

The logo of the Arizona Medical Association is a circular emblem. It features a central figure of a caduceus (a staff with two snakes entwined around it) superimposed on a background of three vertical bars of varying heights. The words "ARIZONA MEDICAL ASSOCIATION" are written in a circular path around the central emblem.

**Disaster Preparedness and
Awareness Guide for the
Arizona Physician**

ARMA
**ARIZONA MEDICAL
ASSOCIATION**

*Produced by the Arizona Medical Association
Disaster Preparedness & Response Task Force
February 2008*

**Disaster Preparedness & Awareness Guide for the Arizona
Physician**

*Produced by the Arizona Medical Association (ArMA) Disaster Preparedness
and Response Task Force*

If you can keep your head when all about you
Are losing theirs and blaming it on you,
If you can trust yourself when all men doubt you ...
If you can meet with Triumph and Disaster
And treat those two imposters just the same ...
... you'll be a Man, my son!

- "If," by Rudyard Kipling

INTRODUCTION

The purpose of this guide is to educate practicing physicians and involved medical personnel so that they might be more knowledgeable about potential disasters and can impart that understanding to their patients.

Additionally, this guide helps physicians ready their practices and their homes for a potential disaster. The guide compiles relevant state and federal resources; thus, providing physicians with a document that lists credible sites for information, depending on the type of disaster.

This guide was prepared through the collaborative efforts of state and local government agencies and programs, through their membership in the Disaster Preparedness Task Force formed by ArMA.

Top Ten Tips for Disaster Preparedness

1. Dial 9-1-1 for most emergencies
2. Stay available to patients
3. Remain calm; others will look to you for leadership
4. Stay inside for three days when exposed to radiation. Remove clothing, wash thoroughly and dress in new clothes
5. Wash your hands frequently and wear a face mask if exposed to a biological agent; 80 % of agents are inhaled
6. Supplies should include a gallon of water per person, per day
7. Keep a portable, hand-crank radio available
8. Prepare your home, practice and patients for an emergency
9. Stay informed
10. Take a CREST course

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TYPES OF DISASTERS

A disaster is any event which exceeds the local capabilities of response and resources.

A Mass Casualties Incident (MCI) is an event exceeding the health care capabilities of the response and resources; it exceeds the ability of onsite responders and receiving hospitals to treat and transport casualties.

Federal plans for disaster preparation emphasize an all-hazards approach. The current document is the National Response Framework (NRF), which states the principles by which our nation prepares for and responds to disasters across all levels of government and all sectors of communities.

The NRF is intended for senior elected and appointed leaders, but it also informs emergency management officials on the operating structures and tools used by first responders at all levels of government. The NRF can be accessed at www.fema.gov/emergency/nrf/.

TYPES OF DISASTERS

Arizona has a comprehensive strategy, the State of Arizona Emergency Response and Recovery Plan (SERRP), for responding to and recovering from a disaster. The current version was published in 2003. A revision of the SERRP is near completion.

The standing SERRP can be accessed at:

[http://www.dem.state.az.us/SERRP03%20R1.0%Indexed%20\(Web\).pdf](http://www.dem.state.az.us/SERRP03%20R1.0%Indexed%20(Web).pdf).

Disaster Typing

Type of Event	Examples
Natural	Flood, earthquake, hurricane, tornado, typhoon, landslide, tsunami, ice storm, drought, wildfire, epidemic, disease
Accidental	Chemical spill, transportation accident, industrial accident, radiological incident, nuclear incident, explosion, utility outage
Civil/Political	Public demonstration, protest, civil disturbance, strike, mass immigration
Terrorist/Criminal	Chemical attack, biological attack, radiological attack, nuclear attack, high-explosive attack, war, electro-magnetic pulse
Other	Inauguration, State of the State, major sporting event, summit conference, cyber attack

Source: <http://www.ahrq.gov/research/pedprep/pedresource.pdf>

TYPES OF DISASTERS

Biological Disasters

Biological disasters are of particular and immediate concern to those in the medical community asked to respond in the event of an outbreak.

Physicians should consider the prospect of bioterrorism incidents involving anthrax, tularemia, plague, viral hemorrhagic fever and smallpox when presented with symptoms such as:

- a cluster of unusual, severe, or unexplained illnesses;
- unexplained critical illness in otherwise healthy young adults;
- pneumonia deaths in otherwise healthy adults;
- influenza-like illness in summer months; and
- atypical chickenpox-like rashes in febrile individuals.

Bioterrorism

The Zebra Manual: A Reference Handbook for Bioterrorism Agents, available from the Arizona Department of Health Services (ADHS), contains fact sheets, diagnostic guidelines, and infection control information for smallpox and category “A” and “B” biological agents.

The Zebra Manual can be accessed via the ADHS Web site at www.azdhs.gov or at:

www.liveprocess.com/resources/downloads/Arizona%20DPH%20Guide%20for%20Bioterrorism.pdf

Contact your local health department or the ADHS Office of Infectious Disease at 602-364-4562 if a patient’s symptoms suggest bioterrorism or an epidemic.

TYPES OF DISASTERS

Biological Agent Quick Reference

	Inhalation Anthrax	Cholera	Pneumonic Plague	Tularemia	Q Fever	Ebola
Likely method of dissemination	Spores in aerosol	1. Sabotage (food & water) 2. Aerosol	Aerosol	Aerosol	1. Aerosol 2. Sabotage (food supply)	1. Direct contact (endemic) 2. Aerosol (BW)
Transmissible man to man	No	Rare	Moderate	No	Rare	Moderate with direct contact
Incubation period	1-7 (up to 43) days	12 hours – 6 days	1-7 days (usually 2-3 days)	1-21 days (usually 2-3 days)	10-40 days	4-16 days
Duration of illness	3-5 days (usually fatal)	>1 week	1-6 days (usually fatal)	> 2 weeks if untreated	Weeks	Death between 7-16 days
Lethality	High	Low with treatment, high without	High unless treated within 12-24 hours	Moderate if untreated	Very low	High for Zaire strain, moderate with Sudan
Vaccine efficacy (aerosol exposure)	2 doses of vaccine protects against up to 1000 LD ₅₀ s in monkeys	No data on aerosol	Vaccine no longer available	80% protection against 1-10 ID ₅₀ s	94% protection against 3,500 ID ₅₀ s in guinea pigs	No vaccine

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TYPES OF DISASTERS

Biological Agent Quick Reference

	Smallpox	Venezuelan Equine Encephalitis	Botulinum Toxin	T-2 Mycotoxins	Ricin	Staphylococcal Enterotoxin B
Likely method of dissemination	Aerosol	1. Aerosol 2. Infected vectors	1. Aerosol 2. Sabotage (food supply)	1. Aerosol 2. Sabotage	1. Aerosol 2. Sabotage (food & water)	1. Aerosol 2. Sabotage (food supply)
Transmissible man to man	High	Low	No	No	No	No
Incubation period	7-17 days	1-6 days	Variable (hours to days)	2-4 hours	Hours to days	3-12 hours after inhalation
Duration of illness	4 weeks	Days to weeks	Death in 24-72 hours; lasts months if not lethal	Days to months	Days – death within 10-12 days for ingestion	Hours
Lethality	High to moderate	Low	High without respiratory support	Low	High	<1%
Vaccine efficacy (aerosol exposure)	Vaccine protects against large doses in primates	TC-83 protects against 30-500 LD ₅₀ s in hamsters	3 doses of efficacy of 100% against 25-250 LD ₅₀ s in primates; vaccine losing potency for some serotypes	No vaccine	No vaccine	No vaccine

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TYPES OF DISASTERS

Chemical Disasters

Indicators of a chemical agent release include dead or dying animals, an absence of insects, unexplained casualties with definite patterns, the presence of a liquid or vapor with an unexplained odor, and/or an oily film or low cloud/fog unrelated to weather.

The appropriate level of protection for those on the scene include an air respirator and a fully encapsulating chemical protective suit with the highest level of protection for skin, eyes and respiratory system. HAZMAT personnel should be at the scene of a possible chemical event.



Not all chemical materials produce immediate chronic symptoms; therefore, medical personnel must consider deferred casualties and exposure.

Types of chemical weapons include nerve agents, cyanide, blister agents (i.e., mustard, lewisite and phosgene oxime), pulmonary agents and riot control agents.

For a suspected chemical spill or emergency, first call 9-1-1.

For advice on illnesses associated with chemical spills or attacks, call the county health department. (see Appendix I)

For a non-health related response, contact county emergency services. (see Appendix II)

TYPES OF DISASTERS

Chemical Agent Quick Reference

	Nerve Agents (GA, GB, GD, GF, and VX)	Cyanide (AC, CK)	Blister Agents (H, HD, L, CX)	Pulmonary Agents (CG, PFIB, HC)	Riot Control Agents (CS, CN)
Effects	Vapor: small pupils, runny nose, shortness of breath. Liq- uid: sweating, vomiting. Both: convulsions, cessation of res- piration	Loss of con- sciousness, convulsions, temporary cessation of respiration	Redness of skin, blisters, irritation of eyes, cough, shortness of breath	Shortness of breath, cough- ing	Burning and stinging of eyes, nose, airways, skin
Onset	Vapor: seconds, Liquid: minutes to hours	Seconds	Hours (immediate pain after Lewisite)	Hours	Seconds
First Aid	MARK I*, Di- azepam	Amyl nitrate, O ₂	Immediate decontamina- tion	None	None
Skin Decon- tamination	M291**, soap and water (hypochlorite solution where available)	None usually needed	M291, soap and water	None usually needed	Water

*Mark I auto injection syringe: 2mg atropine + 600mg 2PAM; **M291 is a skin decontamination kit.

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TYPES OF DISASTERS

Radiological Disasters

Radiological disasters can be caused by a nuclear blast (bomb), radiation exposure from a “dirty bomb” or an accident occurring at a nuclear power plant.

A nuclear blast is an explosion with intense light and heat, followed by a damaging pressure wave and the widespread dispersion of radioactive material that can contaminate the air, water and top soil for miles.



A radiation threat may result from an accident or terrorist attack such as a “dirty bomb,” a common explosive that spreads radioactive material over an area.

In either case, the presence of radiation will remain unknown until trained personnel can identify the danger. In light of such an event, one can anticipate major community fright, anxiety secondary to the public’s uncertainty as to the potential of radiation toxicity. Psychological distress is likely to cause highway obstruction and hospital surge shutdown. Early expert communication via radio, television or internet will best alleviate this concern.

Radiation toxicity can be measured and is dose related. For example, a minimal dose of 1-100 rem causes no symptoms while a dose of 600 rems has a 50% mortality. Knowledge about the level of toxicity present could positively affect the appropriate time of shelter use and community anxiety.

Personal toxicity can be measured with a device known as “NukAlert,” a low-cost, key chain device that emits a dose-specific chirping sound as it measures radiation from 0.1 to >50 R/hr. This device is available from www.nukalert.com or call 830-672-8734.

TYPES OF DISASTERS

In case of a nuclear event ...

1. Quickly assess the situation.
2. To minimize deaths from a nuclear blast, lie down and cover exposed skin (“duck and cover”).
3. Flee the area or occupy a nearby building to limit radiation exposure.
4. Shelter as far below ground as possible, close windows and doors, and turn off heating, cooling and ventilation systems.
5. If you may have been exposed to radiation, quickly remove your clothes and wash all exposed parts of your body using soap and lukewarm water.
6. Stay put and stay informed through television, radio, and/or the Internet.
7. Shield yourself with dense material (e.g., concrete, steel, dirt, etc.).
8. Stay away from the radiation source or blast to lower exposure.
9. Cut the time you are exposed to radiation to reduce your risk.
10. Consider taking potassium iodide tablets to protect your thyroid gland from radiation damage.

Source: <http://www.justincasearizona.com/be-informed/attacks-accidents/nuclear.asp>

For instructions on medical response to radiation disaster incidents, visit the Centers for Disease Control (CDC) Web site at <http://emergency.cdc.gov/radiation/clinicians.asp>

The federal response plan for a nuclear incident (the Nuclear/Radiologic Incident Annex) can be accessed at: <http://hps.org/documents/NRPNuclearAnnex.pdf>

Additional information on on sheltering can be found at <http://www.physiciansforcivildefense.org>

The Role of the Practicing Physician in a Disaster

Volunteerism

Critical Response and Emergency Systems Training (CREST)



Volunteer physicians are essential in responding to disasters. In order to be useful at the moment of crisis, it is necessary for doctors to be trained before hand. This applies not only to physicians who will volunteer at hospitals, but to those who will assist by remaining in their offices.

The University of Arizona, the University of New Mexico (UNM), and New Mexico State University (NMSU) created the Critical Response and Emergency Systems Training (CREST) program through a cooperative agreement with ASPR.

For further information on CREST, visit www.crestaznm.org

The Role of the Practicing Physician in a Disaster

Basic Disaster Life Support (BDLS) ® curriculum is developed with an all-hazards approach (recognition and management) to disaster response. Individual chapters within the didactic curriculum incorporate a unifying algorithm called the “D-I-S-A-S-T-E-R paradigm.”

Also, the concepts of MASS Triage and Disaster Casualty Zones are reinforced throughout the chapters. Participants can receive certification for completion of this didactic portion of the course. Those successfully completing the BDLS® didactic course can then participate in ADLS®.

The Role of the Practicing Physician in a Disaster

CREST offers multiple courses concerning preparedness

National Disaster Life Support® (NDLS): Basic and advanced training courses to recognize and manage threats of all hazards.

Answering the Call: An introductory awareness-level domestic preparedness course focusing on emergency response and preparedness needs in Arizona. This course is offered with three methods of delivery: classroom, CD or Web-based.

Advanced Hazmat Life Support (AHLS): Chemical Burn/Toxic Terrorism courses to develop skills to rapidly assess and manage patients with chemical exposures. Visit www.ahls.org for more information.

Speakers Bureau: Internationally recognized experts in Emergency Medicine available to lecture at regional or organizational meetings.

Online courses: Topics include crisis resource allocation, ICS for Health Care, emergency management basics and bioterrorism preparedness for clinicians.

To avoid confusion and duplicative actions during a disaster response involving multiple organizations, emergency medical service organizations operate under a common methodology known as the Incident Command System (ICS). ICS defines the process of command for all personnel responding to an event. CREST offers online courses in ICS.

CREST participants have included professionals from the nursing, medicine, EMS, mental health, pediatrics, dentistry, pharmacy, veterinary medicine, allied health, public health, emergency management, law enforcement and health administration disciplines.

Physicians receive CME credit for completed CREST coursework.

Source: www.crestaznm.org

The Role of the Practicing Physician in a Disaster

Medical Reserve Corps



The mission of the Medical Reserve Corps (MRC) is to improve the health and safety of communities across the country by organizing and utilizing public health, medical and other volunteers. It is a partner program with Citizen Corps, a national network

of volunteers dedicated to ensuring hometown security.

MRC units are community-based and locally organize and utilize volunteers to prepare for and respond to emergencies.

MRC volunteers supplement existing emergency and public health resources and include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians and epidemiologists. Many community members—interpreters, chaplains, office workers, legal advisors and others—can fill key support positions.

In Arizona, there are nine MRC units located in the counties of Cochise, Coconino, La Paz, Maricopa, Mohave, Navajo, Yavapai, and Yuma. There is also an MRC of Southern Arizona.

If you are interested in joining your local MRC unit, the contact list and information is located in Appendix V.

Source: www.medicalreservecorps.gov/About

The Role of the Practicing Physician in a Disaster

Hospital Staff Training

If you are a physician practicing at a hospital, we advise you to familiarize yourself with the hospital's emergency protocols and to participate in disaster response training that may be offered.

It is also recommended that privately practicing physicians acquaint themselves with the disaster response protocol designed by those community hospitals one might expect to use as a resource in the event of a disaster. In anticipation of massive hospital surge, hospitals are developing alternate care site plans.

The Role of the Practicing Physician in a Disaster

Arizona's Emergency System for Advanced Registration of Volunteer Health Professionals (AZ-ESAR-VHP)

This system allows qualified, competent volunteer health care professionals and emergency medical response teams to augment hospitals and other medical entities to meet crisis and surge capacity needs during a disaster and/or public health incident.

What you need to know ...

- AZ-ESAR-VHP is a database system used to register, verify the qualifications of and credential health care professionals who volunteer to participate in the medical response to a disaster and/or public health emergency.
- The main purpose of AZ-ESAR-VHP is to register and credential qualified health care professionals before an emergency so that appropriate volunteers can be contacted at the time of an incident.
- AZ-ESAR-VHP will first verify the credentials of priority professionals (e.g., physicians, RNs, pharmacists, psychologists, etc.).
- Volunteers retain the right to decline participation.
- Volunteers are advised to prepare for emergencies/disasters by assembling emergency kits for the home, car and office; developing a family communications plan; and staying informed.
- Professional liability and workers compensation protection is available for volunteers enrolled in the program during a declared state of emergency or public health emergency.
- In a large-scale disaster, an effort will be made to place volunteers in positions relative to their skills.

The Role of the Practicing Physician in a Disaster

How can I participate in AZ-ESAR-VHP?

- Volunteers must possess a valid state healthcare professional license, registration or certification, as applicable.
- Physicians will provide personal contact information and a self-assessment of specialty specific capabilities and credentials.

What is the role of the State?

- ADHS/Bureau of Emergency Preparedness and Response (BEPR) will develop, implement and administer AZ-ESAR-VHP.
- ADHS/BEPR is collaborating with state and local stakeholders and community healthcare partners to construct the statewide AZ-ESAR-VHP system.
- Arizona is required to develop an electronic system based on federal technical guidelines for managing professional health care volunteer data.
- The electronic system must be built to current security and confidentiality standards and must include requirements for redundancy.
- Volunteer information will be maintained in a central secure database and will only be used to engage you in disaster emergency activities. Under no circumstances will the information be sold or shared with an entity that is not part of the program.
- Additional information is available from ADHS/BEPR at 602-364-3289.

The Role of the Practicing Physician in a Disaster

Triage of Emergency Medical and Trauma Patients in AZ

During a disaster, the term “triage” describes something different from the routine practice of identifying patients that need to be transported to the hospital first or be provided immediate care in an emergency room setting.



The type of triage used in a mass casualty response depends upon the number of casualties, the location of the incident, and the availability of resources, transportation and receiving facilities.

Casualties may need to be stabilized and then re-triaged in the field during a large-scale event.

In the case of a biological event, triage procedures based on severity of presentation (i.e., START and SAVE) have limited applications.

This guide references two recommended triage approaches: START and SAVE in the event of a traumatic disaster and SEIR-V during an infectious event.

The Role of the Practicing Physician in a Disaster

START and SAVE Triage

Simple Triage and Rapid Transport (START) is a process that sorts patients into four groups. It provides for rapid, on-scene assessment based on a patient's **respiratory rate, perfusion and mental status**. (See Appendix IV)

Patients are categorized into one of four categories:

Immediate (Red): Those who have serious injuries or medical conditions (salvageable life-threatening problems, taking into account the resources available).

Delayed (Yellow): Those for whom treatment and transportation can be delayed while more seriously injured patients receive care.

Minor (Green): Those patients, including the worried well, who can ambulate to an alternative location without assistance.

Dead/Dying (Black): Those patients who do not resume spontaneous breathing after positioning of the head and insertion of an oro-pharyngeal airway (OPA), and have no spontaneous pulse.

Source: <http://www.cert-la.com/triage/start.htm>

The Role of the Practicing Physician in a Disaster

Nº 131401 **TRIAGE TAG** Nº 131401
 PART I
 Nº 131401
 CALIFORNIA FIRE CHIEFS ASSOCIATION

<p>FRONT</p> 	<p>C-SPINE CARDIAC BLUNT TRAUMA PENETRATING INJURY BURN FRACTURE LACERATION</p>	<p>BACK</p> 
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OTHER: _____

VITAL SIGNS:

ORIENTED <input checked="" type="checkbox"/>		DISORIENTED <input type="checkbox"/>		UNCONSCIOUS <input type="checkbox"/>	
TIME	PULSE	B/P	RESPIRATION		

DECEASED
IMMEDIATE Nº 131401
DELAYED Nº 131401
MINOR Nº 131401

The Role of the Practicing Physician in a Disaster

Susceptible, Exposed, Immune, Removed, Vaccinated

SEIRV is the population-based triage of large numbers of potentially infected victims that differs from conventional trauma triage and is determined by the case definition of the infectious agent, its lethality, severity profile, infectiousness and duration of illness.

Depending on limited resources available at the community level, victims will be triaged to designated hospitals (e.g., “flu” hospitals), alternate health care facilities, or home for supervised self- or assisted care. The goal of SEIRV triage is to prevent transmission measured as secondary infections.

Susceptible: not exposed, includes those with incomplete or unsuccessful vaccinations/incomplete prophylactic antibiotic therapy.

Exposed: infected but incubating the disease and are not symptomatic or contagious.

Infectious: contagious.

Removed: non-contagious and immune by recovery or non-contagious by death.

Vaccinated: or on prophylactic antivirals/antibiotics; protected.

Caregivers for a known case would be classified as “exposed” unless they fit another category. Serial assessment of “exposed” persons is required for their safety and for the protection of others.

The Role of the Practicing Physician in a Disaster

Disease containment strategies in the case of a biological event include the following:

- **Social Distancing:** the closing of schools, restaurants, theaters and mass events.
- **Shelter-in-place**
- **Quarantine:** the confinement of individuals who have been exposed to a disease, but have not shown symptoms. Individuals are confined for a particular period of time (based on known incubation period) and monitored. (Ten days for influenza-like illnesses.)
- **Isolation:** the confining of those who are ill.

Transportation to a higher care facility may or may not be available. If it is available, a patient's need will be assessed in the field.

Source: Burkle, Frederick, et al. "Definition and Functions of Health Unified Command and Emergency Operations Centers for Large-scale Bioevent Disasters Within the Existing ICS." *Disaster Medicine and Public Health Preparedness*. 1(2): 135-141 2007. American Medical Association. www.dmphp.org. (subscription required)

The Role of the Practicing Physician in a Disaster

Mass Fatalities

In the events of Hiroshima and Nagasaki, the nuclear fatality rate was greater than 80,000. In a contemporary mass incident, it is estimated that there may be more than 200,000 fatalities.

Arizona's capability, including cremation, will max out at 5,000 bodies per week, according to the Funeral Directors Association. This underscores the importance of making positive identification when and if at all possible. If mass burial occurs, subsequent identification may be aided by the use of a Global Positioning System (GPS).

The Role of the Practicing Physician in a Disaster

9-1-1 Emergency Communications Systems

The 9-1-1 system is designed to provide a link between citizens and emergency response agencies. The system provides an easy-to-remember three digit telephone number (9-1-1) to quickly access fire, medical or law enforcement services. The person who answers the call is a trained dispatcher who determines the kind and immediate availability of the service needed. In the event that 9-1-1 is overwhelmed, you may be expected to cope as the main medical resource.

Telephone Contacts for Emergencies

Event	Contact
Fire	9-1-1
Crime	9-1-1
Individual w/ medical emergency	9-1-1
Explosion and/or chemical spill or release	9-1-1
Multiple individuals w/ communicable disease or an unusual cluster of cases	county health dept.

For county health departments contact numbers see Appendix I.

The Role of the Practicing Physician in a Disaster

Role of the FBI in the Event of a Disaster

The FBI is responsible for coordinating law enforcement efforts to detect, prevent, disrupt and investigate acts of terrorism.

Notify the FBI about suspected terrorism issues, including the possibility of bioterrorism surfacing as an infectious disease.

Be aware that a single patient may be the first victim or a suspect who was injured or exposed through experimentation and/or testing of a Weapon of Mass Destruction (WMD) agent.

Physicians may contact the county public health department for help in establishing a definitive diagnosis or to inquire about prevailing infectious diseases in the community.

The FBI leads the Joint Terrorism Task Force (JTTF), which includes representatives from local, state and other federal law enforcement agencies.

Within the state of Arizona, contact the **FBI's Phoenix Field Office at 602-279-5511** and ask to speak with the WMD Coordinator or the Domestic Terrorism Supervisor.

Coordination with the FBI:

- The FBI will collect evidence, which could contain bullet fragments, body tissue, clothing, photographs of injuries, etc.
- The FBI will interview patients (i.e., potential victims and/or suspects), attending physicians, EMS personnel, etc.
- It is important to cooperate with FBI investigators since early intervention and response can help save lives.

The Role of the Practicing Physician in a Disaster

Communications

Communication among government; private businesses, including media outlets and hospitals; and the general public will be crucial in any type of disaster. You can anticipate television coverage to be prompt and, in many instances, live at the scene. The coverage will capture the urgency and initial confusion that frequently occurs early in a disaster. You can also anticipate a temporary disruption of telephone and cell phone services in a large-scale event.

To prepare for communication during a disaster, ArMA suggests:

- As part of your office disaster plan, develop telephone and e-mail call down lists of all staff. Once the lists are in place test them a few times.
- Develop lists of telephone numbers and e-mail addresses for hospitals, businesses, government agencies and staff who are critical to the operation of your practice.
- Recognize that public agencies will communicate with you through multiple channels. These channels include announcements from government officials on public media; Web postings of recommendations for the diagnosis and management of the suspected agent (e.g., biological, chemical, nuclear); and e-mails from the Health Alert Network, if you choose to participate.
- Equip yourself with the necessary electronic equipment, such as telephones, cell phones and a modem.
- Disruption of telephone and cell phone services is likely to occur. Radio transmission will continue as long as power is available; be sure to have a battery operated or hand-crank, short-wave radio available.

How to Prepare Your Practice for a Disaster

How to Prepare Your Practice for a Disaster

It is important for the proprietary physician to plan for the after effects of a disaster on their business.

A practice or individual physician must consider the conflicting demands of stockpile cost and the investment of capital, and determine how much to invest into reserve supplies.

The practice or physician should also consider individual financial situations, likely hazards, insurance coverage and the availability of other community resources in the event of a disaster.

How to Prepare Your Practice for a Disaster

Create a Disaster Response Plan

- Write a logistical plan for disaster preparation (i.e., flood: minimizing risk of damage to records, equipment and structure).
- Store vital records in a separate location (50+ miles recommended distance):
 - Make duplicates of patient records, DEA license, controlled substance license, current CV, board certification, other credentialing documentation, employee information and financial documents. Store the facsimiles at a separate location.
 - A medical license and photo ID may be necessary for establishing credentials and permitting unrestricted travel .
 - Electronic Medical Records (EMR); backup systems in place for normal office functionality may prevent the loss of vital patient and business information in the event of a disaster.
- Updated employee contact information.
- Secure essential contact information for governmental and emergency agencies (see Appendix III).
- Develop a phone message and/or e-mail explaining temporary shutdowns to patients.
- Have sufficient business insurance:
 - Determine potential gaps in policies (i.e., water damage, business interruption, vaccine spoilage and proper amounts of coverage) as a precaution.
 - Make a videotape or paper inventory of office assets to expedite claim submissions following a disaster.

How to Prepare Your Practice for a Disaster

- Plan for vaccine storage and recovery.
- Alternate site practice: partner with another practice to arrange emergency sharing of facilities (geographically distant to ensure unaffected by same disaster).
 - Communicate with vendors regarding alternate care site.
- Create and practice a staff evacuation plan in coordination with neighboring businesses.
- Stock an emergency medical bag with:
 - Stethoscope
 - Otoscope/ophthalmoscope and specula (w/ spare bulbs), flashlight
 - Tongue blades
 - Tape measure
 - Alcohol wipes, Betadine, soap
 - Gloves
 - Calculator
 - Reference book
 - Thermometer
 - Syringes, needles, sharps container
 - Short-wave radio
 - Tourniquets
 - Low cost face masks
 - This guide



How to Prepare Your Practice for a Disaster

Prepare a strategy for continuity of business

- Staying open: hospitals and other higher care facilities will experience surge issues in the event of a disaster or pandemic. It is important that private and smaller community physicians' practices open and attend to the worried well.

- Offer extended or accommodating business hours.
- Increase the phone availability of staff so that fewer patients will leave their homes and increase the likelihood of exposure.

Consider what is likely to be missing from day-to-day operations during a disaster

- Utilities: generators can power basic medical and communications equipment

- Patient charts and other key info

- Medical info (i.e., specialty journals and books)

- Support and clinical staff

- Communications capability and alternatives:

- word-of-mouth and hand-painted signs posted at communal gathering centers (i.e., DMAT centers, FEMA operations, Red Cross, and distribution shelters)
- radio media
- walkie-talkies
- satellite phones
- cellular phones with text messaging capabilities
- voicemail systems

How to Prepare Your Practice for a Disaster

How will you address the following priorities?

- Contacting employees and patients without phone lines.
- The length of time your practice can function before finances are depleted.
- Functional priorities that are to be taken care of shortly after a disaster.
- Pharmaceuticals and medical supplies that will need restocking: supplies to last five to seven days following a disaster.
- The business insurance policy and how it addresses service interruption.
- A new site for quick set-up and a return to operability - consider using/partnering with any alternate space available.
 - Private offices (medical or otherwise)
 - Hospital or emergency room space
 - Local health department
 - Volunteer clinics
 - RVs or campers, tents
 - Parking lots of major shopping centers
- Meet with each department or employee to design a response plan, and review, sign and revisit it in instances of expansion, new hires and/or relocation.



Source: Cascardo, Debra C. "Preparing Your Medical Practice for Disaster," *Medscape Money & Medicine*, Feb. 15, 2002.

Source: Needle, Scott, MD, FAAP. "A Disaster Preparedness Plan for Pediatricians." American Academy of Pediatrics. www.aap.org/terrorism/topics/DisasterPrepPlanforPeds.pdf

How to Prepare Your Practice for a Disaster

Stress Management for Health Care Providers

The magnitude of death and destruction in disasters and the extent of the response demand special attention to the needs of healthcare providers. Physical safety and security of providers and patients must take priority.

The psychological challenges that healthcare providers face after disasters are related to exposure to patients and families who are traumatized by loss.

These psychological challenges combined with long hours of work, decreased sleep and fatigue. The stress on providers increases with seeing the effects of a disaster on others and hearing their stories.

Self care, self-monitoring and peer monitoring are as important as caring for patients.

The following management plan for your staff may help minimize later difficulties.

- Communicate clearly and in an optimistic manner. Identify mistakes for yourself and others and correct them. Compliments can serve as powerful motivators and stress moderators.
- Encourage health care providers to monitor themselves and each other with regard to basic needs such as food, drink and sleep. Becoming biologically deprived puts them at risk and may compromise their ability to care for their patients.
- Ensure regular breaks from tending to patients. When on break allow and encourage providers to do something unrelated to the traumatic event that they find comforting, fun or relaxing. This might be taking a walk, listening to music, reading a book or talking with friends.

How to Prepare Your Practice for a Disaster

- Some people may feel guilty if they have fun or enjoy themselves when so many others are suffering. It is important to recognize that normal life events are an important respite from the horrors of a disaster. Help people to recognize this.
- Establish a place for providers to talk to their colleagues and receive support from one another. A goal of terrorist acts is to isolate people in fear and anxiety. Telling one's own story and listening to other's can alleviate this isolation.
- Encourage contact with loved ones, as well as activities for relaxation and enjoyment.
- Remember that not all people are the same. Some need to talk while others need to be alone. Recognize and respect these differences.
- Hold department- or hospital-wide meetings to keep people informed of plans and events.
- Use hospital newsletters or newspapers as ways to recognize successes and to communicate information.
- Consider establishing awards or other recognition for dedicated service during a disaster.
- Establish support programs for the family of staff that provide information about the status of loved ones who are unable to return home on a regular basis. These programs should provide help and social support to the family.

Source: Center for Traumatic Stress, Uniformed Services University of the Health Sciences School of Medicine, Bethesda, MD

Educating Your Patients About Disasters

Educating Your Patients about Disasters

This section of the guide encourages physicians to share information on family and home disaster preparedness with their patients. Physicians should address and educate their patients regarding the use of medical services during an emergency and the need to keep up-to-date personal, systematic health information.

Medical Services in the Event of a Disaster

It is important to support the worried well and provide them with information that will empower them to stay home and out of harm's way.

Communicate with patients before a disaster occurs that medical facilities will be overwhelmed with ill patients and, in a biological event, may pose an exposure or contamination risk.

Anxious patients without a serious complaint, “the worried well,” should be advised not to go to emergency departments or urgent care centers.

Have materials readily available to educate patients on symptoms and public health information. Encourage patients to communicate with you or your office before seeking out a public health facility.

Information provided via your office staff and/or a phone recording can simplify the delivery of information to your patients. Two specific pieces of information to protect patients: In the event of a radiation incident, stay in place 2—3 days; In a bio-terrorism or pandemic event, frequent hand-washing and use of inexpensive face masks are strongly recommended.

Educating Your Patients About Disasters

Systematic Information on Health

It is vital that patients have current health records available in the event of a disaster, particularly if they have medical conditions to which a disruption of medical supplies or services may be life-threatening.

Patients should keep the following information available:

- Medications list (such as the Med Form in Appendix IV)
- Personal medical history
- Personal computerized medical records (electronic record keeping will be federally mandated by 2010)
- Allergies



Educating Your Patients About Disasters

Az211.gov



This state-sponsored Web site, www.az211.gov, is a statewide online database of emergency resources and health and human services information.

Az211.gov provides emergency information; preparedness recommendations; a comprehensive database of childcare, senior, health and counseling services; and information on program eligibility, tips and links.

Just In Case Arizona



just in case arizona
az211.gov

Just In Case Arizona was designed to help Arizonians prepare for an emergency or disaster. The campaign outlines basic steps for preparing a plan, assembling an emergency survival kit and staying informed.

Just In Case Arizona coaches state residents to plan for special item needs; to coordinate family plans with emergency plans at school, work and daycare; and to respond to a utility service disruption. The Web site also details what to do if a disaster occurs while you're in a moving vehicle and provides disaster preparedness checklists for download.

How to Prepare Your Home for a Disaster

How to Prepare Your Home for a Disaster

- Identify disaster risks in your area with a visit to the local emergency management office, health department or American Red Cross chapter. Be sure to ask:
 - What types of disasters are likely to happen, and how to prepare for each.
 - What your community's warning signals sound like, and what to do if you hear them.
 - How to help the elderly and people with special needs.
 - Arizona-specific concerns (i.e., flood and/or radiation hazards originating from the Palo Verde Nuclear Generating Plant).



How to Prepare Your Home for a Disaster

- Create a family disaster and evacuation plan
 - Tell children that a disaster is something that could hurt people or cause damage, and explain that nature sometimes provides “too much of a good thing”-- fire, rain and wind.
 - Clarify the importance of a family disaster plan.
 - Teach children:
 - How to call for help.
 - When to call each emergency number.
 - To call the family contact if separated.
 - To keep personal identification information in their possession at all times.
 - Talk about the dangers of different disasters with your family.
 - Have a plan in case you are separated. Each family member and any babysitter must know the address and phone number for A and B.
 - A. Choose a place outside your neighborhood in case you cannot go home.
 - B. Choose someone out of town to be your family contact.



How to Prepare Your Home for a Disaster

- Fill out the local emergency phone numbers and child identification cards. Fill out an Emergency Information Form (EIF) for each child with special health care needs.
 - EIFs are available for download at www.aap.org/advocacy/emergprep.htm
- Become familiar with the specifics of your child's childcare or school disaster plans as you could be separated from your child during a disaster.
- Plan what to do if you are asked to evacuate.
- Map several escape routes.
- Plan how to take care of your pets.
- Meet with neighbors to plan how you can work together during a disaster.
 - Talk about who has special skills (medical, technical).
 - Make plans for child care in case parents can't get home.

How to Prepare Your Home for a Disaster

- Evacuation: if you are told to evacuate, take these steps
 - Leave right away if told to do so.
 - Listen to your battery-powered or hand-crank radio for instructions from local officials.
 - Wear protective clothing, shoes and facemasks as directed.
 - Shut off water, gas and electricity if told to do so.
 - Leave a note on the front door that details when you left and where you are going.
 - Call your family contact to tell him or her where you are going.
 - Take your Family Emergency Supplies.
 - Lock your home and activate the security system if available.
 - Use routes suggested by officials.



How to Prepare Your Home for a Disaster

- Complete this checklist practice
 - Put emergency phone numbers by each phone.
 - Show everyone how and when to turn off the utilities.
 - Make sure you have enough insurance coverage (flood, fire, earthquake, wind).
 - Do a home hazard hunt for items that can move, fall, break or ignite a fire.
 - Stock enough emergency supplies to last seven days; WATER is most important.
 - Take a Red Cross first aid and CPR class.
 - Plan home escape routes, two from each room.
 - Find safe places in your home for each type of disaster.
 - Make two copies of important documents and keep the originals in a safe deposit box. Keep a copy on hand and give the second set to your out-of-town contact.



How to Prepare Your Home for a Disaster

Practice and maintain your plan:

- Every Month: Test your smoke alarms.
- Every Six Months: Review the Family Disaster Plan and rehearse escape drills, quiz your children, and replace stored food and water.
- Every Year: Replace the batteries in smoke alarms, unless your alarms use long-life batteries.

Be ready to turn off your utilities:

- Find the main electric fuse box, water service main, and natural gas main.
- Learn how and when to turn utilities off and teach family members.
- Keep a wrench and flashlight near gas and water shut-off valves.
- If you turn the gas off, you will need a professional to turn it back on.



How to Prepare Your Home for a Disaster

Make two copies of important documents, and keep the originals in a safe deposit box or waterproof container:

Important documents include:

- Wills, insurance policies, contracts, deeds and investments;
- Passports, social security cards, immunization records and EIF;
- Bank and credit card account numbers;
- Inventories of valuable household goods;
- Family records (i.e., birth and marriage certificates) and photos; and
- Materials to assist in identifying children who may be separated from their parents (i.e., adoption records, birth certificates).



See **Appendix III** for additional resources.

Sources: www.aap.org/family/frk/FOurstepsFRK.pdf, www.redcross.org

How to Prepare Your Home for a Disaster

EMERGENCY SUPPLIES LIST

Signal flare	Map of the area and important phone numbers	Special items for infants and the elderly (diapers, formula, medication)	One gallon of water, per person, per day	Seven-day supply of ready-to-eat canned or packaged food
Manual can opener	Paper cups and plates and plastic utensils	Blankets or sleeping bags, a change of clothing, rain gear, and sturdy shoes for each family member	Toiletries (10-day supply of prescription medications, hand sanitizer)	Cell phone batteries and/or phone charger

Supplies in water-proof container

Battery-powered radio, flashlight, and extra batteries	First aid kit and manual and prescription medications	Credit card and cash	Personal identification
An extra set of car keys	An extra pair of eyeglasses	Matches in a waterproof container	

Appendix I: County Health Departments

Contact health departments if bioterror or communicable disease emergency suspected.

Apache County Health Department
367 North Main St., Suites 4 & 5
Mail - P.O. Box 966
Springerville, AZ 85938
(928) 333-0212

Greenlee County Health Department
P.O. Box 936
5th & Leonard Streets
Clifton, AZ 85533
(928) 865-2601

Cochise County Health Department
1415 W. Melody Lane, Bldg. A
Bisbee, AZ 85603-3090
(520) 432-9437

La Paz County Health Department
1200 Arizona Avenue
Parker, AZ 85344
(928) 669-93

Coconino County Health Department
2625 N. King St.
Flagstaff, AZ 86004
(928) 522-7836

Maricopa County Dept. of Public Health
4041 North Central Avenue, Suite 600
Phoenix, AZ 85012
(602) 372-2650

Gila County Division of Health
5515 South Apache Avenue, Suite 100
1400 East Ash Street
Globe, AZ 85501
(928) 402-8805

Mohave County Dept. of Public Health
P.O. Box 7000
318 N. 5th Street
Kingman, AZ 86402-7000
(928) 718-4949

Graham County Health Department
826 W. Main Street
Safford, AZ 85546
(928) 792-5351

Appendix I: County Health Departments

Navajo County Health Department

100 East Carter Drive

Holbrook, AZ 86025

(928) 524-4750

Yavapai County Community Health Services

1090 Commerce Drive

Prescott, AZ 86305

(928) 442-5485

Pima County Health Department

3950 S. Country Club Road

Suite 100, Room 1345

Tucson, AZ 85714

(520) 243-7749

Yuma County Dept. of Public Health

2200 W. 28th Street, Suite 137

Yuma, AZ 85364

(928) 317-4622

Pinal County Health Department

500 South Central

P.O. Box 2945

Florence, AZ 85232-2945

(520) 866-7240

Santa Cruz County Health Department

2150 N. Congress

Nogales, AZ 85621

(520) 375-7901

Appendix II: Contact Information

Contact county emergency service offices for non-public health emergencies.

Arizona Division of Emergency Management

5636 East McDowell Road
Phoenix, Arizona 85008

Phone: (602) 244-0504 or (800) 411-2336

www.az211.gov

Graham County
921 Thatcher Blvd.
Safford, AZ 85546

(928) 792-5034

www.graham.az.gov

Apache County
370 Washington Street
St. Johns, AZ 85936
(928) 337-7630

www.co.apache.az.us

Greenlee County
5th St & Webster
Clifton, AZ 85533
(928) 865-5385

www.co.greenlee.az.us

Cochise County
205 N. Judd Drive
Bisbee, AZ 85603
(520) 432-9550

www.co.cochise.az.us

La Paz County
1109 Arizona Ave.
Parker, AZ 85344
(928) 669-6141

www.co.la-paz.az.us

Coconino County
5600 E. Commerce
Flagstaff, AZ 86004
(928) 526-2735

www.coconino.az.gov

Maricopa County
2035 N. 52nd Street
Phoenix, AZ 85008
(602) 273-1411

www.maricopa.gov

Gila County
5515 South Apache Ave., Suite 400
Globe, AZ 85504
(928) 402-8767

www.gilacountyaz.gov

Mohave County
3675 E. Andy Devine Ave.
Kingman, AZ 86402
(928) 757-0910

www.healthelinks.com/Emergency

Appendix II: Contact Information

Navajo County
117 E. Buffalo
Holbrook, AZ 86025
(928) 524-4750
www.co.navajo.az.us

Yuma County
141 3rd Ave.
Yuma, AZ 85364
(928) 539-7867
www.co.yuma.az.us

Pima County
150 W. Congress, Ste 237
Tucson, AZ 85701
(520) 740-8245
www.pimahealth.org

FEMA:
<http://www.fema.gov>

Pinal County
31 N. Pinal St.
Florence, AZ 85232
(520) 866-6415
www.co.pinal.az.us

FEMA's Emergency Preparedness for
Kids:
<http://www.ready.gov/kids>

Santa Cruz
2150 N. Congress Dr., Ste 110
Nogales, AZ 85621
(520) 375-8002
www.co.santa-cruz.az.us

READY USA:
<http://www.ready.gov>

Yavapai County
1100 Commerce Dr.
Prescott, AZ 86305
(928) 771-3321
www.co.yavapai.az.us

Citizen Corps:
<http://www.citizen corps.gov>

Appendix III: Contact and Web Site Resources

Agency for Healthcare Research and Quality (AHRQ), Public Health Preparedness guidance: www.ahrq.gov/prep/

American Medical Association (AMA), Quick reference table guide to biological weapons and suggested courses of treatment: www.ama-assn.org/ama1/pub/upload/mm/415/quickreference0902.pdf

American Medical Association (AMA), Resources for physicians in the event of a public health disaster, including bombings, biological, radiological and chemical agents, and preparedness links: www.ama-assn.org/ama/pub/category/6215.html

American Psychiatric Association, provides multiple links for psychological effects and treatment during disaster events: www.psych.org/disasterpsych/links/weblinks.cfm

American Red Cross Arizona, state agency website, information on preparedness, volunteering, giving blood: www.arizonaredcross.org

Arizona state public emergency and health alert site, offers database of public services: www.az211.gov

Arizona Department of Health Services, Bureau of Public Health Emergency Preparedness & Response site, with resources on bioterrorism and pandemic flu: <http://www.azdhs.gov/phs/edc/edrp/index.htm>

Arizona Division of Emergency Management, state coordinating body for disaster response entities at a state level: <http://www.dem.state.az.us/>

Arizona Funeral Directors Association (480) 649-1144

Arizona State Board of Funeral Directors (602) 542-3095

Arizonans disaster preparedness site: www.justincasearizona.gov

Centers for Disease Control and Prevention (CDC): www.bt.cdc.gov

Centers for Disease Control and Prevention clinician response site that contains specific information and guidance on clinician response in disaster situations: <http://emergency.cdc.gov/>

Critical Response and Emergency Systems Training (CREST) home site: www.crestaznm.org/crest/ecs/main/home.html

Department of Homeland Security: www.dhs.gov

Federal Emergency Management Agency: www.fema.gov

Maricopa County disaster preparedness and assessment site: www.maricopa.gov/emerg_mgt/

Personal disaster preparedness provided by federal government: www.ready.gov

Appendix IV: The Med Form

The Med Form is an excellent resource for your patients. It will help them and their families track prescription medications, herbals and vitamins. Here are some easy instructions to share with your patients about The Med Form:

- Keep The Med Form with you at all times in case of a medical emergency.
- Take The Med Form with you to all doctor and other health-care provider (e.g., nurse practitioner or dietitian) visits.
- Document all of the medications you are taking, including over-the-counter medications such as vitamins, herbals and others.
- Include the name of the doctor who prescribed the medication. You may also write a reason for taking the medicine (e.g., high blood pressure, high blood sugar, high cholesterol, etc.). If you are not sure why you are taking the medication write “don't know.”
- When you are discharged from the hospital, someone will speak with you about what medicines to take and/or not take. Because patient medications often change during hospitalization, it's important that you complete a new Med Form. Take the new form to all doctor visits following your hospitalization.
- Remember to update your Med Form when your doctor changes, stops or revises your medication.

The Med Form is available online at www.themedform.com.

Appendix IV: The Med Form

For additional Med Forms, go to: www.themedform.com



THE MED FORM

Name: _____ Date Completed: _____
Preferred Pharmacy/Phone: _____
Address: _____
Phone Number: _____ Birth Date: _____
Emergency Contact/Phone: _____

Allergies and Drugs to Avoid/Adverse Reactions:

Current Medications:
List all medications you are taking, include over-the-counter (e.g., aspirin, antacids, vitamins and herbals).

Medication: _____	Dosage: _____
Reason for Taking: _____	Directions: _____
Doctor: _____	Date Started: _____
Medication: _____	Dosage: _____
Reason for Taking: _____	Directions: _____
Doctor: _____	Date Started: _____
Medication: _____	Dosage: _____
Reason for Taking: _____	Directions: _____
Doctor: _____	Date Started: _____
Medication: _____	Dosage: _____
Reason for Taking: _____	Directions: _____
Doctor: _____	Date Started: _____
Medication: _____	Dosage: _____
Reason for Taking: _____	Directions: _____
Doctor: _____	Date Started: _____

Always keep this form with you. (over)

Cut along solid lines and fold completed lines to fit in your wallet.

Appendix V: Medical Reserve Corps Units

Cochise County Medical Reserve Corps 1415 Melody Lane Bldg. A Bisbee, AZ 85603 Ramiro Barrera (520) 432-9438	Maricopa MRC 722 East Osborn Road Suite 400 Phoenix, AZ 85014 Richard Thomas (602) 616-2327	Yavapai County Medical Reserve Corps 1090 Commerce St. Prescott, AZ 86305 Brian Supalla (928) 442-5485
Coconino County Medical Reserve Corps Coconino County Health Department 2625 N. King St. Flagstaff, AZ 86004 John Seyb (928) 522-7848	Mohave County Medical Reserve Corps 700 West Beale St. Kingman, AZ 86401 Paul Pitts (928) 718-4964 MRC of Southern Az. 5199 E. Farness Drive Tucson, AZ 85712	Yuma County Public Health Preparedness & Response MRC 2200 w. 28th St. Suite 296 Yuma, AZ 85364 Rogelio Torres (928) 317 4624,Ext.1728
La Paz County Medical Reserve Corps 1200 Arizona Ave. Parker, AZ 85344 Mindy Christman (928) 669-9364	Tim Siemsen (520) 243-7750 Navajo County Medical Reserve Corps 117 E. Buffalo St. Holbrook, AZ 86025 Donal Walker (928) 524-4750, Ext.23	

Acknowledgements

The Arizona Medical Association gratefully acknowledges the financial assistance of the Arizona Department of Health Services and the technical assistance of Ms. Sharla Dudley, ArMA Communications Coordinator, and Mr. Ethan M. Riley, ADHS/BEPR Communication and Training Coordinator.

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