



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Non-Pharmaceutical Interventions

*Bureau of Epidemiology and Disease Control
Office of Infectious Disease Services*

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Introduction

Public health emergencies, such as monsoon flooding and communicable disease outbreaks, are unpredictable in terms of timing, onset, and severity. Implementation of both pharmaceutical and non-pharmaceutical interventions (NPIs) is critical in reducing morbidity and mortality caused by these events. In a disease-related emergency, a novel virus may be involved, decreasing the likelihood that a well-matched strain vaccine is available. In addition, currently available medications may be ineffective against a novel pathogen. As a result, NPIs become critical in preventing further disease spread. NPIs are actions separate from the utilization of medical therapies (such as vaccination, chemoprophylaxis, antibiotics and antivirals), which people and communities can take to help prevent or limit the spread of illnesses. Although NPIs are usually related to disease mitigation, these interventions may also be implemented to protect the public from injury and exposure during a natural disaster, biological, chemical, or radiological incident.

The State of Arizona is prepared to implement the layered use of NPIs as outlined in this plan; however, the decision to implement various NPIs and community mitigation strategies begins at the local level. Each Arizona county health department is responsible for preparing and maintaining a county-specific NPI plan.

Decisions about what interventions should be used during an emergency event should be based on the observed severity of the event, its impact on specific subpopulations, the expected benefit of the interventions, the feasibility of success, the direct and indirect costs, and the consequences on critical infrastructure, healthcare delivery, and society. The most controversial elements (e.g., prolonged dismissal of students from schools and closure of childcare programs) are not likely needed in less severe emergencies, but could save lives during severe events.

The Non-Pharmaceutical Interventions Playbook defines Arizona Department of Health Services' expected roles and responsibilities for implementing and sustaining NPIs in the community in response to an emergency event affecting public health. This plan is based on public health practice and experience, lessons learned, and supported by state and federal law.

Purpose

The purpose of the Non-Pharmaceutical Interventions Playbook is to provide guidance to the Arizona Department of Health Services (ADHS), local health jurisdictions, and supporting agencies regarding identification, implementation, and de-escalation of non-pharmaceutical interventions in response to an emergency event in Arizona. The plan describes the circumstances and events in which response actions and measures may be necessary, leadership protocols, supporting legal authorities, and emergency risk communication mechanisms.

Specifically, the purpose of this plan is to:

- Establish the decision-making criteria used by the ADHS Director or designee to determine when certain non-pharmaceutical interventions are necessary.
- Define the authorities, roles and responsibilities of ADHS, local health jurisdictions, and supporting agencies in the event of a public health emergency requiring implementation of NPIs.
- Describe the process for implementing isolation and quarantine, both voluntary and involuntary.
- Describe the process for implementing interventions impacting vulnerable populations (e.g.,

infection in persons with disabilities, persons with special medical needs, homeless persons, and the elderly).

- Delineate communication and coordination mechanisms to occur among ADHS, local, state and tribal entities during an emergency event according to the communication procedures in the ADHS Crisis & Emergency Risk Communication (CERC) Plan.
- Assist ADHS and response partners in limiting the spread of infectious diseases and reducing illness and death.

The Non-Pharmaceutical Interventions Playbook will be coordinated with other ADHS public health emergency preparedness plans and activities, as well as with plans of local, state and federal partners.

Assumptions

This plan assumes the following:

- Non-pharmaceutical intervention planning and implementation efforts must incorporate and address the unique needs and circumstances of vulnerable populations including the homeless, limited English speaking populations, persons with special medical needs, etc.
- Interventions may be necessary within tribal nations; ADHS will coordinate with county health departments, Indian Health Services, and tribal authorities in the case of a public health emergency, to formulate response strategies that respect jurisdictional authority.
- All policies and procedures to assure the care of protected health information shall apply. Policies and procedures recognize that ADHS may make necessary disclosures to protect public health when it is acting as the public health authority.
- Large scale interventions will require the participation of many public health resources as well as coordination with multiple community, health care, and first responder agencies.
- ADHS may utilize isolation and quarantine as one of several tools to reduce the spread of communicable diseases and will focus on gaining voluntary compliance from ill or exposed persons and implementing the least restrictive means possible to reduce the spread of illness.
- An effective public health communications program is essential to achieving voluntary compliance with all disease control strategies.
- Isolation and quarantine may require the involuntary detention of individuals who may pose a threat to the public's health and do not cooperate with requests from the ADHS Director, Medical Director, or designee.
- Non-pharmaceutical interventions raise social, legal, financial, and logistical challenges that should be anticipated and addressed. Social, financial, and psychological needs of infected or exposed persons and their contacts must be met in order to successfully implement interventions.
- Social media outlets may play an important role in the dissemination of information to the public.
- Depending on the crisis or event, the ADHS Health Emergency Operations Center (HEOC) may be activated and would coordinate NPI decisions and execution with affected counties.

Concept of Operations

The NPI Playbook concept of operations addresses the NPI strategic approach public health agencies may consider for their overall pre-event planning. This playbook provides a framework or template for the management of NPIs, promoting a unified approach to all mitigation,

preparedness, response, and recovery activities carried out in the state of Arizona. Implementation of interventions may need to be implemented rapidly, can be complicated and resource intensive, and can be difficult for affected persons to endure.

NPIs can include measures that affect individuals (e.g. hand hygiene) and measures that affect groups or whole communities (e.g. cancellation of mass gatherings). For the majority of emergency incidents, individual-based interventions are recommended and easier to implement. However, during severe events, community-wide interventions need to be considered and may be implemented to protect public health.

Commonly used interventions include isolation, quarantine, social distancing, restrictions on movement, external decontamination, hygiene, and precautionary protective behaviors. Some NPIs such as isolation and quarantine can be considered individual as well as implemented community-wide. **Isolation** is defined as separating and restricting the movement of ill people with a contagious disease to prevent transmission to others. **Quarantine** is defined as separating and restricting the movement of well people who were exposed to a contagious disease to prevent transmission to others. Quarantine typically lasts as long as the incubation period of the infectious agent. **Social Distancing** is defined as reducing interactions and increasing the distance between people in settings where individuals come into close contact with one another.

Types of Non-Pharmaceutical Interventions –

Individual NPIs can include:

- Staying home when you are sick.
- Staying home if you have been exposed to a family or household member who is sick.
- Covering coughs and sneezes with a tissue.
- Washing hands or using hand sanitizer.
- Covering your nose and mouth with a mask or cloth if you are sick and around people or at a mass gathering in a community where others are sick.
- Wearing long sleeve shirts and pants to prevent mosquito bites.
- External decontamination such as removing clothing or washing hair after radiological event.

Community NPIs can include:

- Patient cohorting (e.g. ill patients away from well patients in long-term care facility)
- Sheltering in place (can be due to biological, chemical or radiological event)
- Halting public transportation
- Restricting travel (e.g. air, train, car, walking)
- Evacuation/relocation
- Facility closures (e.g. schools, childcare centers, theatres)
- Mass gathering cancellations (e.g. concerts, festivals, conferences)

Environmental NPIs can include:

- Routine surface cleaning
- Waste management
- Creation of physical barriers (e.g. sand bags)
- Debris clearing
- Creation of firebreaks
- Road clearance

Use of NPIs by Hazard Types –

The following scenarios are provided as examples, NPI recommendations may vary, depending on the severity of the event. Note that the first responders in an incident/emergency event are usually comprised of local health emergency services, supplemented by state and volunteer organizations; in these instances, the focus and legal responsibility of the medical and health coordination effort is at the local jurisdictional level (Local Health Officer) and after those resources have been exhausted, upward to the Arizona State Health Department for further coordination, legal guidance and support.

Biological or Infectious Disease Outbreak

If the public health emergency is categorized as biological, a local health department or entity must first determine if it was intentional (human-caused) or a naturally occurring epidemic.

Interventions that may be considered for biological or infectious disease outbreaks include:

- Isolation & Quarantine
- Restrictions on movement (e.g. cohorting, shelter in place)
- Travel advisories/warnings
- Halting public transportation
- Evacuation/relocation (including patient relocation)
- School & childcare closures
- Mass gathering postponement/cancellation
- Recommendations to avoid crowded places
- External decontamination
- Environmental decontamination

Bioterrorism Incident

A bioterrorism event is defined as terrorism involving the intentional release or dissemination of biological agents to cause illness or death in people. These agents are bacteria, viruses, or toxins, and may be in a naturally occurring or a human-modified form. Biological agents can be spread through the air, water, or in food. Terrorists tend to use biological agents because they are extremely difficult to detect and do not cause illness for several hours to several days.

Due to this delay in detection, disease spread occurs rapidly and non-pharmaceutical interventions need to be implemented to restrict further spread.

Measles

Measles virus is highly contagious and can be transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can also remain infectious in the air for up to two hours after an infected person leaves an area. In 2000, measles was declared eliminated from the United States; however, measles cases and outbreaks still occur every year in the United States due to measles still being commonly transmitted in many parts of the world.

In 2014, the U.S. experienced 23 measles outbreaks, including one large outbreak of 383 cases, occurring primarily among unvaccinated Amish communities in Ohio. In 2015, the U.S. experienced a large, multi-state measles outbreak linked to an amusement park in California.

Due to the unavailability of a specific treatment for measles, non-pharmaceutical interventions play a major role in reducing disease spread.

Ebola Virus Disease (EVD)

Ebola is a rare and deadly disease and is transmitted through direct contact (through broken skin or mucous membranes in the eyes, nose, or mouth) with:

- blood or body fluids of a person who is sick with or has died from Ebola,
- objects (like needles and syringes) that have been contaminated with body fluids from a person who is sick with or has died from Ebola, and
- infected fruit bats or primates

Since March 2014, West Africa has experienced the largest outbreak of Ebola in history, with multiple countries affected, and approximately 28,600 cases.

Due to experimental vaccines and treatments for Ebola being under development, but not fully tested for safety or effectiveness, non-pharmaceutical interventions are crucial in reducing spread.

Natural Disasters

Natural disasters such as flood, tornados, fires, earthquakes, and hurricanes affect thousands of people every year. Communities should conduct threat assessments to maintain awareness of the most common natural disaster threats in their region and be better prepared to protect their citizens for those impending hazards.

Interventions that may be considered for natural disasters include:

- Restrictions on movement (e.g. cohorting, shelter in place)
- Travel advisories/warnings
- Halting public transportation
- Evacuation/relocation (including patient relocation)
- School & childcare closures
- Mass gathering postponement/cancellation
- Creation of physical barriers (e.g. sand bags)
- Debris clearing
- Road clearance
- Cooling/heating centers
- Creation of firebreaks

Heat Wave

Heat can kill by pushing the human body beyond its limits. Most heat disorders occur because the victim has been overexposed to heat or has over-exercised for his or her age and physical condition. Older adults, young children and those who are sick or overweight are more likely to succumb to extreme heat.

Between 2000 and 2012, 1535 deaths from exposure to excessive natural heat occurred in Arizona; in Phoenix, Arizona, normal daily maximum temperatures reach $\geq 100^{\circ}\text{F}$ in early June and can remain at that level until mid-September or October. By recognizing a heat wave in its early stages, local agencies can take actions that will enable the public to prevent a heat related

illness or death. (re: ADHS Heat Plan, dtd 2014).

Heat-related illnesses are largely preventable; timely and proper messaging about practicing heat safety measures is key to protecting those most vulnerable to extreme heat conditions.

Severe Monsoon/Flooding

Floods are among the most frequent and costly natural disasters. Conditions that cause floods include heavy or steady rain for several hours or days that saturate the ground. Flash floods occur suddenly due to rapidly rising water along a stream or low-lying area. Each year, a variety of storm-related dangers affect Arizona, particularly from late spring into early autumn, although lightning strikes, high winds, and flash flooding can occur during any season in Arizona. June 15th through September 30th has been defined as “Monsoon Season”; this is a period of ongoing extreme heat which is followed by an influx of moisture leading to daily rounds of thunderstorms that can strike suddenly and with violent force.

September 2014 brought record-breaking rains to Arizona that affected communities in the central valley all the way to Tucson; schools closed, highways were flooded and littered with abandoned vehicles (requiring multiple water rescues), approximately 200 homes were flooded and the storm led to two fatalities. The heavy rains were characterized in an Arizona Republic headline as a “slow-moving disaster”.

Flash floods are the primary thunderstorm-related killer and most flash flood deaths occur in vehicles. Priority should be placed on those actions and messaging that provide the highest likelihood for life-saving interventions. Consider that flooding can occur slowly (rainfall for many days); can be rapid (developing within hours or days); or can be considered “flash floods” that occur very quickly with little or no warning. All interventions should be considered and planned for in the case of each of these types of floods.

Wildfires

A wildfire or wildland fire is defined as an uncontrolled fire in an area of combustible vegetation that occurs in a countryside area. Depending on the type of vegetation that is burned, a wildfire can also be classified as a brush fire, forest fire, desert fire, grass fire, hill fire, or a vegetation fire. A wildfire differs from other fires by its extensive size, the speed at which it can spread out from its original source, its potential to change direction unexpectedly, and its ability to jump gaps such as roads, rivers and fire breaks.

Arizona has experienced numerous wildland fires over the years, from the 2002 Rodeo-Chediski Fire that burned over 460,000 acres to the largest in history Wallow Fire in 2011 that swept through 530,000 acres. The most recent Yarnell Hill Fire in 2013 burned over 8,400 acres and killed 19 City of Prescott firefighters, members of the Granite Mountain hotshots. Since 2002, wildfires have burned over 4 million acres in Arizona. Winds, prolonged drought and high temperatures have combined to make Arizona forests and desert areas extremely dry every year; that, coupled with increased human activity and lightning strikes, predictably, every year can be a busy fire year in our state.

The state of Arizona is no stranger to wildfires. With a hot, dry climate, wildfires are possible year-round across the state. Although the most important issue is keeping the Arizona citizens safe and out of harm’s way, other public health impacts include air, water quality, and waste

disposal post-wildfire events. Well-planned communications plans with messaging developed in advance are key to keeping residents informed both before and after wildfire events.

Procedure for Isolation & Quarantine –

When a state of emergency is declared where the Arizona Department of Health Services (the Department) is coordinating all matters pertaining to the public health emergency response of the state, the Department has the authority to isolate and quarantine persons when there is an imminent infectious disease threat (Arizona Revised Statutes [A.R.S.] § 36-787). There are three sources of authority and direction for Isolation and Quarantine in Arizona:

A.R.S. § 36-624

Gives counties the authority to conduct isolation and quarantine measures. Must be consistent with the due process requirements that are specified under A.R.S. § 36-788 and 36-789.

A.R.S. § 36-787 through 36-789

Provides the governor – in consultation with the Department, the Department, and the local health authority – with isolation and quarantine authority during a state of emergency or state of war emergency.

Arizona Administrative Code (A.A.C.) R9-6-303

These rules give the local health agency a process from which to issue isolation and/or quarantine orders that are congruent with A.R.S. § 36-624, A.R.S. § 36-788 and A.R.S. § 36-789. Additionally, the rules require specific control measures for certain diseases (e.g., A.A.C. R9-6-390- viral hemorrhagic fever).

For more details on the Arizona Revised Statutes listed, see the Legal Authorities section.

If the Department or local health authority finds it necessary to isolate or quarantine a person or group of persons for a disease other than tuberculosis, it must adhere to the process described below.

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



Public Health Risk Communication

During a response or event, it is important to establish clear and consistent lines of communication. Effective public health risk communication is necessary to inform the public not only of the specific interventions being implemented (e.g. which schools/businesses/events are closed) but the rationale behind these measures. Whenever a crisis occurs, communicators must be ready to provide information to help people make the best possible decisions for their health and well-being. Note that this may need to be done in a rapid timeframe and without knowing all details about the crisis.

ADHS has published a Crisis & Emergency Risk Communication Plan (CERC) that identifies communication protocols and procedures to be followed in the event of a crisis or emergency with public health consequences. The ultimate goal is to provide a framework for communicating with the public, media, ADHS staff, government agencies and all other stakeholders during a crisis or emergency. Depending on the scope of the event, ADHS will work within the Joint Information System (JIS) for minor incidents or within the activation of a Joint Information Center (JIC) for a major response. Through ongoing exercises, trainings, real-world responses and habitual inter-agency relationships, Arizona is prepared to effectively and efficiently respond to a wide variety of emergency situations.

Once the ADHS communication process and procedures are put in place, it will be important to consider what the public expectations will be from a public health perspective. The following are a few communication goals to consider for a public audience:

- Provide wanted facts;
- Empower them as decision makers;
- Involve them as participants, not spectators;
- Provide watch guard over resource allocation;
- Recover or preserve well-being and normalcy.

Communication failures that may hamper operations and recovery efforts:

- Mixed messages from multiple experts;
- Information released late;
- Paternalistic attitudes;
- Not countering rumors and myths in real-time;
- Public power struggles and confusion.

The JIS/JIC staff will identify ways to expedite information to the public while working to coordinate media functions with stakeholders statewide. During the event, communication to the public may include media releases, website content, talking points for spokespersons, interviews, social media, public service announcements, and advertising.

“Just in case Arizona” is a statewide emergency and disaster preparedness campaign sponsored by the Arizona Department of Health Services (<http://www.justincasearizona.com/>). It simplifies the preparedness message by breaking all emergencies down into one of two types; those for which you need to be “prepared to stay” (or shelter in place), and those for which you need to be “prepared to go” (or evacuate) when the time comes. A wealth of information, including checklists and family plans, is also available through the Arizona Emergency Information Network (AzEIN) (<https://ein.az.gov/>). AzEIN helps Arizonans find information about local emergencies and health and human services and is the official source of timely information during natural or man-made emergencies such as pandemic influenza, wildfires, floods, utility outages, and evacuations.

In anticipation of increased telephone calls and other inquiries from the general public, a public health information line currently exists and can be coordinated, scripted and activated by the Arizona Department of Health Services. The bi-lingual, 24/7 menu-driven information line can be accessed throughout Arizona (Metropolitan Phoenix 602-364-4500 and statewide 800-314-9243). In addition, a call center may be activated at the private sector, local, or state level. In this

case, ADHS staff will work with affected local health departments, emergency management, and healthcare system partners to develop call center messaging and materials. More detailed call center information can be obtained via the CERC.

In a pandemic event, ADHS has the lead in public information functions. Since numerous agencies will potentially work in support of the ADHS public information function, a Joint Information Center (JIC) may be established as required by the nature and scale of the event.

The JIC will perform the following:

- Provide guidance and procedures for disseminating Emergency Public Information (EPI) in support of the state's response and recovery to an emergency/disaster.
- Provide for the effective collection, monitoring, management and dissemination of accurate, useful and timely information to media outlets during emergencies/disasters.
- Disseminate emergency instructions and protective actions to the public.
- Maintain procedures to disseminate public information and instructions for obtaining disaster assistance.
- Provide procedures to develop and disseminate public information regarding governmental response and recovery operations.
- Coordinate EPI to avoid panic, fear and confusion resulting from rumors and hearsay.
- Provide long-term public education efforts related to hazard awareness, family protection planning and emergency self-help.

Additionally, local public service announcements can be used to promote the following information:

- Educate the public to recognize the signs and symptoms of communicable diseases.
- Encourage the public to voluntarily self-isolate or self-quarantine and for how long.
- Notify businesses that ill individuals should not go to work.
- Inform the public of hotline phone numbers and websites for event updates.
- Inform the public of where to obtain educational materials.
- Announce the cancellation of large public gatherings (concerts, sporting events, etc.)

Triggers/Severity Index

Potential Intervention Options	Extreme Heat	Fire	Severe Monsoon/Flooding	Biological Agent	Radiation
<ul style="list-style-type: none"> ▫ Precautionary Behaviors ▫ Travel advisories/ warnings ▫ Establishment of cooling centers 	Risk for extreme heat at expected levels for summer; Severity index category 1-2	Contained fire in areas where events are occurring; no evacuation needed	Precipitation at expected levels during monsoon season; flood watch issued	Agent with known means of spread, or low morbidity/ mortality	Radiological incident occurred; no release or release contained
<ul style="list-style-type: none"> ▫ Cancellations of Mass Gatherings ▫ Closures (school, daycare, etc.) ▫ Physical barriers (e.g. sand bags) 	Severity index categories 3-4 may be applicable; cancellation of events needed to ensure public safety	Uncontained fire in areas where events are occurring; cancellation of events needed to ensure public safety	Severe flooding in areas where events are occurring; cancellation of events needed to ensure public safety	Agent with known means of spread in areas where events are occurring; cancellation of events needed to ensure public safety	Radiological incident occurred where events are occurring; cancellation of events needed to ensure public safety
<ul style="list-style-type: none"> ▫ Isolation ▫ Quarantine ▫ Evacuation / relocation ▫ Decontamination (external, environmental, etc.) 	Severity index category 5; power outage during monsoon season	Large, complex incident involving multi-agency response; uncontained fire in residential areas; evacuation needed	Flood warning issued; severe flooding in residential areas; evacuation ordered	Agent with unknown means of spread, or high morbidity/ mortality	Radiological incident affecting residential areas; exposure to dangerous levels of radiation; decontamination and/or treatment needed

Legal Authorities

Federal Law –

The federal government derives its authority for isolation and quarantine from the Commerce Clause of the U.S. Constitution. Under section 361 of the Public Health Service Act (42 United States Code [U.S.C.] § 264), the U.S. Secretary of Health and Human Services is authorized to take measures to prevent the entry and spread of communicable diseases from foreign countries into the United States and between states. Federal isolation and quarantine are authorized by Executive Order of the President. The President can revise this list by Executive Order. The authority for carrying out these functions on a daily basis has been delegated to the Centers for Disease Control and Prevention (CDC).

Federal isolation and quarantine are authorized for these communicable diseases:

- Cholera
- Diphtheria
- Infectious tuberculosis
- Plague
- Smallpox
- Yellow fever
- Viral hemorrhagic fevers
- Severe acute respiratory syndromes
- Flu that can cause a pandemic

Under Title 42 Code of Federal Regulations (CFR) parts 70 and 71, CDC is authorized to detain, medically examine, and release persons arriving into the United States and traveling between states that are suspected of carrying these communicable diseases.

Arizona Revised Statutes (A.R.S.) –

Title 3: Agriculture

Title 36: Public Health and Safety

Statute	Description
3-1205 - Control of animal diseases	<p>When advised of the occurrence of a disease of animals or poultry which constitutes a threat to the livestock or poultry industries, the director may issue lawful orders and adopt rules he deems necessary.</p> <p>The state veterinarian may enter any place where a suspected animal or poultry may be and take custody of the animal or poultry for the purpose of determining the presence of a contagious, infectious or communicable disease.</p> <p>The director may direct the state veterinarian and agency employees to:</p> <ol style="list-style-type: none">1. Establish quarantines and define their boundaries.2. Destroy animals or poultry when necessary to prevent the spread of any infectious, contagious or communicable disease.3. Appoint appraisers for the purpose of indemnifying owners of animals or poultry destroyed.4. Control the movement of animals or poultry, animal or poultry products and agricultural products which may be directly related to dissemination of diseases affecting the livestock or poultry industries. <p>Any person who violates any lawful order or rule issued pursuant to the provisions above, or breaks any quarantine established by the state veterinarian for the prevention and control of disease among livestock or poultry, is guilty of a class 2 misdemeanor.</p>
36-136 - Powers	<p>The director may enter, examine and survey any source and means of water supply, sewage</p>

and duties of director (Public works/Water Supply)	disposal plant, sewerage system, prison, public or private place of detention, asylum, hospital, school, public building, private institution, factory, workshop, tenement, public washroom, public restroom, public toilet and toilet facility, public eating room and restaurant, dairy, milk plant or food manufacturing or processing plant, and any premises in which the director has reason to believe there exists a violation of any health law or rule of the state that the director has the duty to administer.
36-621 - Report of contagious diseases	A person who learns that a contagious, epidemic or infectious disease exists shall immediately report it to the health department.
36-623 - Report by physician of death from contagious disease	Physicians shall report the death of patients dying from contagious, infectious or epidemic diseases to the local health department within its jurisdiction. The report shall be made within 24 hours after death, and shall include the specific name and character of the disease.
36-624 - Quarantine and sanitary measures to prevent contagion	When a county health department is apprised that infectious or contagious disease exists within its jurisdiction, it shall immediately make an investigation. If the investigation discloses that the disease does exist, the county health department may adopt quarantine and sanitary measures consistent with department rules and sections 36-788 and 36-789 to prevent the spread of the disease. The county health department shall immediately notify ADHS of the existence and nature of the disease and measures taken concerning it.
36-630 - Violation; classification	Guilty of a class 3 misdemeanor unless another classification is specifically prescribed in this article: <ul style="list-style-type: none"> - A person who knowingly secretes himself or others known to have a contagious or infectious disease - A member of a board of health or an officer of a local health department who with criminal negligence fails or refuses to perform a duty - A person who violates a provision of this article or a rule, regulation, order, instruction or measure adopted and given the required publicity by a board of health
36-631 - Violation; classification	Guilty of a class 2 misdemeanor: <ul style="list-style-type: none"> - A person who knowingly exposes himself or another afflicted with a contagious or infectious disease in a public place or thoroughfare, except in the necessary removal of such person in a manner least dangerous to the public health.
36-787 - Public health authority during state of emergency or state of war emergency	During a state of emergency or state of war emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability, the department shall coordinate all matters pertaining to the public health emergency response of the state. The department has primary jurisdiction, responsibility and authority for: <ol style="list-style-type: none"> 1. Planning and executing public health emergency assessment, mitigation, preparedness response and recovery for this state. 2. Coordinating public health emergency response among state, local and tribal authorities. 3. Collaborating with relevant federal government authorities, elected officials of other states, private organizations and private sector companies. 4. Coordinating recovery operations and mitigation initiatives subsequent to public health emergencies. 5. Organizing public information activities regarding state public health emergency response operations. 6. Establishing, in conjunction with applicable professional licensing boards, a process for temporary waiver of the professional licensure requirements necessary for the implementation of any measures required to adequately address the state of emergency or state of war emergency. 7. Granting temporary waivers of health care institution licensure requirements necessary for implementation of any measures required to adequately address the state of

emergency or state of war emergency.

In addition to the authority provided above, during a state of emergency or state of war emergency, the governor, in consultation with the director of the department of health services, may issue orders that:

1. Mandate medical examinations for exposed persons.
2. Ration medicine and vaccines.
3. Provide for transportation of medical support personnel and ill and exposed persons.
4. Provide for procurement of medicines and vaccines.

In addition to the authority provided above, during a state of emergency or state of war emergency in which there is an occurrence or the imminent threat of smallpox, plague, viral hemorrhagic fevers or a highly contagious and highly fatal disease with transmission characteristics similar to smallpox, the governor, in consultation with the director of the department of health services, may issue orders that:

1. Mandate 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.
2. ***Isolate and quarantine persons.***

Law enforcement officials of this state and the National Guard shall enforce orders issued by the governor under this section.

Diseases subject to this section do not include acquired immune deficiency syndrome or other infection caused by the human immunodeficiency virus.

If during a state of emergency or state of war emergency the public health is not endangered nothing in this title shall authorize the department or any of its officers or representatives to impose on any person against the person's will any mode of treatment, provided that sanitary or preventive measures and quarantine laws are complied with by the person. Nothing in this title shall authorize the department or any of its officers or representatives to impose on any person contrary to his religious concepts any mode of treatment, provided that sanitary or preventive measures and quarantine laws are complied with by the person.

At the governor's direction, the department may use reasonable efforts to assist the persons and institutions affected by the state of emergency or state of war emergency declared pursuant to this section in seeking reimbursement of costs incurred as a result of providing services related to the implementation of isolation and quarantine under this article to the extent these services are not otherwise subject to reimbursement.

36-788 - Isolation and quarantine during a state of emergency or state of war emergency

During a state of emergency or state of war emergency as declared pursuant to section 36-787, the department or local health authority must initiate an investigation if that agency has reasonable cause to believe that a highly contagious and fatal disease exists within its jurisdiction. Subject to the provisions of this article, persons who have contracted the disease or who have been exposed to the disease may be subject to isolation and quarantine if the director determines that quarantine is the least restrictive means by which the public can be protected from transmission of the disease, due to the nature of the disease and available preventive measures, or refusal by an individual to accept less restrictive measures to prevent disease transmission. Diseases for which isolation and quarantine may be ordered do not include acquired immune deficiency syndrome or other infection caused by the human immunodeficiency virus.

The department or local health authority may, during the state of emergency or state of war emergency declared by the governor, do the following:

1. Establish and maintain places of isolation and quarantine, which may include the residence of the person quarantined.
2. Require isolation or quarantine of any person by the least restrictive means necessary to protect the public health. The department or local health authority shall use all reasonable means to prevent the transmission of disease among the isolated or quarantined persons.

The department, a county health department or a public health services district shall ensure, to the extent possible, that the premises in which a person is isolated or quarantined is maintained in a safe and hygienic manner and is designed to minimize the likelihood of further transmission of disease or other harm to a person subject to isolation or quarantine. Adequate food, clothing, medication and other necessities, competent medical care and means of communicating with those in and outside these settings shall be made available.

A person subject to isolation or quarantine shall comply with the department's or local health authority's rules and orders, shall not go beyond the isolation or quarantine premises and shall not come in contact with any person not subject to isolation or quarantine other than a physician or other health care provider, department or local health authority or person authorized to enter an isolation or quarantine premises by the department or local health authority.

Other than a person authorized by the department or local health authority, a person shall not enter an isolation or quarantine premises. If, by reason of an unauthorized entry into an isolation or quarantine premises, the person poses a danger to public health, the department, or local health authority may place the person in isolation or quarantine pursuant to this section or section 36-789.

The department or local health authority must terminate isolation or quarantine of a person if it determines that the isolation or quarantine is no longer necessary to protect the public health.

36-789 - Due process for isolation and quarantine during a state of emergency or state of war emergency

- A. The department or local health authority may isolate or quarantine a person or group of persons through a written directive without first obtaining a written order from the court if any delay in the isolation or quarantine of the person would pose an immediate and serious threat to the public health. The directive shall:
 1. Specify the identity of the person or persons subject to isolation or quarantine, the premises subject to isolation or quarantine, the date and time at which isolation or quarantine commences, the suspected highly contagious and fatal disease, if known, and that a state of emergency has been declared by the governor.
 2. Be given to the person or persons to be isolated or quarantined. If the directive applies to groups of persons and it is impractical to provide individual copies, it may be posted in a conspicuous place in the isolation or quarantine premises.
- B. Within ten days after issuing the written directive, or when any delay in the isolation or quarantine of a person or group of persons will not pose an immediate and serious threat to the public health, the department or local health authority shall file a petition for a court order authorizing the initial or continued isolation or quarantine of a person or group of persons. The petition shall specify the following:
 1. The identity of the person or group of persons subject to isolation or quarantine.
 2. The premises subject to isolation or quarantine.
 3. The date and time at which isolation or quarantine commences.
 4. The suspected contagious disease, if known.
 5. A statement of compliance with the conditions and principles for isolation and

quarantine.

6.A statement of the basis on which isolation or quarantine is justified pursuant to this article.

- C. The petition must be accompanied by the sworn affidavit of the department or local health authority attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.
- D. Notice to a person or group of persons identified in a petition filed pursuant to subsection B of this section must be completed within twenty-four hours after filing the petition and in accordance with the rules of civil procedure.
- E. A hearing must be held on a petition filed pursuant to this section within five days after filing of the petition. In extraordinary circumstances and for good cause shown, the department or local health authority may apply to continue the hearing date on a petition for not more than ten days. If the court grants a continuance it must give due regard to the rights of the affected persons, the protection of the public's health, the severity of the emergency and the availability of necessary witnesses and evidence.
- F. The court shall grant the petition if, by a preponderance of the evidence, isolation or quarantine is shown to be reasonably necessary to protect the public health.
- G. A court order authorizing isolation or quarantine may do so for a period not to exceed thirty days. The order must:
 - 1. Identify the isolated or quarantined person or group of persons by name or shared or similar characteristics or circumstances.
 - 2. Specify factual findings warranting isolation or quarantine pursuant to this article, including any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this article.
 - 3. Be served on an affected person or group of persons in accordance with the rules of civil procedure.
- H. Before an isolation or quarantine order expires, the department or local health authority may move to continue the isolation or quarantine for an additional period not to exceed thirty days. The court shall grant the motion if, by a preponderance of the evidence, isolation or quarantine is shown to be reasonably necessary to protect the public health.
- I. A person or group of persons isolated or quarantined pursuant to this section may apply to the court for an order to show cause why the person or group of persons should not be released. The court must rule on the application to show cause within forty-eight hours after it is filed. If the court grants the application, the court must schedule a hearing on the order to show cause within twenty-four hours after it issues the order to show cause. The issuance of an order to show cause does not stay or enjoin an isolation or quarantine order.
- J. A person isolated or quarantined pursuant to this section may request a court hearing regarding the person's treatment and the conditions of the quarantine or isolation.
- K. On receiving a request for a hearing pursuant to subsection J of this section, the court must set a date for a hearing. The hearing must take place within ten days after the court receives the request. The request for a hearing does not alter the order of isolation or quarantine. If the court finds that the isolation or quarantine of the person or group of persons does not comply with the requirements of this section or section 36-788, the court

may provide remedies appropriate to the circumstances of the state of emergency, the rights of the individual and in keeping with the provisions of this article.

L. A record of the proceedings pursuant to this section shall be made and retained. If, because of a state of emergency or state of war emergency declared pursuant to section 36-787, parties cannot personally appear before the court, the proceedings may be conducted by the authorized representatives of the parties and held by any means that allows all parties to fully participate.

M. The court shall appoint counsel at state expense to represent a person or group of persons who is subject to isolation or quarantine pursuant to this article and who is not otherwise represented by counsel. Representation by appointed counsel continues throughout the duration of the isolation or quarantine of the person or group of persons. The department or local health authority must provide adequate means of communication between the isolated or quarantined persons and their counsel.

N. In any proceedings brought pursuant to this section, to promote the fair and efficient operation of justice and having given due regard to the rights of the affected persons, the protection of the public's health, the severity of the emergency and the availability of necessary witnesses and evidence, the court may order the consolidation of individual claims into groups of claims if:

1. The number of persons involved or to be affected is so large as to render individual participation impractical.
2. There are questions of law or fact common to the individual claims or rights to be determined.
3. The group claims or rights to be determined are typical of the affected person's claims or rights.
4. The entire group will be adequately represented in the consolidation.

**36-910 - Seizure
(Food)**

Allows the health department to detain or embargo any food that "is suspected of being adulterated or misbranded within the meaning of this article as to be dangerous or fraudulent."

Roles & Responsibilities

County Health Departments –

- Lead agency in epidemiological investigations and management of communicable outbreaks within county jurisdiction.
- Coordinate with ADHS to assess public health threat, potential consequences, and determine whether isolation and quarantine are necessary for the incident.
- Seek cooperation and compliance of infected or exposed persons for isolation and quarantine requests. If necessary, may need to immediately request a court order to detain infected or exposed persons and place them in isolation or quarantine.
- Analyze information gathered during the investigation on an ongoing basis in collaboration with ADHS to evaluate the effectiveness of the intervention. It is critical in determining the need for broader application of quarantine and the timing of withdrawal of containment measures.
- Identify facilities within jurisdictional boundaries that may qualify as isolation and quarantine detention centers for both voluntary and compulsory contacts.
- Coordinate with local law enforcement agencies to:

- Trace the whereabouts of persons who have violated restrictions, if needed.
- Provide escort for persons requiring transportation for purposes of involuntary isolation of quarantine, if needed.
- Execute arrest warrants related to isolation and quarantine cases.
- Provide security for restricted facilities or homes.

NOTE: Transportation of infectious persons will be managed by local Emergency Medical Service providers through coordination with the county health department.

- Coordinate with local community-based organizations to address basic needs of the individual(s) placed in isolation and quarantine, including, but not limited to: food, clothing, shelter, medical care, communication with family members, legal counsel, access to mental health and other psychological support.
- Coordinate with Arizona Department of Economic Security (ADES) and local sources to provide temporary financial assistance for persons isolated or quarantined, if needed.

Arizona Department of Health Services (ADHS) –

- Provide technical assistance and guidance to county health departments regarding non-pharmaceutical interventions and preparedness activities including planning, legal documentation, isolation and quarantine implementation, and release.
- Prepare and submit timely requests for Governor’s Declaration of State of Emergency, as required.
- If needed, activate ADHS Emergency Operations Center and/or Joint Information Center for coordinating all public information release, media requests, and response activities.
- Coordinate with county health department and Indian Health Services on interventions affecting tribal nations and its members within county jurisdictional borders.
- Act as a liaison with other county, state and federal agencies, including Centers for Disease Control and Prevention, if needed.

NOTE: County health departments will coordinate with State Emergency Medical Services if local EMS or county health requires assistance with transportation of infectious persons.

Centers for Disease Control and Prevention (CDC) –

- Provide technical assistance and guidance on all health matters relating to isolation and/or quarantine.
- Assume leadership in all cases where infected persons enter Arizona via interstate or international transportation means under federal authorities listed above. See Legal Authorities.
- Assume control and authorize action in the event that measures taken by local and state health authorities are insufficient to prevent the spread to other states.

Arizona-Mexico Border Coordination

During a public health emergency, including an infectious disease outbreak, the Arizona-Sonora border region may be highly affected. Arizona and Sonora share a 370 mile (595km) border that includes five international ports of entry (POE) along the international U.S.-Mexico border. The POEs are situated in four Arizona border counties, the Tohono O’odham Nation, and two Sonoran jurisdictions that encompass six border municipalities. On a daily basis, tens of thousands of residents of the border region cross the border both north and southbound.

To increase the efficacy of coordinated activities between the Arizona Department of Health Services (ADHS) and the Secretaría de Salud Pública de Sonora (SSP) during all public health emergencies affecting Arizona and Sonora, the Arizona-Sonora Regional Pandemic and Emergency Response Plan was developed. The ADHS Office of Border Health (OBH) serves as the primary conduit for public health communication and coordination between ADHS and the SSP. In the event of a public health emergency affecting the Arizona-Sonora border region, or both states, the SSP will coordinate with the ADHS through the OBH, or other appointed personnel at the state level, to maintain binational communication and collaboration between both state-level public health agencies.

Cross-border coordination between ADHS and the SSP pertains to, but is not limited to, the following areas: communication, public information (media), sharing of public health information including epidemiology, infectious disease surveillance & laboratory surveillance data, and isolation and quarantine.

The SSP and ADHS will collaborate and exchange public health information to employ preventive measures to attempt to minimize the number of affected people during an infectious disease outbreak or public health emergency. The OBH serves as the primary conduit for binational communication and coordination for cross-border public health activities and incidents of public health concern. In the event of a public health emergency, the OBH staff will maintain communication with the Secretariat of Health (SSP) in Hermosillo, Sonora. Initial contact will be established via a telephone call. A call down list is maintained and routinely updated by the OBH and SSP. All pertinent information, data and infectious disease case information, and laboratory testing protocols and results will be shared via the Secure Integrated Response Electronic Notification (SIREN) system: Email, Current Response portal, or the Border Health portal. If SIREN is unavailable, telephones and fax machines will be used to share information.

The OBH Office Chief and Border Surveillance Epidemiologist(s) are responsible for maintaining communication with the Sonora Secretariat of Health. If OBH personnel are not available to initiate and maintain communication with the SSP, an identified backup team of Spanish-speaking ADHS personnel will be established. The OBH will establish routine conference calls between the ADHS and the SSP, and may include representation from the Governors' Offices of Arizona and Sonora, and any other local, state and federal agency as deemed necessary. Participants on the teleconference call will be determined by ADHS and SSP and/or Governor's office of each respective state.

The SSP personnel at the local-level border municipalities will first establish communication with the Sonora state-level and other Sonora border region health entities in the event of a suspect or probable case of an infectious disease outbreak. State-level personnel from the SSP will then begin communication with the ADHS via the OBH Office Chief, or designee.

Other Organizations –

In many public health emergencies, other state, federal, and local agencies may need to be involved. These agencies may include law enforcement, fire and other first responders, correctional facilities, agriculture, education, and other organizations.

U.S. Customs and Border Protection

For Arizona counties bordering with Mexico (Yuma, Pima, Santa Cruz and Cochise), partnerships between local health departments and respective Border Patrol offices are extremely important. Currently, all four counties have working relationships with the U.S. Customs and Border Protection offices to ensure open, habitual lines of communication now and going forward. Specific partnerships have included collaboration on infectious disease plans, joint planning on workshops and table-top exercises that have assisted in outlining agency roles and responsibilities. County health departments are proactive in ensuring all critical contact information is available and shared with border patrol, when the need to communicate arises. Counties also provide border patrol incident management teams with notes and updates regarding seasonal and emerging diseases (Zika is the most recent example).

Arizona Department of Corrections

Arizona Department of Corrections (ADOC) has contracted with Corizon Correctional Healthcare to provide full service medical, mental health and dental care to the inmates housed at the following prison complexes: Arizona State Prison Complex (ASPC) - Lewis, Phoenix, Perryville, Winslow, Douglas, Safford, Florence, Eyman, Tucson, and Yuma.

Depending on the disease/condition, they follow the established reportable disease guidelines set forth by ADHS and isolation/treatment guidelines set forth by CDC. Inmates are screened for communicable diseases upon intake to the Alhambra Reception Unit in Phoenix where most new intakes are received for their intake screening. Once the screening is conducted and they are "cleared" for transport to a facility appropriate to meet their custody classification and medical needs they receive another screening by a nurse to assure they are free from communicable diseases, and major health needs are identified. Nurse line is conducted daily to offer inmates the opportunity to report any symptoms of concern; provider lines are conducted routinely as well. If a communicable disease is noted at any of these encounters inmates are immediately isolated as per the established protocol for the disease/condition. They are then assessed by a physician to determine an appropriate treatment plan.

If the condition/disease meets reportable guidelines as established by ADHS, a reportable disease form is completed by the Facility Health Administrator or Director of Nursing and is submitted to ADHS. In cases of outbreaks, the Regional Director of Nursing and Regional Medical Director are to be notified by the FHA and DON to help coordinate services with the DOC and ADHS.

NPI Playbook Maintenance

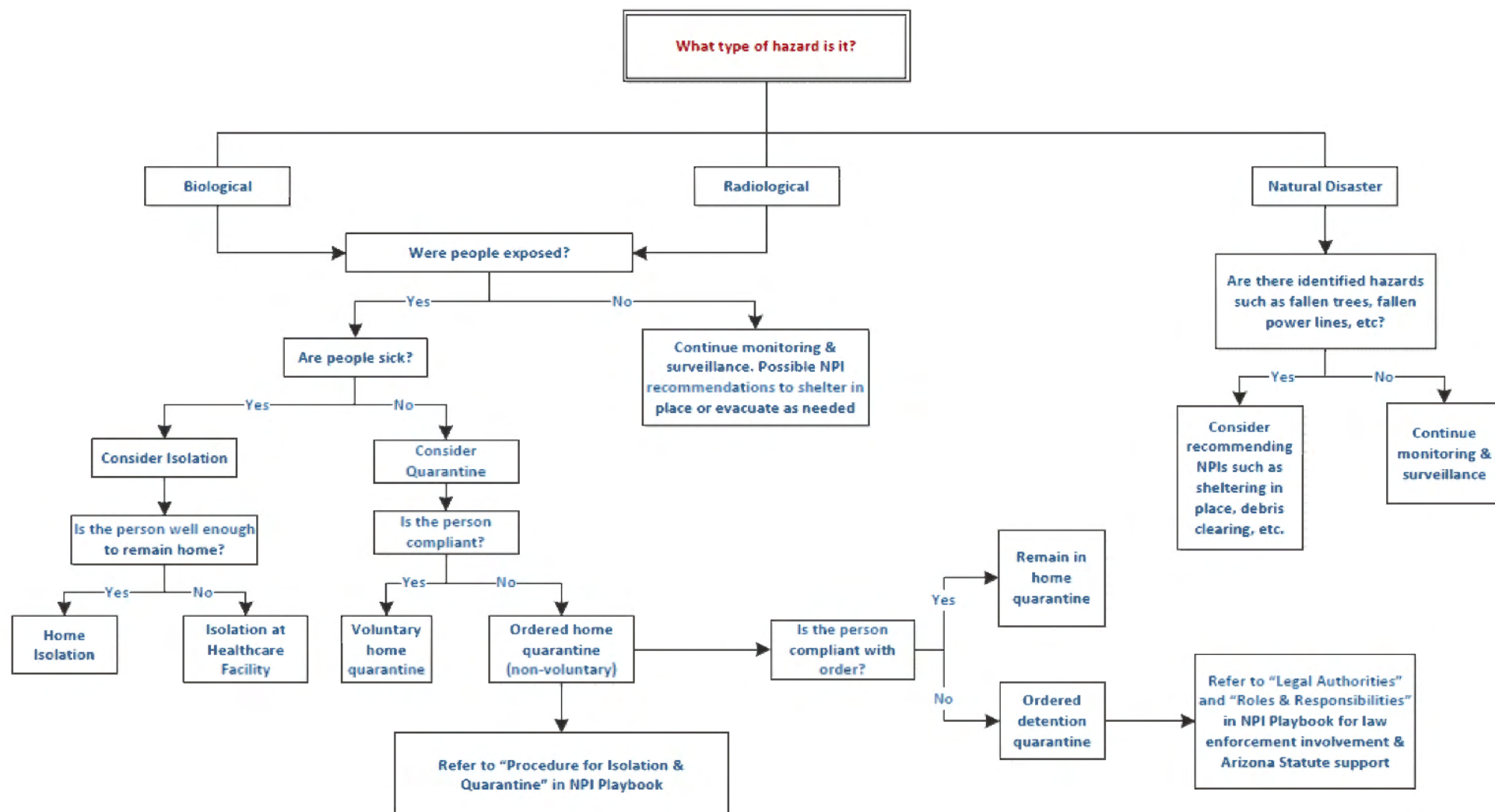
The NPI Playbook and all supporting documents will be reviewed on an annual basis or as needed; the ADHS Office of Infectious Disease Services (OIDS) is the lead entity. Revisions will reflect changes in statutes, rules, regulations, implementation procedures, improved capabilities, and correction of gaps identified in exercises and actual incidents or responses. Please submit any comments or suggested edits to ADHS OIDS, Public Health Emergency Preparedness Epidemiology (PHEPE) Program.

Appendices

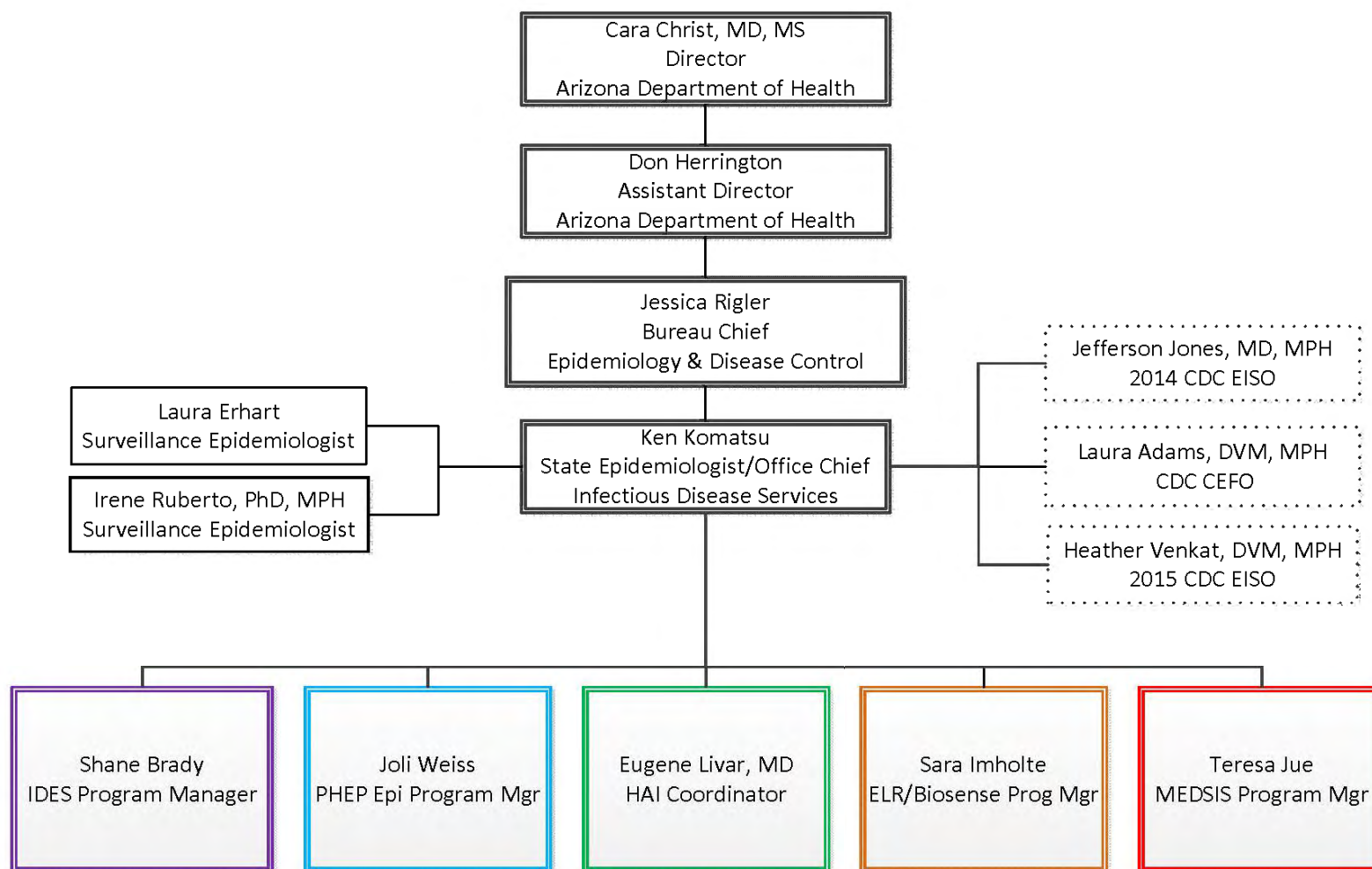
Definitions –

<i>Isolation</i>	Separating and restricting the movement of ill people with a contagious disease to prevent transmission to others.
<i>Quarantine</i>	Separating and restricting the movement of well people who were exposed to a contagious disease to prevent transmission to others. Quarantine typically lasts as long as the incubation period of the infectious agent.
<i>Social Distancing</i>	Reducing interactions and increasing the distance between people in settings where individuals come into close contact with one another.
<i>Joint Information System (JIS)</i>	An Incident Command System (ICS) concept, the JIS provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible and consistent messaging across multiple jurisdictions and/or disciplines with nongovernmental organizations and the private sector. Minor incidents or events would normally call for the activation of the JIS. In accordance with the Arizona State Emergency Response & Recovery Plan (SERRP), the Arizona Division of Emergency Management (ADEM) will activate the JIS to support general (non-public health specific) emergency response activities in the state. In this case ADHS will support ADEM JIS by providing public information to assist with the development, coordination, and dissemination of public health messaging.
<i>Joint Information Center (JIC)</i>	An Incident Command System (ICS) concept, the JIC is established to coordinate all incident-related public information activities. It is the central point of contact for all news media response to an event. Public information officials from all participating agencies should co-locate at the JIC. Major responses may call for activation of a physical (facility) JIC.
<i>Emergency Operations Center (EOC)</i>	As part of the Incident Command System (ICS), the Emergency Operations Center (EOC) supports the on-scene Incident Command Team with information and coordination of resources. The EOC is a centralized facility that has information management and communication systems, and supports the incident/response with planning, operations, logistics and finance. ADHS activates its' Health Emergency Operations Center (HEOC) which is responsible for coordinating health-specific program response activities, implementing health policy directives, determining the mission and priorities of the response, engaging in long-range planning, coordinating with external partners and agencies, and providing direction and authority to act.
<i>Incident Command System (ICS)</i>	The combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources for emergency incidents. It may be used for all emergencies, and has been successfully employed by multiple response disciplines. ICS is used at all levels of government (local, State, Tribal, and Federal) to organize field level operations.

NPI Decision Matrix –



ADHS Office of Infectious Disease Services Organization Chart –



Nonpharmaceutical Interventions

What are NPIs?

Nonpharmaceutical interventions (NPIs) are actions that people and communities can take to help slow the spread of illnesses, like influenza. They are different than getting vaccinated and taking medicine. Examples of NPIs include:



Handwashing

- Wash with soap and water for at least 20 seconds (the time it takes to hum the “Happy Birthday” song twice).
- Use hand sanitizer with at least 60% alcohol if you don’t have soap and water.



Covering coughs and sneezes

- Throw away dirty tissues.
- Use your sleeve or elbow if you don’t have a tissue.
- Wash or sanitize your hands.



Staying home when feeling ill

- Keep your distance (6 feet or more) from others at home or if you have to leave (to visit the doctor’s office).
- If you have a fever, stay home for at least 24 hours after your fever is gone without using medicine that lowers fever.



Clean frequently touched surfaces and objects

- Use soap and water, a bleach and water solution, or products with a label that says “EPA-approved” to clean items, such as computer keyboards and desks.
- Always follow the directions on product labels.

Why are NPIs important?

Illnesses can spread easily in places where many people are in close or frequent contact with one another; especially in schools, workplaces, and mass gatherings. NPIs slow the spread of germs to staff, visitors, and family.

Protect yourself and loved ones from germs!

Nonpharmaceutical Interventions for Long-term Care Facilities in Arizona

What are NPIs?

Nonpharmaceutical interventions (NPIs) are actions that people and communities can take to help slow the spread of illnesses, like influenza and norovirus. They are different than getting vaccinated and taking medicine.



Examples of NPIs include:

- Handwashing
- Increasing space between people (social distancing)
- Advising employees to stay home when feeling ill
- Environmental hygiene

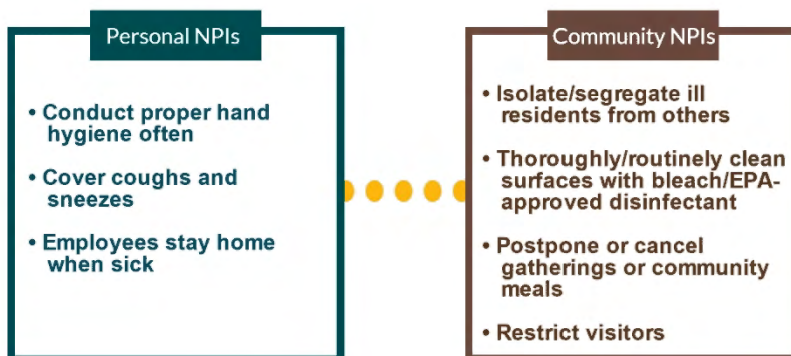


Why are NPIs important in Long-Term Care Facilities (LTCFs)?

- Illnesses can spread easily in places where many people are in close contact with one another; especially in LTCFs, schools, workplaces, and mass gatherings
- NPIs slow the spread of germs to your residents, staff, visitors, volunteers, and loved ones

What are some health issues NPIs help mitigate?

- Gastroenteritis (norovirus specifically) - common in LTCFs, persists in the environment, resistant to most disinfectants, high transmission through contaminated environment, epidemic during winter and early spring
- Seasonal Flu Outbreaks - contagious respiratory illness spread mostly through coughing and sneezing or touching surfaces with flu viruses on it, occurs every year during late fall through early spring



You and your facility can implement everyday preventive actions to help keep your residents and yourself from getting sick.

Arizona
Department of
Health Services

Want to learn more? Go to www.preventHAaz.gov

Messaging Templates –

Influenza (First Flu Case) Health Alert Network Template

Dear Health Care Provider:

The Arizona Department of Health Services has confirmed the first influenza case in Arizona for the 20xx-20xx influenza season.

We strongly recommend vaccinating your patients and staff against influenza throughout the flu season. All eligible individuals aged 6 months or older should be vaccinated.

Please remind your patients the best way to prevent flu and other respiratory diseases, include:

- Get vaccinated against the flu
- Wash hands often
- Avoid touching your face with unwashed hands
- Cover your cough and sneezes
- Clean and disinfect surfaces frequently
- Avoid close contact with sick people
- Stay at home if you are sick

For questions regarding the 2015-2016 flu vaccine, call your local health agency or the Arizona Immunization Program Office at (602) 364-3630. Influenza vaccine recommendations are available at cdc.gov/vaccines/hcp/acip-recs/index.html. For more information, visit azdhs.gov/flu or cdc.gov/flu.

Enterovirus D68 Associated with Severe Respiratory Illness in Children

In late August, the Centers for Disease Control and Prevention (CDC) was notified by two states of an increase in children hospitalized with severe respiratory illness. Enterovirus D68 (EV-D68) was identified in many of these patients. There are now several other states reporting increases in admissions for severe respiratory illness. It is possible that these are also associated with EV-D68.

EV-D68 appears to spread via close contact (e.g., saliva, sputum, feces) with infected individuals. Currently, there is no vaccine to prevent EV-D68 and no specific antiviral treatment recommended.

However, patients can help protect themselves and others from respiratory illnesses by:

- avoiding close contact with people who are sick;
- avoiding touching eyes, nose, and mouth with unwashed hands;
- washing hands often with soap and water, especially after changing diapers;
- cleaning/disinfecting frequently touched surfaces, such as toys and doorknobs, especially if someone is sick;
- ensuring vaccinations, including the influenza vaccine, are up to date.

Clinicians should be aware of EV-D68 as one of many causes of viral respiratory disease and should report clusters of unexplained respiratory illness to their local public health agency.

Please refer to this MMWR for more detailed information: [www._____](http://www.cdc.gov/mmwr)

Notice to Outdoor Special Events (Radiological Hazard)

Stay tuned to local radio. Specific instructions will be given by authorities. Local instructions always take precedence to anything written in this press release.

Evacuate if you are advised to do so. Keep car windows and vents closed; use re-circulated air. When you have reached shelter, remain indoors and:

- Close doors and windows
- Turn off the air conditioner, ventilation fans, furnace and other air intakes
- Go to a room with as few windows as possible or a basement
- If you must go outdoors, cover your nose and mouth with a handkerchief

If you have just been outdoors, take a thorough shower and:

- Change your clothes and shoes
- Put the items you were wearing in a plastic bag
- Seal the bag and store it out of the way
- Clothes can later be washed as you normally would in the washing machine. Any contamination would remain in the water and not contaminate the washing machine.

Put food in covered containers or in the refrigerator. Food not previously in covered containers should be washed first.

Washing should be done in a place other than in the kitchen to prevent contamination of foods and dishes.

Do not sell or consume any foodstuffs until they have been tested for contamination. You might be told to wash your outdoor equipment with soap and water. Cleaning does not destroy radioactivity. However, cleaning is useful in moving radioactive materials to a place where their effects would be less harmful. You should wear protective clothing during cleaning activities.

Extreme Heat Health Alert Network Template

National Weather Service has declared an Excessive Heat Warning beginning at xx A.M. today, month, day, 20xx until 8 P.M. tonight for xxx Counties. Daytime highs are expected to be in the 110 to 113 degree range.

Residents are advised to stay cool, stay hydrated, and stay informed.

In areas with an excessive heat warning, it is recommended for schools to keep students indoors for physical activity and recess. If students are going outdoors for recess, it is recommended that schools provide water (8 gulps every 15 minutes), provide shade, encourage students to wear hats, sunscreen and light colored clothing and provide frequent breaks; if students show signs and symptoms of heat illness or want to go inside, it is advised to get them to a cool environment immediately, such as inside the school building; additionally, it is very important that students be hydrated before, during and after being outside for physical activity and/or recess.

Extremely high or unusually hot temperatures can affect your health. On average, 675 deaths from extreme heat events occur each year in the United States. **Most vulnerable are adults age 65 and older, those who work or exercise outdoors, infants and children, the homeless or poor, and people with a chronic medical condition or people on certain medications.** Take the necessary precautions to prevent serious health effects such as heat exhaustion or heat stroke.

Stay cool

- Stay in air-conditioned buildings
- Contact the Arizona Department of Health Services at 602-364-3118 or locate an air-conditioned [refuge station in your area](#)
- Do not rely on a fan as your primary cooling device
- Limit outdoor activity, especially midday when it is the hottest part of the day, and avoid direct sunlight
- Wear loose, lightweight, light-colored clothing
- Take cool showers or baths to lower your body temperature
- Check on at-risk friends, family and neighbors at least twice a day

Stay hydrated

- Drink more than usual and don't wait until you're thirsty to drink
- Drink from two to four cups of water every hour while working or exercising outside
- Avoid alcohol or liquids containing high amounts of sugar
- Make sure your family, friends and neighbors are drinking enough water

Stay informed

- Check your local news for extreme heat warnings and safety tips
- Visit the [xxx.countywebsite](#) to find local information and tips for preventing heat sickness
- [Sign up for free weather alerts](#) to your phone or e-mail
- Keep your friends, family and neighbors aware of weather and heat safety information

Additionally, the Arizona Department of Health Services encourages all residents to learn the signs and first aid response for heat-related illness. Warning signs and symptoms vary but may include:

Heat Exhaustion – Symptoms

- Heavy sweating
- Weakness
- Skin cold, pale, and clammy
- Weak pulse
- Fainting and vomiting

What You Should Do

- Move to a cooler location.
- Lie down and loosen your clothing.
- Apply cool, wet cloths to as much of your body as possible.
- Sip water.
- If you have vomited and it continues, seek medical attention immediately.

Heat Stroke – Symptoms

- High body temperature (above 103°F)
- Hot, red, dry or moist skin
- Rapid and strong pulse
- Possible unconsciousness

What You Should Do

- Call 911 immediately — **this is a medical emergency.**
- Move the person to a cooler environment.
- Reduce the person's body temperature with cool cloths or even a bath.
- Do **NOT** give fluids.

Emergency cooling centers and hydration stations will be open throughout Maricopa County. Each center will provide cool air and water free to the public.

For more information on extreme heat, call 602-364-3118 or visit:

[ADHS Heat Safety](#)
[ADHS Extreme Weather & Public Health](#)

Want daily health updates?

Follow the [Arizona Department of Health Services](#) on Facebook and Twitter

Sanitation & Hygiene in a Flood

It is critical for you to remember to practice basic hygiene during the emergency period. Always wash your hands with soap and water that has been boiled or disinfected:

- Before preparing or eating food;
- After toilet use;
- After participating in flood cleanup activities; and
- After handling articles contaminated with flood water or sewage.

When clean water is not available, you can use alcohol-based products made for washing hands.

Flood waters may contain fecal material from overflowing sewage systems, and agricultural and industrial byproducts. Although skin contact with flood water does not, by itself, pose a serious health risk, there is some risk of disease from eating or drinking anything contaminated with flood water. If you have any open cuts or sores that will be exposed to flood water, keep them as clean as possible by washing well with soap to control infection. If a wound develops redness, swelling, or drainage, seek immediate medical attention.

In addition, parents need to help children avoid waterborne illness. Do not allow children to play in flood water areas, wash children's hands frequently (always before meals), and do not allow children to play with flood-water contaminated toys that have not been disinfected. You can disinfect toys using a solution of one cup of bleach in 5 gallons of water.

For more information about health and safety during a flood, please visit the Arizona Department of Health Services' Web site at www.azdhs.gov or call the State Public Health Information line at (602) 364-4500 or statewide toll-free at (800) 314-9243.

Resources –

Additional NPI Resources: [CDC Nonpharmaceutical Interventions \(NPIs\)](#)

National Association of County and City Health Officers (NACCHO): [Capability 11: Non-Pharmaceutical Interventions](#)

TRACIE – Healthcare Emergency Preparedness Information Gateway: [Topic Collection: NPI/Technical Resources](#)