South Region Healthcare Coalition

Infectious Disease Surge Annex

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Revision Log

Date	Synopsis	Approval Date
05-01-2022	ESF8 Review and Updates.	

Introduction

This Infectious Disease Surge (IDS) Annex complements the South Region Healthcare Coalition (SRHCC) Response Plan. **This plan is intended to be a high-level, incident-specific response plan, identifying the experts and specialized resources that exist within the SRHCC or external to the SRHCC that are available in the South Region and/or State of Colorado.** Each coalition member organization is encouraged to develop more detailed policies/procedures to support their individual operations.

This IDS Annex is consistent with guidance provided by the United States Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) and the Office the Assistant Secretary for Preparedness and Response (ASPR). Specifically, this annex aligns with the [ASPR Healthcare Coalition Infectious Disease Surge Annex Template](#).

The term "*Emerging Infectious Disease*" refers to one that either has appeared and affected a population for the first time, or has existed previously but is rapidly spreading, either in terms of number of people getting infected, or new geographical areas. [1]

Purpose

The overriding goal of the IDS Annex is to ensure effective communication and information sharing during an infectious disease incident that is of serious public health concern. Therefore, the IDS Annex describes how SRHCC will support coalition member organizations through information sharing and situational awareness. Due to an infectious disease incident impacting the South Region of Colorado, the County Emergency Operations Centers (EOC) and/or the State Emergency Operations Center (SEOC) may activate. **SRHCC will activate its IDS Annex when requested by: Local Public Health Agency (LPHA), County Emergency Management, the SEOC or an impacted coalition member organization.**

The SRHCC IDS Annex defines the concepts of operations for an infectious disease emergency response, outlines the roles and responsibilities of SRHCC staff and key partners, as well as information sharing and coordination efforts to ensure coalition members have access to information and resources they need for an effective response. This annex establishes the framework for incident recognition, activation, and coordination of the SRHCC in support of infectious disease incidents having implications on coalition membership and/or the South Region's healthcare systems.

The IDS Annex is compliant with and conforms to the National Incident Management System (NIMS) guidelines and modular, assuming each incident will require a tailored activation and utilization to address scenarios varying by the infectious disease agent, size and/or overall severity.

Scope

This annex aligns with the SRHCC Response Plan and will guide the SRHCC in supporting response efforts with local and state partners, when activated. As mentioned in the purpose statement, the SRHCC will activate the IDS Annex at the request of LPHA, County Emergency Management, the SEOC or an impacted coalition member organization in the anticipation of and/or in response to an emerging

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[1] WHO. [A brief guide to emerging infectious diseases and zoonoses](#).

infectious disease (EID) incident. In a declared public health emergency, the Governor's Expert Emergency Epidemic Response Committee (GEEERC), in coordination with the Governor's Office and Colorado Department of Homeland Security and Emergency Management (DHSEM) will identify and acquire necessary medical countermeasures within the state or outside of state from government and/or non-government organizations (NGOs). SRHCC does not maintain a medical cache, and our scope is limited to information sharing and resource coordination at the request of LPHA, County Emergency Management, the SEOC, or an impacted coalition member organization. *Note: SRHCC has purchased regional assets to support member organizations, and these are maintained by the organizations awarded grant funding for purchase of these assets.*

Coalition Overview and Background

The SRHCC is one of nine regional coalitions in the state of Colorado and is open to all organizations and entities that provide health services in the five counties of the South Region, including Huerfano, Las Animas, Custer, Pueblo and Fremont. Coalition membership is comprised of healthcare organizations, emergency medical services providers, emergency management agencies, public health professionals, jurisdictional entities, businesses, and volunteer organizations within the South Region of Colorado. The SRHCC includes five hospitals and one critical access hospital.

Pueblo Department of Public Health & Environment is a trusted source of information and guidance for infectious disease response in the South Region and acts as the subject matter expert for the region pertaining to infectious disease response. Pueblo Department of Public Health & Environment plays a lead role in many of the mission areas of this annex. Specific, detailed responsibilities are outlined in the SRHCC Response Plan and the Pueblo Department of Public Health & Environment Epidemiology Response Plan.

Planning Assumptions

This section outlines the planning assumptions of the plan. Note that even though this is a coalition-level surge annex, individual facility preparedness for infectious emergencies is essential.

The following assumptions apply for an infectious disease incident:

- The pathogen and its related infection control measures, risk factors, clinical care and patient outcomes may not be well understood and will likely evolve as the incident progresses.

- There is, at present, no known cure or vaccine for most emerging infectious diseases; treatment for patients consists mainly of supportive care. If vaccines or treatments are available, their allocation and distribution may involve significant logistics operations.

- The response will be longer than, and require the most integration of, any incident that coalition partners may face and may require virtual coordination mechanisms.

- A brief description of state public health emergency powers and when and why some events may trigger a public health emergency / disaster declaration and others may not.

- Required essential elements of information for healthcare facility submission (e.g., bed availability, ICU availability, ventilator availability, current capacity, etc.) relevant to infectious disease – this may refer to the coalition base plan.

- There may need to be an increase in planning for integration of and/or increased use of telemedicine/telehealth consultations.

- Planning for potential limitations with Emergency Medical Services (EMS) and transportation.

- Staffing at coalition facilities may be challenged by illness, fear of illness, or family obligations (e.g., child/family care if schools are out). Healthcare workers are a high-risk population during most infectious disease incidents; the implementation of effective infection prevention measures and associated training are necessary for workforce protection across the coalition. Healthcare Coalition Infectious Disease Surge Annex

- The coalition should plan to request, receive, and distribute Strategic National Stockpile (SNS) assets in accord with jurisdictional public health and emergency management processes, including personal protective equipment (PPE), ventilators, and medical treatment (e.g., antitoxin for anthrax).

- Comprehensive and well-coordinated public health control and community mitigation strategies (e.g., mask-wearing, contact tracing, individual vaccination, quarantine and/or isolation, community-wide cancellation of events, visitation policies) remain the primary methods for controlling and stopping the spread of infectious diseases.

- Roles and responsibilities of agencies and organizations will change depending on the severity and spread of the infectious disease incident and the respective level of activation by impacted jurisdictions.

- The Colorado Department of Health and Environment (CDPHE) will provide guidance and technical assistance to local public health and health care partners primarily through the Colorado Health Alert Network (HAN). SRHCC can provide a support role to amplify information sharing.

- An infectious disease outbreak will require significant communication and information sharing across jurisdictions and between the public and private sectors. CDPHE is recognized as the leader in providing this information sharing.

- Individuals with access and functional needs including, but not limited to people who are homeless, homebound, economically or transportation disadvantaged, hearing or visually impaired, or who have limited English proficiency are often disproportionally affected by emergencies and may require additional assistance in an emergency and additional planning in advance of an emergency to improve their health outcomes during an emergency.

- Healthcare providers and emergency response and public safety personnel may be at a heightened risk of exposure in the course of their work, depending upon the mode of disease transmission.

- Responding agencies may also be impacted by the incident and may have limited staffing.

- If the ID outbreak is of great community concern, there may be unforeseen disruptions to the healthcare system.

- This annex may be activated for an outbreak of an existing reportable condition, emerging infectious disease, pandemic, or suspected bioterrorism.

- The need for resources may exceed routine operations and overwhelm resources available at the local, regional, and state level.

Concept of Operations

Activation

Activation refers to the SRHCC's decision to transition from baseline operations to response operations. Incidents that could prompt the activation of the SRHCC IDS Annex include, but are not limited, to:

- Request from LPHA, County Emergency Management, the SEOC, or an impacted coalition member organization
- Activation of the SRHCC Response Plan
- Influx or surge of patients suffering from infectious disease
- Inadequate health care facility resources (e.g., inpatient monitored beds, ventilators, isolation beds)
- Damage or threats to health care facility(ies)
- Staffing limitations (e.g., qualified, and trained staff to care for patients)
- Activation of health care facility(ies) disaster plan when surge capacity for infectious disease patients has been exceeded
- Requests from border states to assist with a surge of infectious disease patients

Activation may include the following phases:

Monitoring and Assessment: The SRHCC will assess the incident and its potential impact to establish situational assessment practices. This information can be appropriately shared with stakeholders.

Partial Activation: During a partial activation, most coordination activities will be conducted virtually. The SRHCC will be responsible for:

- Collaborating with represented agencies and disciplines.
- Providing situational awareness and resource status information.
- Liaising with the existing Incident Command or Unified Command of area jurisdiction's Emergency Operation Centers (EOCs).

- Anticipating future health-related resource requirements.
- De-conflicting differing health-related policies.
- Strategizing the coordination of health-related resources.

Full Activation: The SRHCC will be integrated with emergency management, EMS, hospitals, public health, and other healthcare partners as needed in the response organizational structure. SRHCC Staff will be available for information sharing and resource coordination in collaboration with LPH and/or CDPHE.

This annex may be partially or fully activated during health and medical emergency incidents that involve infectious disease casualties and leads to the exhaustion of resources to care for these casualties at the local, regional, or state level. The circumstances of the incident that leads to the activation of the annex can range from a large, unexpected, potentially life-threatening incident to a slow, gradually building, or preplanned incident (e.g., epidemic, pandemic, partial or full planned evacuation).

Regardless of the pathway to activate the Annex, the health care entities involved with the incident function independently and may activate the necessary internal resources and policies to successfully respond to the needs of the patient (e.g., early or expedited inpatient discharge).

Notifications

The IDS Annex will follow the same notification procedures of the SRHCC Response Plan. See section 2.3.1.3 Notifications of the SRHCC Response Plan.

Member organizations will notify their local ESF8 of an IDS Incident. If ESF8 lead(s) are not available, member organizations may notify the CDPHE ESF8 Duty Officer at 877-518-5608 of an IDS incidents.

The SRHCC's Core Planning Team's contact information can be found in the table below.

Name	Role	Organization	Office Phone	Email
Kimber Weddle	Response Coordinator	Las Animas/Huerfano County Health Department	970-343-2992	srhcc.coordinator@gmail.com
Dr. Sandeep Vijan	Clinical Advisor	Spanish Peaks Regional Health Center	719-947-5611	svijan@sprhc.org
Jason Abney	Chair Hospital	Parkview Medical Center	719-585-2524	jason_abney@parkviewmc.com
Kim Gonzales	Fiscal Agent	Las Animas/Huerfano County Health Department	719-846-2213 x 37	kgonzales@la-h-health.org
Mike Lening	Emergency Medical Services	American Medical Response	719 289-3444	mike.lening@amr.net
Sarah Miller	Public Health Representative	Fremont County Department of Health and Environment	719 276-7456	sarah.miller@fremontco.com
VACANT	LTC Representative	VACANT	VACANT	VACANT

Kim Chavez	EM Representative	Las Animas/Huerfano County Health Department	719-846-2213	kim.chavez@lasanimascounty.org
Justin Carbee	Behavioral Health Representative	Health Solutions	719-250-4724	JustinC@health.solutions
Desiree Lipka	At Large	Solvista Health	719-783-0566	DesireeL@solvistahealth.org

Roles and Responsibilities

The SRHCC will support a common operation picture in the South Region through information sharing and situational awareness. The SRHCC is a convener of information and amplifier of messaging, as requested. The SRHCC Readiness and Response Coordinator actively monitors requests from local, regional, and state partners, ensuring concurrence with the regional leads from ESF8 (Public Health), Emergency Management, EMS, and/or Hospital Partners, as appropriate. The SRHCC will provide training and education and/or support for the following activities, as requested:

- Identify time-sensitive performance metrics for HCC Response (e.g., notification of incident to HCC members; Time to Bed Availability Reporting; Time to Setting up Field Triage; Time to appropriately distribute casualties; Time to stage Transportation Resources to Transport Casualties; Time to Update Patient Tracking Info at Intervals; and Time to Staff a Family Assistance Center)

The IDS Annex will follow the same roles and responsibilities of the SRHCC Response Plan. See Section 3.3 Member Roles and Responsibilities in the SRHCC Response Plan.

Operational Mission Areas: Communication Directory

The intent of the following table is to provide a communication directory to SRHCC member organizations for key organizations in the South Region that play a lead or supporting role in the mission areas necessary for responding to an infectious disease surge. For more information on objectives and supporting activities in each mission area, see Operational Mission Areas.

Table 1-1: Infectious Disease Surge Operational Mission Areas- Communication Directory

Organization	Mission Area(s)	Phone Number	Title of Contact
South Region Healthcare Coalition (SRHCC)	• *The SRHCC is not lead for any mission area. The SRHCC will support mission areas through information sharing.*	970-343-2992	Readiness and Response Coordinator

Organization	Mission Area(s)	Phone Number	Title of Contact
Governor's Expert Emergency Epidemic Response Committee (GEEERC)	• Crisis Standards of Care	PLACEHOLDER	PLACEHOLDER
Colorado Department of Human Services (CDHS) Office of Behavioral Health (OBH) ESF8B Sol Vista Health Health Solutions	• Behavioral Health* • Patient Care/Management • At-Risk Populations	303-866-7400 719-248-1484 719-275-2351 719-545-2746	OBH Office Phone Pueblo County ESF8 24/7 Line Sol Vista Health 24/7 Line Health Solutions 27/7 Line
Colorado Hospital Association (CHA)	• Surveillance • Safety and Infection Control and Prevention • Surge Staffing • Patient Care and Management • Patient Transport	303-957-8407 (mobile) 720-330-6043 (office)	Director, Hospital Emergency Preparedness
Colorado Health Care Association and Center for Assisted Living (CHCA) (Long Term Care Association)	• Surveillance • Safety and Infection Control and Prevention • Patient Care and Management	303-861-8228	Director of Quality and Regulatory Affairs
CDPHE Health Facilities	• Surveillance • Safety and Infection Control and Prevention • Patient Care and Management	303-692-2836	Health Facilities Main

Organization	Mission Area(s)	Phone Number	Title of Contact
CDHS Office of Adult, Aging and Disability Services Local Senior Resource Development Agency (SRDA) – Office of Aging and Disability Services	• Surveillance • Safety and Infection Control and Prevention • Patient Care and Management	720-737- 4909 211	CDHS Office of Adult, Aging and Disability Services General Inquiries Phone
		(719) 545-8900	Local Senior Resource Development Agency (SRDA) – Office of Aging and Disability Services
Colorado Department of Public Health and Environment (CDPHE) Disease Control and Public Health Response Division (DCPHR)	• Surveillance* • Safety and Infection Control and Prevention* • Non-Pharmaceutical Interventions* • Surge Staffing • Supply Chain, Supplies, Personal Protective Equipment (PPE)* • Waste Management and Decontamination* • Patient Care/Management* • Medical Countermeasures* • Community-based Testing* • Patient Transport* • Behavioral Health • At-Risk Populations*	* 1-877-518-5608 *(This is a 24/7 number)*	CDPHE 24-hour emergency (ESF8 Duty Officer)
		* 303-692-2700 *(Communicable disease reporting for individual cases)*	Communicable Disease Branch Office Phone

Organization	Mission Area(s)	Phone Number	Title of Contact
CDPHE Office of Emergency Preparedness and Response (OEPR)	• At-Risk Populations*	303-692-2686 720-666-5298	Community health and safety coordinator
Office of the Coroner	• Mass Fatality*	County Specific Pueblo: 719-583-4673	County Coroner and/or Chief Medical Examiner
CDPHE Laboratory Services Division	• Laboratory*	303-692-3099 Lab Website	CDPHE Lab
Colorado Department of Public Safety - Division of Homeland Security and Emergency Management (DHSEM)- State Emergency Operations Center (SEOC)	• Surge Staffing • Supply Chain, Supplies, Personal Protective Equipment (PPE) • Medical Countermeasures • Patient Transport • Mass Fatality • Behavioral Health	303-279-8855 (State of Colorado Emergency Operations line) 720-852-6600 (Main Phone)	On-duty Watch Center Personnel of the Colorado Department of Public Safety
		970-250-0440	Regional DHSEM Field Manager – South – Mobile
Colorado Emergency Medical and Trauma Services Branch Southern Colorado RETAC	• Patient Transport*	720-660-8794	EMS Operations Section Manager
		720-955-9542	EMS Operations Specialist
		719-248-3978	SCRETAC Coordinator
* Indicates the organization plays a lead role in this mission area			

Operational Mission Areas

The following sections outline key mission areas, objectives necessary in each mission area, identification of lead organizations, and specific support activities conducted by key coalition member organizations. **The lead organization will always be at the top of the organization table.** See Key Issues by Scenario Type.

Surveillance

The goal of surveillance is to collect, analyze, and interpret critical information and inform local, regional, and state decision-making stakeholders. This is achieved through the following objectives:

- Rapid identification and investigation of cases including number, geography, and severity of impacted populations and communities

    o Coordination with public health lab

- Obtaining, analyzing, and interpreting essential elements of information

- Monitoring and evaluating emergent disease response outcomes

- Making disease control recommendations to local public health agencies

The following organizations provide support activities:

Organization	Support Activities
Colorado Department of Public Health and Environment (CDPHE) Disease Control and Public Health Response Division (DCPHR)	• Responsible for all surveillance objectives listed in the surveillance operational mission area
Colorado Hospital Association (CHA)	• Message amplification from State organizations and Coalition to hospital leadership and clinical affinity groups • Establish and coordinate additional affinity groups as necessary support response needs • Communicate concerns and questions from affinity groups to State organizations and Coalition
CDPHE Health Facilities	• Determine staffing needs for licensed long term care facilities and other community-based provider partners, and work with SEOC partners to identify solutions to address • In collaboration with CDPHE, establish process for the Division of Licensing and Protection (DLP) to determine appropriate emergency staffing levels in licensed Long Term Care Facilities (LTCFs)

Organization	Support Activities
Colorado Health Care Association and Center for Assisted Living (CHCA)	• Message amplification from State organizations and Coalition to Long Term Care (LTC) and Assisted Living (ALF) leadership • Establish and coordinate affinity groups as necessary support response needs • Communicate concerns and questions from affinity groups to State organizations and Coalition
Colorado Department of Public Safety - Division of Homeland Security and Emergency Management - State Emergency Operations Center (SEOC) Regional DHSEM Field Manager	• Supports emergency managers, as requested
South Region Healthcare Coalition (SRHCC)	• Sharing surveillance updates with coalition members via coalition email distribution list and SRHCC website

Safety and Infection Control and Prevention

The goal of safety and infection control and prevention is to identify and recommend appropriate infection control strategies, guidance, and standards for an EID incident to be utilized by the SRHCC members and healthcare organizations in the South Region and the State of Colorado. This is achieved through the following objectives:

- Define appropriate infection control guidance for the healthcare system

- Distribute infection control guidance to all applicable entities

- Work with facilities to train staff in appropriate infection control measures

- Develop guidance for appropriate engineering controls and surge modification of facility infrastructure (e.g., Patient Care Areas, Alternate Care Sites, and Waste Treatment areas)

- Provide guidance for facility workflow, safe patient care, and healthcare worker safety

The following organizations provide support activities:

Organization	Support Activities
Colorado Department of Public Health and Environment (CDPHE) Disease Control and Public Health Response Division (DCPHR)	• Define appropriate infection control guidance for the healthcare system

Organization	Support Activities
	• Distribute infection control guidance to all applicable entities • Work with facilities to provide resources or guidance as needed to support the training of staff in appropriate infection control measures (CDPHE will not provide "boots on the ground" training; that will be responsibility of individual facilities) • May utilize Colorado HAN to distribute targeted facility notification related to safety and infection control
Colorado Hospital Association (CHA)	• Message amplification from State organizations and Coalition to hospital leadership and clinical affinity groups • Establish and coordinate additional affinity groups as necessary support response needs. • Communicate concerns and questions from affinity groups to State organizations and Coalition
CDPHE Health Facilities	• Develop and implement delivery of appropriate infection control protocols for licensed long term care facilities and other partners as appropriate. • Ensure all CDPHE guidance is available in multiple languages, including plain language
Colorado Health Care Association and Center for Assisted Living (CHCA)	• Message amplification from State organizations and Coalition to Long Term Care (LTC) and Assisted Living (ALF) leadership • Establish and coordinate affinity groups as necessary support response needs. • Communicate concerns and questions from affinity groups to State organizations and Coalition
Colorado Department of Public Safety - Division of Homeland Security and Emergency Management - State Emergency Operations Center (SEOC) Regional DHSEM Field Manager	• Activates the Joint Information System (JIS) to assist in the coordination of public messaging and media coverage
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in Safety and Infection Control and Prevention

Non-Pharmaceutical Interventions

The goal of non-pharmaceutical interventions is to control the spread and limit the effects of disease. This is achieved through the following objectives:

- Recommend personal protective actions (i.e., hand washing, cover coughing, or avoidance of crowds) as appropriate

- Support activation of quarantine operations

- Isolate confirmed cases and identify and quarantine contacts

- Monitor health status of persons in isolation and quarantine

The following organizations provide support activities:

Organization	Support Activities
Colorado Department of Public Health and Environment (CDPHE) Disease Control and Public Health Response Division (DCPHR)	• Recommend personal protective actions (i.e., hand washing, cover coughing, or avoidance of crowds) as appropriate • Support activation of quarantine operations (EVD, SARS)
Colorado Hospital Association (CHA)	• Message amplification from State organizations and Coalition to hospital leadership and clinical affinity groups • Establish and coordinate additional affinity groups as necessary support response needs. • Communicate concerns and questions from affinity groups to State organizations and Coalition
CDPHE Health Facilities	• Support CDPHE in messaging these interventions to networks/partners. • Ensure CDPHE guidance is available in multiple languages including plain language • Supports Colorado Department of Human Services (CDHS) partner(s) within the SEOC in procuring sites for isolation and quarantine.
Colorado Health Care Association and Center for Assisted Living (CHCA)	• Message amplification from State organizations and Coalition to Long Term Care (LTC) and Assisted Living (ALF) leadership • Establish and coordinate affinity groups as necessary support response needs

Organization	Support Activities
	• Communicate concerns and questions from affinity groups to State organizations and Coalition
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in Non-Pharmaceutical Interventions

Surge Staffing

The goal of surge staffing is to ensure adequate healthcare staff are available to meet surging demand during an EID incident. It should be emphasized that surge planning should take place prior to an incident and is the responsibility of every hospital and healthcare organization that may be affected by an EID incident.

This is achieved through the following objectives:

- Support readiness plans in place at all healthcare agencies and facilities, including both clinical and non-clinical staff that last throughout the course of the EID event

- Coordinate the fulfillment of critical staffing resources throughout the course of an EID event

- Facilitate the request for relaxation of staffing ratios as necessary

The following organizations provide support activities:

Organization	Support Activities
Colorado Department of Public Health and Environment (CDPHE) Disease Control and Public Health Response Division (DCPHR)	• Coordinates the fulfillment of critical staffing resources throughout the course of an infectious disease incident • Facilitate the request for relaxation of staffing ratios as necessary
CDPHE Health Facilities	• Determine staffing needs for licensed long term care facilities and other community-based provider partners, and work with SEOC partners to identify solutions to address. • In collaboration with CDPHE, support process for determining appropriate emergency staffing levels in licensed LTCFs
Colorado Hospital Association (CHA)	• Support efforts for the fulfillment of critical staffing resources throughout the course of an infectious disease incident • Message amplification from State organizations and Coalition to hospital leadership and clinical affinity groups

Organization	Support Activities
	• Establish and coordinate additional affinity groups as necessary support response needs. • Communicate concerns and questions from affinity groups to State organizations and Coalition
Colorado Health Care Association and Center for Assisted Living (CHCA)	• Message amplification from State organizations and Coalition to Long Term Care (LTC) and Assisted Living (ALF) leadership • Establish and coordinate affinity groups as necessary support response needs. • Communicate concerns and questions from affinity groups to State organizations and Coalition
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in Surge Staffing

Supply Chain, Supplies, Personal Protective Equipment (PPE)

The goal of Supply Chain, Supplies, Personal Protective Equipment (PPE)is to minimize healthcare worker exposure to EIDs through provision of guidance and resources to staff and healthcare facilities. This is achieved through the following objectives:

- Develop, disseminate, and update PPE guidance for healthcare and other appropriate organizations

- Identify and maintain PPE surge supplies for healthcare organizations

- Support the training and exercise of PPE, including donning and doffing practices

The following organizations provide support activities:

Organization	Support Activities
Colorado Department of Public Health and Environment (CDPHE) Disease Control and Public Health Response Division (DCPHR)	• Develop, disseminate, and update PPE guidance for healthcare and other appropriate organizations • Identify and maintain PPE surge supplies for healthcare organizations • Support the training and exercise of PPE, including donning and doffing practices

Organization	Support Activities
Colorado Hospital Association (CHA)	- Message amplification from State organizations and Coalition to hospital leadership and clinical affinity groups - Establish and coordinate additional affinity groups as necessary to support response needs - Communicate concerns and questions from affinity groups to State organizations and Coalition
Colorado Health Care Association and Center for Assisted Living (CHCA)	- Message amplification from State organizations and Coalition to Long Term Care (LTC) and Assisted Living (ALF) leadership - Establish and coordinate affinity groups as necessary to support response needs - Communicate concerns and questions from affinity groups to State organizations and Coalition
CDPHE Health Facilities	- Assist CDPHE in communicating with LTCFs, and other providers to assure proper deployment of needed PPE. - Work with CDPHE to support long-term service and support (LTSS) and other community partners to understand CDPHE PPE guidance - Provide LTSS and other community partners resources to obtain PPE - Support CDPHE as needed with encouraging LTSS and other community partners to follow PPE guidance - Serve as subject matter experts and project leads for initiatives such as N95 fit testing, as they pertain to licensed LTCFs and community partners
Colorado Department of Public Safety - Division of Homeland Security and Emergency Management - State Emergency Operations Center (SEOC)	- CO-DHSEM will always be available to assist in the procurement of supplies and PPE from Federal Emergency Management Agency (FEMA) when supplies are not readily available in the general marketplace. - Identifying and maintaining PPE surge supplies had been the responsibility of CDPHE and LPHAs. - The State of Colorado will determine in future meetings (via the AAR process) who will have this responsibility. It may result in CDPHE retaining this responsibility; and/or a partnership with CO-DHSEM, assisting CDPHE when they request support is also likely.
South Region Healthcare Coalition (SRHCC)	SRHCC relies on the lead organization to provide information on supply chain and PPE.

Organization	Support Activities
	• SRHCC may then amplify messages to coalition members, as requested.

Support Services

Laboratory

The goals of laboratory are to facilitate rapid detection and confirmation of EID outbreak cases and promote safe handling of EID specimens.

These goals are achieved through the following objectives:

- Develop specimen collection guidance and/or protocols

- Communicate confirmatory testing requirements and standards to local laboratories and healthcare organizations

- Coordinate specimen collection, transport, and data sharing with laboratories and other health agencies

- Establish specimen prioritization, testing, and rule-out protocols

- Conduct lab testing and quickly share results with response partners

- Coordinate with other laboratories to increase lab surge capacity

The following organizations provide support activities:

Organization	Support Activities
CDPHE Laboratory Services Division	• Responsible for all objectives listed in the laboratory operational mission area
Colorado Department of Public Health and Environment (CDPHE) Disease Control and Public Health Response Division (DCPHR)	• Supports CDPHE Laboratory to meet the above objectives • Source staff to support the Laboratory in performing this mission when additional personnel are required.
CDPHE Health Facilities	• Assist CDPHE in communicating with LTCFs, and other providers in networks, to assure proper deployment of testing strategy and resources.
Colorado Hospital Association (CHA)	• Message amplification from State organizations and Coalition to hospital leadership and clinical affinity groups

Organization	Support Activities
	• Establish and coordinate additional affinity groups as necessary support response needs. • Communicate concerns and questions from affinity groups to State organizations and Coalition
Colorado Health Care Association and Center for Assisted Living (CHCA)	• Message amplification from State organizations and Coalition to Long Term Care (LTC) and Assisted Living (ALF) leadership • Establish and coordinate affinity groups as necessary to support response needs • Communicate concerns and questions from affinity groups to State organizations and Coalition
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in laboratory services

Waste Management and Decontamination

The goals of Waste Management and Decontamination are to support healthcare systems in decontamination and environmental safety guidance of facilities and equipment and develop plans for waste management.

These goals are achieved through the following objectives:

- Establish appropriate waste management policies and procedures

- Identify contingency plans if facility capabilities are overwhelmed

- Coordinate with state and federal agencies to conduct environmental investigations, sampling, and assessments

- Provide disinfection and decontamination guidance and services to healthcare facilities and transport organizations

The following organizations provide support activities:

Organization	Support Activities
Colorado Department of Public Health and Environment (CDPHE) Disease	• Responsible for all objectives listed in the waste management and decontamination operational mission area

Organization	Support Activities
Control and Public Health Response Division (DCPHR)	
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in waste management and decontamination

Patient Care/Management

The goal of patient care/management is to maintain support for patient care throughout duration of EID incident. This is achieved through the following objectives:

- Develop and disseminate strategies to maintain safe patient care when system is overwhelmed

- Provide guidance on triage care to healthcare providers

- Assess healthcare system resource needs for patient care

- Request and deploy additional healthcare resources to support patient care and management needs

- Facilitate the development and standardization of Crisis Standards of Care

The following organizations provide support activities:

Organization	Support Activities
GEEERC	• Responsible for all objectives listed in the patient care/management operational mission area • Secure Governor's activation of the Colorado National Guard, if required for patient care/management.
Colorado Department of Public Health and Environment (CDPHE)	• Develop and disseminate strategies to maintain safe patient care when system is overwhelmed • Provide guidance on triage care to healthcare providers • Assess healthcare system resource needs for patient care
Colorado Hospital Association (CHA)	• Message amplification from State organizations and Coalition to hospital leadership and clinical affinity groups • Establish and coordinate additional affinity groups as necessary support response needs.

Organization	Support Activities
	• Communicate concerns and questions from affinity groups to State organizations and Coalition
Colorado Health Care Association and Center for Assisted Living (CHCA)	• Message amplification from State organizations and Coalition to Long Term Care (LTC) and Assisted Living (ALF) leadership • Establish and coordinate affinity groups as necessary support response needs. • Communicate concerns and questions from affinity groups to State organizations and Coalition

CDPHE Health Facilities	• Provide support by sourcing and activating sites for use as Alternate Care Sites (ACS) as required to meet the needs of an overwhelmed healthcare system.
	
	• Provide expertise in supporting this objective for the following:
	
	    o Licensed long term care facilities
	
	    o Coloradans with disabilities, including developmental disabilities
	
	    o Older Coloradans

Colorado Department of Human Services (CDHS) Office of Behavioral Health (OBH)	• OBH is available to support triage out of the Emergency Room for those seeking mental health treatment
Colorado Department of Public Safety - Division of Homeland Security and Emergency Management - State Emergency Operations Center (SEOC)	• In the event of an EID Surge, supports the requests and deployment coordination for additional healthcare personnel to support patient care and management needs
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in patient care/management

Medical Countermeasures

The goal of medical countermeasures is to ensure the effective and efficient receiving, storage, staging, and shipping of emergency Division of Strategic National Stockpile (DSNS) medical materiel to Regional Dispensing Areas (RDSs), acute care hospitals (ACHs) and state approved closed pod partners (CPOD).

This is achieved through the following objectives:

- Operate a Receiving, Storing and Staging Warehouse (RSS) and all operational logistics, to include an Inventory Management Control Section

- Coordinate request and fulfillment process for requesting acute care hospitals (ACHs) and state approved closed pod partners (CPOD)

The following organizations provide support activities:

Organization	Support Activities
Colorado Department of Public Health and Environment (CDPHE) Disease Control and Public Health Response Division (DCPHR)	• Responsible for all objectives listed in the medical countermeasures operational mission area • Secure Governor's activation of the Colorado National Guard, if required
Colorado Department of Public Safety - Division of Homeland Security and Emergency Management - State Emergency Operations Center (SEOC)	• When requested, provide support to CDPHE for operating RSS and POD sites
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in medical countermeasures

Community-based Testing

Describes the roles and responsibilities of the coalition stakeholders related to community-based issues and decisions (e.g., school closures, social distancing orders, reducing or eliminating elective surgeries and procedures, need for hospitals to implement additional testing to support community, expanded testing, testing results follow-up, etc.)

The following organizations provide support activities:

Organization	Support Activities
Colorado Department of Public Health and Environment (CDPHE) Laboratory	• Responsible for all objectives listed in the community-based testing operational mission area
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in community-based testing

Patient Transport

The goals of patient transport are to coordinate the safe movement of Persons Under Investigation (PUIs) or infected persons and ensure transport staff are protected while transporting PUIs or infected persons.

This is achieved through the following objectives:

- Develop transport policies, plans, and procedures for PUIs

- Identify and establish transport providers for high severity cases

- Coordinate between local, state, federal agencies, and EMS

- Maintain supplies/resources utilized for safe transport of patients

- Develop strategies for patient transport when identified EMS providers are overwhelmed/unavailable

The following organizations provide support activities:

Organization	Support Activities
Southern Colorado RETAC Colorado Emergency Medical and Trauma Services Branch Colorado Department of Public Health and Environment (CDPHE)	• Responsible for all objectives listed in the patient transport operational mission area
Colorado Hospital Association (CHA)	• Message amplification from State organizations and Coalition to hospital leadership and clinical affinity groups • Establish and coordinate additional affinity groups as necessary support response needs • Communicate concerns and questions from affinity groups to State organizations and Coalition
CDHS Office of Adult, Aging and Disability Services	• Provide expertise on transportation needs for Coloradans with disabilities and older Coloradans • Communicate transport policies and procedures to community partners and troubleshoot any challenges encountered

Organization	Support Activities
Colorado Health Care Association and Center for Assisted Living (CHCA)	• Message amplification from State organizations and Coalition to Long Term Care (LTC) and Assisted Living (ALF) leadership • Establish and coordinate affinity groups as necessary support response needs • Communicate concerns and questions from affinity groups to State organizations and Coalition
Colorado Department of Public Safety - Division of Homeland Security and Emergency Management - State Emergency Operations Center (SEOC)	• Procure non-EMS transport resources (buses, trucks, etc.) as requested for patient transport • Support the procurement of out of state EMS transport resources when requested
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in patient transport

Mass Fatality

The goal of mass fatality management is to support the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains.

This is achieved through the following objectives:

- Develop and deconflict decedent handling information in cooperation with the State's Medical Examiner

- Disseminate, and coordinate decedent handling guidance to healthcare agencies, funeral homes, law enforcement, EMS, fire agencies and the community

- Facilitate mental/behavioral health support for family members, responders, and survivors

- Provide support for Family Assistance Centers (FAC)

The following organizations provide support activities:

Organization	Support Activities
Office of the Coroner and/or Chief Medical Examiner, County Specific	• Responsible for all objectives listed in the patient mass fatality operational mission area

Organization	Support Activities
Colorado Department of Public Health and Environment (CDPHE) Office of Behavioral Health Health Solutions Sol Vista Health	• Facilitate mental/behavioral health support for family members, responders, and survivors
Colorado Department of Public Safety - Division of Homeland Security and Emergency Management - State Emergency Operations Center (SEOC)	• Working with the LPHAs and County Coroner and/or Chief Medical Examiner, source and/or procure facilities or equipment for the storage of remains if current capacity is expected to be exceeded • Request Disaster Mortuary Operational Response Teams (DMORT) from FEMA, if needed
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in mass fatality

Special Considerations

Behavioral Health

The goals of behavioral health care are to integrate the provision of mental health into the larger medical response to an EID event; support public information and reassurance efforts, mental health resiliency of medical providers and first responders/receivers and provide continuity of mental health services to existing clients and services to those impacted by an EID event.

These are achieved through the following objectives:

- Manage/direct coordination of mental health services across the operational area

- Assess psychological casualty impact across the Operational Area

- Determine Mental Health response plan based on assessment; integrate into Incident Action Plan

- Coordinate Mental Health resources and deploy them to intervention sites

- Establish Mental Health Recovery Plan

The following organizations provide support activities:

Organization	Support Activities
Colorado Department of Public Health and Environment (CDPHE) Office of Behavioral Health (OBH) Health Solutions Sol Vista Health	• Responsible for all objectives listed in the behavioral health operational mission area
CDHS Office of Adult, Aging and Disability Services	• Coordinate with OBH to access behavioral health resources for people with developmental disabilities, brain injuries, and other populations and deploy them to intervention sites • Coordinate with OBH to access behavioral health resources for older Coloradans and deploy them to intervention sites
Colorado Health Care Association and Center for Assisted Living (CHCA)	• Message amplification from State organizations and Coalition to Long Term Care (LTC) and Assisted Living (ALF) leadership • Establish and coordinate affinity groups as necessary to support response needs • Communicate concerns and questions from affinity groups to State organizations and Coalition
Colorado Hospital Association (CHA)	• Message amplification from State organizations and Coalition to hospital leadership and clinical affinity groups • Establish and coordinate additional affinity groups as necessary to support response needs • Communicate concerns and questions from affinity groups to State organizations and Coalition
Colorado Department of Public Safety - Division of Homeland Security and Emergency Management - State Emergency Operations Center (SEOC)	• Notify and/or coordinate with the CDPHE Partner within the SEOC and OBH for the provisioning of mental health providers and other wrap-around services required during the event
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role in behavioral health

At-Risk Populations

This section should include considerations specific to at-risk populations and people with special needs (e.g., children, communities of color, older adults, people with underlying physical and behavioral health conditions, individuals experiencing access to care issues, language barriers, individuals experiencing homelessness, and incarcerated individuals). CDPHE OEPR leverages the CICO maps for identification of at-risk populations.

These are achieved through the following objectives:

- Ensure coalition member organizations account for and maintain adequate allocation quantities for community members who could be more vulnerable during an epidemic/pandemic, including those who are most likely to be missed or have a difficult time accessing the healthcare system during a disaster
- Support targeted testing, care, isolation housing, vaccination, prophylaxis, or other interventions which may be needed to assure access to services

The following organizations provide support activities:

Organization	Support Activities
CDPHE OEPR	• Responsible for all objectives listed in the at-risk populations operational mission area
CDHS Office of Adult, Aging and Disability Services	• Work with CDPHE to understand and support the population CDHS Office of Adult, Aging and Disability Services serves
Colorado Department of Public Health and Environment (CDPHE) Office of Behavioral Health (OBH) Health Solutions Sol Vista Health	• Partner organizations to assist with infectious disease surge as it relates to at-risk populations
South Region Healthcare Coalition (SRHCC)	• The SRHCC does not play a role with at-risk populations

Training and Exercises

Training

Agencies and organizations are responsible for ensuring personnel:

- Possess the appropriate level of training, experience, credentialing, or capability for any positions they are tasked to fill, to include additional training, as needed, to ensure compliance with the National Incident Management System (NIMS), Incident Command System (ICS) and/or Hospital Incident Command System (HICS)

Exercise and Evaluation

Local and state drills, tabletop exercises, functional exercises and full-scale exercises should periodically include exercising a component of this annex.

Any agency conducting an exercise of this annex, including a real-event response, is responsible for organizing and conducting a critique and After Action Report (AAR) following the conclusion of the event.

An AAR will entail both written and verbal input from all appropriate participants following an event/incident. An Improvement Plan (IP) will be developed based on the deficiencies identified; an individual, department, or agency will be assigned responsibility for correcting the deficiency; and a due date shall be established for that action.

Deactivation and Recovery

This annex will default to the deactivation procedures established in the SRHCC Response Plan, section, 2.3.1.6 Demobilization and 2.3.1.7 Recovery/Return to Pre-Disaster State.

Appendices

Legal Authorities

Coalition Member Organizations are encouraged to work with their respective legal teams to address legal issues that may arise during a disaster.

Key Issues by Scenario

This list supplements the considerations noted in Operational Mission Areas.

Bioterrorism

- Recognition of event / determination of potential impact
- Defining the population at risk / implementing screening
- Environmental assessment
- Request for state/federal assets – PPE, ventilators, Medical Countermeasures (MCM) / treatment, Federal Medical Station (FMS)
- State/federal declarations of disaster
- Risk communications
- Behavioral health (community and responders)
- Regional patient movement coordination / Medical Operations Coordination Center (MOCC)
- Surge capacity (outpatient and inpatient) with an emphasis on critical care
- Alternate care systems/sites
- Incorporation of SNS, FMS, and other federal resources into response
- MCM distribution – community
- MCM distribution and use – healthcare
    - Pharmacy (e.g., distribution, receipt, handling, billing)
    - Clinical care (e.g., antitoxin)
- Crisis Standards of Care (CSC) – roles and responsibilities, triage decision-making
- Fatality management
- Waste management and environmental protection of facilities

VHF/Ebola
- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Testing / sample coordination
- Risk communications
- Behavioral health (community and responders)
- Regional patient movement coordination / MOCC role / thresholds (i.e., when is a MOCC needed?)
- PPE support / coordination
- Engineering and administrative controls for infection prevention
- Public health investigation / isolation / quarantine
- Frontline / Assessment / Regional treatment resources and roles
    - Surge capacity plan in event of multiple cases
- EMS transport mechanisms / teams / process
- Waste management and environmental protection of facilities

- Fatality Management

Highly Pathogenic Respiratory Viral Infection
- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Regional patient movement coordination / MOCC role / threshold (i.e., when is a MOCC needed?)
- Testing / sample collection
- Risk communication
- Behavioral health (community and responders)
- PPE support / coordination
- Public health investigation / isolation / quarantine
- Engineering and administrative controls for infection prevention
- Frontline / Assessment / Regional treatment resources and roles (may be significantly different than VHF; regional facilities may not be used; and usual referral centers may provide care)
    o Surge capacity plan in event of multiple cases
- EMS transport mechanisms / teams / process as applicable

Pandemic
- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Coalition vs. state coordination / interface (how do coalitions interface with state response to prevent duplication of effort / maintain coalition operations that may be different in different areas)
- Request for state/federal assets – PPE, ventilators, MCM / treatment, Federal Medical Station (FMS)
- State / federal declarations of disaster
- Regional patient movement coordination / MOCC role and 'level loading' policies
- Risk communications
- Behavioral health (community and responders)
- PPE use recommendations, support for fit-testing, supply / cache support role
- Supply Chain
- Public health investigation / isolation / quarantine
- Surge capacity (outpatient and inpatient, especially Intensive Care Unit (ICU))
- CSC – indicators and triggers (e.g., cancelling elective surgery), roles and responsibilities, triage decision-making
- Testing strategy and roles/responsibilities
- MCM distribution – community
- MCM distribution and use – healthcare
    o Pharmacy (e.g., distribution, receipt, handling, billing
    o Clinical care
- Long-term care facility support
- Homecare agency support
- Alternate care sites / systems
- Fatality management

Resources

Colorado State Plans

1. CDPHE Epidemiology All Hazards Plan- *available only upon request; not publicly available*
2. Colorado State Emergency Operations Plan

South Region Healthcare Coalition Plans

1. South Region Healthcare Coalition (2021). Response Plan
2. South Region Healthcare Coalition (2019). Pediatric Surge Plan
3. South Region Healthcare Coalition (2020). Burn Surge Plan

ASPR Resources for Pre-Incident Planning

- Infectious Disease
  - Bioterrorism and High Consequence Biological Threats TC
  - Coronaviruses (e.g., SARS, MERS and COVID-19) TC
  - Ebola/VHF TC
  - EMS Infectious Disease Playbook
  - Healthcare Coalition Influenza Pandemic Checklist
  - Hospital Personal Protective Equipment Planning Tool
  - Infectious Disease Select Resources
  - Influenza Epidemic/ Pandemic TC
  - Novel Coronavirus Resources
    - COVID-19 Regional Support Resources
    - Rural Health and COVID-19 Quick Sheet
  - Zika TC
  - Special Pathogens Network
  - National Emerging Special Pathogens Training and Education Center

- Communications
  - Communication Systems
  - Information Sharing
  - Risk Communications/Emergency Public Information and Warning
  - Social Media in Emergency Response

- Other
  - Crisis Standards of Care
  - Ethics
  - Fatality Management
  - Healthcare-Related Disaster Legal/ Regulatory/ Federal Policy
  - Hospital Patient Decontamination
  - Hospital Surge Capacity and Immediate Bed Availability
  - Mental/Behavioral Health (non-responders)
  - Partnering with the Healthcare Supply Chain During Disasters
  - Sample State Pandemic Plans
  - Staff Resilience Planning

Annex Development References

- ASPR Tracie (n.d.) Healthcare Coalition Infectious Disease Surge Annex Template

- Massachusetts Department of Public Health (2020). Infectious Disease Emergency Response Plan
- Los Angeles County Medical and Health Operational Area Coordination Program (2018). Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS)
- Arizona Department of Health Services (2020). Infectious Diseases of High Consequence (IDHC) Plan
- World Health Organization (2014). A brief guide to emerging infectious diseases and zoonoses