



**COLORADO**

Department of Public  
Health & Environment

# Application for Variance

Name of County: El Paso

Name of Submitter: Lori Seago

Phone Number of Submitter: 719-520-7371

Email of Submitter: loriseago@elpasoco.com

El Paso County requests a variance from the following restrictions in Executive Order D 2020 044 and/or Public Health Order 20-28.

List the sections of Executive Order D 2020 044 and/or Public Health Order 20-28 that a variance is being sought for:

Section II.A.1. of PHO 20-28, which prohibits places of public accommodation offering food or beverages for on-premises consumption from opening to use and occupancy by the public.

Summarize alternate restrictions being proposed to replace the above-referenced restrictions and indicate where in the Plan these alternate restrictions are addressed:

Please see Part I of the Alternative Suppression Plan, attached as Exhibit B. Restaurants would be allowed to open to 30% capacity Monday-Thursday and 50% capacity Friday-Sunday, up to a maximum of 50 customers. Several processes regarding seating, common-use items and areas, and masks are proposed that aim to minimize disease transmission. EPC Public Health would retain the flexibility to approve individual plans for restaurants that can safely exceed the capacity limits while maintaining proper social distancing.

Upload your county COVID-19 Suppression Plan and documentation demonstrating approval by the county commissioners, and confirmation from all impacted local hospitals that they can serve all individuals needing their care. Provide a brief summary of each of the following elements contained in the county COVID-19 Suppression Plan and indicate where in the Plan more information can be found for each element.

## 1. Prevalence of COVID -19 within the county

Please refer to Exhibit C. COVID-19 case counts have risen slightly after 3 weeks of the Safer at Home model, but they remain among the lowest of similarly populated counties in the state. They also have not surpassed either hospital or epidemiological investigation capacity.

## 2. Hospital Capacity

EPC has three hospital systems. They have each confirmed that they have no objection to the proposed variance request and currently have sufficient PPE, equipment, and staff capacity to serve their patients. Please see Exhibit A.





3. Local containment measures

EPC currently has the capacity to test all persons who exhibit symptoms of COVID-19, receiving results within 24-48 hours, and the epidemiological resources to conduct contact tracing for all positive cases. Please see Part II of the Alternative Suppression Plan, attached as Exhibit B.

4. Conditions to determine the variance is not providing adequate COVID-19 protection and the triggers for tightening restrictions.

Please see Part II of the Alternative Suppression Plan, attached as Exhibit B. EPCPH will consistently track the percentage of positive test results, the number of contacts per confirmed case investigation, facility outbreaks, and, in concert with the hospitals, PPE supply and hospital capacity.

 Confirm that the variance requested does not lessen or eliminate the protections for Vulnerable Individuals in the Safer at Home Order and PHO 20-28.

 Confirm that the county will collect and monitor data to evaluate the impacts of the variance. and make such data available upon request by CDPHE.

Additional information relevant to the requested variance

By signing below, I attest that I am authorized pursuant to the adoption of the COVID-19 Suppression Plan by the Board of County Commissioners to submit this variance request to CDPHE for consideration.

DocuSigned by:  
*Lori Seago*  
B08C1B0631D04E1

2020-05-18

Signature

Date



Prevent • Promote • Protect

Office of Administration

1675 W. Garden of the Gods Rd., Suite 2044  
Colorado Springs, CO 80907  
(719) 578-3199 *phone*  
[www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)

May 15, 2020

Jill Hunsaker Ryan, MPH  
Executive Director  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246

Dear Ms. Hunsaker Ryan:

El Paso County respectfully requests a partial variance from the provisions of CDPHE 3<sup>rd</sup> Amended Public Health Order 20-28 ("PHO 20-28"). Specifically, El Paso County requests a variance from Section II.A.1., which prohibits places of public accommodation offering food or beverage for on-premises consumption from opening to use and occupancy by the public. El Paso County seeks authority to issue a local public health order that would allow restaurants and similar facilities to offer limited capacity on-premises dining.

The restaurant industry is one of the top economic drivers in the region and has suffered the highest number of job losses during the COVID-19 crisis. El Paso County supports the reopening of on-premises dining in a limited, responsible and medically-sound manner that minimizes the risk of transmission of COVID-19 while enabling these establishments and employees to start on the path to financial recovery. In partnership with the restaurant industry itself and with the approval of our three local hospital systems, as indicated in the attached Exhibit A, El Paso County Public Health ("EPCPH") has drafted an alternative suppression plan ("Plan"), attached hereto as Exhibit B, which implements best practices for social distancing and disease mitigation for limited on-premises dining. Note that the operational requirements proposed in the Plan are intended to supplement those found in Section II.I of PHO 20-28. El Paso County recognizes that CDPHE Public Health Order 20-26 also applies to these establishments, except as proposed to be amended by Section 4.d. of the operational requirements in the Plan.

El Paso County has one of the highest county populations in Colorado with a high-density population center located in Colorado Springs. Though El Paso County experienced a spike in cases when community spread was first detected, community compliance with the previous Stay-at-Home order and strong community partnerships have positively impacted the spread of and capacity for response to COVID-19. The figures found in the attached Exhibit C demonstrate the significant progress we have achieved. Figure 1 shows the rolling number of COVID-19 cases over a 14-day period. Figure 2 shows the rolling sums of both cases and hospitalizations in El Paso County. Figure 3 compares the number of deaths from and cases of COVID-19 and shows that our numbers are much lower relative to counties with similar high populations (the size of the dot increases with the number of fatalities). Figure 4 demonstrates the trend of increased testing in El Paso County over time. Figure 5 illustrates our test positive rate. Figure 6 indicates that our per-population case-count has risen much more slowly than other large-population counties.

At this time El Paso County has adequate resources and surge capacity to contain and treat additional cases that may arise from limited on-premises dining in restaurants. EPCPH has up to ninety (90) professionals who are trained in contact tracing available to perform epidemiological investigations. Local hospitals have increased staffing and possess adequate personal protective equipment to gather swabs for COVID-19 testing and treat both COVID-19 and non-COVID-19 patients with non-crisis protocols. In addition, laboratories have increased their ability to run tests. Due to EPCPH and partner measures, El Paso County estimates that it has the capacity to perform 1,100 tests per day with an average turnaround time for results of 24-48 hours.

El Paso County Public Health and the El Paso County Board of County Commissioners are proud of the progress that our community has made in fighting the spread of COVID-19. On behalf of our community, we ask that CDPHE grant our variance request, approve the alternative suppression plan attached hereto as Exhibit B, and allow our restaurant industry, and the participants therein, to take steps toward improved economic health.

El Paso County Public Health

Board of County Commissioners  
of El Paso County, Colorado

By:   
Susan Wheelan, Public Health Director

By:   
Mark Waller, Chair



On April 26, 2020, Governor Jared Polis issued Executive Order, D 2020 044, Safer at Home (the "**Executive Order**"). Section II.M. of the Executive Order, provides for application for variances for the Executive Order as follows:

"Any county wishing to apply for a local variance from part or all of this Executive Order must submit a written application to CDPHE certifying that the county has low case counts of COVID-19 cases or can document fourteen (14) consecutive days of decline in COVID-19 cases reported in the county. The application must include a written COVID-19 suppression plan approved by the appropriate local public health authority, all hospitals within the county (unless no hospitals are located in the county), and a majority of the county commissioners, or, in the case of the City and County of Denver, the mayor of Denver, or, in the case of the City and County of Broomfield, the city council."

Pursuant to the Executive Order, UHealth Memorial ("**Hospital**") has been asked by El Paso County ("**County**") to review the County's COVID-19 Suppression Plan with respect to the County's request for a Variance (the "**Variance Request**"), under the Executive Order.

In reviewing the County's COVID-19 Suppression Plan, and except as expressly set forth below, Hospital assumes the completeness and accuracy of all facts and assumptions set forth in the Variance Request; however, Hospital does not provide an opinion with respect to the accuracy or completeness of such facts or assumptions. Hospital is also expressly relying on completeness and accuracy of data for current and estimated rates of infection and hospitalizations in and around the County's primary service area provided to Hospital by the County and the Colorado Department of Public Health and Environment ("**CDPHE**") Finally, Hospital does not opine on the secondary effect of people traveling to or from the County's primary service area to other locations in the State or nationally.

Based on the foregoing assumptions:

1. Hospital currently has 48 ICU beds available and such ICU beds are sufficient for Hospital to provide its usual and customary care for COVID-19 patients based on the current infection data;
2. Hospital currently has 70 ventilators available and such ventilators are sufficient for Hospital to provide its usual and customary care for COVID-19 patients based on current infection data;
3. Hospital has adequate personal protective equipment ("**PPE**") to provide its usual and customary care for COVID-19 patients based on current infection data; and
4. Hospital has adequate levels of hospital staff to provide its usual and customary care for COVID-19 patients based on current infection data.

Based solely on the foregoing, and subject to the qualifications and limitations set forth herein, Hospital believes that it can provide the services as set forth in the County's COVID-19 Suppression Plan. Hospital believes that both the County and CDPHE should actively monitor the accuracy of, and any changes to, the assumptions and facts set forth in the Variance Request. Hospital shall update the County and CDPHE if the facts set forth in #1-4 above materially and adversely change.

Respectfully submitted,



Joel P. Yuhas, FACHE  
President & CEO, UHealth Southern Colorado Region



El Paso County Public Health  
1675 Garden of the Gods Rd #2044  
Colorado Springs, CO 80907

May 16, 2020

To Whom It May Concern:

On April 26, 2020, Governor Jared Polis issued Executive Order, D 2020 044, Safer at Home (the "**Executive Order**"). Section II.M. of the Executive Order, provides for application for variances for the Executive Order as follows:

"Any county wishing to apply for a local variance from part or all of this Executive Order must submit a written application to CDPHE certifying that the county has low case counts of COVID-19 cases or can document fourteen (14) consecutive days of decline in COVID-19 cases reported in the county. The application must include a written COVID-19 suppression plan approved by the appropriate local public health authority, all hospitals within the county (unless no hospitals are located in the county), and a majority of the county commissioners, or, in the case of the City and County of Denver, the mayor of Denver, or, in the case of the City and County of Broomfield, the city council."

Pursuant to the Executive Order, Children's Hospital Colorado ("**Hospital**") has been asked by El Paso County ("**County**") to review the County's COVID-19 Suppression Plan with respect to the County's request for a Variance (the "**Variance Request**"), dated May 15, 2020, under the Executive Order.

In reviewing the County's COVID-19 Suppression Plan, and except as expressly set forth below, Hospital assumes the completeness and accuracy of all facts and assumptions set forth in the Variance Request; however, Hospital does not provide an opinion with respect to the accuracy or completeness of such facts or assumptions. Hospital is also expressly relying on completeness and accuracy of data for current and estimated rates of infection and hospitalizations in and around the County's primary service area provided to Hospital by the County and the Colorado Department of Public Health and Environment ("**CDPHE**") Finally, Hospital does not opine on the secondary effect of people traveling to or from the County's primary service area to other locations in the State or nationally.

Based on the foregoing assumptions:

1. Hospital currently has 34 ICU beds available and such ICU beds are sufficient for Hospital to provide its usual and customary care for COVID-19 patients based on the current infection data;

2. Hospital currently has 28 ventilators available and such ventilators are sufficient for Hospital to provide its usual and customary care for COVID-19 patients based on current infection data;
3. Hospital has adequate personal protective equipment ("**PPE**") to provide its usual and customary care for COVID-19 patients based on current infection data; and
4. Hospital has adequate levels of hospital staff to provide its usual and customary care for COVID-19 patients based on current infection data.

Based solely on the foregoing, and subject to the qualifications and limitations set forth herein, Hospital believes that it can provide the services as set forth in the County's COVID-19 Suppression Plan. Hospital believes that both the County and CDPHE should actively monitor the accuracy of, and any changes to, the assumptions and facts set forth in the Variance Request. Hospital shall update the County and CDPHE if the facts set forth in #1-4 above materially and adversely change.

Respectfully,

*Suzy Jaeger*

Suzy Jaeger

Senior Vice President Chief Patient Experience and Access Officer  
Children's Hospital Colorado Incident Commander





We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

May 13, 2020

VIA EMAIL - [RobinJohnson@elpasoco.com](mailto:RobinJohnson@elpasoco.com)

Robin Johnson, MD, MPH, FACEP  
Medical Director El Paso County Public Health

RE: Attestation re Penrose Hospital and St. Francis Medical Center

Dear Robin,

In response to your request for documentation in support of the El Paso County Limited Dining Variance to the Amended Safer At Home Public Health Order 20-28, Penrose Hospital and St. Francis Medical Center will continue to monitor their available ICU beds and ventilators, and each regularly monitors its supply of personal protective equipment and hospital staff in anticipation of and in preparation for a surge or resurgence of COVID-19 patients. Penrose Hospital and St. Francis Medical Center have reviewed the El Paso County Suppression Plan and each hospital is prepared to serve COVID-19 patients in El Paso County.

Regards,

Centura Health  
For Penrose Hospital  
and St. Francis Medical Center

A handwritten signature in blue ink, appearing to read "Kris Ordelheide".

Kris Ordelheide  
Senior Vice President  
& General Counsel

cc: Brian Erling, M.D., President & CEO  
Penrose - St. Francis Health Services

William Plauth, MD, CMO  
Penrose-St. Francis Health Services

Lori Seago – El Paso County

Susan Wheeler – El Paso County

Keith Siemen – El Paso County



**EL PASO COUNTY ALTERNATIVE SUPPRESSION PLAN FOR  
LIMITED DINING IN RESTAURANTS, FOOD COURTS, CAFES, COFFEEHOUSES, AND OTHER  
SIMILAR PLACES OF PUBLIC ACCOMODATION OFFERING FOOD OR BEVERAGE FOR ON-  
PREMISES CONSUMPTION**

***PART I – REQUIREMENTS FOR BUSINESS OPERATIONS***

In addition to the requirements set forth in Section II.I. of CDPHE Amended Public Health 20-28, restaurants wishing to offer on-premises consumption of food or beverage shall comply with the following requirements.

**1. Seating capacity**

- a. All seating shall be structured so as to ensure a minimum of 6 feet between occupied seats at different tables.
- b. Total occupancy of customers both inside and outside the facility shall be limited to the lowest of the following measurements:
  - i. Total maximum of 50 customers; OR
  - ii. Customer occupancy that ensures a minimum of 6 feet between seats at different tables; OR
  - iii. 30% fire occupancy load Monday-Thursday or 50% fire occupancy load Friday-Sunday.

If a facility feels it can safely exceed the above limits, it may submit a proposed plan to El Paso County Public Health (Public Health) for review and approval that explains how seating areas will be properly social distanced and broken into fully separated seating areas.

- c. No new outdoor seating areas other than those in previously approved through the licensing process may be created.
- d. Groups seated together shall be limited to 10 people and must be from same household or consistent social group.

**2. Seating processes**

- a. Facilities are required to take reservations, either by phone or electronically.
- b. Walk-in reservations may also be accepted. The use of pagers or phone calls to advise of table availability is required, as congregating in waiting areas or outside of the doors such that 6-foot separation between groups cannot be maintained is prohibited. If pagers are used, they must be cleaned and disinfected after each use.
- c. Restaurants are encouraged to record and maintain the following information for each table seated for twenty-one (21) days:
  - i. Name and phone number of one adult in the party
  - ii. Table assignment
  - iii. Seating and departure times

If maintained, such information shall be provided to Public Health upon request.

- d. Seating at bar areas is not permitted unless a minimum of 6-foot distancing between staff and customers can be maintained.

3. Common-use items and areas

- a. Multiple-use condiment containers are prohibited. Only single-use items may be provided. Linens may be used for a tablecloth and napkins so long as they are replaced between customers with a properly laundered set.
- b. Menus should be single use, posted on menu boards, or otherwise displayed in such a way that customers cannot touch them.
- c. Do not pre-set tables.
- d. Buffets may not be self-serve by customers; only plated or carry-out/delivery meals provided to customers by staff are allowed. Buffets must be at least six (6) feet from any dining tables.
- e. Preparing food at tableside is not allowed (ex: tableside guacamole, slicing/portioning meat on skewers).
- f. Conduct a menu review and consider reducing the number of or modifying menu items to ensure proper safety of employees and customers.
- g. Tabletops and non-porous chair surfaces shall be cleaned and disinfected between customer seating.
- h. Doorknobs, counter tops, bathrooms, handles, railings, and other high-touch areas shall be cleaned and disinfected every 2 hours.
- i. Social distancing must be maintained in bathrooms.

4. Masks

- a. Employees who routinely or consistently come within six (6) feet of other employees or customers must wear a cloth face covering over their noses and mouths, unless doing so would inhibit the employee's health.
- b. Facilities must make every effort to provide employees with cloth face coverings.
- c. Cloth face coverings should fit snugly but comfortably against the side of the face, include multiple layers of fabric, allow for breathing without restriction, and be able to be laundered and machine-dried without damage or change to shape.
- d. Employees who prepare or handle food that will be made available to the public for purchase must wear a face covering while performing tasks involving food preparation and handling. Notwithstanding the foregoing, employees for whom wearing a face covering presents a particular danger, such as but not limited to fry cooks or cooks using a grill, are not required to wear a face covering while performing such tasks.

5. If a facility as a whole has been closed or particular areas or equipment have not operated for an extended period, the following must be completed before reopening:

- a. Flush water and soda lines for at least 5 minutes.
- b. Go through all food storage areas and discard any items that are expired.
- c. Deep clean and disinfect the facility.
- d. Contact food distributors to ensure availability of critical items to include hand sanitizer, cleaning, and disinfection supplies.

6. If two or more probable or confirmed COVID-19 cases are associated with the facility in a 14-day period, the facility shall, at Public Health's request, close long enough to work with Public Health on determining risk and appropriate steps towards reopening. These steps may include:

- a. Conducting a suspect outbreak investigation using records of patrons and table assignments.
  - b. Implementing enhanced cleaning and disinfection.
  - c. Review of the above protocols by Environmental Health for compliance.
7. If a restaurant has significant concerns regarding a patron exhibiting symptoms consistent with COVID-19 infection, it is encouraged to ask the individual and/or party to leave the premises.

The underlying principle of following risk of spread of COVID-19 is viral exposure over period of time. Social distancing rules are really designed to protect individuals from brief or outdoor exposures. The intent of any protective measure is to not allow time or contact to achieve an infectious viral load. Public Health must continue to assess the environment and make judgments from noting how many people are present, how much airflow is present and the length of time an individual spends in that environment. With this in mind, the requirements set forth above may require revision as we learn more from ongoing data produced by changes in restrictions. Allowing people to congregate in a closed space over time carries inherent risk that must be acknowledged by those choosing to participate despite the protection inferred from the preventive measures above.



## ***PART II – COUNTY DISEASE RESPONSE***

### Long-term Containment Measures

El Paso County has developed a robust system for disease containment over the past three months, beginning with the implementation of CDPHE guidance regarding those traveling to Colorado from overseas in February, to continuing our collaboration with community partners to ensure that testing capacity, epidemiological response, PPE resources, and healthcare infrastructure remain stable and sufficient to meet community need far into the future. Critical elements of El Paso County's disease response include the following.

#### **1) EL PASO COUNTY PUBLIC HEALTH AND THE PIKES PEAK REGIONAL OFFICE OF EMERGENCY MANAGEMENT HAVE ESTABLISHED A JOINT INCIDENT COMMAND (JIC) STRUCTURE:**

- This JIC structure is able to address ongoing needs for resources, advocacy and communication. El Paso County recognizes that it is impacted not only by local conditions, but by the pressures applied on our resources by state and national cases and our partners functioning as systems across county lines as well.
- The JIC enables routine communication with local hospital partners, first responders (fire, police, sheriff), primary care practices, long term care facilities (SNIF, memory care, assisted living), and other congregate living situations (homeless shelters, jails, detention centers). These partner agencies have committed to reporting out testing, PPE and staffing resources and any concerns for shortfalls, and Public Health receives daily reports from local hospitals on bed availability, ICU capacity and ventilators.
- The JIC has also created educational resources to address preventive measures and practice alternatives that implement appropriate infectious disease principles across agencies. To expand this to our general community, the JIC has a robust and well-planned Public Information Strategy that includes rapid communication with the press, routine community round tables, regular reports to the Board of County Commissioners and the Colorado Springs City Council, and use of social media, video clips and editorials.
- In addition to the web of community connections facilitated by the JIC, Public Health regularly engages in a Regional Recovery Council with the Colorado Springs Chamber of Commerce and meets with other organizations such as the Pikes Peak Chapter of the Colorado Restaurant Association, local religious leaders, the Board of County Commissioners, the Colorado Springs Mayor and City Council, retail establishments, and art sectors to discuss physical distancing, sanitation, respiratory and hand hygiene, and signage guidelines.

#### **2) OUTBREAK RISKS IN HIGH VULNERABILITY SETTINGS ARE MINIMIZED:**

- Public Health participates in a community collaboration that developed and maintains a Homeless Isolation Shelter. Ongoing screening, testing, transportation, and housing services are provided.



- Public Health leads a Long-Term Care Steering Committee to address policies and procedures, testing, and resources in long-term care facilities, recognizing the varied challenges between Skilled Nursing, Memory Care, and Assisted Living.
- Emergency medical response and transport protocol updates have been created by our Emergency Services Medical Director Group to protect our community and first responders while also addressing needs for triage, appropriate PPE, care at home and transport needs.
- Telehealth resources have been expanded in many venues, from primary care and specialists, to behavioral health and resources available in the pre-hospital setting.
- Public Health and the El Paso County Sheriff, in collaboration with the medical provider for the Criminal Justice Center, review protocols, testing, and other resources for the Criminal Justice Center to assure best practices for all jail staff and inmates.
- Public Health has a team that works with childcare facilities on guidance and recommendations related to COVID-19.
- Public Health maintains specific teams for COVID-19 outbreak response in LTCFs and childcare facilities. The regular epidemiology team responds to outbreaks in other settings.

### 3) PUBLIC HEALTH MAINTAINS A COMPREHENSIVE SYSTEM FOR THE DETECTION AND CONTAINMENT OF NEW CASES:

Four foundational aspects support Public Health's ability to detect new cases and contain outbreaks (including how to distinguish those traceable to restaurants from those traceable to businesses open under PHO 20-28).

- a. **Testing Capacity.** Public Health and partners throughout EPC have increased the availability of local testing. The gold standard proposed by Harvard demonstrates a goal of 152 tests/day/100,000 population. For El Paso County, this equates to about 1,140 tests/day. Our present capacity approaches or exceeds 1,100 tests/day. Community partners have provided information describing an increased ability to run tests with appropriate machines and reagent supplies, sustainable supplies of swabs and transfer media, and sufficient staff and PPE to protect the staff gathering the swabs. Test results are currently available within a 24- to 48-hour window. Public Health maintains consistent communication with healthcare partners to assure that these resources are sustainable day by day.
- b. **Epidemiologic Investigation.** Public Health is following not only the incidence of COVID-19 cases in El Paso County, but it also tracks the median number of contacts per case identified. By following these various factors Public Health can anticipate the capacity of each investigator based on the changing dynamics of the incidence of infection, social connectedness and increasing diversity of contacts, thereby creating a network for potential spread. Our capacity has been increased from a baseline team of 8 to a total of 15 Public Health staff. Additional capacity is available as needed from other county departments (such as Coroner death investigators), UCCS nursing students, and volunteers. Public Health continues to explore opportunities for training additional staff

in line with increasing needs and has a commitment from County Commissioners to fill this gap if and as it develops.

- c. Facility Outbreak. Through epidemiologic investigation, Public Health will identify any restaurant with which two or more probable or confirmed COVID-19 cases are associated. The facility will be requested to close long enough to work with Public Health on determining risk and appropriate steps towards reopening.
- d. Quarantine and Isolation. With widespread testing and epidemiologic investigation, Public Health is able to identify cases and contacts quickly for targeted isolation and quarantine. Best practices for monitoring of individuals in quarantine and isolation vary according to the degree of restrictions maintained in the general community. Public Health will review and apply best practices for monitoring on an ongoing basis.

Conditions and Standards Used to Determine if the Variance Provides Protection Equal to PHO 20-28

The Public Health Communicable Disease Program and Office of Data and Analytics (together, the CD/Data team) will actively monitor the thresholds and data under which variances have been approved. A member of the CD/Data team will review at least weekly whether the identified data and thresholds support an ongoing determination that the variance provides protection equal to PHO 20-28.

- 1) Threshold for increased % positive test results: El Paso County has been holding steady at a ~5-6% positivity test rate since implementing testing of all symptomatic community members who present for testing. A positivity test rate exceeding 8% will be considered grounds for review of this variance and potential alterations.
- 2) El Paso County has seen a steady decrease in the numbers of hospitalized patients. We suggest that this measure be reviewed by our hospital partners, as they have the expertise on their patient population and capacity to treat COVID-19 patients and non-COVID-19 baseline populations, and particularly because all three hospitals act as referral destinations for counties outside our own and operate within systems that serve the state of Colorado.
- 3.) Threshold for contact tracing: The complexity of each case investigation and contact tracing efforts are based on the social network and public exposure of each infectious case. High numbers of contacts are also an early indicator of exponential case increases. A median of 11 contacts per confirmed case will be considered as a threshold for review of this variance.
- 4) Adequacy metrics for PPE supply for all health care needs should be addressed in the hospital letters of support.
- 5) Threshold for outbreaks: Outbreaks may be an indicator that infection control measures are not applied consistently to provide adequate protection against disease transmission. Public Health may review this variance if multiple outbreaks occur.

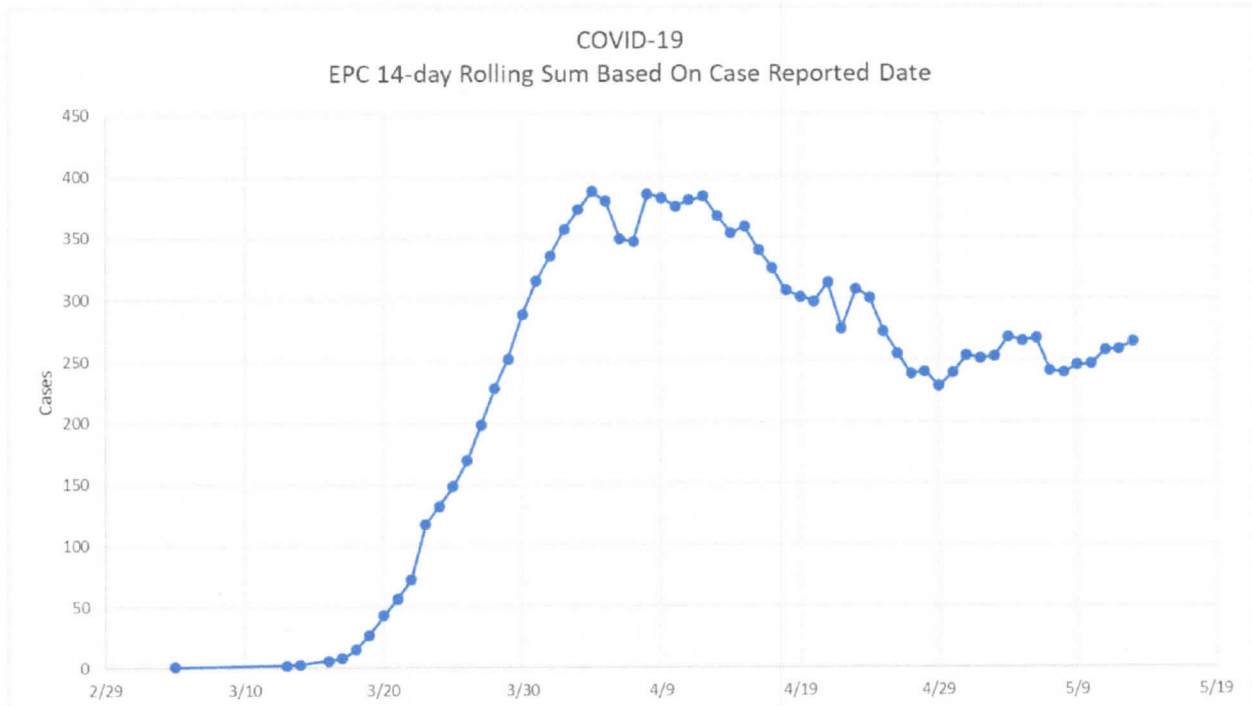


Figure 1: This graph shows the rolling number of cases over a 14-day period. The number of reported cases of COVID-19 in El Paso county trend has overall decreased over past 30 days.

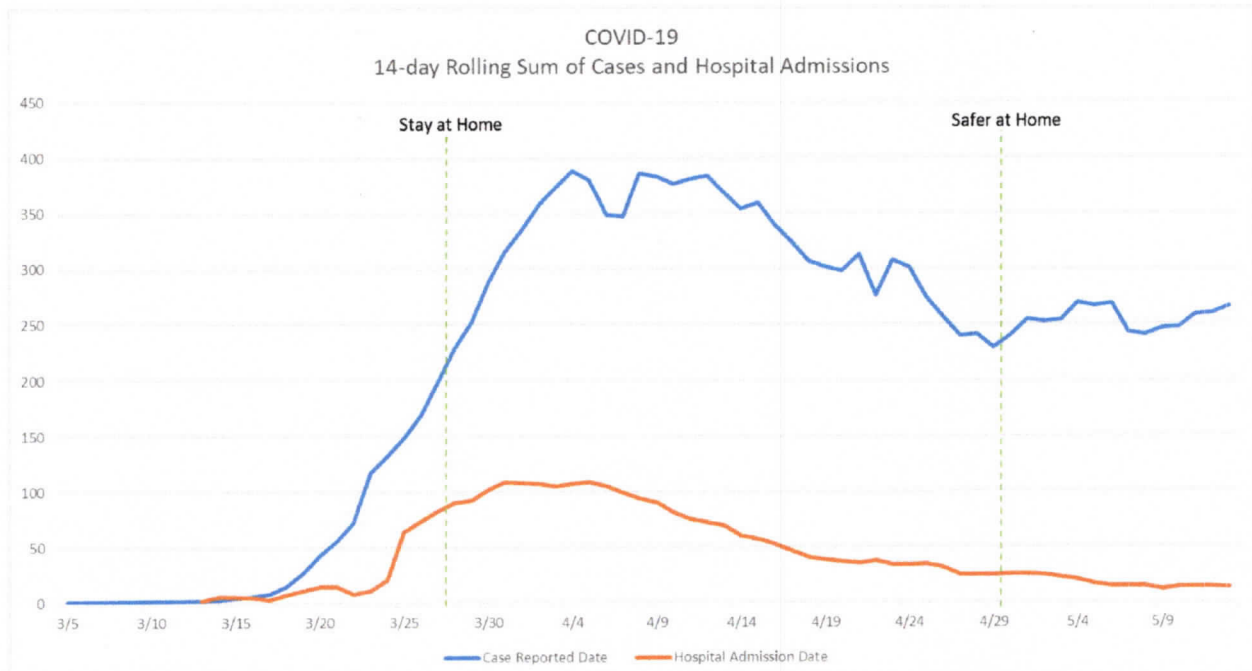


Figure 2: This graph presents the 14-day rolling sum of cases by reported date and sum of hospitalizations by admission date. This type of information will be monitored in order to analyze the rates following the Safer at Home. The number of hospital admissions has decreased along with the number of cases. This speaks not only to the decreasing number of cases and hospitalizations but also to the additional hospital capacity that may be needed if a spike in cases is noticed.



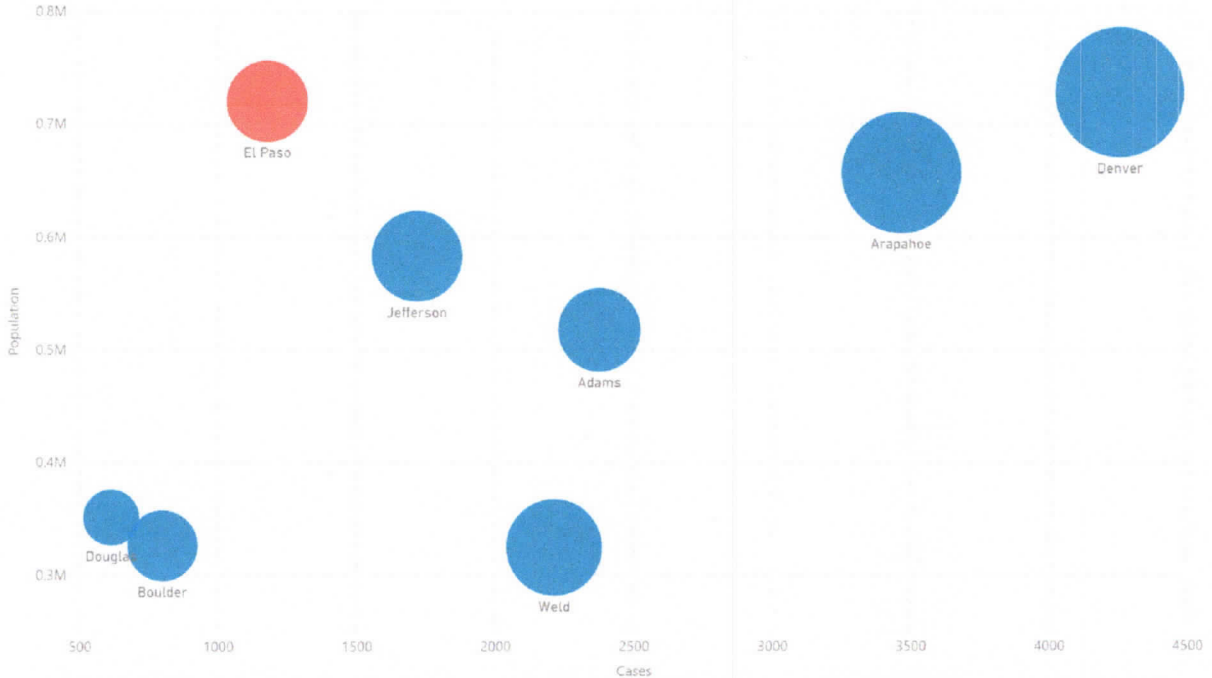


Figure 3: The bubble graph illustrates nine Colorado counties by total number of cases (x-axis) vs. population (y-axis), and the total number of COVID-19 deaths (circle size). Note that El Paso County's population is similar to that of Denver but has a significantly lower number of cases and deaths.

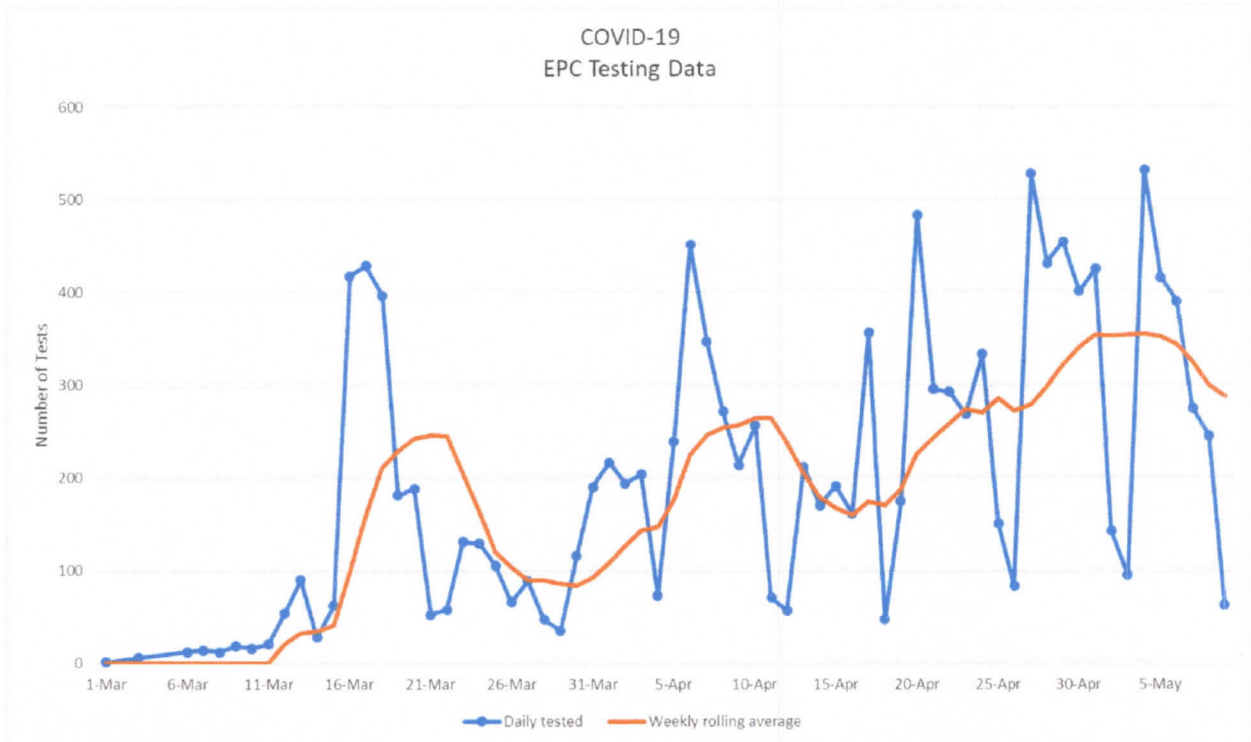


Figure 4: The blue line represents the daily number of tests collected. The orange line represents the weekly rolling average of the number of tests collected (The trend of testing for virus is increasing over time with the troughs mostly representing weekends. El Paso county has additional capacity to test more people at this time and messaging is being presented to the public to test all individuals with symptoms.)



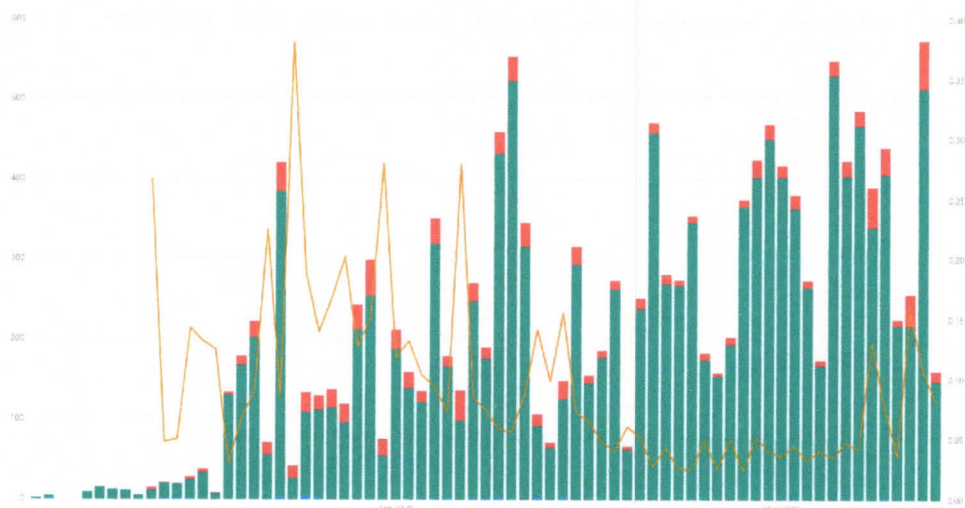


Figure 5: The barographs describe the total tests conducted per day (green color indicates negative test result while salmon color indicates positive test result). The line represents the test positive rate. This indicator will be monitored as the testing capacity increase.

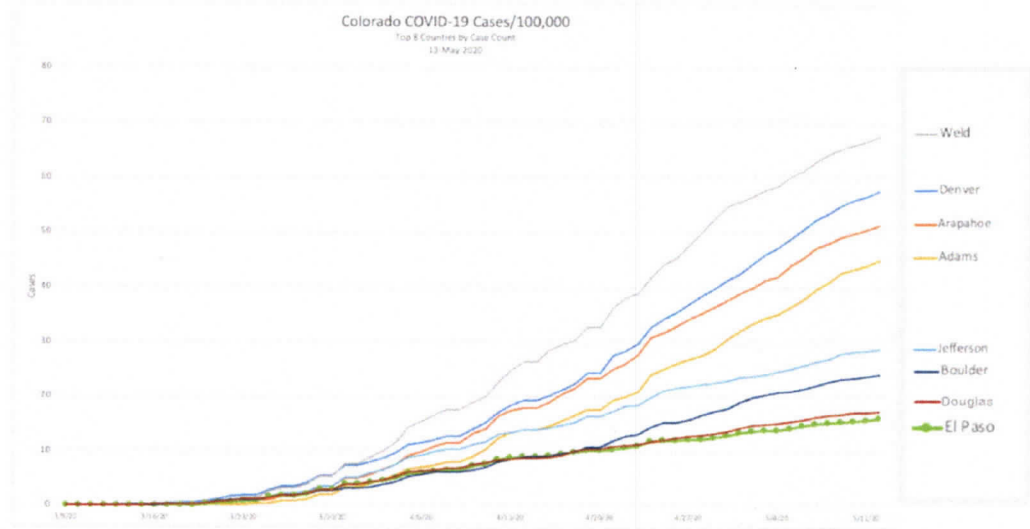


Figure 6: This figure shows top eight Colorado counties by cases per 100K. Note that El Paso County's cases per 100K have the lowest trajectory compared to other counties in Colorado.

*Boe*

**RESOLUTION NO. 20 - 179**

**BOARD OF COUNTY COMMISSIONERS  
COUNTY OF EL PASO, STATE OF COLORADO**

**RESOLUTION ADOPTING AN ALTERNATIVE SUPPRESSION PLAN IN SUPPORT OF A VARIANCE REQUEST UNDER CDPHE PUBLIC HEALTH ORDER 20-28 FOR A LIMITED REOPENING OF IN-PERSON DINING AT RESTAURANTS**

**WHEREAS, on March 14, 2020 El Paso County declared a Local Disaster Emergency due to the public health threat posed by presence of the COVID-19 virus; and**

**WHEREAS, on March 25, 2020 the Colorado Department of Public Health and Environment ("CDPHE") issued Public Health Order 20-24 Stay at Home Requirements ("PHO 20-24"), which imposed strict limitations on individuals and businesses to slow the community spread of COVID-19 and prevent the state's healthcare system from becoming overwhelmed; and**

**WHEREAS, in response to the positive effect that compliance with PHO 20-24 had on the rate of disease spread in Colorado, on April 26, 2020 Colorado Governor Jared Polis issued Executive Order D 2020 044 ("Executive Order") containing a number of directives in support of Colorado's less restrictive Safer at Home response to the COVID-19 pandemic; and**

**WHEREAS, on April 27, 2020 CDPHE issued Public Health Order 20-28 Safer at Home ("PHO 20-28"), which implements recommendations and requirements permitting a limited reopening of some businesses but still limits restaurants to take-out, delivery, and curbside pickup service; and**

**WHEREAS, PHO 20-28 also provides a process through which a county may request a variance from its provisions and those of the Executive Order, provided that several criteria are met; and**

**WHEREAS, variance requests must be endorsed by the local public health agency, adopted by the local county government, and accompanied by verification from all local hospitals that they have the capacity to serve all people needing their care; and**

**WHEREAS, El Paso County Public Health ("Public Health") has collaborated with the Pikes Peak Chapter of the Colorado Restaurant Association and the Colorado Springs Chamber of Commerce and Economic Development Corporation to develop appropriate social distancing and disease mitigation requirements that would allow restaurants to provide in-person dining in a limited capacity; and**

**WHEREAS, the Board of County Commissioners of El Paso County, Colorado ("Board") supports the reopening of restaurants in a responsible manner so that this industry can work toward recovering from the economic impacts of the COVID-19 pandemic; and**

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WHEREAS, El Paso County Public Health ("Public Health") has drafted an alternative plan containing both social distancing and disease mitigations requirements for restaurants who wish to reopen in-person dining and a disease response plan that will guide how Public Health will detect new cases, contain outbreaks, and respond to data that indicates that local healthcare infrastructure may be threatened, a copy of which is attached hereto as Exhibit A; and

WHEREAS, pursuant to PHO 20-28 Appendix G, a variance request must be predicated upon an affirmative vote of the Board to adopt an alternative plan in place of the provisions of the Executive Order and PHO 20-28; and

WHEREAS, based upon the testimony and evidence presented at a public hearing, the Board is satisfied that the alternative plan for a limited reopening of in-person dining at restaurants will sufficiently protect the health of employees, customers, and the community; and

WHEREAS, the Board is also satisfied that current conditions and circumstances in El Paso County, including the rate of spread for COVID-19, the availability of testing, and the capacity of the local healthcare system warrant the submission of a variance request to CDPHE.

NOW, THEREFORE, BE IT RESOLVED that, pursuant to the provisions of CDPHE PHO 20-28, the Board of County Commissioners of El Paso County, Colorado hereby adopts the alternative plan for a limited reopening of in-person dining at restaurants attached hereto as Exhibit A. This approval extends to any amendments to the alternative plan that may requested by local hospitals, without requiring further action by the Board.

BE IT FURTHER RESOLVED that the Board directs appropriate County staff to work with El Paso County Public Health and local hospitals in the preparation and submission of a variance request to CDPHE for a limited reopening of in-person dining at restaurants.

DONE THIS 14<sup>th</sup> day of May, 2020 at Colorado Springs, Colorado.

ATTEST:

  
\_\_\_\_\_  
Chuck Brderman  
County Clerk & Recorder



BOARD OF COUNTY COMMISSIONERS  
OF EL PASO COUNTY, COLORADO

By:   
\_\_\_\_\_  
Mark Waller, Chair

**EL PASO COUNTY ALTERNATIVE SUPPRESSION PLAN FOR  
LIMITED DINING IN RESTAURANTS, FOOD COURTS, CAFES, COFFEEHOUSES, AND OTHER  
SIMILAR PLACES OF PUBLIC ACCOMODATION OFFERING FOOD OR BEVERAGE FOR ON-  
PREMISES CONSUMPTION**

***PART I – REQUIREMENTS FOR BUSINESS OPERATIONS***

In addition to the requirements set forth in Section II.I. of CDPHE Amended Public Health 20-28, restaurants wishing to offer on-premises consumption of food or beverage shall comply with the following requirements.

**1. Seating capacity**

- a. All seating shall be structured so as to ensure a minimum of 6 feet between occupied seats at different tables.
- b. Total occupancy of customers both inside and outside the facility shall be limited to the lowest of the following measurements:
  - i. Total maximum of 50 customers; OR
  - ii. Customer occupancy that ensures a minimum of 6 feet between seats at different tables; OR
  - iii. 30% fire occupancy load Monday-Thursday or 50% fire occupancy load Friday-Sunday.

If a facility feels it can safely exceed the above limits, it may submit a proposed plan to El Paso County Public Health (Public Health) for review and approval that explains how seating areas will be properly social distanced and broken into fully separated seating areas.

- c. No new outdoor seating areas other than those in previously approved through the licensing process may be created.
- d. Groups seated together shall be limited to 10 people and must be from same household or consistent social group.

**2. Seating processes**

- a. Facilities are required to take reservations, either by phone or electronically.
- b. Walk-in reservations may also be accepted. The use of pagers or phone calls to advise of table availability is required, as congregating in waiting areas or outside of the doors such that 6-foot separation between groups cannot be maintained is prohibited. If pagers are used, they must be cleaned and disinfected after each use.
- c. Restaurants are encouraged to record and maintain the following information for each table seated for twenty-one (21) days:
  - i. Name and phone number of one adult in the party
  - ii. Table assignment
  - iii. Seating and departure times

If maintained, such information shall be provided to Public Health upon request.

- d. Seating at bar areas is not permitted unless a minimum of 6-foot distancing between staff and customers can be maintained.



**3. Common-use items and areas**

- a. Multiple-use condiment containers are prohibited. Only single-use items may be provided. Linens may be used for a tablecloth and napkins so long as they are replaced between customers with a properly laundered set.
- b. Menus should be single use, posted on menu boards, or otherwise displayed in such a way that customers cannot touch them.
- c. Do not pre-set tables.
- d. Buffets may not be self-serve by customers; only plated or carry-out/delivery meals provided to customers by staff are allowed. Buffets must be at least six (6) feet from any dining tables.
- e. Preparing food at tableside is not allowed (ex: tableside guacamole, slicing/portioning meat on skewers).
- f. Conduct a menu review and consider reducing the number of or modifying menu items to ensure proper safety of employees and customers.
- g. Tabletops and non-porous chair surfaces shall be cleaned and disinfected between customer seating.
- h. Doorknobs, counter tops, bathrooms, handles, railings, and other high-touch areas shall be cleaned and disinfected every 2 hours.
- i. Social distancing must be maintained in bathrooms.

**4. Masks**

- a. Employees who routinely or consistently come within six (6) feet of other employees or customers must wear a cloth face covering over their noses and mouths, unless doing so would inhibit the employee's health.
  - b. Facilities must make every effort to provide employees with cloth face coverings.
  - c. Cloth face coverings should fit snugly but comfortably against the side of the face, include multiple layers of fabric, allow for breathing without restriction, and be able to be laundered and machine-dried without damage or change to shape.
  - d. Employees who prepare or handle food that will be made available to the public for purchase must wear a face covering while performing tasks involving food preparation and handling. Notwithstanding the foregoing, employees for whom wearing a face covering presents a particular danger, such as but not limited to fry cooks or cooks using a grill, are not required to wear a face covering while performing such tasks.
- 5. If a facility as a whole has been closed or particular areas or equipment have not operated for an extended period, the following must be completed before reopening:**
- a. Flush water and soda lines for at least 5 minutes.
  - b. Go through all food storage areas and discard any items that are expired.
  - c. Deep clean and disinfect the facility.
  - d. Contact food distributors to ensure availability of critical items to include hand sanitizer, cleaning, and disinfection supplies.
- 6. If two or more probable or confirmed COVID-19 cases are associated with the facility in a 14-day period, the facility shall, at Public Health's request, close long enough to work with Public Health on determining risk and appropriate steps towards reopening. These steps may include:**

- a. **Conducting a suspect outbreak investigation using records of patrons and table assignments.**
  - b. **Implementing enhanced cleaning and disinfection.**
  - c. **Review of the above protocols by Environmental Health for compliance.**
7. **If a restaurant has significant concerns regarding a patron exhibiting symptoms consistent with COVID-19 infection, it is encouraged to ask the individual and/or party to leave the premises.**

**The underlying principle of following risk of spread of COVID-19 is viral exposure over period of time. Social distancing rules are really designed to protect individuals from brief or outdoor exposures. The intent of any protective measure is to not allow time or contact to achieve an infectious viral load. Public Health must continue to assess the environment and make judgments from noting how many people are present, how much airflow is present and the length of time an individual spends in that environment. With this in mind, the requirements set forth above may require revision as we learn more from ongoing data produced by changes in restrictions. Allowing people to congregate in a closed space over time carries inherent risk that must be acknowledged by those choosing to participate despite the protection inferred from the preventive measures above.**



## ***PART II – COUNTY DISEASE RESPONSE***

### **Long-term Containment Measures**

El Paso County has developed a robust system for disease containment over the past three months, beginning with the implementation of CDPHE guidance regarding those traveling to Colorado from overseas in February, to continuing our collaboration with community partners to ensure that testing capacity, epidemiological response, PPE resources, and healthcare infrastructure remain stable and sufficient to meet community need far into the future. Critical elements of El Paso County's disease response include the following.

#### **1) EL PASO COUNTY PUBLIC HEALTH AND THE PIKES PEAK REGIONAL OFFICE OF EMERGENCY MANAGEMENT HAVE ESTABLISHED A JOINT INCIDENT COMMAND (JIC) STRUCTURE:**

- This JIC structure is able to address ongoing needs for resources, advocacy and communication. El Paso County recognizes that it is impacted not only by local conditions, but by the pressures applied on our resources by state and national cases and our partners functioning as systems across county lines as well.
- The JIC enables routine communication with local hospital partners, first responders (fire, police, sheriff), primary care practices, long term care facilities (SNIF, memory care, assisted living), and other congregate living situations (homeless shelters, jails, detention centers). These partner agencies have committed to reporting out testing, PPE and staffing resources and any concerns for shortfalls, and Public Health receives daily reports from local hospitals on bed availability, ICU capacity and ventilators.
- The JIC has also created educational resources to address preventive measures and practice alternatives that implement appropriate infectious disease principles across agencies. To expand this to our general community, the JIC has a robust and well-planned Public Information Strategy that includes rapid communication with the press, routine community round tables, regular reports to the Board of County Commissioners and the Colorado Springs City Council, and use of social media, video clips and editorials.
- In addition to the web of community connections facilitated by the JIC, Public Health regularly engages in a Regional Recovery Council with the Colorado Springs Chamber of Commerce and meets with other organizations such as the Pikes Peak Chapter of the Colorado Restaurant Association, local religious leaders, the Board of County Commissioners, the Colorado Springs Mayor and City Council, retail establishments, and art sectors to discuss physical distancing, sanitation, respiratory and hand hygiene, and signage guidelines.

#### **2) OUTBREAK RISKS IN HIGH VULNERABILITY SETTINGS ARE MINIMIZED:**

- Public Health participates in a community collaboration that developed and maintains a Homeless Isolation Shelter. Ongoing screening, testing, transportation, and housing services are provided.



- **Public Health leads a Long-Term Care Steering Committee to address policies and procedures, testing, and resources in long-term care facilities, recognizing the varied challenges between Skilled Nursing, Memory Care, and Assisted Living.**
- **Emergency medical response and transport protocol updates have been created by our Emergency Services Medical Director Group to protect our community and first responders while also addressing needs for triage, appropriate PPE, care at home and transport needs.**
- **Telehealth resources have been expanded in many venues, from primary care and specialists, to behavioral health and resources available in the pre-hospital setting.**
- **Public Health and the El Paso County Sheriff, in collaboration with the medical provider for the Criminal Justice Center, review protocols, testing, and other resources for the Criminal Justice Center to assure best practices for all jail staff and inmates.**
- **Public Health has a team that works with childcare facilities on guidance and recommendations related to COVID-19.**
- **Public Health maintains specific teams for COVID-19 outbreak response in LTCFs and childcare facilities. The regular epidemiology team responds to outbreaks in other settings.**

### **3) PUBLIC HEALTH MAINTAINS A COMPREHENSIVE SYSTEM FOR THE DETECTION AND CONTAINMENT OF NEW CASES:**

**Four foundational aspects support Public Health's ability to detect new cases and contain outbreaks (including how to distinguish those traceable to restaurants from those traceable to businesses open under PHO 20-28).**

- a. Testing Capacity.** Public Health and partners throughout EPC have increased the availability of local testing. The gold standard proposed by Harvard demonstrates a goal of 152 tests/day/100,000 population. For El Paso County, this equates to about 1,140 tests/day. Our present capacity approaches or exceeds 1,100 tests/day. Community partners have provided information describing an increased ability to run tests with appropriate machines and reagent supplies, sustainable supplies of swabs and transfer media, and sufficient staff and PPE to protect the staff gathering the swabs. Test results are currently available within a 24- to 48-hour window. Public Health maintains consistent communication with healthcare partners to assure that these resources are sustainable day by day.
- b. Epidemiologic Investigation.** Public Health is following not only the incidence of COVID-19 cases in El Paso County, but it also tracks the median number of contacts per case identified. By following these various factors Public Health can anticipate the capacity of each investigator based on the changing dynamics of the incidence of infection, social connectedness and increasing diversity of contacts, thereby creating a network for potential spread. Our capacity has been increased from a baseline team of 8 to a total of 15 Public Health staff. Additional capacity is available as needed from other county departments (such as Coroner death investigators), UCCS nursing students, and volunteers. Public Health continues to explore opportunities for training additional staff

in line with increasing needs and has a commitment from County Commissioners to fill this gap if and as it develops.

- c. **Facility Outbreak.** Through epidemiologic investigation, Public Health will identify any restaurant with which two or more probable or confirmed COVID-19 cases are associated. The facility will be requested to close long enough to work with Public Health on determining risk and appropriate steps towards reopening.
- d. **Quarantine and Isolation.** With widespread testing and epidemiologic investigation, Public Health is able to identify cases and contacts quickly for targeted isolation and quarantine. Best practices for monitoring of individuals in quarantine and isolation vary according to the degree of restrictions maintained in the general community. Public Health will review and apply best practices for monitoring on an ongoing basis.

### **Conditions and Standards Used to Determine if the Variance Provides Protection Equal to PHO 20-28**

The Public Health Communicable Disease Program and Office of Data and Analytics (together, the CD/Data team) will actively monitor the thresholds and data under which variances have been approved. A member of the CD/Data team will review at least weekly whether the identified data and thresholds support an ongoing determination that the variance provides protection equal to PHO 20-28.

- 1) **Threshold for increased % positive test results:** El Paso County has been holding steady at a ~5-6% positivity test rate since implementing testing of all symptomatic community members who present for testing. A positivity test rate exceeding 8% will be considered grounds for review of this variance and potential alterations.
- 2) **El Paso County has seen a steady decrease in the numbers of hospitalized patients.** We suggest that this measure be reviewed by our hospital partners, as they have the expertise on their patient population and capacity to treat COVID-19 patients and non-COVID-19 baseline populations, and particularly because all three hospitals act as referral destinations for counties outside our own and operate within systems that serve the state of Colorado.
- 3.) **Threshold for contact tracing:** The complexity of each case investigation and contact tracing efforts are based on the social network and public exposure of each infectious case. High numbers of contacts are also an early indicator of exponential case increases. A median of 11 contacts per confirmed case will be considered as a threshold for review of this variance.
- 4) **Adequacy metrics for PPE supply for all health care needs should be addressed in the hospital letters of support.**
- 5) **Threshold for outbreaks:** Outbreaks may be an indicator that infection control measures are not applied consistently to provide adequate protection against disease transmission. Public Health may review this variance if multiple outbreaks occur.