



DOUGLAS COUNTY BOARD OF HEALTH

THURSDAY, JUNE 12, 2025

AGENDA

Thursday, June 12, 2025

5:00 PM

Hearing Room

1. Call to Order

- a. Pledge of Allegiance
- b. Attorney Certification of Agenda
- c. Member Disclosure for Items on This Agenda

2. Consent Agenda

- a. Review/Approve Minutes of March 13, 2025

Attachments: [03.13.25 BOH Minutes](#)

- b. Review/Approve Financial Report through 5/31/2025

Attachments: [Financial Report through May 31, 2025](#)

3. Regular Agenda

Information Only Items

- a. Executive Director Update Michael Hill - Executive Director

Attachments: [Executive Director Update](#)

- b. EPR and Disease Surveillance Division Update Jon Surbeck - Division Manager (Written Report Only)

Attachments: [EPR & Disease Surveillance Division Update](#)

- c. Environmental Health Division Update Skyler Sicard - Assistant Director (Written Report Only)
Attachments: [Environmental Health Division Update](#)

- d. Community Health Division Update Laura Larson - Assistant Director (Written Report Only)
Attachments: [Community Health Division Update](#)

- e. Early Childhood Council Update Diane Smith - Early Childhood Council Executive Director (Written Report Only)
Attachments: [Early Childhood Council Update](#)

- f. Financial Update Richard Miura - Accounting Supervisor (Written Report Only)
Attachments: [Financial update June 2025](#)

- g. Update on data provided to the public Elizabeth Walker-Short – Epidemiologist (Presentation Only)

Action Items

- h. Request to Accept Funding Received Since the March meeting Michael Hill - Executive Director
Attachments: [Request to Accept Funding Received Since the March meeting](#)

- i. Request to Amend/Replace Regulation 22-02, Body Art Establishments Skyler Sicard - Assistant Director
Attachments: [Request to Amend Replace Regulation Body Art Establishments](#)

4. Citizen Comments

5. Adjournment

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MEETING DATE: June 12, 2025

ATTACHMENTS:
03.13.25 BOH Minutes



DOUGLAS COUNTY BOARD OF HEALTH

THURSDAY, MARCH 13, 2025

MINUTES

Thursday, March 13, 2025

5:00 PM

Hearing Room

1. Call to Order

PRESENT Board Member Linda Fielding
Board Member Douglas Benevento
Commissioner Kevin Van Winkle
George Teal
Kim Muramoto

a. Pledge of Allegiance

b. Attorney Certification of Agenda

Chris Pratt, County Attorney's Office, said that all items on today's agenda have been reviewed by his office and meet legal approval.

c. Member Disclosure for Items on This Agenda

None.

2. Election of Officers

President Benevento addressed the Board to present on this item.

Vice President Teal commented on this Item.

Secretary Van Winkle commented on this Item.

Kevin Van Winkle moved that George Teal be the Vice President. Vice President Teal moved that President Benevento remain the President. This is Motion No. 025-001.

RESULT: ACCEPTED

MOVER: Kevin Van Winkle

SECONDER: George Teal

AYES: Fielding, Benevento, Van Winkle, Teal, Muramoto

3. Consent Agenda

Vice President Teal moved that the Board approve the consent agenda items. This is Motion No. 025-002.

RESULT: ACCEPTED

MOVER: George Teal

SECONDER: Kevin Van Winkle

AYES: Fielding, Benevento, Van Winkle, Teal, Muramoto

- a. Review/Approve Minutes of December 19, 2024
- b. Review/Approve Final Financial Report for 2024
- c. Review/Approve Financial Report through 02/28/2025

4. Regular Agenda

Information Only Items

- a. Executive Director Update Michael Hill - Executive Director

Director Mike Hill, Health Department, addressed the Board to present on this Item.

President Benevento asked a clarifying question.

Director Hill answered the question.

President Benevento asked a clarifying question.

Elizabeth Walker-Short, epidemiologist, answered the question.

Linda Fielding, Board Member, asked a clarifying question,

Elizabeth answered the question.

President Benevento asked a clarifying question.

Director Hill, answered the question.

Linda commented on this Item.

Vice President Teal asked a clarifying question.

Laura Larson, Assistant Director of Community Health, addressed the Board to present on this Item.

Vice President Teal asked a clarifying question.

Laura answered the question.

Vice President Teal asked a clarifying question.

Laura answered the question.

Kim Muramoto, Board Member, asked a clarifying question.

Director Hill answered the question.

- c. Environmental Health Division Update Skyler Sicard - Assistant Director (Written Report Only)
- d. Community Health Division Update Laura Larson - Assistant Director (Written Report Only)
- e. Early Childhood Council Update Diane Smith - Early Childhood Council Executive Director (Written Report Only)
- f. Financial Update Richard Miura - Accounting Supervisor (Written Report Only)

- b. EPR and Disease Surveillance Division Update Jon Surbeck - Division Manager (Written Report Only)

Action Items

- g. Request to Accept Funding Received from the State Since December Michael Hill - Executive Director

Director Hill, addressed the Board to present on this Item.

President Benevento asked a clarifying question.

Laura Larson, Assistant Director of Community Health and Jenny Fisher, Community Health Educator, answered the question.

Kevin Van Winkle asked a clarifying question.

Jon Surbeck, Assistant Director of Emergency Prep and Response, answered the question.

Vice President Teal moved that the Board accept funding received from the State since December. This is Motion

No.025-003.

RESULT: ACCEPTED

MOVER: George Teal

SECONDER: Kevin Van Winkle

AYES: Fielding, Benevento, Van Winkle, Teal, Muramoto

- h. DCHD Annual Report 2024 Richard Miura - Accounting Supervisor (Available to answer questions)

Director Hill addressed the Board to present on this Item.

Vice President Teal commented on this Item.

President Benevento commented on this Item.

Kevin Van Winkle moved that the Board approve the DCHD Annual Report. This is Motion

No.025-004.

RESULT: ACCEPTED

MOVER: Kevin Van Winkle

SECONDER: Kim Muramoto

AYES: Fielding, Benevento, Van Winkle, Teal, Muramoto

5. Citizen Comments

John Fielding, Pinery, addressed the Board to provide public comment.

Marcus Brooks, Highlands Ranch, addressed the Board to provide public comment.

Director Hill commented on this Item.

6. Adjournment

Vice President Teal moved that the Board adjourn. This is Motion No. 025-005.

RESULT: ACCEPTED

MOVER: George Teal

SECONDER: Linda Fielding

AYES: Fielding, Benevento, Van Winkle, Teal, Muramoto

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MEETING DATE: June 12, 2025

ATTACHMENTS:

Financial Report through May 31
2025

For the Five Months Ending May 31, 2025

Description	Prior Year Actual	Prior Year Budget	Current Year Actual	Current Year Encumbrance	Adopted Budget	Amended Budget	Current Year Available	% Remaining
00217 DOUGLAS COUNTY HEALTH DEPT								
300000 REVENUES	.00	.00	.00	.00	.00	.00	.00	.0
330000 INTERGOVERNMENTAL	(4,099,647.74)	(7,007,842.00)	(1,117,271.97)	.00	(241,943.00)	(241,943.00)	875,328.97	(361.8)
340000 CHARGES FOR SERVICES	(936,464.72)	(818,947.00)	(381,469.25)	.00	(959,296.00)	(959,296.00)	(577,826.75)	60.2
380000 MISCELLANEOUS REVENUES	(114,870.29)	(138,357.00)	(7,984.16)	.00	.00	.00	7,984.16	(100.0)
390000 OTHER FINANCING SOURCES	(2,123,247.00)	(2,123,247.00)	(877,681.25)	.00	(2,106,435.00)	(2,106,435.00)	(1,228,753.75)	58.3
300000 REVENUES	(7,274,229.75)	(10,088,393.00)	(2,384,406.63)	.00	(3,307,674.00)	(3,307,674.00)	(923,267.37)	27.9
400000 EXPENDITURES	.00	.00	.00	.00	.00	.00	.00	.0
410000 PERSONNEL SERVICES	4,424,672.49	7,706,062.00	1,895,450.22	.00	2,835,054.00	2,835,054.00	939,603.78	33.1
433000 SUPPLIES	45,685.91	67,461.00	13,689.05	.00	44,500.00	44,500.00	30,810.95	69.2
438000 CONTROLLABLE ASSETS (C.A.)	.00	35,000.00	.00	.00	.00	.00	.00	.0
439000 PURCHASED SERVICES	1,014,617.95	1,511,993.00	383,364.08	58,100.00	336,758.00	394,858.00	(46,606.08)	(11.8)
449000 FIXED CHARGES	38,175.21	49,506.00	11,202.94	.00	23,644.00	23,644.00	12,441.06	52.6
455000 GRANTS, CONTRIBUTIONS, INDEMN	132,190.44	125,000.00	.00	.00	.00	.00	.00	.0
469000 INTERDEPARTMENTAL CHARGES	166,660.13	156,954.00	50,148.68	.00	.00	.00	(50,148.68)	(100.0)
471000 CAPITAL OUTLAY	443,635.72	.00	297,576.00	.00	333,000.00	333,000.00	35,424.00	10.6
480000 CONTINGENCIES & RESERVES	.00	300,000.00	.00	.00	300,000.00	300,000.00	300,000.00	100.0
400000 EXPENDITURES	6,265,637.85	9,951,976.00	2,651,430.97	58,100.00	3,872,956.00	3,931,056.00	1,221,525.03	31.1
00217 DOUGLAS COUNTY HEALTH DEPT	(1,008,591.90)	(136,417.00)	267,024.34	58,100.00	565,282.00	623,382.00	298,257.66	47.8

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MEETING DATE: June 12, 2025

ATTACHMENTS:

Executive Director Update



Executive Director's Update – June 2025

Introduction:

The department continues to perform at a high level, serving the needs of the residents of Douglas County.

Executive Director Activities:

Participated in additional meetings of the Region 12 Opioid Council, to award additional Opioid funding and begin to develop plans for 2025.

Continue to participate in the Douglas County Homeless Initiative monthly meetings.

Participated in regular meetings of the Metro Denver Partnership for Health.

Participate in weekly project meetings related to the department's move coming up in July.

Attended the 2025 Congress on Healthcare Leadership sponsored by the American College of Healthcare Executives.

Health Department staff continues to work with Human Services staff on the Healthy Families Partnership, a program to give new parents information to get children's lives off to a good start, the first focus being on safe sleep for infants.

Our department continues to work with the two Advent Health hospitals in our county to perform our respective Community Health Assessment processes at the same time to increase effectiveness and reduce the frequency of asking our residents and partner organizations for data. This process has already led to increased interest by the CEOs of both hospitals in finding more ways that our organizations can work together.

Infectious Disease Update:

Respiratory diseases such as Flu, RSV and COVID-19 are decreasing as expected for the season, numbers for Flu and RSV were a bit higher this past winter than in the previous winter but have come down quickly. Numbers for COVID-19 remain a bit elusive due to changes in data recording at the state level, nationally the numbers appear to be significantly lower than last year.

There were a higher number of cases of Pertussis than expected this past winter (double the number of cases seen in the 6-month period of September to February last year), mostly among elementary and high school age children, the risk here being transmission to younger siblings. This number has also been falling off, with only 3 cases reported in April.

We continue watching the Measles outbreak in Texas and New Mexico closely to try to head off any cases that make it to our area. There have been several suspect cases in our county but so far, none have turned out to be positive. Recent cases and exposures in Arapahoe County mean that this disease is on our doorstep, but our epi staff are working hard to make sure we keep the situation under control.

We are still collaborating with the other Metro health departments to coordinate messaging around Measles and to publicize the availability of vaccine clinics.

Our epidemiology team is doing great work and is continually looking for ways to better serve the county. You will hear an update on some of their efforts to provide information to the public later in tonight's agenda.

Future Plans:

The new office space for the health department is nearing completion and the plan is for all Castle Rock staff to move to the new location on July 7th and the Lone Tree staff to move on July 8th. This will generate efficiencies by locating staff, equipment and materials in one place. Our new address will be 11045 E Lansing Circle, Suite 300, Englewood, CO 80112.

Executive Director and a few staff will be attending the annual meeting of the National Association of County and City Health Officials in mid-July as well as the Public Health in the Rockies Conference in early September.

Our department is being considered to take the lead in applying with several other organizations in Colorado for a multi-year grant to improve population health using Artificial Intelligence and Machine Learning (AI/ML).

Health Administration Update:

Our accounting staff continues to streamline procedures and build solid working relationships with the county's finance and budget staff.

Our Vital Records staff continue to produce an impressive amount of work. During the period of December through February, our Vital Records Office sold 3,775 Birth Certificates and 2,847 Death Certificates for total revenue of \$111,171. Our arrangements with various funeral homes to deliver death certificates to them continue to enhance our revenues.

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MEETING DATE: June 12, 2025

ATTACHMENTS:

EPR & Disease Surveillance Division Update

**Emergency Preparedness and Response and Epidemiology
June 2025 Board of Health Updates**

Epidemiology:

- Outbreaks since the last BOH meeting report:
 - We investigated 15 outbreaks in school, preschool, or child care settings, 3 outbreaks in long-term care facilities, and 3 outbreaks in other priority settings.
- Data:
 - We continue to update the Communicable Disease Dashboard available at <https://www.douglas.co.us/health-department/disease-surveillance/communicable-diseases/communicable-disease-data-dashboard/>.
 - We are in the process of finalizing a public-facing dashboard for vital records data, including birth and death data.
 - We have developed an internal weekly report on communicable diseases investigated to identify trends and compare illness incidence to 2024.
 - We are exploring the creation of other dashboards to ensure public access to data to allow residents to make informed decisions and better understand the health of our community.
- Disease Updates:
 - Viral respiratory disease cases (flu, COVID, and RSV) have dropped significantly for the past 2-3 months.
 - While Douglas County has not had any confirmed measles cases, we have participated in contact follow-up for exposed residents and continue to prepare for a measles response. The Epi team met with DCSD nursing services staff to discuss measles response planning for the school setting.
- Training:
 - Epidemiologists continue to participate in training activities to increase our skill set and provide residents with the best possible service and education. Training topics this quarter have included, electronic communication accessibility, the use of AI in public health, and public health communications.
 - We had an epidemiologist represent our county at a Transforming Informatics Convening hosted and funded by NACCHO.
 - All epidemiologists attended the 2025 Colorado Epidemiology Conference in Colorado Springs.
- Outreach:
 - All epidemiologists participated in a Highlands Ranch Water site visit with the CDPHE Wastewater Surveillance epidemiology team.
 - In anticipation of our upcoming move to Englewood, we are coordinating with Public Affairs for communicating the move to residents and partners.

EPR:

- Planning and Deliverables:
 - EPR has been wrapping up PHEP and CRI deliverables for this year, including participation in tabletop exercises with state and regional partners.
 - EPR is also finalizing the PHEOP and coordinating with OEM to ensure plans are in alignment with County plans.
 - Staff are putting together a multi-year training and exercise plan to enhance the capabilities of the department as a whole for emergency responses.

EPR and Epi Joint Activities:

- Training:
 - Under the direction of EPR, the Epi and EPR teams have conducted ICS implementation training using the annual Health Department Picnic.
 - Staff from EPR/Epi and EH attended the annual One Health and Zoonosis Conference virtually to learn about the latest updates on diseases transmissible to humans from animals.
- Partnership Building:
 - Epi and EPR staff met with their counterparts throughout Colorado to discuss collaboration in the context of a hypothetical measles exposure at an LPHA Coordinated Response Workshop hosted by Arapahoe County.
- Strategic Planning:
 - EPR and Epi staff also met to define goals and strategic plans for the coming year. The teams collaborated to write a summary of goals and key plans as we continue to refine our workflows and improve the services we provide to our residents.

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MEETING DATE: June 12, 2025

ATTACHMENTS:

Environmental Health Division Update

Environmental Health Division Update – June 2025

During the last quarter, Environmental Health (EH) has hired and continued to and upskill Environmental Health Specialists. The team is focused on training the newest hires in the various EH programs and expanding our depth and breadth of knowledge amongst our senior staff. We currently have one EH Specialist position open on the Water Team. Recruitment efforts are ongoing. We continue to collaborate with CDPHE for training and the official signoffs needed for new inspectors to conduct independent inspections.

- 1 EH Specialist has started their training in the Retail Food Program.
- 2 EH Specialists have been signed off in the Retail Food Program.
- 2 EH Specialists have started their training in the Child Care Program.

Our Water Team has reviewed the proposed Onsite Wastewater Treatment System regulations (Reg. 43) which set the minimum standards for how OWTS systems are regulated statewide. These updated regulations are anticipated to go into effect June 15, 2025. DCHD anticipates the need for adopting a local regulation and will have up to one year from the effective date to adopt local regulations. A proposed timeline for adoption of local regulations will be completed following the *Procedures to Adopt or Revise Regulations by the Local Board of Health* in the upcoming months.

House Bill 24-1362 Concerning Measures to Promote the Use of Grey Water has been monitored by the EH Division. Periodic check-ins are held with Building Department regarding the installation and use of grey water in new construction in the county. Douglas County will automatically be opted-in on January 1, 2026 and will need to meet the full requirements of Reg. 86, unless the Board of County Commissioners or Municipalities choose to opt-out, in full or in part. Counties or Municipalities can choose to opt-in later if they so choose.

Our Consumer Protection Team is gearing up for a busy summer season with outdoor festivals that sell food moving into the spotlight. The EH Team works with event coordinators to identify food vendors and their business operations. People that are selling food are required to meet certain parameters to ensure that food is stored safely and that proper hygiene is maintained. In 2025, mobile food trucks must have a yellow sticker from any county in Colorado (except for Denver) displayed on their unit showing that they hold a current food license. Those operating on tabletops and booths must have a pink license issued by DCHD that outlines what foods they have been evaluated for and approved to sell.

Senate Bill 25-285 was a collective effort regarding the retail food establishment inspection program across the state. It updated the annual fee schedule that is assessed to retail food establishments and supplements the inspection and new business implementation work that the Consumer Protection team provides.

House Bill 25-1295 Food Truck Operations also passed. This bill established a definition of what a mobile food establishment is and allows for reciprocity of various food truck licenses between jurisdictions across the state. The largest impact for local health departments will be the acceptance of Denver Licenses starting January 1, 2026.

Since March, EH has:

- Conducted 335 inspections
 - 5 Body Art inspections
 - 40 Childcare facility inspections
 - 21 Recreational Water inspections
 - 269 Retail Food Establishment inspections
 - Licensed 35 Special Event Vendors
- Assisted restaurant owners and builders with 31 plan reviews
- Responded to 40 complaints

- Issued 175 permits
 - Issued 28 New Installation OWTS permits
 - Issued 8 Major Repair OWTS permits
 - Issued 32 Minor Repair OWTS permits
 - Issued 105 OWTS Use permits
- Reviewed 23 Land Use referrals

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MEETING DATE: June 12, 2025

ATTACHMENTS:

Community Health Division Update

Community Health Update – June 2025

Activities:

- **Clinical Services:** DCHD has held two immunization events since March, where 88 individuals were provided with standard child and adult vaccines. The Department will be hosting another event on June 10, 2025, at the Lone Tree location, in partnership with the Public Health Institute at Denver Health.

DCHD leadership met with Doctors Care, AdventHealth Parker, Common Spirit Health, Colorado Access, and SECORCares to discuss healthcare accessibility in the County. Although DCHD is working to fill the gap on immunization access, specifically, continuity care for uninsured and underinsured individuals continues to be of concern, as many primary care providers have a cap on the number of patients on Medicaid they can accept and many practice do not offer care to individuals without insurance. To help better understand the community need, DCHD has an intern starting in June who will be focused on developing health zones/heat maps based on available data that will help inform this group as it continues to evaluate options to support the community. This group meets again on July 30, 2025.

- **Behavioral Health:** DCHD and the Douglas County Mental Health Division (DCMHD) have come together to launch a new suicide prevention workgroup that includes membership from Douglas County Human Services, Douglas County School District, law enforcement, aging services, local faith-based organizations, and behavioral health programs. The goals of this group are to:
 - Assess current suicide prevention efforts in Douglas County;
 - Identify gaps in services or outreach;
 - Identify actionable interventions; and
 - Develop a plan for our community.

The workgroup is still early in its planning and is currently reviewing existing resources, including successful suicide prevention models across the state, as well as local data to come up with actionable projects that can be implemented to support individuals and families that may be struggling. The workgroup is hoping to add an individual with lived experience – either a person who had a suicide attempt or an individual that is a survivor of someone who took their life by suicide – to the workgroup so that there is a voice for residents on what is developed.

DCHD and DCMHD also continue to partner on a men’s mental health initiative, as middle-aged men have been identified as a priority population in the shared work of behavioral health. Currently, the teams are working with the communications team and

Douglas County Sheriff's Office to identify an officer who might be able to share his personal experiences to help inform the work moving forward.

Lastly, DCHD collaborated with DCMHD and AllHealth Network on a short article about Mental Health First Aid for Douglas County News Press, which you will find at the end of this report.

- **WIC:** DCHD has submitted a partnership request application for the DCHD and Northeast Colorado Health Department WIC partnership. This application request is for continued funding support for the upcoming FY26 grant period, which is necessary for long-term partnership sustainability.
- **Mini Grant Awards:** DCHD received two mini grants during this reporting period which support prevention recommendations from the Child Fatality Review Team and the Maternal Child Health Program:
 - E-470 Transportation Safety Foundation - \$2,500 for car seats and booster seats.
 - Office of Gun Violence Prevention - \$3,650.00 for secure firearm storage devices.

- **Community Partner Highlights:**

The Community Health team participated in the following community presentations and events from March 1 – June 7, 2025:

Date	Event	Location
3/16/2025	Vaccine Sunday Immunization Event at St. Francis of Assisi Catholic Church	Castle Rock
3/18-3/19/2025	Maternal Mental Health FORUM	Centennial
3/25/2025	Resource Table at SECORCares	Parker
3/28/2025	Community Baby Shower at AdventHealth Castle Rock	Castle Rock
4/4/2025	Health Screenings for Douglas County School District Transportation Department	Castle Rock
4/11/2025	Narcan Administration Training for SECORCares staff and volunteers	Parker
4/15/2025	Neighbors Helping Neighbors – WIC and Tobacco Prevention	Kiowa
4/16/2025	Firearm Injury Prevention LEAD Workshop for LPHAs	Aurora
4/25/2025	CASA Rally for Kids	Lone Tree
4/25/2025	National Drug Takeback with Douglas County Sheriff's Office	Highlands Ranch
4/28/2025	Vaccine Presentation to Sunflower Grange #162	Sedalia
4/30/2025	Immunization Clinic at Sedalia Elementary	Sedalia
5/28/2025	Parker Parks & Recreation Senior Stroll	Parker
6/5/2025	Castle Rock Senior Life Expo	Castle Rock
6/7/2025	Elizabeth Stampede with Elbert County Public Health	Elizabeth

NEWS

Community training lights the way in Douglas County's mental health push

by Julia King - Special to Colorado Community Media
April 22, 2025



The Douglas County Mental Health Collaborative celebrated its 10-year anniversary last year in Castle Rock. Credit: Courtesy of Drew Bouchard/Douglas County Public Affairs

Community health leaders in Douglas County are laying the groundwork for a stronger, more connected approach to mental wellness.

One tool they're using is Mental Health First Aid — a course originally developed in Australia in 2001 that is designed to help people recognize signs of mental health or substance use struggles and offer support. Not a diagnostic tool, it's about giving people the skills to care for one another, said Melissa Harris, community

engagement manager at AllHealth Network, a nonprofit mental health and substance use treatment agency in Colorado.

“Mental health can be everybody’s business, without being in somebody’s business,” Harris said.

Mental Health First Aid **courses are offered** several times each month in Douglas County. Each session takes about six to eight hours and can be done in person or virtually. Anyone can participate, not just licensed professionals.

There are several modules available, including Youth Mental Health First Aid, which teaches adults how to support adolescents aged 12 to 18. There are also classes that focus on rural communities, tribal and Indigenous communities, older adults, teens and veterans.

But at the core of these different classes, “the skills are all the same,” Harris said.

Participants are taught to follow “ALGEE,” a five-step action plan for supporting someone in a mental health crisis. The acronym stands for: Assess for risk of harm, Listen, Give reassurance and information, Encourage professional help such as calling 911 or 988, and Encourage self-help strategies like breathing exercises or connecting with loved ones.

Suicide is among the leading causes of death in the United States, and the numbers continue to trend upward. From 2015 to 2019, there were “widespread increases” in depression without equivalent increases in treatment, according to **a study** by the American Journal of Preventive Medicine.

Health professionals in Douglas County have been weaving a safety net in the hopes of bringing those numbers down and reducing the stigma around mental wellness. Mental Health First Aid training became part of that effort in 2019, when the **Mental Health Collaborative**, formerly the Douglas County Mental Health Initiative, created a blueprint for a community-based mental health system.

The training was proposed as part of that blueprint “to change the culture in Douglas County around emotional wellness,” said Laura Ciancione, manager of the Douglas County Mental Health Division.

The blueprint identified four demographics — middle-aged men, older adults, transition-aged youth and rural communities — as most likely to benefit from Mental Health First Aid training because they are “at disproportionate risk for suicidal ideation and suicide attempts,” said Ciancione.

Across the country, deaths continue to be more common among boys and men than girls and women, according to **2024 data** from the Centers for Disease Control and Prevention. The highest suicide rate for any group was in men ages 75 and older, at about 44 suicides per 100,000.

Older adults — those in their late 50s to seniors over 70 — face unique challenges like social isolation, loss of family and a lack of support networks, which can contribute to psychological distress, said Laura Larson, the assistant director for community health at the Douglas County Health Department.

Also to contend with is the significant impact of social media and technology on youth, which was particularly clear during the pandemic. The isolation caused by COVID was especially hard for youth, as that time “took them to a place where they no longer had their peers around them,” Larson said.

“We’re continuing to try to figure out how to create safe spaces where people can come in and really feel like they can connect with others who may be walking on the same journey as they are,” Larson added. “So, we’re getting there.”

Community members in Douglas County are attending Mental Health First Aid for reasons “across the board,” according to Jennifer Morris, a licensed therapist who is certified to teach the course. Morris also serves as a school-based mental health specialist with the AllHealth Network.

Sometimes, companies or organizations will suggest that their staff take the training. But typically, people have a personal connection, whether it’s a family member, a friend, or their own mental health journey.

“The interventions themselves are very basic ... it really shows people they do have the skills to support someone,” Morris said. “I think people are often hesitant to help because they don’t know what to do or they don’t want to do the wrong thing.”

The Mental Health First Aid training is made possible through a grant from the Behavioral Health Administration. The training is one piece of the county’s larger initiative. As part of a wider push, the Board of Douglas County Commissioners **in 2023 announced** seven beneficiaries of suicide prevention grants, totaling a \$1.37 million in American Rescue Plan Act funding investment in suicide prevention in the county over three years.

This story has been updated to clarify the titles of Laura Larson and Jennifer Morris.

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MEETING DATE: June 12, 2025

ATTACHMENTS:

Early Childhood Council Update

Douglas County Early Childhood Council

Update for Board of Health Meeting

June 12, 2025

1. Successfully completed the second year of Universal Preschool. A total of 4,655 children participated in 161 programs.
2. Applications for Universal Preschool for the 2025/26 School year are open and we currently have 3705 applications.
3. Successfully completed the renewal of our endorsement as the Douglas County Early Childhood Council and as the Local Coordinating Organization for Universal Preschool.
4. Actively working with a group of County Departments to implement a property tax rebate for Childcare programs. This work is based on Senate Bill 24-002 which was passed and implemented in July 2024. We hope to present all of the information to the County Commissioners in July and be able to begin the program in September. If the Commissioners accept this project, we will be the first county in the state to implement the new law.

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MEETING DATE: June 12, 2025

ATTACHMENTS:

Financial update June 2025



Finance Update March-May 2025

The Douglas County Health Department continues to closely monitor and respond to shifts in federal grant funding, including recent clawbacks and cuts. Our most significant current adjustments relate to the ELC 2.2 and ELC 2.3 grants.

In anticipation of potential funding losses, we've proactively implemented a contingency plan. This includes strategically reallocating personnel to cover essential expenses associated with these grants. Additionally, we've decided to temporarily freeze backfilling the Performance Management and Epidemiologist positions until further notice.

To support our Community Health Division, we've successfully secured mini-grants. These include an E470 Transportation Safety grant, which will directly support the Child Fatality Prevention program, and a Firearm Storage Safety grant.

Finally, please be aware that the Colorado Department of Public Health and Environment (CDPHE) is currently undergoing its Annual Fiscal Audit through June, and all related expenses are being meticulously recorded.

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MEETING DATE: June 12, 2025

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MEETING DATE: June 12, 2025

ATTACHMENTS:

Request to Accept Funding Received Since the March meeting



Request to Approve DCHD Acceptance of funding allocations received after the March 2025 Board Meeting

Staff recommends that your board approve our acceptance of funding for programs beginning on June 1 and July 1, 2025. The total funding for this request is \$1,006,126.

MEETING DATE: June 12th, 2025

STAFF PERSON RESPONSIBLE: Michael Hill, Director, Public Health

DESCRIPTION: Child Fatality Prevention System

Contract Number: CT FHLA 2023*3035

Contract Period: 7/1/25-6/30/26

Funding amount: \$15,500

SUMMARY: Project Description This project serves to support the Child Fatality Prevention Act (Article 20I 5 of Title 25, Colorado Revised Statutes), which is a statewide, multi-agency effort to prevent child deaths. Pursuant to CI RI S I § 25 -20I 5 -404-405, local public health agencies, or agencies designated by local public health agencies, are required to establish, and coordinate multidisciplinary, local child fatality prevention review teams (local teams). The purpose of the local team is to conduct systematic, comprehensive, multidisciplinary reviews of child deaths to better understand how and why children die. The child fatality review process uses a public health approach to identify trends and patterns, to take action, to improve systems, and to implement strategies that may prevent future deaths from occurring. This project benefits the State of Colorado by helping the people of Colorado understand the incidence and causes of child fatalities and therefore encourage public action to prevent further child fatalities. Additionally, the project benefits the State of Colorado by identifying services provided by public, private, and nonprofit agencies to children and their families that are designed to prevent, and that are effective in preventing, child fatalities identifying gaps or deficiencies that may exist in the delivery of services provided by public, private, and nonprofit agencies to children and their families that are designed to prevent child fatalities and making recommendations for, act as a catalyst for, and implement any changes to laws, rules, and policies that will support the safe and healthy development of the children in this state and prevent future child fatalities.

RECOMMENDED ACTION: Request that the Board approve acceptance of the SFY 2026 Child Fatality Prevention Funding Award.

MEETING DATE: June 12th, 2025

STAFF PERSON RESPONSIBLE: Michael Hill, Director, Public Health

DESCRIPTION: E470 Transportation Safety Grant

Contract Number: N/A

Contract Period: 7/1/25 - 6/30/26

Funding amount: \$2,500

SUMMARY:

The Douglas County Health Department (DCHD) has been awarded funding to support its Maternal and Child Health Program in addressing a growing community need for child car seats. The demand for car seats has increased significantly, highlighting a critical gap that directly affects the safety and well-being of infants, children, and their families throughout the County. With these funds, DCHD will purchase car seats to distribute to families in need, as identified through referrals from community partners and the Women, Infants, and Children (WIC) program. In addition to distributing car seats, DCHD will strengthen community outreach by providing Child Passenger Safety education and partnering to provide Car Seat Safety checks at a family-focused event in September. The goal is to improve child passenger safety, reduce preventable injuries, and support overall family health and well-being in Douglas County.

RECOMMENDED ACTION: Request that the Board approve acceptance of the FY 2026 E470 Transportation Safety Grant

Review:

MEETING DATE: June 12th, 2026

STAFF PERSON RESPONSIBLE: Michael Hill, Director, Public Health

DESCRIPTION: EHS Delegated Program

Contract Number: 2024*0457 OL#2

Contract Period: 7/1/2025 - 6/30/2026

Funding amount: \$84,000

SUMMARY: Local public health agencies are essential to the provision of quality and comprehensive public health services throughout the state and are critical partners with the Colorado Department of Public Health and Environment in maintaining a strong public health system. Each local public health agency shall assure the provision of Core Public Health Services within their jurisdiction. The scope of the provision of each Core Public Health Service is determined at the local level, and may differ across agencies based on community needs, priorities, funding and capacity. This project will inspect and assure regulatory compliance in retail food establishments, child care facilities and schools. The activities and deliverables for this project cannot be delegated by the Contractor to third party(ies), i.e. subcontracted, without written approval from the State.

RECOMMENDED ACTION: Request that the Board approve acceptance of the FY 2026 EHS Delegated Program Award

Review:

MEETING DATE: June 12th, 2025

STAFF PERSON RESPONSIBLE: Michael Hill, Director, Public Health

DESCRIPTION: DCHD Firearm Storage Mini-Grant

Contract Number: N/A

Contract Period: 06/1/25-06/30/25

Funding amount: \$3,650

SUMMARY:

Douglas County has seen an increased risk and upward trend in the number of youth (typically males) and men in the County who die by suicide using a firearm. As part of larger suicide prevention efforts in the County (including the development of a new suicide prevention workgroup), Douglas County Health Department (DCHD) will purchase firearm storage devices and locking mechanisms to distribute to individuals and families in need at community events and at the Health Department's building upon request. DCHD will partner with law enforcement agencies and the Mental Health Division to share messaging around the availability of safe storage devices for residents. Items will be purchased by June 30, 2025 and will be distributed throughout the remainder of the year at scheduled events that DCHD is participating in.

RECOMMENDED ACTION: Request that the Board approve acceptance of the FY 2025 DCHD Firearm Storage Mini-Grant

Review:

MEETING DATE: June 12th, 2026

STAFF PERSON RESPONSIBLE: Michael Hill, Director, Public Health

DESCRIPTION: OPHP Local Workforce Award

Contract Number: 2023 *0367 Amendment #1

Contract Period: 7/1/25 - 6/30/26

Funding amount: \$900,476

SUMMARY: The district public health agency shall participate in assessment and planning effort at the state, regional, and local level facilitated by the Office of Public Health Practice, Planning, and Local Partnerships. These efforts shall include maintaining and improving local capacity to provide services as established by the State Board of Health. This project serves to strengthen Colorado's public health system by ensuring core public health services are available statewide. This project will impact assessment and planning efforts at the state, regional, and local levels facilitated by the Office of Public Health Practice, Planning, and Local Partnerships. These efforts shall include maintaining and improving local capacity to provide services as established by the State Board of Health. Local public health agencies are essential to the provision of quality and comprehensive public health services throughout the state and are critical partners with the Colorado Department of Public Health and Environment (CDPHE) in maintaining a strong public health system. Each local public health agency (LPHA) shall provide Core Public Health Services, which include Maternal and Child Health (MCH). The scope of the provision of each Core Public Health Service is determined at the local level and may differ across agencies based on community needs, priorities, funding, and capacity. The Office of Public Health Practice, Planning, and Local Partnerships (OPHP) and the local public health agency are responsible for assuring state funds are effectively used to provide Core Public Health Services

RECOMMENDED ACTION: Request that the Board approve acceptance of the FY 2026 OPHP Local Workforce award

Review:

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MEETING DATE: June 12, 2025

ATTACHMENTS:

Request to Amend Replace Regulation Body Art Establishments

Request to Approve DCHD Body Art Regulation Amendments

Staff recommends that your board approve our attached DCHD Body Art Regulation Amendments by replacing Regulation 22-02 with Regulation 25-01. A discrepancy between DCHD Regulation 22-02 Body Art Establishments and 6 CCR 1010-22 CDPHE Body Art Establishments was identified.

Current DCHD Regulation 22-02 Body Art Establishments:

- (kk) **PIERCE, PIERCED, PIERCING** means puncturing or penetration of the skin or mucosa of a person and the insertion of jewelry or other adornment in the opening. Ear Piercing shall be exempt from these Regulations.

Current 6 CCR 1010-22 CDPHE Body Art Establishments:

- (r) **PIERCING** means puncturing or penetration of the skin or mucosa of a person and the insertion of jewelry or other adornment in the opening, except that puncturing of the outer perimeter or lobe of the ear with sterilized stud-and-clasp ear piercing system shall not be included.

HB 00-1246 allows local public health agencies to adopt regulations that are at least as stringent as the standards imposed by the rules adopted by the Department of Public Health and Environment. The proposed language will bring DCHD regulations into compliance with minimal standards set forth by the state.

Proposed language:

- (kk) **PIERCE, PIERCED, PIERCING** means puncturing or penetration of the skin or mucosa of a person and the insertion of jewelry or other adornment in the opening. Ear Piercing of the outer perimeter or lobe of the ear with pre-sterilized, single-use stud-and-clasp ear piercing systems shall be exempt from these Regulations.

Following your approval, these regulations will be implemented and staff will be trained on the changes.



REGULATION NO. 25-01

Body Art Establishments

**Douglas County Health Department Rules and Regulations for
Body Art Establishments**

**ADOPTED BY THE BOARD OF HEALTH OF THE DOUGLAS
COUNTY HEALTH DEPARTMENT ON JUNE 12, 2025**

Effective Date July 1, 2025

Pursuant to Title 25-4-2101, et seq. Colorado Revised Statutes

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REGULATION 25-02
RULES AND REGULATIONS FOR BODY ART ESTABLISHMENTS
Effective Date: July 1, 2025

Section 1 PURPOSE, AUTHORITY, AND DEFINITIONS

1-101 Purpose.

The purpose of these Regulations is to provide for the safe and sanitary practice of Body Art, the safe and sanitary physical environment where Body Art is performed, the safe and sanitary conditions of equipment utilized in Body Art procedures, and to outline the regulatory functions of the Douglas County Health Department (“DCHD”), in relation thereto.

1-102 Authority.

- (a) Pursuant to the authority granted in C.R.S. §25-4-2101, et. seq., (“Body Art Act”), the State Board of Health of the Colorado Department of Public Health and Environment has adopted Rules and Regulations for Body Art Establishments, 6 CCR 1010-22 (“CDPHE Regulations”), which establishes the standards for Body Art Establishments and the practice of Body Art.
- (b) Pursuant to the Body Art Act, as well as C.R.S. §25-1-506, C.R.S. §25-1-508 and C.R.S. §25-1-509, the Board of Health of DCHD is authorized and empowered to adopt rules and regulations which establish standards for Body Art Establishments and the practice of Body Art.

1-103 Repeal.

Douglas County Board of Health Regulation 22-02 is hereby repealed effective 11:59 pm on June 30, 2025; and replaced in its entirety by this Regulation 25-01, effective 12:01 am on July 1, 2025.

1-104 Definitions.

For the purposes of these Regulations the following terms are defined as follows:

- (a) **AFTERCARE INSTRUCTIONS** mean written instructions given to the client, specific to the Body Art procedure(s) rendered. These instructions shall include information regarding when to seek medical treatment, if necessary.
- (b) **ANTISEPTIC** means a substance that inhibits the growth of bacteria and other microorganisms when applied to the skin (e.g., chlorhexidine gluconate, alcohol, iodophor). It should not be used to decontaminate inanimate objects.
- (c) **APPROVED** means reasonably acceptable to DCHD.
- (d) **BOARD OF HEALTH** means the Board of Health of DCHD.

- (e) BLOODBORNE PATHOGEN means disease-causing microorganisms that are present in human blood. These pathogens include but are not limited to: hepatitis B virus (“HBV”), hepatitis C virus (“HCV”), and human immunodeficiency virus (“HIV”).
- (f) BLOODBORNE PATHOGEN COURSE means a course approved by DCHD that teaches the fundamentals of bloodborne pathogens, health and safety precautions, disinfection and sterilization techniques, and procedures for infection and exposure control.
- (g) BODY ART ESTABLISHMENT means any location, whether temporary, mobile, or permanent, where the practices of Body Art are performed.
- (h) BODY ART means the practice of physical body adornment by Body Art Establishments or Body Artists utilizing, but not limited to, the techniques of body piercing, tattooing, branding, sculpting, and scarification. This definition does not include practices conducted under the supervision of a physician licensed to practice medicine under Colorado law or Ear Piercing.
- (i) BODY ARTIST means any person who performs Body Art procedures.
- (j) BRANDING means a potentially invasive procedure in which a permanent mark is burned into or onto the skin using either temperature, mechanical, or chemical means.
- (k) CDPHE means the Colorado Department of Public Health and Environment.
- (l) CLIENT RECORDS means the records of each client of a Body Art Establishment, as more fully described in Section 4 herein.
- (m) COMPLICATION means an adverse medical response to a procedure.
- (n) CONTAMINATED means the presence or reasonably anticipated presence of blood, infectious materials, or other types of impure materials that have corrupted a surface or item through contact.
- (o) CONTAMINATION means to make unfit for use by the introduction or potential introduction of blood, infectious materials, or other types of impure materials.
- (p) CRITICAL ITEM VIOLATION means a provision of these Regulations that, if in noncompliance, has the potential for immediate impact on the public health by resulting in infection of either clients or staff of a Body Art Establishment, or disease transmission among clients or staff of a Body Art Establishment (i.e., immediate health risk; positive spore test).
- (q) C.R.S. means the Colorado Revised Statutes, as amended from time to time.
- (r) DCHD means the Douglas County Health Department.
- (s) DISINFECTANT means an EPA registered hospital-grade disinfectant that has effectiveness against *Salmonella Choleraesuis* (enterica), *Staphylococcus aureus*, and *Pseudomonas aeruginosa* or sodium hypochlorite (bleach) and water, ½ cup of 8.25% bleach and one-gallon water, or other ratios for disinfectant specified on the bleach container, made fresh daily, dispensed from a spray bottle, and used to decontaminate inanimate objects and surfaces.
- (t) DISINFECTION means to destroy or inhibit pathogenic microorganisms on inanimate objects or surfaces. Disinfection is less than sterilization.

- (u) EQUIPMENT means all machinery, including fixtures, containers, vessels, tools, devices, implements, furniture, display and storage areas, sinks, and all other apparatus and appurtenances used in connection with the operation of a permanent, mobile, or temporary Body Art Establishment.
- (v) EVENT COORDINATOR means the person responsible for obtaining DCHD approval for a temporary body art event held in Douglas County, and the person responsible for ensuring compliance with these regulations at temporary events.
- (w) EXPOSURE CONTROL PLAN means a written plan outlining the practices and procedures for the safe operation of a Body Art Establishment, as more fully set forth in Section 7, herein.
- (x) GLOVES mean those which are disposable, single-use, and are labeled for surgical or examination purposes. Gloves for instrument cleaning shall be heavy-duty, multi-use, and waterproof.
- (y) HEARING OFFICER means the Executive Director of DCHD, or his or her authorized designee.
- (z) HECTOGRAPHIC means a copy made from prepared gelatin or gelatin-like surface to which the original document has been transferred.
- (aa) INFECTIOUS WASTE or REGULATED WASTE means blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials; items caked with blood or other potentially infectious materials that can release these materials upon handling; contaminated sharps; and human pathological/anatomical waste.
- (bb) INSTRUMENTS means disposable and non-disposable tools used for Body Art procedures, including, but not limited to sharps, tubes, grips, forceps, jewelry tools, etc.
- (cc) INVASIVE means entry through the skin or mucosa either by incision or insertion of an instrument, body ornament, or any other means.
- (dd) JEWELRY means any ornament inserted into the body.
- (ee) LICENSE means a license to operate a Body Art Establishment located in Douglas County issued by DCHD pursuant to Section 10, herein. All permanent, mobile, and temporary Body Art Establishments located in Douglas County must be Licensed.
- (ff) LICENSEE means an owner or operator of a Body Art Establishment that has obtained a valid Body Art Establishment License from DCHD.
- (gg) MINOR means an individual who has not reached the age of eighteen (18) years.
- (hh) MOBILE BODY ART ESTABLISHMENT means a Licensed Body Art Establishment that is readily moveable, such as a motorized wheeled vehicle or a towed wheeled vehicle, designed and equipped to conduct Body Art procedures pursuant to the provisions of these Regulations.
- (ii) NEW FACILITY means a facility that (1) is making its initial application for Licensure as a Body Art Establishment, (2) a newly constructed facility, (3) an extensively remodeled facility, or (4) a facility that is changing its physical location.

- (jj) **PERSON IN CHARGE** means the owner, manager, or individual(s) present at the Body Art Establishment who is responsible for the operation at the time of an inspection. If no individual is responsible, then any employed person present is the Person in Charge. If multiple Body Artists share the operation of the Body Art Establishment, then each Body Artist shall be considered a Person in Charge and shall be accountable for all of the requirements of these Regulations with regard to common areas and practices in addition to his/her own separate areas and practices.
- (kk) **PIERCE, PIERCED, PIERCING** means puncturing or penetration of the skin or mucosa of a person and the insertion of jewelry or other adornment in the opening. Ear Piercing of the outer perimeter or lobe of the ear with pre-sterilized, single-use stud-and-clasp ear piercing systems shall be exempt from these Regulations.
- (ll) **PRE-STERILIZED INSTRUMENTS** mean those that are commercially sterilized by the manufacturer. Packaging shall bear a legible sterilization lot number and expiration date.
- (mm) **PROCEDURE AREA** means any surface of an inanimate object that contacts the client's skin during a Body Art procedure and all surfaces where instruments and supplies are placed during a procedure.
- (nn) **REGULATIONS** means these Rules and Regulations for Body Art Establishments.
- (oo) **REUSEABLE DEVICES** means instruments or other items of equipment that are approved by the manufacturer for reuse after appropriate cleaning, decontamination, and sterilization.
- (pp) **SCARIFICATION** means an invasive procedure in which the intended result is the production of scar tissue on the surface of the skin.
- (qq) **SCULPTING** means a modification of the skin, mucosa, cartilage, or tissue of the body for non-medical purposes.
- (rr) **SERVICE ANIMAL** means a dog or other animal that is individually trained to do work or perform tasks for a person with a disability, as it complies with the most recent version of the Americans with Disabilities Act ("ADA"). Pursuant to the ADA, emotional support animals do not meet the definition of service animals.
- (ss) **SHARPS CONTAINER** means a puncture-resistant, leak-proof, rigid container that can be closed for handling, storage, transportation, and disposal, and is labeled with the Universal Biological Hazard Symbol.
- (tt) **SHARPS** means all objects (sterile or contaminated) that may purposely or accidentally cut the skin or mucosa including, but not limited to, single-use needles, scalpel blades, and razor blades.
- (uu) **SIGNS OF INFECTION** include but are not limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.
- (vv) **STERILIZATION** means a process that results in the total destruction of all forms of microbial life, including highly resistant bacterial spores on reusable equipment and devices in direct contact with bodily fluids.
- (ww) **STERILIZER** means an autoclave that is designed and labeled by the manufacturer as a medical instrument sterilizer and is used for the destruction of microorganisms and their spores, resulting in complete sterilization.

- (xx) TATTOO, TATTOOED, TATTOOING means inserting pigment under the surface of the human skin or mucosa by pricking with a needle or other means, to permanently change the color or appearance of the human skin or to produce an indelible mark or figure visible through the human skin.
- (yy) TEMPORARY BODY ART ESTABLISHMENT or TEMPORARY EVENT means an industry trade show, convention, procedural/product demonstration, educational seminar, or other similar event, lasting no longer than fourteen (14) consecutive days, at which Body Artists perform Body Art services and procedures outside of a permanent Body Art Establishment.
- (zz) UNIVERSAL PRECAUTIONS mean a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B, and other bloodborne pathogens as defined by the Centers for Disease Control and Prevention (“CDC”). Under Universal Precautions, blood and certain body fluids of all individuals are considered infectious.
- (aaa) ULTRASONIC CLEANING UNIT means a piece of equipment approved by DCHD, that is physically large enough to fully submerge instruments in liquid, and which removes foreign matter from the instruments by means of heat and/or high-frequency oscillations transmitted through the contained liquid.
- (bbb) WATER, APPROVED SOURCE means adequate, uncontaminated water for the needs of the Body Art Establishment provided from a source constructed, maintained, and operated according to the Colorado Primary Drinking Water Regulations.

Section 2 MINIMUM REQUIREMENTS FOR BODY ARTISTS

2-101 Body Artist Requirements.

All Body Artists shall comply with the following requirements, and shall:

- (a) Within 90 days of initially being hired, or within 90 days of enactment of this Regulation, successfully complete an approved Bloodborne Pathogen Course in compliance with the provisions of these Regulations, and obtain a written Certificate of Completion for the course. The Certificate of Completion for each Body Artist shall be posted in a conspicuous place in the Body Art Establishment visible to patrons.
- (b) Obtain written re-certification of the Bloodborne Pathogen Course on a yearly basis.
- (c) Possess and demonstrate knowledge of the Exposure Control Plan and the procedures set forth therein, Universal Precautions, health and safety precautions, and disinfection and sterilization techniques.
- (d) Within 90 days of initially being hired, receive vaccination against hepatitis B (HBV) or provide a written statement to the manager or owner of the Body Art Establishment stating that he or she declines the vaccination.

2-102 Documentation.

Body Artists shall have an ongoing obligation to provide the documentation described in Section 2-101 to the staff of DCHD upon request.

Section 3 MINIMUM REQUIREMENTS FOR BODY ART ESTABLISHMENTS

3-101 License.

As more fully set forth in Section 10, herein, all Body Art Establishments within Douglas County shall have a validly issued and in good standing License prior to performing Body Art procedures.

3-102 Person in Charge.

Each Body Art Establishment must have a Person in Charge at all times who is responsible for the operation of the Body Art Establishment.

3-103 Employment Records.

The following information on each employee of a Body Art Establishment shall be on file and available for inspection by DCHD at all times during operating hours:

- (a) Full legal name.
- (b) Artist identifier name (i.e., nickname), if applicable.
- (c) Home address.
- (d) Home phone number.
- (e) Written proof that all Body Artists, or other employees handling sharps and/or infectious waste, have successfully completed an approved Bloodborne Pathogen Course and that each certification is current.
- (f) Written proof that all Body Artists, or other employees handling sharps and/or infectious waste, have either completed or were offered and declined, in writing, the hepatitis B vaccination series. This offering shall be included as a pre-employment requirement and comply with 2-101(d).

3-104 Documentation.

The Person in Charge shall have access to the following information and it shall be on the premises for review by DCHD at all times during operating hours:

- (a) Contract or agreement for sharps disposal and/or other infectious/regulated waste disposal.
- (b) Spore test log and test results.
- (c) Each client record for at least 3 years after last being seen by the Body Art Establishment.

- (d) Manufacturer's information on sterilization and ultrasonic cleaning equipment.
- (e) A written Exposure Control Plan, as set forth in Section 7, herein.
- (f) Current Body Art Establishment License.

3-105 Reporting.

Each Body Art Establishment shall report to DCHD all infections, complications, or diseases resulting from any Body Art procedure within 24 hours of receipt of knowledge by the Person in Charge, or any other owner, manager, or employee.

Section 4 CLIENT RECORDS

4-101 Client Records.

The Person in Charge shall have access to and shall maintain records at the Body Art Establishment for all clients of the Body Art Establishment for a minimum of three (3) years after each client has last been seen. The Client Records shall contain the minimum information required to be documented by this and CDPHE Regulations and be available for review by DCHD staff at all times during operating hours.

4-102 Client Suitability.

The following information shall be documented and used by each Body Artist to determine the client's suitability for receiving a Body Art procedure. In order to assure, insofar as possible, the proper healing of a client following a Body Art procedure, the client shall be asked to disclose if he/she has any of the following:

- (a) Diabetes.
- (b) Hemophilia.
- (c) Skin diseases or skin lesions.
- (d) Allergies or adverse reactions to latex, pigments, dyes, disinfectants, soaps, or metals.
- (e) Treatment with anticoagulants or other medications that thin the blood and/or interfere with blood clotting.
- (f) Any other information that would aid the Body Artist in the client's Body Art healing process evaluation.

4-103 Client Consent.

A written client consent form for all procedures shall document the following:

- (a) Name, address, current phone number, age, and signature of the client.
- (b) Date of the procedure.
- (c) The type and location of the Body Art.

- (d) Identification of the sterilized instrument(s) (i.e., date and time) used during the procedure that corresponds with the autoclave load log for those instruments and/or package/lot number.
- (e) Documentation that information regarding risks and outcomes were discussed and written information was provided prior to the procedure including:
 - i. Advising the client that Tattoos should be considered permanent, that they can only be removed with a surgical or laser procedure, and that any effective removal may leave scarring;
 - ii. Explanation to the client of the healing process including the expected duration, possible side effects, abnormalities, and restrictions or limitations.
 - iii. Verification that written and verbal Aftercare Instructions were provided to the client.
 - iv. The name or identifier name of the Body Artist performing the Body Art procedure.

4-104 Minor Client.

In the case of a Minor client, the following additional information shall be recorded on the client consent form:

- (a) Name, address, current phone number, and signature of a parent or legal guardian giving consent to the Body Art procedure for their children under 18 years old. If a client is under 18 years old and provides proof of emancipation, a copy of this record must be kept with their file.
- (b) A description or copy of documentation shown to the Body Artist to indicate parentage or guardianship such as an original copy of a birth certificate, or original court order of guardianship.
- (c) A copy of a state or federal photo I.D. of the person attesting to their status as a custodial parent or legal guardian of the Minor client, and their signed written consent to allow a specific Body Art procedure to be performed on the Minor client.

4-105 Aftercare Instructions.

For each Body Art procedure written and verbal Aftercare Instructions shall be provided to the client including at a minimum the following information:

- (a) Name, address, and phone number of the Body Art Establishment and the name or identifier name of the Body Artist who performed the procedure.
- (b) Information on when the client should consult a physician for additional care, which shall include signs of infection, and allergic reaction.
- (c) The expected duration of healing.
- (d) Detailed description of how to care for the Body Art procedure site, including but not limited to, the following:
 - i. Proper handwashing prior to handling, cleaning, and caring for the procedure site.

- ii. Instructions to use clean bed linens and bath towels throughout the healing period.
- iii. Any restrictions on physical activity, swimming, bathing, sauna use, etc.
- iv. Possible side effects from the procedure.

Section 5 FACILITY AND OPERATIONAL REQUIREMENTS

5-101 Procedure Areas.

All Procedure Areas and instrument cleaning areas shall have floors, walls, and ceilings constructed of smooth, nonabsorbent, and easily cleanable material. Outer openings shall provide protection against contamination from dust and other contaminants (e.g., rodents, insects, etc.). In Body Art Establishments that conduct branding, adequate ventilation shall provide free and unrestricted circulation of fresh air throughout the facility and the expulsion of foul odors and stagnant air.

5-102 Restroom Facilities.

Restroom facilities, including restroom facilities that are rented, shared, or owned by the Body Art Establishment, shall be provided, and shall be made available to both patrons and employees during all operating hours. Floors and walls within restroom facilities shall be constructed of smooth, nonabsorbent, and easily cleanable material. It shall be the responsibility of the Person in Charge to ensure that all restroom facilities are in good working order, specifically including all restroom hand sinks, which must have hot and cold water, and be stocked with soap and paper towels at all times.

5-103 Cleanliness.

The premises shall be maintained in a clean manner and in good repair.

5-104 Lighting.

At least fifty (50) foot candles of artificial light shall be provided at the level where the Body Art procedure is performed and in instrument cleaning and sterilization areas, and at least twenty (20) foot candles of artificial light shall be available in all other areas.

5-105 Surface Materials.

All surfaces, including, but not limited to, counters, tables, equipment, chairs, recliners, shelving, and cabinets in the procedure area and instrument cleaning room shall be made of smooth, nonabsorbent materials to allow for easy cleaning and disinfection.

5-106 Hand Sinks.

Hand sinks shall be supplied with hot and cold running water delivered through a mixing faucet and under pressure. Hot water must reach a minimum temperature of 90°F and may

not exceed a temperature of 120°F at each designated hand sink. Hand sinks shall be easily accessible to each procedure area and shall be located so that one Body Artist does not potentially contaminate another Body Artist's procedure area. Each hand sink shall be provided with soap and disposable towels or a hand-drying device providing heated air. In addition, a hand sink shall be provided in or adjacent to each restroom room.

5-107 Working Areas.

Distinct, separate areas shall be used for cleaning equipment, wrapping/packaging equipment, and for the handling and storage of sterilized equipment.

5-108 Instrument Cleaning Sinks.

Instrument cleaning sinks and utility sinks shall be supplied with hot and cold running water delivered through a mixing faucet and under pressure. Hot water temperature shall at all times be a minimum of 90° F. Utility sinks, instrument cleaning sinks and hand sinks shall be separate and must only be used for their designated purpose.

5-109 Water.

Water shall be supplied from a source approved by DCHD.

5-110 Sewage.

Sewage, including liquid wastes, shall be discharged to a sanitary sewer or to a sewage system constructed, operated, and maintained according to applicable law.

5-111 Refuse.

Refuse, excluding infectious wastes, shall be placed in a lined waste receptacle and disposed of at a frequency that does not create a health or sanitation hazard.

5-112 Waiting Area.

All facilities shall have a waiting area that is separate from the Body Art procedure area, and from the instrument cleaning, sterilization, and storage areas.

5-113 Reusable Cloth.

Reusable cloth items shall be mechanically washed with detergent in water at a minimum of 140° F unless an approved disinfectant is applied in the rinse cycle or the dryer uses heat above 140° F as specified by the manufacturer. Clean cloth items shall be stored in a clean, dry environment until used. Soiled laundry shall be stored in a nonabsorbent container until removed for laundering and shall be stored separately from clean cloths.

5-114 Animals.

Animals shall not be allowed in the Body Art Procedure Areas, or the instrument cleaning, sterilization, or storage areas. Fish aquariums and/or Service Animals shall be allowed in waiting rooms and non-procedural areas. Service Animals shall be allowed in the Procedure Areas, if necessary for the Client.

5-115 Chemicals.

All chemicals shall be labeled with contents, properly stored, and used according to label instructions.

5-116 Human Habitation.

All Body Art Establishments shall be completely separated from areas used for human habitation, food preparation, hair or fingernail care, or other such activities that may cause potential contamination of work surfaces.

5-117 Utility Sinks.

In any new facility, as defined in Section 1-103, herein, a conveniently located utility sink or curbed cleaning facility provided with hot and cold water shall be provided and used for the cleaning of mops or similar wet floor cleaning materials, and for the disposal of mop water or similar liquid wastes. Utility sinks with threaded faucets shall be equipped with backflow prevention devices approved by DCHD.

5-118 Sharps and Infectious/Regulated Waste.

Sharps and infectious/regulated waste must be handled in a manner consistent with C.R.S §25-15-401 thru 407.

- (a) Discarded sharps, including needles and/or needle bars, shall be disposed of in sharps containers. Sharps containers shall not be filled past the rim/overflowing.
- (b) Infectious/regulated waste other than sharps shall be placed in impervious, tear-resistant, plastic bags, which are red in color and marked with the Universal Biological Hazard Symbol.
- (c) Full bulk sharps containers must be disposed of within 48 hours, or as otherwise required by DCHD.
- (d) Sharps and infectious/regulated waste shall be disposed of by an approved, off-site treatment facility, or waste may be treated on-site if the treatment complies with all federal, state, and local laws and regulations.
- (e) On-site treatment requires a written plan outlining disposal as required in Section 7-102(j).

5-119 Building Codes.

All Permanent or Temporary Body Art Establishments shall be constructed and operated in compliance with all applicable local building codes, rules, and regulations.

Section 6 TEMPORARY EVENTS AND MOBILE BODY ART REQUIREMENTS

6-101 Temporary Events.

(a) Temporary Event Licenses are required and may be issued when:

- i. The event coordinator has submitted a completed Temporary Event License application for the Temporary Event to DCHD at least thirty (30) days prior to the proposed start date of the Temporary Event.
- ii. The event coordinator has paid all fees required by DCHD.
- iii. The Temporary Event Body Artists are either:
 - A. Affiliated with a Body Art Establishment approved by the appropriate Body Art regulatory authority for their home jurisdiction or,
 - B. Sponsored by the Licensee of a Body Art Establishment licensed in Douglas County, provided a written sponsorship agreement is submitted to DCHD with the Temporary Event application. The Licensee shall be responsible for ensuring that each Body Artist understands the requirements of these Regulations.
- iv. Each Body Artist has complied with the following:
 - A. Section 2-101(c); and
 - B. Has received vaccination against hepatitis B (HBV) or has provided a written statement to the Temporary Event Licensee stating that he or she declines the vaccination.
- v. DCHD has determined that the Temporary Event facility is in compliance with Section 5 of these Regulations.

(b) The following shall govern Temporary Event licenses:

- i. Temporary Event licenses shall be valid for a period of not more than fourteen (14) consecutive days beginning on the first day of the Temporary Event.
- ii. Temporary Event Licenses are valid for one location and are not transferable from one place to another.
- iii. Temporary Event Licenses shall be posted in a prominent location and shall be conspicuously visible to patrons.

- iv. Temporary Event License will be issued to the coordinator after an onsite inspection has been completed by DCHD staff, and the Temporary Event meets all requirements of Section 5 of these regulations.
- v. Except for the following modifications, Temporary Events shall comply with all of the provisions of these Regulations:
 - A. When permanent handwashing stations are not readily accessible, Body Artists may utilize temporary handwashing stations that are capable of providing a hands-free, continuous flow of warm potable water. All water shall be from an approved source and the water supply must be of adequate volume and pressure to facilitate proper handwashing. If a temporary hand sink will be used, the event coordinator must contact DCHD prior to the Temporary Event for approval. Liquid soap or detergent and individual paper towels shall also be provided. Temporary handwashing stations shall be used only for handwashing, and shall be located in such a manner as to not potentially contaminate a Body Artist's workstation. The event coordinator must ensure that water supplies, liquid soap or detergent, and individual paper towels for temporary handwashing stations are replenished as needed.
 - B. Wastewater from temporary handwashing stations shall be collected in a sanitary container. The event coordinator is responsible for ensuring that wastewater containers are drained into an approved sanitary sewage system as frequently as needed.
 - C. Body Artists are only permitted to use instruments that have been sterilized at a Permanent Licensed Body Art Establishment (or other licensing jurisdiction approved by DCHD), with documentation showing a negative spore test result within the previous 30 days or less prior to the date of the event; or single-use, prepackaged, commercially sterilized instruments obtained from reputable suppliers and manufacturers. On-site cleaning and sterilization of instruments at Temporary Events is prohibited.
 - D. If at any time the Temporary Event violates any part of these Regulations and is presenting significant health hazards to the public, the Temporary Event will be required to cease all operations after receiving written notice from DCHD.

6-102 Mobile Body Art Establishments.

- (a) Mobile Body Art Establishments must receive a Licensing inspection at least annually at a location determined by the DCHD. Each Licensee of a Mobile Body Art Establishment must contact DCHD for the annual inspection before operating. Additional inspections may be performed at any event or location where the Mobile Body Art Establishment is scheduled to operate.
- (b) The onboard cleaning and sterilization of instruments within Mobile Body Art Establishments is prohibited. Mobile units must be associated with a Licensed permanent

Body Art Establishment (or other licensing jurisdiction approved by DCHD), to clean and sterilize instruments, with documentation showing a negative spore test result within the previous 30 days or less, or only use single-use, prepackaged, commercially sterilized instruments obtained from reputable suppliers and manufacturers. Mobile Body Art Establishments shall have sufficient instruments, equipment, and supplies onboard to perform Body Art procedures.

- (c) In order to obtain approval to operate during a Temporary Event, a mobile unit Licensee must work with the event coordinator to ensure that their mobile unit is included in the Temporary Event License application.
- (d) Mobile units must comply with the following:
 - i. All Sections of these Regulations in their entirety, except Section 5 as modified in this Section 6-102.
 - ii. A Mobile Body Art Establishment shall be used only for the purpose of performing Body Art procedures. No habitation or food preparation is permitted inside the mobile unit.
 - iii. Exterior doors shall be self-closing and tight-fitting. Operable windows shall have tight-fitting screens of at least 16 mesh per inch or greater. Inoperable windows shall be sealed shut.
 - iv. The Mobile Body Art Establishment shall be equipped with a hand sink for the exclusive use of the Body Artist for handwashing and preparing the client for the Body Art procedures. The hand sink shall be in compliance with Section 5-106. An adequate supply of potable water shall be maintained for the Mobile Body Art Establishment at all times during operation. The source of the water and storage (in gallons) of the tank(s) shall also be identified.
 - v. The water supply tank(s) shall be designed to be easily flushed with a drain that permits complete drainage of the tank. The potable water tank shall have no common interior partition with the wastewater tank(s) or with any other tank(s) holding any other liquids. The water tank overflow or vent shall terminate in a downward direction and shall be located and constructed so as to prevent the entrance of contaminants.
 - vi. All wastewater shall be drained to a retention tank at least 15% larger than the potable water storage capacity of the unit. Wastewater shall be delivered to the retention tank by means of one or more sinks or other approved plumbing fixtures, and a sealed drain pipe. Wastewater shall be discharged from the waste retention tank to an approved sewage disposal facility and flushed as often as necessary to maintain sanitary conditions.
 - vii. The potable water tank inlet and wastewater tank outlet shall be permanently fitted in a manner to preclude the connection of a potable water hose to the wastewater tank drain or a wastewater drain hose to the potable water tank inlet.
 - viii. Restroom facilities shall be located within 200 feet of the mobile unit and shall be accessible while the mobile unit is in operation.

- ix. During the operation of a mobile unit, all doors shall be kept closed to help prevent contamination of surfaces within the mobile unit.
- x. All Body Art procedures shall be performed only within the mobile unit.

Section 7 EXPOSURE CONTROL PLAN AND PROCEDURES

7-101 Exposure Control Plan.

Every mobile, temporary, or permanent Body Art Establishment shall have, and comply with, a written Exposure Control Plan. All Exposure Control Plans, and the procedures developed therein, shall be in compliance with Occupational Safety and Health Administration, Centers for Disease Control and Prevention standards, and all local and state regulations.

7-102 Written Procedures.

The Exposure Control Plan shall have written procedures that address, at a minimum, the following:

- (e) Instrument cleaning and sterilization;
- (f) Cleaning and disinfection of the procedure area(s), as required in Section 9-102;
- (g) Storage and disposal of sharps;
- (h) Universal Precautions procedures;
- (i) Post-exposure procedures;
- (j) Use of personal protective equipment;
- (k) Handwashing procedures;
- (l) Chemical storage and safety;
- (m) Injury and illness prevention; and
- (n) Infectious Waste Management plan, consistent with C.R.S. §25-15-401 thru 407, including segregation, identification, packaging, storage, transport, treatment, disposal, and contingency planning for blood spills or loss of containment of infectious/regulated waste.

Section 8 INSTRUMENTS/STERILIZATION

8-101 Instrument and Jewelry Cleaning.

- (a) All non-disposable instruments and jewelry that penetrate body tissue, and all non-disposable tubes, grips, forceps, jewelry tools, etc., that can be sterilized, shall be properly cleaned prior to packaging and sterilized. All other instruments shall be cleaned and disinfected after each use.
- (b) All unused instruments placed in the procedure area shall be repackaged and re-sterilized.

- (c) All employees shall wear the following while cleaning instruments:
 - i. Heavy-duty, multi-use, and waterproof gloves.
 - ii. Face protection that covers the mouth, nose, and eyes.
 - iii. Garment protection in the form of aprons and sleeves.
- (d) Used instruments shall be soaked in a disinfectant manufactured for the specific purpose of treating blood-soaked instruments until cleaning can be performed. The solution shall be periodically changed in the time interval recommended by the solution manufacturer.
- (e) Instruments shall be disassembled for cleaning.
- (f) All instrument components shall be cleaned, either manually or in an ultrasonic cleaner, using the appropriate cleaning agent specific to the type of cleaning performed.
- (g) Instruments shall be rinsed clean of any detergents and cleaning residue and dried prior to packaging.
- (h) Cleaning tools shall be stored in a manner that minimizes contamination of work surfaces.

8-102 Ultrasonic Cleaners.

- (a) All ultrasonic cleaners shall be capable of heating the cleaning solution.
- (b) All ultrasonic cleaners shall have the capacity to adequately clean the volume of
- (c) dirty instruments generated by the Body Art Establishment.
- (d) The aerosolized particulates generated by the ultrasonic cleaner shall be contained by adequately covering the ultrasonic cleaner while in use.
- (e) In rooms where clean instrument handling is taking place, an ultrasonic cleaner shall not be in operation at the time that sterile packages are being handled.
- (f) The operation of ultrasonic cleaner in procedure areas is prohibited.

8-103 Instrument Packaging/Wrapping.

- (a) Employees shall change into a new pair of clean single-use gloves while packaging/wrapping instruments.
- (b) Instruments shall be wrapped or packaged with a sterilizer indicator on or in each package.
- (c) All packages shall be labeled with the time and date of sterilization.
- (d) Packages shall no longer be considered sterile six (6) months after the date of sterilization.

8-104 Instrument Sterilization:

- (a) The sterilizer shall be designed and labeled as a medical instrument sterilizer.
- (b) The operators' manual for the sterilizer shall be available on the premise and the sterilizer shall be operated according to the manufacturer's recommendations, with appropriate adjustments for altitude.

- (c) The sterilizer shall be cleaned and maintained according to the manufacturer's specifications.
- (d) A sterilizer load log shall be maintained for a minimum of three (3) years at the facility and made available for inspection. The log shall contain the following documentation for each load:
 - i. Name of the person who operated the sterilizer, and name or initials of the person who verified the color indicator change on each package.
 - ii. Description of instruments contained in the load;
 - iii. Date of sterilization load and time or other unique identifier if more than one load is processed during a single day;
 - iv. Sterilizer cycle time and temperature;
 - v. Indication of proper sterilization of instruments, as evidenced by the appropriate color indicator change on each package. The indicator used shall be compatible with the sterilization process being used; and
 - vi. Action taken when appropriate color indicator change did not occur.

8-105 Sterilizer Monitoring:

- (a) Sterilizer monitoring shall be performed at least every 30 days (unless more frequent monitoring is specified by the manufacturer) by using a commercial biological monitoring (spore) system.
- (b) All biological indicators shall be analyzed by a laboratory independent from the Body Art Establishment.
- (c) Biological indicator test results shall be maintained on the premises for a minimum of three (3) years and must be available for inspection at all times.
- (d) DCHD may require the Body Art Establishment to submit copies of the sterilizer monitoring results by mail, facsimile, or in person.

8-106 Instrument Storage.

- (a) Hands shall be washed in accordance with these Regulations, and gloved with single-use gloves, prior to handling sterilized instrument packages.
- (b) After Sterilization, the instruments shall be stored in a dry, clean area reserved for storage of sterile instruments, and in a manner that limits compromising the sterility of the packaging.

8-107 Single-Use Items.

- (a) Single-use items shall be stored in a dry, clean manner.
- (b) Single-use items shall be handled in such a manner that prevents any contamination.
- (c) Single-use items shall not be used on more than one client and shall be disposed of immediately after the Body Art procedure.

- (d) Contaminated single-use needles, bars, razors, and other sharps shall be disposed of immediately in approved sharps containers.

8-108 Instrument Recall.

- (a) In the event of a positive biological indicator result or mechanical failure, all items sterilized since the time of the last negative biological monitor result shall immediately be recalled and prohibited from use until the cause of the positive biological indicator test result is identified. Additionally, the sterilizer with the positive biological indicator result shall not be used to sterilize instruments until the cause of positive indicator testing is identified.
- (b) Biological monitor testing shall be repeated, and if negative, all recalled items may be used and sterilization may continue. If repeat testing is positive, sterilizer servicing shall be performed. The sterilizer may not be used until sterilizer service is complete and biological indicator testing is negative.
- (c) If a mechanical or procedural failure was identified as evidenced by a repeat positive biological indicator test, the facility shall re-sterilize all recalled instruments and assess if any items were used since the time of the last negative indicator test. DCHD shall immediately be notified of the mechanical failure.

Section 9 BODY ART PROCEDURE

9-101 Prohibitions.

The following are prohibited in any Body Art procedure:

- (a) Body Art procedures performed anywhere, for any reason, except within a Licensed Body Art Establishment.
- (b) Procedures performed on any person who is noticeably impaired by drugs or alcohol.
- (c) Smoking, vaping, eating, and drinking in the procedure and/or instrument cleaning areas. This excludes dissolvable glucose tablets or hard candies for client use when determined by the Body Artist to be medically necessary.
- (d) Procedures performed on skin surfaces that have sunburn, rash, pimples, boils, infections, moles, or manifest any evidence of unhealthy conditions.
- (e) Any procedure that must be conducted under the supervision of a physician licensed to practice medicine under Colorado law, as required in 3 CCR 713-30 also known as the Department of Regulatory Agencies, Colorado Medical Board, Rule 800 – Delegation and Supervision of Medical Services to Unlicensed Health Care Providers Pursuant to C.R.S. §12-240- 107(3)(l).
- (f) Operations only conducting permanent makeup procedures are exempt from the licensing portion of this regulation. Permanent makeup is not regulated by DCHD; however, the operator must contact the Colorado Board of Cosmetology for their requirements and follow these regulations.

- (g) Performing Body Art Procedures on a Minor client without the express written consent from the Minor's custodial parent or legal guardian as described in Section 4- 103(J).

- (h) Performing Body Art Procedures without meeting the requirements of Section 2- 101(a) and 2-101(b) of these Regulations, except that a Body Artist who is not affiliated with a Licensed Body Art Establishment in DCHD's Jurisdiction may perform Body Art procedures at a Licensed Temporary Event subject to the provisions of Section 6- 101(a).

9-102 Standard Procedures.

The following procedures shall be practiced by all Body Artists:

- (a) Thoroughly wash hands with soap and warm water for at least 15 seconds before and after serving each client. Following thorough washing, hands shall be dried using clean, disposable paper towels, or a hand-drying device providing heated air.
- (b) Wear new, clean single-use gloves for each procedure. If a glove is pierced, torn, or contaminated, both gloves must be properly removed and discarded. Hands shall be washed prior to donning a new pair of gloves.
- (c) Use barrier films when appropriate to cover all items gloved hands would normally come into contact with during a procedure. These items include, but are not limited to, machine heads, clip cords, spray bottles, seat adjustment controls, power control dials or buttons, and work lamps. Change barriers, drapes, lap cloths or aprons between each client. If multi-use, these items shall be washed according to Section 5-113 prior to reuse.
- (d) Any part of a tattooing machine that may be touched by the Body Artist during the procedure shall be covered with a disposable plastic sheath that is discarded upon completion of the procedure, and the machine shall be decontaminated upon completion of the procedure.
- (e) Wear new, clean single-use gloves while assembling instruments and supplies to be used in the procedure. All sterilized instruments shall remain in the sterile packages until opened in front of the client.
- (f) Dispense all substances used in the procedures from containers in a manner to prevent contamination of the unused portion. For example, substances from multi-use containers shall be dispensed into single-use portions and shall be applied to only one client.
- (g) Discard single-use ointment tubes, applicators, and supplies after the procedure.
- (h) All used sharps must be immediately placed in an approved sharps container. Sharps containers should be used, maintained, and stored in a manner to avoid possible client or employee exposure.
- (i) After each client, use a disinfectant according to label instructions, and a single-use paper towel to wipe all surfaces touched during the procedure. Surfaces include, but are not limited to, counters, tables, equipment, chairs, recliners, shelving, cabinets, and supplies.

9-103 Procedures Specific to Tattooing.

- (a) The use of Hectographic or single-use stencils shall be required for applying a Tattoo outline to the skin, except that, when the design is drawn freehand, non-toxic single-use markers or other non-toxic single-use devices shall be used. Multi-use stencils are prohibited unless they can be properly disinfected between uses.
- (b) Before placing the design on the skin, the Body Artist shall clean the area with soap and, if necessary, shave off any hair with a disposable, single-use safety razor or a disinfected multi-use razor. The area shall be treated with an Antiseptic prior to stencil application.
- (c) Inks, dyes, or pigments in single-use containers shall be used for each client. Any remaining unused dye or pigment shall be discarded immediately following the Tattoo procedure.
- (d) If inks, dyes, or pigments are prepared by the Body Artist, a list of ingredients and the procedure used in the production must be on file for review by DCHD.
- (e) Excess ink, dye, or pigment applied to the skin during Tattooing shall be removed with a clean single-use product and properly disposed of.
- (f) After the tattooing procedure is completed the area Tattooed shall be covered with a clean and appropriate absorbent bandage and held in place with a suitable skin tape. Plastic wrap is not recommended.
- (g) Materials used for bandaging shall be stored and handled in a clean manner free from possible contamination.

9-104 Procedures Specific to Body Piercing.

- (a) The body area to be Pierced shall be cleansed, where appropriate, and treated with a medical antiseptic prior to beginning the piercing procedure. The use of medical antiseptics, whether topical or oral, shall comply with the manufacturer's recommendations.
- (b) All body piercing needles shall be sterile, single-use, and manufactured for either medical or body piercing purposes. All needles shall be disposed of immediately after use in a sharps container.
- (c) Only jewelry that has been sterilized as specified in Sections 8-101 through 8-104, pre-sterilized jewelry packs, or new jewelry that has been Disinfected, is clean, and in good condition shall be used. Sterile jewelry packs shall be evaluated before use and, if the integrity of a pack is compromised, including, but not limited to, being torn, wet, or punctured, the pack shall be discarded or sterilized before use.
- (d) Only jewelry made of ASTM F138, ISO 5832-1, and AISI 316L or AISI 316LVM implant grade stainless steel, solid 14-karat through 18-karat yellow or white gold, niobium, ASTM F 136 6A4V titanium, platinum, or other materials found to be equally biocompatible, shall be placed in newly pierced skin.
- (e) Jewelry surfaces and ends must be smooth, free of nicks, scratches, burrs, polishing compounds, and metals, and must have a consistent mirror finish
- (f) Stud-and-clasp systems shall be used according to the manufacturer's instructions and shall only be used on the earlobe or the outer perimeter of the ear.
- (g) Any experimental piercing equipment must be approved by the CDPHE.

Section 10 BODYART ESTBLISHMENT LICENSING, INSPECTION, AND ENFORCEMENT

10-101 Licensing.

- (a) Existing Body Art Establishments in operation at the time of the enactment of this Regulation shall be required to obtain a Body Art Establishment License by January 1, 2023, following the enactment of this Regulation.
- (b) No person, firm, partnership, joint venture, association, business trust, corporation, or any organized group of persons may advertise Body Art services or operate a Body Art Establishment in Douglas County unless it has received a Body Art Establishment License from DCHD.
- (c) All individual Body Art Establishments must have a separate License.
- (d) The License will be valid for the calendar year in which the License was issued (January 1 through December 31), and must be renewed annually.
- (e) A License for a Body Art Establishment shall not be transferable from one Licensee or Licensed Body Art Establishment to another. If a Licensee is a corporation, partnership or other legal entity, and if at any time the person or persons who own a majority of either the outstanding voting interest or all outstanding ownership interests of the Licensee at the time of the issuance of the initial License cease to own a majority of such interest (except as a result of transfers by devise or descent), the loss of greater than a majority (50%) of such interest shall be deemed a transfer of the License. Upon any transfer, a new License and corresponding inspection shall be required.
- (f) A current Body Art Establishment License shall be posted in a prominent and conspicuous area within the facility where clients may readily observe it.

10-102 License and Inspection Fees.

- (a) DCHD will establish an annual License fee, as modified from time to time, which shall be no greater than that required to offset the actual costs incurred by DCHD to provide the licensing services associated with regulating the practice of Body Art in DCHD's Jurisdiction.
- (b) DCHD will set inspection fees for pre-opening inspections and remodeling inspections, as modified from time to time, which shall be no greater than required to offset the actual costs incurred by DCHD in providing said inspections. Annual inspections shall be included in the cost of the annual License fee.
- (c) The cost of a Temporary Event License shall equal DCHD's actual cost to provide the inspection and Licensing services that are associated with the particular Temporary Event that the License covers.

10-103 Licensing Procedure.

A Body Art Establishment License shall be issued by DCHD upon compliance with the following procedures:

- (a) Body Art Establishment Application. The prospective Licensee of a Body Art Establishment shall submit a Body Art Establishment License application to DCHD on a form established by DCHD, as amended from time to time, which shall include, but not be limited to, the following information:
 - i. Ownership information of prospective Licensee.
 - ii. Equipment specification sheets as requested by DCHD
 - iii. Information on the source of water supply.
 - iv. Information on wastewater disposal system.
 - v. Copies of required Exposure Control Plan, logs, and consent forms.
 - vi. Any other information reasonably requested by DCHD.
- (b) License Fee. Simultaneously with the submittal of the Application, the prospective Licensee shall pay the required Body Art Establishment License fee and the pre-opening inspection fee. The License fee shall not be prorated regardless of the time of year it is initially issued.
- (c) Pre-Opening Inspection. Upon receipt and review of the Body Art Establishment License application and receipt of the applicable fees, DCHD will conduct a pre-opening inspection to confirm that the Body Art Establishment complies with these Regulations. In the event any violations or deficiencies are found in the pre-opening inspection, the Body Art Establishment will correct said violations and/or deficiencies and request a re-inspection if required by DCHD, and pay any applicable fees.
- (d) Issuance of License. After the pre-opening inspection has been conducted and DCHD has determined that the Body Art Establishment is in compliance with these Regulations, a Body Art Establishment License will be issued to the Licensee of the Body Art Establishment.

10-104 Inspections.

- (a) DCHD staff, after proper identification, shall be permitted to enter any Body Art Establishment in DCHD's Jurisdiction during business hours for the purpose of making inspections and investigating complaints, and to determine compliance with these Regulations. DCHD staff shall only enter a Procedure Area with the client's consent.
- (b) In addition to the pre-opening inspection and any applicable remodeling inspection conducted by DCHD, Body Art Establishments will be inspected on an annual basis, and as may otherwise be warranted by complaints or previous violations, as determined by DCHD.
- (c) Any Body Art Establishment with an existing License shall be re-inspected upon the completion of any material remodeling of procedure areas in the facility. In such case, DCHD will conduct the re-inspection upon the request of the Licensee of the Body Art Establishment, and the pre-payment of the required inspection fee. The Licensee of the Body Art Establishment will provide any reasonably requested documentation regarding the remodeling of the facility that may be required by DCHD. DCHD approval is required prior to the use of any remodeled procedure area.
- (d) DCHD staff shall be permitted to examine documents or true copies of documents relative to requirements of these Regulations.

- (e) Whenever an inspection of a Body Art Establishment is made by DCHD staff, the findings shall be recorded in writing and shall describe any violations that may exist. A copy or an electronic copy of the completed report shall be furnished to the Person in Charge by the end of the next workday following the conclusion of the inspection.

10-105 Enforcement.

Body Art Establishments in DCHD's Jurisdiction will be subject to the following enforcement provisions.

- (a) Immediate Closure. In accordance with the provisions of C.R.S. §§25-1-506, 25-1-509, and 25-1-518, the DCHD has the power and duty to immediately close Body Art Establishments, to forbid gatherings of people therein, and to exercise other control over Body Art Establishments as it may find necessary to protect the public health, to eliminate sources of epidemic and communicable disease, and to investigate and abate nuisances so as to eliminate sources of disease and conditions affecting the public health. Immediate closure will be used when the situation requires emergency action, such as Critical Item Violations or other imminent health hazard, to protect public health. An immediate closure shall be followed by a hearing before the Hearing Officer within a reasonable time thereafter, where the Licensee shall have an opportunity to be heard.
- (b) Civil Penalty Assessments.
 - i. Notification of Non-Compliance. Unless otherwise provided in these Regulations, or as may be warranted by the applicable violation (i.e. a Critical Item Violation requiring immediate closure), upon completion of an inspection, DCHD shall notify the Licensee in writing of any violations observed in the Body Art Establishment, and provide the Body Art Establishment a reasonable period of time to achieve compliance.
 - ii. The Hearing Officer of DCHD, after the request by DCHD staff, and appropriate investigation and hearing in accordance with Section 10-105(f), may assess a civil penalty for violations of this Regulation, not to exceed \$250 for each day of violation, as specified in C.R.S. §25-4-2102. Each day of a violation shall be considered a separate offense. The Hearing Officer shall consider the degree of danger to the public caused by the violation, the duration of the violation, and whether such Body Art Establishment has committed any similar violations.
- (c) Failure to Pay License Fees or Civil Penalty. Failure to pay any license fees or civil penalties assessed by DCHD by the date required shall constitute a separate violation which shall be subject to the assessment of one or more additional civil penalties.
- (d) Suspension of License. Licenses issued under the provisions of this Regulation may be suspended temporarily by the Hearing Officer of DCHD for the failure of the Licensee to comply with the requirements of this Regulation.
 - i. Whenever DCHD seeks to suspend a License, the Licensee shall be notified in writing that an administrative hearing before the Hearing Officer has been scheduled to temporarily suspend the Licensee's License. The hearing shall

provide the Licensee with an opportunity to be heard. Following the hearing, the Hearing Officer shall have the discretion to temporarily suspend the License of the Licensee.

- ii. Any Licensee whose License has been temporarily suspended may, at any time, make an application for reinstatement of the License. Within ten (10) days following receipt of a written request, including a statement signed by the Licensee that specifies that the conditions leading to the suspension have been corrected, and upon payment of any re-inspection fees or outstanding civil penalties, DCHD shall re-inspect the Body Art Establishment or evaluate the documentation provided by the Licensee. If the Licensee is in compliance with the provisions of this Regulation, the License may be reinstated.
- (e) License Revocation. For repeated or serious violations of any of the requirements of this Regulation, or for interference with DCHD staff in the performance of their duties, Licenses may be permanently revoked after a hearing before the Hearing Officer. Before taking such action, the Licensee shall be notified in writing that an administrative hearing before the Hearing Officer has been scheduled to revoke the Licensee's License. The hearing shall provide the Licensee with an opportunity to be heard. Following the hearing, the Hearing Officer shall have the discretion to revoke the License of the Licensee.
 - (f) Administrative Hearings. The hearings provided for in this Section 10-105 shall be conducted by the Hearing Officer at a time and place designated in the notice provided by DCHD to the Licensee. A record of the hearing shall be made by the Hearing Officer. Any decision of the Hearing Officer may be oral or written, shall be included in the hearing record, and shall include the findings and conclusions upon the material issues of fact, law, or discretion presented by the hearing record, and the appropriate order, sanction, relief, or denial thereof. It is within the discretion of the Hearing Officer whether to make an immediate decision upon the conclusion of a hearing or to prepare written findings within a reasonable time after the hearing, not to exceed thirty (30) days. Each written decision by the Hearing Officer shall be served on the Licensee by personal service or by mailing by first-class mail to the last known address of the Licensee and shall be effective as to such party on the date mailed or such later date as is stated in the decision.
 - (g) Enforcement Costs. The actual costs incurred by DCHD for enforcement of these Regulations, including reasonable oversight and overhead costs, shall be charged to and payable by the Licensee of a non-compliant Body Art Establishment.
 - (h) Appeal. Pursuant to C.R.S. §25-1-515, any person aggrieved and affected by a decision of the Hearing Officer of DCHD is entitled to judicial review of the decision by filing, in the district court of any county within DCHD's Jurisdiction, an appropriate action requesting the review, to be filed within ninety (90) days after the date of the decision. Any person aggrieved or affected by a decision of the Hearing Officer is further entitled to inspect and copy DCHD's records concerning the matter.

Section 11 VARIANCE PROCEDURE

11-101 Request for Variance.

Any Body Art Establishment may request a variance from any requirement of these Regulations when such Body Art Establishment believes that the requirement results in an undue economic hardship or when it is believed a standard may not apply to the specific situation.

11-102 Request Submitted in Writing.

Requests shall be submitted in writing to DCHD and shall include the name and location of the business, the name of the Owner, and the section of the Regulation for which a variance is being requested. Evidence of undue economic hardship should include professional estimates and costs for compliance. If it is believed that a standard may not apply to the specific situation, an explanation shall be included.

11-103 Burden of Information.

Any person who requests a variance for the provisions of these regulations shall have the burden of supplying DCHD with information that demonstrates the conditions exist which warrants the granting of a variance. All doubts shall be resolved in favor of denial.

11-104 Conditions for granting a variance.

DCHD may grant a variance if:

- (a) Such variance is consistent with the purpose and intent of the act and these Regulations; and
- (b) It is consistent with the protection of the public health; or
- (c) The circumstances of the Body Art Establishment are unique; or
- (d) The cost of compliance is so great that it would threaten the economic viability of the Body Art Establishment or the Body Art Establishment would be in grave jeopardy if compliance were enforced; or
- (e) The damage to the Body Art Establishment's economic viability is in fact caused by compliance.

11-105 Variance Expiration.

A variance shall expire upon a change of circumstances from those supporting the variance or upon a transfer of ownership of the Body Art Establishment.

11-106 Appeal.

Any Body Art Establishment for which a variance has been denied may appeal such denial by requesting a hearing conducted before the DCHD Hearing Officer.