



EIGHTEENTH AMENDED PUBLIC HEALTH ORDER 20-38
LIMITED COVID-19 RESTRICTIONS

June 17, 2022

PURPOSE OF THE ORDER

I am issuing this Public Health Order (PHO or Order) in response to the existence of thousands of confirmed and presumptive cases of Coronavirus disease 2019 (COVID-19) and related deaths across the State of Colorado. This Order supersedes PHO 20-36 COVID-19 Dial and PHO 20-29 Voluntary and Elective Surgeries and Procedures, and implements measures to protect individuals, businesses and activities, as well as reporting requirements for hospitals, to prevent the spread of COVID-19 further in Colorado.

FINDINGS

1. On March 10, 2020, Governor Jared Polis verbally declared a disaster emergency regarding COVID-19 in Colorado, and on March 11, 2020 Governor Polis issued **Executive Order D 2020 003**, memorializing the disaster declaration. The Governor's verbal declaration of a disaster emergency is now memorialized in **Executive Order D 2021 122**, as amended and extended by **D 2021 124, D 2021 125, D 2021 129, D 2021 132, D 2021 136, D 2021 139, D 2021 141, D 2022 003, D 2022 010, D 2022 013, and D 2022 017**. Since that time, the Governor has taken numerous steps to implement measures to mitigate the spread of disease within Colorado, and has further required that several public health orders be issued to implement his orders.
2. As of June 16, 2022, there have been 1,496,446 Coloradans diagnosed with COVID-19, 63,707 have been hospitalized and 13,349 Coloradans have died from COVID-19. There are 323 individuals currently hospitalized due to COVID-19, and 772 hospital beds remain unoccupied across the state. At this time, 89% of Colorado's intensive care beds are occupied and 91% of medical/surgical beds are occupied.
3. With the pandemic ongoing, it remains critical for individuals, communities, businesses, and governments to remain vigilant regarding the spread of COVID-19. Individuals are encouraged to get vaccinated and boosted if eligible, remain at least 6 feet away from non-household contacts whenever possible, wash their hands, and wear a face covering to reduce the likelihood of disease transmission. As we continue to combat COVID-19 in our communities, continuing some limited requirements to mitigate disease spread remain appropriate.

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4. The following additional public health orders remain in effect:
 - a. PHO 20-20 Requirements For Colorado Skilled Nursing Facilities, Assisted Living Residences, Intermediate Care Facilities, And Group Homes For COVID-19 Prevention And Response;
 - b. PHO 20-33 Laboratory Data Reporting for COVID-19;
 - c. PHO 21-01 Vaccine Access And Data Reporting For COVID-19; and
 - d. PHO 22-01 Access to Testing and Treatment for COVID-19.

INTENT

This Order includes measures for individuals and businesses to mitigate the spread of COVID-19 in Colorado. The Order continues to require face coverings in some settings. Additionally, the Order maintains some additional protections for certain activities while we continue to take steps to limit the spread of COVID-19 in Colorado. The Order also includes hospital reporting requirements regarding bed capacity to provide the State with critical information to assess the status of the COVID-19 pandemic relative to the statewide capacity to provide necessary medical care and services to Coloradans.

ORDER

This Order superseded and replaced Public Health Orders 20-29 and 20-36, as amended, on April 16, 2021.

I. COVID-19 RESTRICTIONS

A. FACE COVERINGS AND COVID-19 TESTING

1. **Nonmedical congregate settings.**
 - a. Nonmedical congregate settings. Nonmedical congregate settings that serve vulnerable or at-risk populations covered by this Order include homeless shelters, prisons, jails, community corrections programs, substance abuse and drug treatment centers, and adult day centers and Day Programs.
 - b. Participants, residents and visitors. Face coverings are required for participants, residents, and visitors in times of medium or high community levels of COVID-19 per CDC's [COVID-19 Community Levels](#), during outbreaks, or when otherwise required by local or state public health officials.
 - c. Staff. Staff in nonmedical congregate settings are required to wear

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medical grade face masks or respirators in times of medium or high community levels of COVID-19 per CDC's [COVID-19 Community Levels](#), during outbreaks, or when otherwise required by local or state public health officials.

2. Healthcare settings.

- a. Healthcare settings. Healthcare settings as used in this Order means any facility, office, clinic, or other location where medical services are provided, including hospitals, ambulatory surgical centers, freestanding emergency departments, urgent care centers, clinics (including medical clinics or services in nonmedical congregate settings), doctors' offices, and non-urgent medical care structures. Nursing homes, assisted living residences, intermediate care facilities, and group homes are not included in this Order; these facilities must follow the requirements of PHO 20-20.
- b. Patients and visitors. Face coverings continue to be required for patients and visitors during times of substantial to high Community Transmission levels of COVID-19 per [CDC's COVID Data Tracker](#), during outbreaks, or when otherwise required by local or state health officials.
- c. Staff.
 - i. All Staff. Medical grade face masks or respirators are required for staff in healthcare settings during times of substantial to high Community Transmission levels of COVID-19 per [CDC's COVID Data Tracker](#), during outbreaks, or when otherwise required by local or state health officials.
 - ii. Not Up to Date Staff. Medical grade face masks or respirators continue to be required at all times, regardless of [CDC's Community transmission levels](#), for staff who are not up to date with all [recommended COVID-19 doses](#), in all healthcare settings. Up to date means having received all recommended COVID-19 vaccine doses as described by CDC [here](#).

3. Repealed.

4. Exceptions to the face covering requirements include

- a. individuals 11 years of age or younger,
- b. individuals who cannot medically tolerate a face covering, and
- c. individuals participating in one of the following activities:
 - i. individuals who are hearing impaired or otherwise disabled or who are communicating with someone who is hearing impaired or otherwise disabled and where the ability to see the mouth is essential to communication;
 - ii. individuals who enter a business or receive services and are asked to temporarily remove a face covering for identification purposes;

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- iii. individuals who are actively engaged in a public safety role, such as law enforcement officers, firefighters, or emergency medical personnel; or
 - iv. individuals who are officiating or participating in a life rite or religious service where the temporary removal of a face covering is necessary to complete or participate in the life rite or religious service.
 - 5. Repealed.
 - 6. All of the settings and facilities identified in paragraph 1 of this subsection A are strongly encouraged to require all of their unvaccinated and not fully vaccinated staff to participate in COVID-19 testing as follows:
 - a. Daily rapid testing every day that they work in the facility or setting, and/or
 - b. Once weekly polymerase chain reaction (PCR) testing.
- B. ALL BUSINESSES AND GOVERNMENT ENTITIES.** All businesses and government entities shall comply with the requirements in this Section I.B.
 - 1. Work Accommodations. Employers are strongly encouraged to provide reasonable work accommodations, including accommodations under the Americans with Disabilities Act (ADA) for individuals who cannot obtain access to COVID-19 vaccine or who for medical or other legal reasons cannot take a COVID-19 vaccine.
 - 2. Face coverings. All employers must implement the face covering requirements in Section I.A of this Order, as applicable.
 - 3. Disease mitigation practices. Employers and sole proprietors are strongly encouraged to follow the best practices for disease mitigation found in [CDPHE Guidance](#).
- C. SCHOOLS**
 - 1. In accordance with existing law, **Schools** shall report all COVID-19 cases and outbreaks to public health, and work with their local public health agencies and CDPHE, as applicable, regarding COVID-19 case investigations, which includes following all quarantine, isolation, investigation, and any other disease mitigation strategies deemed necessary by the public health agency.
- D. Repealed.**

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E. ADDITIONAL COUNTY RESTRICTIONS

1. CDPHE may require counties whose resident hospitalizations threaten to exceed 85% of hospital or hospital system capacity to report additional data and consult with CDPHE regarding implementation of additional measures to mitigate disease transmission.

F. NON-CONGREGATE SHELTERING

1. Governmental and other entities are strongly urged to make shelter available to people experiencing homelessness whenever possible and to the maximum extent practicable, and are authorized to take all reasonable steps necessary to provide non-congregate sheltering along with necessary support services to members of the public in their jurisdiction as necessary to protect all members of the community.

II. HOSPITAL FACILITY REPORTING

- A. COVID-19 Case Reporting. All Colorado hospitals shall report to CDPHE in a form and format determined by CDPHE, certain information for confirmed (positive laboratory test) cases of COVID-19, including but not limited to:

1. race and ethnicity;
2. numbers of suspected and confirmed cases who are hospitalized, who are hospitalized and using a ventilator, or who are in the emergency department waiting for an inpatient bed;
3. REPEALED;
4. deaths due to COVID-19;
5. medical equipment and supply information, including but not limited to acute care bed, med/surgical bed, and intensive care unit (ICU) bed capacity and occupancy, and
6. COVID-19 vaccination status, including primary, additional and booster doses, and age.

Reporting by hospitals shall be done in CDPHE's EMResource reporting system twice per week on Tuesday and Friday by 10:00 a.m., or as otherwise required by this Order. Reporting via the COVID Patient Hospital Surveillance system (COPHS) shall continue as instructed by CDPHE.

- B. Hospital Bed Capacity Reporting. All Colorado hospitals shall report to CDPHE the following in EMResource twice per week on Tuesday and Friday, by 10:00 a.m.:

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1. The daily maximum number of adult and pediatric beds that are currently or can be made available within 24 hours for patients in need of ICU level care; and
2. The daily maximum number of all staffed acute care beds, including ICU beds, available for patients in need of non-ICU hospitalization.
3. The daily maximum number of all adult and pediatric med/surgical beds, available for patients in need of non-ICU hospitalization.

III. VACCINATION REQUIREMENTS

A. State Contractor Workers. All **State Contractors and State Contractor Workers** who physically enter a residential or congregate care **State Facility** shall comply with the requirements of this section III.A.

1. All **State Contractors and State Contractor Workers** who physically enter a residential or congregate care **State Facility**, including individuals who have been infected with and recovered from COVID-19, shall verify their COVID-19 **Vaccine** status. **State Contractors** shall identify by name all **State Contractor Workers** who enter a **State Facility** as a goods or service provider to an individual in a residential or congregate care **State Facility**. **State Contractors** shall certify, in a form acceptable to the State as determined by the Department of Personnel and Administration or its delegate, the **Vaccine** status of each of the identified **State Contractor Workers**.
2. **Proof of Vaccination.** Any of the following may be used as proof of vaccination:
 - a. COVID-19 Vaccination Record Card (issued by the U.S. Department of Health and Human Services Centers for Disease Control & Prevention or World Health Organization Yellow Card) which includes name of person vaccinated, type of vaccine provided and dates of last doses administered);
 - b. a photo of a COVID-19 Vaccination Record Card or immunization record obtained from the Colorado Immunization Information System (CIIS) as a separate document;
 - c. a photo of a COVID-19 Vaccination Record Card or immunization record obtained from CIIS, either directly or through the MyColorado application or another verified health application, stored on a phone or electronic device; or
 - d. documentation of COVID-19 vaccination from a health care provider.

The Federal Bureau of Investigation issued a [public service announcement](#) confirming that fraudulent vaccination cards are illegal and punishable by law, including fines, imprisonment, or both.

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3. **State Contractors and State Contractor Workers** who are not **Fully Vaccinated**, or for whom **Vaccine** status is unknown or documentation is not provided, shall be considered unvaccinated.
 - a. **State Contractors and State Contractor Workers** who enter a residential or congregate care **State Facility** to provide services to a client, resident, patient or youth in the residential or congregate care **State Facility** who do not have proof of vaccination and also do not have a medical or religious exemption from vaccination approved by their employer shall not be allowed to physically enter the residential or congregate care **State Facility** but may provide services remotely.
 - b. **State Contractors and State Contractor Workers** who enter a residential or congregate care **State Facility** to provide services to a client, resident, patient or youth in the residential or congregate care **State Facility** who have a medical or religious exemption from vaccination approved by their employer must participate in twice weekly COVID-19 testing and, if they test positive, shall not enter a residential or congregate care **State Facility** and shall comply with isolation guidance. **State Contractors** shall certify, in a form acceptable to the State as determined by the Department of Personnel and Administration or its delegate, that each of the identified **State Contractor Workers** who enter a residential or congregate care **State Facility** who are not **Fully Vaccinated** and have a medical or religious exemption from vaccination approved by their employer are participating in twice weekly COVID-19 testing. **State Contractor Workers** shall provide documentation of testing if requested while in a State Facility.
4. **State Contractors and State Contractor Workers** shall comply with any face covering requirements in place at the residential or congregate care **State Facilities** they enter.
5. **State Contractors and State Contractor Workers** who do not enter a residential or congregate care State Facility shall no longer be required to provide attestations on their vaccination status, are no longer required to participate in twice weekly COVID-19 testing, and are no longer required to wear face coverings, though they may still wear face coverings if they choose to do so.

IV. DEFINITIONS

- A. **Contract** means a State contract, grant agreement, purchase order or other encumbrance document.

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- B. Fully Vaccinated** means two (2) weeks after receipt of a second dose in a two dose-series of a COVID-19 vaccine, such as the Pfizer-BioNTech/Comirnaty or Moderna vaccine, or two (2) weeks after receipt of a single-dose COVID-19 vaccine, such as Johnson & Johnson's Janssen vaccine.
- C. Repealed.**
- D. Negative COVID-19 Test** means a printed document, email, or text message displayed on a phone, from a test provider or laboratory that shows results of a polymerase chain reaction (PCR) or antigen COVID-19 test that either has Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration or is operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services, that was conducted within 48 hours before entry into an **Indoor Event**. The printed document, email, or text message must include the person's name, type of test performed, date of the test, and negative test result.
- E. School** means a public, private, or parochial nursery school, day care center, child care facility or child care center as defined in section 26-6-102 (5), C.R.S., family child care home, foster care home, head start program, kindergarten, elementary or secondary school through grade twelve. A school includes all grade levels contained in a building or multiple buildings on a campus.
- F. State Contractor** means all entities or persons that have entered into or accepted a **State Contract** to transact business with the State, as well as all entities or persons that have one or more employees, agents or subcontractors who provide services in or deliver goods to a **State Facility** or to a client, resident, patient or youth residing in a **State Facility**.
- G. State Contractor Worker** means all of a **State Contractor's** employees, agents and subcontractors and all employees of a **State Contractor's** agents and subcontractors who will perform work under a **State Contract**.
- H. State Facility** means a building, utility, **School**, or any other property owned, leased or used by the State for State services, excluding highways or publicly assisted housing projects.
- I. Vaccine** means any COVID-19 vaccine that is currently or in the future may be authorized for emergency use or fully approved for permanent use by the U.S. Food and Drug Administration (FDA) and recommended by the CDC, including as many primary, additional and booster doses as the authorizations or approvals allow.

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V. ENFORCEMENT


This Order will be enforced by all appropriate legal means. Local authorities are encouraged to determine the best course of action to encourage maximum compliance. Failure to comply with this order could result in penalties, including jail time, and fines, and may also be subject to discipline on a professional license based upon the applicable practice act.

VI. SEVERABILITY

If any provision of this Order or the application thereof to any person or circumstance is held to be invalid, the remainder of the 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 provisions of this Order are severable.

VIII. DURATION

This Order shall become effective on Friday, June 17, 2022 and will expire at 12:01 AM on July 17, 2022 unless extended, rescinded, superseded, or amended in writing.



Jill Hunsaker Ryan, MPH
Executive Director

June 17, 2022

Date