

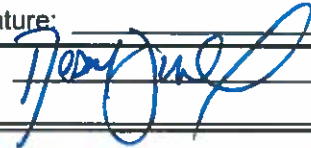
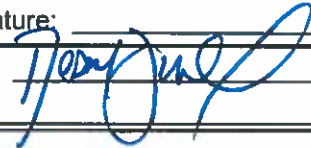
Denver Fire Department

Incident Action Plan




Incident Name	COVID-19 - DFD
Incident Type	Pandemic
Incident Location	Denver
Incident Commander	Deputy Chief Desmond Fulton
Operational Period Begin	March 16, 2020 0700 MST
Operational Period End	March 17, 2020 0700 MST
Operations Period Number	3

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: COVID 19 DFD	2. Operational Period: Date From: 3/16/20 Time From: 0700	Date To: 3/17/20 Time To: 0700			
3. Objective(s): <ol style="list-style-type: none">1. Provide for protection from current and future risks of exposure to all Department uniform and non-uniform personnel.2. Provide the most current treatment and isolation/quarantine procedures for potentially exposed uniform and non-uniform personnel.3. Review, revise and strengthen Level 1, 2 and 3 Contingency Plans for maintaining essential core Fire Department functions.4. Ensure preparations and procedures are in place for activation of the Contingency Plans.5. Maintain communication with City and County leadership for current situation status, objectives, and direction.6. Ensure timely internal distribution of accurate information and direction to all Department uniform and non-uniform personnel. <p style="color: red; margin-top: 10px;">Objective 1 Key Messaging March 16, 2020:</p> <p style="margin-left: 20px;">A. <u>No outside visitors including friends and family members are permitted in any firehouse or DFD facility or on or in and apparatus.</u></p> <p style="margin-left: 20px;">B. <u>Firehouse personnel will avoid all outside public interaction to minimize the potential for exposure.</u></p>					
4. Operational Period Command Emphasis: <ol style="list-style-type: none">1. Ensure PPE is distributed to all firehouses; and that accountability and distribution tracking measures are in place.2. Ensure that the IAP and all guidance documents are communicated to all uniform and non-uniform personnel daily.3. Maintain established daily meeting schedule and transfer of information.4. Evaluate the potential and logistics for providing isolation/quarantine facilities for exposed members with at-risk family members at home.5. All external requests for information will be referred to PIO Captain Pixley who will coordinate all messaging with the CCD leadership.6. Make resources available to the membership for individual and family support as well as emotional wellness.					
General Situational Awareness The Fire Department's Command Staff will continue to base all plan development on the direction provided by the CCD leadership and the Denver Department of Public Health & Environment (DDPHE). All planning and direction will focus on the potential escalation of the event.					
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at:					
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td style="width: 33%; vertical-align: top;">X ICS 203 X ICS 204 <input type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A X ICS 206</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> ICS 207 X ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/></td><td style="width: 33%; vertical-align: top;"><u>Other Attachments:</u> X Addendum _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr></table>			X ICS 203 X ICS 204 <input type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A X ICS 206	<input type="checkbox"/> ICS 207 X ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/>	<u>Other Attachments:</u> X Addendum _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
X ICS 203 X ICS 204 <input type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A X ICS 206	<input type="checkbox"/> ICS 207 X ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/>	<u>Other Attachments:</u> X Addendum _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____			
7. Prepared by: Name: _____ Position/Title: _____ Signature: 					
8. Approved by Incident Commander: Name: _____ Signature: 					
ICS 202	IAP Page _____	Date/Time: _____			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: COVID-19 DFD		2. Operational Period: Date From: 3/16/20 Time From: 0700		Date To: 3/17/20 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs	Fulton, Desmond	Chief	Murphy, Robert		
		Deputy			
Deputy	Nuanes, Ryan				
Safety/Medical	Buccieri, Scott/Miccio, Melissa	Branch	Operations		
Public Info. Officer	Pixley, Greg	Branch Director	Shift Commanders	Land Side	
Liaison Officer	Lara, Adriana	Deputy			
4. Agency/Organization Representatives:		Division/Group			
Agency/Organization	Name	Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch	DEN		
		Branch Director	Bray, Russ	Air Side	
		Deputy			
5. Planning Section:		Division/Group			
Chief	Krugman, Jim/Almaguer, Manny	Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit		Division/Group			
Documentation Unit	Adams, Marissa	Branch	EOC		
Demobilization Unit		Fire Branch	Buccieri, Scott		
Technical Specialists		Fire Branch	Linville, Jeff		
		Fire Branch	Mitchell, Warren		
		Division/Group			
		Division/Group			
6. Logistics Section:		Division/Group			
Chief	Vigil, Jeremy	Division/Group			
Deputy		Branch	Human Resources		
Support Branch		Career Service	Eberhard, David		
Director					
Supply Unit					
Facilities Unit		8. Finance/Administration Section:			
Ground Support Unit		Chief	Moeder, Wendi		
Service Branch		Deputy	Cummings, Chanee		
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Name: _____		Position/Title: _____		Signature: 	
ICS 203	IAP Page _____	Date/Time: 3/16/20			

ASSIGNMENT LIST (ICS 204)

[illegible]

ASSIGNMENT LIST (ICS 204)

[illegible]

ASSIGNMENT LIST (ICS 204)

1. Incident Name: COVID-19 DFD					
2. Operational Period:					
			Date From: 3/16/20 Time From: 0700	Date To: 3/17/20 Time To: 0700	
3.					
Branch: EOC Fire					
Division:					
Group:					
Staging Area:					
4. Operations Personnel: Name Contact Number(s)					
Operations Section Chief: Murphy, Robert 303.884.6549					
Branch Director:					
Division/Group Supervisor:					
5. Resources Assigned:				# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)
Resource Identifier		Leader			
Linville, Jeff					303.667.3232
Buccieri, Scot					720.232.0187
Mitchell, Warren					720.220.4436
6. Work Assignments:					
Schedule:					
• Monday – Thursday: Jeff Linville					
• Friday: Scott Buccieri					
• Swing: Warren Mitchell					
Serve as conduit between the EOC and Command and General Staff on issues related to purchasing, finance, 911, and resource mobilization if needed.					
7. Special Instructions:					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)				
/					
/					
/					
/					
9. Prepared by: Name: _____ Position/Title: _____ Signature: [Signature]					
ICS 204		IAP Page _____	Date/Time: 3/16/20		


ASSIGNMENT LIST (ICS 204)

[illegible]

MEDICAL PLAN (ICS 206)

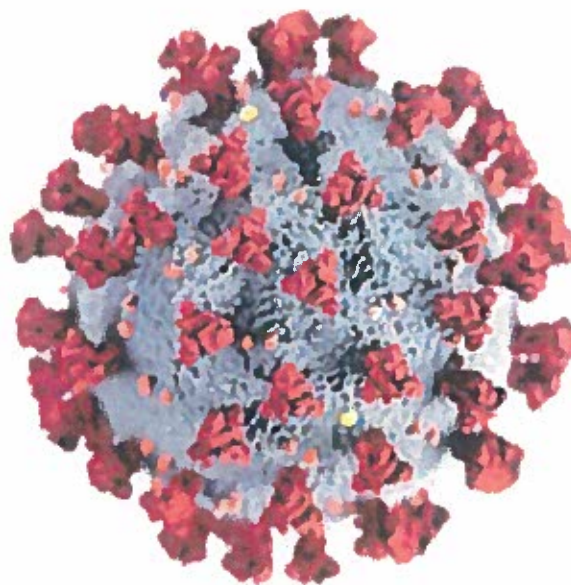
1. Incident Name: COVID 19		2. Operational Period: Date From: 03/16/2020 Time From: 0700		Date To: 03/17/2020 Time To: 0700			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Denver Heath Paramedics	777 Bannock St Denver	(303) 602-2566	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
Northglenn Ambulance	5650 Holly St Commerce City	(303) 451-6882	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
Action Care Ambulance	14854 E Hinsdale Ave Centennial	(720) 870-4700	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
South Metro Fire/Rescue	9195 E Mineral Ave Centennial	(720) 989-2000	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Denver Health	777 Bannock St Denver	(303) 602-2566			<input checked="" type="checkbox"/> Yes Level: 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Swedish	601 E Hampden Ave Englewood	(303) 788-5000			<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Saint Josephs	1375 E 19th Ave Denver	(303) 812-2000			<input checked="" type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
UC Health	12605 E 16th Ave Denver	(720) 848-0000			<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Childrens Hospital	13123 E 16th Ave Denver	(720) 777-1234			<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures: Denver Department of Public Health and Environment (DDPHE) 720-913-1311							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: <u>Melissa Miccio</u> Signature: _____							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: COVID-19 DFD	2. Operational Period: Date From: 3/16/20 Time From 0700:	Date To: 3/16/20 Time To: 0700
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: <ul style="list-style-type: none">• Dispatch screening of potential COVID-19 911 callers through PRO-QA. CODE-19C will be identified if the caller meets the criteria for a suspected case of the virus.• Be extremely vigilant if a patient presents with signs of lower respiratory infections such as fever, cough, shortness of breath and breathing difficulties. Do not solely rely on dispatch information; treat patients as potentially exposed until the following sample questions have been asked:<ul style="list-style-type: none">○ Have you traveled recently?○ Do you have respiratory issues?○ Do you have a fever?• If there is a possibility of a COVID-19 patient, please stage and wait until the arrival of the responding ALS unit to determine the best approach/action to deal with the patient, unless crews have indications of possible immediate life-threatening event occurring. Maintain a slow, methodical, and thought out approach to deal with suspected COVID patients.• Take the time to don the appropriate medical PPE which includes N-95 or P-100 half masks, gowns, gloves, and eye protection. As a last resort use SCBA. Do not throw away N-95 masks after use rather place them in a Ziplock bag (or biobag) and deliver to District Chiefs for later decontamination.• Do not bring the ESO tablets into contact with a potential patient. Unless medical interventions are needed, leave all medical bags and oxygen at the door.• Minimize the number of DFD members treating the patient (1 instead of 4) and maintain at least 6 feet of distance from the patient. Either hand or toss a surgical mask to the patient to minimize exposure.• For suspected COVID-19 patients, do not place them on a non-re-breather mask unless the patient is presenting hypoxic.• A possible consideration is to contact the patient via a cell phone from the rig. This provides additional opportunity to limit exposure while asking questions. <p style="margin-top: 20px;">Please refer to the IAP Addendum for additional COVID-19 information and procedures.</p>		
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: _____ Position/Title: _____ Signature: 		
ICS 208	IAP Page _____	Date/Time: <u>3/16/20</u>

Denver Fire Department

Communications Plan Addendum to IAP



Communications Plan Addendum

Incident Name	COVID-19-DFD
Incident Type	Pandemic
Incident Location	Denver
Incident Commander	Deputy Chief Desmond Fulton
Operational Period Begin	March 16th, 2020 0700 MST
Operational Period End	March 17th, 2020 0700 MST
Operations Period Number	3

DFD IAP
Addendum Documents
(as of March 16, 2020)

1. Press Release – Mayor Hancock Local State of Emergency Declaration
2. Denver Fire Department Personnel Guidance – COVID 19 Response
3. COVID-19 Symptoms Decision Tree
4. CCD Risk Assessment and Public Health Decision Making Tree
5. *Dealing with the Psychological Aspects of the COVID-19* – Nicoletti-Flater Associates
6. Governor Polis COVID-19 Disaster Emergency Executive Order D 2020 003
7. DFD Behavioral Health Resources



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Denver, CO 80202
p: 720.865.7695
JIC_news@denvergov.org

News Release For Immediate Release

Thursday, March 12, 2020

Mayor Hancock Makes Local State of Emergency Declaration Denver Provides COVID-19 Response Update

DENVER – Today, Mayor Michael B. Hancock declared a state of emergency for the City and County of Denver in response to COVID-19 (the coronavirus). The declaration order signed by the Mayor today may make additional emergency resources available to assist in Denver's emergency response and gives the city greater flexibility to procure needed resources. The seven-day emergency order will be in effect through March 19, 2020.

As well as issuing the emergency declaration, Mayor Hancock is discouraging large gatherings from taking place within the City and County of Denver to protect public health and safety and mitigate potential spread of COVID-19.

At this time, the City and County of Denver has identified nine individuals who have tested presumptive positive for COVID-19 via the testing process overseen by the Colorado Department of Public Health and Environment (CDPHE). These individuals are considered "presumptive positive" until the Centers for Disease Control and Prevention (CDC) confirm the cases.

Additionally, 22 individuals have been quarantined. These individuals are not symptomatic. With new guidance from the CDC, providers are able to test patients independently of public health departments, so statistics regarding the number of presumptive positive cases are expected to change.

The city urges everyone to take the following precautions to protect yourself and those around you:

- Wash your hands often with soap and water for at least 20 seconds; Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Stay home when you are sick
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces
- Avoid close contact with people who are sick

If you are feeling ill with symptoms similar to those associated with COVID-19:

- Manage your symptoms at home the same way you manage other cold symptoms. We want to reduce the risk of transmission, so to the extent possible, people with flu-like symptoms should remain at home.
- If you need medical care, contact your primary care provider and schedule a visit. Let them know that you are concerned you might have COVID-19.
- Only contact 911 for emergencies requiring immediate life-saving care and let them know if you are concerned you might have COVID-19.
- Restrict visits to the hospital emergency room or urgent care - only individuals needing immediate care should visit these facilities. If you must visit an ER or urgent care facility, call ahead and let them know that you are concerned you might have COVID-19.

In addition to declaring a state of emergency, which will allow the city to access needed funding streams and resources, the City and County of Denver is working on many different levels to ensure public health and safety measures are in place to help curb the potential spread of COVID-19.

People Experiencing Homelessness

The city is working closely with service providers serving people experiencing homelessness, including overnight shelters, day shelters, harm reduction centers, street outreach programs, charitable groups, and others. DDPHE has begun site visits of sheltering facilities to consult and assist with a resourceful response to any potential spread of COVID-19.

Additionally, DDPHE and Denver's Department of Housing Stability are holding regular consultative meetings with providers, providing information and resources while gathering information to better understand their needs. Denver is supporting service providers in sourcing hand sanitizer, appropriate cleaning and disinfection tools, and other resources.

DDPHE is working to get extra portable hand washing stations in public locations where access is challenging. Additionally, maps of available daytime and 24/7 public restrooms and hand washing facilities in the downtown core area are being updated.

DDPHE is also equipping the city's [Wellness Winnie](#) and other mobile service providers with information, referrals for services/medical treatment, and personal hygiene tools.

Food Facilities

Public health investigators are visiting all Denver food facilities (3000+), prioritizing facilities with onsite food handling and/or onsite consumption, and those with highest likelihood of customer/environmental surface contact, including buffets. Visits involve delivering signage that is required to be posted at facility entrances and restrooms and reminding customers about the importance of washing their hands and not dining out when having symptoms of respiratory illness. Investigators will also provide guidance on restricting ill food handlers and frequently disinfecting high-touch environmental surfaces.

Food trucks will receive this information, although they are lower priority due to the fact there is little touching of surfaces by customers during their transaction.

Hospitals and Other Medical Facilities

Hospitals and clinicians are receiving frequent messages from Denver Health, DDPHE and CDPHE with updated guidance whenever applicable using the Health Action Network (HAN), which is a method of sharing information about urgent public health incidents with local partners. The HAN provides a robust interoperable platform for the rapid distribution of public health information.

Medical facilities already have disease response plans required under their accreditation and state/federal regulations and are putting control measures in place to prevent the spread of contagious illness like flu and COVID-19.

Denver Public Schools and Child Care Facilities

Denver Public Schools (DPS) already has solid protocols and guidance in place for managing illness. DDPHE worked with DPS to issue a letter to all families in February and will continue to provide updates when new information is available. If illnesses occur, DDPHE and Denver Health will work closely to investigate and put controls in place at any impacted facilities. DDPHE plans to start visiting all schools this week, prioritizing the largest schools first.

DDPHE is working with the Colorado Department of Human Services (CDHS) on outreach to child care facilities.

Shared Living Facilities for Older Adults

DDPHE will begin phone consultations with facility management of shared living facilities for older adults, including retirement communities, assisted living communities, boarding homes, and long-term care facilities. Site visits are being avoided in order to reduce the risk that extra visitors bring to residents. DDPHE is distributing signage and educational information via email along with orders that include: screening of visitors, limiting visitors, and increased monitoring of residents' and staff health.

Businesses

Denver is working collaboratively with state and federal agencies, as well as local partners, on a plan to support businesses affected by COVID-19.

Current Closures in Denver

Mayor Michael B. Hancock has directed the postponement of optional city government-sponsored public meetings and to determine where online services might be preferable to in-person service.

Current meeting/event postponements can be found

at <https://www.denvergov.org/content/denvergov/en/environmental-health/news/coronavirus-info/cancelled-events.html>.

Denver has expanded the staffing of its Emergency Operations Center from a partial activation to a full activation beginning today. The center will remain staffed on weekdays from 9 a.m. to 4 p.m.

For more information on Denver's response to COVID-19, protection and prevention, please visit our [website](#).

###

For more information, please contact the Mayor's Office of Emergency Management on the phone at (720) 865-7600 or via web [Denvergov.org/OEM](https://www.denvergov.org/OEM). For breaking news follows us on Twitter [@DenverOEM](https://twitter.com/DenverOEM). For additional information on preparing for any emergency, please refer to [Ready.gov](https://www.denvergov.org/Ready).

Denver Fire Department Personnel Guidance Response to Potential Cases of Coronavirus Disease 2019 (COVID-19 - DFD)

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Patients with COVID-19 have had mild to severe respiratory illness. The virus is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby.

For personnel performing **daily routine activities**, the immediate health risk is considered low.

If you encounter an individual who you suspect to have COVID-19 or who self-identifies as having COVID-19, you should first:

- **Try to maintain a distance of at least 6 feet, if possible.**
- Have them treated and transported by Emergency Medical Service/ambulance to a healthcare facility, if possible.

If you must come into close contact with a suspected COVID-19 case, you MUST wear personal protective equipment (PPE).

- Close contact is defined as being within approximately 6 feet, or Having direct contact with body fluids (e.g., blood, phlegm, or respiratory droplets)

Minimum recommended PPE is:

- A single pair of disposable nitrile gloves,
- Disposable isolation gown or single-use/disposable coveralls¹,
- Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator), and
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)².

¹If unable to wear a disposable gown or coveralls, ensure all gear is cleaned/disinfected after contact with individual.

²CDC recommends goggles or a face shield. If they are unavailable or interfere with vision, safety glasses with side shields will provide some protection.

Denver Fire Department Personnel Guidance Response to Potential Cases of Coronavirus Disease 2019 (COVID-19 - DFD)

After close contact:

DECON Procedures for Possible COVID-19 Exposures at the conclusion of a call:

- Prior to getting back on the rig doff mask, safety glasses, gown, and respirator (N95 or P100) with gloves on.
- Place N95 or P100 in a biohazard bag and seal or place in a Ziplock bag. These masks will be delivered to the districts Chiefs house for collection and sanitation.
- The doff'd gown and gloves will be disposed of in a bio-hazard receptacle in the ambulance.
- Safety glasses should be cleaned with disinfecting wipes (purple containers)
- Wash hands as soon as possible.
- Wash your face if you touched it with your hands
- If involved in an obvious transmission:
 - Avoid shaking clothes
 - Wash your clothes in hot water and dry with heat
 - Take a shower

Apparatus/Equipment

- Wear gloves while performing de-contamination duties.
- Washdown surfaces with Oxyverse 16 located in firehouse dispensers.
- Another option is to use a bleach solution
 1. 20:1 ratio of water to bleach, $\frac{3}{4}$ cup to one gallon.
 2. Bleach solution has a shelf life of 24 hours.

Contact the Department Quartermaster for the replacement of all sanitizing supplies. (Do not request from Denver Paramedics)

CORONAVIRUS

- Fever
 - Cough
 - Shortness of Breath, or difficulty breathing
 - Symptoms appear 2-14 days after exposure
-

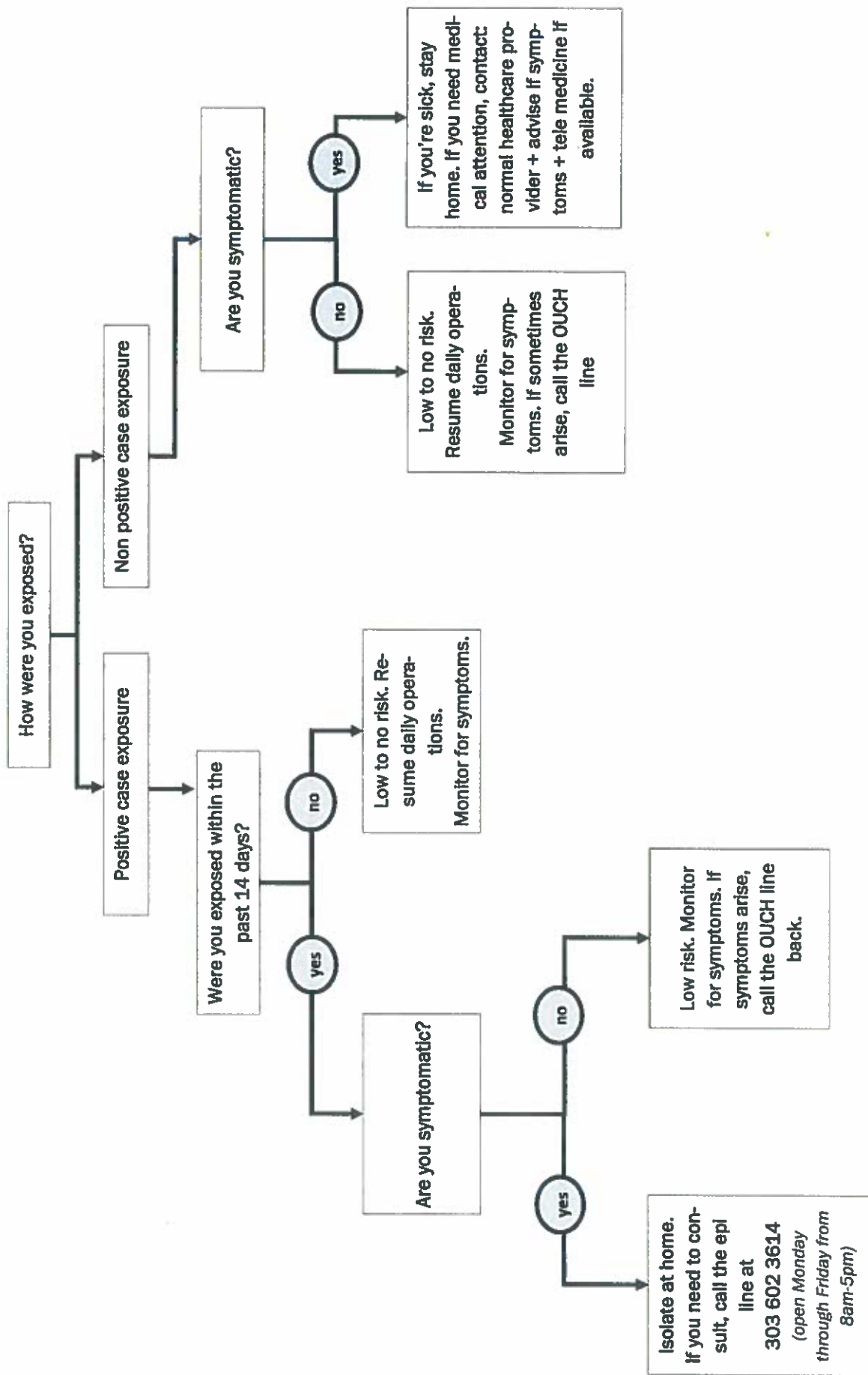
FLU

- Fever
 - Cough
 - Muscle aches
 - Fatigue & weakness
 - Chills & sweats
 - Congestion
 - Sore throat
-

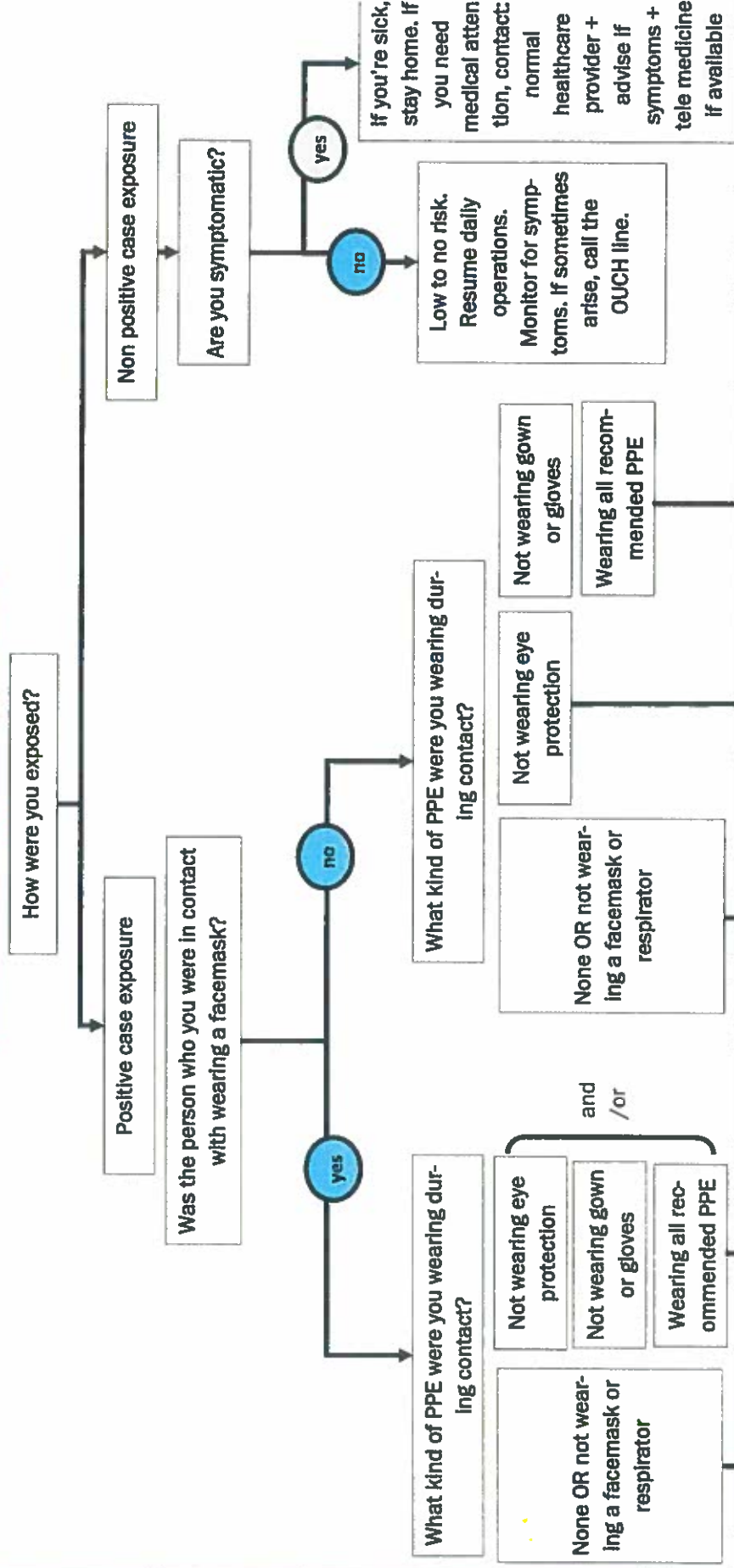
ALLERGIES

- Sneezing
- Itchy nose, eyes or roof of the mouth
- Runny, stuffy nose
- Watery, red or swollen eyes

You are a CCD employee
NOT a first responder or health care worker



**You are a HEALTH CARE PROVIDER
OR FIRST RESPONDER**



recommended monitoring for COVID-19 (until 14 days after last potential exposure)	Active monitoring	Exclude from work for 14 days after exposure	Self with monitoring with delegated supervision	Active monitoring	Exclude from work for 14 days after exposure	Self monitoring with delegated supervision	Active monitoring	Exclude from work for 14 days after exposure	Self monitoring with delegated supervision
work restrictions for symptomatic individual	Active monitoring	Exclude from work for 14 days after exposure	Self with monitoring with delegated supervision	Active monitoring	Exclude from work for 14 days after exposure	Self monitoring with delegated supervision	Active monitoring	Exclude from work for 14 days after exposure	Self monitoring with delegated supervision
exposure category	medium	low	high	medium	low	high	medium	low	high

Self-monitoring: individual should monitor themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat)². Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms during the self-monitoring period to determine whether medical evaluation is needed.

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat)². For HCP with *high-* or *medium-risk* exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

Self-Monitoring with delegated supervision in a healthcare setting means HCP perform self-monitoring with oversight by their healthcare facility's occupational health or infection control program in coordination with the health department of jurisdiction, if both the health department and the facility are in agreement. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, a facility may consider having HCP report temperature and absence of symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Data are limited for definitions of close contact. Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel, and whether aerosol-generating procedures were performed.

High-risk exposures refer to individuals who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected, is also considered *high-risk*.

Medium-risk exposures generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some *low-risk* exposures are considered *medium-risk* depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a *medium-risk* exposure. If an aerosol-generating procedure had not been performed, they would have been considered *low-risk*. See [Table 1](#) for additional examples.

Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.



Dealing with the Psychological Aspects of the Coronavirus (COVID 19): Preparation and Response

Dealing with a public health emergency can create a variety of emotions for you and your family. These types of emergencies can be particularly stressful and intense as you are tasked with taking care of yourself and your loved ones while managing job responsibilities. By preparing and understanding common reactions, you will be more equipped to cope with competing priorities and the common effects of experiencing a public health emergency. If the emergency goes on for an especially long period of time your stress responses can be more intense than you are accustomed to experiencing. The following information is intended to a) identify some of the specific reactions you may experience and b) identify specific coping techniques for each of the expected reactions:

Information Overload-Due to ongoing traditional media and social media coverage. The overload can also be exacerbated by constant discussions with family members, friends or co-workers. This information overload can cause you or your family members to start anticipating and worrying about the next news report or update. This will often leave you and your family feeling on edge and hypervigilant.

o Intervention Options

- Limit your media exposure in terms of frequency, duration and time of day.
- Don't contaminate yourself with negative information before sleeping or other relaxing events.
- Limit your viewing to only balanced sites that you trust, and reputable scientific sources such as the CDC guidelines.
- When you start experiencing sensory overload from either watching or listening to negative information, switch to positive or relaxing watching or listening.

Sleep Disturbances-Sleep disturbances, including nightmares and/or difficulty falling/staying asleep are common stress or trauma reactions.

o Intervention Options

- Don't lay in bed and obsess about the events or the bad dreams
- Write about the distressing event and/or the nightmare in as much detail as you can. Writing about an event can assist the brain in processing through what happened and may alert you to negative self-talk (I should have done x; what if y, etc.) Becoming aware of unproductive thought patterns gives you the opportunity to make changes.
- Engage in a sleep routine prior to going to bed that is relaxing. Spend at least 15-20 minutes engaging in quiet activities (e.g. brushing your teeth, reading an entertaining book, stretching, meditating, etc.)



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- **Increased emotionality**-Increased anger, emotional outburst, and/or general irritability with others are also common. Another problem that can develop is that you start to focus on micro-stimuli instead of macro-stimuli. So instead of focusing on the task at hand you become distracted by little things such as your significant other or children crunching their cornflakes and gulping their milk. These emotions, if not controlled, can lead to free floating anger or anxiety feelings of despair, hopelessness, and helplessness.
 - **Intervention Options**
 - Try to avoid alcohol-while alcohol may temporarily make you feel better and allow you to disengage, substance use can worsen anger responses and can add to problems at home and in your personal/professional relationships.
 - Stay in contact with your support system and your coworkers.
 - During ongoing emergencies, you may not have time to process emotions. So you may find that the emotions will occur once the danger has completely passed or you have time to unwind.
 - Stress and trauma reactions tend to be more severe when you feel personally unsafe or helpless to assist your family. Stay connected with your family members, your community or your support systems.
 - Understand that your role during this public health emergency may be different than anything you have done before, and this may cause additional stress. Acknowledge that this is normal.
 - Separation from family will likely exacerbate your worries. If possible, periodically check-in with at least one member of your family. Note that communication abilities may decrease or even be impossible, so if your family is unreachable, do not allow your mind to go to worst-case scenarios.
- **Shattering of both your and your family's assumptions of safety and well being**-We all have assumptions about the world and our lives. These assumptions can be things like 'my kids are safe at school and nothing bad can happen there, 'movie theaters are safe places' or 'I am safe in my community from public health emergencies. When these assumptions become shattered you must make a choice to engage in denial (it won't be that bad), psychologically deteriorate into feelings of helplessness or hopelessness, avoid the situation by focusing on a specific task, or developing a 'New Normal'
 - **Intervention Options**
 - In order to survive we all must engage in a bit of 'Denial' for example with all of the school shootings you need to assume that the school has a good safety protocol otherwise you would never let your children leave home



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- In dealing with public health emergencies you must develop the 'New Normal' in which you assume they can and will occur, but you will have safety plans for you and your family.
 - If you can't develop a good coping strategy for you and your family, it may be time to re-evaluate your lifestyle.
 - Respond to the public health emergency as if you are a survivor not a victim-This means that you need to utilize all of your coping resources. You wouldn't judge yourself for needing a doctor's assistance resetting a broken bone so don't judge yourself if you need assistance resetting after this psychological trauma. Utilize whatever resources you have available to you including family, friends, spiritual advisors, or mental health professionals.
 - Make stress reduction a priority- Downtime is essential. Avoid burnout by regularly engaging in activities you find pleasurable and that allow you to recharge. You don't question your phone battery's need to recharge each day so why assume you don't need to recharge as well? Once energy is depleted, action is required before it can be replenished-no one has an endless supply and energy doesn't magically restore.
- **Work and family conflict**-This is the hardest issue you will face. How do you balance your career with your family's concerns and wishes? If you choose one over the other there will be resentment either by you or your family.
 - **Intervention Options**
 - Consensus and Compromise are the best choices. Accommodations that are not reciprocal can and will lead to Resentment.
 - Problem solve ways to meet work demands while at the same time alleviating your family's fears and anxieties.
 - Generate a time-line for problem solving. Then at the end of the time line re-evaluate the direction and focus.
 - Take advantage of City's Agency's psychological services
 - Don't minimize your or your family's fears.
 - Re-evaluate how you are doing. This involves being honest with yourself and asking others about how they think you are doing
- **A note on quarantine**- Some individuals who are suspected to have been exposed to COVID-19 have been asked to self-quarantine for up to 14 days. Quarantine can be stressful and lead to a variety of psychological and physiological symptoms, including: Fear about your health and safety, including stress or hyper-vigilance about checking yourself for potential symptoms. Other emotions may be sadness, anger, or anxiety related to separation from family and friends, boredom or fatigue at lack of stimuli and guilt about being unable to work or support others, especially children or family.



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o Intervention Options

- **Distractions:** Engage in both active (exercise, cleaning, regular work) and passive (watching TV, reading, listening to music) activities if able. Ensure you have a variety of different stimuli to engage with. Avoid using substances as a form of distraction or symptom reduction.
- **Remote Social Interactions:** Utilize texting, voice calls, and/or video calls to engage with others. Avoid focusing discussions solely on negative aspects of the quarantine.
- **Processing Emotions:** Reach out to friends or family to express your emotions related to the quarantine. Keep a journal where you write down your experiences and feelings, try to be as detailed and open as possible. Consider accessing remote or tele-psychology services if you notice you are struggling psychologically.

During this time it is important to focus on preparation rather than panic. If you or any member of your family is struggling, remember that there are many resources available to you and your first responder family including Peer Support, Chaplain services, and Nicoletti-Flater Associates. We offer and will continue to offer tele-therapy to accommodate your needs during this state of emergency.

Additional Resources

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Family Emergency Plan Wallet Cards:

https://www.fema.gov/media-library-data/1440517182204-fd5e99bd2931f0f566d068ca844370ce/Family_Emergency_plan_wallet_2015.pdf

Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event- A Guide for Parents, Caregivers, and Teachers:

<https://store.samhsa.gov/shin/content/SMA12-4732/SMA12-4732.pdf>

Managing Intense Emotions During Disaster Response:

<https://store.samhsa.gov/shin/content/NMH05-0210/NMH05-0210.pdf>

Returning to Work After Disaster Response:

<https://store.samhsa.gov/shin/content/SMA14-4870/SMA14-4870.pdf>



D 2020 003

EXECUTIVE ORDER

**Declaring a Disaster Emergency Due to the Presence of
Coronavirus Disease 2019 in Colorado**

Pursuant to the authority vested in the Governor of the State of Colorado and, in particular, pursuant to Article IV, Section 2 of the Colorado Constitution and the relevant portions of the Colorado Disaster Emergency Act, C.R.S. § 24-33.5-701, *et seq.* (Act), I, Jared Polis, Governor of the State of Colorado, hereby issue this Executive Order declaring a state of disaster emergency due to the presence of coronavirus disease 2019 (COVID-19) in Colorado, and authorizing response activities associated with the disaster emergency to enable State agencies to coordinate response, recovery, and mitigation efforts.

Further, pursuant to the authority vested in the Governor of the State of Colorado and, in particular, pursuant to Article IV, Section 5 of the Colorado Constitution and C.R.S. § 28-3-104, I hereby authorize employing the Colorado National Guard to support and provide planning resources to State and local authorities as they respond to the presence of COVID-19 in the State.

I. Background and Purpose

The Governor is responsible for meeting the dangers to the State and people presented by disasters. C.R.S. § 24-33.5-704(1). The Act defines a disaster 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 . . . epidemic." C.R.S. § 24-33.5-703(3). The threat currently posed by COVID-19, a respiratory illness that can spread from person to person, constitutes a disaster for purposes of the Act.

Like many other states and countries around the world, Colorado identified numerous presumptive positive cases of COVID-19. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China in December 2019. Transmission of the disease likely occurs in ways similar to other respiratory illnesses. To become sick, an individual must be exposed to the virus, either through prolonged, close (within six (6) feet) exposure to someone with COVID-19, transmission of respiratory droplets by an infected person coughing or sneezing, or touching a surface or object that has the virus on it and then touching your mouth, nose, or eyes. Symptoms include fever, coughing, and difficulty breathing.

In response to the growing global threat posed by COVID-19, the Colorado Department of Public Health and Environment (CDPHE) activated its Emergency Operations Center (Center) on February 26, 2020. CDPHE is coordinating its response to this emerging epidemic through the Center and collaborating with local public health agencies across the State to conduct disease surveillance and control activities. The Center is open seven (7) days per week, and State epidemiologists are on call twenty-four (24) hours per day. This work is further informed by guidance and assistance from the Centers for Disease Control and Prevention (CDC). CDPHE received approval from the CDC and began laboratory testing for COVID-19 on February 28, 2020. CDPHE currently has the capacity to run over 200 tests per day. On March 5, 2020, CDPHE's public health laboratory confirmed the first presumptive positive test result from Colorado.

On March 3, 2020, I verbally ordered the Office of Emergency Management to implement the State Emergency Operations Plan and to take all necessary and appropriate State actions to assist the affected jurisdictions with their response, recovery, and mitigation efforts (Incident CO-COEM-I070). At approximately 9:00 AM on March 10, 2020, I verbally declared a disaster emergency due to the presence of COVID-19 in Colorado. I also verbally authorized employing the Colorado National Guard to support and provide planning resources to State and local authorities as they respond to the presence of COVID-19 in the State.

As of March 11, 2020, CDPHE identified thirty-three (33) presumptive positive COVID-19 cases and one (1) indeterminate test result. Out of an abundance of caution, CDPHE treats an indeterminate test as a positive case until the State receives conclusive test results from the CDC. The State lab has run tests on hundreds of people in Colorado since testing started on February 28, 2020. In the coming days, the State anticipates there will be additional presumptive positive cases. Based on the course of the disease so far in the State, CDPHE has reason to suspect we are seeing limited community spread in Colorado.

Current guidance from CDPHE and CDC indicates that older adults and people who have serious chronic medical conditions such as heart disease, diabetes, and lung disease are most at risk of getting very sick from COVID-19.

The presence of COVID-19 in Colorado presents unique challenges and strains the resources of our emergency and medical facilities and personnel. The measures I am ordering through this Executive Order are designed to meet these challenges by limiting the spread and mitigating the harm caused by COVID-19, protecting our most vulnerable populations, and maximizing our chances of avoiding widespread disruptions to our economy and to the daily lives of Colorodans. I have consulted with public health officials and studied the responses of other nations. The State's approach is based on models that have proven effective, and we will modify it if necessary to respond to new information or changed circumstances.

II. Declarations and Directives

- A. The presence of COVID-19 in Colorado constitutes a disaster emergency under C.R.S. § 24-33.5-701, *et seq.* My verbal order of March 10, 2020, declaring a disaster emergency, pursuant to C.R.S. § 24-33.5-704(4), is hereby memorialized by this Executive Order and shall have the full force and effect of law as if it were contained within this Executive Order.
- B. Pursuant to C.R.S. § 28-3-104, my verbal orders of March 10, 2020, activating the National Guard, and authorizing the use of National Guard assets to support and provide planning, logistics, personnel and facilities to State and local authorities as they respond to the presence of COVID-19 in the State are hereby memorialized by this Executive Order and shall have the full force and effect of law as if they were contained within this Executive Order.
- C. Pursuant to C.R.S. § 24-33.5-706(4), I order that four million dollars (\$4,000,000) from the Disaster Emergency Fund be encumbered for response activities related to the COVID-19 response efforts. This amount is an estimate of the immediate funding needed for COVID-19 response efforts and may be adjusted in subsequent Executive Orders if necessary. These funds shall remain available for this purpose until twelve (12) months from the date of this Executive Order and any unexpended funds shall remain in the Disaster Emergency Fund.
- D. Pursuant to C.R.S. § 24-33.5-704.5, the Governor's Expert Emergency Epidemic Response Committee (Committee) has convened to consider evidence presented by CDPHE's State Epidemiologist that there is an occurrence or imminent threat of an emergency epidemic based on the COVID-19 cases present in Colorado. The Committee will continue to convene regularly to advise me regarding reasonable and appropriate measures to reduce or prevent spread of COVID-19 and to protect public health.
- E. Pursuant to C.R.S. § 24-33.5-704(5), I hereby activate the disaster response and recovery aspects of applicable State, local, and interjurisdictional disaster emergency plans. Furthermore, I authorize the employment and use of any forces to which such plans apply and for use or distribution of any supplies, equipment, and materials and facilities assembled, stockpiled, or arranged to be made available under the Act or other applicable law.
- F. I direct CDPHE to issue all public health orders necessary to protect individuals who reside or are cared for in a Colorado licensed or certified skilled nursing facility, intermediate care facility, assisted living facility, or similar entity.
- G. I direct the Colorado Department of Labor and Employment (CDLE) to engage in emergency rulemaking to ensure workers in the following industries get paid sick

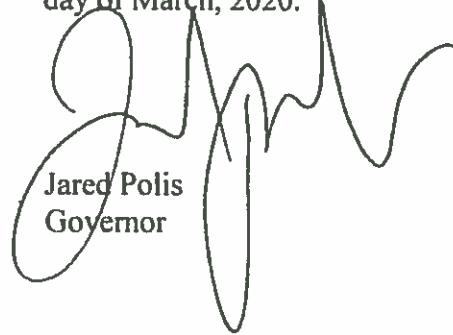
leave if they exhibit flu-like symptoms and have to miss work while they await testing results for COVID-19: leisure and hospitality, food services, child care, education at all levels (including but not limited to cafeterias and transportation to, from, and on campuses), home health care (working with elderly, disabled, ill, or otherwise high-risk individuals), operating a nursing home, or operating a community living facility. I make this order not only to prevent the spread of the virus, but also to assure both Coloradans and visitors to our State that we are minimizing risks. For those workers who test positive and lack access to paid leave, I have asked CDLE to identify additional supports and wage replacement such as access to emergency unemployment assistance.

- H. I direct the Department of Revenue (DOR) to temporarily allow Coloradans over the age of 65, a vulnerable population, to renew their driver's licenses online to avoid having to congregate at a Department of Motor Vehicles office.
- I. I direct the Department of Personnel and Administration (DPA) to promulgate emergency rules relating to leave policies to ensure that state workers who are subject to mandatory or voluntary quarantine or isolation and who cannot work from home have access to paid leave. I also hereby suspend those provisions of C.R.S. § 24-50-603(7) that exclude temporary employees from the definition of "employee" for the purposes of leave benefits eligibility, and direct the State Personnel Director to determine what, if any, state leave benefits may be provided to temporary employees.
- J. I hereby suspend the requirement that state employees who are absent from work due to COVID-19-like symptoms for three or more consecutive days provide a medical certificate form from a health care provider, set forth at C.R.S. § 24-50-104(7)(a). I also direct the State Personnel Director to create and promulgate an Employee Self-Certification Form that shall be used by employees in lieu of a medical certificate form from a health care provider. The suspension of the medical certificate requirement as set forth in this Executive Order does not suspend any documentation requirements that pertain to serious health conditions or injuries, as defined in the State Personnel Administrative Procedures, Rule 1-69, that may qualify for job-protection under the Family Medical Leave Act.

III. Duration

This Executive Order shall expire thirty (30) days from March 11, 2020, unless extended further by Executive Order, except that the funds described in Section II(C) above shall remain available for the described purposes for twelve (12) months from the date of this Executive Order.

GIVEN under my hand and the
Executive Seal of the State of
Colorado, this eleventh
day of March, 2020.



Jared Polis
Governor

DFD Behavioral Health Resource list:

DFD Peer Support Phone: 720-588-2491

DFD Peer Support Website: [DFD Peer Support](#)

DFD Peer Support Email: contact@denverfirepeersupport.com

Karen Jackson – DFD Psychologist Phone: 303.257.0377

Karen Jackson – DFD Psychologist Email: kjackson52@msn.com

Ron Biegler – DFD Chaplain Phone: 720-839-9537

Nicoletti-Flater & Associates Phone: 303-989-1617

Nicoletti-Flater & Associates Website: <https://traumathreatandpublicsafetypsychology.com/>

Nicoletti-Flater & Associates Email: nfadiirector@aol.com

Kaiser Permanente Phone: 303-338-4545

Kaiser Permanente Website: <https://healthy.kaiserpermanente.org/>

Denver Department of Safety Employee Resource Guide: <http://www.denverfirepeersupport.com/wp-content/uploads/2016/06/DenverResourceGuideFinal2016.pdf>

Colorado Crisis Text Line: Text "Badge" to 741741

Denver Employee Assistance: ComPsych: 877-327-3854

(Company ID: DENVEREAP)

As we move through this unique but temporary situation, please be sure to take make it a priority to take care of yourself and your family, but rest assured we will get through this!

Call me should there be a need.

Thanks and stay safe!

Pix

303-503-7490