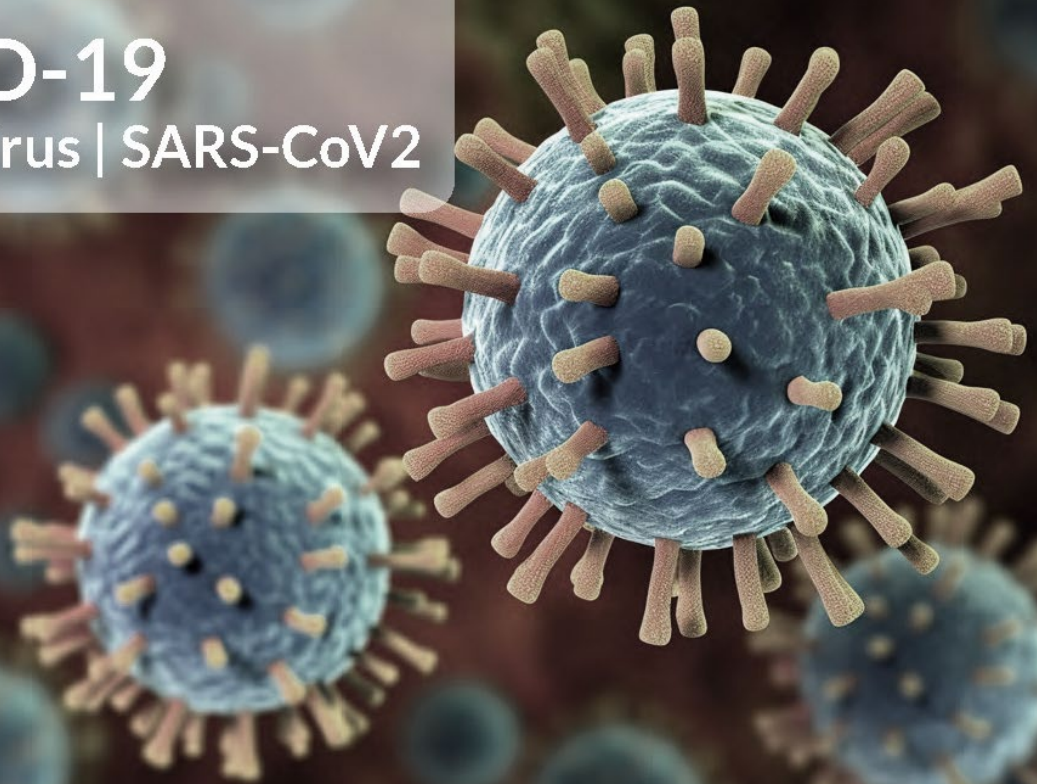


COVID-19

Coronavirus | SARS-CoV2



COMMUNITY AFTER-ACTION REPORT

2020-2023



Douglas County, Colorado
COVID-19 Community After Action Report (CAAR)
2020-2023

COVER LETTER

May 7, 2024

Douglas County Board of County Commissioners
Attention: Commissioner Abe Laydon, Commissioner George Teal, Commissioner Lora Thomas
100 Third Street
Castle Rock, CO 80104

Commissioners Laydon, Teal, and Thomas:

In 2023, the Douglas County Board of Health commissioned a COVID-19 community after-action study. The goal was to provide context, lessons learned, and recommendations on how the Board of Health and all of County government can prepare itself for future emergencies. While this study takes a comprehensive approach to evaluating the whole-community response and recovery efforts, the creation of the Douglas County Health Department makes this study even more relevant to ensure the County is ready for the next public health emergency. This report was not commissioned to only focus on what went well. It was commissioned to capture all aspects of our County's response.

Throughout the pandemic, it was local governments that were at the forefront of working with their communities to provide the proper balance between necessary interventions and the liberty interests of the public. Because of your leadership, Douglas County resolved to find and preserve that balance and inform our citizens so they could make the best decisions for themselves and their families. This was no easy task. As we look back, key indicators, such as COVID-19 fatalities and the decision to relax masking requirements in schools, suggest this approach did not comparatively result in worse outcomes. While there is still much to learn about this virus and the many known and unknown risk factors that led to certain outcomes, our County emerged equal to, if not better, in many instances. As part of ensuring that our communities' interests were at the forefront of the pandemic response, you also made the decision to form the Douglas County Department of Health during COVID-19. You made clear that the impetus for that decision was both the public health and liberty interests of our communities. And, while there were critics of that decision, time has proven you correct; today, the Douglas County Health Department is delivering services targeted for our communities at a lower cost than the previous multi-county Health Department.

It would be a disservice to County government and your leadership if the ingenuity and innovation in responding to a once-in-a-century event were not highlighted. As the report notes:

The County's "can do" culture, coupled with the extensive knowledge of individual employee's strengths and weaknesses that was developed over the course of working together over the years, enabled the County Manager and

elected officials to effectively shift resources to meet the changing demands of the pandemic.

A great example of how the County adjusted to serve its citizens during the pandemic was the reassignment of staff whose positions had been suspended to other roles associated with pandemic-related response. This served multiple purposes. It avoided laying off employees who would have skills that would be necessary post-pandemic, ultimately maintaining a trained workforce, and also contributing to the County's effective COVID-19 response.

Throughout all stages of the pandemic, the resolve and actions of Douglas County's communities and the public, private, and nonprofit sectors were remarkable. The uncertainty early on and the long duration of COVID-19 impacted every fabric of our community. The County and its partners confronted this unprecedented event by combining and applying our collective knowledge, resources, skills, and innovations to address this historic public health crisis.

This report identifies key recommendations associated with the pandemic and its cascading impacts. Because the County is committed to continuously evaluating its response and recovery capabilities, applying best practices, and incorporating lessons learned, we do this, recognizing that no two emergencies are alike. We live in a world with new and emerging threats. While this after-action review is based on the recent public health emergency, its recommendations take a broader, more expansive look forward to ensuring local, state, and federal partners are better prepared for future emergencies and threats.

Finally, we sincerely thank the many individuals, organizations, and stakeholders involved in the after-action review process. Their time, honest reflections, and recommendations contributed to this report.

Respectfully,



Douglas H. Benevento, President
Douglas County Board of Health

TABLE OF CONTENTS

Cover Letter	2
Executive Summary.....	5
Purpose	5
Summary of Major Findings and Key Recommendations	6
Introduction.....	27
Methodology	27
Report Format and Organization	29
History of the COVID-19 Pandemic in Douglas County	31
From Origins to Douglas County, Colorado.....	31
Event Timeline of Major Activities and Milestones	34
COVID-19 Preparedness, Response and Recovery	38
Policies, Executive Orders and Protective Measures	38
County-Specific Approach and Initiatives	43
Operational Coordination and Implementation	53
Health and Medical.....	59
Fatality Management	74
Logistics and Supply Chain Management	78
Public Information and Community Outreach.....	84
Community and Business Support and Recovery.....	91
Other Community Groups, Individuals Affected by COVID-19.....	105
County Recovery and Economic Relief Efforts	119
Appendices.....	123
Appendix 1. Acronyms/Terms and Definitions.....	124
Appendix 2. Douglas County Ordinances, Resolutions, and Executive Actions	127
Appendix 3. State of Colorado COVID-19 Related Executive Orders	154
Appendix 4. Federal COVID-19 Related Proclamations and Executive Orders.....	156

EXECUTIVE SUMMARY

PURPOSE

On January 30, 2020, the World Health Organization (WHO) declared the novel Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), the virus that causes the Coronavirus Disease 2019 (COVID-19), a public health emergency of international concern. In March 2020, the WHO began to characterize it as a pandemic to emphasize the gravity of the situation and urge everyone to take action in detecting infection and preventing spread.

The COVID-19 emergency caused disruption on a global and unprecedented scale and destabilized systems that are critical to almost all aspects of daily life. Lessons learned from this incident should be identified and used to ensure communities are better prepared for future emergencies.

To this end, Douglas County conducted a comprehensive review of COVID-19 and its impact on the County. A Community After Action Review (**CAAR**) report was developed, documenting lessons learned and recommendations. The timeframe for the CAAR is **March 20, 2020, to January 1, 2023**.

Douglas County has compiled this COVID-19 CAAR to collate common findings and trends across the County, including the local jurisdictions and their responses to COVID-19. In collecting these lessons together, the County hopes to inform specific priorities for future consideration and advocacy.

This CAAR does not follow the traditional CAAR format in terms of identifying strengths or areas for improvement for any one organization or jurisdiction. Instead, this report focuses on commonalities and specific best practices that emerged across the entire County during the pandemic. These best practices and recommendations will then inform the development of ongoing and future efforts to help improve preparedness efforts.

Given the length of the pandemic and the unprecedented scope of the collective efforts and impacts felt in the County, this report is not meant to be a comprehensive description of all activities conducted in response to the pandemic in Douglas County. Instead, this report is meant to emphasize major trends and recommendations noted by multiple stakeholders to assist in identifying actions that are feasible and will have maximum impact on the ongoing and future efforts to be better prepared.

A key tenet of the report is also to help local, state, and federal partners prepare for the next major public health emergency by posing honest questions intended to help all levels of

government. The questions and considerations offered in this report are based on the local experiences and observations of those who were intimately involved during the recent pandemic.

SUMMARY OF MAJOR FINDINGS AND KEY RECOMMENDATIONS

During the pandemic, Douglas County focused on severity as the metric that dictated policy interventions. As outlined throughout this report, this was the appropriate response to the pandemic and the data contained in the remainder of this report demonstrates that outcomes in Douglas County were equal to or better than comparable counties as measured by hospitalizations, deaths, sales tax revenue, and educational outcomes when compared to pre- and post-pandemic attainment levels. These outcomes demonstrate that the decisions made in Douglas County, for example, to issue a public health order allowing parents to opt out of masking at schools, which was later adopted by the school board, and not restricting the operation of businesses, did not comparatively have negative public health outcomes. Despite significant media accounts suggesting these decisions would leave “children gasping for air”, this did not seem to be the case. A decline in educational outcomes, according to some data, was not pervasive in Douglas County, and dramatic declines in sales tax revenue were mitigated in comparison to surrounding counties in the region. While the pandemic tested local governments significantly, Douglas County, by all available data, managed to protect public health, economic, and individual liberties.

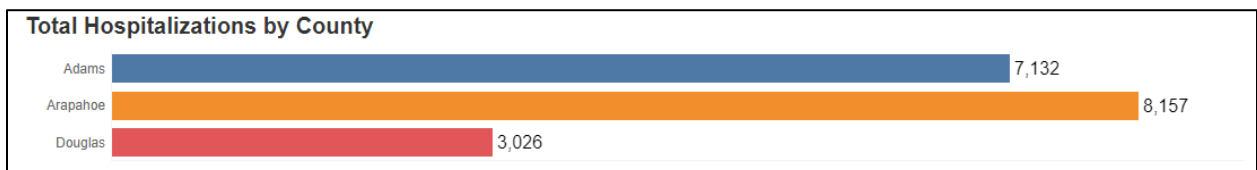
Major Finding: *Douglas County government used severity as a key factor in determining the proper balance between necessary life-saving public health interventions and the following: the economic impact of shutdowns and mandates on local businesses and organizations; the preservation of individual liberties and the livelihood of residents; and the impact on children’s education and well-being. This theme is reflected throughout this report and was a distinguishable consideration that informed many important policy decisions.*

Throughout the pandemic, it was local governments that had to find the proper balance between necessary life-saving interventions and the overall economy, livelihoods, and children’s education. Elected officials in Douglas County resolved to find and preserve that balance and inform their citizens so they could make the best decisions for themselves and their families. Interviews during the data gathering process suggest this was no easy task. While there is still much to learn about this virus and the many known and unknown risk factors that led to certain outcomes, the County’s approach to understanding and prioritizing the severity of COVID-19, specifically in Douglas County, was clear. The severity of COVID-19 in Douglas County was a dominant factor that informed the difficult, but important, policy decisions to ensure the livelihood of its residents and economic vitality of the business community.

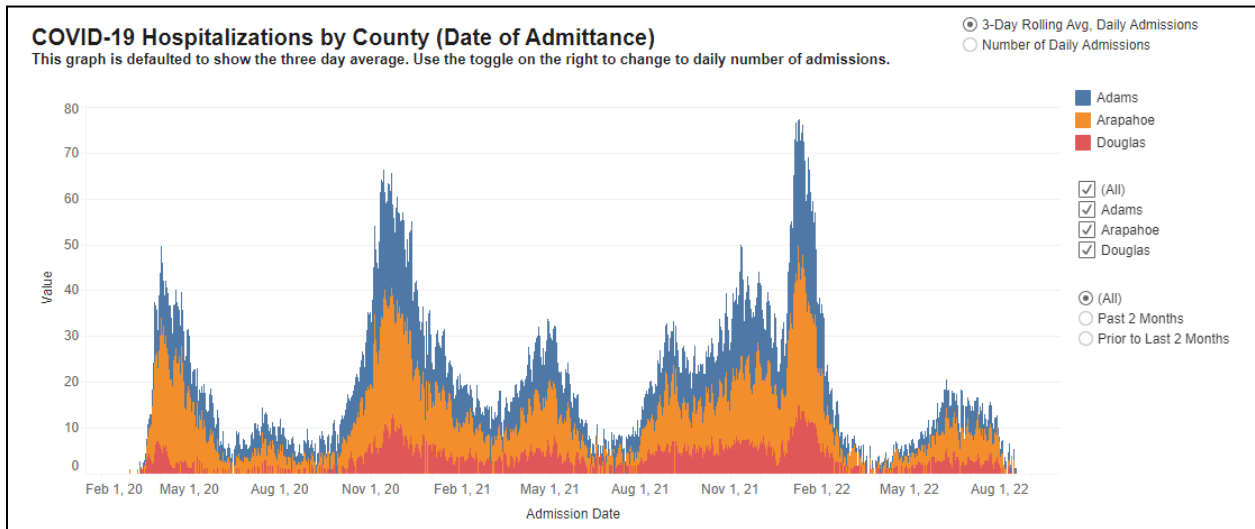
Severity in Douglas County was discussed in the following ways:

- **Hospitalizations and Hospital Bed/ICU Availability?** During December 2021 and January 2022, these two months had the highest COVID-19 hospitalizations in the North Central Region (NCR), which includes Douglas County, due to the Omicron surge, reduced staffing, and full hospitals as elective surgeries were no longer prohibited. Even during this period, ICU and medical and surgical bed availability remained consistent at 10%. During this time, patients were being moved across the state via the Combined Hospital Transfer Center (CHTC). Patients from all over the state were being transferred into the NCR, which means that hospitals across the region were caring for individuals from outside of their county/jurisdictions. Many of these patients were taking Medical/Surgical and ICU beds as the rural areas were unable to expand or treat these higher acuity individuals. So, there were likely a notable percentage of non-Douglas County residents being cared for in the four Douglas County hospitals. There may also have been a small number of out-of-state patients utilizing these beds. It should be noted that real-time data delineating in-county and out-of-county patients during the pandemic was not readily available due to privacy concerns and other factors.

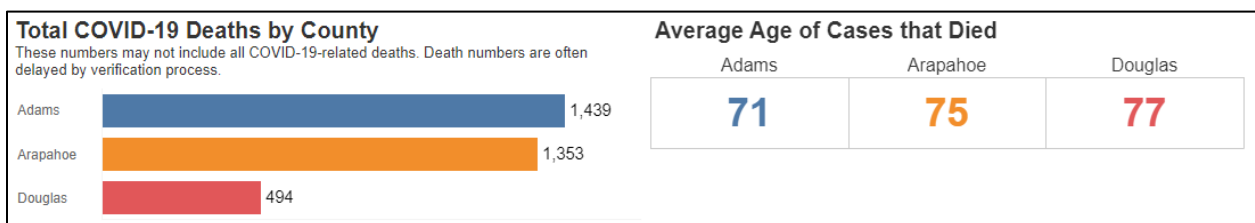
 - Douglas County Commissioners were engaged in regular briefings regarding these key metrics. The following represent hospitalizations in the counties represented by Tri-County Health Department, which was the primary health department representing Douglas County during the majority of COVID-19.



Note: As of Aug 18, 2022

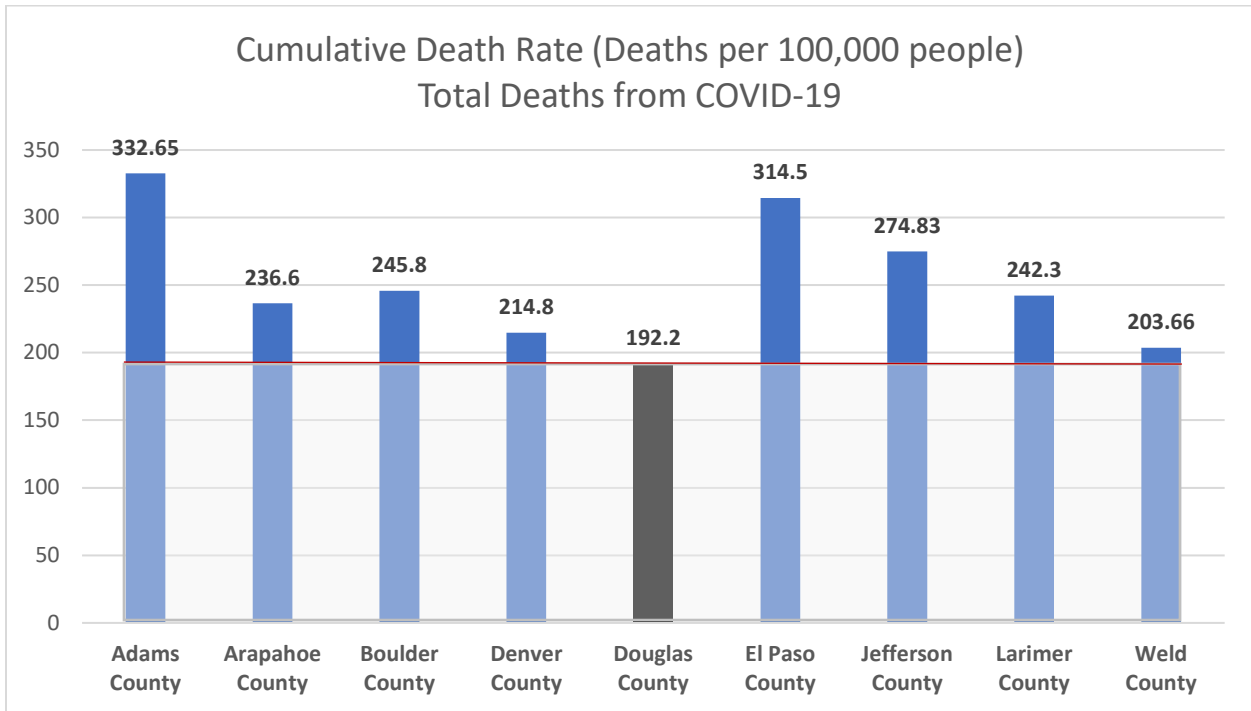


- Ventilator Usage/Availability:** During December 2021 and January 2022, the two months that had the highest COVID-19 hospitalizations in the North Central Region (which includes Douglas County), ventilators were not a major concern as the region consistently had 50% critical care ventilator availability.
- Fatalities:** While no fatality is acceptable, the leadership in Douglas County and municipalities were keenly aware of and were monitoring the life safety implications of COVID-19.
 - Douglas County Commissioners were engaged in regular briefings regarding these key metrics. The following represent deaths in the counties represented by Tri-County Health Department, which was the primary health department representing Douglas County during the majority of COVID-19.



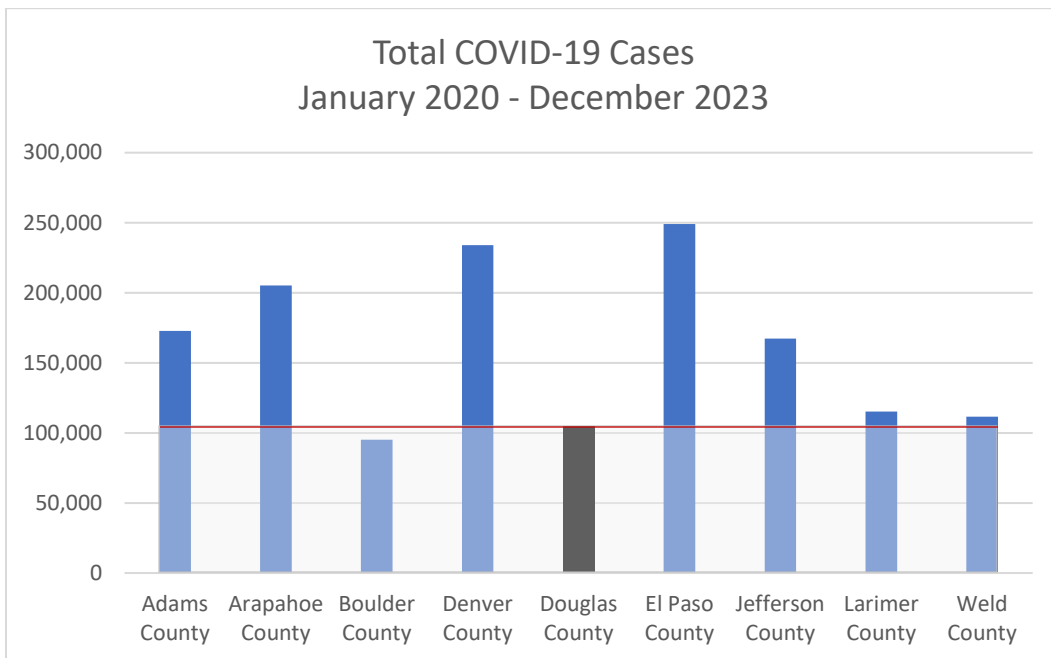
Note: As of Aug 18, 2022

- The following figure demonstrates a regional comparison as of 11/2023.



Note: As of 11/2023

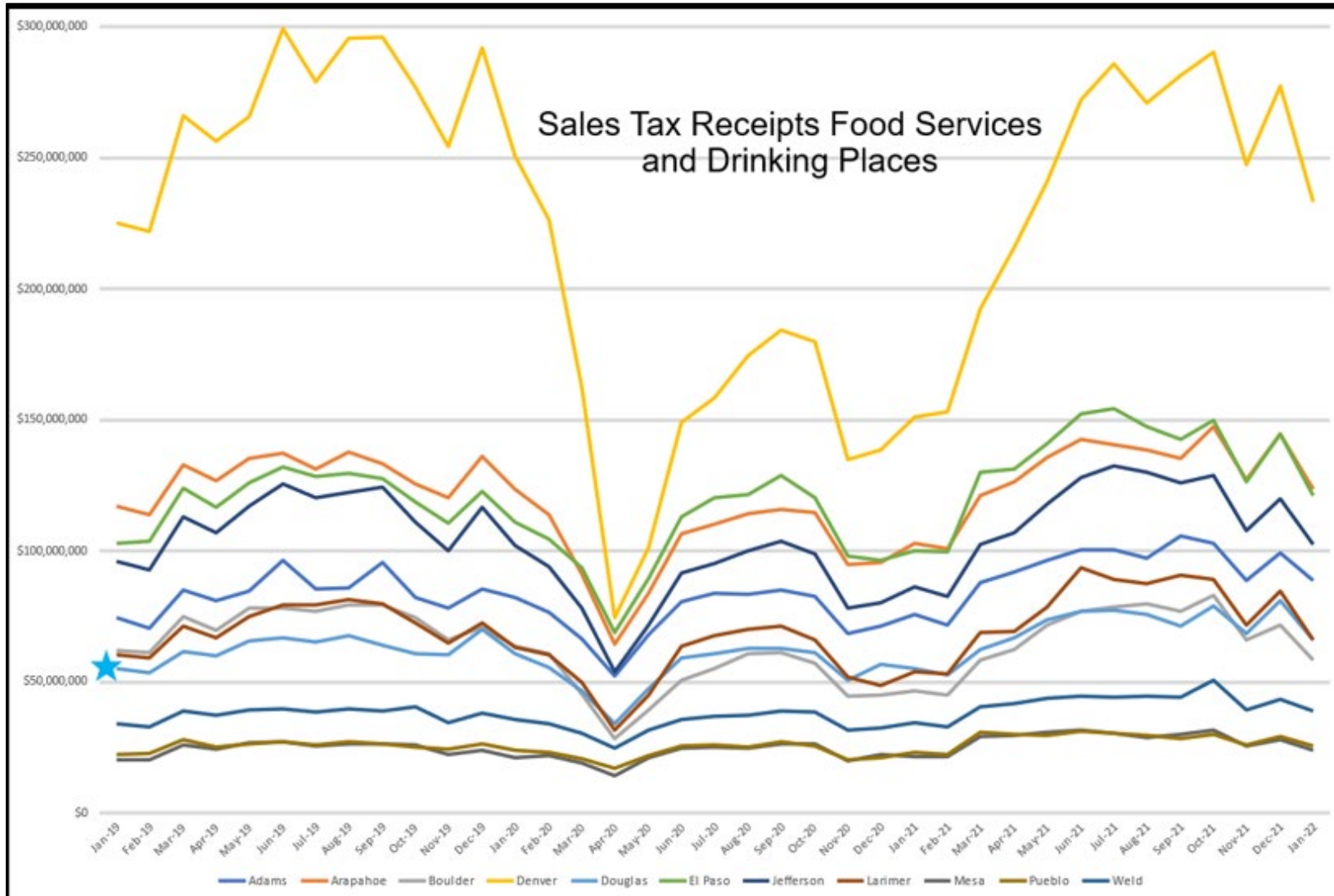
The emphasis on severity is not to suggest that COVID-19 cases were not an important factor in informing policy decisions during the pandemic in Douglas County. The following figure provides a regional comparison and demonstrates case counts comparable to other counties in the region.



As stated earlier, it was local governments that had to find the proper balance between necessary life-saving public health interventions and the economic impact of shutdowns and mandates on local businesses and organizations, the preservation of individual liberties and the livelihood of residents, and the impact on children’s education and well-being.

The following visuals provide key snapshots of how Douglas County fared during this time. A regional comparison provides an avenue to visualize the results. It is also acknowledged that multiple factors inform these outcomes.

While all business establishments were affected by public health mandates, food and drinking establishments were the most severely affected. The following demonstrates sales tax receipts for food service and drinking establishments.



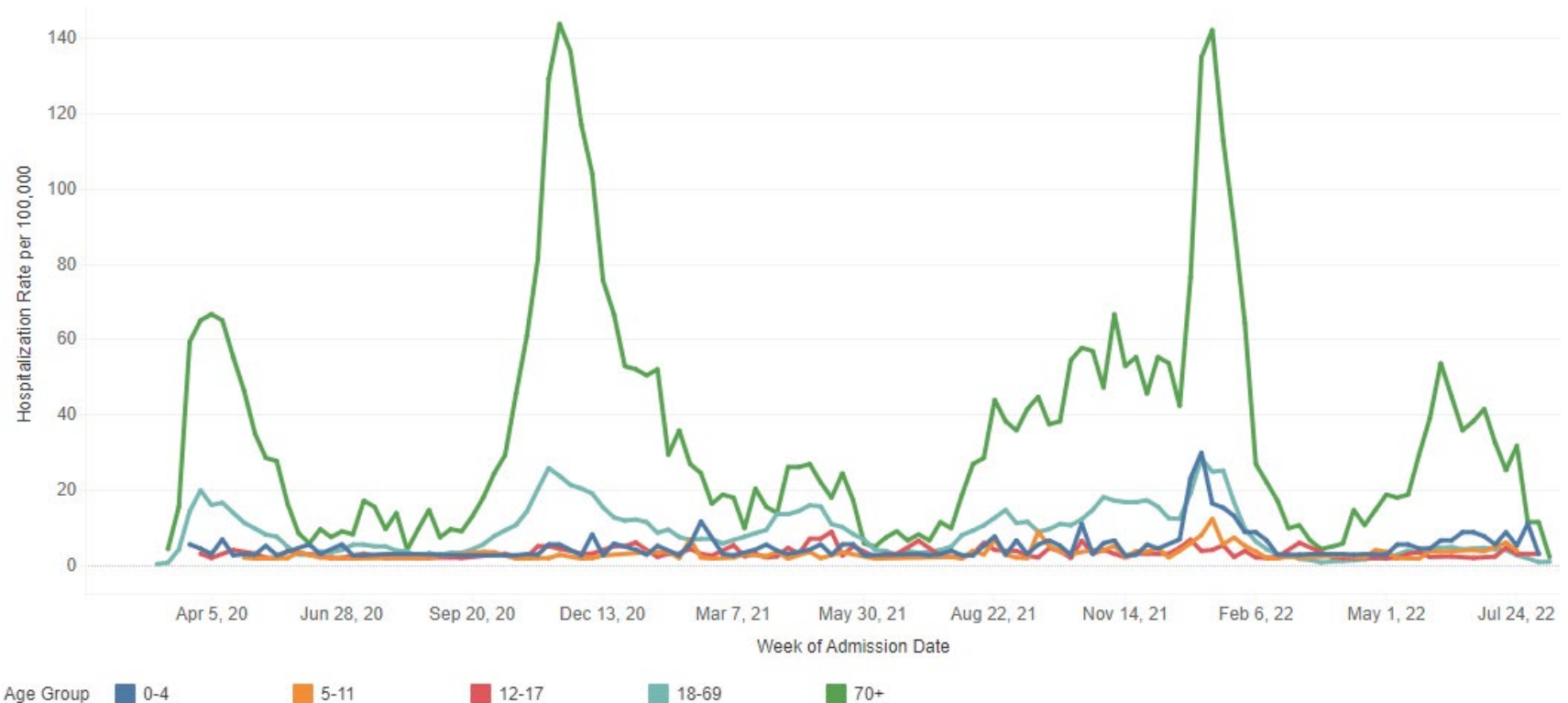
The following is the Unemployment Rate from Jan 1, 2020 - Jan 1, 2023.



One of the most difficult responsibilities faced by elected officials in Douglas County was safeguarding the lives of the most vulnerable in Douglas County, and specifically the well-being of children. These challenges were well documented by the media and throughout many townhall or related meetings during the pandemic.

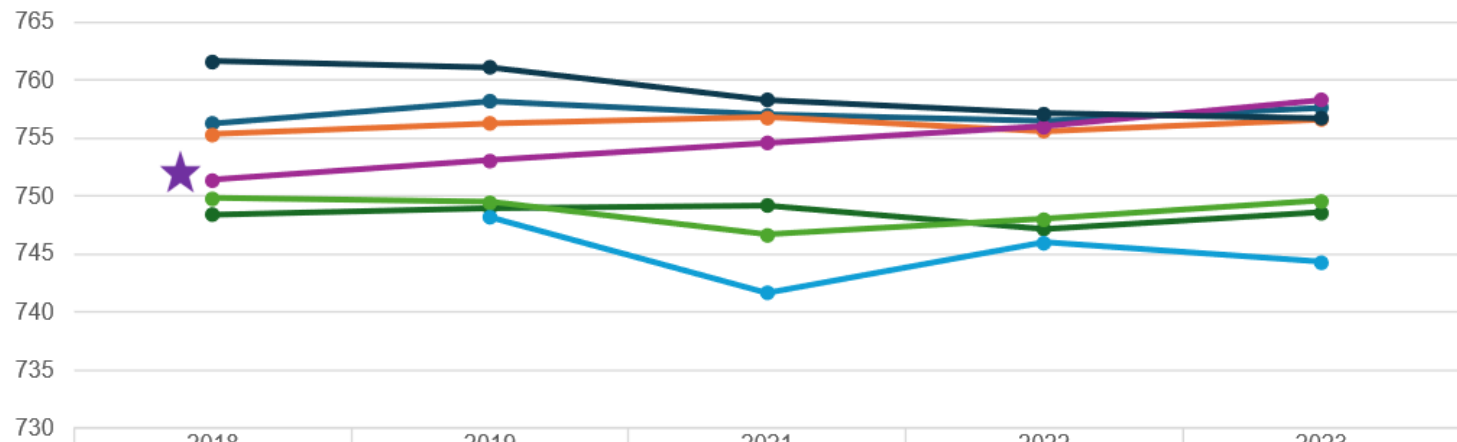
Informing these difficult policy decisions was the daily tracking of the impact COVID-19 had on children. The following represent a snapshot of the data utilized to track the impact of COVID-19 on the various population subgroups.

COVID-19 Hospitalization Rates per 100,000 by Age Group
Adams, Arapahoe, and Douglas Counties



As the data regarding the health impacts of COVID-19 became more apparent, Douglas County government desired to keep schools open. While many factors influence academic achievement, based on Colorado Measures of Academic Success (CMAS) testing, the data suggests Douglas County students are achieving high academic achievement in the present day compared to even before COVID-19.

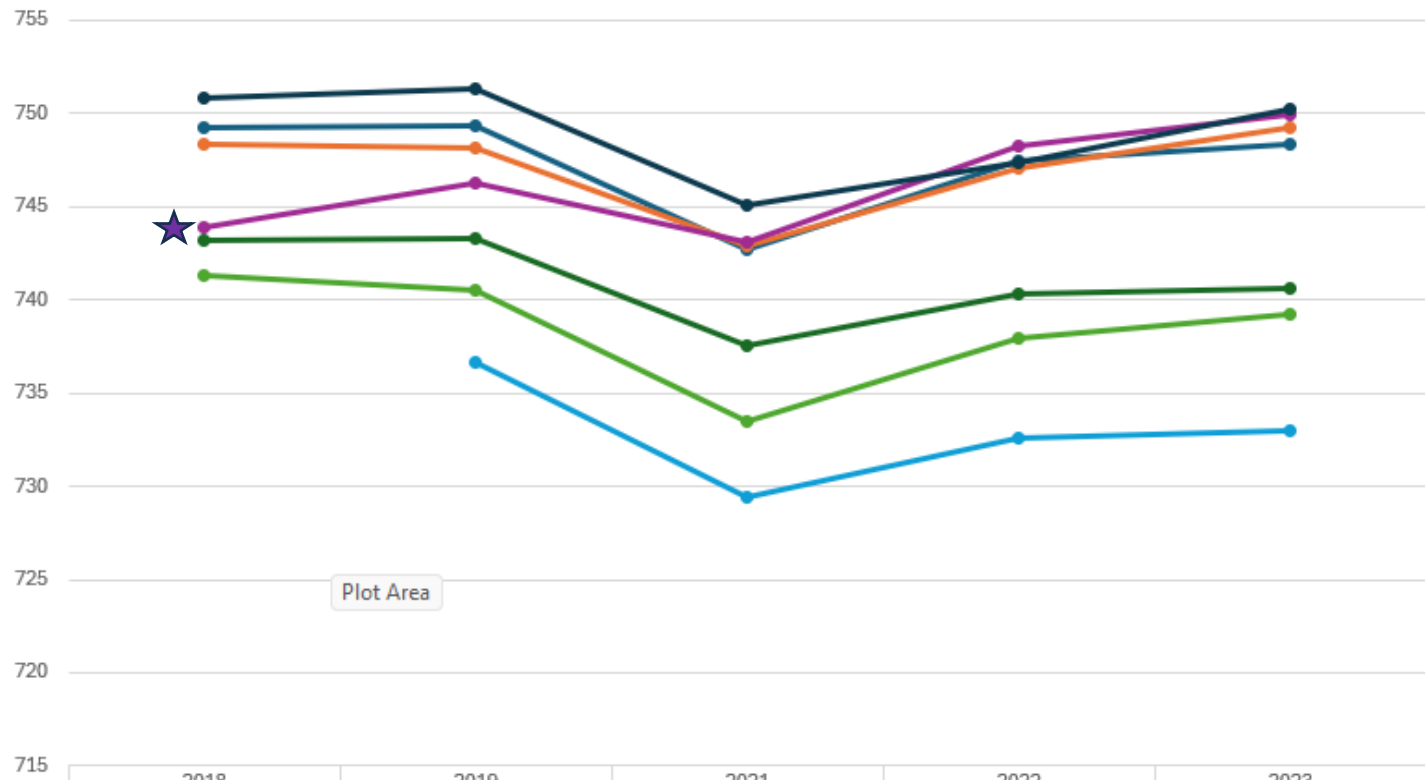
Achievement Mean Score CMAS ELA - All Students 2018-2023



	2018	2019	2021	2022	2023
Academy 20 (1040)	756.3	758.2	757	756.5	757.6
Boulder Valley Re 2 (0480)	755.3	756.3	756.8	755.6	756.6
Cherry Creek 5 (0130)	748.4	749	749.2	747.2	748.6
District 49 (1110)		748.2	741.7	746	744.3
Douglas County Re 1 (0900)	751.4	753.1	754.6	756	758.3
Jefferson County R-1 (1420)	749.8	749.5	746.7	748	749.6
Littleton 6 (0140)	761.6	761.1	758.3	757.1	756.7

- Academy 20 (1040)
- Boulder Valley Re 2 (0480)
- Cherry Creek 5 (0130)
- District 49 (1110)
- Douglas County Re 1 (0900)
- Jefferson County R-1 (1420)
- Littleton 6 (0140)

Achievement Mean Score CMAS Math - All Students 2018-2023



	2018	2019	2021	2022	2023
Academy 20 (1040)	749.2	749.3	742.7	747.5	748.4
Boulder Valley Re 2 (0480)	748.4	748.2	742.9	747.1	749.2
Cherry Creek 5 (0130)	743.2	743.3	737.5	740.3	740.6
District 49 (1110)		736.7	729.4	732.6	733
Douglas County Re 1 (0900)	743.9	746.3	743.1	748.3	749.9
Jefferson County R-1 (1420)	741.3	740.5	733.5	737.9	739.2
Littleton 6 (0140)	750.8	751.3	745.1	747.4	750.2

- Academy 20 (1040)
- Boulder Valley Re 2 (0480)
- Cherry Creek 5 (0130)
- District 49 (1110)
- Douglas County Re 1 (0900)
- Jefferson County R-1 (1420)
- Littleton 6 (0140)

Major Finding: *Polices, Executive Orders and Protective Measures*

The evolving information available about how COVID-19 was spread, the extent of its impact, and the most effective ways to help reduce the spread created challenges for officials responsible for making policy decisions. As time progressed, states and local governments began implementing other protective measures such as school closings, social distancing measures, masking requirements, and other policies. These policies shifted in requirements and, at times, were rescinded as the pandemic moved forward. Inconsistencies in how data was collected, analyzed and shared created challenges for local communities. These challenges were compounded by the ever-changing and, at times, confusing federal and state guidance and policies.

Local officials reported being unaware of the extent of the Governor's legal authorities once a State of Emergency was declared. The duration of time for which these authorities existed was also reported as previously not being well understood. The scope of the authorities possessed by the Governor and state public health officials was not widely understood by local officials and organizational leadership prior to the start of the pandemic.

Public health orders issued by a local health authority are binding and non-compliance is a violation of the law. However, no enforcement mechanism was established to ensure compliance by Douglas County businesses and residents, potentially contributing to further misperceptions of the extent of public health legal authorities.

Key Recommendation: Clearly articulate the legal and authoritative boundaries and limitations between the Douglas County Board of Health, Board of County Commissioners, town/city councils, and School Board with regard to the issuance of orders and protective measures. Ensure the Douglas County Board of Health has the ability and mechanisms in place to facilitate dialogue and consensus with local policy-making bodies within the County.

Key Recommendation: Many public health orders prior to the pandemic successfully focused on “individual” quarantine and isolation orders, as acknowledged by the Tri-County Health Department (TCHD). Community-wide public orders require greater scrutiny, have greater direct and indirect implications, and have many unanticipated consequences. The likelihood of litigation also increases. Douglas County Health Department should proactively draft these orders, anticipate the impacts and consequences of each one, and determine when and how to implement them.

Major Finding: *Key Data Metrics and Essential Elements of Information*

Public health is moving toward a data-driven approach to responding to public health emergencies, and identifying essential elements of information (i.e., key data metrics) and determining how to collect, analyze, and display this information will be increasingly

important. The Tri-County Health Department created a dashboard to track key pandemic metrics in Douglas County, such as case counts, hospitalizations, and deaths. Many interviewees reported that the dashboard was a beneficial resource for informing decisions. However, some officials reported establishing their own metrics to inform decisions. The data sources used to develop these metrics ranged from self-collected data to data points reported on the Colorado Department of Public Health and Environment's website.

Key Recommendation: Based on lessons learned from the recent pandemic and the potential for new and emerging threats, define the essential elements of information and metrics that will inform policy and prioritization of key emergency-related activities. Proactively establish mechanisms to collect, analyze, and display information in a timely and accurate way.

Key Recommendation: While having visibility in the community and demonstrating key services during an emergency is important, defining metrics to inform decisions on the continuation of key services is recommended. For example, the County's COVID-19 testing operations did not have pre-identified metrics for when to surge or demobilize, resulting in the continued provision of testing services beyond the public demand.

Major Finding: *Sensitive Data Sharing and Limitations*

Evidence of the County's effort to balance the need to collect and share data in relation to privacy concerns was evident in multiple situations during the pandemic.

Key Recommendation: As public health moves more toward a data-driven approach to respond to public health emergencies, establishing clear policies and limitations regarding the sharing of sensitive and personal data will be important. Balancing the need for data while safeguarding and preserving privacy will require extensive planning and collaboration.

Major Finding: *Douglas County Health Department*

The decision by the County to create the Douglas County Health Department and leave the Tri-County Health Department was a significant decision and undertaking. The ways Douglas County residents had historically benefited from the services provided by the Tri-County Health Department were different than those of Adams and Arapahoe Counties. An estimated eighty percent of the services provided to Douglas County residents by Tri-County were environmental (e.g., restaurant inspections, pool inspections, childcare center inspections), while an estimated 95% of the services provided to Adams and Arapahoe County residents were clinical services. Most of the services provided to Douglas County were "behind the scenes," resulting in most Douglas County residents being unfamiliar with the scope of services provided by the Tri-County Health Department. When Douglas County made the decision to withdraw from the Tri-County Health Department, the County needed

to invest in educating residents on why this change was needed and how it would provide a benefit to county residents.

Key Recommendation: As a new county-specific health department, the leadership, expectations, accountability, and responsibility to provide a comprehensive range of day-to-day and emergency response-related public health and medical services now solely lies with the County. There is a need to continually upgrade and modernize, specifically as it pertains to investing in disease surveillance, matching response capabilities with the growing and changing demographics and needs of the County, and data management/sharing. In reference to public health data reporting in the U.S., a CDC report in 2019 acknowledged that we are “puttering along the data superhighway in our Model T Ford.”

Key Recommendation: Fully define and integrate the public health emergency response structure within the County’s overall emergency management system. Because the health department also serves the municipalities, the integration must be defined at both levels.

Major Finding: *Preserve Douglas County’s “Can Do” Culture*

Many of the County staff members who served in leadership positions and/or assumed a leadership role during the pandemic had worked together for the County for several years and previously proven this employment philosophy to be successful. These longstanding work relationships and employees’ dedication to their employer created favorable conditions to innovate and problem solve the service delivery challenges created by pandemic conditions. The County’s “can do” culture, coupled with the extensive knowledge of individual employees’ strengths and weaknesses that was developed over the course of working together over the years, enabled the County Manager and elected officials to effectively shift resources to meet the changing demands of the pandemic.

Key Recommendation: Establish a mentoring program for newer staff members to help transfer institutional knowledge and acculturate them to the County’s work philosophy.

Key Recommendation: Monitor employee retention and retirement trends. For example, an analysis conducted in 2022 determined that the U.S. public health workforce needs at least 80,000 additional full-time equivalent (FTE) positions to provide core public health services. This includes 54,000 more for local health departments and 26,000 more for state health agency central offices. As a new health department, Douglas County will continue to make efforts to balance meeting the day-to-day needs of a health department but must also consider how the department can surge to meet the demands of a community-wide emergency. While

the Douglas County Health Department has been fortunate to be able to staff key positions within the Office of Emergency Preparedness and Response (OEPR), Epidemiology, Disease Surveillance and Investigation, staffing and meeting the needs of a community-wide public health emergency will be a challenge. Recruiting and retaining qualified staff will be competitive as many public health departments and agencies compete and recruit in a competitive job market, which has been the case for Douglas County in the short time the county has had a health department.

Major Finding: *Scaling Up and Maintaining Continuity of Services and Operations*

Many lessons have been learned about how a local government can quickly scale up, implement new methods and technologies, add new employees and contractors or even adaptively adjust roles to meet staffing and resource needs. Douglas County, for example, increased the Human Services Department's staffing to maintain the capability to support the increased demand for services during the pandemic. The Clerk and Recorder worked with the County Manager to reassign several personnel from departments that had closed or decreased services, such as the Motor Vehicle and Driver License, to the Human Services Department to increase service delivery capacity. The increased staffing was required as County officials reported a significant increase in the number of first-time users who accessed services during the pandemic. Some of the new users have since realized that their personal situations would have qualified them for services pre-pandemic and have continued to use the services post-pandemic, receiving the help that they need to meet basic needs.

Key Recommendation: Conduct a county-wide needs analysis to determine the post-pandemic service demands by the community and the number of Human Services Department staff required to meet the service demands.

Key Recommendation: Update county continuity of operations plans and strategies, such as the Douglas County Human Services Department, to institutionalize lessons learned from the pandemic. Identify and determine how to track essential elements of information and key data points that will trigger activation or an increase in key services and additional staff support.

Key Recommendation: Cross-train personnel from other County departments and/or create just-in-time training strategies and plans to provide surge staffing support in certain areas that will likely experience increased demand during a community-wide emergency.

Key Recommendation: Reimagine continuity of operations planning. Many of the basic assumptions surrounding continuity of operations plans were challenged during the pandemic, and many plans were ineffective. The success of County operations during the pandemic was attributed in large part to the collective

commitment of personnel to finding solutions to overcome challenges so that the County could continue to provide traditional and pandemic-specific services to residents. Many of these lessons should be formalized and articulated in department-specific continuity and emergency plans, training, and exercises.

Similarly, there will be a propensity to update and rewrite continuity of operations plans based on lessons learned from the COVID-19 pandemic. However, emerging threats, such as cybersecurity, may challenge the inclination to rely on the same COVID-19 playbook, such as working from home or operating in a virtual environment. Continuity of operations needs to be reimaged in light of emerging, more complex, and deliberate coordinated threats to our nation.

Major Finding: *Emergency Procurement*

Navigating the regulations and rules surrounding emergency procurement was confusing and challenging, especially with the influx of federal dollars to assist communities in responding to the pandemic.

Key Recommendations: Review and update emergency procurement policies based on lessons learned from the pandemic. Ensure procedure variances provided by emergency declarations/proclamations allow for sufficient flexibility for worst-case scenarios in which immediate and/or expedited action is required.

Key Recommendation: Continue to explore the modernization of fiscal functions to allow for expedited and remote operations and ensure all fiscal systems and mechanisms have established redundancy. While COVID-19 prompted many financial operations to be more virtual, future disasters may necessitate in-person or hardcopy transactions if networks and systems are inoperable.

Major Finding: *Coordination, Communication, and Information Sharing*

County leaders and agencies also addressed challenges and gaps in response operations by increasing their coordination and communication efforts. Throughout the county, it was common to see agencies, workgroups, committees, and other coordination bodies having regular meetings, weekly, daily, or sometimes multiple times a day, to collaboratively tackle the many struggles and challenges at hand. Oftentimes, existing coordination mechanisms were leveraged and adapted to meet the evolving needs of the County during the pandemic.

Formalizing the command structure, coordination, situational awareness, and information sharing was a common challenge faced by many government entities at all levels.

Key Recommendation: There are natural intersections between public health emergency preparedness/response and emergency management in terms of preparedness planning for and emergency response to public health emergencies.

However, these seemingly natural intersections do not always tend to collaborate, and often, assessments, plans, training, and exercise are completed in silos. Many local communities, such as Douglas County, continue to work to reconcile and better define the synergies between public health and emergency management, especially during large-scale public health emergencies. There is an opportunity to clearly define “who is in charge” and how an incident will be managed during a community-wide public health-related emergency. As the new health department evolves, continue to assess and reassess its role, response structure, and integration with the County’s overall emergency management system. The health department should have role clarity when operationalizing unified command operations.

Similarly, pandemics are unique because their effects reach far beyond health and medical considerations. The ability to recognize and appreciate the health and medical needs of the community while balancing all other aspects of an emergency requires an individual or entity that is in a position of authority and has a broad perspective of all the direct and indirect impacts to a community.

Key Recommendation: Define the lines of communication and information-sharing expectations between field operations and the EOC. Explore, reassess, and adapt the principles of the Incident Command System (ICS) for long duration, community-wide emergencies that involve multiple and ongoing operations involving multiple stakeholders, municipal-specific initiatives, and contractors.

Key Recommendation: Formalize the inter-jurisdictional coordination opportunities and ensure key partners are included, as appropriate. During the pandemic, these efforts were mostly reactive based on the emerging and evolving needs and challenges identified by various disciplines and government entities. Documenting and formalizing these adaptive roles in plans and reinforcing these important conduits is needed.

Major Finding: *Strategic and Sustainable Investments*

In the efforts to respond to the pandemic, the County had to alter existing policies and procedures and develop new approaches to adapt operations and services to the changing environment. This allowed agencies to test new ideas, technology, policies, and programs that might not have been thought of prior to the pandemic. Similarly, before the pandemic, Douglas County proactively made many investments to modernize the county infrastructure and operations through improved HVAC systems, increased network bandwidth, increased decedent storage for mass fatality operations, and other technology.

Key Recommendation: Prioritize the importance of sustained investments to proactively improve county and municipal government infrastructure, tools,

capabilities, and technologies to address day-to-day governance and adaptive response in times of crisis. For example, continue to invest in the technology infrastructure required to perform critical County functions in a virtual environment. As the County and municipalities assess emerging threats and wide-scale disruptions to government operations, determine what investments are needed to support and modernize day-to-day operations while addressing continued resilience to emerging threats, such as cybersecurity, future pandemics, or other disasters.

Major Finding: *Supply Chain Challenges and Prioritization of Scarce Resources*

Personal protective equipment (PPE) availability and supply chains were universally impacted globally due to the demand and need for essential products, many of which were manufactured abroad. While Douglas County was not immune to these challenges, the County and municipalities benefited by being proactive in obtaining these items that were in short supply.

Key Recommendation: While the Emergency Operations Center effectively received and processed commodity orders received from community stakeholders, logistics plans and procedures need to be tested and institutionalized through training and exercises to determine how priority for scarce, but essential resources, will be decided and allocated. While COVID-19 was unprecedented in regard to supply chain disruptions, needs were mostly met.

Key Recommendation: The need to further centralize and coordinate logistics throughout the entire County is needed. While altruistic means of sharing essential resources occurred, some County offices/departments and municipalities proactively took matters into their own hands to obtain essential PPE. A countywide, coordinated effort to procure essential supplies during an emergency, especially for those offices that are not under County Administration, may need to be reevaluated.

Major Finding: *Maintaining Financial Capacity and Expediency*

COVID-19 revealed gaps in emergency procurement knowledge, executive authorities, procedures, systems, and contracts. Douglas County personnel and select municipalities were fortunate to have the authority and necessary financial capacity to proactively make needed purchases very early in the pandemic. The expediency of identifying and purchasing PPE, for example, was a result of leadership acknowledging the issue and allowing personnel to act. The decision to move quickly and decisively proved to be advantageous for the entire County.

Key Recommendation: Be the first. The expediency of identifying and purchasing essential supplies and resources cannot be overstated during a global incident. Standardizing the procurement and fiscal policies during times of emergency to make available financial resources and the needed authorities to enable quick action should be formalized into operating procedures and plans.

Major Finding: *People Need Information, Not Soundbites.*

Modern communications, the 24/7 news cycle, social media, and the media's reliance on sound bites aren't suited to get people through a pandemic. Upon identifying a gap between the pandemic information available to governmental agencies and what was being shared with community members, local and County officials embarked on several information-sharing initiatives.

The County, multiple municipalities, and special districts have established virtual participation options for public meetings. Some recorded their meetings and made them available for on-demand viewing over the internet. Some municipalities conducted virtual town hall meetings to provide residents with information and opportunities to ask questions. Officials reported that these efforts to promote transparency helped to increase public trust in government. Many have continued to provide a virtual participation option for post-pandemic public meetings.

Key Recommendation: Government officials worked tirelessly to ensure that community members had access to the information needed to inform their decisions about personal conduct during the different stages of the pandemic. Continue to offer an option for virtual participation in all public meetings, and proactively plan how public information and education will be accomplished if traditional and virtual mediums are not possible (e.g. national or region-wide cybersecurity disruption.)

Key Recommendation: The politicization, rapid and frequent changes in virus-related information, constantly changing guidance on protective mitigation measures, and the many competing voices and mediums for transferring information to the public were extraordinary challenges for those responsible for sharing information with the public. Future, large-scale public health emergencies will be no different. Identifying and providing appropriate and trusted mediums for public information and meaningful exchange will require creativity and innovation, especially in an age of information overload and potential disinformation. Direct engagement with respected local figures to participate in direct conversations with people in the community will be an important initiative for the new Douglas County Health Department.

Major Finding: *Rebuilding Public Trust*

Public opinion surveys conducted by the County pre-pandemic consistently showed that between 50-70% of the residents surveyed did not know what the Tri-County Health Department was responsible for. Officials speculated that the reason these numbers were so high is because 80% of the services that were provided by the Tri-County Health Department to Douglas County residents were environmental services such as restaurant inspections and pool inspections. Furthermore, approximately 95% of county residents

have private health insurance, negating the need for them to use the services provided by public clinics. Therefore, when the Tri-County Health Department became a prominent response organization during the pandemic, many residents were reportedly hesitant to trust them as an information source since they were largely an unfamiliar organization.

Key Recommendation: The general lack of pre-pandemic familiarity with the authorities and functions of the Tri-County Health Department reportedly contributed to public mistrust of public health actions during the pandemic. With the formation of a new health department, the County has an opportunity to establish itself as a trusted agent as it pertains to health and medical needs in the County. As the health department evolves, continue to gauge public perception and trust regarding the performance of the health department and its services.

Major Findings: *No One-Size-Fits-All Approach to Helping Businesses Stay Open*

Government representatives collaborated with local chambers of commerce, economic development councils, and each other to identify the most impactful ways to support local businesses. Officials quickly realized that there was not a one-size-fits-all approach to helping businesses stay open during the pandemic. Great effort was invested in working one-on-one with businesses to educate them on the public health requirements for operating and to help them determine what needed to be done to operate safely.

Key Recommendation: The County and municipalities developed innovative ways to support local businesses during the pandemic. These strategies and programs need to be documented and reflected in economic recovery-related plans.

Major Finding: *Providing Direct Relief*

Douglas County did not use Coronavirus Aid, Relief, and Economic Security Act (CARES Act) or American Rescue Plan Act (ARPA) funding to pay for traditional government functions but instead added County funds to the federal relief funds received and prioritized the use of this pool of money to support municipalities and provide **direct** relief to county residents and businesses. A sizable portion of the funding was used to support businesses and workers whose positions were deemed to be non-essential, with restaurants and their staff comprising a large portion of the primary recipients.

Key Recommendation: Efforts to provide direct assistance and relief to those residents, businesses, and organizations most impacted by the pandemic proved to be one of the most notable successes. In future emergencies, efforts to coordinate these activities more closely may be needed to limit duplication of relief and assistance or even fraud.

Key Recommendation: Document, formalize, and institutionalize the procedures and strategies implemented to provide direct financial assistance to individuals, organizations, and businesses for future emergencies.

Major Finding: *Mental and Emotional Toll of the Pandemic*

The collateral consequence of the pandemic as it pertains to the mental and emotional toll it had on people has yet to be quantified. For example, the County and human service providers were keenly focused on meeting the physical needs of vulnerable residents and dedicated resources to accomplish this mission. However, as the pandemic progressed, County officials began noting the psychological and emotional toll the pandemic was having on vulnerable populations. Some residents were so overwhelmed that they struggled to move forward with recovery despite the physical resources provided to them. Some County officials postulated that an earlier investment of more resources may have been beneficial, but it is unknown if this would have changed the mental health outcomes that continue to be seen.

Similarly, lockdowns and pandemic-related economic impacts likely exacerbated factors typically associated with domestic violence, such as increased unemployment, stress associated with childcare and homeschooling, and increased financial insecurity. By isolating parents and children in their homes, the pandemic separated potential victims from the network of friends, neighbors, teachers, and other individuals capable of reporting signs of abuse and helping those at risk escape a dangerous environment.

While Douglas County may not have seen the high numbers of reported incidents that other communities faced, the County was not immune to these impacts. The number of child welfare reports received by the County decreased during the pandemic. Officials opined that this trend was likely a direct result of children not having routine contact with mandated reporters when in-person school classes were suspended. Officials also noted that the reporting of many potential cases of abuse was delayed until the injured child was brought to a medical provider to receive care. It is unknown how many victims of abuse never sought medical care, and therefore, their case was never reported.

The Sheriff's Office reportedly did not experience an increase in domestic violence calls, but human service providers did experience an increase in the number of referrals received related to domestic violence.

Key Recommendation: The consequences of the pandemic, as they pertain to the mental and emotional toll it has had on people, need to be better understood. The ability to weigh and anticipate the mental health impacts of each mitigative measure will enable the County to make critical decisions regarding what measures to prioritize, implement, and enforce. School closures, for example, caused worse learning outcomes and also induced physical and mental health issues. Closing the

schools also separated children at risk of abuse from regular contact with mandated reporters and removed a relied-upon safety net for this vulnerable population. Greater awareness and public education are needed on this issue. Emergency plans should acknowledge this potentiality and should be noted as a planning consideration.

Major Finding: *Volunteer Workforce*

The County and community service providers' volunteer workforce is typically comprised of healthy retirees. During the pandemic, many of these volunteers were concerned that interacting with other people might result in their contracting COVID-19 and, therefore, stopped serving in a volunteer capacity. This decimated the volunteer force, leaving service providers with a significantly smaller workforce to meet an increased demand for services. Although the pandemic is over, many service providers have struggled to rebuild their volunteer workforce to pre-pandemic levels.

Key Recommendation: The required number of volunteers traditionally relied upon by human service organizations were not available during the pandemic. Support community service providers in their efforts to recruit, train, and retain a volunteer workforce that is comprised of diverse population groups.

INTRODUCTION

METHODOLOGY

The Douglas County Board of Health, on behalf of Douglas County, commissioned a community after action review (**CAAR**) with the stated purpose of documenting and reviewing the County's response and recovery efforts to the COVID-19 pandemic. Integrated Solutions Consulting was asked to provide an objective, independent analysis of the County's response and recovery efforts.

Integrated Solutions Consulting utilized a three-phase data collection and analysis process to conduct the assessment using the following qualitative methods:

- Document analysis and review
- Interviews
- Questionnaire

DOCUMENT ANALYSIS AND REVIEW

The document analysis and review process included an evaluation and analysis of relevant existing plans, documents, policies, and guidance publications to aid in determining the County's COVID-19 related activities, level of preparedness, and the success of its response and recovery efforts. The review process enabled Integrated Solutions Consulting to gather vital information to provide well-informed observations and recommendations.

Data for this report was compiled through several sources, starting with a review of available county-level COVID-19 documents used during the pandemic, after-action reports (AARs), and reports related to COVID-19 from Tri-County Health, the region, and the state. Local reports and documents were carefully reviewed for common trends across jurisdictions, best practices, and recommendations that could be applied throughout the County. It should be noted that the Colorado Coronavirus Disease 2019 (COVID-19) After-Action Report, which was released in March of 2024, was issued and made public at the conclusion of the Douglas County CAAR process. As such, the State of Colorado's AAR had minimal influence during the drafting stage of this CAAR.

In addition to these reports, other regional, state, and national documents were reviewed to provide context and substantiate the CAAR.

INTERVIEWS

Integrated Solutions Consulting conducted discussion-based interviews with both internal and external stakeholders who were involved in major aspects of the County's COVID-19 operations. These interviews aimed to gather data from stakeholders about the preparation, response, and recovery activities for COVID-19 with the stated purpose of identifying strengths, best practices, areas of improvement, and recommendations based on lessons learned.

A total of 37 individual and/or group interviews were conducted, which included approximately 50 individuals. Key personnel and stakeholders from the following entities participated in the interview process:

- Douglas County Departments:
 - Assessor's Office
 - Board of County Commissioners
 - Board of Health
 - Communication and Public Affairs
 - Community Development
 - Community Services
 - Coroner's Office
 - County Administration
 - County Attorney's Office
 - Facilities, Fleet and Emergency Support Services
 - Finance
 - Health Department
 - Human Resources
 - Human Services
 - Information Technology
 - Office of Emergency Management
 - Sheriff's Office
 - Treasurer

- Cities, Towns, and Economic Development Councils:
 - Castle Pines
 - Castle Rock
 - Lone Tree
 - Parker

- Arapahoe Community College
- Douglas County School District Superintendent's Office
- Highlands Ranch Community Association
- Highlands Ranch Metro District

- North Central Region Healthcare Coalition
- Park Meadows Retail Resort

Interviewees were provided with an interview guide prior to each interview, and interviews followed a semi-structured format to ensure consistency, but also allowed the interviewer to probe and explore appropriate themes, as appropriate.

QUESTIONNAIRE

This CAAR attempts to describe the community-wide impacts and lessons learned from COVID-19. As such, three targeted questionnaires were developed: Nonprofit and Community Groups, Health and Medical organizations, and Business and Private Sector. The County identified specific organizations and entities in each of these categories that had a key role during the pandemic. The questionnaire was distributed to these entities. Twelve nonprofit organizations, five health and medical organizations, and 23 businesses completed the surveys.

REPORT FORMAT AND ORGANIZATION

The CAAR aims to provide readers with a county perspective on the response and recovery efforts during the COVID-19 pandemic by describing the conditions, events, and factors that occurred.

The report was organized to include:

- An Incident Overview covering a basic background on the pandemic and how Douglas County managed specific aspects of COVID-19.
- An analysis of key findings, which include the following categories:
 - Policies, Executive Orders, and Protective Measures
 - County-Specific Approach and Initiatives
 - Operational Coordination and Implementation
 - Health and Medical
 - Fatality Management
 - Logistics and Supply Chain Management
 - Public Information and Community Outreach
 - Community and Business Support and Recovery
 - Other Community Groups, Individuals Affected by COVID-19
 - County Recovery and Economic Relief Efforts

Within each category, COVID-19 specific recommendations are provided. An analysis of regional trends, which includes neighboring counties, is also included, if applicable. Each category includes a *Looking Forward: Preparing for the Next Public Health Emergency* section.

HISTORY OF THE COVID-19 PANDEMIC IN DOUGLAS COUNTY

FROM ORIGINS TO DOUGLAS COUNTY, COLORADO

Human infection with the SARS-CoV-2 virus, the virus commonly known as COVID-19, was first reported in Wuhan, China in late December 2019. In January 2020, the World Health Organization (WHO) classified COVID-19 as a public health emergency of international concern; on January 31, 2020 the United States Secretary of Health and Human Services declared COVID-19 a [public health emergency](#). On March 3, 2020, the [Centers for Disease Control and Prevention \(CDC\)](#) reported there being 60 people within the United States who were infected with SARS-CoV-2, with 11 of the cases confirmed to be caused by person-to-person transmission that occurred within the country.

On March 13, 2020, the President of the United States used the authority granted by the Robert T. Stafford Disaster Relief and Emergency Assistance Act to issue a proclamation [declaring the COVID-19 pandemic a national emergency](#) retroactive to March 1, 2020. That same day, Douglas County declared a local disaster emergency pursuant to C.R.S. 24-33.5-709, as amended.

On March 12, 2020, the Colorado Department of Public Health and Environment (CDPHE) issued the state's first pandemic-related [public health order](#), restricting visitors to skilled nursing facilities, assisted living facilities, and intermediate care facilities in Colorado and requiring specific actions for screening personnel and essential visitors for COVID-19 in an effort to decrease COVID-19 exposure risks for facility residents. A week later, CDPHE issued a [public health order](#) to close bars, restaurants, theaters, gymnasiums, casinos, nonessential personal services facilities, and horse track and off-track betting facilities statewide until April 30, 2020, in an effort to slow the spread of COVID-19. [Orders requiring workforce reductions and social distancing](#) were issued a few days later. These public health orders were amended multiple times during the pandemic to reflect the changing pandemic landscape and new executive orders issued by the Governor.

By March 18, 2020, the CDPHE had confirmed 184 presumptive COVID-19 cases and 2 deaths, supporting assertions of community spread of the disease. Governor Polis issued an [executive order](#) suspending all in-person instruction for public and private elementary and secondary schools, including public preschools, from March 23 – April 17, 2020. In a similar effort to decrease opportunities for disease transmission, [Douglas County](#) closed most County buildings but continued to provide County residents with as many services as possible. Subsequently, the Governor issued additional [executive orders](#) to decrease by

50% the number of employees in non-critical workplaces who were permitted to work in person.

When data trends began showing positive signs of disease control measures being effective to “flattening the curve”, State and local officials began taking steps to return non-critical employees to work. Governor Polis’s “[Safer at Home](#)” executive order and the corresponding public health order outlined the protective measures required for resuming public activities, including wearing cloth face coverings that cover the mouth and nose while in public, limiting the size of gatherings, and maintaining social distancing. The executive order also permitted counties with low case counts or decreasing counts over a consecutive 14-day period to apply for a local variance from all or part of the executive order requirements. Consistent with the Governor’s order, Douglas County began the [phased re-opening](#) of the local economy; in-person county services, local businesses, and places of public gathering incrementally re-opened through the month of May. The restrictions on the number of people permitted to gather at indoor and outdoor venues were loosened in June.

In late July 2020, Douglas County allocated \$3 million of the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to establish a public COVID-19 testing program. The County provided testing and case investigation for County residents through November 30, 2020. A community health center was awarded a \$1.1 million contract to provide mobile testing services in Castle Rock, Highlands Ranch, Lone Tree, and Parker from September 1 – December 20, 2020.

DOUGLAS COUNTY ECONOMIC RECOVERY EFFORTS

The County prioritized the use of CARES Act funding to support multiple initiatives to provide financial assistance to businesses, organizations, and individuals who experienced adverse financial effects because of the pandemic.

In 2020, the County established a grant program to reimburse small businesses for expenses incurred related to COVID-19 using federal CARES Act funds. Grants were available for up to \$10,000 to businesses with fewer than 100 employees located within the County. Eligible reimbursement requests included personal protective equipment (PPE), touchless payment systems, cleaning supplies and services, and other physical changes to allow for social distancing. The County awarded over \$1.5 million to 268 businesses.

Due to severe restrictions on restaurant and event venue capacity and the closure of indoor dining, in 2020, the County established a revenue loss grant program for restaurants and event venues located in Douglas County. Businesses with 200 or fewer employees with evidence of annual revenue loss from 2019 compared to 2020 were eligible for this grant. The County allocated \$18 million to 207 different businesses.

Similarly, a [\\$2.5 million grant program](#) was established to provide reimbursement to charitable, non-profit organizations that incurred unbudgeted expenses on behalf of County residents. The County also used CARES Act funding to provide [financial assistance](#) to County residents who lost their job because of or were financially impacted by the pandemic.

Douglas County's Human Needs Taskforce conducted outreach and support to residents (older adults, individuals with physical or developmental disabilities, residents who lost income or were laid off, childcare challenges, etc.) impacted because of the pandemic. The following workgroups provided key services: High Need Workgroup; Food, Shelter, and Emergency Assistance Workgroup; Healthcare Access Workgroup; and Childcare and Child Support Workgroup.

On December 16, 2020, CDPHE released the final parameters for the 5 Star Certified Business Variance Program, known in Douglas County as the COVID Best Practices Business Certification Program. Of note is the fact that Douglas County was among the [first counties](#) in the state to apply to and receive approval for the 5 Star Certified Business Variance Program. Based on the improved county-wide COVID-19 metrics, 33 local businesses certified as COVID Best Practice Businesses were able to open on December 23, 2020, and 100 more businesses were in the process of completing certification.

VACCINE

On December 11, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the [Pfizer-BioNtech COVID-19 vaccine](#). On December 12, 2020, the CDC's Advisory Committee on Immunization Practices (ACIP) recommended this vaccine for use in person 16 years of age and older, officially beginning the nationwide campaign to administer the COVID-19 vaccine to Americans. Subsequently, the FDA issued an EUA for and ACIP recommended the [Moderna COVID-19 vaccine](#) (December 18, 2020; December 19, 2020) and the [Janssen COVID-19 vaccine](#) (February 27, 2021; February 28, 2021), increasing the supply of COVID-19 vaccines nationwide.

Vaccine providers within Douglas County included clinics, hospitals, pharmacies, churches, and rec centers. Douglas County engaged the County's Human Needs Taskforce to conduct outreach and support to residents to provide information on the COVID-19 vaccine and help with registering for a vaccination appointment.

EMPLOYMENT

The unemployment rate in Colorado increased significantly during the pandemic. In early 2020, Colorado had the fifth lowest unemployment rate in the nation. By early 2021, Colorado had the fourth highest unemployment rate in the country. In response to this drastic change in unemployment rates, Douglas County announced the Emergency Rental

Assistance Program on March 1, 2021, allocating \$8.5 million of CARES Act funding to provide eligible County residents who were behind on their rent and/or utility payments with direct financial assistance. The County partnered with five local organizations (Catholic Charities, Douglas County Housing Partnership, Help and Hope Center, Manna Resource Center, and the Rock Church) to administer the program.

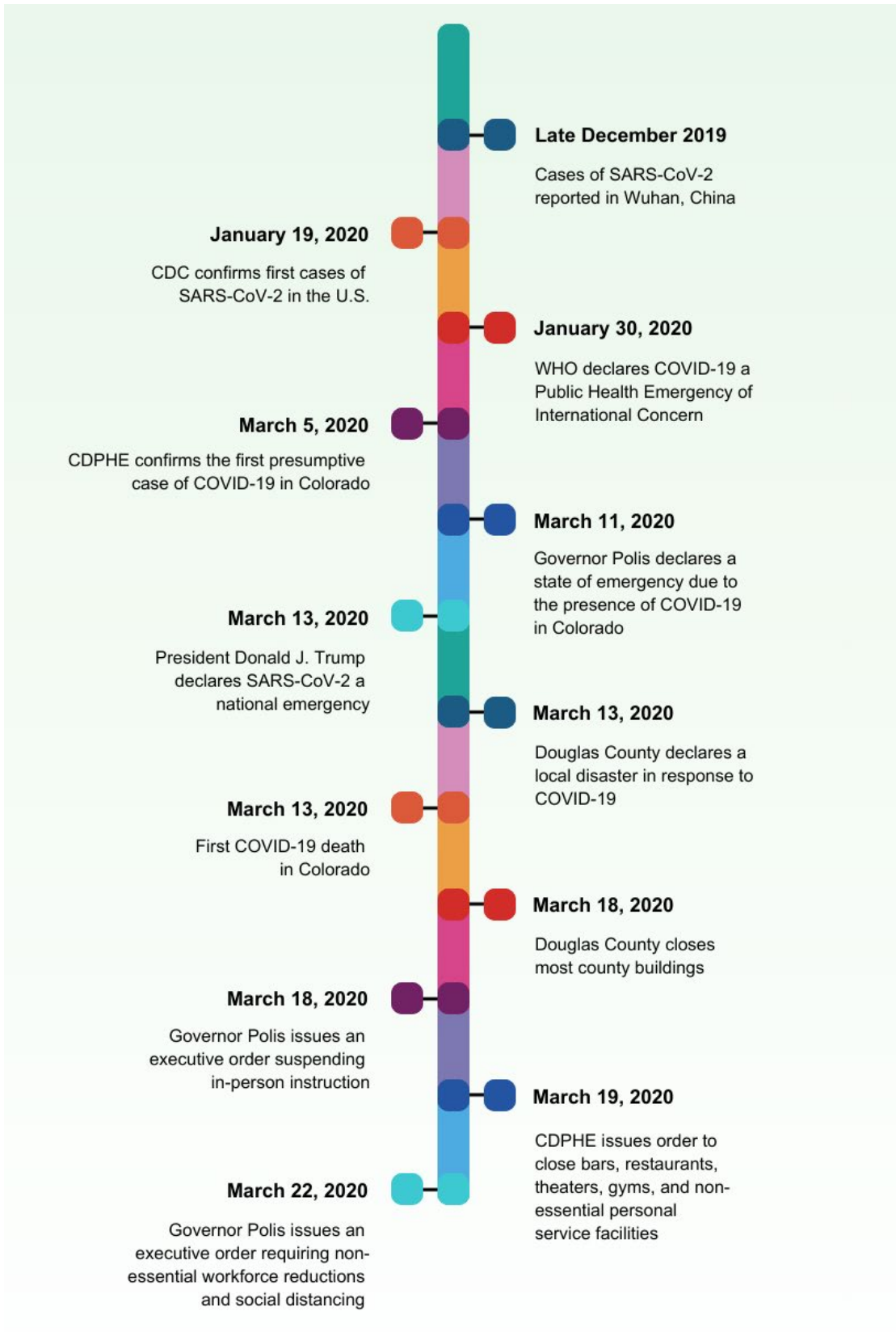
RETURN TO THE NEW NORMAL

Unless superseded by a subsequent public health order, all public health orders remained in effect throughout 2022. The Board of Douglas County Commissioners [voted to establish its own health department](#) in September of 2021. The Tri-County Health Department (TCHD) formally dissolved on Dec. 31, 2022.

Governor Jared Polis did not extend his COVID-19 Disaster Recovery Order (D 2023 009) past its expiration date of May 5, 2023. As such, Colorado's disaster declaration ended on May 4, 2023. The U.S. Department of Health and Human Services declared the end of the COVID-19 public health emergency as of May 11, 2023.

EVENT TIMELINE OF MAJOR ACTIVITIES AND MILESTONES

The COVID-19 pandemic was unprecedented in length for an emergency response activation. The following is a timeline of key events relevant to Douglas County from the first U.S. Case in January 2020 through 2023.







COVID-19 PREPAREDNESS, RESPONSE AND RECOVERY

Analysis of Key Findings

POLICIES, EXECUTIVE ORDERS, AND PROTECTIVE MEASURES

The evolving information available about how COVID-19 was spread, the extent of its impact, and the most effective ways to help reduce the spread created challenges for officials responsible for making policy decisions.

In the early days of the COVID-19 pandemic, communities looked to gather lessons learned from those who had already experienced COVID-19-related illness and began to look at the actions implemented internationally, nationally, and locally. As cases and deaths began to rise, the states and localities began to initiate policies, executive orders, and protective measures to help reduce its impact. Some of these measures included full lockdowns. As time progressed, states and local governments began to implement other protective measures such as school closings, social distancing measures, masking requirements, and other policies. These policies shifted in requirements and, at times, were rescinded as the pandemic moved forward. Inconsistencies in how data was collected, analyzed and shared created challenges for local communities. These challenges were compounded by the ever-changing and, at times, confusing federal and state guidance and policies.

In all, an unprecedented number of executive orders were issued during the pandemic, especially at the state level. Locally, the official emergency declaration for Douglas County was issued on March 13, 2020, in response to COVID-19. Effective March 26, 2020, the Tri-County Health Department (TCHD) issued a Stay-At Home Public Health Order, which affected Adams, Arapahoe, and Douglas counties. From there, a historic number of state executive and public health orders were issued, requiring local governments to interpret and implement these measures.

PUBLIC HEALTH ORDERS: POWERS AND LIMITATIONS

Local officials reported being unaware of the extent of the Governor's legal authorities once a State of Emergency was declared. The duration of time for which these authorities existed was also reported as previously not being well understood. Local officials sought a better

understanding of the Governor's legal ability and limitations to issue orders. Local efforts to enact home-rule legislation to countermand State orders were largely unsuccessful.

Public health orders issued by a local health authority are binding, and non-compliance is a violation of the law. However, no enforcement mechanism was established to ensure compliance by Douglas County businesses and residents, potentially contributing to further misperceptions of the extent of public health legal authorities.

Further complicating compliance with orders, TCHD and other health departments were generally notified of changes to public health orders and guidance at the same time as the public, which created confusion and challenges related to implementation¹. Local interpretation was ultimately left to local communities, businesses, organizations, and residents. Since the orders were from the Governor or CDPHE, TCHD often had no control over the language or details in these orders.

A major issue during the response was a lack of understanding around public health authority versus elected officials' authority during public health emergencies. This was especially true in Douglas County prior to the formation of the Douglas County Health Department.

COVID-19 RESPONSE RECOMMENDATION

- The COVID-19 pandemic guidance and subsequent mitigation actions were universally issued. Federal, state, and local governments often exercise public health powers concurrently. However, where conflicts among the levels of government arise, a clear understanding of when federal laws preempt or supersede state actions and when state actions preempt local laws is needed.
- The scope of the authorities possessed by the Governor and state public health officials was not widely understood by local officials and organizational leadership prior to the start of the pandemic. Capture lessons learned from the recent pandemic and establish clear guidelines for future public health emergencies regarding the powers and limitations of executive and public health orders at all levels of government.
- With the creation of a new health department, establish clear guidelines on the extent of public health legal authorities as it pertains to specific public health orders. Guidance should include authorities and limitations pertaining to the enforcement of those orders.

¹ Tri-County Health Department 2019 Novel Coronavirus Final After Action Report

PUBLIC HEALTH ORDERS: ESTABLISHING LOCAL POLICIES AND PROCEDURES

When the Douglas County Health Department became official on September 30, 2021, public officials issued a public health order allowing exemptions from facial coverings and not requiring the quarantining of asymptomatic individuals. The order took effect on October 9, 2021.

The draft public health order to prohibit schools from requiring students to wear masks was intentionally written to focus on students and shield the County from potential litigation. The word "student" was changed to "people" from the dais during a public meeting, and the revised order was voted on. This change expanded the focus of the order from school children to all people in the county.

COVID-19 RESPONSE RECOMMENDATION

- While public health orders may be explicit in their intent, enforcement of these orders can prove challenging. Future orders should consider implications for noncompliance and enforcement mechanisms.
- Proposed changes to the language of draft ordinances and public health orders should include a process that enables legal counsel to again review and advise prior to official action being taken, such as a vote.
- Clearly articulate the legal and authoritative boundaries and limitations between the Douglas County Board of Health, Board of County Commissioners, town/city councils, and School Board with regard to the issuance of orders and protective measures. Ensure the Douglas County Board of Health has the ability and mechanisms in place to facilitate dialogue and consensus with local policy-making bodies within the County.

SENSITIVE DATA SHARING LIMITATIONS

The need for actionable data to drive effective response is generally recognized as a significant need for health departments/agencies and communities going forward. During the pandemic, it was not well understood how employee or patient health information could be used and disclosed in response to the COVID-19 nationwide public health emergency.

The TCHD requested that the Douglas County Human Resources Department provide information that was considered sensitive about employees who tested positive for or reported symptoms of the SARS-CoV-2 virus. County officials reported being uncomfortable sharing detailed information about employees and questioned whether they had a legal obligation as an employer to comply with the TCHD's request. The Department initially shared the requested information, but the County ultimately determined that they were not required to comply with the information requests, and the practice of sharing employee information stopped.

COVID-19 RESPONSE RECOMMENDATION

- Evidence of the County’s effort to balance the need to collect and share data in relation to privacy concerns was evident in multiple situations. As public health moves more toward a data-driven approach to responding to public health emergencies, establishing clear policies and limitations regarding the sharing of sensitive and personal data will be increasingly important.

Looking Forward: Preparing for the Next Public Health Emergency

This section is intended to identify local, state, and federal considerations based on Douglas County’s experience with the recent pandemic. The considerations and questions included in this section are intended to drive future actions, initiatives, and investments and continue important discussions regarding future emergencies with the potential for far greater consequences and impacts. These considerations are not limited to the recent COVID-19 pandemic but instead are intended to help us look forward, recognizing that each disaster is unique.

LOCAL CONSIDERATIONS AND QUESTIONS

- A major issue during the response was a lack of understanding around public health authority versus elected officials’ authority during public health emergencies. As a new health department, Douglas County has an opportunity to clearly articulate the authorities and limitations of both, and more importantly, ensure the process to develop and implement public health orders engages both public health officials, elected officials, and other key community stakeholders, as appropriate.
- Many public health orders prior to the pandemic successfully focused on “**individual**” quarantine and isolation orders, as noted in the TCHD After Action Report. Communitywide public orders require greater scrutiny, have greater direct and indirect implications, and have many unanticipated consequences. The likelihood of litigation also increases. Douglas County Health Department should proactively draft these orders, anticipate the impacts and consequences of each one, and determine when and how to implement them.

STATE CONSIDERATIONS AND QUESTIONS

- One of the most pressing organization and community concerns was the lack of consistency in pandemic guidance and the frequent changes that occurred. In future events, how will the state continue to build and develop guidance that is adaptable and flexible to accommodate changing circumstances, new scientific evidence, and evolving public health needs?
- There were major communication issues with CDPHE related to both coordination of response activities and understanding changes to public health orders and guidance. Douglas County Health Department is committed to increased 2-way

communication with CDPHE to assure transparency and feedback related to actions being taken at the state level that have local implications. In future emergencies, consider specific communication and collaboration mechanisms to support the direct involvement and participation of local jurisdictions in collaborating and informing state-level guidance and orders.

FEDERAL CONSIDERATIONS AND QUESTIONS

- A comprehensive systematic review and meta-analysis to study the evidence on the effectiveness of public health orders and associated mitigative measures in reducing the incidence of COVID-19, SARS-CoV-2 transmission, and COVID-19 mortality are needed. Studies should also observe and identify factors contributing to compliance and adherence to such orders, such as, but not limited to: risk perception, public trust, culture/social norms, enforcement/threat of perceived punishment, politics, religion, age, socioeconomic status, education, etc.

COUNTY-SPECIFIC APPROACH AND INITIATIVES

Douglas County was unique in many of the approaches and initiatives they implemented to ensure the safety and resilience of their community. While this section focuses on unique county-specific approaches, evidence of the County's unprecedented response is shared throughout this report, and for the purposes of minimizing redundancy are not included in this section if they are noted later in this document. Municipalities and other key organizations also implemented effective and innovative solutions, which are also noted throughout the CAAR.

DOUGLAS COUNTY HEALTH DEPARTMENT

The decision by the County to create the Douglas County Health Department and leave the Tri-County Health Department was a significant endeavor.

The ways Douglas County residents had historically benefited from the services provided by the Tri-County Health Department were different from those of Adams and Arapahoe Counties. An estimated eighty percent of the services provided to Douglas County residents by Tri-County were environmental (e.g., restaurant inspections, pool inspections, childcare center inspections), while an estimated 95% of the services provided to Adams and Arapahoe County residents were clinical services. Most of the services provided to Douglas County were "behind the scenes," resulting in most Douglas County residents being unfamiliar with the scope of services provided by the Tri-County Health Department. When Douglas County made the decision to withdraw from the Tri-County Health Department, the County needed to invest in educating residents on why this change was needed and how it would provide a benefit to county residents.

The County recognized that there was a fundamental misunderstanding of the core public health functions, both within the county and across the country, and how the performance of these functions benefits society. The County launched an education campaign to bridge this information gap. The County also worked to educate residents on the cost savings created by establishing a county-specific health department. By right-sizing the services provided, Douglas County saved an estimated \$2.5 million dollars within the first year according to internal estimates.

Douglas County hired consultants, Colorado Health Institute and Colorado Environmental Health Association, to help conceptualize and navigate the process of starting the Douglas County Health Department. Health Management Association was hired to do a community health assessment. An advisory board was also formed, and the directive was given to establish the new department. The COVID-19 operations were assumed by the Douglas County Health Department in November of 2021.

Additionally, a contractor was sought to assist the new health department with temporary staff augmentation. The contract was competitively bid, but there was only one responsive bidder that was able to meet all the County's requirements. Jogan Health was selected and enabled the County to handle the volume of contact investigation and contact tracing related to the pandemic. Reportedly, the Douglas County Health Department had one of the best COVID-19 reporting rates throughout the State of Colorado.

COVID-19 RESPONSE RECOMMENDATION

Note: Douglas County Health Department recommendations are documented in the Health and Medication section of this report.

- As a new county-specific health department, the leadership, expectations, accountability, and responsibility to provide a comprehensive range of day-to-day and emergency response-related public health and medical services now solely lies with the County. There is a need to continually upgrade and modernize, specifically as it pertains to investing in disease surveillance, matching response capabilities with the growing and changing demographics and needs of the County, and data management/sharing. In referring to public health data reporting in the U.S., a CDC report in 2019 acknowledged we are “puttering along the data superhighway in our Model T Ford.”
- As the new public health department matures, it is also necessary to fully define and integrate the public health emergency response structure within the County’s overall emergency management system, as it serves not only the County but also the municipalities.

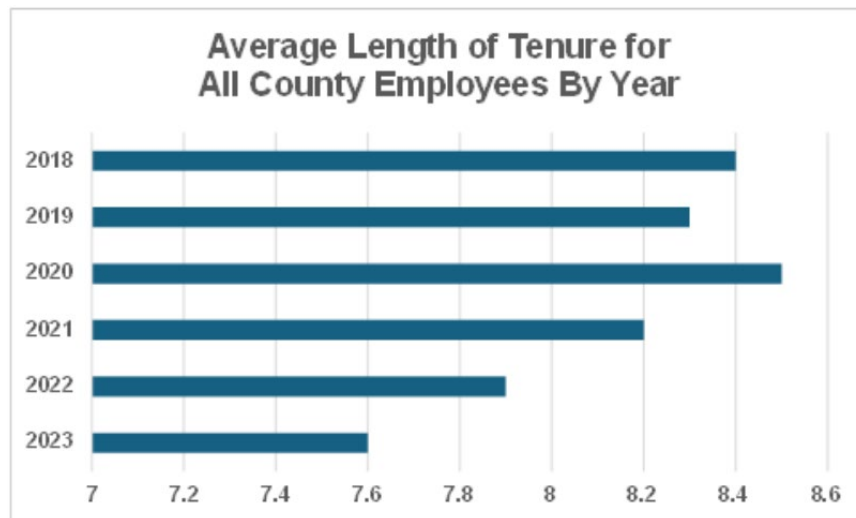
COUNTY STAFF MANAGEMENT

The success of County operations during the pandemic was largely attributed to the collective commitment of personnel to finding solutions to overcome challenges so that the County could continue to provide traditional and pandemic-specific services to residents.

The County’s longstanding employment philosophy was that if you hire good people to do excellent work and support them, you will achieve the desired outcomes, paid dividends during the pandemic. Many of the County staff members who served in leadership positions and/or assumed a leadership role during the pandemic had worked together for the County for several years and previously proven this employment philosophy to be successful. These longstanding work relationships and employees’ dedication to their employer created favorable conditions to innovate and problem solve the service delivery challenges created by pandemic conditions. County leadership reported numerous examples of how staff members rose to the challenges before them to successfully establish new programs and services, such as COVID-19 testing and drive-through vaccination clinics, or made adaptations to the delivery of current services, such as creating a virtual inspection process for some building permits.

The County's "can do" culture, coupled with the extensive knowledge of individual employee's strengths and weaknesses that was developed over the course of working together over the years, enabled the County Manager and elected officials to effectively shift resources to meet the changing demands of the pandemic. However, the continued reliance on relationships and shared work history creates a potential vulnerability for future operations as seasoned employees retire and employment longevity trends change. Post-pandemic trends have shown a shorter length of average tenure for employees, suggesting a greater annual employee turnover rate than was previously experienced. While county leaders have not observed nor do they anticipate significant changes to the culture, this may be a trend to closely monitor.

FIGURE 1: AVERAGE LENGTH OF TENURE FOR ALL COUNTY EMPLOYEES BY YEAR



Source: Douglas County Human Resources

The working relationship the County Manager established with his staff before the pandemic became a significant asset when the need arose to task staff with pandemic-specific activities. The personal knowledge of each manager's and supervisor's professional strengths and weaknesses enabled the County Manager to match employees to tasks based on the skill sets required for successful execution, negating the need to have knowledge or experience in the said subject areas. For example, one staff member who possesses great organizational skills and pays attention to details was put in charge of executing the County's COVID-19 testing operation. This individual did not have previous experience with running a medical operation but used her existing skill set to establish and run the Countywide testing initiative. Similarly, a staff member skilled in multi-tasking and operational coordination was tapped to serve as a leadership role for the County's Five Star Program. Despite the lack of a background in business operations, this individual excelled at working collaboratively with municipalities and businesses to help 306 businesses achieve Five Star Program certification within the first few weeks of the program's establishment.

COVID-19 RESPONSE RECOMMENDATION

- The County's longstanding practice of hiring high-performing individuals reaped dividends during the pandemic since staff who took on new responsibilities were accustomed to being empowered to make decisions and run their own programs. Establish a mentoring program for newer staff members to help transfer institutional knowledge and acculturate them to the County's work philosophy. Continue to formalize and reassess succession planning efforts and strategies.
- Monitor employee retention and retirement trends.

CONTINUITY OF OPERATIONS AND MEETING THE NEED

Many lessons have been learned about how a local government can quickly scale up, implement new methods and technologies, add new employees and contractors, or even adaptively adjust roles to meet staffing and resource needs.

As part of the strategy to maintain as many staff members on the payroll as possible, the County Manager, working closely with elected officials and department leaders, reassigned staff members whose job functions had been suspended to support other departments and/or pandemic response activities. This strategy proved effective. In addition to helping the County staff critical operations and staff maintain their personal source of income, this strategy created opportunities for reassigned staff to have new professional experiences and develop new skills. In some cases, the reassignment has led to a career path change. For example, some of the motor vehicle staff from Motor Vehicle and Driver License who were temporarily reassigned to support the work of the Human Needs Taskforce have since changed jobs and now work in the human services field.

Douglas County increased the Human Services Department's staffing to maintain the capability to support the increased demand for services during the pandemic. The Clerk and Recorder worked with the County Manager to reassign several personnel from departments that had closed or decreased services, such as the Motor Vehicle and Driver's License, to the Human Services Department to increase service delivery capacity. The increased staffing was required as County officials reported a significant increase in the number of first-time users who accessed services during the pandemic. Some of the new users have since realized that their personal situations would have qualified them for services pre-pandemic and have continued to use the services post-pandemic, receiving the help that they need to meet basic needs.

The Human Services Department maintained child and adult protective services and continued grant programs to support the work of community service providers. Grants were customized to the specific needs of eligible service providers and ranged from \$1,000 to \$100,000. Eligible projects ranged from purchasing PPE and buying food to building renovations required to continue providing services.

The Department leveraged the use of technology to aid residents with applying for and receiving services. With the increased staffing support, the Department transitioned to an online application process and figured out how to deliver some services virtually. In addition, the Department conducted virtual town hall meetings to inform residents of available services and answer questions.

COVID-19 RESPONSE RECOMMENDATION

- Update county continuity of operations plans and strategies, such as the Douglas County Human Services Department, to institutionalize lessons learned from the pandemic. Identify and determine how to track essential elements of information and key data points that will trigger activation or an increase in key services and additional staff support.
- Cross-train personnel from other County departments and/or create just-in-time training strategies and plans to provide surge staffing support in certain areas that will likely experience increased demand during a community-wide emergency.
- Reimagine continuity of operations planning. Many of the basic assumptions surrounding continuity of operations plans were challenged during the pandemic, and many plans were ineffective. The success of County operations during the pandemic was attributed in large part to the collective commitment of personnel to finding solutions to overcome challenges so that the County could continue to provide traditional and pandemic-specific services to residents. Many of these lessons should be formalized and articulated in department-specific continuity and emergency plans, training, and exercises.

HUMAN NEEDS TASK FORCE

During the early phases of the pandemic, Douglas County initiated the Human Needs Task Force. In the beginning, the intent of the Human Needs Task Force was to ensure that the needs of elderly residents continued to be met. However, County staff soon acknowledged that the needs of vulnerable populations extended beyond the elderly, and the scope of the Task Force's focus was expanded.

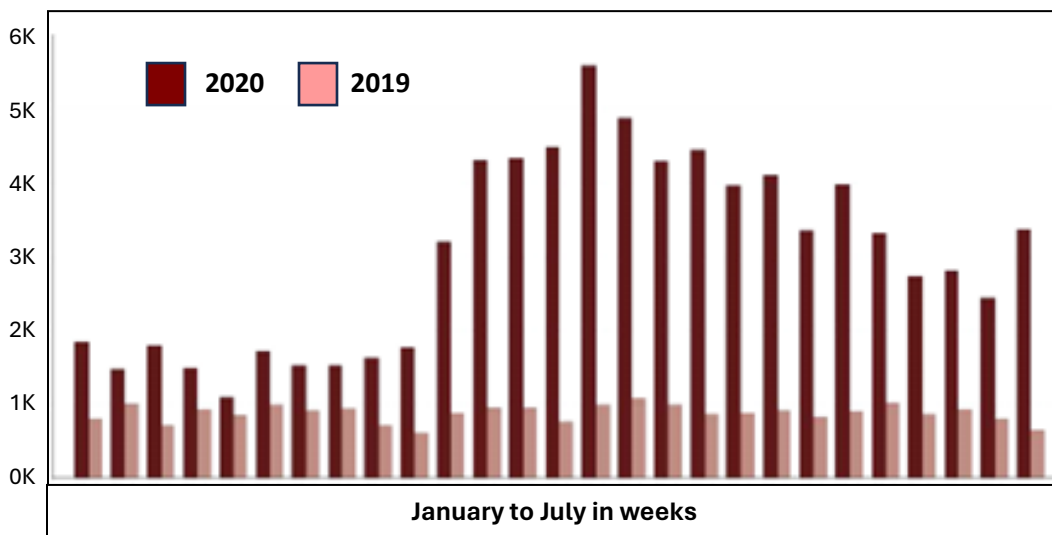
The County assembled partner organizations and service providers to identify the potential needs of the various vulnerable population groups and developed plans on how to meet the identified needs. Four workgroups were established, each focusing on a unique population or problem set. The workgroups were:

- Food, Shelter, and Emergency Assistance Workgroup
- High Need Workgroup
- Healthcare Access Workgroup
- Childcare and Child Support Workgroup

The Task Force met with community leaders every few weeks to keep the leaders apprised of Taskforce activities. The Task Force also published a written update of activities.

The Food, Shelter, and Emergency Assistance Workgroup focused on meeting the basic needs of vulnerable County residents. County staff reported that within the first six weeks of the pandemic, the demand on food banks was four times greater than the pre-pandemic demand. The figure below compares the number of County residents who received food assistance between January and July 2019 and 2020. The Workgroup also ensured that the food supply at local food pantries and food banks was sufficient to meet demand and that residents had the transportation resources required to access food resources.

FIGURE 2: NUMBER OF COUNTY RESIDENTS WHO RECEIVED FOOD ASSISTANCE BY MONTH (JANUARY – JULY: 2019 AND 2020 COMPARISON)



Source: Human Needs Task Force Update, July 17, 2020.

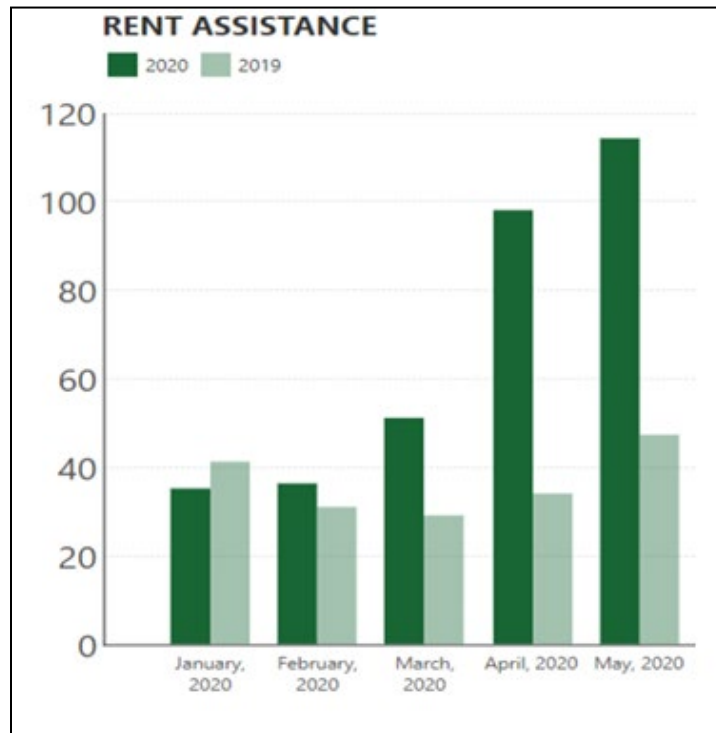
Food, Shelter, and Emergency Assistance Workgroup members supported the school lunch program to provide free meals to any child in need. By May 28, 2020, the program had already provided over 200,000 meals to students who were in need.² The Workgroup also supported the Colorado Department of Human Service’s Pandemic EBT program that provided one-time Supplemental Nutrition Assistant Program allotments for qualifying families with children who attend Douglas County Schools.

The Food, Shelter, and Emergency Assistance Workgroup helped to address the community’s needs when congregate shelters started to close and there was an urgent need to find shelter for unhoused populations. This group also supported individuals struggling to pay their rent, secondary to changes in their employment status. The figure below compares

² Human Needs Task Force Update, May 28, 2020.

the number of people who received rental assistance between January and May 2019 and 2020.

FIGURE 3: RENT ASSISTANCE PROVIDED TO COUNTY RESIDENTS (JANUARY – MAY: 2019 AND 2020 COMPARISON)



Source: Human Needs Task Force Update, June 11, 2020

The High Need Workgroup comprised representatives from senior care facilities, the Tri-County Health Department, and staff from the County’s Community Development, Human Services, and Emergency Management programs. The Workgroup hosted a COVID-19 and Older Adults Live Town Hall meeting in May 2020 that was attended by nearly 4,000 residents. Workgroup areas of focus included the delivery of goods, grocery support, medical support, and quality of life issues for people with access and functional needs.

The Healthcare Access Workgroup addressed issues such as COVID-19 testing access, case investigations, and contact tracing. The Workgroup also promoted the Douglas County Mental Health Initiative and worked to identify funding opportunities to help community residents overcome challenges with accessing behavioral health and physical health services.

The Childcare and Child Support Workgroup worked to address childcare concerns before the start of the 2020/21 school year. The Workgroup also collected and disseminated child-specific supplies to families in need, such as diapers and school supplies.

COVID-19 RESPONSE RECOMMENDATION

- Conduct a county-wide needs analysis to determine the post-pandemic service demands by the community and the number of Human Services Department staff required to meet the service demands.
- Continue to engage Human Needs Taskforce members as a group to address areas of shared concern.

EMERGENCY FINANCING AND PROCUREMENT MECHANISMS

Navigating the regulations and rules surrounding emergency procurement and financing was confusing and challenging, especially with the influx of federal dollars to assist communities in responding to the pandemic.

The County Finance Department established a centralized budget fund to pay for COVID-19 response activities. This process was a switch from the traditional County financial management process of having each department manage its individual budget. The centralized budget fund created the flexibility needed to prioritize funding for initiatives instead of allocating department-specific budgets per initiative, improving the County's ability to remain nimble to respond to the evolving needs of the pandemic. Expenditures first charged to a department-specific account were journal vouchered to the COVID-19 budget fund.

Pre-pandemic, not all County departments maintained the capability for staff to perform required job functions remotely. The County's Finance Department relies upon the issuance of hand-written checks to pay invoices and some bills. Therefore, when checks needed to be written when stay-at-home orders were in effect, staff still had to come into the office to perform this function. The County is working on an electronic solution for invoices and bill payment.

Post-pandemic, the Finance Department has continued to have staff work remotely two days per week as a strategy to maintain capabilities for the seamless performance of County finance functions if a future situation arises that prevents in-person work.

Procurement Strategies

Despite the variances in the procurement procedure provided by emergency declarations/proclamations, county and municipal staff worked to uphold traditional procurement standards as much as possible.

The County and some municipalities issued emergency declarations/ proclamations that provided greater authority and flexibility for emergency procurements. However, multiple interviewees shared that the staff involved in procurement tried to maintain as much alignment as possible with non-emergency procurement policies without compromising the ability to obtain the required resources. Not obtaining three quotes and initiating purchases

verbally while waiting for paperwork to be processed were reported as the most common variances when trying to purchase items, such as N95 masks, which were in short supply nationally and internationally.

COVID-19 RESPONSE RECOMMENDATION

- Review and update emergency procurement policies based on lessons learned from the pandemic. Ensure procedure variances provided by emergency declarations/proclamations allow for sufficient flexibility for worst-case scenarios requiring immediate and/or expedited action.
- Continue to explore modernization of fiscal functions to allow for expedited and remote operations and ensure all fiscal systems and mechanisms have established redundancy. While COVID-19 prompted many financial operations to be more virtual, future disasters may necessitate in-person or hardcopy transactions if networks and systems are inoperable.

COUNTY POLICIES

The county had to alter existing policies and develop new policies to adapt to the pandemic. The human resources policies enacted by Douglas County during the pandemic provided employees with the paid time off needed to attend to COVID-19-related illnesses.

In compliance with the Healthy Families and Workplace Act, Douglas County expanded sick leave policies to provide employees with additional paid time off during the pandemic to recover from an illness, access preventive care, provide care to a sick family member, or attend school meetings related to a child's health condition or disability. The County also started to provide sick leave accruals for positions that previously were not eligible to receive this benefit, such as employees who worked a very limited number of hours per month.

The expanded sick leave policies remained in effect for the duration of the pandemic.

COVID-19 RESPONSE RECOMMENDATION

- The human resources policies enacted by Douglas County during the pandemic provided employees with the paid time off needed to attend to COVID-19-related illnesses. As a lesson learned from the pandemic, reevaluate policies, such as sick leave, virtual/remote work alternatives, etc.

Looking Forward: Preparing for the Next Public Health Emergency

This section is intended to identify local, state, and federal considerations based on Douglas County's experience with the recent pandemic. The considerations and questions included in this section are intended to drive future actions, initiatives, and investments and continue important discussions regarding future emergencies with the potential for far greater consequences and impacts. These considerations are not limited to the recent COVID-19 pandemic, but instead, are intended to help us look forward recognizing that each disaster is unique.

LOCAL CONSIDERATIONS AND QUESTIONS

- With the establishment of a new health department, consider reassessing the organizational structure and capabilities of the department to respond to a major public health emergency now that the organization has been established and has been in operation since 2021.
- Reimagine continuity of operations planning. Many of the basic assumptions surrounding continuity of operations plans were challenged during the pandemic, and many plans were ineffective.
 - There will be a propensity to rely on lessons learned from the COVID-19 pandemic to update and rewrite continuity of operations plans. However, emerging threats, such as cybersecurity, may challenge the inclination to rely on the same COVID-19 playbook, such as working from home or operating in a virtual environment. Continuity of operations needs to be reimaged in light of emerging, more complex, and deliberate coordinated threats to our nation.

STATE CONSIDERATIONS AND QUESTIONS

- Consistent and accurate data, and specifically the identification of essential elements of information that guide local leaders to take proactive measures is vital in any emergency. The identification of actionable essential elements of information can help local communities anticipate increased demand and surge for certain services. Using the COVID-19 experience, work with local, state and federal partners to identify meaningful data points and metrics and establish guidance that can be implemented in local plans and strategies. Disasters and emergencies oftentimes exacerbate pre-existing vulnerabilities and conditions. The unexpected can be expected if the right data is collected, tracked, and analyzed.

FEDERAL CONSIDERATIONS AND QUESTIONS

- Using the COVID-19 experience, work with local/state partners and the research community to identify meaningful community-wide data points and essential elements of information and establish guidance that can be implemented in local plans and strategies.

OPERATIONAL COORDINATION AND IMPLEMENTATION

INCIDENT MANAGEMENT AND EMERGENCY OPERATIONS CENTER (EOC)

According to the Douglas County Office of Emergency Management (OEM) After-Action Report, the Douglas County Emergency Operations Center operations were heavily adapted and expanded for the COVID-19 pandemic.³ Initially, the EOC was physically staffed for operations, logistics, finance, plans/situation unit, public health and medical, and public information. Safety protocols for the EOC were implemented immediately, including temperature checks, social distancing, masking, and regular sanitizing. Air flows were adjusted in the EOC to increase fresh air intake. However, as the need for EOC Staffing grew, the ability to maintain social distancing in the EOC became more difficult, and it was decided that several EOC positions would be relocated to other locations in the Justice Center building, including OEM Offices and several conference rooms.

The EOC created and deployed a number of task forces. Five County taskforces were created and engaged to assist with the various challenges that County employees and citizens faced during the COVID-19 pandemic. These workgroups included a Human Needs Taskforce, a Small Business Administration (SBA) Taskforce (later renamed the Economic Recovery Taskforce), a FEMA Public Assistance (PA) Taskforce, a Communications Taskforce, and a County Employee Liaison Taskforce. The County created a Virtual Disaster Assistance Center for citizens, which was located on the Douglas County Human Services webpage.

The EOC coordinated COVID-19 testing. However, the EOC was not always fully informed of the testing plans and status of operations by the school systems, extended care facilities, and healthcare providers. County staff reported multiple occasions when COVID-19 testing clinics were established near one another when other areas of the County may have been experiencing a gap in the provision of services or resourcing.

COVID-19 RESPONSE RECOMMENDATION

- Define the lines of communication and information-sharing expectations between field operations and the EOC. Explore, reassess, and adapt the principles of the Incident Command System (ICS) for long-duration, community-wide emergencies that involve multiple and ongoing operations involving multiple stakeholders, municipal-specific initiatives, and contractors.

³ Douglas County Office of Emergency Management 2020 COVID-19 Response After Action Report

- The Emergency Operations Center (EOC) was not consistently used as the central point of coordination for certain COVID-19 related operations. Training and exercises can help to solidify and better define its role not just for the County but also in supporting the municipalities.

INTERJURISDICTIONAL COMMUNICATIONS AND OPERATIONAL INFORMATION SHARING

County leaders and agencies also addressed challenges and gaps in response operations by increasing their coordination and communication efforts. Throughout the county, it was common to see agencies, workgroups, committees, and other coordination bodies having regular meetings, weekly, daily, or sometimes multiple times a day, to collaboratively tackle the many struggles and challenges at hand.

Municipal mayors and council members were invited to participate in a weekly meeting hosted by the County Commissioners. The group was eventually expanded to include special districts (e.g., libraries and schools) and community associations. The purpose of these meetings was to share information about County activities and challenges. Municipal representatives reported that they found the information shared during the weekly meetings to be helpful.

The collaboration among county, town, and city managers to address common challenges throughout the pandemic created an invaluable means of support. The pre-existing network of County, town, and city managers was leveraged to maintain communications and exchange information about how each was addressing areas of shared concern. The group started a virtual informal debrief of the week on Fridays to recap and reassess the week. Interviewees reported that this social connection among professional peers created an invaluable mental health support system. The group has continued to conduct a weekly Friday debrief post-pandemic.

COVID-19 RESPONSE RECOMMENDATION

- Formalize the inter-jurisdictional coordination opportunities and ensure key partners are included, as appropriate. During the pandemic, these efforts were mostly reactive based on the emerging and evolving needs and challenges identified by various disciplines and government entities. Documenting and formalizing these adaptive roles in plans and reinforcing these important conduits for coordination is needed.

ADAPTING TO SUPPORT DAY-TO-DAY OPERATIONS

In the efforts to respond to the pandemic, the County had to alter existing policies and procedures and develop new approaches to adapt operations and services to the changing environment. This allowed agencies to test new ideas, technology, policies, and programs that might not have been thought of prior to the pandemic.

Creating a Safe Work Environment

During the pandemic, the County started using an electrostatic sprayer to disinfect public spaces, such as building lobbies and meeting rooms. Use of this equipment post-pandemic has been retained as a best practice for cleaning shared spaces.

Departments and offices with public-facing functions installed Plexiglas partitions to separate the staff and customers. Some re-engineered their customer interface so that members of the public did not need to come into the building further than the lobby. For example, some departments/offices established drop boxes where members of the public could leave and/or pick up paperwork at designated times without the need for in-person interactions.

The County's Motor Vehicle and Driver's License Offices transitioned to an appointment-based service schedule. This strategy helped to control the number of people in a building at the same time. Some offices also directed members of the public to use different entrances for different services as a strategy to further distance people.

Social distancing reminder signage was installed in buildings, and the ingress/egress routes for some public spaces were redefined, with the flow of traffic in some hallways only permitted in a single direction. The occupancy for elevators in County buildings was restricted to a single rider at a time, and people were encouraged to use the stairs as much as possible.

Over the past 15 years, the County invested in initiatives to improve the indoor air quality in County-owned facilities. At the time of the pandemic, many facilities already had UV HVAC systems in place. Facility staff reported that although County buildings already had a good filter regimen, adjustments were made to create more positive pressure and increase the amount of outside air coming in.

Going Virtual

The community internet infrastructure that existed before the start of the pandemic enabled the County to transition from a traditional media strategy (e.g., television, radio, newspaper) to a web-based strategy. The pre-pandemic investments made to increase the County's web presence and the community's access to online tools and information resources provided the infrastructure needed to support operations when public health restrictions prevented the County from using the traditional service delivery model. The County leveraged its web presence to share information with residents about changes to County operations and pandemic-specific operations in a timely manner. The County also transitioned some of the pre-pandemic, in-person-based services to online services to keep them open for business.

County staff, for example, established a virtual inspection process that was used to approve some permits. Residents could Facetime with a County inspector or submit a video showing

the plumbing or electrical work that had been completed. Upon verifying that the work complied with the established code, the inspector could sign off on it. Many offices also switched to an online permit application process.

Some County offices worked with residents to set up appointments for them to drop off paperwork or plans that required County review in a secure area. County staff would retrieve the documents as soon as they were dropped off to ensure sensitive information remained secure. After processing, a reverse process was used to return the documents and any resultant permits to the document owner.

To help right-size the demands placed upon staff, the County Board hired additional staff to support critical functions. For example, a visual content producer and a website content manager were hired to support the Director of Communications. However, the decision to create a county-specific health department added to the workload of some personnel (e.g., finance, human resources, communications) who were already managing additional responsibilities that resulted from pandemic operations.

COVID-19 RESPONSE RECOMMENDATION

- Continue to integrate the use of new technology into facility cleaning protocols.
- Continue to invest in the technology infrastructure required to perform critical County functions in a virtual environment.
- The County's pre-pandemic investments in web-based capabilities enabled the County to remain open for business throughout the pandemic. As technology evolves, continue to make strategic and sustainable investments in technology and equipment.

COUNTY GOVERNMENT COMMUNICATIONS

Some interviewees shared that the County workforce would have benefitted from a more centralized approach to specific operational policy decisions and increased frequency of all-staff communications about County operations during the different stages of the pandemic. The plethora of conflicting information about public health restrictions that was publicly available and the autonomy of managers and supervisors to determine what changes to invoke and what information to communicate to staff contributed to confusion and concern among some staff. Some staff reportedly had difficulty reconciling how different programs working in the same building could use different protective standards.

Some County officials shared that, in retrospect, the County workforce would likely have been better served if additional resources had been dedicated to labor relations and internal communications.

COVID-19 RESPONSE RECOMMENDATION

- The County used a decentralized process for establishing pandemic-related operating policies and communicating with staff, relying heavily on managers and supervisors to perform these functions. This is seen as a strength in many instances and has served the County well. In certain situations, it may be advantageous to standardize the information shared with all employees. Determine those situations and circumstances, and the best mechanism to communicate with all staff/employees.

Looking Forward: Preparing for the Next Public Health Emergency

This section is intended to identify local, state, and federal considerations based on Douglas County's experience with the recent pandemic. The considerations and questions included in this section are intended to drive future actions, initiatives, and investments, and continue important discussions regarding future emergencies with the potential for far greater consequences and impacts. These considerations are not limited to the recent COVID-19 pandemic, but instead, are intended to help us look forward recognizing that each disaster is unique.

LOCAL CONSIDERATIONS AND QUESTIONS

- Establishing and defining who is in charge for the County during a large-scale, long-duration public health emergency will be extremely important going forward. Pandemics are unique in that their effects reach far beyond health and medical considerations. The ability to recognize and appreciate the health and medical needs of the community while balancing all other aspects of an emergency requires a person or entity that is in a position of authority and has a broad perspective of all the direct and indirect impacts to a community.
- Maintaining and staffing an Emergency Operations Center for long-duration incidents can be challenging. Continued representation from key departments and leadership may require clear delegations of authority, which should be captured in operations-based plans for each department.
- Douglas County proactively made many investments to modernize the county infrastructure and operations through improved HVAC systems, increased network bandwidth, and other technology. As the County and municipalities assess emerging threats and wide-scale disruptions to government operations, determine what investments are needed to support and modernize day-to-day operations while addressing continued resilience to emerging threats, such as cybersecurity, future pandemics, or other disasters.

STATE CONSIDERATIONS AND QUESTIONS

- One of the many challenges local jurisdictions in Douglas County experienced was having to develop policies and procedures, oftentimes based on state-level orders, in areas where there was no prior precedent or best practices. State-level departments and agencies (with oversight responsibilities) can proactively work with local communities and agencies/organizations to improve local-level and discipline-specific continuity of operations plans to realistically identify operations-based adaptations, enhancements, and alternatives based on lessons learned from the recent pandemic and emerging threats and disruptions.

FEDERAL CONSIDERATIONS AND QUESTIONS

- Innovation at the local and facility level to support continuity of operations was a hallmark of the recent pandemic. Researching and providing best practices (by discipline) on proven innovations (e.g., technological investments and solutions to support virtual operations) and adaptations to support the continuity of operations and critical services will help local communities prioritize efforts in future emergencies while minimizing the proclivity to learn on the fly and expending limited resources.

HEALTH AND MEDICAL

The Board of Douglas County Commissioners voted to establish its own health department in September of 2021. The Tri-County Health Department (TCHD) formally dissolved on Dec. 31, 2022. Many of the health and medical operations related to COVID-19 happened prior to the establishment of the new health department.

The COVID-19 pandemic profoundly impacted health and medical services across the globe, affecting both healthcare provision and population health. The influx of COVID-19 patients placed immense strain on healthcare systems worldwide. Hospitals faced challenges such as a shortage of inpatient beds, medical equipment and supplies, and healthcare workers.

The impact of the COVID-19 pandemic on health departments was also significant and multifaceted, as they played a central role in responding to the pandemic and managing its public health implications. Douglas County began the pandemic under the authority of the Tri-County Health Department and then, in the latter part of 2021, created the Douglas County Health Department to better align the services available to Douglas County residents.

OPERATIONS

The County supplemented the public health expertise available to inform Emergency Operation Center activities. The Tri-County Health Department was slated to staff the public health and medical functions during Emergency Operation Center (EOC) activations. However, the demands of the pandemic prevented Tri-County from staffing the EOC, creating a significant gap in subject matter expertise. The County hired external public health subject matter experts to staff the health and medical desk and support the work of other emergency support functions. The EOC staff was also successful in obtaining access to some of the Tri-County Health Department's internal meetings and briefings as a strategy to maintain situational awareness.

Contact Tracing

The Tri-County Health Department Epidemiology Program requested school nurses to support contact tracing efforts for all students who tested positive for SARS-CoV-2. The nurses were instructed to identify all students with whom each infected student had contacted during the two days before symptom development. The contact tracing process was relatively straightforward in elementary school settings when students were assigned and remained with a single cohort throughout the school day. However, the class change schedule for middle and high school students increased the complexity of and time required for identifying all potential contacts of a positive student.

Furthermore, school nurses were instructed to send the parents of all potential contacts of a SARS-CoV-2 positive student a letter informing them that their child needed to quarantine for two weeks from the date of potential exposure. School nurses were responsible for tracking quarantine compliance. Some school nurses offered to test potentially exposed students for SARS-CoV-2 daily for two weeks as an alternative to the students being quarantined. However, the Tri-County Health Department was unable to approve this alternate plan since it did not align with the school outbreak guidelines established by the Colorado Department of Public Health and Environment.

Although potentially exposed students were not permitted to attend school during the quarantine period, school nurses were neither able to monitor nor enforce off-campus activities. It is unknown whether these students complied with the quarantine directive by staying at home and limiting contact with other people during the designated two-week period. Also, not all schools could deliver remote instruction; not all quarantined students could participate in it if offered by their school.

Testing

Early in the pandemic, Douglas County leadership dedicated the resources required to plan for and offer public testing services as soon as the County was able to procure enough COVID-19 tests. The County contracted with the STRIDE Community Health Center to provide the healthcare staffing resources required to conduct COVID-19 testing operations at the Douglas County Fairgrounds and the Lone Tree Art Center; a similar operation was established at the Justice Center. A contract was established with a courier service to transport tests to the State laboratory for processing.

County officials leveraged private partnerships to establish testing locations. For example, Canvas Credit Union donated the use of their parking lot for six months to be used as a drive-through testing location. Multiple local healthcare-related businesses (e.g., animal care providers, urgent care facilities) provided medical staffing resources to perform the test swabbing while other non-healthcare-related businesses provided staff to support general testing operations. These volunteer resources were critical since many people who comprise traditional volunteer pools were potentially at higher risk of the virus that causes COVID-19 illnesses and, therefore, declined to volunteer.

The County worked with the State to outfit a mountain van as a mobile testing operation to increase access to testing services in rural areas. The use of pop-up testing sites were also employed. To maximize resources while ensuring countywide testing coverage, the days of operation at each location were rotated, with a maximum of three County-operated testing locations being open at a given time.

The County eventually established a relationship with a local urgent care provider to provide COVID-19 testing services on behalf of the County, leveraging the existing healthcare infrastructure to provide the required services.

Although the County was the testing provider, federal healthcare laws and technology limitations prevented the County from retaining private health information and sharing test results with the people who were tested. Registration to take a test was not required. Instead, individuals provided their information on a hard copy form at the testing site prior to being tested; forms were submitted to the lab in the bag with the test specimen.

County staff prioritized the provision of testing services to all residents and did not conduct a cost/benefit analysis to define metrics to determine the point when resources required to conduct testing operations would exceed the cost of the investment. As a result, the County continued to operate multiple testing clinics when there was low demand. For example, County staff reported that the last two sites to remain operational, the Fairgrounds and Justice Center, were testing approximately seven people per day toward the end of operations, but that leadership elected to keep both sites operational for an extended amount of time before scaling back to one location. Although the demand had significantly decreased many months earlier, the County continued to operate the Justice Center location until the vaccine operations had been fully rolled out in 2021.

Additionally, County staff anticipated that the demand for mountain van testing services would be high, but ultimately, the demand for testing was low in the rural areas. It is not known whether the lack of demand was specific to this population or the fact that the mountain van was stood up after other options for testing became available.

Vaccination

With the supply of COVID-19 vaccine being severely limited during the first few months of availability, the State issued guidance to vaccine providers on which members of the population should be prioritized for vaccine receipt. Non-compliance with prioritization guidance jeopardized a vaccine provider's future eligibility to receive additional vaccine doses. Frontline healthcare workers were included in prioritization Group 1, educators and childcare workers in Group 2, and frontline workers such as grocery store and agricultural workers in Group 3. Municipal staff whose responsibilities included the operation of critical infrastructure systems, such as water and wastewater, were not included in the frontline worker prioritization and had to wait an extended period to become eligible for vaccine receipt.

Water and wastewater systems cannot be operated safely without a fully trained operator. County and municipal leadership reported reaching out to the Tri-County Health Department to advocate for water and wastewater system operators to be moved to an earlier vaccine prioritization group. However, these efforts were unsuccessful, creating

potential vulnerabilities for the water and wastewater systems for a lengthened amount of time.

Douglas County Office of Emergency (OEM) Management spearheaded the County's vaccination clinic initiative. OEM engaged the services of an independent healthcare provider to administer the vaccine. OEM planned and executed ten vaccination clinics during the first quarter of 2021, providing approximately 1,400 doses of vaccine to the County's most vulnerable population.⁴

As the supply of vaccines increased, County staff established a drive-through vaccination clinic at the Douglas County Fairgrounds, which opened on May 24, 2021. Vaccines were provided free of charge, and no appointment was required.

Douglas County staff also worked with the Village of Castle Pines and Albertson/Safeway Pharmacies to support the opening of a mass vaccination clinic in a vacant grocery store. This location opened in mid-April 2021 and remained open for three months, reopening for a period in September 2021 when booster doses for older adults and vulnerable populations were recommended.

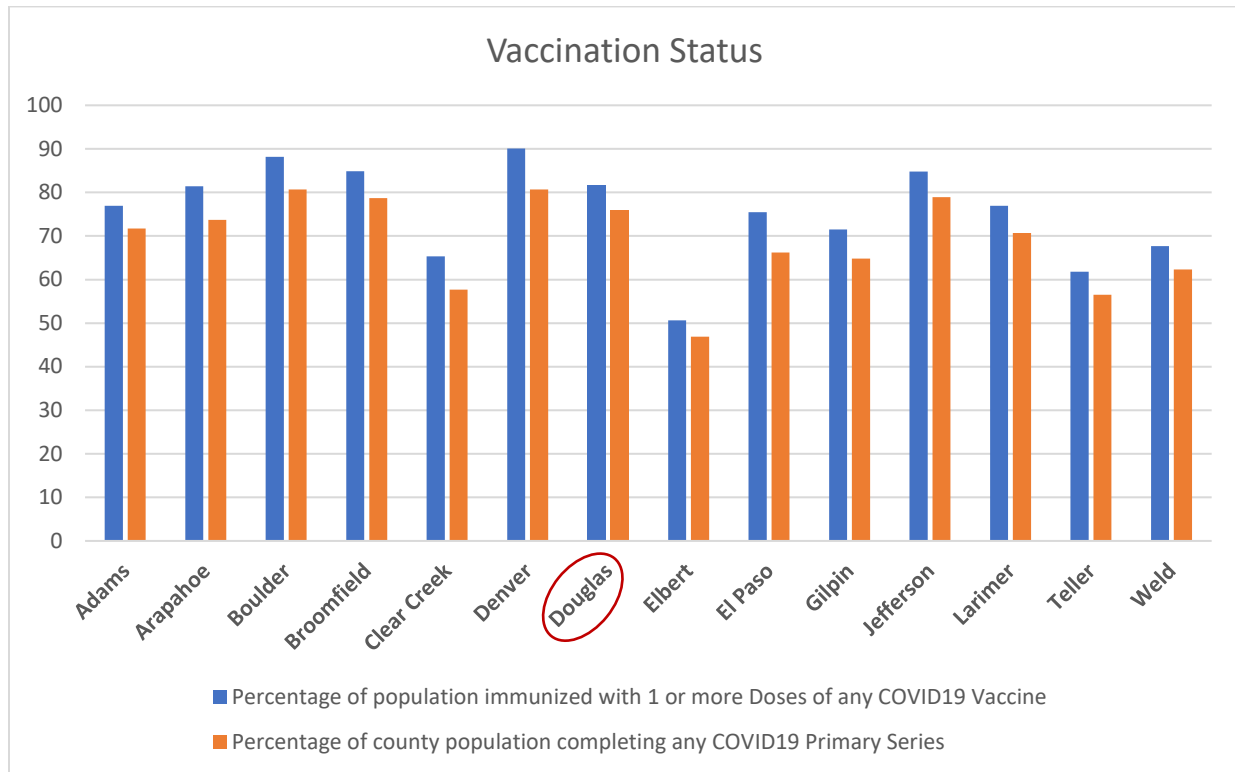
The County provided support for three vaccination clinics at senior centers, one at the Eastridge Recreation Center, and partnered with Life Health for a "Home-Bound" vaccination project. OEM also worked with local hospitals to establish vaccination opportunities for first responders.

Interviewees noted that the State was a valuable resource for obtaining the supplies needed to operate the vaccination clinics.

As of November of 2023, Douglas County had a vaccination rate of 75.8% of the county population on completing any of the COVID-19 primary series. Almost 82% of the population were immunized with at least one or more doses of any COVID-19 vaccine as seen in the figure below.

⁴ Douglas County Colorado 2021 Year in Review, February 2022.

FIGURE 4: PERCENTAGE OF POPULATION VACCINATED FOR COVID-19



Source: [Colorado Disease Control and Public Health Response](#)

COVID-19 RESPONSE RECOMMENDATION

- Develop, train, and exercise a county-specific plan to provide large-scale testing services to residents during a future pandemic.
- Establish Memoranda of Understanding with facilitates that may be able to be used as testing locations during future pandemics.
- While having visibility in the community and demonstrating key services during an emergency is important, defining metrics to inform decisions on the continuation of key services is recommended. For example, the County's COVID-19 testing operations did not have pre-identified metrics for when to surge or demobilize, resulting in the continued provision of testing services beyond the public demand.
- Create a cache of non-consumable supplies (e.g., traffic cones, caution tape, reflective vests for workers) required to support mass testing operations.
- Incorporate the periodic conduct of a cost/benefit analysis of continued operations into all initiatives during large-scale public health emergencies.
- Work with the State to document the County and municipal positions that are critical to the maintenance of essential services during an extended emergency in State emergency plans.
- Document, resource, train, and exercise a County-specific Medical Countermeasures Plan.

- Some personnel whose positions are critical to the continuation of County and municipal operations were not included by the State as frontline workers for purposes of vaccine prioritization. County attempts to have these positions re-classified to a higher priority group were unsuccessful. As a new health department, begin the process of proactively identifying priority groups in plans.

Douglas County Health Department Specific Recommendations

As a new health department, the following recommendations pertain to positioning the health department to better support the County during a public health emergency.

- Consider making available health department personnel to be first responders during a crisis. Review department personnel code/employee agreements to ensure this is a possibility.
- Consider how best to continually integrate and train personnel on NIMS for emergency operations. This allows for formal communication pathways with response stakeholders and provides direction for the agency incident commander.
- Consider more clearly defining the role of the health department incident commander and their authority and processes utilized to use and deploy health department assets to mitigate the emergency.
- Continue to establish a response culture, which includes building stakeholder relations, incorporating internal human assets within threat assessment, planning, training, and exercising.
- The health department should have an ability to seamlessly transition from normal operations to emergency operations. Emergency Operations should be scalable for the event and include demobilization.
- The health department should have role clarity when **operationalizing unified command operations**.

HEALTHCARE COALITIONS

The pre-pandemic role of the North Central Region Healthcare Coalition primarily focused on planning and preparedness activities. However, as the pandemic progressed, the role was expanded to provide resource management support for the healthcare delivery system. This expanded role benefited multiple stakeholder groups.

The North Central Region Healthcare Coalition served as a liaison to government organizations on behalf of healthcare institutions, helping government officials remain informed about the changing impact the pandemic was having on the healthcare delivery system.

From April 2020 - April 2022, the Coalition gathered data from members on specific metrics to develop a better quantitative picture of the pandemic's impact on the regional healthcare

delivery system. The trends seen in the data helped to demonstrate specific areas of concern and provide quantifiable information to support qualitative information shared by healthcare institutions. The data positioned the Coalition to advocate on behalf of their members for government support, inclusive of physical resources and staffing waivers.

The amount of disparate information available, evolving recommendations and orders, and local policy variations required that constant attention be paid to ensure accurate information was being used to inform decisions. As needed, the Coalition would follow-up with the information source to clarify intent and/or receive additional direction on how the information should be applied to operations within a healthcare setting.

The Coalition published a weekly report that was shared with the widest audience possible. The weekly report's intent was to interpret the information from the previous week and present it in a way that could be easily understood by all stakeholders. These reports helped to create a standardized interpretation of information while serving as a force multiplier for member organizations.

The Coalition received numerous requests from government officials to help inform decisions on how to prioritize the allocation of limited resources. The Coalition's situational awareness of the service demand and service delivery challenges of the multiple types of providers within the healthcare delivery system (e.g., hospitals, EMS, skilled nursing facilities) enabled the Coalition to make resource allocation recommendations that would likely have the greatest impact on the overall system.

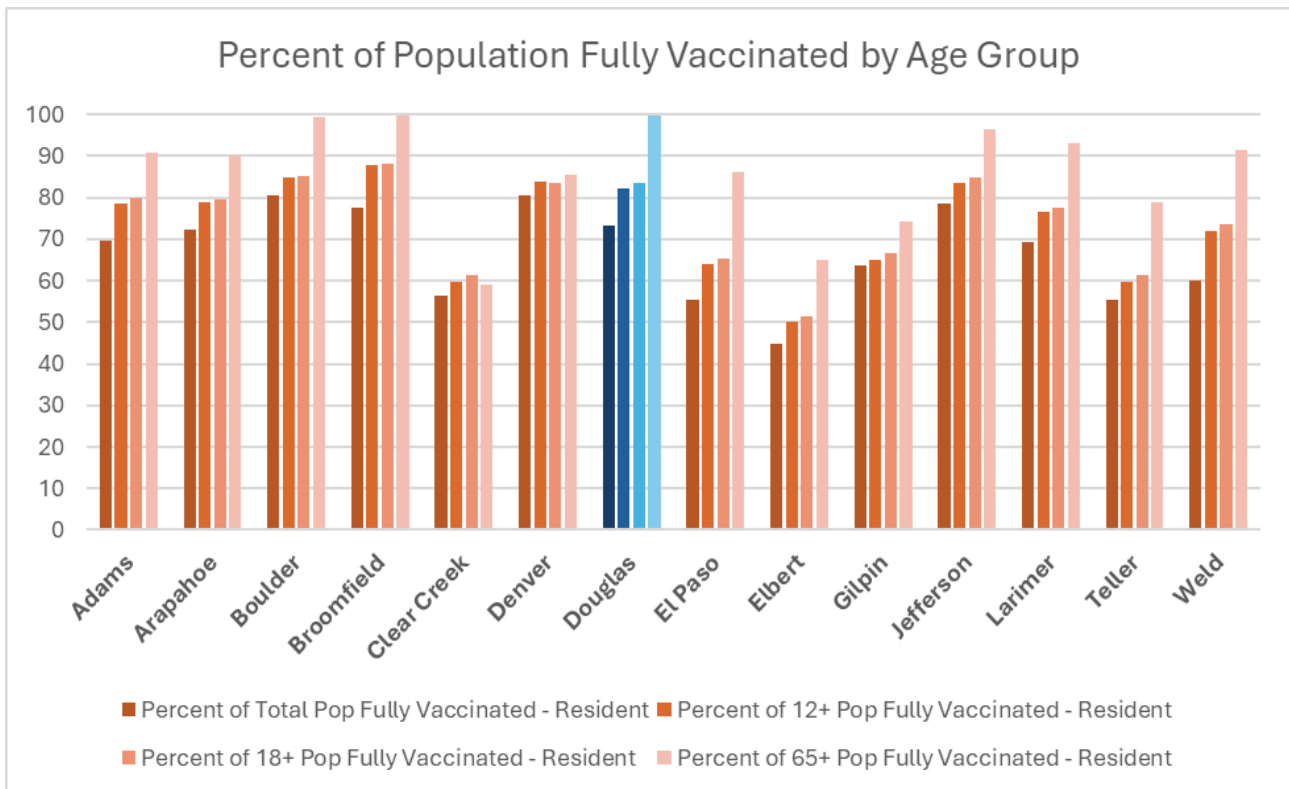
COVID-19 RESPONSE RECOMMENDATION

- The North Central Region Healthcare Coalition served as a liaison to government organizations on behalf of healthcare institutions, helping government officials remain informed about the changing impact the pandemic was having on the healthcare delivery system. Codify the North Central Region Healthcare Coalition's liaison function in Douglas County emergency plans.

Regional Comparison

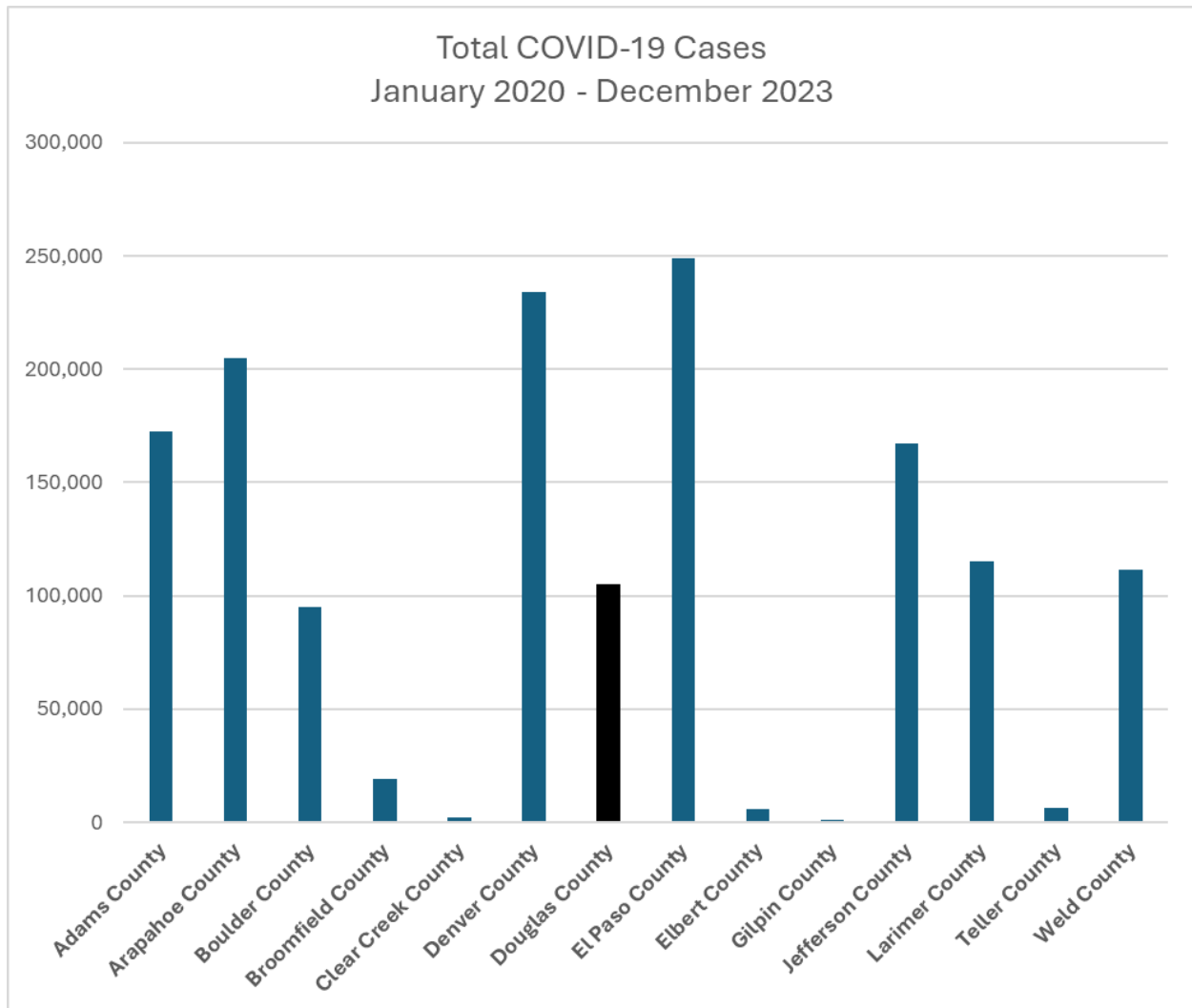
Disclaimer: Many factors, such as accurate reporting of data and county-specific characteristics, determine reported outcomes in this section. Although COVID-19 may have influenced certain metrics and outcomes, correlating these regional findings to the pandemic would require additional research and analysis. Regional comparisons and trends were included to descriptively show Douglas County in relation to the region and highlight those areas that truly impacted the county versus trends common throughout the region. Any definitive conclusions and correlations would require further analysis.

FIGURE 5: PERCENT OF POPULATION FULLY VACCINATED BY AGE GROUP



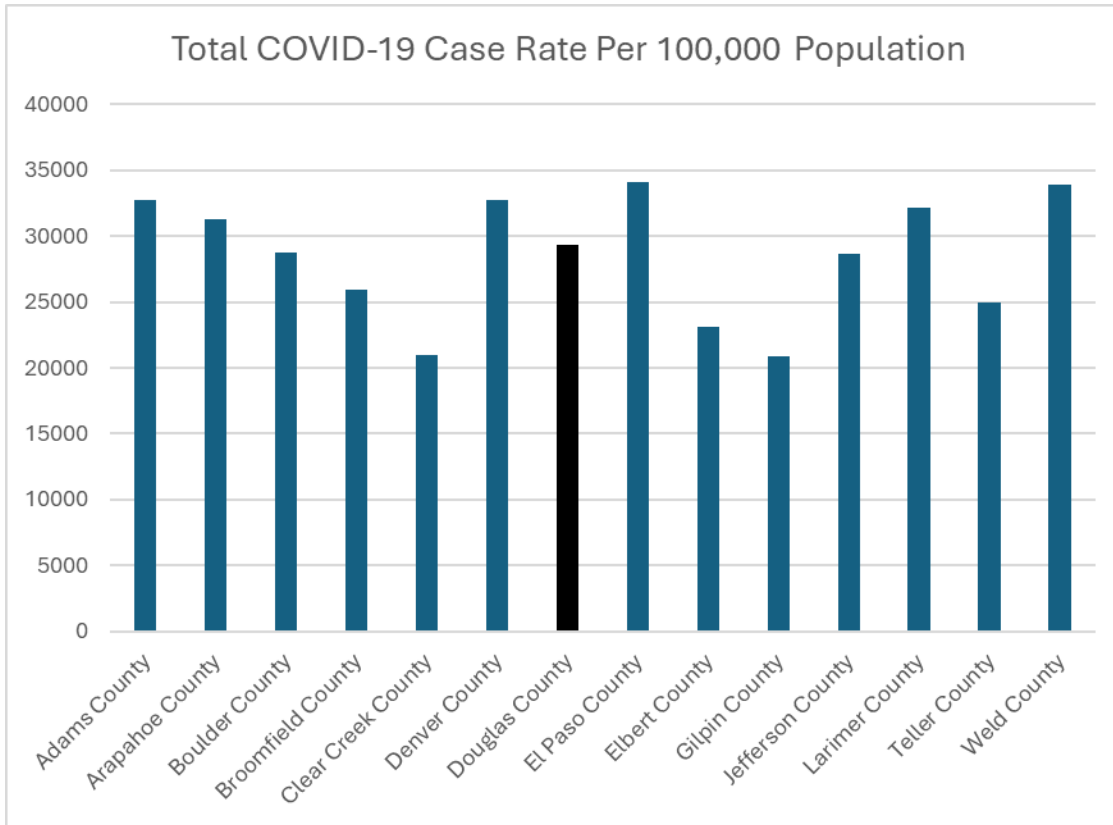
Source: [Colorado Disease Control and Public Health Response – as of 11/25/2023](#)

FIGURE 6: TOTAL NUMBER OF COVID-19 CASES BETWEEN JANUARY 2020-DECEMBER 2023



Source: [CDPHE COVID19 Cases and Deaths by County - 11/22/2023](#)

FIGURE 7: TOTAL COVID-19 CASE RATE PER 100,000 POPULATION



Source: [CDPHE COVID19 Cases and Deaths by County - 11/22/2023](#)

Looking Forward: Preparing for the Next Public Health Emergency

This section is intended to identify local, state, and federal considerations based on Douglas County’s experience with the recent pandemic. The considerations and questions included in this section are intended to drive future actions, initiatives, and investments and continue important discussions regarding future emergencies with the potential for far greater consequences and impacts. These considerations are not limited to the recent COVID-19 pandemic, but instead, are intended to help us look forward recognizing that each disaster is unique.

LOCAL CONSIDERATIONS AND QUESTIONS

- Douglas County Health Department has been committed to providing continuity of public health services for county residents through a phased approach. Services began transitioning June 1, 2022, and the final transition of services was effective January 1, 2023. With the infancy of the Douglas County Health Department, what is

the ability of the department to ramp up emergency response operations with limited staff and reliance on contractors? Reevaluate the needs of the department and determine planning, organizational, equipment, training, and exercise gaps and deficiencies. Ensure strategic plans clearly articulate a realistic roadmap to address these gaps.

- Under Colorado law, public health departments that don't have a physician as their public health director are required to employ one as a medical officer to advise the public health director on medical decisions. The Douglas County Health Department has a part-time medical officer/director. During a prolonged event, a dedicated medical director will be instrumental. Ensure a plan is in place to augment the role of the medical director during a prolonged event like COVID-19.
- There are natural intersections between Public Health Emergency Preparedness and Emergency Management in terms of preparedness planning for and emergency response to public health emergencies. However, these seemingly natural intersections do not always tend to collaborate, and often, assessments, plans, training, and exercise are completed in silos. Many local communities, such as Douglas County, continue to work to reconcile and better define the synergies between public health and emergency management, especially during large-scale public health emergencies. There is an opportunity to clearly define "who is in charge" and how an incident will be managed during a community-wide public health related emergency. EOC exercises, for example, should continue to test and challenge current assumptions and procedures to ensure the synergies between public health and emergency management are maintained and improved.
- An analysis conducted in 2022 determined that the U.S. public health workforce needs at least 80,000 additional full-time equivalent (FTE) positions to provide core public health services. This includes 54,000 more for local health departments and 26,000 more for state health agency central offices. As a new health department, Douglas County will continue to make efforts to balance meeting the day-to-day needs of a health department but must also consider how the department can surge to meet the demands of a community-wide emergency. While the Douglas County Health Department has been fortunate to be able to staff key positions within the Office of Emergency Preparedness and Response (OEPR), Epidemiology, Disease Surveillance and Investigation, staffing and meeting the needs of a community-wide public health emergency will be a challenge. Recruiting and retaining qualified staff will be competitive as many public health departments and agencies compete and recruit in a competitive job market, which has been the case for Douglas County in the short time the county has had a health department.
- During the COVID-19 pandemic mass vaccination campaign, securing the number of personnel required to administer the vaccine became a significant challenge for local communities. While Douglas County was able to contract the administration of vaccination, this may not always be the case in future public health emergencies. Reassess current plans, contracts, and strategies specific to ramping up personnel

and resources to ensure adequate resources will be available and that appropriate redundancies are identified.

STATE CONSIDERATIONS AND QUESTIONS

- Local governments relied heavily on guidance from both the state and federal governments during the pandemic. However, the rapidly changing, and sometimes confusing information about the pandemic, for example, likely influenced public perceptions about protective measures and disease control strategies. These include, but are not limited to:
 - Are masks intended to protect others or the wearer of the mask?
 - How does the virus spread? Respiratory droplets or heavier droplets that fall to the ground and travel no more than 6 feet?
 - Is the goal of the vaccine to protect against serious illness or infection? How long does immunity last?
 - What constitutes being “fully” vaccinated?

Consider how local communities, such as Douglas County, can work more closely with the State to improve consistency and transparency of public information shared with local communities, stakeholders, and the public during future public health emergencies. Local input, in a rapidly changing and evolving emergency, will be key to implementation and buy-in from the public at large.

FEDERAL CONSIDERATIONS AND QUESTIONS

All Emergencies are Local

The Federal Emergency Management Agency (FEMA) and the CDC prescribe that “all emergencies are local.”

During the recent pandemic, this model was inverted, with the federal government and state governments dictating and prescribing much of the policies and required mitigation/emergency measures. While this is understandable during a national and global incident, finding a more balanced and flexible approach, allowing local governments to adapt based on local circumstances and needs, may need to be explored.

Pandemic Contact Tracing-Testing

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of health data to help guide public health decision-making and action. Contact tracing is one surveillance method that allows scientists to gather data about infections and how they may spread.

Public health officials have long used contact tracing as a tool to help break the chain of communicable disease transmission. At the onset of an outbreak, this strategy can be used to understand who is infected, who has been exposed, inform disease control actions, and control community impacts. Contact tracing helps to quickly identify, assess, and manage people exposed to a disease to prevent additional transmission. Contact tracing involves identifying, notifying, and isolating or quarantining people who have had close contact with a case or suspected case to prevent further transmission within the community.

Local health departments typically have a minimal number of epidemiologists. During outbreaks, epidemiologists work with contact tracing staff to identify and collect information from people who have or may have been exposed to a communicable disease. Within normal public health operations, the contact tracing function is typically staffed to conduct the investigation of occasional food-borne and water contamination outbreak scenarios or limited communicable disease outbreaks and not for community-wide outbreaks and pandemics.

During the COVID-19 pandemic, federal monies were allocated to hire personnel to increase local contact tracing capacities. However, the burden of creating pandemic-capable contact tracing programs was left to the local level. Local public health agencies were challenged to advertise, hire, train, and manage this program during the pandemic at a time when they were already taxed.

Contact tracing also relied on self-reported information (instant tests) and other testing, and was further challenged by varying result times in receiving meaningful and actionable results. Given the resource-heavy burden of contact tracing, state and federal guidance and strategies may need to explore the realistic efficacy of contact tracing during a global pandemic or global public health emergency.

Pandemic Testing

Before the COVID-19 pandemic, a prevailing assumption for pandemic response preparedness planning was that widespread community testing would no longer be necessary once there was widespread and sustained community transmission of a pandemic virus. Officials anticipated that testing would be reserved for symptomatic individuals if the test results were needed to inform clinical decisions. Community-based testing during the COVID-19 pandemic continued well beyond the establishment of widespread and sustained community transmission.

The purpose of COVID-19 testing was to determine if a person was infected with SARS-CoV-2, regardless of their symptoms, and a risk for spreading the virus to others. Thus, developing a rapid diagnostic testing kit for COVID-19 became essential to ensure that cases could be isolated before producing additional generations. Testing goals included:

- Informing clinical decisions.
- Preventing the spread of infection.
- Establishing timeframes for the safe return to work and school.

Testing in Douglas County and many similar communities was further challenged by varying result times in receiving meaningful and actionable results. State and federal guidance and strategies may need to explore the realistic efficacy of testing during a global pandemic or global public health emergency. Buy-in and participation by the public at large were challenged because many saw this as an ineffective and futile activity.

Testing Program Responsibility

The federal government is responsible for developing testing methodologies and establishing ways to communicate and track findings.

The state health departments are typically responsible for the public health laboratories and contracting with external laboratories to analyze test results – and communicate findings to local public health agencies.

Local public health departments/agencies are responsible for collecting test samples and administering testing programs. During the COVID-19 pandemic, many test results were not made available within the time frames required to positively affect disease control activities. Once the public was able to access self-administered tests, testing turned out to be based on self-reporting, which, some may posit, was counterproductive to the goal and not an effective and reliable way for a community to proactively manage the emergency.

As previously stated, state and federal guidance and strategies may need to explore the realistic efficacy of testing during a global pandemic or global public health emergency. Buy-in and participation by the public at large were challenged because many saw this as an ineffective and futile activity.

Defining the Purpose of the Vaccine. What is the Intended Outcome?

The purpose of a vaccine is to provide the at-risk population with acquired immunity to the pathogen of concern. Acquired immunity may prevent infection with the said pathogen or lessen the severity of illness in people who become infected. National and international vaccination campaigns have been a proven strategy to effectively control the spread of certain infectious diseases that are communicable.

The purpose of the COVID-19 vaccination campaign was to reduce severe illness, admissions to hospitals, and fatalities caused by SARS-CoV-2. The vaccination campaign goal was to offer the entire U.S. population the opportunity to be vaccinated with the SARS-CoV-2 vaccine.

The stated purpose and rationale behind receiving the vaccine and associated boosters were confusing for the public. For example, if someone was infected with SARS-CoV-2 and recovered, how was this different than receiving a SARS-CoV-2 vaccine, and what is the benefit of being vaccinated? While studies seem to indicate that being unvaccinated was associated with 2.34 times the odds of reinfection compared with being fully vaccinated, federal officials were not effective in communicating why this was the case. And, with the seemingly arbitrary “end” to COVID-19, the public continues to struggle to comprehend the benefit and rationale for the SARS-CoV-2 vaccine strategy.

FATALITY MANAGEMENT

Between January 2020 and November 2023, there were 688 deaths in Douglas County, with most of those deaths occurring in residents over the age of 70 years⁵. Due to the way counties and states classify COVID-19 deaths, there may be some discrepancies in the total number of deaths from various sources.

During the pandemic, the Douglas County Coroner's Office reached out to the Colorado Coroner's Association and the State of Colorado for guidance and direction on the continued performance of decedent management activities.

In 2009, the Coroner's Office facility underwent a renovation, which increased the capacity to store decedent bodies within the cooler system from approximately 10 bodies to 87 bodies. This strategic investment enabled the Coroner's Office to accommodate the body storage requirements for the significant increase in the number of deaths that occurred during the pandemic without needing to establish temporary solutions for decedent storage. The cooler system capacity also accommodated the increased storage time requirements per decedent that resulted from the policy decision to wait three days before conducting an autopsy during the pandemic. The waiting period was instituted as a best practice based on industry findings that SARS-CoV-2 could only survive in a decedent for up to three days.

The instability of the medical supply chain and budgetary limitations created challenges for the Coroner's Office to obtain the required PPE and supplies. Staff worked through the State of Colorado and Colorado Coroners' Association to obtain many of the consumable supplies needed to maintain safe operations, such as N95 masks, gloves, and COVID-19 testing medium. They also re-prioritized existing funding to procure the required safety equipment through both existing and newly established contracts. During the multi-month period when vendors were unable to provide body bags, the ability to borrow from the Office's emergency supply cache of approximately 100 body bags proved invaluable.

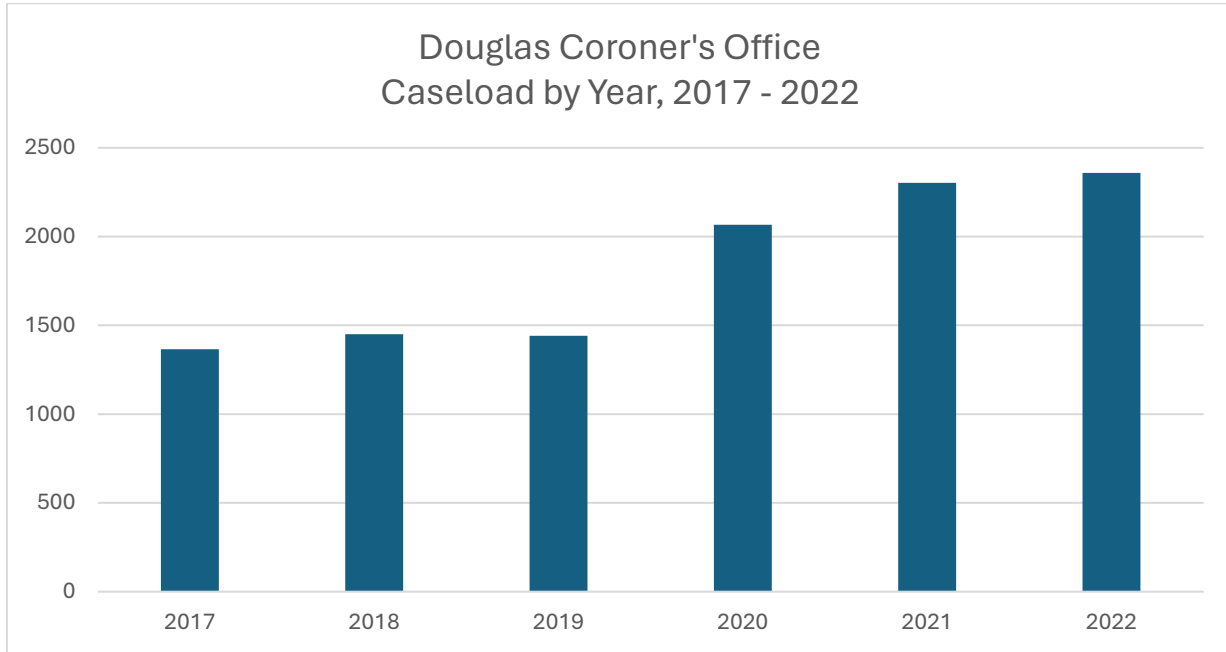
According to the Douglas County Coroner's Annual Report for 2020, the first known confirmed COVID-19 death in Douglas County was on March 25, 2020. Of the total natural Douglas County deaths in 2020, deaths caused by COVID-19 comprised 11%.

In 2020, the total number of deaths was 203. In 2021, the number increased to 212 deaths attributed to COVID-19. The county saw a slight decrease in 2022 with 197 deaths due to COVID-19. Overall, Douglas County saw an increase of 48.25% in total deaths between

⁵ [Johns Hopkins Coronavirus Resource Center](#)

2019 (1,442) and 2022 (2,359).⁶ The figure below identifies the Coroner’s Office caseload each year from 2017 through 2022.

FIGURE 8: DOUGLAS COUNTY CORONER’S OFFICE TOTAL DEATHS



Source: [Douglas County Coroner’s Office Annual Reports](#)

COVID-19 RESPONSE RECOMMENDATION

- The pre-pandemic investments made to prepare for a mass fatality incident created the physical infrastructure required for the Coroner's Office to meet decedent storage requirements. As the County grows, continue to assess and reassess the capability to meet increased demand.
- The Coroner's Office leveraged the use of multiple procurement options to obtain the PPE and supplies required to maintain safe operations throughout the pandemic. Expanding and developing a strategy to manage the emergency supply cache to include a greater quantity of PPE and supplies that are critical to the performance of the Office's work will require extensive inventory management practices and strategies.

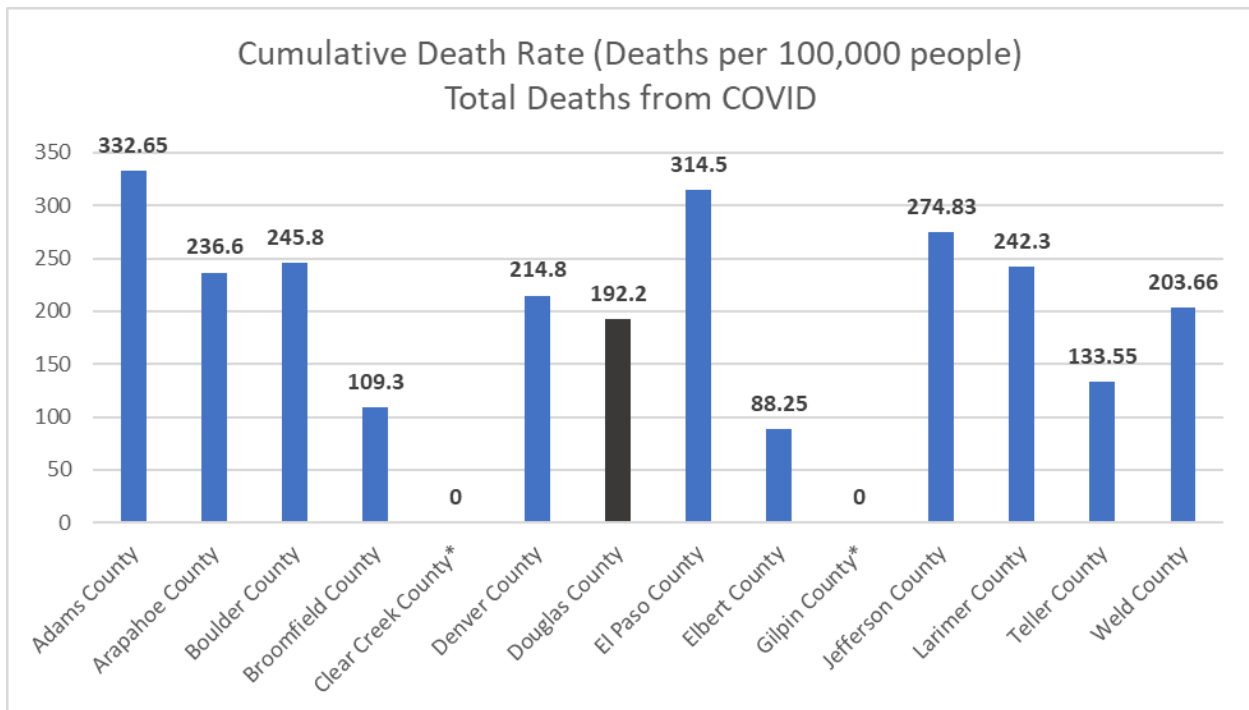
⁶ [Douglas County Coroner’s Annual Reports](#)

Regional Comparison

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When looking at the cumulative death rate, which is the total number of deaths per 100,000 population, Douglas County’s total COVID-19 cumulative death rate was 192.2. The rate enables the comparison of larger and smaller counties instead of looking at the total number of deaths.

FIGURE 9: TOTAL COVID-19 DEATH RATE PER 100,000 AS OF 11/2023



Source: [CDPHE COVID19 Cases and Deaths by County - 11/22/2023](#)

* Data suppressed

Looking Forward: Preparing for the Next Public Health Emergency

This section is intended to identify local, state, and federal considerations based on Douglas County’s experience with the recent pandemic. The considerations and questions included in this section are intended to drive future actions, initiatives, and investments and continue important discussions regarding future emergencies with the potential for far greater consequences and impacts. These considerations are not limited to the recent COVID-19

pandemic, but instead, are intended to help us look forward recognizing that each disaster is unique.

LOCAL CONSIDERATIONS AND QUESTIONS

- Many fatality management operations were impacted by staff shortages. While this did not directly impact Douglas County, future emergencies may necessitate the ability to significantly scale up and implement additional mass fatality operations (decedent recovery, handling, identification, transportation, tracking, storage, and disposal of human remains). How will the Coroner's Office address increased demand on operations with limited qualified staff?
- Local fatality management plans may need to consider the following:
 - Ability to surge internal morgue space to accommodate additional decedents.
 - Update morgue surge staffing plans. Update existing job action sheets and develop new job action sheets that support just-in-time training.
- The inability to access required commodities can debilitate morgue operations. During COVID-19, the Coroner's Office also struggled with getting the supplies and had to reach out to multiple partners and the state. While they were able to leverage the use of various procurement options, how will Douglas County manage and store the appropriate cache of PPE?
 - Future emergencies may necessitate heavy-duty/disaster body bags. In some areas throughout the country, during COVID-19, decedents stored in regular human pouches for a prolonged period of time experienced decomposition and leakage.
- Different government agencies reported a different number of COVID-19 related deaths in Douglas County, with CCDPH reporting 688 deaths and the Douglas County Coroner reporting 612 deaths. How will the Douglas County Health Department work with partners to standardize the metrics used to classify and report deaths during future public health emergencies?

STATE CONSIDERATIONS AND QUESTIONS

- What support can Douglas County expect from the State in terms of decedent storage capabilities during future mass fatality incidents that exceed local capabilities? Considerations for a statewide or regional strategy may be helpful and needed in future emergencies.

FEDERAL CONSIDERATIONS AND QUESTIONS

- How can local communities, such as Douglas County, work more closely with the State and Federal stakeholders to promote consistency in reporting key metrics, such as death classification definitions? Accurate data and reporting, especially regarding deaths, will undoubtedly inform appropriate policies, measures, and actions at the local level.

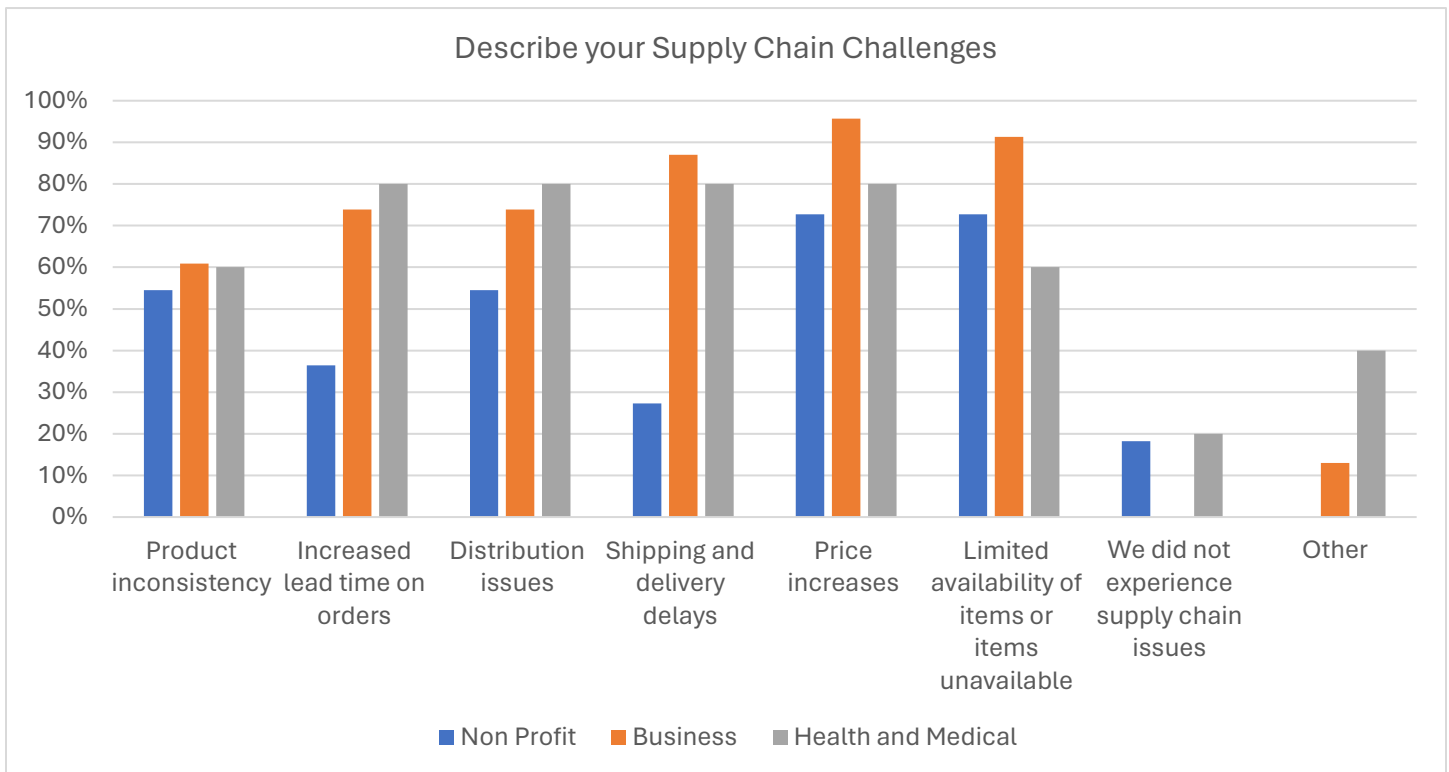
LOGISTICS AND SUPPLY CHAIN MANAGEMENT

Personal protective equipment (PPE) availability and supply chains were universally impacted globally due to the demand and need for essential products, many of which were manufactured abroad. While Douglas County was not immune to these challenges, the County and municipalities benefited by being proactive in obtaining these items that were in short supply.

SUPPLY CHAIN CHALLENGES

When asked about supply chains, most respondents from all three Douglas County sectors (business, non-profit, and health and medical) acknowledged significant issues finding and procuring essential supplies. Many respondents took action to address the supply chain and logistical challenges by identifying new vendors and utilizing federal grants and other COVID-19-specific funding.

FIGURE 10: LOCAL SURVEY RESULTS FOR SUPPLY CHAIN CHALLENGES



COVID-19 RESPONSE RECOMMENDATION

- Proactively identifying which supplies will be in short supply, determining which items will be most vital to supporting essential operations, and what items existing vendors can fulfill are all essential elements of information that need to be identified

right away, especially in an environment where global/national demand and potential disruptions to supply chains may exist.

- Maintain a contact information list of potential vendors that can be used to procure essential commodities and supplies during a national/global emergency.
- As it pertains to vendors and suppliers, ask the hard questions. Redundancy, reliability, and priority are essential factors when establishing contracts with vendors and suppliers. Emergency provisions that articulate priority for Douglas County and municipalities should be considered in contracts. Ask specifically who and where their sourcing is coming from. Don't be afraid to make a change.
- Later in the pandemic, Douglas County experienced excess inventory and did not necessarily have a long-term strategy to use, discard, rotate, and store these items. Determine realistic thresholds for adequate stock levels of essential items by department/office while minimizing excess inventory and waste.

EMERGENCY OPERATIONS CENTER AND SUPPLY CHAINS

The Emergency Operations Center (EOC) served as the central point of receipt for commodity support requests. Requestors were required to complete a form to document each request and submit the form to the EOC via an email to the EOC Logistics Section email address. EOC staff then created a commodity order in WebEOC and submitted the order to the State. The EOC used a spreadsheet to track all commodity requests received.

When the State was unable to fulfill an order, the County initiated the procurement process to obtain the needed commodities. To the extent possible, the County's procurement policies were followed. However, most pre-existing County vendors were not medical suppliers, and therefore, the County had to establish new procurement vehicles. Furthermore, the competitive national market for healthcare commodities that were in short supply required that the County act quickly to place an order once a vendor with an available supply of a needed commodity was identified. The County Manager approved all purchase orders.

The County placed limits on the types of commodities purchased to support local operations, with personal protective equipment (PPE) (e.g., gloves, gowns, masks), hand sanitizer, and thermometers being the procurement priorities. The County worked to establish a 6-month supply of these commodities. Factors considered by the County when determining the stockpile quantities needed included the likely changes in future demand as supply chains stabilized and commodity expiration dating.

Decisions on how to best allocate available resources remained a challenge throughout the pandemic. Hospitals had a great need for resources and requested commodity support from the County early in the pandemic. Municipalities and businesses also requested commodity support when they realized that they did not have the same buying power in the competitive market as the County. Initially, the County allocated resources on a first come,

first served basis. Eventually, the EOC prioritized smaller organizations that could not obtain the needed supplies. The County tried to use data about the populations being served by the commodity requestor to help inform decisions, but this was difficult to do and not entirely reliable.

When the supply chains stabilized and organizations were once again able to procure their own commodities, the County worked to disperse their remaining commodity stockpile. The Sheriff's Office and smaller groups were prioritized for donations, but the County also donated part of the excess inventory to local hospitals. However, some organizations did not want to accept the offered donations and the County ended up discarding the items or storing them.

COVID-19 RESPONSE RECOMMENDATION

- The need to further centralize and coordinate logistics throughout the entire County is needed. While altruistic means of sharing essential resources occurred, some County offices/departments and municipalities proactively took matters into their own hands to obtain essential PPE. A countywide, coordinated effort to procure essential supplies during an emergency, especially for those offices that are not under County Administration, may need to be reevaluated.
- While the Emergency Operations Center effectively received and processed commodity orders received from community stakeholders, logistics plans and procedures need to be tested and institutionalized through training and exercises to determine how priority for scarce, but essential resources, will be decided and allocated. While COVID-19 was unprecedented in regard to supply chain disruptions, needs were mostly met. This may not be the case in future emergencies.

WAREHOUSING OPERATIONS

Upon recognizing the need to purchase bulk commodities to support the maintenance of County, municipality, healthcare institution, and local business operations during the pandemic, Douglas County established a warehousing operation. The County entered into a multi-year lease agreement for warehouse space. The County's Business Services and Operations Manager was put in charge of setting up and managing all warehouse operations. As needed, staff assigned by the Emergency Operations Center were used as laborers to unload and load trucks.

As supply chains began to stabilize and demand for PPE by healthcare institutions and local businesses lowered, the warehouse operations were scaled back and eventually closed.

COVID-19 RESPONSE RECOMMENDATION

- Douglas County leveraged pre-existing vendor relationships to establish a warehousing operation for commodities purchased to support the pandemic response.
- Capture and reflect standard operating procedures used during the pandemic in plans specific to warehouse management and operations.
- Cross-train staff to manage and support procurement of essential supplies and warehousing operations.
- Implement inventory optimization techniques and technologies for day-to-day operations and needs that can be utilized and adapted for emergency situations.

AUTHORITY TO ACT AND EXPEDIENCY

COVID-19 revealed gaps in emergency procurement knowledge, executive authorities, procedures, systems, and contracts, as stated earlier in the report. Douglas County personnel and select municipalities were fortunate to have the authority and necessary financial capacity to proactively make needed purchases very early in the pandemic. The expediency of identifying and purchasing PPE, for example, was a result of leadership acknowledging the issue and allowing personnel to act. The decision to move quickly and decisively proved to be advantageous for the entire County.

COVID-19 RESPONSE RECOMMENDATION

- Be the first. The expediency of identifying and purchasing essential supplies and resources cannot be overstated during a global incident. Standardizing the procurement and fiscal policies during times of emergency to make available financial resources and the needed authorities to enable quick action should be formalized into operating procedures and plans.

Looking Forward: Preparing for the Next Public Health Emergency

This section is intended to identify local, state, and federal considerations based on Douglas County's experience with the recent pandemic. The considerations and questions included in this section are intended to drive future actions, initiatives, and investments and continue important discussions regarding future emergencies with the potential for far greater consequences and impacts. These considerations are not limited to the recent COVID-19 pandemic, but instead, are intended to help us look forward recognizing that each disaster is unique.

LOCAL CONSIDERATIONS AND QUESTIONS

- Supply chain shortages impacted all sectors during the COVID-19 pandemic. Future emergencies may necessitate supplies such as PPE. While some sectors were able to leverage the use of various procurement options, how will Douglas County manage and store the appropriate cache of PPE, specifically those items that are perishable or have an expiration date?
- As noted in the recommendations section, Douglas County may need to consider the following:
 - Maintain an assessment of current inventory and how to properly rotate and plan to increase supplies for perishable items.
 - Develop contingency plans for unforeseen disruptions to supply chains.
 - Evaluate existing contracts with suppliers to determine they have the necessary redundancies in place.
 - Establish backup suppliers or alternative sources of supplies that can be activated when needed, and specifically look for suppliers located in regions different than the primary suppliers.
 - Establish plans that articulate prioritization of essential supplies based on need and not on a first-come, first-serve basis.
 - Invite key discipline-specific suppliers that provide essential supplies to participate in tabletop exercises, as appropriate.

STATE CONSIDERATIONS AND QUESTIONS

- The state may be able to assist local jurisdictions with logistics in times of crisis by providing the following support:
 - Providing a list of pre-vetted suppliers by discipline and need.
 - Provide training on procurement and fiscal best practices in times of disaster, especially when federal dollars are in use or federal reimbursement is likely.
 - Establish regional strategies within the state to leverage purchasing power, warehousing, and mutual aid.

FEDERAL CONSIDERATIONS AND QUESTIONS

- During COVID-19, the federal government helped acquire supplies for the states and local communities, but in some cases, directly competed with local and state institutions for the same supplies. Opportunities to better coordinate these efforts are needed.
- Disruptions are happening quickly and with greater frequency. Geopolitical risks, cyber threats, and economic instability are continuing to put pressure on supply chains. Consider offering logistics and supply chain guidance and best practices to local jurisdictions, businesses, and organizations on how to ensure their supply chains are more resilient and flexible.
- Many local planning assumptions assumed the availability of key supplies and resources through the federal government, specifically, for example, through the

Strategic National Stockpile (SNS). During a nationwide and global incident in which the same supplies and resources are needed by every community, these planning assumptions were not realistic. A reevaluation of federally available resources, and updated guidance and planning assumptions for local communities and their emergency plans is likely needed.

PUBLIC INFORMATION AND COMMUNITY OUTREACH

Providing meaningful and timely public information was extremely challenging as guidance and directives came from federal, state, and local levels. At times, these directives were confusing, outdated, and even conflicting. Douglas County developed multiple initiatives to help inform the public and key stakeholders.

MECHANISMS FOR DISCIPLINE-SPECIFIC COLLABORATION

The Douglas County Communication and Information Council, established in 2005, comprises communication professionals from the County, municipalities, and large special districts. During the pandemic, the County leveraged the use of Council members to coordinate public messaging and information campaigns. Council members participated in the Colorado Department of Public Health and Environment's Public Information Officer meetings. They forged relationships with State public information subject matter experts, enabling the County to hear information from the State first-hand, increasing the accuracy of the information that was, in turn, shared with county and municipal residents, businesses, and organizations.

During the pandemic, the Director of Communications for Douglas County formed the County Communicators Group, which encompassed various stakeholders throughout the county. The group's initial purpose was to coordinate the release of public information, but it expanded to include establishing virtual town hall meetings and providing information on policy decisions. Members of the group participated in all public briefings.

The water and wastewater providers leveraged the bi-monthly South Metro Water Supply Authority meetings to exchange information about operational challenges caused by the pandemic. With providers having a limited number of people trained to operate the water and wastewater systems, all were concerned about how to maintain the delivery of services if there were operators who were unable to come to work for an extended period. The forum was used to strategize resource-sharing solutions.

The County Finance Director started a weekly call with municipal and fire district counterparts. This forum was used to share information about financial support opportunities and discuss potential solutions to shared concerns. For example, finance directors used these calls to share information about how their jurisdiction handled seasonal employees whose programs were suspended during the pandemic. Municipal finance directors shared that participation in these calls was a great way to stay informed of programs available to support their respective communities.

Pre-pandemic, the human resources directors in the 10-county area met once a year to

exchange information about best practices and shared concerns. During the pandemic, the group began communicating more frequently, strategizing solutions to shared problems. The group established a listserv to support the increased need for information sharing.

Douglas County's attorneys also subscribed to a listserv that was comprised of county attorneys throughout the state. Any subscriber could initiate a post; all subscribers received an email about each new post. County attorneys used the listserv to share information about topics of common legal concern, such as what entities have the authority to issue public health orders and how these orders are enforced. Although the use of the listserv did not always result in definitive answers to questions posed, participants reported receiving benefits from hearing the perspectives of their peers on issues of joint concern.

COVID-19 RESPONSE RECOMMENDATION

- Initiate routinely scheduled opportunities for representatives from the same disciplines to exchange information with municipal counterparts early in the emergency timeline.
- Maintain the collaborative networks that were established during the pandemic.

ENGAGING THE PUBLIC

Upon identifying a gap between the pandemic information available to governmental agencies and what was being shared with community members, local and County officials embarked on several information-sharing initiatives.

The County and multiple municipalities and special districts established virtual participation options for public meetings. Some recorded their meetings and made them available for on-demand viewing over the internet. Many have continued to provide a virtual participation option for post-pandemic public meetings.

One municipality started a video series to provide information to residents on pandemic response activities, public health orders, and community/county-specific initiatives. The City Manager worked diligently to ensure that factual content remained the focus of information sharing and that the information provided during each installment was relevant to the local community. Officials opined that providing a visual of the mayor delivering the information from her personal residence, modeling compliance with public health orders, was more impactful than sending the same information via email to residents.

Another municipality conducted virtual town hall meetings to provide residents with information and opportunities to ask questions. Officials reported that these efforts to promote transparency helped to increase public trust in government.

COVID-19 RESPONSE RECOMMENDATION

- Government officials worked tirelessly to ensure that community members had access to the information needed to inform their decisions about personal conduct during the different stages of the pandemic. Continue to offer an option for virtual participation in all public meetings and proactively plan how public information and education will be accomplished if traditional and virtual mediums are not possible (e.g., national or region-wide cybersecurity disruption.)
- The general lack of pre-pandemic familiarity with the authorities and functions of the Tri-County Health Department reportedly contributed to public mistrust of public health actions during the pandemic. With the formation of a new health department, the County has an opportunity to establish itself as a trusted agent regarding health and medical needs in the County. As the health department evolves, continue to gauge public perception and trust regarding the performance of the health department and its services.

TIMELY INFORMATION AND IMPLEMENTATION

The multiple sources of information about the pandemic created challenges for County and municipal officials who needed information to inform policy and operational decisions. Officials reported that there were often discrepancies between the information reported by different sources. Furthermore, some information sources were timelier than others in providing updates, necessitating multiple sources being consulted to ensure the latest information was being used.

The rapidly changing information and recommendations also created operational challenges. Many County departments and municipal agencies worked to ensure operations remained in alignment with the latest public health recommendations, but operational changes often require time and resources to execute and can often not be accomplished without some advance planning.

ESSENTIAL ELEMENTS OF INFORMATION

The Tri-County Health Department created a dashboard to track key pandemic metrics in Douglas County, such as case counts, hospitalizations, and deaths. Many interviewees reported that the dashboard was a beneficial resource for informing decisions. However, some officials reported establishing their own metrics to inform decisions. The data sources used to develop these metrics ranged from self-collected data to data points reported on the Colorado Department of Public Health and Environment's website.

COVID-19 RESPONSE RECOMMENDATION

- Based on lessons learned from the recent pandemic and emerging threats, define the essential elements of information and metrics that will inform policy and

prioritization of key emergency-related activities. Proactively establish mechanisms to collect, analyze, and display information in a timely and accurate way.

SOURCES OF INFORMATION

Many interviewees identified the Centers for Disease Control and Prevention, the Colorado Department of Public Health and Environment, and/or the Tri-County Health Department as their primary information sources. However, officials reported that these sources did not always provide information that seemed to be reflective of the pandemic conditions within Douglas County and/or provide information that addressed specific concerns about activities within their areas of responsibility. Most interviewees generally agreed that regardless of the information source, the information that was most useful was that which provided clear direction and guidance.

Public opinion surveys conducted by the County pre-pandemic consistently showed that between 50-70% of the residents surveyed did not know what the Tri-County Health Department was responsible for. Officials speculated that the reason these numbers were so high is because 80% of the services that were provided by the Tri-County Health Department to Douglas County residents were environmental services such as restaurant inspections and pool inspections. Furthermore, approximately 95% of county residents have private health insurance, negating the need for them to use the services provided by public clinics. Therefore, when the Tri-County Health Department became a prominent response organization during the pandemic, many residents were reportedly hesitant to trust them as an information source since they were largely an unfamiliar organization. Trying to help County residents overcome their concerns with trust in public health authorities created challenges for County communication officials who were providing pandemic information to the public.

According to surveys conducted with Douglas County non-profit organizations, health and medical entities, and businesses, non-profit organizations and the business/private sectors looked to the Tri-County Health Department as their primary source for COVID-19-related guidance. Health and medical entities gravitated more toward the State of Colorado (CDPHE) as their primary source of guidance.

FIGURE 11: SURVEY RESULTS FOR PRIMARY SOURCE FOR COVID-19 RELATED GUIDANCE FOR NON-PROFIT AND HEALTH/MEDICAL

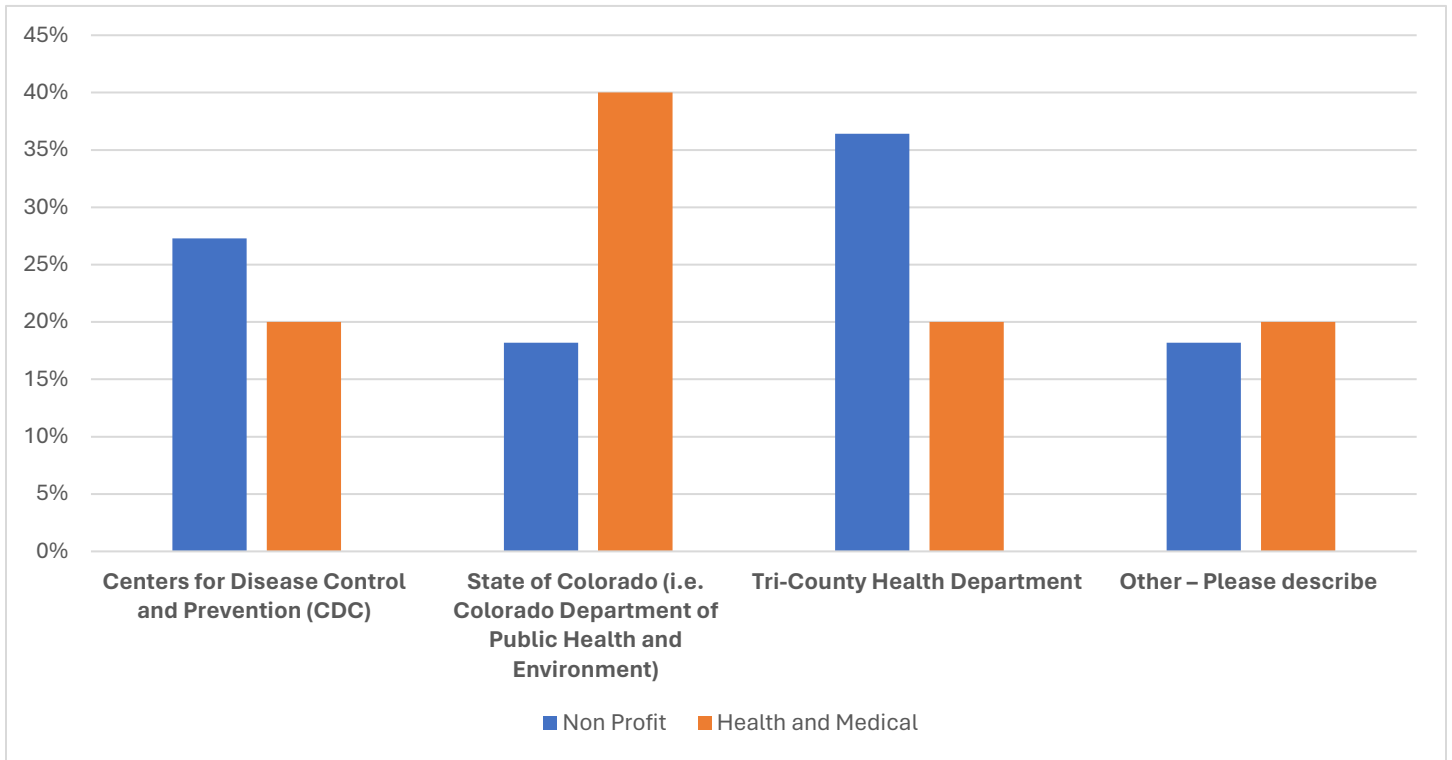
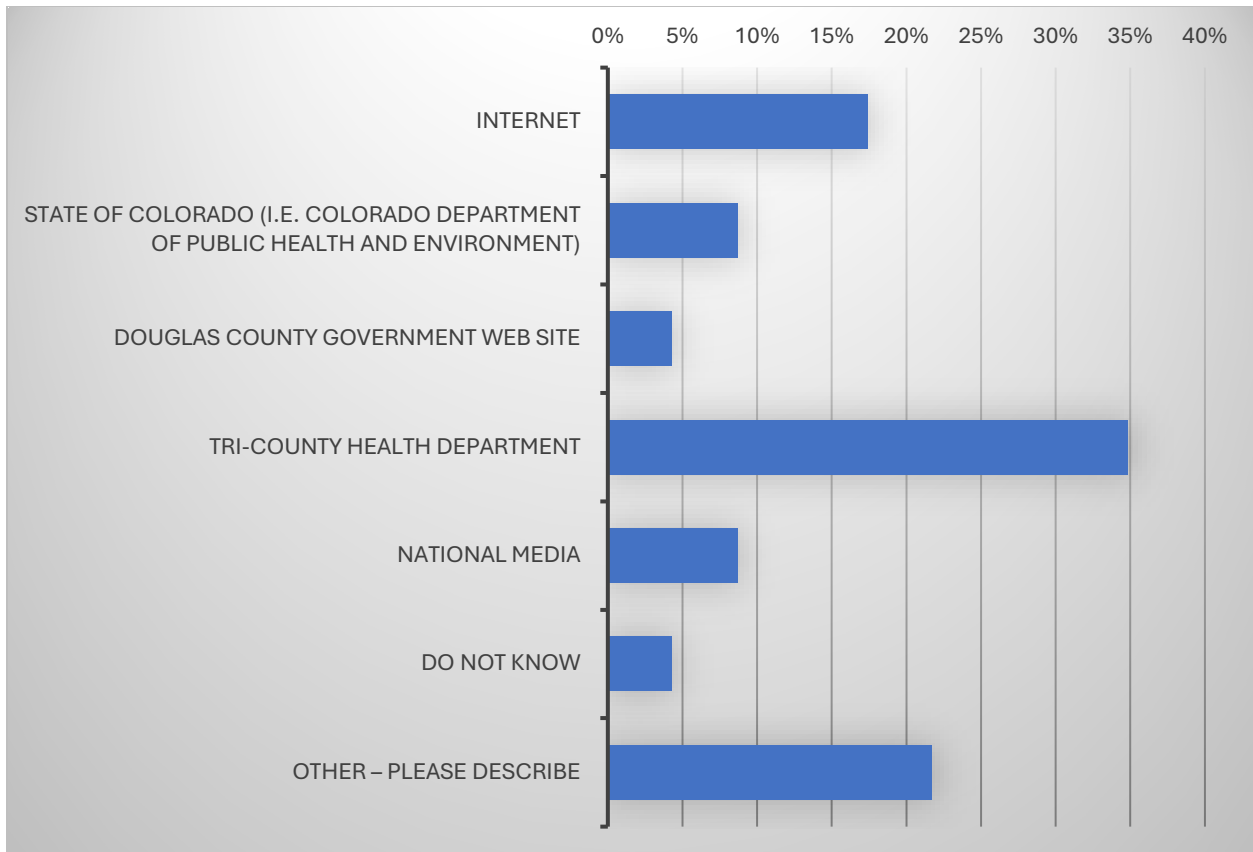


FIGURE 12: SURVEY RESULTS FOR PRIMARY SOURCE FOR COVID-19 RELATED GUIDANCE FOR BUSINESSES



COVID-19 RESPONSE RECOMMENDATION

- Educate county residents on the services, roles, responsibilities, authorities, and functions of the newly formed Douglas County Health Department.
- It should be anticipated that Douglas County residents and community stakeholders will rely on the Douglas County Health Department during a public health emergency. Significant efforts need to be made to establish the department as a trusted resource and source of public health information. Using tools such as the Community Health Assessment and other public outreach mechanisms can help gauge public trust and needs.

Looking Forward: Preparing for the Next Public Health Emergency

This section is intended to identify local, state, and federal considerations based on Douglas County’s experience with the recent pandemic. The considerations and questions included in this section are intended to drive future actions, initiatives, and investments and continue important discussions regarding future emergencies with the potential for far greater

consequences and impacts. These considerations are not limited to the recent COVID-19 pandemic, but instead, are intended to help us look forward recognizing that each disaster is unique.

LOCAL CONSIDERATIONS AND QUESTIONS

- The politicization, rapid and frequent changes in virus-related information, constantly changing guidance on protective mitigation measures, and the many competing voices and mediums for transferring information to the public were extraordinary challenges for those responsible for sharing information with the public. Future, large-scale public health emergencies will be no different. Identifying and providing appropriate and trusted mediums for public information and meaningful exchange will require creativity and innovation, especially in an age of information overload and potential disinformation. Direct engagement with respected local figures to participate in direct conversations with people in the community will be an important initiative for the new Douglas County Health Department.

STATE CONSIDERATIONS AND QUESTIONS

- Regaining public trust in the health and medical institutions of the state following COVID-19 will be important to any future response to a public health emergency. A collaborative partnership with local jurisdictions and a partnership that recognizes trust starts at the local, grassroots level and will be more successful and effective in the long run for both local jurisdictions and the state. A statewide approach that leans on and collaborates closely with local communities should be reexamined.

FEDERAL CONSIDERATIONS AND QUESTIONS

- The federal government made unprecedented use of communication channels and information technologies to reach out to citizens about the spread of the virus and the policies undertaken to control infection and to share instructions on how to comply with lockdown and social distancing requirements. However, information was not always timely, consistent, and comprehensive. This is an area that needs significant exploration.

COMMUNITY AND BUSINESS SUPPORT AND RECOVERY

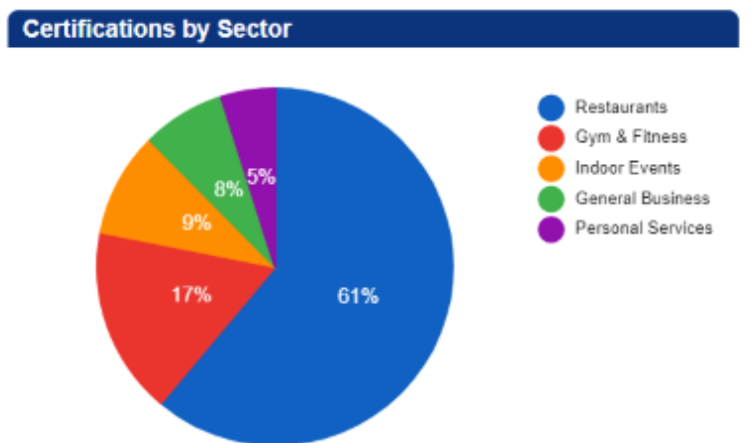
Douglas County played a significant role in supporting businesses during the COVID-19 pandemic by providing financial assistance, resources, guidance, and advocacy to help them survive the economic downturn and emerge stronger in the recovery phase. While there were many challenges along the way, the lessons learned will help strengthen the Douglas County business community.

FIVE STAR PROGRAM

Douglas County and municipal staff worked together to implement the Five Star Program. County and municipal staff worked with the Tri-County Health Department to interpret the Five Star Program guidelines established by the Colorado Department of Public Health and Environment and to develop a local program. The County's communication team provided messaging about the program and application process, standardizing the manner the program was promoted across jurisdictions. County staff also provided municipalities with inspection support to certify as many businesses as possible and as quickly as possible. Throughout the county, it took an average of 6.2 days from the time a business expressed interest in the Five Star Program until the business received its final certification. This timeframe included the conduct of an onsite inspection.

There were 306 businesses in Douglas County that achieved Five Star Certification. The figure below shows the breakdown of Five Star Certified businesses by business type.

FIGURE 13: DOUGLAS COUNTY BUSINESSES BY BUSINESS TYPE THAT ACHIEVED FIVE STAR PROGRAM CERTIFICATION



As part of the Five Star Program, Douglas County established a reinspection process to follow up on complaints received about a certified business, with the reinspection goal being to help business owners comply with requirements and retain their operational status. Most complaints received were related to businesses that were operating above approved capacity limits. Inspectors worked with the operators of these businesses to make sure they were knowledgeable about how to set up their business to meet capacity requirements and institute operational procedures to ensure they complied with the requirements.

Douglas County also established a "secret shopper" initiative as part of the Five Star Program. This initiative involved the inspector posing as a customer at a certified business and observing the business's compliance with public health pandemic requirements. When violations were observed during these unannounced visits, the inspector followed up with the owner or manager to remind them of the guidelines they must operate within. Visit observations and any necessary follow-up actions were reported to the Tri-County Health Department.

Douglas County was one of the first in the state to implement this program with the stated objective of helping businesses stay open.

COVID-19 RESPONSE RECOMMENDATION

- Establish a timeframe for completion of each step of required health inspections for businesses. Explore variances for emergency situations.

MUNICIPAL-BASED INITIATIVES

Government representatives collaborated with local chambers of commerce and each other to identify the most impactful ways to support local businesses. Officials quickly realized that there was not a one-size-fits-all approach to helping businesses stay open during the pandemic. Great effort was invested in working one-on-one with businesses to educate them on the public health requirements for operating and to help them determine what needed to be done to operate safely.

Some municipalities used contact information in their business license database to inform business owners about the different resources available to them. Others, specifically one economic development council (EDC), conducted virtual events on topics of shared interest, such as the Small Business Administration (SBA) loan program and Paycheck Protection Program. This organization reported that over 800 people participated in a virtual event during which an SBA subject matter expert provided information about SBA loans.

One community established a local business gift card program and encouraged residents to gift these to family and friends for the holidays. The gift card program strategy provided businesses with the desperately needed revenue but delayed the delivery of services until

the business was able to resume operations. Gift cards that are not redeemed provide 100% profit to the business. Some restaurants reported that they received 2-3 months of their typical revenue through the gift card program.

Another community established a restaurant bingo to encourage residents to shop locally. Promoting this message was particularly important when restaurants were closed to sit-down service, but still able to provide take-out service.

A different community launched a marketing campaign called *Winter Cheer* to encourage residents to do their holiday shopping and dining locally. This community also purchased igloos for some restaurants to support outdoor dining.

One community used \$400,000 of Economic Development Fund money to establish a zero-interest loan program for their small businesses. The municipal cash investment was used to pay the required 1% loan amount service and loan fees. The sponsoring municipality reported that 93% of the loans made through this program were repaid and that the municipality only had to cover approximately \$40,000 worth of unpaid loans.

This same community spearheaded a program, KIVA, to allow residents to provide direct financial support to local businesses. KIVA used a community-based platform to accept donations from the public to support the business(es) of their choice, similar to how crowdfunding initiatives work.

Another community established a portal that businesses could use to report their operational status. Businesses that reported they were shut down automatically received a check from the local municipality to help them pay ongoing expenses.

The stay-at-home orders and closing of many public spaces resulted in many county residents shopping closer to home for items such as groceries that they previously purchased at stores outside of their local community. Some municipalities initially feared that they would experience a fall in sales tax revenue. However, many reported that sales tax revenue remained stable and, in some cases, rose. Some municipalities reported that they were able to continue to fund capital projects that were initially at risk of being suspended.

COVID-19 RESPONSE RECOMMENDATION

- The County and municipalities developed innovative ways to support local businesses during the pandemic. These strategies and programs need to be documented and reflected in economic disaster recovery-related plans.
- Encourage municipalities to establish an Economic Development Emergency Fund that can be used to establish an emergency loan program for local businesses. Work

with the designated bank(s) to develop the loan program structure and guidelines so there is a turnkey solution ready at the time of an emergency.

- Maintain a voluntary registry with contact information for local business owners that can be used to provide information during emergencies.
- Provide quarterly information updates to businesses listed in the voluntary registry as a strategy to maintain engagement around economic development, sustainment, and recovery concerns.

PARK MEADOWS RETAIL RESORT

Park Meadows Retail Resort, the largest mall in Colorado, comprises about half of the City of Lone Tree's business base and sales tax revenue. As part of public health pandemic restrictions, the mall was closed in late March 2020. City and County officials worked collaboratively with the Tri-County and State health departments to obtain a variance to the then-current public health order to allow the Park Meadows Retail Resort to re-open in late May 2020. To obtain the variance, Park Meadows management instituted many disease control measures (e.g., hand sanitizer stations, social distancing) and worked with tenant business owners to determine occupancy reductions and protective measures necessary to support disease control efforts.

Park Meadows management purchased thousands of masks and made them available to shoppers free of charge. As needed, management provided individual businesses with masks for their business-specific use. Intensified cleaning protocols in common areas were instituted. For example, the handrails on the escalators and elevator buttons were sanitized once per hour during all hours of operation and more frequently on the weekends during peak shopping hours. These cleaning protocols have been sustained post-pandemic.

Facility management elected to start using MERV 13 filters in the HVAC system since these filters can trap bacterial and viral particles. Hand sanitizing stations were installed throughout the facility.

Reopening / Returning to Normal Operations

Park Meadows Retail Resort lost 27 business tenants during the first year of the pandemic, with additional businesses ceasing operation in the subsequent two years. Park Meadows management reported being aggressive in their efforts to find new businesses to occupy vacant spaces. However, some new tenants experienced challenges with having the required health inspections and plan reviews completed in a timely manner during the period of transition between the Tri-County Health Department and the Douglas County Health Department providing these services. These delays increased the amount of time the Park Meadows Retail Resort was operating at a reduced capacity, proportionally affecting the sales tax revenue base.

COVID-19 RESPONSE RECOMMENDATION

- Park Meadows management supported residential businesses by instituting enhanced protocols designed to decrease the risk of disease transmission in common areas. Codify these practices in future updates to the continuity of operations plans.

ECONOMIC RECOVERY TASKFORCE

The initial impetus behind the establishment of the Economic Recovery Taskforce was to create a resource that was focused on trying to understand how the public health and gubernatorial regulations worked and would be enforced to help guide County policy decisions and provide information to County stakeholders and residents. Many of the Taskforce members held County positions that routinely interacted with the business community, so initial concerns naturally focused on how the regulations would affect the business community and the actions that the County could take to provide support to local businesses.

Taskforce members reported working closely with the County Board and municipal leadership to provide information and address their concerns. Taskforce members also worked with representatives from the Tri-County Health Department to clarify information and advocate for concerns raised by businesses. However, some interviewees expressed that having greater involvement from Health Department leadership and staff members who were versed in business regulations would have benefited Taskforce efforts.

The Taskforce served as an information clearinghouse for stakeholders, sharing information about new legislative items, regulations, guidelines, and funding opportunities as soon as it was available. During the peak of the pandemic, the Taskforce was sending out information updates daily. The Taskforce also hosted a weekly virtual meeting to provide stakeholders with information updates. However, Taskforce members reported that because businesses are not required to register with the County, they had some challenges with ensuring all businesses were receiving the information provided.

The Taskforce published an email address that businesses could use to ask questions. Taskforce members reported that this was an effective mechanism to provide direct answers to the many questions submitted by business owners and managers about the implications of state and local public health orders and federal legislation.

COVID-19 RESPONSE RECOMMENDATION

- Maintain the Economic Recovery Taskforce email box as a means for businesses to electronically communicate with the County.
- Offer resources and guidance to help businesses develop and implement business continuity plans to ensure they can continue operating safely during a pandemic.

This may include providing templates, checklists, and training on topics such as remote work, supply chain management, and crisis communication.

BUSINESS AND PRIVATE SECTOR QUESTIONNAIRE RESULTS

The following represent key findings from the Business and Private Sector questionnaire.

FIGURE 14: WHAT WAS YOUR PRIMARY SOURCE FOR COVID-19 RELATED GUIDANCE FOR YOUR ORGANIZATION/BUSINESS?

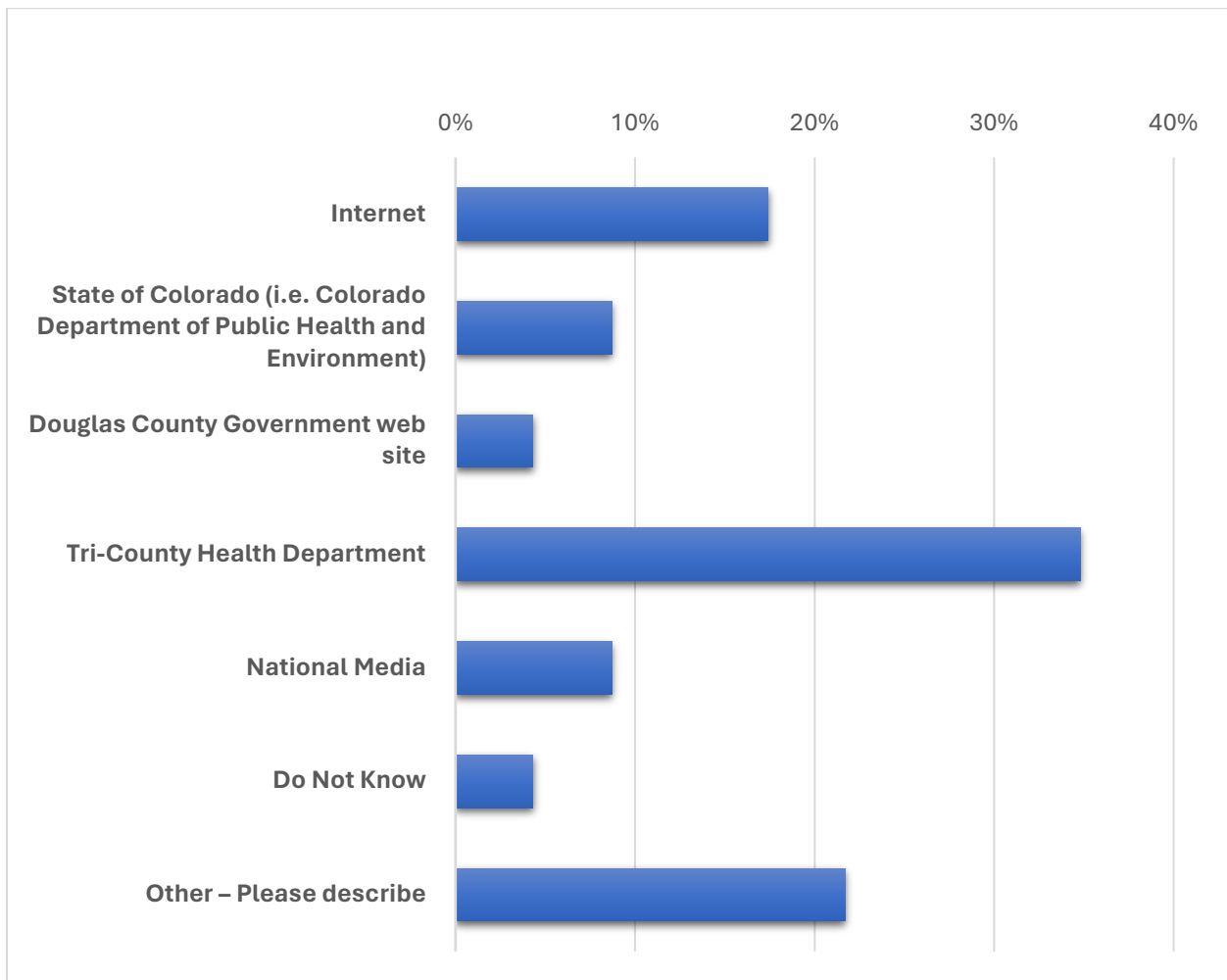


FIGURE 15: WHAT SOURCE FOR COVID-19 RELATED GUIDANCE WAS MOST BENEFICIAL AND HELPFUL TO YOUR ORGANIZATION/BUSINESS?

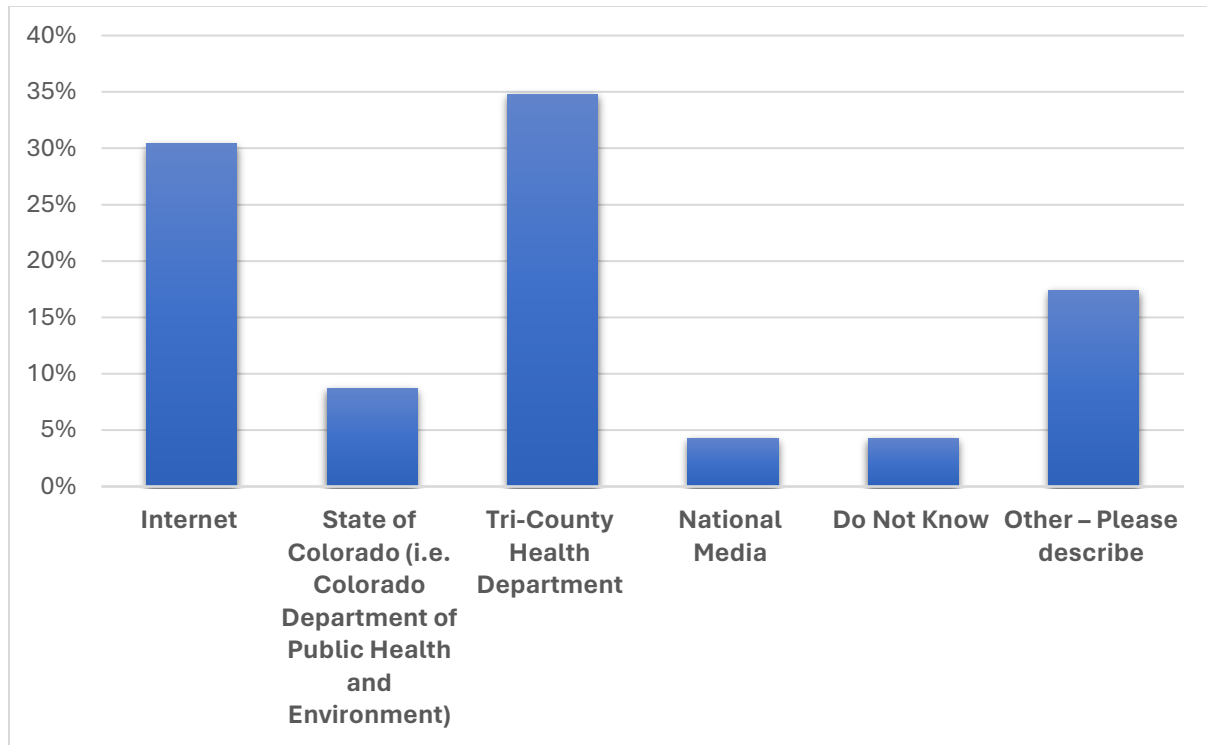


FIGURE 16: WHICH OF THE FOLLOWING ACTIONS DID YOUR ORGANIZATION/BUSINESS TAKE IN RESPONSE TO ACTUAL AND/OR POTENTIAL REVENUE SHORTFALLS?

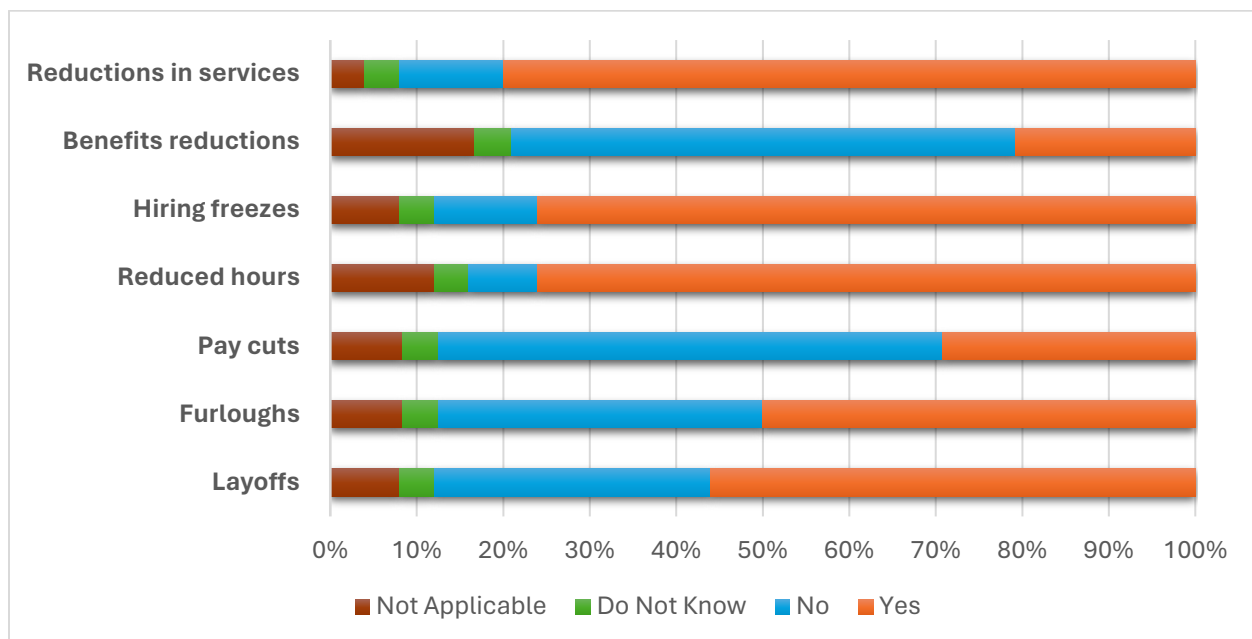


FIGURE 17: WHAT SUPPORT WAS MOST BENEFICIAL TO YOUR BUSINESS/ORGANIZATION TO RECOVER FROM THE COVID-19 PANDEMIC? PLEASE SELECT ALL THAT APPLY.

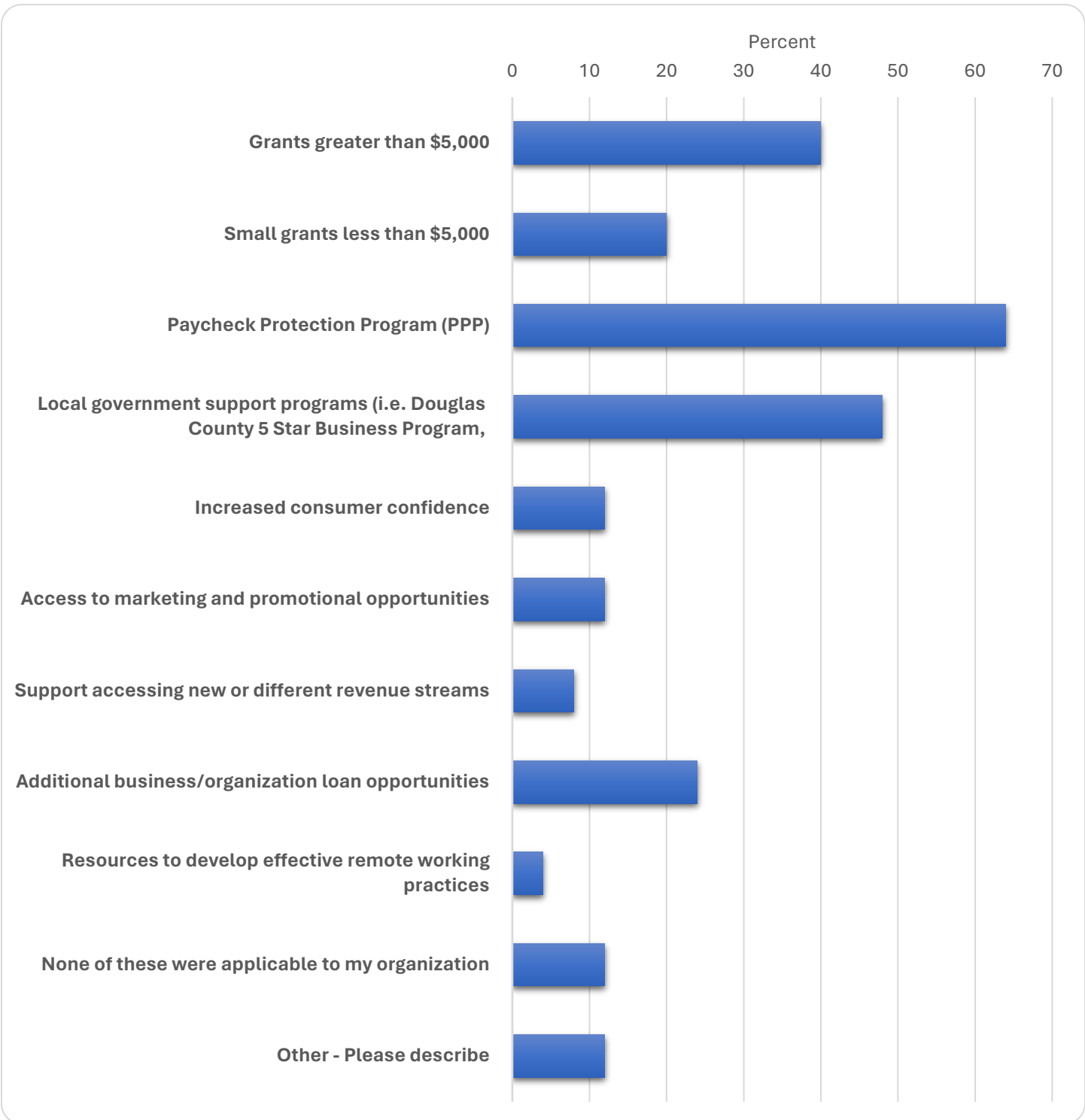


FIGURE 18: WHAT TYPE OF TECHNICAL ASSISTANCE WOULD HAVE BEEN HELPFUL FOR YOUR BUSINESS/ORGANIZATION DURING COVID-19? PLEASE SELECT ALL THAT APPLY.

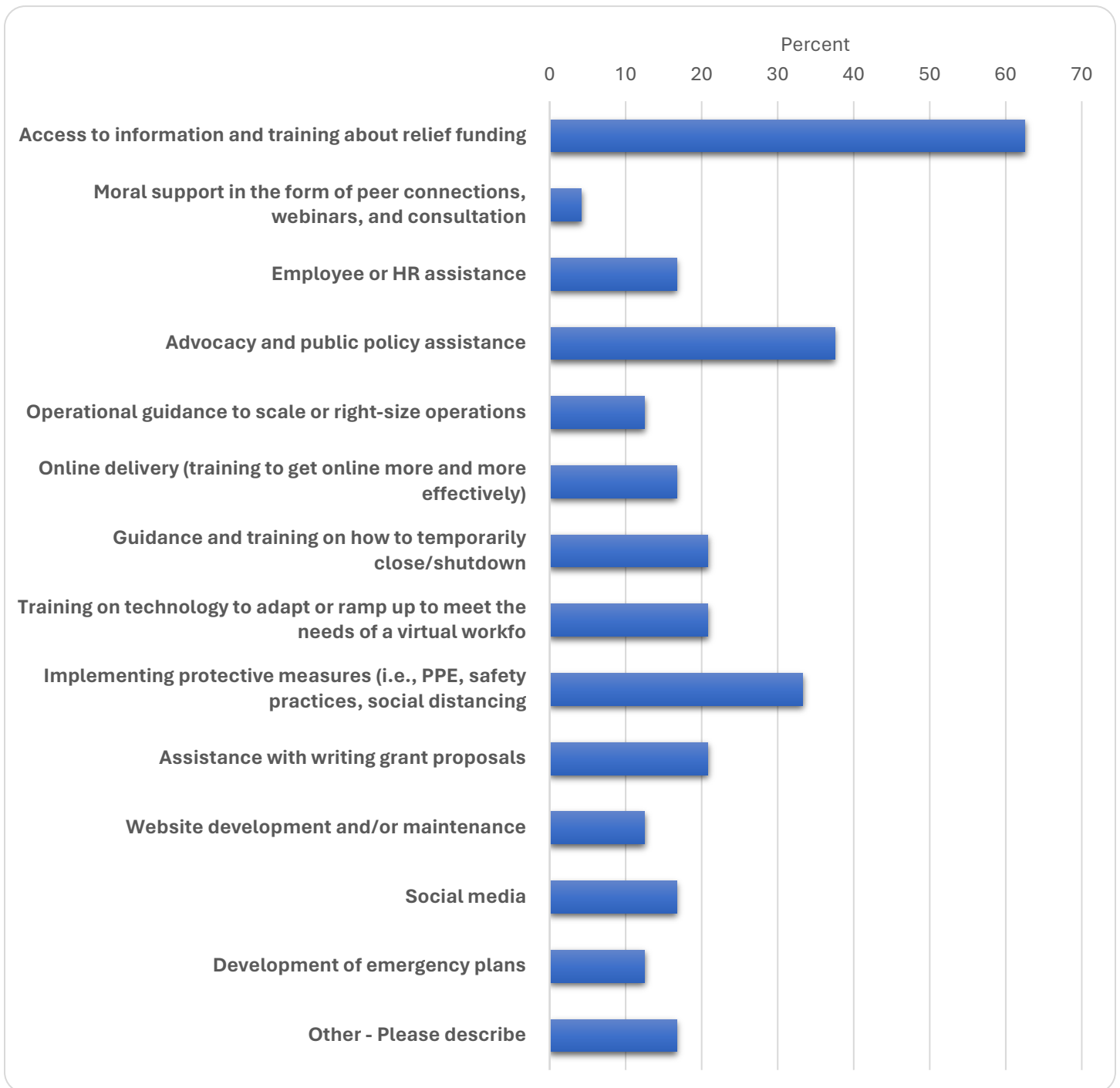


FIGURE 19: HOW HAVE YOU CHANGED YOUR ORGANIZATION/BUSINESS OPERATIONS IN RESPONSE TO COVID-19? FOR EXAMPLE, PLEASE CONSIDER OPERATIONS/PRACTICES YOU ARE DOING NOW THAT YOU WERE NOT DOING BEFORE THE PANDEMIC (I.E., MARCH 1, 2020).

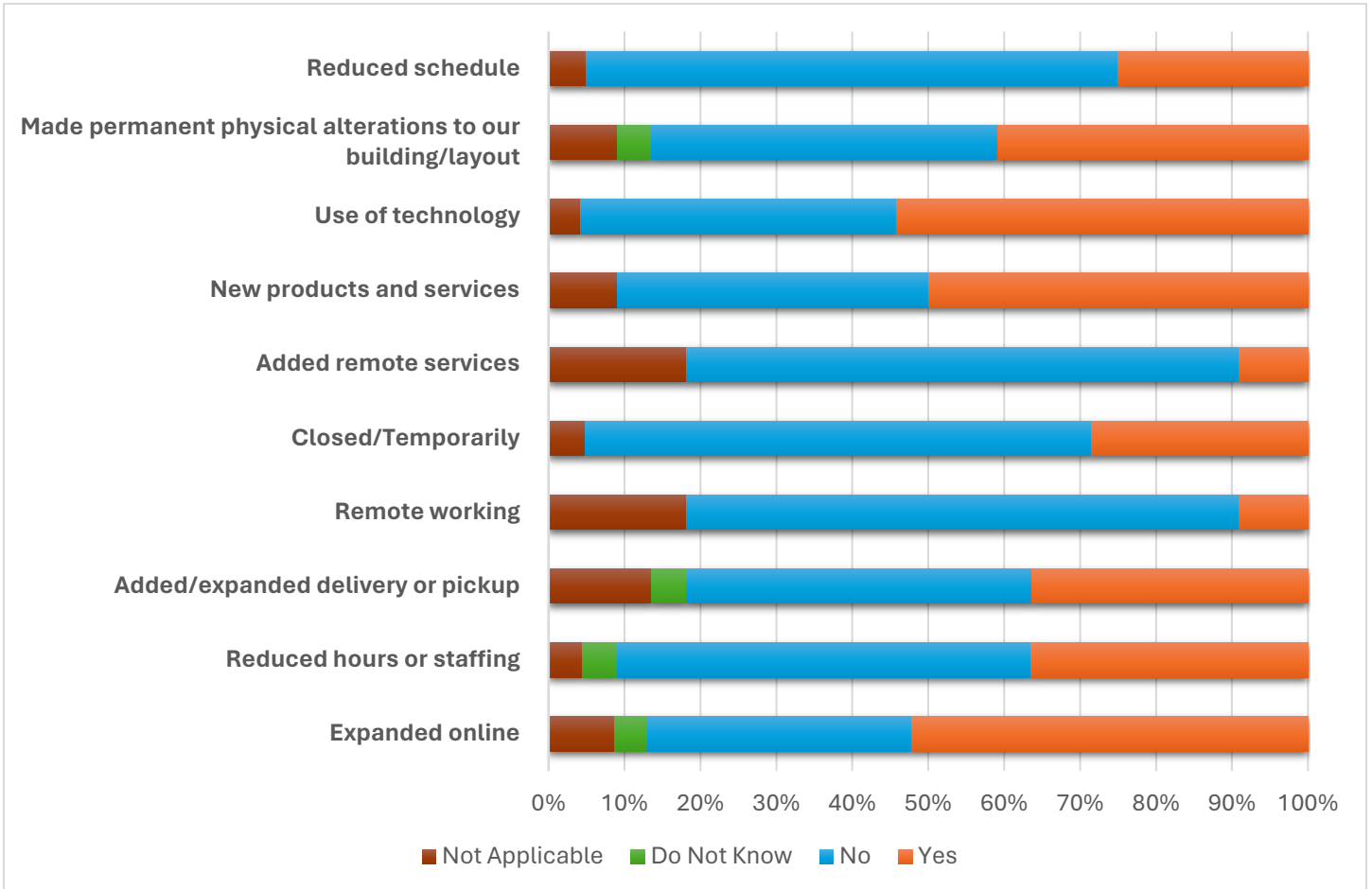
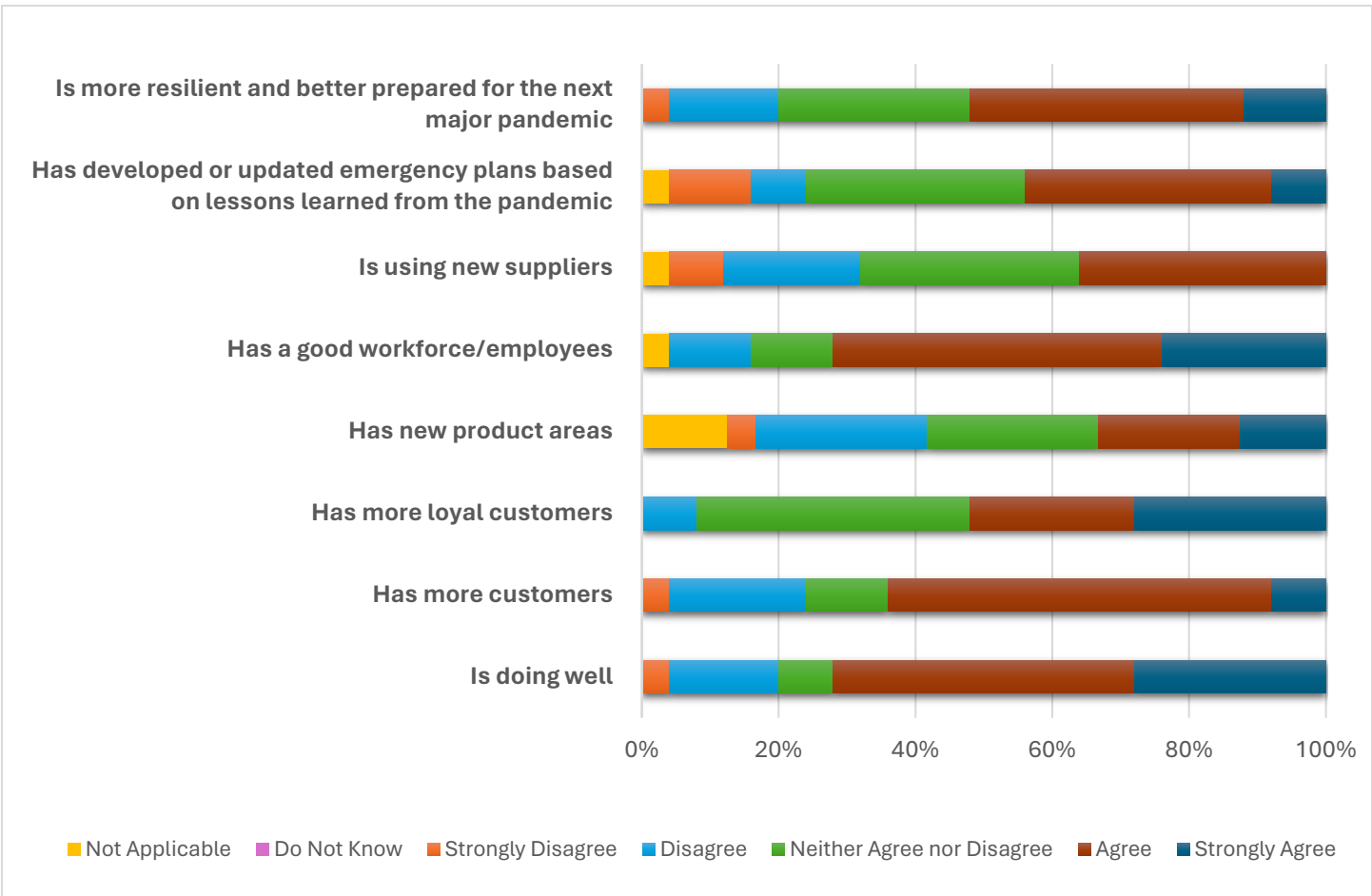


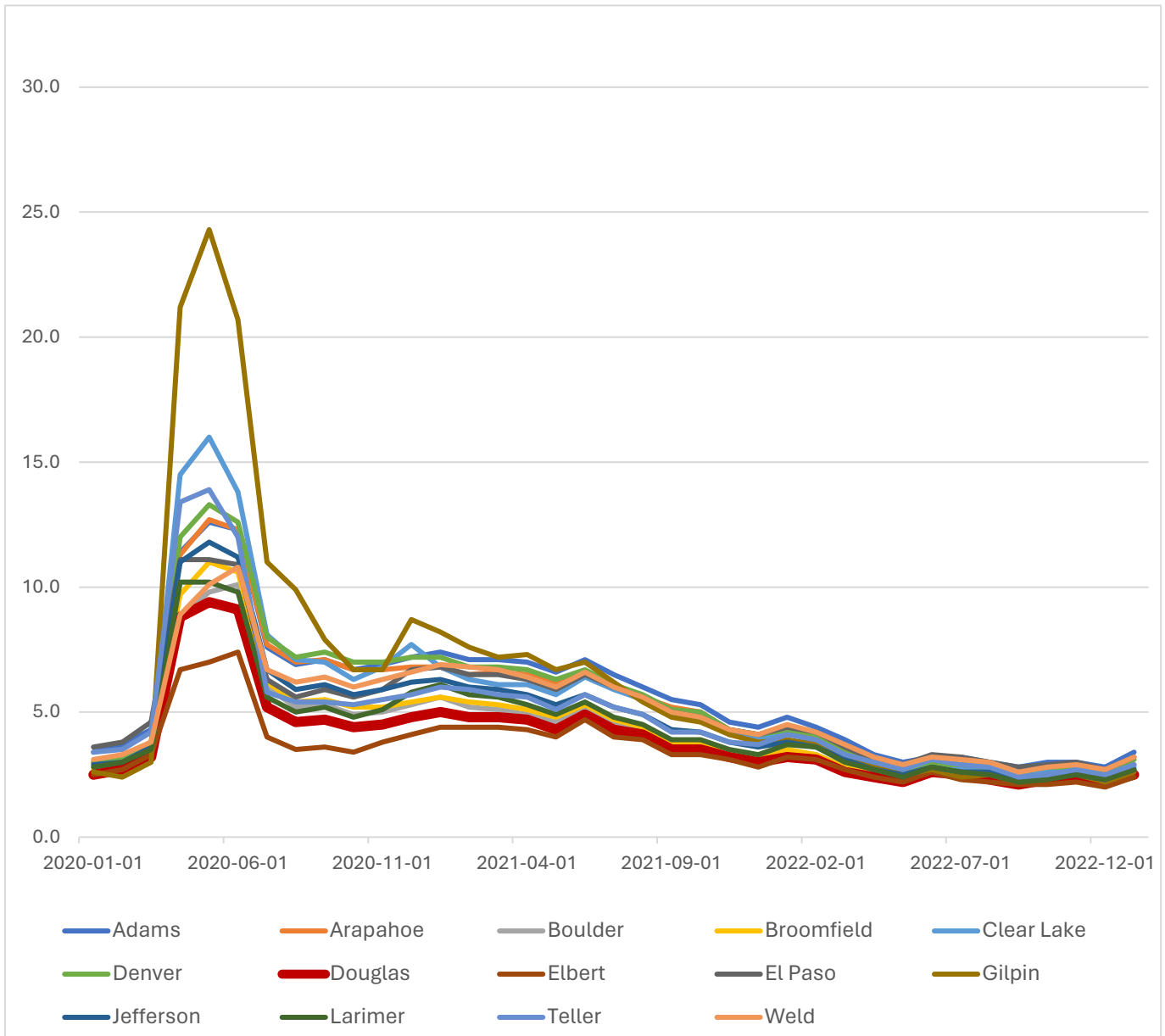
FIGURE 20: DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS? FOLLOWING THE PANDEMIC (AFTER JANUARY 1, 2023), OUR ORGANIZATION/BUSINESS ...



Regional Comparison

Disclaimer: Many factors, such as accurate reporting of data and county-specific characteristics, determine reported outcomes in this section. Although COVID-19 may have influenced certain metrics and outcomes, correlating these regional findings to the pandemic would require additional research and analysis. Regional comparisons and trends were included to descriptively show Douglas County in relation to the region and highlight those areas that truly impacted the county versus trends common throughout the region. Any definitive conclusions and correlations would require further analysis.

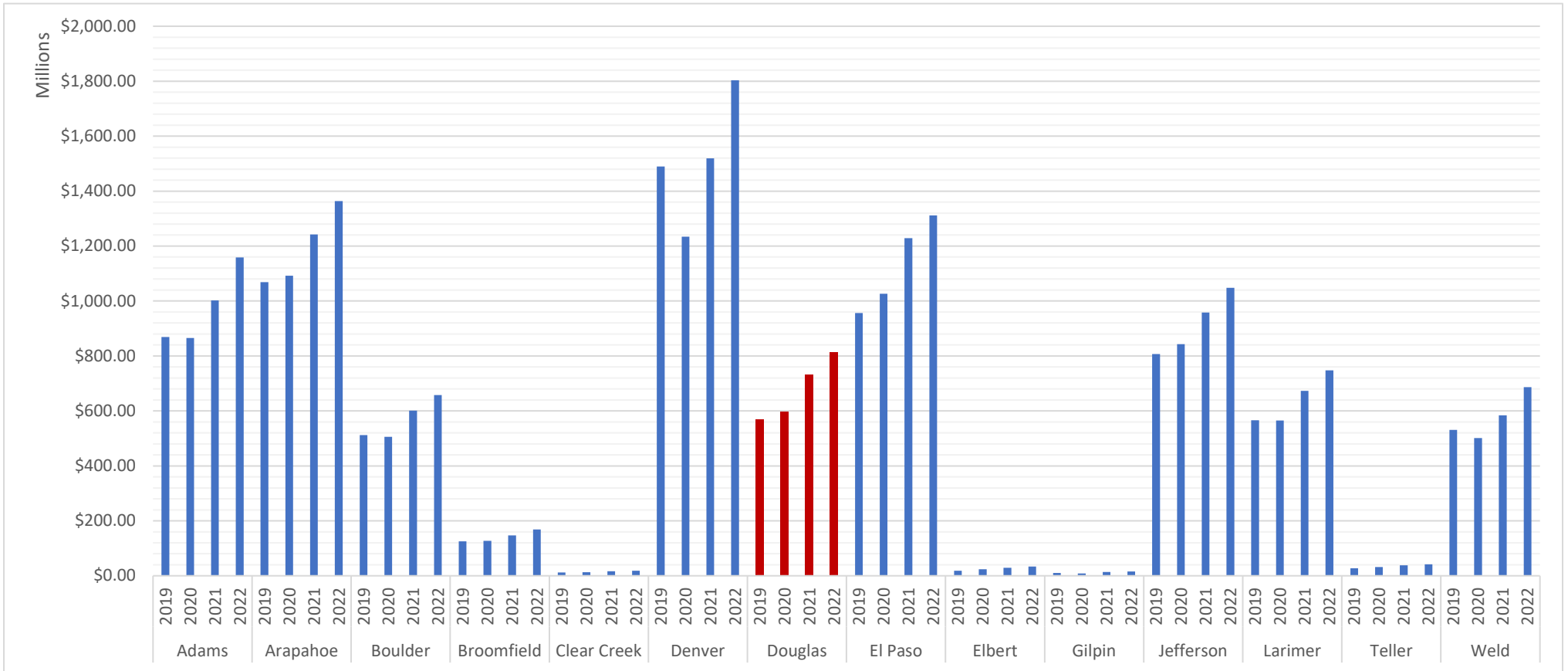
FIGURE 21: UNEMPLOYMENT RATE FROM JANUARY 1, 2020 - JANUARY 1, 2023



Source: FRED Economic Data - US Bureau of Labor

Most counties in the region experienced a noticeable impact in net taxable sales from 2019 to 2020 as a result of COVID-19. While some had a decrease in net taxable sales, those that increased only did so by a small margin.

FIGURE 22: STATE NET TAXABLE SALES 2019-2022



Source: [Colorado Office of Economic Development and International Trade Dashboard](#)

Looking Forward: Preparing for the Next Public Health Emergency

This section is intended to identify local, state, and federal considerations based on Douglas County's experience with the recent pandemic. The considerations and questions included in this section are intended to drive future actions, initiatives, and investments and continue important discussions regarding future emergencies with the potential for far greater consequences and impacts. These considerations are not limited to the recent COVID-19 pandemic but instead are intended to help us look forward, recognizing that each disaster is unique.

LOCAL CONSIDERATIONS AND QUESTIONS

- Douglas County played a crucial role in supporting businesses. What steps have been taken to document and archive key documents used during the pandemic, such as the Five Star Program?

STATE CONSIDERATIONS AND QUESTIONS

- During COVID-19, the guidance that came from the state had an impact on businesses and the private sector. There is an opportunity to explore and identify what regulations can be temporarily adjusted during a significant emergency. This may involve temporary waivers, extensions, or modifications to regulatory requirements, compliance deadlines, and administrative processes to ease burdens on businesses and facilitate continuity of operations.

FEDERAL CONSIDERATIONS AND QUESTIONS

- Using COVID-19 as a case study and applying predictive social and behavior analyses, communities could potentially begin to anticipate outcomes and impacts on various aspects of a community during the next crisis. For example, most communities in Douglas County anticipated a significant downturn in sales tax revenue due to the stay-at-home orders. Instead, many county residents shopped closer to home for items such as groceries, and sales tax revenue remained stable and, in some cases, increased. Supporting the research community to identify these predictive social and behavior determinants could prove useful to local communities as they update and develop emergency plans. These indicators could also be helpful during response operations and would serve as key data points that could drive policy and key actions.

OTHER COMMUNITY GROUPS, INDIVIDUALS AFFECTED BY COVID-19

The overall effects of the COVID-19 pandemic on the community and individuals have been multifaceted and profound, reshaping social, economic, and health landscapes. Despite the challenges, the COVID-19 pandemic also spurred community resilience and solidarity. Many community groups and individuals came together to provide support, resources, and assistance to those in need, demonstrating the strength of community networks during difficult times. Throughout the pandemic, the gaps in resource availability due to supply chain disruptions and economic constraints overwhelmed social service systems.

NON-PROFIT ORGANIZATIONS

Non-profit organizations in Douglas County provide an invaluable service to the community. While many organizations provided on-the-ground support directly and indirectly related to the pandemic, they also were adversely impacted like many businesses.

As part of this report, Douglas County non-profit organizations were invited to complete a survey related to the COVID-19 response. Key findings are provided below.

FIGURE 23: WHAT CHALLENGES DID YOUR ORGANIZATION EXPERIENCE DURING COVID-19? PLEASE SELECT ALL THAT APPLY.

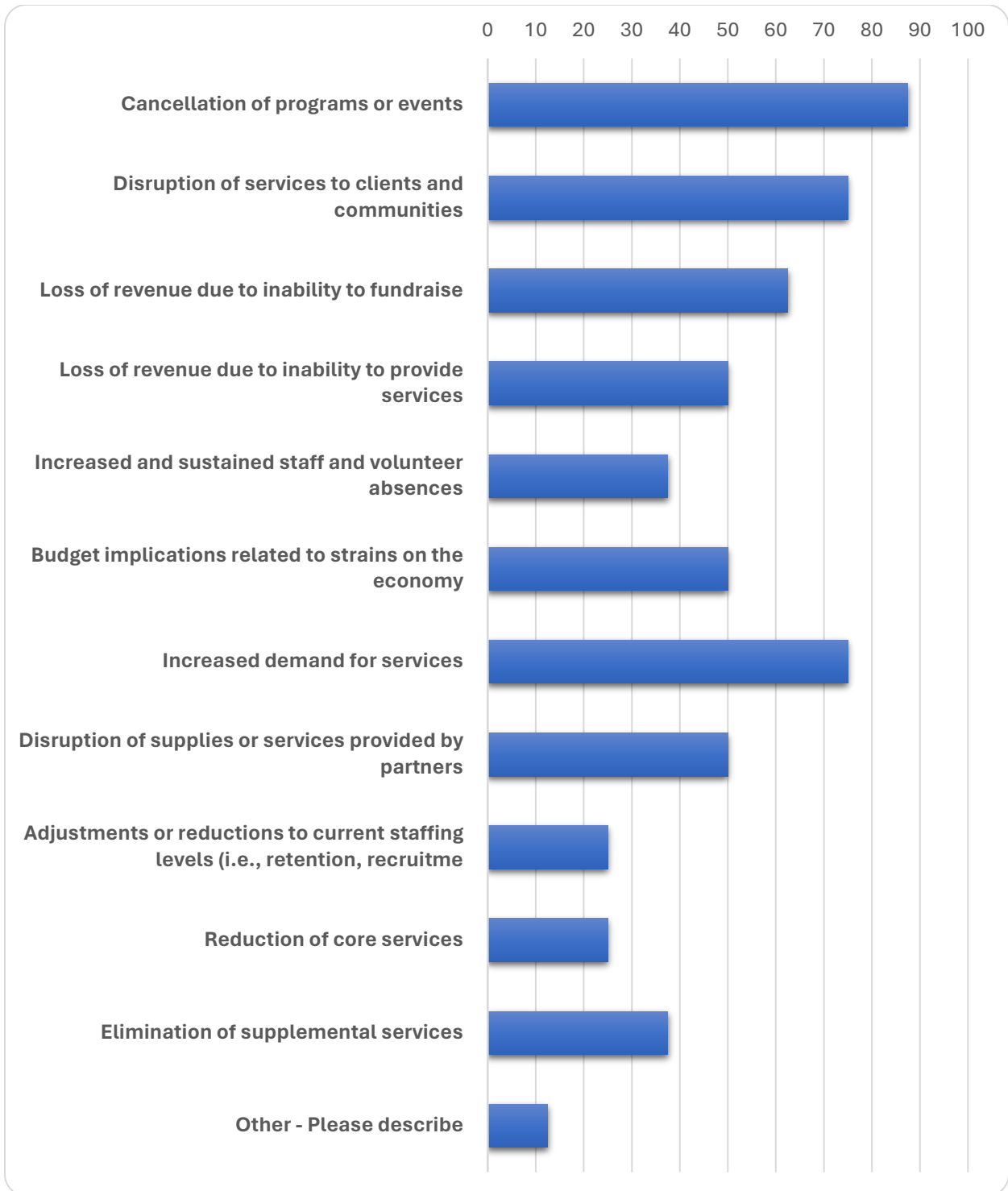


FIGURE 24: WHAT, IF ANY, WERE CAUSES OF LOST REVENUE DUE TO COVID-19 FOR YOUR ORGANIZATION? PLEASE SELECT ALL THAT APPLY.

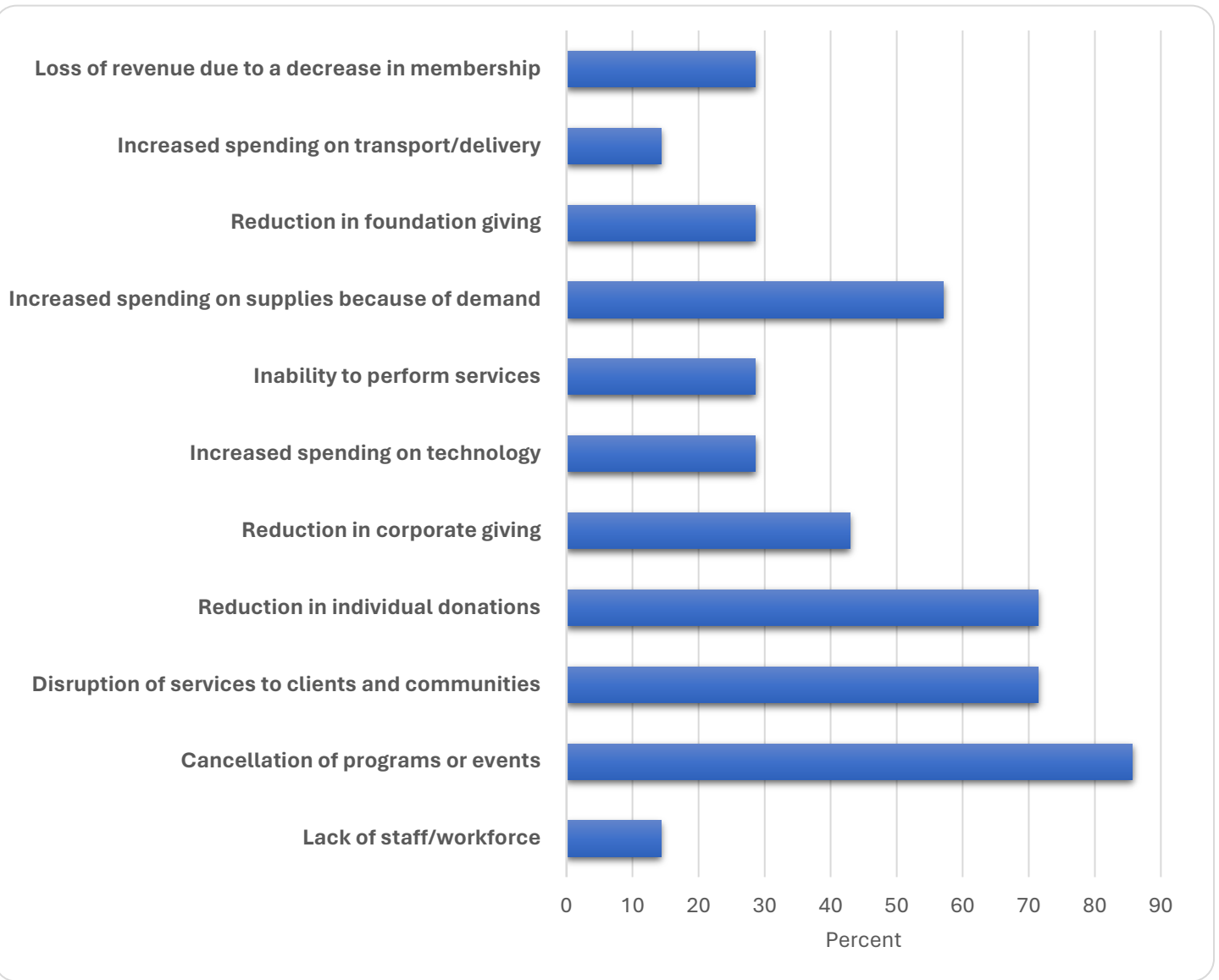


FIGURE 25: WHAT SUPPORT WAS MOST BENEFICIAL TO YOUR ORGANIZATION TO SUCCESSFULLY RECOVER FROM THE COVID-19 PANDEMIC?

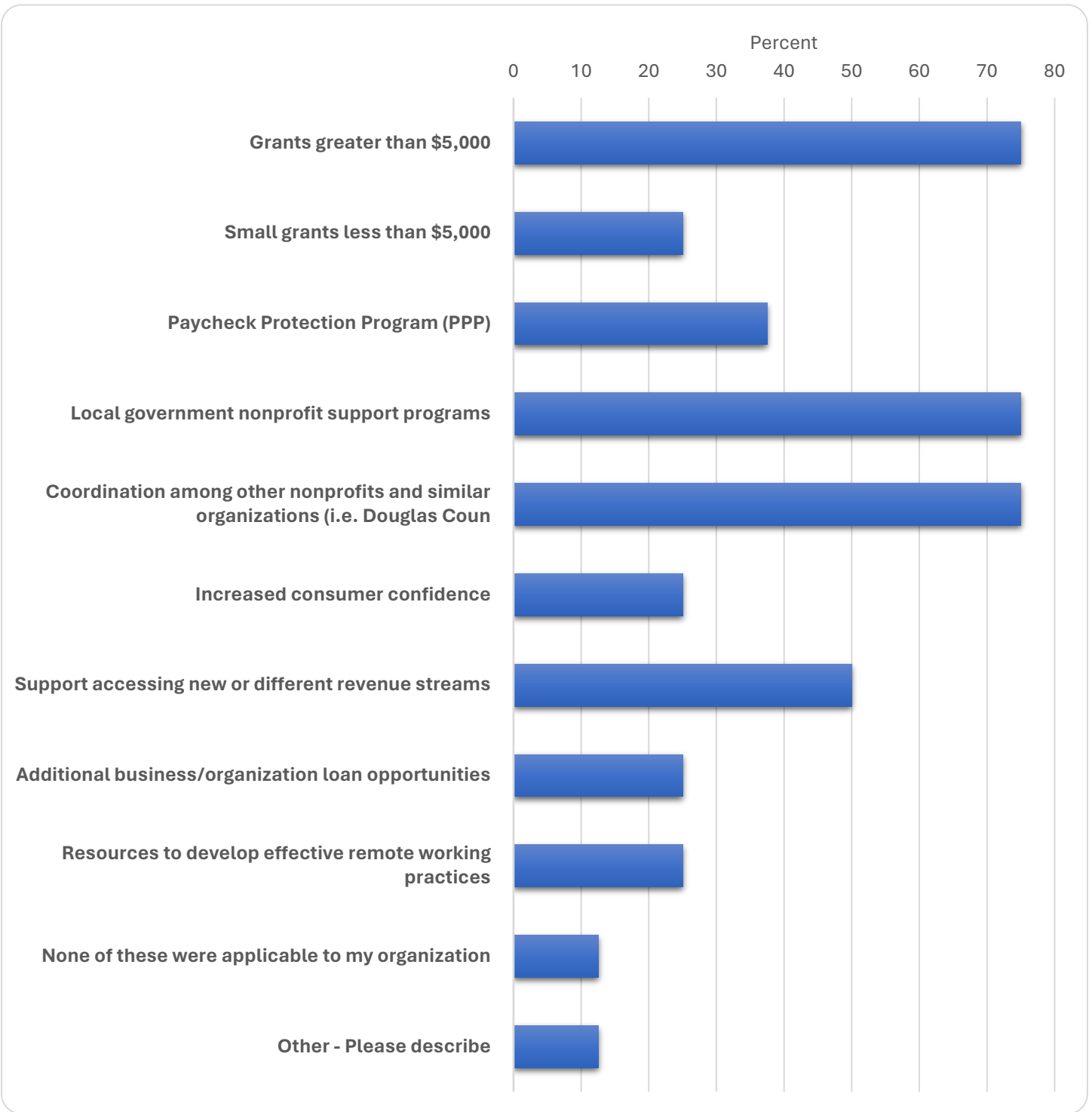


FIGURE 26: WHAT TYPE OF TECHNICAL ASSISTANCE WOULD HAVE BEEN HELPFUL FOR YOUR ORGANIZATION DURING COVID-19?

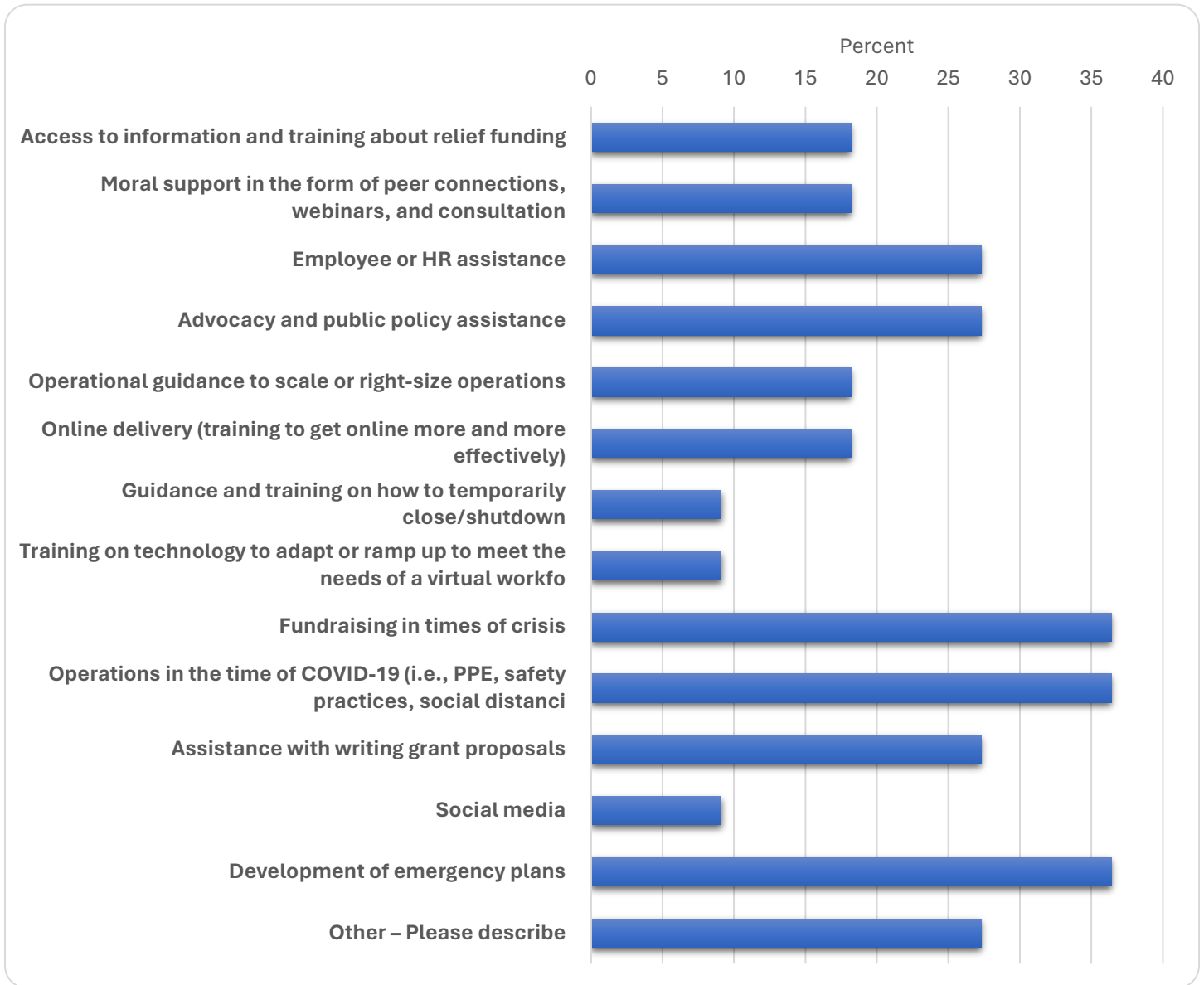


FIGURE 27: DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS? FOLLOWING THE PANDEMIC (AFTER JANUARY 1, 2023), OUR ORGANIZATION ...

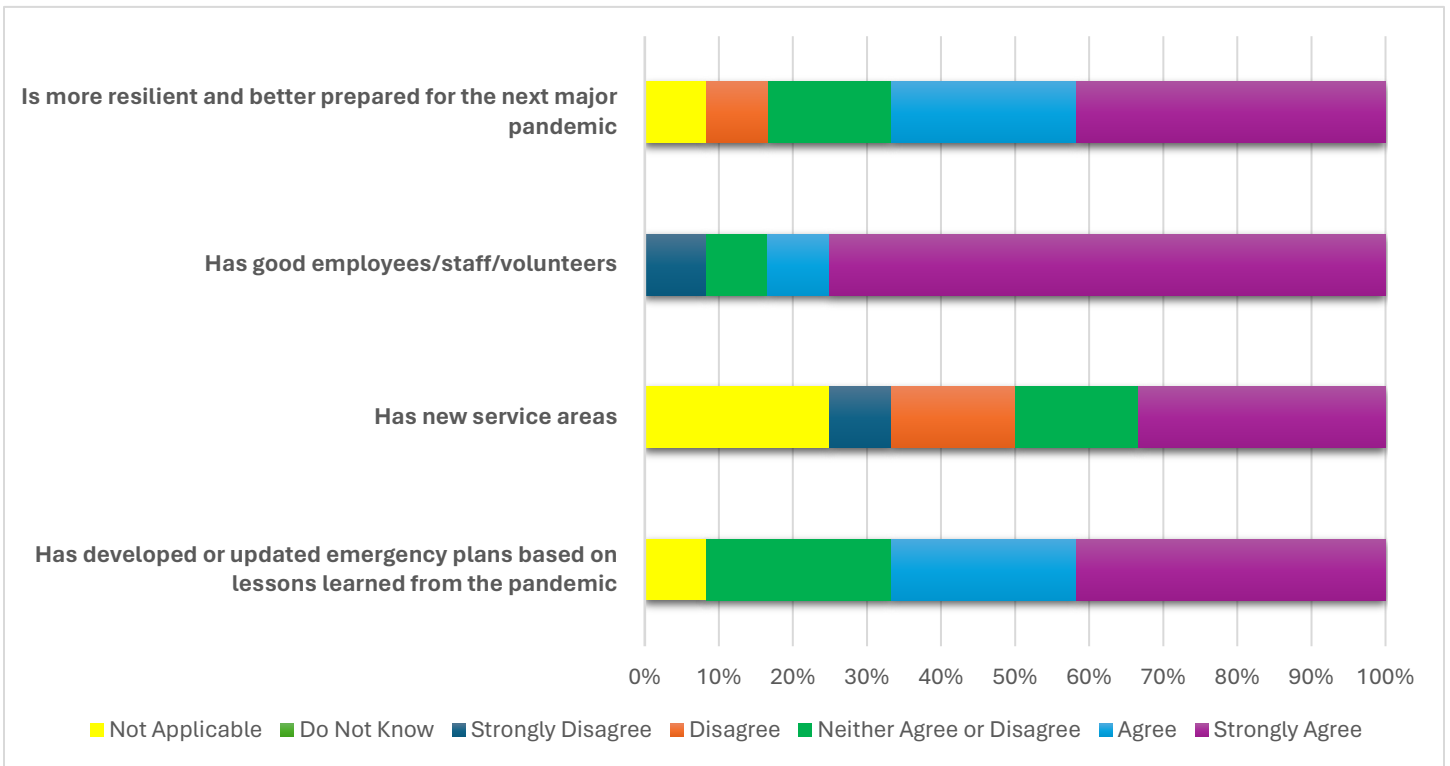


FIGURE 28: WHAT WAS YOUR PRIMARY SOURCE FOR COVID-19 RELATED GUIDANCE FOR YOU AND/OR YOUR ORGANIZATION?

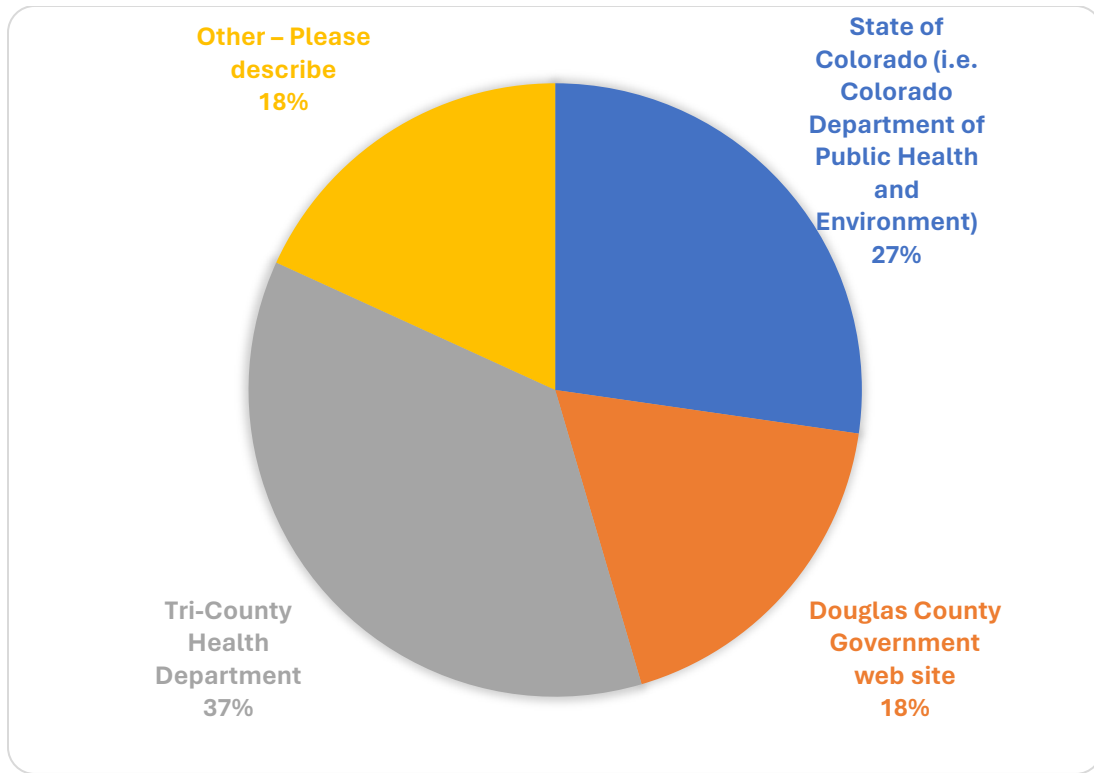
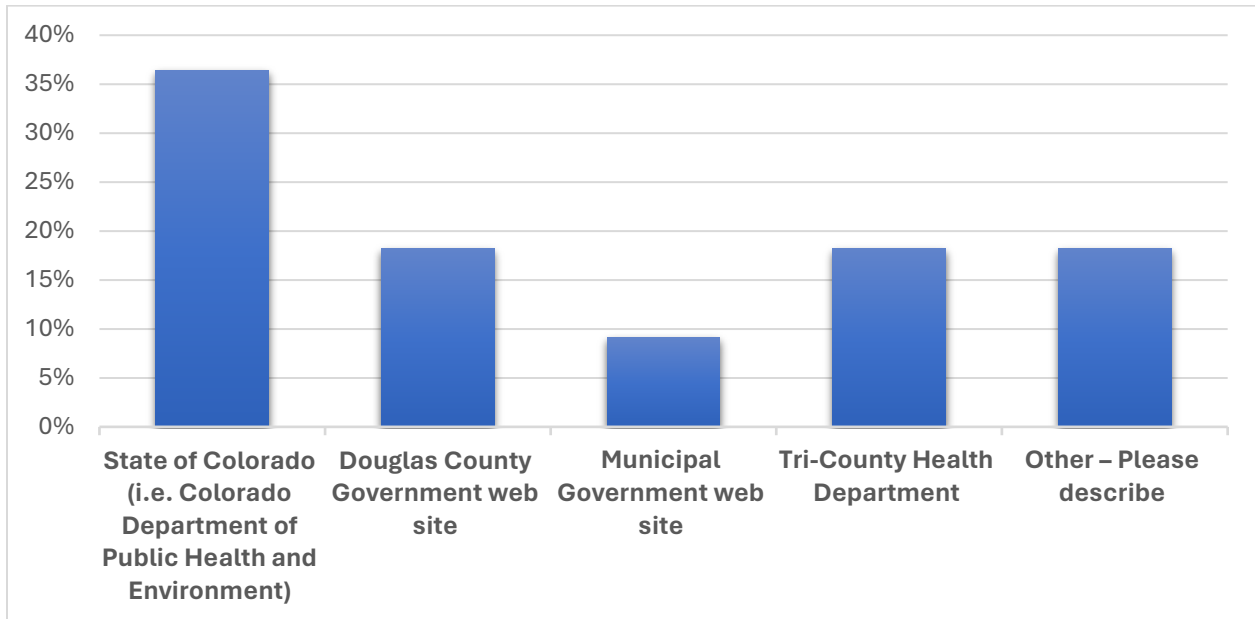


FIGURE 29: WHAT SOURCE FOR COVID-19 RELATED GUIDANCE WAS MOST BENEFICIAL AND HELPFUL TO YOU AND/OR YOUR ORGANIZATION?



COVID-19 RESPONSE RECOMMENDATION

- Continue to invest in peer networking.
- Update existing plans and procedures to reflect the lessons learned during the pandemic.

MENTAL HEALTH IMPLICATIONS

The stress, uncertainty, and isolation brought on by the COVID-19 pandemic contributed to mental health issues such as anxiety, depression, and substance abuse. The unintended delay in providing mental health services to address the psychological and emotional toll of the pandemic may contribute to ongoing struggles experienced by some vulnerable residents.

The County and human service providers were focused on meeting the physical needs of vulnerable residents and dedicated resources to accomplish this mission. However, as the pandemic progressed, County officials began noting the psychological and emotional toll the pandemic was having on some vulnerable populations. Some residents were so overwhelmed that they struggled to move forward with recovery despite the physical resources provided to them. Some County officials postulated that an earlier investment of more resources may have been beneficial, but it is unknown if this would have changed the mental health outcomes that continue to be seen. Without knowing the potential long-term mental health impacts caused by the pandemic, it is challenging to design programs and provide support to help residents mitigate the potential consequences.

County Employee Wellness

The demands of the pandemic response, extended workdays, and weekend work in a high-stress environment compounded the collective mental fatigue and burnout among the County government workforce.

The County lacked a defined strategy to support employee wellness. There was not a designated entity that routinely checked in with employees to ensure they were sleeping, eating, and getting enough downtime from work to maintain their mental health. Some interviewees shared that their mental health and work-life balance would likely have benefitted if they had been relieved from crisis mode operations for periods of time. The cumulative mental health effects experienced by the workforce remain unknown. Whether a coordinated employee wellness program would have helped to lessen these impacts is also unknown.

COVID-19 RESPONSE RECOMMENDATION

- The delay in providing mental health services to address the psychological and emotional toll of the pandemic may contribute to ongoing struggles experienced by

some vulnerable residents. Ensure the availability of mental health services to residents who are adversely affected by public health emergencies.

RISK OF ABUSE

A report by the National Commission on COVID-19 and Criminal Justice shows that domestic violence incidents in the U.S. increased by 8.1% following the imposition of lockdown orders during the 2020 pandemic.⁷ The report findings are based on a systematic review of multiple U.S. and international studies that compared changes in the number of domestic violence incidents before and after jurisdictions began imposing stay-at-home restrictions in early 2020. The studies draw on a wide range of data, from logs of police calls for service to domestic violence crime reports, emergency hotline registries, health records, and other administrative documents. While describing the evidence of an increase as strong, the authors say the precise dynamics driving the trend are less clear. They believe that lockdowns and pandemic-related economic impacts likely exacerbated factors typically associated with domestic violence, such as increased unemployment, stress associated with childcare and homeschooling, and increased financial insecurity; and that the increased use of alcohol and other substances as a coping strategy also may have elevated the threat. In addition, the authors note that by isolating parents and children in their homes, the pandemic separated potential victims from the network of friends, neighbors, teachers, and other individuals capable of reporting signs of abuse and helping those at risk escape a dangerous environment.

While Douglas County may not have seen the high numbers that other communities faced, the County was not immune to these impacts. The number of child welfare reports received by the County decreased during the pandemic. Officials opined that this trend was likely a direct result of children not having routine contact with mandated reporters when in-person school classes were suspended. Officials also noted that the reporting of many potential cases of abuse was delayed until the injured child was brought to a medical provider to receive care. It is unknown how many victims of abuse never sought medical care, and therefore, their case was never reported.

The Sheriff's Office reportedly did not experience an increase in domestic violence calls, but human service providers did experience an increase in the number of referrals received related to domestic violence.

COVID-19 RESPONSE RECOMMENDATION

- Closing the schools separated children at risk of abuse from regular contact with mandated reporters and removed a relied-upon safety net for this vulnerable

⁷ Council on Criminal Justice: [Impact Report: COVID-19 and Domestic Violence Trends, 2/23/2021](#)

population. Greater awareness and public education are needed on this issue. Emergency plans should acknowledge this potentiality and should be noted as a planning consideration. Train all human service providers and their volunteer workforces to recognize the signs of potential abuse and how to initiate a report.

SCHOOLS

Many schools saw a decrease in enrollment between the 2019/2020 school year and the 2022/2023 school year. Douglas County saw a 6.5% decrease.

FIGURE 30: SCHOOL ENROLLMENT BETWEEN 2019-2023

Counties	2019-2020	2020-2021	2021-2022	2022-2023	Percentage Change between 2019-2020 and 2022-2023
Adams	85,001	81,668	82,272	81,723	-3%
Arapahoe	117,838	115,525	114,971	115,011	-2.40%
Boulder	63,855	60,552	61,417	61,126	-4.30%
Clear Creek	717	682	696	680	-5.20%
Denver	92,112	89,061	88,889	87,864	-4.60%
Douglas	67,305	62,979	63,876	62,872	-6.50%
Elbert	3,258	3,110	3,378	3,506	7.60%
El Paso	122,783	118,023	119,609	119,808	-2.40%
Gilpin	498	429	437	408	-18%
Jefferson	84,048	80,088	78,473	77,078	-8.30%
Larimer	48,068	45,404	46,290	46,378	-3.50%
Teller	2,651	2,391	2,184	2,435	-8.10%
Weld	45,343	44,110	45,656	46,111	-1.70%

Source: [Colorado Department of Education](#) PK-12 Pupil Membership by County

LAW ENFORCEMENT

During the early pandemic period, people who had a known exposure to a COVID-19 positive person and/or contracted COVID-19 had to remain in quarantine or isolation for a minimum of 10 days. To maintain response capabilities, law enforcement leadership enacted guidelines designed to decrease officer exposure risks to ensure that there was a cadre of staff available to respond to calls for emergency services. Some departments changed their staffing assignments so that not all officers were working in a public-facing capacity at the same time.

Many municipal police chiefs worked together to strategize policy and guideline adaptations. Some police departments temporarily changed response protocols, required officers to wear PPE (including masks) when in contact with the public, and instituted dispatch screening protocols to identify whether the subject of each call had COVID-19 symptoms or a known exposure to somebody with COVID-19.

Some police departments also changed arrest procedures to accommodate the jail's preference for limiting the number of new people introduced into the inmate population. People arrested for traffic and minor violations were issued a summons, with transport to the jail reserved for people who were arrested for significant criminal activity.

Interviewees emphasized the importance of maintaining all-hazard preparedness plans and standard operating procedures so that there is a framework in place that can be used by leadership to guide decision-making processes during future emergencies of extended duration. However, leadership must remain flexible to adapt plans and procedures to address the circumstances of the specific situation. Multiple interviewees underscored the importance of being able to think outside the box and having the support of their leadership to make good decisions in a timely manner.

Prior to the start of the pandemic, the jail averaged a daily inmate population in the high 300s. The court system acted during the early pandemic period to decrease the inmate population. Judges provided for the outright release of many inmates who were serving time for lower-level infractions and released others on pre-trial monitoring. Inmates detained on more serious charges remained in custody. However, these actions decreased the inmate population to around 100 inmates, enabling the Sheriff's Office to promote social distancing and house a single inmate in most cells.

All new inmates were quarantined for a week at the point of intake before being introduced into the general population. Inmates who showed signs of illness remained in quarantine until they were symptom-free. The surfaces in all common areas were wiped down once per hour, and the Sheriff's Office decreased the number of inmates allowed in an area at the same time.

The Sheriff's Office also provided a new mask to each inmate every day. Officers removed the metal strip from each mask prior to it being given to an inmate. Alcohol-based hand sanitizer was available throughout the jail even though traditionally products with such high alcohol content are prohibited. Once available, inmates were offered the opportunity but not required to receive the COVID-19 vaccine.

In the absence of conclusive data on the length of time the virus could survive on surfaces and the effectiveness of disinfection strategies, the Sheriff's Office opted to err on the side of potential benefit and fogged shared vehicles, the dispatch area, and public spaces at

regularly scheduled intervals and after a COVID-positive person had used the space. The effectiveness of fogging as a sanitizing agent remains unknown.

When possible, staff briefings were conducted in the Sallyport since the larger space supported the maintenance of social distancing and ventilation with outside air.

COVID-19 RESPONSE RECOMMENDATION

- Law enforcement leadership prioritized the health and safety of their officers throughout the pandemic. The protective actions taken by the Douglas County Sheriff's Office helped to decrease the risk of the SARS-CoV-2 virus spreading among personnel and inmates and enabled the jail to maintain full operations throughout the pandemic. Ensure these lessons learned and procedures have been codified in law enforcement related emergency plans.

VOLUNTEER WORKFORCE

The County and community service providers' volunteer workforce is typically comprised of healthy retirees. During the pandemic, many of these volunteers were concerned that interacting with other people might result in their contracting COVID-19 and, therefore, stopped serving in a volunteer capacity. This decimated the volunteer force, leaving service providers with a significantly smaller workforce to meet an increased demand for services. Although the pandemic is over, many service providers have struggled to rebuild their volunteer workforce to pre-pandemic levels.

COVID-19 RESPONSE RECOMMENDATION

- The required number of volunteers traditionally relied upon by human service organizations was not available during the pandemic. Support community service providers in their efforts to recruit, train, and retain a volunteer workforce comprising diverse population groups.

TENANTS

During the first 12-plus months of the pandemic, water and wastewater service providers were prohibited from shutting off service secondary to unpaid bills. As a special taxing district, the water and wastewater service providers were restricted from using property tax dollars and rate revenues to help customers in need pay their utility bills.

During this same time, residential landlords were also prohibited from evicting tenants who could not pay their rent. Numerous landlords reportedly contacted water and wastewater service providers to request the shutoff of services at rental properties as a strategy to encourage tenants to pay their rent. Although no action could be taken on the requests

received, the back and forth with these landlords consumed a significant amount of personnel time.

Once the moratorium on shutting off service was lifted, service providers needed to employ an extensive process to warn residents with unpaid bills of a pending shutoff. Service provider officials reported that it took approximately three months to address the backlog of unpaid bills pending service shutoff.

Looking Forward: Preparing for the Next Public Health Emergency

This section is intended to identify local, state, and federal considerations based on Douglas County's experience with the recent pandemic. The considerations and questions included in this section are intended to drive future actions, initiatives, and investments and continue important discussions regarding future emergencies with the potential for far greater consequences and impacts. These considerations are not limited to the recent COVID-19 pandemic, but instead, are intended to help us look forward recognizing that each disaster is unique.

LOCAL CONSIDERATIONS AND QUESTIONS

- While the challenges brought on by COVID-19 are undeniable, nonprofit organizations in the County were instrumental in continuing and pursuing their vital missions. For some, there was even an increased demand for services. Identifying and maintaining key partnerships with these organizations will be critical moving forward. Involving this sector in future disaster/emergency exercises will strengthen this partnership and will ensure the County is aware of its capabilities and services.
- Many nonprofits have had to make significant adjustments to their volunteer engagement strategies as a result of COVID-19. Businesses are investing significantly less in their corporate giving and workplace volunteering programs. How can the nonprofit sector in Douglas County rethink and reimagine its volunteer engagement strategies, especially when the number of people needing their services continues to grow?

STATE CONSIDERATIONS AND QUESTIONS

- Nonprofits have historically struggled with identifying appropriate metrics that can be useful in measuring their true successes or needs.⁸ As part of the state's effort to

⁸ [The new world of philanthropy: How changing financial behavior, public policies, and COVID-19 affect nonprofit fundraising and marketing](#). 2022

modernize data analytics for large-scale emergencies, nonprofit and community organizations, and the services they provide, should be included in this effort.

FEDERAL CONSIDERATIONS AND QUESTIONS

- The COVID-19 pandemic, and specifically the social distancing aspects, had a huge impact on public health in terms of mental health. The mental health implications of the pandemic, for example, will have long-lasting effects. An honest review and analysis of the efficacy and consequences of the mitigation techniques utilized during the pandemic is needed. Funding and directing research to better determine the effectiveness and the short-term and long-term impacts of mitigation strategies employed during COVID-19 is needed.

COUNTY RECOVERY AND ECONOMIC RELIEF EFFORTS

Douglas County did not use Coronavirus Aid, Relief, and Economic Security Act (CARES Act) or American Rescue Plan Act (ARPA) funding to pay for traditional government functions but instead added County funds to the federal relief funds received and prioritized the use of this pool of money to support municipalities and provide **direct** relief to county residents and businesses. A sizable portion of the funding was used to support businesses and workers whose positions were deemed to be non-essential, with restaurants and their staff comprising a large portion of the primary recipients.

Douglas County received 50 percent of the ARPA fund in May of 2021 and received the other 50 percent in May of 2022. Recipients were required to obligate the full ARPA allocation by 2024, and spend it by the end 2026.

FIGURE 31: ARPA ALLOCATION FOR DOUGLAS COUNTY

Funding Recipient	ARPA Allocation
Douglas County	\$68,207,548.00
Castle Rock	\$5,703,100.00
Parker	\$4,452,437.00
Lone Tree	\$3,288,157.49
Castle Pines	\$2,705,277.41
Larkspur	\$53,286.15
Aurora (portions)	\$65,424,806
Littleton (portions)	\$12,081,125.94

Source: [Douglas County ARPA Report](#)

The Code of Federal Regulations establishes recipient compliance requirements for all federal grant programs. Recipients who do not comply with these requirements risk defaulting on the grant agreement and may be required to repay the federal funds received. Furthermore, recipients must comply with the guidelines, established priorities, and allowable costs identified by each specific grant program. As a strategy to ensure compliance with the federal requirements and frequent ARPA funding programmatic changes, the County centralized the grants management process and designated a single individual within the Finance Department to manage all COVID-related grants and funding received. A single accountant was dedicated to validating expenditures and maintaining the financial records for these grant programs.

Douglas County's total CARES Act funding for reimbursement of associated expenses, determined by a per capita formula, was \$30,124,485.⁹ The County and many municipalities used CARES Act funding to provide direct financial support to community service providers, businesses, and individuals who were struggling financially. For example, the City of Castle Pines established a grant program to provide residents with financial support for food and housing; a similar grant program was established for businesses that were forced to close during the pandemic. The County also prioritized this funding to fully resource the increased demands experienced by food banks.

Similarly, Arapahoe Community College used the CARES Act funding they received to provide students in need with direct financial assistance to pay rent and purchase food. An official from the College shared that equitable and efficient distribution of the available funding were cornerstones of the funding program that was established. However, the evolving CARES Act program guidance and the amount of time it took to have questions addressed created challenges when trying to establish a compliant pass-through funding program to provide students with financial relief in a timely manner. Nonetheless, the College official reported that audits of this program had not produced any findings and credits this result with the integrity and hard work of the personnel tasked with developing and administering the program.

COVID-19 RESPONSE RECOMMENDATION

- Efforts to provide direct assistance and relief to those residents, businesses and organizations most impacted by the pandemic proved to be a major success. In future emergencies, efforts to coordinate these activities more closely may be needed to limit duplication of relief and assistance or even fraud.
- Provide training to County and municipal staff to increase their knowledge of federal grant compliance requirements.
- Document, formalize, and institutionalize the procedures and strategies implemented to provide direct financial assistance to individuals, organizations, and businesses for future emergencies.

⁹ [Douglas County CARES Act Funding](#)

Looking Forward: Preparing for the Next Public Health Emergency

This section is intended to identify local, state, and federal considerations based on Douglas County's experience with the recent pandemic. The considerations and questions included in this section are intended to drive future actions, initiatives, and investments and continue important discussions regarding future emergencies with the potential for far greater consequences and impacts. These considerations are not limited to the recent COVID-19 pandemic but instead are intended to help us look forward, recognizing that each disaster is unique.

LOCAL CONSIDERATIONS AND QUESTIONS

- In March and April 2020, Congress passed four major bills addressing COVID-19: (1) the Coronavirus Preparedness and Response Supplemental Appropriations Act, a USD 8.3 billion bill that provided funding to states and localities for COVID-19 Preparedness and Response; (2) the Families First Coronavirus Response Act (FFCRA), which addressed insurance coverage of coronavirus testing, paid sick leave, nutrition assistance, and unemployment benefits; (3) the CARES Act, which included more than USD 150 billion for hospitals, research, treatment, and stockpiling equipment and an additional USD 150 billion for state and local governments to invest in capabilities like testing and contact tracing infrastructure; and (4) the Paycheck Protection Program and Health Care Enhancement Act, which allotted USD 75 billion to hospitals and \$25 billion to increase testing capacity.

Douglas County utilized the CARES and ARPA funding in a unique and effective way by prioritizing and providing direct relief to businesses and residents most impacted by the pandemic. Not every emergency or disaster will result in an influx of federal aid and support. Proactively consider strategies to replicate this approach in an environment where federal funding is reduced or unavailable.

STATE CONSIDERATIONS AND QUESTIONS

- Shaping and improving the State's approach to establishing funding priorities, criteria to award funds, and strategies for disaster recovery efforts will be an important initiative for future emergencies and disasters. Leveraging the experiences of local jurisdictions, such as Douglas County, can help to inform this strategy by acknowledging the unique circumstances, culture, values, vulnerabilities, and capabilities of various communities and organizations in the state. The recent pandemic taught us that each individual, business, organization, and community was uniquely affected. An opportunity to continue this dialogue to inform future funding strategies, criteria, and priorities will be important.

FEDERAL CONSIDERATIONS AND QUESTIONS

- Innovation at the community level to support local businesses, organizations, and residents was a hallmark of the recent pandemic. Shaping future emergency disaster assistance guidance and rules, such as CARES and ARPA, to allow local communities to address specific needs will be critical. Efforts to capture best practices implemented by local communities, businesses, and organizations will be a helpful resource in future disasters. Determining which programs/initiatives proved to be most helpful for individuals, local businesses, and organizations will also help communities prioritize efforts in future emergencies. A comprehensive and critical review and study of local efforts employed and the establishment of a guide of best practices for future emergencies will be a helpful resource.
- While all businesses and organizations were affected by the pandemic, small businesses were especially impacted in Douglas County. Multiple programs or adaptable paths within a program may better accommodate businesses of varied types and sizes. For example, a loan program well suited to large, financially sophisticated applicants will not likely be well suited to smaller businesses or organizations based on our experience in Douglas County.

APPENDICES

APPENDIX 1. ACRONYMS/TERMS AND DEFINITIONS

ACRONYMS

Acronym	Definition
AAR	After Action Report
AAR/IP	After Action Report and Improvement Plan
ACIP	Advisory Committee on Immunization Practices
ACF	Alternative Care Facility
ARPA	American Recovery Plan Act
BOH	Board of Health
CAAR	Community After Action Review
CALPHO	Colorado Association of Local Public Health Officials
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CDC	Centers for Disease Control
CDE	Colorado Department of Education
CDPHE	Colorado Department of Public Health and Environment
COOP	Continuity of Operations Plan
COVID19	Coronavirus disease 2019
C.R.S	Colorado Revised Statutes
DCHD	Douglas County Health Department
DOC	Department of Correction
EOC	Emergency Operations Center
EBT	Electronic Benefit Transfer
ESF	Emergency Support Functions
EUA	Emergency Use Authorization
FEMA	Federal Emergency Management Agency
FDA	Food and Drug Administration
FOUO	For Official Use Only
FQHC	Federally Qualified Health Center
HEPA	High Efficiency Particulate Air
HFWA	Healthy Families and Workplaces Act
HR	Human Resources
HRCA	Highlands Ranch Community Association
HVAC	Heating, Venting, and Air Conditioning
IAP	Incident Action Plans
IC	Incident Commander
ICS	Incident Command System
JIC	Joint Information Center
LTC	Long-Term Care
MERV	Minimum Efficiency Reporting Values
MOU	Memorandum of Understanding
N95	Type of Respirators

NEDSS	National Electronic Disease Surveillance System
NIMS	National Incident Management System
NPI	Non-Pharmaceutical Intervention
MOU	Memoranda of Understanding
OEM	Office of Emergency Management
PA	Public Assistance
PCR	Polymerase Chain Reaction
PHEP	Public Health Emergency Preparedness Program
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
PPE	Personal Protective Equipment
PUI	Person Under Investigation
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
SBA	Small Business Administration
SEOC	State Emergency Operations Center
Sit Rep	Situation Report
SNAP	Supplemental Nutrition Assistance Program
SNS	Strategic National Stockpile
SOP	Standard Operation Procedure
SVI	Social Vulnerability Index
TCHD	Tri-County Health Department
UV	Ultraviolet
WHO	World Health Organization

DEFINITIONS

COVID19 – Official name given by the World Health Organization to the disease caused by SARS CoV-2

Healthy Families and Workplace Act - Colorado Healthy Families and Workplaces Act (HFWA) requires Colorado employers to provide two types of paid sick leave to their employees: accrued leave and public health emergency (PHE) leave (not currently in effect). The following points apply to both PHE and accrued leave.

- Paid sick leave must be paid for time off work, and at the same pay rate the employee earns during time worked.
- Paid sick leave can't be counted against employees as absences that may lead to firing or other negative action.

HEPA – High Efficiency Particulate Air Filter – type of pleated mechanical air filter. This type of air filter can theoretically remove at least 99.97% of dust, pollen, mold, bacteria, and any airborne particles with a size of 0.3 microns (μm).

N95 – Type of respirators which are personal protective equipment that are used to protect the wearer from particles or from liquid contaminating the face.

MERV 13 - Minimum Efficiency Reporting Values, or MERVs, report a filter’s ability to capture larger particles between .3 and 10 microns (μm). The higher the MERV rating the better the filter is at trapping specific types of particles.

Sallyport - A sally port is a secure, controlled entry way to an enclosure, e.g., a fortification or prison.

SARS CoV-2 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and defined as the causal agent of Coronavirus Disease 2019 (COVID-19)

APPENDIX 2. DOUGLAS COUNTY ORDINANCES, RESOLUTIONS, AND EXECUTIVE ACTIONS

Date	Order
3/13/2020	Douglas County: Douglas County Local Disaster Emergency Declaration Pursuant to C.R.S 24-33.5-709
3/19/2020	Douglas County: Douglas County Local Disaster Emergency Declaration Pursuant to C.R.S 24-33.5-709 (Extension of Declaration)
3/25/2020	Tri-County Health Department: Stay-at-Home Public Health Orders
7/8/2020	Tri-County Health Department: Mask-wearing requirement to curb the spread of the coronavirus, but jurisdictions will be allowed to opt-out of the order
10/20/2020	Tri-County Health Department: Order requiring masks to be worn in public places will be extended until the end of the COVID-19 pandemic, or until it is amended or rescinded.
4/9/2021	Tri-County Health Department: Public Health Order Simplified COVID-19 Dial
4/13/2021	Douglas County: Douglas County Board-Approved Resolution to opt out of the Tri-County Health Department Public Health order, thus in Douglas County, businesses would be allowed to determine what capacities are best for them, their patrons, and their employees
5/11/2021	Douglas County: Douglas County Residents are Free to Choose how to Protect their Lives and Livelihoods from COVID-19
8/17/2021	Tri-County Health Department: Tri-County Health Department public health order requiring children ages 2-11 to wear a face covering in all indoor school and childcare settings, as well as individuals working and interacting with those children.
8/30/2021	Tri-County Health Department: Mask Mandate requiring masks for everyone 2 and up in indoor school and childcare settings and <u>rescinds</u> the ability for individual counties to opt out of the public health order.
10/8/2021	Douglas County Board of Health: Public Health Order Allowing Exemptions from Facial Covering and Preventing Quarantining of Asymptomatic Individuals

Note: Because Tri-County Health Department (TCHD) dissolved, a record of the public health orders issued by TCHD is limited and no longer maintained on their website.

DOUGLAS COUNTY LOCAL DISASTER EMERGENCY DECLARATION

PURSUANT TO C.R.S. 24-33.5-709

WHEREAS, the Director of the Office of Emergency Management has advised the Board of County Commissioners of Douglas County (“the Board”) of a disaster (as that term is defined in the Colorado Disaster Emergency Act, Part 7 of Article 33.5 of Title 24, C.R.S.) currently located in Douglas County Colorado which occurred or began to occur on March 5, 2020 as a result of the COVID-19 infectious disease pandemic; and

WHEREAS, COVID-19 has caused a strain on the public, the medical system, first responders, and many businesses; and

WHEREAS, the magnitude of the incident and the response and recovery have exceeded or will exceed operational resources available to Douglas County Government, and all available resources are being or will be utilized or expended; and

WHEREAS, pursuant to the Colorado Disaster Emergency Act, Part 7 of Article 33.5 of Title 24, C.R.S. and the Douglas County Emergency Operations Plan, County RESOLUTION No. 016-096, the principal executive officer of a political subdivision is authorized to declare a local disaster; and

WHEREAS, the Douglas County Director of the Office of Emergency Management has recommended that Chair of the Douglas County Board of County Commissioners, who is the principal executive officer of Douglas County, declare a local disaster; and

WHEREAS, it would be appropriate and in the interest of the public health and safety, and would further protect lives, for the Chair of the Douglas County Board of County Commissioners to implement said recommendation.

NOW THEREFORE BE IT RESOLVED, that there is hereby declared a local disaster emergency for Douglas County, Colorado, pursuant to C.R.S. 24-33.5-709, as amended; and that the Chairman of the board of County Commissioners of Douglas County, Colorado, declares this to be a local disaster. I also understand that, according to Colorado State Statute, this disaster declaration will expire seven days from today, unless approved by a majority of the Board of County Commissioners.

BE IT FURTHER RESOLVED, that this declaration shall be given prompt and general publicity, and shall be filed promptly with the County Clerk and Recorder, the municipal clerk, or another authorized recordkeeping agency, and the Colorado Division of Homeland Security and Emergency Management (CDHSEM).

DONE THIS 13th day of March, 2020, at Castle Rock, Douglas County Colorado.

By : 
 Roger A. Partridge
 BOCC Chair
 Principle Executive Officer
 Douglas County

DocuSign Envelope ID: A8BC38E1-FBA4-405E-B2BE-46CA41907779

DOUGLAS COUNTY LOCAL DISASTER EMERGENCY DECLARATION

PURSUANT TO C.R.S. 24-33.5-709

WHEREAS, the Director of the Office of Emergency Management has advised the Board of County Commissioners of Douglas County (“the Board”) of a disaster (as that term is defined in the Colorado Disaster Emergency Act, Part 7 of Article 33.5 of Title 24, C.R.S.) currently located in Douglas County Colorado which occurred or began to occur on March 5, 2020 as a result of the COVID-19 infectious disease pandemic; and

WHEREAS, COVID-19 continues to cause a strain on the public, the medical system, first responders, and many businesses; and

WHEREAS, the magnitude of the incident and the response and recovery have exceeded or will exceed operational resources available to Douglas County Government, and all available resources are being or will be utilized or expended; and

WHEREAS, pursuant to the Colorado Disaster Emergency Act, Part 7 of Article 33.5 of Title 24, C.R.S. and the Douglas County Emergency Operations Plan, County Resolution No. 016-096, the principal executive officer of a political subdivision is authorized to declare a local disaster; and

WHEREAS, the Douglas County Director of the Office of Emergency Management has recommended that Chair of the Douglas County Board of County Commissioners, who is the principal executive officer of Douglas County, to extend the original seven day declaration of a local disaster to thirty additional days; and

WHEREAS, it would be appropriate and in the interest of the public health and safety, and would further protect lives, for the Chair of the Douglas County Board of County Commissioners to implement said recommendation.

NOW THEREFORE BE IT RESOLVED, that there is hereby declared a local disaster emergency for Douglas County, Colorado, pursuant to C.R.S. 24-33.5-709, as amended; and that the Chairman of the board of County Commissioners of Douglas County, Colorado, declares this to be a local disaster. I also understand that, according to Colorado State Statute, this disaster declaration will expire thirty days from today, and this has been approved by a majority of the Board of County Commissioners.

BE IT FURTHER RESOLVED, that this declaration shall be given prompt and general publicity, and shall be filed promptly with the County Clerk and Recorder, and the Colorado Division of Homeland Security and Emergency Management (CDHSEM).

DONE THIS 19th day of March, 2020, at Castle Rock, Douglas County Colorado.

DocuSigned by:

 By : _____
 Roger A. Partridge
 BOCC Chair
 Principle Executive Officer
 Douglas County

1/18/24, 7:49 AM

Three Metro Denver public health departments issue Stay-At-Home Orders to stop the spread of COVID-19 - Douglas County

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Three Metro Denver public health departments issue Stay-At-Home Orders to stop the spread of COVID-19

Information courtesy of Tri-County Health Department

Posted on March 25, 2020 in 2020, Public Safety

Share

Please note that on March 26, 2020 the Tri-County Health Department rescinded these local level Orders and formally adopted the state's Order. Read the full statement.

Three public health departments serving more than 2 million residents across the Metro Denver region joined together to issue Stay-At-Home Public Health Orders in their counties today, effective March 26 at 8:00 a.m. until April 17 at 11:59 p.m. unless officials determine it is in the interest of public health to expire at an earlier date and time. The departments include Boulder County Public Health, Jefferson County Public Health and Tri-County Health Department (which serves Adams, Arapahoe and Douglas Counties).

<https://www.douglas.co.us/three-metro-denver-public-health-departments-issue-stay-at-home-orders-to-stop-the-spread-of-covid-19/>

1/6

1/18/24, 7:49 AM

Three Metro Denver public health departments issue Stay-At-Home Orders to stop the spread of COVID-19 - Douglas County

“There is widespread transmission of COVID-19 in the Metro Denver area, and we must take bold actions to stop the spread of this virus,” said John M. Douglas, Jr., MD, executive director of Tri-County Health Department. “With each passing day, we run a growing risk of greater transmission and illness and quickly overwhelming our hospitals, which are really a resource for our entire region and state. When this happens, not everyone may get the care they need. It’s a real possibility in Colorado — and a situation which has already occurred in countries such as Italy — and which is threatening to happen in major U.S. cities in other areas of our country. We understand the toll that measures to address the pandemic are having on our communities, and we want to reassure residents that this step is temporary, and a critical one to get us closer to recovery.”

These Stay-At-Home Orders are in addition to other recently issued public health orders that promote social distancing, such as those from the [Colorado Department of Public Health and Environment](#). While beneficial, we do not believe they have done enough to slow transmission. The Stay-At-Home Orders go a step further by requiring individuals to do their part by staying at home and away from others.

The Public Health Orders require that all people in each county stay at their place of residence, and that they make every effort possible to conduct only essential activities necessary to maintain health and well-being, such as getting groceries, obtaining medical supplies or medication, and/or engaging in outdoor activities like walking, hiking or running while following other social distancing practices.

Work to provide essential business and government services or perform essential public infrastructure construction, including housing, is also permitted. People at high risk of severe illness from COVID-19 and people who are sick are urged to stay in their residence except to seek medical care.

<https://www.douglas.co.us/three-metro-denver-public-health-departments-issue-stay-at-home-orders-to-stop-the-spread-of-covid-19/>

2/6

1/18/24, 7:49 AM

Three Metro Denver public health departments issue Stay-At-Home Orders to stop the spread of COVID-19 - Douglas County

“Scientific evidence shows that we must act now, at this stage of the COVID-19 emergency, in order to save lives in the long-run. It will give us the time we need to test comprehensively and to slow the spread of the virus to prevent our health care system from being overwhelmed,” said Jeff Zayach, Boulder County Public Health executive director.

“The virus is easily spread through person-to-person contact, and the risk of transmission is much greater when people are in close proximity,” said Dr. Mark B. Johnson, Jefferson County Public Health executive director. “This order will help protect everyone in our community by ensuring social distancing measures are followed. By taking this action now, we can start to flatten the pandemic curve.”

Examples of Activities Permitted and Not Permitted Under the Stay-At-Home Orders*

Permitted

- Getting medical care for you, a family member or your pet
- Visiting a health care professional
- Getting medical supplies or medication
- Going to get groceries, food (via takeout, drive-thru, food banks/pantries) or other essential household items
- Getting supplies to work from home
- Picking up materials from your child’s school needed for distance learning (tablet, books)
- Going outside for physical activity, as long as you stay at least 6 feet away from people who are not in your household and follow social distancing practices
- Going to work, ONLY if you provide essential products or services at an essential business (health care operations, infrastructure operations and maintenance, certain government functions)

Not Permitted

erson public or private gatherings of any size with people outside of your residence

1/18/24, 7:49 AM

Three Metro Denver public health departments issue Stay-At-Home Orders to stop the spread of COVID-19 - Douglas County

- Traveling, except to get or provide essential services or medical care
- Carpooling with anyone outside of your residence

**This is not a comprehensive list. Please refer to the orders for a complete list of essential activities and services, as well as social distancing requirements.*

During the stay-at-home period, we encourage our communities to stay connected with one another and take steps to maintain health and well-being. Here are some ideas:

- Call or video chat with friends, neighbors and family.
- Go for a walk outside, but keep at least 6 feet away from others.
- Plan a family game night with people who already live in your home.
- Read a good book, listen to music or stream a favorite show.
- Cook a healthy meal.
- Get a head-start on spring cleaning.
- Do arts and crafts — get creative and use what’s available in your home.

Find comprehensive information about COVID-19 from the Tri-County Health Department.

Find more information about COVID-19 and resources available in Douglas County at [DouglasCOVID19.com](https://www.douglas.co.us/three-metro-denver-public-health-departments-issue-stay-at-home-orders-to-stop-the-spread-of-covid-19/).

MEDIA CONTACT:

Gary Sky

Tri-County Health Department

303-947-9235

gsky@tchd.org

PUBLIC HEALTH ORDER SIMPLIFIED COVID-19 DIAL

Pursuant to C.R.S. §§ 25-1-506, 508, 509, and 516, the Tri-County Health Department (“TCHD”) hereby issues this Public Health Order so as to continue to control and slow the spread of the SARS-CoV-2 virus (“coronavirus”) and to mitigate the effects of the disease resulting therefrom (the coronavirus and the disease resulting therefrom shall be referred to herein as “COVID-19”). The goal of this Order shall be to continue to control and reduce the spread of COVID-19, to protect public health, safety, and welfare, and to maintain consistent healthcare capacity in TCHD’s jurisdiction.

I. FINDINGS

Whereas, TCHD has public health jurisdiction over Adams, Arapahoe, and Douglas Counties. In furtherance of its jurisdiction, TCHD has the power and duty to investigate and control the causes of epidemic or communicable diseases and conditions affecting the public health within its jurisdiction, as well as the power and duty to close schools and public places and to prohibit gatherings of people when necessary to protect public health, and to establish, maintain, and enforce isolation and quarantine, and in pursuance thereof, to exercise physical control over property and over persons within TCHD’s jurisdiction as it may find necessary for the protection of public health.

Whereas, COVID-19 is a respiratory illness transmitted like other respiratory illness through person-to-person contact or through respiratory droplets or aerosols that people expel when they breathe, cough, or sneeze. Persons can be infected with COVID-19 and be asymptomatic yet still contagious. Persons can be contagious 48 hours before developing symptoms. Many people with COVID-19 have mild symptoms and do not recognize that they are infected and contagious and that they can unintentionally infect others. Persons infected with COVID-19 may become symptomatic anywhere from two to fourteen days after exposure. Symptoms include fever, cough and/or shortness of breath or difficulty breathing. Individuals with serious chronic health conditions and older adults are most at risk for becoming very ill with this disease.

Whereas, due to the presence of COVID-19 in Colorado, states of emergency were declared by the State of Colorado and the Counties of Adams, Arapahoe, and Douglas, and those states of emergency continue. In an effort to control and reduce the spread of COVID-19, various executive orders have been issued by the Governor of Colorado, and various public health orders have been issued by the Colorado Department of Public Health and Environment (“CDPHE”) and TCHD.

Whereas, there is substantial evidence of the continued spread of COVID-19 throughout TCHD’s jurisdiction. As of April 9, 2021, there are 132,885 known positive cases in Adams, Arapahoe, and Douglas Counties, and 1,595 deaths in those Counties. In addition, incidence rates (cases/100,000) have recently been increasing and over the past 7 days exceed 7-day rates of 100 in all three counties: Adams at 166, Arapahoe at 153, and Douglas at 229. In addition, there is evidence of spread of more contagious and potentially more severe variant strains in each county.

Whereas, scientific evidence shows that limiting interactions among people slows virus transmission and, as social distancing restrictions are relaxed, that the wearing of facial coverings by individuals while in public areas, capacity restrictions, hygienic practices, and other protocols stated herein assist in maintaining reduced virus transmission by reducing the spread of COVID-19.

Whereas, on April 16, 2021, Executive Order D-2020-235 issued by the Governor and Public Health Order 20-36 issued by CDPHE, as amended and extended, are expected to expire and the COVID-19 Dial will become non-mandatory guidance at the State level.

Whereas, vaccine access is increasing but vaccine is not yet available to everyone who wants to be vaccinated.

Whereas, hospital admission rates of County residents provides a County-specific metric that accounts for severity of cases.

Whereas, Counties in the Denver Metropolitan Area, to ensure consistency and minimize confusion for businesses and the community, desire to adopt CDPHE's COVID-19 Dial as issued on April 4, 2021, and as amended herein. Each County will be assigned to the next less-restrictive Level on the Dial, based on the County's metrics under Public Health Order 20-36 as of April 16, 2021.

II. DEFINITIONS

1. Critical Business is any business that is designated as a critical business under the terms of the CDPHE "[Tenth Amended Public Health Order 20-36 COVID-19 Dial](#)" dated April 4, 2021.
2. Critical Government Function is any governmental function that is designated as critical under the terms of the CDPHE "[Tenth Amended Public Health Order 20-36 COVID-19 Dial](#)" dated April 4, 2021.

III. ORDER

Pursuant to the statutory authority granted to the Executive Director/Public Health Director of TCHD, and at the authorization and direction of the TCHD Board of Health, the following is ordered:

1. **Assignment to and Movement Between Dial Levels – April 16, 2021 and May 15, 2021**
 - a. **Phase 1: Moving Toward Full Re-opening – In Effect for 30 Days**
 - i. **Level Designation:** Upon devolution of statewide Public Health Order 20-36, on April 16, 2021, TCHD adopts the state's Dial framework, as modified below, and counties within the agency's jurisdiction will be assigned to one Level less restrictive based on their Dial metrics as of April 16, 2021.
 - ii. **Duration:** Between April 16, 2021 and May 15, 2021, each County will remain at this new assigned Level on the Dial.
 - iii. **Movement:** Counties will not be moved to more or less restrictive Levels during this 30-day Phase I.
 - iv. **Restrictions:** Counties must follow the Capacity Restrictions for their assigned Level located in Section III. 2. and Appendix A of this order and the Mitigation Requirements for All Sectors located in Section III. 3. of this order.
 - b. **Phase 2: Observation Period – May 16, 2021 through August 15, 2021**
 - i. **Level Designation:** Upon conclusion of Phase I on May 15, 2021, each county will be assigned to Level Clear – New Normal – 100% capacity with no Mitigation Requirements. Face covering requirements may still apply.

- ii. **Duration:** Between May 16, 2021 and August 16, 2021 – 90 days – each County will remain at Level Clear, subject to observation by TCHD.
- iii. **Movement:** Each County will begin Phase II in Level Clear. Each County may then be assigned to the Dial Level most reflective of their [rate of hospital admissions of County residents](#) as described in this section and Appendix A. Counties will be moved to more or less restrictive Levels if experiencing rates reflective of more or less restrictive Levels for 7 consecutive days over a 14-day rolling average.
 - 1) **Level Clear:** 0-2 hospital admissions of County residents per 100,000 population
 - 2) **Level Blue:** 2-3 hospital admissions of County residents per 100,000 population
 - 3) **Level Yellow:** 3-4 hospital admissions of County residents per 100,000 population
 - 4) **Level Orange:** 4-5 hospital admissions of County residents per 100,000 population
 - 5) **Level Red:** More than 5 hospital admissions of County residents per 100,000 population
 - 6) **Level Purple:** More than 5 hospital admissions of County residents per 100,000 population and hospital capacity is threatened.
- iv. **Restrictions:** Counties must follow the Capacity Restrictions for their assigned Level located in Section III. 2. and Appendix A of this Order. Mitigation Requirements for All Sectors located in Section III. 3. of this Order are not required under Level Clear.

2. Capacity Restrictions

- a. Counties shall follow the capacity restrictions set forth on Appendix A for their Level designation.
- b. Any business or activity not specifically addressed in this Order or Appendix A may operate as an Indoor or Outdoor Event, depending on whether the business or activity is indoors or outdoors.
- c. There are no local Capacity Restrictions or Mitigation Requirements in Level Clear.

3. Mitigation Requirements for All Sectors – Levels Blue, Yellow, Orange, Red and Purple

- a. All requirements in this section shall apply unless impossible or unsafe to carry out the activity or function while complying.
- b. Critical Businesses and Critical Government Functions may continue to operate, and must comply with Distancing Requirements, under all of the requirements in this Order, and any applicable executive orders or CDPHE public health orders and mandatory guidance, unless doing so would make it impossible to carry out critical functions.
- c. **Distancing Requirements**
 - i. Individuals shall maintain at least 6 feet of distance from other individuals who are non-household members. However, nothing in this section shall limit groups of up to 10 individuals from attending events together or patronizing a restaurant or bar

together; and nothing in this section shall limit organized sports activities; so long as these activities comply with the requirements of this Order.

- ii. Businesses should arrange their space or seating areas to accommodate 6-foot distancing of non-household members at all times.
- iii. Shared or common indoor areas where people congregate without observing 6-foot distancing should be closed or discouraged.
- iv. Virtual meetings should occur where possible to reduce unnecessary in-person gatherings.
- v. Prioritize remote work and enable it whenever practical.
- vi. Adopt policies to reduce density, such as staggering arrivals and dismissals of employees and customers, using reservation systems, marking spaces 6-feet apart where lines tend to form, and designating separate entrances and exits.

d. Face Covering Requirements

- i. Face coverings are required pursuant to Executive Order D 2020 138, as amended and extended, and TCHD's [Face Covering Order](#), as amended and extended.
- ii. Employers should provide protective gear such as face shields and gloves, where appropriate, and face coverings.

e. Hygiene, Symptoms, Cleaning and Disinfecting

- i. Employers must require employees showing any symptoms or signs of sickness, or who has been in contact with known positive cases to stay home. Employers must ensure paid sick leave policies are consistent with state law and communicate those policies in writing to employees. See the Colorado Department of Labor and Employment's [Paid Leave Under the Healthy Families and Workplaces Act Interpretive Notice & Formal Opinion \[En Español\]](#) and [Colorado Workplace Public Health Rights Poster \[En Español\]](#).
- ii. Customers showing any symptoms or signs of sickness, or who have been in contact with known positive cases must stay home and follow isolation and quarantine guidance. Businesses should implement flexible cancellation policies to encourage customers to stay home when ill or exposed.
- iii. Follow [CDC's When and How to Wash Your Hands guidance](#).
- iv. Follow [CDC's Cleaning and Disinfecting Your Facility guidance](#).

f. Ventilation

- i. Ensure proper ventilation and maximize ventilation by adopting strategies such as opening windows whenever possible and upgrading air filters.

g. Signage

- i. Post signage that face coverings are required to enter any public indoor space per the requirements of Executive Order D 2020 138, as amended, or per the requirements of TCHD's Face Covering Order.
- ii. Post signage on good hygiene practices, including washing hands and distancing.
- iii. Post signage prohibiting anyone showing any symptoms or signs of sickness from entering.

- iv. All signage should be easy to follow and in languages employees and customers understand.

- h. **Personal Social Gatherings**

- i. Indoor Personal Social Gatherings should follow [CDC guidance on gatherings](#).

- 4. **Business 5 Star Certification Programs**

- a. Counties may choose to continue their Business 5 Star Certification Programs under this Order.
 - b. All County Program operations must comply with CDPHE's Program requirements, as stated in Tenth Amended Public Health Order 20-36, except that businesses are not required to symptom screen customers or collect contact information from customers.

IV. OTHER PUBLIC HEALTH ORDERS RELATED TO COVID-19

This Order is intended to be and shall be read and construed in concert with and as a supplement and addition to all federal, state and local laws and orders related to COVID-19.

To the extent any federal, state, or local municipal orders or laws are more restrictive than what is set forth herein, such orders or laws control.

Local municipal governments within TCHD's jurisdiction retain the authority to issue and enforce equally or more restrictive orders than are set forth herein.

V. ADVISEMENT AND ADDITIONAL INFORMATION

Along with CDPHE, TCHD is tasked with protecting public health, safety, and welfare of the citizens of Adams, Arapahoe, and Douglas Counties as it relates to epidemic and communicable diseases, including COVID-19. This Order is necessary to control transmission of that disease to persons and to maintain consistent healthcare capacity in TCHD's jurisdiction. Immediate issuance of this Order is necessary for the preservation of public health, safety, and welfare.

If you have questions regarding this Order, or to report suspected violations of this Order please contact TCHD at 303-220-9200 or view the COVID-19 information on TCHD's website at www.tchd.org. Please do not call 911 to report violations of this public health order.

This Order has the effect of law. TCHD will attempt to seek voluntary compliance through education, technical assistance and warning notices. However, this Order may be enforced by any appropriate legal means. It is unlawful for any person to willfully violate, disobey, or disregard this Order. Any person who does so may be subject to the penalties provided in C.R.S. §§25-1-516 and 18-1.3-501. In addition, if you do not comply with this Order, TCHD may seek a court order in Colorado state district court to enforce this Order and/or to restrain or enjoin any violation of this Order.

Any business open to the public that violates this Order, or allows or permits an individual to enter or remain in the business or on its premises in violation of this Order, may be subject to the closure of the business and/or suspension or revocation of its license by the appropriate licensing authority as provided by law.


Any person aggrieved and affected by this Order is entitled to Colorado state district court judicial review of this Order pursuant to and in accordance with C.R.S. §25-1-515. However, the aggrieved and affected person must continue to comply with the terms of this Order while his, her, or its request for judicial review is pending.

If any part or provision of this Order or the application thereof to any person or circumstance is held to be invalid, the remainder of this Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the parts and provisions of this Order are severable.

This Order shall be in effect at 12:01 a.m. on April 16, 2021 and shall terminate at 11:59 p.m. on August 16, 2021, unless earlier amended, extended, or rescinded in writing by the Executive Director of TCHD. In accordance with the TCHD Board of Health Policy dated November 6, 2020, a County within TCHD's jurisdiction may, by written resolution of its governing body, opt out of this Order within seven (7) days of the date of this Order through written notification to TCHD at communications@tchd.org, which notification must attach a copy of the written resolution of the County's governing body. Any county that opts out of this order can opt back in at any time through written notification to TCHD at communications@tchd.org.

DONE AND SIGNED, as the official Order of the Executive Director/Public Health Director of the Tri-County Health Department on this 9th day of April, 2021, at the authorization and direction of the TCHD Board of Health.

TRI-COUNTY HEALTH DEPARTMENT



By: John M. Douglas, Jr., M.D.
Executive Director

APPENDIX A:

	Level Clear: New Normal	LEVEL BLUE: CAUTION	LEVEL YELLOW: CONCERN	LEVEL ORANGE: HIGH RISK	LEVEL RED: SEVERE RISK	LEVEL PURPLE: EXTREME RISK
Metric – Hospital Admissions per 100,000 County Residents Over a 7- Day Period	0-2	2 - 3	3 - 4	4 - 5	> 5	>5 and Hospital Capacity is Threatened
HIGH RISK POPULATIONS	No local capacity restrictions. Must still be attentive to hygiene and sanitation and must ensure paid leave policies meet state law requirements to ensure employees remain home when sick.	Use caution Eligible for worker benefits and mandatory prioritization for remote work	Advised to Stay at Home Eligible for worker benefits and mandatory prioritization for remote work	Strongly advised to Stay at Home Eligible for worker benefits and mandatory prioritization for remote work	Stay at Home Eligible for worker benefits and mandatory prioritization for remote work	Stay at Home Ordered Eligible for worker benefits and mandatory prioritization for remote work
PERSONAL GATHERING SIZE		Follow the CDC guidance on gatherings.	Follow the CDC guidance on gatherings.	Up to 10 people from no more than 2 households	None; gatherings of 2+ people prohibited	None; gatherings of 2+ people prohibited
CHILDCARE		Open	Open	Open	Open	Open
P-12 SCHOOLS		In-person.	In-person suggested, hybrid, or remote as appropriate.	In-person suggested, hybrid, or remote as appropriate.	P-5: in person suggested, hybrid, or remote as appropriate; Middle school: in-person, hybrid, or remote suggested; High school: hybrid or remote suggested.	In-person, hybrid, or remote as appropriate.
HIGHER EDUCATION		In-person.	In-person, hybrid, or remote as appropriate.	In-person, hybrid, or remote as appropriate.	Remote suggested, limited in-person when necessary.	Remote suggested, very limited in-person when necessary.
RESTAURANTS		100% capacity; 6 feet between parties.	50% capacity or 150 people 6ft between parties outdoors, per local zoning.	25% capacity or 50 people 6ft between parties outdoors, per local zoning.	Indoor dining closed. Take out, curbside, delivery, or to go, outdoor/ open air with only groups of same household is open.	Indoor and outdoor dining closed. Take out, delivery, or to go is open.
LAST CALL FOR ON-PREMISE		2 a.m.	1 a.m.	12 a.m.	10 p.m.	No on-premise service.
SMOKING LOUNGES		50% capacity or 25 people.	50% capacity or 10 people.	25% capacity or 10 people.	Closed.	Closed.
NON-CRITICAL MANUFACTURING		75% capacity.	50% capacity or 50 people (or up to 100 with calculator)	25% capacity or 50 people.	25% capacity or 50 people.	10% capacity or 25 people.
OFFICES		75% capacity.	75% capacity, remote work is strongly encouraged.	25% capacity, remote work is strongly encouraged.	10% capacity, remote work is strongly encouraged.	Remote work or Closed.
BARS		25% capacity or 75 people.	Closed.	Closed.	Closed.	Closed.
GYMS/FITNESS		100% capacity; 6 feet between parties.	50% capacity or 50 people (or up to 100 with calculator).	25% capacity or 50 people.	10% capacity or 10 people indoors per room, or outdoors in groups less than 10. Reservations required.	Virtual, or 10 person capacity outdoors per activity.
GROUP SPORTS AND CAMPS	50 person capacity per activity. Camps limited to 25 participants indoors and 50	25 person capacity per activity. Camps limited to 10 participants indoors and 25	10 person capacity per activity. Camps should be conducted virtually or with no more than 10 participants outdoors.	Virtual, or 10 person capacity outdoors with 6ft distancing.	Virtual, or 10 person capacity outdoors with 6ft distancing. Camps are closed.	

		outdoors.	outdoors.			
CRITICAL AND NON-CRITICAL RETAIL		75% capacity.	75% capacity.	50% capacity with increased curbside pick-up, and delivery. Dedicated senior and at-risk hours encouraged.	50% capacity with increased curbside pick-up, and delivery. Dedicated at-risk hours encouraged.	Non-critical retail closed. Curbside pick-up and delivery OK. Critical may operate at 50% capacity but should make significant efforts to reduce the number of people in-store as much as possible.
PERSONAL SERVICES		50% capacity or 50 people.	50% capacity or 50 people.	25% capacity or 25 people.	25% capacity or 25 people.	Closed.
LIMITED HEALTH CARE SETTINGS		50% capacity or 50 people.	50% capacity or 50 people.	25% capacity or 25 people.	25% capacity or 25 people.	10% capacity or 25 people.
INDOOR UNSEATED EVENTS AND ENTERTAINMENT		50%, 175 people.	50%, 50 people no calculator or up to 150 with calculator.	25%, 50 people with calculator.	Closed. Educational institutions including museums, aquariums and zoos may operate indoors at 25% capacity or 25 people.	Closed.
INDOOR SEATED EVENTS AND ENTERTAINMENT		100% capacity with 6ft distancing.	50% capacity or 150 people.	25% capacity or 50 people.	Closed. Educational institutions including museums, aquariums and zoos may operate indoors at 25% capacity or 25 people.	Closed.
CASINOS		Same as indoor events.	Same as indoor events.	Same as indoor events.	Closed.	Closed.
OUTDOOR SEATED AND UNSEATED EVENTS AND ENTERTAINMENT		100% with 6ft distancing.	50% capacity or 175 people.	25% capacity or 75 people, with calculator for unseated.	25% capacity or 75 people, with calculator for unseated.	Closed.
OUTDOOR GUIDED SERVICES		100% with 6ft distancing.	50% capacity or 10 people.	25% capacity or 10 people.	25% capacity or 10 people.	25% capacity or up to 10 only in your own household.

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RESOLUTION NO. R-021- 030**THE BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF DOUGLAS, COLORADO****THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF DOUGLAS,
COLORADO RESOLUTION TO "OPT OUT" OF FURTHER TRI COUNTY PUBLIC
HEALTH ORDERS BASED ON CURRENT PUBLIC HEALTH DATA AND STATE
DEVOLUTION OF THE COVID-19 DIAL.**

WHEREAS, in the first quarter of 2020, the citizens of Douglas County were placed under state and Tri-County public health orders to “slow the spread” and prevent hospital capacity overload while personal protective equipment was obtained and the experts received accurate information about coronavirus SARS-CoV-2, and the disease it causes COVID-19.

WHEREAS, since that time, the public health experts have identified and advised the county of the following key data points:

- COVID-19 is more likely to cause severe illness in those individuals who are over the age of 70 and individuals with underlying health conditions (the “Vulnerable”);
- COVID-19 overall has a 98 percent survival rate according to the Center for Disease Control (“CDC”);
- of those deaths, the CDC reports 94 percent had co-morbidities;
- 235 people out of 351,154 in Douglas County have died with COVID-19, with an average age of 83;
- the Pfizer and Moderna vaccines developed through Operation Warp Speed are 80 percent effective against COVID-19 after one dose and 90 percent effective against COVID-19 after two doses;
- more than 80 percent of the Vulnerable, Douglas County citizens over 70 have been vaccinated;
- Douglas County has the highest immunization rate of the three Tri-County Health Department counties: and

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WHEREAS, Douglas County Citizens have been subject to more than 300 additional executive and public health orders to protect the Vulnerable, including the elderly and those with underlying medical conditions, with the interpretation leading to confusion, fatigue, and costly operational changes; and

WHEREAS, despite public health recommendations, the state “Dial” continues to overemphasize positivity and incidence rate over severity metrics such as deaths and hospitalizations; and

WHEREAS, continued focus on case positivity in the post-vaccination era of the pandemic for vulnerable populations is an inherently flawed public policy when positive cases among those that are highly unlikely to die or be hospitalized also will not asymptotically transmit the virus to the vulnerable who have now been vaccinated; and

WHEREAS, many peer-reviewed studies conducted by vaccine manufacturers and universities have concluded that currently authorized vaccines are effective against coronavirus variants; and

WHEREAS, through engagement with and input from area hospitals, the county has been advised that the hospitals have continued to maintain personnel, personal protective equipment and supplies necessary to discharge routine functions, while maintaining surge capabilities, and continue to effectively and efficiently conduct their emergent and elective functions; and

WHEREAS, there is more than 26 percent ICU capacity in Douglas County hospitals as of April 7, 2021; and

WHEREAS, the 14-day rolling average of county citizen hospitalizations per 100,000 population due to COVID has been less than two per day since early December; and

WHEREAS, the total hospitalizations for COVID-19 in Douglas County over the course of the pandemic have been less than one-third of one percent of the county’s total population; and

WHEREAS, the success of any efforts to limit the spread of COVID-19 relies mostly on the voluntary, resolute implementation of those efforts by the population, not the enforcement of formulaic, inconsistent, and overbroad government regulations; and

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WHEREAS, due to the personal responsibility of county citizens, proactive utilization of best practices for public health and safety by businesses, and the dedicated service of healthcare providers, there has not been a reported death of a County citizen due to COVID-19 since February 15; and

WHEREAS, through Douglas County's ongoing engagement with other local and statewide leadership, the Colorado Department of Public Health and Environment continues to loosen the Dial's capacity restrictions and will devolve the Dial into local guidance on April 16, 2021; and

WHEREAS, Colorado lost 260,000 jobs in 2020 and went from fourth lowest in the nation for unemployment to 35th; and

WHEREAS, mental health fall-out from a year of lockdown has just begun and will continue unless government allows its citizens to return to some semblance of normalcy; and

WHEREAS, pursuant to the November 6, 2020, Tri-County Health Department Board of Health Policy Regarding Issuance of County-wide Public Health Orders there exists an agreement between the Douglas County Commissioners and Tri-County Health Department that each county will have the ability to opt out of multi-jurisdictional local public health orders; now, therefore,

BE IT RESOLVED by the Board of County Commissioners of the County of Douglas, State of Colorado that the County will allow for the full restoration of personal freedoms and responsibilities and business operations on April 16, 2021 based on current public health data; and

BE IT FURTHER RESOLVED, that, given current conditions in Douglas County, the Board will not accept additional capacity and personal restrictions that may be imposed through the issuance of a local public health order of broad applicability by Tri-County Health Department; and

BE IT FURTHER RESOLVED, that the Board will continue to actively monitor COVID-19 data trends and collaborate with the State and Tri-County Health Department on prudent, science-driven responses that continue to balance the needs to preserve both lives and livelihoods; and

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BE IT FURTHER RESOLVED, that the Board encourages County residents, businesses, and visitors to adhere to strong public health recommendations and to continue to implement and voluntarily participate in those activities necessary to continue protecting their health, the health of their families, and the health of our community, including getting vaccinated if they choose, staying home when ill, and supporting those who are at risk of severe illness from COVID-19; and

BE IT FINALLY RESOLVED, that the Board hereby “opts-out” of the public health order issued by the Tri-County Health Department on April 10, 2021 and goes into effect April 16, 2021 pursuant to the November 6, 2020 Tri-County Health Department Board of Health Policy Regarding Issuance of County-wide Public Health Orders.

Passed and adopted this 13th day of April, 2021, in Castle Rock, Douglas County, Colorado.

**THE BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF DOUGLAS, COLORADO**

BY:

DocuSigned by:

Lora L. Thomas

A4D03FE630E6444

LORA L. THOMAS, Chair

ATTEST:

DocuSigned by:

Kristin Randlett

4D0E70FE498B420

KRISTIN RANLETT, Clerk to the Board

DocuSigned by:



DocuSign Envelope ID: 9C590AFA-6C7E-49A4-8797-7FFF5906179F

Resolution No. R-021- 050**THE BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF DOUGLAS, COLORADO****RESOLUTION DECLARING THAT DOUGLAS COUNTY RESIDENTS ARE FREE TO
CHOOSE HOW TO PROTECT THEIR LIVES AND LIVELIHOODS FROM COVID-19.**

WHEREAS, the Governor of the State of Colorado on May 3, 2021 amended and extended a face covering Executive Order (“Mask Order”), Executive Order D 2021 095; and

WHEREAS, part of the amended Mask Order includes the following language:

“Notwithstanding any provision of this Executive Order, individuals are permitted to remove their medical or non-medical cloth face coverings in Public Indoor Spaces if 80% of the individuals in the Public Indoor Space have shown proof of vaccination;” and

WHEREAS, the above language has both concerned and confused Douglas County residents and business owners; and

WHEREAS, the Mask Order is not enforceable because it fails strict scrutiny analysis; i.e. depriving citizens of fundamental constitutional rights without being narrowly tailored to a compelling government interest based on current COVID-19 statistics;

WHEREAS, any expected local enforcement of the Mask Order is an unfunded mandate, leaving the obligation of enforcement to local jurisdictions and the business community, but denying any local control over the restriction itself; and

WHEREAS, the severity of remaining COVID-19 cases (hospitalizations and deaths) continues to decrease or remain manageable; and

WHEREAS, scientists, public health experts, and doctors now have a better understanding of COVID-19 and effective treatment options for those who will still acquire the virus; and

WHEREAS, all populations 16 and older are now eligible and have access to the COVID-19 vaccine; and

WHEREAS, Douglas County residents have successfully pursued numerous opportunities to receive the COVID-19 vaccine, and more than 60.6% of its eligible citizens have received at least one vaccination, which on its own is more than 92% effective; and

WHEREAS, 88.43% percent of Douglas County residents 70 and older, and 72.43% of Douglas County residents 60-69 are fully vaccinated against COVID-19 and these groups represent the most vulnerable populations for whom the original mask orders were intended to protect; and

WHEREAS, the citizen concerns around the Mask Order focuses mostly on the concept of vaccine “passports” where people will be treated less favorably based on their ability or willingness to show proof of vaccination; and

WHEREAS, the Mask Order could be used to disenfranchise citizens who are unwilling or unable to show proof of COVID-19 vaccination; and

WHEREAS, there are numerous legitimate reasons an individual may not be willing or able to show proof of vaccination, including religious objections, medical privacy, health and disability issues, and First Amendment concerns, amongst others that should not result in the deprivations of basic rights, and

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WHEREAS, every medical intervention requires informed consent by the individual and the fundamental right to make personal health care decisions, including whether to receive the COVID-19 vaccine; and

WHEREAS, every citizen who wants a vaccine has the right to obtain one, but under current circumstances no vaccine should be mandated or required by law, nor should a vaccine be required for normal activity; and

WHEREAS, private health information on vaccine status should not be required by any government mandate or by any business operating places of public accommodation; and

WHEREAS, the scientific data unequivocally indicates it is time to allow people and businesses to use their full discretion when and if to wear masks and whether to require vaccine passports; and

WHEREAS, the Board of Commissioners (“the Board”) is opposed to any ongoing Mask Order and expresses its support for the rights of individuals and families living in a community to direct their own health futures including whether or not to disclose their vaccination status; now, therefore

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF DOUGLAS COUNTY, that the Board is opposed to any ongoing mask mandate, requiring proof of vaccination, and any other related restrictions that potentially disenfranchise local citizens of the right to make their own health care choices for themselves and move freely within society; and

BE IT FURTHER RESOLVED, that the Board shall not require masks or mandate proof of vaccination for the use of any Douglas County facility; and

BE IT FURTHER RESOLVED, that the Board does not wish to mislead any person or business with regard to how the state may wish to enforce or not enforce its Mask Order and that repercussions from the state could ensue; the Board can only assure such individuals and businesses that no retribution shall come from the County; and

BE IT FINALLY RESOLVED, that Douglas County residents are free to choose how to protect their lives and livelihoods regarding mask wearing, mask requirements, and vaccination passports, and such requirements shall not be mandatory in any Board controlled indoor space in Douglas County; nor shall any citizen or businesses be subject to fines or penalties by local government for failure to wear or require a mask or present a vaccination passport in any indoor space in Douglas County.

PASSED AND ADOPTED this 11th day of May, 2021, in Castle Rock, Douglas County, Colorado.

**THE BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF DOUGLAS, COLORADO**

DocuSigned by:
Geo. P. Seal
BY: _____
55CD14502431405
GEORGE TEAL, Chair

DocuSigned by:


DocuSigned by:
Kristin Randlett
ATTEST: _____
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KRISTIN RANDETT, Clerk to the Board

**PUBLIC HEALTH ORDER ALLOWING EXEMPTIONS FROM FACIAL COVERINGS AND PREVENTING
QUARANTINING OF ASYMPTOMATIC INDIVIDUALS**

Pursuant to C.R.S. §§ 25-1-506 and 508, the Douglas County Health Department ("DCHD") hereby issues this countywide Public Health Order: allowing certain individuals to be exempted from requirements to wear a Face Covering within Douglas County and making it impermissible in most cases to quarantine an individual within Douglas County due to actual, suspected or potential exposure related to COVID-19 if the individual is asymptomatic. The goal and purpose of this Order is to ensure that efforts to control and slow the spread of the SARSCoV-2 virus (the SARSCoV-2 and the disease resulting therefrom shall be referred to herein as "COVID-19") are calibrated to produce the greatest health benefit to the people targeted by such efforts and to the entire Douglas County community.

WHEREAS according to Colorado law, the Douglas County Health Department is, as of September 30, 2021, the proper health department with jurisdiction to issue health orders for Douglas County; and

WHEREAS, vaccination rates for COVID-19 are high in Douglas County and severity metrics in Douglas County, including deaths and hospitalizations are extremely low, especially for persons under the age of 18; and

WHEREAS as of September 30, 2021, all prior County wide local health orders for Douglas County residents are deemed null and void, to include the August 31, 2021 Order by the Tri-County Health Department ("Tri-County") regarding the masking of children ages 2-18 while at school; and

WHEREAS, to date, Tri-County maintains the authority to exercise its judgment for disease control and prevention within Douglas County on a case specific basis pursuant to the Intergovernmental Agreement between the Douglas County and Tri-County established on September 28, 2021 ("IGA"); and

WHEREAS, consistent with the terms of the IGA, this Board is empowered to issue County wide health orders that may inform Tri-County's options in the exercise of its authority within Douglas County; and

WHEREAS the overall physical and mental health of every child should drive consideration of COVID-19 mitigation measures and that all available and credible COVID-19 data and guidance should be relied upon to this end; and

WHEREAS, the Colorado Department of Education website provides that "Schools and districts should work directly with their local public health agency and the Colorado Department of Health and Environment (CDPHE) for guidance on COVID-19" and this Board is concerned about the growing mental and emotional health issues for our school aged children; and

WHEREAS on May 14 of this year Governor Polis ended the mask mandate in Colorado and stating it is the policy of the State of Colorado that the decision whether to wear a mask or not should be left to parents and students, "[w]here we have come out is that you absolutely can wear a mask, even if you live in a district that doesn't require it. It's a decision that is a good decision, and one that students should make, particularly if they are unvaccinated."; and

WHEREAS studies are inconclusive regarding the effectiveness of masking, study conducted by the Centers for Disease Control conducted in the State of Georgia found that while there may be a benefit to teachers

from wearing masks but that, "... the 21% lower incidence in schools that required masks use among students was not statistically significant compared with schools where mask use was optional. This finding might be attributed to higher effectiveness of masks among adults, who are at higher risk for SARS-CoV-2 infection but might also result from differences in mask wearing behavior among students in schools with optional requirements."; and

WHEREAS Professor Vinay Prasad, a professor of epidemiology and biostatistics has performed a literature search and found, "[n]o scientific consensus exists about the wisdom of mandatory-masking rules for schoolchildren."; and

WHEREAS based upon the American Academy of Pediatrics data shows that cases per 100,000 between states with mask mandates, no mask mandates and prohibition on mask mandates are inconclusive; and

WHEREAS the management of public-school property is the exclusive jurisdiction of the Douglas County School Board and they have proper jurisdiction to determine whether masks are required on school property; and

WHEREAS, there is insufficient data to suggest that schools and childcare facilities – including those that do not require students to be masked – are significant drivers of community transmission of COVID-19; and

WHEREAS, data continues to show that school-aged children experience low hospitalization rates when infected by COVID-19, as evidenced, the 14-Day Average Rolling Daily Rate of COVID-19 Hospitalization Rates per 100,000 by Age Group for the under 18 age group that has remained well below 1 for the entirety of the COVID-19 pandemic significantly lower than all other age groups; and

WHEREAS, teachers and staff of schools and childcare facilities in Douglas County are either vaccinated or have had ample opportunity to be vaccinated or to devise special accommodations for those who may not be able to be vaccinated; and

WHEREAS, according to the United States Centers for Disease Control and Prevention ("CDC"), COVID-19 continues to not pose an exceptional health risk to school aged children which is evidenced by, as of September 29, 2021, the CDC showing that 478 children under the age of 18 have died with COVID-19 over the last 19 months which translate into a yearly rate of 302 individuals per year, and the CDC showing the average number of deaths each year from flu among individuals under the age of 18 over the last ten flu seasons is 452; and

WHEREAS, while close contact with large groups of non-household members for extended periods of time indoors, conditions inherent to childcare and school settings, may lead to some level of transmission of COVID-19 in these settings, it is observed that the (1) risk to the health of children is low, even for those not yet eligible to receive the COVID-19 vaccine, (2) risk of transmission from infected children, staff, or teachers to family and others outside of the childcare and school settings, is low, and (3) attempting to use children as a shield against spread in the community by masking or ineffectually quarantining asymptomatic children will pose greater mental health risks to a much larger number of children resulting in a far more negative overall impact to the community; and

WHEREAS some studies have shown that the masking of students provides statistically insignificant additional protection from COVID-19 infection and others have indicated that it may cause unnecessary

negative impacts for otherwise healthy children (hypoxia, fatigue, and various symptoms related to Mask Induced Exhaustion Syndrome) such that a universal mask requirement for all school-aged children is contrary to their overall health and wellbeing; and

WHEREAS on May 25, 2021 the Children's Hospital of Colorado declared a state of emergency for youth mental health with suicide becoming the leading cause of child death in the state and a major spike in reports of major mental illnesses among children beyond crisis levels and overwhelming facilities and organizations tasked with serving them; and

WHEREAS this Board respects the unique circumstances of each family, that parents are almost always best suited to make health decisions for their children, individuals for themselves, and that current circumstances do not warrant compelled masking or quarantines both of which may be more detrimental to a larger number of people;

NOW THEREFORE, the DCHD Board of Health Orders as follows:

ORDER

- A. Pursuant to the statutory authority granted to the Douglas County Health Department (DCHD), and at the authorization and direction of the Douglas County Board of Health, the following is ordered countywide:
1. Unless required by other state or federal mandate, certain individuals shall be exempt from any requirement to wear a Face Covering within Douglas County, if an individual aged 18 or older represents to any person or entity charged with enforcing and/or supervising such a requirement to wear a Face Covering, or in the case of a child a written declaration signed by the parent or guardian of the child, requesting to be exempted from the requirement to wear a Face Covering due to the negative impact on that individual's physical and/or mental health.
 2. No individual in Douglas County, regardless of age, shall be required to quarantine because of exposure to a known COVID-19 positive case unless the exposure is associated with a known Outbreak or otherwise required by superseding state or federal mandate.
 3. Any individual required to quarantine in Douglas County shall have the quarantine lifted after a minimum of seven days from exposure, if after five days from exposure they have a negative test result obtained no later than 48 hours before the end of the quarantine, and no quarantine shall last longer than two weeks after exposure.
 4. State and Tri-County guidelines encouraging masks be required are not to be interpreted as compelling any school district, individual school, or daycare in Douglas County to mandate mask wearing on their premises, though such entities may elect to make such a requirement within their legal discretion subject to the exemption provided in this Order.
 5. All other disease control measures instituted by Tri-County in its exercise of disease control and prevention services issued upon a case-by-case basis in Douglas County will remain in effect and be undisturbed by this Order.

B. **Definitions:**

1. **Face Covering** means any covering made of any material that covers the nose and/or mouth and/or surrounding areas of the lower face.
 2. **Outbreak** shall have the meanings defined by the CDPHE guidelines, as may be amended in the future, for a confirmed outbreak in a school setting defined as of the time of this Order as: “Five or more cases of COVID-19, of which at least one case has had a positive molecular amplification test or antigen test performed by a CLIA-certified provider, among students/teachers/staff from separate households with onset within 14 days in a single classroom/activity or other close contact in the school setting (including transportation to- from- school and affiliated events).”
 3. **Child/Children** shall mean anyone under the age of 18, and those who are not legally under the care of another.
- C. **Exceptions.** This Order shall not apply to any individual subject to a requirement to wear a Face Covering or order where the instituting of the requirement is/was not in any way connected to the COVID-19 pandemic, including connected to the issuance of this order.
- D. **Scope.** Nothing in this order shall be construed to deny an individual the right to wear a Face Covering as they reasonably see fit. Nothing in the order shall be construed to grant an exemption to federal or state issued requirements to wear Face Coverings.
- E. **Sample Exemption Language.** The following is exemplary language that may be used when claiming an exemption under this order for a child:
1. I _____, the parent of _____, have made the determination that the wearing of a facial covering results in a net negative impact on the physical and/or mental health of my child and therefore claim an exemption for my child to any requirement to wear a face covering.
 2. Such a statement shall be signed and dated by the individual making the claim to the exemption.
- F. **Americans with Disabilities Act.** The requirements of this Order shall be applied in a manner consistent with the Americans with Disabilities Act (42 U.S.C. § 12101 et seq.), Title VII of the Americans with Disabilities Act (42 U.S.C. § 2000e et seq.), the Colorado Anti-Discrimination Act (C.R.S. §24-34-401 et seq.), and any other applicable federal or State law.
- G. **Signage Requirements.** In the case where a sign must be posted regarding a requirement to wear a face covering, such a sign shall also include, or be accompanied by an additional sign with, language stating the requirement excludes those exempted under DCHD Public Health Orders.
- H. **Refusal of Service.** No facility subject to this Order may refuse permission for an individual who has presented the claim to exemption as described herein to enter or remain within their indoor space due to the individual not wearing a Face Covering.
- I. **Reasonable Accommodations.** DCHD recommends that schools and childcare facilities review the State of Colorado’s Civil Rights Guidance.

OTHER PUBLIC HEALTH ORDERS RELATED TO COVID-19

This Order is intended to be and shall be read and construed in concert with and as a supplement and addition to all federal, state, and local laws and orders related to COVID-19.

ADVISEMENT AND ADDITIONAL INFORMATION

Along with CDPHE, DCHD is tasked with protecting the health, safety, and welfare of the citizens of Douglas County as it relates to epidemic and communicable diseases, including COVID-19. This Order is necessary to maintain the overall health of Douglas County citizens with the effort to control transmission of COVID-19 and to maintain consistent healthcare capacity in DCHD's jurisdiction. Immediate issuance of this Order is necessary for the preservation of public health, safety, and welfare.

If you have questions regarding this Order, or to report suspected violations of this Order please contact DCHD at 303-660-7401, BOH@douglas.co.us, or visit DCHD's website at <https://www.douglas.co.us/public-health-services/>. Please do not call 911 to report violations of this public health order.

DCHD will attempt to seek voluntary compliance through education, technical assistance and warning notices. However, this Order may be enforced by any appropriate legal means. It is unlawful for any person to willfully violate, disobey, or disregard this Order. Any person who does so may be subject to the penalties provided in C.R.S. §§25-1-516 and 18-1.3-501. In addition, if you do not comply with this Order, DCHD may seek a court order in Colorado state district court to enforce this Order and/or to restrain or enjoin any violation of this Order.

Any person aggrieved and affected by this Order is entitled to Colorado state district court judicial review of this Order pursuant to and in accordance with C.R.S. §25-1-515. However, the aggrieved and affected person must continue to comply with the terms of this Order while his, her, or its request for judicial review is pending.

If any part or provision of this Order or the application thereof to any person or circumstance is held to be invalid, the remainder of this Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the parts and provisions of this Order are severable.

This Order shall take effect on Saturday, October 9, 2021, at 12:01 AM and shall remain in effect until December 31, 2022, at 11:59 PM unless extended, rescinded or amended in writing by DCHD. DCHD will monitor and evaluate COVID-19 data and community conditions on a daily basis while this Order is in effect.

DONE AND SIGNED, as the official Order of the Douglas County Health Department on this 8th day of October, 2021 under the authorization and direction of the TCHD Board of Health.

DOUGLAS COUNTY HEALTH DEPARTMENT



By: Doug Benevento
President, Douglas County Board of Health



By: Commissioner Lora Thomas
Vice-President, Douglas County Board of Health



By: Commissioner George Teal
Douglas County Board of Health



By: Dr. Linda Fielding
Douglas County Board of Health

By: Kim Muramoto
Douglas County Board of Health

APPENDIX 3. STATE OF COLORADO COVID-19 RELATED EXECUTIVE ORDERS

Date Enacted	Order	Rescinded Date
NA	Executive Orders Issued During the COVID-19 Pandemic Memo	NA
3/11/2020	Declaring a Disaster Emergency Due to the Presence of Coronavirus Disease 2019 in Colorado	7/8/2021
3/18/2020	Ordering Suspension of Normal In-Person Instruction at All Public and Private Elementary and Secondary Schools in the State of Colorado Due to the Presence of COVID-19	6/21/2020
3/22/2020	Ordering Colorado Employers to Reduce In-Person Workforce by 50 Percent Due to the Presence of COVID-19 in the State	4/6/2020
3/25/2020	Ordering Coloradans to Stay at Home Due to the Presence of COVID-19 in the State	5/6/2020
4/15/2020	Ordering the Temporary Suspension of Certain Statutes and Rules to Expand the Healthcare Workforce for Hospitals and Other Inpatient Treatment Facilities Due to the Presence of COVID-19	7/8/2021
4/17/2020	Ordering Workers in Critical Businesses and Critical Government Functions to Wear Non-Medical Face Coverings	6/1/2021
4/26/2020	Safer at Home	6/25/2020
4/26/2020	Creating a New Normal Advisory Board	NA
5/18/2020	Authorizing the Colorado Department of Public Health and Environment to Reallocate Existing Funds from Contracts with Local Public Health Agencies Due to the Presence of COVID-19	5/25/2021
5/20/2020	Temporarily Suspending Certain Statutes to Allow the Operation of Alternate Care Sites in Colorado Due to the Presence of COVID-19	3/2/2021
7/9/2020	Protect Our Neighbors	11/3/2020
10/28/2020	Directing the Colorado Department of Labor and Employment to Make One-Time Direct Stimulus Payments to Qualifying Individuals Experiencing Economic Hardships Caused by COVID-19 in Colorado	1/25/2021

10/30/2020	Superseding and Replacing Executive Orders Concerning Protect our Neighbors and Safer at Home in the Bast, Great Outdoors and Establishing Directives for the COVID-19 Dial Framework	4/16/2021
1/15/2021	Directing the Colorado Division of Insurance to Promulgate a Rule Regarding Rates for COVID-19 Vaccine Administration	7/8/2021
7/8/2021	Disaster Recovery Executive Order – Rescinds all remaining active executive and public health orders about COVID-19	NA

APPENDIX 4. FEDERAL COVID-19 RELATED PROCLAMATIONS AND EXECUTIVE ORDERS

Date	Order
March 13, 2020	Declaration of a National Emergency Concerning the Novel Virus Coronavirus Disease (COVID-19) Outbreak
March 18, 2020	Prioritizing and Allocating Health and Medical Resources to Respond to the Spread of COVID-19
December 8, 2020	Ensuring Access to United States Government COVID-19 Vaccines
January 20, 2021	Protecting the Federal Workforce and Requiring Mask-Wearing
January 21, 2021	Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats
January 21, 2021	Supporting the Reopening and Continuing Operation of Schools and Early Childhood Education Providers
January 22, 2021	Economic Relief Related to the COVID-19 Pandemic
September 9, 2021	Requiring Coronavirus Disease 2019 Vaccination for Federal Employees
January 9, 2023	Termination of the National Emergency Declared on March 13, 2020