



COLORADO

**State Emergency
Operations Center**

**COLORADO DEPARTMENT OF PUBLIC SAFETY GUIDANCE TO COUNTIES,
MUNICIPALITIES, LAW ENFORCEMENT AGENCIES, AND FIRST RESPONDERS**

As we continue our efforts to prevent the spread and impacts of novel coronavirus 2019 (COVID-19), we are keenly aware of the effect of COVID-19 on Emergency Medical Services (EMS) personnel and law enforcement serving as a first responder. Our priority during this state of disaster emergency is to ensure the public's health and safety. Our local EMS personnel should balance their safety and the safety of others, with our overarching public safety responsibilities and various statutory charges.

At this time, I find it necessary to provide guidance to counties, municipalities, all law enforcement agencies, and all first responders operating in the State on their efforts to protect public safety while limiting the spread of COVID-19.

FINDINGS

1. On March 5, 2020, the Colorado Department of Public Health and Environment's (CDPHE) public health laboratory confirmed the first presumptive positive COVID-19 test result in Colorado. Since then, the number of confirmed cases has continued to climb, and we have evidence of community spread throughout the State. COVID-19 is a respiratory illness, and like other respiratory illnesses, it is transmitted through person-to-person contact or by contact with surfaces contaminated with the virus. Persons infected with COVID-19 may become symptomatic anywhere from two (2) to fourteen (14) days after exposure. Symptoms may be mild like those of a common cold or symptoms may be flu-like, including any combination of cough, body aches, fatigue, chest tightness, or fever. Some people may not develop a fever or a fever may not appear until several days into the illness.
2. My administration, along with other State, local, and federal authorities, has taken a wide array of actions to mitigate the effects of the pandemic, prevent further spread, and protect against overwhelming our health care resources.
3. The Centers for Disease Control and Prevention (CDC) in the United States Department of Health and Human Services recommends community mitigation strategies such as social distancing measures to limit spread of the virus.

4. Firefighters, law enforcement, paramedics, and other first responders are on the front lines addressing this pandemic and face particular risks as they are dispatched to respond to emergency calls to assist people who may be infected with COVID-19.
5. It is possible that COVID-19 could overwhelm the capacity of Colorado's pre-hospital emergency medical response system. EMS resources may be severely depleted due to extreme call load, overload or quarantining of receiving facilities, and a high incidence of workforce illness.

GUIDANCE

I am providing the following guidance for counties, municipalities, all law enforcement agencies, and all first responders within the State concerning protocols to protect first responders and ensure that they are able to perform their duties safely and effectively.

1. Local emergency dispatcher centers should implement emergency dispatch triage protocols for pandemic consistent with best practices for the resources and personnel that the dispatch center dispatches (i.e Law Enforcement, Fire, and/or EMS). Standards may include, but are not limited to those published by the International Academies of Emergency Dispatch (Protocol 36), the Association of Public-Safety Communications Officials-International (APCO) Institute's Emergency Medical Dispatch, the Emergency Medical Dispatch of Colorado, or similar nationally recognized emergency medical dispatch triage protocols for pandemic response.
2. Effective emergency medical dispatch triage protocols should assign a determinant code that accounts for both the patient condition and the locally designated triage level. Recognizing that hospitals may reach capacity and COVID-19 patients may require treatment that is different from a standard mobile EMS response provided under non-outbreak conditions, protocols should provide that some patients initially treated by paramedics or ambulance personnel may be left at home, sicker patients may be transported to designated patient collection points that will serve as makeshift treatment facilities, and other patients may be given a limited amount of care over the phone with no mobile response from EMS personnel.
3. In addition to the structure contemplated by number 2 above, first responders should work with their local public health agency (LPHA) to identify appropriate processes for limited sharing of public health information with first responders, such as an address of a confirmed COVID case that can be added to a computer aided dispatch system. This information sharing is contemplated by C.R.S. § 25-1-122(4), LPHAs may share medical and epidemiological information to the extent necessary to treat, control, investigate, and prevent diseases and conditions dangerous to the public

health as long as they limit disclosure of personal identifying information to the minimum amount necessary to accomplish this purpose. First responders can identify their LPHA at

<https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency>.

Further federal guidance related to HIPPA covered entities may be found at

<https://www.hhs.gov/sites/default/files/covid-19-hipaa-and-first-responders-508.pdf>

4. Recipients of this information should only use this information for the limited purpose of protecting their health and safety, the health and safety of others making contact at that address and should not use this information as a basis to refuse a call for service. Any additions of medical or epidemiological information to a computer aided dispatch system should be purged after no more than 45 days.