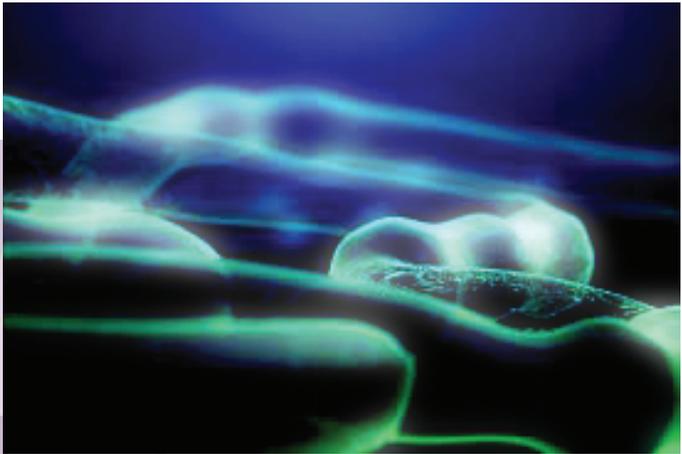
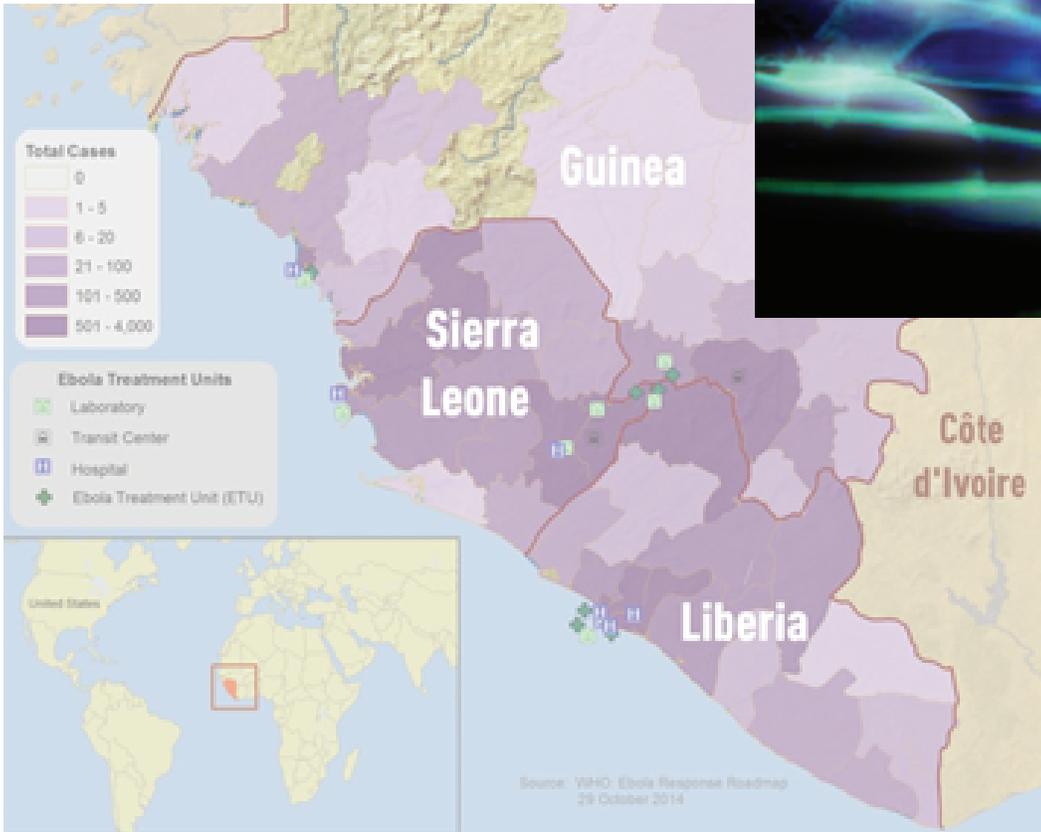


# ***Ebola Virus Community Preparedness Forum***

November 14, 2014 — Program



*genus: Ebolavirus*

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## AGENDA

### ADHS Ebola Virus Community Preparedness Forum

November 14, 2014  
The Wigwam—Ballroom  
300 E Wigwam Blvd  
Litchfield Park, AZ 85340

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

## FORUM OVERVIEW

<b>Event Name</b>	<b>Arizona Department of Health Services (ADHS) Ebola Virus Community Preparedness Forum</b>
<b>Date</b>	November 14, 2014
<b>Scope</b>	This event includes participation from healthcare system, public health, and emergency management stakeholders.
<b>Healthcare Preparedness Capabilities</b>	<ul style="list-style-type: none"> <li>• Emergency Operations Coordination</li> <li>• Emergency Public Information and Warning</li> <li>• Information Sharing</li> <li>• Medical Surge</li> <li>• Public Health Surveillance &amp; Epidemiological Investigation</li> <li>• Responder Safety and Health</li> </ul>
<b>Threat or Hazard</b>	Ebola Virus Disease (EVD)
<b>Scenario</b>	The 2014 Ebola Hemorrhagic Fever outbreak is the largest Ebola outbreak in history and the first in West Africa. A person possibly infected with Ebola presents at a hospital, creating a host of clinical, administrative, and infection control challenges across the preparedness community.
<b>Sponsor</b>	<p>Arizona Department of Health Services</p> <ul style="list-style-type: none"> <li>• Hospital Preparedness Program (HPP)</li> <li>• Public Health Emergency Preparedness (PHEP) Program</li> </ul>
<b>Points of Contact</b>	<p>Teresa Ehnert, Bureau Chief Bureau of Public Health Emergency Preparedness Arizona Department of Health Services <a href="mailto:teresa.ehnert@azdhs.gov">teresa.ehnert@azdhs.gov</a></p> <p>Antonio Hernandez, Partner Integration Section Chief Bureau of Public Health Emergency Preparedness Arizona Department of Health Services <a href="mailto:antonio.hernandez@azdhs.gov">antonio.hernandez@azdhs.gov</a></p> <p>Andrew Lawless, Emergency Response &amp; Communication Coordinator Public Health Emergency Preparedness Arizona Department of Health Services <a href="mailto:andrew.lawless@azdhs.gov">andrew.lawless@azdhs.gov</a></p>

## GENERAL INFORMATION

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 Incident Command (IC) staff, local/state public health departments, emergency management, healthcare coalitions, and other community partners.

### Forum Objectives and Healthcare Preparedness Capabilities

The forum objectives in Table 1 describe the expected outcomes for the event and are aligned with the Healthcare Preparedness Capabilities contained in the Office of the Assistant Secretary for Preparedness and Response Guidance of January 2012 titled; "Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness.

Objectives	Healthcare Preparedness Capabilities
1) Identify challenges and barriers healthcare facilities and public health departments will face when protecting staff and patients during an EVD response.	<b>Responder Safety and Health</b>
2) Discuss how healthcare facilities, public health departments, and emergency management agencies will coordinate emergency response activities.	<b>Emergency Operations Coordination</b>
3) Identify top priorities for public information and communication staff at healthcare facilities, public health departments, emergency management agencies, and other responding organizations.	<b>Emergency Public Information &amp; Warning</b>
4) Evaluate plans and procedures to share information across the response community, and identify top situational awareness priorities for responding organizations.	<b>Information Sharing</b>
5) Assess facility-level and 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>

**Table 1. Forum Objectives and Associated Capabilities**

## Forum Structure

This forum will include three modules:

- Module 1: Initial Case
- Module 2: The Test Results
- Module 3: Ongoing Clinical, Public Health, and Emergency Management Response

Each module begins with an update that summarizes key events occurring within that time period. After the updates, a panel of subject matter experts will address the discussion questions. After each panel discussion, the audience will have an opportunity to ask follow up questions and provide comments. Audience members are encouraged to sit with regional partners to facilitate local coordination. For this forum, the regional groups are as follows:

- Central
- Northern
- Southern
- Western

## Forum Guidelines

- This forum is designed to be held in an open, low-stress, no-fault environment. Varying viewpoints are expected.
- Participants should respond to the scenario using knowledge of current plans and capabilities, as well as insights derived from training and professional experience.
- Decisions are not precedent setting and may not reflect an organization's final position on a given issue. This event is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve protective measures, information coordination, and response/recovery efforts. Problem-solving should be the focus of discussions and feedback

## Assumptions and Artificialities

Participants should accept that assumptions and artificialities are inherent in any hypothetical response, and should not allow these considerations to negatively impact their participation. During the discussions, the following apply:

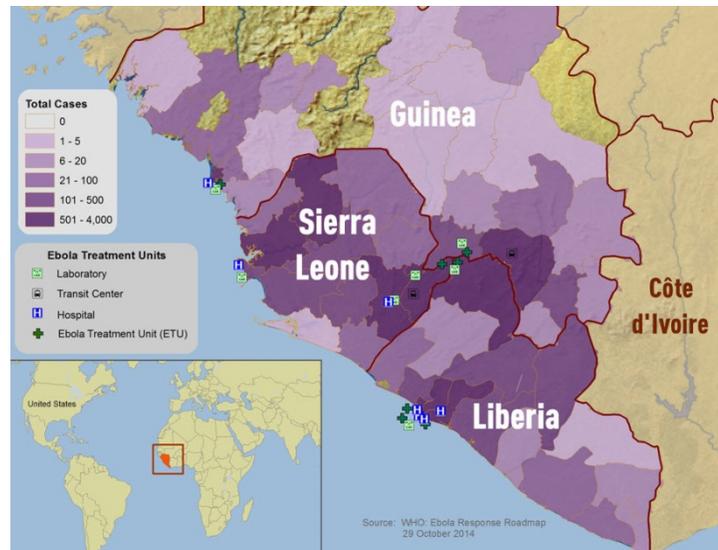
- The forum is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The scenario is plausible, and events occur as they are presented.

## BACKGROUND INFORMATION

(AS OF OCT. 31, 2014)

The Ebola outbreak began in March 2014 and is the largest epidemic in history. There have been several smaller sporadic outbreaks since the virus was discovered in 1976. The current outbreak is primarily affecting three countries in West Africa, including Sierra Leone, Liberia, and Guinea. Currently, there are 13,703 cases of Ebola in the West African outbreak, resulting in 4,922 deaths. The case fatality rate is 36%. There have been some challenges regarding the outbreak in West Africa, which may shed light on the widespread transmission. This includes, but is not limited to, the overburdened healthcare and public health systems, ease of travel and multiple means of travel across borders, and geographic breadth.

Other international countries have been affected on a smaller scale, including Spain, Nigeria, Senegal, and most recently Mali. The outbreaks in Senegal and Nigeria were declared over on October 17th and 19th, respectively, after 42 days (double the 21-day incubation period for Ebola) had elapsed since the last patient in isolation tested negative for the virus.



On August 8<sup>th</sup>, the World Health Organization declared the Ebola outbreak to be a Public Health Emergency of International Concern. The U.S. Centers for Disease Control and Prevention (CDC) is working with other U.S. government agencies, the World Health Organization (WHO) UNICEF, and other domestic and international partners in an international response to the current Ebola outbreak in West Africa. CDC has activated its Emergency Operations Center (EOC) to help coordinate technical assistance and control activities with partners. CDC has deployed several teams of public health experts to the West Africa region and plans to send additional public health experts to the affected countries to expand current response activities.

### United States Response

One key goal of the United States is to control the Ebola outbreak at the source. CDC has more than 100 staff members with diverse expertise on the ground in West Africa, supported by nearly one-thousand public health staff, including emergency response experts, stateside. CDC teams are deployed from the CDC 24/7 EOC, activated at Level 1, its highest level, because of the significance of this outbreak.

There have been 2 Ebola cases transported into the United States and two additional healthcare workers who were infected with the virus after caring for the first travel-associated case in Dallas, TX. With the exception of the death of the first travel-associated case, the other three patients with Ebola in the U.S. have remained in stable condition and are receiving the best standards of care. A few other American healthcare workers who were confirmed with Ebola in West Africa and were safely transported to U.S. hospitals have been successfully treated and discharged.

CDC has published guidance for Ebola infographics, preparedness, response, risk assessments and patient management. These documents most recently included specific guidelines for personal protective equipment (PPE), exposure risk categorization, travel screening and active monitoring procedures. CDC continues to develop and post updated materials.

### **Arizona Department of Health Services Response**

ADHS participates in CDC and Association of State and Territorial Health Officials (ASTHO) conference calls regarding the Ebola outbreak as well as preparation and response activities. ADHS has been working with healthcare providers and local county public health to provide training and information, including direct outreach to hospitals, clinicians, infection preventionists, and first responders. ADHS is also chairing the Governor's Council for Infectious Disease Preparedness and Response, initiated through an Executive Order by Governor Brewer on October 21<sup>st</sup>. The Council is responsible for developing and implementing a coordinated plan to ensure Arizona's public health infrastructure is prepared for the potential outbreak of infectious diseases; strengthening collaboration between public, private, and community partners to address infectious disease transmission and treatment; and to serve as a source of information and education for Arizonans.

On October 15<sup>th</sup>, ADHS activated its EOC for Ebola response, which remains in virtual mode. ADHS developed and distributed Ebola Toolkits beginning on Oct. 17, 2014 for partners including EMS and 9-1-1, hospitals, clinicians, outpatient clinics, schools and businesses. These toolkits (Appendix A) contain resources, checklists, templates, and fact sheets for each respective audience on how to prepare for and respond to the Ebola situation. ADHS has also provided laboratory guidance and general information to the public.

Presently, there are no cases of Ebola in Arizona. The Arizona State Public Health Laboratory does have the capacity to test specimens for Ebola pending patient assessment and authorization. Additionally, epidemiologists at ADHS in conjunction with local county health departments have been adhering to CDC guidelines for active monitoring of travelers from the Ebola affected countries in West Africa. Due to the fluidity of the situation, ADHS continues to work with local public health and federal partners on Ebola preparedness and response activities.

## MODULE 1: INITIAL CASE

### Day 1 - 11:30 A.M.

- It is mid-December and hospitals across Arizona are seeing an increased number of influenza patients.
- Local health departments across Arizona are actively monitoring 15 returnees from West African countries.
- Mrs. Adanna, a 35 year-old under active monitoring, calls her local health department to report a fever, headache and chills.
- Public health personnel evaluate her symptoms and instruct her to go to a local hospital designated for potential Ebola patients. The hospital is also notified.
- She and her husband, Mr. Adanna, arrived in Arizona from a trip to Guinea five days ago.
- Upon arrival at JFK Airport, the couple was screened for fever and contact with any Ebola cases and was provided a thermometer and traveler education kit.
- Neither person was symptomatic at the time nor did they report contact with any Ebola cases.

### 12:30 P.M.

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

### 1:45 P.M.

- Mrs. Adanna is admitted to the hospital.
- The hospital places the patient in standard contact and droplet isolation and follows all other infection prevention and control recommendations from CDC.
- The hospital coordinates with local public health to obtain the appropriate shipping container for laboratory testing.
- Clinical specimens are collected and 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 the time required for packaging and shipping.
- In the meantime, other diagnoses are also being considered.

### 3:45 P.M.

- ADHS and local health department officials have placed EOC staff on standby, and have initiated discussions regarding full EOC 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.

### Key Issues

- A person with suspected Ebola has been admitted to an Arizona hospital.
- Local/state public health authorities have been notified and are ramping up EOC operations in case of a positive result.
- The CDC has a strike team on standby.
- The hospital must manage this patient during the next several hours, while awaiting test results from ASPHL.

### Discussion Questions

1. What are the top priorities for state and local EOCs at this point in the scenario?
2. How can public health support the *Responder Safety and Health* capability at the impacted healthcare facilities?
3. What are the top priorities for *Public Health Surveillance and Epidemiological Investigation*?
4. How would emergency management and public health staff coordinate public information?
5. How might healthcare coalition partners work with public health and 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

### Early on the Next Day – 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.

### 9:00 A.M.

- Local, state, and federal public health agencies are working together on contact tracing and surveillance.
- A CDC team arrives at the hospital to support infection control and prevention efforts.
- The hospital Communications Director, along with state and local public health officials, hold an initial press conference to address the possible Ebola case at the hospital.
- Around the same time, the hospital's waste disposal vendor calls to express concern about disposing of Ebola waste.
- The vendor says his staff doesn't want to come near the hospital and he wants to know how the hospital will ensure the safety of his workers.

### 11:00 A.M.

- Mr. Adanna develops symptoms and calls the local public health department.
- He indicates that he is not able to drive himself, and local public health staff coordinates EMS transport.
- Ambulance and first responder staffs 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.

### 12:00 P.M.

- Public Health staff works with Mr. Adanna, clinicians, and the infection control staff to determine his close contacts during his probable infectious period.
- 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.

**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.

**3:00 P.M.**

- The Governor's Office, ADHS, the local health department, 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.

**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 and reporters are not on hospital property but are causing traffic congestion and propagating misinformation.

**5:00 PM**

- The Environmental Services Supervisor calls the Hospital Command Center and asks for specific guidance on how staff is to enter and clean the 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.
- The Materials Management Supervisor states that many of the nursing stations are ordering extra gowns, masks, eye shields, and shoe covers.
- At this rate, the hospital has only enough stock for the next 24 hours and the next scheduled delivery is three days away.
- Patient care for the Adannas is generating a lot of hazardous medical waste, and staff is concerned about safe storage and disposal.

**10:00 PM**

- The laboratory tests 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.

## Key Issues

- The hospital has two Ebola patients (1 confirmed & 1 presumptive case)
- Active surveillance and contact tracing has been initiated by local public health for potentially exposed persons, including EMS and hospital staff.
- One press conference has been held and second is scheduled for the following morning to address the media firestorm and public fears.
- Environmental Services Supervisor is asking for guidance and workers are threatening to go home.
- The hospital only has enough PPE stock for the next operational period; the next delivery is scheduled three days from now.

## Discussion Questions

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

### **Day Three - 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 revise operational and response plans to prevent further exposure.

### **8:00 A.M.**

- The owner of the hospital's linen contractor called Materials Management and indicated 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.
- These concerns were briefly addressed in the previous day's news conference, but the sewer and water issues are becoming a public relations issue.

### **9:00 A.M.**

- The 9:00 A.M. joint press conference announces the second case of Ebola in Arizona.
- The hospital telephone system is clogged with incoming calls from the news media.

### **10:00 A.M.**

- Patients are becoming fearful and checking themselves out of the hospital.
- The manager of the birthing center reports that numerous women are cancelling their deliveries at the hospital.
- 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 anyone else who calls.

### **11:00 A.M.**

- Mrs. Adanna's respiratory status is worsening and intubation is required.
- The attending physician requests a ventilator for Mrs. Adanna.

### 11:30 A.M.

- Mr. and Mrs. Adanna's next door neighbor has arrived with his spouse and two children at the hospital ED to be checked for Ebola.
- Several other people are arriving at other hospitals wanting to be tested for Ebola.

### 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.

## Key Issues

- Mrs. Adanna's condition declines rapidly and she does not survive.
- The linen contractor indicates they will not pick up any Ebola contaminated linen.
- A press conference announces the second human case of Ebola in the state.
- Soon-to-be mothers state that they are going to different hospitals for their deliveries.
- People are arriving at the initial hospital and other local hospitals wanting to be tested for Ebola.
- EMS agencies are implementing measures to prevent exposures of staff responding to 9-1-1 calls.

## 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 and 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 and efficient response?
3. On day three of the response, what challenges will public health face in conducting surveillance and contact tracing?
4. How should community concerns about environmental contamination (e.g., water and sewer systems) be addressed, and which subject matter 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, and overall stress of the situation?
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, and the public informed?

## APPENDIX A: ADDITIONAL DISCUSSION

### Module 1:

1. What information should hospital general staff receive at this point, and how would this be accomplished?
2. What should the hospital tell its patients and visitors, and how would this be accomplished?
3. What are the steps the hospital would take to clean the emergency room and entry path?
4. How will the hospital ensure that staff properly don and safely doff PPE every time it is used?
5. What special precautions should hospital laboratory staff take?

### Module 2:

1. How might this response impact behavioral health, including the seriously mentally ill (SMI) population?
2. How will the hospital address PPE shortages (i.e. what strategies or partners might be leveraged to address shortage)?
3. What practices could the Public Safety Answering Point (PSAP), and EMS personnel (first responder and transport) initiate to minimize the number of staff exposure to EVD?
  - a. Have hospitals designated personnel to meet EMS providers upon arrival?
  - b. How can hospitals assist EMS staff with doffing PPE?
  - c. Has an area been designated where EMS can doff PPE?
  - d. Is there an area where EMS can park the ambulance to perform decontamination?
  - e. Have separate entry points for potential Ebola patients been identified at hospitals?
  - f. Have secure and direct routes been identified for transporting patients from the ambulance to the ED or other rooms?
  - g. Are decontamination facilities nearby?
4. What should hospital command staff do to prepare for the next operational period (12 hours)? What are the top four or five priorities?
5. How would the EMS personnel (first responder and transport) and public health authorities ensure that potentially exposed staff is appropriately screened, educated, and monitored?

6. What data sources at the hospital (e.g. handwritten / electronic medical records, electronic outputs, and white boards) would be available to assist public health staff conducting surveillance and contact tracing?
7. How would the second probable case impact hospital staffing?

**Module 3:**

1. Who on the hospital staff will handle Mrs. Adanna's remains, and how will the remains be dispositioned?
2. If a funeral home is to handle the remains, who will contact the funeral home and what precautions will be recommended for their staff?
3. How will state and local public health address the influx of calls from the general public and partner agencies?
4. How do EMS agencies revise their SOPs to prevent staff exposures while maintaining service?
5. What support would the healthcare coalition provide to impacted healthcare facilities during a surge of potentially ill and worried-well persons (assume that it is also influenza season)?

## APPENDIX B: RESOURCES & LINKS

ADHS Guidance	Resource Link
<b>Main Ebola Homepage</b> - provides an overview of the Ebola response in Arizona and links for the public and professionals.	<a href="http://azdhs.gov/phs/oids/ebola/">http://azdhs.gov/phs/oids/ebola/</a>
<b>FAQs for the Public</b> –information about the disease, transmission, and safety measures for the general public.	<a href="http://azdhs.gov/phs/oids/ebola/faqs.php">http://azdhs.gov/phs/oids/ebola/faqs.php</a>
<b>Professional Toolkits</b> –information and toolkits for professionals preparing for Ebola.	<a href="http://azdhs.gov/phs/oids/ebola/preparedness/">http://azdhs.gov/phs/oids/ebola/preparedness/</a>
<b>Toolkit for Hospitals</b>	<a href="http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=hospital-toolkit">http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=hospital-toolkit</a>
<b>Toolkit for Outpatient Clinics</b>	<a href="http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=outpatient-toolkit">http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=outpatient-toolkit</a>
<b>Toolkit for EMS &amp; First Responders</b>	<a href="http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=ems-first-responder-toolkit">http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=ems-first-responder-toolkit</a>
<b>Toolkit for PSAPs &amp; 911 Centers</b>	<a href="http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=psaps-911-toolkit">http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=psaps-911-toolkit</a>
<b>Toolkit for Decedent Care Services &amp; Medical Examiners</b>	<a href="http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=medical-examiners-funeral-directors-mortuaries">http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=medical-examiners-funeral-directors-mortuaries</a>
<b>Toolkit for Childcare &amp; Schools</b>	<a href="http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=childcare-school-toolkit">http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=childcare-school-toolkit</a>
<b>Toolkit for Businesses</b>	<a href="http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=business">http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=business</a>
<b>Toolkit for Clinicians</b>	<a href="http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=clinicians">http://azdhs.gov/phs/oids/ebola/preparedness/index.php?pg=clinicians</a>
<b>Governor’s Council Advisory</b> – information on Governor’s Council for Ebola preparedness and response.	<a href="http://azdhs.gov/phs/oids/advisory-council/">http://azdhs.gov/phs/oids/advisory-council/</a>

<b>ADHS Guidance</b>	<b>Resource Link</b>
<b>Ebola Response Resource Guide</b> – information on Ebola situation and guidelines on prevention and control.	<a href="#">Ebola Response Resource Guide</a>
<b>Bureau of State Laboratory Services</b> –guidance for public health laboratory partners on Ebola specimen submission, transportation and testing	<a href="http://www.azdhs.gov/lab/ebola/">http://www.azdhs.gov/lab/ebola/</a> <a href="http://www.cdc.gov/vhf/ebola/pdf/ebola-lab-guidance.pdf">http://www.cdc.gov/vhf/ebola/pdf/ebola-lab-guidance.pdf</a>
<b>Could it be Ebola?</b> –guidance for screening and evaluating suspect cases	<a href="http://www.azdhs.gov/phs/oids/ebola/documents/preparedness/could-it-be-ebola-outpatient.pdf">http://www.azdhs.gov/phs/oids/ebola/documents/preparedness/could-it-be-ebola-outpatient.pdf</a>
<b>Checklist for Evaluation of Returning Travelers</b>	<a href="http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf">http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf</a>
<b>Algorithm—Identify, Isolate, Inform</b> –emergency department evaluation and management of suspect Ebola patients	<a href="http://www.cdc.gov/vhf/ebola/pdf/ed-algorithm-management-patients-possible-ebola.pdf">http://www.cdc.gov/vhf/ebola/pdf/ed-algorithm-management-patients-possible-ebola.pdf</a>
<b>Is it Flu or Ebola?</b> –comparison questions on symptoms and transmission of Flu vs. Ebola	<a href="http://www.cdc.gov/vhf/ebola/pdf/is-it-flu-or-ebola.pdf">http://www.cdc.gov/vhf/ebola/pdf/is-it-flu-or-ebola.pdf</a>
<b>Arizona County Public Health Contacts</b>	<a href="http://www.azdhs.gov/lab/ebola/index.php?pg=contact">http://www.azdhs.gov/lab/ebola/index.php?pg=contact</a>
<b>Main CDC Homepage for Ebola</b>	<a href="http://www.cdc.gov/vhf/ebola/">http://www.cdc.gov/vhf/ebola/</a>
<b>2014 Ebola Outbreak</b> –overview by CDC of West Africa outbreak	<a href="http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html">http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html</a>

## APPENDIX C: ACRONYMS

Acronym	Term
AAR	After Action Report
ASPHL	Arizona State Public Health Laboratory
ASTHO	Association of State and Territorial Health Officials
ADEM	Arizona Division of Emergency Management
ADHS	Arizona Department of Health Services
AzHAN	Arizona Health Alert Network
CDC	Centers for Disease Control and Prevention
ED	Emergency Department
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EVD	Ebola Virus Disease
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
IC	Incident Command
IP	Infection Preventionist
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
PPE	Personal Protective Equipment
PSAP	Public Safety Answering Point
SEOC	State Emergency Operation Center
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

## **SPEAKERS/PANELIST PROFILE**

### **Les Caid**, Fire Chief, Rio Rico Fire, AZ



Rio Rico Fire Chief Les P. Caid started his career in the Fire Service in 1979. He served 25 years with Tucson Fire Department. While with TFD he worked in all areas of the Department including many years as a Paramedic and EMS Supervisor, Battalion Chief of Technical Rescue, Hazardous Materials, Support Services and retired as the Deputy Chief of Emergency Management. While with Tucson Fire, Chief Caid was recognized at the national level for his work in building the Tucson Metropolitan Medical Response System (MMRS). Les worked 4 years with Rural Metro Fire, as the Regional Fire Chief, running operations in

Arizona and Oregon. Chief Caid has taught nationally and internationally, including multiple times in both Malaysia and Mexico.

Chief Caid sits on the IAFC Exercise and Response Subcommittee. He is the EMS Representative for the Arizona Fire Chief Association, and long standing member of the AFCA Mutual Aid Committee. He is currently the Co-Chair of the U.S. EPA Border 20/20 Emergency Preparedness Task Force; Chair of the Santa Cruz County LEPC; Chair of Pima Community College - FSC-EMT Advisory Board; President of the Medical Reserve Corp of Southern Arizona. He has served on numerous boards including has served on the Board of Directors of the American Red Cross, Greater Tucson Leadership, the Arizona School Counselors Association, and World Care.

Les has an A.A. in Fire Science, B.S. in Public Administration and Master of Science Degree in Executive Leadership. After several years of prep-work by Chief Caid, in January 2014, Rio Rico Fire District started the first Community “Healthcare” Paramedic program in Arizona.

### **Aubrey Joy Corcoran**, Assistant Attorney General, Education/Health Section, Arizona Attorney General’s Office



Aubrey Joy Corcoran is an Assistant Attorney General in the Education and Health Section of the Arizona Attorney General’s Office where she represents the Arizona Department of Health Services. Before attending law school, she earned her master of public health degree from the Rollins School of Public Health at Emory University. From there, she went on to work as an HIV Program Specialist with the Indian Health Service, an Epidemiologist with the Inter-Tribal Council of Arizona, and a Bioterrorism and Emergency Preparedness Trainer with the Arizona Department of Health Services.

Aubrey Joy received her juris doctor degree from the Sandra Day O’Connor College of Law at Arizona State University. After graduating from law school, Aubrey Joy clerked for Judge Patricia K. Norris on the Arizona Court of Appeals and then practiced construction law before returning to her true passion—public health. Aubrey Joy was the first Fellow and Faculty Associate for the Public Health Law and Policy Program at the Sandra Day O’Connor College of

Law. She subsequently joined the Arizona Attorney General's Office where she now practices public health law.

## **Dr. Cara Christ, Deputy Director, Arizona Department of Health Services**



Dr. Cara Christ is currently the Deputy Director for the Arizona Department of Health Services, (Department) Division of Public Health Services as well as the Chief Medical Officer for the Department. Cara also serves as the state's tuberculosis control officer. She received her Bachelor and Master of Science Degrees in Microbiology, with an emphasis in molecular virology and epidemiology from Arizona State University in Tempe. She attended medical school at the University of Arizona in Tucson and trained in Obstetrics and Gynecology at Banner Good Samaritan Medical Center in Phoenix.

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

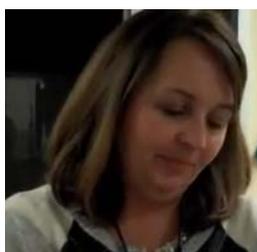


Teresa was born in Fargo, North Dakota and relocated to Arizona in 2005. Teresa has a Master Degree in Management from the University of Mary, Fargo, ND. Prior to her role at the Department of Health Services, Teresa was a Chief Master Sergeant in the Air Force completing a career of almost 27 years.

Teresa joined the Department of Health Services in August of 2005. Her primary responsibility as Bureau Chief of Public Health Emergency Preparedness is to direct the overall planning, development, implementation, coordination, response and evaluation of the programs for Public Health Emergency Preparedness.

Teresa is responsible for facilitating the coordination of state planning and regional committees on preparedness activities with emergency response partners. She facilitates programs designed to enhance planning and response to public health emergencies. Teresa also provides oversight and leadership for two public health preparedness grants exceeding \$20 million dollars.

## **Jennifer Hamilton, Emergency Management Coordinator, Banner Health, AZ**



Jennifer Hamilton joined Banner Health in 2011 as an Emergency Management Coordinator. She received both her Bachelors and Masters of Public Health from University of Arizona. She worked at the Maricopa County Office of Preparedness and Response and Maricopa County Department of Emergency Management assisting with emergency

response planning, points of dispensing planning, and exercises and trainings. Jennifer led the Logistics Section of the 2009 Arizona Statewide Exercise by recruiting volunteers and coordinating exercise supplies and materials for hundreds of participants. With her planning knowledge and experience, she was asked to coordinate the Joint Information Center for the 2009 H1N1 statewide response. She has been actively engaged in the Arizona Coalition of Healthcare Emergency Response for seven years and is the Chair for the Southeast Sector. When not planning for disasters at work, Jennifer manages the disasters her husband and two young daughters make at home.

## **Will Humble, Director, Arizona Department of Health Services**



Will Humble, Director for the Arizona Department of Health Services (ADHS), has more than 25 years' experience working in the public health sector, and 20 of those years are with ADHS. The Department provides a wide array of health related services including Arizona's behavioral and public health systems, the Arizona State Hospital, medical and child care licensure and certification services, and the Arizona Public Health Laboratory.

Some of Will's accomplishments include the following: Leading the statewide initiative to integrate public health principles and primary care into the State's behavioral health system for persons with Serious Mental Illness. Successfully directed the Arizona public health system response to the 2009 H1N1 influenza pandemic, and implemented a new nutritionally balanced food package for participants of the Arizona Women Infants and Children WIC Program to address the increasing obesity epidemic. Will has also improved the Department's emergency medical services programs, improving Stakeholder relations, initiating the development of Arizona's new trauma system, and leading the development of public health initiatives such as cardio-cerebral resuscitation (CCR), stroke telemedicine, and cardiac care centers. Led interventions to improve Arizona's vaccination rates and expanded vaccination requirements for school entry. Authored over 50 environmental health risk assessments and public health consultations at various environmental contamination sites, and communicated health risks to the public and media. Will led the implementation of the Arizona Medical Marijuana Act, developing a responsible program that set the stage for a successful medical marijuana program.

Will is currently appointed to the Arizona Developmental Disabilities Planning Council (Governor's Office for Children, Youth and Families), First Things First, Arizona Mexico Border Health Commission, Arizona Mexico Commission, Homeland Security Senior Advisory Committee and Governor's Council of Infection Disease Preparedness and Response.

## **Luke Johnson, Director Dept of Emergency Response, Fort Mojave Tribe, AZ**



Luke Johnson serves the Fort Mojave Indian tribe as the Director Dept of Emergency Response (DER) which manages emergency management planning under Homeland Security and FEMA guidelines. Under DER the Tribe has a fully operational emergency management program

designed to work with CA, AZ and NV emergency management statutes and is a regional partner with surrounding agencies. DER manages all environmental response activities with full environmental operational plans and emergency HAZMAT plans. Luke serves the Arizona Indian Tribes as the contracted Tribal Preparedness Coordinator in field services for public health planning, programmatic emergency preparedness management under ADHS guidance. As Coordinator/Liaison Arizona tribes are visited and the local tribal Public Health Emergency Preparedness (PHEP) program expanded as well as conducting teleconferences, meetings for programmatic development. Luke also serves as a consultant to the Arizona Tribal Executive Committee (AzTEC) a tribal PHEP organization. Luke is Chairman of the Fort Mojave Tribal Telecommunications and Fort Mojave Construction Board. Luke completed 18 years with Indian Health Services as the Fort Yuma Facilities Manager and Safety Officer developing the hospitals environment of care standards for Joint Commission accreditation. Since August 2005 Luke has serves as the Fort Mojave Tribes Director Dept of Emergency Response.

## **Andrew Lawless, Emergency Response and Communication Coordinator, Arizona Department of Health Services**



Andrew Lawless is the Emergency Response and Communication Coordinator with the Bureau of Public Health Emergency Preparedness at the Arizona Department of Health Services (ADHS). He holds a Masters of Business Administration from Northern Arizona University and is a certified Project Management Professional. Andrew has been working in the field of public health preparedness for over ten years and has worked with healthcare, emergency managers, and public health professionals to develop and conduct dozens of preparedness exercises. He is currently the Project Manager for the Arizona Crisis Standards of Care (CSC)

planning committee and is actively involved in public health and healthcare preparedness initiatives across the state.

## **Wendy Smith-Reeve, Director, Arizona Division of Emergency Management**



Wendy Smith-Reeve joined the agency in 1996, and assumed duties as Director of the Arizona Division of Emergency Management (ADEM) in May 2013, and Deputy Director for the Department of Emergency and Military Affairs (DEMA) in November 2013.

As Director of ADEM, Wendy is responsible for disaster preparedness, operations, recovery and logistics. She also serves as Chair of the Arizona State Emergency Response Commission and as a Co-Chair on the Emergency Management Committee of the Arizona-Mexico Commission.

As Deputy Director for DEMA she oversees all state activities for the Department, including administrative services, resource management, purchasing, and contracting; and supports Arizona Army and Air National Guard components.

Wendy is a current member and former President of the Arizona Emergency Services Association (AESA). She is also a member of the National Emergency Management Association

(NEMA). As a member of NEMA she currently serves as Chair for the Response and Recovery Committee, as well as the Radiological Emergency Preparedness Sub-committee, and supports the NEMA Board of Directors as the Regional Vice President for Region IX.

## **Byron Steward, Emergency Manager, Mohave County, AZ**



Byron Steward graduated from Kansas State University with a B.S. in Civil Engineering and spent 16 years as a drilling engineer and production supervisor in the oil industry. He served 9 years as a volunteer firefighter and fire officer and 4 years as a County Emergency Management Coordinator in Kansas. He has been Mohave County Emergency Management Coordinator since October, 2003, and is currently President Elect of the Arizona Emergency Services Association (AESA).

## **Dr. Rebecca Sunenshine, Maricopa County Acting Health Officer, and Medical Director & Division Administrator for the Disease Control Division at Maricopa County Health Department, AZ**



Dr. Rebecca Sunenshine is the Medical Director and Division Administrator for the Disease Control Division at Maricopa County Health Department and is temporarily serving as the Maricopa County Acting Health Officer. As a CDC Career Epidemiology Field Officer assigned to Arizona since July 2006, she has served at the Arizona Department of Health Services for 4 years and Maricopa County Department of Public Health for 4 years. She is a Captain in the US Public Health Service, trained in internal medicine and infectious diseases at Oregon Health & Science University, and completed her CDC Epidemic Intelligence Service Fellowship in 2006 with the Division of Healthcare Quality Promotion.

## **Saskia van Rijn, Infection Preventionist and Hospital Epidemiologist, Phoenix Children's Hospital, AZ**



Saskia van Rijn is an Infection Preventionist and a Hospital Epidemiologist at Phoenix Children's Hospital who specializes in Biodefense, preparedness, bio-surveillance, and emerging infectious diseases. She has a Masters of Public Health in epidemiology and a Masters of Arts in International Security and Policy from the University of Arizona. She is certified in Infection Control and currently serves as an external expert for the European Centre for Disease Control on infectious diseases, biosecurity, infection control, preparedness, etc. Saskia also participated in several trainings through DHS's Center for Domestic Preparedness in hospital emergency response, CBRNE agents, and pandemic preparedness.

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