

**Annex H**  
**State Emergency Function # 8**  
**HEALTH, MEDICAL & MORTUARY**

LEAD AGENCY: Colorado Department of Public Health and Environment (CDPHE)

SUPPORTING AGENCIES: Colorado Office of Emergency Management, Personnel & General Support Services, Agriculture, Higher Education, Health Care, Policy & Finance, Military Affairs, Public Safety, Transportation, Law, Education, Human Services, Red Cross, Salvation Army & COVOAD

I. PURPOSE

The purpose of this State Emergency Function is to provide for the coordination of the State of Colorado health, medical and mortuary resources. These resources may be needed to supplement depleted county and municipal assets in response to emergency public health, medical care and mortuary needs following a significant natural/manmade disaster or major emergency.

II. SCOPE

The scope of the Health, Medical and Mortuary function is to provide supplemental assistance to local governments in the care and treatment for the ill and injured by mobilizing trained health and medical personnel, medical transport, emergency medical supplies, and materials and facilities. This function also provides for public health and environmental services, disease and vector control, and the collection, identification, and protection of human remains when local resources are depleted and assistance has been requested.

III. SITUATION AND PLANNING ASSUMPTIONS

- A. See Basic Plan
- B. In the event of a major terrorist incident, local and state resources will be overwhelmed. Immediate federal level crisis and consequence management assistance will be required.

IV. CONCEPT OF OPERATIONS

- A. CDPHE is responsible for monitoring and responding to significant hazards, threats, emergencies and disasters by providing technical health and environmental advice and assistance to any emergency response authority or political subdivision within the state. CDPHE's principal emergency management function is not that of an initial first responder, but one of secondary and tertiary responsibilities including the facilitation and coordination of technical advice, field assistance and laboratory services, and to serve as a conduit for obtaining assistance and resources from other local, state and federal agencies. Plan implementation is based upon a response emanating from a request for assistance from a local authority or upon notification of a potential or actual disaster/emergency that has or is likely to overwhelm local capabilities.
- B. Some emergency/disaster events by their nature automatically require the non-programmatic/non-routine commitment of department personnel and resources. Events of this nature include but are not limited to: acts of terrorism, whether real or suspected, involving Weapons of Mass Destruction (WMD); radiological emergencies; natural or technological emergency/disaster events that have a broad catastrophic impact.

- C. When an emergency occurs in Colorado that threatens the public health or the environment, any emergency response authority, political subdivision, or qualified individual may call upon CDPHE to provide technical advice and assistance in resolving the incident.
- D. Requests for disaster or emergency assistance, received by the Department prior to a state declaration of a disaster emergency, will be directed to the Emergency Management Program (EMP) at 1-877-518-5608. The EMP will validate and reference the request to the Department's Emergency Coordination Group (ECG). The ECG will analyze the request for assistance and determine the appropriate level of response action(s), in accordance with the procedures set forth in the Department's Internal Emergency Response Implementation Plan.
- E. The CDPHE Crisis Management Center (CMC) will be activated when the magnitude of an event is such as to warrant being classified as an emergency/disaster. The Crisis Management Center (CMC) may be activated by the CDPHE Emergency Response Coordinator upon recommendation from the Emergency Coordination Group. The ECG will also appoint an Incident Manager. Activation and operation of the CMC will be done in accordance with the CDPHE Internal Emergency Response Implementation Plan.
- F. CDPHE will provide a CDPHE Liaison Officer (Emergency Response Coordinator) to the State Emergency Operations Center (SEOC) upon activation. (See Appendix B).

V. ORGANIZATION and RESPONSIBILITIES

A. Organization

The CDPHE Emergency Organizational Structure is outlined and defined in Appendix A.

B. Responsibilities

1. General

- a. CDPHE is assigned certain responsibilities for emergencies and disasters in the State Emergency Operations Plan (SEOP). Strategy development of the department's response activities is the responsibility of the ECG. The Emergency Response Coordinator, as the agent of the ECG will serve as the Department's emergency response coordination and management element, responsible for gathering and analyzing information, developing appropriate options for a department response and for providing the overall coordination and management of the Department's response to potential or actual emergency/disaster events. Coordination with local, other state and federal agencies will be accomplished through the Crisis Management Center, the CDPHE Liaison Officer and SEOC.
- b. In accordance with the CDPHE Internal Emergency Response Implementation Plan, hereafter referred to as "The CDPHE Plan," the department will identify and assign personnel to designated Division Response Teams (DRT). These teams will form the basis for the department's initial response capability.
- c. CDPHE will give highest priority to its emergency response responsibilities and provide a 24-hour per day/seven day per week capability.

2. Specific

- a. The overall strategy for the Department's initial response to an emergency/disaster is to utilize the DRT. These teams are designed to provide a wide variety of health and environmental related technical assistance and response capabilities.
- b. Based upon the analysis and recommendation(s) of the DRT, the Incident Manager in the CMC will recommend expanded department response and recovery implementation actions. The divisions will assume the responsibility for facilitating the delivery of expanded disaster/emergency assistance, as appropriate or requested, in accordance with their assigned function and available resources.
- c. The Plan details the provisions for how this department will provide advice and assistance in identifying and meeting the health, medical and environmental needs of a local political subdivision threatened or impacted by an emergency, disaster, terrorist attack, or emergency epidemic. The types of assistance that CDPHE is capable of rendering to local jurisdictions are specified in the following functional support areas:
  - 1) Health Surveillance - Provide assistance in establishing and maintaining surveillance systems to monitor the general population and special high-risk population segments; carry out field studies and investigations; monitor injury and disease patterns and potential disease outbreaks; and provide technical assistance and consultations on disease and injury prevention and precautions; the Governor's Expert Emergency Epidemic Response Committee (GEEERC decides if a major health threat (emergency epidemic) is occurring or imminent. See Appendix C for the complete GEEERC plan.)
  - 2) Biological Hazards Consultation -Provide assistance in assessing health and medical effects of biological exposures on the general population and on high-risk population groups; conduct field investigations, including collection and analysis of relevant samples; advise on protective actions related to direct human and animal exposure, and on indirect exposure through biologically contaminated food, drugs, water supply, and other media; and provide technical assistance and consultation on medical treatment and decontamination of biologically injured/contaminated victims. Specific biological response procedures can be found in Appendix E. Tab A is the Smallpox Plan.
  - 3) Pharmaceutical Supplies and Distribution – Provide oversight in obtaining and coordinating the distribution of pharmaceutical supplies and blood products. Coordinate the acquisition of medicines and vaccines from government and private sources outside of the impacted area and assure appropriate distribution. The National Pharmaceutical Stockpile Program addresses dissemination of large quantities of medicines and vaccines. (See Appendix D)

- 4) Assessment of Health/Medical Needs - Provide assistance in determining specific health/medical needs and priorities to include the assessment of the health system/facility infrastructure.
- 5) Health/Medical Equipment and Supplies - Provide assistance in obtaining health and medical equipment and supplies.
- 6) Medical Care Personnel - Provide assistance in obtaining public health and medical personnel resources to assist in caring for ill or injured victims at the location of a disaster or emergency, and ensuring the provision for casualty clearing/staging and movement from the effected area to locations where definitive medical care is available.
- 7) Mortuary Services - Provide assistance in obtaining private or federal resources to assist in victim identification and mortuary services, including: temporary morgue facilities; processing, preparation, and disposition of remains; and processing of death certificates under emergency circumstances.
- 8) Food and Drug Safety - Provide assistance in ensuring the safety and efficacy of regulated foods and over-the-counter drugs following a major disaster/emergency. Arrange for seizure, removal, and/or destruction of contaminated or unsafe products.
- 9) Potable Water/Wastewater - Provide assistance in assessing potable water and waste disposal issues; conduct investigations, including collection and laboratory analysis of relevant samples; assure the provision of water purification and wastewater disposal equipment and supplies; provide technical assistance and consultation on potable water and wastewater disposal issues.
- 10) Solid Waste Disposal - Provide assistance in assessing solid waste disposal issues; conduct field investigations, including collection and laboratory analysis of relevant samples; provide technical assistance and consultation on solid waste disposal issues.
- 11) Radiological and Chemical Hazards Consultation - Provide assistance in assessing health and medical effects of radiological and chemical exposures on the general population and on high-risk population groups; conduct field investigations, including collection and analysis of relevant samples; advise on protective actions related to direct human and animal exposure, and on indirect exposure through radiologically and chemically contaminated food, drugs, water supply, and other media; and provide technical assistance and consultation on medical treatment and decontamination and long term management of radiological or chemically injured/contaminated victims.

- 12) Vector Control - Provide assistance in assessing the threat of vector-borne diseases following a major disaster/emergency; conduct field investigations, including the collection and laboratory analysis of relevant samples; provide assistance in obtaining vector control supplies; provide technical assistance and consultation on protective actions regarding vector-borne diseases.
- 13) Environmental Impact Assistance - Provide assistance in evaluating and analyzing environmental information on the magnitude, extent and potential impacts of natural disasters or incidents involving chemical, biological, or radiological agents; provide technical analysis and recommendations to Departmental decision makers and local government in developing action plans for minimizing the impact and for recovering from the consequences of an environmental disaster.
- 14) Public Health Information - Provide assistance to the local public information efforts by providing public health and disease and injury prevention information that can be disseminated to members of the general public and the emergency response community.

### 3. Support Agencies

It is expected that other agency's support will be necessary in order to protect public health and the environment and to enable this department to fulfill its responsibilities. Collaboration will be essential with the following agencies: Colorado Office of Emergency Management, Personnel & General Support Services, Agriculture, Higher Education, Health Care, Policy & Finance, Military Affairs, Public Safety, Transportation, Law, Education, Human Services, Red Cross, Salvation Army, and Colorado Voluntary Organizations Active in Disaster (COVOAD).

### 4. CDPHE Support Responsibilities to Other State Agencies

CDPHE is responsible for providing Health, Medical and Mortuary service resource support to other SEFs as listed below.

- |    |         |                               |
|----|---------|-------------------------------|
| a. | SEF #2  | Communication and Warning.    |
| b. | SEF #3  | Public Works and Engineering. |
| c. | SEF #5  | Operations and Information.   |
| d. | SEF #6  | Care and Sheltering.          |
| e. | SEF #9  | Search and Rescue.            |
| f. | SEF #10 | Hazardous Materials.          |
| g. | SEF #11 | Public Utilities.             |
| h. | SEF #12 | Public Information.           |
| i. | SEF #14 | Damage Assessment.            |

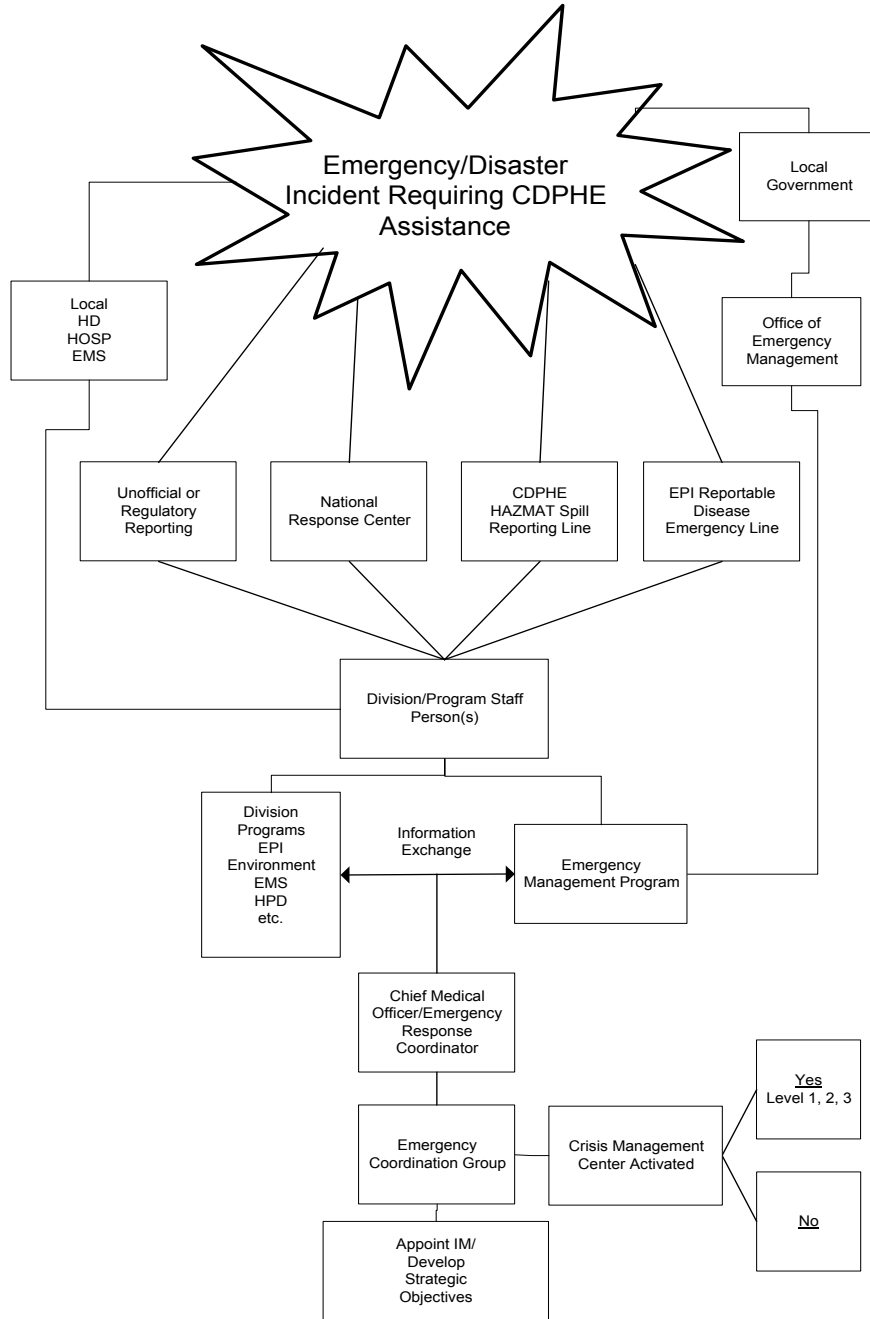
## VI. APPENDIXES

### Appendix A CDPHE Incident Management Organization

- Appendix B CDPHE Liaison Officer Checklist
- Appendix C Expert Epidemic Response Committee Plan
- Appendix D National Pharmaceutical Stockpile Plan (under development)
- Appendix E Biological Issues
  - Tab A Smallpox

**Annex H**  
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**Appendix A**  
**CDPHE Incident Management**



**Annex H**

**State Emergency Function # 8**  
**HEALTH, MEDICAL & MORTUARY**

**Appendix B**

**CDPHE Liaison Officer (Emergency Response Coordinator)**

Activation Checklist

- | <u>Item</u> __   | <u>Initial/Time</u> |
|--|---------------------|
| 1. Validate level of required response. _____/_____  |                     |
| 2. Report to SEOC as required. _____/_____   |                     |
| 3. Check-in per procedures. _____/_____  |                     |
| 4. Activate SEOC work station, open operations log. _____/_____  |                     |
| 5. Make communication check with CMC _____/_____   |                     |
| 6. Receive briefing from SEOC Operations Officer. _____/_____  |                     |
| 7. Provide update situation briefing to CDPHE Emergency Coordination Group. _____/_____  |                     |
| 8. Receive and forward to the CMC response tasking from local jurisdictions and other state agencies. _____/_____                        |                     |
| 9. Ensure appropriate health and environment agencies, including local health departments and federal agencies, are notified _____/_____ |                     |
| 10. Receive SEOC briefing/update _____/_____   |                     |
| 11. Provide briefing/update to CMC Incident Manager _____/_____  |                     |
| 12. Arrange for shift replacement. _____/_____   |                     |



**State Emergency Function # 8**  
**HEALTH, MEDICAL & MORTUARY**

**Appendix C**

**Expert Emergency Epidemic Response Committee Plan**

LEAD AGENCY: Colorado Department of Public Health and Environment (CDPHE) (“the department”)

SUPPORTING AGENCIES: Office of Emergency Management, Department of Public Safety, Department of Military Affairs

I. PURPOSE

The purpose of this section of State Emergency Function #8 is to support the public health response to an emergency epidemic as defined in §24-32-2103, C.R.S., Paragraph 1.7.

II. SCOPE

This appendix applies to situations defined as an emergency epidemic or when the threat of an emergency epidemic is imminent.

- A. The Governor’s Expert Emergency Epidemic Response Committee will provide information to and cooperate with the Governor’s Disaster Council. The Executive Director of the Department of Public Safety shall serve as a liaison between the committee, the council and the Colorado Emergency Planning Commission in accordance with §24-32-2104 (8)(b)(IV), C.R.S.
- B. The primary audience is state emergency management and response organizations, agencies implementing or supporting State Emergency Function (SEF) #8 and health care professionals.
- C. This plan provides an overview and a concept of operations for emergency epidemic control. Specific standard operating procedures exist within the agencies and jurisdictions that support this plan.

III. SITUATION

See Basic Plan.

IV. PLANNING ASSUMPTIONS

See Basic Plan.

A majority of the membership of the Committee, not including vacant positions, shall constitute a quorum according to §24-32-2104 (8)(b)(III), C.R.S.

In the event of an emergency epidemic, local and state resources will be overwhelmed. Federal level crisis and consequence management assistance will be required almost immediately.

Mutual aid will be requested as needed and provided as available.

Control efforts initiated prior to, or rapidly during, an emergency epidemic will result in the greatest potential for reduction of mortality and morbidity.

Prior to an event, supporting plans, policies and operating procedures, including mutual aid agreements, must be established, updated and maintained by responsible parties in both the public and private sectors.

Information regarding the agent, mode of spread, population at risk and other characteristics of the epidemic may be incomplete.

In order to determine the appropriate state response to a terrorist or pandemic event, the Governor will require the technical assistance of the Expert Epidemic Response Committee.

There will be a great deal of psychological stress and fear, especially on the part of responders who will have a high degree of anxiety about becoming infected.

#### V. CONCEPT OF OPERATIONS

The Governor's Expert Emergency Epidemic Response Committee will convene as directed in §24-32-2104 (III)(d), C.R.S., to decide if a major health threat (emergency epidemic) is occurring or is imminent.

The Committee will review all available information on the epidemic including method of spread, virulence, pathogenicity and risk to the population.

The Committee will then make recommendations to the Governor for medically appropriate prophylaxis and treatment as well as any other reasonable action(s) to reduce the further spread of the disease and to protect life.

- A. The Committee shall convene at a central location, if possible, and in a manner that provides for the most effective communication between the committee members and the Governor or his designee. The location will be chosen with respect to proximity to resources and the members' security as determined by the chair

The duties of the Committee supercede regular employment and volunteer responsibilities.

Consideration is given to the following priorities when considering epidemic response measures:

1. Protecting human life (highest priority).
2. Controlling the further spread of the disease.
3. Meeting the immediate emergency needs of people, specifically medical services, shelter, food, water and sanitation. (see SEF #6 of the state emergency plan)
4. Restoring and continuing operations of facilities and services essential the health, safety and welfare of people and the environment.
5. Preserving evidence for law enforcement investigations and prosecutions.

- B. The Committee shall meet annually in accordance with §24-32-2104 (8)(a), C.R.S., to review and amend the supplement as needed.

#### VI. ORGANIZATION AND RESPONSIBILITIES

##### A. Organization

The Expert Emergency Epidemic Response Committee's structure is outlined and defined as Attachment 1.

##### B. Responsibilities

###### 1. General

- a. Under State Emergency Operations Plan (SEOP) SEF #8, the department is responsible for health, medical and mortuary services necessary to remediate the effects of emergencies and

disasters. The department is also responsible for coordinating response to radiological emergencies under SEOP Annex IX.

- b. In accordance with §24-32-2104 (8)(d), C.R.S., and §25-1-107(a.5)(l), C.R.S., the department will identify and assign personnel to investigate and monitor the spread of disease considered to be part of an emergency epidemic and to rapidly provide epidemiological and environmental information to the Governor's Expert Emergency Epidemic Response Committee.
- c. The mission of the Committee is to develop and implement a supplement to the SEOP concerned with the public health response to an emergency epidemic. The Committee will meet at least annually to review and amend this supplement, as needed. In the event of an emergency epidemic, the committee shall meet to provide expert public health advice to the Governor.

## 2. Specific

- a. The overall strategy for the Committee's initial response to an emergency epidemic is to assess all available information on the epidemic and to make recommendations to the Governor.
- b. The Committee will examine the epidemiological data including: etiology, laboratory analysis, antimicrobial susceptibility, method of release, likely spread in the community and the size of the population at risk; along with, the amount of pharmaceutical supplies and medical equipment within the state available for use.

The Committee will then make recommendations to the Governor regarding the following policy functions:

- 1) Upon the identification of an event or imminent threat, the Committee may recommend prioritization and limitations on distribution of pharmaceuticals, medical supplies and equipment based on risk considering:
  - a) Infected persons (cases) with clinical disease related to the emergency epidemic that have a reasonable likelihood of responding to treatment.
  - b) Persons critically ill with a disease unrelated to the emergency epidemic for which the treatment of choice is the same medication needed for treatment/prophylaxis of the epidemic disease.
  - c) Persons known to have been exposed at the original common point source, if identified within one incubation period of the disease.
  - d) Susceptible contacts of cases who are at increased risk of contracting the epidemic disease due to direct exposure to a case.
  - e) Individuals and their immediate household contacts that, as a result of their direct involvement in treatment and control efforts, may be at increased risk of contracting the

disease. Groups which may be involved include but are not limited to the following:

- i. Health care workers and support staff
  - ii. Emergency medical service responders
  - iii. Volunteer and career fire service responders
  - iv. Law enforcement responders
  - v. Coroners, medical examiners and those handling human remains
  - vi. Activated national guard and military reserve personnel
  - vii. Governor, key staff, disaster council, Governor's Expert Emergency Epidemic Response Committee and public officials in local affected areas
  - viii. Public health professionals
  - ix. State and local emergency management professionals
  - x. Registered and authorized American Red Cross and other private non-governmental disaster relief organizations
  - xi. Individuals who perform essential community services:
  - xii. Water, power, and wastewater treatment system operators
  - xiii. Transportation service workers (public and essential goods)
  - xiv. Telecommunications infrastructure operators
  - xv. Or others as determined by the Committee
  - xvi. All or segments of the general population as determined by the Committee.
- 2) The Committee will recommend the procurement or embargo of equipment, medicines and vaccines.
  - 3) The Committee will consider the recommendation to order physicians and hospitals to transfer or cease admission of patients or perform medical examinations of persons.
  - 4) The Committee will consider recommending isolating or quarantining persons or property; including controlling the free movement of individuals within the state and suggesting restrictions to be implemented by the State Emergency Operations Center (SEOC).

- 5) The Committee will recommend whether to seize, destroy or decontaminate property or objects that may threaten the public health.
- 6) The Committee will recommend how to safely dispose of corpses and infectious waste.
- 7) The Committee will assess the adequacy and potential contamination of food and water supplies.
- 8) The Committee will recommend how to inform the citizens of the state how to protect themselves, what actions are being taken to control the epidemic and when the epidemic is over.
- 9) The Committee will recommend how to provide mental health support to affected persons.

3. Support Agencies

In accordance with the assignment of responsibilities in the SEOP and further tasking by the primary agency, each support organization under this SEF will contribute to overall response but will retain full control over its own resources and personnel.

- a. Each support agency representative should have knowledge of his or her respective agencies and resources and have access to appropriate authority for committing such resources. In addition, each representative should have the following:
  - 1) Knowledge of health, medical and mortuary resource functions.
  - 2) Familiarity with the SEOP, FRP, ESF # 8 (Federal Response Plan Emergency Support Function #8), and the SEOP Terrorism Annex I.
  - 3) Appropriate technical and professional background.
  - 4) Knowledge of the Incident Command System (ICS) structure and principles and SEOC operations.

VII. Attachments

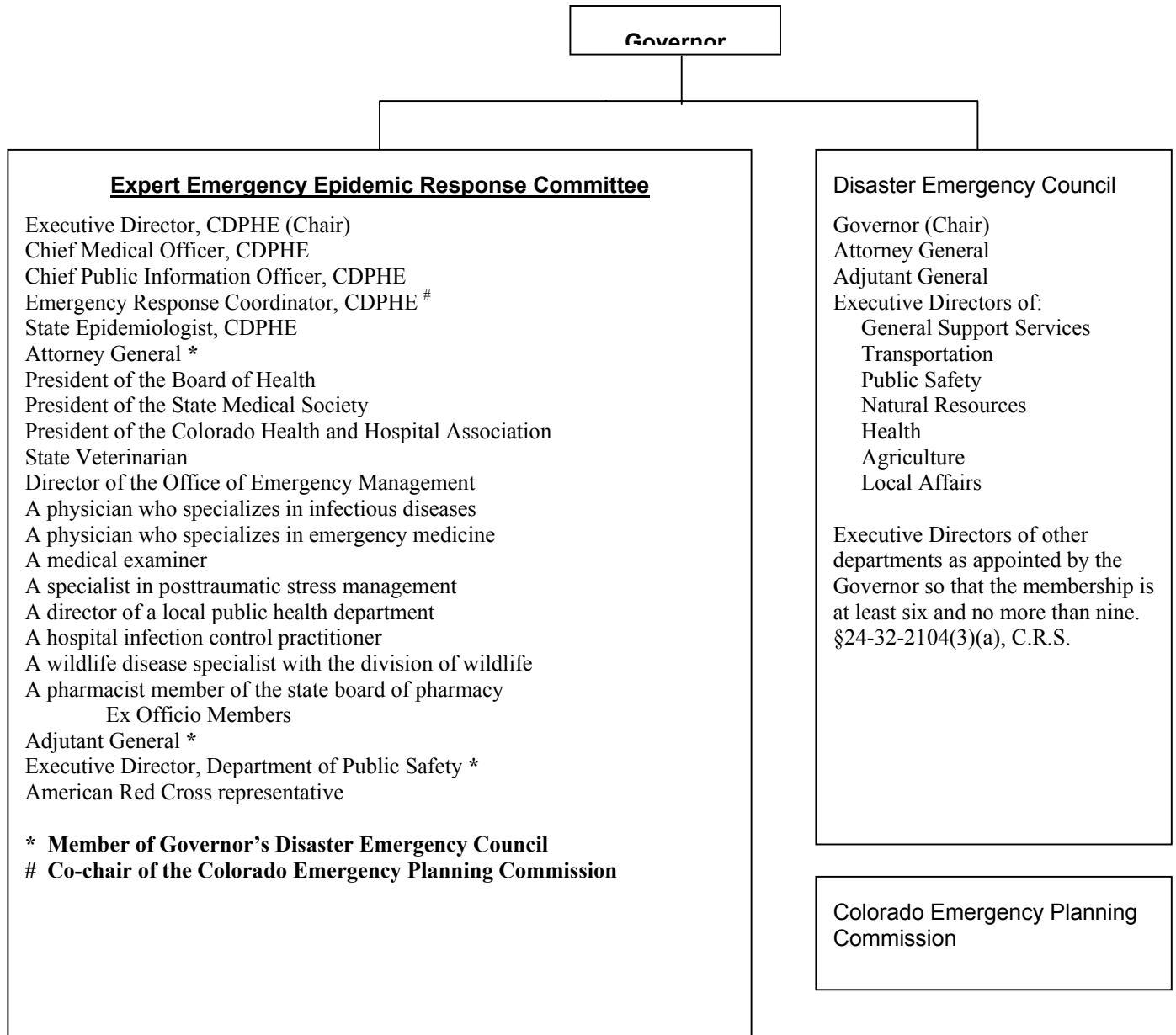
Attachment 1 – Expert Epidemic Emergency Response Committee Organization Diagram

Attachment 2 – Expert Epidemic Emergency Response Committee Standard Operating Procedures *Confidential*

State Emergency Function # 8 Annex C  
Expert Epidemic Response Committee Plan

Attachment 1

Expert Epidemic Emergency Response Committee Organization Diagram



State Emergency Function # 8 Annex C  
Expert Epidemic Response Committee Plan

Standard Operating Procedures

Attachment 2

Phase II of the development of this plan will involve creation of Standard Operating Procedures (SOPs). These procedures will provide an operational framework that will guide how the committee comes together, details the information collection process for decision-making and outlines potential product outcomes of committee activity. The SOPs are meant to be an operational plan and will be subject to frequent revision and redistribution. Agencies and organizations outside the membership of the committee will be recruited to assist in the development of the Committee Standard Operating Procedures.

The following is a sampling of topics to be included in the SOPs in the future:

Committee member contact phone information

Possible meeting location options in which to convene the committee during an event

Security Protocols

Resource lists (with contact information) for researching event status/background/impact.

Contact information listings for key facilities, agencies and organizations



**Annex H**  
**State Emergency Function # 8**  
**HEALTH, MEDICAL & MORTUARY**  
**Colorado Department of Public Health and Environment**

**Appendix D**  
**National Pharmaceutical Stockpile Plan**

This Plan is under development.

**State Emergency Function # 8**  
**HEALTH, MEDICAL & MORTUARY**

**Appendix E**  
**Biological Issues**

CDPHE has adopted a proactive planning stance by establishing task groups, comprised of epidemiological, medical, and nursing specialists, for the purpose of developing unique biological procedures. The first bio specific appendix to this section is one that deals exclusively with Smallpox issues. It is anticipated that other appendices will be developed to address the nuances of several different health or medical emergencies.

Tab A – The Smallpox Plan is under development.