

# Arizona Department of Health Services

## *Ebola Virus Community Preparedness Forum*

### ***Panel Discussion***



Health and Wellness for all Arizonans

azdhs.gov



8:00	<b>REGISTRATION</b>	
9:00	Opening Remarks Will Humble, Director, Arizona Department of Health Services (ADHS)	
9:15	Epidemiological and Clinical Overview of Ebola Virus Disease (EVD) Cara Christ, MD, Chief Medical Officer, ADHS	
9:30	Emergency Medical Services & Personal Protective Equipment Les Paul Caid, Fire Chief, Rio Rico Fire District	
9:45	Isolation & Quarantine Overview Aubrey Joy Corcoran, Assistant Attorney General, Education & Health	
10:00	<b>BREAK</b>	
10:15	Module 1: Initial Case	
11:00	Module 2: Coordinating the Response	
11:45	<b>Working Lunch and Tabletop Discussion</b>	
12:45	Module 3: Ongoing Clinical, Public Health, & EM Response	
2:00	ADJOURN	

# Acknowledgements

- Brad Learn, Kentucky Department for Public Health
- Matthew Groenewold, US Public Health Service
- Rebecca Sunenshine, Maricopa County Health Department
- Will Humble, Arizona Department of Health Services (ADHS)
- Cara Christ, ADHS
- Jessica Rigler, ADHS
- Teresa Ehnert, ADHS
- Jennie Cunico, ADHS
- Terry Mullins, ADHS
- Joli Weiss, ADHS
- Antonio Hernandez, ADHS
- Ruth Penn, ADHS
- Sylvia Puente-Araiza, ADHS
- Juanita Roberts, ADHS



# Purpose

This forum was developed to evaluate coordination and communication between the healthcare system and responding agencies in the context of an Ebola Virus Disease (EVD) response.

# Participants include:

Emergency Medical Services (EMS) healthcare personnel, hospital emergency management coordinators, local/state public health departments, tribal partners, emergency management, law enforcement, healthcare coalitions, public works, schools, universities, businesses, and many other community partners.

Objectives	Healthcare Preparedness Capabilities
<p>1) Identify challenges and barriers healthcare facilities and public health departments will face when protecting staff and patients during an Ebola Virus Disease (EVD) response.</p>	<p><b>Responder Safety and Health</b></p>
<p>2) Discuss how healthcare facilities, public health departments, and emergency management agencies will coordinate emergency response activities.</p>	<p><b>Emergency Operations Coordination</b></p>
<p>3) Identify top priorities for public information and communication staff at healthcare facilities, public health departments, emergency management agencies, and other responding organizations.</p>	<p><b>Emergency Public Information &amp; Warning</b></p>

<b>Objectives</b>	<b>Healthcare Preparedness Capabilities</b>
4) Evaluate plans & procedures to share information across the response community, & identify situational awareness priorities for responding organizations.	<b>Information Sharing</b>
5) Assess facility-level & public health medical surge plans in the context of an EVD response.	<b>Medical Surge</b>
6) Evaluate plans to conduct a coordinated public health response (e.g., contact tracing, surveillance) between healthcare, local, state, and federal agencies.	<b>Public Health Surveillance &amp; Epidemiological Investigation</b>

# Format for today

- Panel Discussion with state, local, tribal, and healthcare representatives.
- A scenario, similar to a tabletop, will set the stage for the panel discussion
- Scenario has three modules: Day 1, Day 2, and Day 3
- Panelists will address discussion questions and key issues.
- Audience members can ask follow-up questions and provide comments at the end of each module.
- Lunchtime tabletop activity

# Audience Participation

- Time for Q&A after each Module
- Extra time at the end of Module 3
- Multiple microphones for audience comments and questions
- Tabletop lunchtime activity
- Feedback forms
- Question cards

<b>Acronym</b>	<b>Term</b>
ASPHL	Arizona State Public Health Laboratory
ADEM	Arizona Division of Emergency Management
ADHS	Arizona Department of Health Services
CDC	Centers for Disease Control and Prevention
ED	Emergency Department
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EVD	Ebola Virus Disease
HICS	Hospital Incident Command System
IC	Incident Command
IP	Infection Preventionist
LHD	Local Health Department
PIO	Public Information Officer
PPE	Personal Protective Equipment

# Panel Members

- Cara Christ, MD
- Jennifer Hamilton
- Will Humble
- Luke Johnson
- Michelle Smith
- Wendy Smith-Reeve
- Rebecca Sunenshine, MD
- Byron Steward
- Saskia van Rijn

# MODULE 1: INITIAL CASE

## DAY 1



# MODULE 1: INITIAL CASE DAY 1 - 11:30 A.M

- Mid- December and hospitals across are seeing increased number of influenza patients.
- Local health departments (LHD) across Arizona are actively monitoring 15 returnees from W. Africa.
- Mrs. Adanna, A 35 year-old under active monitoring, calls LHD to report a fever, headache & chills.
- Public health personnel evaluate symptoms & instruct her to go to a local hospital designated for potential Ebola patients.
- The hospital is notified.

# MODULE 1: 11:30 A.M

- Mr. & Mrs. Adanna arrived in AZ from Guinea 5 days ago.
- Neither person was symptomatic.
- Upon arrival at JFK Airport the couple was screened for fever, asked about contact with any Ebola cases, and provided a thermometer and traveler education kit.



## MODULE 1: 12:30 P.M.

- The Adannas arrive at the hospital and the patient is quickly isolated according to protocol.
- The Emergency Department (ED) physician consults with LHD and decides to admit Mrs. Adana to rule out Ebola.
- The hospital's Infection Preventionist (IP) and Emergency Preparedness Coordinator begin coordinating with public health staff.
- LHD personnel contact ADHS personnel, who notify other local, state, and federal partners.

## MODULE 1: 1:45 P.M.

- Mrs. Adanna is admitted to the hospital.
- The hospital places the patient in standard contact & droplet isolation and follows other CDC protocols.
- The hospital coordinates with LHD to obtain the appropriate shipping container for laboratory testing.
- Clinical specimens are collected & sent to the Arizona State Public Health Laboratory (ASPHL) for Ebola testing.
- Testing times for Ebola at ASPHL are estimated to be 6 – 8 hours, but may be longer due to packaging and shipping.

## MODULE 1: 3:45 P.M.

- ADHS & local health EOCs on standby for full activation.
- The Arizona Division of Emergency Management has been notified and will activate the State Emergency Operation Center (SEOC) if the specimens test positive for Ebola.
- The CDC has placed a strike team on standby for deployment to Arizona in case of a positive test result.
- Rumors have been circulating among hospital staff, and local media has been tipped off.

# MODULE 1: DISCUSSION QUESTIONS

1. What are the top priorities for state & local EOCs at this point in the scenario?
2. How can public health support the *Responder Safety & Health* capability at the impacted healthcare facilities?
3. What are the top priorities for *Public Health Surveillance & Epidemiological Investigation*?

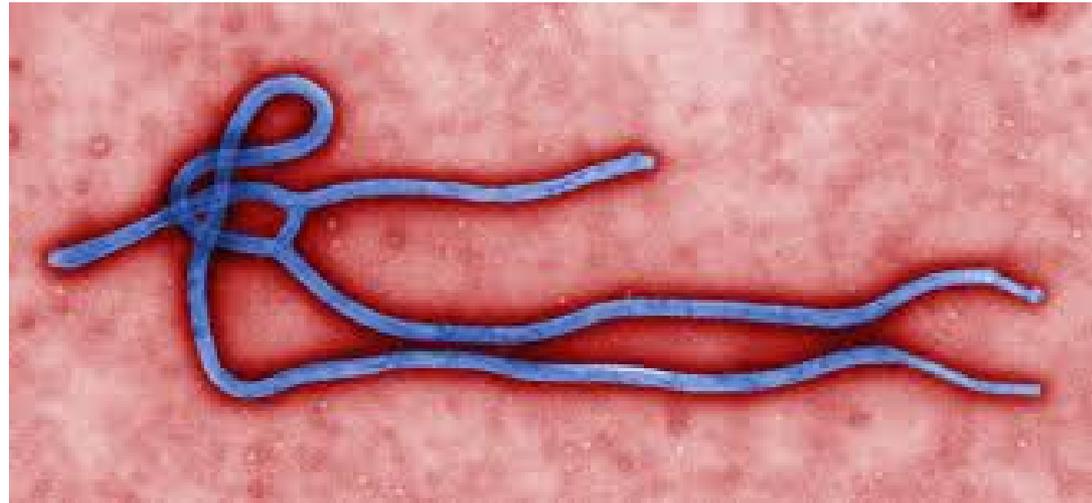


# MODULE 1: DISCUSSION QUESTIONS

4. How would emergency management and public health staff coordinate public information?
5. How might healthcare coalition partners work with public health & emergency management to support the response at this early stage?
6. What would be the trigger to activate the hospital emergency response plan and Hospital Incident Command System (HICS)?

# MODULE 2: THE TEST RESULTS

## DAY 1



## MODULE 2: TEST RESULTS – DAY 2 - 12:45 A.M

- The initial tests from ASPHL come back positive for Ebola virus.
- The ADHS Director declares a state of public health emergency in conjunction with the Governor's Office.
- The Hospital Command Center, along with local and state EOCs are fully activated.
- Reporters begin to arrive over the night time hours, and the media firestorm begins.

## MODULE 2: 9:00 A.M.

- Local, state, & federal public health agencies are working together on contact tracing and surveillance.
- A CDC team arrives at the hospital to support infection control & prevention efforts
- Hospital Communications Director along with state/local health officials hold a press conference



## MODULE 2: 9:00 A.M.

- The hospital's waste disposal vendor voices concerns.
- Staff doesn't want to come near the hospital.
- Vendor wants to know how the hospital will ensure the safety of his workers.



## MODULE 2: 11:00 A.M.

- Mr. Adanna develops symptoms & calls the local public health department.
- He indicates that he is not able to drive himself, LHD staff coordinates EMS transport.
- Ambulance & first responder personnel are notified of a potential Ebola patient and they initiate PPE protocols prior to transporting Mr. Adanna to the hospital.
- Mr. Adanna is admitted into isolation at the same hospital.

## MODULE 2: 12:00 P.M.

- Public Health staff works with Mr. Adanna, clinicians & the infection control staff to determine his close contacts.
- Fever monitoring is instituted (twice daily) for 21 days for each of the contacts.
- The hospital's Material Management Director anticipates that the facility will require more PPE (gowns, masks, and eye protection) during the next operational period.
- Hospital staff confers with local public health and EMS personnel on disposal of contaminated clothing and vehicle decontamination.

## MODULE 2: 1:00 P.M.

- Local public health provides education and institutes 21-day fever monitoring for potentially exposed EMS staff.
- All parties involved emphasize the need to collect thorough travel histories on all patients and to immediately report any suspect cases to the local public health department.



## MODULE 2: 3:00 P.M.

- The Governor's Office, ADHS, the LHD, and the hospital announce that they will hold a second press conference the following morning to address the evolving situation.
- A hospital representative will be at the conference to discuss steps the hospital has taken to isolate this patient, and protect patients and staff.

## MODULE 2: 4:00 P.M.

- Hospital security staff notifies the Hospital Command Center that a group of protestors has gathered alongside the growing number of TV reporters and cameramen.
- Protestors & reporters are not on hospital property but are causing traffic congestion and propagating misinformation.



## MODULE 2: 5:00 P.M.

- The Environmental Services Supervisor asks about cleaning Ebola patient rooms.
- She specifically wants to know if janitorial staff is required to service the rooms while the patients are present.
- Some of her staff are very concerned and have threatened to go home if required to go into those rooms.
- Hospital has only enough PPE stock for the next 24 hours and the next scheduled delivery is three days away.
- Patient care is generating a lot of hazardous medical waste; staff is concerned about safe storage and disposal.

## MODULE 2: 10:00 P.M.

- ASPHL Test results for Mr. Adanna come back positive for Ebola.
- Confirmatory testing will be done by the CDC, but for now, the hospital is operating as if it has two Ebola patients.
- Rumors begin circulating around the hospital and on social media that the hospital has 10 or more Ebola patients.



## MODULE 2: DISCUSSION QUESTIONS

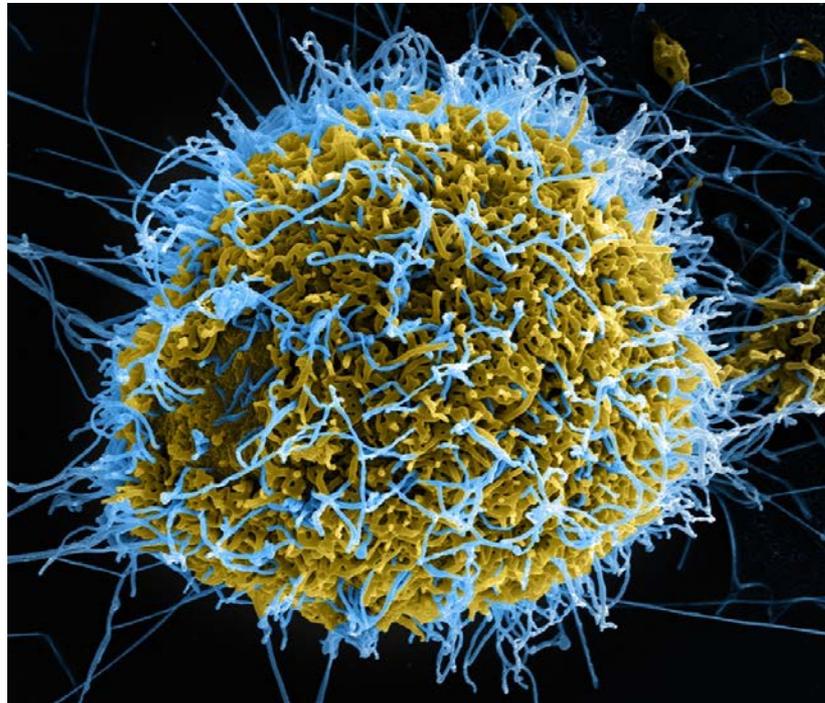
1. How will public health authorities coordinate with each other and with the impacted healthcare providers (e.g. hospital & EMS staff) to share information?
2. How will local & state emergency management agencies be involved in the response (i.e. non-clinical support)?
3. Would isolation/quarantine orders be considered for the Adannas' contacts? If so, how will they be issued and enforced?
4. What guidance & assistance would public health provide the EMS personnel that cared for Mr. Adanna? Which entity would provide this advice?

## MODULE 2: DISCUSSION QUESTIONS

5. How should the hospital Incident Commander (IC) address the concerns raised by Environmental Services?
6. What are the challenges associated with the hazardous medical waste build up, and what are some possible solutions?
7. What are the top priorities for the hospital PIO and communications staff?
8. How should the healthcare community, including the healthcare coalition, prepare for a possible influx of sick persons/worried well?

# MODULE 3: ONGOING CLINICAL, PUBLIC HEALTH, & EMERGENCY MANAGEMENT RESPONSE

## DAY 3



## MODULE 3: 6:00 A.M.

- Mrs. Adanna's condition is worsening, including impending organ failure.
- She may need more intensive procedures such as dialysis.
- EMS agencies conduct briefings with all personnel to respond to concerns about those exposed and to update operational and response plans.

## MODULE 3: 8:00 A.M.

- The owner of the hospital's linen contractor calls the hospital's Materials Management Supervisor and indicates they would not pick up any Ebola contaminated linen.
- The hospital does not have the capability to burn contaminated linen.
- Schools and residents in the vicinity of the hospital began calling the local and state health department with concerns about the sewer and water systems.
- Topic was addressed in the previous day's news conference, however, issues are becoming a public relations concern.

## MODULE 3: 9:00 & 10:00 A.M.

- The 9:00 A.M. press conference announces the 2<sup>nd</sup> case.
- The hospital telephone system is clogged with incoming calls from the news media.
- Patients are becoming fearful and checking out.
- Deliveries at birthing center being cancelled.
- The birthing center manager tried to tell them that they would be perfectly safe, but the callers said they weren't going to take any chances.
- The manager wants to know what to tell other callers.

## MODULE 3: 11:00 & 11:30 A.M.

- Mrs. Adanna's respiratory status is worsening and intubation is required.
- The attending physician requests a ventilator for Mrs. Adanna.
- Mr. & Mrs. Adanna's neighbor arrives with wife and two children at the hospital to be checked for Ebola.
- Several other people are arriving at other hospitals wanting to be tested for Ebola.

## MODULE 3: 2:30 P.M.

- In spite of the dedicated efforts of the hospital's clinical staff, Mrs. Adanna went into cardiac arrest and efforts to resuscitate her were unsuccessful.

## MODULE 3: DISCUSSION QUESTIONS

1. What are some issues surrounding the disposition of Mrs. Adana's human remains?
2. What would be the role of the various emergency management & public health agencies (local, state, federal) at this point in the response? How will these different levels of government work together to create a unified & efficient response?
3. What challenges will public health face in conducting surveillance & contact tracing?

## MODULE 3: DISCUSSION QUESTIONS

4. How should concerns about environmental contamination (e.g., water & sewer systems) be addressed, which experts would be most qualified to address these issues?
5. How will the hospital address demands on clinical personnel working long hours in PPE, staff fear of exposure, & overall stress?
6. How will the hospital address the concerns of the linen vendor and manage Ebola-contaminated linens?
7. What crisis communication strategies should the hospital use to keep staff, clinicians, patients & public informed?

# Questions



# Next Steps

**Teresa Ehnert, Bureau Chief**  
**Public Health Emergency Preparedness**  
**Arizona Department of Health Services**



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# Pillars of Crisis Standards of Care: A Systems Framework, IOM (2012)

