



**GOVERNOR'S COUNCIL ON INFECTIOUS
DISEASE PREPAREDNESS AND RESPONSE**

PRELIMINARY REPORT

DECEMBER 1, 2014



Office of the Director

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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

December 1, 2014

Re: Governor's Council on Infectious Disease Preparedness and Response

Dear Governor Brewer:

Recent emerging infectious diseases in the United States have highlighted the need for effective public health measures to prevent the spread of disease among Arizonans. Your foresight and timely creation of the Council provided Arizona's Public Health System with the momentum needed to accomplish the development and implementation of a statewide infectious disease response system.

As you recognized, it is imperative that each and every practitioner, infection preventionist, healthcare clinic and health department is prepared to screen, isolate and diagnose suspected and confirmed cases of illnesses like Ebola, as well as other infectious diseases that may result in an outbreak. Attached, you will find our Preliminary Report outlined in your Executive Order that established the Council on Infectious Disease Preparedness and Response.

To assist with statewide preparedness, the Council has developed a number of recommendations for developing a comprehensive plan to diagnose, treat and respond to infectious diseases and to strengthen communication within the healthcare community.

We appreciate your leadership and recognition that preparedness against infectious disease outbreaks is a significant strategy that will require ongoing planning statewide. As the situation is continually evolving, the Council will continue its work to ensure the health and safety of all Arizonans. We are proud to have worked on this critical task and will continue to be a part of the solution.

Sincerely,

A handwritten signature in blue ink that reads "Will Humble".

Will Humble, MPH, Director
Arizona Department of Health Services

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INTRODUCTION

On October 21, 2014, Governor Janice K. Brewer issued [Executive Order 2014-08 \(Appendix A\)](#) establishing the Council on Infectious Disease Preparedness and Response (Council). The Governor charged the Council to carry out the following:

- “Develop and implement a coordinated comprehensive plan to ensure Arizona's public health infrastructure is prepared for the potential outbreak of infectious diseases, such as the Ebola virus, influenza, enterovirus, tuberculosis, and other emerging infectious diseases, and can provide rapid response that effectively protects the safety and well-being of Arizonans.

The plan should include methods for rapidly identifying and assessing cases, protocols for providing healthcare treatment and infection control to prevent healthcare worker infections, and case contact investigations to prevent secondary infections in the community;

- Strengthen collaboration among healthcare organizations, medical communities, government agencies, law enforcement, non-profit organizations, and the community-at-large in order to effectively address infectious disease transmission and treatment;
- Serve as a reliable and transparent source of information and education for Arizona leadership and citizens; and
- Provide a preliminary report on its findings and recommendations, including progress made on implementation of the plan and recommendations for additional needs and response activities, to the Governor by December 1, 2014. Continue to report to the Governor on a regular basis as the situation requires, and may include preliminary recommendations that require legislative action as the Council deems necessary.”

The Governor selected Will Humble to serve as the Chair of the Council. Mr. Humble also serves as the Director for the [Arizona Department of Health Services](#) (ADHS).

Additionally, the Governor appointed the following 21 members to serve on the Council:

- Shaun Anand, MD, Medical Director, Banner Health Network;
- Mark Carroll, MD, Chief Medical Officer, Flagstaff Medical Center;
- Cara Christ, MD, Chief Medical Officer, ADHS;
- Jim Dearing, DO, Member, Arizona Academy of Family Physicians;
- Sean Elliott, MD, Medical Director, Infection Control, University of Arizona Health Network;

- Bob England, MD, County Health Officer, Maricopa County Department of Public Health;
- Robert Fromm, Jr. MD, Chief Medical Officer, Maricopa Integrated Health System;
- Francisco Garcia, MD, MPH, Pima County Health Officer, Pima County Department of Health;
- Robert Halliday, Director, Arizona Department of Public Safety;
- Debbie Johnston, Senior Vice President, Policy Development Arizona Hospital and Healthcare Association;
- Glenn Kasprzyk, Vice Chair of the Emergency Medical Services (EMS) Council;
- Scott Krushak, Acting Assistant Chief, Phoenix Fire Department
- Eileen Klein, President, Arizona Board of Regents;
- Michael O’Driscoll, County Health Officer, Gila County Department of Health;
- Chic Older, Executive Director, Arizona Medical Association;
- Gilbert Orrantia, Director, Arizona Department of Homeland Security;
- Ross Rodgers, MD, FACEP President, Arizona College of Emergency Physicians;
- Marie Russell, MD, MPH, Chief Medical Officer, Phoenix Area, Indian Health Services;
- Robin Schaeffer, MSN, RN, CNE, CAE Executive Director, Arizona Nurses Association;
- Wendy Smith-Reeve, Deputy Director, Arizona Department of Emergency and Military Affairs, and Director, Arizona Division of Emergency Management; and
- Rebecca Sunenshine, MD, Medical Director, Disease Control Division, Maricopa County Department of Public Health.

The Council met for a total of five meetings, three publicly noticed full council meetings and two publicly noticed subcommittee meetings. Agendas, minutes, and all materials generated for the Council are posted on the [Council webpage](#) on the ADHS website.

In accordance with the Governor’s Executive Order, the members of the Council are proud to submit this report with findings and recommendations to the Governor.

1.0 EXECUTIVE SUMMARY OF COUNCIL REPORT

This report highlights the work of the Council to examine, develop, and implement a coordinated and comprehensive plan to ensure Arizona's public health infrastructure is prepared for the potential outbreak of infectious diseases and can respond rapidly to protect the health of Arizonans.

The Council's work included an analysis of the healthcare and public health systems' readiness to handle a patient with infectious disease, an examination of the points where a patient might present and enter the healthcare system, where services would be needed, and finally, a series of recommendations designed to improve patient and community safety and strengthen the public health and healthcare infrastructure.

Charge 1: Develop and implement a coordinated statewide plan to address potential outbreaks of infectious diseases, including Ebola Virus Disease (EVD), and ensure a rapid response that protects the health and welfare of Arizonans.

- All returning travelers from countries with ongoing Ebola transmission are undergoing or have completed active monitoring through their county health department.
- All fifteen county health departments were trained and have developed standard protocols for active monitoring and direct active monitoring of travelers, a process to monitor all individuals with travel to the affected countries for 21 days to ensure rapid diagnosis, isolation, and treatment of patients with EVD. Active monitoring involves individuals self-monitoring with daily contact from public health. Direct active monitoring requires individuals to be monitored daily in-person by public health.
- All Arizona hospitals and outpatient treatment centers have protocols in place to ensure rapid identification, diagnosis and isolation of suspect EVD.
- Two Arizona hospitals ([Maricopa Integrated Health System](#) (MIHS) and [University of Arizona Health Network](#) (UAHN)) have been designated as Infectious Disease Treatment Centers of Excellence and scheduled for readiness assessment to treat EVD patients by the [Centers for Disease Control and Prevention](#) (CDC).
- Currently working with pre-hospital transportation providers to coordinate and facilitate pre-hospital for patients with EVD to the designated hospitals.

- The CDC has been scheduled to provide the designated hospitals and pre-hospital transport providers with readiness assessments and technical assistance to ensure they are properly trained and equipped to respond and treat a patient with EVD, while keeping healthcare workers and the community safe.
- The Council has developed protocols for infection control and prevention, treatment, and case contact investigations based on CDC guidelines and other available information. These protocols will be revised as additional information about the disease and/or outbreak becomes available and will be distributed to all stakeholders.
- The Council has developed drafts and templates of necessary legal documents in order to respond rapidly to a case of EVD and can be quickly modified for other infectious diseases.

Charge 2: Serve as a reliable and transparent source of information and education and strengthen collaboration among healthcare organizations, medical communities, government agencies, law enforcement, non-profit organizations, and the community-at-large in order to effectively address infectious disease transmission and treatment.

The scope of the Council's review was primarily focused on developing a statewide plan to address patients with infectious diseases. However, communication and education for the healthcare providers and facilities were identified as high priority needs by the Council.

- Eight EVD toolkits have been developed and distributed to approximately 1,500 licensed healthcare facilities and more than 10,000 healthcare providers. These toolkits can be easily adapted for other infectious diseases, as needed.
- Subject matter experts are in the process of visiting more than 1,400 Arizona outpatient treatment centers to provide information about EVD assessment and diagnosis and provide technical assistance.
- Subject matter experts provided more than 130 hospitals with information, technical expertise and education on infection control and prevention.
- A three-dimensional map to guide providers through the isolation-diagnosis-treatment process was developed and disseminated to healthcare providers and facilities.

- A statewide communication plan was enhanced, shared with critical partners and implemented to ensure timely and effective communication to Arizona leadership and the public.

Among the members of the council, there was broad consensus that the healthcare and public health infrastructure needs a clear communication plan, as well as development of a statewide, tiered healthcare system to respond to outbreaks of infectious disease. Collaboration throughout our healthcare communities is a priority, so that we create best practices, develop efficient and effective protocols and methods, and leverage our resources to positively impact the entire healthcare spectrum.

This report serves as an initial roadmap to developing a statewide system to respond to infectious diseases and improve the safety and well-being of Arizonans. In response to the recommendations, the Council identified and completed many deliverables in support of these charges.

2.0 PREPAREDNESS AND RESPONSE

Charge 1 of the Executive Order is to develop and implement a coordinated statewide plan to address potential outbreaks of infectious diseases, including EVD, and ensure a rapid response that protects the health and welfare of Arizonans. The following summary provides an overview of the recommendations and deliverables developed by the Council.

2.1 Rapid Case Identification

Currently, 100 percent of travelers from [Ebola-affected countries](#) are being screened at entry into the United States (U.S.) and followed up by public health officials to detect onset of EVD symptoms. Because of this, the presentation of a suspect EVD case at a healthcare facility is now a controlled, thoughtful and organized process allowing for

notification of all relevant parties and appropriate staff and resources to be assembled and infection control procedures to be implemented prior to the patient's arrival at the facility. Additionally, a multi-agency protocol has been developed that allows for evaluation of low risk returned travelers with fever (suspected to have an alternative diagnosis than EVD) to occur at home under the supervision of the local health department, avoiding unnecessary exposure of healthcare workers and the community.

Monitoring of returned travelers is an approach used to rapidly identify cases of EVD in the U.S. All flights originating in an Ebola-affected

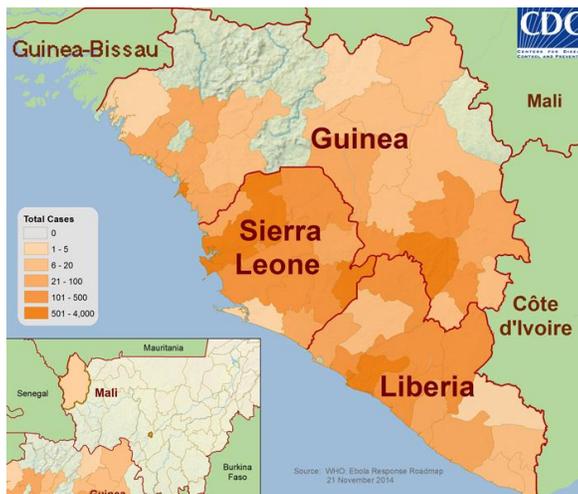


Figure 1: Ebola-affected countries

country are routed through five U.S. airports in order to identify all returning travelers who could be at risk of EVD. Federal partners measure the temperature of returning travelers at the airports, classify their exposure risk, provide them with a thermometer and instructions for taking their temperature twice daily for 21 days, and advise travelers to contact the state or county health department at their final destination.

ADHS and each county health department receive a list of all returning travelers to their jurisdiction and perform active or direct active monitoring of these travelers until the 21-day incubation period has passed. The purpose of these procedures is to ensure that if

5 U.S. Screening Airports

- New York's JFK
- Washington-Dulles
- Newark
- Chicago-O'Hare
- Atlanta

individuals with epidemiologic risk factors become ill, they are identified as soon as possible so they can be rapidly isolated and evaluated.

Arizona will use [CDC's Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure](#) to provide ADHS and county health departments with a methodology for assessing the risk of each person exposed or potentially exposed to EVD.

The risk categories are: **No identifiable** risk, **Low** (but not zero) risk, **Some** risk and **High** risk. Each risk category designation depends upon whether there was travel to the affected countries and activities the traveler participated in that country during their stay. Public health actions depend upon the specific risk category and can include daily check-in over the phone or by email, public health officials visiting the travelers each day, travel restrictions and/or isolation or quarantine. (Table 1)

Table 1. Summary of CDC's public health recommendations for travelers WITHOUT EVD symptoms.

<u>EXPOSURE CATEGORY</u>	<u>PUBLIC HEALTH ACTION</u>		
	Monitoring	Isolation/Quarantine	Restrict Travel
No Identifiable Risk	No	No	No
Low Risk	Active Monitoring	No	No
Some Risk	Direct Active Monitoring	Case by Case Assessment	Case by Case Assessment
High Risk	Direct Active Monitoring	Yes	Yes

Any person with a risk of EVD from one of the Ebola-affected countries will be followed by the county health department of the jurisdiction in which the person resides, through active monitoring (if low risk) or direct active monitoring (if some or high risk). Should Arizona receive a high risk traveler, county and state public health will implement a combination of direct active monitoring, travel restrictions, and/or isolation and quarantine. County health departments will follow up with each person and if the person develops a fever or symptoms consistent with EVD, the county health department will arrange for evaluation at the individual's home or at a pre-identified designated medical facility.

County health departments will give the medical facility advanced notice about arrival of the suspect case, so they will have time to assemble their team, prepare appropriate equipment, and ensure proper isolation of the patient. This will prevent exposure to healthcare workers and other patients at the facility.

ADHS and county health departments have been conducting active monitoring since October 17, 2014. As part of this program, Arizona has:

- Developed a monitoring protocol for county health departments in accordance with the CDC's *Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure*; ([Appendix B](#))
- Developed a secure online tool to support county health departments to monitor data collected through active monitoring;
- Established routine meetings with county health departments to discuss EVD preparedness activities and best practices, including active monitoring;
- Provided resources for county health departments securely online via SharePoint, including the list of persons under active monitoring in Arizona;
- Established points of contact with each county health department for active monitoring;
- Incorporated plans to meet with tribal entities to discuss active monitoring,
- Established protocols with the [Secretaría de Salud de Sonora](#) (Sonora Department of Health) to provide notification of actively monitored travelers who plan to cross the border from Arizona into Mexico;
 - Through daily active monitoring, county health departments will elicit travel plans from all actively monitored returning travelers from Ebola-affected countries.
 - Counties will inform ADHS of any returning travelers indicating an intention to cross the border into Mexico. ADHS will then communicate this information to epidemiologists in Sonora, along with the returning traveler's contact information, in order to ensure continued active monitoring.
 - Epidemiology staff in Sonora will notify ADHS staff of any known person with a history of travel to an Ebola-affected area traveling from Sonora into Arizona.
- Developed recommendations for follow up of returning travelers. After three unsuccessful attempts by phone and one unsuccessful attempt by e-mail, if applicable, within 24 hours, the county health department will make a home visit and involve law enforcement as necessary for persons "lost to follow up" or non-compliant with monitoring;
- Provided CDC with a [24/7 phone number](#) that has been incorporated in the [Check and Report Ebola \(CARE\) kit](#) for active monitoring;
- Published a 24/7 phone number for ADHS and each of the 15 county health departments on multiple EVD guidance

The CARE kit contains:

- **Instructions**
- **Thermometer**
- **Symptom card and log**
- **Phone number of state and local health departments**



- documents to hospitals and outpatient facilities; and
- Performed urgent call drills (during the week of November 10th) with county health departments incorporating an EVD-related scenario. This involves calling the county health departments after hours, providing a detailed scenario, and collecting responses on proposed actions and time of response by public health.

2.2 Healthcare Workers Returning to Arizona

Arizona has a large presence of the [U.S. Public Health Service](#) Commissioned Corps (Commissioned Corps), due to the large number of [Indian Health Services](#) (IHS) and tribal clinics and CDC Officers assigned to state and county health departments. In response to the EVD Outbreak in West Africa, the Commissioned Corps has been activated by the Secretary of [Health and Human Services](#) and Commissioned Corp Officers are being deployed to West Africa to assist with response efforts. After their deployment, it is anticipated that Officers will return to their normal stations at the IHS clinics, tribal clinics and health departments. A subcommittee was formed to discuss returning healthcare workers and multiple recommendations were developed.

Monitoring

- IHS will obtain a central roster from the U.S. Public Health Service of Commissioned Corps providers, including dates of tour of duty, in order to keep track of deployed/returning healthcare workers.
- ADHS and county health departments will coordinate with CDC to identify returning CDC employees stationed within the state.
- ADHS will identify protocols for following returning deployed military personnel.
- ADHS will obtain official recommendations provided by CDC to returning deployed individuals.
- ADHS has identified a point person at each IHS Area Office for ADHS and county health departments to cross-reference the lists coming from CDC/Customs and Border Patrol (CBP).
- By December 7, 2014, the ADHS will develop recommendations for county health departments to work with IHS/CDC to determine optimal ways of monitoring.
 - Monitored individuals are instructed to first call the county health department if they develop fever or are feeling ill.
 - County health department provides instructions to direct monitored individuals to seek care. Individuals will not be instructed to go to a local tribal/IHS clinic.

Support Systems

- ADHS has drafted a letter to be issued by county health departments to educate schools and workplaces that family members of returned Commissioned Corps' providers are not at risk of transmitting disease.

Transport

- ADHS will continue to work with tribes and transport providers to ensure transfer of a diagnosed or suspected EVD patient to the designated hospital can be completed.

2.3 Specimen and Laboratory Testing

Diagnostic testing is available for detection of EVD. Arizona State Public Health Laboratory (ASPHL), a Clinical Laboratory Improvement Amendments (CLIA)-accredited laboratory, was validated by the CDC Laboratory Response Network (LRN) and Department of Defense (DoD) on October 9, 2014 to diagnose acute infections using an FDA Emergency Use Authorization (EUA) approved real-time (RT)-polymerase chain reaction (PCR) Ebola assay. Samples testing positive at the ASPHL will need to be

shipped to CDC for further testing and confirmation. ASPHL has reviewed and executed biosafety procedures in the areas of the lab where specimens will be handled and tested.



Figure 2. Arizona State Public Health Laboratory

Process for Submitting Specimens

The county health department will consult with ADHS and the CDC regarding a patient's level of suspicion for Ebola. If testing is approved by all consulting entities, the specimen from this patient will be packaged appropriately by a trained individual, labeled as a "suspected Category A agent" and immediately transported by courier to the ASPHL for testing.

Trained laboratory staff members at ASPHL are on call 24/7 to provide testing for Ebola.



Figure 3: ASPHL scientist testing for infectious diseases in a biosafety cabinet

Specimens of suspected EVD patients must be shipped as Category A infectious substances. Specimens collected for EVD testing should be packaged and shipped without attempting to open collection tubes or aliquot specimens.

- At least ten sets of secure packaging materials have been provided to all county health departments throughout the state. Once approved for testing, the county health department will provide the facility with the packaging materials.
- Training for packaging and shipping has been provided during in person trainings coordinated by the ASPHL personnel and through information on the ADHS website. Training will continue to be provided throughout the response. ([Appendix C](#))

The ASPHL has implemented a statewide courier service, EZ Messenger, for clinical specimens submitted within Arizona. This courier service is available 24/7 to collect suspect Ebola virus samples and transport them to the ASPHL. Specimen shipping and testing must be approved and coordinated by county and state health officials.

A [website for laboratory professionals](#) was developed that provides information on the procedure for getting samples tested, packaging and shipping of samples for transport to the state lab and other technical assistance.

2.4 Isolation and Infection Control Expectations at Presenting Facilities

Every hospital, outpatient treatment center and urgent care is expected to be prepared to screen suspected EVD patients, draw blood specimens for diagnosis and care for the patient until the preliminary EVD laboratory results are confirmed. This includes isolating the patient, using appropriate personal protective equipment (PPE), implementing infection control procedures and limiting the number of staff in direct contact with the patient.

A letter was sent by ADHS Licensing Services to all 1,400 licensed outpatient treatment centers and urgent care facilities, and more than 130 hospitals reminding them of the requirement to implement policies and procedures to appropriately screen and care for patients. ([Appendix D](#))

Ebola Screening*

Screening criteria for patients

1. **Travel to Guinea, Liberia, Mali, or Sierra Leone** within 21 days (3 weeks) of symptom onset **OR contact** with a person with Ebola while the person was symptomatic within 21 days (3 weeks) of symptom onset

AND

2. Fever, headache, joint/muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain, lack of appetite, or in some cases bleeding

If both criteria are met, move the patient to a private room with a bathroom and implement STANDARD, CONTACT, and DROPLET precautions.

IMMEDIATELY report patient to the local health department for further management:

Apache County (928) 337-4321	Cochise County (520) 423-7271	Cocconino County (928) 295-8715	Gila County (928) 791-1610	Graham County (928) 965-8921
Greenelee County (928) 865-4149	La Paz County (928) 669-2281	Maricopa County (602) 747-7111	Mohave County (928) 718-4927	Navajo County (928) 341-0960
Pinal County (520) 743-7887	Pinal County (520) 866-6239	Santa Cruz County (877) 202-0586	Yavapai County (928) 442-5262	Yuma County (928) 317-4624

If you are unable to contact your local health department, please contact Arizona Department of Health Services (ADHS) at (602) 364-3676 or (480) 303-1911 after hours.

* Adapted from CDC and ASPR guidelines 11/17/2014

2.5 Transportation of EVD Patients

Suspected or diagnosed EVD cases may originate from within the emergency medical system; an inter-facility transfer between different healthcare settings; or from a port of entry (POE). Each designated treatment facility will have a designated pre-hospital transportation provider that will assist with the coordination and facilitation of patient transportation to that facility. In accordance with the state’s preliminary Ebola healthcare system plan, the designated pre-hospital transportation provider will only assist with transportation of diagnosed patients or suspect cases approved by public health to the designated Infectious Disease Treatment Center of Excellence facility for further evaluation, testing and possible hospitalization.

The designated pre-hospital transportation providers will be responsible for working with their designated hospitals, county health departments and ADHS in order to coordinate the pre-hospital transport of a diagnosed patient or suspected case to the facility. One provider will be designated to work with MIHS and a second will provide coordination for UAHN in the southern region.

In Arizona, the pre-hospital transportation providers operate within certificates of necessity (CON), which provide specified boundaries. A CON waiver will be required to allow specialized transfer to occur outside of a provider’s designated CON in the event that an EVD case is identified. ADHS, in consultation with the Attorney General’s Office, has reviewed the applicable Arizona Revised Statutes (A.R.S) and Administrative Code (A.A.C.) to ensure this task can be completed in a rapid manner.

- Under A.R.S. § 36-136(A)(2), the Director shall “[p]erform all duties necessary to carry out the functions and responsibilities of the Department” giving the Director the ability to waive a CON.
- Additionally, A.R.S. § 36-136(G) states, “[n]otwithstanding subsection H, paragraph 1 of this section, the director may define and prescribe emergency measures for detecting, reporting, preventing and controlling communicable or infectious diseases or conditions if the director has reasonable cause to believe that a serious threat to public health and welfare exists. Emergency measures are effective for no longer than eighteen months.” If the Director had reasonable cause to believe that a specialized transfer without a CON was needed because of a serious threat to public health and welfare, s/he could waive the CON.

Once pre-hospital transportation providers are designated, Letters of Intent (LOI) may be developed between ADHS, county health departments and each designated provider to clearly identify the role and expectations of each partner. This will allow for planning and coordination to occur while final agreements are being developed.

2.6 Designation of Infectious Disease Treatment Centers of Excellence

Given the complicated clinical presentation of patients with EVD, a statewide, tiered healthcare delivery system was structured to safely diagnose and treat potential and confirmed EVD patients. This system, while initially developed for management of EVD, could be used for any infectious disease. It includes presenting facilities that are responsible for rapid identification, isolation and diagnosis of cases that would be transported to the designated facilities ready to manage infectious disease cases.

By working with a limited number of facilities, it allows public health to focus resources on infection control procedures, training and education, transportation, risk management, waste management and disposal, and legal planning. A tiered system reduces the number



Figure 4: Maricopa Integrated Health System, Phoenix, AZ

of facility and healthcare worker exposures while allowing these facilities to focus on a higher practice of infection control and medical expertise during treatment.

2.6.1 Presenting Hospitals

All Arizona hospitals, emergency departments and ambulatory care settings must be prepared to identify persons presenting with a travel history or exposure history and symptoms compatible with EVD or any infectious disease, isolate such patients, provide basic supportive care, and inform and consult with public health authorities.

2.6.2 Designated Hospitals

Two hospitals, [MIHS](#) and [UAHN](#), have agreed to serve as Arizona's Infectious Disease Treatment Centers of Excellence. These hospitals will accept laboratory confirmed cases of EVD and suspect cases that are returned travelers from Ebola-affected countries AND are currently being monitored by public health. These hospitals are responsible for providing clinical care of these patients.

- MIHS and UAHN are tertiary care hospitals that have dedicated and adequate treatment areas, skilled and trained staff, appropriate equipment and excellent infection control procedures.
- Letters of Intent (LOI) are being developed between ADHS, the county health departments and each designated hospital in order to solidify the hospital's intent to serve as the treatment facility and clearly delineate the roles of public health and the hospital. The LOIs will allow the hospitals and health departments to proceed with planning and preparation while final agreements are being developed and signed.



Figure 5: University of Arizona Health Network, Tucson, AZ

2.6.3 CDC Readiness Assessment

CDC will provide designated hospitals with onsite technical assistance and readiness assessment in December 2014. This visit will provide strategic high level considerations for the specific facility in the context of the continuum of care (includes transport to the hospital and away from the hospital if appropriate, EMS, and local and state public health) to incorporate into their policies and procedures in order to safely and effectively manage persons/patients with suspected or confirmed EVD.

2.6.4 Hospital Preparedness

ADHS, along with Maricopa County Department of Public Health (MCDPH), Pima County Health Department (PCHD) and the designated hospitals will plan preparedness exercises with other partners (designated pre-hospital transportation providers, county health department, ADHS, and law enforcement) in order to test the transfer and admission of a patient with EVD.

On November 21, 2014, UAHN completed a network-wide live drill with a scenario of a suspected Ebola case presenting to one of their outpatient clinics. The network was able to test their ability to assess, isolate, diagnose, transfer and treat a suspected case of Ebola. The live drill involved outpatient and hospital facilities within the network and multiple first responder agencies, including a primary ambulance, a back-up vehicle, the Hazardous Materials (Haz Mat) team and truck, and several designated Chiefs and Captains. More than 75 people were involved in the management and care of the “patient”. The drill was successful, and showed the same response could be applied to any hospital or private home in the area with the ability to escalate further as needed. The teams will each complete a “hot wash” to discuss the successes during the drill and identify opportunities for system coordination.



Figure 6: During the drill, staff loading patient onto ambulance for transport.



Figure 7: UAHN staff in PPE escorting patient to isolation.

2.6.5 Development of Infection Control Policies and Procedures

MIHS and UAHN are responsible for working with county health departments and ADHS to develop infection control and prevention policies and procedures for intake, admission, isolation, treatment and discharge of patients and suspect patients with EVD. This includes, if necessary, obtaining contracts with vendors to provide appropriate waste management, environmental services, and linens. All of these policies and procedures can be applied to other infectious diseases.

2.7 Certification of Infectious Disease Treatment Centers of Excellence

[ADHS, Division of Public Health Licensing](#) has developed a certification process by which the designated hospitals will be certified as Infectious Disease Treatment Centers of Excellence. This certification process will involve an onsite survey to ensure infection

control standards are met and maintained. Designated hospitals may determine whether or not they wish to be certified by the ADHS.

This certification process identifies facilities that meet the provisions of infection prevention and treatment in the acute care setting and the community outreach for outbreak prevention. The certification will address areas of responsibility in a comprehensive and progressive approach to systems of care, including patient care, continuing education, professional requirements, community involvement, and evaluation of care and services. The voluntary program will also give recognition to the agencies delivering the highest standards of infectious disease prevention and treatment from the time of symptom identification, diagnosis, and treatment.

The initial certification program will focus on the highest level of care available to an individual with an infectious disease. Additional levels of services may need to be established in the future in order to have a comprehensive statewide program. These levels may include the outpatient setting, community hospitals, acute care centers as well as the rural healthcare facilities.

2.7.1 Voluntary Certification Program

ADHS will be the responsible agency for development and maintenance of the certification program. The voluntary certification program goes above and beyond the required compliance with the state and Medicare rules applied to healthcare facilities. The certification is based on the quality management process each facility has developed and implemented to demonstrate their excellence in the delivery of care for individuals with an infectious disease and participation in prevention activities within the facility and the community.



Figure 8: UAHN utilizes a video screen to monitor clinical care, PPE donning/doffing, etc.

Emphasis is placed on the certified facility's processes and systems for managing the delivery of care and communication of information related to infectious disease. The certification program will include the requirements of the statutes, rules, and regulations and incorporate best practices identified through nationally recognized agencies.

2.7.2 Value of Certification

For the community:

- Demonstrates Arizona is prepared and has systems in place to address outbreaks and the day-to-day infections.
- Demonstrates Arizona recognizes and supports a system approach to infectious disease management.
- Establishes a certification system ensuring coordination among all other certified facilities and public health based on the level of care each facility can provide, including consultation and transfer of identified at-risk patients when needed, provision of continuing educations programs, and performance improvement opportunities.

For the healthcare facility:

- Demonstrates the facility processes and systems meet all requirements and best practices related to infectious disease.
- Communicates the healthcare facility is committed to providing high quality patient care.
- Provides the opportunity for multi-disciplinary, comprehensive review of the infectious disease healthcare systems and processes.
- Ensures that all healthcare facility systems and plans are coordinated with public

health to maximize the facility support during an outbreak of emerging infectious disease and to maximize healthcare worker and community safety.



Figure 9: MIHS staff utilizing PPE

2.7.3 Certification Procedure

The healthcare facility will contact ADHS to request the certification packet and initiate the process. Once the certification paperwork is completed by the facility, a site visit will be coordinated with the healthcare facility. The site visit team will be composed of personnel from ADHS and other healthcare professionals, and may include

physicians, nurses, epidemiologists, environmental safety experts, and infection prevention specialists.

During the site visit the survey team members will meet with the facility's representatives to review documentation and data, observe the care and services related to infectious disease management, and review the care areas. The facility is encouraged to engage in the process and share information related to the care provided.

The site visit team will use established guidelines to evaluate the level of care provided at the facility to determine the level of certification. The guidelines are developed and established for identification, review and evaluation of the highest-level facility with the intent to create additional certification levels in the future. The guidelines are identified based on licensing and Medicare requirements, CDC guidelines and recommendations, and will be reviewed by the [Governor's Council on Infectious Disease Preparedness and Response](#) and the [Healthcare Associated Infection Advisory Committee](#) for additional recommendations and validation. ([Appendix E](#))

Following the site visit, the team will make recommendations to the facility and delineate the level of compliance with the guidelines. The duration of the certification is sent to the healthcare provider and will be based on the outcome of the site visit and data provided to the site visit team. The duration may be for one year to three years, as described in the following section.



Figure 10: Air Eva lands at MIHS Emergency Department.

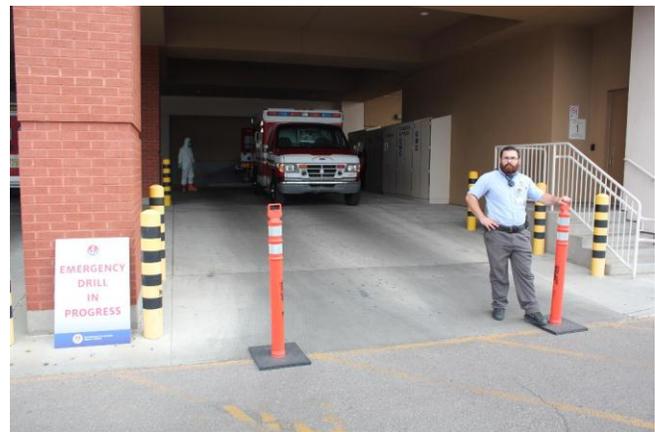


Figure 11: An ambulance waits at the emergency department at UAHN.

2.7.4 Certification Categories

Three Year Certification

- Based on the site visit and data provided, the healthcare facility meets all of the criteria established in Appendix E.
- The provider will need to complete a self-attestation annually that demonstrates the facility remains in compliance with the guidelines.

One Year Certification

- Based on the site visit and data provided, the healthcare facility meets most of the criteria established in the guidelines; however, some of the guidelines are in the process of development.
- Certification will be provided for one year with a follow up site visit prior to the certification's expiration. If in compliance, an additional two years will be granted.

Provisional Certification

- This level of certification is assigned when any of the following conditions are present based upon the site visit:
 - Quality of Care Issues
 - Federal or State Licensure/Certification issues
 - Site Visit Recommendations not addressed

2.8 Patient Contact Tracing

Contact tracing is a method used by public health to identify and isolate new EVD cases as they show symptoms in order to prevent the spread to others. EVD patients or their family members are asked to identify anyone the patient had contact with since their onset of symptoms. These contacts are then found and watched for symptoms of sickness for 21 days. If a contact begins to show symptoms of EVD, they are immediately isolated, medically evaluated, tested (if appropriate) and provided care, and the contact tracing cycle starts again. If confirmed or highly suspected to have EVD, all of the new case's contacts must be found and watched for symptoms of sickness for 21 days to see if they become ill. The process is repeated until there are no new EVD patients. This process is core to the work of public health epidemiologists and is routinely practiced for a variety of other communicable diseases.

ADHS has worked with county public health departments to develop EVD investigation guidelines and an Ebola Response Plan as a framework for state and county public health epidemiologic response. Routine calls with county health departments ensure coordination and information sharing between state and county public health partners. ([Appendix E](#)) If necessary, these plans can be quickly expanded or adapted for other infectious disease responses.

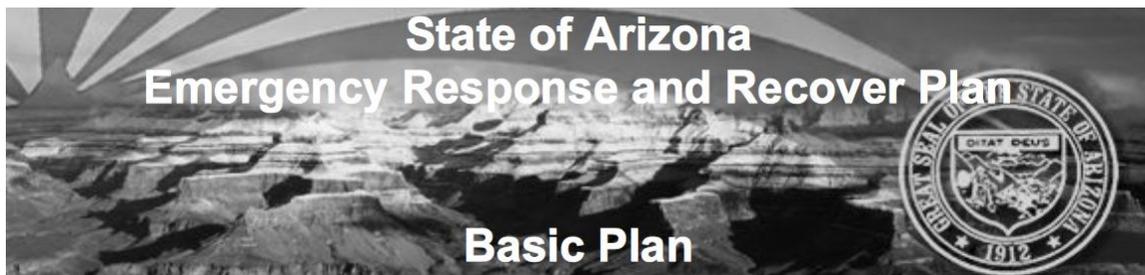
2.9 Emergency Declaration

An Emergency Declaration provides the public health agencies with authority for enhanced disease control measures, including isolation and quarantine, and supports additional emergency funding for a coordinated statewide response. A draft Emergency Declaration document is available in the event a case of EVD is identified in Arizona. This draft may be modified and used for other infectious disease outbreaks where isolation and quarantine are necessary. ([Appendix G](#))

One of the many strategies available to our resource coordination processes is the Arizona Mutual Aid Compact (AZMAC). AZMAC is a formal agreement among emergency responders to lend assistance of resources across jurisdictional boundaries when required. This compact can be utilized whenever there is an identified need; a Governor's declaration of emergency is not required to solicit mutual aid support from partners' signatory to the compact.

2.10 State Emergency Response and Recovery Plan

The [State of Arizona Emergency Response and Recovery Plan](#) (SERRP) is designed to complement and coordinate preparedness, emergency response, and recovery activities by integrating the federal, state, county, local, and tribal emergency operations plans and procedures.



The plan consists of four sections: The Basic Plan and three annexes that describe the responsibilities of different organizations within a response (Functional, Support, and Incident Annexes). The Functional Annexes are organized by Emergency Support Functions as defined by the Department of Homeland Security, Federal Emergency Management Agency (FEMA) and augmented by additional emergency support functions as defined and incorporated by the Arizona Division of Emergency Management.

Emergency Support Function (ESF) #8 Health and Medical Services provides the mechanism for coordinated assistance in response to a public health and medical incident requiring a coordinated response. The Biological Incident Annex describes incident management activities related to a biological terrorism event, pandemic, emerging infectious disease, or an outbreak of a novel pathogen (an organism not seen before).

- Based on recommendations from the Council, stakeholders have reviewed and updated the Biological Incident Annex. The stakeholders will also develop an appendix for general infectious disease response within the Annex.

2.11 Isolation and Quarantine

When a state of emergency is declared where ADHS is “coordinat[ing] all matters pertaining to the public health emergency response of the state,” ADHS has the authority to isolate and quarantine persons when there is an occurrence of viral hemorrhagic fever, among other diseases. A.R.S. § 36-787.

“Isolation” refers to the separation of an infected individual from non-infected individuals. “Quarantine” refers to the separation of an individual, or individuals, exposed to the disease from non-infected and non-exposed individuals. ADHS, in consultation with the Attorney General’s Office, reviewed the applicable A.R.S. and A.A.C. to ensure this task can be completed in a rapid manner. There are three sources of authority and direction for Isolation and Quarantine in Arizona:

- A.R.S. § 36-624: Gives the counties the authority to conduct isolation and quarantine measures. Must be consistent with the due process requirements that are specified under A.R.S. §§ 36-788 and 36-789.
- A.R.S. §§ 36-787 through 36-789: Provides the Governor, in consultation with ADHS, county and state health departments with isolation and quarantine authority during a state of emergency or state of war emergency.
- A.A.C. R9-6-303: Gives the county health department a process for issuing isolation and/or quarantine orders congruent with A.R.S. §§ 36-624, 36-788, and 36-789. Additionally, the rules require specific control measures for certain diseases. (e.g., A.A.C. R9-6-390 (viral hemorrhagic fever)).

If ADHS or the county health department finds it necessary to isolate or quarantine a person or group of persons for a disease (other than tuberculosis), it must adhere to the process described in A.R.S § 36-789. ([Appendix H](#))

- Draft documents have been prepared by the Attorney General’s Office in the event a case of EVD is identified in Arizona. The Directives are drafted specifically for ADHS. However, the Petition, Order, and Affidavit can be used by ADHS or a county health department. In the Petition, Order, and Affidavit, there are areas highlighted in yellow that indicate where additional information is needed or where a specific selection needs to be made. Each of these documents will require additional information based on the specific facts of the case and the agency filing the documents. ([Appendix I](#))

A.R.S. § 36-624 allows ADHS or a county health department to adopt isolation and quarantine measures without an emergency declaration. However, under that statute,

isolation and quarantine is only permitted when it is determined that a disease does exist.

In addition to A.R.S. § 36-624, the rule for viral hemorrhagic fever, A.A.C. R9-6-390, allows a county health department to isolate and quarantine individuals without a declared emergency. Quarantine is addressed in subsection B. Under A.A.C. R9-6-390(B), “[a] local health agency in consultation with ADHS, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission.” Under this rule, a county health department has the authority to quarantine an asymptomatic healthcare worker returning from Africa if they had contact with a viral hemorrhagic fever patient.



Figure 12: MIHS meets with MCDPH and ADHS to discuss infection control plans and procedures.

3.0 COMMUNICATION AND SYSTEM COORDINATION

The Council conducted an initial review of the current communication systems for providing health information and the available information and guidance on the risks of infectious disease transmission, containment and treatment. Based on identified assets and opportunities, communication with healthcare providers and organizations and the community at large was deemed a top priority.

The Council identified three recommendations:

- Assess current information about EVD for healthcare workers and facilities to provide concise checklists, screening guidelines, recommendations and posters to augment their EVD readiness.
- Provide State leadership and the public with information regarding infectious diseases.
- Create a communication process that is clear, reliable and transparent in order to provide timely information about an infectious disease outbreak.

The following summary provides an overview of the recommendations and deliverables developed by the Council.

3.1 Communication with Healthcare Providers and Facilities

Since the EVD outbreak began in [West Africa](#), Arizona has been working with healthcare providers and public health to provide training and information. ADHS focus has been to help prepare the front lines of healthcare in the event someone travels to Arizona carrying the virus. The key to prevention is to identify and isolate people who are sick with the virus and perform contact tracing.

ADHS, working with county health departments, reached out directly to physicians, infection preventionists, hospitals, urgent care centers, outpatient treatment centers, EMS providers, public service answering points/911 and others. Targeted information, toolkits and resources have been compiled for use in the healthcare and public sectors.

3.1.1 Partner Communications

Information about resources, recommendations and guidance, including the ADHS toolkits, has been promoted through numerous partner channels including professional associations (Arizona Medical Association (ArMA), Arizona Academy of Family Physicians (AzAFP), Arizona Chapter of the American Academy of Pediatrics (AzAAP), Arizona Alliance for Community Health Centers (AACHC), Arizona Hospital and Healthcare Association (AzHHA), the Association for Professionals in Infection Control and Epidemiology (APIC), Red Cross, American Congress of Obstetricians and Gynecologists (ACOG), and the Arizona Nurses Association), partner lists (Public Safety (including law

enforcement, EMS, Haz Mat, Fire and Rescue, and Public Service Answering Points (PSAPs)/911), county public health, licensed facilities, behavioral health, infection preventionists, hospital preparedness coordinators, The Arizona Partnership for Immunizations (TAPI), and Universities (including students and employees)), the Arizona Health Alert Network, and the ADHS Director’s Blog.

3.1.2 Arizona Health Alert Network

The [Arizona Health Alert Network](#) (HAN) serves as a communication system that distributes information via email to stakeholders and partners. This system maintains lists of contacts that allow for targeted messages to specific stakeholder groups, including epidemiologists and public health officials, infection preventionists, community health centers, IHS providers, tribal contacts, Intertribal Council of Arizona (ITCA), Arizona medical and nursing associations, immunization coordinators, chief medical officers of hospitals and community health centers, infectious disease specialists, directors of nursing, county health officers, emergency department directors, environmental health directors and licensed healthcare facilities.

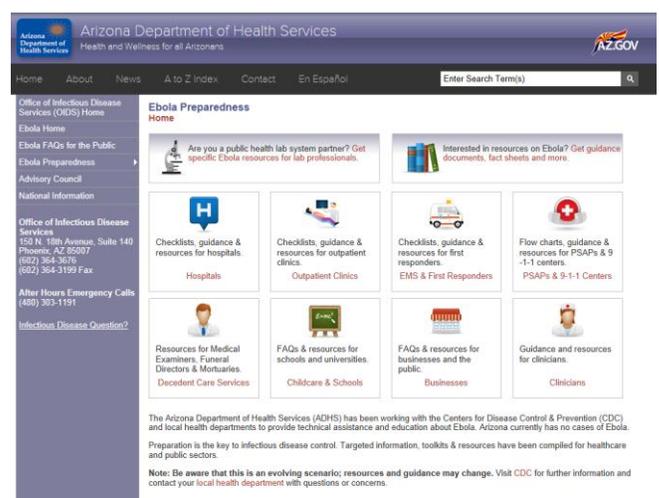
There are 4 levels of messages that can be sent:

- **HEALTH ALERT** Conveys the highest level of importance and warrants immediate action or attention.
- **HEALTH ADVISORY** Provides important information for a specific incident or situation that may not require immediate action.
- **HEALTH NOTICE** Contains general information that does not require immediate action.
- **HEALTH UPDATE** Provides updated information regarding an incident or situation; unlikely to require immediate action.

ADHS has distributed numerous HAN communications with federal and state recommendations and guidelines to all of the stakeholder lists. Many of these stakeholders, including medical and nursing associations and licensing boards, will then forward the communications through their stakeholder lists, post the information on their websites, or send out the information through their newsletters or member publications. ([Appendix J](#)) Additional community contacts were obtained from Council members and various organizations were added to the available HAN lists.

3.1.3 Infectious Disease Preparedness Website

ADHS continues to enhance communication with public health and healthcare partners in order to ensure preparedness for a coordinated response



to EVD if a case were to present in Arizona. ADHS [Office of Infectious Disease Services](#) maintains a website containing information on [infectious diseases of public health significance](#), and updates the information, when appropriate, to include current outbreaks and situations. To this end, the [ADHS Ebola preparedness webpage](#) contains healthcare and laboratory resources, a series of toolkits for healthcare facilities, EMS/first responders, schools and businesses, a list of Frequently Asked Questions (FAQs) for the public, and links to federal and international resources.

3.1.4 Infectious Disease Toolkits

ADHS developed easily available [comprehensive toolkits](#) that are continuously updated with developing information. The toolkits can adapt to provide information about other infectious diseases. This group of toolkits contains checklists for EVD preparedness, planning templates for facility protocols, patient screening and evaluation criteria, and facility/profession specific resources, guidance and visual aids.

Toolkits are available for:

- [Hospitals](#)
- [Outpatient Treatment Centers](#)
- [Clinicians](#)
- [EMS/First Responders](#)
- [Public Service Answering Points \(PSAPs\)/9-1-1 dispatch](#)
- [Schools and Childcare Facilities](#)
- [Businesses](#)
- [Decedent Services](#) (medical examiners/funeral directors/mortuary staff)



3.1.5 Resources, Webinars, Trainings and Communications

ADHS and county health departments have developed educational materials and resources for many different communities using federal and state guidelines and recommendations. The CDC has also developed many handouts and posters for the public, patients and providers. Examples of educational resources and tools include:

- [Ebola Screening Poster](#) for clinicians
- [Ebola Response Plan Templates](#) for healthcare facilities and providers
- [Could it be Ebola?](#) Poster for clinicians
- [Attention for International Travel Poster](#) for patients
- [ADHS Self-Monitoring Chart](#) for monitored travelers
- [Ebola Response Resource Guide](#)
- [What You Need to Know About Ebola Handout](#) for the public
- [Ebola Virus Disease and Public Health Laboratory Operations Fact Sheet](#) for laboratory personnel

- FAQs for:
 - [Primary & Secondary Schools](#)
 - [Universities & Health Centers](#)
 - [Businesses](#)
 - [Clinicians](#)

ADHS and county health departments provide individualized and specific information targeted to appropriate partners. Additional resources are developed when requested by stakeholders. Examples of communication include:

- Presentations to healthcare facilities, county health departments, businesses, schools, faith-based communities, and other public agencies
- Letters with information regarding recommendations and available resources to school districts in partnership with the Arizona Department of Education ([Appendix K](#))
- Interviews with media
- Social media messaging through Twitter and Facebook
- Webinars to provide information on the tiered healthcare system plan and provide recommendations/guidance for Presenting Hospitals on identification, isolation and diagnosis of EVD, in partnership with the Arizona Hospital and Healthcare Association (planned activity)
- In person trainings with key institutional stakeholders

3.1.6 Outreach to Healthcare Facilities

In order to ensure educational materials and tools were received by staff at licensed outpatient treatment centers and urgent care facilities, ADHS subject matter experts are visiting each facility in person to provide them the toolkits, information about the ADHS Ebola website, answer questions and provide technical assistance.

The hospital toolkit contains:

- Cover letter
- Hospital checklist for preparedness
- Planning template for protocols
- Screening criteria form
- Hospital specific guidance and recommendations
- Checklist for patients
- ADHS self monitoring chart

Each hospital was called to verify the contact information of the facility's administrator. Each administrator was emailed the information in the [hospital toolkit](#) along with directions to verify receipt to ADHS. Facilities that did not verify receipt were followed up with in one of several ways: phones calls from licensing staff, certified letters or in-person visits to ensure the hospitals were receiving the information.

Hospitals across the state are surveyed using the EMResource™ tool to assess

capacity and gaps, including availability of personal protective equipment (PPE) and patient care resources. These surveys can be statewide or focused on a specific region.

3.1.7 State Preparedness

ADHS hosted an Ebola Preparedness Forum on November 14, 2014 for nearly 400 federal, state and local partners across multiple sectors including healthcare, public health, emergency management, first responders, education and law enforcement. The Forum facilitated a comprehensive discussion and planning exercise on critical response elements including emergency operations coordination, early public information and warning, information sharing, medical surge, and responder safety/health. ([Appendix L](#))



Figure 13: Panel members at the Ebola Preparedness Forum.



Figure 14: Audience at the Ebola Preparedness Forum.

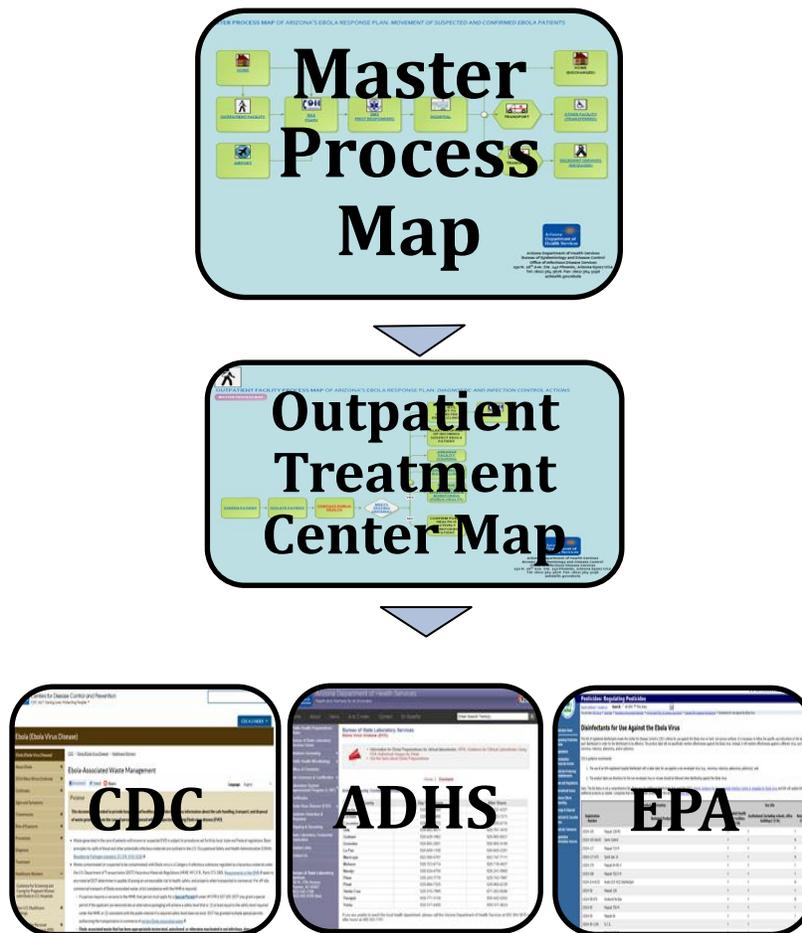
Drills of county health departments' after-hours phone numbers are conducted on a quarterly basis. From November 13-27, 2014, ADHS used a practice scenario involving a suspected EVD case that should trigger an after-hours triage and response for each of the county health departments. The time of the call placed to the county health department or their answering service, the time of their response and any information the county personnel requested or provided is recorded. County health departments are provided feedback on their response for incorporation in to their specific after-hours protocol.

Local health departments have also worked collaboratively with Public Safety (Law Enforcement, Fire/Rescue, EMS, Emergency Management, and PSAPS/911) to coordinate and develop response plans.

3.2 Infection Control Process Map

Based on feedback on the need for availability of specific guidance or protocols for healthcare workers in different stages of evaluating or treating an EVD patient, ADHS created a process map. This process map provides a three-dimensional, step-by-step resource that links to relevant recommendations for issues that may be encountered. Links include county, state, and federal recommendations, guidance and information,

and resources for each point of encounter throughout the healthcare system. ([Appendix M](#))



Once finalized, the process map will be posted on the ADHS website with specific links in each of the toolkits to facility/provider specific points on the map and sent out to stakeholders via HAN.

3.3 Infectious Disease Communication Process

There are three critical elements of this communication process:

- Messaging to public health departments, healthcare facilities and providers regarding the development and implementation of the tiered healthcare system in Arizona consisting of presenting healthcare facilities, designated Infectious Disease Treatment Centers of Excellence and designated pre-hospital transportation providers.

- Messaging to the public about the development of the tiered healthcare system for responding to infectious disease outbreaks.
- Communications to healthcare providers and the public regarding patients diagnosed with EVD, the public health response, and information and answers to frequently asked questions about Ebola.

3.3.1 Development and Implementation of the Tiered Healthcare System in Arizona to Healthcare Providers

Messaging to public health departments

- Discuss implementation of a statewide, tiered healthcare system with county health departments and their staff during established weekly meetings.
- Provide county health departments with a protocol for requesting testing and transfer to a designated hospital of confirmed EVD cases or symptomatic, suspected cases with relevant travel history to an Ebola-affected area.

Messaging to healthcare facilities

- Notify licensed facilities regarding the implementation of a statewide, tiered healthcare system through the HAN, the ADHS Director’s Blog, Governor’s Reports and county health department communications.
 - Provide process map and ADHS and county health department contact information
 - Describe expectations of presenting facilities

3.3.2 Development and Implementation of the Tiered Healthcare System in Arizona to the Public

- Issue press releases regarding the designation of MIHS and UAHN as Infectious Disease Treatment Centers of Excellence.
- Notify the public regarding the implementation of a statewide, tiered healthcare

system through the ADHS Director’s Blog, Governor’s Reports and county health department communications.



Figure 15: ADHS Health Emergency Operations Center (HEOC) members discuss messaging during a briefing.

3.3.3 Developments during testing process and after patients diagnosed with an infectious disease and the public health response

The ADHS Crisis and Emergency Risk Communication (CERC) plan identifies communication protocols and procedures for disseminating information with public health consequences. The CERC identifies standards for both pre-emergency

preparedness messaging and response messaging. Protocols and procedures from the CERC will be used to ensure a coordinate cohesive response.

ADHS, ADEM, county health departments and the designated hospitals have outlined important steps for keeping the healthcare system and public informed in the case of a diagnosed EVD case.

- Identified trigger points in the testing and diagnosis process for communication
- Developed contact lists of Public Information Officers and potential speakers
- Identified key messages needed during the response

CONCLUSION

This report highlights the work of the Council to examine, develop, and implement a coordinated and comprehensive plan to ensure Arizona's public health infrastructure is prepared for the potential outbreak of infectious diseases and can respond rapidly to protect the health of Arizonans.

The Council's work included an analysis of the healthcare and public health systems' readiness to handle a patient with infectious disease, an examination of the points where a patient might present and enter the healthcare system, where services would be needed, and finally, a series of recommendations designed to improve patient and community safety and strengthen the public health and healthcare infrastructure.

Charge 1: Develop and implement a coordinated statewide plan to address potential outbreaks of infectious diseases, including Ebola Virus Disease (EVD), and ensure a rapid response that protects the health and welfare of Arizonans.

- All returning travelers from countries with ongoing Ebola transmission are undergoing or have completed active monitoring through their county health department.
- All fifteen county health departments were trained and have developed standard protocols for active and direct active monitoring of travelers, a process to monitor all individuals with travel to the affected countries for 21 days to ensure rapid diagnosis, isolation, and treatment of patients with EVD. Active monitoring involves individuals self-monitoring with daily contact from public health. Direct active monitoring requires individuals to be monitored daily in-person by public health.
- All Arizona hospitals and outpatient treatment centers have protocols in place to ensure rapid identification, diagnosis and isolation of suspect EVD.
- Two Arizona hospitals ([Maricopa Integrated Health System](#) (MIHS) and [University of Arizona Health Network](#) (UAHN)) have been designated as Infectious Disease Treatment Centers of Excellence and scheduled for readiness assessment to treat EVD patients by the [Centers for Disease Control and Prevention](#) (CDC).
- Currently working with pre-hospital transportation providers to coordinate and facilitate transport for patients with EVD to the designated hospitals.

- The CDC has been scheduled to provide the designated hospitals and pre-hospital transportation providers with readiness assessments and technical assistance to ensure they are properly trained and equipped to respond and treat a patient with EVD, while keeping healthcare workers and the community safe.
- The Council has developed protocols for infection control and prevention, treatment, and case contact investigations based on CDC guidelines and other available information. These protocols will be revised as additional information about the disease and/or outbreak becomes available and will be distributed to all stakeholders.
- The Council has developed drafts and templates of necessary legal documents in order to respond rapidly to a case of EVD and can be quickly modified for other infectious diseases.

Charge 2: Serve as a reliable and transparent source of information and education and strengthen collaboration among healthcare organizations, medical communities, government agencies, law enforcement, non-profit organizations, and the community-at-large in order to effectively address infectious disease transmission and treatment.

The scope of the Council's review was primarily focused on developing a statewide plan to address patients with infectious diseases. However, communication and education for the healthcare providers and facilities were identified as high priority needs by the Council.

- Eight EVD toolkits have been developed and distributed to approximately 1,500 licensed healthcare facilities and more than 10,000 healthcare providers. These toolkits can be easily adapted for other infectious diseases, as needed.
- Subject matter experts are in the process of visiting more than 1,400 Arizona outpatient treatment centers to provide information about EVD assessment and diagnosis and provide technical assistance.
- Subject matter experts provided more than 130 hospitals with information, technical expertise and education on infection control and prevention.
- A three-dimensional map to guide providers through the isolation-diagnosis-treatment process was developed and disseminated to healthcare providers and facilities.

- A statewide communication plan was enhanced, shared with critical partners and implemented to ensure timely and effective communication to Arizona leadership and the public.

Among the members of the council, there was broad consensus that the healthcare and public health infrastructure needs a clear communication plan, as well as development of a statewide, tiered healthcare system to respond to outbreaks of infectious disease. Collaboration throughout our healthcare communities is a priority, so that we create best practices, develop efficient and effective protocols and methods, and leverage our resources to positively impact the entire healthcare spectrum.

This report serves as an initial roadmap to developing a statewide system to respond to infectious diseases and improve the safety and well-being of Arizonans. In response to the recommendations, the Council identified and completed many deliverables in support of these charges.

Appendix A: Executive Order 2014-08

[Return to Section: Introduction](#)

Executive Order 2014-08

The Governor's Council on Infectious Disease Preparedness and Response

WHEREAS, infectious diseases are responsible for more deaths worldwide than any other single cause; and

WHEREAS, the State of Arizona has a responsibility to safeguard and protect the health and well-being of its citizens from the spread of infectious diseases; and

WHEREAS, federal, state, and local coordination on infectious disease planning and response is critical to reducing the risk of transmission; and

WHEREAS, public health and medical preparedness and response guidelines are crucial to protect the safety and welfare of our citizens; and

WHEREAS, on September 30, 2014, the first case of Ebola diagnosed in the United States occurred in Dallas, Texas; and

WHEREAS, the Arizona Department of Health Services is currently engaged in infectious disease preparedness, including surveillance for potential Ebola cases in Arizona; and

WHEREAS, the key to successfully controlling an infectious disease is early detection, early infection control measures, proper case management, surveillance, treatment, and, if necessary, isolation and quarantine.

NOW, THEREFORE, I, Janice K. Brewer, Governor of the State of Arizona, by virtue of the authority vested in me as Governor by the Constitution and Laws of the State, do hereby order as follows:

1. The Arizona Council on Infectious Disease Preparedness and Response (Council) is established.
2. Membership of the Council shall include the following individuals appointed by the Governor:
 - Two representatives from the Arizona Department of Health Services;
 - Three representatives from healthcare systems that include a tertiary care hospital;
 - One representative from a general hospital in a county with less than 500,000 persons;
 - Two representatives from a County Health Department with more than 950,000 persons;
 - One representative from a County Health Department with less than 950,000 persons;
 - One representative from the Arizona Hospital and Healthcare Association;
 - One representative from the Emergency Medical Services Council;
 - One representative from the Arizona Academy of Family Physicians;
 - One representative from the Arizona Medical Association;
 - One representative from the Arizona College of Emergency Physicians;
 - One representative from the Arizona Nurses Association;
 - One representative from the Arizona Department of Emergency and Military Affairs;
 - One representative from the Arizona Department of Public Safety;
 - One representative from the Arizona Department of Homeland Security;
 - One representative from a University;
 - One representative from Indian Health Services; and
 - At the sole discretion of the Governor, additional members with relevant experience.
3. The members of the Council shall serve at the pleasure of the Governor.
4. The Director of the Arizona Department of Health Services shall serve as Chair of the Council.

5. The Council shall:
 - Develop and implement a coordinated comprehensive plan to ensure Arizona's public health infrastructure is prepared for the potential outbreak of infectious diseases, such as the Ebola virus, influenza, Enterovirus, Tuberculosis, and other emerging infectious diseases, and can provide rapid response that effectively protects the safety and well-being of Arizonans.
 - The plan should include methods for rapidly identifying and assessing cases, protocols for providing healthcare treatment and infection control to prevent healthcare worker infections, and case contact investigations to prevent secondary infections in the community; and
 - Strengthen collaboration among healthcare organizations, medical communities, government agencies, law enforcement, non-profit organizations, and the community-at-large in order to effectively address infectious disease transmission and treatment; and
 - Serve as a reliable and transparent source of information and education for Arizona leadership and citizens; and
 - Provide a preliminary report on its findings and recommendations, including progress made on implementation of the plan and recommendations for additional needs and response activities, to the Governor by December 1, 2014. Continue to report to the Governor on a regular basis as the situation requires, and may include preliminary recommendations that require legislative action as the Council deems necessary.
6. The Council shall be staffed by the Arizona Department of Health Services.
7. The Chairperson may form an executive committee or other sub-committees as necessary.
8. The status of the Council shall be reviewed no later than September 30, 2015, to determine appropriate action for its continuance, modification or termination.
9. This Executive Order shall take effect immediately upon signature.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.


GOVERNOR

DONE at the Capitol in Phoenix on this twenty-first day of October in the Year Two Thousand Fourteen and of the Independence of the United States of America the Two Hundred and Thirty-Ninth.

ATTEST:



Secretary of State



Appendix B: Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure

[Return to Section: Rapid Case Identification](#)

Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure

CDC and Customs and Border Protection (CBP) are currently conducting enhanced entry screening of travelers who have traveled from or through Guinea, Liberia, Sierra Leone and Mali. These travelers are now arriving to the United States at one of five airports where entry screening is being done: New York's JFK, Washington Dulles, Newark Liberty, Chicago O'Hare, and Atlanta Hartsfield international airports. By performing enhanced entry screening at these five U.S. airports, CDC and CBP will evaluate most travelers from the affected countries.

What enhanced U.S. entry screening looks like

For each arriving traveler who has been in Guinea, Liberia, Sierra Leone, and Mali:

- CBP will give each traveler a CARE (Check And Report Ebola) kit that includes:
 - Information about Ebola;
 - Symptoms to look for and what to do if symptoms develop;
 - Pictorial description of symptoms;
 - Thermometer with guidance for monitoring ;
 - Tracking log;
 - Health advisory infographic on monitoring health for three weeks;
 - Wallet card on who to contact if they have symptoms and that can be presented to a healthcare provider;
 - Information for doctors if travelers need to seek medical attention.

- Travelers will undergo screening measures to include:
 - Answer questions to determine potential risk;
 - Have their temperature taken;
 - Be observed for other symptoms of Ebola.

- If a traveler has a fever or other symptoms or has been exposed to Ebola, CBP will refer to CDC to further evaluate the traveler. CDC will determine whether the traveler:
 - Can continue to travel;
 - Is taken to a hospital for evaluation, testing, and treatment;
 - Is referred to a local health department for further monitoring and support.

Traveler notification received by ADHS

The CDC Division of Global Migration and Quarantine (DGMQ) sends ADHS lists of screened travelers with destinations in Arizona (regardless of residence) via Epi-X. The notification will contain:

- Contact Info (name, address, phone, email)

- Demographics (date of birth and gender)

- Travel Information (Ebola-affected countries visited, arrival city and date)
- Observed Symptoms
- Possible Exposures
- Level of Screening Performed

ADHS notification to local health departments

ADHS will notify local health departments for each traveler notification received from CDC as soon as possible through the following process:

- ADHS will send a notification email to local health departments.
- ADHS will provide the detailed list with traveler information via SIREN email.
- ADHS will maintain a list of all screened travelers to Arizona and a local health department contact list. ADHS has also developed a Qualtrics survey and user's guide that can be utilized for active monitoring of travelers. All of these materials can be found at:
 - [Health Services Portal: ADHS Portal > Response Center > Outbreak & Disease Reports > Multi-County Shared Reports > Ebola](#)

Recommendations for active monitoring of travelers

CDC has recommended in the [Interim US Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure](#) that all travelers returning from Ebola affected countries undergo active (or direct active) monitoring by public health for 21 days from the date of their departure from West Africa.

Definition of Terms

Active monitoring → Public health authority establishes regular communication with potentially exposed individuals. Public health will check in daily with individual and assess for any symptoms or fever.

- Minimum of daily reported temperatures and symptoms consistent with Ebola
 - Severe headache, fatigue, muscle pain, fatigue or weakness, diarrhea, vomiting, abdominal pain, unexplained hemorrhage
 - Thermometer must be FDA approved
- Individuals should take twice daily temperature and monitor themselves for symptoms
- Individuals should immediately notify public health officials if they develop fever or any other symptoms
- Public health actions based on clinical criteria are listed in table below

Direct active monitoring → Public health authority monitors through direct observation

- Minimum of once daily observation of individual
 - Review symptoms and monitor temperature

- A second follow-up can be via telephone or direct observation
- Discuss with individual:
 - Plans to work
 - Plans to travel
 - Plans to take public transportation
 - Plans to be present in congregate locations
- For healthcare workers, public health authorities can delegate responsibility for direct active monitoring to the healthcare facility's occupational health program or hospital epidemiologist
 - Occupational health program or hospital epidemiologist would then report to public health authority

Goal of monitoring → Identify individuals who are at risk for infection as soon as possible after symptom onset for rapid isolation and evaluation

- Monitoring should continue by public health authority even if the individual travels outside of the jurisdiction

Controlled movement

- Applies to asymptomatic individuals in high-risk category
- Travel by long-distance commercial conveyances should **not be allowed**, this includes but is not limited to:
 - Aircrafts
 - Ships
 - Buses
 - Trains
- If travel is allowed it must be by noncommercial conveyances, this includes but is not limited to:
 - Private chartered flight
 - Private vehicle
- If travel is allowed by noncommercial conveyance arrangements must be made for uninterrupted active monitoring
- Individuals may be placed on Do Not Board list or other travel restrictions may be enforced to control movement
- Use of local public transportation may occur only with approval of the local public health authority

Isolation

- Separation of an individual who is reasonably believed to be infected with a quarantinable communicable disease from those who are not infected to prevent spread of the quarantinable communicable disease

Quarantine

- Separation of an individual or group reasonably believed to have been exposed to a quarantinable communicable disease but are not yet ill from others who have not been so exposed to prevent the possible spread of quarantinable communicable disease

Early Recognition and Reporting of Suspected Ebola Virus Exposures

- Evaluate patient's risk using table below
- Gather travel history for past 21 days
- Use algorithm to determine if testing for Ebola is indicated
- Is Ebola being considered:
 - Patient should be isolated in single room with private bathroom
 - Healthcare personnel should follow standard, contact, and droplet precaution
 - Healthcare personnel should use appropriate PPE
 - Infection control should be contacted immediately
 - Local health department should be contacted immediately for consultation

Potentially exposed individuals

Level of exposure should be taken into account when determining public health actions for each potentially exposed individual

Recommendations for specific groups and settings

Healthcare workers

- **Direct patient contact** includes doctors, nurses, physician assistants and other healthcare staff, as well as ambulance personnel, burial team members, morticians and others who enter into the treatment areas where Ebola patients are being cared for (such as observers).
- Healthcare workers who have **no direct patient contact** and **no entry into active patient management areas**, including epidemiologists, contact tracers, airport screeners, as well as laboratory workers who use appropriate PPE, are not considered to have an elevated risk of exposure to Ebola, i.e., are considered to be in the low (but non-zero) risk category.
- Healthcare workers who **provide care to Ebola patients in U.S. facilities** while wearing appropriate PPE and with no known breaches in infection control are considered to have low (but not zero) risk of exposure.
- As long as these healthcare workers have direct active monitoring and are asymptomatic, there is no reason for them not to continue to work, including in hospitals and other patient care settings, nor is there a reason for them to have restrictions on travel or other activities.

Crew on public conveyances (such as commercial aircraft or ships)

- Crew are not subject to occupational restriction and may continue to work on the public conveyance while under active monitoring

People with confirmed Ebola virus disease

- Isolation and movement restrictions are removed upon determination by public health authorities that the person is no longer considered to be infectious

Symptomatic individuals in the **high, some or low (but not zero) risk** categories:

- Undergo required medical evaluation with appropriate infection control precautions
- Federal public health travel restrictions may or may not be issued
- If medical evaluation results in a diagnosis other than Ebola, recommendations as outlined for asymptomatic individuals in the relevant exposure category will apply

Asymptomatic individuals in the **high risk** category:

- Direct active monitoring for 21 days after last potential exposure
- Restricted movement within the community
 - No travel on any public conveyances
 - Non-congregate public activities while maintain a 3-foot distance from others
 - May be subject to controlled movement
- If allowed, travel should occur only by noncommercial conveyances
 - Coordination by origin and destination states to ensure uninterrupted direct active monitoring

Asymptomatic individuals in the **some risk** category:

- Direct active monitoring for 21 days after last potential exposure
- Public health authorities may consider additional restrictions based on a specific assessment of the individual's situation
 - Intensity of exposure
 - Point of time in the incubation period
 - Complete absence of symptoms
 - Compliance with direct active monitoring
 - Individuals ability to immediately recognize and report symptoms, self-isolate and seek medical care
 - Probability that proposed activity would result in exposure to others prior to effective isolation

Asymptomatic individuals in the **low (but not zero) risk** category:

- Actively monitored for 21 days after last potential exposure
 - Direct active monitoring may be recommended for some individuals
- Individuals do not require separation from others or restriction of movement within the community
- Travel, including by commercial conveyances, be permitted provided that they remain asymptomatic and active (or direct active) monitoring continues
- Active (or direct active) monitoring is justified for individuals in the some and low (but not zero) risk categories based on a reasonable belief that exposure may have occurred, though the exact circumstances of such exposure may not be fully recognized at any given time.

- Additional restrictions, such as use of public health orders, may be warranted if an individual in the some or low (but not zero) risk categories fails to adhere to the terms of active (or direct active) monitoring.

Individuals in the **no identifiable risk** category:

- Do not need monitoring or restrictions based upon Ebola exposure

Movement notifications for persons under active monitoring (interstate and international travel)

Under the Centers for Disease Control and Prevention's *Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure*, active monitoring and prompt follow-up should continue uninterrupted if the person travels from one U.S. jurisdiction to another. If the person is planning to travel internationally prior to completing the 21-day monitoring period, advance notification to the receiving country is important, as this notification will help prevent problems in transit, on entry, and while staying in the destination country.

International Travel:

- Notify ADHS of travelers' plans to travel internationally and provide the following information:
 1. Intended country destination of traveler (physical address, email, and phone if known)
 2. Date of planned arrival in that destination
 3. Date of planned departure from that destination
 4. Name
 5. DOB
 6. Passport Number and Country of Issuance
 7. CDC exposure risk category (Low or Some) If Some risk, explain why
 8. Date of last exposure (date of departure from country with widespread Ebola transmission, or last date of exposure to a person with Ebola)
 9. Date completing the 21-day monitoring period
 10. Plans for continued monitoring, if any, during international travel
 11. Date, time and result of most recent active monitoring check
 12. Health department contact information for consultation, if needed
 13. Additional comments

Interstate Travel:

- Notify ADHS of travelers' plans to travel to another state and provide the following information:
 1. DGMQ ID
 2. Available contact and locating information:
 - Name
 - Home phone, cell phone and alternate phone numbers
 - Physical address in state of origin
 - Physical address in receiving state
 - Email address
 - Name of parent(s) or guardian(s) if person is <18 years of age
 - Contact information for spouse, relatives and other known personal contacts (if applicable and available)
 3. Date of last potential exposure to Ebola
 4. Date of arrival in the U.S.
 5. Date, time and result of last reported active monitoring
 6. Expected date and time of person's arrival in receiving state
 7. Other relevant information

Exposure Category	Clinical Criteria	Public Health Actions
<p>High risk includes any of the following:</p> <ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic • Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE) • Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission • Having lived in the immediate household and provided direct care to a person with 	<p>Symptomatic Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> • severe headache • muscle pain • vomiting • diarrhea • stomach pain • unexplained bruising or bleeding 	<p>Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation</p> <p>Medical evaluation is required.</p> <ul style="list-style-type: none"> • Isolation orders may be used to ensure compliance • Air travel is permitted only by air medical transport <p>If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply</p>
	<p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<p>Direct active monitoring</p> <p>Public health authority will ensure, through orders as necessary, the following minimum restrictions:</p> <ul style="list-style-type: none"> • Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway) • Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings • Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted) <p>Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park)</p> <p>Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement</p> <p>If travel is allowed, individuals are subject to controlled movement</p> <ul style="list-style-type: none"> • Travel by noncommercial conveyances only • Coordinated with public health authorities at both origin and destination • Uninterrupted direct active monitoring

Exposure Category	Clinical Criteria	Public Health Actions
<p>Some risk includes any of the following:</p> <ul style="list-style-type: none"> • In countries with widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic • Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic • Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic 	<p>Symptomatic Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> • severe headache • muscle pain • vomiting • diarrhea • stomach pain • unexplained bruising or bleeding 	<p>Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation</p> <p>Medical evaluation is required.</p> <ul style="list-style-type: none"> • Isolation orders may be used to ensure compliance • Air travel is permitted only by air medical transport <p>If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply</p>
	<p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<p>Direct active monitoring</p> <p>The public health authority, based on a specific assessment of the individual's situation, will determine whether additional restrictions are appropriate, including:</p> <ul style="list-style-type: none"> • Controlled movement: exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway) • Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings • Exclusion from workplaces for the duration of a public health order, unless approved by the state or local health department (telework is permitted) <p>Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park)</p> <p>Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken</p> <p>Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring</p> <p>Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance</p> <ul style="list-style-type: none"> • For travelers arriving in the United States, implementation of federal public health travel restrictions would occur after the traveler reaches the final destination of the itinerary
Exposure Category	Clinical Criteria	Public Health Actions

<p>Low (but not zero) risk includes any of the following:</p> <ul style="list-style-type: none"> • Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures • Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease • Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic • In countries without widespread virus Ebola transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic • Traveled on an aircraft with a person with Ebola while the person was symptomatic 	<p>Symptomatic Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> • vomiting • diarrhea • unexplained bruising or bleeding 	<p>Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation</p> <p>Medical evaluation is required.</p> <ul style="list-style-type: none"> • Isolation orders may be used to ensure compliance • Air travel is permitted only by air medical transport <p>If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply</p>
	<p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<p>No restrictions on travel, work, public conveyances, or congregate gatherings</p> <p>Direct active monitoring for:</p> <ul style="list-style-type: none"> • U.S.-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE • Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola <p>Active monitoring for all others in this category</p>
<p>No identifiable risk includes:</p> <ul style="list-style-type: none"> • Contact with an asymptomatic person who had contact with person with Ebola • Contact with a person with Ebola before the person developed symptoms • Having been more than 21 days previously in a country with widespread Ebola virus transmission • Having been in a country without widespread Ebola virus transmission and not having any other exposures as defined above 	<p>Symptomatic (any)</p>	<p>Routine medical evaluation and management of ill persons, as needed</p>
	<p>Asymptomatic</p>	<p>No actions needed</p>

*The temperature and symptoms thresholds provided are for the purpose of requiring medical evaluation. Isolation or medical evaluation may be recommended for lower temperatures or nonspecific symptoms (e.g., fatigue) based on exposure level and clinical presentation.

Appendix C: Laboratory Training and Education

[Return to Section: Specimen and Laboratory Testing](#)



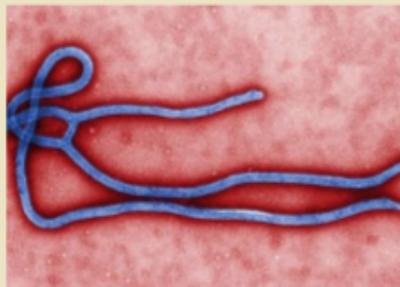
This fact sheet has been compiled from information made available by the CDC in response to questions we have been receiving regarding how Ebola Virus Disease will effect procedures in clinical health laboratories. The information was collected from the CDC website on October 3, 2014, and reflects the most up to date information available at that time. If you wish to visit the website directly, please go to <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html#update1>

Infection Control When Handling Specimens

All laboratorians and other healthcare personnel handling specimens must follow established standards compliant with the OSHA bloodborne pathogens standard, which includes blood and other potentially infectious materials. These standards include wearing appropriate personal protective equipment (PPE) and following all safety rules for all specimens regardless of whether they are identified as being infectious.

Recommendations for risk assessment to staff: Risk assessments should be conducted by each laboratory director, biosafety officer, or other responsible personnel to determine the potential for sprays, splashes, or aerosols generated from laboratory procedures. They should adjust, as needed, PPE requirements, practices, and safety equipment controls to protect the laboratorian's skin, eyes, and mucous membranes.

Recommendations for laboratory testing by staff: Any person testing specimens from a patient with a suspected case of Ebola virus disease should wear gloves, water-resistant gowns, full face shield or goggles, and masks to cover all of nose and mouth, and as an added precaution use a certified class II Biosafety cabinet or Plexiglass splash guard with PPE to protect skin and mucous membranes. All manufacturer-installed safety features for laboratory instruments should be used.



Specimen Handling for Routine Laboratory Testing (not for Ebola Diagnosis)

Routine laboratory testing includes traditional chemistry, hematology, and other laboratory testing used to support and treat patients. Precautions as described above offer appropriate protection for healthcare personnel performing laboratory testing on specimens from patients with suspected infection with Ebola virus. These precautions include both manufacturer installed safety features for instruments and the laboratory environment as well as PPE specified in the box above.

Environmental Cleaning and Disinfection

See the Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus (<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>) for recommendations regarding the cleaning and disinfection of patient care area surfaces including the management of blood and body fluid spills. These recommendations also apply to cleaning and disinfecting in a laboratory where specimens are being processed from persons under investigation, or with probable or confirmed Ebola virus infections.

In the case of a spill in the laboratory, the basic principles for blood or body substance spill management are outlined in the United States OSHA Blood Borne Pathogens Standards. There are no disinfection products with specific label claims against the Ebola virus. Enveloped viruses such as Ebola are susceptible to a broad range of hospital disinfectants used to disinfect hard, non-porous surfaces. In contrast, non-enveloped viruses are more resistant to disinfectants. As an added precaution, use a disinfectant with a higher potency than what is normally required for an enveloped virus to disinfect potentially Ebola-contaminated surfaces. EPA-registered hospital disinfectants with label claims against non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus) are broadly antiviral and capable of inactivating both enveloped and non-enveloped viruses.

Management of Laboratory Waste

Waste generated during laboratory testing should be placed in leak-proof containment and discarded as regulated medical waste. To minimize contamination of the exterior of the waste bag, place this bag in a rigid waste container designed for this use. If available, steam sterilization (autoclave) or incineration as a waste treatment process can inactivate the virus and reduces waste volume. For equipment that drains directly into the sewer system, the United States sanitary sewer system handling processes (e.g., anaerobic digestion, composting, disinfection) are designed to safely inactivate infectious agents. However, check with your state's regulated medical waste program for more guidance and coordinate your waste management activities for the laboratory area with your medical waste contractor.

Packaging and Shipping Training

ASPHL has provided training to all clinical laboratories and county health departments in packaging and shipping of infectious substances as specified in federal grant guidance, since the ASPHL began participation in the Laboratory Response Network (LRN) in 1999. Training is currently facilitated by the ASPHL staff with the hands-on training conducted by certified training consultants on topics covering the Dangerous Good Regulations and hazardous materials regulations meeting the International Air Transportation Association (IATA) and Department of Transportation (DOT) requirements. Refresher training is needed once every two years (for IATA) or three years (DOT) to maintain proper training requirements for individuals to package and ship infectious substances.

In Fiscal Year 2014, the ASPHL facilitated 3 training events covering packaging and shipping of infectious substances; 2 in October 2013 and 1 in June 2014. Registrants comprised a diverse number of hospitals, reference laboratories, county health departments, and IHS facilities. During the month of October 2014, ASPHL facilitated two Packaging & Shipping workshops that included up to date information on packaging of Ebola & training exercise on Category A packaging as well as how to contact ADHS in case of a suspect EVD case. Training was conducted by the National Laboratory Training Network (NLTN). In November 2014, an additional packaging and shipping course was held in Tucson.

Location	Date	# of Attendees	# of Institutions
Phoenix	10/7/2014	23	9
Flagstaff	10/9/2014	27	11

Due to recent events related to the Ebola virus outbreak with cases of Ebola arriving in the U.S., there has been a heightened awareness of the need for safe packaging and shipping of specimens for testing of specimens from patients suspect to have Ebola.

In response to concerns from the community, ASPHL developed a survey and distributed it to all hospitals and private clinical laboratories statewide to gauge the need for additional packaging and shipping training. Results of the survey indicated the need for additional training for hospital and laboratory personnel. Results provided below are broken down by county:

	Personnel requiring initial training	Personnel requiring refresher training
Apache	10	0
Coconino	20	14
Cochise		
Gila	2	2
Graham		
Greenlee		
La Paz	5	2
Maricopa	117	30
Mohave	2	0
Navajo	10	6
Pima	4	13
Pinal	28	8
Yavapai	9	14
Yuma		
Totals:	207	89

In response to the survey, ASPHL will conduct 6 additional trainings to support the needs of the medical community. Training classes will continue to be held throughout the year until the needs in the state are fully met.

To date, 30 agencies have received initial packaging and shipping training. This list is anticipated to increase with upcoming trainings.

Facility	City
Banner Del Webb	Sun City
Banner Estrella	Phoenix
Banner Thunderbird	Phoenix
Carondelet St. Mary's	Tucson
Casa Grande Med Center	Casa Grande
Coconino Co. Med Examiner	Flagstaff
Gila Regional Medical Center	Silver City, NM
Gila River Healthcare	Sacaton
Graham County HD	Safford
Kayenta Health Center	Ft. Defiance
Mayo Clinic	Phoenix
MIHS	Phoenix
NAU	Flagstaff
Navajo Co. Public Health	Show Low
Navapache Regional MC	Vernon
NIH	Phoenix
Northwest Medical Center	Tucson
Paradise Valley Hospital	Phoenix
Phoenix Children's Hospital	Phoenix
Phoenix Indian Med Center	Phoenix
Pinon Health Center, IHS	Pinon
Scottsdale Osborn	Scottsdale
Sonora Quest	Phoenix
St. Joseph's Hospital	Phoenix
Summit Healthcare Med Center	Show Low
T-Gen North	Flagstaff
T-Gen Phoenix	Phoenix
U of A Medical Center	Tucson
Verde Valley Medical Center	Cottonwood
Yavapai Regional Med Center	Prescott

Appendix D: Example Letter to Licensed Hospitals

[Return to Section: Infection Control](#)



Public Health Licensing Services
Office of the Assistant Director

150 North 18th Avenue - Suite 510
Phoenix, Arizona 85007-3247
(602) 364-3064
(602) 364-4808 FAX

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

October 9, 2014

Dear Administrator,

The Arizona Department of Health Services (ADHS) has been working with the Centers for Disease Control and Prevention (CDC), local health departments and health care providers to provide technical assistance and education about Ebola Virus Disease (EVD). Arizona currently has no cases of EVD.

Early recognition is critical for infection control. Health care providers should be alert for and evaluate any patients suspected of having EVD. Residence in—or travel to—an area where EVD transmission is active within the past 21 days is one of the critical risk factors in determining whether someone is at risk of EVD.

- **In order to be in compliance with A.A.C. R9-10-1003(D)(2)(a)**, we strongly encourage you to develop and implement a policy regarding screening for travel history in patients presenting with a fever and symptoms consistent with EVD.

CDC has issued Health Alert Notices reminding health care workers about the importance of taking steps to prevent the spread of this virus, how to test and isolate patients with suspected cases, and how to protect themselves from infection. Information for healthcare workers can be found on CDC's webpage <http://www.cdc.gov/vhf/ebola/hcp/>.

Specific information that may be useful to your facility can be found at the following webpage links:

- Ebola virus disease Information for Clinicians in U.S. Healthcare Settings
<http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>
- Sequence for Putting On and Removing Personal Protective Equipment Poster
<http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf>
- Guidelines for Evaluation of Evaluation of US Patients Suspected of Having Ebola Virus Disease
<http://emergency.cdc.gov/han/han00364.asp>
- Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus
<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>
- Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

Administrator
October 9, 2014
Page Two

- Safe Management of Patients with Ebola Virus Disease (EVD) in U.S. Hospitals
<http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html>

Additional information on EVD can be found on our website www.azhealth.gov or at the CDC website www.cdc.gov. Please contact your local health department for additional infection control questions or to report a patient suspected to have Ebola virus disease. If you have questions regarding licensing, please contact ADHS' Bureau of Medical Facilities Licensing at 602-364-3030.

Sincerely,



Cara Christ, MD, MS
Assistant Director, Public Health Licensing Services
Agency Chief Medical Officer
Arizona Department of Health Services

CC/as

Appendix E: DRAFT Infectious Disease Certification Criteria

[Return to Section: Certification](#)

DRAFT Infectious Disease Certification Criteria

<u>Criteria</u>	<u>Meets Expectation</u>	<u>Expectation not Met</u>	<u>Validated By</u>	<u>Comments</u>
Governing Authority				
Governing Body/Board of Directors requires the Medical Staff to participate in the Infection Control Committee of the hospital.				
Governing Body/Board of Directors reviews the Infection Control activities and makes recommendations to the Medical Staff and Administration for ongoing monitoring and improvement related to infection prevention and control practices.				
Administration				
An Explicit Infection Control Program has been approved by the Governing Board.			Documentation and Interview	
Infection Control Program is based on Nationally recognized guidelines. *			Documentation and Interview	
There is a licensed health care professional qualified through training in infection control designated to direct the hospital's IC program.			Documentation and Interview	
The primary responsibility of the licensed professional designated is to direct the IC program.			Documentation and Interview	
Policies and Procedures related to Infection Prevention and Control are established with demonstration of implementation.			Documentation and Interview	

Policies and Procedures are identified for safe practices related to medication storage, preparation and administration; cleaning and processing instrumentation				
Personnel				
The staff at all levels of the organization attends infection control training programs at a minimum of twice a year.			Documentation and Interview	
Training in IC represents the scope of service provided within the hospital			Documentation and Interview	
Personnel files confirm staff training. (Sample of all discipline files reviewed to confirm)			Documentation and Interview	
Direct Care Personnel have received specialized training in all isolation protocols.			Documentation and Interview	
Staff perform hand hygiene according to P&P and National guidelines:				
After removing gloves			Observation	
Before direct patient contact			Observation	
After direct patient contact			Observation	
Medical Staff				
Medical Staff bylaws rules and regulations address the Medical Staff's responsibility to follow Infection Prevention and Infection Control hospital policies and procedures.			Documentation and Interview	
Medical Staff Committee Meeting minutes reflect quality review and evaluation of the medical staff's commitment to Infection Prevention.			Documentation and Interview	
The active Medical Staff roster includes at least one physician with privileges in Infection Control.			Documentation and Interview	

When there is only one active Medical Staff member with Infection Control privileges there is a plan for providing additional physician support when this individual is not available.			Documentation and Interview	
Medical Staff are observed to perform hand hygiene:				
After removing gloves			Observation	
Before direct patient contact			Observation	
After direct patient contact			Observation	
Quality Management				
Quality Management Plan includes extensive Infection control prevention indicators and thresholds throughout all departments of the hospital			Documentation and Interview	
Hospital Acquired Infections are immediately reported, evaluated, and action plans implemented			Documentation and Interview	
Surveillance programs are identified and implemented related to practices with actions taken when appropriate			Documentation and Interview	
Physical Plant				
All patient care areas have the following:				
Soap and water			Observation	
Alcohol-based hand rubs (Alcohol rubs are installed safety based on LSC)			Observation	

Medication vials are always entered with a new needle			Observation	
Pre-drawn medications are labeled with the date and time of the draw, initials of the person drawing, medication name, strength and discard date and time.			Observation	
Single dose (single use) medication vials are used for only one patient				
Manufactured prefilled syringes are used for only one patient				
Bags of IV solutions are used for only one patient				
Medication administration tubing and connectors are used for only one patient				
Multi-dose injectable medications are used for only one patient unless the multi-dose vial is stored and accessed away from the immediate areas where direct patient contact occurs				
All sharps are disposed of in a puncture-resistant sharps container				
Sharps containers are replaced when the fill line is reached				
<i>Single Use Devices, Sterilization, and High Level Disinfection</i>				
Single-Use Devices - Practices				
When single-use devices are reprocessed, they are devices that are approved by the FDA for reprocessing			Observed	
If single-use devices are reprocessed, they are reprocessed by an FDA - approved preprocessor			Observed	
Sterilization - Practices				
Critical equipment (instruments and equipment that enter normally sterile tissue or the vascular system, such as surgical equipment) is sterilized			Observed	

Pre-cleaning is always performed prior to sterilization and high-level disinfection according to manufacturer's guidelines or evidence based guidelines prior to sterilization				
Medical devices and instruments are visually inspected for residual soil and re-cleaned as needed before packaging and sterilization			Observation and Interview	
A chemical indicator is placed in each load			Observation and Interview	
A biologic indicator is performed at least weekly and with all implantable loads			Observation and Interview	
Each load is monitored with mechanical indicators (time, temperature, pressure)			Observation and Interview	
Documentation for each piece of sterilization equipment is maintained and up to date and includes results from each load			Observation and Interview	
Sterilization is performed on all critical equipment				
Items are appropriately contained and handled during the sterilization process to assure that sterility is not compromised prior to use. This is completed by manufacturers' guidelines and hospital policy and procedures.			Observation and Interview	
After sterilization, medical devices and instruments are stored in a designated clean area so that sterility is not compromised			Observation and Interview	
Sterile packages are inspected for integrity and compromised packages are processed			Observation and Interview	
High-level disinfection is performed for semi-critical equipment			Observation	

Appendix F: Ebola Response Plan

[Return to Section: Patient Contact Tracing](#)

**Arizona State and Local Health Departments
Ebola Preparation and Response Plan (EPREP)**

<u>Audience:</u> Public Health
<u>Mission:</u> To identify, isolate and prevent spread of Ebola in the State of Arizona.
<u>Narrative:</u> Ebola has arrived to the United States. It is imperative that every Arizona practitioner, infection preventionist, hospital and health department is prepared to identify, isolate, and manage suspected, confirmed and secondary cases of Ebola. While federal assistance is likely, Arizona must be prepared to manage any Ebola cases independently. Therefore, public health plans that preemptively account for issues with infection control, healthcare worker safety, waste disposal and public demands is required. The underlying tenets of the plan are to ensure health department readiness, to preemptively prepare permits and contracts, and to learned from previous states' experience with Ebola.
<p>The diagram is a horizontal flow chart within a green rounded rectangle. It is titled 'Preparation' at the top. It consists of three sequential arrows pointing to the right. The first arrow is yellow and labeled 'Suspect Case'. The second arrow is orange and labeled 'Confirmed Case'. The third arrow is purple with a dashed border and labeled 'Secondary Spread'.</p>
<u>Updated:</u> 11/14/14

Stage 1: Preparation

Period commencement:

Period close: *WHO declaration end of West Africa Outbreak.*

+ Hospital

Set screening protocol, perform drills, order PPE, confirm waste, lab protocols, press structure

+ Public Health

OBJECTIVE: Healthcare System Preparedness

- Determine whether to designate hospitals and EMS
- Facilitate training of EMS and First Responders on screening and initial management
- Facilitate training of *all* healthcare facilities and first responders on screening and initial management
- Facilitate training of *all* or *designated* healthcare centers and first responders on case management

OBJECTIVE: Public Outreach Preparedness

- Promote and maintain public health Ebola websites
- Distribute Preparation Toolkits to Directed Audiences
- Determine Press Structure
- Develop messaging for suspected, confirmed and secondary spread cases
- Develop Behavioral Health outreach

OBJECTIVE: Public Health Preparedness

- Determine protocols and equipment needed for tracking and finding returned travelers

- Determine protocols for contact investigations
- Determine protocols for quarantine order, including delivery and enforcement
- Determine cleaning company and permits to travel with hazardous material
- Arrange temporary housing for contacts or hospital Ebola HCW
- Determine health department on-call protocols and scripts
- Determine funeral and ME readiness and acceptance of Ebola remains
- Maintain situational awareness and changing guidelines
- Solidify method of outreach to physicians, clinicians, healthcare workers
- Confirm protocols for sending samples to ASPHL and CDC, Cat A materials

- Determine sources of PPE, facilitate interregional sharing

Stage 2: Suspect Case

Period commencement: Upon ADHS + CDC Approval for Ebola testing

Period close: Case confirmed or ruled-out by ADHS or CDC

+ Hospital

Isolate patient, transport throughout hospital, transport materials, alert public health, provide immediate emergent care, manage visitors and family with patient, collect and send specimens, establish site manager, arrange and educate on PPE, arrange waste disposal, HIPAA management

+ Public Health

OBJECTIVE: Public Health Activation

- Determine whether to activate local EOC
- Alert ADHS
- Finalize Press Release and HAN

OBJECTIVE: Patient Transport

- Facilitate patient transport to designated or accepting hospital
- Educate first responders or EMS, exposure management
- Facilitate cleaning of transport vehicle
- Facilitate management of waste from transport vehicle

OBJECTIVE: Diagnostic Testing

- Determine need for testing with ADHS
- Guide facility on testing and specimen transport

OBJECTIVE: Initial Facility Assistance (outpatient facility)

- Assist with transport to designated or accepted facility
- Assist with monitoring movement of persons in and out of patient room
- Assist with cleaning and waste management
- Perform exposure management/contact tracing
- Assist with HCW Education

OBJECTIVE: Treating-Facility Assistance

- Facilitate employment of current infection control practices, site manager, reduced personnel
- Offer education to treating facility HCW
- Assist with monitoring movement of persons in and out of patient room
- Assist with cleaning and waste permits and management
- Perform exposure management/contact tracing
- Determine press structure

Stage 3: Confirmed Case

Period commencement: Receipt of positive result from ASPHL

Period close: Secondary case confirmed by ADHS or CDC (Stage 4), or Case discharged from hospital and 42 days (two inc

+ Hospital

Isolate Patient, Contact monitoring, PPE mgmt, Press

+ Public Health

OBJECTIVE: Public Health Activation

- Activate local EOC
- Send Press Release and HAN
- Establish communication structure (unified command)
- Update public or clinician website
- Active public health call lines
- Release public health targeted messaging to schools, businesses, etc
- Notify surrounding hospitals of patient surge

OBJECTIVE: Treating-Facility Assistance

- Reiterate and support infection control practices
- Assist with monitoring movement of persons in and out of patient room
- Manage Press
- Assist with hazardous waste permits and management
- Manage CDC integration (if present)
- Assist with HCW temporary housing
- Assist with HIPAA protection
- Assist with transportation to secondary treatment center
- Assist with Category A sample transport
- Aid in recovering additional PPE from coalitions

OBJECTIVE: Public Outreach Management

- Activate 911, Poison Control and ADHS Call Lines
- Promote Behavioral Health Messaging
- Manage press requests
- Manage public Ebola website

OBJECTIVE: Contact Management

- Perform contact investigation
- Assist counties with temporary housing
- Alert neighbors
- Deliver and enforce Quarantine
- Alert CDC about DNB lists, DGMQ
- Alert Dept Ag about pets and exposed animals
- Alert and assist transportation to Medical Examiner Office
- Assist Funeral Directors with Infection Control and Management

Stage 4: Secondary Spread

Period commencement: Secondary contact(s) positive test result(s) by ASPHL

Period close: Original and secondary case(s) discharged from hospital, 42 days (two incubation periods) have passed and

+ Hospital

Keeping the second patient?, enlarging contacts, maintaining infection control, diverge status

⊛ Public Health

OBJECTIVE: Treating-Facility Management

- Reiterate and support infection control practices
- Assist with monitoring movement of persons in and out of patient room(s)
- Assist with ED Diversion
- Facilitate transport of secondary cases to other hospitals

OBJECTIVE: Public Management

- Adjust 911, Poison Control and ADHS Call Lines
- Promote Behavioral Health Messaging
- Manage press requests
- Update website and HANs

OBJECTIVE: Contact Management

- Assist local health department
- Enlarge contact investigation

Appendix G: DRAFT Emergency Declaration

[Return to Section: Emergency Declaration](#)

DECLARATION OF EMERGENCY

Ebola Virus Disease

WHEREAS, the Arizona Department of Health Services has reported that the Ebola Virus Disease (“Ebola”) in Arizona; and

WHEREAS, Ebola causes hemorrhagic fever and is a highly fatal infectious disease; and

WHEREAS, the Centers for Disease Control and Prevention (“CDC”) reports that the 2014 Ebola epidemic is the largest in history, affecting multiple countries; and

WHEREAS, the key to successfully controlling an outbreak of Ebola is early detection, early supportive care, proper case management, surveillance, symptomatic treatment, and, if necessary, isolation and quarantine; and

WHEREAS, without identifying infected persons and their contacts, providing immediate care, and, if necessary, isolation and quarantine, the epidemic may affect more citizens and cause multiple deaths; and

WHEREAS, the Arizona Department of Health Services is currently conducting an investigation to identify all persons who are infected with Ebola in Arizona and all person(s) with whom the infected person(s) have come in contact; and

WHEREAS, the Governor is authorized to declare an emergency pursuant to A.R.S. § 26-303 (D); and

WHEREAS, pursuant to A.R.S. § 36-787 (A) during a state of emergency declared by the governor as a result of an occurrence or imminent threat of illness or health condition caused by a pandemic disease or a highly fatal infectious agent that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability, the Arizona Department of Health Services shall coordinate all matters pertaining to the public health emergency response of the state;

WHEREAS, pursuant to A.R.S. § 36-787 (B) and (C), the governor, in consultation with the director of the Arizona Department of Health Services, may issue orders, among other directives, that mandate (1) medical examinations for exposed persons, (2) treatment or vaccination of persons who are diagnosed with illness resulting from exposure or who are reasonably believed to have been exposed or who may reasonably be expected to be exposed, and (3) isolate and quarantine persons.

WHEREAS, pursuant to A.R.S. § 36-787 (D), law enforcement officials of this state and the national guard shall enforce orders issued by the governor under that statute section; and

WHEREAS, the Arizona Legislature has authorized the expenditure of funds in the event of an emergency pursuant to A.R.S § 35-192.

NOW, THEREFORE, I, Janice K. Brewer, Governor of the State of Arizona, by virtue of the authority vested in me by the Constitution and Laws of the State, do hereby

determine that the Ebola Virus Disease is present in Arizona and justifies a declaration of a State of Emergency; accordingly, pursuant to A.R.S. § 26-303(D) and A.R.S. § 36-787, and I do hereby:

- a. Declare that a Public Health State of Emergency exists in Arizona due to the Ebola Virus Disease, effective [DATE] and continuing; and
- b. Order, pursuant to A.R.S. § 36-787 (A), that the Arizona Department of Health Services coordinate all matters pertaining to the public health emergency response of the state
- c. Direct the total sum of \$[XXXXXX] from the General Fund be made available to the Director of the Arizona Department of Health Services and the Director of the Arizona Division of Emergency Management to be expended in accordance with A.R.S. § 35-192, A.A.C. R8-2-301 to 321, and Executive Order 79-4; and
- d. Direct that the State of Arizona Emergency Response and Recovery Plan be used, as necessary, to assist the Arizona Department of Health Services' coordination of the public health emergency response and authorize the Director of the Arizona Division of Emergency Management to utilize state assets as necessary or as requested by the Arizona Department of Health Services; and
- e. Authorize the Adjutant General to mobilize and activate the Arizona National Guard as determined necessary to assist in the protection of life and property throughout the State and, pursuant to A.R.S. § 36-787 (D), enforce orders issued by the governor.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

G O V E R N O R

DONE at the Capitol in Phoenix on this first day of ----- in the Year Two Thousand Fourteen and of the Independence of the United States of America the Two Hundred and Thirty- -----.

ATTEST:

Secretary of State

Appendix H: Process for Isolation and Quarantine

[Return to Section: Isolation and Quarantine](#)

During a Governor-declared state of war or state of emergency, the Arizona Department of Health Services or county health department must follow the process below when isolating or quarantining a person or group of persons:

State of Declared Emergency or State of Declared War Emergency

The Governor must first sign an emergency declaration



Department Directive to Individual or Group

If a delay would pose a threat to public health, the Department may issue a directive to an individual or group and specifies the isolation or quarantine requirements that must be followed.



Petition for a Court Order is filed with Sworn Affidavit

Within 10 days after issuing the directive, the Department must petition the court for a court order to continue isolation or quarantine.



Notification to person(s) identified in Petition

Individual or group must be notified within 24 hours after filing petition.



Court Hearing

A hearing must be held on the petition within 5 days after the petition is filed. It may be continued for 10 days under extraordinary circumstances.



Court Order

The court order is effective for up to 30 days. If needed, the Department may move to extend the order for an additional 30 days.

Appendix I: DRAFT Isolation and Quarantine Directives and Orders

[Return to Section: Isolation and Quarantine](#)

ISOLATION DIRECTIVE

To: _____ Address: _____

The Governor of the State of Arizona has declared a State of Emergency for an occurrence of Ebola Virus Disease, which is a viral hemorrhagic fever.

The Arizona Department of Health Services (“the Department”) has reason to suspect that you are infected with Ebola Virus Disease. If you are in fact infected with this disease, you pose a substantial threat to the health of other persons. **Because any delay in implementing your isolation will pose an immediate and serious threat to public health, the Department, in order to prevent transmission of this contagious disease, directs you to be placed in isolation in accordance with A.R.S. § 36-789(A).** The time and location of the premises for your isolation are:

Time: _____

Location: _____

The Department considers this the least restrictive clinically appropriate place of isolation given the nature of the disease you are suspected of having. Within ten days after issuing this Directive, the Department shall file a petition for a court order authorizing the continued isolation of the person or persons named in this Directive. A court hearing will be set following the filing of the petition.

During this period you will be required to undergo a medical exam and may be ordered to receive medical treatment. A person subject to isolation shall comply with the Department’s rules and orders, shall not go beyond the isolation premises, and shall not come in contact with any person not subject to isolation other than a health care provider, the Department or local health authority, or other person authorized by the Department or local health authority.

This Directive will be in effect until you are deemed non-contagious by the Department and no longer pose a substantial threat to the health of the public, or upon expiration of this Directive or by court order. It is anticipated that you will need to be isolated for at least _____ to verify a diagnosis and render you non-contagious.

If you leave the place of isolation designated above without the prior consent of the Department, action will be taken as authorized under A.R.S. § 36-787 to have you taken into custody by law enforcement officials and returned to the place of isolation.

If you object to this Isolation Directive or to the conditions of your isolation, you may request a hearing in the superior court in accordance with A.R.S. § 36-789(I) and (J). The court will then schedule a hearing. The request for a hearing does not suspend the effect of this Isolation Directive.

Any questions regarding this Directive may be directed to _____ at (602) _____.

Notice was provided to the person or persons subject to this Directive as follows:
This Directive was served in-hand to the above-named individual on _____
_____ at _____ a.m./p.m.

This Directive applies to a group of persons for whom it is impractical to provide individual copies. A copy of this Directive has been posted in a conspicuous place at:

_____.

Director, Arizona Department of Health Services

Date

QUARANTINE DIRECTIVE

To: _____ Address: _____

The Governor of the State of Arizona has declared a State of Emergency for an occurrence of Ebola Virus Disease, which is a viral hemorrhagic fever.

The Arizona Department of Health Services (“the Department”) has reason to suspect that you have come in contact with a person who has Ebola Virus Disease and that you may have or develop this disease. If you were to become infected with this disease, you would pose a substantial threat to the health of other persons. **Because any delay in implementing your quarantine will pose an immediate and serious threat to public health, the Department, in order to prevent transmission of this contagious disease, directs you to be placed in quarantine in accordance with A.R.S. § 36-789(A).** The time and location of the premises for your quarantine are:

Time: _____

Location: _____

The Department considers this the least restrictive clinically appropriate place of quarantine given the nature of the disease with which you may have come into contact. Within ten days after issuing this Directive, the Department shall file a petition for a court order authorizing the continued quarantine of the person or persons named in this Directive. A court hearing will be set following the filing of the petition.

During this period you will be required to undergo a medical exam and may be ordered to receive medical treatment. A person subject to quarantine shall comply with the Department’s rules and orders, shall not go beyond the isolation premises, and shall not come in contact with any person not subject to quarantine other than a health care provider, the Department or local health authority, or other person authorized by the Department or local health authority.

This Directive will be in effect until you are deemed non-contagious by the Department and therefore do not pose a substantial threat to the health of the public, or upon expiration of this Directive or by court order. It is anticipated that you will need to be quarantined for at least _____ to verify whether or not you have a contagious disease.

If you leave the place of quarantine designated above without the prior consent of the Department, action will be taken as authorized under A.R.S. § 36-787 to have you taken into custody by law enforcement officials and returned to the place of quarantine.

If you object to this Quarantine Directive or to the conditions of your quarantine, you may request a hearing in the superior court in accordance with A.R.S. § 36-789(I) and (J). The court will then schedule a hearing. The request for a hearing does not suspend the effect of this Quarantine Directive.

Any questions regarding this Directive may be directed to _____ at (602) _____.

Notice was provided to the person or persons subject to this Directive as follows:

This Directive was served in-hand to the above-named individual on _____ at _____ a.m./p.m.

This Directive applies to a group of persons for whom it is impractical to provide individual copies. A copy of this Directive has been posted in a conspicuous place at:

_____.

Director, Arizona Department of Health Services

Date

AFFIDAVIT

STATE OF ARIZONA)
County of -----) ss.

-----Name-----, being first duly sworn upon his/her oath, deposes, and says:

1. I am the -----Title----- of the Arizona Department of Health Services/County Department of Public Health (“Department”) and I am authorized to execute this affidavit in support of the Petition for Compulsory Isolation/Quarantine on behalf of the Department.
2. I have read the Petition for Compulsory Isolation/Quarantine Pursuant to A.R.S. § 36-789 and know the contents thereof.
3. The facts asserted in the Petition are true to the best of my knowledge, specifically:
 - a. The identity of the person or group of persons subject to isolation/quarantine;
 - b. The premises subject to isolation/quarantine;
 - c. The date and time at which isolation/quarantine commences;
 - d. The suspected contagious disease;
 - e. The compliance of the Department with the conditions and principles for isolation/quarantine; and
 - f. The basis on which isolation/quarantine is justified pursuant to A.R.S. Title 36, Chapter 6, Article 9.
4. OPTIONAL PARAGRAPHS: Include additional factual information that is relevant to the court’s consideration. (i.e., The Department has confirmed that a case of Ebola virus disease exists with the State/jurisdiction; any information about person(s) not complying with voluntary isolation/quarantine, etc.)

DATED this [redacted] day of [redacted], [redacted].

-----Name-----
-----Title-----

SUBSCRIBED AND SWORN to before me this [redacted] day of [redacted], [redacted].

NOTARY PUBLIC

My Commission Expires:

DOC: PHX # 4174223

-----Name-----
Attorney General/County Attorney
Firm State Bar No. -----

-----Name-----
-----Title-----
-----Address-----
-----Address-----
-----Telephone-----
-----Fax-----
-----E-mail-----
State Bar No. -----

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF -----

STATE OF ARIZONA

Petitioner,

vs.

Respondent(s).

Case No.:

**PETITION FOR COMPULSORY
ISOLATION/QUARANTINE PURSUANT TO
A.R.S. § 36-789**

(Oral Argument Requested)

The Arizona Department of Health Services/County Department of Public Health (“Department”) petitions the Court for an Order authorizing the initial/continued isolation/quarantine of Respondent(s), pursuant to A.R.S. § 36-789(B).

The Governor of the State of Arizona has declared a State of Emergency due to an occurrence of Ebola virus disease—a viral hemorrhagic fever. *See* A.R.S. § 36-787(C). A copy of the Governor’s State of Emergency or State of War Emergency is attached and incorporated herein as Exhibit A. Under A.R.S. § 36-788(B), the Department may: (1) establish and maintain places of isolation and quarantine; and (2) require the isolation and quarantine of any person or group of persons, by the least restrictive measures available, to protect the public health.

The Department has reasonable cause to believe that a case of Ebola virus disease—a highly contagious and fatal disease—exists within its jurisdiction and **isolation/quarantine** of the

Respondent(s) is the least restrictive means by which the public can be protected from transmission of the disease. *See* A.R.S. § 36-788(A).

Therefore, the Department **seeks a court order authorizing the isolation/quarantine of Respondent(s) OR has isolated/quarantined Respondent(s) through a written directive and now seeks a court order to continue isolation/quarantine. A copy of the Department’s written directive is attached and incorporated herein as Exhibit B. A.R.S. § 36-789.**

The following information is provided pursuant to A.R.S. § 36-789(B):

1. The identity of the **person/group of persons** subject to isolation/quarantine:

Ebola virus disease

_____;

2. The premises subject to **isolation/quarantine**:

_____;

3. The date and time at which **isolation/quarantine** commences:

_____;

4. The suspected contagious disease, if known:

_____;

5. (ADHS ONLY): A statement of compliance with the conditions and principles for isolation/quarantine:

The Department is in compliance with the conditions and principals for isolation/quarantine set forth in A.R.S. §§ 36-787 through 36-789;

(LOCAL HEALTH DEPARTMENT ONLY): The isolation or quarantine and other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor an individual's health status:

_____;

6. A statement of the basis on which isolation/quarantine is justified:

_____;

INFORMATION TO BE INCLUDE FOR STATEMENT #6:

FOR ISOLATION: the following information must be provided in this section:

What is the reasonable basis for the Department's conclusion that the Respondent(s) have contracted one of the enumerated highly contagious diseases, why the disease poses a serious threat to public health, why isolation and the conditions of this isolation are the least restrictive means by which the public can be protected from transmission of the disease, and any details of the refusal of the Respondent(s) to accept less restrictive measures.

FOR QUARANTINE: the following information must be provided in this section:

What is the reasonable basis for the Department's conclusion as to how the Respondent(s) have been exposed to this highly contagious disease, why the disease poses a serious threat to public health, why quarantine and the conditions of the quarantine are the least restrictive means by which the public can be protected from transmission of the disease, and any details of the refusal of the Respondent(s) to accept less restrictive measures.

-----Name-----, -----Title----- of the Department attests to the facts asserted in this petition. ---Name---'s sworn Affidavit is attached and incorporated herein as Exhibit B/C.

Conclusion.

The Department requests this Court to issue an order authorizing the isolation/quarantine of the Respondent(s) to prevent the transmission of Ebola virus disease.

DATED this _____ day of _____, _____.

-----Name-----
Attorney General/County Attorney

-----Name-----
-----Title-----
Attorneys for the State

Original filed this [redacted] day of [redacted], [redacted] with:

Clerk of the Superior Court
[redacted] County Superior Court
[redacted] Address [redacted]
[redacted] Address [redacted]

Copy of the foregoing hand delivered this [redacted] day of [redacted], [redacted] to:

Honorable [redacted]
[redacted] County Superior Court
[redacted] Address [redacted]
[redacted] Address [redacted]

Copy of the foregoing personally served this [redacted] day of [redacted], [redacted] on:

[redacted] Name [redacted]
[redacted] Title [redacted]
[redacted] Address [redacted]
[redacted] Address [redacted]

Copy of the foregoing mailed this [redacted] day of [redacted], [redacted] to:

[redacted] Name [redacted]
[redacted] Title [redacted]
[redacted] Address [redacted]
[redacted] Address [redacted]

By: _____
[redacted] Name, Title [redacted]

-----Name-----
Attorney General/County Attorney
Firm State Bar No. -----

-----Name-----
-----Title-----
-----Address-----
-----Address-----
-----Telephone-----
-----Fax-----
-----E-mail-----
State Bar No. -----

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF -----

STATE OF ARIZONA

Case No.:

Petitioner,

vs.

**ORDER FOR ISOLATION/QUARANTINE
PURSUANT TO A.R.S. § 36-789**

Respondent(s)

).

Having reviewed the Arizona Department of Health Services'/County Department of Public Health's ("Department") Petition for Compulsory Isolation/Quarantine Pursuant to A.R.S. § 36-789 and attached exhibits, Respondent's -----documents filed, if any-----, and the testimony of the parties and witnesses, THE COURT FINDS that:

1. The Governor of the State of Arizona has declared a State of Emergency that includes an occurrence of Ebola virus disease.
2. Ebola virus disease is a viral hemorrhagic fever.
3. The Department has reasonable cause to believe that a highly contagious and fatal disease exists within its jurisdiction.
4. Isolation/Quarantine of the Respondent(s) is the least restrictive means by which the public can be protected from transmission of the disease.
5. (Include paragraphs stating the basis on which isolation/quarantine is justified.)

6. The Department is in compliance with the conditions and principals for isolation/quarantine set forth in A.R.S. §§ 36-787 through 36-789.

The Department having shown by a preponderance of the evidence that isolation/quarantine is reasonably necessary to protect the public health, IT IS HEREBY ORDERED THAT:

1. The following person or group of persons shall be isolated/quarantined beginning at (date and time), at (location):

(Identify the isolated or quarantined person or group of persons by name or shared or similar characteristics or circumstances)

2. (Optional paragraph: The isolation/quarantine shall be effected with the following conditions necessary to ensure that the isolation/quarantine is carried out within the stated purposes and restrictions of A.R.S. Title 36, Chapter 6, Article 9: _____)

3. This Order shall be served on the above-named person or group of persons in accordance with the Arizona Rules of Civil Procedure.

IT IS FURTHER ORDERED THAT this Order shall expire 30 (can be less than, but no more than 30) days from the date of its issuance unless the Department is granted continuance of this Order under A.R.S. §36-789(H).

SIGNED this ___ day of _____, _____.

Honorable -----Name-----

Appendix J: Ebola Virus Messaging, Resources and Trainings

[Return to Section: Arizona Health Alert Network](#)

Ebola Virus Messaging, Resources, and Trainings – As of November 18, 2014

Message/Resource Dissemination Method	Title	Date Sent	Recipients
ASPHL Website	Updated information on specimen collection	As needed	All
ADHS Website – Homepage, EDC Callout Box, OIDS Callout Box, OIDS Infectious Diseases from A to Z webpage, Clinician Callout Box	Links to CDC’s Ebola Virus Webpage	As needed	All
EpiAZ Bi-weekly newsletter	Bi-weekly updates on Ebola situation	7/28/2014 and biweekly	Arizona public health stakeholders
Arizona Health Alert Network - Email	Health Advisory on Ebola Virus Disease	7/29/2014	Public Health/Healthcare staff
Arizona Health Alert Network - Email	Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease	8/6/2014	Public Health/Healthcare staff
Email/conference calls	Ebola Testing Algorithm	8/22/2014	Maricopa County Public Health
Arizona Health Alert Network - Email	Health Update: Infection Control for Ebola Virus Disease	8/23/2014	Public Health/Healthcare staff
Arizona Medical Association Communications Department – Email/Newsletter	STAT! Critical Items & Alerts from ArMA - ADHS on Enterovirus and Ebola	10/1/2014	ArMA Listserv
Director’s Blog	AZ’s Role in the Ebola Response	10/2/2014	All
Arizona Medical Association – Email/Newsletter	Medicine This Week - ArMA takes leadership role in tackling logjam on new licenses at AMB	10/3/2014	ArMA Listserv
Lab Email	Ebola and Labs	10/3/2014	Laboratory Personnel
Lab Email	Hospital-checklist-ebola-preparedness	10/6/2014	Laboratory Personnel
Lab Email	EVD-screening-criteria-hospitals	10/6/2014	Laboratory Personnel
Lab Email	Lab testing requirements	10/16/2014	Laboratory Personnel
ADHS Ebola Preparedness Webpage	Toolkits for Partners, updates as needed	10/17/2014	Public Health/Healthcare staff
Arizona Health Alert Network - Email	Toolkits for Partners	10/17/2014	Public Health/Healthcare staff

Email from Operations Chief	Toolkits for Partners	10/17/2014	Points of contact at ARMA, AzAAP, AzAFP, Red Cross, Grand Canyon Chapter, BOMEX, AACHC, ACOG
Email from OIDS	Toolkits for Partners	10/17/2014	APIC, AzHHA, HAI Advisory Committee
Email from EMS	Toolkits for Partners	10/17/2014	EMS Partners, Public Service Answering Service Points, 9-1-1 Dispatch Centers
Email from Emergency Preparedness	Toolkits for Partners	10/20/2014	Hospital Preparedness Coordinators
Email from Behavioral Health	Fact Sheets: 1) Coping with stress for SMI population 2) Behavioral Health considerations for isolation	10/20/2014	RBHA PIOs
Email from OIDS	Ebola Virus Talking Points and Resource Guide	10/21/2014	County Public Health Departments
Health Alert Network- Email	Updated PPE Guidelines for Ebola	10/21/2014	Public Health/Healthcare Partners
Public Health Epi meeting	Overview of state and local epi preparedness activities	10/22/2014	State/County Public Health
ADHS Ebola Preparedness Webpage	Ebola toolkits for businesses and childcare/schools/universities	10/24/2014	Public
ADHS Ebola Preparedness Webpage	FAQs for public	10/28/2014	Public
Public Health Epi meeting	Overview of state and local epi preparedness activities	10/29/2014	State/County Public Health
Email from EMS Bureau	EMS Personal Protective Equipment training video	11/3/2014	EMS partners
Public Health Epi meeting	Overview of state and local epi preparedness activities	11/7/2014	State/County Public Health
Email from Behavioral Health	Allaying concerns about Ebola	11/7/2104	SMI Support Groups
Email from EMS Bureau	EMS transports of suspected Ebola patients	11/14/2014	EMS partners
Health Alert Network- Email	Inclusion of Mali in screening forms/Active Monitoring	11/18/2014	Public Health/Healthcare Partners

Public Health Epi meeting	Overview of state and local epi preparedness activities	11/19/2014	State/County Public Health
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Message/Resource/Dissemination	Topic	Date	Audience	Presenter
American Society of Safety Engineers	Ebola Outbreak Update	10/3/2014	Safety Engineers	Jeff Jones
Mohave County Health Department	Ebola/Chikungunya/EV D68	10/8/2014	Mohave Board of Health Members, community leaders, some public	Lydia Plante
Maricopa Environmental Health	Ebola Update	10/16/2014	Maricopa EH staff	Hayley Yaglom
John C Lincoln Hospital System	Ebola and Infection Prevention	10/17/2014	Hospital staff (MDs, nurses, IPs) and EMS staff (paramedics), emergency preparedness staff	Jeff Jones and Hayley Yaglom
Arizona Partnership for Immunization (TAPI)	Ebola Update	10/20/2014	Immunization partners	Hayley Yaglom, Lydia Plante
Arizona County Directors of Environmental Health (ACDEHSA)	Ebola Update	10/22/2014	County environmental health directors	Hayley Yaglom
Arizona Local Health Officer's Association (ALHOA)	Ebola Update	10/23/2014	County Public Health Directors	Cara Christ, Teresa Ehnert, Jessica Rigler
Arizona Hospital and Healthcare Association (AzHHA)	Ebola Update	10/24/2014	Healthcare workers	Eugene Livar
Norterra Family	Ebola and Enterovirus	10/27/2014	Physicians	Joli Weiss

Medicine Phoenix	D68 Education			
Network for Public Health Law, Arizona State University	Ebola Overview	10/28/2014	Law students	Joli Weiss
Arizona Partnership for Immunization (TAPI)	Ebola, Enterovirus D68, Dengue	11/3/2014	Steering Committee	Lydia Plante
Childcare Licensing	Ebola	11/3/2014	Surveyors	Eugene Livar
Medical Facilities Licensing	Ebola (ALS Training Room)	11/4/2014	Surveyors	Connie Belden, Sandy
Asian Pacific Community in Action (APCAA)	Ebola update	11/4/2014	Asian Pacific Community	Lydia Plante
Norterra Family Medicine	Ebola Education Table	11/15/2014	Health Fair	Joli Weiss
Navajo Division of Health and Chair, Navajo Nation Commission on Emergency Management, Herman Shorty	Ebola Related Activities & Actions	TBD	Navajo Nation Commission	Lydia Plante or Hayley Yaglom
OWS Epi - Laura Adams Debrief	Debrief of service in Liberia	11/21/2014	ADHS OWS Staff	Laura Adams
ADHS Lunch & Learn	Ebola Update	11/21/2014	ADHS Staff	Rosa Lira
Brookline College	Ebola & EV68	12/4/2014	Brookline College	Karen Lewis
Intertribal Council Arizona	Ebola	12/10/2014	ITCA	Eugene Livar
Bureau EDC - Laura Adams Debrief	Debrief of service in Liberia	12/16/2014	ADHS EDC Staff	Laura Adams
Arizona Emergency Service Association (AESA) conference	Ebola Outbreak Update	2/1/2015	Emergency Preparedness Staff	Joli Weiss
Arizona	Emerging Infectious	4/22/2015	Workshop	Lydia Plante

Immunizations Conference	Diseases, plenary			
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Provider Portal	Title	Date
	HAN 363: Ebola Virus Disease Confirmed in a Traveler to Nigeria, Two U.S. Healthcare Workers in Liberia	7/28/2014
	HAN-00364 Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease	8/1/2014
	HAN 365: CDC Ebola Update #1	8/13/2014
	HAN 366: CDC Ebola Update 2	8/21/2014
	HAN 368: CDC Ebola Response Update 4	8/28/2014
	HAN 371: Evaluating Patients for Ebola: Recommendations for Healthcare Personnel	10/2/2014
	HEALTH ADVISORY: Healthcare Facility Toolkit for Ebola Virus Disease	10/17/2014
	HEALTH ADVISORY: Outpatient Clinic Toolkit for Ebola Virus Disease	10/17/2014
	HEALTH ADVISORY: Public Safety Answering Points and 9-1-1 Center Toolkit for Ebola Virus Disease	10/17/2014
	HEALTH ADVISORY: EMS Toolkit for Ebola Virus Disease	10/17/2014
	EpiAZ- Update for Ebola to County Epi	10/27/2014
	HEALTH ADVISORY: Updated PPE Guidelines	10/21/2014
	HEALTH UPDATE: Two new Ebola guidance documents	10/24/2014
	2014 Ebola Outbreak Update	11/18/2014

Appendix K: Letter to Schools

[Return to Section: Resources, Webinars, Trainings and Communications](#)



Public Health Services
Office of the Deputy Director

150 North 18th Avenue - Suite 510
Phoenix, Arizona 85007-3247
(602) 364-3064
(602) 364-4808 FAX

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

October 17, 2014

Dear School Administrators, Teachers, and Staff,

In light of the current situation regarding Enterovirus-D68 and Ebola in the United States, we have compiled key points and resources to best guide and prepare your school. At this time, there are no cases of Enterovirus D68 or Ebola in Arizona. We want your school community to be informed and keep everyone healthy throughout the school year.

Enterovirus (EV) D68 & Influenza (Flu)

This time of year it is normal to see an increase in individuals with respiratory and flu-like symptoms. Symptoms of respiratory viruses may be mild and include runny nose, sneezing and coughing, or may be more severe such as fever, sore throat, body or muscle aches and difficulty breathing. Respiratory viruses, including EV-D68 and influenza can be similarly prevented.

Infants, children and teenagers are at higher risk than adults for becoming infected and sick with EV-D68 and children with asthma are particularly at risk for severe symptoms such as wheezing and difficulty breathing. If a student at school is exhibiting symptoms, such as fever or wheezing, they should be evaluated by the school nurse and parents contacted. This will help decrease the risk of spreading any illnesses to other classmates.

Ebola

Ebola is spread by coming into contact with an infected individual's blood or bodily fluids, not through the air, water or food sources. The risk of Ebola in schools is extremely low, but we have provided a guide for school staff on how to appropriately assess the risk if a child shows signs of illness, including fever, aches, and vomiting.

Most importantly, staff should:

- ✓ Determine if the child has travelled from affected countries (Guinea, Liberia, and Sierra Leone) within 21 days.
- ✓ Isolate the child away from other students in the school's nurse or health office.
- ✓ Contact the parents so the child can be cared for in the proper environment and advise parents to contact their health care provider and local health department.
- ✓ Contact the local health department.

Recommendations

With regards to any illness, including EV-D68, flu and Ebola, it is recommended to maintain good hygienic practices and keep children home if they are sick to lessen the spread of illness at school.

Basic prevention measures to avoid getting and spreading illness and keep school environments healthy include:

- ✓ Washing hands often with soap and warm water for 20 seconds.
- ✓ Avoid touching eyes, nose and mouth with unwashed hands.
- ✓ Discourage children from having close contact, such as hugging, with classmates who are sick.
- ✓ Discourage children from sharing personal items such as beverages, food or unwashed utensils.
- ✓ Cover your coughs and sneezes with a tissue or shirt sleeve, not your hands.
- ✓ Clean and disinfect frequently touched surfaces in classrooms, school buses and common school areas.
- ✓ Encourage parents to keep children home if they are sick.
- ✓ Encourage parents to keep children up to date on their vaccinations, including a seasonal flu shot.
- ✓ Encourage school staff to get a seasonal flu shot.

Below are a list of your local county health departments and how to contact them.

Local County Health Department Contacts

<u>Apache County</u>	(928) 337-4364
<u>Cochise County</u>	(520) 432-9400
<u>Coconino County</u>	(928) 679-7272
<u>Gila County</u>	(928) 402-8811
<u>Graham County</u>	(928) 428-1962
<u>Greenlee County</u>	(928) 865-2601
<u>La Paz County</u>	(928) 669-1100
<u>Maricopa County</u>	(602) 506-6767
<u>Mohave County</u>	(928) 753-0714
<u>Navajo County</u>	(928) 524-4750
<u>Pima County</u>	(520) 243-7770
<u>Pinal County</u>	(520) 866-7325
<u>Santa Cruz County</u>	(520) 375-7900
<u>Yavapai County</u>	(928) 771-3134
<u>Yuma County</u>	(928) 317-4550

The health and safety of our school systems is important. ADHS and your local public health departments are monitoring these public health concerns closely. Please contact your local county health department if you have any questions, comments, or concern.

Sincerely,



Cara Christ, MD, Deputy Director

Division of Public Health Services

Arizona Department of Health Services

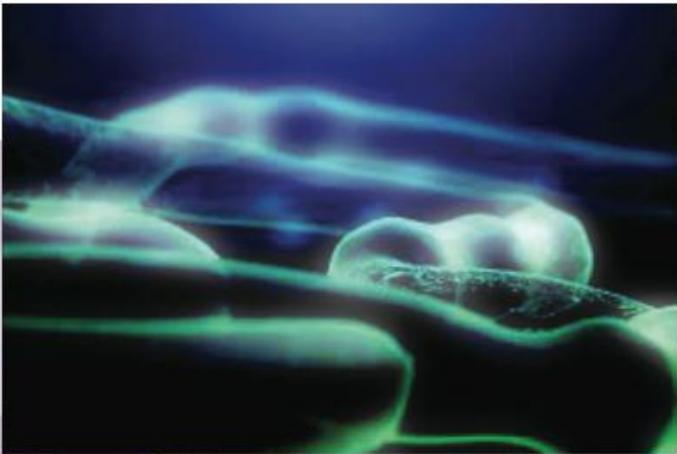
Appendix L: Ebola Virus Community Preparedness Forum

[Return to Section: State Preparedness](#)



Ebola Virus Community Preparedness Forum

November 14, 2014 — Program



genus: Ebolavirus

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

Event Name	Arizona Department of Health Services (ADHS) Ebola Virus Community Preparedness Forum
Date	November 14, 2014
Scope	This event includes participation from healthcare system, public health, and emergency management stakeholders.
Healthcare Preparedness Capabilities	<ul style="list-style-type: none">• Emergency Operations Coordination• Emergency Public Information and Warning• Information Sharing• Medical Surge• Public Health Surveillance & Epidemiological Investigation• Responder Safety and Health
Threat or Hazard	Ebola Virus Disease (EVD)
Scenario	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.
Sponsor	Arizona Department of Health Services <ul style="list-style-type: none">• Hospital Preparedness Program (HPP)• Public Health Emergency Preparedness (PHEP) Program
Points of Contact	<p>Teresa Ehnert, Bureau Chief Bureau of Public Health Emergency Preparedness Arizona Department of Health Services teresa.ehnert@azdhs.gov</p> <p>Antonio Hernandez, Partner Integration Section Chief Bureau of Public Health Emergency Preparedness Arizona Department of Health Services antonio.hernandez@azdhs.gov</p> <p>Andrew Lawless, Emergency Response & Communication Coordinator Public Health Emergency Preparedness Arizona Department of Health Services andrew.lawless@azdhs.gov</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.	Responder Safety and Health
2) Discuss how healthcare facilities, public health departments, and emergency management agencies will coordinate emergency response activities.	Emergency Operations Coordination
3) Identify top priorities for public information and communication staff at healthcare facilities, public health departments, emergency management agencies, and other responding organizations.	Emergency Public Information & Warning
4) Evaluate plans and procedures to share information across the response community, and identify top situational awareness priorities for responding organizations.	Information Sharing
5) Assess facility-level and public health medical surge plans in the context of an EVD response.	Medical Surge
6) Evaluate plans to conduct a coordinated public health response (e.g., contact tracing, surveillance) between healthcare, local, state, and federal agencies.	Public Health Surveillance & Epidemiological Investigation

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:

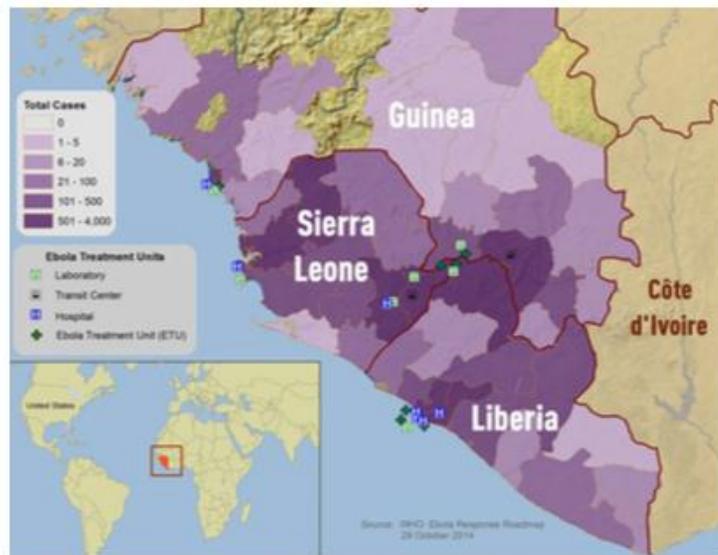
- The forum is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The scenario is plausible, and events occur as they are presented.

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 8th, 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.

ADHS Ebola Virus Community Preparedness Forum

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 21st. 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 15th, 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.

ADHS Ebola Virus Community Preparedness Forum

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.

ADHS Ebola Virus Community Preparedness Forum

- 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.

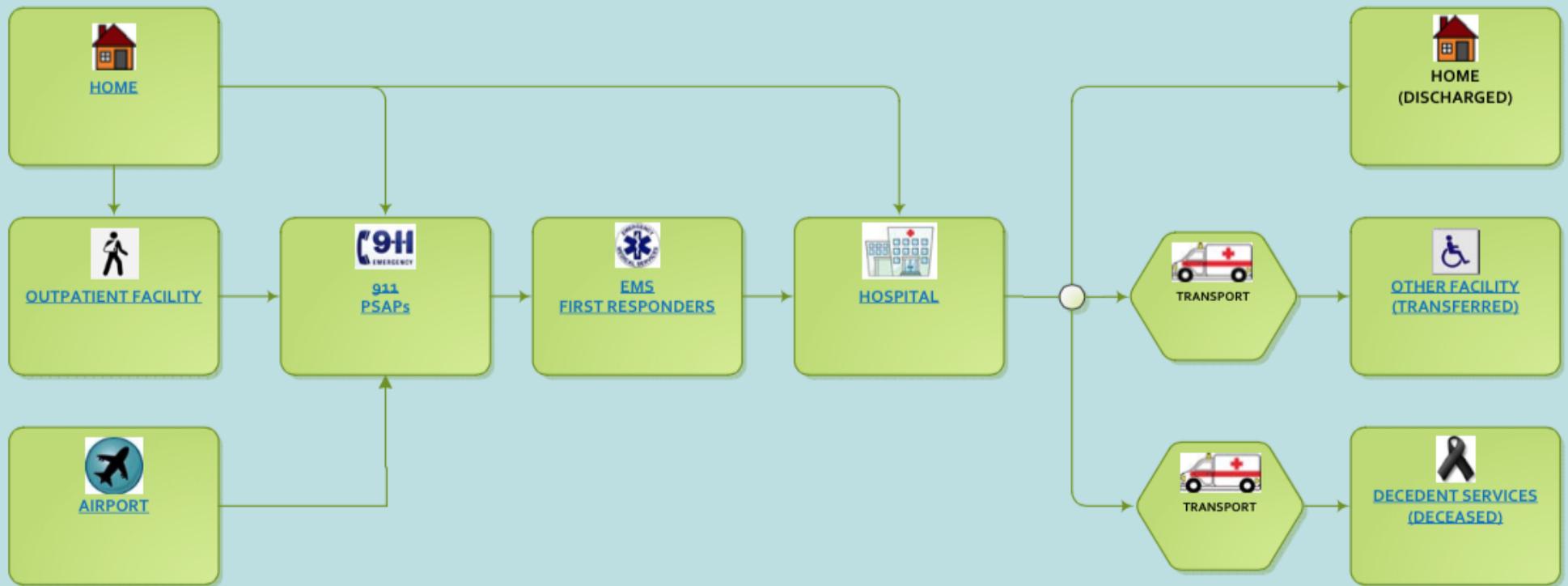
Discussion Questions

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 M: Draft Process Map

[Return to Section: Ebola Process Map](#)

MASTER PROCESS MAP OF ARIZONA'S EBOLA RESPONSE PLAN: MOVEMENT OF SUSPECTED AND CONFIRMED EBOLA PATIENTS

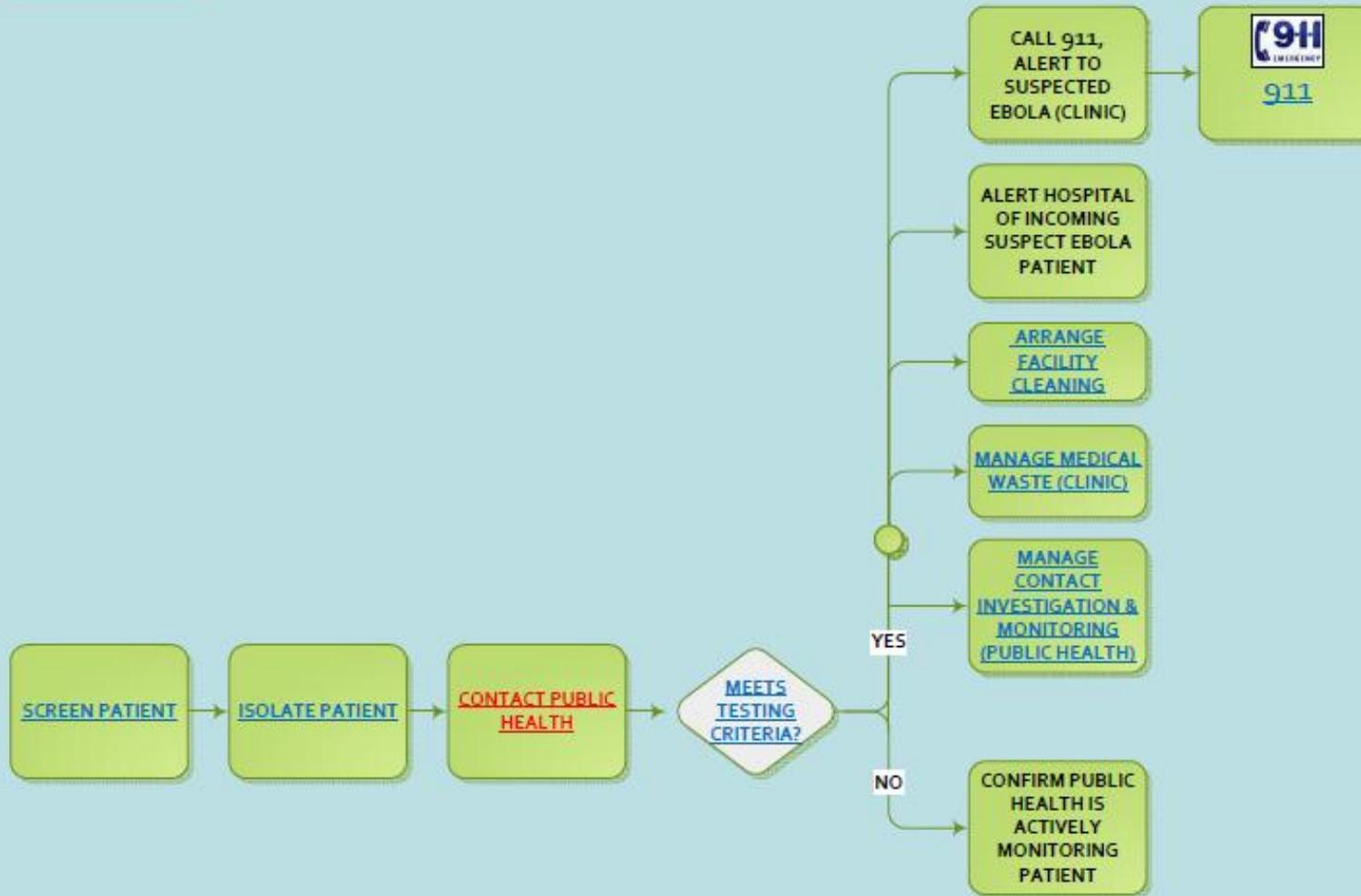


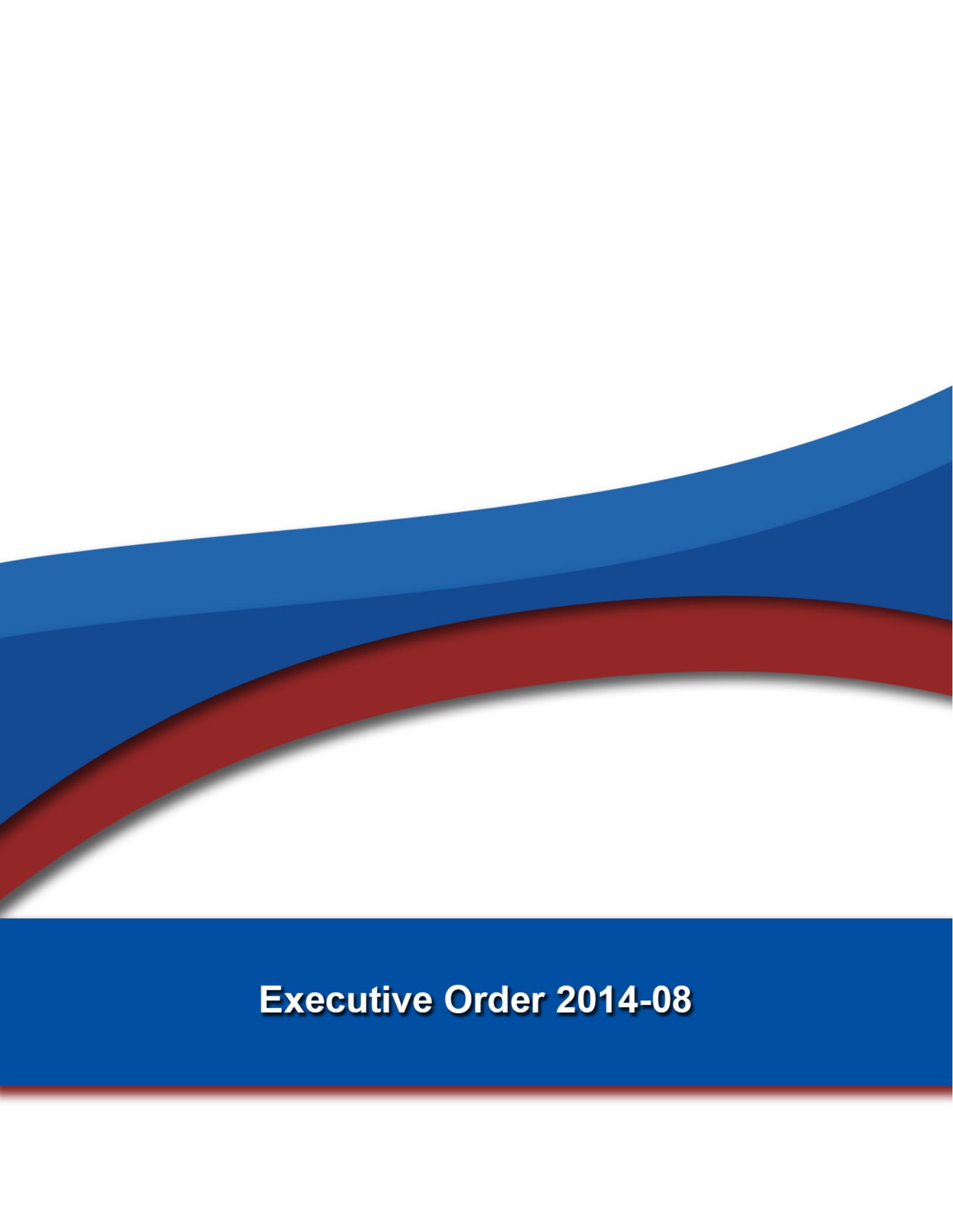
Arizona Department of Health Services
Bureau of Epidemiology and Disease Control
Office of Infectious Disease Services
150 N. 18th Ave. Ste. 140 Phoenix, Arizona 85007 USA
Tel: (602) 364-3676 Fax: (602) 364-3198
azhealth.gov/ebola



OUTPATIENT FACILITY PROCESS MAP OF ARIZONA'S EBOLA RESPONSE PLAN: *DIAGNOSTIC AND INFECTION CONTROL ACTIONS*

MASTER PROCESS MAP



The image features a decorative graphic at the bottom consisting of several overlapping, curved bands in shades of blue and red. The topmost band is a light blue, followed by a medium blue, and then a dark red band. Below these is a solid, dark blue horizontal bar that serves as a background for the text.

Executive Order 2014-08