PIMA COUNTY
HEALTH DEPARTMENT

Preliminary Emerging Infectious Disease Threat Response Plan

January 2015

Developed and Maintained by:

Pima County Health Department

PIMA COUNTY
HEALTH DEPARTMENT

A Healthy Pima County
Every **one**. Every **where**. Every **day**.

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Pima County Infectious Disease Response Plan

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EXECUTIVE SUMMARY

On October 16, 2014, The Pima County Health Department convened the first in a series of meetings with community stakeholders to begin the process of developing a county-wide plan in response to a small but significant number of imported and domestic cases of Ebola Virus Disease in the US.

Five working groups were identified: Hospital and Ambulatory Care; Emergency Management; Public Safety; Public Institutions; Public Information and Communications. All work groups were staffed by Pima County Health Department and provided the mechanism for focused dialogue and planning, while also providing a venue for enlarging the number of partners and stakeholders that could be brought to the table. The teams met for a total of 17 meetings. The preliminary response plan presented herein represents a synthesis of the labor of these work groups.

The overarching goal of this community planning effort was to develop a coordinated and measured public health preparedness plan that could be implemented by many partners across Pima County. Specifically we seek to:

- Develop and implement a comprehensive strategy to ensure Pima County's health infrastructure is prepared to respond to the potential threat posed by emerging infectious diseases including Ebola Virus Disease, in order to facilitate a rapid and effective response that protects the safety and well-being of this community;

- Strengthen collaboration among hospitals, ambulatory facilities, clinicians, schools, government agencies, public safety agencies, non-profit organizations, community based special events, and the community-at-large in order to respond to infectious disease threats such as Ebola Virus Disease;

- Provide a preliminary roadmap for collaboration and coordinated response ensuring the health, safety and well-being of all Pima County residents in the event of an infectious disease threat of public health significance; and

- Serve as a reliable and transparent source of information and education for Pima County.

The Health Department and its partners submit this report to the Pima County Board of Supervisors and to our community to provide guidance concerning current and emerging threats posed by Ebola Virus Disease and other infectious agents.

1.0 INTRODUCTION

This document reflects the work of the Pima County Health Department and community planning work groups to collaboratively develop, and implement a coordinated and comprehensive plan to ensure Pima County's healthcare infrastructure is prepared to respond to the threat posed by emerging infectious disease threats.

On October 16, 2014, Pima County kicked off a formal Ebola Virus Disease (EVD) planning process in collaboration with The Pima County Offices of Emergency Management and Homeland Security and Communication and Public Information. The initial meeting included a total of 62 participants from across Pima County representing hospitals, ambulatory health centers, first responders, the educational sector and a variety of entities from within the County.

The team formalized five working groups for the purpose of developing specific guidance and protocols. The groups include; Hospital and Ambulatory Care, Emergency Management, Public Institutions, Public Information and Communications, and Public Safety.

The planning process included:

- An analysis of the healthcare and public health systems' readiness to manage a patient with suspected EVD,
- An examination of the points where such an individual may present or enter into the healthcare system,
- An assessment of where services would be rendered, and;
- A validation for how these steps would be coordinated with state and federal partners.

The result is a series of recommendations and procedures to support a rapid response designed to protect patient and community safety and strengthen the public health and healthcare infrastructure. This process has yielded significant accomplishments and coordinated processes to support an integrated county-wide response.

<u>Partner Engagement and Response</u>

- All hospitals as well as hospital-affiliated emergency department and practices have adopted Pima County Health Department reviewed protocols to ensure the rapid identification, isolation, diagnosis, supportive care, and transport of individuals suspected of or at risk for infectious diseases such as EVD. Various components of these processes and capacities have been successfully exercised and refined.

- Three federally qualified community health centers and several ambulatory care facilities have adopted Pima County Health Department reviewed protocols to ensure the rapid identification, isolation, and transport of individuals suspected of or at risk for infectious diseases such as EVD. Several facilities at this time have exercised these processes and capacities for practical viability.

- University of Arizona Health Network (UAHN) has been designated an Arizona Department of Health Services Infectious Disease Treatment Center of Excellence. In this capacity UAHN works closely with the Pima County Department of Health to ensure the timely and safe clinical response to returning travelers that may become symptomatic after their arrival. Additionally, as part of this designation the site has undergone a preliminary facility readiness assessment by the Centers for Disease Control and Prevention (CDC). When fully operational this facility will be one of two statewide centers prepared to receive and treat suspect and confirmed EVD patients.

- Pima County Health Department has established a working relationship with Tucson Gem, Mineral, and Fossil Showcase event organizers to develop communication pathways with key showcase partners, identify travelers in active monitoring system, and distribute prevention information on EVD and other infectious diseases.

Work Group Outcomes

- The Hospital and Ambulatory Care Planning Work Group has developed protocols and tools for patient screening, isolation, transportation, infection control, and case contact investigation.

- The Public Safety Planning Work Group has developed screening protocols for 911 call centers and public safety answering points, as well as emergency medical services response protocols, personal protective equipment standards, kits, training videos, and protocols for transport.

- The Emergency Management Planning Work Group has developed draft templates of plans and procedures for waste remediation, decontamination, laboratory transportation, animal care, and airport screening. Additionally, the legal processes and documentation have been reviewed by the Arizona Attorney General's Office should the governor make an emergency declaration, or if there is a need for an order of isolation and quarantine as part of our response to a case of EVD in this state.

- The Public Institutions Planning Work Group has created power point presentations and audience specific information for local schools, libraries, and faith-based institutions.

- The Public Information and Communications Planning Work Group has developed a comprehensive listing of relevant Public Information Officers, messaging for public dissemination regarding identification of suspect cases and case confirmation of highly infectious diseases such as Ebola Virus Disease, as well as a risk communications plan shared among responding agencies.

Resources and Tools

- Two model EVD response checklists (one for hospital and one for outpatient/ ambulatory facilities) have been developed and distributed to all hospitals and outpatient licensed healthcare facilities. These checklists can be easily adapted for other infectious disease threats.

- Pima County Health Department developed and activated 24/7 access for public requiring EVD information as well as a portal for healthcare providers to report suspect cases.

Pima County Health Department Processes

- All returning travelers from countries with ongoing Ebola transmission (Liberia, Guinea, and Sierra Leone) are directed to one of five airports where they undergo screening and risk stratification at the time of entry and under the direction of Customs and Boarder Protection and CDC. Traveler information is communicated to the Arizona Department of Health Services and the Pima County Health Department which is charged with the continued surveillance of these individuals for 21 days.

- A Pima County Health Department EVD Response Team has been assembled and meets every week to monitor and respond to the current emerging infectious disease threat. The team includes public health professionals from Epidemiology, Communications, Public Health Nursing, Clinical Services, and the Chief Medical Officer who jointly review EVD preparedness and monitoring activities

- Pima County Health Department has adapted protocols for enhanced active monitoring of LOW risk travelers and direct active monitoring of SOME and HIGH risk travelers returning from affected countries to ensure rapid identification, isolation, supportive care, diagnosis, and treatment of patients at risk for EVD.

- Pima County Health Department has established points of contact with all hospital and large ambulatory healthcare facilities, law enforcement, emergency medical services, Tohono O'odham Nation, Pascua Yaqui Tribe, and schools to provide advanced notice and coordination for returning travelers that are being monitored. As part of this coordination effort we have participated in EVD preparedness drills and exercises conducted by Arizona Department of Health Services and by local healthcare partners

- Pima County Health Department has developed and maintains a roster of Pima County residents planning international travel to the affected countries in west Africa (Guinea, Sierra Leone, Liberia) to facilitate anticipatory planning and coordination with local partners.

This plan serves as an initial roadmap for a sustainable county-wide response to emerging infectious disease threats. By their very nature these threats are dynamic and will change over time. For this reason, the design of this response plan is based on the best understanding of the science today with the intent the plan is adaptable and evolves with the threat. Ultimately, the goal is to establish a viable infectious disease response system that can be flexibly operationalized by a variety of community partners to ensure the health, safety and well-being of all Pima County residents.

2.0 PREPAREDNESS AND RESPONSE

The following section summarizes the processes, protocols, roles and responsibilities to be acted upon in response to highly infectious communicable diseases in this community. This plan is a result of community partner collaboration and conducted in cooperation with emergency management and public health officials.

2.1 Screening and Identification of Individuals at Greatest Risk for Developing EVD

Currently all travelers returning from Ebola-affected countries are being screened at entry into the United States (US) and followed up by public health to detect early onset of EVD symptoms. Based on the strategy currently in use it is believed that all individuals at greatest risk for infection are being proactively identified for surveillance in a thoughtful and organized process. This protects the traveler's health while minimizing the risk of exposure for the healthcare professionals and the general community.

All travelers originating in an Ebola-affected country are routed through five US airports to identify all returning travelers who could be at risk EVD. Federal partners measure the temperature of returning travelers at the airports, classify their exposure risk, and provide them with a thermometer and instructions for taking their temperature twice daily for 21 days. The travelers are instructed to contact the state or county health department at their final destination.

The Arizona Department of Health Services and subsequently the Pima County Health Department receives a list of all returning travelers within our jurisdiction to perform active monitoring of these travelers through the 21-day observation period which begins on the day of entry into the US. The purpose of these procedures is to ensure individuals with risk factors for exposure and who experience a health status change is then identified as soon as possible and are rapidly isolated and further evaluated.

The risk categories are: NO risk, LOW risk, SOME risk and HIGH risk. The risk designation depends upon history of recent travel to the affected countries and activities the traveler participated in-country during their stay. Public health actions depend upon the specific risk category. (Table 1)

2.2 Monitoring Individuals with Potential EVD Exposure

Pima County Health Department employs a modification of the CDC's *Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure* for assessing the risk of individuals exposed or potentially exposed to EVD. (Appendix A: Monitoring Travelers Returning from Ebola Virus Disease Endemic Countries).

Since October 17, 2014 a total of 53 individuals returning from Ebola affected countries have entered the state of Arizona and have undergone monitoring by local public health entities in

collaboration with Arizona Department of Health Services and the CDC. During this time in Pima County we have monitored 9 LOW risk travelers, and an additional (1) individual with SOME risk. (Table 1) Our surveillance efforts have been successful in all these cases, and were conducted in collaboration with emergency medical services and hospital partners.

Any traveler with a risk of EVD from one of the Ebola-affected countries visiting or residing in Pima County is followed by the Pima County Health Department. Low risk travelers check for fever twice daily, self-monitor for the development of symptoms, and call into the Pima County Health Department daily (Active Monitoring). In Pima County, the LOW risk groups of travelers undergo a public health nursing home visit (Enhanced Active Monitoring) with evaluation of vital signs, symptoms, and an assessment of household contacts, as well as the medical needs of the individual. On a weekly basis, nursing staff confirms and documents the ability of the traveler to conduct the required self-monitoring and provides specific instructions.

Direct Active Monitoring requires SOME and HIGH risk individuals to be assessed in-person on a daily basis by public health personnel.

Table 1. Pima County Health Department monitoring protocols for individuals with potential EVD exposure.

RISK LEVEL	Pima County Health Department Public Health Monitoring Process		
	Monitoring Type	Enhanced Active Monitoring and Client Contact	Restricted Public Activities
HIGH Risk	**Direct Active Monitoring** Daily contact for 21 days	• Two (2) enhanced active monitoring home visits per week • Five (5) face-to-face contacts per week	Yes
SOME Risk	**Direct Active Monitoring** Daily contact for 21 days	• Two (2) enhanced active monitoring home visits per week • Five (5) face-to-face contacts per week	As determined by Chief Medical Officer
LOW Risk	**Active Monitoring** Daily contact for 21 days	• One (1) enhanced active monitoring home visit per week • Phone contact daily	No
NO Risk	No	No	No

All returning travelers are instructed to call the Pima County Health Department directly to facilitate their care or evaluation in the event that they develop any medical need during the period of observation. The goal is to quickly respond to any potential sign or symptom that may be suspicious for EVD, but in such a way that minimizes the risk to healthcare workers and the community. (Table 2)

Table 2. Assessment process for monitored travelers with a medical status change during monitoring.

Process for Assessment of Symptomatic Travelers	
Step 1	The Pima County Health Department Chief Medical Officer will personally assess the symptomatology of the traveler, and arrange for evaluation at the traveler's home or the designated medical facility, University of Arizona Health Network (UAHN).
Step 2	If the need for evaluation at the designated medical facility is identified, the Pima County Health Department Chief Medical Officer will contact the UAHN Medical Director of Infection Prevention who will convene the UAHN response team.
Step 3	If mildly symptomatic without emesis, diarrhea, or bleeding, the patient will transport by personal vehicle and be directed to meet staff in the UAHN emergency department decontamination bay.
Step 4	The Pima County Chief Medical Officer will communicate directly with the Chief of the responding Fire District and provide an estimated level of exposure risk and review personal protective equipment recommendations.
Step 5	If the patient is experiencing emesis, diarrhea, bleeding, or if otherwise the need is urgent, the transport will be by designated emergency medical services and be directed to meet staff in the UAHN emergency department decontamination bay.

Designated emergency medical services will transport identified at risk suspect patients to the Infectious Disease Treatment Center for Excellence, University of Arizona Health for evaluation and treatment. The Emergency Medical Services Assistant Chief, Pima County Health Department Chief Medical Officer, and University of Arizona Health Network Medical Director will identify and prepare the receiving hospital prior to transport. Telemetry communication will ensure the hospital is ready to accept the patient. The transport unit will be directed to a specific unloading area and met outside the hospital by staff. Transport crew will maintain a safe distance and not make contact with anyone not in appropriate level of personal protective equipment.

The transport of patients from tribal lands will be accomplished in a manner that is respectful of tribal sovereignty while safeguarding the health of the individual and medical personnel. The Health Department is pledged to work with Tohono O'odham Nation and the Pascua Yaqui Tribe, as well as emergency medical services provider, and UAHN to ensure the safe transfer of a suspect EVD patient to the designated hospital.

2.3 Returning Federal Healthcare Workers

There is a significant Pima County presence of the US Public Health Service Commissioned Corps, since the Tucson Area Indian Health Services (IHS) region is based in Pima County. As a result, some of IHS personnel from the Tucson area are being deployed to support the CDC's

Ebola Virus Disease response effort in west Africa. In collaboration with IHS Pima County Health Department maintains a roster of IHS providers and other personnel and travelers delivering services in the affected countries, including dates of tour of duty, vaccination status, and personal and emergency contact information.

Pima County Health Department personnel will perform the monitoring of all IHS staff returning from such assignments as summarized in section 2.2, and in coordination with the Tucson Area IHS Public Health Officer. This is further supplemented by central monitoring efforts on the part of the US Public Health Service.

Additionally and in keeping with the guidance of the Tohono O'odham Nation, such returning IHS personnel will be monitored off-reservation for the entire period of observation, and only when the 21 day observation period has been completed will IHS personnel be able to resume on-site duties on tribal lands. The Director of the Division of Health for Tohono O'odham Nation will be immediately notified and updated on a weekly basis by the Pima County Health Department Chief Medical Officer. Upon completion of the observation period these individuals may return to their usual posting.

As a federal 638 facility the Pascua Yaqui Tribe manages its own healthcare enterprise which is staffed and operated by El Rio Health Center, as such IHS personnel do not render patient care at that facility. Additionally, the EVD response protocol activated by El Rio is in effect for the Pascua Yaqui Tribe facility. IHS does have environmental health personnel that conduct work in Yaqui tribal areas. In the event that a Pascua Yaqui Tribe clinic or IHS staff member should volunteer or otherwise return from the origin countries in west Africa, the Director of the Division of Health for Pascua Yaqui Tribe will be immediately notified and updated on a weekly basis by the Pima County Health Department Chief Medical Officer.

2.3.1 Contact Tracing

Contact tracing is a method used by Pima County Health Department to monitor individuals at risk for EVD and people they have had contact with in order to prevent or mitigate transmission.

Suspect EVD patients or their family members are asked to identify individuals the case had contact with since the onset of symptoms, including all facilities and settings visited by these individuals during the time of communicability.

Where appropriate, tracing logs are developed and maintained for potentially exposed members of the public. These individuals are identified and monitored for EVD symptoms for 21 days. If an individual begins to show symptoms of EVD, that person is immediately isolated, tested and provided care. At this point a new contact tracing cycle starts again and repeats until there are no new EVD suspect cases identified.

2.4 Health Care Facility Expectations

The Arizona Department of Health Service expects that every Pima County licensed hospital in the state of Arizona is expected to be prepared to screen for suspect EVD cases, provide for isolation, perform phlebotomy for diagnostic specimens, and provide supportive care (until EVD laboratory results are confirmed by the Arizona State Public Health Laboratory within a 24-hour time period), and facilitate safe transport to a state-designated hospital. Governor's Council on Infectious Disease Preparedness and Response. All known symptomatic travelers returning from Ebola-affected countries in west Africa are directed to contact Pima County Health Department directly to facilitate evaluation and potential treatment at the designated hospital in Pima County (UAHN), so it is anticipated that the actual likelihood of receiving a suspect case in any other hospital settings will be extremely low.

For outpatient facilities the expectation is that all large primary care practices have the capacity to screen for suspect EVD cases, isolate potential cases, and connect immediately with the Pima County Health Department to arrange for the potential evaluation and transport of the patient to an appropriate setting.

All health care facilities and providers have access to live 24-hour telephone consultation and support from the Pima County Health Department at 520-724-7797.

2.4.1 EVD Preparedness in Outpatient Setting

Many ambulatory health centers have been engaged with Pima County Health Department throughout this planning process as part of the Southern Arizona Coalition for Healthcare Emergency Response and the jurisdiction wide planning group. These entities have had the opportunity to submit for review facility specific plans and procedures for addressing infectious disease threats including EVD. To date, Pima County Health Department has reviewed outpatient facilities protocols specific to El Rio Community Health Centers, Marana Health Center, United Community Health Center, and University of Arizona Health Network.

Each of these facilities is prepared to screen individuals for travel history or symptoms suspicious for EVD cases, isolate individuals who are identified as being at risk, and connect immediately with the Pima County Health Department to arrange for the potential evaluation and transport of the patient. Guidance and tools for the development of ambulatory protocols and standards for meeting the challenges posed by EVD and other emerging infectious disease threats can be found in Appendix B: Essential Checklist for Ebola Response in Outpatient Facilities.

2.4.2 EVD Preparedness of Local Hospitals

Hospitals have been critical partners throughout this planning process, and their representatives have participated in several of the planning work groups. Hospitals have also engaged in planning for infectious disease incidents that includes EVD through participation in

the Southern Arizona Coalition for Healthcare Emergency Response. This coalition has held two meetings to specifically consider EVD response coordination and completion of the CDCs coalition preparedness checklists.

Through this coordinated planning process, the Pima County Health Department reviewed and made recommendations to hospital specific response plans from the University of Arizona Health Network, Carondelet Health Network, Northwest Medical Center, and Tucson Medical Center. As part of this review, the Pima County Health Department assisted these hospitals in conducting exercises to test screening and isolation and evaluation processes for suspect EVD cases. Local hospitals are prepared to meet expectations set forth by the Arizona Department of Health Services for the safe screening and identification, isolation, and specimen collection, and support for individuals at risk for EVD.

Guidance developed by Pima County Health Department and local hospital partners, for development of protocols and standards for highly infectious diseases such as EVD can be found in Appendix C: Essential Checklist for Ebola Response in Hospital Facilities

2.5 Infectious Disease Treatment Centers of Excellence

Two hospitals, Maricopa Integrated Health System and University of Arizona Health Network, have been designated as Arizona's Infectious Disease Treatment Centers of Excellence. Given the complicated clinical presentation of patients with EVD, a statewide, healthcare delivery system has been structured to safely diagnose and treat potential and confirmed EVD patients. This system includes all licensed hospitals sharing responsibility for the rapid identification as well as isolation and diagnosis of suspect EVD cases that would subsequently be transported to a designated center of excellence for treatment.

The ongoing treatment and support of patients with confirmed EVD will be concentrated in the designated two hospitals in Arizona, University of Arizona Health Network and Maricopa Integrated Health System, respectively. As part of this process Arizona Department of Health Services, Pima County Health Department and University of Arizona Health Network plan to enter into an Intergovernmental Agreement Memorandum of Understanding that will clearly delineate the roles of each of the partners in the event of the identification of an EVD suspect case.

2.5.1 Certification of Infectious Disease Treatment Centers of Excellence

Arizona Department of Health Services is responsible for the development and maintenance of the voluntary certification program which goes beyond current compliance requirements for state and Medicare rules. The Infectious Disease Treatment Centers of Excellence certification program includes the requirements associated with statutes, rules, and regulations as well as incorporates best-practices identified through nationally recognized agencies.
The local certified center of excellence facility demonstrates the capacity to mount a coordinated comprehensive response to emerging infectious disease threats for the southern

Arizona region. This certification recognizes the certified center's national leadership with regards to the identification and treatment of complex infectious diseases such as EVD.

Benefits include:

- The provision of a focal point for the consultation, transportation, evaluation and treatment of a complex group of patients
- Ensures a high-degree of integration and collaboration among healthcare facilities in the region
- Signals a very high quality of multi-disciplinary patient care as well as a high-degree of coordination with the public health sector and community partners
- Serves to ear-mark resources and technical assistance from the federal government and Arizona Department of Health Services that will allow it to maintain this critical designation.

2.5.2 Federal Readiness Assessment of Infectious Disease Treatment Centers of Excellence

The CDC visited both Arizona designated hospitals to provide onsite technical assistance and readiness assessments on December 15 and 16, 2014. The Rapid Ebola Preparedness Team who conducted the assessment was comprised of personnel from the Center for Disease Control and Prevention, the Arizona Department of Health Services, the Pima County Health Department and healthcare professionals from Emory Healthcare System. The purpose of this visit was to assess the readiness of UAHN to care for a highly infectious patient, such as an Ebola patient, at its designated site.

Following the assessment, UAHN-South Campus was confirmed immediately and without qualifications as Arizona's second Infectious Diseases Treatment Center of Excellence by Arizona Department of Health Services.

Going forward, this designation ensures: 1) support and consultation from the CDC, 2) access to state and federal emergency preparedness funds, 3) preferential acquisition of limited resources, such as personal protective equipment and laboratory testing that is provided by the state and the Strategic National Stockpile. This additional ongoing support from the state and federal entities will be critical to support "in-place" training and drills by the volunteer clinical care team, laboratory, environmental services personnel, and infection prevention staff.

2.6 Preparedness Protocols for Laboratory Specimen Acquisition, Transport and Testing

Diagnostic testing for detection of EVD is available upon concurrent approval of the Pima County Health Department, Arizona Department of Health Services and the CDC. The Arizona State Public Health Laboratory is the only Clinical Laboratory Improvement Amendments (CLIA)-accredited laboratory in the state that has been authorized by the CDC and Department of Defense to provide diagnostic EVD testing. Testing is conducted using an FDA Emergency Use Authorization approved real-time-polymerase chain reaction Ebola assay. Samples testing positive at the Arizona State Public Health Laboratory will need to be shipped to CDC for further

testing and confirmation. Arizona State Public Health Laboratory has reviewed and executed biosafety procedures in the areas of the lab where specimens will be handled and tested.

Process for Submitting Specimens

A hospital facility requesting diagnostic EVD testing must contact the Pima County Health Department.

- In consultation with Arizona Department of Health Services and CDC and after evaluating relevant clinical information a decision to perform testing will be made within three hours of initiating the request.
- If testing is approved, the specimen will be packaged and labeled "suspected Category A agent" by trained personnel.
- Assistance with specimen packaging, preparation, and transportation coordination is available from the Pima County Health Department.
- Trained laboratory staff members at the Arizona State Public Health Laboratory are on call 24/7 to provide specimen testing for EVD.
- Testing results may be available within six hours of being received at the state laboratory.

Primarily to facilitate the process in this jurisdiction, ten sets of secure packaging materials are on hand at the Pima County Health Department and can be made available immediately to the requesting facility following approval of testing. Trained Pima County Health Department staff will be available to perform the packaging of these specimens upon the request of the individual hospital. Training for packaging and shipping is provided in-person as well as on the web by Arizona State Public Health Laboratory and the Arizona Department of Health Services. These training opportunities are disseminated by Pima County Health Department to hospital partners.

Pima County Emergency Management and the Pima County Health Department have made available an EVD Laboratory Transportation Plan to provide guidance to facilitate the safe and secure transport of EVD materials to the Arizona State Public Health Laboratory the designated transportation agency become unavailable or overwhelmed. (Appendix D: EVD Laboratory Transportation Plan.)

2.6.1 Waste Disposal and Environmental Remediation Procedures

Waste generated in the care of patients with suspect or confirmed EVD is considered a Category A infectious substance regulated as hazardous material under US Department of Transportation Hazardous Material Regulations (HMR; 49C.F.R., Parts 171-180). Ebola Virus-associated waste that has been appropriately incinerated, autoclaved, or otherwise inactivated is not infectious, does not pose a health risk, and is not considered to be regulated medical waste or a hazardous material under federal law. As such, Ebola virus-associated waste may only be inactivated through use of appropriate on-site autoclaves or incineration.

If healthcare facilities require an advanced or expedited level of waste management or environmental services, the Pima County Office of Emergency Management has identified and evaluated two local vendors.

Furthermore, World Health Organization and CDC have indicated that sanitary sewers may be used for the safe disposal of patient waste as sewage handling processing in the United States is designed appropriately to inactivate infectious agents. This communication was relayed to Pima County Wastewater and other regional utilities via Pima County Emergency Management.

2.6.2 Decedent Operations

Pima County Health Department staff reviewed Centers for Disease Guidance for Safe Handling of Human Remains with the Pima County Chief Medical Examiner's Office to identify local processes for postmortem care and transport. Recommendations for both hospital and mortuary services include;

- Handling of human remains is kept to a minimum
- Only personnel wearing personal protective equipment are to touch or move human remains infected with EVD
- Human remains are to be safely wrapped in leak-proof plastic, prior to being placed in another leak-proof body bag
- Personal protective equipment is not required for individuals driving a vehicle carrying human remains, provided the driver will not be handling remains
- Remains should be cremated or buried promptly in a hermetically sealed casket
- In the event interstate transport be requested, coordination will be supported by Centers for Disease Control and Prevention

Locally, two mortuary service providers have been identified with crematorium capacity to process highly infectious disease contaminated remains. Local mortuary providers will be coordinated through the Pima County Office of Medical Examiner.

2.7 Emergency Medical Service and Public Safety Response

Providing proper patient care in a manner that keeps emergency medical services responders, hospital personnel, family members and the public at a minimal risk of being exposed to EVD, is the goal of these procedures. Communication between the patient and responders, between the responders and the receiving facility, and between the receiving facility and Pima County Health Department is the key to achieving this goal.

In anticipation of a local emergency medical service response partner receiving a call to respond to a suspect EVD or other emerging infectious disease threat, the Public Safety Planning Work Group developed uniform response guidelines intended to assist in responding to individuals at risk of EVD in a manner that adheres to current recommendations and protects the patient, the responder, and the public. (Appendix E: Southern Arizona Regional EMS Highly Infectious

Disease Response Guidelines.) The Tucson Fire Department and Pima County Health Department have partnered on the development of an instructional personal protective equipment video which demonstrates the donning and doffing protocols and are included in the infectious disease response guidelines.

2.7.1 Emergency (911) Call Centers Identification and Screening for EVD Risk

Emergency call centers will not institute the additional symptom and travel questions until there is an elevated risk alert level issued by Pima County Health Department. Returning travelers and those with an established exposure are registered with the Pima County Health Department and can be verified prior to establishing in-person contact and risk level.

Regional public safety answering points have agreed to conduct a four question screen for all medical calls to 911 for assistance. These include following questions:

1. Do you have a known infectious disease?
2. Do you have a fever?
3. Are you coughing or sneezing?
4. Are you actively vomiting or have diarrhea?

An affirmative response to three or more questions will prompt the dispatcher to ask additional questions regarding possible recent travel history to Liberia, Sierra Leone, or Guinea. This information will be conveyed to the responding emergency medical services personnel who will base their level of personal protective equipment on the assessed risk posed to emergency medical service staff. The result of this assessment will be communicated immediately with the Pima County Health Department to help assess the situation and review the level of alert.

2.7.2 Emergency Medical Services (EMS) Response Tiers and Personal Protective Equipment

The goal of stratifying risk for the purposes of response is to provide the responding personnel the information needed to protect themselves and the public, while simultaneously responding to the person in need. To this end, three EMS Response Tiers have been identified that impact the approach to the evaluation of these patients and inform the selection of risk appropriate personal protective equipment. (Table 3) Given the dynamic nature of emerging infectious disease threats we anticipate that this guidance may be modified as necessary in the future.

Alternatively in a public safety answering points setting, any patient that calls 911 and states that they have travelled to Guinea, Liberia, and Sierra Leone, or report close contact with a person known to have EVD within 30 days AND is exhibiting any of the signs and symptoms, is considered Tier 3 and at high risk for having the Ebola Virus Disease. At this time public safety answering points are to contact the Pima County Health Department at 520-724-7797 to verify travel history, signs, symptoms, and classification.

Table 3: Emergency Medical Services Response Tiers

EMS Risk	Tier Classification	Personal Protective Equipment	Response Procedures
Tier 1	• Patient confirms fever with associated symptoms • No travel outside US	• Nitrile or Latex gloves • Disposable N95 face mask • Protective eyewear that wraps around the side of the head • Sleeves, booties, and gown *(if patient is bleeding, vomiting, or has diarrhea)*	• Per standard transport protocol
Tier 2	• Patient confirms fever with associated symptoms • Confirmed travel outside the US within the past 30 days	• Nitrile or Latex gloves • Disposable N95 face mask • Protective eyewear that wraps around the side of the head • Semi permeable gown • Tyvek sleeves • Boot covers • Hair cover *(if provided)*	• Begin assessment at > 3-feet by getting a general impression • Ask about symptoms, length of illness, travel or potential exposure history • Limit the number of responders that enter the patient area until an initial assessment can be completed • Verify risk assessment with Pima County Health Department
Additional questioning by responding crews wearing appropriate personal protective equipment, while maintaining a distance of 3-feet from the patient, should be conducted on all Tier 2 classifications for the purposes of establishing EVD risk: 1. Did you travel to Guinea, Liberia, and/or Sierra Leone, in the past 30 days? 2. Is there any reason to believe you have contracted the Ebola virus while you were travelling? 3. Did you have direct contact with anyone known to have EVD in the past 30 days? 4. Did you have direct contact with anyone who traveled to Guinea, Liberia, and/or Sierra Leone, AND was sick in the past 30 days?			
Tier 3	• Patient who answers yes to any of the specific questions above	• Nitrile gloves – 2 pairs black under blue *(black not to be removed until patient contact is complete)* • Disposable N95 face mask • Protective eyewear that wraps around the side of the head • Tychem C suit *(yellow color - for direct patient contact)* • Tychem SL suit *(white color - for support activities)* • Tyvek sleeves • Boot covers • Integrated hood with face shield with collar or Powered Air Purifying Respirator	• Verify risk assessment with Pima County Health Department • If dispatch identifies an individual at high risk for EVD by the 911 dispatcher, a special response unit, equipped and trained to assess and treat EVD patients, will be dispatched to assess, and transport the patient to the primary receiving facility. (If a special response unit is unavailable, closest Haz Mat team may be dispatched.) • If a crew arrives on scene and based on the field assessment and questioning, the patient is determined to be at elevated risk, the crew will request a special response unit (or closest Haz Mat unit.) • The initial crew will isolate the patient in the room or area found, and avoid contact with other responders until a safety officer can assist with doffing of personal protective equipment and decontamination of personnel and equipment.

All personnel that will be in direct patient contact must be supervised when donning and doffing personal protective equipment should be in place before entering the patient home or making patient contact if outside. Personal protective equipment should be decontaminated as needed in the event of gross contamination to reduce the risk of personnel exposure. If emergency medical service personnel come into direct contact with EVD fluids, personnel should immediately stop working and wash the affected area with soap and water and report the exposure following their established policy. To limit the possible cross-contamination hazard, emergency medical service personnel should limit the items, areas and people that they touch or come into contact with while they are wearing their personal protective equipment. Prior to transport, consideration should be given to the placement of a surgical mask on patients who are symptomatic with coughing or sneezing. (Appendix E: Southern Arizona Regional EMS Highly Infectious Disease Response Guidelines.)

2.8 State Emergency Declaration

In the event EVD is identified in Arizona, a State Emergency Declaration by the Governor provides the public health department with authority for enhanced disease control measures, including isolation and quarantine orders, and supports additional emergency funding for a coordinated statewide response. A draft State 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.

The State Emergency Declarations will be coordinated by the Arizona Department of Health Services for the public health emergency, and by Arizona Division of Emergency Management via Pima County Office of Emergency Management and Homeland Security for utilization of State or Federal assets as necessary. (Appendix F: Emergency Declaration and Isoloation and Quarantine Order)

2.8.1 Isolation and Quarantine

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

Furthermore, A.R.S. § 36-624 allows Pima County Health Department to adopt isolation and quarantine measures without an emergency declaration. While A.A.C. R9-6-390, allows a county health department to isolate and quarantine individuals without a declared emergency. Under A.A.C. R9-6-390(B), "[a] local health agency in consultation with Arizona Department of Health Services, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission."

If Arizona Department of Health Services or Pima County Health Department determines the necessity 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. In Pima County such a process would be overseen by and coordinated with the Pima County Superior Court.

2.8.2 Animal Care and Quarantine

The Pima County Domestic Animal Response Team convened under the guidance of the Pima County Office of Emergency Management and Homeland Security to develop a standard operating guideline for the isolation or quarantine of companion animals potentially exposed to Ebola (Appendix G: Caring for Animals Potentially Exposed to Ebola Virus). The standard operating guideline determines the decision to isolate or quarantine animals that may have been exposed and in consultation with state and federal authorities under A.R.S .§ 36-624 which allows Pima County Health Department to adopt isolation and quarantine measures without an emergency declaration**.** The plan also addresses issues related to animal decontamination, transportation, isolation facility set-up, personal protective equipment, specimen collection, animal care operations, and striking isolation or quarantine operations.

3.0 COMMUNICATIONS SYSTEM COORDINATION

The Public Information and Communications Planning Work Group 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.

The Team identified four operational recommendations:

- Maintain situational awareness for Pima County Administration, Pima County Board of Supervisors, and community response partners. (Appendix H: Healthcare Provider Update)
- Provide timely, accurate and relevant updates to clients and residents of Pima County.
- Provide information to media outlets, community partners, and the public.
- Coordinate with communications partners to provide consistent and accurate information.

The following sections summaries an overview of the key resources and tasks utilized to accomplish these recommendations. (Appendix I: EVD Public Information Plan).

3.1 Situational Awareness with Governing Offices and Response Partners

Thus far, Pima County Health Department has reached out directly to local governing bodies and response partners in a variety of ways. Key information for these stakeholders should include; updates on current spread of the disease, changes in medical or response guidance, clinical guidance, and Pima County Health Department response activation(s).
Key methods of communication include:

- Letters or memos
- PCHD website
- Published articles
- Arizona Health Alert Network
- Official reports or plans
- Graphics and images
- Presentations and meeting updates
- Educational and training resources

The Arizona Health Alert Network (HAN) is the primary communication alert system used by Pima County Health Department to distribute information via email, phone, text, or fax to stakeholders and partners. This system maintains lists of contacts that allow for targeted messages to specific stakeholder groups.

3.2 Timely, Accurate and Relevant Updates for Residents of Pima County

Pima County Health Department will continue to enhance communication with public health and healthcare partners in order to ensure preparedness for a coordinated response to Ebola Virus Disease if a case were to present in Pima County.

Primary methods Pima County Health Department communicates with Pima County Residents include:

- Website
- Published articles
- Press releases and statements
- Print collateral at public health clinics
- Messaging regarding local special events *(See Appendix J for Tucson Gem, Mineral and Fossil Showcase Plan)*
- Facebook and Twitter
- Media interviews
- Notices to public officials
- Press conferences
- Dissemination through community partners *(esp. agencies that serve functional and access needs populations)*

3.3 Information for Media Outlets

Broadcast, print and social media are fundamental mechanisms of rapidly sharing information within any community. Pima County Health Department has identified and maintains contact with media partners throughout Pima County and collaborates with these partners to share information about disease prevention, care, and risk on a consistent and regular daily basis.

Before, during, and after any infectious disease response operation, Pima County Health Department will coordinate and collaborate with local, state, and federal partners to assure the provision of credible, accurate, timely, and relevant information for media partners and their audiences.

3.4 Coordination of Communications

In the event of an emerging infectious disease incident, the Pima County Health Department Communications Team must ensure that information relevant to response partners, community partners, or other stakeholders is reviewed for consistency, clarity, and accuracy. To achieve this the Pima County Health Department will utilize the framework and protocols available in

the "Emergency Support Function 15 – External Affairs" section of the *Pima County Emergency Operations Plan.*

3.5 Pima County Emergency Response and Recovery Plan

The Pima County Emergency Response and Recovery Plan 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. 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).

The Pima County Office of Emergency Management and Homeland Security has updated the Biological Incident Annex with plans developed by the Pima County Health Department and community stakeholders and partners specific to infectious disease outbreak response. This office has also prepared incident action plans and staffs recall plans for potential opening of the Pima County Emergency Operations Center.

4.0 CONCLUSION

This report highlights the work of the Pima County Health Department and the community teams that were assembled to examine, develop, and implement a coordinated comprehensive plan to ensure Pima County's public health infrastructure is prepared for the potential outbreak of infectious diseases and can respond rapidly to protect the health of Pima County residents. The team's work included a comprehensive analysis of the healthcare and public health systems' readiness to handle a patient with a critical infectious disease, an examination of the points where a patient might present and enter the healthcare system and 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. Most importantly we highlight the rapidly evolving nature of the current infectious disease threat (EVD) and the need to develop redundant and agile systems that can respond to challenges we have to yet to identify.

Pima County Health Department

Monitoring Travelers Returning from EVD Endemic Countries

As of January 2015

Developed and Maintained by:
Pima County Health Department

For questions or comments contact:

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PIMA COUNTY

PIMA COUNTY HEALTH DEPARTMENT

A Healthy Pima County.
Every **one** ● Every **where** ● Every **day**

Updated January 2015

Record of Plan Revision

PLAN NAME: Monitoring Travelers Returning from EVD Endemic Countries

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Monitoring Travelers returning from EVD Endemic Countries

Disease Management and Investigative Guidelines

Purpose:

The protocol describes the steps to monitor people who may have been exposed to Ebola and how medical professionals will oversee their care and, when warranted to protect the public health or our communities, limit their movement or activities. This protocol will help ensure their symptoms are monitored and a system is in place to quickly recognize when they need to be routed to care.

A. ADHS Notification

1. ADHS will notify the Pima County Health Department of a traveler who has returned from a country that is experiencing a widespread incidence of transmission of Ebola. Notification will be through email and telephone call.
2. ADHS will send traveler's name, phone number, address, email address, emergency contact information, and the Ebola affected country visited.
3. Also a brief medical history of observed symptoms, observed temperature of the case, whether case has had a fever in the past 48 hours, touched someone who died in the affected country, secondary screening information if warranted, tertiary screening information if warranted and if case released for self- monitoring or direct observation monitoring.
4. The epidemiology department manager will assign the traveler to an epidemiologist for monitoring.

B. Epidemiology Initial Contact:

1. The Pima County epidemiologist assigned to the traveler will contact the person within 12 hours of the ADHS notification by phone.
2. The epidemiologist will introduce themselves and explain that the County Health Department will monitor the traveler's temperature and health until they have been out of the exposure country for 21 days. . Inform the traveler you will be their POC (Point of Contact) for any questions
3. Request their current temperature.
4. Ask if they have experienced any of the following since they were screened at the airport:
   a. Fever >=100.4
   b. Headache (severe)
   c. Joint or muscle aches
   d. Diarrhea
   e. Vomiting
   f. Stomach pain

    g. Lack of appetite
    h. Rash
    i. Red eyes
    j. Unusual Bruising
    k. Weakness
5. Are they on any medications? Ask them to provide the names of the medications.
6. Vaccination Status:
    a. Have they been vaccinated against vaccine preventable diseases? Obtain records.
    b. Have they recently received the influenza vaccination?
    c. Have other household members been vaccinated against vaccine preventable diseases? Obtain records.
7. Ask what day they left the exposure country? Explain this day is considered day zero when referring to the 21 day observation period.
8. What is the name of the township or city in the exposure country? How long were they in the exposure country?
9. What day did their flight land in the United States?
10. What day did they get to Pima County?
11. If there are gaps greater than 24 hours, where were they?
12. Where are they staying? Is it at the address provided by ADHS?
13. Are they staying with other family members? How many? Where do they work or attend school? What are their names?
14. Do they have additional names we can call in case they cannot be reached? Ask for the additional contact's phone numbers and email address? The CMO would like two additional contact names and information.
15. What is the name of their employer/school? What is their job title and explain what they do? If they are a teacher, do they teach medical personnel? Is their position in any way related to hospitals, medical clinics, medical personnel, emergency medical services? Do they teach children or adults?
16. What are their plans?
    a. Are they coming to the U.S. for medical procedures? If yes, what procedure, the name of the physician, the name of the hospital, the date of the procedure.
    b. Are they coming for employment training or conferences? What training/conference when, and where?
    c. Are they planning on traveling to another county/state/country in the 21 day monitoring period? If they are leaving the country before the 21 day monitoring period is complete find out:
        1. Where will they be going?
        2. Who will they be staying with? Get address and phone number.
        3. Date of departure?
        4. Traveling by private car or bus or airline?
        5. Obtain the name of the airline or bus and the flight numbers or bus schedules.

6. Date of return

d. Notify ADHS and the destination County Health Department.
e. Notify the office of border health if they are traveling to Mexico.
f. If they are traveling to Mexico notify the Chief Officer of Border Health and the Border Infectious Disease Surveillance Officer. As of Nov. 2014 Robert Guerrero, Chief Officer, phone 520-770-3110, cell 520-609-7344 and Mariana Casal, Border Infectious Disease Surveillance Officer. Email mariana.casal@azdhs.gov, phone 520-770-3179, cell phone 520-245-3233.

17. Did they take mosquito prophylaxis while in their Ebola exposure country? Were they bitten by mosquitos while in the Ebola exposure country?
18. What illnesses besides Ebola were they exposed to in the two weeks before they came to the U.S.?
19. Do you have exposure to pets? How many? What kind of pet? Consult with the Interim Guidance for Public Health Officials on Pets of Ebola Virus Disease Contacts.
20. The epidemiologist will instruct the traveler on the plan should they show signs or symptoms of Ebola. See section C10 below.
21. Ask the traveler if they have any questions or concerns about the initial contact. Try to address any fears of government over-reach.

C. Enhanced Active Monitoring

1. Explain that a public health nurse will be visiting them for an introductory visit with in the next 24-48 hours and you will be contacting them with the name of the nurse and the approximate day and time of arrival. What day and time would be convenient for them? They will only take their temperature and observe them. This is not a medical exam.
2. Contact the public health nursing supervisor to arrange the home visit.
3. The public health nurse (PHN) will make a home visit to visually access the traveler for signs of illness and overall health condition.
4. A directly observed temperature will be documented.
5. Does the traveler know how to use the thermometer provided at the entry airport?
6. Does the traveler know the signs and symptoms of Ebola?
7. The PHN will observe the travelers home environment, is it consistent with the information provided by the phone interview?
8. What are the traveler's transportation needs and plans? Are they consistent with the information provided by the phone interview information?
9. Is there a language barrier? Will and interpreter be needed?
10. The epidemiologist at the phone interview and the PHN should review the plan should the traveler need medical care.
    a. In a true emergency, heart attack, choking, etc. Call 911 first then PCHD second. Provide PCHD phone numbers.
    b. If the traveler experiences any of the signs or symptoms of Ebola then they

should immediately call PCHD and the epidemiologist will notify the CMO.

c. Ask if the traveler they can go to the hospital in a private car?
d. The CMO will notify the proper EMS unit if necessary and the receiving hospital.
e. Advise the traveler to not go to the physician office, emergency room or urgent care by themselves if they are having symptoms of Ebola. PCHD will meet them at a designated place to escort them.

D. Consult with the CMO:

1. Obtain a verbal and written report of the visit.
2. Information will be shared with the CMO to determine the number of PHN home visits and whether direct observation or self-reporting of temperatures is necessary.
3. Using the CMO's recommendations for monitoring, document the date and time of the traveler's temperature and any signs or symptoms.
4. Record this information in the PCHD Self- Monitoring Chart Fillable, available in the Ebola Protocol Folder and in ADHS Qualtrics web site if available. ADHS will provide you directions on how to set up a free Qualtrics account number.
5. The traveler can enter his/her temperature if self- monitoring is allowed and if they have access to a computer and consent to using Qualtrics. The entries must be checked twice a day by an epidemiologist.
6. Report any signs or symptoms of Ebola to the CMO immediately for further evaluation.

E. Some Risk Category:

1. "Direct Active Monitoring" of the traveler will occur every day from the date of the last ebola exposure. Active monitoring may be implemented when the 21 day directive active monitoring period has ended.
   Example: Example, if his last high-risk exposure was 12/5/2014 and his departure from the affected country was 12/18/2014 he would be
   - Direct actively monitored from 12/18/2014-12/26/2014
   - Actively monitored from 12/26/2014-1/8/2015
2. An epidemiologist and a public health nurse will visit the traveler as soon as possible after the arrival of the traveler in Pima County. See Section C. Enhanced Active Monitoring.
3. The traveler will be observed for symptoms of ebola either in person or by Skype, Facetime, or Tango every day of the "Direct Active Monitoring" period. This direct observation can be performed by an epidemiologist, public health nurse, or other public health professional designated by the CMO.
4. The CMO will decide on a case by case situation if the traveler has no restrictions on travel or if travel restrictions recommended in the CDC Guidelines below (F.) are warranted.

Public Health Authorities may consider additional restrictions based on a specific assessment of the individuals 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

F. CDC recommendations for Monitoring of Travelers from Ebola affected countries:

- The guidance recommends stricter actions for escalating level of risk based on the type of exposure.
- State and local public health authorities are advised to use active monitoring or direct active monitoring rather than having people monitor themselves.
- Specific guidance is given about monitoring health care workers who cared for patients with Ebola in a country with widespread transmission, and people who visited an Ebola Treatment Unit in one of those countries.
- Specific guidance is also given about monitoring health care workers who provided care of patients with Ebola in the United States

Risk levels as of 10-27-2014

The new guidance on 10-27-2014 defines four risk levels based on degree of exposure:

High risk—direct contact of infected body fluids through:

- needle stick, or splashes to eyes, nose, or mouth
- getting body fluids directly on skin
- handling body fluids, such as in a laboratory, without wearing personal protective equipment (PPE) or following recommended safety precautions
- touching a dead body without correctly wearing PPE in a country with widespread Ebola transmission (In countries with widespread Ebola transmission, it is not always known what a person died of. Therefore touching any dead body in one of these countries is considered a high risk exposure.)
- living with and caring for a person showing symptoms of Ebola

Some risk—

- close contact with a person showing symptoms of Ebola such as in a household, health care facility, or the community (no PPE worn). *Close contact means being within 3 feet of the person with Ebola for a long time without wearing PPE.*
- in countries with widespread Ebola transmission: direct contact with a person showing symptoms of Ebola while wearing PPE

Low risk (but not zero)—

- having been in a country with widespread Ebola transmission within the previous 21 days and having no known exposure
- being in the same room for a brief period of time (without direct contact) with a person showing symptoms of Ebola
- having brief skin contact with a person showing symptoms of Ebola when the person was believed to be not very contagious
- in countries without widespread Ebola transmission: direct contact with a person showing symptoms of Ebola while wearing PPE
- travel on an airplane with a person showing symptoms of Ebola

No risk—

- contact with a person who is NOT showing symptoms AFTER that person was in contact with a person with Ebola
- contact with a person with Ebola BEFORE the person was showing symptoms
- having traveled to a country with Ebola outbreak MORE than 21 days ago
- having been in a country where there is no widespread Ebola transmission (e.g., the United States), and having no other exposures to Ebola

Public health officials will use these risk levels along with assessing symptoms to decide how best to monitor for symptoms and what other restrictions may be needed. The table on the following page provides further information about CDC's recommended action for each risk level.

Recommended actions for symptomatic people with fever or other Ebola symptoms*

High, some, and low risk categories

These people MUST have a medical examination to make sure they don't have Ebola. They will remain isolated in a hospital until doctors and public health officials are certain that Ebola is not a concern.
**Symptoms of Ebola: Fever, severe headache, fatigue, muscle pain, vomiting, diarrhea, stomach pain, unexplained bruising or bleeding.*

No risk category

These people might need to have a medical examination for other diseases (not Ebola).

*Recommended actions for people without symptoms can be found in Table 1 at the end of this document

Action Definitions

Below are the definitions of actions that are recommended in the new guidance based on risk levels and symptoms. Public health actions, such as isolation of symptomatic people, active monitoring or direct active monitoring of people without symptoms, and travel restrictions when needed, help protect the public by preventing the spread of disease.

- **Isolation** separates sick people who are confirmed to have a contagious disease from people who are not sick.
- **Active monitoring** means that public health officials are responsible for checking at least once a day to see if people have a fever or other symptoms of Ebola. People being monitored must take their temperature twice daily, watch themselves for symptoms, report as directed to public health officials, and immediately tell public health officials if they have a fever or other symptoms. Active monitoring must take place until 21 days after the last possible exposure and can occur on a voluntary basis or be required by public health order.
- **Direct active monitoring** means that public health officials conduct active monitoring by directly observing the person being monitored. This means that a public health official directly observes the individual at least once a day to review symptoms and check temperature; a second follow-up per day can be done by telephone instead of being directly observed. Direct active monitoring should include discussion of plans to work, travel, take public transportation, or go to busy public places to determine whether these activities are allowed.
- **Travel restrictions** means that people must NOT travel by airplane, ship, or long-distance bus or train, even if they are NOT sick. The reason for this is to prevent possible spread of Ebola if the person develops fever or other symptoms during travel. People on travel restrictions might be allowed to travel by private plane or car as long as they continue to be monitored during travel. Taking local public transport should be discussed with the local health department.

New guidance for monitoring and determining exposure risk of returning health care workers to the US

- Returning health care workers are heroes worthy of dignity and respect. Their efforts, along civilian and military personnel in the region is what ultimately will enable us to eliminate the threat of additional domestic Ebola cases.
- The high number of cases of Ebola among health care workers providing direct care to Ebola patients in countries with widespread transmission suggests that there are multiple potential sources of exposure to Ebola virus in these countries, including unrecognized problems with PPE, inadequate decontamination procedures, and exposure in patient triage areas. Due to this higher risk, these health care workers are classified in the some risk category, and

additional precautions are recommended for them when they arrive in the United States.

New guidance for monitoring and determining exposure risk of health care workers in US hospitals

- Even when U.S. health care workers who care for Ebola patients follow all the recommended PPE guidelines, they are still considered to be in the low risk level, because they might not realize they have been exposed. Therefore, all health care workers must have direct active monitoring.
- If a U.S. health care worker becomes sick with Ebola and it is not clear how the health care worker became exposed, then the other health care workers in that hospital who also took care of the Ebola patient are now considered exposed (high risk). This is because it would no longer be certain that all these health care workers had correctly followed the recommendations.
- If this happens, public health officials must review the hospital's infection control practices, fix any problems identified, and retrain all the health care workers.

G. Additional Resources

1. ADHS Web Site: http://www.azdhs.gov/phs/oids/ebola/index.php. This web site will have the latest updates from the CDC.
2. Monitoring People Potentially exposed to Ebola. http://www.cdc.gov/vhf/ebola/hcp/monitoring-of-persons-with-exposure.html. Full Text- www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html.
3. Fact Sheet for Monitoring and Question and answer Page. http://www.cdc.gov/vhf/ebola/exposure/monitoring-symptoms-controlling-movement.html and a Q&A page (http://www.cdc.gov/vhf/ebola/exposure/qas-monitoring-and-movement-guidance.html)
4. For an actual Ebola Case Epi-X has a **Contact Tracing Tool Kit-Ebola** in their 12-18-2014 site. It has forms for all kinds of hospital workers, contacts etc.
5. Advice for **Colleges and Universities**- http://wwwnc.cdc.gov/travel/page/advice-for-colleges-universities-and-students-about-ebola-in-west-africa.
6. Guidance for **K-12 Schools**. http://www.cdc.gov/vhf/ebola/children/k-12-school-guidance.html.
7. See Resources for Parents, Schools, and **Pediatric Healthcare Professionals** at http://www.cdc.gov/vhf/ebola/children/index.html
8. **Advice for humanitarian Aid Workers.** http://wwwnc.cdc.gov/travel/page/humanitarian-workers-ebola.

9. Infection Control Guidance for Health Care Workers Caring for Ebola Patients http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html
10. **EPA Disinfectants for Ebola**. http://www.epa.gov/oppad001/list-.l-ebola-virus.html
11. **Cleaning and decontamination.** http://www.cdc.gov/ebola/hcp/prevention/cleaning-and-decontamination.html
12. Additional Environmental Infection Control in Hospitals. http://www.cdc.gov/ebola/hcp/environmental-infecion-control-in-hospitals.html
13. FAQs on Interim **Guidance for Managers and Workers Handling Untreated Sewage** from Suspected or Confirmed Individuals with Ebola in the U.S http://www.cdc.gov/vhf/ebola/prevention/faq-untreated-sewage.html
14. **Airline Flight Crews, Cleaning and Cargo Personnel**. www.cdc.gov/quarantine/air/managing-sick-travelers/ebola-guidance-airlines.html.
15. CDC Recommendations for **Hospitals, labs, health care workers, travelers** and other groups to prevent the spread of ebola. www.cdc.gov/ebola
16. CDC's Training on putting on and removing personal protective equipment. http://www.cdc.gov/vhf/ebola/hcp/ppe-training/index.html
17. PPE training Video. http://www.medscape.com/viewarticle/833907
18. **Guidance for specimen transport, testing, and submission** for persons under investigation for ebola in the U.S. http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html
19. Aersol Generating Procedure Safety. http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html
20. **DOT Guidance** for transporting Ebola Contaminated Items. (http://www.phmsa.dot.gov/portal/site/PHMSA/menuitem.6f23687cf7b00b0f22e4c6962d9c8789/?vgnextoid=4d1800e36b978410VgnVCM100000d2c97898RCRD&vgnextchannel=d248724dd7d6c010VgnVCM10000080e8a8c0RCRD&vgnextfmt=print)
21. Emergency Room Department Evaluating and Managing Patients with possible Ebola. http://www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html.

22. **Ambulatory Care**- http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf.
23. Residential Decontamination-http://www.cdc.gov/vhf/ebola/hcp/residental-decontamination.html.
24. **Advice for Travelers**- http://www.cdc.gov/vhf/ebola/travelers/index.html. And Country Specific Information. http://wwwnc.cdc.gov/travel/notices
25. **Interim Guidance for Dog and Cat Quarantine after exposure to a Human Confirmed with Ebola Virus Ddisease.** http://www.cdc.gov/vhf/ebola/pdf/dog-cat-quarantine.pdf

3950 S. Country Club Rd., STE 100
Tucson, Arizona 85714

Consent Form for Home Monitoring Patients with Travel History to a Country in West Africa with Widespread Ebola activity

Pima County Health Department public health nurses and communicable disease staff will be providing health checks to you for the following time period:

Beginning: _____

Ending: _____

I consent to home visitation and will cooperate with planned home visits and other monitoring.

I will follow guidelines concerning restricted activities, if any, and restricted travel, if any.

I understand that if my health condition changes, we may use or disclose your Personal Health Information (PHI) to health care providers to enable them to provide you with treatment or services. You have been provided a copy of the Pima County Public Health Department NOTICE OF PRIVACY PRACTICES.

Name: _____(print)

Signature:_____

Date: _____

Witness (PHN): _____ (print)

Signature: _____

Recommended actions for people without symptoms needing EBV monitoring (Table 1)

PIMA COUNTY
HEALTH DEPARTMENT

RISK LEVEL	Pima County Health Department Public Health Monitoring Process		
	Monitoring Type	**Enhanced Active Monitoring and Client Contact**	**Restricted Public Activities**
HIGH Risk	**Direct Active Monitoring** Face-to-face contact 7 days per week for 21 days	• Two enhanced active monitoring home visits per week • Five face-to-face contacts per week	Yes
SOME Risk	**Direct Active Monitoring** Face-to-face contact 7 days per week for 21 days	• Two enhanced active monitoring home visits per week • Five face-to-face contacts per week	Case-by-case as determined by Chief Medical Officer
LOW Risk	**Active Monitoring** Contact 7 days per week for 21 days	• One enhanced active monitoring home visit per week • Phone contact 7 days per week	No
NO Risk	No	No	No

Essential Checklist for Ebola Response in Outpatient Facilities

Pima County Health Department
(520) 724-7797

This checklist tool is designed to identify key planning considerations that should be addressed as part of the plans and procedures intended to be utilized by healthcare system partners during their response to a suspected or confirmed case of Ebola Virus Disease within Pima County.

ADMINISTRATIVE CONSIDERATIONS

- ☐ Designate point of contact responsible for:
  - ☐ leading the Ebola response planning effort within the facility and providing internal updates for staff
  - ☐ communicating with Pima County public health officials
  - ☐ initiating protocol training and education for staff (i.e. tabletop and walkthrough exercises, refresher training, donning and doffing personal protective equipment (PPE))
  - ☐ ensuring competency with the clinical tasks and precautions listed in this checklist
  - ☐ procuring appropriate PPE and infection control supplies (i.e. EPA registered hospital disinfectants, single-use supplies)
  - ☐ list contact information for the point of contact

SCREEN

- ☐ Screening tool must document:
  - ☐ Travel history (last 21 days) to Sierra Leone, Guinea, or Liberia and/or close contact with someone who has traveled there; **AND**
  - ☐ Presence of symptoms/signs suspicious for Ebola virus disease (EVD)

Early signs, non-specific	Gastrointestinal signs **(3-5 days post fever)**	**Late** signs **(5-7 days post fever)**
Fever Headache Muscle pain Weakness Fatigue Malaise Unexplained bleeding, bruising	Diarrhea Vomiting Stomach pain Nausea	Bleeding from eyes, ears, nose, mouth, rectum Organ dysfunction, failure

ISOLATE

Situation 1 - Positive in-person screen:

- ☐ Move patient to a pre-designated private isolation room with closed door
- ☐ Provide access to an adjacent designated private bathroom OR covered commode
- ☐ Report to Pima County Health Department

Visitor protocols:

- ☐ Anticipate the needs of any family member or visitor who accompanied the patient
- ☐ Mitigate risk to others by having suspect case enter isolation **alone**
- ☐ Document family member/visitor's name and contact information
  - Report to Pima County Health Department, who will follow up with the visitor
  - Alert Pima County Health Department if the visitor is a minor; or if the suspect case is a minor and needs to enter isolation with a parent/guardian

Situation 2 - Positive telephone screen:

- ☐ Document patient travel and symptom history
- ☐ Instruct patient to stay home and await further contact from Pima County Health Department
- ☐ Call Pima County Health Department for guidance

PROTECT

- ☐ Minimize the number of staff who interact with the patient
- ☐ Staff person(s) engaging in direct patient contact must use at least **minimum PPE** as soon as there is a suspect Ebola case:
  a. Single-use/disposable fluid-resistant or impermeable gown that extends to at least mid-calf or coverall without integrated hood
  b. Single-use/disposable full face shield and surgical face mask
  c. Two pairs of gloves
- ☐ Refer to **OSHA PPE Selection Matrix for Occupational Exposure to Ebola Virus** for advice on appropriate PPE levels based on risk level of interaction → http://www.ncttrac.org/Portals/0/NCTTRAC/Ebola/Products%20and%20Products%20Training/OSHA%20Fact%20Sheet%20-%20Ebola%20PPE%20Selection%20Matrix.pdf
- ☐ Do **NOT** perform phlebotomy
- ☐ Ensure that staff has been trained on and uses **STANDARD**, **CONTACT**, and **DROPLET** procedures to prevent transmission of infectious agents → http://www.cdc.gov/hicpac/2007IP/2007ip_part3.html

REPORT

- ☐ Contact Pima County Health Department as soon as you confirm a patient's travel history and/or symptomology of possible EVD
- ☐ Keep regular records of patients and health care staff who may have had contact with suspect case in reception or another area– in the event of a confirmed Ebola case, these records may be needed for contact tracing

TRANSPORT

- ☐ Await and follow transport instructions from Pima County Health Department

- ☐ Instruct staff NOT to immediately refer suspect case to emergency room, hospital or other facility until Pima County Health Department has made this decision
- ☐ Transport will be non-emergent to mitigate risk to public, healthcare workers, and transport personnel
- ☐ Communicate with emergency management partners before arrival if they are called into the facility

MANAGE WASTE and **DECONTAMINATE**

- ☐ Immediate waste removal and environmental cleaning will be at the facility level with advanced operations coordinated through a local vendor
    - Arrange for advanced environmental mitigation services through the Pima County Office of Emergency Management and Homeland Security
- ☐ Ensure that environmental services and cleaning personnel are familiar with current hazardous waste disposal guidelines (including PPE – see OSHA PPE Selection Matrix), internal procedures and contacts
- ☐ Review standard environmental cleaning procedures and waste management guidelines → http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html
  http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html
- ☐ Do NOT reuse any equipment until properly cleaned and disinfected
- ☐ Sanitary sewers may be used for the safe disposal of patient waste

Essential Checklist for Ebola Response in Hospitals

Pima County Health Department
(520) 724-7797

This checklist tool is designed to identify key planning considerations that should be addressed as part of the plans and procedures intended to be utilized by healthcare system partners during their response to a suspected or confirmed case of Ebola Virus Disease within Pima County.

ADMINISTRATIVE CONSIDERATIONS

- ☐ Designate points of contact who are responsible for:
  - ☐ providing internal updates about Ebola response planning for staff
  - ☐ communicating with Pima County and state public health officials
  - ☐ initiating training and education for staff (i.e. tabletop and walkthrough exercises, refresher training for donning and doffing personal protective equipment (PPE))
  - ☐ procuring appropriate PPE and infection control supplies (i.e. EPA registered hospital disinfectants, single-use supplies)
  - ☐ list contact information for the points of contact

SCREEN

- ☐ Screening tool must document:
  1. Travel history (last 21 days) to Sierra Leone, Guinea, and Liberia and/or close contact with someone who has traveled there; **AND**
  2. Presence of symptoms /signs suspicious for Ebola virus disease (EVD)

Early signs, non-specific	Gastrointestinal signs **(3-5 days post fever)**	**Late** signs **(5-7 days post fever)**
Fever Headache Muscle pain Weakness Fatigue Malaise Unexplained bleeding, bruising	Diarrhea Vomiting Stomach pain Nausea	Bleeding from eyes, ears, nose, mouth, rectum Organ dysfunction, failure

☐ Be familiar with different exposure categories and risk levels of returned travelers

RISK LEVEL	DEGREE OF EXPOSURE
NO RISK	Contact with a person sick with Ebola before any symptoms appeared Left an Ebola outbreak country MORE than 3 weeks ago Travel to country with Ebola cases, but not an outbreak (Spain, USA)
LOW (but not zero) **RISK**	Been in an Ebola outbreak country with no known exposure (no direct contact with body fluids of a person sick with Ebola) Been in the same room as someone sick with Ebola Brief contact (shaking hands) with someone sick with Ebola Direct contact with a person sick with Ebola in the **United States** while wearing correct personal protective equipment (PPE) Travel on an airplane with a person sick with Ebola
SOME RISK	Close contact with a person sick with Ebola without wearing PPE (in same household, healthcare facility, community) Direct contact with a person sick with Ebola in **an outbreak-affected country** while wearing correct PPE
HIGH RISK	Direct contact with body fluids of person sick with Ebola Touching a dead body in an outbreak country, with or without correct PPE Living with and taking care of a person sick with Ebola

ISOLATE

Situation 1 - Positive in-person screen:

- ☐ Move patient to isolation unit: single room, private bathroom, closed doors
- ☐ Prepare to stabilize the suspect patient in the facility while pending confirmation of Ebola from the state lab

Visitor protocols:

- ☐ Assign personnel (case manager, social worker) to anticipate the needs of any family member or visitor who accompanies the patient
- ☐ Mitigate risk to others by having suspect case enter isolation **alone**
- ☐ Document family member/visitor's name and contact information
    - Report to Pima County Health Department who will follow up with the visitor
- ☐ Assign a social worker to:
    - Coordinate the food and shelter needs of any minors who have accompanied a suspect case
    - Review and familiarize triage staff with policies for the event that a suspect case is a minor and enters isolation with parent/guardian

Situation 2 - Positive telephone screen:

- ☐ Instruct patient to stay home and await further contact from Pima County Health Department
- ☐ Document patient travel and symptom history and contact information
- ☐ Call Pima County Health Department for guidance and provide the above information

PROTECT

- ☐ Follow national standards for personal protective equipment (PPE) guidance, including donning and doffing procedures that follow a clean-to-dirty work flow → http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html
- ☐ Instruct staff interacting with patient to follow **STANDARD**, **CONTACT**, and **DROPLET** procedures to prevent transmission of infectious agents → http://www.cdc.gov/hicpac/2007IP/2007ip_part3.html
- ☐ Designate trained observer to ensure these protocols are followed

REPORT

- ☐ Activate Hospital Infection Control, Rapid Response Team, or Incident Management Team as soon as the suspect case is identified
- ☐ Contact Pima County Health Department as soon as patient travel history and/or symptomology of Ebola is confirmed by the response team
- ☐ Keep regular records of patients and health care staff who may have had contact with suspect case in reception or another area– in the event of a confirmed Ebola case, these records may be needed for contact tracing

COLLECT and **TRANSPORT SPECIMENS**

- ☐ Ensure all laboratory personnel are familiar with guidelines for suspect Ebola specimen collection, transport, and testing
- ☐ Follow **OSHA bloodborne pathogens standard precautions** for personnel performing phlebotomy
- ☐ Suspect Ebola specimens must be packaged as a US Department of Transportation (DOT) **Category A Infectious Substance**
    - Contact Pima County Health Department for Specimen Collection Kit materials and guidance
- ☐ http://www.azdhs.gov/lab/ebola/index.php?pg=home

TRANSPORT PATIENT

- ☐ Identify a protocol for transport of a confirmed Ebola patient to a designated Infectious Disease Treatment Center of Excellence
    - Transport should be non-emergent to mitigate risk to public, healthcare workers and emergency transport personnel
    - Coordinate with Pima County Health Department and emergency management partners before transport

MANAGE WASTE

- ☐ Treat all Ebola-associated waste as DOT **Category A infectious substance**
- ☐ Inactivation and disposal of Ebola-associated waste may be subject to state, local and OSHA recommendations – consult Pima County Health Department for guidance
- ☐ Review detailed recommendations → http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html

DECONTAMINATE

- ☐ Implement standard environmental infection control measures
- ☐ Ensure that environmental services staff wear recommended PPE
- ☐ Use EPA registered hospital disinfectant with a label claim for a non-enveloped virus (e.g. norovirus, rotavirus, adenovirus, poliovirus) on surfaces
- ☐ Avoid contamination of *porous* surfaces unless made for single use
- ☐ Review detailed recommendations → http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html

Be prepared to **RECEIVE** an Ebola patient

- ☐ Identify where a patient will be received by personnel with PPE
- ☐ Establish a route to isolation which avoids other patients/staff in waiting areas, hallways
- ☐ Partner with local emergency transport agencies to agree on protocol for decontaminating ambulance or other vehicle used to transport patient

PIMA COUNTY
EBOLA VIRUS DISEASE (EVD)
LAB SAMPLE TRANSPORTATION PLAN

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EVD Lab Transportation Plan

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ANNEX A Contact List

ANNEX B Pipeline and Hazardous Materials Safety Administration (PHMSA) Guidance on Transporting Ebola Contaminated Items

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EVD Lab Transportation Plan

I. Introduction

Ebola Virus Disease (EVD) is a highly contagious disease which if contracted results in high morbidity and mortality rates. Preparedness and effective management of EVD by government and the private sector is necessary to reduce fear and panic in the community and to protect the public from exposure to and infection by the virus.

II. Purpose

The purpose of this EVD Lab Transportation Plan is to provide guidance to facilitate the safe and secure transportation of Ebola contaminated lab materials. Precautions must be taken to prevent the spread of EVD during the packaging and transportation of infectious materials on the public highway system. Secure transport options must also be considered as criminal/terrorist elements have expressed the intent to obtain EVD contaminated materials for possible weaponization[1]. Pima County is taking a pro-active stance in this matter and seeks to maintain the confidence and trust of the citizens of Pima County.

III. Scope

The EVD Lab Transportation Plan applies to those Pima County departments, agencies, hospitals, health care facilities and private sector entities involved in the packaging and transportation of EVD infected lab materials.

IV. Planning Assumptions

A. Ebola Virus Disease remains a public health threat to Pima County's residents.

B. The most recent EVD protocols approved by the Center for Disease Control (CDC) and hazardous materials handling procedures and laws will be utilized as guidelines for this Plan.

C. Protocols must be developed to manage and mitigate the vulnerabilities and exposure potential during the packaging and transport of EVD infected materials.

D. EVD infected materials will be moved on congested urban roadways and the interstate highway.

E. Safe transportation protocols must be developed to protect those who must transport EVD infected materials.

F. EVD lab samples will be drawn at, packaged and transported only from a hospital, not any other health care facility, i.e. urgent care, medical offices, clinics, etc.

G. ADHS will contract with approved infectious materials transport specialists to deliver confirmed EVD specimens to the ASPHL in Phoenix.

[1] Kalyan Kumar, "ISIS Planning To Use Ebola As a Bio Terror Weapon In Its Attacks, Warns Spain," November 5, 2014, International Business Times Australia: http://au.ibtimes.com/articles/571789/20141105/ebola-isis-spain-usa-lone-wolf-bio.htm#.VGOBxPnF9KY (November 12, 2014)

H. The ADHS EVD lab sample transportation procedures will be adhered to, however, should the ADHS become overwhelmed or unable to continue to support transports from Pima County, this EVD Lab Transportation Plan establishes the transport protocols that Pima County will follow.

I. Due to the evolving dynamics of the Ebola situation at the federal, state and local levels, safe handling procedures may be subject to change.

V. Concept of Operations

This EVD Lab Transportation Plan is one element of Pima County's overall EVD planning. It covers the process by which EVD lab samples will be transported from Pima County hospitals to the Arizona State Public Health Laboratory (ASPHL) in Phoenix, AZ.

EVD incident management activities will be conducted using the concepts and principles identified by the National Incident Management System (NIMS). The Incident Command System (ICS) will be used as the on-scene incident management system to direct and control response activities. When an incident or potential incident is of great severity, magnitude and/or complexity, the County will initiate appropriate actions to respond to and recover from the incident, which may require activation or acquisition of additional resources and support. Resources are available from local, state and federal sources depending on the emergency.

A. Approval

When a hospital or health care facility has reason to believe that a patient requires medical testing to determine if they may be infected with EVD, the Pima County Health Department will be notified immediately. Upon notification, the Director PCHD will contact ADHS which will make a determination as to whether testing is to be authorized and, if authorized, which hospital will conduct the draw. The ADHS will also approve the transport of the lab sample to the Arizona State Public Health Laboratory (ASPHL) in Phoenix. After authorization of testing, the ADHS becomes the custodian of the lab sample and will incur the costs associated with the medical testing, specimen transportation costs and any ancillary costs, such as, waste disposal, spill incidents and decontamination operations.

B. Plan Activation

The EVD Lab Transportation Plan may be activated by the following:

- Director, Pima County Health Department
- Deputy County Administrator, Medical and Health Services
- Director, Pima County Office of Emergency Management

C. Notifications

Upon becoming aware of a confirmed case of EVD in Pima County , the Director PCHD will immediately notify the Deputy County Administrator, Medical and Health Services, who will make the appropriate notifications to Pima County administration and the Board of Supervisors.

EVD Lab Transportation Plan

D. Infectious Substances – Ebola Virus Disease (EVD)[2]

EVD lab samples are considered to be infectious substances and are, as such, regulated as hazardous materials under the U.S. Department of Transportation (DOT's) Hazardous Materials Regulations (HMR; 49 C.F.R., Parts 171-180). The HMRs apply to any material DOT determines is capable of posing an unreasonable risk to health, safety, and property when transported in commerce[1]. Infectious Substances must be transported according to applicable HMR requirements when transported by air, highway, rail, or water. The Centers for Disease Control (CDC) offers safe handling and packaging procedures before transporting (see http://www.cdc.gov/vhf/ebola/hcp/index.html).

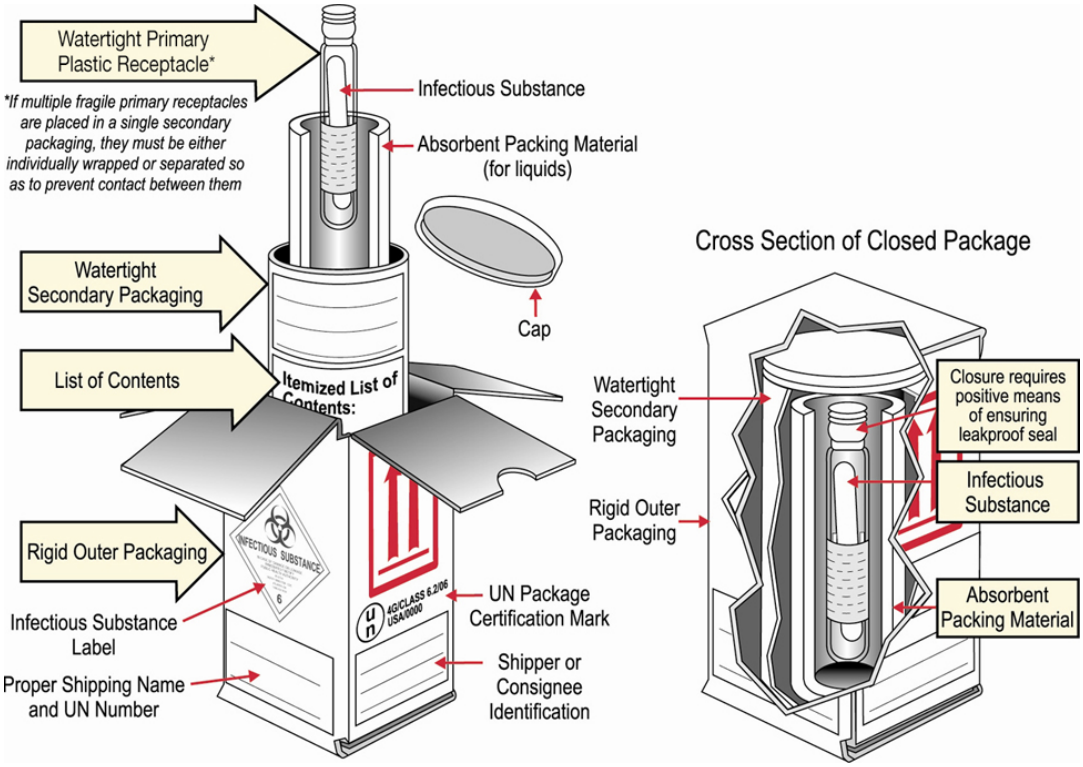
This Plan provides references to DOT regulations regarding the transportation of **Category A** Infectious Substances under the Hazardous Materials Regulations.

The lab sample transport process begins with a hospital's preparation for transport by proper packaging and labeling. The ADHS Arizona State Public Health Lab, in Phoenix, has established procedures and distributed appropriate packaging to Tucson hospitals.

1. **Category A Infectious Substances**
   - A Category A Infectious Substance is a material known or reasonably expected to contain a pathogen, such as Ebola, that is in a form *capable* of causing *permanent disability* or *life threatening or fatal disease* in otherwise healthy humans or animals when exposed to it.
   - An infectious substance classification is based on the patient or animal's known medical history or symptoms, endemic local conditions, or professional judgment concerning the individual circumstances of the source human or animal.
2. **Category A Infectious Substances – Packaging Procedures**
   - Because of the hazards posed by Category A Infectious Substances, these materials have more stringent packaging requirements.
   - Category A Infectious Substance must be triple packed in a:
     a) Primary watertight receptacle,
     b) Watertight secondary packaging, and [2]
     c) Rigid outer packaging.

[2] FEDERAL REGISTER Hazardous Materials: Infectious Substances; Harmonization With the United Nations Recommendations; US Department of Transportation – Pipeline and Hazardous Materials Administration, "Transporting Infectious Substances Safely," October 2006 (Attached Annex c).

USDOT Packaging for Category A Infectious Substances



E. Laboratory Sample Transportation Process

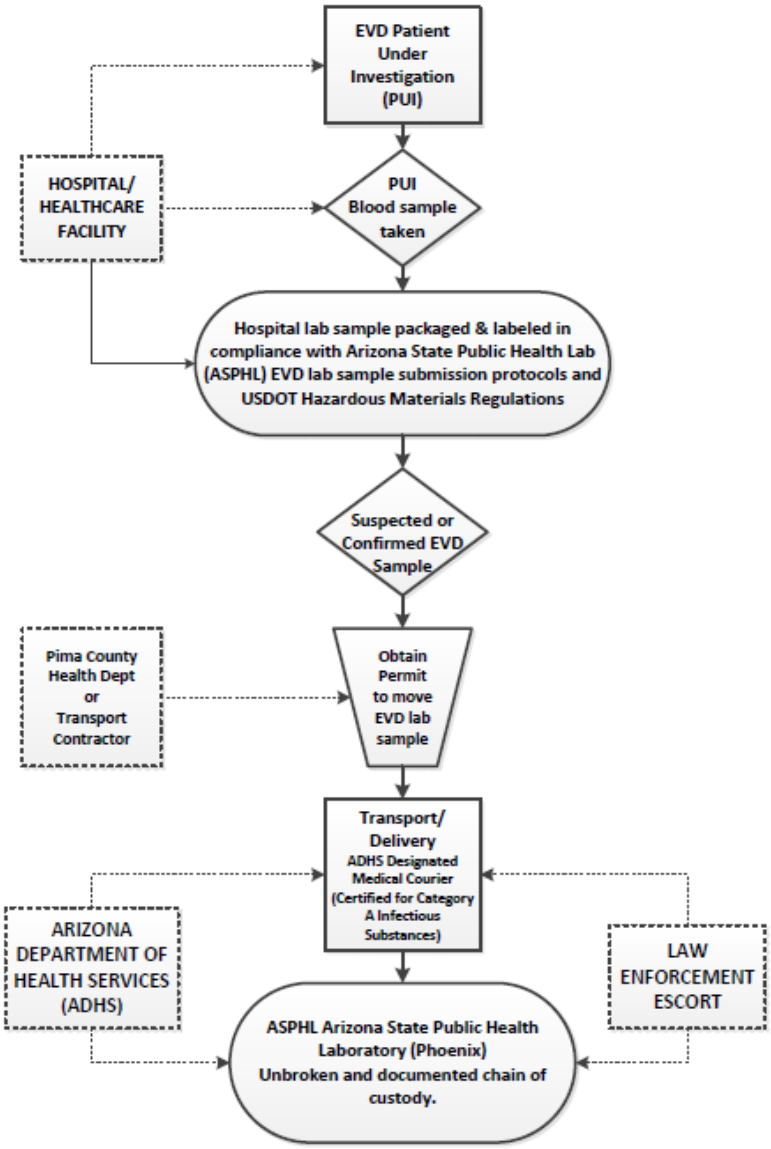
Phlebotomy should be performed by trained staff that is proficient in collecting blood samples from EVD patients. Hospitals and health care facilities taking specimens from patients under investigation (PUI) for EVD must be aware that improper handling of these specimens may pose serious risk to the health of laboratory personnel and those who must transport them.

According to the US Department of Transportation, EVD contaminated materials are considered to be Category A Infectious Substances and must be packaged and transported according to Hazardous Materials Regulations.

Prior to transport, a permit to move the lab sample must be applied for and obtained per USDOT regulations.

EVD Lab Transportation Plan

Lab Sample Process Overview



- The PCHD will authorize all transportation of EVD lab samples to the ASPHL.
- Lab samples from patients under investigation for Ebola Virus Disease should only be shipped by themselves, not with other samples or deliveries.
- Samples are to be treated as EVD contaminated whether confirmed by lab analysis or pending confirmation.
- If high temperature conditions exist and/or transportation delays are expected, samples should be cooled. (See Annex B and Annex C, pages 4-5)
- Proper labeling is to be affixed to each package for shipment. (See Annex B)

EVD Lab Transportation Plan

For questions regarding shipping and cooling of EVD lab samples, contact the Arizona State Public Health Laboratory (ASPHL) at:

ASPHL Supervisor

F. Law Enforcement EVD Security Escort – Pima County Sheriff's Department

Operations

If Pima County directs the transportation of EVD lab samples from Pima County to the Arizona State Public Health Laboratory (ASPHL) in Phoenix, the lab samples will be supported by an armed law enforcement escort of the Pima County Sheriff's Department (PCSD) equipped with two-way radio communications and other redundant mobile communications devices. The level of LE security will be based on existing intelligence and threat analysis. The lab sample transport vehicle will be a vehicle with a storage area completely separate from the driver's cab, such as a box truck, and access to the sample is to be restricted by a secure locking mechanism.

The PCHD will provide the Sheriff's Department with as much advance notice as possible when an EVD transport becomes necessary. The PCHD will provide a point of contact (POC) who will supply all information necessary for planning and assembling the EVD Transport Team operation. The Sheriff's Department will likewise designate a point of contact for EVD transport operations.

Prior to moving any samples, Pima County Sheriff's Department Terrorism Liaison Officers (TLOs) will be consulted for the latest information about possible intentions or actions by criminal and/or terrorist elements regarding obtaining EVD infected materials. If necessary, the transport may involve a coordinated operation between multiple agencies and disciplines.

Each such transportation operation will include an operations plan including:

- Operational communications frequencies and back-up frequencies
- Routes (primary and back-ups)
- Emergency contingency planning (accidents/incidents/threats)
- Criminal intelligence
- Command structure (Incident commander will be designated for EVD transport operation)
- Private sector infectious materials, spill management and decontamination contractor
- The operations plan will include notification of and coordination with PCSD Communications outlining their role in the operations plan.

During transport, an accident or incident may occur resulting in damage to the transport vehicle, injury to transport team personnel, damage to sample package, spillage of EVD contaminated sample, fire, etc. Sheriff's Department personnel will be responsible to secure the scene and direct the response of LE, fire and EMS who will respond to assist the transport

team. The transport team incident commander is responsible to take preventive steps to avoid unnecessary exposure to first responders and to contain the spread of contamination. Effective radio communication is crucial to provide frequent status reports and to make necessary notifications.

Infectious Substances Contractors

It is recommended that the contractor, qualified to transport and decontaminate Category A Infectious Substances, is assigned as part of each transport team. This ensures that the infectious substances are moved according to federal laws and that any incident involving spillage of the sample can be dealt with expeditiously and safely. The hazardous materials/infectious substances contractor will deploy equipped with proper PPE and will follow proper donning and doffing procedures. They must be prepared to perform decontamination activities if necessary and must be able to manage any infectious waste generated by the transport.

The following companies have been identified as being capable of providing infectious substances transport and decontamination services in the Pima County/Tucson area:

The POCs listed above will be the contacts to arrange for the transport of EVD infectious substances lawfully and safely. They are equipped with necessary PPE, experience, equipment and procedures. They are available 24/7.

Notification of Unexpected Incidents

In the event of an incident during transport, LE personnel will immediately notify:

- Pima County Sheriff's Department Communications
- Pima County Health Department (PCHD)
- Pima County Office of Emergency Management (PCOEM)

If additional emergency support is necessary, the Transport Team Leader will take charge and direct responding units as to the safest and most expedient route. The security of the scene will be responsibility of the lead or ranking LE officer. He/she will be the incident commander until relieved.

Spills and Decontamination

In the event of a spill or leakage of Ebola infected materials, the area should be secured immediately. Only properly trained and PPE equipped personnel should be in close proximity to the spill site. LE personnel will establish a perimeter around the hot zone and control access into it. LE personnel will take guidance from the HAZMAT specialists.

Decontamination should, likewise, only be performed by qualified personnel. It is required that a "spill kit" accompany any movement of infectious substances. The "spill kit"

components and capabilities will be determined by the qualified infectious materials contractor.

IV. Pima County Agency Responsibilities

A. Pima County Health Department (PCHD)

The PCHD is the coordinating public health agency for Pima County regional response to Ebola Virus Disease and is the primary liaison to the Arizona Department of Health Services. PCHD will pass procedures and best practices from ADHS and the Centers for Disease Control (CDC) for dissemination to local first responder agencies, hospitals, health care facilities, schools, tribes, and emergency management agencies.

PCHD will be notified immediately by any hospital or health care facility if there is a possible Ebola patient at their facility. Immediate communication between PCHD and ADHS will be established to make a plan to transport the patient(s) to a local hospital for testing. PCHD will then notify other local and tribal emergency management and first responder agencies that a case of EVD is under investigation in Pima County.

B. Pima County Office of Emergency Management (PCOEM)

PCOEM will coordinate regional emergency management, logistics support and resource management in Pima County through the Pima County Emergency Operations Center (PCEOC). PCOEM will liaison with the Arizona Division of Emergency Management (ADEM) and the State Emergency Operations Center (SEOC). State assets will be requested as needed.

C. Pima County Sheriff's Department (PCSD)

- Operations

  The Pima County Sheriff's Department will support Pima County EVD planning by providing uniformed law enforcement support for lab sample transport security. The PCSD will also provide intelligence support through their terrorism liaison officers (TLOs). Other LE functions may arise through the course of events requiring necessary PCSD support.

- Communications

  PCSD Communications will provide communications support to transport teams and will assist in coordination of outside agency support and response should that be needed. Periodic status checks with the transport teams to maintain contact and welfare status will be conducted.

D. Pima County Board of Supervisors

The Pima County Board of Supervisors will have overall operational control of Pima County's response to any Ebola situation. They will be kept informed of developments with frequent status updates. The Board of Supervisors may exercise emergency powers granted under Arizona Revised Statutes (ARS) 26 § 308 and 311.

EVD Lab Transportation Plan

E. Pima County Communications Office

The Communications Office, upon, notification of a confirmed or possible case of Ebola, will begin to plan for and coordinate public information messages. Messages will be developed and disseminated that will inform the public and prevent fear and panic. Social media will be monitored for false information and leveraged to provide accurate and reassuring information and updates. A Joint Information System (JIS) and/or a Joint Information Center (JIC) may be established to manage media which may likely include local, national and international media coverage.

F. Pima County Hospitals and Health Care Facilities

Hospitals and health care facilities will be vigilant to identify those infected or possibly infected with EVD. Appropriate measures to diagnose, treat, segregate and quarantine (as needed) will be taken as per best practices as determined by the PCHD and CDC.

Lab samples will be drawn, packaged and shipped by approved methods. Patients will not be sent to a lab service provider outside of a hospital laboratory. All blood draws will be performed at a hospital and all shipments will be made from a hospital and only with approval of ADHS.

ANNEX A

CONTACT LIST

EVD Lab Transportation Plan

ANNEX B

Pipeline and Hazardous Materials Safety Administration (PHMSA)

PHMSA Provides Guidance for Transporting Ebola Contaminated Items

Department of Transportation Guidance for Transporting Ebola Contaminated Items, a Category A Infectious Substance

An infectious substance is regulated as a hazardous material under the U.S. Department of Transportation's (DOT's) Hazardous Materials Regulations (HMR; 49 C.F.R., Parts 171-180). The HMR apply to any material DOT determines is capable of posing an unreasonable risk to health, safety, and property when transported in commerce.[1] An infectious substance must conform to all applicable HMR requirements when offered for transportation or transported by air, highway, rail, or water. Refer to the Center for Disease Control (CDC) for guidance on handling these agents before transporting them (*see* http://www.cdc.gov/vhf/Ebola/hcp/index.html).

This document provides guidance on DOT regulations regarding the transportation of a Category A infectious substance only and highlights some of the requirements of the HMR, which can affect transportation safety. This document is intended to provide general guidance and does not address many of the specific provisions and exceptions contained in the HMR. It should not be used as a substitute for the HMR to determine compliance.

What is a Category A infectious Substance?

- A Category A infectious substance is a material known or reasonably expected to contain a pathogen, such as Ebola, that is in a form *capable* of causing *permanent disability* or *life threatening or fatal disease* in otherwise healthy humans or animals when exposed to it.
- An infectious substance classification is based on the patient or animal's known medical history or symptoms, endemic local conditions, or professional judgment concerning the individual circumstances of the source human or animal.

How is waste associated with a Category A infectious substance different from regulated medical waste?

- Regulated medical waste is a waste or reusable material known or suspected of containing a Category B pathogen that is derived from medical treatment or biomedical research. (*See*§§ 173.134(a)(1)(ii) and (c)(2)).
  - A Category B pathogen is not in a form that is generally capable of causing permanent disability or life-threatening or fatal disease in otherwise healthy humans or animals.
- Because of the hazards posed by Category A infectious substances, these materials have more stringent packaging requirements and are not included in the definition of a "regulated medical waste."

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Are used healthcare products that may be contaminated regulated?

Yes, the transport of medical equipment, sharps, linens, and used healthcare products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, used Personal Protection Equipment (gowns, masks, gloves, goggles, face shields, respirators, booties, etc.) or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance must comply with the packaging requirements for infectious substances in § 173.196.

What is the correct packaging for a Category A infectious substance?

The specific requirements for authorized packaging and materials for transporting a Category A infectious substance are listed in § 173.196. In addition, each packaging must meet specific test standards in accordance with § 178.609.

In general, a Category A infectious substance must be triple packed in a:

(1) primary watertight receptacle,
(2) watertight secondary packaging, and
(3) rigid outer packaging.

Are there any additional HMR packaging requirements for a Category A infectious substance?

Yes, depending on the physical state and other characteristics of the material:

- Category A infectious substances shipped at ambient temperatures or higher must be packaged in accordance with § 173.196(b)(1),
- Category A infectious substances shipped refrigerated or frozen must be packaged in accordance with § 173.196(b)(2), and
- Category A infectious substances shipped in liquid nitrogen must be packaged in accordance with § 173.196(b)(3). (*See* http://www.ecfr.gov/cgi-bin/text-idx?SID=1baa09de1469d4c6ede30d6f6f303959&node=pt49.2.173&rgn=div5

Must the shipment of a Category A infectious substance be accompanied by a shipping paper?

Yes, the shipping paper requirements identify key hazard communication information. The shipping paper must include the following:

- UN number and proper shipping name for the applicable Category A infectious substance—For Ebola, the shipping name is: "UN 2814, Infectious substances, affecting humans;"
- Hazard class: Division 6.2 (infectious);
- Packing group: N/A;
- Type and quantity of packaging; and
- Emergency response information (e.g., telephone number).

What information is required on the outside of the outer packaging?

- The outer packaging must be marked with the UN identification number and proper shipping name (see above), and labeled with the black and white "INFECTIOUS SUBSTANCE" label that conforms to § 172.432.
- The manufacturer who represents that the packaging is manufactured to meet a UN standard must mark it with the appropriate packaging standard markings. The markings must be durable, legible, and placed in a location as to be readily visible, in accordance with § 178.503(a).
- Directional arrows to indicate the correct (upright) orientation of the closures of inner packagings that contain liquids must be used in accordance with § 172.312.

Are there additional requirements for specific modes of transportation?

Yes, all hazardous materials packaging intended for transportation by aircraft must comply with the general requirements for transporting hazardous materials by aircraft in § 173.27.

- When unloaded from an aircraft, each package, over pack, pallet, or unit load device containing a Class A infectious substance must be inspected for signs of leakage. If evidence of leakage is found, the cargo compartment hold where the substance was stowed must be disinfected and the incident must be reported by telephone within 12 hours to the National Response Center at 1-800-424-8802. (*See* §§ 175.630Ebola and 171.15(b)(3)).

Shippers and carriers also have the option of using international standards and regulations, instead of the HMR, in accordance with the provisions in §§ 171.22-171.24.

- For air transportation, the carrier may use the International Civil Aviation Organization's Technical Instructions for the Safe Transport of Dangerous Goods by Air (ICAO).
- For maritime transportation, the carrier may use the International Maritime Dangerous Goods Code (IMDG).

Do the HMR require you to report incidents involving a Category A infectious substance?
All incidents during transportation involving fire, breakage, spillage, or suspected contamination involving a Category A infectious must be reported by telephoning the National Response Center at 1-800-424-8802 within 12 hours. *See* § 171.15(b)(3)).

Who must be trained to prepare and transport a Category A infectious substance?
In general, employees who handle a Category A infectious substance inside a facility or hospital are not regulated by the HMR. Employees who prepare hazardous materials for transportation (i.e., prepare shipping papers, packaging, labeling, and marking of packaging) are hazardous materials employees and must be trained in accordance with 49 C.F.R., Part 172, Subpart I. The training must include:

- general awareness;
- function-specific;

- safety;
- security awareness training; and
- if applicable, modal specific training, such as driver training and the procedures necessary for the safe operation of a motor vehicle.

For detailed training requirements *see* § 172.704.

What type of security plan is required?
If you are offering for transportation or transporting a Category A infectious substance, you must develop and implement a security plan, and train your hazardous material employees on this plan. (*See* §§ 172.800-822). The plan must address:

- Personnel security,
- Unauthorized access, and
- En route security.

Are there any Category A infectious substance exceptions from the HMR?
Yes, the following are excepted from the HMR when contaminated with a Category A infectious substance:

- Corpses, remains, and anatomical parts transported for interment, cremation, or medical research at a college, hospital, or laboratory. (Importation of human remains to the United States for which the cause of death was a quarantinable communicable disease must comply with Center for Disease Control (CDC) regulations (42 C.F.R. § 71.55)).
- Laundry or medical equipment complying with the Occupational Safety and Health Administration regulations in 29 C.F.R. in § 1910.1030 (blood borne pathogens standard) intended for use, cleaning or refurbishment. This exception does not apply to medical equipment being transported for disposal.
- Material that has been treated to fully eliminate, neutralize, or inactivate the pathogen (e.g., through autoclave or incineration).

The complete list of additional exceptions is located in § 173.134(b).

What if complying with the HMR requirements is not feasible?

- You may apply for a special permit, which sets forth alternative requirements, or variances, to the requirements in the HMR. *See* § 107.105).
- DOT may grant a special permit if you can demonstrate that an alternative packaging will achieve a safety level that:
    - is at least equal to the safety level required under Federal hazmat law or
    - is consistent with the public interest if a required safety level does not exist.
- The HMR also provides for emergency processing of a special permit. (*See* § 107.117).

- Information on applying for a special permit is available at: http://phmsa.dot.gov/hazmat/permits-approvals/special-permits

Additional Information

- "Transporting Infectious Substances Safely" brochure that explains the HMR for transporting infectious substance is available at:

http://www.phmsa.dot.gov/pv_obj_cache/pv_obj_id_54AC1BCBF0DFBE298024C4C700569893C2582700/filename/Transporting_Infectious_Substances_brochure.pdf

- All Center for Disease Control guidance regarding Ebola is available at: http://www.cdc.gov/vhf/Ebola/hcp/index.html

For questions on the HMR requirements, please contact the Pipeline and Hazardous Materials Safety Administration's (PHMSA's) Hazardous Materials Information Center at 1-800-467-4922, 9am-5pm Eastern time.

[1] The HMR applies to interstate, intrastate, and foreign commerce.

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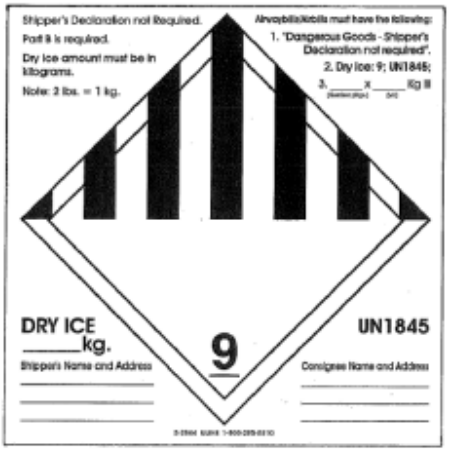
ANNEX C

Shipping Labels
Effective 10.01.2014

Infectious Substance Label –
For Category A packages, must be included on the outside of the package

Dry Ice Label –
For any packages containing dry ice when shipping, must be on the outside of the package and list the amount of dry ice, shipper's information and receiver's information.



EVD Lab Transportation Plan

Southern Arizona Regional Ebola Response Guidelines for Emergency Medical Services

Purpose

The purpose of this guide is to ensure the safety of first responder, to include law enforcement (LE), Fire, and Emergency Medical Service (EMS) personnel who respond to a patient that has, or is at risk of having, the Ebola Viral Disease (EVD). The likelihood of contacting a patient that is known to have or there is a high suspicion that the patient could have EVD is very low.

Scope

The risk of encountering a patient with EVD and contracting the disease is extremely low. Although exposure to a patient with Ebola can occur unknowingly on any call, the prevention of such exposures can be greatly enhanced through sound medical investigation and proper use of appropriate PPE. The policies and procedures contained in this guide are intended to assist in identifying and complying with current CDC guidelines on infections disease control and EVD prevention. PPE recommendations will reflect the minimum level of PPE based on risk of patient having EVD, the severity of illness of a patient.

Background

The current Ebola outbreak in West Africa, primarily Guinea, Liberia, and Sierra Leone, has increased the possibility of patients with Ebola traveling from the affected countries to the United States. The likelihood of contracting Ebola is extremely low unless a person has direct unprotected contact with the body fluids of a person (like urine, saliva, feces, vomit, sweat, and semen) of a person who is sick with Ebola. Initial signs and symptoms of Ebola include sudden fever, chills, and muscle aches, with diarrhea, nausea, vomiting, and abdominal pain occurring after about 5 days. Other symptoms such as chest pain, shortness of breath, headache, or confusion, may also develop. Symptoms may become increasingly severe and may include jaundice (yellow skin), severe weight loss, mental confusion, bleeding inside and outside the body, shock, and multi-organ failure.

The incubation period for Ebola, from exposure to when signs or symptoms appear, ranges from 2 to 21 days (most commonly 8-10 days). Any Ebola patient with signs or symptoms should be considered infectious. **Ebola patients without signs or symptoms are not contagious**. The prevention of Ebola includes actions to avoid:

- Exposure to blood or body fluids of infected patients through contact with skin, mucous membranes of the eyes, nose, or mouth, or
- Injuries with contaminated needles or other sharp objects.

Overview

It will be critical for LE, Fire and EMS personnel to rapidly identify individuals that may have been exposed to or suffering from Ebola. In this way, LE, Fire and EMS personnel can initiate isolation precautions and notify the receiving hospital in order to dramatically reduce the likelihood that health workers are exposed to this disease. The screening process is very quick. The department medical director may amend these guidelines as needed, though any changes should be communicated to the LE, Fire and EMS agencies and County Health Department. The spread of most communicable diseases can be significantly reduced by proper use of PPE, good hygiene, and maintaining good health to include immunizations.

Signs and Symptoms

EVD will initially present like many other viral and bacterial diseases, so sound medical questioning and a differential diagnosis should be conducted. The signs and symptoms include;
Symptoms of Ebola include:

- Fever >100.4°
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Identifying a Possible Ebola Patient

Regional PSAP's should conduct a four question screen on all medical patients that call 911 for assistance. The following questions will be asked;

- Do you have a known infectious disease?
- Do you have a fever?
- Are you coughing or sneezing?
- Are you actively vomiting or have diarrhea?

If the caller answers yes to any of these four questions, the dispatcher should advise responding personnel over the appropriate channel and provide information via computer if possible. Yes to three or more questions will prompt the call taker to ask if the patient additional questions regarding symptoms and travel history. If the caller answers yes, that information will be included on the responding units MDT. Responding crews will base their level of PPE on the patients risk level of having the Ebola Virus. Communications will not institute the additional symptom and travel questions until there is an elevated alert level issued by local, state, or federal health departments.

Patient Risk Levels

Patient risk levels are based on current know disease etiology. If EVD strains, other than known strains, appear and change the symptoms or route of exposure, an increase awareness and appropriate PPE may need to be adapted. If the disease becomes more widespread than the initial areas of concern, patient screening questions should be adapted to account for those scenarios.

Low Risk
Any patient that calls 911 and answers yes to having a fever with associated symptoms and does not indicate that they have travelled outside of the United States is considered at low risk to having the Ebola virus.

Moderate Risk
Any patient that answers yes to any of the three of the four questions, and answers yes to travel outside of the United States in the past 30 days will be considered at moderate risk of having the Ebola virus. Additional questioning by responding crews wearing appropriate PPE, while maintaining a distance of 3 feet from the patient, should be conducted to include specific questions on travel;

- Did you travel to Guinea, Liberia, and Sierra Leone in the past 30 days?
- Did you have direct contact with anyone known to have the Ebola virus in the past 30 days?
- Did you have direct contact with anyone who traveled to Guinea, Liberia, and Sierra Leone and was sick in the past 30 days?
- Is there any reason that you may believe you have contracted the Ebola virus while you were travelling?

If the patient answers yes to any of these specific travel questions, the patient will be considered high risk for having the Ebola virus.

High Risk
Any patient that calls 911 and states that they have travelled to Guinea, Liberia, and Sierra Leone, or they know that they have contacted a person know to have EVD within 30 days **AND** is exhibiting any of the signs and symptoms, should be considered high risk for having the Ebola virus. Any patient initially considered low risk or moderate risk, after medical screening and examination shows signs and symptoms **AND** indicates travel to an effect areas or contact with a known EVD case within 30 days should be considered high risk.

Required PPE

The follow guidelines are required minimum PPE for patients at risk of having EVD. Although higher levels of PPE can be worn to assess, treat, and transport patients with signs and symptoms, it may not be practical to wear the next level of PPE based on concerns of contracting EVD from patients that are not considered high risk.

Low Risk – Tier 1

Patients that are considered to be a low risk of having EVD, but are still have one or more of the symptoms, PPE will include;

- Nitrile or Latex gloves
- Disposable N95 face mask
- Protective eyewear that wraps around the side of the head
- Sleeves, booties and gown if patient is bleeding, vomiting, or has diarrhea

Personnel should use proper donning and doffing techniques to prevent potential contamination. Consideration should be given to place a surgical mask on the patient to further prevent contamination.

Moderate Risk – Tier 2

Patients that are considered at moderate risk of having EVD, exhibiting more than one symptom and with travel outside the United States, PPE will include;

- Nitrile or Latex gloves
- Disposable N95 face mask
- Protective eyewear that wraps around the side of the head
- Semi permeable gown
- Tyvek sleeves
- Boot covers
- Hair cover (if provided)

Personnel should use proper donning and doffing techniques to prevent potential contamination. A surgical mask should be placed on the patient to further prevent exposure.

High Risk – Tier 3

Patients that are considered high risk for having EVD, exhibiting several symptoms and positive for travel to effected area or known contact with an EVD patient, PPE will include;

- Nitrile gloves – 2 pairs black under blue (black not to be removed until patient contact is complete)
- Disposable N95 face mask
- Protective eyewear that wraps around the side of the head
- Tychem C suit (yellow color - for direct patient contact)
- Tychem SL suit (white color - for support activities and decon of EMS personnel)
- Tyvek sleeves
- Boot covers
- Integrated hood with face shield with collar or PAPR

Personnel that will be in direct patient contact (wearing the yellow suits) must be supervised when donning and doffing the PPE. PPE should be in place before entering the patient home or making patient contact if outside. PPE should be decontaminated as needed in the event of gross contamination to reduce the risk of personnel exposure. If EMS personnel come into direct contact with EVD fluids, personnel should immediately stop working and wash the affected area with soap and water and report the exposure following their established policy.

It is important to limit the possible cross contamination hazard. EMS personnel should try to limit the items, areas and people that they touch or come into contact with while they are wearing their PPE that may have been contaminated.

Response Procedures

Providing proper patient care in a manner that keeps EMS responders, hospital personnel, family members and the public at a minimal risk of being exposed to and contracting EVD, is the goal of these procedures. Communication between the patient and responders, between the responders and the receiving facility and between the receiving facility and public health officials is key in reaching this goal. It is anticipated that contact with a potential EVD patient will occur early in the disease process when the patient is healthy enough to assist responders in placing barrier garments on themselves to assist in exposure prevention. However, there is the possibility that patients could be encountered that are too week or have an altered mental status that inhibit their ability to assist responders. Extra precaution should be taken when direct patient contact is made for assistance, assessment, or life saving measures.

Low Risk Patients

When responding to patients with low risk of having EVD, wear appropriate PPE and assess, treat and transport the patient in a manner that is constant with standard protocols.

Moderate Risk

When responding to a patient with moderate risk of having EVD, based on information provided by dispatch, crews should don appropriate PPE before entering the structure or well before making patient contact. If the patient is located in a small space such as a bedroom or bathroom, ask the patient to move to an open room for evaluation. Begin initial assessment at a distance of greater than 3 feet by getting a general impression, ask about symptoms, length of illness, and then specific questions regarding travel or potential exposure to an individual with EVD. Provide the patient with a surgical mask to wear to help prevent the spread of disease. If the patient is unable to move from the location they were encountered, limit the number of responders that enter the patient area until an initial assessment can be completed.

If following initial assessment and questioning, and due to signs and symptoms along with travel outside of the United States that **does not** include any of the countries where EVD is prevalent within the past 30 days, the patient would be considered low risk for EVD, but may still have another infectious disease. Continue to assess, treat and transport the patient using the PPE guidelines. Make notification to the receiving hospital that the patient may have an infectious disease. Transport the patient providing appropriate level of care maintaining sound body substance isolation.

Decontaminate personnel and equipment that had direct or close contact with the patient. Non-disposable items shall be cleaned after each exposure to a suspected or confirmed EVD patient. Hydrogen Peroxide wipes or other CDC approved products, should be used to remove gross contamination. Equipment should be wiped with a moist cloth before being returned to regular use.

For general hand washing, a solution of Benzalkorium Chloride 0.13% solution in a pre-made pump bottle is recommended. This solution can be used on any skin surface such as the arms and neck as well.

Ensure that the infection control officer is advised of any potential exposure and follow department exposure procedures.

The county, state, or federal health departments may require a period of self-monitoring until the test results are available on the patient.

LE should not make direct contact with a person considered moderate risk of having the Ebola virus. If LE is first on scene, and must make contact with the patient, proper PPE will include all equipment listed under **PPE**, if provided by the agency. Minimum PPE for close patient contact, in the same room, in a vehicle, or within 6', will be Nitrile gloves, N95 mask or equivalent, and safety glasses. LE should advise EMS, if possible, regarding specific patient condition, location, and any information regarding travel history. If LE makes contact with an individual and through the course of questioning determines that person may have EVD, immediately isolate the person, avoid contact with other responders, notify EMS of potential exposure, and follow agency infection control policies.

High Risk

When responding to a patient with high risk of having the Ebola virus due to signs and symptoms **and** travel to the region of West Africa known to have the virus, or known contact with a person infected with EVD, responder safety and protection is of utmost concern. Notification will be made to the Operations Assistant Chief, department safety officer, department infection control officer, TPD, Pima County Health department and the city physician.

If dispatch identifies a patient at high risk for having EVD due to questioning by the 911 operator, a special response unit, equipped and trained to assess and treat EVD patients, will be dispatched to assess, and transport the patient to the primary receiving facility. If a special response unit is unavailable, the closet Haz Mat team will be dispatched.

If a crew arrives on scene and begins assessment of a patient with low risk or moderate risk and through medical assessment and questioning, the patient is determined to be at high risk due to signs and symptoms and travel to Guinea, Liberia, and Sierra Leone, or known contact with a person infected with EVD, the crew will request a special response unit or closest Haz Mat unit. The initial crew will isolate the patient in the room or area found, and avoids contact with other responders until a safety officer can assist with doffing of PPE and decontamination of personnel and equipment.

The Special Response Unit or Haz Mat team will consist of a minimum four person crew, responding with a suppression unit and designated transport unit, that will have specific training in assessing, treating and transporting a patient considered high risk for having the Ebola virus. The crew shall wear the appropriate PPE as directed for a high risk patient. The crew will work in teams of two with the members making direct contact with the patient in the yellow Tychem C suit and the other two in white Tychem SL suit for safety, support and decon of EMS personnel. Personnel that will be in direct patient contact (wearing the yellow suits) must be supervised when donning and doffing the PPE. PPE should be in place before entering the patient home or making patient contact if outside. PPE should be decontaminated as needed in the event of gross contamination to reduce the risk of personnel exposure. If EMS personnel come into direct contact with EVD fluids, personnel should immediately stop working and wash the affected area with soap and water and report the exposure following their established policy.

It is important to limit the possible cross contamination hazard. EMS personnel should try to limit the items, areas and people that they touch or come into contact with while they are wearing their PPE that may have been contaminated.
When packaging and moving a patient with highly suspected EVD that may lead to an increased risk of contamination due to contact with EVD fluids, EMS personnel should place a barrier between the patient and the EMS crew. This is the time that contamination is most probable due to the attention of EMS personnel being more focused on movement and position and not directly on the patient and the close proximity that EMS personnel are to the patient. Consideration should be given to contaminated clothing or bedding of the patient. It is recommended that yellow emergency trauma blankets, double thickness be used both under and over the patient. This will keep any body fluids contained around the patient. Additionally, disposable patient transfer tarps with handles should be used as the outer layer to facilitate moving the patient. If the patient is not vomiting, a disposable surgical mask may be placed on the patient to prevent airborne fluids due to coughing and sneezing while the patient is being moved.

The patient will be transported to closest hospital for evaluation and treatment. A telemetry will be completed by the transporting unit to ensure the hospital is ready to accept the patient. The transport unit will be directed to a specific unloading area and met outside the hospital by staff. Transport crew will maintain a safe distance and not make contact with anyone not in appropriate level of PPE.

LE should not make direct contact with a person considered high risk of having the Ebola virus. If LE is first on scene, and must make contact with the patient, proper PPE will include all equipment listed under **PPE**, if provided by the agency. Minimum PPE for close patient contact, in the same room, in a vehicle, or within 6', will be Nitrile gloves, N95 mask or equivalent, and safety glasses. LE should keep a barrier between the patient such closed door, closed window on vehicle, or contact the patient over the phone. LE should advise EMS, if possible, regarding specific patient condition, location, and any information regarding travel history.

If LE makes contact with an individual and through the course of questioning determines that person may have EVD, immediately isolate the person, avoid contact with other responders, notify EMS of potential exposure, and follow agency infection control policies. EMS will assist LE personnel with doffing of any potentially contaminated PPE.

Doffing PPE and Decon

If EMS crews encounter, treat and transport a patient considered high risk of having the Ebola virus, a very deliberate, methodical process of removing potentially contaminated PPE will be used. All activities will be monitored by a trained observer to ensure proper removal and disposal of PPE and disposable medical equipment. Consideration should be given to assist non-medical personnel such as LE, remove PPE. The following is CDC recommendations for doffing PPE. Haz Mat teams will have procedures for doffing and decon following a biological incident, those

procedures may be followed as well, ensuring that all procedures are monitored for compliance to these procedures.

CDC recommended guidelines:

- Engage a trained observer to oversee removal of PPE
- Inspect the PPE to assess for visible contamination, cuts, or tears before starting to remove. If any PPE is potentially contaminated, then disinfect using an *EPA-registered disinfectant wipe.
- Disinfect outer-gloved hands with either an *EPA-registered disinfectant wipe or ABHR, and allow to dry.
- While sitting down, remove and discard boot or shoe covers.
- Disinfect outer-gloved hands with either an *EPA-registered disinfectant wipe or ABHR. Remove and discard outer gloves, taking care not to contaminate inner glove during removal process.
- Inspect the inner gloves' outer surfaces for visible contamination, cuts, or tears. If an inner glove is visibly soiled, cut, or torn, then disinfect the glove with either an *EPA-registered disinfectant wipe or ABHR. Then remove the inner gloves, perform hand hygiene with ABHR on bare hands, and don a clean pair of gloves. If no visible contamination, cuts, or tears are identified on the inner gloves, then disinfect the inner-gloved hands with either an *EPA-registered disinfectant wipe or ABHR.
- Remove and discard disposable hood.
- To remove coverall, tilt head back and reach under the PAPR hood to reach zipper or fasteners. Use a mirror to help avoid touching the skin. Unzip or unfasten coverall completely before rolling down and turning inside out.
- Disinfect inner gloves with either an *EPA-registered disinfectant wipe or ABHR. Remove and discard gloves taking care not to contaminate bare hands during removal process. Perform hand hygiene with ABHR. Don a new pair of inner gloves.
- Remove the N95 respirator by tilting the head slightly forward, grasping first the bottom tie or elastic strap, then the top tie or elastic strap, and remove without touching the front of the N95 respirator. Discard N95 respirator.
- Disinfect inner gloves with either an *EPA-registered disinfectant wipe or ABHR. Remove and discard gloves taking care not to contaminate bare hands during removal process.
- Perform hand hygiene with ABHR.
- *As soon as possible shower and wash uniform separate from other clothing in a commercial washer*.
- Either the infection control officer or occupational health safety and health coordinator or their designee on the unit at the time should meet with the EMS personnel to review the patient care activities performed to identify any concerns about care protocols and to record healthcare worker's level of fatigue.

Post Transport Care

All responders that may have come in contact with a patient with <u>high risk</u> of having the Ebola virus will follow department specific exposure protocols as a precaution. Those individuals that

have direct or close contact with a potential or known EVD patient, should document the contact as a potential exposure. The CDC and county health may require a voluntary isolation period until the condition of the patient is confirmed. Each department should provide assistance for employees and their families that may need counseling or post incident stress management.

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 sucessfully 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

DRAFT

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

DRAFT

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:

DRAFT

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:

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

DRAFT

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.

DRAFT

Any questions regarding this Directive may be directed to:

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:

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 87

AFFIDAVIT

(STATE OF ARIZONA)

(County of ----------)

----------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

DRAFT

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 ____ day of _____, _____.

----------Name----------

----------Title----------

SUBSCRIBED AND SWORN to before me this ___ day of _____, ____.

_____

NOTARY PUBLIC

My Commission Expires:

_____

DOC: PHX # 4174223

DRAFT

Interim Guidance for Public Health Officials on Pets of Ebola Virus Disease Contacts

Released November 10, 2014

American Veterinary Medical Association (AVMA) Ebola Companion Animal Response Plan Working Group:
Casey Barton Behravesh MS, DVM, DrPH, DACVPM, Centers for Disease Control and Prevention (chair); Derron A. Alves, DVM, DACVP, Veterinary Services, Defense Health Agency; Gary Balsamo, DVM, MPH, National Association of State Public Health Veterinarians and State Public Health Veterinarian and Louisiana Department of Health and Hospitals; Tammy Beckham, DVM, PhD, Texas A&M University System; Susan Culp, DVM, Texas Animal Health Commission; Thomas M. Gomez, DVM, MS, US Department of Agriculture/Animal and Plant Health Inspection Service/Veterinary Services; Holly Hughes-Garza, DVM, Texas Animal Health Commission; Barbara Knust, DVM, MPH, DACVPM, Centers for Disease Control and Prevention; John Poe, DVM, MPH, Kentucky Department for Public Health; John P. Sanders, Jr., DVM, DACVPM, US Department of Homeland Security; Thomas Sidwa, DVM, MPH, Texas Department of State Health Services; Jessica Spengler, DVM, PhD, MPH, Centers for Disease Control and Prevention; Shelley Stonecipher, DVM, MPH, DACVPM, Texas Department of State Health Services; J. Scott Weese, DVM, DVSc, DACVIM, University of Guelph; Kyoungjin J. Yoon, DVM, MS, PhD, DACVM, Iowa State University.

AVMA Staff: Cheryl L. Eia, JD, DVM, MPH; Sharon Granskog; Kristi Henderson, DVM; Christine Hoang DVM, MPH, CPH; Kendall Houlihan, DVM; Kimberly A. May, DVM, MS; Amy Miller.

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Contact: Questions regarding animals and Ebola virus or this protocol may be directed to the CDC Ebola Animal-Human Interface Team (eocevent92@cdc.gov) or by calling the CDC Emergency Operations Center at 770-488-7100 (24/7).

Purpose

This interim guidance document was developed by the AVMA Ebola Companion Animal Response Plan Working Group for local and state animal health and public health officials to facilitate preparation of state response plans. This document provides interim guidance based on the latest scientific evidence and recommendations from national organizations, for the management of pets, specifically dogs and cats, owned by Ebola virus disease (Ebola) contacts.

Information on Ebola Virus and Animals

- There have been no reports of dogs or cats becoming sick with Ebola virus or of being able to spread Ebola to people or other animals.
    - However, it is important to keep people and animals away from blood or body fluids of a person with symptoms of Ebola infection.
- Certain exotic or unusual pets (such as monkeys, apes, or pigs) have a higher risk of being infected with and shedding Ebola virus.
- There is currently no evidence that Ebola virus can infect non-mammals kept as pets, including birds, reptiles, amphibians, or fish.
- More information on Ebola and animals is available on CDC's website: http://www.cdc.gov/vhf/ebola/transmission/qas-pets.html

Asking All Contacts of Ebola Patients about Interactions with Animals

Public health officials should ask all contacts of Ebola patients about the type and number of pets in the home, and about other activities that involve contact with animals, including pets and livestock (i.e., occupations, hobbies, farm or zoo visits, or work with service animals). Collecting this information early will allow human and animal health officials to plan for management of the animal if a risk assessment conducted by public health officials determines that animal quarantine is warranted. (See separate document titled, "Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease").

Monitoring and Movement of Persons with Potential Ebola Virus Exposure

Epidemiologic risk factors should be considered when evaluating a person for Ebola, classifying contacts, or considering public health actions such as monitoring and movement restrictions based on exposure. Different recommendations exist for contacts of Ebola patients depending on whether they are under Active Monitoring or Direct Active Monitoring.

People under Active Monitoring

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals

to self-monitor and report symptoms if they develop. **Unless a person under Active Monitoring becomes symptomatic, they do not need to limit exposure to companion animals.** This is because these individuals were determined to have a low, but not zero risk, based on their exposure to a person with a confirmed Ebola infection. The pet owner should be informed of the points provided in the section below titled, "Advice for the Owners Who Had Contact with an Ebola Patient". For more on active monitoring, please visit http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html.

People under Direct Active Monitoring

Direct active monitoring means the public health authority conducts active monitoring through direct observation. The purpose of direct active monitoring is to ensure that if individuals with epidemiologic risk factors become ill, they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated. **People under direct active monitoring should avoid contact with dogs, cats, livestock (e.g. pigs, cattle, sheep, and goats), and other mammals out of an abundance of caution to prevent possible transmission of Ebola from people to animals and also to prevent the need for quarantine of an animal due to contact with a person with symptomatic Ebola.** It is recommended that dogs or cats be cared for by someone who does not reside in the monitored person's residence until the direct active monitoring period ends. (See additional recommendations below.) Other types of pets in the home should be evaluated for risk on a case-by-case basis. For more on direct active monitoring, please visit http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html

Considerations about Pet Quarantine

The goal of human and animal health officials is to prevent transmission of Ebola in humans and animals and also to prevent the need for quarantine of a pet due to contact with a person with symptomatic Ebola. However, should a person become ill with Ebola, dogs, cats, and possibly other pets who came into contact with the patient must be assessed for exposure and may be placed in mandatory quarantine for at least 21 days following their last known exposure to the person with Ebola. This situation can be avoided if the pet is moved out of the residence of the person being monitored for Ebola before any symptoms start in the person. A separate document titled, "Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease," is available which describes the process for conducting a risk assessment for exposure of dogs or cats that had contact with a human with laboratory-confirmed evidence of Ebola, and it describes how to implement quarantine of dogs or cats if deemed appropriate by state and federal human and animal health officials.

Pet quarantine for a minimum of 21 days requires using a large amount of resources, including caretakers properly trained in personal protective equipment (PPE). Health officials should try to avoid the need for quarantine by facilitating alternative housing arrangements for pets of Ebola contacts under Direct Active Monitoring, particularly in the following situations:

- there are multiple pets in a household; removing multiple pets from the household would limit the potential for intraspecies transmission and prevent the quarantine of additional animals
- the pet has special medical needs such as requiring daily injections or medications that can not be administered indirectly in food/treats (e.g. peanut butter)
- the pet is aggressive and may be determined as ineligible for quarantine
- the pet has significant medical history that may complicate health monitoring, such as recurring gastrointestinal upset or history of bleeding disorders
- the pet is known to be very fearful of strangers or unfamiliar places, or has pre-existing, severe separation anxiety

Recommendation to Prevent Mandatory 21 Day Pet Quarantine

The following is a recommendation, not a requirement: It is recommended that pet(s) owned by an asymptomatic person under direct active monitoring be removed from the human contact's home. Public health officials should work with the pet owner to determine if someone, preferably a person who does not reside in the monitored person's residence, can care for the pet until the direct active monitoring period ends. This will eliminate the risk of a mandatory 21-day quarantine of the pet and the need to evaluate the pet for exposure if the contact should become ill. Because the potentially exposed person is not symptomatic and therefore not potentially shedding Ebola virus, the pet poses no risk to other caretakers or contacts if it is removed from the household. No restrictions would be required on the pet's activities if it were moved to another household.

If Owner Chooses to Keep Pet at Home during Direct Active Monitoring

- If it is not possible to have another person care for the pet outside the home, the owner should be informed of the points provided in the section below titled, "Advice for Pet Owners Who Had Contact with an Ebola Patient".
- If the pet remains in the home, it is essential that the owner appoints a guardian for their pet(s) in case the owner becomes ill and cannot make decisions. Pet owners should have the guardian's contact information with documentation in writing about accepting the risks and potential associated costs of animal quarantine, based on requirements set by local jurisdictions.
- If the pet remains in the home, the pet should not be allowed to interact with the person under direct active monitoring; it is important to minimize interactions between this person and the pet in order to prevent a mandatory quarantine of the pet.
- If the pet is still in the home if and when the contact becomes ill, human and animal health officials must perform a risk assessment of the pet to determine its risk for exposure to Ebola.
- If the person develops symptoms that could be consistent with Ebola infection, the pet cannot be moved from the home until after a risk assessment for exposure to Ebola has been performed and public health veterinarians, in collaboration with human and animal health officials, determine whether or not quarantine is required.

- See separate document titled, "Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease".

Advice for Pet Owners Who Had Contact with an Ebola Patient

- If you become sick with fever or any symptoms including severe headache, fatigue, muscle pain, vomiting, diarrhea, stomach pain, or bruising or bleeding not known to be linked to an existing medical diagnosis:
  - Immediately contact your local health department or medical treatment facility at first indication of illness (such as a higher body temperature). Report where your pet(s) will be safely located in the home.
  - Be prepared to provide details to a public health official that includes types of contact your pet may have had with you while you had symptoms. A public health veterinarian, in collaboration with public health officials, will determine if your pet is at risk for exposure to Ebola and how to properly care for the pet.
    - Pets must not leave the premises for any reason until an exposure assessment is made by your health officials.
  - Stop all direct contact with other people and avoid all interactions with pet(s) including petting, holding, kissing, snuggling, sharing food, or letting pet lick you.
  - Keep people and animals away from your blood or body fluids.
  - The pet should be placed in a crate, bathroom, or spare bedroom with food and water to keep the pet safe.
    - If possible, another person in your household should handle the pet while ensuring it is safely separated from you.
    - If you live alone, you should avoid all direct contact with the pet while making sure the pet is safely separated from you.

Selected Additional Resources

Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure

Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus

Questions and Answers about Ebola and Pets

Interim Guidance for Dog or Cat Quarantine after Exposure to a Human with Confirmed Ebola Virus Disease

Released November 10, 2014

American Veterinary Medical Association (AVMA) Ebola Companion Animal Response Plan Working Group:
Casey Barton Behravesh MS, DVM, DrPH, DACVPM, Centers for Disease Control and Prevention (chair); Derron A. Alves, DVM, DACVP, Veterinary Services, Defense Health Agency; Gary Balsamo, DVM, MPH, National Association of State Public Health Veterinarians and State Public Health Veterinarian and Louisiana Department of Health and Hospitals; Tammy Beckham, DVM, PhD, Texas A&M University System; Susan Culp, DVM, Texas Animal Health Commission; Thomas M. Gomez, DVM, MS, US Department of Agriculture/Animal and Plant Health Inspection Service/Veterinary Services; Holly Hughes-Garza, DVM, Texas Animal Health Commission; Barbara Knust, DVM, MPH, DACVPM, Centers for Disease Control and Prevention; John Poe, DVM, MPH, Kentucky Department for Public Health; John P. Sanders, Jr., DVM, DACVPM, US Department of Homeland Security; Thomas Sidwa, DVM, MPH, Texas Department of State Health Services; Jessica Spengler, DVM, PhD, MPH, Centers for Disease Control and Prevention; Shelley Stonecipher, DVM, MPH, DACVPM, Texas Department of State Health Services; J. Scott Weese, DVM, DVSc, DACVIM, University of Guelph; Kyoungjin J. Yoon, DVM, MS, PhD, DACVM, Iowa State University.

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Contact: Questions regarding animals and Ebola virus or about this guidance may be directed to the CDC Ebola Animal-Human Interface Team (eocevent92@cdc.gov) or by calling the CDC Emergency Operations Center at 770-488-7100 (24/7).

Purpose

This interim guidance document was developed by the AVMA Ebola Companion Animal Response Plan Working Group for local and state animal health and public health officials to facilitate preparation of state response plans. The intent of this interim guidance is to provide guidance for companion animals, specifically dogs and cats with exposure to a person with Ebola, based on the latest scientific evidence and recommendations from national organizations. This interim guidance describes the process for conducting a risk assessment for exposure of dogs or cats that had contact with a human with laboratory-confirmed evidence of Ebola, and it describes how to implement quarantine of dogs or cats if deemed appropriate by state and federal human and animal health officials.

Background

The ongoing Ebola outbreak in West Africa has raised questions about how Ebola affects animals. The natural host of Ebola virus or other related species in the genus *Ebolavirus* is thought to be fruit bats. At this time, only certain mammals (for example, humans, monkeys, and apes) are known to become infected with Ebola virus. In addition to humans, Ebola virus or viral RNA in Africa has only been detected in bats, nonhuman primates, and forest duikers (an African antelope).

At this time, there have been no reports of dogs or cats becoming sick with Ebola or of being able to spread Ebola to people or animals including in areas in Africa where Ebola is present. One study of dogs in communities in Africa where an Ebola virus outbreak was underway found antibodies to Ebola virus, but virus RNA was not detected, nor were any clinical signs of disease observed (Allela et al., 2005). Antibody evidence of previous infection was not surprising, it was reported that some dogs scavenged animal carcasses that had potentially died of Ebola or had direct contact with infected humans. There is no evidence of active infection in dogs, and to date, Ebola virus has not been isolated from dogs. Antibodies to the virus have been detected in dogs known to have high risk exposure to the virus in nature. Clinical disease has never been reported in dogs. Altogether, this suggests that dogs exposed to high quantities of virus can be infected, but the infection is likely transient and non-productive. It is not known whether an animal's body, feet, or fur can act as a carrier to transmit Ebola to people or other animals. In the current epidemic and in previous Ebola outbreaks, exposure to dogs is not a risk factor for human infections.

The situation with dogs in Africa is very different from that of a companion animal in the United States. At this time due to the very low number of people with Ebola in the US, the overall likelihood of a dog or cat being exposed to Ebola is very low. Exposure requires contact with blood or body fluids of a person with Ebola while the person is symptomatic. As a result, it is recommended to keep all animals away from blood or body fluids of a person who may have Ebola (based on symptoms and epidemiologic risks) in order to avoid possible risk to the pet or the need to place a pet into quarantine.

Protocol to Assess Whether Quarantine is Necessary for a Pet that had Contact with a Confirmed Ebola Patient

If a person with a confirmed Ebola infection had contact with a pet, either in the patient's home or elsewhere, a rapid risk assessment will need to be conducted in collaboration with human and animal health officials to determine how to handle the pet(s) and whether quarantine of the pet is warranted. To facilitate the risk assessment, local or state public health officials should collect the information outlined below. Once the information is collected, a consultation will be made between the relevant state and local public and animal health authorities and CDC to determine if the animal has had a possible risk of exposure to Ebola and whether quarantine is warranted.

Additional guidance is available for public health officials on pets of Ebola virus disease contacts (See separate document titled "Interim Guidance for Public Health Officials on Pets of Ebola Virus Disease Contacts").

A state health official should contact the CDC Ebola Animal-Human Interface Team by email (eocevent92@cdc.gov) or by calling the Emergency Operations Center at 770-488-7100 (available 24/7). If the animal in question is a species other than a dog or cat, it is not covered by this guidance. The situation will be handled on a case-by-case basis, in collaboration with local, state, and federal human and animal health officials.

Information to Collect for Risk Assessment

A public health veterinarian in collaboration with public health officials should collect the information on identification and medical history of the pet, assessment of risk of exposure and infection, and assessment of contacts of the pet with other animals and people.

Identification and Medical History

Information should be collected on standard identification of the pet and its relevant medical history, including the following:

- Identifying information on the pet.
  - Species (i.e., dog, cat)
  - Breed
  - Sex and Spay/Neuter status
  - Age
  - Markings (Take multiple photos of the animal to capture markings and unique identifiers)
  - Other identifying characteristics
  - Microchip or tattoo number (if present, collect number)
- Contact information for alternative decision maker on pet(s) in the event the owner is unavailable to make decisions.
- Information on history of the animal that might be needed to help with decisions in the event quarantine is warranted.
  - Vaccination history, most importantly rabies vaccination details
  - Medical history/need for medications

        - Diet, including brand, type, variety of pet food
    - Any other information specifically required by the state/jurisdiction where the animal is located or to be confined.

Assessment of Risk Exposure and Infection

Information should be collected to help evaluate the pet's history of exposure to the patient with Ebola and possible risks of acquiring Ebola due to these exposures, including the following:

- Types of contact and interactions with a human Ebola patient; questions should be asked for the time period since the Ebola patient's symptoms began.
    - Exposure to blood or body fluids of human Ebola patient (including, but not limited to, urine, saliva, sweat, feces, and vomit); this includes licking, consuming, or walking through any of these fluids
    - Sitting in the lap of patient
    - Being cuddled or kissed by patient
    - Licking the patient, including the face or mouth
    - Sleeping in the same bed as the patient
    - Sharing food with the patient
    - Any other types of contact or interactions with the Ebola patient
- Clinical history of the pet to determine if any signs or symptoms may cause concerns for health monitoring during quarantine.
    - Recent history of decreased appetite, fever, vomiting, diarrhea, lethargy, (or other signs or symptoms) since the onset of the Ebola patient's symptoms
    - Medical history in the last year, including history of gastrointestinal illness or bleeding disorders
- Presence of other humans or animals in the household (If other animals present, conduct a risk assessment for each animal).
- Travel history of the pet, particularly outside of the U.S.
- Any additional information that might be helpful to evaluate the pet's history of exposure to the patient and the pet's interactions with other humans or animals in the household.

Assessment of the Pet's Activities

Information should be collected to help assess potential contact with other humans and animals following exposure to the symptomatic Ebola patient. This information should also be used to help develop any potentially necessary risk communication messages to areas where the pet may have visited.

- Collect information on timing and nature of interactions; questions should be asked for the time period since the Ebola patient's symptoms began.
    - Walks
    - Visits to dog parks
    - Visits to groomer
    - Visits to animal clinic
    - Is this a working animal (military dog, therapy, assistance, service)?
    - Other outings

- Any additional information that might be helpful to evaluate potential contacts of this pet with other humans or animals.

Guidance for the Quarantine of a Pet

In the event that quarantine is required, a local or state public or animal health official should be designated as the point of contact (henceforth called "designated official") during the quarantine of the pet. In humans, transmission of Ebola virus within the first 48 hours of onset of symptoms is believed to be less likely than in later stages of disease. Human patients with Ebola should be isolated from people and animals at onset of symptoms, in consultation with local or state health departments. Animal exposure will be assessed based on nature of interactions and symptom onset of human Ebola patient.

In the event that quarantine of a pet is indicated because of contact with a confirmed Ebola patient, the following minimum criteria should be met:

<u>Transportation of Pet to Quarantine Facility</u>

- Any animal handlers should be appropriately trained on and fitted for personal protective equipment (PPE).
- Individual(s) removing animal from home must follow PPE guidance for caretakers listed below.
- Collar, clothing, etc., should be removed from the animal so all possibly contaminated objects are left in the home.
- Only the animal is to be removed from premises. Do not bring food, dishes, crate, bedding, toys, or other pet items from the home since these items could be contaminated.
- A barrier (i.e., temporary fence) should be in place around the exit of the home to prevent escape of the animal during crating process.
- Put new collar on pet, preferably after it is removed from premises.
- Place animal in new crate once removed from the home.
- Transport in vehicle with back area closed off from driver.
- Lock crate securely to ensure that animal does not escape during transportation.
- Remove PPE after animal is placed into transport vehicle; use hand hygiene (hand washing preferred over hand sanitizer if hands are visibly soiled) after PPE is removed.
- Clean and disinfect vehicle after arrival at quarantine facility. (See Additional Resources).
- Consider having Animal Control on site for advice in the event the animal is difficult to capture.

<u>Criteria for Quarantine Facility or Enclosure</u>

- Minimum of two physical containment levels (i.e., crate/kennel housed in secured facility).

- Secure primary enclosure (for example, a kennel or crate) to prevent escape (for example, no climbing over or digging out) and approved by the designated official.
- Facility should:
  - Exclude access by other animals (domestic or wild) or unauthorized personnel
  - Allow animal to remain clean and dry
  - Protect animal from harm
  - Provide place for eating, drinking, urinating, and defecating
  - Enclosure guidance should consider space requirements in the Animal Welfare Act (AWA) regulations and allow animals to make normal postural adjustments
  - There should be free access to drinking water
  - The same brand, type, variety of pet food the animal typically eats should be obtained to feed the animal during the quarantine period in order to avoid gastrointestinal episodes that could confuse the clinical picture
- Quarantine may be subject to additional conditions specified by the designated official to protect the public health and animal welfare. While pets moved and confined due to Ebola may not be a regulatory issue, further guidance on transport and housing animals may be found in local, state, and Federal Animal Welfare Regulations.
- At the end of quarantine period, clean and disinfect the facility (See Additional Resources).

<u>Criteria for Caretakers</u>

- Be limited to as few individuals as possible (minimum of two, so a backup is available in the event the primary caretaker is not available).
- Have experience handling the appropriate animal species.
- Is required to be appropriately trained on and fitted for PPE.
- Wear PPE when caring for the animal, while in its enclosure, or when handling waste material.
  - PPE shall consist of, **at a minimum**
    - Double gloves, with outer glove taped to the suit with waterproof tape
    - Splash-resistant disposable hooded suit, with foot covers impervious to fluids
    - Eye protection (goggles or face shield)
    - Air purifying respirator (N-95 or equivalent level of protection)
  - Additional protective equipment might be required in certain situations (i.e., heavy duty or puncture-resistant outer gloves, head or neck protection if not sufficiently provided by the protective suit).
  - Follow other general guidance for putting on (donning) and taking off (doffing) PPE and hand hygiene. Taking off PPE is the step during which a responder is most likely to become contaminated, so training and attention to that process is critical.
  - Apply an alcohol-based hand sanitizer to gloves before removing PPE, and perform proper hand hygiene after removing each item of PPE and before

leaving enclosure. A shower or other means of decontamination may be advisable depending on risk assessment and specific events.

- Maintain an animal caretaker log, including name, date, and time animal attended, and any notes on the animal's appearance or behavior.

Health Monitoring of Caretakers

- Caretaker should voluntarily self-monitor for fever twice daily.
- Report a fever (any elevated temperature) to designated official immediately.
- Report any symptoms of illness immediately to the designated official for further evaluation.

Health Monitoring of Dog or Cat

- Direct contact with the dog or cat's body fluids and waste must be avoided during the quarantine period.
- A veterinarian must be designated for the oversight of the dog or cat's care and quarantine.
  - The veterinarian will be appropriately trained on and fitted for PPE (as above) and wear PPE when caring for the animal, when in its enclosure or handling waste material (as above).
  - The veterinarian will be on call and available throughout the quarantine period.
- An exposed pet will be monitored, in collaboration with a public health veterinarian as outlined above for a minimum of 21 days following the last date of exposure to the symptomatic Ebola patient. This is a precaution based on what we know about the incubation period in humans for Ebola. The quarantine period may need to be extended based on the situation. There are no known clinical signs of Ebola infection or disease in dogs or cats.
  - The dog or cat should be monitored for general signs of illness.
  - Other potential signs of illness, including decreased appetite, lethargy, vomiting, and diarrhea should be closely monitored.
- During the quarantine period, the dog or cat's caretaker must monitor the pet's behavior and health status. Health status will be evaluated by observation unless apparent illness indicates the need for further assessment.
  - Only if the dog or cat appears to be ill, outside of its normal health status, use a digital thermometer with a probe cover to take a rectal temperature to monitor for fever (fever in dog or cat is >102.5 F).
  - The caretaker will immediately notify the designated veterinarian of any abnormalities in the dog or cat's health or behavior. The veterinarian will determine if the designated official should be notified.
  - If the dog or cat has a fever or other concerning signs or symptoms, contact the designated official immediately. The designated official will contact CDC

to discuss next steps. The CDC Ebola Animal-Human Interface Team can be reached via email at eocevent92@cdc.gov or by calling the CDC Emergency Operations Center at 770-488-7100 (24/7).

- Any required maintenance medicine during the quarantine period should be given in food/treats (e.g., in peanut butter) or other methods that do not require handling the dog or cat (no injections or physically giving medications orally).
- In the case of a dog or cat developing an unrelated condition, the situation would be addressed on a case-by-case basis, based on assessment by the designated veterinarian.
- Caretakers should report any bites or scratches to the designated veterinarian, who should in turn report to the designated official for consultation.
- Caretakers should provide daily updates to the designated official who will provide updates to the pet's owner.

Waste Disposal

- Primary containment (e.g. crate or kennel) should be cleaned at least once daily to remove waste. The dog or cat should be moved to another crate or kennel during the cleaning process.
- Avoid aerosol-generating procedures such as spraying floor to clean up pet waste.
- Pet waste and soiled pads/linens should be collected in a plastic biohazard bag that is secured in a rigid plastic tub. Reusable items, such as crate or kennel, should also be cleaned and disinfected prior to additional use.
- Transportation of feces, urine, and soiled linens or other potentially hazardous materials may be considered category A infectious substances and fall under the Department of Transportations (DOT's) hazardous materials regulation (HMR; 49 CFR, Parts 171-180). For Ebola-Associated Waste Management see: (http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html
- Individual(s) handling waste disposal should be trained to use PPE as outlined above and trained on how to securely handle potentially hazardous waste.
- At the end of the quarantine period, all linens, pet beds, and other textiles used in the quarantine facility must be discarded as medical waste.

Animal Testing for Ebola Virus

Currently, routine testing for Ebola is not available for pets. Ebola virus testing of animal samples will be limited to cases where testing is specifically warranted based on the type of exposure assessment in consultation with CDC on a case-by-case basis. No samples will be tested without pre-authorization from CDC. In the event that an animal has a confirmed positive RT-PCR for Ebola virus RNA, the animal should be euthanized and the body incinerated. For consultation on animal testing, contact the Ebola Animal-Human Interface Team (eocevent92@cdc.gov) or by calling the CDC Emergency Operations Center at 770-488-7100 (24/7).

Minimum Criteria to Release Pet from Quarantine

The pet will be considered releasable and able to move out of quarantine after all three criteria listed below are met:

1. A minimum of 21 days in quarantine.
2. ONLY if animal testing was pre-authorized by CDC, a confirmed negative test for Ebola virus based on all appropriate specimens.
3. Evaluation by the designated veterinarian to ensure the pet is healthy upon release or to determine the appropriate course of action for a pet exhibiting any signs of illness.

It is recommended, before release of a dog from quarantine, to bathe the dog so it will be clean when returned to the owner. This should be done after all testing results have been confirmed as negative for Ebola virus.

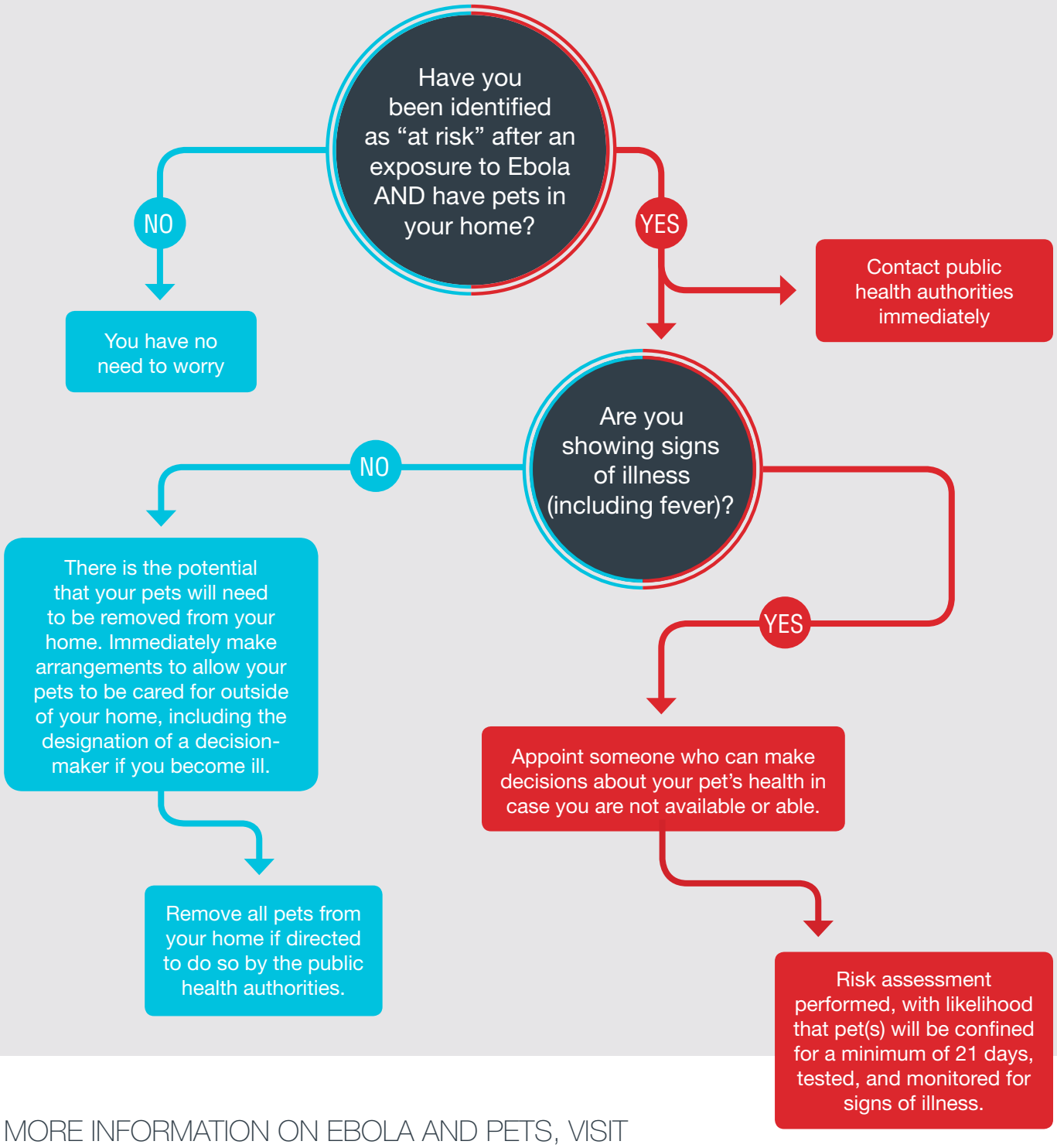
Selected Additional Resources as of November 9, 2014

Many of these additional resources address human Ebola patients and health care settings. Please contact the CDC Ebola Animal-Human Interface Team (eocevent92@cdc.gov) for questions specific to animals. You may also call the CDC Emergency Operations Center at 770-488-7100 (24/7) if the question is urgent.

- CDC Ebola Website
- Questions and Answers about Ebola and Pets
- Ebola Virus Antibody Prevalence in Dogs and Human Risk (Allela et al., 2005)
- Foreign Animal Disease Preparedness & Response Plan Personal Protective Equipment (PPE) Guidelines
- Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)
- Tightened Guidance for U.S. Healthcare Workers on Personal Protective Equipment for Ebola
- Ebola: Donning and Doffing of Personal Protective Equipment (PPE)
- Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Virus Disease in U.S. Hospitals
- Safe Management of Patients with Ebola Virus Disease (EVD) in U.S. Hospitals
- Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus
- Ebola-Associated Waste Management
- EPA Disinfectants for Use Against the Ebola Virus

PET OWNER'S GUIDE TO
EBOLA EXPOSURE

The following chart is based on interim guidelines developed by the AVMA and other public health organizations, and is intended to provide basic guidance in answering pet owners' questions about Ebola. However, if you and your pet are exposed to Ebola virus, your local public health authorities will determine the proper course of action.



FOR MORE INFORMATION ON EBOLA AND PETS, VISIT

WWW.AVMA.ORG/EBOLA

PIMA COUNTY
HEALTH DEPARTMENT
A Healthy Pima County
Every one. Every where. Every day.

3950 S. Country Club Rd. Suite 200
Tucson, AZ 85714
520-243-7770
www.pima.gov/health

January 16, 2015

RE: Situation Update for Hospitals and Healthcare Stakeholders

Dear Clinician Colleague:

Pima County has developed a dynamic plan to respond to the potential threat posed by emerging infectious diseases like Ebola virus. We recognize the vital role of the range of stakeholders across the healthcare sector and want to provide you with timely useful information that may inform the way you care for your patient. For this reason, the Pima County Health Department has published the *Preliminary Emerging Infectious Disease Threat Response Plan* that can be found on our website, www.pima.gov/health. This document is a locally relevant companion to the state-wide plan that was published last month by the Governor's Task Force.

Here are several salient points that are important for providers in our community:

- **We are available 24-hours a day by calling (520) 724-7797**.The need for timely accurate clinical support for providers and health systems is critical in confronting the threat posed by EVD and other emerging infectious disease threats. The Pima County Health Department has a support line to answer queries from clinicians, facilities and the public.

- **Clinicians and ambulatory care providers**, especially those in primary, urgent, and emergency care settings are encouraged to screen and identify all patients for a history of travel within the prior 21 days to Liberia, Sierra Leone, and Guinea. Please **immediately identify any patient to the Pima County Health Department who fits such screening criteria** so that additional assessment and further guidance can be provided.

- **All hospitals in Pima County** are expected to have the capacity to;
  a) screen for suspected EVD patients,
  b) safely isolate those at risk,
  c) draw blood specimens for diagnosis, and
  d) provide supportive care for the patient until EVD laboratory results are available.

  Every hospital in this county has an effective plan in place for dealing with this unlikely event, and each are committed to notify the Health Department promptly.

- **The University of Arizona Health Network** (UAHN) has been designated by the Arizona Department of Health Services as an "Infectious Disease Treatment Center of Excellence." This institution has been vetted by the Centers for Disease Control and Prevention, and is receiving technical assistance to support this function. **UAHN is collaborating with the Health Department to provide evaluation for suspect cases** (symptomatic returned travelers from Liberia, Sierra Leone, or Guinea) as well as to provide care for **laboratory-confirmed cases of EVD**.

This is a complex and rapidly evolving situation and the Pima County Health Department is pledged to work with our partners to update this Preliminary Plan as necessary in order to ensure that health and safety of this community. I encourage you to visit our website, for additional information that includes guidance for healthcare providers, informational handouts, and other resource to share with the public.

We value your continued partnership in safeguarding the health and well-being of Pima County.

Sincerely,

Francisco García, MD, MPH
Director & Chief Medical Officer

Pima County Health Department
Ebola Virus Disease
Public Information Plan

As of December 2014

Developed and Maintained by:
Pima County Health Department

For questions or comments contact:

Aaron Pacheco
724-7745
Aaron.pacheco@pima.gov

PIMA COUNTY

Record of Plan Revision

PLAN NAME: Pima County Ebola Virus Disease Public Information Plan

DATE OF REVISION	NAME OF EDITOR	NOTES
1. 09-15-2014	Aaron Pacheco	Document Created
2. 10-11-2014	Aaron Pacheco	Update
3. 10-29-2014	Aaron Pacheco	Addition of Response Phases
4. 12-02-2014	Aaron Pacheco	Attachements Added
5. 12-05-2014	Aaron Pacheco	Title changed from “Communications Plan” to “Public Information Plan”
6.		
7.		
8.		
9.		
10.		

PCHD Ebola Virus Disease Public Information Plan

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III.	KEY PUBLIC INFORMATION TASKS	2
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I. BACKGROUND

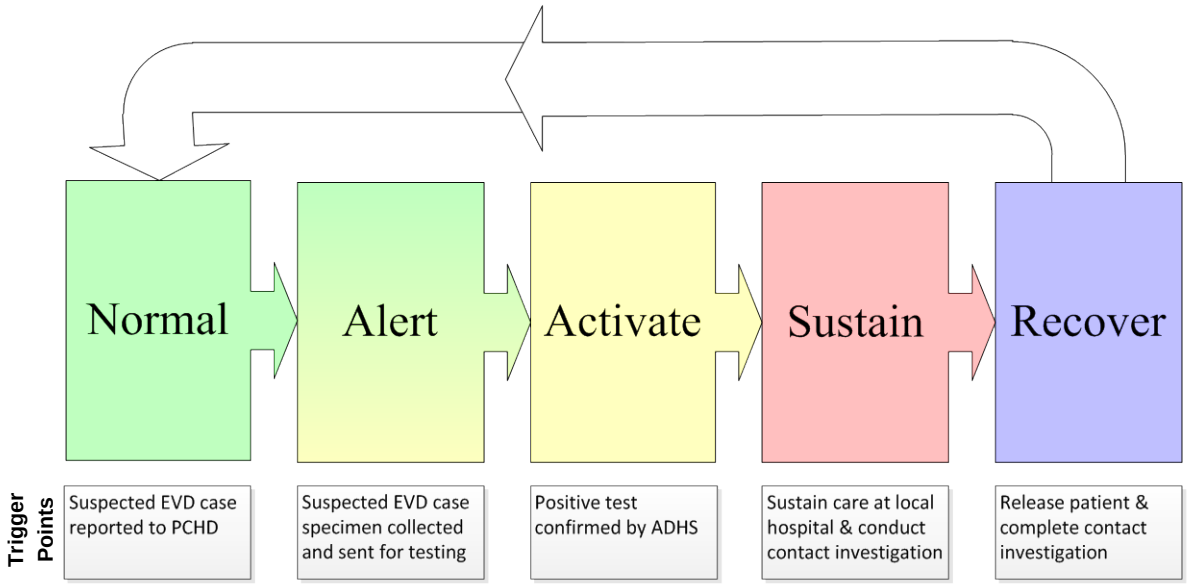
The 2014 Ebola Virus Disease (EVD) epidemic is the largest in history, affecting multiple countries in West Africa. Since September 30, 2014, there have been four Ebola cases diagnosed in the United States: two cases acquired abroad and diagnosed in the U.S. and two locally acquired cases in healthcare workers who had provided care to the first patient. The countries currently being affected are the countries of Guinea, Liberia, Sierra Leone, and Mali.

Signs and symptoms of EVD include fever, headaches, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, sometimes a rash, red eyes, hiccups, cough, sore throat, chest pain, difficulty breathing and/or swallowing, and bleeding inside and outside of the body. Patients with severe forms of the disease may develop multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death. Symptoms may appear anywhere from 2 to 21 days after exposure, although usually it takes 8 to 10 days. Transmission of EVD occurs through person-to-person spread from direct contact with bodily fluids, including blood, urine, sweat, semen, and breast milk. During outbreaks, EVD can spread quickly within health care settings

As transmission only occurs through direct contact with blood or body fluids of ill or deceased individuals, the risk of ongoing transmission is very low with appropriate control measures. Contact and droplet precautions can prevent spread of disease

Active Monitoring of travelers from these countries are being screened for symptoms before departure from Africa and upon arrival in the U.S.

II. CASE DEVELOPMENT PHASES



III. KEY PUBLIC INFORMATION TASKS

Normal (Day to Day)

- Maintain Situational Awareness for Pima County Administration and Board of Supervisors, Pima County EVD Workgroup members, and response stakeholders and partners.
- Provide relevant updates to PCHD clients and residents of Pima County.
- Answer questions from media outlets, community partners, and the public.
- Prepare messaging for use if suspect case tests positive for EVD.

Alert (High Suspect, Awaiting Test Results)

- Establish communication with PIO's from;
    - ADHS PIO
    - City/Town PIO
    - County Board of Supervisors/Asst. County Manager
    - Employer of patient
    - Schools (if kids involved)
- Identify procedure for notifying the media and public in a unified way.
- Identify spokespersons for the agencies involved.
- Continue "Normal" tasks above.

Activate (Positive Test Result from ADHS Lab)

- Meet with internal response team to collect relevant patient information and response plan objectives. See attached **Message Development Form** for information to collect.
- Meet with PIO partners to discuss joint press announcement and begin drafting press release. See attached pre-developed messages.
- Make contact with:
    - First to patient, family, hospital and healthcare workers involved in care
    - Patient approval to release info
    - state and national public health (including EMS)
    - Employer of patient
    - Schools (if kids involved)
    - Others?
- Activate PC JIS/JIC. See **PC Crisis and Emergency Information Sharing and Coordination Plan.**
- Work with PIO's to plan press briefing and develop joint talking points. See attached **Press Conference Checklist**.
- Share press release with key stakeholders and government officials.
- Issue press release to the media.
- Hold press conference within 3 hours of positive test.
- Activate public hotline.

Sustain (Patient Being Cared for at Local Hospital)

- Maintain JIC/JIS operation.
- Provide regular status updates and briefings as needed.
- Maintain Situational Awareness for Pima County Administration and Board of Supervisors, Pima County EVD Workgroup members, and response stakeholders and partners.
- Answer questions from media outlets, community partners, and the public.
- Conduct media monitoring and rumor control.

Recover (Patient No Longer in Care)

- Demobilize elements of the communications effort as identified by the Incident Commander and Lead PIO.
- Provide regular status updates and briefings as needed.
- Maintain Situational Awareness for Pima County Administration and Board of Supervisors, Pima County EVD Workgroup members, and response stakeholders and partners.
- Answer questions from media outlets, community partners, and the public.
- Conduct media monitoring and rumor control.

Pre Developed Messages

For a returned traveler providing aid in West Africa, points the initial statement should cover:

- Characterize the person (e.g., international medical aid worker/volunteer, international traveler, health-care worker in US hospital)
- Name the lab that did the test
- Where is person: Person is in isolation in named hospital
- Note person has been notified of positive test results
- When person showed symptoms (on plane, during airport screening, during active monitoring X days after airport screening)
- How was patient transported to hospital (presented on own, or by PPE EMS)
- Include monitoring status if patient was being actively monitored or direct actively monitored
- Acknowledge that news is concerning for the community (good if in quote from trusted official)
- Reinforce basics about Ebola transmission.
- Provide a source for additional information

Call anytime to discuss/coordinate:

CDC 24/7 Emergency Operations Center: 770 488-7100

Barbara Reynolds, bsr0@cdc.gov, 404 639-0575 office, 404 918-1586 cell, 770 279-2611 home, 678-373-8137 pc

[STATE/COUNTY] Reports Positive Test for Ebola in Volunteer International Aid Worker

A hospitalized medical aid worker, who volunteered in one of the three West African nations experiencing an Ebola epidemic and since returned to the United States, has tested positive for Ebola according to the [LOCATION] laboratory.

The patient has been notified of the test results and remains in isolation. The patient is currently at [NAME of HOSPITAL]. Confirmation testing at the Centers for Disease Control and Prevention's laboratory will be done.

The aid worker had returned through XXX Airport on [DATE] and participated in the enhanced screening for all returning travelers from these countries. The aid worker had been participating in the active monitoring program and reported fever for the first time today. The patient was transported by a specially trained EMS unit wearing personal protective equipment. The XXXX Health Department has interviewed the patient regarding close contacts and activities.

While this is troubling news for the patient, the patient's family and communities of CITY, the CDC and the STATE/LOCAL Department of Health remain confident that wider spread in the community can be prevented with proper public health measures including ongoing contact tracing, health monitoring among those known to have been in contact with this patient and immediate isolation if symptoms develop.

Ebola is spread through direct contact with bodily fluids of a sick person or exposure to objects such as needles that have been contaminated. The illness has an average 8-10 day incubation period (although it could be from 2 to 21 days). CDC recommends monitoring exposed people for symptoms a complete 21 days.

For more information XXX

For a healthcare worker who returned from West Africa, points for the initial statement should cover:

- Characterize the healthcare worker and the original patient (e.g., health-care worker in US hospital—may or may not want to provide detail about position such as lab worker, waste manager, nurse, etc. caring for international aid worker or international traveler diagnosed with Ebola Date)
- Name the lab that did the test
- Where is person: Person is in isolation in named hospital
- Note person has been notified of positive test results
- When person showed symptoms (during active monitoring X days)
- How was patient transported to hospital (presented on own, or by PPE EMS) if known
- Include monitoring status if patient was being actively monitored or direct actively monitored
- Acknowledge that news is concerning for the community (good if in quote from trusted official)
- Reinforce basics about Ebola transmission.
- Provide a source for additional information

Call anytime to discuss/coordinate:

CDC 24/7 Emergency Operations Center: 770 488-7100

Barbara Reynolds, bsr0@cdc.gov, 404 639-0575 office, 404 918-1586 cell, 770 279-2611 home, 678-373-8137 pc

STATE/COUNTY Reports Preliminary Positive Test for Ebola in a U.S. Health Care Worker

A healthcare worker at XXX Hospital who provided care for the XXX Ebola patient has tested positive for Ebola according to preliminary tests by the XXX laboratory. The healthcare worker was isolated after the initial report of a fever and remains so now. Confirmation testing at the Centers for Disease Control and Prevention's laboratory will be done.

The hospital and patient were notified of the preliminary positive result. In addition, XXXX Health Department has interviewed the patient to identify any contacts or potential exposures in the community. The healthcare worker was participating in active monitoring.

While this is troubling news for the patient, the patient's family and colleagues, and the greater XXX community, the XXXX Health Department remains confident that wider spread in the community can be prevented with proper public health measures including ongoing contact tracing, health monitoring among those known to have been in contact with the patient and immediate isolation if symptoms develop.

Ebola is spread through direct contact with bodily fluids of a sick person or exposure to objects such as needles that have been contaminated. The illness has an average 8-10 day incubation period (although it could be from 2 to 21 days). CDC recommends monitoring exposed people for symptoms a complete 21 days.

For more information XXXX.

Reason for the Press Conference

A newsworthy story or breaking public health information with significant impact:_____

_____

Key Messages

Key messages and information to be imparted (Add messages as appropriate. Remember to keep the message simple)

Message 1	
Message 2	
Message 3	

Schedule Press Conference Participants

Speakers

Potential Speaker's Name	Relationship to Subject	Contact Date	Confirmed Participation?	Topics Will Cover	Visuals Needed?	Reviewed guidelines, questions, and tips?

Potential Moderator's Name	Relationship to Subject	Contact Date	Confirmed Participation?	Topics Will Cover	Visuals Needed?	Reviewed guidelines, questions, and tips?

Logistical contacts

Primary Contact Name		**Phone**	
Address		**Cell**	
		E-mail	
Secondary Contact Name		**Phone**	
Address		**Cell**	
		E-mail	

Assemble the Necessary Materials

1. Sign-up sheet (each attending journalist signs with their name, organization, e-mail, phone, and address)

2. Press kit that includes:
   - ☐ Press conference agenda
   - ☐ Press release or media advisory
   - ☐ List of the press conference speakers and moderator, including brief biographies
   - ☐ Fact sheets, graphs, a concise subject matter background, and concise information on your purpose, major accomplishments, etc.
   - ☐ Executive summaries and full copies of any reports issued at the press conference
   - ☐ Copies of speakers' presentations or at least their key points (if applicable)

3. Visuals:
   - ☐ Power Point Presentation (Remember computer, projector, sound, screen, electrical needs)
   - ☐ Posters or Banners
   - ☐ Photo or Video Displays (Remember audio/visual components)

Conducting a Press Conference ***☑ Checklist (cont.)***

Ensure That Journalists Attend / Follow-up and Follow-through

Journalist/Editor	Press Release Sent?	Confirmed Receipt?	Reminder Sent?	Attended?	Press Kit Sent?	Produced Coverage?	Thank you / Rebuttal Sent?

Add journalists on additional sheet if necessary

Message Development Worksheet

Event Name: _____

Message Number: _____ Date/Time: _____

Step 1: Decide on the three key message topics:

1. _____

2. _____

3. _____

Step 2: Consider the following:

Audience:	Purpose of Message:	Method of Delivery:
☐ Demographics (age, language, culture)	☐ Call to action/public direction	☐ Through spokesperson/in-person
☐ Relationship to event	☐ Clarify event status	☐ Web release
☐ Level of concern	☐ Give facts and/or provide update	☐ Call centre/frontline personnel
	☐ Address rumours	☐ Radio
	☐ Satisfy media requests	☐ Print media release
		☐ Other: _____

Step 3: Consider the six emergency message components:

1. Expression of empathy: _____
2. Clarify Facts _____
   - Who: _____
   - What: _____
   - Where: _____
   - When: _____
   - Why: _____
   - How: _____
3. What we are doing: _____
4. Potentially questions: _____
5. Statement of commitment: _____
6. For more info: _____

Step 4: Develop complete key message for each of the three message topics

Topic 1:	
Complete Message:	
Supporting Facts:	

Topic 2:	
Complete Message:	
Supporting Facts:	

Topic 3:	
Complete Message:	
Supporting Facts:	

Step 5: Check your message for the following and revise as needed

- ☐ Positive action steps
- ☐ Honest open tone
- ☐ Speaking only on behalf of your organization
- ☐ Information is confirmed
- ☐ Tested for clarity
- ☐ Jargon avoided
- ☐ Simple words, short sentences used
- ☐ Aware of difficult ?s
- ☐ Humor avoided
- ☐ Negativity avoided
- ☐ Speculation and assumptions avoided
- ☐ Judge mental phrases avoided

Pima County Health Department
Ebola Virus Disease
Tucson Gem, Mineral and Fossil Showcase Plan

As of January 2015

Developed and Maintained by:
Pima County Health Department

For questions or comments contact:

Aaron Pacheco
724-7745
Aaron.pacheco@pima.gov

PIMA COUNTY

Record of Plan Revision

PLAN NAME: Pima County Ebola Virus Disease TGMFS Plan

DATE OF REVISION	NAME OF EDITOR	NOTES
1. 01-05-2015	Aaron Pacheco	Document Created
2.		
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PCHD Ebola Virus Disease TGMFS Plan

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	FLU VS EBOLA GRAPHIC	
	TRAVEL HISTORY GRAPHIC	

I. BACKGROUND

The 2014 Ebola Virus Disease (EVD) epidemic is the largest in history, affecting multiple countries in West Africa. Since September 30, 2014, there have been four Ebola cases diagnosed in the United States: two cases acquired abroad and diagnosed in the U.S. and two locally acquired cases in healthcare workers who had provided care to the first patient. The countries currently being affected are the countries of Guinea, Liberia, and Sierra Leone. The country of Mali was removed from this list by the Centers for Disease Control in early Jnuary 2015.

Signs and symptoms of EVD include fever, headaches, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, sometimes a rash, red eyes, hiccups, cough, sore throat, chest pain, difficulty breathing and/or swallowing, and bleeding inside and outside of the body. Patients with severe forms of the disease may develop multi-organ dysfunction, including hepatic damage, renal failure, and central nervous system involvement, leading to shock and death. Symptoms may appear anywhere from 2 to 21 days after exposure, although usually it takes 8 to 10 days. Transmission of EVD occurs through person-to-person spread from direct contact with bodily fluids, including blood, urine, sweat, semen, and breast milk. During outbreaks, EVD can spread quickly within health care settings

As transmission only occurs through direct contact with blood or body fluids of ill or deceased individuals, the risk of ongoing transmission is very low with appropriate control measures. Contact and droplet precautions can prevent spread of disease

Active Monitoring of travelers from these countries are being screened for symptoms before departure from Africa and upon arrival in the U.S.

II. TUCSON GEM, MINERAL AND FOSSIL SHOWCASE PLANNING

A Tucson mainstay for over 60 years, the Tucson Gem, Mineral, and Fossil Showcase (TGMFS) featured 40 individual shows and an estimated 4,480 Exhibitors in 2014. In 2015, the show will be held Jan 31st through February 15th at more than 40 sites around the Tucson metropolitaian area.These sites range from exhibiton halls and hotels to sprawling camps of roadside exhibit tents.

This event will bring vendors, buyers, and visitors from all over the globe and United States, along with shoppers from the Tucson community who vist the public shows. Due to the influx of national and international visitors to Pima County during this show, PCHD has identified the importance of taking steps to be prepared for the emergence of EVD or other communicable diseases within the jurisdiction.

III. PCHD OBJECTIVES FOR THE TUCSON GEM, MINERAL AND FOSSIL SHOWCASE

The objectives of PCHD particualry centered around the show are to:

A) Identify travelers through the current active monitoring system put in place by the CDC and immediately begin active monitoring of these individuals.

See the **PCHD EVD Plan** for more on current active monitoring protocols.

B) Establish communications pathways with key showcase partners such as the City of Tucson, Visit Tucson, the Southern Arizona Lodging & Resort Association and other key stakeholders.

In late December 2014, PCHD officials and representatives from Visit Tucson, the City of Tucson, and other interested stakeholders began meeting in order to share important information and discussions about planning for EVD and other communicable diseases during the showcase.

C) Evaluate the number of show participants traveling from the countries of Guiena, Sierra Leone, and Liberia and establish pathways for these individuals to be evaluated by PCHD for risk of EVD exposure.

In partnership with Visit Tucson and the City of Tucson, PCHD will distribute a letter and survey to the owner/operators of all shows occurring as part of the 2015 showcase. Information gathered by this effort will help PCHD identify the risk level of any travelers identified as coming from the three affected West African countries. This communication also requests that owners/operators contact PCHD with any questions or concerns that may arise during the showcase. See attachements for the letter, survey, and list of recipients.

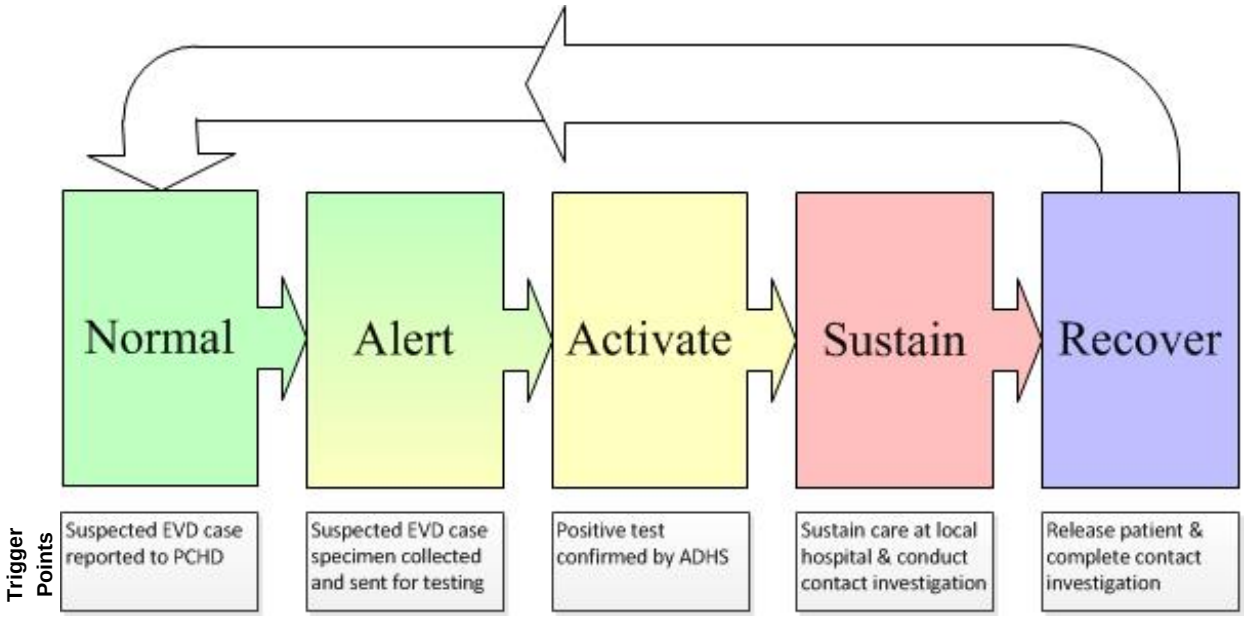
D) Distribute information about EVD and important communicable disease prevention messages throughout the showcase audience via print, digital, social media, and other web based communication tools.

PCHD has developed a series of documents and visuals for distribution to multiple audiences based around the showcase. These include letters to show owners/operators, the community of hotel owners in Pima County, registered show vendors and buyers, and the general public. Examples of these communications are avaialbe as attachements to this document.

IV. KEY PCHD TASKS BY RESPONSE PHASE

The following descriptions are the key tasks for PCHD as it relates to a potential case of EVD in a traveler related to the TGMFS.

Response Phases



Normal (Day to Day)

- Maintain Situational Awareness for Pima County Administration and Board of Supervisors, Pima County EVD Workgroup members, response stakeholders and TGMFS partners.
- Provide relevant updates to TGMFS visitors and residents of Pima County.
- Conduct daily active monitoring of all eligble travelers in Pima County.
- Answer questions from media outlets, community partners, and the public.
- Prepare messaging for use if suspect case tests positive for EVD.

Alert (High Suspect, Awaiting Test Results)

- Begin contact investigation of patient's contacts within the TGMFS and public.
- Establish communication with PIO's from Visit Tucson, City of Tucson Economic Development, Tucson City Managers Office and response partners idientified in the **PCHD EVD Public Information Plan**.
- Identify spokespersons for the agencies involved.
- Estalbish situational awareness with Arizona Department of Health and CDC.
- Coordinate specimen transport with Pima County Emergency Management.
- Continue "Normal" tasks above.
- Begin activation of the Pima County JIS/JIC.

Activate (Positive Test Result from ADHS Lab)

- Meet with internal response team to collect relevant patient information.
- Assess ongoing risk to TGMFS visitors and Pima County residents.
- Continue active monitoring and enhanced active monitoring of high risk contacts.
- Maintain Situational Awareness for Pima County Administration and Board of Supervisors, Pima County EVD Workgroup members, response stakeholders and TGMFS partners.
- Provide relevant updates to TGMFS visitors and residents of Pima County.
- Full activation of the Pima County JIS/JIC.

Sustain (Patient Being Cared for at Local Hospital)

- Provide regular status updates and briefings as needed.
- Maintain Situational Awareness for Pima County Administration and Board of Supervisors, Pima County EVD Workgroup members, and response stakeholders and partners.
- Continue active monitoring and enhanced active monitoring of high risk contacts.
- Answer questions from media outlets, community partners, and the public.
- Maintain JIC/JIS operation Conduct media monitoring and rumor control.

Recover (Patient No Longer in Care)

- Continue active monitoring and enhanced active monitoring of high risk contacts.
- Provide regular status updates and briefings as needed.
- Maintain Situational Awareness for Pima County Administration and Board of Supervisors, Pima County EVD Workgroup members, and response stakeholders and partners.
- Answer questions from media outlets, community partners, and the public.

V. ATTACHMENTS

Letter to Owners/Operators
Owners/Operators Survey
Letter to Hotel Community
General Prevention Graphic
Flu VS Ebola Graphic
Travel History Graphic

PIMA COUNTY HEALTH DEPARTMENT
A Healthy Pima County
Every one. Every where. Every day.

3950 S. Country Club Rd. Suite 200
Tucson, AZ 85714
520-243-7770
www.pima.gov/health

January 14, 2015

Dear Valued Partners:

Visit Tucson and the Pima County Health Department want to ensure a successful 2015 Tucson Gem, Mineral and Fossil Showcase. Part of our role in supporting this important international event is to provide visiting participants with information on how to access health care in Tucson if they have a medical need.

We are reaching out to you to learn if you have any vendors or buyers traveling from the countries of Liberia, Sierra Leone, and/or Guinea. Please click here to fill out a brief, seven-question survey that will help us coordinate our public health planning efforts and ensure a safe and successful show.

We would also like to invite you to help the participants of your show(s) get a few important tips that can help them stay healthy during their stay. Over the next few weeks and throughout the showcase, we will be sharing helpful and easy to share health tips. Follow us on Facebook and visit our website at www.pima.gov/health to get this information and be sure to share it with participants from your show. Working together, we are hopeful that we can help everyone involved have a healthy and successful show this year!

We appreciate your partnership very much. Please do not hesitate to contact the Health Department by calling 520-724-7797 to speak with a disease control specialist 24-hours a day or by email at hdcommunicate@pima.gov or if you have any questions or concerns.

Sincerely,

Francisco Garcia, MD, MPH
Director and Chief Medical Officer
Pima County Health Department

Brent DeRaad
President and CEO
Visit Tucson

PIMA COUNTY HEALTH DEPARTMENT

Visit tucson VISITTUCSON.ORG

Survey link: https://www.surveymonkey.com/s/R36M7MV

Please answer a few quick questions about your participation in the upcoming Gem & Mineral Show. Your participation in the survey is greatly appreciated!

***1. What show(s) are you affiliated with (enter all that apply)?**

***2. Did you host a show in 2014?**

- ◯ Yes
- ◯ No

***3. In 2014, are you aware of participants who traveled from Liberia, Sierra Leone and/or Guinea?**

- ◯ Yes. I know of at least one participant in 2014 who traveled from one of those countries.
- ◯ No. I am certain that no participants in 2014 traveled from one of those countries.
- ◯ I am not sure about the travel history of my 2014 participants.

***4. For your show in 2014, how many participants traveled from Liberia, Sierra Leone, and/or Guinea?**

	Liberia	Sierra Leone	Guinea
Vendors			
Buyers			

***5. For this year's show (2015), are you aware of any pre-registered participants who are traveling from Liberia, Sierra Leone and/or Guinea?**

- ◯ Yes. I know at least one participant is traveling from one of those countries.
- ◯ No. I am certain that no 2015 participants will be traveling from one of those countries.
- ◯ I do not currently have travel information for my 2015 participants.

*6. I do not currently have travel information for my 2015 participants. However,

◯ I will obtain travel history for all of my 2015 participants and submit to the Health Department by January 23 via email at HDCommunicate@pima.gov.

◯ I would like the Health Department to contact me via phone to help me obtain and submit this information

◯ I would like the Health Department to contact me via email to help me obtain and submit this information

Other (please specify)

***7. For your upcoming show in 2015, how many pre-registered participants will travel from Liberia, Sierra Leone, and/or Guinea?**

	Liberia	Sierra Leone	Guinea
Vendors			
Buyers			

***8. How would you like to hear from Visit Tucson and the Health Department about critical health issues that are relevant to this year's show (Please enter your information in one or multiple boxes)?**

Facebook	
Twitter	
Email	
Phone call	
Text message	

***9. How would you prefer to receive helpful health information to distribute to your participants (You may choose more than one answer)?**

- [ ] Electronic file on email (PDF, JPG)
- [ ] Hard copies to include in a welcome packet
- [ ] Text message template

Other (please specify)

Thank you for completing the survey! We hope you enjoy your time in Pima County!

PIMA COUNTY
HEALTH DEPARTMENT
A Healthy Pima County
Every one. Every where. Every day.

3950 S. Country Club Rd. Suite 200
Tucson, AZ 85714
520-243-7770
www.pima.gov/health

January 20, 2015

Dear Hotel Manager,

January 31 through February 15, 2015, Tucson becomes a travel destination for the world of international gem and mineral trading and buying. With more than 40 exhibition sites throughout our community, that include giant tents, hotels, and roadside exhibit tents, we can count on travelers from around the world coming to Tucson for this special event. We are excited for this influx of visitors and the positive economic impact they will have for the many businesses in our community.

It is important to us that our visitors and residents who plan on attending this year's show are able to stay healthy and enjoy the variety of exhibits. With this increase of visitors, invariably there will be question about how to prevent the spread of illness and how to find medical assistance should a guest or visitor become ill while they are at your facility.

Should you or members of your staff have questions about these or other health topics, The Pima County Health Department invites and encourages you to contact us. Information can be found on our website www.pima.gov/health or give us a call at the phone number provided below. In addition to contacting us, please find included with this message, a copy of a few resources with helpful and important tips on how to keep your staff and guests healthy during their stay.

Finally, I would like to share a few key things to be aware of, as the Ebola Virus has garnered particular interest over the past several months. It is important to note that the risk is infinitely small of a local Ebola virus case occurring within our community. Even with the low risk, the Pima County Health Department and community health care providers such as hospitals and first responders have put plans into place for the unlikely event of a local Ebola virus case being identified. Should any concerns or questions arise, during the busy few weeks ahead, please do not hesitate to contact us at the phone number or email address listed below.

It is our desire that our residents and visitors are able to be healthy and safe while enjoying the Gem and Mineral Showcase. Please contact us at (520) 724-7797 or hdcommunicate@pima.gov

Thank you for your assistance and attention to this matter.

Sincerely,

Francisco García, MD, MPH
Director and Chief Medical Officer
Pima County Health Department

Trade GEMS, not GERMS!

Cover your cough or sneeze

Wash your hands or use hand sanitizer

Seek medical care if you're sick

Non-Emergency, 800-638-8350

Emergency, 911

Avoid touching your mouth and face!

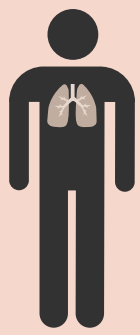
PIMA COUNTY
HEALTH DEPARTMENT

A Healthy Pima County
Everyone. Everywhere. Everyday.

www.pima.gov/health • 520-724-7797

Is it Flu or Ebola?

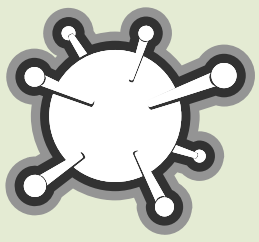
Flu (influenza)



The **flu** is a common contagious respiratory illness caused by flu viruses. The flu is different from a cold.

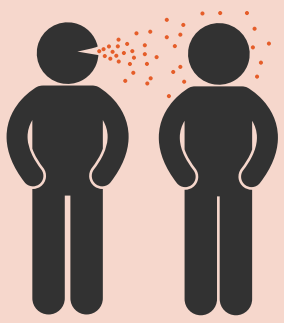
Flu can cause mild to severe illness, and complications can lead to death.

Ebola



Ebola is a rare and deadly disease caused by infection with an Ebola virus. Sporadic outbreaks have occurred in some African countries since 1976.

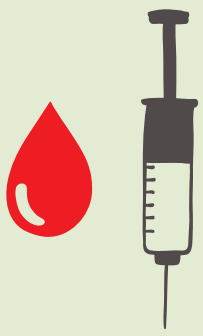
How Flu Germs Are Spread



The flu is spread mainly by droplets made when people who have flu cough, sneeze, or talk. Viruses can also spread on surfaces, but this is less common.

People with flu can spread the virus before and during their illness.

How Ebola Germs are Spread

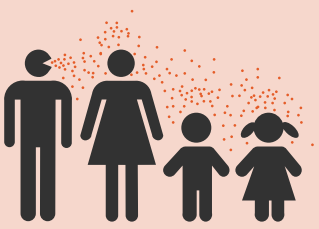


Ebola can only be spread by direct contact with blood or body fluids from

- A person who is sick or who has died of Ebola.
- Objects like needles that have been in contact with the blood or body fluids of a person sick with Ebola.

Ebola cannot spread in the air or by water or food.

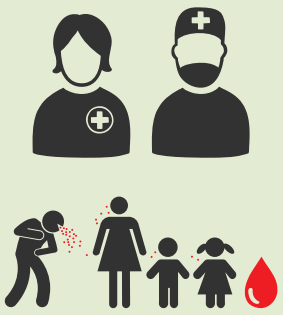
Who Gets The Flu?



Anyone can get the flu.

Some people—like very young children, older adults, and people with some health conditions—are at high risk of serious complications.

Who Gets Ebola?



People most at risk of getting Ebola are

- People with a travel history to countries with widespread transmission or exposure to a person with Ebola.
- Healthcare providers taking care of patients with Ebola.
- Friends and family who have had unprotected direct contact with blood or body fluids of a person sick with Ebola.

Signs and Symptoms of Flu

The signs and symptoms of flu usually develop within 2 days after exposure. Symptoms come on quickly and all at once.

Signs and Symptoms of Ebola

The signs and symptoms of Ebola can appear 2 to 21 days after exposure. The average time is 8 to 10 days. Symptoms of Ebola develop over several days and become progressively more severe.

- ***People with Ebola cannot spread the virus until symptoms appear.***

- **Fever or feeling feverish**
- **Headache**
- **Muscle or body aches**
- **Feeling very tired (fatigue)**
- **Cough**
- **Sore throat**
- **Runny or stuffy nose**

- **Fever**
- **Severe headache**
- **Muscle pain**
- **Feeling very tired (fatigue)**
- **Vomiting and diarrhea develop after 3–6 days**
- **Weakness (can be severe)**
- **Stomach pain**
- **Unexplained bleeding or bruising**

For more information about the flu and Ebola, visit
www.cdc.gov/flu and www.cdc.gov/ebola.

November 13, 2014

CS252296-1

HEALTH ADVISORY: EBOLA

Recently in West Africa?

Watch for fever, headaches, and body aches in the next 3 weeks.

3 WEEKS						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

If you get sick, call a doctor.

Tell the doctor where you traveled.

For more information: visit **www.cdc.gov/travel** or call **800-CDC-INFO**.

CS250513