and diagnostic laboratories.
- Accurate and timely dissemination of information to department personnel, local partners and the public decreases their risk and concerns for secondary infections in disease hazards involving communicable diseases.
- Surveillance is conducted to evaluate the extent of the disease, monitor for new cases and plot the location of suspected/confirmed cases. All data collected is analyzed and a summary report is generated that contains a clinical picture of the outbreak, suspected risk factors and possible means of exposure. Baseline data for Colorado on reportable diseases can serve as a guide and is provided on the department's website for local partners to access at any time.
    - http://www.cdphe.state.co.us/dc/surveillancereports.html
- The department's Disease Control Manual will be used as a guide for communicable disease events, but each event's plan of action will be determined based on the facts of that event.
    - http://www.cdphe.state.co.us/dc/Epidemiology/dc_manual.html
- Department disease control tools for unique settings can provide guidance.
    - http://www.cdphe.state.co.us/dc/Epidemiology/dc_group.html

AUTHORITY

The authority is outlined in the department's Internal Emergency Response Plan, Part I- Base Plan

CONCEPTS OF OPERATION

General

- Ensure notification of the department can occur 24/7 via the department's Reportable Conditions Line or Emergency Response Line.
- Determine the epidemiologic variables (i.e. mode of transmission and exposure) that contribute to an opportunity or confirmation of an isolated or community-wide disease outbreak.
- Identify unusual disease clusters and syndromes impacting specific communities or the state.
- Establish the type of assistance requested or needed by local public health for technical or physical resources to investigate or implement disease control measures.
- Report suspicious activities to the Emergency Preparedness and Response Division or directly to the Colorado Information Analysis Center (CIAC), Office of Preparedness and Security, CO Department of Public Safety.
- Surveillance will occur in one or more of the following ways:
    - Monitor reportable diseases recorded by the medical community and public health in the department's controlled-access database: the Colorado Electronic Disease Reporting System (CEDARS).
    - Review hospital emergency department visits, admissions and ICU occupancies
    - Assess unexplained deaths, including medical examiner/coroner cases
    - Evaluate unusual symptoms in ambulatory patients
    - Track influenza-like illnesses (ILI)
    - Review 911 and Poison Control and Prevention calls
    - Examine pharmaceutical demands (e.g. antimicrobial agent usage)
    - Monitor absenteeism in large worksites and schools

- Monitor outbreaks and continually assess the successes of the implemented interventions, working closely with the local public health leads and providing technical support or resources to assist in the success of the control measures.
- Assist or lead the efforts for disseminating information to local partners via the Health alert Network (HAN) and to the public via the media or the public hotline: CO-HELP when events are evolving or intervention and control measures are underway.
- Monitor foodborne outbreaks nationally through the CDC Food Net system; work internally with the Consumer Protection Division and externally with local public health for events occurring or impacting Colorado.

ROLES AND RESPONSIBILITIES

Surveillance Unit Leader

Coordinate and oversee surveillance activities, utilizing standard contacts at the local, state and federal levels. After consulting with the Chief Medical Officer and the Chief of Operations, determine the best systems for surveillance and then mobilize staff as appropriate. Potential methods of surveillance are outlined in the DCEED Emergency Response Plan.

Surveillance Unit Staff

Conduct appropriate surveillance as directed by the Surveillance Unit Leader.

- Passive Surveillance – Monitor reportable diseases and compare with the baseline levels of disease incidents across the state.
- Active Surveillance – Actively seeking information via contacting specific entities such as hospital emergency rooms and schools for data of illness/symptom trends.

Outbreak Investigation Unit

Perform investigative follow-up on identified cases and their contacts. Coordinate with the Immunization/Prophylaxis Unit if appropriate for implementation of control measures. Assessments are initiated when surveillance identifies an unusual/novel agent or above baseline disease trend. Investigators are to confirm the diagnosis with a medical professional (signs and symptoms meeting the illness criteria) or laboratory, interview the case to determine key demographic information (e.g. age, gender, race, place of residence, occupation, etc), incubation period, probable source of exposure, mode of transmission and potential secondary cases.

Data Manager

Manage entry and analysis of information collected during active surveillance and from investigations conducted by the Outbreak Investigation Unit. Determine if activities should continue and next steps. This may include contact tracing and other actions to assist in assessing the implementation of control measures. Coordination with the Laboratory Services' database should occur.

Data Coordinator

Oversee database creation and data entry for current activities related to the event.
Consult with the Technical Support Team to facilitate data entry. The database will be designed with tow main functions:

- Maintain a list of suspect and confirmed cases, with contact information.
- Provide an interface for entry and storage of case interviews.

- Consult with the Surveillance Team Leader to determine the database platform and provide an interface for data entry. The Outbreak Investigation Unit will provide copies of the data collection tools.
- Consult with the Data Analysis Team Leader during the construction of the database to assure that data entry screens are coded properly and utilize dropdown boxes/pick lists to minimize data entry errors.

Data Entry Team
Perform data entry functions as directed by the Database Team Leader. Adjust the database as required when new information is obtained.

Data Analysis Team Leader
Perform appropriate analysis on data collected. Provide concise summaries of results for the DOC and partnering agencies. Develop an analysis plan for the interview data and oversee all statistical analyses. The Data analysis Team will produce summary statistics to characterize the outbreak with concise text interpretations to include a case definition including symptoms (severity and duration of symptoms), infectious period – if one exists, population at risk and potential or confirmed routes of transmission. Laboratory tests that yield the desired or best diagnostic process to confirm the illness should be noted. If the event is a single-source outbreak, the unit should also provide the likely date of exposure. Provide updates on the status of the analysis and summaries characterizing the outbreak to the Data Manager. The Data Manager will share the results with the Outbreak Investigation Unit and the Office of Communications.

Technical Support Team/Data Processing Unit
Coordinate the technical aspects of database creation including network settings, hardware and database programming if necessary. Provide advice on database construction and responds to issues of multiple users, providing log in names and passwords to supplemental staff, setting up shared drives dedicated to the outbreak investigation, and addressing hardware needs for in-house and on-site staff.

Administrative Staff
Assist with the team communication and document preparation.

Activation
Community events and requests for support from local public health agencies will establish the point of activation of this department as the department's role is support to the local jurisdiction. Novel agents and pandemics will require the activation of the Governor's Expert Emergency Epidemic Response Committee (GEEERC).

On-Scene Response
Investigators will respond in the field when local public health requests such resources or when the incident places the department as the lead. This will occur when the department is the community lead for environmental programs such as food establishment licensing and inspections and a foodborne illness occurs that requires inspections. Or when an immunizable disease such as pertussis occurs in a child care or school setting with numerous exposures, exceeding the capability of the local public health agency.

The response team personnel will be unique to the incident and personnel selected will be based on the event and magnitude of the population impacted. The team may be required to conduct medical record reviews, interview ill or exposed individuals, obtain food or environmental samples, or implement control measures (e.g. prophylaxis or treatment) via official order (e.g. social distancing and isolation or quarantine). Properly trained personnel will be selected fort he team based on the operational tasks required.

Field teams will follow appropriate safety protocols for Personal Protective Equipment (PPE) and will ensure supervisors know their destination. Investigators will check in with the on-scene or local Command prior to beginning any activities and will coordinate activities with other agencies already on-scene. This may include law enforcement, EMS, local public health and or federal agencies such as the FBI or CDC. The department will be notified of on-scene operational planning activities of the team prior to the team initiating action. Any communication with the media will be coordinated through the department's Public Information Officer and the event's Joint Information Center. All regulations pertaining to HIPAA will be adhered to when sharing information. When a credible threat occurs, appropriate information will be shared with law enforcement as essential to address the threat.

If the event is a Level 1 activation of the state, this team will be only one component of the ESF 8: Public Health and Medical Response activities for the department. The team will report to the DOC on a regular basis as the Epidemiology/Disease Control Branch of ESF 8 response.

Recovery

After the incident is deemed under control, normal activity will resume. A summary report of all department personnel who were on-scene at any time during the incident response and any actual or potential exposure must be provided after deactivation. Surveillance will continue for a minimum of two incubation periods and lessons learned will be share with local partners to enhance future response efforts.

Guidance for Colorado Regional Epidemiologists on Outbreak Investigations: Excerpt from the 2007-2008 Grant Year Guidance for Regional Epidemiologists

***Activity E1*:** **Demonstrate competency in communicable disease outbreak investigation skills.**

***Measures*:**
E1(1) Submit a formal outbreak investigation report.
E1(2) Incorporate ICS into a multi-jurisdictional or large communicable disease investigations, or other large event. Document investigations or events for which ICS is used.
E1(3) Use the (CDPHE) OMS for a disease investigation and submit a report, including suggestions for enhancing the OMS.
E1(4) Submit CDC EFORS ("Fork and Spoon") forms to CDPHE within one month of the conclusion of a foodborne outbreak investigation.

Communicable Disease Outbreak Competencies:
Each regional epidemiologist should work towards becoming proficient at conducting outbreak investigations, with the goal of leading an investigation. The following list outlines the steps taken in a typical outbreak investigation.

Surveillance methods to detect potential outbreaks
- Be familiar with sources of information that may detect a potential outbreak, such as:
  - CEDRS case reports: CEDRS should be checked daily for new cases. The "cross-tabulation reports" function in CEDRS is a useful tool to see if the number of case reports for a particular diagnosis is more or less than what has been reported in previous years.
  - Calls to the public health agency from health care providers, clinical laboratories, the public, the media, and facilities or institutions.

Verify the diagnosis (if applicable)
- In situations where ill persons sought medical care, obtain copies of laboratory results or talk to the health care provider who treated the person and/or diagnosed the condition.

Assemble an outbreak investigation team
- Identify local, regional, and state resources that can assist in the investigation, including epidemiologists, environmental health specialists, public health nurses, data analysts, laboratorians, and other public health staff.
- Clearly define the roles of each team member.
- Institute the Incident Command System (ICS) if feasible and applicable, and assign positions/roles.

Establish a case definition
- If possible, include the following components in the case definition:
  - Clinical information about the disease.
  - Characteristics about the people affected.
  - Information about the location or place of exposure.

        - Specify the time during which the outbreak occurred.
    - You may have separate definitions for confirmed, probable, and suspect cases.
    - Case definitions are often refined as more information about the outbreak is gathered.
    - Example case definitions:
        - A case is defined as a person who attends or works at "Child Care Center X" who became ill with vomiting and/or diarrhea (defined as at least 3 loose stools in a 24 hour period) between October 3 and October 23 whose symptoms lasted less than 72 hours.
        - A case is defined as a person with an acute cough illness lasting ≥ 2 weeks without other symptoms who attends "School X".
        - A confirmed case is defined as an individual with laboratory confirmed *Salmonella* with a PFGE pattern of ZZZ who dined at "Restaurant X" between January 15 and January 25.
        - A suspect case is defined as individual experiencing diarrhea (defined as at least three loose stools in a 24-hour period) or fever accompanied by abdominal pain for at least three days, and who is epidemiologically linked to a confirmed case or dined "Restaurant X" between January 15 and January 25.

Case finding techniques

- Cast a wide net in order to identify additional persons who may be associated with the outbreak.
- Case finding techniques include:
    - Contacting hospitals, health care providers, and laboratories (this may be done by using the Health Alert Network [HAN] to issue an alert).
    - Obtaining an attendance list, roster, or guest list of persons who attended a specific event/facility or are part of an exposed group.
    - Obtaining restaurant customer receipts if the outbreak is related to a restaurant.
    - Issuing a media release that asks the public to contact public health if they are potentially involved in the outbreak or have additional information.

Develop a line list of people suspected to be part of the outbreak

- A line list allows key information about person, place, and time to be organized and reviewed. Depending on the situation, a line list may contain only ill persons, or it may contain ill and well persons.
- It is helpful to develop a line list in an electronic format (such as Microsoft Excel or Access) so it can be shared, modified, and updated easily.
- Common variables to include in a line list include:
    - Name and/or identification number (if the line list will be shared among different agencies, it is best to use an identification number rather than a name to ensure confidentiality)
    - Gender
    - Age
    - County of residence
    - Occupation
    - Onset date and time
    - Symptoms

- Illness duration
- Illness information (such as lab test results, hospitalization status, etc.)
- Treatment and/or vaccination status (if applicable)
- Exposure information

Develop an epidemic curve

- An epidemic curve (epi-curve) graphs the course of an outbreak by plotting the number of cases (y-axis) by their illness onset date and/or time (x-axis).
- Often it is helpful to note important events on the epi-curve, such as the date the exposure occurred (for common source outbreaks), and the date control measures were implemented.

Design a study to test hypotheses about the cause of the outbreak

- Typically, either a cohort study or case-control study is undertaken to try to determine the cause of the outbreak, especially in foodborne outbreaks.
    - Cohort studies select the study population based on *exposure* status. People who have been exposed to suspected risk factors are compared to people who have not been exposed (e.g., people who ate a specific food item are compared to people who did not eat that food item). This type of study technique is used in outbreaks that occur in well-defined populations, such as an outbreak of gastroenteritis among people who attended a specific social function where a list of attendees was available. Attack rates and relative risks for particular exposures can be calculated and compared.
    - Case-control studies select the study population based on *disease* status. Persons with a disease (cases) are compared to a group of similar persons without the disease (controls). This type of study technique is used in outbreaks where the population is not well defined (e.g., in outbreaks involving persons with a matching PFGE pattern who have no obvious common exposures). Odds ratios can be calculated to quantify the relationship between an exposure and disease.
- A questionnaire is usually designed and administered. Ensure the questionnaire collects the following types of information:
    - Identifying information for each person including: name, address, county, and telephone numbers. This is especially important to have in the event that you need to contact the individual again to do further follow-up.
    - Demographic information, such as age, gender, race, ethnicity, and occupation.
    - Clinical information, such as lab test results, onset date and time, symptoms, duration, treatment, and health care provider visits/hospitalization status.
    - Risk factor/exposure information based on hypotheses that been generated about the cause of the outbreak.
    - Collect information on anyone else the individual may know who is ill with similar symptoms.

Develop a database to collect questionnaire data

- Microsoft Access or EpiInfo are commonly used to develop databases for outbreak investigations. As you are creating the database, begin thinking about how you will analyze the data so you can ensure that responses are coded appropriately. Typically,

questionnaires will contain many "yes/no/unknown" response choices, which can be helpful to code numerically (e.g., 1 = yes, 2 = no, 9 = unknown).

Data analysis

- Calculate basic descriptive data, as well as attack rates and relative risks (for cohort studies) and odds ratios (for case-control studies). Computer programs such as SAS, EpiInfo, and SPSS are often used for epidemiological data analysis; however, simple calculations can also be done by hand or in Excel.

Environmental investigation/site visit

- Onsite investigations of potential exposures, such as restaurants, child care centers, swimming pools, schools, etc., can be very helpful, and should be done early in the investigation process. Some investigations require multiple visits to implicated facility. It is often helpful to interview persons associated with the facility, such as food handlers, managers, attendees, etc., and ask about recent illness occurring in him or herself and others, recent events at the facility, etc. It is recommended that experienced environmental health specialists lead outbreak-related environmental investigations in facilities they typically inspect.
- For non-foodborne outbreaks, a site visit may occur for the purpose of reviewing medical charts (if applicable) and to better understand the setting in which the outbreak occurred.

Collect clinical and environmental specimens

- Facilitate clinical specimen collection from ill persons and high-risk persons associated with the outbreak, such as food handlers. It is important to do this as early as possible once an outbreak is suspected.
- Facilitate relevant environmental specimen collection, such as water or food samples.

Implement disease control and prevention measures

- Disease control and prevention measures should be implemented as soon as the outbreak is discovered and throughout the course of an investigation.

Generate an outbreak report

- See Activity E1 – Measure 1 (page 9) for suggested components of an outbreak report.

Communication

- Maintain effective communication throughout the course of the outbreak with the outbreak investigation team and other stakeholders.

Outbreak Resources:

- CDPHE Outbreak Investigation Resources: http://www.cdphe.state.co.us/dc/Epidemiology/outbreak_forms.html
- CDC Steps to Investigate an Outbreak: http://www.cdc.gov/excite/classroom/outbreak/steps.htm
- Principles of Epidemiology in Public Health Practice (chapter 6 covers outbreak investigation): http://www.cdc.gov/training/products/ss1000/ss1000-ol.pdf
- North Carolina Center for Public Health Preparedness Outbreak Investigation: http://nccphp.sph.unc.edu/focus/issuelist.htm

Colorado Department of Public Health and Environment
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Integration of Hospital Surge Capacity Planning With Other Planning Activities

Robin K. Koons, PhD

I. Introduction

A. Hospital Preparedness

Hospital surge capacity planning is the responsibility of the Hospital Preparedness Program at the Colorado Department of Public Health and Environment (CDPHE). It addresses the overflow needs of acute patient care following a major epidemic or terrorist event. A model is developed for Colorado that addresses hospital and pre-hospital terrorism readiness. Funding is provided through the Hospital Preparedness grant provided by the US Department of Health and Human Services (HHS). This grant is separate and independent from the funding sources and activities of the Centers for Disease Control and Prevention (CDC) Cooperative Agreement for Public Health Bioterrorism Readiness. It is also separate from the Regional Emergency Medical and Trauma Advisory Council (RETAC) funding for mass casualty planning. However, collaboration is expected to occur in the areas where cross over exists in these other programs.

Decisions related to activities intended to meet the deliverables of the Hospital Preparedness grant require the input of a statewide advisory committee known as the Hospital Preparedness Advisory Committee (HPAC). Committee members represent public health, EMS/pre-hospital, urban and rural hospitals, law enforcement, Indian health, health and hospital association, poison control, metro medical response systems (MMRS) and the civil support team. Eight members of the HPAC also participate on the public health advisory committee known as the GEEERC (Governor's Expert Emergency Epidemic Response Committee) so any cross-cutting areas can be addressed in a consistent and uniform manner.

B. Public Health Preparedness

II. Public health preparedness and planning for emergency response is the responsibility of all local public health agencies and nursing services in Colorado, under the guidance of the CDPHE's Emergency Preparedness and Response Section. These activities are funded through the CDC Public Health Preparedness and Response to Bioterrorism Cooperative Agreement grant. Public health preparedness encompasses: (a) emergency response assessment, planning, and exercising; (b) investigation and surveillance of suspect or confirmed illnesses related to a biological terrorist event; (c) laboratory capacity to detect biological agents ; (d) laboratory capacity to detect chemical agents; (e) rapid dissemination of information to appropriate agencies/partners; (f) risk communication; and (g) training and education. Public health preparedness and planning also addresses the secured receipt and distribution of pharmaceuticals, including biomedical equipment for hospitals and surge sites, from the Strategic National Stockpile (SNS). The intent is for public health to also be able to setup and conduct mass immunization or prophylaxis clinics for the public. The GEEERC remains in place to provide guidance to public health on bioterrorism-related events and significant epidemics or novel agents.

C. RETAC and Preparedness

The Regional Emergency Medical and Trauma Advisory Councils (RETAC) are statute-driven regions that are regulated by the Board of Health – the Chapter 2 Rules. They focus on pre-hospital care system development for the day-to-day medical issues; their activities and requirements are independent of the terrorism readiness planning. The RETACs must establish continuing quality improvement goals, system-monitoring protocols and periodically assess the quality of their emergency medical and trauma system. The RETACs should be coordinating with CDPHE and local public health departments in developing and implementing regional injury and prevention, public information and education programs promoting the development of the EMTS system. In addition to this, they are to provide technical assistance, serve as a resource, and integrate the provision of emergency medical and trauma services with other local, state and federal agency disaster plans since the RETACs are developing regional mass casualty incident (MCI) plans; i.e. pre-hospital care and transport of victims related to a natural or man-made disaster that typically occur from a point-source event such as flash-flood or fire/explosion.

The RETACs function under the guidance of the Health Facilities and Emergency Medical Services Division of CDPHE. The RETACs report to the State Emergency Medical and Trauma Advisory Council (known as the SEMTAC) that guides their activities.

II. Summary of Areas of Cross-over in Planning

Public health focuses on disease events, while RETACs focuses on injury events. That is, public health plans for treating people to prevent disease and the RETACs plan for the treatment or stabilization of people with injuries (in the field). Both address medical issues that exist before victims get to the hospital. The hospital is the end point for both systems – whether people are sent there through the activation of a public health response or from RETAC response because they need advanced care for their injuries. Hospital surge planning addresses what to do with the patients when the hospitals can't handle anymore ill or injured victims that may occur over an extended period of time.

A. Public Health Planning Cross-over

The public health SNS Plan is to include the distribution of medication to hospitals for the treatment of victims related to a major epidemic or bioterrorist event as well as assist local health departments with vaccinating the public during a biological event. The plan is to also include the distribution of immunizations or prophylaxis to both hospitals and pre-hospital entities (EMS) to prevent illnesses in professionals related to such events. It is critical the quantity provided to these facilities include a sufficient supply to cover their family members as well so low staffing during epidemics or bioterrorist events does not compromise organizations. It is of particular concern if the staffing shortage is related to attending mass immunization clinics to obtain the medication for the family members of the medical professionals. Public health is to collaborate with hospitals and pre-hospital agencies to: (1) determine where to deliver the pharmaceuticals; (2) assist them in developing an internal distribution plan; and (3) ensure each hospital and EMS agency has an inventory tracking system that meets the requirements for public health stockpile recordkeeping.

In addition to the above-mentioned tasks, public health plans are to identify the necessity for communication with local emergency managers to ensure the delivery of medication to any overflow (surge) hospital site that may be opened to care for victims when hospitals are at capacity. The details of these site locations cannot automatically be written into a plan, as their existence will depend on the needs of the community and the location of the event. The expectation is that surge sites will be operating for weeks or months after a biological event occurs (based on the type and duration of illness). Thus, public health should plan to give pharmaceutical support to the surge sites. It is important to note that while the pharmaceutical SNS includes biomedical equipment such as ventilators and IV pumps, local public health planning will not have to determining the distribution of these items. This portion of the stockpile distribution plan will be developed and implemented at the state level through CDPHE.

The mass immunization/prophylaxis clinic plans are a well thought-out approach for addressing the assessment of people who may have symptoms of the disease of concern (related to the biological agent of the event). These plans avoid sending suspect cases to the area hospitals for assessment (i.e. See SNS Version 9, treatment centers) to prevent overloading the already stressed emergency care facilities. Instead, the plans are to include mobile clinics or treatment centers organized through local public health to medically assess suspect cases identified at a mass immunization clinic. The clinic designs include plans to avoid bringing the 911-phone system down due to a high volume of calls related to the public health event.

The development of the public health mass immunization plans should occur in collaboration with local emergency managers, dispatch and EMS agencies to determine the best response for medical situations at a mass immunization clinic. The plans should address emergency medical events that may occur at clinic sites that are unrelated to the purpose of the clinics, such as anxiety-induced heart attacks (e.g. having an ambulance on duty or stationed at the clinics). The ultimate goal is to allow for hospital and pre-hospital emergency care to continue as expected in the community for the every day medical emergencies during a public health emergency event.

B. RETAC Planning Cross-Over

RETAC planning for mass casualty events take into consideration the necessity of having patient overflow triage sites to care for the low level injuries and urgent care cases during a mass casualty incident. Regional plans should ensure hospitals remain available to receive patients requiring emergent care; this may include mass casualty triage overflow sites. The regional plans should be collaboratively developed with hospitals and pre-hospital/EMS agencies.

III. Hospital Surge Capacity Plan- Activation Outline

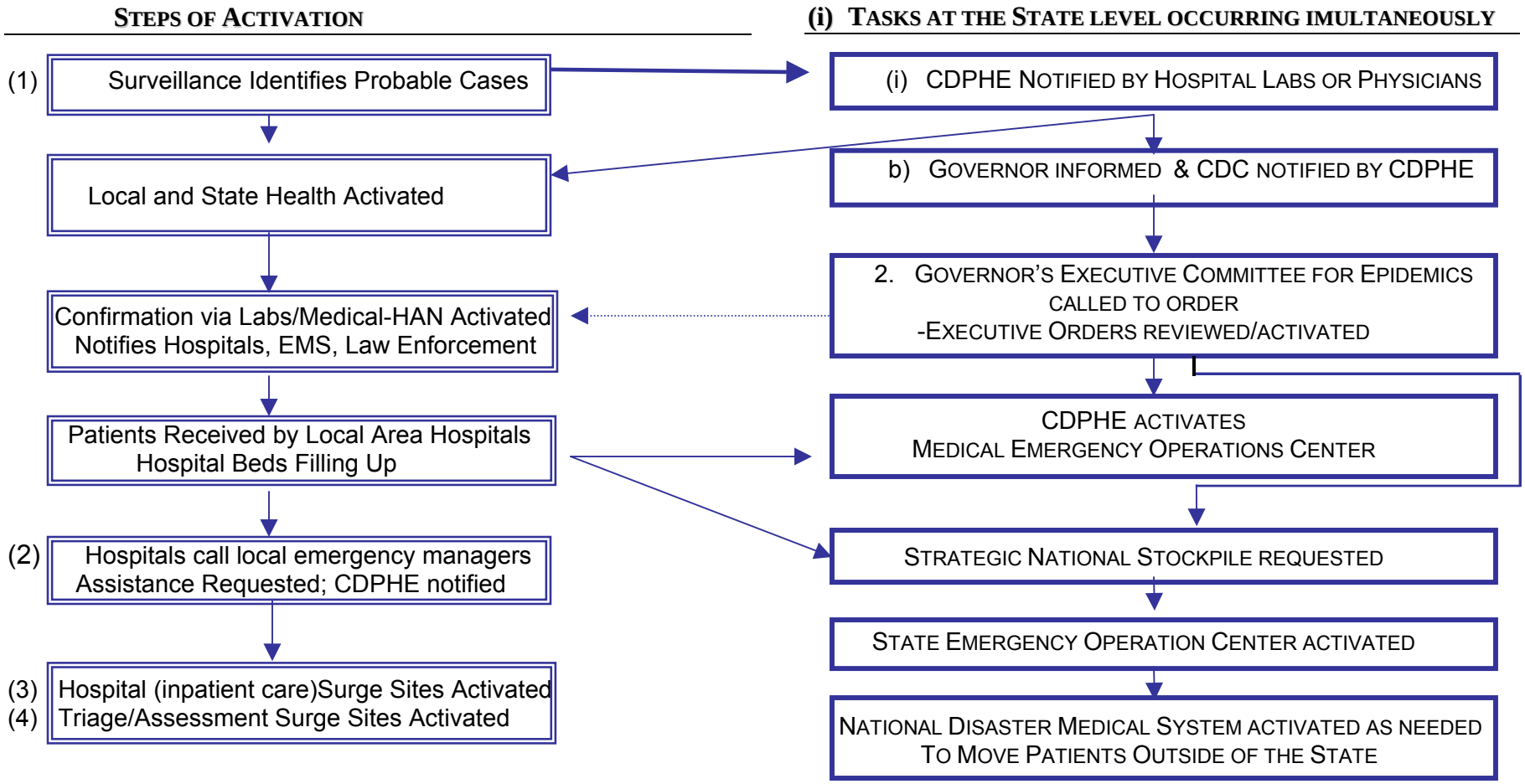
Colorado's surge capacity plan addresses the care of hospitalized patients related to a terrorist event (i.e. victims hospitalized due to disease from a biological agent or from burns or other medical condition resulting from an explosion or chemical agent). The plan creates overflow hospital sites to provide care for hospitalized patients. Each RETAC region is given a hospital supply cache to support 500 patients. The caches can be divided into smaller caches and stored in more than one location in each region to support multiple surge hospital sites (e.g. two –250 bed sites). The hospital surge cache is intended to create a hospital that will operate for weeks or months in a non-medical building in a community. It contains HPAC-selected non-perishable, non-pharmaceutical supplies such as cots, cribs, IV poles, privacy screens, patient gowns, patient identification tags, biohazard waste containers, charting forms, etc.

Activation of hospital surge sites will be a result of direct communication between hospitals and local emergency managers after a major event or epidemic has occurred. If the communication occurs between CDPHE and hospitals, the information will subsequently be transferred to the local emergency manager. The hospital supply caches are to be used for extended patient care situations when hospitals do not have the capacity to care for the volume of patients within their facility over an extended period of time (weeks to months). The supplies are not appropriate, or intended for use for public health mass immunization clinic triage or mass casualty triage. The hospital surge caches are intended for the stabilized patient requiring hospitalization.

Staffing for the surge hospital sites could initially occur from local area hospitals through mutual aid and assistance agreements. The intent is for local hospital administrators who know the layout of a hospital assist in the setup of the surge site and medical personnel be provided for the first 24-48 hours of the surge site operation – until the statewide emergency response medical volunteer system can be activated and the volunteers transported to the surge site. Proper training and identification of professionals will occur prior to transport.

Executive Orders will be activated through the Governor's Office at the recommendation of the GEEERC as necessary to support the activities of public health and the medical community during these events. CDPHE will track the medical activities and keep local emergency mangers up-to-date, per CDPHE's role as the lead for State Emergency Function # 8: Health, Medical, and Mortuary. CDPHE hopes to have dialogue from local emergency managers as well to assist in recommending to the GEEERC or Governor's Office those Executive Orders most appropriate for the situation. The surge sites will care for victims only, freeing the hospitals to continue patient care for all other medical conditions and advanced care for victims in serious condition. Surge sites will be de-activated when the volume of patients is reduced to a level hospitals can once again care for the patients.

COLORADO SURGE CAPACITY NOTIFICATION MODEL



The Memorandum of Understandings with local emergency managers are to maintain and activate the hospital surge caches when the number of patients requiring hospitalization exceeds the capacity of the local hospitals, Agreement/compacts should exist with hospitals to donate staff to hospital surge sites for the first 6-12 hours (while the State medical volunteer system is mobilizing). Initial staff to the hospitals surge sites should include personnel with administrative skills of hospitals to assist in setting up the surge site.

Hospital Surge Site Setup

Goal: To provide for the care of hospitalized patients related to an emergency event when the hospitals in the region have no patient beds due to the hospital being damaged and unable to care for hospitalized patients, or the volume of patients being greater than the hospital's capacity.

Considerations For Choosing a Site

- ☑ Ventilation and heat is important for the care of ill persons
- ☑ **Portable heaters should not be used in a medical setting if Oxygen is in use**
- ☑ Lighting is ideal; **Do not use candles or lanterns if Oxygen is in use**
- ☑ Electrical outlets for medical equipment may be needed (depends on type of patients)
- ☑ Water supply and waste water removal is ideal for sanitation purposes and patient care
- ☑ Telephone or computer access would assist in communications and lab-medical support
- ☑ Two entrances is ideal, three is better, four is best (patients, visitors, supplies, waste removal)
- ☑ Traffic routes and access to the site must be considered
- ☑ Security of the site must be considered (for medication and personal protection)

Site Layout

1. Divide your space into four main sections:
   A. Patient Care Area
   B. Patient and Staff Supplies Area
   C. Office and Patient Record Supplies Area
   D. Trash and Biohazard Waste Storage Area

   A. Patient Care Area
      1. Separate Adult Patient Area from Pediatric Patient Area
      2. Allow 3 feet between patient beds/cribs
      3. Allow 6-8 feet for main isles

Annex Title: Incident Specific Annex, Disease Outbreak, Pandemic Influenza

Lead Division: Disease Control and Environmental Epidemiology Division (DCEED)

Internal Supporting Divisions/Offices: Executive Offices, Health Facilities and Emergency Medical Services Division, Prevention Services Division, Laboratory Services Division, Center for Health and Environmental Information and Statistics Division, and Consumer Protection Division

External Supporting Agencies: Division of Emergency Management, Department of Agriculture, Department of Human Services, Department of Public Safety, Department of Transportation, Department of Wildlife, Department of Personnel Services, Department of Higher Education, Department of Policy and Finance, Department of Military Affairs, American Red Cross, Salvation Army and Voluntary Organizations Active in Disaster

I. Purpose

The purpose of this incident–specific annex (herein known as the Pandemic Influenza Annex) to the Colorado Department of Public Health and Environment (CDPHE) Internal Emergency Response Implementation Plan (herein known as the "Basic Plan") is to reduce mortality and morbidity, and minimize social disruption in Colorado, by providing a guide for the CDPHE response to an influenza pandemic.

II. Scope

Because the response to pandemic influenza will use much of the same infrastructure as is needed for a response to other communicable disease outbreaks, this incident–specific annex to the Basic Plan highlights areas that are specific to pandemic influenza and therefore require additional consideration.

In particular, this annex describes how CDPHE will undertake planning and coordination; surveillance, investigation (including laboratory), and protective health measures; vaccine and antiviral drugs; healthcare system and emergency response; and communications and outreach activities by World Health Organization (WHO) Phase and associated U.S. Department of Health and Human Services (HHS) Stage in the State of Colorado. See Attachment 1 - Phases of a Pandemic.

III. Legal Authority

CDPHE and local public health agencies (LPHA) have statutory authority to investigate and control causes of epidemic and communicable diseases affecting the public health. The Colorado Board of Health has the authority to require reports of such diseases to public health officials and public health officials in turn have access to medical records relating to these diseases. Additionally, CDPHE and LPHAs have statutory authority to establish, maintain and enforce isolation and quarantine and to exercise physical control over property and the persons within Colorado. See Attachment 2 – Public Health Powers.

Colorado is also in a unique position to have the Governor's Expert Emergency Epidemic Response Committee (GEEERC). The GEEERC was statutorily created in 2000 to develop a public health response to acts of bioterrorism, pandemic influenza and epidemics caused by novel and highly fatal infectious agents. It is chaired by the CDPHE Executive Director and consists of 18 other statutorily designated people representing state agencies, public health officials, various health care professions and the Attorney General. The basic function of the GEEERC is to provide recommendations to the Governor of Colorado on reasonable and appropriate measures to reduce or prevent the spreading of disease.

As the Governor of Colorado has broad powers to meet the response needs of an emergency, the Governor may suspend any regulatory statute provisions, state agency orders, rules, or regulations that would prevent, hinder, or delay emergency response efforts. Based on this authority, the GEEERC has created several draft executive orders that could be signed by the Governor in order to facilitate response to a public health emergency. See Attachment 3 – GEEERC Draft Executive Orders.

IV. Assumptions

Several features set pandemic influenza apart from other public health emergencies or community disasters:

A. Susceptibility to the pandemic influenza virus strain will be universal.

B. The clinical disease attack rate will be about 30% in the overall population. Illness rates will be highest among school-age children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.

C. Of those who become ill with the new strain of influenza, approximately 50% will seek outpatient medical care.

D. In an infected community, a pandemic outbreak will last about six to eight weeks. At least two pandemic disease waves are likely. The seasonality of a pandemic cannot be predicted with certainty.

E. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Because the virulence of the influenza virus that causes the next pandemic cannot be predicted, two scenarios are presented based on extrapolation of past pandemics. Estimates are based on extrapolation from past pandemics in the United States using Colorado-specific census data in the Centers for Disease Control and Prevention's (CDC) FluAid program.

Estimated number of episodes of illness, healthcare utilization, and death associated with moderate and severe pandemic influenza scenarios in Colorado

2005 Estimated Colorado Population = 4,722,460

Characteristic	Moderate (1958/68)	Severe (1918)	Assumptions
Illness	1,4167,738	1,416,738	30% of CO population becomes ill
Outpatient medical care	708,369	708,369	50% of ill persons seek outpatient care
Hospitalization	13,616	155,841	1-11% of ill persons require hospitalization
ICU Care	2,027	23,376	0.1-1.6% of ill persons require ICU care
Mechanical ventilation	1,021	11,688	0.07-0.8% of ill persons require ventilation
Deaths	3,290	29,956	0.2-2.1% of cases die

*Note that these estimates do not include the potential impact of interventions not available during the 20th century pandemics.

F. Based on the above extrapolation for a severe pandemic, Colorado deaths are estimated to be approximately 29, 956. It is assumed that a pandemic will occur in 2 waves lasting 6 – 8 weeks each. If the number of Colorado deaths is spread out over 2 waves of 8 weeks each, Colorado can expect to see approximately 347 deaths per day. This estimate includes 80 deaths per day that Colorado typically has. As a direct calculation, this estimate does not take into account traditional epidemiologic bell curves seen in disease outbreaks. Therefore, this number will likely be smaller at the onset of the wave, rise steeply at the peak and decrease at the end of the wave. This cycle will likely repeat with the second wave.

G. Risk groups for severe and fatal infections cannot be predicted with certainty. During annual fall and winter influenza season, infants and the elderly, persons with chronic illnesses and pregnant women are usually at higher risk of complications from influenza infections. In contrast, in the 1918 pandemic, most deaths occurred among young, previously healthy adults.

H. In a severe pandemic, it is expected that absenteeism may reach 40% due to illness, the need to care for ill family members, and fear of infection during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals, "snow days") are likely to increase rates of absenteeism.

I. The typical incubation period (interval between infection and onset of symptoms) for influenza is two days. It is assumed that this would be the same for a novel strain that is transmitted between people by respiratory secretions.

J. Persons who become ill may shed virus and can transmit infection for up to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.

K. On average, infected persons will transmit the infection to approximately two other people. Some estimates from past pandemics have been higher, with up to about three secondary infections per primary case.

L. Outbreaks can be expected to occur simultaneously throughout much of the U.S., preventing shifts in human and material resources that usually occur in response to other disasters.

M. Localities must be prepared to rely on their own resources to respond. The effect of influenza on individual communities will be relatively prolonged (weeks to months) in comparison to other types of disasters.

N. Healthcare workers, public health workers, and other responders (i.e., law enforcement and firefighters) may be at higher risk of exposure and illness than the general population, further straining the pandemic response.

O. Effective prevention and therapeutic measures, including vaccine and antiviral agents, may be delayed and, initially, in short supply or not available.

P. Substantial public education regarding the need to target priority groups for vaccination and possibly for antiviral medication, and rationing of limited supplies is paramount to controlling public panic.

Q. Adequate security measures must be in place while distributing limited supplies of vaccine or antiviral medication.

V. Concept of Operations

A. General

1. The national response to a pandemic will largely reflect the ability of states and local communities to respond. Because of the potential impact of a pandemic and the need to coordinate a number of partners to effectively respond, planning for such an event has been ongoing in the State of Colorado.

2. Planning and coordination between CDPHE, HHS, local health departments and nursing services, Tribal Nations and the Colorado healthcare system will ensure effective implementation of public health response activities and delivery of quality health care, despite the probable increased demand for services.

3. Response to a pandemic will trigger expansion of ongoing disease control activities and functions within the public health and medical communities. Enhancement of these services will require the activation of the CDPHE Departmental Operations Center (DOC) and establishment of linkages with other state and local agencies under the auspices of the Colorado State Emergency Operations Plan (SEOP).

B. Roles and Responsibilities

1. U.S. Department of Health & Human Services

HHS is responsible for nationwide coordination of a pandemic influenza response. Specific areas of responsibility include the following:

a. Coordinate pandemic response activities with the international community, often interacting with the WHO.

b. Provide guidelines for pandemic response planning activities for the state, local and tribal public health agencies.

c. Recommend clinical and virological surveillance guidelines for the state, local and tribal health agencies.

d. For new influenza strains: collect information about the epidemiology and clinical characteristics; provide recommendations on the diagnosis and treatment; develop reference strains and reagents for diagnosis of new influenza strains, and distribute reagents to state and local laboratories.

e. Monitor the public health impact of the pandemic at the national level. Provide states with guidelines for monitoring and reporting and make recommendations for changes to response strategies.

f. Recommend appropriate infection control guidelines.

g. Recommend and evaluate community measures to prevent and control spread of the new influenza strain.

h. Provide guidelines to the state, local and tribal levels for monitoring the effectiveness of public health measures to control spread of the new viral strain, and provide feedback to the states and the world.

i. Implement international and interstate travel restrictions and recommend travel-related and community containment measures as necessary to prevent introduction and transmission of pandemic disease.

j. Work with pharmaceutical companies on development, evaluation, licensing and production of effective vaccines. Assess vaccine effectiveness and safety in population-based studies.

k. Purchase antivirals and vaccines for distribution to Strategic National Stockpile (SNS) sites around the country. Provide guidelines for distribution of antiviral medications, vaccines and other supplies from the SNS sites.

l. Recommend strategies for implementing a vaccination program, and for monitoring and investigating related adverse events. Provide guidelines for determination of populations at highest risk, and guidelines for strategies for vaccination and antiviral use.

m. Conduct studies to assess the effectiveness of antivirals against the new influenza strain, and to assess the safety of use of the antivirals, if not already done.

n. Provide a streamlined payment mechanism through the Centers for Medicare and Medicaid and work with prescription drug plans and Medicare managed care plans. Communicate specific guidance and support the pandemic influenza response activities of hospitals, home health agencies, skilled nursing facilities and other healthcare providers, suppliers and practitioners that participate in Medicare and Medicaid.

o. Communicate with and provide technical assistance through Health Resources and Services Administration to support pandemic response activities of state primary care associations, health centers, and other community-based providers.

Promote coordination with the National Hospital Bioterrorism Preparedness Program for surge capacity plans.

p. Provide information to state and local public health agencies, and to the media, about what is happening globally in terms of development of new strain(s) of influenza, and about what could happen.

q. Provide guidance for state and local public education and information campaigns.

2. Colorado Department of Public Health and Environment

CDPHE is responsible for coordination of the pandemic influenza response statewide and between regional jurisdictions. Specific areas of preparedness responsibility include the following:

a. Integrate public health and healthcare pandemic influenza planning with other general planning activities. Identify and coordinate public and private sector partners needed for effective planning and response statewide. See Attachment 4 - Interagency Influenza Coordinating Committee.

b. Maintain situational awareness by monitoring progression of the pandemic and assessing the public health/medical needs of Colorado. Provide data to federal, state, bordering state and local partners regarding current status in Colorado.

c. Activate the CDPHE DOC to coordinate Emergency Support Function (ESF) #8 – Health and Medical activities in response to progressing phases of the pandemic, as appropriate. Coordinate with the SEOC/Multi-agency Coordination Center (MACC).

d. Develop, with concurrence of the GEEERC, a collaborative prioritization and utilization system of vaccine, antiviral and other scarce resources. See Attachment 5a and 5b – Vaccine and Antiviral Prioritization Lists.

e. Receive, secure, manage, apportion, transport and distribute influenza vaccine and antiviral medications through Colorado's SNS program.

f. Provide guidance, resources and technical assistance to local health departments, nursing services, Tribal Nations, healthcare entities and other agencies and organizations on pandemic influenza planning, response, and training and exercise efforts.

g. Coordinate with the public and private healthcare system to ensure a cohesive healthcare response network statewide to handle inpatient and outpatient care.

h. Coordinate epidemiologic activities statewide including data collection, surveillance, detection and management of suspect cases and contact tracing. See Attachment 6a - Influenza Surveillance: Pandemic Alert and Pandemic Phases and Attachment 6b – Surveillance for Pandemic Influenza Hospitalizations and Hospital Deaths.

i. Provide guidance to healthcare providers, emergency medical services, health facilities, etc regarding influenza-specific protocols such as decontamination of surfaces and transport vehicles, personal protective equipment (PPE), disease transmission and infection control procedures.

j. Coordinate laboratory response specimen testing and confirmation capacity statewide. Coordinate specimens sent to CDC Laboratory.

k. Coordinate mass fatalities management and response including guidance for retrieval, storage and disposition of bodies, death certificates and next of kin notification.

l. Provide guidance for, with the concurrence of the GEEERC, and coordinate implementation of non-pharmaceutical containment measures such as social distancing, quarantine, isolation, "snow days" and limiting or closure of public gatherings. See Attachment 7 – Community Containment Measures.

m. Coordinate and support resource requests, as appropriate, for equipment, supplies and volunteers with the Colorado Division of Emergency Management (CDEM) and CDC.

n. Coordinate and manage statewide all public health and medical volunteers needed to maintain effective pandemic response through the Colorado Public Heath and Medical Volunteer System (CPHMVS).

o. Coordinate timely, accurate and consistent messages to media, public and response partners about pandemic influenza planning, response and recovery. Activate a joint information system or center (JIS/JIC) for public health and medical messages, as needed.

p. Identify spokesperson(s) responsible for addressing pandemic influenza-related public information and media requests.

q. Maintain data management systems for tracking resources and information as well as surveillance activities.

r. Document and track all state public health response expenses in real time.

3. Local Public Health

Local public health is responsible for coordination of the pandemic influenza response within their local and regional jurisdictions. Specific areas of responsibility include the following:

a. Identify and coordinate public and private partners to assist with preparedness activities (planning, training, and exercises) as well as local or regional response to an outbreak.

b. Activate public health DOCs or participate in county local EOCs to coordinate ESF #8 – Health and Medical activities in response to progressing phases of the pandemic, as appropriate. Coordinate with the CDPHE DOC and local/regional EOC within jurisdiction.

c. Receive, secure, manage, transport and dispense (for vaccination or prophylaxis) influenza vaccine and antiviral medications to residents in their communities through the SNS program.

d. Initiate, coordinate and support mass fatality response in jurisdiction. Coordinate with coroner's office (if applicable).

e. Provide data to CDPHE regarding current status of situation in jurisdiction via situation reports, including resource and volunteer requests.

f. Identify, train, and equip staff and volunteers to activate a pandemic response upon notification within jurisdiction.

g. Coordinate timely, accurate and consistent messages to media, public and response partners about pandemic influenza planning, and response and recovery activities in jurisdiction. Participate in a public health or jurisdictional JIS/JIC, as appropriate.

h. Identify spokesperson(s) responsible for addressing pandemic influenza-related public information and media requests.

i. Manage all resources and document/track all expenses in real time.

C. Divisional Annex Implementation Procedures:

Activities within this annex have already commenced per the current WHO phase. New or enhanced activities will begin upon confirmation from WHO and CDC that a new WHO Phase has been reached. See Attachment 1 - Phases of a Pandemic.

D. Inter-pandemic Period

1. Phases 1 and 2 of the Inter-pandemic Period

- **WHO Phase 1:** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low.

- **WHO Phase 2:** No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

- **HHS Stage 0:** New domestic animal outbreak in this country

Overarching Colorado Public Health Goals for Phases 1 & 2:

For Phase 1: Standard influenza pandemic planning and surveillance at the state, regional and local levels.

For Phase 2: Standard influenza pandemic planning and surveillance. Monitor the risk of transmission to humans. Report pandemic-related information to public and partners, as appropriate.

a. Planning and Coordination, WHO Phases 1 & 2, HHS Stage 0

1) CDPHE Chief Medical Officer (CMO) is the lead decision-maker of the state's public health and healthcare-related response to pandemic influenza. In the absence of the CDPHE CMO, the DCEED Director will fulfill this role.

2) CDPHE Emergency Coordination Group (ECG) establishes policy and strategic direction in a pandemic response. The ECG membership includes:

   i. Executive Director
   ii. Chief Medical Officer
   iii. Director of Environmental Programs
   iv. Emergency Response Coordinator
   v. Director of Communication
   vi. Incident Manager (when appointed)

3) CDPHE Emergency Preparedness and Response Section (EPRS) staff oversees development and maintenance of the Pandemic Influenza annex and coordinates the pandemic response.

4) Governor's Expert Emergency Epidemic Response Committee (GEEERC) provides expert health advice to the Governor related to a pandemic response. This committee will review all available information about the potential influenza pandemic, including the directives from CDC and HHS. Draft Executive Orders addressing many legal issues related to an influenza pandemic have been prepared and made available for activation in Colorado. See Attachment 3 - GEEERC Draft Executive Orders.

b. Surveillance, Investigation, and Protective Public Health Measures, WHO Phases 1 & 2, HHS Stage 0

1) CDPHE, Communicable Disease Program coordinates surveillance and epidemiological investigation activities, including seasonal influenza surveillance.

2) There are four main components of statewide surveillance program:

   i. Virologic surveillance: Sentinel providers and clinical laboratories submit specimens from patients with compatible clinical illness to the state laboratory for confirmatory testing and subtyping.

   ii. Surveillance for influenza-like illness (ILI): Approximately 24 sentinel healthcare providers and/or clinics located in 17 counties report weekly the number of patient visits for ILI and the total number of patient visits each week. In addition, a large health maintenance organization in the Denver metropolitan area reports similar information electronically from its medical record database for approximately 350 primary care providers.

   iii. Surveillance for influenza-associated hospitalizations: This is a reportable condition in Colorado (since October 2004), which is a population-based measure of the more severe morbidity, caused by influenza

   iv. Surveillance for facility-based outbreaks of influenza: This primarily represents reporting of long-term care facility outbreaks, but may also include other types of facilities.

3) Colorado Department of Agriculture (CDA), Colorado State University – Veterinary Diagnostic Laboratory (CSU-VDL) and Colorado Division of Wildlife (DOW) advise CDPHE of outbreaks of animal illness that can potentially infect humans, including avian influenza.

4) CDPHE, Laboratory Services Division tests human and animal specimens and has the capacity to test approximately 100 samples per day for the presence of influenza viruses, including most influenza A subtypes.

5) CDPHE, Laboratory Services Division provides confirmation of positive influenza tests via real-time polymerase chain reaction (RT-PCR).

6) CDPHE, Laboratory Services Division provides guidance on routine laboratory biosafety and safe specimen handling.

c. Vaccines and Antiviral Drugs, WHO Phases 1 & 2, HHS Stage 0

1) CDPHE, Immunization Program promotes pneumococcal and seasonal influenza vaccination coverage in traditional high-priority groups, particularly subgroups in which vaccination levels have been particularly low

2) CDPHE, SNS program plans for the coordination of receipt, storage, staging, security, apportionment, transport and distribution of vaccines, antiviral medication, and other medical equipment to local public health agencies throughout Colorado.

3) CDPHE utilizes COpharm, a database of pharmacies and pharmacy groups, to inventory, map locations, and determine accessibility of antivirals and other medications in Colorado. CDC supplies weekly information about influenza vaccine distribution in Colorado to the CDPHE Immunization Program.

4) CDPHE and the Attorney General's Office resolve liability and other legal issues linked to use of the pandemic vaccine for mass or targeted emergency vaccination campaigns.

5) CDPHE, per the Colorado Immunization Manual, develops guidelines for shipping and storage of vaccines to ensure vaccine viability. See Attachment 8 - Guidelines for Shipping and Storage of Vaccines.

d. Healthcare and Emergency Response, WHO Phases 1& 2, HHS Stage 0

1) CDPHE continues to assist healthcare entities in identifying priorities and response strategies, developing or enhancing pandemic influenza plans, surge capacity, and human and material resource management and guidance on linking those plans with local public health and emergency management.

2) CDPHE follows infection control guidelines for healthcare settings and triaging and respiratory protection guidelines set forth by HHS. Standard respiratory precautions are recommended for home and non-medical facilities. See Attachment 9 - Infection Control Guidelines and Respiratory Protection.

3) CDPHE utilizes EMSystem to provide real time communications between hospitals, the state health department, and emergency medical services agencies and dispatch. EMSystem provides emergency department status tracking, patient tracking, mass casualty, event communication, incident support and hospital inpatient bed tracking.

e. Communications and Outreach, WHO Phases 1 & 2, HHS Stage 0

1) CDPHE, Office of Communications coordinates communication activities across the state with national activities and continues to participate in notification and information exchange with many federal, state, local, and private partners.

2) CDPHE, Office of Communications identifies media spokespersons responsible for addressing pandemic-related issues

3) CDPHE, Office of Communications develops educational materials for healthcare service providers, the media, and the public. Information covered includes possible isolation and quarantine, and shortages of vaccines and antiviral drugs.

4) CDPHE, in partnership with the Rocky Mountain Poison and Drug Center, maintains the Colorado Health Emergency Line for the Public to receive a higher volume of calls before and during to emergencies.

5) CDPHE, in partnership with the Colorado Department of Human Services, Division of Mental Health (CDHS – DMH), develops press releases that address fear and other psychological reactions to an influenza pandemic.

6) Response activity for CDPHE is coordinated through the CDPHE DOC. It is equipped with advanced telecommunications and data networking capabilities, including teleconferencing and video feeds. The existing Novell GroupWise system is used as the information management system for an emergency. CDPHE utilizes WebEOC to coordinate information with CDEM.

7) CDPHE uses a statewide 800 MHz Digital Trunked Radio System as a backup method of communication. An 800 MHz base station has recently been installed in the CDPHE DOC with 20 hand-held portable units available.

8) CDPHE uses Colorado Health Alert Network (COHAN), a secure web portal, for sharing and posting files and the Dialogics system to disseminate Health Alert Network (HAN) messages to over 14,000 public health stakeholders.

E. Pandemic Alert Period (Phases 3, 4, & 5)

1. Phase 3 of the Pandemic Alert Period

- **WHO Phase 3:** Human infection(s) with a new subtype, but no human-to human spread, or at most rare instances of spread to a close contact.

- **HHS Stage 1:** Suspected human outbreak overseas

Overarching Colorado Public Health Goals for Phase 3:
Ensure rapid detection, notification and response for the first travel-related case of novel influenza in Colorado. Educate and train health professionals and the public regarding pandemic preparedness activities, realistic expectations of public health and actions they can take as the pandemic progresses.

a. Planning and Coordination for Phase 3, HHS Stages 0 or 1

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) The Interagency Influenza Coordinating Committee will coordinate planning, outreach, information sharing, training and exercises for avian and pandemic influenza in Colorado. All 15 emergency support functions of the SEOP are represented plus members from medical, private business and other non-governmental entities.

3) CDPHE will develop a continuity of operations plan to ensure maintenance of essential public health services and suspension of non-essential services during pandemic response activities.

4) CDPHE will provide guidance to businesses, particularly private essential services, for the development, activation and implementation of pandemic response contingency plans and continuity of operations plans.

5) CDPHE Human Resources will develop policies for deploying CDPHE employees to assist inter- and intra-state volunteer requests during emergencies.

6) GEEERC will continue to review, revise and develop new draft executive orders to use during a pandemic or other public health emergency.

b. Surveillance, Investigation, & Protective Public Health Measures, WHO Phase 3, HHS Stages 0 or 1

1) CDPHE will continue response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE will work to ensure that all influenza surveillance activities are underway regardless of the time of year and that participating laboratories and sentinel providers are reporting data to CDPHE each week.

3) CDPHE will enhance surveillance as the likelihood of an influenza pandemic becomes more imminent. See Attachment 6a - Influenza Surveillance: Pandemic Alert and Pandemic Phases.

4) CDPHE will perform the following if notified that a novel influenza virus has been identified, but efficient viral transmission from person-to-person is not yet established:

   i. Notify healthcare providers of pandemic alert status and need to screen patients presenting with fever and (severe) respiratory symptoms and travel history to the affected area and report all suspect cases to CDPHE or local health department
   ii. Provide guidance regarding detection and management of suspect cases including: clinical symptoms, epidemiology, guidance for obtaining travel histories, reporting, specimen collection and infection control measures.
   iii. Request autopsies for fatal cases of influenza, unexplained pneumonia or severe respiratory diseases occurring among travelers to affected areas. See Attachment 6b – Surveillance for Pandemic Influenza Hospitalizations and Hospital Deaths.

5) Cases that are more highly suspect will be hospitalized for clinical evaluation and management, including specimen collection for testing at the state laboratory. Patients will be isolated and infection control precautions implemented during evaluation and/or treatment. Management of contacts with depend on likelihood of infection with a novel influenza strain, potential for human-to-human transmission and feasibility of contact tracing and monitoring See Attachment 6a – Influenza Surveillance: Pandemic Alert and Pandemic Phases.

6) CDPHE will coordinate with Denver Public Health, Denver International Airport (DIA) Operations, Tri-County Health Department, Centennial Airport and the CDC Seattle Quarantine Station (there is no quarantine station at DIA) in the event that a passenger arriving directly or indirectly from an area affected by the pandemic alert presents with ILI or fever/respiratory illness.

7) CDPHE will institute recommendations from CDC for any additional surveillance activities that should be undertaken, given the specific circumstances.

8) CDPHE will continue to work with CDA, CSU-VDL and CDOW to enhance surveillance for avian influenza and link data from veterinary surveillance of influenza virus to human surveillance data.

c. Vaccines and Antiviral Drugs, WHO Phase 3, HHS Stages 0 or 1

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE, with concurrence of the GEEERC, will develop guidance for vaccine and anti-viral prioritization rationale in Colorado based on exposure to risk and reduction of morbidity and mortality. See Attachments 5a and 5b: Vaccine and Antiviral Prioritization.

3) CDPHE, SNS Program will continue to regularly exercise deployment of SNS stockpiles to ensure that vaccine and antiviral medications could be deployed rapidly to any affected area in the state, and that appropriate staff is familiar with guidance for deployment and use.

4) CDPHE, Immunization Program will reassess inventories of seasonal vaccines and other material resources needed to carry out mass vaccinations.

5) CDPHE, Immunization Program will review strategies for the use of seasonal vaccines to prevent dual infection with human and animal viruses, and promote their use in defined risk groups.

6) CDPHE, Immunization Program will develop contingency plans for procuring vaccine and antivirals once available.

7) CDPHE will use CDC's Countermeasure and Response Administration Immunization software to track those who have received vaccine. Adverse reactions to vaccine will also be tracked.

8) CDPHE, Immunization Program will review evidence for effectiveness and safety of antivirals and if necessary reassess and review strategies, guidelines and priorities for use with local and Tribal Nations.

9) Prophylaxis may or may not be a viable strategy depending on availability of supplies and on resistance patterns. Currently, neither amantadine nor rimantadine should be used for the treatment or chemoprophylaxis of influenza A in the United States until susceptibility to these antiviral medications has been re-established among circulating influenza A viruses. Oseltamivir or zanamivir can be prescribed if antiviral treatment of influenza is indicated. Oseltamivir is approved for treatment of persons aged ≥1 year, and zanamivir is approved for treatment of persons aged ≥7 years. Oseltamivir and zanamivir can be used for chemoprophylaxis of influenza; oseltamivir is licensed for use in persons aged ≥1 year, and zanamivir is licensed for use in persons aged ≥5 years[1].

10) Attorney General's Office will review worker compensation laws as they apply to healthcare workers and other essential workers who have taken antiviral medication for prophylaxis.

11) CDPHE will continue to expand participation in COpharm, and test its ability to inventory supplies of antiviral medication statewide.

d. Healthcare and Emergency Response, WHO Phase 3, HHS Stages 0 or 1

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE will continue to establish the CPHMVS to manage medical and public health volunteers for surge capacity in a pandemic.

3) CDPHE will continue to provide guidance on infection control procedures for ill patients and implementation that is consistent with existing CDC and WHO guidance.

4) CDPHE will provide support to regional/local Healthcare Coalitions made up of public and private healthcare, emergency medical services, public health and emergency management throughout Colorado. These coalitions will provide the network for inpatient and outpatient care, transport, triage and prophylaxis/vaccinations to well persons within their jurisdiction.

[1]Centers for Disease Control and Prevention. Prevention and Control of Influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006;Vol 55 [No. RR10]: 1-42.

5) CDPHE will continue to assist medical and emergency response systems in assessing their ability to meet expected increased needs during a pandemic and enhance surge capacity if those systems are inadequate.

6) CDPHE will continue to enhance healthcare provider awareness of the potential for a pandemic and the importance of diagnosis and viral identification for persons with influenza-like illness, especially from potentially affected areas and recognize the need for immediate reporting to state authorities.

7) CDPHE will continue to engage medical societies and private physicians into pandemic planning statewide.

8) GEEERC Mortuary Services Subcommittee will continue to work on mass fatality planning including: retrieval, storage and disposition of bodies, death certificates, next of kin notification, etc.

9) CDPHE will seek memorandums of understanding (MOUs) with emergency management, volunteer organizations, food distributions centers, etc to provide necessary supplies and food to those persons affected by community containment measures that CDPHE may potentially implement.

e. Communications and Outreach, WHO Phase 3, HHS Stages 0 or 1

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE, Office of Communications will update all local health departments, partners, stakeholders, government officials and the media on the status of the pandemic and response activities.

3) CDPHE, Office of Communications will coordinate with partners to ensure that consistent, timely and accurate messages are delivered.

4) CDPHE, Office of Communications will continue to identify target groups for delivery of key messages as well as appropriate materials, formats and language options from the materials already assembled, and develop others as the need is identified.

5) CDPHE, Office of Communications will update risk and prevention information materials (risk of infection, safe food, animal handling) based on CDC and WHO recommendations for media, general public, health workers and government officials.

6) CDPHE, EPRS will exercise communications systems and facilities to ensure that they are functioning optimally and contact lists are up to date.

7) CDPHE, in partnership with the Rocky Mountain Poison and Drug Center, will enhance the Colorado Health Emergency Line for the Public to allow for receipt of a 1,000 calls per hour during an emergency.

2. Phase 4 of the Pandemic Alert Period

- **WHO Phase 4:** Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
- **HHS Stage 2:** Confirmed human outbreak overseas

Overarching Public Health Goals for Phase 4:
Continue to ensure rapid detection, notification and response for the first travel-related case of novel influenza in Colorado. Continue to educate and train health professionals and the public regarding pandemic preparedness activities, realistic expectations of public health and actions they can take if the pandemic progresses.

a. Planning and Coordination, WHO Phase 4, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE may be activated at Level III (low level, monitoring), depending upon the details of the situation. This does not automatically require activation of the CDPHE DOC itself.

3) CDPHE ECG will appoint an Incident Manager (IM) and IM will assign an Operations Section Chief, Logistics Officer, Public Information Officer, Finance Officer and Liaison Officer, at a minimum.

4) CDPHE ECG will re-ensure highest level of political commitment for ongoing and potential interventions or countermeasures.

5) GEEERC will reassess the potential need for new draft executive orders to be used if the pandemic progresses and create new ones that are needed.

6) CDPHE will review procedures to respond to requests from affected areas for assistance and modify as necessary. Changes will be made available to local public health.

7) CDPHE ECG and Command Staff may initiate regular conference calls with local and neighboring state partners.

8) CDPHE will continue to coordinate response activities with national, state and local levels.

b. Surveillance, Investigation, and Protective Public Health Measures, WHO Phase 4, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE may activate an Epidemiology and Surveillance Branch and/or a Laboratory Services Branch under incident command, if needed. Otherwise the Communicable Disease Program and Laboratory Services Division will continue activities.

3) CDPHE, Communicable Disease Program will work to ensure that influenza surveillance activities are underway regardless of the time of year and that participating laboratories and sentinel providers are reporting data to CDPHE each week.

4) CDPHE, Communicable Disease Program will institute recommendations from CDC for any additional surveillance activities that should be undertaken, given the specific circumstances.

5) CDPHE, Communicable Disease Program will provide public and private healthcare providers with updated case definitions, protocols and algorithms to assist with case finding, management, infection control, surveillance and reporting.

6) CDPHE, Laboratory Services Division will subtype all influenza A viruses identified in clinical specimens and report any influenza A viruses that cannot be subtyped to CDC immediately.

7) CDPHE, Laboratory Services Division will ensure availability of diagnostic reagents for the novel influenza strain at key state laboratories as soon as possible.

8) CDPHE, Laboratory Services Division will provide reference laboratory support for other laboratories in the state to test suspected clinical specimens for influenza and identify novel strain.

9) CDPHE, CDA and DOW will recommend measures to reduce human contact with potentially infected animals.

c. Vaccines and Antiviral Drugs, WHO Phase 4, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE may activate an Immunization Branch and/or an SNS Branch under incident command, if needed. Otherwise, the Immunization Program and the SNS Program will continue activities.

3) CDPHE, Immunization Program will continue promoting vaccination with seasonal influenza vaccine to limit risk of dual infection in those most likely to be exposed to the animal virus (i.e., travelers).

4) CDPHE, Immunization Program will consider results and lessons learned from use in countries with cases and modify strategies for use of vaccines and antivirals, if applicable.

5) CDPHE, SNS Program and LPHAs will review and exercise SNS plans to identify gaps.

6) CDPHE, SNS Program and LPHAs will place hospitals, SNS-related clinics and warehouses on standby to be prepared to receive vaccines, antivirals and medical supplies, if available.

d. Healthcare and Emergency Response, WHO Phase 4, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE may activate a Medical Branch under incident command, if needed.

3) CDPHE will assess availability of personnel, supplies, and materials for infection control and clinical care of infected patients.

4) CDPHE will assist with developing contingency plans for response to an overload of health facilities with influenza patients; and identify alternative strategies for case isolation and management.

5) GEEERC Mortuary Services Subcommittee will continue to work on mass fatality planning including: retrieval, storage and disposition of bodies, death certificates, next of kin notification, etc.

6) CDPHE will explore ways to provide drugs and medical care free-of-charge (or covered by insurance) to the patient and healthcare delivery system, in order to encourage prompt reporting of new cases.

7) CDPHE will continue to seek MOUs with emergency management, volunteer organizations, food distributions centers, etc to provide necessary supplies and food to those persons affected by community containment measures that CDPHE may potentially implement.

e. Communications and Outreach, WHO Phase 4, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE may coordinate public information efforts under incident command, if needed.

3) CDPHE Public Information Officers (PIO) will find or prepare materials for distribution to the public immediately and ongoing as needed.

4) CDPHE PIOs will notify local and tribal public health authorities, healthcare providers, other partner organizations/ stakeholders, and the public of change in pandemic alert status and known disease characteristics.

5) CDPHE PIOs will activate a JIS/JIC for public health messages to ensure that consistent, timely and accurate messages are delivered. Will participate in a state-level JIS/JIC if activated by CDEM.

6) CDPHE PIOs will remind institutions and organizations to implement continuity plans and measures to limit infection transmission in the workplace. Reassure that efforts will be made to limit adverse impact on movement of goods, services and people.

7) CDPHE PIOs, in conjunction with partner organizations, will review and update information materials for policy-makers, news media, healthcare workers and partners.

8) CDPHE PIOs will provide education to travelers and issue travel advisories, precautions, or restrictions, if warranted by disease epidemiology.

9) CDPHE PIOs will explain rationale and update public on all aspects of response and likely next steps, including possible containment efforts.

10) CDPHE PIOs, in conjunction with the CDHS - DMH will address the issue of stigmatization of individuals/families/communities affected by human infection or those stigmatized by association with potentially infected animals.

3. Phase 5 of the Pandemic Alert Period

- **WHO Phase 5:** Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Overarching Public Health Goals for Phase 5: Maximize efforts to detect first travel-related case of novel influenza virus. Exercise preparedness plan to ensure readiness. Emphasize education about measures to contain or delay spread, to possibly avert a pandemic, and to possibly gain time to implement pandemic response measures.

a. Planning and Coordination, WHO Phase 5, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous Phases.

2) CDPHE DOC may be activated at Level II.

3) CDPHE ECG will notify government officials and legislators of pandemic alert status and reconfirm commitments of support.

4) Incident Manager and Command Staff will assign other positions and branches, as needed, within NIMS/ICS structure.

5) CDPHE ECG and Command Staff will initiate, if not already ongoing, state agencies, bordering states, state/local/tribal public health and partners to coordinate and provide guidance on response actions and messaging.

6) CDPHE Command Staff will coordinate with CDEM, to implement the Pandemic Influenza annex of the SEOP.

7) CDPHE ECG will work with the Governor's Office to prepare GEEERC-recommended Executive Orders that will support pandemic response activities.

b. Surveillance, Investigation, and Protective Public Health Measures, WHO Phase 5, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous Phases.

2) CDPHE, Epidemiology and Surveillance Branch will provide public and private healthcare providers directly or through local health departments with updated case definition, protocols, and algorithms for case finding, management, infection control and surveillance.

3) CDPHE, Epidemiology and Surveillance Branch will review data from the affected area regarding effectiveness of treatment protocols and infection control measures. If necessary, will revise and distribute guidelines to appropriate healthcare entities.

4) CDPHE, Epidemiology and Surveillance Branch will continue to enhance surveillance efforts through:

   i. Increased frequency and comprehensiveness of HAN alerts and other electronic communications to ensure that Colorado providers and healthcare facilities are actively screening all patients with fever and respiratory illness for risk factors associated with the pandemic strain.
   ii. Testing of suspect cases to the extent possible based on availability of PCR testing and an accurate rapid diagnostic test.
   iii. Enhanced efforts, based on CDC guidance, to identify incoming ill airline passengers at DIA.
   iv. Investigate influenza outbreaks and increases in ILIs; taking into account the status of seasonal influenza activity.

3) CDPHE, Laboratory Services Branch will implement surge capacity plans for testing substantially more specimens than usual and encourage regional labs to do the same.

4) CDPHE, Laboratory Services Branch will follow CDC specimen triaging guidelines for testing and choosing which isolates to send to CDC.

5) CDPHE, Laboratory Services Branch will ensure compliance with standards for bio-safety in laboratories, and for safe specimen handling and shipment.

c. Vaccines and Antiviral Drugs, WHO Phase 5, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE, Immunization Branch will consider results and lessons learned from use in countries with cases and modify antiviral and vaccination strategy and priority lists, if applicable.

3) CDPHE, Immunization Branch will continue to promote vaccination with seasonal influenza vaccine to limit risk of dual infection in people most likely to be exposed to the animal virus, and potentially decrease concurrent circulation of human strains.

4) CDPHE, Immunization Branch will assess effectiveness and feasibility of antiviral prophylaxis for the purpose of attempting to contain outbreaks.

5) CDPHE, SNS Branch will confirm plans for vaccine/antiviral distribution and accelerate preparations for point of dispensing activation, if vaccine/antivirals become available.

d. Healthcare and Emergency Response, WHO Phase 5, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE and GEEERC will work with the Governor's Office to review and prepare final guidance for implementation of community containment measures. Guidance will be modified, as appropriate.

3) CDPHE, Medical Branch will use situational awareness and lessons learned from previously affected areas to provide guidance for changes in healthcare delivery and community support.

4) CDPHE, Medical Branch will continue to support Healthcare Coalitions and provide assistance, as needed, with finalizing triage and transport mechanisms.

5) CDPHE, Medical Branch will work with CDEM to coordinate and place local emergency managers on stand-by to activate surge trailers and locate medical equipment and supplies for surge capacity.

6) CDPHE, Medical Branch will coordinate available bed capacity through EMSystem for patients with new influenza subtype infection requiring isolation and clinical care.

7) CDPHE, Medical Branch, in conjunction with the Local Public Health Agencies or other appropriate local/regional designee, will confirm chains of command and procedures for inpatient and outpatient care, triage and transport.

8) CDPHE Volunteer Coordinator will place volunteers within the CPHMVS on stand-by for surge-capacity at healthcare facilities and points of dispensing.

9) CDPHE, Mortuary Services Branch will be put on stand-by for mass fatality coordination.

10) CDPHE will finalize MOUs with emergency management, volunteer organizations, food distributions centers, etc. to provide necessary supplies and food to those persons affected by community containment measures that CDPHE may potentially implement.

e. Communications and Outreach, WHO Phase 5, HHS Stage 2

1) CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

2) CDPHE PIOs will notify the public, partners and media that a high likelihood of a pandemic exists. Explain response actions and potential containment strategies. Prepare audiences for imminent onset of pandemic activity.

3) CDPHE PIOs will review and update information materials for news media, public, health workers, partners and policy-makers.

4) CDPHE PIOs will prepare the public for the possibility of a pandemic while providing information about containment efforts. Reassure that no domestic cases have been seen. Review actions that reduce likelihood of influenza exposure and limit influenza transmission.

5) CDPHE PIOs will remind institutions and organizations to implement continuity plans and measures to limit infection transmission in the workplace. Reassure that efforts will be made to limit adverse impact on movement of goods, services and people.

6) CDPHE PIOs will activate a JIS/JIC for public health messages to ensure that consistent, timely and accurate messages are delivered. Will participate in a state-level JIS/JIC if activated by CDEM.

7) CDPHE PIOs, in conjunction with CDHS-DMH, will continue to address the issue of stigmatization of individuals/families/ communities affected by human infection or those stigmatized by association with potentially infected animals.

F. Pandemic Period

1. Phase 6 of the Pandemic Period

- **WHO Phase 6:** Pandemic increased and sustained transmission in general population.
- **HHS Stage 3:** Widespread human outbreaks in multiple locations overseas
- **HHS Stage 4:** First human case in North America
- **HHS Stage 5:** Spread throughout the United States

Overarching Public Health Goal for Phase 6, Stages 3, 4 and 5:
Minimize the impact of the pandemic.

a. WHO Phase 6, HHS Stage 3

Continue Phase 5 activities.

b. WHO Phase 6, HHS Stages 4 and 5

1) Planning and Coordination, WHO Phase 6, HHS Stages 4 and 5

i. CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases

ii. CDPHE will send a HAN message regarding the status of the pandemic alert, the potential need for additional resources, interventions and the use of emergency power to all relevant government departments at state, county and municipal level. All emergency groups must be ready to escalate their response at a moment's notice.

iii. CDPHE ECG will re-ensure highest levels of political commitment for ongoing and potential intervention/countermeasures.

iv. CDPHE ECG, based on information learned by affected areas, will finalize adjustment of official guidelines and recommendations.

v. IM will convene the ECG and Command Staff regularly and meet with partners and stakeholders to review and be prepared to fully activate the CDPHE Internal Emergency Operations Plan.

vi. CDPHE DOC will be fully activated at Level I and will coordinate with CDEM for full activation of the MACC and Pandemic Influenza annex of the SEOP.

vii. CDPHE ECG will work with Governor's Office and CDEM to prepare GEEERC-recommended Executive Order for potential state declaration of emergency and any additional Executive Orders that will support pandemic response activities.

2) Surveillance, Investigation, and Protective Public Health Measures, WHO Phase 6, HHS Stages 4 and 5

i. CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

ii. CDPHE, Epidemiology and Surveillance Branch will track the progression of the influenza pandemic in the state. Initially, case-based surveillance will be conducted in hospitals along with limited contact tracing and

monitoring. However, once evidence of ongoing person-to-person transmission in the state is confirmed, this activity will cease.

iii. CDPHE, Epidemiology and Surveillance Branch will conduct surveillance for morbidity and mortality in Colorado and identify population groups at increased risk for more severe disease, complications or death. After the initial start of the pandemic, individual cases of influenza-associated hospitalization will shift to reporting of aggregate numbers of influenza-associated hospitalizations and deaths. See Attachment 6b: Surveillance for Pandemic Influenza Hospitalizations and Hospital Deaths.

iv. CDPHE, Epidemiology and Surveillance Branch will monitor for emergence of the second pandemic wave and/or shifts in the pandemic strain.

v. CDPHE, Epidemiology and Surveillance Branch will prepare regular reports of numbers and rates of new and cumulative influenza-related hospitalizations and deaths.

vi. CDPHE, Epidemiology and Surveillance Branch will continue to evaluate the effectiveness of the measures to contain the new influenza virus elsewhere and consider any new guidance from CDC/WHO.

vii. CDPHE, Laboratory Services Division will continue testing many suspected influenza specimens as possible via RT-PCR. Once confirmed that the pandemic has reached Colorado, RT-PCR testing will be prioritized based on recommendations from CDC and availability of laboratory resources.

3) Vaccines and Antiviral Drugs, WHO Phase 6, HHS Stages 4 and 5

i. CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

ii. CDPHE, Immunization Program will continue ongoing assessment of the impact of vaccination and antiviral programs used elsewhere (safety, efficacy and antiviral resistance).

iii. CDPHE ECG and GEEERC will review and revise, as needed, priority groups and strategies for vaccine and antiviral distribution.

iv. CDPHE, SNS Branch and LPHAs will fully implement SNS plan for distribution and dispensing as soon as vaccine is available.

v. CDPHE will recommend usage of antivirals, if effective and available, for either early treatment of cases or antiviral prophylaxis for close contacts of cases based on risk assessment and severity of illness.

4) Healthcare and Emergency Response, WHO Phase 6, HHS Stages 4 and 5

i. CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

ii. CDPHE Outpatient Clinic Unit will activate and reconfirm arrangements with the Colorado Community Health Network and Colorado Rural Health Centers to provide surge capacity as outpatient treatment centers.

iii. CDPHE and GEEERC will work with the Governor's Office to review and issue final guidance for implementation of community containment measures. Guidance will be modified, as appropriate.

iv. CDPHE will continue to seek ways to provide support to those persons affected by social distancing or quarantine measures in response to a pandemic.

v. CDPHE will work with volunteer organizations, food distribution centers, etc to ensure that people restricted by isolation and quarantine procedures, as well as people who are normally homebound, are being provided with necessary supplies and food.

vi. CDPHE Volunteer Coordinator, in conjunction with CDEM, LPHAs and local emergency managers will activate the CPHMVS and coordinate/ manage volunteers to provide public health and medical surge capacity statewide.

vii. CDPHE, Mortuary Services Branch will reconfirm and activate planning arrangements for mass fatality management procedures.

viii. CDPHE, in conjunction with CDEM, will place organizations with MOUs on stand-by for distribution of emergency supplies and food to persons affected by CDPHE-recommended community containment measures.

5) Communications and Outreach, WHO Phase 6, HHS Stages 4 and 5

i. CDPHE will continue all response activities, assess preparedness status and identify actions needed to fill gaps for goals listed under previous phases.

ii. CDPHE PIOs will hold regularly schedule media briefings regarding response activities, status of the pandemic, potential interventions and actions the public can take to protect themselves.

iii. CDPHE PIOs will review key messages and emphasize need to comply with public health measures despite their possible limitations.

iv. CDPHE PIOs will reinforce education on how to provide home healthcare to sick family members and where to receive outpatient care for influenza-related symptoms.

v. CDPHE PIOs will inform public about interventions that may be modified or implemented during a pandemic, e.g., prioritization of healthcare services and supplies, travel restrictions, gathering restrictions, shortages of basic commodities, etc.

c. WHO Phase 6, HHS Stage 6

- **HHS Stage 6:** Recovery and preparation for subsequent waves

Overarching Public Health Goals for Phase 6, Stage 6:
Recover and prepare to contain the next wave.

1) Planning and Coordination, WHO Phase 6, HHS Stage 6

CDPHE ECG and Command Staff will:

i. Assess coordination during period of pandemic disease and revise response plans, as needed.
ii. Implement after-action review of pandemic response activities.
iii. Assess resources and authorities that may be needed for subsequent pandemic waves.
iv. Declare end of emergency command and control operations, states of emergency, etc.

v. Support rebuilding of essential services, including rotating rest and recuperation for staff.
vi. Review Basic Plan and Pandemic Influenza Annex and its attachments based on experiences for modification and revisions.
vii. Address psychological impacts on workforce and the public.
viii. Acknowledge contributions of all stakeholders (including the public) and essential staff towards fighting the disease.

2) Surveillance, Investigation, and Protective Public Health Measures, WHO Phase 6, HHS Stage 6

CDPHE, Communicable Disease Program will:

i. Estimate overall pandemic health impacts including mortality and severe morbidity.
ii. Continue enhanced domestic surveillance to detect further pandemic waves.
iii. Evaluate resource needs for subsequent waves if they occur.
iv. Assess the effectiveness of surveillance and control activities used up to this point and decide what measures to employ for subsequent pandemic waves.
v. Report current status to the CDC and HHS, as appropriate.
vi. Adjust case definitions, protocols and algorithms.
vii. Review lessons learned, and share with CDC and HHS.

3) Vaccines and Antiviral Drugs, WHO Phase 6, HHS Stage 6

CDPHE, Immunization Program will:

i. Access vaccine coverage, effectiveness of targeting priority groups, and efficiency of distribution and administration; determine number of persons who remain unprotected.
ii. Review effectiveness of treatments and countermeasures; update guidelines protocols and algorithms.
iii. Evaluate antiviral efficacy, safety and resistance date; review/update guidelines as necessary; assess supply for subsequent waves(s).
iv. Assess vaccine coverage to date in Colorado
v. Determine vaccine efficacy and safety and review/update guidelines as necessary.
vi. Begin vaccination of persons not yet immunized in line with vaccine prioritization plans.

CDPHE, SNS Program, in conjunction with LPHAs, will:

vii. Continue with any vaccination or antiviral distribution, as needed, in line with plans, prioritization and availability.
viii. Conduct after action planning to identify gaps, bottlenecks and areas for improvement.
ix. Revise SNS distribution plans.

4) Healthcare and Emergency Response, WHO Phase 6, HHS Stage 6

i. CDPHE will assess effectiveness of healthcare and "service delivery" during prior pandemic phases and revise plans, as needed.

ii. CDPHE will ensure that overworked staff has opportunities for rest and recuperation.

iii. CDPHE will work with Colorado State Employee Assistance Program to ensure mental health services and counseling is available to CDPHE staff.

iv. CDPHE will restock internal stores of medications and supplies; service and renew essential equipment.

5) Communications and Outreach, WHO Phase 6, HHS Stage 6

CDPHE, Office of Communications will:

i. Announce the end of the current pandemic wave.
ii. Assess effectiveness of communications during prior pandemic phases and revise plans, as needed.
iii. Communicate with healthcare providers, the media, and the public about the likely next pandemic wave.
iv. Publicly address community emotions after the pandemic.
v. Ensure awareness of uncertainties associated with subsequent waves.

G. Administration and Finance

As soon as CDPHE activates response activities, fiscal staff will commence the following according to CDEM and Federal Emergency Management Agency (FEMA):

1) Track CDPHE personnel time and funding sources in Kronos.

2) Track costs of all pandemic-related supplies, material, equipment (purchased or rented), space rented, etc and their funding sources using approved FEMA Forms.

3) Assess need for additional funding of costs associated with pandemic response.

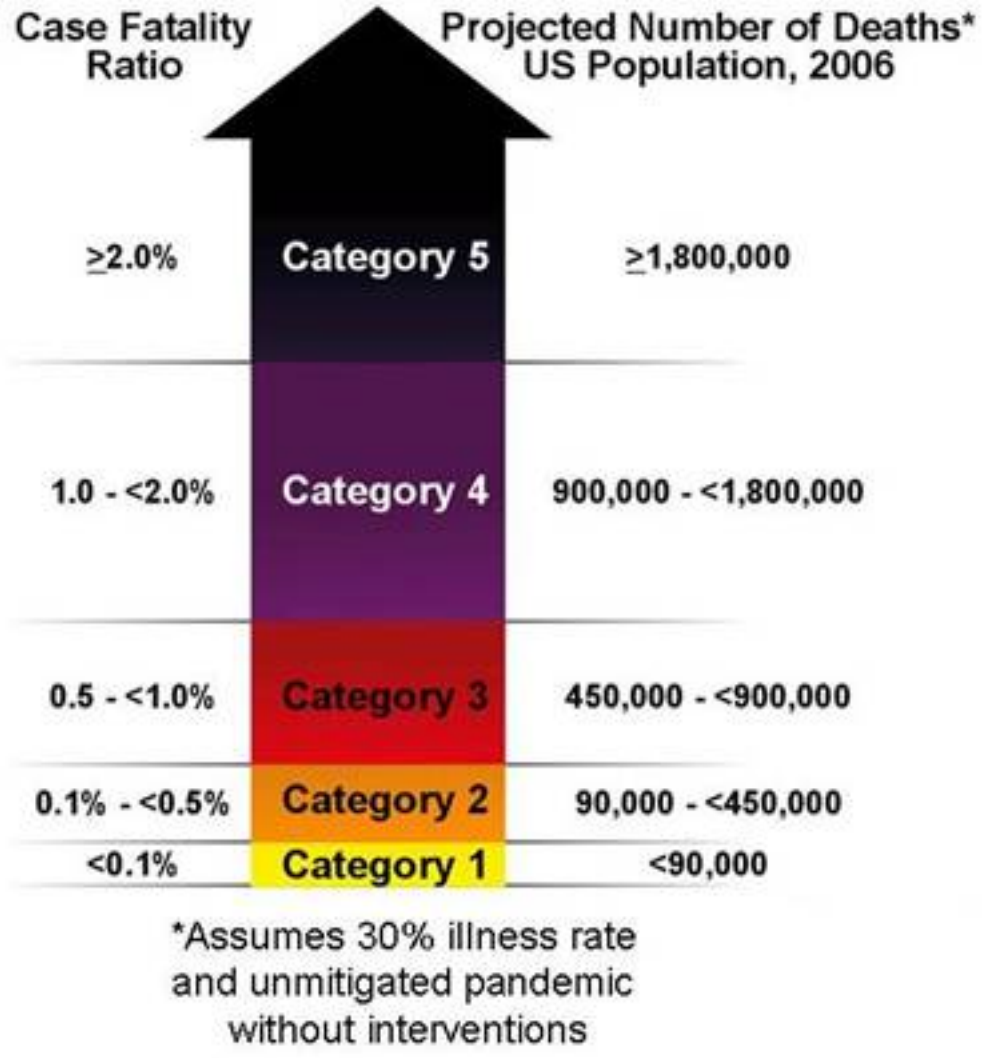
VI. Annex Maintenance

CDPHE's Internal Pandemic Influenza Program Managers group will review this annex and the EPRS Planning Unit will make revisions. The annex will be updated at least annually or after exercises, an emergency or relevant HHS/WHO guidance.

Trainings on this annex are available upon request for any agency or organization. At a minimum, refresher training or an exercise will be conducted for CDPHE staff annually.

Attachment 1: Phases of Pandemic Influenza

WHO Phases		WHO Overarching Goals	HHS Stages	
INTER – PANDEMIC PERIOD				
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.	Strengthen influenza pandemic preparedness at the global, regional, national and subnational levels.	**0**	New domestic animal outbreak in this country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease	Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.		
PANDEMIC ALERT PERIOD				
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Ensure rapid characterization of the new virus subtype and early detection, notification and response in additional cases.	**0**	New domestic animal outbreak in this country
			1	Suspected human outbreak overseas
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.	**2**	Confirmed human outbreak overseas
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.		
PANDEMIC PERIOD				
6	Pandemic Phase: increased and sustained transmission in general population.	Minimize the impact of the pandemic.	**3**	Widespread human outbreaks in multiple locations overseas.
			4	First human case in North America
			5	Spread throughout United States
			6	Recovery and preparation for subsequent waves



This guidance introduces, for the first time, a Pandemic Severity Index, which uses case fatality ratio as the critical driver for categorizing the severity of a pandemic (See above figure). The index is designed to enable estimation of the severity of a pandemic on a population level to allow better forecasting of the impact of a pandemic and to enable recommendations to be made on the use of mitigation interventions that are matched to the severity of future influenza pandemics. [1]

[1] Community Strategy for Pandemic Influenza Mitigation
http://www.pandemicflu.gov/plan/community/commitigation.html

Attachment 2

Public Health Powers

I. Investigation:

A. State and local departments have statutory authority to "investigate and control the causes of epidemic and communicable disease affecting the public health. C.R.S. 25-1.5-102(1)(a) and 25-1-506(1)(b).

II. Reporting:

A. The State Board of Health has authority to require reports of dangerous diseases to public health officials.

B. Public Health can access medical records relating to such diseases.

C. See C.R.S. 25-1.5-102(1)(a)(II) and 25-1-122

III. Information Sharing:

A. Generally, reports and records resulting from an investigation of disease are confidential and not subject to release. C.R.S. 25-1-122(4)

B. However, the statute allows release to law enforcement "to the extent necessary for any investigation or prosecution related to bioterrorism."

C. The statute also conditions the release by requiring that "reasonable efforts shall be made to limit disclosure of personal identifying information to the minimal amount necessary to accomplish the law enforcement purpose."

IV. Federal Privacy Law:

A. The Health Insurance Portability and Accountability Act of 1996 (HIPPA) prohibits disclosure of individually identifiable health information.

B. HIPPA permits disclosures to public health authorities. 45 CRF 164.512(b)

C. HIPPA also permits disclosures required by state law. 45 CFR 164.512(a)

D. Once the medical information is reported to public health, HIPPA no longer applies to further disclosure.

E. Information sharing with law enforcement under C.R.S. 25-1-122(4)(e) does not violate HIPPA.

V. Isolation and Quarantine:

A. CDPHE has statutory authority to "establish, maintain and enforce isolation and quarantine… and to exercise such physical control over property and the persons of the people within this state…" C.R.S. 25-1.5-102(1)(c)

B. Local Health departments have the same authority. C.R.S. 25-1-506(c).

VI. Quarantine Enforcement Sequence:

A. Verbal order requesting voluntary compliance

B. Written administrative order given to specific individuals to stay in a specific place for a period of time.

C. If a person does not comply with written order, then health officials may seek a court order requiring compliance. C.R.S. 25-1-112 and 512

D. Disobeying a health department order is also a misdemeanor criminal offense. C.R.S. 25-1-114(4) and 514(4)

Attachment 3

Governor's Expert Emergency Epidemic Response Committee Draft Executive Orders

In 2000, the Governor's Expert Emergency Epidemic Response Committee (GEEERC) was statutorily created in 2000 to develop a public health response to "acts of bioterrorism, pandemic influenza and epidemics caused by novel and highly fatal infectious agents." See. C.R.S. § 24-32-2104(8).

This 22-member committee was established to serve in an advisory capacity to the Governor in the event of an emergency epidemic caused by bioterrorism, pandemic influenza or novel and highly fatal infectious agents or biological toxins. The Committee's priorities include: protecting human life (highest priority); controlling the further spread of disease; meeting the immediate emergency needs of people, specifically medical services, shelter, food, water and sanitation; restoring and continuing operations of facilities and services essential to the health, safety and welfare of people and the environment; preserving evidence for law enforcement investigations and prosecutions. The following executive orders have been drafted for the Governor to use in a public health emergency. These orders are not in effect now; they would have to be signed by the Governor at the time of the emergency.

The Governor has the broad powers to meet an emergency. See C.R.S. § 24-32-2104(7). In any disaster, the Governor may "Suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders, rules, or regulations of any state agency, if strict compliance with provisions of any statute, order, rule, or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency." C.R.S. § 24-32-2104(7)(a)

Executive Order 0.0 - Declaration of a State of Disaster Emergency due to Criminal Acts of Biological Terrorism.
This order activates the Colorado Emergency Operations Plan.

Executive Order 1.0 - Ordering Hospitals to Transfer or Cease the Admission of Patients to Respond to the Current Disaster Emergency
Authorizes the CDPHE to order hospital emergency departments to cease admissions and transfer patients to a hospital or facility as directed by CDPHE. CDPHE would control the determination of when a hospital has reached capacity and when the hospital may resume admission.

Executive Order 1.1 - Ordering Hospitals to Transfer or Cease the Admission of Patients to Respond to the Current Disaster Emergency
Directly authorizes hospitals to cease admissions and transfer patients. Provides that hospital emergency departments may determine on their own, without central direction from CDPHE,

whether they have reached capacity to examine and treat patients. Authorizes hospital emergency departments to resume admissions when they have determined that they have the capacity.

Executive Order 2.0 - Concerning the Procurement and Taking of Certain Medicines and Vaccines Required to Respond to the Current Disaster Emergency
Authorizes the seizure of named drugs from "outlets" (as defined in the pharmacy statutes.) Embargoes the supply of the named drugs in the possession of the outlets except for those supplies that CDPHE regulation requires certain facilities and organizations to keep for chemoprophylaxis of their employees.

Executive Order 3.0 - Concerning the Suspension of Certain Statutes and Regulations to Provide for the Rapid Distribution of Medication in Response to the Current Disaster Emergency
Implements Colorado's Strategic National Stockpile Plan. Provides for the rapid distribution of medication by suspending the pharmacy statutes and regulations pertaining to the compounding, dispensing and delivery of any drug. Suspends the "single patient- single prescription" requirement and authorizes the Executive Director or Chief Medical Officer of the CDPHE or the director of a local department of health to direct listed health care providers to compound, dispense or deliver prescription drugs.

Executive Order 3.1 – Concerning the Rapid Distribution of Influenza Vaccine in response to the Current Disaster Emergency
Authorizes volunteers to administer vaccines. Authorizes rapid distribution of vaccines to specified groups. Requires data collection and reporting of the vaccinations. May implement Colorado's Strategic National Stockpile Plan for mass dispensing.

Executive Order 3.2 – Concerning the Rapid Distribution of Antiviral Medication in Response to the Current Influenza Pandemic Disaster Emergency
Authorizes volunteers to administer vaccines. Authorizes rapid distribution of antiviral medication to specified groups. Requires data collection and reporting of the vaccinations. May implement Colorado's Strategic National Stockpile Plan for mass dispensing.

Executive Order 4.0 - Concerning the Suspension of the Physician and Nurse Licensure Statues to Response to the Current Disaster Emergency
Authorizes physicians and nurses who hold a license issued by another state to practice under the supervision of a Colorado licensed physician or nurse to meet the current emergency epidemic.

Executive Order 5.0 - Concerning the suspension of Certain Licensure Statutes to Enable More Colorado Licensed Physician Assistants and Emergency Medical Technicians to Assist in Responding to the Current Disaster Emergency
Authorizes Colorado licensed physician assistants and EMT's to practice outside of their normal supervision but under the supervision of another physician to meet the emergency epidemic.

Executive Order 6.0 - Concerning the Isolation and Quarantining of Individuals and Property in Response to the Current Disaster Emergency Epidemic
Authorizes CDPHE to establish, maintain, and enforce isolation of all individuals infected with the disease or to quarantine all individuals exposed to the disease.

Executive Order 7.0 - Ordering Facilities to Transfer or Receive Patients with Mental Illness and Suspending Certain Statutory Provisions to Respond to the Current Disaster Emergency
Authorizes the transfer of mental patients to different facilities when necessary to combat the current epidemic and promote the public health.

Executive Order 8.0 - Concerning the Suspension of Certain Statutes Pertaining to Presumptions of Death and Burial Practices in Response to the Current Disaster Emergency
Authorizes suspension of statutes to allow for the rapid burial of epidemic victims without following normal funeral procedures, religious practices or death certificates in all cases.

Executive Order 9.0 – Concerning the Cancellation of Public Events and the Closure of Public Buildings in Response to the Current Public Health Emergency
Orders cancellation of public events and closure of certain public buildings and schools.

Attachment 4

Interagency Influenza Coordinating Committee

The Colorado Department of Public Health and Environment (CDPHE) Emergency Preparedness and Response Section, the Colorado Division of Emergency Management (CDEM), and the Colorado Department of Agriculture (CDA) established Colorado's Interagency Influenza Coordinating Committee (IICC) in October 2005 with the goal of interagency planning and emergency preparedness for avian and pandemic influenza in Colorado. In November 2005, representatives from all partner agencies responsible for state Emergency Support Functions under the National Response Plan were recruited and asked to commit staff and resources to pandemic influenza preparedness planning. The IICC has continued to meet regularly for pandemic influenza planning with CDPHE remaining the lead agency. Membership has expanded to include:

- American Red Cross Mile High Chapter
- Arapahoe County Coroner's Office
- Brookfield Properties LLC (business community liaison)
- City of Englewood, Department of Safety Services
- Colorado Community Health Network
- Colorado Council of Churches
- Colorado Department of Agriculture
- Colorado Department of Corrections
- Colorado Department of Education
- Colorado Department of Emergency Management
- Colorado Department of Human Services
- Colorado Department of Local Affairs
- Colorado Department of Mental Health
- Colorado Department of Military and Veteran's Affairs
- Colorado Department of Personnel & Administration
- Colorado Department of Public Safety
- Colorado Department of Regulatory Agencies
- Colorado Department of Transportation
- Colorado Division of Wildlife
- Colorado Division of Youth Corrections
- Colorado National Guard
- Colorado State Animal Response Team
- Colorado State Patrol
- Colorado State University
- Colorado State Veterinary Diagnostic Laboratory
- Colorado Veterinary Medical Foundation
- Denver County Coroners Office

- Mile-High Regional Emergency Medical and Trauma Advisory Council
- National Environmental Health Association
- North Metro Fire and Rescue
- ReadyColorado
- Rocky Mountain Poison and Drug Center
- U.S. Department of Homeland Security
- Xanterra Parks & Resorts

Nine main subcommittees have been formed with members of the IICC and other external partners. The subcommittees include: Social Distancing Support, Business Outreach, Human Resources and Employee support, Exercises, Personal Protective Equipment Training, Community Outreach and Public information, Communications, Education and Animal Health.

Attachment 5a

Vaccine Prioritization and Rationale

The initial response to an influenza pandemic will likely include medical care, community containment, personal protective measures, and targeted use of antiviral drugs. When an effective vaccine is finally available, the amount available will be a major factor in determining what type of vaccine distribution plan is most appropriate. Appendix D of the U.S. Department of Health and Human Services Pandemic Influenza Plan, details a vaccine prioritization plan with the primary goal of decreasing health impacts, including severe morbidity and death, and a secondary goals including minimizing societal and economic impacts. This list is included as Version A below.

The Colorado Department of Public Health and Environment (CDPHE), with concurrence from the Governor's Expert Emergency Epidemic Response Committee (GEEERC) and under consultation of two bio-ethicists, has developed an alternative list based on the risk of exposure to the novel influenza virus that responders will be required to assume. The following goals were considered in development of the list that is included as Version B below.

Fundamental Healthcare and Community Goals:

1. Maintaining the ability to provide quality healthcare, implement pandemic response activities and maintain vital community services
2. Protecting persons at highest risk for influenza mortality
3. Decreasing transmission to those at highest risk for influenza mortality
4. Maintaining other important community services.

CDPHE made the assumption that early in the pandemic phase the supplies of vaccines specific to the novel influenza virus may very limited or not available. Our premise is that nearly everyone could stay at home or away from potentially infected people. The people who could not stay away from infected people would be those people providing direct care to influenza patients, those responding to the emergency and those maintaining civil order. Since these people are risking their own health to take care of others, we propose that they should be the first ones to receive the vaccines when they become available. Thus, our first tier of priority for receiving vaccines is risk-based. The second tier would revert back to the HHS prioritization method (Version A) of reducing morbidity and mortality overall as additional vaccine becomes available.

The use of vaccines during a pandemic is difficult to predict as it is uncertain if effective vaccine will be available, and in what quantities. CDPHE, along with other subject matter experts and the GEEERC, will reassess the situation at the time the pandemic phase occurs. The epidemiology of the novel influenza virus will be evaluated, as will the available supply of vaccine targeting the novel virus. Based on these factors and the following fundamental healthcare and community goals, it is very possible that an entirely new priority list may be developed at that time.

Draft Version A

NVAC/ACIP Recommendations for Prioritization of Pandemic Influenza Vaccine, U.S. Department of Health and Human Services

This proposed vaccine distribution priority list was adopted from the U.S. Department of Health and Human Services Pandemic Influenza Plan, Appendix D and was developed by two federal advisory committees – the Advisory Committee on Immunization Practices and the National Vaccine Advisory Committee both of which are comprised of health and public health experts.

1. Vaccine and antiviral manufacturers and others essential to manufacturing and critical support
2. Medical workers and public health workers who are involved in direct patient contact, other support services essential for direct patient care, and vaccinators
3. Persons >=65 with 1 or more influenza high-risk conditions, not including essential hypertension
4. Persons 6 months to 64 years with 2 or more influenza high-risk conditions, not including essential hypertension
5. Persons 6 months or older with history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year
6. Pregnant women
7. Household contacts of severely immuno-compromised persons who would not be vaccinated
8. Household contacts of children <6 months old
9. Public health emergency response workers critical to pandemic response
10. Key government leaders
11. Healthy 65 years and older
12. 6 months to 64 years with 1 high risk condition
13. 6-23 months old, healthy
14. Other public health emergency responders

15. Public safety workers including police, fire, 911 dispatchers, and correctional facility staff

16. Utility workers essential for maintenance of power, water, and sewage system functioning

17. Transportation workers transporting fuel, water, food, and medical supplies as well as public ground transportation

18. Telecommunications/IT for essential network operations and maintenance

19. Other key government health decision-makers

20. Funeral directors/embalmers

21. Healthy persons 2-64 years not included in above categories

Draft Version B

Risk-based Recommendations for Prioritization of Pandemic Influenza Vaccine
Colorado Department of Public Health and Environment/ Governor's Expert Emergency Epidemic Response Committee

This proposed vaccine prioritization list was adapted from the list developed by the U.S. Department of Health and Human Services - Pandemic Influenza Plan, Appendix D. The proposed list focuses on a risk-based approach and then reducing morbidity and mortality overall.

Tier 1: Those who must have unavoidable face-to-face contact with persons infected or potentially infected with a novel or highly infectious influenza virus due to responding to the current disaster emergency.

Level 1

a. Medical workers, public health workers, and other personnel that are providing direct patient care (i.e., hospital isolation support, mass vaccination clinic personnel, etc.)

b. Other emergency response workers critical to pandemic response (i.e., Emergency Operations Center personnel, Strategic National Stockpile warehouse personnel, etc)

Level 2

a. Public safety workers including police, fire, 911 dispatchers, correctional facility security and medical staff and designated military personnel that are essential to maintaining civil order

Tier 2: Those who can avoid face-to-face contact with persons infected with a novel or highly infectious influenza virus and/or are not part of the current disaster emergency response.

Level 1

a. Persons >=65 with 1 or more influenza high-risk conditions, not including essential hypertension

b. Persons 6 months to 64 years with 2 or more influenza high-risk conditions, not including essential hypertension

c. Persons 6 months or older with history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year

d. Pregnant women

e. Household contacts of severely immunocompromised persons who would not be vaccinated

f. Household contacts of children <6 months old

Level 2

a. Other government leaders

b. Utility workers essential for maintenance of power, water, and sewage system functioning

c. Transportation workers transporting fuel, water, food, and medical supplies as well as public ground transportation

d. Telecommunications/IT for essential network operations and maintenance

e. Other government health decision-makers not part of the pandemic response

f. Other public safety workers not part of the pandemic response

g. Funeral directors/embalmers (Based on current epidemiologic info at the time.)

Level 3

a. Healthy 65 years and older

b. 6 months to 64 years with 1 high-risk condition

c. 6-23 months old, healthy

d. Healthy persons 2-64 years not included in above categories

Note: Vaccine and antiviral manufacturers are not included on this list because there are none in Colorado.

Attachment 5b

Antiviral Prioritization

Note: This proposed antiviral distribution priority list is a draft list, adopted from the U.S. Department of Health and Human Services Pandemic Influenza Plan, Appendix D. A federal advisory committee - the National Vaccine Advisory Committee, comprised of health and public health experts, created this draft prioritization list. The proposed list is currently under review in Colorado by the Governor's Expert Emergency Epidemic Response Committee. This is a draft prioritization list.

Proposed priority list for use of antivirals during a pandemic:

Definitions:

Treatment (in healthcare): Refers to a medication taken or procedure performed, after an individual actually has a specific condition, with the potential to reduce the intensity or cure the specific condition.

Prophylaxis: Refers to a medication taken or procedure performed with the intent to prevent a specific condition.

"Post-exposure" Prophylaxis: Refers to taking a medication or performing a procedure after exposure to an infectious agent, but before becoming sick with the infection.

Proposed Prioritization List

1. Treatment of patients admitted to hospital
2. Treatment of healthcare workers (HCWs) with direct patient contact and emergency medical service providers
3. Treatment of highest risk outpatients—immunocompromised persons and pregnant women
4. Treatment of pandemic health responders (public health, vaccinators, vaccine and antiviral manufacturers), public safety (police, fire, corrections), and government decision-makers
5. Treatment of increased risk outpatients—young children 12-23 months old, persons>= 65 years old, and persons with underlying medical conditions

6. Post-exposure prophylaxis of outbreak response in nursing homes –and other residential settings

7. Prophylaxis of HCWs in emergency departments, intensive care units, dialysis centers, and emergency medical service providers

8. Treatment of pandemic societal responders (e.g., critical infrastructure groups as defined in the vaccine priorities) and HCWs without direct patient contact

9. Treatment of other outpatients

10. Prophylaxis of highest risk outpatients

11. Prophylaxis of other HCWs with direct patient contact

Attachment 6a

Influenza Surveillance: Pandemic Alert and Pandemic Phases

This attachment describes the Colorado Department of Public Health and Environment's (CDPHE) plans for surveillance during the pandemic alert and pandemic phases as defined by the World Health Organization (WHO) classification system.

Surveillance will be enhanced as the likelihood of an influenza pandemic becomes more imminent. In the early phases, surveillance will be expected to be sufficiently sensitive to detect the initial travel-related cases of a novel pandemic strain arriving in Colorado. Once the pandemic has arrived, surveillance and laboratory resources will need to focus on the data most essential to public health decision-making.

Objectives: Overall objectives of CDPHE pandemic influenza surveillance:

Pandemic Alert Phases:

- To detect the first travel-related cases of a novel influenza viral strain with pandemic potential in Colorado

Pandemic Phase:

- Once the pandemic arrives in Colorado, to inform the public health response by tracking the progression of the influenza pandemic in the state
- To characterize morbidity and mortality in Colorado and to identify population groups at increased risk for more severe disease, complications or death
- To monitor for emergence of the second pandemic wave and/or shifts in the pandemic strain

Roles and Responsibilities: Prior to a pandemic, the CDPHE Communicable Disease Program has primary responsibility for influenza surveillance and outbreak response. Once a pandemic arrives in the United States, the Surveillance and Epidemiology Branch (S&E) within the Operations Section of CDPHE's Incident Command System (ICS) would be activated to provide the necessary surge response to conduct all surveillance and epidemiologic activities.

Challenges: Laboratory testing is not conducted on most patients with influenza-like illness (ILI) even during inter-pandemic periods. Therefore, laboratory-based surveillance criteria for influenza will not provide complete information on all influenza cases, hospitalizations and deaths. On the other hand, surveillance data based on clinical criteria alone will likely over-estimate the burden of illness due to influenza. State laboratory capacity may be limited due to insufficient supplies (e.g., PCR primers, probes and reagents), therefore, the surveillance strategies outlined below, especially during the pandemic phase, can not rely upon laboratory confirmation of all or even most cases of influenza.

PANDEMIC ALERT PERIOD

A. Enhanced Passive Surveillance for Novel Strains of Influenza among Travelers to Areas Currently Affected by Avian and/or Human Outbreaks

Once a novel influenza virus is detected anywhere in the world (e.g., H5N1), enhanced surveillance to ensure rapid recognition of the first travel-related cases will be implemented. All guidelines and surveillance criteria will be considered interim as CDPHE recommendations will need to be adjusted according to the epidemiology of illness caused by the novel viral strain overseas. Updated health alerts and clinical guidelines will be distributed to public health and healthcare partners as deemed necessary by CDPHE.

Enhanced Passive Surveillance Methods

1) Healthcare providers will be informed about the novel virus overseas and the need to screen patients presenting with fever and (severe) respiratory symptoms for travel history to the affected area(s) or other risk factors, and to report all suspect cases meeting surveillance criteria to CDPHE or local health departments.

2) The following information will be included in any Health Alert to healthcare providers regarding the need to remain alert for travel-related cases, and how to detect and manage any patients suspected to be infected with a novel influenza virus:
   - Clinical signs/symptoms of cases
   - Epidemiology of novel virus (strain type, risk factors, and where to access up-to-date information on currently affected countries)
   - Guidance regarding importance of obtaining travel histories from patients presenting with fever and respiratory symptoms
   - Criteria for reporting suspect cases
   - Guidelines for the initial management of suspect cases presenting to a healthcare setting, including specimen collection and infection control measures

3) Outreach methods will include Health Alerts sent via the Colorado Health Alert Network (COHAN), as well as maintaining updated guidelines on COHAN secure web portal and the CDPHE website. Health Alerts will be sent via email to local public health agencies, hospital infection control practitioners, infectious disease physicians, and clinical laboratories statewide. The same information will also be faxed to emergency departments and local public health agencies. Local public health agencies will further disseminate these alerts to individual healthcare providers in their jurisdictions.

4) Autopsies will be requested for fatal cases of influenza or unexplained pneumonia or severe respiratory diseases occurring among travelers to affected areas overseas. Tissues will be sent to the Centers for Disease Control and Prevention (CDC) for laboratory testing, including PCR, viral culture, and immunohistochemical staining.

Management of Suspect Cases and Contacts

1) Cases that are more highly suspect (i.e., more severe illness and contact with known H5N1 case or infected poultry overseas) will be hospitalized for clinical evaluation and management, including specimen collection for testing at the State laboratory for influenza due to a novel strain. The patient will be isolated and appropriate infection control precautions implemented during evaluation and/or treatment.

2) CDPHE and the local public health agency, in consultation with CDC, will decide how to manage the suspect case's close contacts taking into consideration the following factors:
   - Likelihood that the suspected case is due to a novel influenza strain
   - Likelihood that the causative virus is transmitted from person to person with moderate or high efficiency
   - Feasibility of tracing and monitoring close contacts

3) Management of contacts might include passive or active monitoring without activity restrictions, quarantine at home or designated facility, and/or antiviral prophylaxis.

4) Cases that are less suspect may be managed through home isolation pending results of laboratory testing to rule out infection with a novel strain of influenza.

5) Any suspected or confirmed case due to a novel influenza strain will be immediately reported to CDC.

B. Surveillance for ILI Due to a Novel Strain Among Arriving Airline Passengers

Influenza due to a potentially pandemic strain was added to the CDC's list of quarantinable diseases in April 2005. CDPHE will coordinate with Denver Public Health, Denver International Airport (DIA) Operations, and the CDC Seattle Quarantine Station (there is no quarantine station at DIA) in the event that a passenger arriving directly or indirectly from an area affected by the pandemic alert presents with ILI or fever/respiratory illness. This response and the notifications are part of a generic plan drafted by Denver Public Health (*Guidelines for Responding to Airline Travelers with Suspected Communicable Diseases*).

1) Passengers with ILI may be detected prior to arrival through notification by the pilot on the arriving carrier, or recognized when passing through Customs or Immigration. The airline pilot, the airlines, other airport officials, or the CDC Quarantine Station may notify DIA Operations in the event that a suspect case of influenza due to a novel strain is identified.

2) Denver Public Health paramedics, who work regularly onsite at DIA, will evaluate the suspect case and communicate with Denver Health Medical Center, which supervises the paramedics, and Denver Public Health to determine if the suspicion of influenza due to a novel strain is appropriate, and the next steps. Denver Public Health will notify CDPHE of the suspect case and further discuss the public health response. CDPHE will notify the CDC Seattle Quarantine Station.

3) For situations in which influenza due to a novel strain is suspected, the patient will be transported to Denver Health Medical Center (DHMC) for clinical evaluation, including specimen collection for testing at the State laboratory for influenza due to a novel strain. The patient will be isolated and appropriate infection control precautions implemented during evaluation and/or treatment at DHMC.

4) CDPHE and Denver Public Health, in consultation with CDC, will decide how to manage the suspect case's travel contacts taking into consideration the following factors:
   - Likelihood that the suspected case is due to a novel influenza strain
   - Likelihood that the causative virus is transmitted from person to person with moderate or high efficiency
   - Feasibility of tracing and monitoring travel and other close contacts

5) Management of contacts might include passive or active monitoring without activity restrictions, quarantine at home or designated facility, and/or antiviral prophylaxis.

C. WHO Phase 5/Early Phase 6

If the situation overseas progresses to confirmed human outbreak(s) consistent with the transition from WHO Phases 3/4 to Phases 5 (larger localized outbreaks overseas)/early 6 (increased and sustained transmission overseas but not in North America), the following further surveillance enhancements will be implemented:

1) Outreach efforts (i.e., Health Alert Network messages and other electronic communication) will be increased in frequency and comprehensiveness to ensure that Colorado providers and healthcare facilities are actively screening all patients with fever and respiratory illness for risk factors associated with the pandemic strain.

2) Testing of suspect cases for the pandemic strain will be enhanced to the extent possible based on availability of PCR testing at the CDPHE Laboratory Services Division and regional public health laboratories, and the availability of a rapid diagnostic test (i.e., rapid flu test) with acceptable performance characteristics for the pandemic strain.

3) Based on guidance from CDC, efforts will be enhanced to identify incoming ill passengers at DIA and to notify incoming passengers from affected countries (direct and indirect) through health alert notices of what to do if symptoms of the pandemic illness develop.

PANDEMIC PERIOD

Once the pandemic reaches the United States and/or Colorado, the S&E Branch will be activated within the ICS to conduct pandemic surveillance and provide surge capacity for the expected prolonged response that will be required during the first and subsequent phases of the pandemic. The surveillance priorities will be to monitor influenza-related hospitalizations and deaths, as

well as to characterize the epidemiologic features of the outbreak. During the pandemic response, CDPHE will need to assimilate large amounts of data, and the surveillance systems utilized will need to be flexible and adaptable.

Surveillance systems in place prior to the pandemic (e.g., sentinel provider reporting of ILI) may be discontinued or modified to address specific aspects of the pandemic. It may be difficult if not impossible for individual sentinel providers to report timely and accurate information on a daily or weekly basis if their clinical practices are very busy or possibly overwhelmed. Sentinel provider reporting that relies upon electronic transmission of existing data from computerized medical records (e.g., Kaiser Permanente) may be more realistic to maintain during the pandemic period.

The capacity for laboratory confirmation may also be limited depending on the availability and performance characteristics (i.e., sensitivity and specificity) of rapid diagnostics for the pandemic strain. In the setting of limited laboratory capacity, testing will need to be prioritized. The specific prioritization scheme will be decided at the time of the pandemic, based on recommendations from CDC and availability of laboratory reagents and/or additional surge capacity at the State Laboratory and regional public health laboratories

A. Surveillance for Pandemic Influenza Hospitalizations

1) At the very start of the pandemic, the S&E Branch along with local public health agencies will attempt to do case-based surveillance for all hospitalized cases of influenza through reporting of individual cases into the Colorado Electronic Disease Reporting System.

2) Although limited contact tracing and monitoring may be conducted for the initial few cases/clusters at the start of the pandemic in Colorado, once there is evidence of ongoing person to person transmission in the state, this will not be an effective way to control the outbreak or use public health staff resources. Therefore, contact investigations and monitoring will not be done beyond the very beginning of the pandemic phase.

3) As the pandemic progresses, the number of hospitalized cases reported daily might quickly overwhelm both hospital and public health surveillance resources. As outlined in Attachment 6b (*Surveillance for Pandemic Influenza Hospitalizations and Hospital Deaths*), reporting of individual cases of influenza-associated hospitalization will shift to reporting of aggregate numbers of influenza-associated hospitalizations. Local and state public health staff will perform onsite hospital surveillance and reporting as needed, especially at large and medium size hospitals.

4) Due to the expected limited laboratory testing capability for the pandemic strain during the pandemic phase, it is assumed that most pandemic-related hospitalizations will not be lab-confirmed. Hospitalized case ascertainment, therefore, will need to be based primarily on syndromic criteria (i.e., admitting diagnosis) rather than lab criteria.

5) Prior to any mobilization of public health staff for onsite hospital surveillance activities, a "just in time" training will be provided to ensure that staff are trained in surveillance and reporting methods and appropriate infection control precautions.

B. Surveillance for Pandemic Influenza Deaths

1) Deaths in Hospital: Surveillance and reporting of pandemic influenza deaths that occur in hospital will be conducted by the same methods as for hospitalizations outlined in section "A" above - see Appendix 6b (*Surveillance for Pandemic Influenza Hospitalizations and Hospital Deaths*).

2) Deaths out of Hospital: Planning in progress for reporting by Funeral Home Directors or Coroners, possibly web-based

3) Vital Certificates/Death Certificates: Not likely to be real-time enough

C. Surveillance Reports

1) The S&E Branch will prepare regular summary reports that will include, but will not be limited to, the following information:

- Numbers of new and cumulative influenza-related hospitalizations
  - By age group
  - By county/region of hospital
- Rates of cumulative influenza-related hospitalizations
  - By age group
  - By county/region of hospital
- Numbers of new and cumulative influenza deaths
  - By age group
  - By county/region
- Rates of cumulative influenza deaths
  - By age group
  - By county/region
- Case fatality rates (estimated) among hospitalized cases
  - By age group
  - By county/region of hospital

2) New and cumulative numbers of hospitalizations and deaths will be updated daily, whereas, tabulations by age group and county/region and rates may be reported less frequently (e.g., twice weekly). Updated tabulations will be posted on the CDPHE web site.

Attachment 6b

Surveillance for Pandemic Influenza Hospitalizations and Hospital Deaths

Purpose

Surveillance for influenza-associated hospitalizations and deaths during an influenza pandemic will be essential to help monitor the pandemic's impact on morbidity and mortality, including the identification of populations most severely affected.

Background

- During the 2003-04 "moderately severe" ("Fujian strain") influenza season in Colorado, approximately 13,000 positive tests for influenza were reported by hospitals; these numbers overwhelmed some parts of the disease-reporting network.
- The 2004-05 "mild" influenza season in Colorado was the first season for which influenza-associated hospitalization (rather than all positive tests) was a reportable condition. Approximately 1,000 hospitalizations were reported (peak of 140 per week and $\geq$ 100 per week x 4 weeks); the reporting system was very capable of handling this reporting volume.
- Based on federal projections (HHS Pandemic Influenza Plan, November 2005; Part 1, Strategic Plan, p.18), a "moderate" influenza pandemic similar to 1957-58 and 1968-69 could result in 13,000 hospitalizations in Colorado; whereas, a severe pandemic similar to 1918 could result in 153,000 hospitalizations in Colorado.

Assumptions

- The disease-reporting system (hospitals and public health agencies), based on individual case reporting to Colorado Electronic Disease Reporting System (CEDRS), could adequately handle a volume of hospitalized influenza cases up to 300-400 per week; therefore, current case reporting methods would be adequate during the "early" stage of a pandemic.
- Individual case-based reporting of hospitalized influenza cases would not be feasible during the "full-blown" stage of a pandemic; therefore, alternatives to individual case reporting are needed for this phase based on "aggregate" reporting and the minimum "necessary" information.
- The Colorado Department of Public Health and Environment (CDPHE) and organized local health departments have staff that could be assigned to large and medium size hospitals to perform surveillance and reporting of influenza cases and deaths during the most active phase of a pandemic.
- Due to the expected limited laboratory testing capability for the pandemic strain during the pandemic phase, it is assumed that most pandemic-related hospitalizations will not be lab-confirmed. Hospitalized case ascertainment, therefore, will need to be based primarily on syndromic criteria (i.e., admitting diagnosis) rather than lab criteria.
- Hospital admissions offices can provide daily lists of admitting complaints/admitting diagnoses during a pandemic.

"Early Phase" Surveillance Methods

- Hospitals should report individual cases of influenza-associated hospitalization similar to regular flu season reporting, by CEDRS (preferred), or by fax or phone the state or local health dept.
- CEDRS will be modified as needed to add additional data fields.
- Hospitals should determine methods for identifying deaths among persons admitted for influenza-associated illness and update CEDRS reports or hard-copy reports accordingly.
- Hospitals should determine methods for obtaining and using "admissions" data (e.g., admissions for "influenza" or "pneumonia") to assist with identifying influenza-associated hospitalizations.
- Based on the availability and performance characteristics of testing resources (rapid and confirmatory) to identify illness associated with the pandemic strain, the State Health Department will provide guidance on whether to report only test-positive cases or all suspect cases (based on admitting complaints/diagnosis).

Transition from Early Phase to "Full-Blown" Phase Reporting

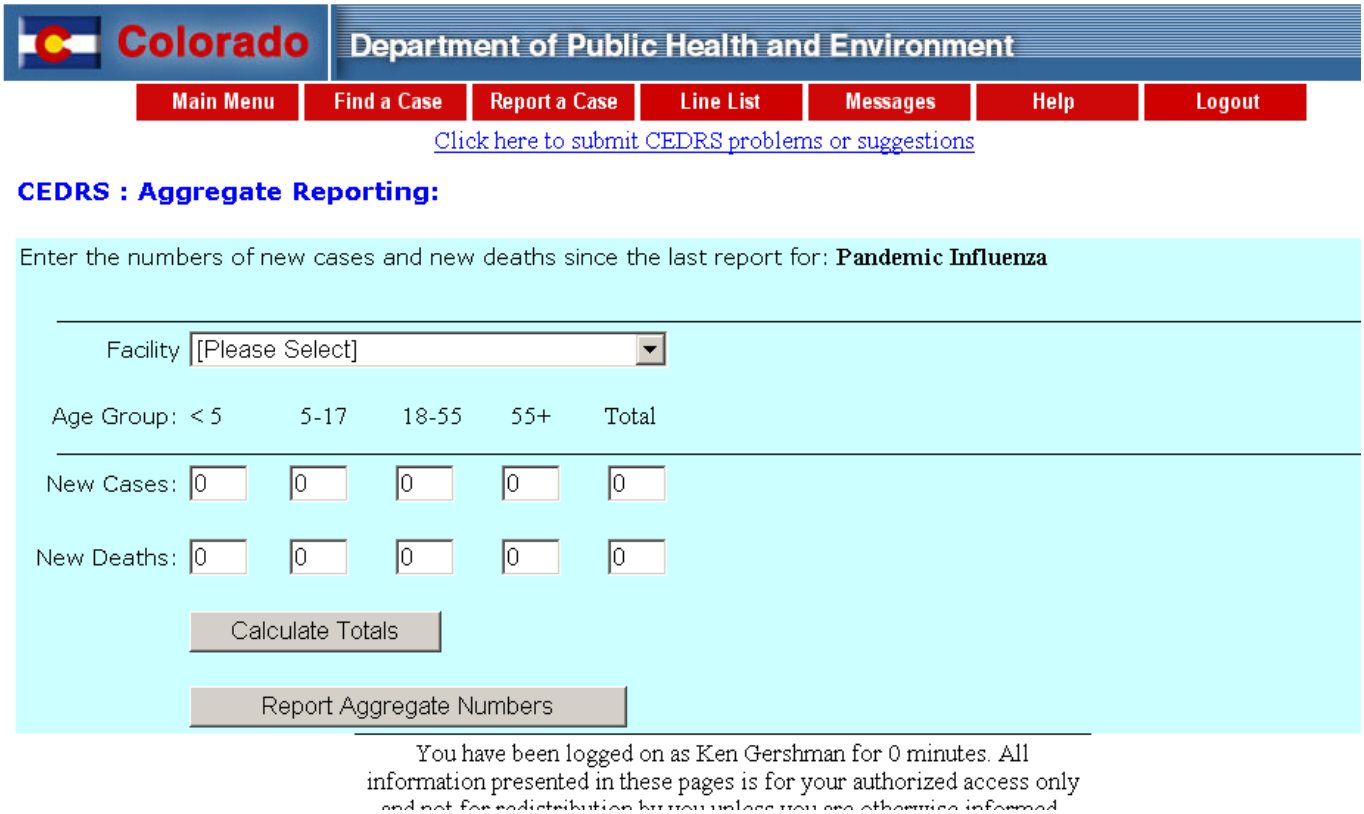
- CDPHE will monitor the frequency and rate of increase in early phase pandemic influenza hospitalization reports, as well as survey hospitals as to their ability to keep up with early phase reporting.
- Based on these parameters, and in conjunction with local public health agencies, the state health dept. will determine when it is necessary and appropriate to switch to "aggregate" reporting.
- This decision will be announced via Health Alert Network (HAN) communication.

"Full-Blown Phase" Surveillance Methods

- Hospitals should report aggregate numbers of influenza-associated hospitalizations based primarily on admitting diagnosis, stratified by specified demographic characteristics (e.g. age group)
- Hospitals should report numbers of deaths among persons admitted for influenza-associated hospitalization.
- An "aggregate data-reporting screen" will be available in CEDRS (see next page) to accommodate aggregate reporting of hospitalization and mortality data; reports may be entered directly into CEDRS or faxed to the state or local health department.
- Large and medium size hospitals should request as needed a state or local health department person to perform the surveillance and reporting function when this can no longer be adequately be performed by hospital staff.
- Large and medium size hospitals should report hospitalizations and deaths on a daily basis.
- Small hospitals should report hospitalizations and deaths on a daily basis to the extent possible; however, less frequent reporting (e.g., weekly or twice weekly) may be necessary and acceptable.

- Regional Epidemiologists should develop a plan in conjunction with each small hospital for surveillance and reporting; Regional Epidemiologists should assist small hospitals with surveillance and reporting to the extent necessary and possible.
- Hospitals should determine methods for obtaining and using "admissions" data (e.g., admissions for "influenza" or "pneumonia") to assist with identifying influenza-associated hospitalizations.
- Hospitals should determine methods for insuring reporting of unduplicated numbers of influenza-associated hospitalizations and deaths (e.g., by maintaining line lists on-site).

CEDRS Aggregate Reporting Screen



Attachment 7

Community Containment Measures, Including Non-Hospital Isolation and Quarantine

At the federal level, the Secretary of the U.S. Department of Health and Human Services (HHS) HHS has statutory responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States. HHS will set guidelines for international travel restrictions and issue recommendations for isolation, quarantine, or other community containment measures. The only international airport in Colorado is under the quarantine jurisdiction of the City and County of Denver. At the state level, the Colorado Department of Public Health and Environment (CDPHE) has the authority to isolate or quarantine persons, groups of people, or buildings in Colorado; and at the recommendation of the Governor's Expert Emergency Epidemic Response Committee (GEEERC), limit or close public gatherings and restrict movement of people. See Attachment 2 – Public Health Powers and Attachment 3 – GEEERC Draft Executive Orders.

The initial response to the emergence of a novel influenza viral subtype that is spread between people should focus on containing the virus at its source, if feasible, and preventing a pandemic. **Simply put, the most effective way to prevent person-to-person spread would be to keep the people who are infected with the virus away from the people who are not infected.** However, it usually is not possible to completely separate these groups when influenza is involved, because people can be contagious before they know they are infected. Containment measures may only slow the spread of influenza instead of completely stopping it, but this may allow time for the development or arrival of an effective vaccine, or for antiviral prophylaxis. The less efficiently the virus is transmitted from one person to another, the more effective the containment strategies are likely to be.

Containment strategies range from those affecting individuals (e.g., isolation of patients) to measures that affect groups or entire communities (e.g., monitoring of contacts, cancellation of public gatherings). Guided by the current epidemiological data, Colorado state and local public health will implement the most appropriate of these measures to maximize impact on influenza transmission and minimize impact on individual freedom of movement. Consideration will be given to all impacts of recommended measures and to the scientific basis of such recommendations. HHS will provide assistance to the states and localities, as requested, including sharing the experiences of others and providing advice on decision-making as the situation evolves.

The following table outlines the various containment interventions that public health may recommend, a description of the intervention and what type of surveillance that would be used to monitor it's effectiveness. *Guidelines for implementation are currently under development.*

INDIVIDUAL AND COMMUNITY CONTAINMENT MEASURES		
Containment Intervention	***Guidelines for Implementation***	***Description of Intervention Type of Surveillance***
Preparedness Planning	***Under Development*** **To be used during:** Inter-pandemic: Phases 1 & 2 (Stage 0); Pandemic Alert: Phases 3, 4, 5 (Stages 0, 1, 2); and Pandemic Period: Phase 6, Stage 3 (Pandemic still overseas)	Prepare to respond when a novel influenza virus is found. Education of the public about the possibility and rationale for containment strategies at this stage will be key to the future success of containment measures. Work with potential partners to set up various procedures for containment. 1. Identify and engage public health, healthcare personnel, transportation workers, and law enforcement in preparedness planning and containment exercises. 2. Identify potential isolation and quarantine facilities. 3. Plan for setting up influenza clinics, influenza telephone hotlines, and other community triage efforts. 4. Establish procedures for medical evacuation and isolation of quarantined persons. 5. Develop educational materials to prevent stigmatization and provide mental health services to persons in isolation and quarantine as well as other affected persons. 6. Establish procedures for delivering medical care, food, and services to persons in isolation and quarantine. 7. Develop protocols for monitoring and enforcing quarantine measures. 8. Ensure legal authority and procedures for various levels of containment. 9. Establish procedures for issues related to employment compensation and job security. 10. Recommend standard infection control measures, hand washing, and cough etiquette for cases of seasonal influenza.
ISOLATION AND QUARANTINE OF INDIVIDUALS OR SMALL GROUPS		
Patient Isolation	***Under Development*** **Pandemic Period;** **Phase 6, Stage 4:** First human case in North America	Isolation is the separation and restriction of movement or activities of person(s) known to have the novel influenza virus, for the purpose of preventing transmission to others. It also allows for focused delivery of specialized health care. Ill persons are usually isolated in a hospital, but may be isolated at home or in a designated community-based facility, depending on their medical needs. Anyone coming in contact with an ill person in a hospital or community-based facility setting will be required to wear personal protective equipment and to avoid bringing the virus out of the isolation area. Healthcare staff must ensure appropriate isolation procedures are followed in healthcare settings. Provide public information about appropriate isolation procedures in home settings. Surveillance would be increased with additional laboratory testing of possible cases.

INDIVIDUAL AND COMMUNITY CONTAINMENT MEASURES

Containment Intervention	***Guidelines for Implementation***	***Description of Intervention Type of Surveillance***
Quarantine of Potentially Exposed Persons	***Under Development*** Same as above, plus having a history of being in some type of enclosed area with persons thought to be infected	Quarantine is the separation and restriction of movement or activities of persons who are not ill but may have been exposed to the novel influenza. The main goal is to keep these people from infecting others. People are usually quarantined in their home, but they may also be quarantined in community-based facilities. Ideally, contacts should be identified and quarantined within 48 hours (the average incubation period for human influenza). This could involve people who were at a gathering in an enclosed area with a contagious person, such as on a bus or airplane. It could also involve people who were in a laboratory when exposure to a specimen could have occurred. People are usually quarantined in their home, but they may also be quarantined in community-based facilities. For effective isolation or quarantine, the following essential services need to be provided: • Food and water • Shelter • Medicines and medical consultations • Mental health and psychological support services • Other supportive services (e.g., day care) • Transportation to medical treatment, if required. People who are restricted by isolation or quarantine orders will be able to call the Colorado Health Education Line for the Public (COHELP line) at 1-877-462-2911 for assistance. People at that number will be able to refer them to the appropriate groups. Callers will be referred to appropriate resources. Anyone coming in contact with the person(s) in quarantine would be required to wear personal protective equipment and to avoid bringing the virus out of the area of quarantine. Covering of coughs and frequent hand washing will be encouraged of everyone. **One of three types of monitoring of quarantined persons will be performed:** ***1.*** **Passive Monitoring**- recommended when the risk of exposure and subsequent development of disease is low, and the risk to others if recognition of the disease is delayed is also low. The contact is asked to perform self-assessment for symptoms at least twice daily and to contact

INDIVIDUAL AND COMMUNITY CONTAINMENT MEASURES		
Containment Intervention	***Guidelines for Implementation***	***Description of Intervention Type of Surveillance***
		authorities immediately if respiratory symptoms or fever occur. ***2.*** **Active Monitoring without Explicit Activity Restrictions-** recommended when the risk of exposure to and subsequent development of disease is moderate to high, resources permit close observation of individuals, and the risk of delayed recognition of symptoms is low to moderate. A healthcare or public health worker evaluates the contact on a regular (at least daily) basis by phone and/or in person for signs and symptoms suggestive of disease. **3. Active Monitoring with Activity Restrictions –** recommended in situations in which the risk of exposure and subsequent development of disease is high and the risk of delayed recognition of symptoms is moderate. The contact remains separated from others for a specified period, during which s/he is assessed on a regular basis (in person at least once daily) for signs and symptoms of disease. Persons with early symptoms require immediate evaluation by a trained healthcare provider. Restrictions may be voluntary or legally mandated; confinement may be at home or in an appropriate facility.
Same as above, but the person provides essential services such as healthcare or emergency management.	***Under Development*** Working Quarantine of Potentially Exposed Persons	The contact is permitted to work but the worker must observe activity restrictions and appropriate monitoring while off duty. Monitoring for fever and other symptoms while at work is required along with the use of appropriate personal protective equipment.
Targeted Chemo-prophylaxis of Disease Clusters	***Under Development*** **Pandemic Period: Phase 6, Stage 3-5,** First human case in North America to "most to all local cases are either imported or have clear epidemiologic links to	This intervention includes investigation of disease clusters, administration of antiviral treatment to persons with confirmed or suspected pandemic influenza, and provision of drug prophylaxis to all likely exposed persons in the affected community. CDC will assist state health departments in these efforts, as needed. Targeted chemoprophylaxis also requires intensive disease surveillance to ensure coverage of the entire affected area, effective communication with the affected community, and rapid distribution and administration of antivirals because they are most effective when provided within 48 hours of symptom onset or when used as post-exposure prophylaxis before onset of illness.

INDIVIDUAL AND COMMUNITY CONTAINMENT MEASURES		
Containment Intervention	***Guidelines for Implementation***	***Description of Intervention Type of Surveillance***
	other cases" or "with increased occurrence of influenza among their close contacts." This category can include both cases and a group or groups of people who may have been exposed to the cases.	This intervention is most effective when there is reason to think that this entire group of people has been separated from the general public, such as being geographically separated from other people in the state.
ISOLATION AND QUARANTINE OPTIONS FOR LARGER GROUPS OR COMMUNITIES		
Focused Measures to Increase Social Distance	***Under Development*** **Pandemic Period, Phase 6, Stage 5:** Sustained novel influenza transmission in the area with a large number of cases without clearly identifiable epidemiologic links to other cases or with increased occurrence of influenza among their close contacts. Restrictions on exposed persons are considered insufficient to prevent further spread within an entire community.	These interventions can be applied to large groups or to an entire community or region. They are designed to reduce personal interactions and thereby risk of disease transmission. Some options are: • Canceling of events (concerts, movie theaters, etc.) • Canceling school • Canceling church services and activities • Shutting down or limiting mass transit • Declaring "snow days" (e.g., asking everyone to stay home and closing "non-essential" businesses, schools, churches etc. "Non-essential" means those facilities that do not maintain primary functions in the community.) Everyone will be encouraged to be especially careful to wash their hands after any potential exposure to the novel influenza virus. Everyone in the involved area would be asked to avoid contact with other people (even supposedly well people) as much as possible. Covering coughs and frequent hand washing will be encouraged of everyone.

INDIVIDUAL AND COMMUNITY CONTAINMENT MEASURES		
Containment Intervention	***Guidelines for Implementation***	***Description of Intervention Type of Surveillance***
Community-Wide Measures to Increase Social Distance	***Under Development*** **Pandemic Period, Phase 6, Stage 5:** Same as above, but a larger area is involved.	Same as above, but on a larger scale to the level of whole neighborhoods, towns, or cities. May include establishment of designated fever or influenza clinics.
Coordinated Community and Business Closures	***Under Development*** **Pandemic Period, Phase 6, Stage 5:** Same as above, but with a large percentage of essential personnel involved, or if influenza transmission is occurring very rapidly.	Voluntary measures (possibly mandatory) that coordinate simultaneous closure of offices, schools, transportation systems and other non-essential community activities, services and businesses for a specified period of time. All non-essential service personnel and community members are urged to stay at home. The rationale is to keep people from contacting any more people than absolutely necessary, thereby reducing disease transmission. Wearing of personal protective equipment may be recommended for everyone who goes outside of the home.
Widespread Community Quarantine	***Under Development*** Same as above	A legally enforceable order restricting movement into or out of the area of quarantine may be obtained. When applied to all inhabitants of an area, it is call "cordon sanitare" (sanitary barrier).

Attachment 8

Shipping and Storage Guidelines for Influenza Vaccines

A. Trivalent Inactivated Influenza Vaccine (TIV)

1. **Shipping Requirements**:
    a. Should be shipped in insulated container.
    b. Maintain temperature at 35º to 46ºF (2ºto 8ºC). **Do not freeze or expose to freezing temperatures.**
2. **Condition upon Arrival***
    a. Should not have been frozen or exposed to freezing temperatures.
    b. Refrigerate upon arrival.
3. **Storage Requirements**
    a. Refrigerate immediately upon arrival. Store at 35º to 46ºF (2º to 8ºC)
    b. Do not freeze or expose to freezing temperatures.
4. **Shelf Life**
    a. Formulated for use during current influenza season.
5. **Instructions for Use**
    a. Shake vial vigorously before withdrawal and use.
6. **Shelf Life After Opening**
    a. Multidose Vials: The vaccine should be administered shortly after withdrawal from the vial
    b. Manufacturer-Filled Syringes: Sterile until removal of hub cap
7. **Special Instructions**
    a. Rotate stock so that the earliest dated material is used first.

B. Live Attenuated Influenza Vaccine

1. **Shipping Requirements**
    a. Should be shipped frozen in insulated container with dry ice, at 4ºF (-20ºC) or colder. Shipment include WarmMark™ temperature indicator.
2. **Condition upon Arrival***
    a. Should be frozen at -20º(4ºF) or colder; **must not have thawed in shipment.** (All windows in WarmMark™ indicator should be white. If any indicator windows are red, do not use the product. Call the manufacturer for further instructions.)
    b. NOTE: The manufacturer-supplied freezer box must have been placed in the separately sealed frost-free freezer compartment for at least 4 consecutive days before the arrival of the vaccine shipment. The freezer box can hold up to 80 doses of vaccine at one time (8 cartons of 10 doses each).

2. **Storage Requirements**
    a. On arrival, immediately store in manual defrost freezer or in manufacturer-supplied freezer box placed in a separately sealed frost-free freezer compartment with its own exterior door.
    b. Must be maintained in a continuously frozen state at 5ºF (-15ºC) or colder. No freeze/thaw cycles are permitted with this vaccine. May be stored in either a manual defrost freezer or in a freezer box placed in a frost-free freezer compartment. A frost-free freezer is not appropriate for storage without a freezer box.
    c. In order to maintain the temperature of 5ºF (-15ºC) or colder in the freezer, it will be necessary in most refrigerator/freezer models to turn the temperature dial down to the coldest setting. This may result in the refrigerator compartment temperature being lowered as well. Careful monitoring of the refrigerator temperatures will be necessary to avoid freezing killed or inactivated vaccines.
3. **Shelf Life**
    a. Formulated for use during current influenza season
4. **Instructions for Use**
    a. Thaw sprayer in palm of hand before administering.
    b. May also be thawed in a refrigerator and stored at 35º to 46ºF (2º to 8ºC) for no more than 60 hours prior to use.
    c. Do not refreeze after thawing.
5. **Shelf Life After Thawing**
    a. The vaccine should be administered shortly after thawing.
    b. Vaccine thawed in the refrigerator and stored at 35º to 46ºF (2ºto 8ºC) that is not used within 60 hours must be discarded in an impenetrable sharps container.
6. **Special Instructions**
    a. Rotate stock so that the earliest dated material is used first.
    b. NOTE: All materials used for administering live virus vaccines should be burned, boiled, or autoclaved prior to disposal.
    c. The LAIV freezer box is intended for LAIV storage only. It is not intended for transport or for used outside the freezer.

If you have questions about the condition of the material at the time of deliver, you should 1) immediately place material in recommended storage; and 2) notify the Quality Control office at the vaccine manufacturer; and 3) notify your state health department immunization program.

Attachment 9

Infection Control and Respiratory Protection Guidance

A. Infection Control for Home and Non-Medical Facilities

1. Wash hands frequently with soap and water.
2. Cover your mouth and nose with a tissue when you cough or sneeze.
3. Put used tissues in a trash container.
4. Cough or sneeze into your upper sleeve if you don't have a tissue.
5. Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.
6. Stay at home if you are sick.

B. Infection Control for Healthcare Facilities

Refer to the most recent version available of "Avian Influenza, Including Influenza A (H5N1), in Humans: WHO Interim Infection Control Guideline for Health Care Facilities."

Web address:
http://www.who.int/csr/disease/avian_influenza/guidelinestopics/en/index3.html.

C. Respiratory Protection Guidance

1. Please refer to the Department of Health and Human Services publication "Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Health Care Settings during an Influenza Pandemic" at **http://pandemicflu.gov/plan/maskguidancehc.html**
2. Related guidance, "HHS Pandemic Flu Plan Section on Airborne Transmission" can be found at **http://www.hhs.gov/pandemicflu/plan/sup4.html**.

CDPHE FEMA COOP Plan Tools Development Status - January 13, 2010

Division	TOOLS														
Green= Meets Criteria	3.3	3.5	3.7	5.3	6.3	6.5	7.3	7.4	8.3	8.5	8.7	9.1	9.2	10	11
AFSD EDO	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
APCD	X	X	X	X	X	X	X	X	X	X	X	N/A	X	X	X
CHEIS	X	N/A	N/A	X	X	X	X	X	X	X	X	X	X	X	X
CPD	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DCEED	X	X	X	X	X	X	N/A	X	X	X	X	N/A	X	X	X
EPRD	X	N/A	X	X	X	N/A	X	X	X	X	X	X	X	X	X
HFEMSD	X	X	X	X	X	X	X	X	X	X	N/A	N/A	X	N/A	N/A
HMWMD	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LSD	X	N/A	X	X	X	X	X	N/A	X	X	X	N/A	X	X	X
PSD	N/A	X	X	X	X	X	X	X	X	N/A	N/A	N/A	N/A	X	X
WQCD	X	X	X	X	Inc -progress exists	X	X	X	X	X	X	X	X	X	X

KEY

X	Inc-progress exists	N/A		
Tool completed	Tool incomplete	Tool not applicable	Tool not complete	All tools completed

Tools' Names:

3.3	Critical Functions Planning – Primary Mission Critical Functions
3.5	Critical Functions Planning – Mission Critical Functions
3.7	Critical Functions Planning – PMEF and MEF Support Requirements
5.3	Delegation and Succession Worksheet
6.3	Vital Files and Records Identification Worksheet
6.5	Vital Files & Records Supporting Data Systems Worksheet
7.3	Human Capital Planning Worksheet
7.4	Human Capital Notification Worksheet
8.3	Communications Systems and Alternate Modes in Support of Critical Functions Worksheet
8.5	Interoperable Communications Systems Worksheet
8.7	Communications Systems Protective Measures Worksheet
9.1	Alternate Site Evaluation Checklist
9.2	Alternate Site Requirements Worksheet
10	Continuity Program Implementation Checklist
11	Continuity Team Deployment Planning Checklist

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
21st Century Jeeves	Food and water for those under quarantine	3/13/2007	Until further notice	Ron Deville 303-534-8646x111 Cell: 303-669-2534 875 Kalamath St Denver CO 80204 rondeville@543togo.com	Doug Wrightsman 303-534-8646x107 875 Kalamath St Denver CO 80204	
9 Health Fair	Volunteers, space, volunteer management, vehicles	1/8/2007	Until further notice	Kelly Johnson 303-698-4455, 1-800-332-3078, Fax: 303-698-4450	NA	
Adams County Parks and Community Resources	Space	9/26/2007	Until further notice	Kurt Carlson Regional Park Manager Adams County Parks and Community Resources 9755 Henderson Road Brighton, CO 80601 303-637-8013 (Direct Line)		
ACS Community LIFT	Mobile medical van			Michael Bright, Executive Director 5045 West 1st Avenue Denver, CO 80219 303-935-7389 mbright@acslift.org		
All American Moving Trucks Aurora	Trucks, drivers	6/6/2006	Until further notice	Kermit Huff Operations Manager 2170 South Hancock Expressway Colorado Springs, CO 80910 303-3735101 x14 Cell: 303-960-5572 khuff@aamsmoves.net	Bruce Vaughn 303-373-5101x16 Cell: 303-257-1472 bvaughn@aamsmoves.net	Grant Eckhardt COO 303-373-5101x19 Cell: 720-244-9458
All American Moving Trucks Colorado Springs	Trucks,drivers	6/6/2006	Until further notice	Kermit Huff Operations Manager 303-3735101x14 Cell: 303-960-5572 khuff@aamsmoves.net	Bruce Vaughn 303-373-5101x16 Cell: 303-257-1472 bvaughn@aamsmoves.net	Grant Eckhardt COO 303-373-5101x19 Cell: 720-244-9458
All American Moving Trucks Colorado Springs	Space for RSS and other uses	4/27/2006	2/24/2009	Robert Eckhardt President	Kermit Huff Operations Manager 303-3735101x14 Cell: 303-960-5572 khuff@aamsmoves.net	Bruce Vaughn 303-373-5101x16 Cell: 303-257-1472 bvaughn@aamsmoves.net

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
All American Moving Trucks Denver	Space for RSS and other uses	4/27/2006	4/27/2009	Robert Eckhardt President	Kermit Huff Operations Manager 303-373-5101 x14 Cell: 303-960-5572 khuff@aamsmoves.net	Bruce Vaughn 303-373-5101 x16 Cell: 303-257-1472 bvaughn@aamsmoves.net
Americorps	Volunteers	6/30/2006	Until further notice	Barbara Lane 303-844-7400		
Arvada Rent-Alls	Supplies (forklifts, pallet jacks, dollies, handcarts, tables, chairs, portable lighting, back-up generators, etc)	2/21/2006	Until further notice	Dave Erickson 303-422-1212 303-424-6115	Luke Heesacker 303-422-1212 303-424-6115	
Belmar ASC	Minor medical care for staff and volunteers	6/13/2005	Until further notice	Connie Hampton 303-934-7000 Fax: 303-934-7006		
Budget Colorado Catering	Al Ibanez	12/27/2005	Until further notice	Al Ibanez 7501 21st Denver, CO 80207		
* CDC	Medical Material From NPS	7//8/03	Until further notice	Julie Gerberding		
Caring for Colorado Foundation	Emergency funds	8/13/2008	Until further notice	Chis Wiant 720-524-0770		
Central Services	Secondary storage/transport	In Progress				
Centers for Disease Contol and Prevention (CDC)	Durable assets and medical materiel	2/8/2010	2/8/2013	Jennifer Trainer 303-241-0191		
Central Services	Printing and distribution of Emergency Fact sheets	1/20/2006	Until further notice	Bill Taylor 303-866-3970 Fax: 303-894-2375		
Cherry Creek Language Center	Translators and Interpreters	5/27/2008	Until further notice	Ignacio Jimenez Director 303-756-2520 Emerg. #: 303-358-0626		
Colorado Amateur Radio Emergency Services (ARES)	Emergency Communications	2/12/2008	Until further notice	Mike Morgan Work: 303-286-5705 Home: 303-766-0630	Wesley Wilson 719-687-8758	
*PENDING Colorado Association of Local Public Health Officials (CALPHO)	Emergency Space			Lee Thielen		

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
Colorado Catering Company	Food and beverages for 50 volunteers	9/14/2005	Until further notice	Robert Graham Work: 303-750-0707 Fax: 303-750-7238 Cell: 303-229-9727 bob@coloradocatering.net		
Colorado Department of Personnel and Administration	Coordinating printing and distribution of Emergency Fact Sheets	1/6/2006	Until further notice	Bill Taylor 303-866-3970 Fax: 303-894-2375		
Colorado Department of Public Health and Environment: Office of Health and Office of Environment	Environmental Reporting System	2/9/2007	Until further notice	Chris Lindley, Director Emergency Preparedness and Reponse Division CDPHE		
Colorado Food Bank Association/CDEM	Food and Beverages for volunteers & framework for "all hazards" programs	11/20/2006	Until further notice	Kevin Seggelke 303-371-9250	George Epp CDEM 720-852-6604	
Colorado Pharmacist Society	Pharmacists/ Immunizations	5/15/2008	Until further notice	Val Kalnins 303-756-3069	Catherine Jarvis Office: 303-724-2633 Cell: 303-829-2076	
Colorado Springs Airport	Landing and offloading National Pharmaceutical Stockpile shipments	7/16/2004	Until further notice	Gary K.Campbell Airport Operations Manager Airport Operations 7770 Drennan Road Mail Code 030 Colorado Springs, CO 80916 719-550-1936 Fax: 719-550-1937		
Colorado Springs School District #11	RSS Site	4/15/2005	Until further notice	Jose Gurule Director of Security 5260 Geiger Colorado Springs, CO 80915 719-520-2287		
Colorado VFW	Volunteers (approx. 30)	1/11/2005	Until further notice	R.E. Bob Clements Department of Colorado Veterans of Foreign Wars of the United States 5783 North Sheridan Boulevard Arvada, CO 80002-2847 303-816-2353		

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
Community LIFT	Mobile Medical Van	1/23/2009	Until further notice	Michael Bright, Executive Director ACS Community LIFT 5045 West 1st Avenue Denver, CO 80219 303-935-7389 303-913-1585 mbright@acslift.org		
DM Translation and Interpreting Services	Interpreting and translation	9/8/2008	Until further notice	David Tucker 303-593-0651		
Deep Rock Water	Emergency water	PENDING		Debbie Brown		
Dept. of Agriculture	Uniform Emergency Volunteer Health Practitioners Act/Zoonotic diseases to humans	12/18/2007	John Stulp			
DIA	FEX EX and UPS cargo hub for SNS and other materiel	7/16/2004	Until further notice	Mr. Pat Little, FED EX Mr. Martin Cella, UPS		
Don Sutton	Mental health Counseling for staff and volunteers	5/18/2006	Until further notice	Dr. Don Sutton 303-813-1005		
*DSNS RITS						
* E & R Pallets	Pallets and delivery staff	9/1/2004	NEEDS RENEWAL	Eldo Rudiger Work: 303-293-8851 Fax: 303-293-8930 Home: 303-420-3973 erudiger@aol.com		
Express Messenger Systems	Transportation Services	9/21/2005	Until further notice	Dianne Gonzales 6760 E. 4th Ave. Denver, CO 80216 Work: 720-941-0055 Fax: 720-941-0528 Cell: 303-808-9141 dgonzales@exmess.com	Dave Coovert Work: 720-941-0055 Fax: 720-941-0528 Cell: 303-249-2987 dcoovert@exmess.com	Terry Johnson Work: 720-941-0055 Fax: 720-941-0528 Cell: 303-808-0844 tjohnson@exmess.com
Federal bureau of Investigation (FBI)	SNS State/fed cooperation	In Progress		SA Keith Howland WMD Coordinator 719-329-7365 719-449-2090 keith.howland@ic.fbi.gov		

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
Frisco Pallet	Supplies (dollies, back-up generators, pallets, portable lights, etc.)	12/21/2005	Until further notice	Bill Smith Work: 303-428-1344 Cell: 303-946-9605 Home: 303-689-2240 frpallet@aol.com		
Glendale PD	Police Officers	11/13/2007	Until further notice	Rich Benavides Glendale Police Department 950 S. Birch Street Glendale, CO 80246 Voicemail: 303-639-4325 Dispatch: 303-759-1511 Fax: 303-757-3264 rbenavidez@glendale.co.us		
Global Connections	Translators and Interpreters	5/28/2008	Until further notice	Carolyn McDonald Work: 303-750-7611 Fax: 303-750-7689 Cell/Home: 303-750-7611		
Grand Junction Convention Center	Space	6/22/2006	7/1/2009	David Varley City Manager 250 North 5th Street, Grand Junction, CO 81501 970-244-1501 Fax: 970-244-1456		
Hospital Corporation of America HCA Health One	Space	3/8/2006	3/8/2009	Shane Fleischacker, Director Hospital Corporation of America HCA/Health One 4520 Florence Street Denver, CO 80238 303-375-2500 Fax: 303-375-2540		
Jeffco DHE	Space	8/6/2007	Until further notice	Jody Erwin Emergency Response Coordinator 303-271-8391 jerwin@co.jefferson.co.us	Jeannie Springer Director Administration Services 303-271-5717 jspring@jeffco.co.us	Aaron Kissler, Emergency Response Planner 303-271-5772 akissler@jeffco.co.us
Language Line Services	Translation Account	6/1/20086/17/06	Until further notice	Cathy Fish 1-800-752-6096 x87154		
Lincoln/Kit Carson County RSVP	Volunteers	9/21/2005	Until further notice	Betty Bredehoft 1-719-765-4671 Fax: 1-719-765-4079		
* NEEDS RENEWAL Memorial Hospital	Space	2/21/2006	10/31/2008	Cherie Gorby, VP Administration 1400 East Boulder Street Colorado Springs, CO 80909	Chris Hunt 719-491-7203 Rick Peat 719-491-8977 Michael Loudenslager 719-491-9802	

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
Mesa County Health Department	Emergency space	7/7/2008	Until further notice	Dr. Mick Aduddell 970-248-6974		
* NEEDS RENEWAL Mesa State College	Space	11/8/2005	10/31/2008	Tim Foster, President 970-248-1498		
Metro Express	Transportation Services for staff and/or volunteers	9/12/2005	Until further notice	Dan Holcomb PO Box 7377 Denver, CO 80207 Work: 303-308-8080 Fax: 303-308-9579 Home: 303-426-8353	Nancy Seitz Work: 303-308-8080 Fax: 303-308-9579	
Metro Volunteers	Volunteers	3/22/2005	Until further notice	Jackie Norris 303-282-1234	Kristy Judd 303-282-1234 X311	
* NEED PHONE Mile High Culligan	Water	2/21/2006	Until further notice	Donnie Heinrich		
Nancy's Catering	Food and beverages for 50 volunteers	9/21/2005	Until further notice	Nancy Turley 535 16th Street Suite 1 Denver, CO 80202 Work: 303-892-6881 Fax: 303-595-3650 Cell: 303-378-9463	Jim Turley Work: 303-892-6881 Fax: 303-595-3650 Cell: 720-297-0689	
National Western Stockshow	Space	7/2/2007	2/1/2010	Patrick A. Grant President & CEO 303-297-1166 Fax: 303-292-1708		
*Need phone/contact update Neff Rental	Forklifts, portable lighting, back-up generators, delivery staff	8/26/2004	Until further notice	Dean Pfifer 5850 Dahlia Street Commerce City, CO 80022 303-287-6333 Fax: 303-287-1711		
Office of Health and Office of Environment	Provide for enhanced operation of the Environmental Reporting System	2/9/2007	Until further notice	Chris Lindley, Director Emergency Preparedness and Reponse Division CDPHE	Gary Baughman, Director Hazardous Materials and Waste Management Division	
Office of Environment	Space	5/9/2005	5/9/2008	Scott Connor Director Denver Federal Service Center		
Quicksilver Express Couriers	Transportation and drivers for staff and materiel	9/26/2005	Until further notice	Chris Kipling 1400 Quail Street Lakewood, CO 80215 303-232-5800		

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
Qwest	Space, staff to dispense medications, etc.	7/11/2007	Until further notice	Darrell S. Lingk 303-992-7096 303-257-8468 303-992-7111 Darrell S. Lingk, CIH, CSP, CHMM Director Safety and Envirnment Management Qwest Communications 1801 California St. Room 1160 Denver, CO 80202 303-992-7096 Cell: 303-257-8486 303-992-7111 darell.lingk@qwest.com		
Red Walrus Catering	Food and beverages for 50 people	9/21/2005	Until further notice	Edward Padalinksi Work: 303-366-6600 Fax: 303-366-6698 Cell: 303-598-6011 Home: 303-699-6282 ed@redwalrus.net		
Reliant Security Service, Inc.	Armed security/marked vehicles	1/23/2009	Until further notice	Robert Forster rel2002@AH.net 303-758-3825		
Rental Service Corporation	Dolly's back-up genreators, pallets, etc.	12/21/2005	Until further notice	Jim Benson 1250 Zuni Denver, CO 80204 303-623-4131 303-356-0355		
* NEED PHONE RSVP Program of Eagle/Summit County	Volunteers	10/21/2005	Until further notice	Ara Menconi		
RSVP/Volunteers of America Larimer	Volunteers	12/21/2005	Until further notice	Diane Stobnicke 905 North College Ave. Fort Collins, CO 80524 Work: 970-472-9630 Fax: 970-472-8393 dstobnicke@frii.com	Joan Emery 905 North College Ave. Fort Collins, CO 80524 Work: 970-472-9630 Fax: 970-472-8393	
RTD	Transportation and drivers for staff and materiel	10/25/2004	Until further notice	John Tarbert Work: 303-299-2379 Fax: 303-299-2061 Cell: 303-435-0343 Pager: 303-533-7454		

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
Salvation Army	Food and Beverages for volunteers	8/20/2003	Until further notice	Michael Gelski 303-296-2456 Fax: 202-296-0131		
Swift Trans Inc.	Transportation Services	8/1/2006	Until further notice	Steve Cox 303-336-1917 Fax: 303-336-1910 Cell: 303-883-9280		
University of Colorado School of Pharmacy	Pharmacists/ Immunizations	5/15/2008	Until further notice	Catherine Jarvis, Dean Office: 303-724-2633 Cell: 303-829-2076		
US Foodservice	Warehouse personnel	4/29/2008	Until further notice	Mitch Lehn 303-643-4772 Fax: 303-643-4202		
Wings Over the Rockies	People, Space,Communication Services, Security	1/12/2006	Until further notice	Matthew Burchette Director of Operations 7711 East Academy Boulevard Denver, CO 80230-6929 Fax: 303-360-5328 Work: 303-360-5360x103 Cell: 720-670-0739 director@wingsmuseum.org	Royal Stainbook Director of Operations 7711 East Academy Boulevard Denver, CO 80230-6929 Fax: 303-360-5328 Work: 303-360-5360 x109	Greg Anderson President of Aviation and Space Center of the Rockies 7711 East Academy Boulevard Denver, CO 80230-6929 Fax: 303-360-5328 Work: 303-360-5360x102
Tri-County Health Department with Margaret DCEED	Alternate space	6/24/2009	Until further notice	Richard Vogt, MD 303-846-6203		
Tri-County Health Department	Alternate space	4/23/2007	Until further notice	Richard Vogt, MD 303-846-6203		
* NEED PHONE #United States General Services Administration	Space	5/9/2005	Until further notice	Scott Connor Director Denver Federal Service Center		
Ute Mountain Ute	PENDING					

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
HOSPITAL SURGE						
Adams County	Hospital Surge	12/15/2003	12/14/2008	Elaine Valente, Chair Board of Commissioners 450 South 4th Avenue Brighton, CO 80601		
Boulder County	Hospital Surge	12/15/2003	12/14/2008	Paul Danish, Chair Board of Commissioners 1325 Pearl Street Boulder, CO 80302		
Chaffee County Board of Commissioners	Hospital Surge	12/15/2003	12/14/2008	Joseph DeLuca, Chair Board of Commissioners 128 Crestone Salida, CO 81201		
Cheyenne County	Hospital Surge	12/15/2003	12/14/2008	Ronald Renfield, Chair Board of Commissioners 51 South 1st Street Kit Carson, CO 80825		
Conejos County	Hospital Surge	12/15/2003	12/14/2008	Robert Bagwell, Chair Board of Commissioners 6683 County Road 13 Conejos, CO 81129		
Delta County	Hospital Surge	12/15/2003	12/14/2008	Ted Hayden, Chair 501 Palmer Street Suite 227 Delta, CO 81416-1764		
El Paso	Hospital Surge	11/15/2003	11/14/2008	Chuck Brown, Chair Board of Commisioners 27 East Vermijo Avenue Colorado Springs, CO 80903-2208		
Gunnison County	Hospital Surge	11/15/2003	11/14/2008	Fred Field, Chair Board of Commissioners 200 East Virginia Avenue Gunnison, CO 81230		
Kit Carson County	Hospital Surge	12/15/2003	12/14/2008	Jim Whitmore, Chair Board of County Commissioners 261 16th Street Burlington, CO 80807		
Larimer County	Hospital Surge	12/15/2003	12/14/2008	Thomas Bender, Chair Larimer County Board of Commissioners 200 West Oak Street Fort Collins, CO 80522-1190		

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
Las Animas County	Hospital Surge	12/15/2003	12/14/2008	Robert Valdez, Chair Las Animas County Board of Commisssioners 200 East 1st Street Room 207 Trinidad, CO 81082-30470		
Alamosa County Sheriff	Hospital Surge	12/15/2003	12/14/2008	Dave Stong, Sheriff 1315 17th Street Box 2 Alamosa, CO 81101-3555		
Arapahoe County Sheriff	Hospital Surge	11/15/2003	11/14/2008	J. Grayson Robinson, Sheriff 13101 East Broncos Parkway Centennial, CO 80112		
City and County of Denver	Hospital Surge	11/15/2003	11/14/2008	Wayne Vaden Clerk and Recorder City and County of Denver 1437 Bannock Street Room 3 Denver, CO 80202		
Pueblo Department of Emergency Management	Hospital Surge	12/15/2003	12/14/2008	Steve Douglas, Director 320 West 10th Street B-1 Pueblo, CO 81003-2995		
Lincoln county	Hospital Surge	12/15/2003	12/14/2008	Roxie Devers, County Commissioner 103 3rd Avenue Hugo, CO 80821-0039		
Montezuma County	Hospital Surge	12/15/2003	12/14/2008	Glenn Wilson, Chair Board of Commissioners 109 West Main Street Cortez, CO 81321		
Montrose County	Hospital Surge	12/15/2005	12/14/2008	David Ubell, Chair Board of Commissioners 161 South Townsend Avenue Montrose, CO 81401		
Morgan County	Hospital Surge	12/15/2003	12/14/2008	Mark Arndt, Chair Board of Commissioners 231 Ensign Fort Morgan, CO 80701-0596		
Pitkin County	Hospital Surge	12/15/2003	12/14/2008	Dorothea Farris, Chair Board of Commissioners 530 East Main Street 3rd Floor Aspen, CO 81611		

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
Prowers County	Hospital Surge	12/15/2003	12/14/2008	Leroy Mauch, Chair Borad of Commissioners 301 South Main Street, Suite 215 Lamar, CO 81052		
Summit County	Hospital Surge	12/15/2003	12/14/2008	Ron Holliday, County Manager Board of Commissioners 208 East Lincoln Breckenridge, CO 80424		
Teller County	Hospital Surge	12/15/2003	12/14/2004	Gerald Bergeman, Chair Board of Commissioners 112 North A Street Cripple Creek, CO 80813		
Jefferson County	Hospital Surge	11/15/2003	11/14/2008	Richard Shelten, Chair Board of Commissioners 100 Jefferson County Parkway Golden, CO 80401		
Weld County Sheriff's Office	Hospital Surge	12/15/2005	12/14/2008	John B. Cooke, Sheriff		

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
CHEMPACK						
Denver Health and Hospital Authority	CHEMPACK	9/1/2005	Until further notice	John Thompson Director of Support Services Denver Health and Hospital Authority 655 Bannock Street Denver, CO 80204 303-436-6051		
Parkview Medical Center	CHEMPACK	7/20/2005	7/19/2008	Vestal Hasty Director of Biomed, Safety and Transportation 400 West 16th Street Pueblo, CO 81003 719-584-4804		
Penrose Hospital	CHEMPACK	8/10/2005	8/9/2008	William L. Lowes Pharmacy Manager 222 North Cascade Avenue Colorado Springs, CO 80907 719-776-2451		
Poudre Valley Health Care, Inc.	CHEMPACK	8/9/2005	8/8/2008	Margo Karsten, MSN, CHE President Poudre Valley Hospital 1024 South Lemay Avenue Ft.Collins, CO 80524 970-495-7127		
Littleton Adventist Hospital	CHEMPACK	10/17/2005	10/17/2008	Jack Shiker Director of Facilities 7700 South Broadway Littleton, CO 80122 303-738-2609		
Memorial Hospital	CHEMPACK	9/1/2005	9/1/2008	Bill Mayfield EMS Coordinator 1400 East Boulder Street Colorado Springs, CO 80909 719-365-2005		
Mercy Regional Medical Center	CHEMPACK	10/19/2005	10/19/2008	Deb Willey Safety Officer 1010 Three Springs Boulevard Durango, CO 81303 970-382-1618		

Emergency Preparedness and Response MOU Summary

Name	Purpose	Signed	Due	Contact 1	Contact 2	Contact 3
Swedish Medical Center	CHEMPACK	7/20/2005	7/17/2008	Dennis Bundy Safety Director 501 East Hampden Avenue Englewood, CO 80113 303-788-5656		
HCA Health One Supply Chain	CHEMPACK	9/15/2005	9/14/2008	Mike Cleary Division Project Manager 4520 Florence Street Denver, CO 80238 303-375-2526		
Sky Ridge Medical Center	CHEMPACK	10/7/2005	10/6/2008	Russell Koch Safety Director 10101 Ridgegate Parkway Lone Tree, CO 80124 720-225-3255		
St. Anthony's Summit Medical Center	CHEMPACK	9/26/2005	9/25/2008	Paul Chodkowski Administrator 340 Peak One Drive P.O. Box 738 Frisco, CO 80443 970-668-2852		
St. Mary's Medical Center	CHEMPACK	7/28/2005	7/27/2008	Brad Ferguson Saftety Manager 2635 North 7th Street P.O. Box 1628 Grand Junction, CO 81502-1628 970-244-6186		
University Hospital	CHEMPACK	10/1/2005	10/1/2008	Nancy Stolpman Pharmacy Director 4200 East 9th Avenue/Mailstop A073 Denver, CO 80262 303-372-6086		
OUT OF STATE MOU						
Wyoming Department of Health	Laboratory Support	7/1/2008	Until further notice	Angela Van Houten, Manager Public Health Emergency Preparedness Program		

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The Rocky Mountains, CO

State of Colorado Project Public Health Ready

Colorado Department Public Health and Environment

PPHR CROSS-WALK CHART

GOAL II: WORKFORCE CAPACITY DEVELOPMENT			
MEASURE # 2: CONDUCT OF REGULAR TRAINING NEEDS ASSESSMENTS		**CO DEPT PUBLIC HEALTH AND ENVIRONMENT PLANS DOCUMENT(S) NAME**	**PAGE(S)**
A. Date of Training Needs Assessment			
a1	The PPHR application shows a training needs assessment completed within the 12 months prior to the start of the application process	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Document*
B. Assessment Process Report			
b1	The report includes a description of the assessment methodology.	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Methodology*
b2	The report notes the length of time to complete the assessment process.	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Timeline*
b3	The report notes how frequently re-assessments will occur.	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Background*
b4	The report includes details of the assessment tool(s), if applicable.	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Methodology Web link, p 3*
b5	The report lists those involved in the design of the assessment process	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Methodology*
b6	The report notes the total number and percentage of staff assessed	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Demographics Response Rate*
C. Results and Implications Report			
c1	The report lists those involved in analyzing the data.	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Methodology*
c2	The report describes priority areas that are clearly based on the assessment.	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Results-Recom*
c3	The report describes how results will be or are being used to inform the training plan.	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Results-Recom*
c4	The report shows how results will be or are being used to inform the exercise plan.	Emergency Preparedness and Response Training Needs Assessment Summary Report	*Results-Recom*
MEASURE #3: COMPLETION AND MAINTENANCE OF A WORKFORCE DEVELOPMENT PLAN		**CO DEPT PUBLIC HEALTH AND ENVIRONMENT PLANS Documents(s) NAME**	**PAGE (S)**
A. Training Needs Assessment			
a1	The plan is clearly based on results from the Training Needs Assessment completed within the 12 months prior to the start of the application process. (See Measure 2.A.a1.)	Emergency Preparedness & Response 3-Year Training and Exercise Plan	*Purpose*
B. Training Topics			
b1	The plan identifies agency priority training topics.	Emergency Preparedness & Response 3-Year Training and Exercise Plan	*SEOP Link CDPHE Train'g Approach*
C. Training Objectives			
c1	The plan provides the objectives of the trainings OR describes the competencies that the workforce development plan addresses.	Public Health Emergency Preparedness and Response Catalog	*Bioter- Emerg Prep Core Competencies*

Measure #3: Completion and Maintenance of a Workforce Development Plan		CO Dept Public Health and Environment Plans Document(s) Name	Page (s)
D. Training Delivery			
d1	The plan describes the type of trainings to be provided.	Emergency Preparedness & Response 3-Year Training and Exercise Plan Public Health Emergency Preparedness and Response Catalog COTRAIN system	*CDPHE Approach Document Web Link*
d2	The plan describes the participants in the trainings.	Public Health Emergency Preparedness and Response Catalog COTRAIN system	*Target Aud Audience*
d3	The plan notes the agency(ies) that will deliver the trainings.	Public Health Emergency Preparedness and Response Catalog COTRAIN system	*Provider Sponsor*
d4	The plan provides justification for each chosen 'training activity'.	Emergency Preparedness & Response 3-Year Training and Exercise Plan Public Health Emergency Preparedness and Response Catalog COTRAIN system	*CDPHE Approach Description Description*
E. Management of Training Plan			
e1	The plan describes continuing competency-based education in emergency preparedness through the duration of PPHR recognition.	Emergency Preparedness & Response 3-Year Training and Exercise Plan	*Methodology*
e2	The plan describes how the training plan will be kept up-to date, providing at a minimum: Who will update the plan; How updates will be conducted; and When updates will take place.	Emergency Preparedness & Response 3-Year Training and Exercise Plan	*Maintenance*
e3	The plan describes how progress will be tracked	Emergency Preparedness & Response 3-Year Training and Exercise Plan	*Data Track'g*
e4	The plan describes how new employees will be trained, assessed, and incorporated into the training plan.	Emergency Preparedness & Response 3-Year Training and Exercise Plan	*New Empl*
F. Rapid Training Curricula			
f1	The application provides the rapid training curriculum for training staff and/or volunteers about epidemiological investigation tasks reflecting the agency's All-Hazard Plan.	Department Operations Center Manual PowerPoint template	*Activation Job Actn Sht Document*
f2	The application provides the rapid training curriculum for training staff and/or volunteers about mass prophylaxis reflecting the agency's All-Hazard Plan.	Department Operations Center Manual PowerPoint template	*Activation Job Actn Sht Document*
f3	The application provides the rapid training curriculum for training staff and/or volunteers about the National Incident Management System (NIMS) reflecting the agency's All-Hazard Plan.	PowerPoint template	*Document*
f4	The application provides the rapid training curriculum for training staff and/or volunteers about communications reflecting the agency's All-Hazard Plan.	Department Operations Center Manual PowerPoint template	*Activation Job Actn Sht Document*
f5	The application provides the rapid training curriculum for training staff and/or volunteers about isolation and quarantine reflecting the agency's All-Hazard Plan.	Department Operations Center Manual PowerPoint template	*Activation Job Actn Sht Document*
f6	The application provides the rapid training curriculum for training staff and/or volunteers about any other tasks relevant to agency's All-Hazard Plan	Department Operations Center Manual PowerPoint template	*Activation Job Actn Sht Document*

MEASURE # 4: CULTIVATION OF ORGANIZATIONAL CAPACITY TO SUPPORT AND MAINTAIN STAFF COMPETENCY IN EMERGENCY PREPAREDNESS		CO DEPT PUBLIC HEALTH AND ENVIRONMENT PLANS DOCUMENT(S) NAME	PAGE (S)
A. Management of Agency Workforce Capability			
a1	The application includes a report or table that describes the method used to demonstrate agency workforce capability.	Emergency Preparedness & Response 3-Year Training and Exercise Plan Public Health Emergency Preparedness and Response Catalog	*Workfrc Cap Table* *Crse Descrip*
a2	The application should describe how CDPHE routinely evaluates agency workforce capability.	Emergency Preparedness & Response 3-Year Training and Exercise Plan	*Methodology* *Eval Strategy*
a3	The application provides two examples of activities (and curricula) and/or exercises wherein staff had the opportunity to demonstrate specific competencies noted in the training plan.	H1N1 April-May 2009 After Action Report EPA August 2009 Community Exercise Summary Report	*Document* *Document*
B. Performance Improvement Plan			
b1	The application describes the link between the workforce evaluation, identified gaps, and the process for improving and sustaining levels of competence.	Emergency Preparedness & Response 3-Year Training and Exercise Plan	*Exer Improv Plan*
b2	The application should provide evidence of linkage to each of the appropriate Training Objectives noted in Measure 3.	Emergency Preparedness & Response 3-Year Training and Exercise Plan	*Train'g Cycle* *Need Assess* *Ex AAR- IP*
b3	The application should describe how new employees will be included in the performance improvement plan.	Emergency Preparedness & Response 3-Year Training and Exercise Plan	*New Empl*
MEASURE #5: NIMS COMPLIANCE		**CO DEPT PUBLIC HEALTH AND ENVIRONMENT PLANS DOCUMENT(S) NAME**	**PAGE (S)**
A. Identification and Tracking of Staff that Must Complete Coursework			
a1	The application shows how CDPHE identifies training needs and tracks completion of coursework for all CDPHE staff as required for NIMS compliance	Governor Executive Order Department Training Requirements	*Document* *Document*

Narrative – GOAL II: Workforce Capacity Development

Measure # 2: Conduct of Regular Training Needs Assessments

A. Date of Training Needs Assessment

In April 2009 the Colorado Department of Public Health and Environment 's Emergency Preparedness and Response Division conducted an internal department-wide employee competency assessment pertaining to the department's All-Hazards Internal Emergency Response Plan. The process paralleled the assessment occurring in Colorado's local public health agencies. For the convenience of the state employees, the assessment tool was an on-line survey that required completion between April 1 and April 29, 2009. The results were analyzed and summarized in the Emergency Preparedness and Response Training Needs Assessment Report completed in August 2009.

B. Assessment Process Report

The 2009 assessment report is a 14-page document that outlines the purpose, background, methodology, results and analysis of the training needs assessment process. Recommendations for training are included in the report and development of an action plan to implement the training subsequently occurred. The department's report details the time line for completing the needs assessment process, noting that Colorado's approach is a collaborative effort of the state and local public health agencies. Sixteen individuals representing the state's nine all-hazard regions and the state health department developed this tool for public health. The standardized assessment tool and the assessment process builds off of previous surveys initiated every three years (since 2005). It is based on the bioterrorism and emergency preparedness core competencies set for all public health professionals, as defined by Columbia University and CDC. Through this tool, public health professionals are classified into eight categories: leadership, communicable disease, clinical, environmental health, laboratory, public information, emergency preparedness and response, and other. This assists in developing appropriate training programs for each level of responder in public health. Since state emergency response is in support of local response, modifications in the language of the standardized assessment tool occurred prior to surveying the department's personnel to ensure accuracy in describing the role of public health at the state level. A sufficient number of staff in each category completed the survey to qualify the assessment process as satisfactory to proceed with development of a department training plan.

Department staff conducting training.

C. Results and Implications Report

The Colorado Department of Public Health and Environment's Emergency Preparedness and Response Training Needs Assessment Summary Report provides a comprehensive summary of the assessment of the state health department's staff on the department's emergency preparedness and response plan. The data analysis team evaluated and interpreted the initial assessment results. A second team translated the results into a training plan. Priority areas are also outlined in the overall training plan. Table 2 of the report identifies the manner in which the training recommendations are being implemented into exercises.

Narrative – GOAL II: Workforce Capacity Development

Measure # 3: Completion and Maintenance of a Workforce Development Plan

A. Training Needs Assessment

a1 The Colorado Department of Public Health and Environment develops the statewide all-hazard public health emergency preparedness and response training and exercise plan on a three-year cycle. It includes a section that is specific to the department's public health professionals. The plan, known as the Emergency Preparedness & Response 3-Year Training and Exercise Plan, is updated as necessary based on actual events, exercises or activities such as needs assessments. Thus, the department's workforce needs assessment conducted in the spring of 2009 is an example of when revisions to the plan occur.

Staff discussing workforce development plans

B. Training Topics

b1 The department's training approach is intended to build from the foundation of staff having a general understanding of the incident management system. This includes an awareness of the department's role in supporting local public health and medical partners as well as the department's responsibility as a lead agency in the State Emergency Operations Plan (SEOP). The internal training program is intended to customize the advanced knowledge and skills of employees based on management level, divisional assignments and expectations of the department's All-Hazard Internal Emergency Response Plan, Part I: Base Plan and Part II: Operational Plan. Topics include: proficiency in department communication tools, functional aspects of the department operations center, and advanced training in incident management.

C. Training Objectives

c1 The Colorado Department of Public Health and Environment provides a Public Health Emergency Preparedness and Response Course Catalog that details training developed by the department for internal professional development and for public health professionals throughout the state. The training topics address the public health emergency response core competencies and the essential public health services expectations for public health emergency response readiness. The specific objectives for each topic are outlined in the catalog.

D. Training Delivery

d1 The department utilizes a multitude of educational formats to deliver training to employees. The course catalog summarizes the computer-based training, which provides a convenient way for staff to receive basic information on the priority topics so they can meet the department expectations at their own pace. This occurs through the department's

d2 COTRAIN system. COTRAIN offers broader training topics and includes an electronic tracking system as documentation of individual training accomplishments of employees. The online courses are independent and are from FEMA or were created by the Emergency Preparedness and Response Division. More advanced training occurs in a classroom format. Exercises then provide an opportunity for employees to test their skills and practice capabilities in a

d3 simulated environment. The process and agencies delivering the 'hands-on' training are outlined in the catalog and on the COTRAIN website. Justification for all training topics can be found in the

d4 Emergency Preparedness & Response 3-Year Training and Exercise Plan, the Public Health Emergency Preparedness and Response Course Catalog, and on COTRAIN.

E. Management of Training Plan

e1 The Colorado Department of Public Health and Environment's workforce development plan is a competency-based training and exercise plan that builds off of the foundation of basic National Incident Management System (NIMS) courses and the department's role in the SEOP. The results of the 2009 employee needs assessment survey and exercise after action reports identify gaps in the department's training plan. A prioritized improvement plan will follow.
e2 Modifications occur to the department's training and exercise plan at least annually or as often as is necessary to continually build the staff's knowledge and the department's response, as outlined in the *Program Maintenance* section
e3 of the plan. COTRAIN, the department's learning management system, is the primary method for tracking employee completion of courses, training and exercise involvement.

e4 The *New Employees* section of the plan states that employees new to the department receive an orientation to the emergency preparedness and response program. An introduction to COTRAIN is included so staff can locate the required training material and complete the emergency preparedness and response requirements within the first six months of their employment. Employees in management positions receive additional instructions to ensure they complete the advanced level courses. Specific programs may have additional expectations of new employees, based on the role of that program in the Internal Emergency Response Plan. Performance improvement for all employees is measured by online and post-course training evaluations, as well as feedback following exercises or actual events.

F. Rapid Training Curricula

The rapid training process can be found in the Department Operations Center (DOC) Manual. This training is intended to ensure staff and volunteers are trained equally during events. The DOC Manual provides a broad approach to 'just-
f1 in-time' training, with a PowerPoint template developed for the training having specific sections that address incident management, epidemiology, and the SNS. Within the DOC Manual, the Staffing Coordinator's Job Action Sheet (JAS) outlines assigning individuals to an event and a specific operational period. It further describes the orientation requirements pertaining to the event and the DOC activities. The Public Health Group and Surveillance Supervisor JASs state that these positions are expected to provide the rapid training for those assigned to epidemiology or other
f2 health tasks. The Environmental Health Group JAS takes the lead for the rapid training of those assigned to these tasks. Individual programs in the department will then provide more specific rapid training. The department's SNS 101 course exists for those in need of rapid training on mass prophylaxis.

f3 The rapid training curriculum, as represented in the PowerPoint overview, is designed to begin with an overview of the specific incident unfolding. It then provides staff and volunteers with a brief overview of NIMS, the
f4 department's incident management structure and the all-hazard role of the DOC. The training framework builds on this, allowing for the rapid training to be customized to any incident and taking into consideration the department's Internal Emergency Response Plan. The training includes summarizing the communication tools available and relaying the tools in use throughout an unfolding event.

'Just-in-time' training underway for Colorado's SNS warehouse volunteers and

f5 A number of the department's response activities involve legal action. The rapid training template draws from the *Authority* section of the Internal Emergency Response Plan, Part I: Base Plan and outlines statutory authority of the department and draft executive orders created for emergency response actions. The training may reflect authority
f6 related to disease reporting, quarantine and isolation, bottled water orders, and more. This all-hazard approach allows for the emergency event to drive what exists in the rapid training presentation and for quick modifications to occur as an event unfolds.

Narrative – GOAL II: Workforce Capacity Development

Measure # 4: Cultivation of Organizational Capacity to Support and Maintain Staff Competence in Emergency Preparedness

A. Management of Agency Workforce (Capability)

a1 The Colorado Department of Public Health and Environment designs workforce training courses to enhance the knowledge of public health professionals in all eight professional classifications identified in the workforce assessment process. Individual knowledge is measured via written examination immediately following completion of the topic for on-line courses. Hands-on activities and discussion are the primary tools to evaluate an employee's capabilities in the classroom, with coaching and other techniques used to ensure each person successfully completes the course. With ICS classes, an online exam is also required to successfully complete the courses. When exercises are being used to evaluate the workforce, evaluators are assigned specific goals to address the topics under evaluation.

a2 On a daily basis the department practices and informally evaluates workforce capabilities by using NIMS, risk communication and specific response operations identified in the Internal Emergency Response Plan. This occurs through general public health or environmental health response to daily incidents and may include small scale disease outbreaks, H1N1 and seasonal influenza vaccination, environmental (spill) release response, and interagency response
a3 coordination (for events such as suspicious powders). The activation of the Strategic National Stockpile and the H1N1 response activities in April and May 2009 allowed for professionals in the department's human health programs to demonstrate their capabilities in incident management, risk communication, SNS movement, mass prophylaxis and epidemiological investigations. Department involvement in community-based exercises such as the August 2009 EPA exercise involving a spill from an oil refinery provided an opportunity for environmental health personnel to test their capabilities in an emergency response format as well.

B. Performance Improvement Plan

The department's performance improvement plan is a continually evolving process. The ongoing modifications to the
b1 training and exercise plan, including specific course curriculum, reflect the gaps identified in the assessment process and that observed during exercises. Improvement plans to curriculum also take into consideration course evaluation responses. Changes in the emergency preparedness and response field and the expectations of the U.S. Department of Homeland Security and the U.S Department of Health and Human Services will contribute to the ongoing evolution of the department's performance improvement plan. To ensure sustainability of competency in the workforce, the department's Emergency Preparedness and Response Division remains visible in the department to present at specific program meetings and support programs when situations provide opportunities for practicing the internal plan.

b2 The department's current performance improvement plan exists in the Emergency Preparedness & Response 3-Year Training and Exercise Plan. The *Training Needs Assessment Survey* section and the *Exercise After Action Report*
b3 *Improvement Plans* section demonstrate how the various steps of the department's training and exercise plan interlink. The success of these activities improves the competency level of all employees in the department, with the *New Employees* section demonstrating how the improvement plan is reflected in the material given to all new employees.

Narrative – GOAL II: Workforce Capacity Development

Measure # 5: NIMS Compliance

A. Identification and Tracking of Staff that Must Complete Coursework

a1 The Colorado Department of Public Health and Environment is required, by the Governor of Colorado's Executive Order (December 2004) to establish the National Incident Management System (NIMS) as the state standard for incident management. The department subsequently adopted the NIMS training requirements that were established by the NIMS Integration Center (NIC) in their Five-Year Training Plan. Employees register in COTRAIN to complete the courses and progress is tracked electronically by the Emergency Preparedness and Response Division. Each of the department's eleven divisions has an emergency preparedness and response liaison. Once a quarter the status of the divisions is sent to these individuals and an action plan is developed to ensure the department's workforce is in compliance with the NIMS requirements.

Goal II: References

SOURCE	CONTACT PERSON
Author; Project Manager – CO Dept Public Health and Environment's Project Public Health Ready (this document)	Robin K. Koons, PhD
Department Emergency Preparedness and Response Training Needs Assessment Report	Dana Erpelding
Department Emergency Preparedness and Response 3-year Training and Exercise Plan	Dana Erpelding
Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part I: Base Plan Department of Public Health and Environment All-Hazards Internal Emergency Response Plan Part II: Operational Plan	Yonette Hintzen-Schmidt
Department Operations Center Manual	Greg Stasinos
Governor's Executive Order - NIMS Requirements	Phyllis Bourassa
Just-in-Time Training - Presentation -	Template: Dana Erpelding DOC Document: Greg Stasinos
Public Health Emergency Preparedness and Response Course Catalog	Phyllis Bourassa
NIMS Training Requirements - Department	Phyllis Bourassa
Workforce capabilities –examples (see Goal III events)	

Appendix B : Supporting Documents for Goal II

Appendix B Table of Contents (Click on Document Name)

2009 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT EMERGENCY PREPAREDNESS AND RESPONSE TRAINING NEEDS ASSESSMENT SUMMARY (M2, a1)

PURPOSE

This report summarizes selected data for the 2009 Colorado Department of Public Health and Environment (CDPHE) Emergency Preparedness and Response Training Needs Assessment. CDPHE conducted this needs assessment survey in conjunction with local public and environmental health departments and nursing services in order to fulfill a requirement under the state's Public Health Emergency Preparedness (PHEP) Cooperative Agreement funded by the Centers for Disease Control and Prevention (CDC). This needs assessment also fulfills certification requirements for the National Association of City and County Health Officials (NACCHO) Project Public Health Ready (PPHR).

BACKGROUND

In order to assess public health workforce preparedness, Colorado state and local public health departments conduct a standardized needs assessment survey once every three years. **(M2, b3)** In March 2005, CDPHE conducted the first public health emergency preparedness needs assessment. The results from this needs assessment were used to develop the first statewide public health preparedness three-year training and exercise plan. The goal for the 2005-2008 training and exercise plan was to provide standardized training to all public health personnel and response partners on various emergency preparedness and response topics. In addition to standardized training, the 2005-08 training and exercise plan focused on the "Mass Prophylaxis" target capability as defined by the Department of Homeland Security's Target Capabilities List (TCL). CDPHE implemented a new three-year training and exercise cycle in 2008; the focus shifting from the 'Mass Prophylaxis' Target Capability to the 'Medical Surge' Target Capability over the next three years.

In addition to using the 2008 public health emergency preparedness needs assessment results, Colorado state and local health departments will also use guidance identified in the CDC Public Health Emergency Preparedness (PHEP) and the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Cooperative Agreements and lessons learned from past state, regional, and local exercise after action reports and improvement plans to develop the 2008-2011 training and exercise plans.

METHODOLOGY (M2, b1)

Colorado used the *Bioterrorism and Emergency Preparedness Core Competencies for All Public Health Workers* as defined by Columbia University and the CDC (hereinafter known as the "core competencies") to develop both the 2005 and the 2008 public health emergency preparedness needs assessment surveys:

CORE COMPETENCY 1	**Describe** the public heath role in emergency response in a range of emergencies that might arise.
CORE COMPETENCY 2	**Describe** the chain of command in emergency response.
CORE COMPETENCY 3	**Identify** and **locate** the agency emergency response plan (or the pertinent portion of the plan).
CORE COMPETENCY 4	**Describe** his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.
CORE COMPETENCY 5	**Demonstrate** correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)
CORE COMPETENCY 6	**Describe** communication role(s) in emergency response: • within the agency using established communication systems

- with the media
- with the general public
- personal (with family, neighbors)

CORE COMPETENCY 7 **Identify** limits to own knowledge/skill/authority and **identify** key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8 **Recognize** unusual events that might indicate an emergency and **describe** appropriate action.

CORE COMPETENCY 9 **Apply** creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

The 2009 CDPHE Emergency Preparedness and Response Training Needs Assessment was designed to assess public and environmental health's ability to perform these nine core competencies, as our ability to perform each of these competencies will directly result in a strong public and environmental health emergency response capacity within the state of Colorado.

In February 2008, CDPHE formed a workgroup of state and regional public health preparedness staff to develop the needs assessment survey questions. The participants who contributed to the development of the 2008 public health emergency preparedness needs assessment survey are listed below: **(M2, b5)**

CDPHE
Dana Erpelding
Phyllis Bourassa

North Central Region
Michele Fox, *Tri-County Health Department*
Melanie Simons, *CDPHE NCR Training Coordinator*

Northeast Region
Doug Bjorlo, *Larimer County Public Health Department*
Mike Burnett, *Northeast Health Department*

Northwest Region
Jim Johnsen, *Northwest Visiting Nurse Association*
Ilanit Kateb, *Northwest Visiting Nurse Association*

San Luis Valley Region
Beth Quinlan, *Alamosa County Nursing Service*

South Region
Jason Atencio, *Pueblo City-County Health Department*
Mark Korbitz, *Pueblo City-County Health Department*

South Central Region
Jessica Earley, *El Paso County Health Department*
Lisa Powell, *El Paso County Health Department*

Southeast Region
Meredith Bradfield, *Otero County Health Department*

Southwest Region
Aislynn Tolman-Hill, *Mesa County Health Department*

West Region
Nanci Quintana, *Mesa County Health Department*

In an emergency, the responsibilities of public health personnel will differ based upon their subject matter expertise and their role within the organization. Respondents were required to select the most appropriate role that they fulfill within their agency based upon the following workforce audiences[1]:

1. Public Health Leaders
2. Public Health Communicable Disease Staff

[1] The original nine audiences defined by Columbia University and the CDC were modified to create this audience list for the following reasons:

a. Colorado does not house medical examiners or coroners at state or local health departments. The county coroner is an elected position. Therefore, Colorado removed the "Medical Examiner/Coroner" audience as an option.
b. The CDPHE Emergency Preparedness and Response Division (EPRD) funds approximately 42 public health emergency preparedness and response regional staff positions throughout the state. These individuals possess critical knowledge of public health emergency preparedness issues and initiatives in order to provide technical assistance to local health departments and other partner agencies within their regions. It was essential that this audience be identified in this survey.
c. Colorado combined the two Columbia/CDC audiences, "Other Public Health Professional Staff" and "Public Health Technical and Support Staff" into one category – "Other Public Health Professional Staff".

3. Public Health Clinical Staff
4. Environmental Health Staff
5. Public Health Laboratory Staff
6. Public Health Information Staff
7. Emergency Preparedness Staff
8. Other Public Health Professional Staff

As the survey questions were developed, it became clear that certain questions were appropriate for all audience types, and others were only appropriate for those in the leadership, emergency preparedness, clinical or communicable disease roles. The decision was made to create a standard set of questions that all employees would answer, regardless of the role selected, and to create an additional subset of questions specific to those in the leadership, emergency preparedness, clinical and communicable disease roles.

The list of questions provided to an individual would depend on the role that he or she selected at the beginning of the survey. In addition, Colorado public health services are provided by both large, organized health departments and small nursing services. The decision was also made to remove the set of hazardous materials (HazMat) questions from the survey provided to the smaller nursing services, as these organizations do not provide HazMat services.

In March 2008, the final list of survey questions was entered into an online survey instrument, known as Zoomerang (http://www.zoomerang.com), **(M2, b4)** and sent via email to all local public and environmental health staff in the state of Colorado on April 1, 2008. All participants were contacted initially through an email from their regional emergency preparedness planner or training coordinator that included information on the purpose of the survey, a description of how the data was to be reported, and instructions on how to access the survey via the Internet. The survey was open for one month to allow participants with enough time to complete the survey. Based upon the agency and audience type selected, respondents were asked to rate their knowledge, skills and abilities on a variety of public health preparedness and response topics. An email was sent out frequency to each agency to remind staff to take the survey until the online survey instrument was closed on April 29, 2008.

In March 2009, the CDPHE Emergency Preparedness and Response Division (EPRD) sent a slightly modified version of the electronic needs assessment survey (omitting questions specific to local health departments) to all staff at the Colorado Department of Public Health and Environment (CDPHE). The survey link was sent via email to all CDPHE Division Directors to distribute to their staff, the survey link was also included in the 'CDPHE Weekly Broadcast' email that is sent to all department employees and a link to the survey was posted on the department's Intranet for three months. Emails containing the survey link included information on the purpose of the survey, a description of how the data was to be reported, and instructions on how to access the online survey. The survey was open for four months as initial participation was weak. Emails from department leadership were sent out frequently to each Division Director to remind them to encourage staff to complete the online survey until an adequate response rate (over 25% of department staff) was obtained; at which point, the survey instrument was closed in July 2008.

Once the survey was closed, EPRD staff analyzed the CDPHE data to develop future training and exercise recommendations for the state health department. If a large percentage of individuals did not feel confident that they could perform a specific task or activity or access key information, this topic was identified as a training priority. A negative response was defined as: "Somewhat Prepared" and/or "Not Prepared", "Somewhat Knowledgeable" and/or "Not Knowledgeable", "Somewhat Confident" and/or "Not Confident".

The following individual's were involved in analyzing the needs assessment data for CDPHE: **(M2, c1)**

Dana Erpelding, MA
Training and Exercise Manager, Emergency Preparedness and Response Division
Colorado Department of Public Health and Environment
303-692-2679
dana.erpelding@state.co.us

Korey Bell
CDPHE Trainer, Emergency Preparedness and Response Division
Colorado Department of Public Health and Environment
303-692-2967
korey.bell@state.co.us

Robin Koons
ESF 8 Coordinator, Emergency Preparedness and Response Division
Colorado Department of Public Health and Environment
303-692-2719
robin.koons@state.co.us

Yonette Hintzen-Schmidt
Department Planning Coordinator, Emergency Preparedness and Response Division
Colorado Department of Public Health and Environment
303-692-2954
yonette.hintzen@state.co.us

NEEDS ASSESSMENT TIMELINE (M2, b2)

February 2008	Create needs assessment workgroup to develop questions
March 2008	Questions completed and survey entered into online survey tool
April 2008	Survey link sent to LPHAs and survey marketed to promote participation
May-June 2008	Local public health survey data compiled by CDPHE
June 2008	Local public health survey data sent to LPHAs for review
June- Sept 2008	LPHAs analyze data and use it to provide future training and exercise recommendations to their own agencies
March 2009	EPRD sends the electronic needs assessment survey out to all staff at the Colorado Department of Public Health and Environment
July 2009	EPRD analyzed CDPHE data to develop future training and exercise recommendations for the state health department

*** This report summarizes findings from all CDPHE survey respondents. Survey data will be analyzed more thoroughly for each division to determine division-specific training needs in the future.**

DEMOGRAPHICS
The demographics section of the survey was used to obtain descriptive information among the respondent population. Since demographic information for the entire population was unavailable at the time of the analysis, it is unknown whether a specific gender, age or education level responded with a higher frequency. The demographic results are listed below:

1. Please select your division:

Administration and Financial Services Division (AFSD)	25	7%
Air Pollution Control Division (APCD)	12	3%
Consumer Protection Division (CPD)	4	1%
Center for Health and Environmental Information and Statistics (CHEIS)	54	14%
Disease Control and Environmental Epidemiology Division (DCEED)	12	3%
Emergency Preparedness and Response Division (EPRD)	29	8%
Executive Director's Office (EDO)	11	3%
Hazardous Materials and Waste Management Division (HMWMD)	18	5%
Health Facilities and Emergency Medical Services Division (HFEMSD)	45	12%
Laboratory Services Division (LSD)	35	9%
Prevention Services Division (PSD)	129	34%
Water Quality Control Division (WQCD)	6	2%

2. What category best defines your role?

Leadership Staff	64	17%
Communicable Disease Staff	25	7%
Clinical Staff	17	4%
Environmental Health Staff	36	9%
Laboratory Staff	27	7%
Public Information Staff	29	8%
Emergency Preparedness and Response (EPR) Staff	34	9%
Other, please specify	148	39%

3. What category best defines your position?

Management/Supervisory	108	28%
Professional Staff	202	53%
Support Staff	70	18%

4. Are you a member of an emergency response team or incident management team in your agency, county and/or region?

No	314	83%
Yes	65	17%

5. Gender

Female	272	72%
Male	108	28%

7. Years Experience in Public Health

< 1	34	9%
2-4	65	17%
5-9	112	29%
10-14	53	14%
15-19	47	12%
> 20	69	18%

RESPONSE RATE AND JUSTIFICATION (M2, b6)

Total Number of Agency Staff: 1,200
Total Number of Respondents: 380
Response Rate: 32%

CDPHE currently employs approximately 1,200 staff members. All 1,200 staff members were targeted when administering this needs assessment survey. CDPHE EPRD staff closed the survey once a sufficient number of respondents (over a 25% response rate) had completed the survey, as EPRD felt that this would be an adequate sample size to determine department training priorities.

Of the 1,200 total staff identified as possible respondents, 380 completed the survey, for a response rate of 35%.

CDPHE will not assess remaining staff. Given that the needs assessment is designed to identify big picture issues only, CDPHE EPRD staff felt that a 35% response rate was sufficient to meet the overall goal of identifying department-wide training priorities. Further, the needs assessment data will not be the sole source of information to be considered. Needs assessment results are combined with data from past after action reports, grant guidance requirements and considerations regarding the CDPHE statewide 3 year training focus (hospital surge) in order to develop training and exercise priorities. CDPHE staff will also be continually assessed during division-specific training and exercise events to determine gaps in knowledge and abilities over the next 2 years. The next formal training and exercise needs assessment survey will be distributed in the spring of 2011.

SURVEY LIMITATIONS

The training needs assessment survey was subject to several limitations. The online nature of the survey may have had an impact on the results of the study as not all agency respondents may have had access to a computer on a daily basis and a small percentage of respondents did not complete the survey in its entirety. Invitations to participate were sent via email and a limited number of addresses may have been invalid. A potential bias based on the survey design may exist where participates may have a tendency to understate the self-perception of their skill/confidence level.

RESULTS AND RECOMMENDATIONS (M2, c2, c3, c4)

After reviewing the needs assessment results for the Colorado Department of Public Health and Environment (CDPHE), the following training priorities and recommendations were identified. To see the full needs assessment data report for CDPHE, please see the *2009 CDPHE Needs Assessment Results.pdf* document.

The following recommendations will be incorporated into the CDPHE three-year training and exercise plan to ensure that training and exercise gaps are addressed appropriately. **(M3, a1)**

CORE COMPETENCY 1. Describe the public heath role in emergency response in a range of emergencies that might arise.

75% of respondents stated that they have access to training on public health's role in emergency preparedness and response and 71% of respondents state that they are very prepared to somewhat prepared to describe their division's role in an emergency, however;

50% of respondents stated that they did not know how a public health and/or medical response would be activated by the department during a large-scale emergency and 45% stated that they were not confident in their ability to describe how a public health and/or medical response would be coordinated by CDPHE.

Hazard-Specific Knowledge

When asked to rate their knowledge of various hazards (biological, chemical, radiological, nuclear and explosive), nuclear hazards received the lowest rating (56% of respondents stated that they were not knowledgeable on this topic) and biological hazards received the highest rating (28% of respondents stated that they were knowledgeable to very knowledgeable on this topic).

When asked to rate their level of preparedness to respond to various events (natural disaster, communicable disease outbreak, and other mass casualty event), the mass casualty event received the lowest rating (36% stated that they were not prepared to respond to this type of event based upon the agency's overall response) and communicable disease outbreak received the highest rating (35% of respondents stated that they were prepared to very prepared to respond to this type of event based upon the agency's overall response). This data is consistent with public health's traditional role in investigating and responding to communicable disease outbreaks and other biological hazards.

Training Recommendations:

- To ensure that public health preparedness training is consistent across divisions, ask division directors to encourage staff to take the online "Introduction to Public Health Services in Colorado" and "Introduction to Emergency Preparedness and Response" courses. These courses include information on how each division responds to various emergency events, including how CDPHE coordinates public health and medical response and how Emergency Support Function 8(ESF8) (public health, medical and mortuary) activities are integrated into the larger state and/or county emergency response and management operations.

CORE COMPETENCY 2. Describe the chain of command in emergency response.

42% of respondents said they were not confident in their ability to describe CDPHE's chain of command and management system for emergency response.

31% of respondents stated that they did NOT understand the structure and organization of the Incident Command System well enough to apply what they have learned.

48% of respondents have been trained in one or more ICS roles.

18% have had the opportunity to apply their knowledge of ICS and 51% feel confident that they could work within the ICS structure if asked to do so.

Background:
ERPD staff members are responsible for coordinating activities conducted in the CDPHE Department Operations Center (DOC) during the department's response to a large-scale public health emergency. As such, EPRD is the only division required to participate in the higher-level incident command trainings (ICS-300 and ICS-400 level training). EPRD staff members are responsible for guiding the other CDPHE divisions in the use of the incident command system once they are called to respond.

All CDPHE staff are required to take the IS-700 and ICS-100 level courses. Supervisory staff are required to take the ICS-200 level training. All CDPHE employees must obtain the FEMA certificate of completion for the ICS courses assigned to their role.

Despite the fact that all CDPHE staff are required to take the FEMA online IS-700 and ICS-100 courses, few department staff have had the opportunity to apply ICS skills or knowledge.

Recommendations:
- Continue to provide all levels of ICS training, including ICS-300 and ICS-400 level classroom training
- Increase opportunities for staff to participate in ICS drills and other exercises to apply the use of ICS. EPRD staff will be developing a matrix to outline future division-specific training and exercise opportunities to ensure that each division has the opportunity to apply EPR concepts in a training, drill or exercise format at least once a year. This matrix will be developed and implemented by January 2010.

CORE COMPETENCY 3. Identify and **locate** the agency emergency response plan (or the pertinent portion of the plan).

64% of respondents stated that they did not know how to access CDPHE's Internal Emergency Operations Plan. 4% stated that this plan was 'Not Applicable'. In addition, 86% of respondents stated that they were somewhat confident or not confident in their ability to describe what the Internal Emergency Operations Plan is. 1% of respondents stated that this plan was 'Not Applicable/Agency does not possess this plan'. 87% of respondents stated that they were somewhat confident or not confident in their ability to describe what the Pandemic Influenza Annex is. 2% of respondents stated that this plan was 'Not Applicable/Agency does not possess this plan'.

66% of respondents stated that they did not know how to access CDPHE's Continuity of Operations (COOP) Plan. 5% stated that this plan was 'Not Applicable'. I In addition, 86% of respondents stated that

they were somewhat confident or not confident in their ability to describe what the COOP is. 1% of respondents stated that this plan was 'Not Applicable/Agency does not possess this plan'.

72% of respondents stated that they did not know how to access CDPHE's Emergency Communications Plan. 4% stated that this plan was 'Not Applicable'. In addition, 87% of respondents stated that they were somewhat confident or not confident in their ability to describe what the Emergency Communications Plan is. 1% of respondents stated that this plan was 'Not Applicable/Agency does not possess this plan'.

Only 27% of respondents know what portions of the CDPHE Internal Emergency Operations Plan are relevant to their possible role in an emergency.

Only 34% of respondents know what emergency preparedness and response tasks their program or division is responsible for conducting. 11% of respondents stated that their program/division is not responsible for responding to emergencies.

66% of respondents stated that their division has the ability to staff positions for multiple operational periods.

Recommendations:

- Promote the "Introduction to Public Health Services" course to division directors and link to this course on Intranet (as well as market the course in department emails and newsletters).
- Continue to remind employees where they can locate the online version of the CDPHE Internal Response Plan in weekly emails and monthly newsletters.
- A new online course will be developed to provide CDPHE staff with basic COOP and emergency planning information as it relates to their role as a CDPHE employee. Relevant planning information will be included in this future course.
- EPRD staff will be developing a matrix to outline future division-specific training and exercise opportunities by January 2010 – include relevant planning components in this face-to-face training as well.

CORE COMPETENCY 4. Describe his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

41% of respondents do not know what their functional role would be in the event that the agency needed to respond to an emergency and 11% stated that they would not be asked to respond in an emergency.

82% of respondents stated that they have participated in 1-3 emergency preparedness exercises/drills over the past 5 years and 75% stated that they were 'somewhat' or 'not confident' in their ability to demonstrate the skills required to carry out their emergency response role.

64% of respondents can identify at least one backup/support person to carry out their role in an emergency.

15% of respondents stated that they would be 'confident' to 'very confident' in their ability to assist with sample collection if necessary in an emergency.

21% maintain a current CPR and/or first aid certification.

50% have a plan in place for communicating with family members during an emergency and 62% of respondents state that they do have enough food, water and essential supplies stored at home to last at least 72 hours in an emergency.

Recommendations:

- Provide more opportunities for short drills and other exercises that will provide staff with opportunities to learn their emergency response roles and to ask questions of leadership and regional EPR staff. EPRD staff will be developing a matrix to outline future division-specific training and exercise opportunities to ensure that each division has the opportunity to apply EPR concepts in a training, drill or exercise format at least once a year. This matrix will be developed and implemented by January 2010.
- Encourage agency leadership to involve their employees in more training, drills, and exercises related to emergency preparedness. During future drills and exercises, various divisions should be asked to participate and demonstrate the role that they would potentially play during a real emergency. This will enable employees to implement their individual emergency response functional role(s) in a controlled setting.
- Promote the importance of personal preparedness in the new online course that will be developed to provide CDPHE staff with basic COOP and emergency planning information as it relates to their role as a CDPHE employee.

CORE COMPETENCY 5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)

49% of respondents stated that they are either 'confident' or 'very confident' in their ability to use CDPHE's phone system during an emergency event (accessing voice mail from off-site, participating in conference calls, etc)?

30% of respondents stated that they are either 'confident' or 'very confident' in their ability to use CDPHE's fax machines in an emergency event (faxing to pre-programmed groups, sending multiple faxes at one time, etc.)?

46% of respondents stated that they are either 'confident' or 'very confident' in their ability to use CDPHE's computers and computer programs during an emergency event (such as accessing your computer files from home or another remote location)?

Only 22% of respondents receive Colorado Health Alert Network (COHAN) messages and 22% know whom to contact at CDPHE to create and send messages using the division's notification system (COHAN or other system).

69% of respondents stated that they are 'not confident' in their ability to use the 800 MHz radio and only 12% know what 800 MHz radio channels to use to communicate to various partners in an emergency (public health, law enforcement, hospitals, etc.)

Recommendations:

- Include internal and external emergency communication protocols and procedures as well as information on the use of IT and communications equipment in the new online course that will be developed to provide CDPHE staff with basic COOP and emergency planning information as it relates to their role as a CDPHE employee. Information provided will help ensure that all employees can operate basic communications equipment within the department and away from the office during day-to-day and emergency operations.
- Increase 800 MHz radio training for members of the CDPHE internal call-down list.

CORE COMPETENCY 6. Describe communication role(s) in emergency response:
- within the agency using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

52% of respondents know how CDPHE would contact them during an emergency or other event, such as business closure due to weather, power outage or when phone lines are down.

81% of respondents stated that they are 'somewhat' or 'not confident' in their ability to describe the communication methods CDPHE would use with the media in an emergency response and 82% stated that they are 'somewhat' or 'not confident' in their ability to describe the communication methods CDPHE would use with the general public.

63% of respondents know who their public information officer (PIO) is.

Only 29% of respondents know how to access 24/7 contact information for agency personnel.

51% of respondents do not know what local and state agencies/specialists should be notified during various emergencies (as it relates to their role) and only 31% of respondents know where to find contact information for these local and state agencies/specialists.

Recommendations:

- Include information on how CDPHE will contact employees during event, the importance of having division-specific 24/7 contact information, lists of partner contacts and MOUs for emergency purposes in the new online course that will be developed to provide CDPHE staff with basic COOP and emergency planning information.
- Provide staff with a link to the online and classroom versions of the Risk Communication Training.

CORE COMPETENCY 7. Identify limits to own knowledge/skill/authority and **identify** key system resources for referring matters that exceed these limits.

73% of respondents stated that they are either 'confident' or 'very confident' in their ability to identify limits to their own knowledge, skills and abilities.

56% of respondents stated that their division/program does not have adequate equipment (such as thermometers for food temperature reading, blood pressure sphygmomanometers, chemical air monitoring devises, sample collection process, computers, etc.) needed to respond to an event and 31% of respondents reported that they are either 'confident' or 'very confident' in their ability to locate resources, materials and/or equipment that may be needed to respond to an emergency.

34% of respondents feel that they have received adequate training to use the equipment needed to respond to an event.

52% of respondents report that they would know what to do if the scope of the response exceeded their abilities.

66% of respondents currently do not know what Memorandums of Understanding (MOU)/Mutual Aid Agreements (MAA) are in place between public health and other agencies related to their division's roles and responsibilities.

Recommendations:

- Include questions for staff to consider and/or ask division leadership within the new online course that will be developed to address basic CDPHE COOP and emergency planning information. Questions include "what equipment/resources might you need to access in your current role in order to respond to a public/environmental health emergency?", "where can this equipment be accessed?", "is training available on the use of this equipment?", "what partners would need to be contacted and where is contact information located for these partners in the event that your division was involved in emergency response?", etc.

CORE COMPETENCY 8. Recognize unusual events that might indicate an emergency and **describe** appropriate action (e.g., communicate clearly within the chain of command.)

70% of respondents stated that they are either 'somewhat' or 'not confident' in their ability to recognize unusual events that may indicate a public health emergency.

Recommendations: None

CORE COMPETENCY 9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

64% of respondents do not participate in continuing education, training, seminars and/or group discussions to maintain current knowledge on topics relevant to emergency response.

65% of respondents stated that their agency/division's emergency response evaluation process (such as the use of After Action Report and Improvement Plans) is not useful. Most employees commented that they did not know if the evaluation processes were useful because they do not know what an AAR is or how their program evaluates emergency response activities.

59% of respondents do not feel that the emergency preparedness and response training they have received has adequately prepared them to participate in drills, exercises and/or real events. The majority of staff comments to this question stated that the individual has not participated in any training or that they do not feel that they would be required to respond in a public health emergency event.

How do you prefer to get training (check all that apply)?

	Not Preferred	Somewhat Preferable	Highly Preferable
Internet (web-based)	11%	41%	47%
CD-ROM	34%	47%	18%
Daytime course	12%	33%	55%
Weekend course	88%	11%	2%
Evening course	85%	14%	1%
Videotapes	44%	45%	11%
Print materials	18%	58%	24%

Recommendations:

- Improve department-wide promotions of basic public health preparedness training.
- Provide divisions with in-person training whenever possible and provide web-based training as a back-up when classroom training is not possible due to time and fiscal constraints.
- Post appropriate after action reports for exercises and real events for all department staff to review (once confidential information has been removed) to enable all department staff to see how public health preparedness activities are evaluated and how areas for improvement are identified.

Personal Protective Equipment

9% of respondents have been identified by their division/program as a possible field responder (someone who might respond to the site of a hazard or come in contact with infectious patients). Those 9% of respondents provided the following information about their knowledge and use of personal protective equipment (PPE):

62% of respondents stated that they were either 'confident' or 'very confident" in their ability to use personal protective equipment (PPE).

33% of respondents stated that their division/program provides training on PPE.
11% of respondents have taken PPE training during their employment at CDPHE, however, it has been several years since they have taken a refresher PPE training.
42% of respondents have not been provided with PPE training during their employment at CDPHE.
14% of respondents have taken the on-line respiratory Personal Protective Equipment (PPE) course provided by CDPHE. Of those respondents, 65% think that the combination of on-line training and face-to-face fit testing has adequately prepared them to use PPE.

Only 42% of respondents have been fit-tested to wear a disposable respirator (such as a N-95 mask) in the last year.

50% of respondents feel confident that a respirator will adequately protect them during an emergency.

53% of respondents stated that they are 'somewhat' or 'not confident' in their ability to select the appropriate PPE needed to respond to various events (such as various communicable disease outbreaks or exposure to environmental hazards).

55% of respondents are 'somewhat' or 'not confident' in their ability to decontaminate equipment after an event.

Recommendations:

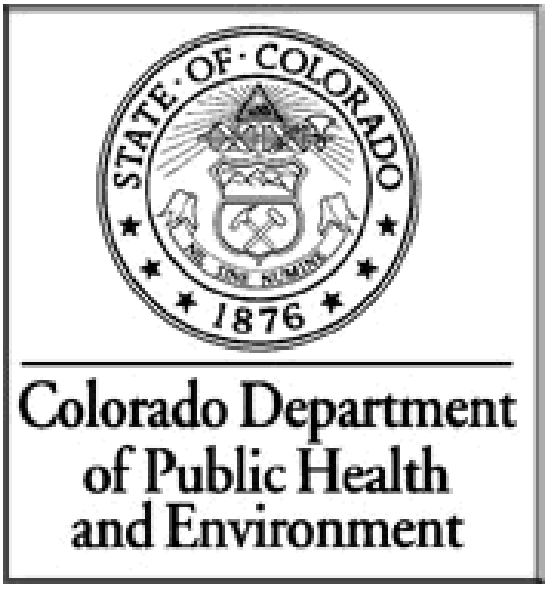
- Ensure division leadership understand the importance of annual fit-testing and ask that they mandate all staff that may possibly need to wear respiratory protection be trained and annually fit-tested.
- Speak with each division about their current PPE training requirements and needs. EPRD must ensure that respiratory protection policies and procedures are as consistent as possible to alleviate concerns about the effectiveness of respirators, etc.

CONCLUSION

From the results of this survey, it is evident that future training and exercise opportunities for CDPHE staff need to concentrate on increasing the general level of staff knowledge on basic public health preparedness and how the department would coordinate Emergency Support Function #8 activities during a large-scale public health emergency. In addition, specific training for more advanced public health preparedness and response tasks should to be provided to EPRD and internal call-down staff members within each division.

As always, all staff will be encouraged to participate in any other emergency preparedness related training that may be available, relevant to their role within their current division and of interest to them.

To address the training and exercise gaps identified in this assessment, the above recommendations will be implemented as described in the CDPHE three-year training and exercise plan. **(M3, a1)**



Colorado Department Of Public Health & Environment

Emergency Preparedness & Response 3-Year Training and Exercise Plan

2008-2011

Last Revisions Made: September 2009

Preface

This training and exercise plan defines how the Colorado Department of Public Health and Environment (CDPHE) will identify, develop, and implement key public health emergency preparedness and response training and exercise activities in order to better prepare Colorado for a public health threat or emergency.

This is a living document that will be updated annually. This plan provides a roadmap for Colorado state and local public health agencies to follow in order to accomplish the training and exercise priorities described in the Centers for Disease Control and Prevention (CDC) Emergency Preparedness and Response Cooperative Agreement and the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Cooperative Agreement.

Points of Contact

CDPHE Training and Exercise Point of Contact:

Name: Dana Erpelding
Office: Emergency Preparedness and Response Division
Title: Training and Exercise Manager
Address: 4300 Cherry Creek Drive South, Denver, CO 80246
Phone: 303-692-2679
Email: dana.erpelding@state.co.us

Colorado CDC PHEP Grant Manager:

Name: Natalya Verscheure
Office: Emergency Preparedness and Response Division
Address: 4300 Cherry Creek Drive South, Denver, CO 80246
Phone: 303-692-2766
Email: natalya.verscheure@state.co.us

Colorado ASPR HPP Grant Manager:

Name: Lyle Moore
Office: Emergency Preparedness and Response Division
Address: 4300 Cherry Creek Drive South, Denver, CO 80246
Phone: 303-692-2669
Email: lyle.moore@state.co.us

Other State Contacts:

Name: Phyllis Bourassa
Title: Public Health Regional Training Coordinator Liaison
Phone: 303-692-2665
Email: phyllis.bourassa@state.co.us

Name: Nicole Roland
Title: Public Health Regional Planner Liaison
Phone: 303-692-2971
Email: nicole.sangouard@state.co.us

Name: Greg Schlosser
Title: CO.TRAIN Administrator
Phone: 303-692-2683
Email: gregory.schlosser@state.co.us

Name: Korey Bell
Title: Public Health Emergency Preparedness Trainer
Phone: 303-692-2967
Email: korey.bell@state.co.us

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Purpose

CDPHE has developed this training and exercise plan based on guidance identified in the Centers for Disease Control and Prevention (CDC) Emergency Preparedness and Response Cooperative Agreement and the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Cooperative Agreement, 2008 public health emergency preparedness needs assessment results, and lessons learned from state, regional, and local exercise after action reports (AAR) and improvement plans (IP). **(M3, a1)**

The goal for this training and exercise plan is to enhance and integrate state and local public health preparedness and response activities with federal, state, local, and tribal governments, the private sector (including private healthcare industry partners), and non-governmental organizations. This three-year training and exercise plan (2008-2011) will define how the Colorado Department of Public Health and Environment (CDPHE) Emergency Preparedness and Response Division (EPRD) will identify, develop, and implement key emergency preparedness training and exercise opportunities for Colorado's public health workforce and public health partners. The plan identifies core emergency preparedness training and exercise requirements and strategies being used to prepare Colorado in the event of a public health threat or emergency.

Background

According to the Colorado State Emergency Operations Plan, the Colorado Department of Public Health and Environment (CDPHE) is the lead agency for Emergency Support Function #8: Health and Medical Response (ESF #8). As such, CDPHE provides support to state and local governments in identifying and meeting the health and medical needs of survivors of a major disaster, emergency, or terrorist event. CDPHE has enhanced ESF 8 response plans and tools in the following areas:

- Assessment of public health and medical needs
- Health surveillance
- Public health and medical care volunteer personnel
- Public health and medical equipment and supplies
- Patient evacuation
- Emergency medical services supplies
- Food, drug, medical device safety
- Worker health and safety
- Radiological, chemical, biological hazards
- Public health information
- Vector control and debris management
- Potable water and wastewater hazards
- Casualty, coroner, mortuary services, and death certificate coordination

Public Health Partners

The public health community has taken on many new responsibilities in emergency preparedness as evidenced by the rapid growth of the Public Health Emergency Preparedness and Response program within the state of Colorado. These emerging responsibilities require the support and education of public health staff as well as public health partners. Public health partners include, but are not limited to, the following:

- Hospitals, outpatient clinics, and other medical facility personnel
- Assisted living and long-term care facilities, rural/community health centers
- Colorado Medical Society
- Emergency Medical Services (EMS)
- Emergency managers
- Law enforcement
- Fire services
- Hazardous materials (HazMat) personnel
- Public works
- Coroners
- Environmental Health
- Mental health professionals
- Veterinary and agricultural professionals
- Elected officials
- Educational and professional institutions
- Tribal governments
- Military installations
- Urban Area Security Initiative (UASI)
- Metropolitan Medical Response System (MMRS)

Colorado state and local public health agencies conduct emergency preparedness and response training and exercise activities in coordination with other local, state, and federal agencies. Colorado public health staff jointly participate in all-hazard planning meetings; information

exchange; mutual aid; and collaborative training, exercises and drills to enhance multi-discipline and multi-jurisdictional preparedness and response.

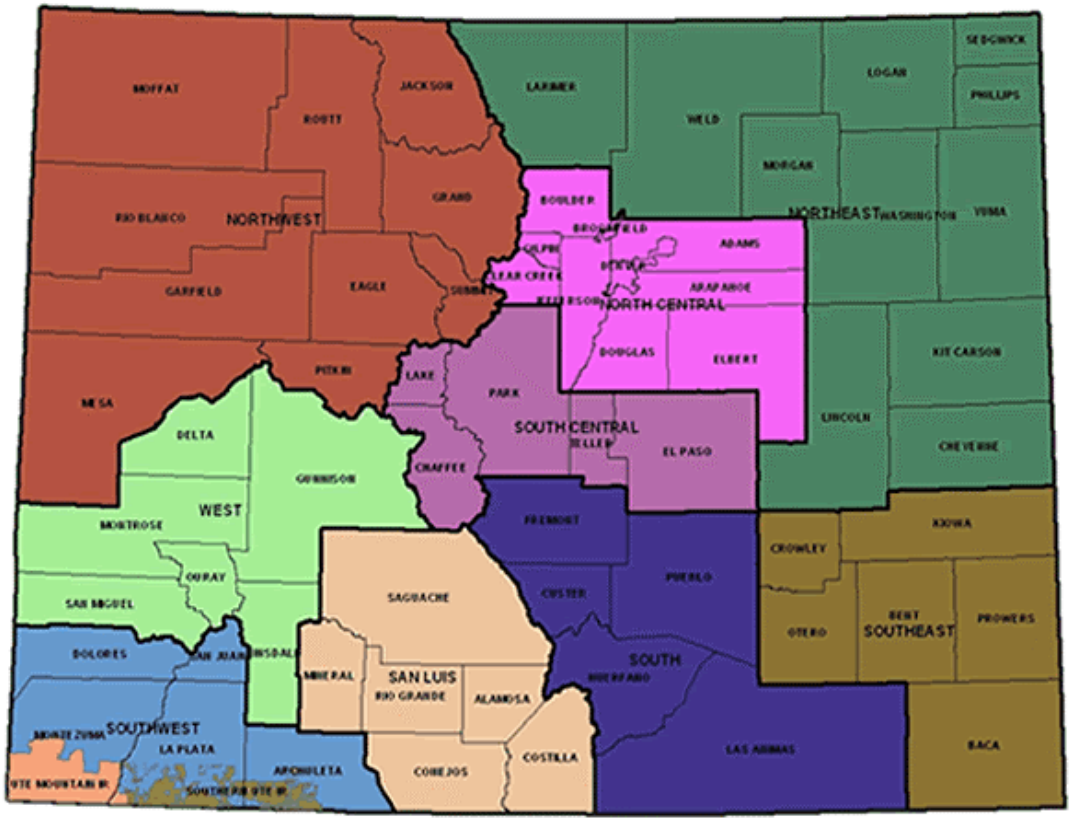
CDPHE participated in Colorado's annual State Training and Exercise Planning Workshop (T&EPW) on September 26, 2007. This workshop was designed to coordinate training and exercises with multiple agencies and jurisdictions to satisfy the requirements of DHS and HHS grants and cooperative agreements. As a follow up to this initial workshop, CDPHE will continue to participate in future T&EPW initiatives and continues to send training and exercise dates to the Colorado Division of Emergency Management (CDEM) to be included in the National Exercise Schedule System (NEXSS).

Colorado All-Hazards Regions

Colorado has grouped local emergency management authorities and resources into nine geographical and functional planning areas known as All-Hazards Emergency Management Regions. Approximately 42 regional staff positions are funded by the CDPHE EPRD in each of the nine all-hazards regions in the state. Each region houses *at least* one Public Health Regional Planner, Regional Epidemiologist, and Regional Training Coordinator in order to assure statewide coordination for public health emergency preparedness and response activities.

Homeland Security Regional Coordinators, emergency managers, public health emergency preparedness regional staff and other CDPHE personnel work within these regional boundaries to facilitate local prioritization, teamwork and collaboration among neighboring counties and tribal governments. This approach fosters resource sharing and builds sustainable capabilities and early consensus among stakeholders.

Colorado All-Hazards Regional Map



This training and exercise plan will serve as a resource for planning public health emergency preparedness training and exercises within the state of Colorado. The Colorado Department of Public Health and Environment (CDPHE) will manage state-coordinated exercises listed in this plan. The local and regional exercises listed in this plan will be managed and implemented by public health staff at the regional and/or county level.

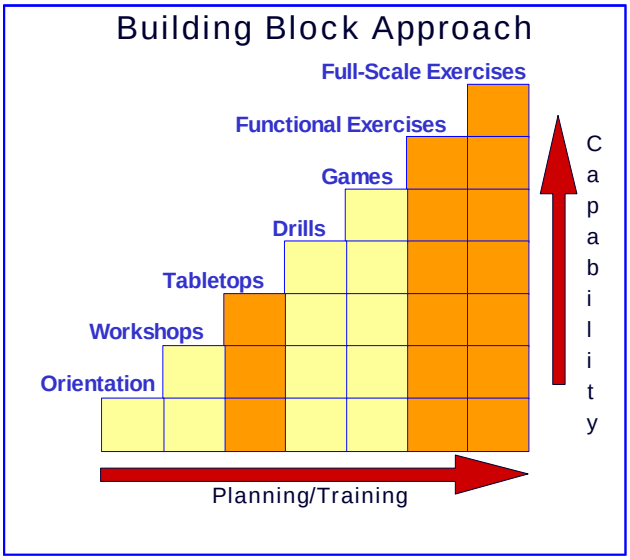
The CDPHE HPP in the Emergency Preparedness and Response Division (EPRD) coordinates with hospitals and other healthcare partners, such as the Colorado Medical Society, the Colorado Hospital Association and Community and Rural Health Clinics to ensure that education and training opportunities are made available to adult and pediatric pre-hospital, hospital and outpatient healthcare personnel. EPRD also works to ensure that local and regional public health staff invite healthcare personnel and other response partners to training and exercise events to collectively enhance the abilities of all response partners to respond in a coordinated, effective and efficient manner that minimizes duplication and fills gaps in knowledge, abilities and skills. By conducting joint exercises, state, regional and local response partners can meet multiple requirements from various grant programs.

2005-2008 Training and Exercise Plan

In September 2005, CDPHE developed the first public health emergency preparedness three-year training and exercise plan. The 2005-2008 training and exercise plan reflected the requirements of the CDC Emergency Preparedness and Response Cooperative Grant and utilized the results from a statewide training needs assessment survey conducted in March 2005. The goal for this plan was to provide standardized training to all public health personnel and response partners on topics such as public health's role in emergency preparedness and response, the Strategic National Stockpile (SNS), the National Incident Management System (NIMS) and Incident Command Structure (ICS), Personal Protective Equipment (PPE) and risk and tactical communications. In addition to standardizing training, the 2005-08 training and exercise plan focused on mass prophylaxis. The plan called for each public health agency to participate in at least three drills the first year, a statewide tabletop and functional exercise the second year (both of which used a pandemic influenza scenario), and in late 2007, CDPHE coordinated a statewide full-scale mass prophylaxis exercise to test the state's capability to provide mass prophylaxis and medical supply management and distribution in the event of an influenza pandemic. CDPHE started a new three-year training and exercise cycle in 2008; the focus shifted from mass prophylaxis to medical surge for the next three years.

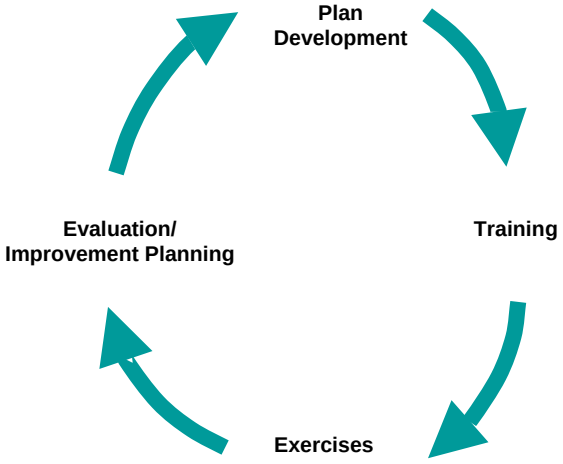
Training and Exercise Methodology **(M3, e1, M4, a2, b1)**

Establishing emergency preparedness plans and effectively training the public health and medical workforce is the first step towards preparedness.



Colorado public health and medical staff members possess varying levels of knowledge, skills and abilities related to emergency preparedness, response, and recovery. Because of these differences, the following training and exercise plan utilizes the Homeland Security Exercise and Evaluation Program (HSEEP) building-block approach in the design of the overall exercise program.

CDPHE requires that all local, regional and state public health and medical exercises are designed, conducted, and evaluated collaboratively and in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) as developed by the Federal Emergency Management Agency (FEMA). HSEEP serves as a national model for exercise implementation. Using this model, public health and medical exercises incorporate a range of exercise activities with varying degrees of complexity and interaction. For more information on HSEEP go to: https://hseep.dhs.gov



CDPHE exercises are designed so that each event increases in scope, scale and complexity (seminar, workshop, tabletop, drill, functional and full-scale). CDPHE also uses a cyclical approach to exercise development. Once a plan, policy and/or procedure is developed, training is provided, the plan is exercised, and corrective actions and lessons learned are documented. The plan, policy and/or procedure is then updated based upon the gaps identified in the exercise. This concept is reflected in the graphic to the right:

The building-block approach ensures successful progression in exercise complexity and allows for the appropriate training and preparation to occur prior to staff participation in emergency exercises. This model remains flexible enough to allow for the addition, or inclusion, of other desired exercise types that various state or local agencies may require. For example, Colorado local public health agencies conduct various emergency preparedness and response exercises annually in coordination with other local, regional, state, and/or federal agencies. Using this methodology, CDPHE can ensure that exercises are tailored to meet the specific needs of the public health and medical workforce.

Public health and medical exercises are also designed to meet specific target capabilities as defined by the Department of Homeland Security (DHS) Target Capabilities List (TCL). The Target Capabilities List contains 37 core capabilities that address specific prevention, protection, response and recovery capabilities as well as common capabilities such as planning and communications that support all missions. The TCL can be used by multiple jurisdictions and

disciplines to assess capabilities, identify needs, and inform plans, policies and strategies. For more information on the Target Capabilities List (TCL) as well as National Preparedness Guidelines (NPG), which are supported by the TCL, the National Planning Scenarios, and Universal Task List (UTL), visit: https://odp.esportals.com or https://www.llis.dhs.gov.

2008-2011 Training and Exercise Planning Cycle (M3, e1, M4, a2, b1)

This document outlines an initial plan for public health and medical training and exercise activities to take place over the next three years. Training and exercise goals and objectives will be identified annually based upon CDC and HPP federal grant guidance, exercise After Action Reports (AAR) and Improvement Plans (IP), learner feedback, needs assessment data, and other recommendations made by internal and external partners.

The following timeline has been developed in order to ensure performance improvement is measured annually, at a minimum, for Colorado public health preparedness and response:

1. Create and disseminate a needs assessment survey *(Completed April 1, 2008).* **(M3, a1)**
2. Analyze needs assessment data to identify performance gaps and training priorities (*Complete by June 30, 2008*).
3. Develop draft exercise priorities, objectives and timelines for 2008-09 *(Complete by June 30, 2009).*
4. Identify courses that address key performance gaps for each target audience at the state and local level *(Complete by August 31, 2009 and ongoing thereafter*).
5. Market required and optional training opportunities using CO.TRAIN (*Ongoing*).
6. Update the Emergency Preparedness Course Catalog and link new courses to CO.TRAIN to allow public health employees to search for, register, and track their own learning. (*Complete by September 2008 and ongoing thereafter*).
7. Develop formal course evaluations and pre/post-tests to assess learner retention (*Ongoing*).
8. Develop local/regional multiyear training and exercise plans (*Complete by October 2008 and update annually*).
9. Evaluate the effectiveness of training through conducting tabletops, drills, and other exercises (*Ongoing*). **(M4, b2)**
10. Analyze performance gaps identified in exercise after action reports (AAR) and exercise evaluations to develop a strategy for improving public health emergency preparedness training (*Ongoing*). **(M4, b2)**

Training Needs Assessment Survey (M3, a1)

In order to assess Colorado's public health workforce, CDPHE EPRD developed an electronic needs assessment survey with the assistance of regional public health emergency preparedness staff. This survey was created in Zoomerang (http://info.zoomerang.com/) and sent via email to all local public and environmental health employees throughout Colorado in April 2008. The assessment questions were based on the "Emergency Preparedness Core Competencies for Public Health Workers" as defined by Columbia University and the Centers for Disease Control and Prevention (CDC). This survey was designed to assess the ability of Colorado's public health workforce in accessing information and performing tasks related to the various core competencies, as our ability to perform each of these competencies will directly result in a stronger, more prepared public health workforce within the state of Colorado.

The general competencies for all public health workers are listed below:

1. Describe the public heath role in emergency response in a range of emergencies that might arise.
2. Describe the chain of command in emergency response.

3. Identify and locate the agency emergency response plan (or the pertinent portion of the plan).
4. Describe his/her functional role(s) in emergency response and demonstrate his/her role(s) in regular drills.
5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)
6. Describe communication roles during emergency response
7. Identify limits to own knowledge/skill/authority and identify key system resources for referring matters that exceed these limits.
8. Recognize unusual events that might indicate an emergency and describe appropriate action.
9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and evaluate effectiveness of all actions taken.

Employees were asked to complete the survey that best fit their role according to the following public health audience types:

1. Leadership
2. Communicable Disease Staff
3. Clinical Staff
4. Environmental Health Staff
5. Laboratory Staff
6. Public Information Staff
7. Emergency Preparedness and Response Staff
8. Other

In April 2009, the CDPHE Emergency Preparedness and Response Division (EPRD) sent a slightly modified version of the electronic needs assessment survey (omitting questions specific to local health departments) to all staff at the Colorado Department of Public Health and Environment (CDPHE). The survey link was sent via email to all CDPHE Division Directors to distribute to their staff, the survey link was also included in the 'CDPHE Weekly Broadcast' email that is sent to all department employees and a link to the survey was posted on the department's Intranet for three months. Emails containing the survey link included information on the purpose of the survey, a description of how the data was to be reported, and instructions on how to access the online survey. The survey was open for four months as initial participation was weak. Emails from department leadership were sent out frequently to each Division Director to remind them to encourage staff to complete the online survey until an adequate response rate (over 25% of department staff) was obtained; at which point, the survey instrument was closed in July 2008.

Once the survey was closed, EPRD staff analyzed the CDPHE data to develop future training and exercise recommendations for the state health department. The analysis of this needs assessment data can be located in Appendix A. This data will be used to identify performance gaps for internal CDPHE Emergency Preparedness and Response activities and will be used in conjunction with exercise after action reports (AARs) and improvement plans (IPs) to determine future training and exercise priorities for the 2008-11 training and exercise cycle.

Exercise After Action Report Improvement Plans (M4, b2)

Future training and exercise needs are also determined by observed areas for improvement identified during drills and exercises at the state, regional, and local level. After Action Reports and Improvement Plans, following the HSEEP guidelines, are developed to capture and evaluate all Colorado public health exercises and training needs. The information in this section is taken

from the exercise After Action Reports and captures, at the state level, some of the major areas of improvement where training is recommended.

Initial Novel Influenza A H1N1 Outbreak – Spring 2009

- Advanced use of the Incident Command System (ICS) structure and forms
- Use of multiple communications systems including:
    - COHAN
    - EMSystems
    - Colorado Volunteer Mobilizer
    - COHealth Google Group
    - SATool
- Training backups for posting content to CDPHE website
- Community presentations on seasonal influenza and novel influenza A H1N1

Medical Surge Seminars - seven locations throughout the state in Spring/Summer 2008
Capability: Medical Surge

- Simplified training on triage protocols
- Share JIT training for ventilator support
- Provide information on COHELP and other ways to deliver information to the public
- Provide training on resource tracking software for all ESF#8 leads
- Continue to provide training on specific roles related to ESF#8
- Standardized training on alternate care facilities (ACF) (possible online course)

Exercise Priorities (M3, d1)

The following section of the plan outlines key exercises scheduled for the 2008-09 grant year. Note that the exercises outlined in this plan are coordinated and conducted by the Colorado Department of Public Health and Environment (CDPHE). Multiple exercises are also coordinated and conducted at the regional and local level by local and regional public health personnel, individual hospitals and other healthcare organizations, and other partner organizations such as the Denver and Colorado Springs Metropolitan Medical Response System (MMRS). All relevant state and local partners, including hospitals and other healthcare entities, will be invited to participate in CDPHE-sponsored exercises coordinated and conducted at the state, regional and county level.

I. MEDICAL SURGE

As mentioned previously, the 2008-11 Colorado Public Health Emergency Preparedness and Response Training and Exercise Plan will focus on the Medical Surge Target Capability as defined by the Department of Homeland Security Target Capabilities List.

In 2008, Colorado is starting at the beginning of the exercise cycle to plan and implement seminars and tabletops in partnership with state and local public health, hospitals and other healthcare entities and partners.

During April-July 2008, CDPHE EPRD conducted a series of Medical Surge Seminars throughout the state. Six sessions were offered in the following locations: Loveland, Sterling, Denver, Colorado Springs, Pueblo, and Grand Junction. A seventh seminar will be offered in Durango in late September/early October 2008. The purpose of the medical surge seminars was to introduce public health, medical and emergency management participants to key medical surge concepts and to enhance alternate care facility (ACF) and medical surge planning throughout the state.

The seminars provided participants with information on alternate care facility (ACF) planning, mobile medical caches, physicians' roles during a pandemic, HCStandard (a medical resource tracking tool), Strategic National Stockpile (SNS) receipt and request protocols, surveillance requirements and reporting during a pandemic, use of the Colorado Volunteer Mobilizer (CVM), and pandemic influenza triage protocols.

Participants were provided with checklists, templates and planning guidance to assist them in developing their own medical surge and ACF plans. A facilitated discussion was coordinated to "jump start" ACF and medical surge planning efforts in each local community. Local public health and hospital personnel were invited to provide input into the development of the seminar sessions and all partners were asked to evaluate the success of the seminars and facilitated discussions.

Seminar evaluations and lessons learned will be used to develop regional tabletop exercises that will be scheduled during the 2008-09 grant year.

Exercise Description:

During the 2008-09 grant year, public health, hospital and healthcare personnel, in partnership with other emergency response partners, will be tasked with conducting Regional Medical Surge Tabletop Exercises. These tabletop exercises will enable participants to engage in conversations about current medical surge and Alternate Care Facility (ACF) planning strengths and gaps within their own county and/or regions. Local public health agency (LPHA) and hospital personnel in each of the nine all-hazards regions will be required to participate in a regional tabletop per the local contract deliverables outlined in the 2008-09 LPHA and hospital scopes of work (SOW) provided by CDPHE. Specific locations and dates are pending per hospital and local public health agency approval of the 2008-09 scopes of work (SOW).

Items that participants will discuss during the tabletops include, but are not limited to:

- Alternate Care Facility (ACF) location and set up

- Activation and notification
- Patient triage
- Levels of care
- Staffing (including use of the Colorado Volunteer Mobilizer system)
- Resource requests and availability (including requests for SNS, tracking bed availability, etc)
- Mutual aid and memorandums of understanding (MOUs)
- Fatality management
- Interoperable communications

CDPHE will provide some overarching objectives to public health and medical staff that all regional tabletops must integrate; however, regional public health staff will have the option of developing additional objectives in partnership with hospital and healthcare personnel to meet the unique needs of their region/county. Local public health agencies will be required to invite hospital and other healthcare and emergency management personnel to participate in the exercise design process in order to provide input into the development of the tabletop exercise objectives and scenario.

Target Capabilities:

- Critical Infrastructure Protection
- On-Site Incident Management
- Critical Resource Logistics and Distribution
- Isolation and Quarantine
- Emergency Triage and Pre-Hospital Treatment
- Medical Surge
- Medical Supplies Management and Distribution
- Mass Care (Sheltering, Feeding, and Related Services)
- Fatality Management

After Action Report (AAR) and Improvement Plan (IP) References:

Local public health agencies will be required to develop an After Action Report (AARs) and Improvement Plan (IP) for their regional medical surge tabletop exercise. Hospital and healthcare personnel will not be required to write a separate AAR or IP, however, they will be required to participate in the AAR and IP development process, provide their input for both documents and will be required to follow up on appropriate recommendations assigned to their organization in the regional AAR and/or IP. State and local public health staff will share all AARs and IPs with all exercise participants.

After the 2008-09 Medical Surge Tabletop Exercises are complete, and the AARs and IPs have been written, approved and distributed to all partners, CDPHE will ask that regional public health staff select at least three major gaps identified during tabletops to conduct drills on during the 2009-10 grant year. These drills will be followed by a functional exercise late in the 2009-10 grant year to test ACF set-up, activation, notification, equipment usage, availability and tracking, staffing requirements and other issues as appropriate. Exercises will build in complexity to end in a full-scale exercise currently scheduled for the end of the 2010-11 grant year. This full-scale exercise will involve simulated patients with assigned symptoms to test regional/county medical surge planning and to practice patient triage protocols.

The Multiyear Training and Exercise Schedule posted at the end of this plan provides a visual outline for future medical surge exercises.

II. MASS PROPHYLAXIS AND COUNTERMEASURE DISTRIBUTION AND DISPENSING

Statewide Point of Dispensing (POD) Plan Updates

In November 2007, CDPHE EPRD conducted a Full-Scale Mass Vaccination Exercise known as *POD Squad.* The goal for the exercise was to coordinate, manage, operate, and support a statewide mass vaccination Point of Dispensing (POD) exercise in Colorado to prepare for a potential influenza pandemic. The following target capabilities were tested using the HSEEP-compliant Exercise Evaluation Guides (EEGs): Mass Prophylaxis, Medical Supplies Management and Distribution, Emergency Public Information and Warning, and Emergency Operations Center Management. The exercise was conducted in
various locations throughout the state, including the CDPHE Department Operations Center (DOC), one CDPHE (stat
e employee) Point of Dispensing (POD) site, a state Receipt, Stage, Store (RSS) site, three Regional Transfer Point (RTP) sites and 28 local POD sites. Approximately 250 doses of vaccine were provided to CDPHE staff and first responders on November 15, 2007 in 2 hours and 12,038 members of the general public were vaccinated on November 17, 2007 in 4 hours.

Cities Readiness Initiative (CRI) Exercises

During the 2008-09 grant year, corrective actions identified in the *POD Squad* after action report (AAR) and improvement plan (IP) were used to improve the CDPHE Strategic National Stockpile (SNS) operational plan and the local public health agencies' Point of Dispensing (POD) plans to receive, distribute and dispense mass prophylaxis. During the 2008-09 and during the 2009-10 grant years, local public health members of the Cities Readiness Initiative (CRI) were also tasked with completing a set of exercises and drills as identified by the CDC to meet grant requirements. This included conducting at least one functional mass prophylaxis dispensing exercise to test medical supplies management, distribution plans, and personnel per requirements in the 2008-09 CDC Emergency Preparedness and Response Cooperative Agreement.

Target Capabilities:

Medical Supplies Management and Distribution

After Action Report (AAR) and Improvement Plan (IP) References:

An After Action Report (AAR) is created after all public health emergency preparedness exercises in order to gather performance data and to assess readiness. All After Action Reports (AARs) are reviewed for lessons learned and Improvement Plans (IP) are developed to ensure corrective actions are used to improve emergency operations plans, policies and procedures. CDPHE shares all AARs and IPs with all exercise participants. CDPHE will work with various agencies and organizations to improve and enhance emergency operations plans, policies and procedures addressed during the 2008-09 exercise(s) and during the 2007 full-scale mass prophylaxis exercise as appropriate.

CHEMPACK Exercise

On August 5, 2009, CDPHE EPRD conducted a full-scale exercise, Operation Cache Flow, to help develop guidelines for the activation of CHEMPACK by first responders. CHEMPACK is a federal asset of nerve agent antidotes that is prepositioned within each state to assist in the medical treatment of people exposed to specific chemicals. This exercise focused on a traffic accident involving an organophosphate pesticide in which fire fighters and emergency medical services (EMS) professionals used the medication provided by the CHEMPACK to treat those exposed to the chemical. The Colorado Department of Public Health and Environment's Emergency Preparedness and Response Division and the Cunningham Fire Protection District cosponsored the exercise. Fifteen agencies from various communications centers, fire departments, hospitals and EMS agencies participated in the exercise.

III. CONTINUITY OF OPERATIONS (COOP) EXERCISE

On July 27, 2008 CDPHE conducted a Continuity of Operations (COOP) Table Top Exercise (TTX), which was sponsored by Governor's Office. The purpose of this exercise was to provide participants with an opportunity to evaluate current recovery concepts, plans, and capabilities for recovery from a structure fire that destroys the main campus of the Colorado Department of Public Health and Environment. All CDPHE Division COOP Leads, COOP Alternates and other essential staff were invited to attend. The exercise addressed the following:

- Use of the CDPHE Continuity of Operations Plan (COOP),
- Internal CDPHE communications and coordination,
- Communications between the CDPHE and external partners,
- Electronic communications,
- Delegations of authority,
- Succession plans,
- Alternate work site arrangements,
- Coordination with supporting agencies or divisions,
- Use of subordinate emergency response plans,
- Team structure,
- Addressing of human capital aspects of a recovery,
- Reconstitution back to primary site.

Exercise Description:

During the 2008-09 grant year, CDPHE used corrective actions and lessons learned from the July 2008 TTX to improve each division's portion of the CDPHE COOP plan. A follow-up TTX exercise has been scheduled for March 2010 to test these internal COOP plan changes (NOTE: this TTX was originally scheduled for the summer of 2009, however, this exercise was postponed due to H1N1 influenza response activities). The COOP exercise will test how the CDPHE COOP plan will be used during disaster events that impact CDPHE staff, property and essential functions.

Target Capabilities:

Recovery

After Action Report (AAR) and Improvement Plan (IP) References:

After completing each exercise, an After Action Report (AAR) and Improvement Plan (IP) will be developed to ensure corrective actions and lessons learned are used to modify and improve the CDPHE's COOP plan. CDPHE EPRD will share the AAR and IP with all exercise participants.

IV. SUNCOR/EPA EXERCISE

On August 20, 2009, CDPHE participated in the Suncorp/EPA exercise designed to test environmental health and hazmat response to a chemical release within a largely populated area. The full-scale exercise involved a rail car leaking anhydrous ammonia located near the Suncor Refinery in Commerce City, CO. Upon further investigation, two damaged oil tanks are also discovered to be spilling crude oil in the direction of Sand Creek (approximately 400,000 barrels of crude oil spilled). Over 30 private and public agencies and organizations participated in this exercise including emergency management, Hazardous Materials, Fire, Police, Public and Environmental Health, EPA and the US Coast Guard. Exercise objectives were to:

- Provide safety of responders and the public throughout the incident
- Reduce or eliminate the hydrological environmental effects of the incident
- Stop the leak or control the leaking product
- Strengthen relationships between all agencies on the local, county, state and federal levels
- Develop an IAP
- Provide timely code enforced cleanup of the air, soil and water and any affected living organisms following the emergency
- Provide future/long range planning and logistical considerations for the recovery phase
- Complete appropriate public notification processes and provide such information in a timely manner

Training Priorities (M3, b1, c1, d1, d2, d4)

This plan focuses on emergency preparedness and response training specific for public health and medical personnel; however, public health partners are included as key audience members for specific courses as defined in the Colorado Public Health Emergency Preparedness Course Catalog. This catalog lists all public health and medical emergency preparedness courses currently offered in Colorado, provides course descriptions and objectives, and links the courses to specific target audiences as well as to specific emergency preparedness core competencies. The course catalog is flexible and subject to modification based on state, regional and local input and changes in state and federal preparedness training initiatives.

CDPHE Training Approach (M4, a1, a2)

There a number of challenges presented to CDPHE in terms of training staff and managing competency. These include, but are not limited to:

- Large number of department staff (approximately 1,200 staff in department) that have very specific daily job duties that do not directly translate to preparedness or response activities
- Staff turn over
- Staff time requirements and restrictions
- Financial requirements and restrictions (many staff work on federal grants requiring the close scrutiny of staff billable hours, making it difficult for them to participate in non-grant related training activities)

In light of these challenges, CDPHE has adopted a three-pronged approach to providing department training:

1. **Establish and ensure a basic level of emergency response training for all CDPHE staff.**
   All new CDPHE staff must complete an initial orientation, which includes an emergency preparedness module covering the basics of the CDPHE Internal Emergency Response Plan and an overview of public health emergency preparedness in the State of Colorado. All CDPHE staff are encouraged to complete the Public Health Emergency Preparedness 101 online training course as well as the Emergency Preparedness and Response (EPR) 101 online training course. Basic public health preparedness training is advertised to all CDPHE personnel through the use of "weekly broadcast" emails, links on the Intranet homepage and through monthly newsletters.

   All CDPHE staff must complete ICS classes based on their position level. Levels are detailed on page 19 of this document. Emergency preparedness trainings are administered to staff by CDPHE Emergency Preparedness and Response Division (EPRD) staff or an outside vendor, periodically throughout the year on varying subjects. The subject matter for these trainings is based on assessed needs.

2. **Provide support to each division to provide internal emergency preparedness and response training as appropriate for their staff.**
   Internal CDPHE emergency preparedness and response training will ensure that department staff are familiar with the appropriate portions of the CDPHE All-Hazards Internal Emergency Response Plan; learn how to effectively fulfill appropriate roles assigned during a disaster or emergency response; work collaboratively with others in their functional role; and ensure that functional groups can work together during a coordinated and cooperative response effort.

   Each division will provide relevant training specific to its role during emergency response to their staff. This training will be provided at least once annually. In addition, each division will participate in at least one department-wide exercise annually.

   Examples of other types of training divisions are responsible for providing to their staff include:
   - Sampling training for technical personnel in the most common and effective types of sampling to assist in response activities as appropriate

- Health and safety training as appropriate for the types of sampling and emergency response actions personnel in their divisions may be expected to perform

Training will be provided at least once annually (quarterly training is recommended) and each division will participate in department-wide exercises as necessary (at least one exercise annually).

Training requirements for each division shall be reviewed at least annually and will be updated as necessary. The training will be based on the divisions/programs expectations as outlined in each division/program Standard Operating Guidelines (SOG).

3. **Provide advanced training for EPRD staff and other policy level, supervisory level and specialized staff, such as those members of the CDPHE Internal Call Down List**
   All staff members of the Emergency Preparedness and Response Division (EPRD) as well as limited staff from other CDPHE divisions will be expected to participate in advanced training.

   At least two staff members from each division will be trained on advanced policies and procedures as outlined in the CDPHE Internal Response Plan for each analytic area. At least two staff will also be assigned to participate in ongoing Department Operations Center (DOC) training.

   Additional training will be provided on how to receive and distribute the Strategic National Stockpile (SNS), as well as department-wide quarterly testing of the various internal and external communication systems and training on two-way radio usage.

   Pre-identified staff members throughout the department are fit tested and trained annually for respirator use.

   Training for all information and communication systems and web tools used by the department during emergency response (EMSystem, HCStandard, Health Alert Network (HAN), Emergency Response and Incident Reporting Line, Situational Awareness Tool (SATOOL), Colorado Volunteer Mobilizer (CVM)) will also be required for pre-identified staff members.

   Advanced incident command and general staff role training for the activation of the CDPHE Department Operations Center (DOC) will also be made available.

   Participants, and their supervisors will be made aware of the required time commitment prior to agreeing to participate in advanced EPR training.

   Annual to quarterly meetings and/or exercises and drills will be held for specific division staff to provide updates, review plan changes, and provide training on new technology as needed.

   By focusing efforts on EPRD and call-down level staff, ERPD training staff will be able to:
   - Ensure that appropriate staff from each division are trained, while gaining support from each division as they do not have to commit staff time from all members of their division
   - Ensure effective command and control within the department: well trained command staff can effectively direct less trained general staff and volunteers during an incident.
   - Mitigate the effects of staff turn over: The call-down list is composed of upper level staff and specialists. Historically, staff turn over is less frequent among this group.
   - Increase frequency and focus of trainings: By training a smaller group, ERPD staff will be able to administer more focused, frequent and effective training

Based on the 2009 training needs assessment, the following training priorities were identified for CDPHE employees: For course descriptions and objectives, please refer to Appendix B: EPR Course Catalog.

EMERGENCY RESPONSE FUNCTIONAL ROLE

CDPHE has developed a specialized "Introduction to Public Health Services" online course to outline the various functions that public and environmental health might fulfill during an emergency event. This course defines

Emergency Support Function #8 (ESF#8) for internal and external partners interested in learning more about public and environmental health's role during large-scale events. ***[See page 8 of EPRD Course Catalog for more information]***

In addition, Emergency Preparedness and Response Division (ERPD) personnel have been assigned to CDPHE Department Operations Center "Incident Management Teams (IMT)" in order to provide leadership and technical assistance during the activation of the DOC. To fulfill this role, EPRD staff will receive specialized training in the functional area in which they are assigned. EPRD and regional public health staff have also been encouraged to form relationships with Level III Incident Management Teams (IMTs) throughout the state and to take position-specific training as appropriate to learn and complete position task books. This training is for personnel interested in joining and participating in Level III IMTs, which includes activation to incidents throughout the state of Colorado when needed.

CDPHE INTERNAL COOP TRAINING

This course will be developed during the 2009-10 grant year to provide information to all CDPHE staff on basic continuity of operations and emergency planning information as it relates to their role as a CDPHE employee. This course will include information about internal communications protocols, IT systems usage, promote the importance of personal preparedness, encourage divisions to collect 24/7 contact information for employees for emergency use, etc. This course will be developed by March 2010 as a result of the findings in the 2009 CDPHE Emergency Preparedness Needs Assessment Survey.

DEPARTMENT OPERATIONS CENTER (DOC) EQUIPMENT TRAINING

This course is a modified version of "Introduction to the Emergency Operations Center (EOC) Training" ***[See page 11 of EPRD Course Catalog for more information].*** This course provides CDPHE staff with the opportunity to use IT equipment located within the CDPHE DOC facility. By learning how to operate the various computer systems and programs, phones, fax machines, overhead projectors, etc., staff expected to report for duty following the activation of the DOC can feel confident in their ability to operate within their assigned role once the DOC facility is officially activiated during an exercise or real event.

NIMS AND ICS TRAINING (M5, a1)

Colorado public health and medical personnel are required to use the Incident Management System (ICS) as required by the National Incident Management System (NIMS) as the model for responding to all emergency incidents. The NIMS Integration Center (NIC) Five-Year NIMS training plan published the following NIMS training requirements, which have been adapted by CDPHE:

Level 1-All employees are required to take ICS-100 and IS-700
Level 2-Supervisors are required to take all of the above including ICS-200
Level 3- All Emergency Preparedness and Response Division Staff (those expected to fill Command and General Staff Positions in the Department Operations Center) are required to take all of the above including ICS-300 and IS-800
Level 4-All EPRD Program Managers are required to take all of the above including ICS-400
ICS-402 *Incident Command for Senior Officials* will be provided to all CDPHE executive level staff who are not expected to serve in the command or general staff positions but are in a policy making position during an emergency.

<u>Hospital Incident Command System (HICS) Training</u>

The CDPHE Hospital Preparedness Program (HPP) ensures that all hospitals are NIMS compliant per ASPR HPP requirements. Hospital personnel are required to attend ICS and/or HICS training. HICS courses are designed to give participants an understanding of HICS structure; an understanding of various positions and responsibilities within HICS; understand the process for expanding or contracting the HICS structure; understand the process for transferring command under the HICS structure; understand the structure and importance of the Unified Command system; and gain familiarity with HICS documentation. Regional training coordinators also assist hospitals in fulfilling NIMS training requirements by providing training, encouraging regional healthcare coalition partners to take ICS and NIMS courses, by providing resources and availability of training(s) in the community.

In order to be NIMS-compliant, all participants must obtain a certificate of completion from FEMA or the Colorado Division of Fire Safety. Certificates are maintained on file by the state and/or local health department for all public health and hospital personnel. ***[See pages 8-10 of EPRD Course Catalog for more information]***

PERSONAL PROTECTIVE EQUIPMENT (PPE)
Clinical, communicable disease, and other technical and support staff that may be required to come in contact with a potentially contaminated person or environment will continue to receive training and fit-testing for personal protective equipment (PPE). ***[See page 17 of EPRD Course Catalog for more information]***

The following training is for EPRD specific staff only:

EMSYSTEMS SOFTWARE
ESF#8 leads will receive training on the EMSystems software, a healthcare resource tracking system that is designed for daily use as well as use in a state of emergency. Training will also be provided to select state and local public health staff, Emergency Medical Services, and Hospitals. ***[See page 12 of EPRD Course Catalog for more information]***

COLORADO MEDICAL VOLUNTEER SYSTEM (CVM) ADMINISTRATOR TRAINING
In 2008-09, CVM administrator training will provided to new system administrators, current administrators who may need a refresher on the new 2.0 version of the system (2.0 version to go live in June 2008), and regional trainers interested in providing future training to new administrators in their regions. The training will teach administrators how to perform tasks such as updating volunteer records, adding and deleting volunteers, sending alerts and posting announcements. ***[See page 13 of EPRD Course Catalog for more information]***

MEDICAL SURGE
Medical surge presentations will continue throughout 2008 to provide information to various public health, medical and emergency management participants on issues such as alternate care facility (ACF) planning, pandemic influenza triage protocols, mobile medical caches, EMSystems and resource availability, volunteers, SNS planning, etc. Medical surge is the primary focus for the Colorado public health preparedness system over the next three years. ***[See page 14 of EPRD Course Catalog for more information]***

COLORADO HEALTH ALERT NETWORK (COHAN) TRAINING
State and local public health staff will continue to provide training on interoperable communications systems, including user and administrator training for the COHAN and Dialogics 24x7 notifications systems to internal and external agency personnel. ***[See page 12-13 of EPRD Course Catalog for more information]***

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM (HSEEP) TRAINING
CDPHE will provide at least one session of the HSEEP training to public health, medical and emergency response personnel during the 2008-09 grant year. The training will utilize a modified version of the Department of Homeland Security (DHS) and Federal Emergency Management Agency (FEMA) curriculum. This training is important for CDPHE EPRD staff who are responsible for the design, implementation and evaluation of various public health preparedness exercises at the state and local level. ***[See page 23 of EPRD Course Catalog for more information]***

CDPHE Management of Agency Workforce Capability (M4, a1, a2)
The following table illustrates the methods utilized by CDPHE to track, manage and evaluate agency workforce capability.

Staff Group	Training Requirements	How Tracked	How evaluated	When Evaluated	How Evaluation Conducted
General Staff	Introduction to Public Health Services (ESF#8) online course	Tracked in CO.Train system	**Completion:** Course completion designated in CO.Train database **Competency:** Online test required for completion.	**Completion:** Upon completion of course **Competency:** At any time staff participates in an exercise, real event or training. Annually at minimum.	CO.TRAIN exam
	Emergency Preparedness and Response 101 online course	Tracked in CO.Train system	**Completion:** Course completion designated in CO.Train database **Competency:** Online test required for completion.	**Completion:** Upon completion of course **Competency:** At any time staff participates in an exercise, real event or training. Annually at minimum.	CO.TRAIN exam
	Strategic National Stockpile 101 online course	Tracked in CO.Train	**Completion:** Course completion designated in CO.Train database **Competency:** Online test required for completion.	**Completion:** Upon completion of course **Competency:** At any time staff participates in an exercise, real event or training. Annually at minimum.	CO.TRAIN exam
	NIMS/ICS courses consistent with position. IS 100, IS 200, IS 300, IS 400, IS 700, IS 800 (Position specific requirements are found in the training and exercise plan on **page 19.**	Tracked in database by Admin staff and CO.Train	**Completion:** Must present certificate of completion to admin staff before entered into database. **Competency:** Online or class room tests.	**Completion:** Upon completion of course **Competency:** At any time staff participates in an exercise, real event or training. Annually at minimum.	External course instructor, CDPHE EPRD staff members and/or online exam
	Trainings/Drills provided by CDPHE based on assessed need (provided annually or quarterly)	Tracked by sign in sheet and entered into CO.TRAIN	**Competency:** Post training test. Demonstration of response knowledge during exercise, real event or training. Needs Assessment surveys conducted once every 3 years.	**Competency:** At any time staff participates in an exercise, real event or training. Annually at minimum.	External course instructor and/or CDPHE EPRD staff members

The 2008-2011 training and exercise plan will be reviewed and updated annually at the beginning of each fiscal grant year (August) by the EPRD Training and Exercise Manager to reflect future changes in state and federal grant guidance and current priorities in the state of Colorado as identified by exercise after action reports (AAR) and training evaluations. **(M3, e1, e2)**

COURSE AVAILABILITY AND DELIVERY

The training priorities listed in this plan will be scheduled one or more times per year depending on specific state, regional, and county needs and requests. The delivery method used for Colorado-specific training will be determined based upon the course objectives and the technology that is available to both the instructor and the participants. For specific course dates and locations, refer to Colorado's Public Health Learning Management System, CO.TRAIN, at www.co.train.org**.**

Colorado Public Health and Emergency Preparedness Course Catalog

This catalog lists all emergency preparedness courses offered by public health agencies and matches the courses to specific target audiences as well as to specific emergency preparedness core competencies. Please refer to Appendix B to view the full course catalog or go to http://www.cdphe.state.co.us/epr/Public/Training/EPRSCourseCatalog.pdf **.** While this plan focuses on emergency preparedness and response training specific for the public health workforce, public health partners are included as key audience members for specific courses as defined in the course catalog. The course catalog is flexible and is updated annually based on the Regional Training Coordinator's input and changes in state and federal preparedness training initiatives.

The following list highlights the course topics found within Colorado's Emergency Preparedness and Response Course Catalog:

1. Introduction to Public Health Emergency Preparedness and Response
2. NIMS and Incident Command System (ICS)
3. Emergency Operations
4. Information Technology
5. Weapons of Mass Destruction (WMD) and Bioterrorism
6. Personal Protective Equipment (PPE)
7. Public Health Law
8. Strategic National Stockpile (SNS)/Chempack
9. Mass Vaccination/Prophylaxis Clinic Operations
10. Risk and Tactical Communications
11. Mental Health Training
12. Infectious Disease and Epidemiological Training
13. Training and Exercise Development
14. Medical Surge

REGISTRATION AND DATA TRACKING (M3, e3)

CO.TRAIN, Colorado's Public Health Learning Management System, is the primary method used by state and local health departments for emergency preparedness course marketing, training, exercise registration, and data collection. Colorado introduced the CO.TRAIN Learning Management System to the public health workforce in August 2004. To date there are over 11,000 users and more than 500 local courses have been made available on CO.TRAIN since its inception. Every user of CO.TRAIN has a user record, which contains information on their account and allows them to manage information about registered courses, completed courses, and certificates. The CO.TRAIN reports feature allows administrators to create and view reports on users and courses for federal grant purposes, such as to track NIMS compliance.

Using CO.TRAIN, numerous reports can be generated to track emergency preparedness training and exercise participation, including:

- Number of course participants as listed by course title
- Total number of emergency preparedness course participants

- Number of participants by subject and/or topic area
- Number of training events/courses conducted or released
- Participant evaluation results for specific courses
- Pre-test and post-test scores for specific courses

NEW EMPLOYEES (M3, e4, M4, b3)
New employees receive an orientation to the emergency preparedness and response program, which includes instructions for using CO.TRAIN. It is also recommended that these individuals take the required NIMS/ICS training within six months of employment. Employees needing the advanced level ICS 300 and 400 courses, which are only offered in a classroom setting, are notified when classes are scheduled.

Along with the NIMS training requirements, several awareness level courses also offered online are recommended to new hires: Introduction to Public Health Services, Public Health Emergency Preparedness 101 and the Strategic National Stockpile 101. Additional training for new hires is based on their role at the health department or healthcare facility for which they are employed and their assigned NIMS/ICS management level.

Performance improvement for new employees is measured by online and post-course evaluations as well as after participation in department/division specific exercises, real events or during advanced training. New employees are included in all trainings and exercises, relevant to their position within the agency, and are evaluated, as all employees are, based on their performance.

CONTINUING EDUCATION & CERTIFICATES OF ATTENDANCE
The Colorado Department of Public Health and Environment (CDPHE) does not currently offer continuing education credits for internally developed emergency preparedness courses. Depending on the course type and the target audience, CDPHE, as well as local public health agencies, may collaborate with other organizations or agencies to provide the following continuing education credits:

- CEU (Continuing Education Units)
- CHES (Certified Health Education Specialist)
- CNE (Continuing Nursing Education)
- CLE (Continuing Legal Education)
- NBCC (National Board of Certified Counselors).
- POST (Peace Officer Standards and Training)

In order to support participants in their efforts to acquire continuing education credits, Colorado's state, regional, and local public health emergency preparedness courses will provide certificates of attendance to all participants that include the course title, date, location, and number of course attendance hours.

EVALUATION STRATEGY (M4, a2, b1)
In order to develop and maintain staff competency and ensure performance improvement, Colorado state and local public health agencies implement a variety of evaluation strategies in order to evaluate the effectiveness of the training and exercise program and to continue to measure the competencies of the public health and medical workforce.

End-of-Course Evaluation
Paper-based as well as electronic surveys will be used to track course evaluations. Evaluation results will be collected and analyzed to determine how the learner rated the training. At a minimum, this strategy will yield overall satisfaction or quality ratings for each emergency preparedness course offered in the state of Colorado.

Testing
This evaluation strategy includes self-assessments, paper and pencil exams, performance reviews, and may also include pre- and post-testing that will be recorded on CO.TRAIN, as well as post-course evaluations to record participant feedback.

Exercises

To demonstrate that the public health and medical workforce can perform the skills learned via training, various exercises (tabletops, drills, functional, and full-scale exercises) will be developed. These exercises will test emergency response capabilities at the state and local levels and will involve participants from a variety of agencies and disciplines. Exercise evaluation results will be analyzed using the HSEEP Exercise Evaluation Guides to determine performance and knowledge gaps. Emergency response plans, policies, and training will be modified and enhanced based on evaluation results and exercise feedback to improve the public health and medical emergency preparedness response at the state, regional, and county levels.

Utilizing the above evaluation methods, CDPHE can identify gaps in staff competency and training. These gaps are then integrated into the three-year training and exercise plan as general training objectives. **(M4, b2)**

Statewide Multiyear Training and Exercise Schedule

The multiyear training and exercise schedule on the following page outlines key training and exercises that will be conducted by CDPHE over the next three years. This schedule provides a graphic illustration of future training and exercise activities and demonstrates exercise progression in accordance with HSEEP.

<table>
<tr><td>JURISDICTION</td><td colspan="12">COLORADO PUBLIC HEALTH MULTIYEAR EXERCISE SCHEDULE: 2008-09</td></tr>
<tr><td></td><td colspan="3">Qtr 1</td><td colspan="3">Qtr 2</td><td colspan="3">Qtr 3</td><td colspan="3">Qtr 4</td></tr>
<tr><td></td><td>AUG</td><td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td><td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td><td>MAY</td><td>JUNE</td><td>JULY</td></tr>
<tr><td rowspan="2">State and Local Public Health
(Coordinated Activities)</td><td>Democratic National Convention</td><td></td><td>PH/ Hospital Surveillance Drill
Durango Medical Surge Seminar</td><td>Medical Surge Seminar AAR and IP sent out to all Players and partners</td><td colspan="5">Local/Regional Medical Surge Tabletop Exercises</td><td></td><td>Local/ Regional Medical Surge Tabletop AAR and IP posted on COHAN</td></tr>
<tr><td colspan="6">Continue to develop Alternate Care Facility (ACF) Plans for Medical Surge</td><td colspan="6"></td></tr>
<tr><td>CDPHE</td><td>Democratic National Convention</td><td>Statewide Training and Exercise Planning Workshop (TEPW) with CDEM</td><td>ICS-300</td><td></td><td></td><td>PPE Training and Fit-testing
ISC-300</td><td></td><td>SNS Counter-measures Exercise</td><td>ICS-400</td><td>MERRTT Course (Radiological Transport Training)</td><td>Colorado Volunteer Mobilizer (CVM) Admin Drill
PPE Training and Fit-testing</td><td>ICS-400
FEMA Pandemic Flu Course (sponsored by DEM)</td></tr>
</table>

<table>
<tr><td>JURISDICTION</td><td colspan="12">COLORADO PUBLIC HEALTH MULTIYEAR EXERCISE SCHEDULE: 2009-10</td></tr>
<tr><td></td><td colspan="3">Qtr 1</td><td colspan="3">Qtr 2</td><td colspan="3">Qtr 3</td><td colspan="3">Qtr 4</td></tr>
<tr><td></td><td>AUG</td><td>SEP</td><td>OCT</td><td>NOV</td><td>DEC</td><td>JAN</td><td>FEB</td><td>MAR</td><td>APR</td><td>MAY</td><td>JUNE</td><td>JULY</td></tr>
<tr><td>State and Local Public Health
(Coordinated Activities)</td><td colspan="10">Each region to conduct drills for at least 3 gaps identified during 08-09 Medical Surge Tabletop
(CDPHE will be available to participate in drills as requested, for example, to test systems and processes such as HCStandard, SNS receipt, CVM system, etc.)</td><td colspan="2">Local/Regional Medical Surge Drill AARs/IPs to be posted to COHAN</td></tr>
<tr><td rowspan="2">CDPHE</td><td>SUNCOR/EPA Exercise</td><td colspan="3" rowspan="2">H1N1 Influenza Response</td><td>PPE Training and Fit-testing</td><td></td><td>CDPHE Internal COOP Exercise</td><td></td><td></td><td>PPE Training and Fit-testing</td><td>GEEERC Drill</td></tr>
<tr><td>Operation Cache Flow: Chenpack Exercise</td><td colspan="8">Internal CDPHE division-specific training and drills per the attached matrix.</td></tr>
</table>

JURISDICTION	COLORADO PUBLIC HEALTH MULTIYEAR EXERCISE SCHEDULE: 2010-11											
	Qtr 1			Qtr 2			Qtr 3			Qtr 4		
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY
State and Local Public Health *(Coordinated Activities)*										**Statewide Medical Surge Functional Exercises – Regional** *(Guidance and objectives will be provided by CDPHE)*		
CDPHE												

COLORADO

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Colorado Public Health Preparedness and Response

course catalog

2008-09

Table of Contents

Updated 4/9/09

General Information

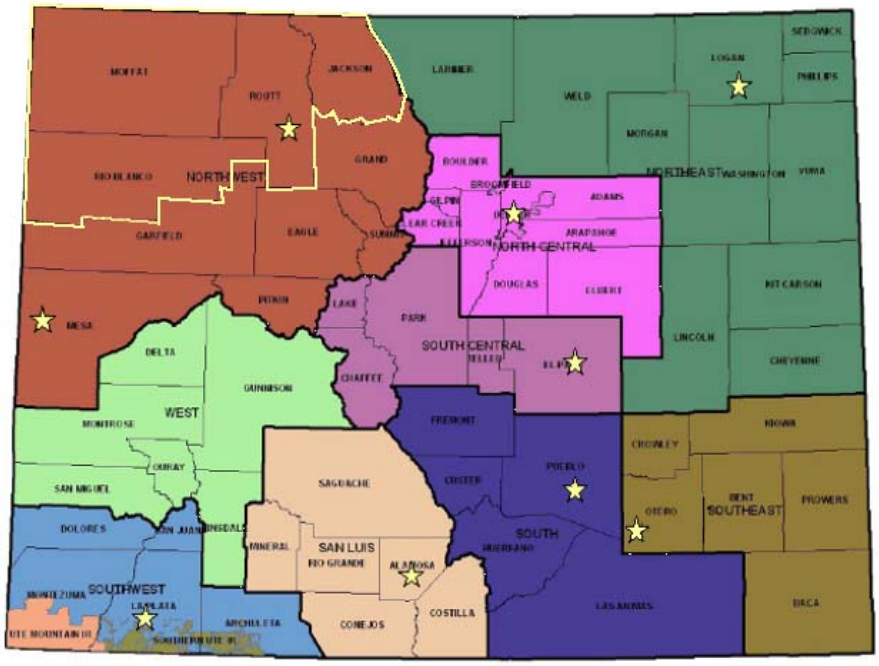
The Catalog

The *2008–09 Colorado Public Health Emergency Preparedness and Response Course Catalog* contains a list of emergency preparedness and response courses offered or recommended by Colorado state and local public and environmental health agencies. For additional information, please contact your regional training coordinator or Phyllis Bourassa at phyllis.bourassa@state.co.us.

Note: The course catalog is flexible and subject to modification based on input from various public health partners and changes in the current threat level both within the state of Colorado and the nation. All catalog information is subject to change without notice. Up-to-date information can be found on CO.TRAIN, Colorado's public health Learning Management System (www.co.train.org).

Regional Training Coordinators

State and local health departments throughout the state of Colorado employ regional emergency preparedness and response training coordinators to design, develop, coordinate, and deliver public health emergency preparedness and response training throughout the state of Colorado. At least one Regional Training Coordinator (RTC) is located in each of the Colorado All-Hazards Emergency Management Regions.



For questions related to public health training within your region, contact your regional training coordinator:

Northeast Region
Mike Burnett
Northeast Colorado Health Department
700 Columbine
Sterling, CO 80751
970-522-3741 x238 (W)
mikeb@nchd.org

North Central Region
Melanie Simons
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246
303-692-2950 (W)
303-691-7811 (F)
melanie.simons@state.co.us

Northwest Region (Jackson, Routt, Moffat, Rio Blanco)
Jim Johnsen
Northwest Visiting Nurses Association
940 Central Park Drive, Ste. 101
Steamboat Springs, CO 80487
970-879-1632 (W)
970-870.1326 (F)
jjohnsen@nwcovna.org

Aislynn Tolman-Hill
Mesa County Health Department
510 29 ½ Road
Grand Junction, CO 81504
970-683-6618 (W)
970-248-6972 (F)
Aislyn.Tolman-Hill@mesacounty.us

San Luis Valley
Beth Quinlan
Alamosa Nursing Service
8900 Independence Way
Alamosa, CO 81101
719-587-5199 (W)
719-587-5204 (F)
bquinlan@alamosacounty.org

South Region
Bart Evans
City-County of Pueblo Health Department
151 Central Main Street
Pueblo, CO 81003
719-583-4925 (W)
bart.evans@co.pueblo.co.us

South Central Region
Lisa Powell
El Paso County Health Department
301 South Union Blvd.
Colorado Springs, CO 80910
719-578-3171 (W)
719-578-3234 (F)
lisapowell@epchealth.org

Southeast Region
Meredith Bradfield
Otero County Health Department
13 West 3rd Street,
Room 111, County Courthouse
La Junta, CO 81050
719-383-3087 (W)
719-383-3060 (F)
mbradfield@secom.net

Southwest Region
Archuleta, La Plata, and Tribes
Adam Dreyfuss
San Juan Basin Health Department
281 Sawyer Drive
Durango, CO 81303
970-247-5702 X 219
970-247-9126 (F)
adam@sjbhd.org

West Region/SW
Nanci Quintana
Mesa County Health Department
PO Box 20000
510 29 1/2 Road
Grand Junction, CO 81504
970-248-6947 (W)
970-248-6972 (F)
Nanci.Quintana@mesacounty.us

CO.TRAIN and Course Registration

CO.TRAIN, Colorado's Public Health Learning Management System (LMS) is an online, searchable database of public health and emergency preparedness courses, workshops, and conferences. This website is free and provides participants with the ability to search for, register, and track their own participation in training and educational events. The majority of courses listed in this catalog are posted on CO.TRAIN.

To search for various course offerings:
1. Go to www.co.train.org.
2. Enter your user name and password.
3. Click on the "Course Search" tab at the top of the screen
4. Search for specific courses by name, date, subject, competency, and more.

To register for a specific course:
1. Go to www.co.train.org.
2. Enter your user name and password.
3. Enter a seven-digit course id number into the "Course ID" field on the right-hand side of the screen.
4. Click on the "Registration" tab at the top of the screen to register (see page 4 for details).

To register on CO.TRAIN as a new user:
1. Go to www.co.train.org.
2. Click on the "Create Account" button on the left-hand side of the screen.
3. Review and accept the CO.TRAIN policies.
4. Fill in your personal information to complete your user profile.
5. Create your own CO.TRAIN login name and password.

Bioterrorism and Emergency Preparedness Core Competencies

In order to assess public health workforce preparedness, Colorado is using the "Bioterrorism and Emergency Preparedness Core Competencies for All Public Health Workers" as defined by Columbia University and the Centers for Disease Control and Prevention (CDC). The courses listed in this catalog are all tied to the nine core competencies as listed below:

1. Describe the public heath role in emergency response in a range of emergencies that might arise.
2. Describe the chain of command in emergency response.
3. Identify and locate the agency emergency response plan (or the pertinent portion of the plan).
4. Describe his/her functional role(s) in emergency response and demonstrate his/her role(s) in regular drills.
5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.).
6. Describe communication role(s) in emergency response with your agency, the media, the general public and with family, friends, and neighbors.
7. Identify limits to your own knowledge, skill, and authority and identify key system resources for referring matters that exceed these limits.
8. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and evaluate effectiveness of all actions taken.
9. Recognize deviations from the norm that might indicate an emergency and describe appropriate action.

Essential Public Health Services

The Essential Public Health Services describe the public health activities that should be undertaken in all communities and provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Course Numbering

The course numbers in this catalog correspond to course IDs that are automatically assigned by the CO.TRAIN system.

For example, 1002558 is the course id for the following course listing:

1002558 - ICS-100: Introduction to the Incident Command System (Online)

To search and register for a specific course, enter the course number in the "Course ID" search field located on the right-hand side of the CO.TRAIN home page.

By entering the Course ID, you will be automatically taken to the course details page, which will provide additional information about the course. To register, click on the "Registration" tab at the top of the screen.

Target Audiences

Public Health Leaders
Occupations in which employees set broad policies, exercise overall responsibility for execution of these policies, of direct individual departments or special phases of the agency's operations, or provide specialized consultation on a regional, district or area basis. Includes department heads, bureau chiefs, division chiefs, directors, and deputy directors.

Public Health Regional Staff
Public Health Emergency Preparedness Regional Planners, Trainers and Epidemiologists

Public Health Communicable Disease Staff
Occupations in which employees collect, investigate, describe and analyze the distribution and determinants of disease, disability, and other health outcomes, and develop the means for their prevention and control; investigates, describes and analyzes the efficacy of programs and interventions, advising local health departments and the health care community on outbreak investigations, immunization data, disease identification, reporting, and prevention. Includes individuals specifically trained as epidemiologists, and those trained in other disciplines (e.g., medicine, nursing, environmental health) working as epidemiologists under job titles such as nurse epidemiologist.

Public Health Clinical Staff
Public Health staff with clinical education such as nurse, dentist, physician, employed to give direct clinical care in a PH program or whose functional role in an emergency includes such duties.

Environmental Health Staff
Occupations in which employees apply biological, chemical, and public health principles to control, eliminate, ameliorate, and/or prevent environmental health hazards. Includes environmental researcher, environmental health specialist, food scientists, soil and plant scientist, air pollution specialist, hazardous materials specialist, toxicologist, water/waste water specialist, sanitarian, and entomologist.

Public Health Laboratory Staff
Occupations with responsibilities to plan, design and implement laboratory procedures to identify and quantify agents in the environment which may be hazardous to human health, biological agents believed to be involved in the etiology of diseases in animals or humans, such as bacteria, viruses and parasites, or other physical, chemical and biological hazards. Includes microbiologist, chemist, toxicologist, physicist, virologist, entomologist and non-specified laboratory professionals. Laboratory staff members with less than a baccalaureate-level education are not included.

Public Health Information Staff
Occupations which represent public health issues to the media and public, acts as a spokesperson for public health agencies, engages in promoting public health organizations by writing or selecting publicity material and releasing it through various communications media. In addition to the job titles associated with media spokesperson, this category also includes titles associated with other aspects of public relations, media and information technology.

Other Public Health Professional Staff
Professional occupations not described above such as, health educators, legal professionals, financial officers, and others.

Public Health Technical and Support Staff
Technical occupations involve non-routine work and typically are associated with a professional field such as in the laboratory or clinical area, and involve extensive on-the-job experience. Support occupations involve structured work performed according to established policies, including laboratory support, clerical staff and computer entry staff.

Public Health Partners
Includes, but is not limited to:

- ☐ Hospital and Medical Personnel
- ☐ Emergency Medical Services (EMS)
- ☐ Emergency Managers
- ☐ Government Officials
- ☐ Public Safety
- ☐ Public Works
- ☐ Medical Examiner/Coroner
- ☐ Mental Health Professionals
- ☐ Veterinary and Agricultural Professionals

Course Descriptions

The following courses will be offered during the 2008–09 grant period. This list does not guarantee that all courses will be offered at your agency or that additional courses will not be offered during the 2008-09 year. Contact your regional training coordinator or log on to CO.TRAIN at www.co.train.org to obtain specific course information.

To view the current list of course dates, locations, and registration information, log on to CO.TRAIN at www.co.train.org.

Introduction to Public Health Emergency Preparedness and Response

1017506 – Introduction to Public Health Services
The field of public health is highly varied and encompasses many disciplines. The types of local public and environmental health services provided throughout Colorado differ, but all residents depend on the public health services they receive from their state and local health departments in order to lead healthy lives.

Public health maintains specific, routine functions as well as key responsibilities during emergency response. It is important for all public health workers to have a basic understanding of the breadth and scope of Colorado's public health system and all of the services - both routine and emergency - that public and environmental health can provide.

This course provides public health workers in Colorado, as well as their response partners, with an understanding of routine, day-to-day public health functions as well as those key activities that public health is responsible for fulfilling during an emergency response.

Prerequisites: None
Core BT Competencies Addressed: ALL
PH Essential Services: 3, 8
Contact Hours: 1 hour
Delivery Method: Online Course
Course Provider/Instructor: CDPHE

1005529 – EPR 101: Public Health Emergency Preparedness 101 for Colorado – Classroom Version
This course defines public health's role in emergency preparedness and response. Participants will be introduced to public health state, regional and local roles in emergency preparedness and response – including Emergency Support Function #8. Participants will also learn about the CDC Public Health Preparedness Grant.

Participants: This course is recommended for all public health workers and public health preparedness partners

Prerequisites: None
Core BT Competencies Addressed: ALL
PH Essential Services: 3, 8
Contact Hours: 1 hour
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

1007191 – EPR 101: Public Health Emergency Preparedness 101 for Colorado– Online Version

1012892 - Emergency Support Function (ESF) #8 – Public Health and Medical Services
The National Response Framework (NRF) presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies. As part of the NRF, Emergency Support Functions (ESFs) are used to organize and provide assistance. This course provides an introduction to Emergency Support Function (ESF) #8 – Public Health, Medical and Mortuary Services performed at the federal level.

Course Provider/Instructor: FEMA

National Incident Management System (NIMS) and Incident Command System (ICS) Training*

* To meet the NIMS and ICS course requirements, you must provide your regional training coordinator with a copy of the FEMA certificate for each course that you complete.

NIMS and ICS Training Requirements

- All agency staff must be trained in ICS-100 and IS-700.
- All supervisory staff must be trained in ICS-100, ICS-200, and IS-700.
- All program managers and employees who will be expected to work in the agency's emergency operations center (EOC) must be trained in ICS-100, ICS-200, IS-700, IS-800 and ICS-300.
- Agency directors, executive level staff and all staff pre-identified to perform duties as a Unified Commander, Incident Commander, Command Staff or a Section Chief according to the agency's ICS structure must be trained in ICS-100, ICS-200, IS-700, IS-800, ICS-300 and ICS-400.

1016067- ICS-100.A: Introduction to the Incident Command System (ICS) – Online Version
ICS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS).

Core BT Competencies Addressed: 1, 2, 4, 7, 8
PH Essential Services: 3, 5, 6, 8
Contact Hours: 3 hours
Delivery Method: Online Training
Course Provider/Instructor: FEMA

1007579 - *IS100.HC: Introduction to Incident Command System, I-100, for Healthcare/Hospitals* will also fulfill the ICS-100 requirement. This course provides healthcare related examples of how incident command can be applied to health and medical emergencies.

Prerequisites: None
Core BT Competencies Addressed: 1, 2, 4, 7, 8
PH Essential Services: 3, 5, 6, 8
Contact Hours: 3 hours
Delivery Method: Online Training
Course Provider/Instructor: FEMA

1005297- ICS-100: Introduction to the Incident Command System (ICS) – Classroom Version

1016063 - IS-200.A ICS for Single Resources and Initial Action Incidents
This course has been developed to compliment the IS-100 course for the Federal disaster response workforce, and to take the student's education to the ICS 200 level. This course is designed to identify ICS features and principles, describing in more detail elements such as:

- Establishment & Transfer of Command
- Management by Objectives
- Unified Command
- ICS Management Functions
- Organizational Flexibility
- Unity and Chain of Command
- Span of Control
- Incident Action Plans
- Resource Management
- Common Terminology and Clear Text
- Integrated Communications
- Personnel Accountability

1007581 - ***IS-200.HC Applying ICS to Healthcare Organizations*** also fulfill the ICS-200 requirement. This course provides healthcare related examples of how incident command can be applied to health and medical emergencies.

Prerequisites: ICS-100 (or equivalent i.e. IS-100a)
Core BT Competencies Addressed: 1, 2, 4, 7, 8
PH Essential Services: 3, 5, 6, 8
Contact Hours: 2-3 hours
Delivery Method: Online Training
Course Provider/Instructor: FEMA

1002423 - IS-700: Introduction to the National Incident Management System (NIMS) Classroom Equivalent
This course introduces the National Incident Management System (NIMS) to the public health workforce. This course explains the purpose, principles, key components, and benefits of NIMS.

Objectives:

- Describe the key concepts and principles underlying NIMS
- Identify the benefits of using ICS as the national incident management model
- Describe when it is appropriate to institute an Area Command
- Describe when it is appropriate to institute a Multiagency Coordination System
- Describe the benefits of using a Joint Information System (JIS) for public information
- Identify the ways in which NIMS affects preparedness
- Describe how NIMS affects how resources are managed
- Describe the advantages of common communication and information management systems
- Explain how NIMS influences technology and technology systems
- Describe the purpose of the NIMS Integration Center

Note: All participants who take this course are required to obtain the FEMA certificate of completion from the online NIMS IS-700 level course. This certificate will be used to document NIMS compliance. The online exam can be found at:
https://training.fema.gov/EMIWeb/IS/exams/is700tst.asp

Prerequisites: None
Core BT Competencies Addressed: 1, 2, 4, 7, 8
PH Essential Services: 3, 5, 6, 8
Contact Hours: 2-3 hours
Delivery Method: Classroom Training
Course Provider/Instructor: FEMA

1016070 - IS-700.A: Introduction to the National Incident Management System (Online)

1011882 - IS-800.B National Response Plan (NRP), An Introduction
This course introduces participants to the National Response Plan (NRP), including the concept of operations upon which the plan is built, roles and responsibilities of the key players, and the organizational structures used to manage these resources. The NRP provides a framework to ensure that we can all work together when our Nation is threatened.

Objectives:

- Describe the purpose of the NRP
- Locate information within the NRP
- Describe the roles and responsibilities of entities as specified in the NRP
- Identify the organizational structure used for NRP coordination
- Describe the field-level organizations and teams activated under the NRP

- Identify the incident management activities addressed by the NRP

Prerequisites: IS-700 (or equivalent i.e. IS-700a)
Core BT Competencies Addressed: 1, 2, 4, 7, 8
PH Essential Services: 3, 5, 6, 8
Contact Hours: 3-6 hours
Delivery Method: Online Training
Course Provider/Instructor: FEMA

1003461 - Hospital Incident Command System (HICS) Course
Participants will learn about the HICS structure; various positions and responsibilities within HICS; the process for expanding or contracting the HICS structure; the process for transferring command; the Unified Command system; and will gain familiarity with HICS documentation.

Prerequisites: None
Core BT Competencies Addressed: 1, 2, 4, 7, 8
PH Essential Services: 3, 5, 6, 8
Contact Hours: 4 hours
Delivery Method: Classroom Training
Course Provider/Instructor: BNICE Training Center

1005860 - ICS-300: Intermediate Incident Command System (ICS) Course
This course is for strike team leaders, task force leaders, unit leaders, division/group supervisors, branch directors and Multi-Agency Coordination System/Emergency Operations Center staff.

Objectives:
- Describe how the NIMS Command and Management component supports the management of expanding incidents
- Describe the incident/event management process for expanding incidents and supervisors as prescribed by the Incident Command System
- Implement the incident management process on a simulated Type 3 incident
- Develop an Incident Action Plan for a simulated incident.

Prerequisites: ICS-100, ICS-200, IS-700 (or equivalent courses, i.e. IS-100a, IS-800b, etc.)
Core BT Competencies Addressed: 1, 2, 4, 7, 8
PH Essential Services: 3, 5, 6, 8
Contact Hours: 24 hours
Delivery Method: Classroom Training
Course Provider/Instructor: Multiple including CDPHE, CDEM, CDFS, Denver UASI
You can also search for upcoming ICS sessions in Colorado by visiting the following websites:

Colorado Division of Fire Safety

Urban Area Security Initiative

Note: Once your ICS-300 level certificate is provided to your regional training coordinator, this course will be added to your CO.TRAIN transcript.

1006001 - ICS-400: Advanced Incident Command System IS-400 Course
This course is intended for command and general staff, agency administrators, department heads, emergency managers, areas commander and Multi-Agency Coordination System/Emergency Operations Center managers.

Objectives
- Describe how Unified Command functions on a multi-jurisdiction or multi-agency incident
- Define the advantages of Unified Command and list the kinds of situations which may call for a Unified Command organization
- Describe the primary guidelines and responsibilities of the Command and General Staff positions
- Describe the purposes and responsibilities of agency representatives or technical specialists, reporting relationships and how they can be effectively used within the incident organization.
- Describe the process for transfer of command.
- List the principal factors found in or related to major and/or complex incidents/events.
- List the expansion options for incident/event organization and describe the conditions under which they would be applied.
- Demonstrate, through an exercise, how to apply the various options related to major and/or complex incident/event management
- Describe the Area Command organization and how, when and where Area Command would be established
- Given a scenario, develop an Area Command organization
- Identify the major guidelines for establishing and using Multi-Agency Coordination Groups and Systems
- Identify the primary components of a Multi-Agency Coordination System
- Identify principal positions within a Multi-Agency Coordination System
- Identify differences between Area Command, Unified Command and Multi-Agency Coordination entities

Prerequisites: ICS-100, ICS-200, ICS-300, IS-700 , IS-800 (or equivalent courses, i.e. IS-100a, IS-800b, etc.)
Core BT Competencies Addressed: 1, 2, 4, 7, 8
PH Essential Services: 3, 5, 6, 8
Contact Hours: 16 hours
Delivery Method: Classroom Training
Course Provider/Instructor: Multiple including CDPHE, CDEM, CDFS, Denver UASI

You can also search for upcoming ICS sessions in Colorado by visiting the following websites:

Colorado Division of Fire Safety

Urban Area Security Initiative

Note: Once your ICS-400 level certificate is provided to your regional training coordinator, this course will be added to your CO.TRAIN transcript.

Emergency Operations and Planning

1003287 - Introduction to the Emergency Operations Center (EOC)
This course will introduce all public health staff expected to report for duty following activation of the public health emergency response plan to basic Emergency Operations Center (EOC) concepts, policies, standard operating procedures (SOPs), necessary to operate during a public health emergency.

Objectives:
- Define the purpose of an EOC
- Describe the basic functions of your local public health EOC
- Describe the key EOC policies and standard operating procedures (SOPs) for your local public health EOC
- Describe how NIMS/ICS is integrated in the EOC
- Describe your role within your local public health EOC

Prerequisites: EPR 101
Core BT Competencies Addressed: ALL
PH Essential Services: 3, 4, 5, 6, 8, 9
Contact Hours: 2 hours
Delivery Method: Classroom Training
Course Provider/Instructor: Multiple including CDPHE and local public health agencies

1013346 – WebEOC Training
WebEOC is a web-based information management system that provides a single access point for the collection and dissemination of emergency or event-related information. This course provides an overview of the WebEOC system used by state and local emergency management and other emergency response partners throughout the state.

Delivery Method: Classroom Training
Course Provider/Instructor: CDEM

1007654- Public Health Emergency Operations Plan (PHEOP) Overview
This training will provide public health employees and/or public health partners with an overview of the public health agency's emergency operations plan and public health's role as defined by Emergency Support Function (ESF) #8.

Prerequisites: Introduction to Public Health Emergency Preparedness
Core Competencies Addressed: 1-7
PH Essential Services: 3, 4, 5, 6, 8
Course Length: 1 hour
Delivery Method: Classroom Training
Course Provider/Instructor: Multiple local public health agencies

1005511 - IS-546 Continuity of Operations (COOP) Awareness
This course provides an overview of COOP terms, basic concepts, objectives of COOP planning, and benefits to public sector departments and agencies. This awareness course provides information on how a COOP event might affect employees, the department/agency and an employee's family. Both employees designated to be part of the Emergency Relocation Group (ERG) and those who are not will benefit from this course.

Prerequisites: None
Core Competencies Addressed: 1-7
PH Essential Services: 5-10
Course Length: 1 hour
Delivery Method: Online Training
Course Provider/Instructor: FEMA

1005512 - IS-547 Introduction to Continuity of Operations
This course is designed for a broad audience - from senior managers to those involved directly involved in the continuity of operations (COOP) planning effort. The course provides a working knowledge of the COOP guidance found in Federal Preparedness Circular 65, "Federal Executive Branch Continuity of Operations." The course provides activities to enhance your COOP program. Topics covered include:
- An overview of what COOP is and is not
- Eements of a viable COOP program
- Essential functions
- Delegations of authority
- Succession planning
- Alternate facilities
- Interoperable communications
- Vital records and databases
- Human capital
- And more

Prerequisites: None
Core Competencies Addressed: 1-7
PH Essential Services: 5-10
Course Length: 5 hours
Delivery Method: Online Training
Course Provider/Instructor: FEMA

1010561 – First Aid

1010560 – CPR

1009313 – CPR/First Aid Combined Course

1008095 – Personal Preparedness
This training covers basic personal preparedness topics such as:

- Most likely disasters in your community
- How to prepare preparedness kits for your home, car and office – including examples of preparedness kits that include items such as water containers, AM-FM-WB radio, first aid kit, Ready Colorado's Pack a Kit checklist, etc.
- How to develop a family preparedness plan – such as what to consider when planning in advance relative to communication, shelter, pets, meeting up and caring for friends and family
- What documents one should have packaged for immediate access

Information Technology

1018666 – EMSystems Computer Training
EMSystem is a web-based system that allows for real-time tracking of patients and medical resources during an emergency. This tool is designed for those responsible for managing emergencies; hospitals, dispatch 9-1-1 communication centers, emergency managers, RETACs, EMS/first responders and ESF8 leads, to share information and resources during emergencies in their region. This system can also be used for resource tracking on a day-to-day basis.

Objectives:
During this training, participants will learn how to use the various EMSystem features, including:

- Patient tracking for first responders and hospitals (EMTrack)
- Hand-held devices along with automatic synchronization into EMSystem
- Notification
- Ability to up-load, share and store evacuation plans, staffing information, hospital status, resource availability, documents and forms
- CADLink feature, which provides information on Air Medical Resources across the state
- Forms feature with ability to send out private resource queries to specific hospitals and facilities

Training will be offered in each of the 11 RETAC regions of the state.

Audience:

- Hospital staff (trauma coordinators, and/or safety officers, charge nurses, hospital emergency managers, other hospital staff as appropriate).
- City/County Emergency Managers
- Statewide emergency managers
- First responders/EMS
- RETAC Coordinators
- ESF8 Leads
- 9-1-1 Dispatch Centers / PSAP's

Prerequisites: Must meet audience requirements
Core BT Competencies Addressed: 1, 2,5-9
PH Essential Services: 3, 4, 8
Contact Hours: 8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

Colorado Health Alert Network Training
The Colorado Health Alert Network (COHAN) portal provides three levels of system access:

1. COHAN Administrator
2. COHAN Collaborator
3. COHAN Alert

Each user in the COHAN portal is pre-assigned to one of these three user levels. In order to access the COHAN portal, you must be provided with a user name and password. You can request this information from your local COHAN administrator or the COHAN admin mailbox at cdphe.cohanadmin@state.co.us

1002487 - COHAN Alert Level Training
The Alert Level course will teach participants how to perform the following tasks:

- Access the portal
- Manage your own Profile (contact information)
- Access read-only web pages, such as the COHAN Home Page
- Receive HAN notifications and alerts

Prerequisites: Must be assigned to the COHAN Alert level license and have a COHAN user name and password
Core BT Competencies Addressed: 5, 6
PH Essential Services: 3, 4, 8
Contact Hours: 45 minutes
Delivery Method: Online Training
Course Provider/Instructor: CDPHE

1002488 – COHAN Collaborator Level Training
The Collaborator Level course will teach participants how to perform the following tasks:

- Access the COHAN portal
- Self-manage your Profile (contact information)
- Access read-only web pages, such as the portal home page
- Receive HAN notifications and alerts
- Access document management and discussion tools
- Create, edit and publish new documents
- Subscribe to content
- Participate in discussions based on the security level and permissions assigned by your COHAN administrator
- Send alerts, based on the permissions granted by the administrator, and agency policies

Prerequisites: Must be assigned to the COHAN Collaborator level license and have a COHAN user name and password
Core BT Competencies Addressed: 5, 6
PH Essential Services: 3, 4, 8

Contact Hours: 2 hours
Delivery Method: Online Training
Course Provider/Instructor: CDPHE

1004082 – COHAN Collaborator Level Training – Classroom Version

1002625 – COHAN Administrator Level Training (Online Version)
As an Administrator Level user, you will learn how to perform the following tasks:

- Create new users
- Edit user profiles
- Deactivate users
- Change/reset user passwords
- Assign users to predefined Public Health Roles
- Assign users to predefined portal permission groups
- Eliminate users from permission groups
- Create new portal permission groups
- Manage folder profiles, permissions and folder structure
- Manage discussions
- Manage user subscriptions

Prerequisites: Must be assigned to the COHAN Administrative level license and have a COHAN user name and password
Core BT Competencies Addressed: 5, 6
PH Essential Services: 3, 4, 8
Contact Hours: 8-10 hours
Delivery Method: Online Training
Course Provider/Instructor: CDPHE

Contact the COHAN mailbox at cdphe.cohanadmin@state.co.us to request a classroom version of this training.

1002677 - COHAN Dialogics Communicator NxT! Training (Online Version)
In order to send Health Alert Network (HAN) alerts and notifications, you must have access to Colorado's emergency notification system, called Dialogics Communicator! NXT (Dialogics).

This course will teach participants how to use Dialogics, the notification application of the COHAN Portal. Note: Only COHAN Administrators need to take this course.

Objectives:

- Maintain groups of roster members
- Create and maintain messages
- Test and activate scenarios, and
- Print, preview, and export scenario activation reports

Prerequisites: Before taking this course, participants must be assigned to the COHAN Administrative level license, have a COHAN user name and password, and take the COHAN Administrator Level course online or in person.
Core BT Competencies Addressed: 5, 6
PH Essential Services: 3, 4, 8
Contact Hours: 2 hours
Delivery Method: Online
The classroom version is conducted during the COHAN Administrator classroom session.
Course Provider/Instructor: CDPHE

1003930 - Introduction to ArcGIS
This course introduces the users to basic concepts found in GIS, including; map scales, projections, and layers. The user is given an opportunity to use ArcGIS via a series of hands-on exercises.
This course incorporates many features of other classes that are offered commercially, but tailors the class to the specific needs of public health users.

Prerequisites: none
Core BT Competencies Addressed: 5
PH Essential Services: 3, 8
Contact Hours: 8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

1006572 – Colorado Volunteer Mobilizer (CVM) Administrator Training
This course provides students with the knowledge and skills to be a Group or Regional Administrator on the Colorado Volunteer Mobilizer (CVM). The course will cover programmatic areas such as volunteer recruitment, Colorado Statutes pertaining to volunteerism, as well as hands-on instruction on managing and alerting volunteers using the CVM application. Note: The CVM system is compliant with Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) guidelines.

Objectives

- Manage and alert volunteers within a group or region
- Update volunteer records
- Add and delete volunteers
- Send alerts
- Post announcements

Audience
This course is intended for CVM Administrators at the following levels: Group, Medical Reserve Corps, or Regional levels.

Prerequisites: Participants must be assigned a role as a group or regional CVM administrator
Core BT Competencies Addressed: 1, 4-9
PH Essential Services: 3, 8
Contact Hours: 4 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

1003931 - Intermediate ArcGIS
This course builds on the basic concepts that are taught in the Introduction to ArcGIS class offered by CDPHE. Most of the classroom time is spent doing a series of "hands-on" exercises. Basic skills are reinforced. Additional GIS skills are taught, such as; joining tables, buffering, editing and managing shapefiles, working with ArcToolbox and ArcCatalog, and accessing various data resources.

This course incorporates many features of other *Intermediate ArcGIS* classes that are offered commercially, but tailors the class to the specific needs of public health users.

Prerequisites: Introduction to ArcGIS or comparable training
Core BT Competencies Addressed: 5
PH Essential Services: 3,8
Contact Hours: 8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

Medical Surge

1012232 - Colorado Nurse Surge Training
The Public Health Nurse (PHN) Surge Curriculum was developed in 2006 by the Ohio Public Health Leadership Institute and has been adapted to meet Colorado's public health emergency response system. This competency-based curriculum will enable public health nurses to practice their discipline-specific role in preparedness for, response to, and recovery from disaster surge incidents.

This 6-hour workshop is the introduction to a 54-hour self-taught on-line training that public health nurses can opt to complete at their own pace over the course of 12 months. It covers the most difficult concepts of surge nursing and prepares the learner for the remainder of the self-paced, online training.

Prerequisites: None
Core BT Competencies Addressed: 1, 7, 9
PH Essential Services: 2, 3, 5, 6-10
Contact Hours: 4 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

1007107 - **Public Health Nursing Surge - Trail Guide Independent Study for Ohio and NATIONAL**
Note: Colorado users should use the revised trail guide provided during the classroom session- do not use the trail guide provided on CO.TRAIN (this version is outdated).

1012122 - Colorado Medical Surge Seminar
To begin the coordination of medical surge planning and partnerships throughout the state, Medical Surge Seminars have been developed to bring various partners together, including (but not limited to) Hospitals, Outpatient Clinics, Physician's Offices, Emergency Management, Public Health, EMS, Medical Reserve Corps, other healthcare partners to cover a variety of topics such as:

- Colorado Volunteer Mobilizer (CVM)
- Demonstration of HCStandard as a situational awareness and resource request/tracking tool
- Colorado's Mobile Medical Caches
- AHRQ "Alternate Care Site Selection Tool"
- CDPHE's draft "Guidance for Triaging and Altering Standards of Care During an Influenza Pandemic"
- Colorado Strategic National Stockpile (SNS)

Prerequisites: None
Core BT Competencies Addressed: 1, 7, 9
PH Essential Services: 1, 3-10
Contact Hours: 8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

Introduction to Medical Surge in Colorado (Online) Coming Soon

Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) Training

1002044 - BNICE- WMD Clinical Care Course
This course provides participants with a basic understanding of the Biological, Nuclear, Incendiary, Chemical, and Explosive (BNICE) terrorist threat; the acute health effects of a BNICE agent exposure; recognition of trends indicating a possible BNICE event; and appropriate individual protective measures to be used in a BNICE situation. Participants will also gain familiarity with the unique aspects of triage, mass casualty considerations, and emergency decontamination procedures for patients and healthcare workers during a BNICE event and appropriate emergency medical treatment for BNICE agents.

Prerequisites: None
Core BT Competencies Addressed: 1, 7, 9
PH Essential Services: 1, 2, 3, 7, 8
Contact Hours: 6 hours
Delivery Method: Classroom Training
Course Provider/Instructor: This course is offered by the Colorado BNICE Training Center, funded by HRSA, a division of the U.S. Dept. of Health & Human Services.

1003459 - BNICE- WMD Field Awareness Training
Participants will learn about emergency decontamination procedures for victims and responders during a BNICE event; appropriate responder actions at the operations level under the Incident Command System; basic chemical downwind

hazard prediction; personal protection requirements and capabilities; and an introduction to detection and identification equipment for BNICE agents.

Prerequisites: None
Core BT Competencies Addressed: 1, 7, 9
PH Essential Services: 1, 2, 3, 7, 8
Contact Hours: 4 hours
Delivery Method: Classroom Training
Course Provider/Instructor: This course is offered by the Colorado BNICE Training Center, funded by HRSA, a division of the U.S. Dept. of Health & Human Services.

1003460 - BNICE- WMD Field Operations Training
Participants will learn about emergency decontamination procedures for victims and responders during a BNICE event; appropriate responder actions at the operations level under the Incident Command System; basic chemical downwind hazard prediction; personal protection requirements and capabilities; and an introduction to detection and identification equipment for BNICE agents.

Prerequisites: None
Core BT Competencies Addressed: 1, 7, 9
PH Essential Services: 1, 2, 3, 7, 8
Contact Hours: 4 hours
Delivery Method: Classroom Training
Course Provider/Instructor: This course is offered by the Colorado BNICE Training Center, funded by HRSA, a division of the U.S. Dept. of Health & Human Services.

1004142- Packaging and Shipping Infectious Substances and Diagnostic Specimens
Individuals who send or oversee the transportation of infectious substances must be aware of ongoing regulatory changes and incorporate them in their facility's protocols. This intermediate-level course will provide certification and updated information for clinical laboratorians with prior packaging and shipping training and experience. Attendance will assist in maintaining compliance with DOT, USPS, and IATA regulations.

1005442 - Modular Emergency Response Radiological Transportation Training (MERRTT) – 1 DAY ONLY
MERRTT is provided and developed in conjunction with the DOE's Waste Isolation Pilot Plant (WIPP) External Emergency Management and the Transportation Emergency Preparedness Program (TEPP). MERRTT consists of 18 modules that can be integrated into existing programs for hazardous material training. MERRTT exclusively covers Hazard Class 7 radioactive material and builds on information received in other hazardous material courses. The material is designed to meet the radiological training needs of persons serving in public safety, EMS, emergency management, public works, dispatch, environmental health, volunteer organizations, or on a hazardous materials team.

This one day session provides participants with radiological transportation basics including initial response actions and specifics on WIPP shipments. A certificate of completion will be provided to those participants who will be taking only the first day of training.

Prerequisites: None
Core BT Competencies Addressed: 4, 7,8, 9
PH Essential Services: 3, 7, 8
Contact Hours: 8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: DOE and CDPHE

1005445 - Modular Emergency Response Radiological Transportation Training (MERRTT) – Train-the-Trainer- 2 DAY COURSE

See Course Description Above.

The 2-day full MERRTT and MERRTT train-the-trainer options, include expanded concepts and practical exercises. Feel free to bring your radiological instruments and we will show you how to use them!

Note: Attendees wishing to complete the train-the-trainer portion will be required to attend both days until 5:00pm. Attendees who do not wish to complete the train-the-trainer (TTT) will be released at approximately 3:30pm on Day 2.

Prerequisites: None
Core BT Competencies Addressed: 4, 7,8, 9
PH Essential Services:
Contact Hours: 14.5 -16 hours
(additional 1.5 hours is for TTT only)
Delivery Method: Classroom Training
Course Provider/Instructor: DOE and CDPHE

1006523 - Recovery, Acceptance, and Handling of Radiologically Contaminated Human Remains
This course is intended for those persons and disciplines that will recover and handle bodies from accident situations where the decedent may have been contaminated with radioactive materials. The course will provide techniques for identifying the hazard to the death investigator and technicians that may handle the body, and how to prevent further contamination. Finally, the techniques and proper processes for documentation of the event and successful decontamination of the body will be demonstrated. The students will participate in hands-on practical exercises.

Topics of instruction will include:
- Radiation Basics
- Biological Effects of Radiation
- Radiological Terminology and Units

- Survey Instruments and Dosimetry Devices
- Contamination Control
- Decontamination, Disposal, and Documentation
- Prep and Packaging of Decedent for Transport

Note: Courses will be scheduled at the convenience of the requesting agency.

Prerequisites: None
Core BT Competencies Addressed: 4, 7,8, 9
PH Essential Services: 3, 7, 8
Contact Hours: 6-7 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

1006023 - Hospital Emergency Department Management of Radiation Accidents
This course is conducted by the Radiation Management Consultants, Inc. (RMC) and is designed to assist medical and prehospital personnel understand issues, concepts, and skills associated with planning, preparing for, and managing patients contaminated with and/or exposed to radioactive material. Instructors will provide material in a lecture format as well as through practice and demonstration of skills and techniques. Topics will include safety and protection of patients, workers, and facilities.

Target Audience
Physicians, nurses, emergency department technicians, medical physicists, health physicists, nuclear medicine technicians, radiation safety officers, safety officers, risk management, facility engineers, and prehospital care providers will benefit from this training. While this course has a medical orientation, personnel from health departments, fire service, and law enforcement are encouraged to attend.

Agencies may request this course if they received patient transport off the I-25 transportation corridor. The course will be scheduled at the convenience of the requesting agency.

Prerequisites: None
Core BT Competencies Addressed: 4, 7,8, 9
PH Essential Services: 1, 2, 3, 7, 8, 9
Contact Hours: 8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

1007994 - First-On-Scene Training for Emergency Responders (FOSTER) – A Radiological Primer
This self-study online radiological course was designed to provide a program that fills a gap between training for responders with formal hazardous materials training and the untrained responder. It is applicable to all disciplines, not just fire or EMS. The course is considered to be a preawareness level radiological course and will provide information and guidance for the untrained first responder. While untrained responders are extremely limited in their ability to take any actions, the course will reinforce that everyone has a role in the "All Hazard Response Process".

Prerequisites: None
Core BT Competencies Addressed: None
PH Essential Services: 3, 7, 8
Contact Hours: 1.5-2 hours
Delivery Method: Online

Public and Environmental Health Radiological Training (PEHRT)
This self-study radiological course offered on CD-ROM is designed to provide recommendations and guidance to public, environmental health, and laboratory officials.

Some of the key topics include:
- Describe basics of radiological materials
- List some radiological materials in Colorado
- Describe the nature and type of incidents that may create environmental or public health issues
- Provide guidance on activities for public and environmental health
- Provide information on how the Colorado Department of Public Health and Environment can help you in response to radiological situations

Copies of the PEHRT training CD are free to all public or environmental health agencies in Colorado.
To obtain a copy, contact Tammy Ottmer at tammy.ottmer@state.co.us or 303-692-3025

1010015 - Public and Environmental Health Radiological Training (PEHRT) Exam

1015361 – Colorado Pandemic Flu Preparedness
You have likely heard about "bird flu", "pandemic flu" and the H5N1 virus on the news over the past several years. This course was designed to answer some of your questions, dispel the myths, and talk about practical steps you and your organization can take to prepare for pandemic influenza and seasonal or "regular" flu.

After completing this course, you will be able to:
- Define seasonal influenza, pandemic influenza and avian influenza
- Outline the current international concern over the H5N1 virus and why there is currently so much concern that this virus, or one like it, might cause the next flu pandemic
- Describe what the United States Federal government, and Colorado State government are doing to plan and prepare for the next influenza pandemic
- Identify ways you can protect your business and yourself from a pandemic

Prerequisites: None
Core BT Competencies Addressed: None
PH Essential Services: 3, 7, 8
Contact Hours: 1-2 hours

Delivery Method: Online
Course Provider/Instructor: CDPHE

Online FEMA Courses

1014395 - IS-3 Radiological Emergency Management

1014392- IS-301 Radiological Emergency Response

IS-346 An Orientation to Hazardous Materials for Medical Personnel

Smallpox Vaccinator Training
Objectives:

- Smallpox Vaccine Management and Handling
- Smallpox Vaccine and Contraindications
- Reactions: Normal and Adverse
- Screening Process and Administration of Vaccine
- Vaccinator Training Considerations
- Video: Smallpox Vaccine Administration
- Mock Vaccination Demonstration and Practicum

Prerequisites: Must be certified
Core Competencies Addressed: 1, 7, 9
PH Essential Services: 2, 3, 6, 7, 8, 9
Course Length: 4 hours
Delivery Method: Classroom
Course Provider/Instructor: FEMA

For more information on this course, contact Joni Reynolds at 303- 692-2363 or joni.reynolds@state.co.us

Smallpox Training
This CDC webpage provides various resources and training materials related to the smallpox virus. Additional courses and educational materials can be located on CO.TRAIN by searching under the keyword “smallpox”.

Bioterrorism Agents: Plague
This course is presented online in 7 lessons covering the various topics healthcare providers need to understand in order to recognize plague, determine whether or not it is possible bioterrorism and respond appropriately. Participants will be taught about the natural epidemiology of plague and how to diagnose it, how to recognize possible bioterrorist plague, how to manage plague cases in contained casualty and mass casualty situations. Veterinarians will be taught how to diagnose and treat plague in animals and how animal cases could signal a bioterrorist attack of plague.

Participants will finish with a self-assessment module that will allow them to review the information with simulation-like questions that would mimic real-world experiences.

For additional hazardous materials training requirements and opportunities, please visit the CDPHE Hazardous Materials and Waste Management Division website at http://www.cdphe.state.co.us/hm/index.htm

Personal Protective Equipment (PPE)

1007240- Basic Principles of Personal Protective Equipment (PPE) Training (Online version)
This course was designed specifically for the Colorado Department of Public Health and Environment in order to provide employees with the fundamentals of respiratory protection and personal protective equipment.

Objectives:

- Understand the importance of respiratory protection
- Identify hazards in the workplace
- Select the appropriate respirator for your work environment
- Inspect, put on, take off, and check the seals of the respirator
- Determine the capabilities and limitations of respirators
- Use the respirator effectively in emergency situations
- Recognize medical signs and symptoms that may limit or prevent effective respirator use
- Clean, maintain and store your personal protective equipment
- Understand basic OSHA respirator regulations

After taking this course, participants are fit-tested to wear either an N-95 mask or PAPR.
Prerequisites: Prior to taking this course, participants must fill out a medical evaluation form and be approved to take this course. Please contact your regional training coordinator for more information.
Core Competencies Addressed: 1, 4, 8
PH Essential Services: 3, 8, 9
Course Length: 2 hours
Delivery Method: Online
Course Provider/Instructor: CDPHE

1005781 - Personal Protective Equipment (PPE) Train-the-Trainer for Public Health (Classroom version)

1005063- PPE Fit Testing
After taking this course, participants are fit-tested to wear either an N-95 mask or PAPR.

Public Health Law

1007112 – Colorado Forensic Epidemiology
This purpose of this course is to enhance the joint effectiveness of law enforcement and public health when both disciplines must respond to a threat or attack involving possible biological weapons. This course brings both law enforcement and public health officials together to learn about each discipline’s

investigative procedures and work through fact-based case scenarios involving biological weapons, attacks, or threats.

Objectives:

- List the similarities and differences in public health and law enforcement investigative goals and methods
- Determine what agencies/jurisdictions will have lead roles and responsibilities during an intentional act that threatens the public's health
- List some of the legal issues that would be involved in the event of a criminal act that threatens the public's health
- Coordinate public health and law enforcement activities, communications, and resources during emergency response and investigation
- Demonstrate a basic understanding of HIPAA legislation and its relation to public health and law enforcement investigations

Prerequisites: None
Core Competencies Addressed: 1, 4, 6, 7, 8, 9
PH Essential Services: 3, 5, 6, 8
Course Length: 6 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

1004617 - Quarantine and Isolation Seminar
This seminar and workshop addresses the human and agricultural response to quarantine and isolation. Participants will learn about the basic principals, terms and reasons for isolation and quarantine, and how the separation and restriction of movement of ill people and/or animals stops the spread of illness to others. Participants will also learn about the laws that govern isolation and quarantine in the state of Colorado.

Objectives:

- List the differences between isolation and quarantine
- Describe the importance of isolation and quarantine during a communicable disease outbreak
- Discuss Colorado State Statutes the govern isolation and quarantine
- Review templates and discuss best practices for bringing local partners together - including public health, law enforcement, and local district attorneys – in order to create local protocols for isolation and quarantine within the community

Prerequisites: None
Core Competencies Addressed: 1, 4, 6, 7, 8, 9
PH Essential Services: 3, 5, 6, 8
Course Length: 8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

1009009- Legal Issues in Emergency Management
Legal issues in emergency management frequently surface but are rarely resolved. Local and municipal attorneys, risk managers and emergency managers frequently see the issues from different sides of the coin, but each have little time to dedicate in finding the answers.

Strategic National Stockpile (SNS)/CHEMPACK

1003030 – SNS 101: Introduction to the Strategic National Stockpile (Classroom Version)

1007902 – SNS 101: Introduction to the Strategic National Stockpile (Online Version)
This course will introduce participants to the Strategic National Stockpile (SNS), including its origin, its control, and its availability for local public health incidents.

Objectives:

- Describe the purpose and mission of the Strategic National Stockpile (SNS)
- Define the purpose and function the Receiving, Staging and Storage (RSS) site, the Regional Transfer Points (RTP) and the Points of Distribution (POD)
- List the types of materiel and equipment contained in the SNS push package
- Outline the process for requesting the SNS at the state and local level
- Describe some general planning efforts that are needed to receive SNS materiel at the state, regional, and local level

Prerequisites: None
Core Competencies Addressed: 1, 2, 4, 7, 8
PH Essential Services: 3-10
Course Length: 1 hour
Delivery Method: Online
Course Provider/Instructor: CDPHE

1005816 - SNS Warehouse Training
This course will introduce SNS warehouse volunteers and regional emergency preparedness staff to the RSS or RTP staff positions and SNS warehouse operations.

Objectives:

- Describe and/or demonstrate how to receive, store, stage, and repackage SNS materiel
- Review the SNS warehouse operations flowchart
- Review the SNS job descriptions for persons working in the warehouse
- Demonstrate your SNS warehouse role(s) using the SNS job action sheets provided
- Outline the process for ordering additional SNS materiel from the CDC or the RSS (state vs. local)

- Describe and/or demonstrate how to apportion SNS supplies when supplies are low
- Describe how to recover SNS materiel and assets following an event

Prerequisites: SNS 101
Core Competencies Addressed: ALL
PH Essential Services: 3, 5, 8, 10
Course Length: 1-2 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE and various local public health departments

1007119 - Point of Dispensing (POD) Training
This course will introduce participants to methods of setting up and operating Points of Dispensing (PODs) to achieve maximum effectiveness. Issues addressed include:

- Security
- Volunteer Management
- Communications
- Patient Greeting and Orientation
- Public Information and Education
- Medical Screening and Evaluation
- Triage
- Vaccination and/or Prophylaxis Protocols
- Medication Inventory
- Clinic Flow

Prerequisites: SNS 101
Core Competencies Addressed: 1, 2, 4, 7, 8, 9
PH Essential Services: 1, 3-10
Course Length: 2-8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: various local public health departments

NOTE: In place of this presentation, participants can view the following videos developed by the CDC's Strategic National Stockpile (SNS) program:

Mass Antibiotic Dispensing Broadcast Series
The "Mass Antibiotic Dispensing" broadcast series is designed to provide additional information about the Dispensing Function.

A Primer provides an overview of the critical aspects of a mass dispensing operation.
Managing Volunteer Staffing highlights the essential elements of an effective volunteer program.

Streamlining POD Design and Operations assists state and local planners in finding new ways to increase the number of patients seen in their PODs.

Using Public Information to Enhance POD Flow highlights the importance of public information and patient education as it relates to throughput at the PODs.

Collecting POD Exercise Data describes the how, what, and why of collecting time-study data during POD exercises.

Alternate Methods describes several alternate methods of dispensing that can be included in a comprehensive dispensing plan.

Taking the Guesswork Out of POD Design explores ways in which computer simulation and modeling software can assist planners in designing the most efficient PODs.

Taking Care of Business focuses on the development of public/private partnerships.

1009942 – Points of Dispensing (POD) Plan Overview
This training will provide public health employees and or public health partners with an overview of the public health agency's Points of Dispensing (POD) Plan.

Prerequisites: None
Core Competencies Addressed: None
PH Essential Services: 3, 5, 8
Course Length: 1.5 hours
Delivery Method: Classroom Training
Course Provider/Instructor: various local public health departments

1009792 - Introduction to the Colorado CHEMPACK Project (Online)
This course provides an introduction to the Colorado CHEMPACK project for individuals responsible for:

- Developing a county/region CHEMPACK plan
- Maintenance of the CHEMPACK site
- Security of the CHEMPACK supplies
- Preparation of supplies for distribution from storage sites to an affected area(s)when they are needed
- Access and use the medical supplies it contains if you are called to respond to and/or treat victims of a chemical release.

Prerequisites: None
Core Competencies Addressed: None
PH Essential Services:
Course Length: 1 hour
Delivery Method: Online
Course Provider/Instructor: CDPHE

Risk and Tactical Communications

1013071 - Basic Training for Public Information Officers
Target Audience: Persons whose jobs require disseminating public information.
This course will address the following topics:

- The Media Relationship
- Using Information Templates
- News Conference
- Basics of doing a media interview
- Media policy
- Media monitoring

1005449 - 800 MHz Radio Training
This training will provide basic information on the use of 800 MHz radios for public health emergency preparedness and response use as well as hands-on practice.

Objectives:
- Describe when the 800 MHz radio and other types of emergency communications equipment would be used, and who would be contacted, in the event of a public health emergency.
- Describe the purpose of and methods for operating the 800 MHz radios during a public health emergency.
- Demonstrate how to operate the 800MHz radio equipment during a hands-on practice session.
- Identify where the 800 MHz radios are stored within your agency.

Prerequisites: None
Core Competencies Addressed: 1, 4, 5, 6
PH Essential Services: 3, 8
Course Length: 1 hour
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

1007120 - Crisis and Emergency Risk Communication
This course provides Public Information Officers (PIOs) and public health leaders with the essential knowledge and tools they need to communicate to the public, media, partners and stakeholders during a public health emergency, including terrorism.

Topics include:
- Psychology and use of risk communication principles in a crisis
- Pre-event, event and Post-event communication planning
- Working with the media in a crisis
- Spokesperson trust and credibility in an emergency
- Crisis communication planning
- Message and audience needs in a crisis
- Roles and responsibilities in the official response

Prerequisites: None
Core Competencies Addressed: 1, 4, 6, 7, 8, 9
PH Essential Services: 3-5, 7, 8, 10
Course Length: 8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

CDCynergy Training
Quick overview of Crisis and Risk Communication principles and overview of CDCynergy navigation and layout. This training provides participants with practice locating tools, templates, and resources on CDCynergy using a case-based scenario.

Prerequisites: None
Core Competencies Addressed: 6
PH Essential Services: 3-5, 7, 8, 10
Course Length: 1-2 hours
Delivery Method: CD-ROM
Course Provider/Instructor: CDC

If you would like to have a copy of this CD mailed to you, please contact Phyllis Bourassa at 303-692-2665.

1005837 - Introduction to the Joint Information Center (JIC) and Joint Information System (JIS) Training
This training is designed to give participants an overview of the Joint Information Center (JIC) and how the JIC might be activated and operate per the policies and procedures developed in partnership by the Colorado Department of Public Health and Environment (CDPHE) and the Colorado Division of Emergency Management (CDEM).

Prerequisites: Emergency and Risk Communications Training
Core Competencies Addressed: 1, 4, 6, 7, 8, 9
PH Essential Services: 3-5, 7, 8, 10
Course Length: 8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE

Mental Health

The following courses are offered by the Colorado Division of Mental Health, Disaster Preparedness & Response:

1001963 - Colorado Mental Health Disaster Field Training
Various human service workers in the community will be in contact with disaster victims days, weeks, months, or years after a disaster. It will be essential for these workers to be familiar with specific disaster mental health issues that may affect disaster victims and the community. This course focuses on the initial mental health response that can be performed by the paraprofessional (non-licensed) and professional following a natural or man-made disaster.

Prerequisites: None
Core Competencies Addressed: 1, 4, 6, 7, 8, 9
PH Essential Services: 1-4, 7-10
Course Length: 4 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDHHS – Mental Health Division

1002292 - Colorado Trauma Therapy and Agency Response
This course is designed for licensed mental health clinicians and supervisors. The Level II course focuses on the licensed professional, especially with regards to supervision on team leadership issues, both in the field, at public gathering sites, and at the mental health center.

After taking this course, participants should be able to develop a response cadre that is prepared to meet the basic mental health needs of the population following a natural or man-made disaster.

Course Objectives:

- Provide overview of trauma (Acute Stress Disorder, Post Traumatic Stress Disorder, Disorders of Extreme Distress Not Otherwise Specified).
- Discuss staged trauma treatment, evidence-based intervention, and adjunct treatment modalities.
- Discuss event and site supervision and coordination.
- Discuss parameters for longer-term response.
- Provide overview of requirements for State and FEMA funding and data collection.
- Discuss risk communication.
- Discuss principles of disaster mental health supervision, including ethical issues.
- Discuss team health (vicarious traumatization prevention and amelioration, training, respite, rotation, consultation).

Prerequisites: Must be a licensed mental health clinician and/or supervisor.
Core Competencies Addressed: 1, 2, 6, 7, 8
PH Essential Services: 1-4, 7-10
Course Length: 6-7 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDHHS – Mental Health Division

Practical Front Line Assistance for Support and Healing Training (PFLASH)
This training was developed based on a tool kit developed by Drs. Carol North and Barry Hong of Washington University in St. Louis. This toolkit training is for licensed clinicians, most notably for psychiatrists, psychologists, social workers, and counselors who are use to providing traditional therapies within the private practice or community mental health center office.

The focus of this construct is on clinical assessment and appropriate diagnosis of PTSD. The program provides a good review of current disaster mental health research around the issue of PTSD in relationship to disaster trauma. It also provides a solid empirical/scientific approach to post trauma interventions that includes a model of the development of PTSD in individuals following a disaster.

Prerequisites: Must be a licensed clinician
Core Competencies Addressed: 1, 4, 6, 7, 8, 9
PH Essential Services:
Course Length: 6 hours
Delivery Method: Classroom Training

1007859 - Psychological First Aid for First Responders
Since the mind and body are inseparable, it is important to assess both when responding to emergencies. As first responders/ first receivers you are charged with assessing a situation and the safety of those involved. The tools you will learn at this training will help make this part of your job easier and provide some additional strategies for dealing with crisis situations.

Prerequisites: None
Core Competencies Addressed: 1, 4, 6, 7, 8, 9
PH Essential Services: 1-4, 7-10
Course Length: 4 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDHHS – Mental Health Division

1007858 - Pandemic Influenza: Quarantine, Isolation and Social Distancing for Public Health and Public Behavioral Health Professionals
This class is an interactive, skill building class that addresses issues and concerns about a pandemic including:

- Personal protective equipment
- Fear and anxiety
- Compliance and psychosocial issues
- Community Care
- Self Care
- Staff and Co-Worker Care

Participants will learn the skills necessary to plan for disease containment and understand the challenges associated with a pandemic or other contagious disease.

Prerequisites: None
Core Competencies Addressed: 1, 4, 6, 7, 8, 9
PH Essential Services: 1-4, 7-10
Course Length: 6 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDHHS – Mental Health Division

For more information, please contact Curt Drennen at 303-866-7403 or curt.drennen@state.co.us

Disease Investigation and Epidemiology (EPI)

Basic Communicable Disease Training
Six-module introductory communicable disease training developed by CDPHE and local public health agencies that covers:

- Basics of public health surveillance
- Mechanics of communicable disease in Colorado
- Communicable disease basics
- Statutory authority to do disease control, HIPAA, and confidentiality
- Case investigation and interviewing skills
- Identifying and investigating illness, cluster, and outbreak reports

The course is designed for epidemiologists, public health nurses, environmental health specialists, and other public health professionals who have communicable disease duties in Colorado. Three of the modules are presented as web-based training on COTRAIN, and three are presented during a one day in-person training. Regional epidemiologists are encouraged to periodically organize a training in their region.

1005534 - Online Module: Communicable Disease Basics

1005535 - Online Module: Public Health Surveillance Basics

1005536 - Communicable Disease Investigation: Classroom Training *(note: online modules are a prerequisite for the classroom portion of the course)*
Please contact Alicia Cronquist (303-692-2629) or Nicole Comstock (303-692-2676) for more information.

CEDRS Training
Training for the Colorado Electronic Disease Reporting System (CEDRS) is provided to state and local public health staff on an as needed basis. Please contact Donna Cordova (303-692-2626) for more information.

Epi Info
Epi Info™ is a public domain software package designed for the global community of public health practitioners and researchers. It provides for easy form and database construction, data entry, and analysis with epidemiologic statistics, maps, and graphs.

Various vendors on CO.TRAIN offer this training. For more information, visit:
www.cdc.gov/epiinfo/about.htm

Introduction to Epi-X
Epi-X stands for the Epidemic Information Exchange, and is run by the Centers for Disease Control and Prevention (CDC). Epi-X is a web-based communications system where public health professionals can securely access and share health surveillance information. The CDC offers a course that covers the basics of Epi-X every Tuesday at 10:00 a.m. and Thursday at 2:00 p.m. Each class can accommodate 20 students on a first come, first served basis. To register, send a request to epixtraining@cdc.gov

Prerequisites: Must complete User Security Training and be pre-approved to register. In order to have access to Epi-X, interested persons must contact Nicole Comstock (303-692-2676).
Course Length: 1 hour
Delivery Method: Online Training

Epi-in-Action Training
CDC and Emory University co-sponsor this course bi-annually for practicing federal, state, and local health department professionals and other public health personnel. This course emphasizes the practical application of epidemiology to public health problems and consists of lectures, workshops, classroom exercises (including actual epidemiologic case-study problems), and a computer laboratory. This course is offered at Emory University in Atlanta, Georgia. For more information, please visit
www.sph.emory.edu/EPICOURSES/courses.htm
Prerequisites: Must have supervisor approval and register with Emory University
Course Length: 2 weeks
Delivery Method: Classroom Training

Outbreak Investigations
The University of California Berkeley Center for Infectious Disease Preparedness has archived "Outbreak Investigations" lectures available online. The lectures cover basic concepts in communicable disease outbreak investigations.

To access the webcasts, please visit
http://www.idready.org/webcast/archive.php?id=7
You will be asked to register, for free, prior to viewing the lectures.

Foodborne Disease Outbreak Investigations
The CDC has developed several self-instructional, interactive exercises that teach skills in foodborne outbreak investigations. These exercises are based on real-life investigations and require students to apply and practice their epidemiologic and public health knowledge and skills. The exercises are free and can be downloaded at
www.cdc.gov/epicasestudies.

Principles of Epidemiology in Public Health Practice (Self-Study Course #SS1000)
This online course is designed for public health professionals at the state and local level who have, or expect to have, responsibility for outbreak investigations or public health surveillance. The course provides an introduction to applied

epidemiology and Biostatistics and consists of six lessons:

- Introduction to Epidemiology
- Summarizing Data
- Measures of Risk
- Displaying Public Health Data
- Public Health Surveillance
- Investigating an Outbreak

The self-study course is available at no charge at the CDC training website **www2a.cdc.gov/TCEOnline/.** If you do not have account, you will have to create one. Once you create an account, click on 'Search and Register' and enter SS1000 in the keyword search. A printed copy of the course can be downloaded from the study site or ordered for approximately $50 from the Public Health Foundation at **http://bookstore.phf.org**, or by calling 877-252-1200.

Environmental Sampling
CDPHE 2008 First Responder Manual for All-Hazard Environmental Incidents Technical Support & Sampling can be found at http://www.cdphe.state.co.us/lr/services/First_Responder_Manual_08083.pdf

Planning, Training and Exercise Development (TED)

Exercise Design and Development

1004540 - FEMA IS-139 Exercise Design

1011646 - IS-120.A An Introduction to Exercises

1011883 - IS-130: Exercise Evaluation and Improvement Planning

Exercise Evaluation (HSEEP) Training
Homeland Security Exercise and Evaluation Program (HSEEP) Volumes I - IV

Please see course: Exercise Evaluation G130 on the Department of Emergency Management training webpage. This two-day course teaches participants how to manage exercise evaluation activities before, during, and after an emergency management exercise. The Homeland Security Exercise and Evaluation Program (HSEEP) will also be covered.

1007739 - Implementing the Homeland Security Exercise Evaluation Program (HSEEP)
This course will provide in-depth information on the HSEEP process for developing, conducting and evaluating disaster exercises. This course will focus on how participants can produce effective exercise plans, evaluation guides, after action reports that are Homeland Security compliant. Participants will also be provided with examples of how the HSEEP process can be applied to tabletops, drills, functional, and full-scale exercises.

Prerequisites: FEMA EMI IS-120 An Orientation to Community Disaster Exercises
http://training.fema.gov/EMIWeb/IS/is120.asp
Core Competencies Addressed: 1
PH Essential Services: 3, 8
Course Length: 8 hours
Delivery Method: Classroom Training
Course Provider/Instructor: CDPHE, CDEM and other HSEEP certified instructors

Emergency Plan Writing

1004139 - FEMA IS-235 Emergency Planning

UCLA Planning Materials (users must have access to the COHAN document library in order to access these materials)

Instructional Design and Facilitation Training
Langevin Learning Services

EMI Master Trainer Program Courses

Additional Training Resources

Environmental Health
Additional Resource: Emergency and Terrorism Preparedness for Environmental Health Practitioners
http://www.cdc.gov/nceh/ehs/ETP/default.htm#August

Laboratory Services
For a list of additional Colorado public health laboratory training requirements, please contact Suzanne Jackson at or 303-692-3294 or suzanne.jackson@state.co.us

Hospital Preparedness
For a list of additional hospital preparedness course requirements and recommendations, please contact Lyle Moore at 303-692-2669 or lyle.moore@state.co.us

Colorado Division of Emergency Management Training

Homeland Security Training

Denver Urban Area Security Initiative

Denver UASI training is available to both Urban Area Security Initiative (UASI) and North Central Region (NCR) partners on a priority basis with additional class vacancies open to other Colorado agencies. These courses are available to all Colorado responders free of charge, however, backfill and overtime funding is only available to first responders in UASI jurisdictions.

FEMA Emergency Management Institute (EMI)

Nationwide program of resident and non-resident instruction - resident courses are conducted at the National Emergency Training Center in Emmitsburg, MD. Examples of EMI courses that pertain to public health include (but are not limited to):

- EMI Exercise Design, Development, Control and Evaluation Courses
- EMI Master Trainer Program Courses
- B461 - Hospital Emergency Response Team HERT) Training for Mass Casualty Incidents
- E920 - IEMC/Hazardous Materials: Preparedness and Response
- B960 - Healthcare Leadership Course
- B965 - Fundamentals of Health Care Emergency Management
- B966 - Advanced Public Information Officers Course: Health and Hospital Emergencies
- E340 - Radiological Emergency Preparedness (REP) Planning

To register for a resident course, you must complete the FEMA application form 75-5.

FEMA Independent Study Program

The Emergency Management Institute (EMI) offers more than fifty independent study courses. Note: These courses are also listed on CO.TRAIN

Public Health Training Network

The Public Health Training Network (PHTN) is a distance-learning network that provides users with a variety of instructional media to meet the training and information needs of the national public health workforce. http://www2.cdc.gov/phtn/

Emergency Response
Just-In-Time Training

Colorado Department Public Health and Environment

Department Operations Center (DOC)

*State Lead for **Emergency Support Function 8**:*

Public Health and Medical Response

Purpose

The purpose of this training is to provide personnel and volunteers with an understanding of this department's general all-hazard response approach and give details for the unfolding event

- This training provides a rapid overview only for CDPHE
- Technical skills are expected for certain tasks
  - Assignments are based on need and/or technical skills
- Branch/Group/Strike Team leads will complete the training

Event Emergency Operation Centers and CDPHE Department Operations Center

Overview

- **The local Emergency Operations Center (EOC) is activated**
  - ***CDPHE's DOC will communicate with local ESF leads for health, environment and medical – related issues***
- **The local ESF 8 agencies activate their Department Operations Centers (DOC)**
  - ***The local EOC will guide us in establishing the communication pathways***
- **With State declaration, the State Emergency Operations Center (SEOC) is activated**
  - ***CDPHE sends representatives to coordinate state level ESF 8 activity***
- ***CDPHE's DOC will communicate with both the local EOC (ESF leads) and the SEOC***

*Within the CDPHE - DOC, the **Liaison Lead** in **Operations** will provide the procedures for those assigned to these roles*

Emergency Operations Center

The County Emergency Operations Center (EOC)
☐ *activated* ☐ not activated

The State Emergency Operations Center (SEOC)
☐ *activated* ☐ not activated

The CDPHE Department Operations Center (DOC)
☐ *activated* ☐ not activated

For more information on the event go to:
Situational Awareness Tool (SATool) at www.satool.org

Event Emergency Operations Center

County Emergency Operations Center (EOC)

(Building Name)
Address
City, CO zip code

Public Health Department Operations Center (DOC)

(Building Name)
Address
City, CO zip code

Locations Emergency Operations Center

INSERT MAPs of County and State Operations Centers

Event Status

Event : (NAME OF DISASTER)

- **COUNTY/REGION/STATE** has experienced **(type event)**
- **Updates:** ***Insert Text Here***
- **Area(s) Impacted:** ***Insert Text Here***
- **Current Population Affected:** ***Insert Text Here***
- **Number impacted:** ***00***
- **Number injured :** ***00***
- **Number of Deaths:** ***00***
- **Projected Length of Response:** ***00 hours/days/weeks/months***
- **Emergency Declarations** At This Time:
  - ***Event is not a declared disaster***
  - ***City Emergency*** — ***CDPHE Plan: dept activation - Level 4***
  - ***County Emergency*** — ***CDPHE Plan: dept activation - Level 3***
  - ***State Emergency*** — ***CDPHE Plan: dept activation - Level 2***
  - ***National Emergency*** — ***CDPHE Plan: dept activation - Level 1***

Health and Medical Operations

- This event ☐*did* ☐did not cause widespread damage, including:
  - ☐ disruption to the health care system
  - ☐ disruption to public health services

The health and safety of the public ☐ is ☐ is not already threatened

- Public health, environmental health, medical, mental health and/or fatality management/death certificates staff will be conducting the following activities in order to respond to this event:

- ❑ Air Pollution (including asbestos)
- ❑ Biological Hazards
- ❑ Chemical Hazards
- ❑ Disease Concerns & Surveillance
- ❑ Equipment and Supplies – Health & Medical
- ❑ Fatality Management / Death Certificates
- ❑ Food Safety
- ❑ Hazardous Materials
- ❑ Medical Facility Status
- ❑ Medical Transport/ EMS
- ❑ Mental/Behavioral Health
- ❑ Pharmaceutical Supplies and Distribution
- ❑ Potable Water, Wastewater, Waterways
- ❑ Radiologic Hazards
- ❑ Solid Waste Disposal & Debris Management
- ❑ Vector Control

Volunteer Information

Due to the scope of this event, volunteers will assist with CDPHE tasks

- **Number of Volunteers Needed At This Time:** ***00***
- **Responsibilities:** Obtain a job action sheet (JAS)
  - *It outlines your assigned activities and specific responsibilities*
- Operational Periods: ***00***
- Where To Go: ***Insert Text Here***
- Who to Report To: ***Insert Text Here***

Volunteer Information

- **Volunteer Safety Information:**
  Insert safety message from IAP or from ICS forms 208 and/or 215A here

- Always check in and out at your designated reporting site
  - This ensures that leadership knows where you are is safety is compromised

- **What to Bring:**
  - A form of identification
  - (List additional items)

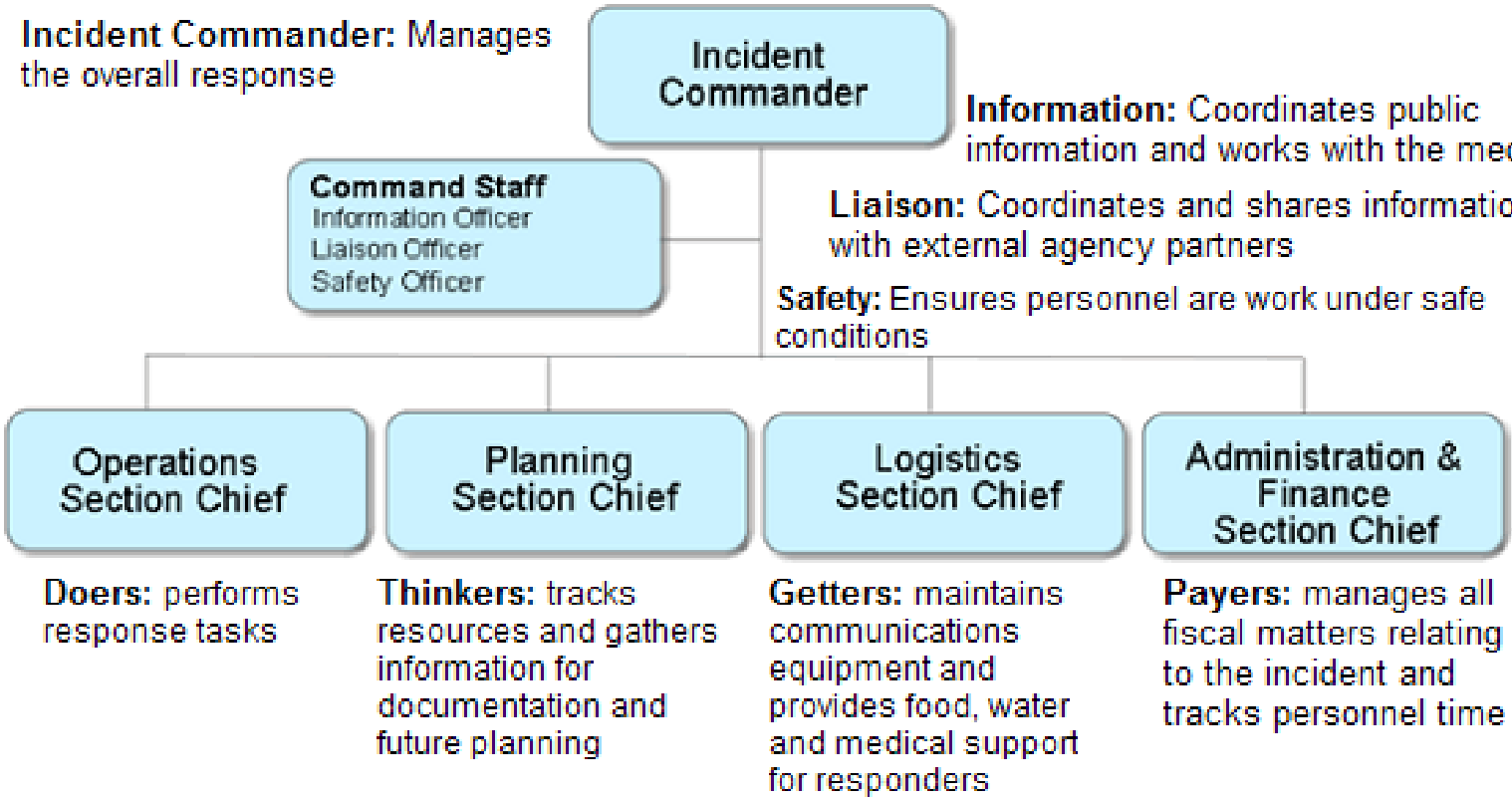
- **Family Considerations**
  We understand that by volunteering your family will be impacted
  - Be sure to discuss important issues with family members before responding
  - Explain how long you will be away from home
  - Give information on how you can be reached
  - Ensure your family can stay safe in your absence

CDPHE's DOC
Incident Management Structure

DOC Structure

- Activities will be initiated and conducted using principles of the National Incident Management System (NIMS)
  - **Your position assignment is based on your ICS training level**
  - **You must follow the established procedures for check-in/out**
  - **You will report to only one ICS supervisor**
    - *this may not be your day-to-day work supervisor*
  - **Follow the tasks as written in your Job Action Sheet (JAS)**
  - **Complete the ICS forms as instructed**
    - *maintain accurate documentation of all actions and events conducted by your position*
  - **Be available for briefings**
    - *the schedule will be announced at the beginning of each operational period (in the DOC)*

General ICS Organization Chart



A sixth function, Intelligence and Information, has been added by the National Incident Management System (NIMS) and is responsible for analyzing and sharing intelligence during an incident.

CDPHE's DOC Organizational Chart

For This Event

Note: This structure may be expanded or contracted depending on the scope of the incident

Specifics about the Branch, Group, or Strike Team you are assigned to will be provided by your Lead

(Insert current ICS chart)

Make Sure you Have -

- **CDPHE- DOC assigned position Job Action Sheet (JAS)**

  Obtain your position JAS from the Staffing Supervisor in the Logistics Section

  - *This document will inform you of your responsibilities and tasks to perform*

- **Incident Action Plan (IAP)**

  Obtain a copy of the current IAP from the Planning Section

  - *This document will provide CDPHE's objectives and the tasks to be completed within the current operational period*

Communications

Communications

- Communications may be disrupted for an extended period of time
  (insert current status in impacted area)

- Redundant communication systems are critical to ensure the continued exchange of timely, accurate information.

- The following tactical communication devices may be use for this event:
  - Main CDPHE DOC phone:
  - CDPHE Duty Officer (Cell) phone:
  - CDPHE DOC Fax:
  - CDPHE SATool:
  - 800 MHz Radios channels:
  - ARES
  - HAN

  - *If you are assigned communication, you will receive contact information*
  - *If you are expected to use the communication equipment, you will be instructed on proper procedures before usage*

Communication: Situation Awareness Tool
(SATool)

- SATool is designed to keep all response partners connected and informed during emergency events in Colorado
  - *If you are assigned to SATool, you will receive specific training by your lead*
- All responders may view and post to the SATool
  - *Professionalism is expected when posting items on this system*
- To have an account set up, contact:
  - Kristen Campos at 303-692-2763
  - Chennelle Valenzuela at 303-692-3020

For any technical questions or issues email

support@intelliwaresystems.com or see DOC administrator

Communication: Public Information

- Information about this event from CDPHE will be provided to the public and the media on an ongoing basis by the PIO
  - Direct all media or other official statement requests to the PIO, per the Plan

(Insert CDPHE's PIO name & contact information)

- Direct media representatives to the designated PIO or the Joint Information Center (JIC)
  - The JIC serves as a central control point to coordinate multi-agency efforts to issues and accurate information to the public and the media

(Insert JIC contact information)

Event-Specific Topics and CDPHE Expectations

Additional details exist in the:

Internal Emergency Response Plan
Part I: Base Plan
Part II: Operational Plan

Safety: Personal Protective Equipment
(PPE)

- While in the field, you should wear the appropriate PPE for the risks
  - Gloves (latex,nitrile, work gloves)
  - Respiratory protection: List type
  - Eye protection: List type
  - Tyvek or Tychem suit
  - Boots
- Follow these basic guidelines to minimize your chances for exposure:
  - Do not eat, drink, or chew gum
  - Do not touch any mucus membranes, such as the eyes, nose, or mouth
  - Wash hands thoroughly before and after conducting an investigation

Steps for Safe PPE Use:

- When conducting an investigation requiring maximum respiratory and skin protection, follow these steps:
  - Put on PPE over street clothes or scrubs in a designated safe location
  - Put on disposable boots, shoe covers or outer boots as directed
  - Put on medical or work gloves in layers or independent of each other
  - Put on respirator per instructions for type being worn
  - Put on head cover (Tyvek hood, disposable cap, sun protection cap, etc)
  - Put on safety glasses, sun glasses or other eye wear as appropriate

Care must be taken to remove the PPE properly and safely to avoid contamination of personal clothing, skin or surrounding environment. Properly dispose of all contaminated PPE

Safely Remove PPE:

Get Updated Details Each Operational Period!

Biological Exposures:

- Disinfect hands (with gloves still on)
- Disinfect outer clothing layer
- Disinfect boots
- Remove outer gloves (ONLY if you have them)
- Remove outer clothing layer
- Remove head cover
- Remove eye protection
- Remove boots
- Doff respirator
- Remove inner layer of gloves

Environmental Exposures: (Bio, Chemical, Radiological)

- ***Obtain details from the Safety Officer***

Follow the instructions for the risks of this event.

Properly Dispose of All Contaminated PPE

Contaminated Glove Removal

When working with hazardous materials, obtain guidance from your assigned DOC lead and follow this guide to remove contaminated gloves:

1) Grasping the outside of the first glove, remove the glove
   - Do not allow the outside glove layer to touch the skin
2) Using the non gloved hand, place fingers inside the glove in order to remove it
   - Do not touch the outside of the glove
3) Remove the glove touching only the inside of the glove
   - Wash hands thoroughly

Properly Dispose of All Contaminated PPE

Rule of thumb: Wash hands using running water and bacteriostatic soap for the amount of time it takes to sing "Twinkle twinkle little star" in its entirety (approximately 20 seconds)

Glove or Clothing Failure

- If you experience a tear or puncture in the material on a protective suit or in one of your gloves:
  - Cover the area with a gloved hand
  - Leave the area immediately
  - Follow any onsite procedures as required, such as decontamination
  - Perform any medical follow up that is required
  - Inform your supervisor or employer of the incident
- Do not re-enter a contaminated area until you have fully functional personal protective equipment and your supervisor's approval

Inform CDPHE's DOC immediately
Once you are safe

Proper Respirator Use:

<u>Disposable Respirators</u>

- **Inspection**
- **Donning** (putting on)
- **Function Safety Check**
- **Doffing** (taking off)

<u>Powered Air Purifying Respirator</u> (PAPR)

Inspection

Assembly

Donning (*putting on*)

Doffing (*taking off*)

Failure of a respirator is very rare. If you taste or smell a chemical while conducting an investigation, immediately leave the area. If you feel light headed or nauseous, leave immediately. If you believe a biological exposure has occurred, leave the area immediately.

Inform CDPHE's DOC immediately once you are safe

The Legal Side

CDPHE Legal Authority

Disease Investigation and Disease Control

- CDPHE and local public health have statutory authority to investigate and control the causes of epidemic and communicable diseases affecting the public's health. *C.R.S. 25-1.5-102(1)(a)(State) and 25-1 506(1)(b)(County)*

Disease Reporting

- The State Board of Health has the authority to require reports of dangerous diseases be provided to public health officials.

  C.R.S. 25-1.5-102(1)(a)(II) and 25-1-122

- Generally, reports and records resulting from an investigation of disease are confidential and not subject to release.

  C.R.S. 25-1-122(4)

CDPHE Legal Authority (cont)

HIPAA *(Health Insurance Portability and Accountability Act)*

- Prohibits disclosure of individual identifiable health information
- Permits disclosure of health information to public health authorities *45 CRF 164.512(b)*

Disease Reports for Law Enforcement Purposes

- The statute allows for the release of disease reports to law enforcement
  - to the extent necessary for investigation or prosecution related to bioterrorism
- All reasonable efforts shall be made to limit disclosure of personal identifying information to the minimal necessary to accomplish the law enforcement purpose

*Sharing information with law enforcement under C.R.S. 25-1-122(4)(e) does **NOT** violate HIPPA*

CDPHE Legal Authority – Executive Orders

The following Executive Orders are issued by the Governor for this event:

(Check all that Apply)

- **Executive Order 0.0 - Declaration of a State of Disaster Emergency**
  - Activates the State Emergency Operations Plan (SEOP)
- **Executive Order 1.0 - Ordering Hospitals to Transfer or Cease the Admission of Patients**
  - Authorizes CDPHE to order hospital emergency departments to cease admissions and transfer patients to another hospital or facility as directed
- **Executive Order 1.1 - Ordering Hospitals to Transfer or Cease the Admission of Patients**
  - Directly authorizes hospitals to cease admissions and transfer patients
  - Authorizes hospital emergency departments to resume admissions when they have determined that they have the capacity

CDPHE Legal Authority–Executive Orders (cont)

- **Executive Order 2.0 - Procurement and Taking of Certain Medicines & Vaccines**
  - Authorizes the seizure of named drugs from various outlets
  - Embargoes the supply of the named drugs in the possession of the outlets except for those supplies that CDPHE regulation requires certain facilities and organizations to keep for chemoprophylaxis of their employees

- **Executive Order 3.0 - Suspension of Certain Statutes and Regulations to Provide for the Rapid Distribution of Medication**
  - Implements CDPHE's Strategic National Stockpile (SNS) Plan
  - Provides for the rapid distribution of medication by suspending the pharmacy statutes and regulations pertaining to the compounding, dispensing and delivery of any drug
  - Suspends the "single patient- single prescription" requirement

- **Executive Order 3.1 – Rapid Distribution of Influenza Vaccine**
  - Authorizes volunteers to administer vaccines
  - Authorizes rapid distribution of vaccines to specified groups
  - Requires data collection and reporting of the vaccinations
  - May implement the Strategic National Stockpile (SNS) Plan for mass dispensing

CDPHE Legal Authority–Executive Orders (cont)

- **Executive Order 3.2 – Rapid Distribution of Antiviral Medication in Response to a Current Influenza Pandemic Disaster Emergency**
  - Authorizes volunteers to administer vaccines
  - Authorizes rapid distribution of antiviral medication to specified groups
  - Requires data collection and reporting of the vaccinations
  - May implement CDPHE's SNS Plan for mass dispensing
- **Executive Order 4.0 - Suspension of the Physician and Nurse Licensure Statues**
  - Authorizes physicians and nurses who hold a license issued by another state to practice under the supervision of a Colorado licensed physician or nurse to meet the current emergency epidemic
- **Executive Order 5.0 - Suspension of Certain Licensure Statutes to Enable More Colorado Licensed Physician Assistants & Emergency Medical Technicians to Assist**
  - Authorizes Colorado licensed physician assistants and EMTs to practice outside of their normal supervision but under the supervision of another physician to meet the emergency epidemic

CDPHE Legal Authority–Executive Orders (cont)

- **Executive Order 6.0 – Isolation and Quarantining of Individuals and Property**
  - Authorizes CDPHE to establish, maintain, and enforce isolation of all individuals infected with the disease or to quarantine all individuals exposed to the disease
- **Executive Order 7.0 – Ordering Facilities to Transfer or Receive Patients with Mental Illness and Suspending Statutory Provisions**
  - Authorizes the transfer of mental patients to different facilities when necessary to combat the current epidemic and promote the public health
- **Executive Order 8.0 – Suspension of Certain Statutes Pertaining to Presumptions of Death and Burial Practices**
  - Authorizes suspension of statutes to allow for the rapid burial of epidemic victims without following normal funeral procedures, religious practices or death certificates in all cases
- **Executive Order 9.0 – Concerning the Cancellation of Public Events and the Closure of Public Buildings in Response to the Current Public Health Emergency**
  - Orders cancellation of public events and closure of certain public buildings and schools

CDPHE Disease Control: Isolation and Quarantine

- CDPHE (and local public health) have statutory authority to:
  - establish, maintain and enforce – isolation and quarantine
  - exercise physical control over property and persons

  to control or limit the spread of contagious diseases

  C.R.S. 25-1.5-102(1)(c). C.R.S. 25-1-506(c)

- CDPHE will use the best scientific information available to make decisions about:
  - isolation and quarantine of individuals or groups of people
  - restricting large gatherings, such as those at movie theatres or sporting events
  - travel - including ground and air transport

CDPHE Disease Control
Isolation and Quarantine (cont)

- Every effort will be used to communicate with and educate the public
  - Enlisting their voluntary assistance and cooperation to prevent the spread of disease
- To enforce quarantine, several methods may be used
  - Verbal order requesting voluntary compliance
  - Written administrative order to stay in a specific place for a period of time
  - If noncompliance occurs with a written order, health officials may seek court order

C.R.S. 25-1-112 and 512

- Every effort is made to obtain voluntary compliance
  - Disobeying a health department order is a misdemeanor criminal offense
  - Law enforcement may be called upon to assist in enforcement of quarantine orders

C.R.S. 25-1-114(4) and 514(4)

Event-Specific Training Topics

Epidemiology and Disease Control

As of **INSERT DATE & TIME**, the following epidemiological data has been collected:

- Suspect Cases = ***00***
- Probable Cases = ***00***
- Confirmed Cases = ***00***
- Total Cases = ***00***

- Median Age = ***00*** Age Range = ***00***

- Gender: ***00***% Female ***00***% Male

- Hospitalizations = ***00*** Deaths = ***00***

- Case Interviews

Here is the form that all epidemiologists will be using to collect case information.
(Insert LINK to Form)

- Review this form prior to taking further action. Follow this form as instructed.
- Additional information will be provided upon check-in.
- If you have questions, please contact **(Insert name and contact info)**

Environmental Health

- CDPHE will monitor EH issues and provide technical support
  - *CDPHE's support may be divided amongst multiple ESF areas, based on the impacted area's response approach and expectations*

(Insert event information)

Environmental

(insert information)

- Air
  - ✓
- Food /Consumer Products
  - ✓
- Vectors
  - ✓
- Water/Waste Water/ Waterways
  - ✓
- Solid Waste – Debris Management
  - ✓
- Hazardous Materials – Bio/Chemical/Radiological
  - ✓

Strategic National Stockpile (SNS)

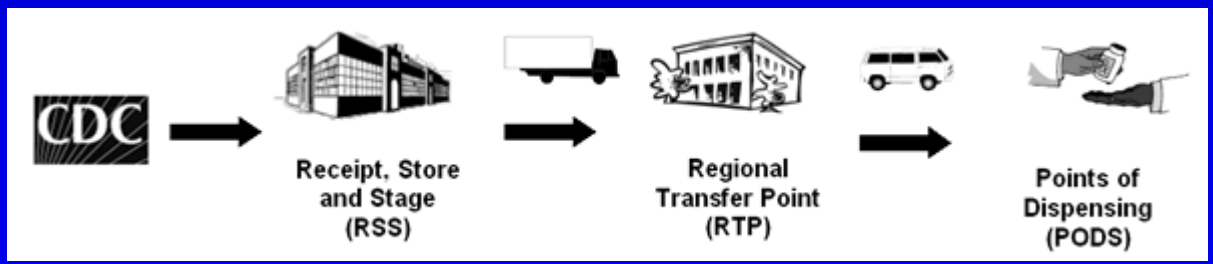
The Governor requested SNS activation for:

List supplies

- For vaccinations/prophylactic medications the process involves local public health administering to a large number of persons at risk of contracting the disease
  - *Local public health the Points of Dispensing (POD) sites for their area*
- Local public health plans address individuals with symptoms related to this event
  - *Care occurs at existing medical facilities*
  - *See your assigned ICS lead and the IAP for more details*

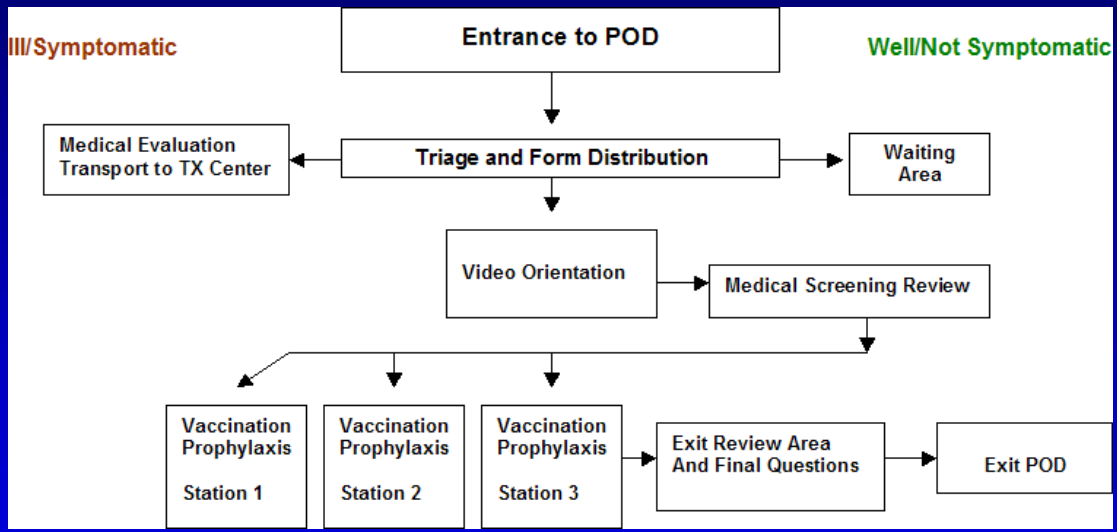
SNS Distribution

- CDPHE is the lead for receiving the SNS from the federal government
  - Requested items arrive at the RTP
- CDPHE separates the supplies into orders
  - County or regional orders are sent to their POD sites, per their plan
- Additional requests from local public health come to CDPHE
- CDPHE may also send SNS assets directly to hospitals, outpatient clinics and other healthcare locations



Sample Local Public Health POD Layout

- The layout of a POD is the responsibility of local public health agencies
  - The design is intended to rapidly dispense medication or vaccine to the public



If you are assigned to assist a local public health agency,

you will receive more instructions from your

CDPHE DOC Branch or Group Lead

Health Facilities and Alternate Care sites

- **CDPHE will monitor all regulated healthcare facilities**
  - *Executive orders and technical support may be required if facilities are overwhelmed or must be evacuated*
- **Alternate care facilities are determined at the local level**
  - *CDPHE will monitor these sites in case technical support or supplies are needed*

(Insert event information)


Black Canyon, C

Colorado Department Public Health and Environment

PPHR CROSS-WALK CHART

Goal III: Exercise /Real-Event and Comprehensive Exercise Plan Quality Improvement Through Exercises and Real Events

Measure # 6: Learning and Improving Through Responding in an Exercise or Real Event		CO Dept Public Health and Environment Plans Document(s) Name	Page(s)
A1. Multi-Agency After Action Report/ Improvement Plan (exercises)			
a1	**Date of AAR/IP** - The final AAR/IP includes recommendations and corrective actions derived from discussion at the exercise evaluation conference dated as completed no longer than 120 days after completion of the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Document*
A2. Exercise Executive summary			
a2i	The AAR/IP describes why the exercise was conducted and what part(s) of CDPHE's plan was (were) exercised.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Purpose*
a2ii	The AAR/IP lists the exercise objectives in a format consistent with the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Objectives*
a2iii	The AAR/IP lists notable strengths learned from the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Summary Anal of Capab*
a2iv	The AAR/IP lists the key areas that require further development.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Summary Anal of Capab*
a2v	The AAR/IP lists any high level observations that cut across multiple capabilities.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Summary Anal of Capab*
a2vi	The AAR/IP includes copies of evaluation tools as appropriate for the type of exercise, including at a minimum: Participant evaluation sheets; Observer record sheets; and Exercise evaluation guides.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Eval'n sheet*
A3. Exercise Overview			
a3i	The AAR/IP lists the exercise name.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Document*
a3ii	The AAR/IP lists the type of exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exer Design*
a3iii	The AAR/IP lists the date(s) of the exercise (start to end).	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Overview*
a3iv	The AAR/IP lists the duration of the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Overview*
a3v	The AAR/IP lists the location where the exercise took place.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Overview*
a3vi	The AAR/IP lists the sponsor of the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Overview*
a3vii	The AAR/IP lists the funding recipient.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Overview*
a3vii	The AAR/IP lists the mission addressed in the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Overview*
a3ix	The AAR/IP lists the capabilities addressed in the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Design*

a3x	The AAR/IP lists the scenario used in the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Summary Exer Design*
a3xi	The AAR/IP lists the names of the members of the exercise planning team.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Planning Team*
a3xii	The AAR/IP lists the agencies that participated in the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Summary Anal of Capab*
a3xiii	The AAR/IP lists the number of participants, including at a minimum: Players; Victim role players; Controllers; Evaluators; Observers; and Facilitators.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exec Overview, Particip'g Orgs*
A4. Analysis of Capabilities			
a4i	The AAR/IP contains an analysis of capabilities in which each capability tested within the exercise is addressed (described more in detail in the guidance entry for this measure). Each observation must be identified as either a strength or an area for improvement according to the following definitions:	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Anal of Capab*
A5. Conclusion			
a5i	The AAR/IP contains a summary of remarks on the exercise, including strengths, weaknesses, and areas for improvement.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Conclusion*
A6. Improvement Plan			
a6i	The AAR/IP contains a matrix that includes recommendations and tasks that explicitly describe, at a minimum, the following: Capability; Observation Title; Recommendation; Corrective action description; Capability Element; Primary responsible agency; Agency point of contact; Start date; and Completion date.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Improv Plan*
A7. Plan Correction			
a7i	The application contains any revisions that were made to the All Hazards Response Plan based on what was learned during the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Appendix B*
a7ii	The application contains any revisions that were made to the Training Plan based on what was learned during the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Appendix B Appendix C Appendix D*
a7iii	The application contains any revisions that were made to the Exercise Plan and Schedule based on what was learned during the exercise.	Operation Cache Flow: Chempack Field Activation Exercise After Action Report	*Exer Sept 2010*
B. Incident Response Documentation (Real-Event)			
The Colorado Department of Public Health and Environment selected Option A: Multi-agency AAR (Exercises) for this document. Therefore, Option B is not include. (Note: The H1N1 Response of 2009 AAR is under development).			

Narrative – GOAL III: Exercise/Real-Event and Comprehensive Exercise Plan Quality Improvement Through Exercises

Measure # 6: Learning and Improving Through Responding in an Exercise or Real Event

The Colorado Department of Public Health and Environment makes every effort to support local, state and federal partners in exercise planning and training events. Periodically, the department also initiates exercises to test state-level plans or the department's response. During 2009 – 2010 (to date) the department participated in 5 state-level exercises, one local-state-federal exercise, and one department-initiated local-state exercise. The exercises are a wide range of scenarios that fulfill all-hazard planning, taking into consideration the Department of Homeland Security and FEMA scenarios, which include public health scenarios.

The state-level tabletop exercises are initiated by the Colorado Department of Emergency Management. The department of health participates as the state lead for ESF 8: Public Health and Medical Response. The scenarios tested since June 2009 include: earthquake, long term recovery, blizzard, tornado, and flood. Modifications to the State Emergency Operations Plan (SEOP) and the department's Internal Emergency Response Plan occur where necessary.

The department participated in a local-state-federal exercise in August 2009. EPA Region VIII initiated the exercise. 'Operation Commerce City PREP' was a full-scale functional exercise that tested local and state response to an oil refinery explosion and crude oil contamination of a water-way. The department provided technical environmental and public health (ESF 8) support to local and state first responders and to the local public health agency, per the department's Internal Emergency Response Plan, Part II: Operations Plan. The alternate DOC was activated to practice state ESF 8 operations at the back-up facility and testing of the Internal Plan occurred for the environmental programs.

A1. Date of AAR/IP

a1i The local-state exercise created by the department also occurred in August 2009. 'Operation Cache Flow: Chempack Field Activation' was a functional exercise designed to enhance the department's SNS Chempack activation protocol for Colorado (the department is the state lead agency for the SNS and Chempack activation and movement). The exercise engaged first responders and first receivers at the local and state level.

A2. Exercise Executive Summary

a2i The Colorado Department of Public Health and Environment contributes to After Action Reports (AAR) of exercises they participate in. Department-specific improvement plans are created to enhance department response or modify current plans. If the Colorado Department of Public Health and Environment initiates the exercise, the department leads the development of the AAR and the overall improvement plan. All department AARs follow the Homeland Security Exercise

a2ii Evaluation Program (HSEEP) format. The Operation Cache Flow: Chempack Field Activation Exercise After Action

a2iii Report is an example of an HSEEP-compliant AAR. The purpose of this exercise and its objectives can be found in the

a2iv *Purpose* and *Objectives* sections of the report. The *Executive Summary* section provides a description of the strengths in

a2v the Chempack activation protocol and the areas in need for improvement. Since this exercise was intended to assist in

a2vi further development of the activation process to ensure movement of the field cache to a scene, this AAR's *Executive*

a2vii *Summary* also describes lessons learned for successfully adding to the current activation protocol a section on the movement of the field cache. A detailed exercise evaluation guide provides full details on the evaluation process.

A3. Exercise Overview

a3i a3ii a3iii a3iv a3v a3vi a3vii The title of the exercise: 'Operation Cache Flow: Chempack Field Activation Exercise' is recorded at the top of each page of the AAR/IP and the chapter title is identified at the bottom of each page in the report for the convenience of the reader. *Section 1: Exercise Overview* of the report provides the details as to the date, time, duration and classification of the exercise. This section also lists the physical location of the exercise, however, the exercise scene was actually simulated using props. This *Exercise Overview* section also lists the local first responder agency co-sponsoring the exercise with the department and the sources of funding for the exercise.

a3viii a3ix a3x The mission of Operation Cache Flow was for the Colorado Department of Public Health and Environment to establish best practices and protocols for the activation and field deployment of a Chempack cache. The goal was to ensure that first responders can rapidly activate and safely deliver the cache of medication and supplies to a scene of a hazardous materials incident where human exposure to an organophosphate or other nerve agent exists. Because this was ultimately a public health exercise, public health objectives were set but five Homeland Security Target Capabilities corresponded with the public health objectives. The overall approach to the exercise examined every responder's role, from scene assessment and Chempack awareness to the cache activation (via the state health department) and medication distribution on-scene. To accomplish this, the scenario for the exercise was a pesticide truck involved in a multi-vehicle accident. The simulated location of the accident allowed for the scenario to play out such that the chemical vapors impacted drivers in nearby vehicles downwind from the leaking pesticide truck and individuals within local businesses where the vapors entered the ventilation systems.

a3xi a3xii a3xiii Representatives from four professional disciplines were a part of the exercise planning team and 18 agencies participated in the functional exercise. This included three emergency-911 communication centers, four emergency medical services/patient transport agencies, three fire departments, one hazardous materials team, four hospitals, two law enforcement agencies and one local public health agency. The *Exercise Overview* section of the AAR/IP provides additional details about this exercise.

A4. Analysis of Capabilities

a4i The Operation Cache Flow AAR/IP is organized initially by public health objective and then by the Homeland Security Target Capability. A crosswalk chart exists at the beginning of the AAR to guide the reader through the layout of the report. Within the report, *Section 3: Analysis of Capabilities* is first sorted by the Public Health Objective. Then the Target Capability that matches the objective is given. Under the Target Capability, each 'Activity' – or section –of the Target Capability is listed. Each Activity has an Observation, Analysis and Recommendation category. The Observation category contains two sub-categories: Strengths and Areas of Improvement. The Analysis category also contains two sub-categories: Description of Actions Observed and Consequences. The Recommendations category provides all recommendations pertaining to that 'Activity' only. The overall layout of Section 3: Analysis and Capabilities of the AAR follows closely with the progression of the scenario and the response activities. Photographs taken during the exercise are placed throughout the report to assist the reader in visualizing what was occurring.

A5. Conclusion

a5i The AAR/IP for Operation Cache Flow contains a *Conclusion* section that summarizes the identified strengths from the exercise and the areas of improvement generated from the identified weaknesses. An improvement plan subsequently was created and implemented. A follow-up exercise on specific areas of the Chempack activation protocol will be tested in the fall of 2010 as part of this improvement plan.

A6. Improvement Plan

Appendix A of the Operation Cache Flow AAR is the Improvement Plan. The plan follows the HSEEP categories in a table format, based on the Homeland Security Target Capabilities identified for this exercise. Each observation in titled and followed by a corrective action description. Each corrective action is then categorized by capability element (e.g. planning, operations, logistics, etc) and an identifying agency is listed, along with a contact person responsible for leading that corrective action. The timeline of the corrective action is provided with both a start and completion date.

A7. Plan Correction

a7i *Appendix B* of Operation Cache Flow' s AAR is the Lessons Learned summary. This summary page is serving as the tool to guide fire departments and EMS agencies in the activation, management and use of the field Chempack. It serves as a supplement to the existing training and will be converted to a formal protocol once discussions are complete in all nine

a7ii regions of the state. *Appendix C* contains the ICS structure of the Operations Section for the exercise. It also contains sample ICS charts for on-scene structures to demonstrate one way Chempack management can occur in the incident management framework. In this chart the Medical Branch is the lead for: activating the cache; medication and supply inventory management; and, return the remaining cache supplies back to the Colorado Department of Public Health and Environment. *Appendix D* provides an updated training fact sheet about Chempack. This is also being distributed to first responders and communication centers so they know what Chempack contains and how to request it. Communication

a7iii centers are learning how to translate specific categories of medication requests into a Chempack request by knowing what is contained in the Chempack cache. The September 2010 exercise will test the implementation of the new protocol and the process for multiple requests.

Goal III: References

SOURCE	*CONTACT PERSON*
Operation Cache Flow: Chempack Field Activation Exercise After Action Report	Jennifer Trainer

Appendix C : Supporting Documents for Goal III

Appendix C Table of Contents

Operation Cache Flow: Chempack field Activation Exercise and Playbook