

MARCH 25, 2020



*Nan te vu'aho'one allue'ewanta vetchivu*  
Together on the Journey to Health

# PASCUA YAQUI TRIBE PUBLIC HEALTH EMERGENCY PREPAREDNESS PLAN



**Pascua Yaqui Health Services Division  
PUBLIC HEALTH EMERGENCY PREPAREDNESS PLAN**

**RECORD OF CHANGES**

All Revisions will be noted below with Revision number, date added, and brief description with page numbers where the section can be found.

<b>Change #</b>	<b>Pascua Yaqui Tribe Health Services Division Revisions/Changes:</b>	<b>Effective Date:</b>	<b>Changes / Approved By:</b>

**INSTRUCTIONS:** The Pascua Yaqui Tribal Council allows the Executive Director of the Pascua Yaqui Tribe Health Services Division (PYTHSD) to review, make comments, recommendations for changes, additions, deletions, and so attest by signature

\_\_\_\_\_   
For the Tribal Council

\_\_\_\_\_   
For the Health Services Division

Reviewed by: \_\_\_\_\_   
Legal Counsel Date:

**ADMINISTRATIVE ACTION:** The Resolution approving this Public Health Emergency Preparedness Plan contains a maintenance clause for updating Plan and the revisions are within that scope. The PYTHSD Executive Director is to review and provide comment back to the Health Oversight Committee of the Pascua Yaqui Tribal Council, for final edition.

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# TRIBAL COUNCIL RESOLUTION OF ACCEPTANCE

Full copies must be requested through the office of Attorney General and/or the Pascua Yaqui Tribe Health Services Division.

## PASCUA YAQUI TRIBE

RESOLUTION NO. C03-75-20

**RESOLUTION OF THE PASCUA YAQUI TRIBE APPROVING AND ADOPTING THE PASCUA YAQUI TRIBE PUBLIC HEALTH EMERGENCY PREPAREDNESS PLAN.**

**WHEREAS,** Article VI, Section 1(o) of the *Constitution of the Pascua Yaqui Tribe* authorizes the Tribal Council to develop and adopt ordinances, resolution, rules and regulations to protect and promote the peace, health, safety and general welfare of the Pascua Yaqui people and to facilitate the conduct and operations of tribal government; and

**WHEREAS,** Tribal Council desires to provide clarity and guidance in preparing for potential public health threats of disease outbreak, environmental disasters, and acts of bioterrorism; and in responding to public health threats of disease outbreak, environmental disasters, and acts of bioterrorism; and

**WHEREAS,** by Resolution No. C05-114-18, the Tribal Council made the Tribe's Health Services Division the public health authority for the Tribe; and

**WHEREAS,** by Resolution No. C03-55-20, the Tribal Council approved Ordinance No. 13-20 enacting the Tribe's Public Health Code at Title 8, Part V, Chapter 5-3 of the Pascua Yaqui Tribal Code; and

**WHEREAS,** the Tribe's Health Services Division has, with the support of the Tribe's Fire Department; Police Department; Office of Attorney General; and the Pima County Health Department, developed the attached Public Health Emergency Preparedness Plan; and

**WHEREAS,** the Tribe's Health Services Division is recommending that Tribal Council approve and adopt the attached Public Health Emergency Management Plan; and

**WHEREAS,** the Tribal Council has determined that it is in the best interests of the Tribe and its members to approve and adopt the Pascua Yaqui Tribe Public Health Emergency Preparedness Plan.

**NOW THEREFORE BE IT RESOLVED BY THE TRIBAL COUNCIL OF THE PASCUA YAQUI TRIBE** that 1) the Pascua Yaqui Tribe Public Health Emergency Preparedness Plan is hereby approved and adopted in the substantially the same form as attached hereto; and 2) the Chairman is hereby authorized to sign all documents and take any necessary and proper action to execute, implement, and enforce this Resolution and the Pascua Yaqui Tribe Public Health Emergency Preparedness Plan.

**CERTIFICATION**

**THE FOREGOING RESOLUTION** was duly adopted on **March 25, 2020** by a vote of **ELEVEN** in favor, **ZERO** opposed, and **ZERO** abstaining, by the Tribal Council of the Pascua Yaqui Tribe pursuant to authority vested in it by Article VI, Section (e) of the Constitution of the Pascua Yaqui Tribe as adopted on January 26, 1988 and approved by the Secretary of the Interior on February 8, 1988 pursuant to Section 16 of the Indian Reorganization Act of June 18, 1934 (48 Stat. 984).



\_\_\_\_\_  
**CHAIRMAN OF THE PASCUA YAQUI TRIBE**



\_\_\_\_\_  
**SECRETARY OF THE PASCUA YAQUI TRIBE**



# INTRODUCTION

This Public Health Emergency Preparedness Plan (PHEPP) represents the intention of the Pascua Yaqui Tribe to prepare for and respond to potential public health threats of disease outbreak, environmental disasters, or acts of bioterrorism.

The Pascua Yaqui Tribe's Health Services Division (PYTHSD) is responsible for public health within the Pascua Yaqui Tribe and as such, is the lead agency for response to health emergencies. This PHEPP outlines procedures of the Pascua Yaqui Tribe in response to public health and medical care needs during potential or actual threats to public health including emerging infectious disease outbreaks, incidents, and during a developing potential health and medical situation caused by acts of bioterrorism or disaster. The Plan also provides the mechanism for coordinated assistance with Pima County and, if necessary, State or Federal assistance to supplement tribal resources during such times of need.

The PHEPP and its appendices provide a description of capabilities, resources, established responsibilities, operational processes and protocols to provide efficient coordination across a range of activities related to operations of the public health department.

The PHEPP uses the National Response Framework (NRF) within the National Incident Management System (NIMS) and is built with support from the PYT Attorney General's Office, PYT Fire and Police Departments, as well as the Pima County Health Department.

PYTHSD appreciates the combined expertise and capabilities of local, regional, state and federal government on all levels, as well as the private sector, and non-governmental organizations required to prevent, prepare for, respond to, and recover from major local, regional and national Incidents of Significance.

## PLAN GOALS

The goals of the plan are to:

1. Provide a coordinated strategy for all PYTHSD operations during any outbreak, disaster, or emergency with the potential to threaten public health.
2. Minimize serious illness and deaths due to a public health disaster/emergency.
3. Facilitate effective communications and coordination of resources in any on-reservation emergency event which requires a public health response.

## PURPOSE

The purpose of this plan is to provide the highest measure of planning for healthcare service delivery and public safety in the event of a public health emergency. Through legal structures, policies, protocols, data collection, drills, reviews, and strong relationships with local, regional, state and federal partners, PYTHSD expects to support and implement the plan.

During actual or potential Incidents of National Significance, the overall coordination of local incident management activities is executed through the Pima County Office of Emergency Management and the Pima County Health Department. PYTHSD submits this plan and all supplemental plans to the Arizona Coalition for Healthcare Emergency Response (AZCHER), as a means to foster joint participation in the emergency response community. Other local departments and agencies carry out their incident management and emergency response authorities and responsibilities within this overarching AZCHER coordinating framework.

## PLAN ORGANIZATION

The PHEPP describes the methods PYTHSD will use to mobilize resources and conduct response and recovery activities.

The following topics are included by incorporation, reference, or within this document and appendices:

1. Legal authorities, policies and codes
2. Incident management by means of the Incident Command System
3. Pre-arranged agreements (Mutual Aid) and Multi-jurisdictional response plans
4. Communications (internal and external)
5. Functional staff roles - Job Action Sheets
6. Vulnerable population access and demographics
9. Public health surge capacity
10. Quarantine and isolation
11. Pandemic Influenza Response and Recovery Plan
12. Continuity of Operations (COOP)
13. Community Containment: Adult and Child Social Distancing and School Closures
14. Outbreak Response
15. Mutual Aid Plan and Strategic National Stockpiles (SNS)
16. Public health response to environmental disasters
17. Mass immunization and Point of Distribution Plan (POD)
18. Mass patient care
19. Fatality Management
20. Mental Health Resources and Response
21. Volunteer management
22. PYTHSD Training and Exercise Plan
23. Resources

## SCOPE AND APPLICABILITY

This PHEPP identifies the key policies, concepts of operations, roles and responsibilities, and capabilities associated with public health and medical services provided by the Pascua Yaqui Tribe. Specific operating procedures and protocols are addressed in documents outlined within this document or held within HSD program plans.

It applies to all staff and programs within the Health Services Division and includes the full range of public health and medical services that may be required to support disaster response and recovery operations for the Pascua Yaqui reservation.

The Plan addresses:

- Assessment of public health/medical needs
- Mental/Behavioral Health
- Emergency Medical Services (EMS)
- Public health surveillance
- Medical care personnel
- Medical equipment and supplies
- Public Health and Medical Information
- Fatality management (natural and human-caused disaster, pandemic influenza, terrorism, etc.)
- Emergency medical countermeasures



- Infectious disease readiness and prevention

Under the authority granted by the Pascua Yaqui Tribe by resolution and Public Health Code, PYTHSD coordinates the provision of health and medical assistance within the tribe’s boundaries, as well as coordination of efforts with county, local and tribal authorities.

In addition to this PHEPP, PYTHSD has developed individual response plans for Pandemic Influenza and Tuberculosis, as both are noted within the Vulnerability Analysis.

PYTHSD leadership will partner with the PYT Emergency Operations Plan (once completed) to support all individuals and organizations, in regard to mass care services (including sheltering) that may be required to support disaster response and recovery operations within the Tribe’s boundaries. PYTHSD will also support the implementation of the Tribe’s Hazard Vulnerability Plan if activated in the event of hazardous conditions.

**PYT Health Services Division Executive Planning Committee**

1. PYTHSD Executive Director
2. PYTHSD Associate Director
3. PYTHSD Chief Medical Director
4. PYTHSD Nursing Director
5. PYTHSD Senior Program Director
6. PYTHSD Public Health Emergency Preparation Coordinator

**ON-GOING PLAN MANAGEMENT AND MAINTENANCE**

This PHEPP is considered a “living document” and is subject to an annual review and revision based upon recommendations following any type of test of the plan, i.e. reviews, drills or exercises, and upon a public health emergency activation of the plan.

The PYTHSD – PHEPP will be reviewed annually by December 15<sup>th</sup> and periodically updated as required to incorporate new tribal and federal directives, legislative changes, and procedural changes based on lessons learned from exercises and actual events.

The Public Health Emergency Manager is responsible for all updates to electronic and hard copies, and redistribution as needed. The Public Health Emergency Manager is also responsible for distributing this Plan to the Tribal Council and other appropriate officials, as well as the El Rio – Pascua Yaqui Health Center, and is responsible for briefing them about their roles in emergency management.

The plan will be available electronically to all employees via the PYTHSD intranet: HSD Staff are provided with the link above during PYTHSD Employee Orientation events. Additionally, the plan is saved on thumb drives that are held by the following staff: HSD Executive Director; the HSD Associate Director; the Chief Medical Officer; HSD Director of Nursing, and Public Health Emergency Preparedness Manager.

The Pascua Yaqui Public Health Emergency Preparedness Plan will be distributed in hard copy to Tribal Council; Pima County Health Department; El Rio Community Health Center; PYT Administration, Fire and Police Departments, as well as the and all physical HSD site locations, including HSD Administration building; Guadalupe and the Ranch.

Procedures for interim changes and full updates of the PHEPP are outlined below.

1. **After Action Reports:** After Action Reports (AAR) serve as the main source for updates to the All-Hazards Public Health Emergency Response Plan.

2. **Types of Changes:** Changes include additions of new or supplementary material and deletions.
  - a. No Proposed Change should contradict to override authorities or other plans contained in statute, executive order, or regulation.
3. **Coordination and Approval:** Any department or agency with assigned responsibilities under the PYTHSD-PHEPP may propose a change to the plan. Public Health Emergency Preparedness Manager is responsible for coordinating all proposed modifications to the plan with primary and support agencies and other stakeholders, as required.
4. **Notice of Change:** After coordination has been accomplished including receipt of the necessary signed approval supporting the final change in language, Public Health Emergency Preparedness Manager will issue an official notice of change.
5. **Distribution:** Public Health Emergency Manager will distribute notices of change to all participating agencies, headquarters, regional offices, and state offices. Notices of change to other organizations will be provided upon request.
6. **Re-issuance of the Public Health Emergency Preparedness Plan:** The review and update will consider lessons learned and best practices identified during exercises and responses to actual events and incorporate new information technologies.

## COMMUNITY PROFILE

Pascua Yaqui Tribe is located within Pima County, and within the legal framework of the City of Tucson. Tribal members regularly travel to and from Sonora, Mexico, where approximately 10,000 Yoeme people live and work. With a mobile and international population, PYT is at risk from many public health hazards with the potential to cause wide-spread illness, injuries or deaths. The number of people in need and the type and duration of health and medical services required will vary greatly depending on the hazard and its severity.

## HEALTH CARE DELIVERY SYSTEM

The Pascua Yaqui Health Services Division operates or contracts for services, facilities and programs which offer ambulatory clinics, a pharmacy, in-home medical care through visiting nurses and assistants, and mental / behavioral healthcare. The Centered Spirit Program (CSP) of PYTHSD is a Tribal Regional Behavioral Health Authority (TRBHA) as designated by the state of Arizona Department of Health Services to coordinate and manage publicly funded behavioral health services for children, adults and their families. TRBHA coordinates, by way of a provider network, the delivery of mental health and substance abuse treatment services, and behavioral health wellness and prevention services. PYTHSD's Centered Spirit Program is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

The Pascua Yaqui Tribe contracts with El Rio Community Health Centers to operate the El Rio-Pascua Yaqui Health Clinic within the Tribe's facilities, for delivery of health care services. El Rio – PYT Clinic is credentialed under the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and meets the criteria for responding to Medical Emergency Class IV type of response plans.

The El Rio - PYT Health Center provides general clinical, laboratory and pharmaceutical services to over 3200 tribal members. No inpatient services are provided. The facility operates from 8 am – 5 pm five days per week. All medical issues not served by this facility are referred to other contracted healthcare facilities in the immediate area. The 24/7 emergency response phone number is 911.

In addition to the contracted health delivery services and clinic operated by the El Rio – PY Health Center, PYTHSD also provides medical and behavioral health services which, in the event of a public health emergency, would be on “stand-by” to provide services to tribal members and staff. These resources would provide examination rooms, clinic personnel, and limited medical equipment including:

- PYT Dental Clinic, offering full-service dental procedures in a 10-chair dental clinic
- Centered Spirit Program, offering behavioral health counseling and mental health resources
- New Beginnings, a methadone treatment facility with health care providers in daily service to tribal members with illicit drug addictions. A small laboratory conducts blood draws and urine tests.
- Alternative Medicine Clinic offers complementary and alternative medicine to tribal members, including naturopathic services, pain management, acupuncture, chiropractic, and herbal and vitamin supplements. The clinic may also provide pharmaceutical medications on a case to case basis.

The Pascua Yaqui Tribe maintains a Police Department and a Fire Department equipped with First Responders and ambulances to respond to tribal health emergencies. The PYT Attorney General’s Office maintains the Tribe’s legal authorities, and the Police Department maintains a short term holding facility (less than 14 days) with a capacity of 20 beds.

## **LEGAL AUTHORITIES, CODES AND POLICIES**

By Tribal Constitution the highest elected Tribal officials are members of the Pascua Yaqui Tribal Council, which is comprised of a Chairperson, Vice-Chair, Treasurer, Secretary and seven other Legislative Tribal Council members. Upon the declaration of a public health emergency the highest elected Tribal official shall have authority to implement all components of the Tribal Public Health Emergency Preparedness Plan, which includes the “declaration of emergency”. The Tribal Council acts under its authority of Pascua Yaqui Tribal Code Title 8, Part V, Chapter 5-3 (Appendix 1).

This PHEPP specifically adopts the enhanced surveillance advisory and public health powers set forth in Arizona Revised Statutes Title 36, Chapter 6, Article 9 (Appendix 2) which is “Enhanced Surveillance Advisories and Public Health Emergencies.”

At the time of PHEPP approval by PYT Tribal Council, the Pascua Yaqui Tribe is utilizing Pima County’s Emergency Operations Plan (EOP) through a Memorandum of Agreement (2019). Activities and broader authorities named in this PHEPP were developed between the Pascua Yaqui Tribe Health Services Division and the Tribal Public Safety Division which was recently authorized to develop an EOP and hire an Emergency Manager. This PHEPP will become part of the EOP as Essential Services Function Annex #8.

## **DURATION OF EMERGENCY EXECUTIVE AUTHORITY**

- A Declaration of Tribal Emergency (or State of Emergency) shall be made by the Pascua Yaqui Tribal Council.
- For the duration of the period of declared emergency, the Tribe’s Chairperson shall have those emergency powers specifically delegated by the Pascua Yaqui Tribal Council, by

way of Resolution, so as to facilitate a coordinated response to the crisis and provide care and benefit to those impacted by the emergency circumstance.

- The period of Tribal Emergency Status may be extended by the Pascua Yaqui Tribal Council.
- The end of the period of Tribal Emergency Status may not be the end of the challenges associated with the emergency situation; it only ends the period of special emergency powers delegated to the Tribe's Chairperson.

## **PREPARATION FOR PASCUA YAQUI TRIBE PUBLIC HEALTH EMERGENCY**

Public Health Incident Management activities will be initiated and conducted using the National Incident Management System principles (NIMS). Incidents of local, regional and national significance require PYTHSD to coordinate operations and resources with external organizations, and may:

- occur at any time with little or no warning in the context of a general or specific threat hazard.
- require significant information-sharing at the unclassified and classified levels across multiple jurisdictions and between the public and private sectors.
- involve single or multiple geographic areas.
- have significant international impact and/or require significant international information sharing, resource coordination, and/or assistance.
- span the spectrum of incident management to include prevention, preparedness, response, and recovery.
- involve multiple, highly varied hazards or threats on a local, regional, or national scale.
- result in numerous casualties; fatalities; displaced people; property loss; disruption of normal life-support systems, essential public services, and basic infrastructure; and significant damage to the environment.
- impact critical infrastructures across sectors.
- overwhelm capabilities of Tribal, local, and State governments, and private-sector infrastructure owners and operators
- attract a sizable influx of independent spontaneous volunteers and supplies.
- require extremely short notice to coordinate County, State and Federal assets and response timelines.
- require prolonged, sustained incident management operations and support activities.

### **HEALTH SERVICES DIVISION RESPONSIBILITIES**

In the event of a disaster or public health emergency, PYTHSD is responsible for coordinating internal and external health related services and health prevention measures, such as vaccinations, stress debriefing and behavior health intervention, and providing personnel trained in emergency assistance (CERT, First aid, CPR, mental health). PYTHSD is also responsible for health related planning and coordination of response to acts of Bioterrorism and preparation of response to pandemic contagion.

The Health Services Division will provide health advisories to the Incident Commander and the Public Information Officer for dissemination to the public. These advisories include verifying minimum sanitation standards during an emergency and staffing for medical care at the Recovery Site(s) designated by the Tucson Unified School District and PYT agreement. As needed, PYTHSD will also provide vehicles and drivers for evacuation and related transports.

FEMA requires that all key Tribal Leaders who are responsible for managing, preparing for, implementing and responding to "all Hazards emergencies" be trained and certified through the



National Incident Management Systems (NIMS). The level of this training depends upon the assumed role. Baseline training for all staff who would participate in any emergency response is ICS100 Introduction to the Incident Command System and IS-700 NIMS, and Introduction to the National Incident Management System.

External Preparation - Notifying External Emergency Authorities. The list of current partnering emergency responders will be maintained by the PYT Emergency Operations Center. In the event of a declared public health emergency, the Incident Commander shall determine from the current emergency responder list the appropriate extended emergency officials to notify.

Internal Preparation - The Tribal Departmental Emergency Response List will be maintained by the PYT Emergency Operations Center with individual responsibilities, preparations, responses, recovery procedures and performance improvement measures taken. When an emergency is declared the Incident Commander will notify the appropriate department staff on the emergency measures to be taken.

## **PLANNING ASSUMPTIONS AND CONSIDERATIONS**

The PYTHSD Public Health Emergency Preparedness Plan is based on the planning assumptions and considerations presented in this section. Vulnerabilities identified in the PYTHSD Public Health Hazard Vulnerability Analysis reflect similar priorities identified by Pima County Health Department (PCHD). All PYTHSD Programs are encouraged to incorporate planning assumptions outlined in this section to within their Continuity of Operations Plans.

Given the difficulty associated with estimating timing or impact, pandemic and regional disaster planning is based on the following assumptions about viral epidemiology and human susceptibility.

- Delays in availability of vaccines and shortages of antiviral drugs or medical supplies are likely, particularly early in a pandemic or regional disaster event.
- The seasonality of a pandemic cannot be predicted with certainty. With seasonal influenza, peak disease usually occurs during December through March in the United States. During the 2009 A (H1N1) pandemic, the first cases were identified in April, and widespread U.S. community outbreaks first began in August, with illness peaking in October 2009, months earlier than is routinely seen with seasonal influenza.
- The typical incubation period (interval between infection and the onset of symptoms) for influenza is 1- 4 days (average two days). Adults shed influenza virus from the day before symptoms begin through 5-10 days after the onset of illness. Young children may shed the virus several days before the onset of illness and children can be infectious for 10 or more days after the onset of symptoms. On average, infected people will transmit infection to approximately two other people
- One or two secondary infections will occur as a result of transmission from someone who is ill. In contrast, some estimates from past pandemics have been higher, with up to three secondary infections per primary case
- The novel virus will have the ability to spread rapidly worldwide.
- If the pandemic is characterized by severe disease, it will have the potential to disrupt national and community infrastructures (including health care, transportation, commerce, utilities, and public safety) due to widespread illness, absenteeism, and death among workers and their families, as well as concern about ongoing exposure to the virus.
- Not all jurisdictions will experience clusters of disease simultaneously; however, near-simultaneous clusters likely will occur in many communities across the United States, thereby limiting the ability of any jurisdiction to support and assist other jurisdictions.



- Of those who become ill with influenza, up to 50% will seek outpatient medical care. The number of hospitalizations and deaths will depend on the severity of the disease and the success of steps to mitigate its transmission. Nonetheless, estimates could differ by as much as a factor of 10 between more and less severe scenarios.
- Increased hospitalizations, secondary complications, and mortality are expected to vary widely among population groups and communities.

## MULTI-JURISDICTIONAL RESPONSE

As a member of the Arizona Health Care Coalition and the Arizona Coalition for Healthcare Emergency Response – Southern Region, PYTHSD recognizes that multi-jurisdictional collaboration in any public health emergency mitigation, planning or response is also dependent upon shared information, communication and resources. Pascua Yaqui Tribe is a signatory of the Arizona Mutual Aid Compact, a regional agreement between the State of Arizona and the Arizona Department of Emergency and Military Affairs, agreeing to “assist one another...by providing such resources ... including fire and police, medical and health...” (Appendix 3)

Under the Memorandum of Agreement between PYTHSD and PCHD (Appendix 3), the PYTHSD maintains Tribal authority to adopt by reference, or otherwise request support from, PCHD in response to any public health threat. In all events occurring on the Pascua Yaqui Indian Reservation, the Pascua Yaqui Tribe maintains its sovereign rights to govern, proclaim and manage resources for any emergency which takes place within its legal borders.

## COOPERATING ORGANIZATIONS

PYTHSD provides this emergency response plan to meet all assessed emergency incidents and has identified, and participates with, many other regional mutual aid responders. The Pascua Yaqui Tribe’s Public Health Emergency Preparedness Plan incorporates the following resources, as well as clinical and contractual partnerships with the following entities.

AGENCY	MOA	COMMENTS:
El Rio – PYT Health Center	YES	Fully executed contract for ambulatory health services, laboratory and pharmacy in PYT clinical space.
U.S. Public Health Services – Indian Health Services	YES	Fully executed compact. Assistance in an event of a health-related emergency, such as pandemic contagion or bio terror event
Department of the Interior, Bureau of Indian Affairs (BIA)	YES	Provide assistance as requested to maintain law and order and provide for public safety.
National Disaster Medical System (NDMS)	Through Pima County	In the event a catastrophic disaster occurs in Tucson, the Metropolitan Medical Response System (MMRS) would initially triage and treat the disaster survivors. The Tucson NDMS Operations Plan includes a plan for evacuating patients from Tucson to other NDMS Federal Coordinating Centers (FCCs) under the direction of the national NDMS leadership and in conjunction with the Tucson MMRS system and other appropriate city, county, and state officials.
Division of Strategic National Stockpile (SNS)	Through Pima County	SNS assets are available for local distribution by the Pima County Health Department through a federally established Point of Dispensing (POD) model and the PCHD Strategic National Stockpile Plan to treat the public.

Arizona Department of Health Services (AZDHS)	YES	Direction on health issues, epidemiology, reporting of infectious disease through the MEDSIS electronic health record system, and infectious disease mitigation, planning, and treatment
AZDHS – Office of Border Health	YES	Relationship established through agreements with AZDHS Office of Border Health, and documented through MEDSIS health data sharing agreement.
Pascua Yaqui Fire Department	YES	First responder with EMS services. Fire suppression services.
AZ Tribal Emergency Preparedness Coalition (AzTEC)	YES	AzTEC, participating Tribal PHEPP Coordinators and ADHS in team effort has a Tribal public health emergency preparedness tool and guideline with which to serve the Arizona tribal public health communities.
Arizona Health Care Coalition – South (AzHCC South)	YES	A network of health care organizations, providers and regional partners committed to work collaboratively to coordinate prevention, response, preparedness, mitigation, and recovery activities before, during and after emergencies. Az-HCC-South HCC partners include hospitals, skilled nursing and long-term care facilities, ambulatory care facilities, home health and hospice agencies, behavioral health agencies, corrections health, public health departments, community resource agencies, and tribal government agencies in the Southern Arizona Region, including Pima County.
Pima County Health Dept.	YES	A Memorandum of Understanding is signed between Pascua Yaqui Tribal Government and PCHD for operation and assistance during an emergency of public health significance. The PCHD- ESF8 Annex (Appendix 3) supplements the Arizona Mutual Aid Compact signed by both Pima County Government and Pascua Yaqui Tribal Government. Pima County Office of Emergency Management supports this Memorandum.
Pima County Dept of Emergency Services and Homeland Security		Coordinates assistance from agencies at the local, state and federal level; monitors field activities; maintains open lines of communication
Pima County Sheriff's Department		Provide assistance as requested by means of the existing Regional SWAT IGA to maintain law and order and provide for public safety.
Tohono O'odham Fire Department		Provide assistance as requested per existing Mutual Aid Agreement for fire suppression services.
Drexel Heights Fire Department		Provide assistance as requested per existing Mutual Aid Agreement for fire suppression services.
Utilities - (TRICO, Tucson Electric, Southwest Gas, Tucson City Water), Trash Pick Up		Maintain and repair service delivery infrastructure.

**Public Health Surge Capacity** is the ability of the public health system, including the local health department, clinics, hospitals, or public health laboratory, to respond to sharply increased demand for services during a public health emergency.

Examples may include high-impact events that may strain ordinary capabilities:

- Widespread biological or chemical attack
- Severe and wide-spread natural or man-made disaster
- Severe and wide-spread mass medical care response incident
- Emergency needs that exceed the total available staffing and professional resources

## Surge Indicators

Given recommendations and actions set forth in the Arizona Mutual Aid Compact (AMAC), the following table outlines the PYTHSD surge capacity response and reflects integration of PCHD resources consistent with participation in the AMAC.

Scope/Duration of Event				
Sector	Regular Availability	Response 1-6 Days	Response 1-4 Weeks	Response 1 Month+
<b>PYTHSD Public Health Personnel</b>	# of PYTHSD staff on site (tribal land) PYTHSD has a total of 240 employees engaged in direct care	<b>1) Surge Level 1:</b> <b>MRC of Southern Arizona and AZ ESAR-VHP</b> <b>Volunteers Mobilized</b> Resources: Volunteer personnel from varying disciplines <b>Pima County Health Department</b> Resources: Personnel from various public health disciplines can be recalled <b>Southeastern Region Public Health Partners: Cochise, Santa Cruz, Graham, Greenlee</b> Resources: Regional personnel followed by personnel for all public health disciplines as well as equipment	<b>1) Surge Level 1 +</b> <b>2) Surge Level 2:</b> <b>Pima County Office of Emergency Management and Homeland Security</b> Resources: Request for additional volunteer personnel from varying disciplines <b>Contracted Nursing Services Found in Pima County</b> <b>Other Local Health Departments through ADHS</b> Possible Resources: Personnel of all public health disciplines as well as equipment	<b>1) Surge Level 1 +</b> <b>2) Surge Level 2 +</b> <b>3) Surge Level 3:</b> <b>State Health Department</b> Resources: Personnel from varying public health disciplines <b>Interstate/Federal Mutual Aid</b> Resources: Personnel of all public health disciplines as well as equipment
<b>Treatment Facilities</b>	PYTHSD maintains a contract with El Rio Health Center, <b>Contact: Pascua Health Center Manager phone (520)879-6006 Cell: (520)400-9498 email address: <a href="mailto:marthaB@elrio.org">marthaB@elrio.org</a> Address: 7490 S. Camino De Oeste, Tucson, AZ 85757</b>	<b>1) Surge Level 1: Urgent care centers and community clinics at PYTHSD and within Pima County</b> Resources: 1) Extended hours and expanded capacity at all PYTHSD facilities 2) Use of Casino del Sol facilities for triage, shelter and food 3) Use of PYT-operated schools for triage, shelter and food	<b>1) Surge Level 1 +</b> <b>2) Surge Level 2:</b> <b>Hospitals in Pima County</b> Resources: Expanded capacity and alternative triage; 8 hospitals with approximately 2542 licensed beds.	<b>1) Surge Level 1 +</b> <b>2) Surge Level 2 +</b> <b>3) Surge Level 3:</b> <b>Establishment of temporary alternative care facilities.</b> Resources: Personnel Surge Level 2 to supplement facility staffing needs <b>National Disaster Medical System (NDMS)</b> Resources: Patient relocation to neighboring states/jurisdictions
<b>Supplies and Equipment</b>	Capacity for supplies and equipment immediately available at PYTHSD is the regular Availability from PHEP Program contact Feliciano R. Cruz phone: (520) 879-6124, Cell: (520) 260-7348 Nursing Program contact Rene Harbaugh (520) 879 - 6110, El Rio Clinic Martha Blaine Phone: (520) 879-6006	<b>1) Surge Level 1: PYTHSD Vendors</b> Resources: Emergency procurement of supplies and equipment through PYTHSD vendors <b>Pima County Health Department</b> Resources: May request PCHD supply and equipment resources	<b>1) Surge Level 1 +</b> <b>2) Surge Level 2:</b> <b>In-State Mutual Aid</b> Resources: Requests to Arizona Department of Health Services, Arizona Division of Emergency Management, other Tribal Governments	<b>1) Surge Level 1 +</b> <b>2) Surge Level 2 +</b> <b>3) Surge Level 3:</b> <b>Federal Level Requests</b> Resources: Federal level requests with Tribal Governments, Centers for Disease Control, FEMA

Scope/Duration of Event				
Sector	Regular Availability	Response 1-6 Days	Response 1-4 Weeks	Response 1 Month+
Security	<p>PYTHSD capacity for security PYT Law Enforcement at Address: 7777 S. Camino Huivisim Tucson, Arizona 85757</p> <p>Contact: Michael Valenzuela, Chief of Police: (520) 879-5601 e-mail address Michael.A.Valenzuela@pascuayaqui-nsn.gov</p> <p>PYTPD: (520) 879-5600 Dial Emergency 9-1-1 PYT dispatch: (520) 879-5523</p>	<p>1) Surge Level 1: Pima County SO &amp; Local Police</p> <p>Resources: Personnel and equipment from 14 accredited law enforcement agencies</p>	<p>1) Surge Level 1 +</p> <p>2) Surge Level 2: Contract Security and Correctional Officers</p> <p>Resources: Personnel and equipment</p>	<p>1) Surge Level 1 +</p> <p>2) Surge Level 2 +</p> <p>3) Surge Level 3: Arizona Department of Public Safety</p> <p>Resources: Personnel and equipment</p> <p>Arizona National Guard</p> <p>Resources: Personnel and equipment</p>
Redundant Communications	<p>Communications equipment and systems available to PYTHSD: 7 Kenwood Radios from the PHEP Program Coordinator. Contact Feliciano R. Cruz Phone: (520)879-6124 Cell: (520)260-7348 email address <a href="mailto:Feliciano.r.cruzjr@pascuayaqui-nsn.gov">Feliciano.r.cruzjr@pascuayaqui-nsn.gov</a> Address: 7490 S. Camino De Oeste Tucson, Arizona 85757</p>	<p>1) Surge Level 1: Pima County Health Department</p> <p>Resources: PCWIN radios, two way radios, technical specialists</p>	<p>1) Surge Level 1 +</p> <p>2) Surge Level 2: Local RACES</p> <p>Resources: Equipment and technicians</p>	<p>1) Surge Level 1 +</p> <p>2) Surge Level 2 +</p> <p>3) Surge Level 3: Southeastern Region Partners</p> <p>Resources: Equipment and technical specialists</p>
<p><b>In a mass prophylaxis event, the duration does not dictate the amount of surge capacity needed. The following are surge options to be utilized based on event size.</b></p>				
Pharmacological Supplies	<p>PYTHSD maintains a contract with El Rio Health Center for Pharmacy at the PYTHSD Clinic site, Contact: Serena Felix phone (520)879-6617 VM: (520)879-6373 Fax: (520)879-6199 email address <a href="mailto:Serena.F@elrio.org">Serena.F@elrio.org</a> <a href="mailto:Serena.Felix@pascuayaqui-nsn.gov">Serena.Felix@pascuayaqui-nsn.gov</a> Address: 7490 S. Camino De Oeste, Tucson, Arizona 85757</p>	<p>1) Surge Level 1: Pima County Health Department and local pharmacy inventory</p> <p>Resources: Regular availability monitored through AZ College of Pharmacy (520)626-1587</p>	<p>1.) Surge Level 1 +</p> <p>2.) Surge Level 2: ADHS or Tucson MMRS Cache</p> <p>Resources: Antibiotic cache (if available)</p>	<p>1.) Surge Level 1 +</p> <p>2.) Surge Level 2 +</p> <p>3.) Surge Level 3: SNS Push Pack/Managed Inventory.</p> <p>Resources: Medical countermeasures through federal cache</p>

### Essential Functions

PYTHSD provides a variety of general operating functions. A set of these functions have been identified as Essential Functions. Essential Functions are defined as those functions, stated or implied, that the organization is required to perform by statute, executive order, or organizational charter or policy, and are necessary to provide vital services, maintain the safety and well-being of the employees, clients or customers, and visitors during an emergency.

Essential functions are further delineated into **Critical** essential functions, **Short-term** essential functions, and **Long-term** essential functions. Essential Functions are prioritized within each category.

Critical Essential Functions are those essential functions that cannot be interrupted or can be only minimally interrupted following an incident.

- Short-term Essential Functions are those essential functions that can be interrupted for a period of up to 15 days following an incident, but must be resumed thereafter.
- Long-term Essential Functions are those essential functions that can be interrupted for more than 15 days following an incident and will be resumed when resources and personnel become available.

PYTHSD Function	Critical Essential Function		Will this Function Increase or Decrease During Event?	Short-term Essential Function Y/N	Long-term Essential Function Y/N
	Critical Essential Function Y/N	Does SOP exist? Y/N			
Behavioral Health Services – Adult and Child Counseling	Yes	Yes	Increase	No	No
Child Care Nurse Consulting	No	N/A	Decrease	No	Yes
Communicable Disease Investigation	Yes	Yes	Increase	No	No
Community Nutrition Education	No	N/A	Decrease	No	Yes
Food Service Certification	No	N/A	Decrease	No	Yes
Food Service Inspections	No	N/A	No change	No	Yes
Group Homes – Men’s Path	Yes	Yes	No change	No	No
Group Homes - Transitional Treatment	Yes	Yes	No change	No	No
Pharmacy	Yes	No	No change	No	No
Immunizations – Adult	No	N/A	No change	No	Yes
Immunizations – Child	No	N/A	No change	Yes	No
Methadone Clinic Operations	Yes	Yes	No change	Yes	Yes
Newborn Home Visits	No	N/A	No change	Yes	No
Oral Health	No	N/A	No change	No	Yes
Physical Activity & Chronic Disease	No	N/A	Decrease	No	Yes
Pool Certification	No	N/A	Decrease	No	Yes
Public Health Nuisance Complaints	Yes	No	Increase	No	No



PYTHSD Function	Critical Essential Function		Will this Function Increase or Decrease During Event?	Short-term Essential Function Y/N	Long-term Essential Function Y/N
	Critical Essential Function Y/N	Does SOP exist? Y/N			
Public Health Emergency Preparedness	Yes	Yes	Increase	No	No
Sexually Transmitted Infections Screening	No	N/A	Decrease	No	Yes
Sexually Transmitted Infections Treatment	Yes	Yes	No change	Yes	No
Swimming Pool Inspections	No	N/A	No change	No	Yes
Tuberculosis Management and Treatment	Yes	Yes	No change	No	No
Tuberculosis Screening and Clearance	No	N/A	No change	Yes	No
Vector Control/Mosquito Control	No	N/A	No change	Yes	No
Well Baby Check-ups	No	N/A	No change	No	Yes
Well Woman Health Check	No	N/A	No change	No	Yes
WIC	No	N/A	No change	Yes	No

## DISEASE OUTBREAK AND BIOTERRORISM HAZARD VULNERABILITY ANALYSIS

The Pascua Yaqui Tribe Health Services Division has developed its Hazards Vulnerability Analysis (HVA) to identify potential public health threats to the Yoeme community. The PYTHSD process incorporates similar analysis conducted by Pima County Health Department in 2017.

Assessments are made on two types of probable event types:

**Natural Events**

**Human Events**

**PROBABILITY** - Issues to consider for probability include, but are not limited to:

1. Known risks
2. Historical data
3. Manufactured/vendor statistics

**RISKS** - Issues to consider for risks include, but are limited to:

1. Threat to life or health
2. Disruption of services
3. Damage/failure possibilities
4. Loss of community trust
5. Financial impact
6. Legal issues

**PREPAREDNESS** - Issues to consider for preparedness include, but are not limited to:

1. Status of current plans
2. Training status
3. Availability of back-up systems
4. Community resources.

**MAKING THE ASSESSMENT - DETERMINING HAZARD VULNERABILITY**

The PYTHSD Administration reviewed each potential event and assigned a numerical score for each in areas of probability, risk, and preparedness. The scores were totaled, and PYTHSD recognizes that *any event which scores above (8) requires an emergency response action plan.*

EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HI	MD	LO	NO	LIFE THR	HLT SAFETY	HI DISRP	MOD DISRP	LO DISRP	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
<b>BIOTERRORISM</b>													
Terrorism, acts in casinos		•				•				•			9
Terrorism, acts against government			•					•			•		5
Terrorism, biological or chemical			•						•		•		4
<b>OUTBREAKS</b>													
Measles	•						•			•			9
Pandemic Avian Flu		•				•				•			9
Pandemic Influenza		•				•				•			9
Tuberculosis (pulmonary)	•						•				•		8
Plague			•				•				•		6
Smallpox			•					•			•		5
Botulism			•						•		•		4
Tularemia- (Pneumonic)			•						•		•		4
Zika			•						•		•		4
Anthrax- (Inhaled And cutaneous)			•						•		•		4

**Assessments on Above Bioterrorism Hazard Vulnerable Analysis:**

Terrorism, acts in casinos	A review with the Safety officer of the Casino del Sol Casino reports concerns of possible spread of bioterrorism acts in casinos as significant; there is an ongoing study in preparations and training.
Pandemic Avian Flu	All of Pima County is an area where migratory nesting birds winter. It is possible that the Avian H5N1 could migrate here from Canada to the north or Central/South America to the south
Pandemic Influenza Outbreak	PYT participated in PCHD – sponsored EMI – Virtual Table Top Exercise Pandemic Influenza Exercise Plan on May 21, 2014 and through that exercise, collaborated with El Rio – PYT Clinic and PCHD to create PYT- specific POD exercises in 2016. The tribe through ADHS and CDC developed Phase I, II and III plans for mass vaccination.
Tuberculosis (pulmonary)	The Tribe conducted a Table Top Exercise in June, 2018 and re-established pathways of communication with other Tribal Departments, El Rio Health Centers, the University of Arizona, Pima County, the State of Arizona (Health Services and Border Health), and Federal agencies (Indian Health Service) for assessment, surveillance, epidemiology support, treatment, and quarantine.

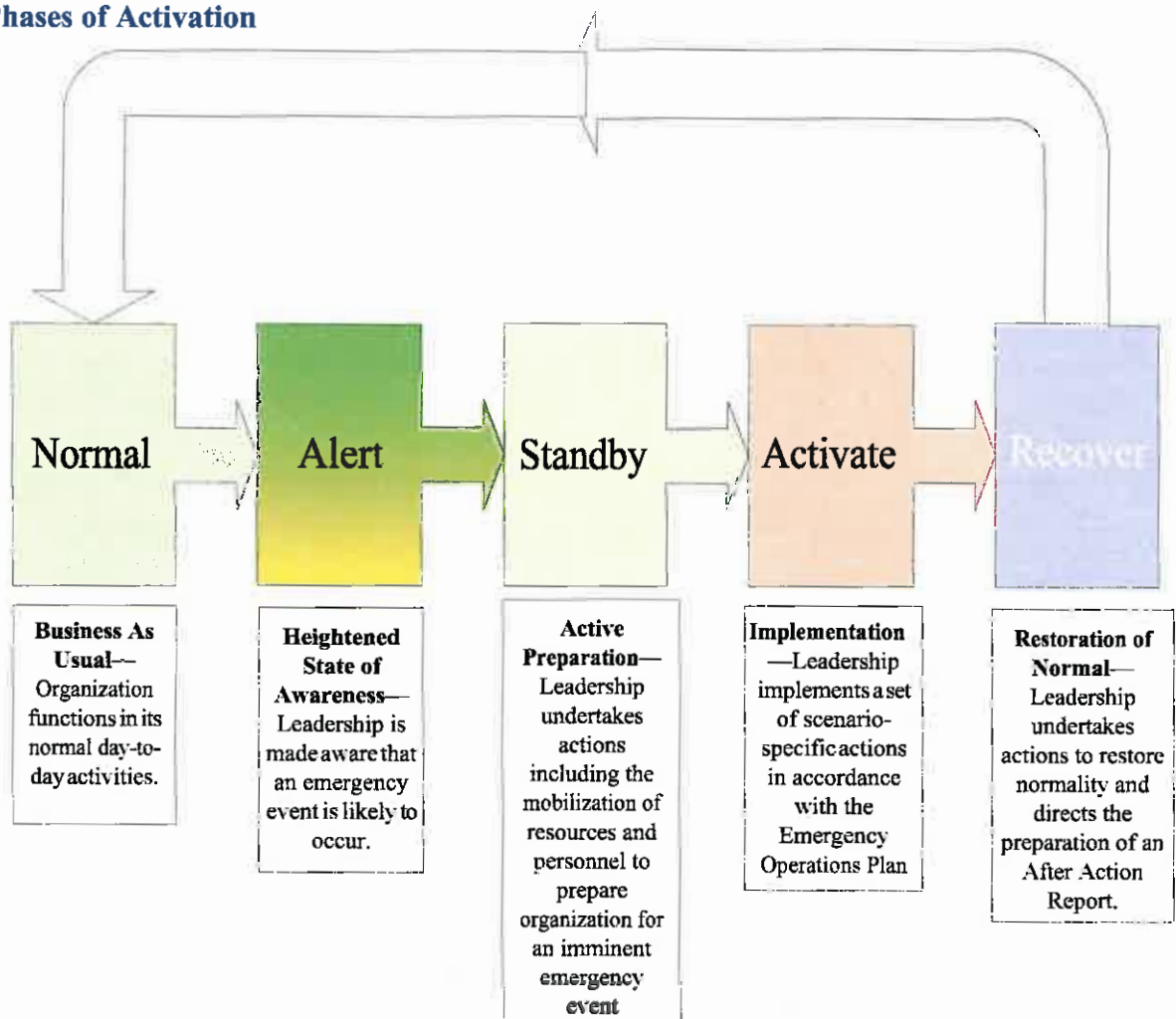
**INCREASED READINESS/INTERNAL ALERT STATUS**

PYTHSD Executive Director or designee, can increase or decrease the alert status of the health department. When operating under the Incident Command System, the Incident Commander or designee has the authority to change the alert status with consultation with the PYTHSD Executive Director or designee.

Definition of “Increased Readiness”: A situation has developed or threatens to develop which will potentially require PYTHSD programs, the entire PYT government, and / or county, state and federal agencies to take actions under the Emergency Operation Plan.

PYTHSD has adopted the Pima County Health Department model shown below as the definition of phases of awareness for Public Health All-Hazard emergencies EXCEPT pandemic influenza. The Executive Director or designee is responsible for establishing the Operational Phase. Upon the designation of the Activate Phase the ICS process goes into effect.

## Phases of Activation



**Normal Operations - Business as usual** – Organization functions in its normal day-to-day activities.

- Activate and test communication equipment on a monthly basis
- Refine and exercise plans throughout year
- Regularly assess vulnerabilities
- Conduct routine inventories of emergency supplies and kits
- Encourage programs for employee immunization and preventive health care

**Alert Phase - Heightened State of Awareness** – Leadership is made aware that an emergency event is likely to occur.

*Trigger: Incident of Significance occurs*

- Notifications received by PYTHSD Executive Director of a pending emergency event.
- Consultation with HSD Leadership Team
- Notify Tribal Council and Tribal Administrator of pending actions
- Closely monitor current news events
- Within 1 hour of initiating Alert Phase, inform PYT Fire and Police Departments, as well as all HSD staff on current threat conditions and advisories
- Advise El Rio Health Center, PCHD, and other community partners of status
- Initiate epidemiological surveillance
- Check inventories of critical supplies and status of staffing
- Estimate vulnerability

- Ensure PYT and HSD management are familiar with their assigned responsibilities during an incident
- Remind employees to be alert for suspicious packages and activities and to report occurrences to the proper authorities
- Identify community events having large attendances – review contingency and response plans
- If any of the actions above are completed, the Executive Director or Incident Commander should consider assigning staff to develop an After-Action Report.

**Standby Phase - Active Preparation** – Leadership undertakes actions including the mobilization of resources and personnel to prepare organization for an imminent emergency event.

*Trigger: Decision is made to activate ICS*

- Notification sent to PCHD Incident Command Staff and AZCHER
- Apprise PYTHSD directors and managers of phase and explain expected actions needed to be accomplished for imminent emergency event – mobilization of resources and personnel to prepare organization
- Activate the Department Operation Center (DOC)
- Advise PCHD and Pima County Office of Emergency Management of DOC activation
- Keep all staff informed on current threat condition and advisories
- Increase epidemiological surveillance at critical locations as deemed necessary
- Conduct daily briefings of Command Staff
- Implement rumor control
- Non-essential official travel may be restricted
- Consider advising personnel that are on official travel to return home
- Redirect personnel as deemed necessary. Review Continuity of Operations plan to displace employees to alternate work sites or telecommunicating from their homes
- Prepare to handle influx of public calls – Communications Coordinator prepares to activate Call Center if Command deems necessary
- Volunteer Coordinator notifies volunteers of the alert status and prepares to activate the volunteers for response
- Closely monitor current news events
- SNS (Strategic National Stockpile) Coordinator prepares to receive federal stockpile as applicable
- Check inventories of critical supplies
- Increase backup of critical information and equipment
- Ensure department is familiar with their assigned responsibilities during a disaster as shown in the EOP
- Evaluate information available on public web sites that could compromise security
- Activate and test communication equipment

**Activate Phase - Implementation** – Leadership implements a set of scenario-specific actions in accordance with the Emergency Operations Plan.

*Trigger: ICS activated, and Planning has begun to respond to emergency*

- Leadership implements a set of scenario specific actions in accordance with the PHEP protocols
- Establish ICS



- Announce Activation Phase to HSD Tribal Council, Administrators, and HSD Directors, Managers, and Staff and explain expected actions and announce the Incident Command Structure positions
- Notification sent to PCHD of escalation of phases
- Activate the Operations Center
  - Command and Management may be placed on Standby (Health Director, Division Manager, PIO, Communications Coordinator, Preparedness Manager, Healthcare Surge Coordinator, SNS Coordinator, Lead Epidemiologist, Volunteer Coordinator and Administrative Secretary) Standby means that staff report within one (1) hour and remain available during the entire phase
- Keep all staff and volunteers informed on current threat conditions and advisories
- If applicable, assign and deploy staff to scene(s)
- Increase epidemiological surveillance at critical locations as deemed necessary
- Coordinate with public safety agencies to ensure collection and testing of suspicious biological agents/suspicious powders
- Increase or redirect personnel to address critical emergency needs
- Cancel or delay unnecessary employee travel and leave (official and PTO)
- Employees on official business must return home at their earliest opportunity (Command Decision)
- Conduct daily briefings of Management Staff
- Prepare to activate Joint Information Center (JIC)
- Prepare to handle influx of public calls – Communications Coordinator activates Call Center
- SNS Coordinator Coordinates Stockpile and pushes it out to community partners (as applicable to event)
- Available volunteers are activated by Volunteer Coordinator and placed in areas of need as assigned by Operations
- Closely monitor current news events
- Implement rumor control
- Activate and test communication equipment on an as needed basis
- Review Emergency Response Plans
- Check inventories of critical supplies
- Increase backup of critical information and equipment
- Estimate vulnerability
- Ensure department is familiar with their assigned responsibilities during a disaster as shown in the EOP
- Remind employees to be alert for suspicious packages and activities and to report such occurrences to the proper authorities
- Evaluate information available on public web sites that could compromise security
- Identify community events having large attendance – review contingency and response plans. Consider cancellation of event(s) as deemed necessary by IC (as applicable to incident)
- If incident surpasses local capabilities, PYTHSD contacts Pima County Office of Emergency Management and Arizona Department of Emergency Management who in turn, will make contact with the Governor's office and request Federal resources.
- If incident is a significant health concern Pima County Health Department will contact Arizona Department of Health Services and request any necessary resources.

**Recovery Phase - Restoration of Normal** – Leadership undertakes actions to restore normality and directs the preparation of an After-Action Report.

*Trigger: Emergency has been mitigated and ICS starts to demobilize*

- Operations scaled back as determined by Incident Commander
- Debriefing done with Division Managers and other key personnel for development of AAR (After Action Report)
- Behavioral Health services offered to all department personnel and volunteers
- Demobilize volunteers
- Assure accurate record keeping for cost recovery as related to incident
- Review/revise PHEPP
- Review/revise Emergency Response Plans

Check inventories for restock

Return to pre-event services, activities, and functions.

## DEVELOPMENT OF AFTER ACTION REPORTS

After Action Reports (AAR) serve as the main source for updates to the All-Hazards Public Health Emergency Response Plan. AAR's are developed if the Department Director or Incident Commander believes actions taken by the Department to address communicable disease outbreaks, environmental public health hazards, natural diseases, or other threats fulfill any of the following criteria and that an AAR is warranted:

- Information is released to health care providers/partners, the media, or another audience
- A request for resources from outside Pima County Departments is submitted
- A disease investigation is launched that involves at least one partner agency
- HSD participates in a support role during a non-public health emergency activation of the Tribe's Emergency Operations Center
- Leadership undertakes actions including mobilization of resources and personnel or interruption of services to prepare organization for an imminent emergency event (Stand By Phase)
- If ICS activated (Active Phase), an AAR will **always** be generated for the incident

## FATALITIES

The Pascua Yaqui Tribe depends upon the Pima County Office of the Medical Examiner (OME) whose main role in any public health emergency is to establish of an operation that can process large numbers of human remains and accommodate the integration of related support assets.

The Pima County Public Health Emergency Response Plan (Essential Functional Annex – 8 of the Pima County All-Hazards Plan) of states

*“The Pima County Office of the Medical Examiner (OME) has, as its main role, establishment of an operation that can process large numbers of human remains and accommodate the integration of related support assets. Having primary death investigation responsibilities, the Pima County OME must certify the cause and manner of death for all deaths falling under the medical examiner's jurisdiction and retain all mass fatality management decision making authority.”*

## MENTAL HEALTH SERVICES IN A PUBLIC HEALTH EMERGENCY

It is the policy of the Pascua Yaqui Tribe's Centered Spirit Program (CSP) to be prepared for emergencies that might affect its clients, staff, visitors, facilities, and the greater community. CSP is mandated to do so by various oversight agencies. Therefore, CSP will develop, implement, and practice measures to prepare for emergencies or disasters affecting CSP's services. CSP will strive to continue services to its clients in any emergency or disaster.

CSP is prepared and ready to respond to various emergencies or disasters in order to:

- Provide protection for its staff, clients, and visitors;
- Preserve its physical resources;
- Provide for the continuation of services to its clients; and
- Assist local and state authorities in responding to community and state emergencies and disasters.

Therefore, CSP has protocols in place to respond to both internal emergencies (those affecting CSP only) and external emergencies (those affecting the community and state.) This Disaster Management Plan (DMP) describes CSP's planned responses within CSP and the greater community.

As part of the communities in both the Tucson and Guadalupe/Phoenix areas of Arizona, CSP may be required to work with local city and state government emergency agencies and other Tribal Regional Behavioral Health Authorities (TRBHAs and RBHAs), responding to both environmental disasters and man-made emergencies. In all cases, it is assumed that:

- CSP has sufficient resources and manpower to deal with some emergencies or disasters. CSP realizes these resources may become overwhelmed if a major or catastrophic emergency escalates.
- CSP will strive to plan for an acceptable level of risk for emergencies or disasters, realizing that total preparedness is not a realistic goal.
- CSP clients should be prepared to react to the threat of an emergency, and the possibility of being temporarily separated from CSP services.
- CSP will depend upon outside resources and assistance in a major emergency. Outside assistance may take up to 72 hours or longer to arrive and effectively deal with the consequences of some emergencies.
- Emergencies are managed from the CSP Tucson site in collaboration with Tribal Governance and local and regional law enforcement via an established Crisis Response Team (CRT). CSP will coordinate activities with Tucson and Phoenix and applicable surrounding cities' and counties' Emergency Operations Centers (EOCs) when activated.
- It is CSP's policy that CSP will remain open and providing services to the greatest extent possible.
- CSP programs, in conjunction with PYT Information Technology (IT), are responsible for the identification of vital and critical IT functions. CSP is also responsible for appropriate contingency and continuity planning, minimizing the effects of disasters to programs and operations.
- In the event of some disasters, CSP may only be able to deliver critical services. CSP may temporarily suspend some services, depending on the gravity of the situation.

### **Concept of Operations: General**

Disaster preparedness is the primary function of CSP's DMP. The DMP provides for:

- Securing facilities and organizing resources prior to anticipated risk events;
- Implementing an orderly and secure computer system shutdown that protects organizational and clinical information;
- Ensuring that lines of communication remain functional during an event;
- Maintaining continuity of leadership during and after an event;
- Ensuring orderly evacuation of staff, clients and other visitors during an event;
- Preparing clients for the possibility of being separated from CSP services for an undetermined period of time;
- Planning and implementing evacuation plans for clients in CSP residential programs, if needed; and
- Planning for staff deployment to community sites, i.e., area shelters, or local and regional emergency response facilities as directed by city and state agencies.

### **Direction and Control**

The CSP Behavioral Health Director will approve activation of the DMP. Unless otherwise directed by the Health Services Division Executive Director, disaster coordination will commence from CSP's administrative offices.

If a local or regional emergency response facility is opened, the Tribal Governance and the Health Services Division Executive Director will oversee and direct deployment to that site as deemed appropriate.

Additional administrative and managerial CSP staff will rotate through the emergency response facility staffing as directed.

### **Tucson Centered Spirit Program:**

In the event a community crisis or disaster causes disruption of normal business, the PYT Law Enforcement will notify the CSP Crisis Services Manager. The Crisis Services Manager is responsible for notifying the CSP Behavioral Health Director and members of the Crisis Response Team (CRT) to coordinate necessary actions. In Tucson, the CRT includes the CSP Behavioral Health Director, the Clinical Manager of the Child and Family Team, the Clinical Manager of Adult Services, the Administrative Associate Director, the Crisis Services Manager and the Emergency Response Liaison. The CSP Behavioral Health Director is responsible for coordinating activities of the CRT.

CSP staff living on or nearest the Pascua Yaqui Reservation are designated *First Responders* to the CRT. The CRT will contact personnel to respond to a crisis utilizing a phone tree. If clinicians are unable to reach the site to provide aid, any available Behavioral Health Technicians, case managers or CSP employees may be called upon to assist at the scene.

### **Centered Spirit Program – St. Mary's Outpatient Treatment Center (OTC):**

In the event a community crisis or disaster causes disruption of normal business, Tucson Law Enforcement will notify the CSP – St. Mary's OTC Program Manager. The CSP – St. Mary's OTC Program Manager is responsible for notifying the CSP Behavioral Health Director and members of the Crisis Response Team (CRT) to coordinate necessary actions. In Tucson, the CRT includes the



CSP Behavioral Health Director, the Administrative Associate Director, the Counselor of the Day and the Emergency Response Liaison. The CSP Behavioral Health Director is responsible for coordinating activities of the CRT.

CSP staff living in or nearest the Old Pascua community are designated *First Responders* to the CRT. The CRT will contact personnel to respond to a crisis utilizing a phone tree. If clinicians are unable to reach the site to provide aid, any available Behavioral Health Technicians, case managers or CSP employees may be called upon to assist at the scene.

### **Guadalupe Centered Spirit Program:**

The Guadalupe program has a subcontractor that provides crisis intervention services. Clients are instructed to call 9-1-1 or (480) 736-4943 for clinical emergencies after hours. Guadalupe CSP staff living in that community are designated *First Responders* in a crisis. The First Responder contacts the Guadalupe Program Manager by phone and the Tucson CRT. If communication with the Tucson site is disrupted, the Guadalupe site will coordinate activities with the local Guadalupe Fire Department and the Maricopa County Sheriff's Department.

Arizona Health Care Cost Containment System (AHCCCS) and the Arizona Bureau of Medical Facility Licensing (pertaining to off-reservation programs), will be notified as soon as possible when an emergency or disaster results in significant disruption of services. If it becomes necessary to deploy personnel to the State Emergency Operations Center, the CSP Behavioral Health Director will assign staff from the CRT.

AHCCCS will be notified about any disruption in CSP administrative or clinical functions via phone or e-mail. The Arizona Bureau of Medical Facility Licensing will also be notified by CSP – St. Mary' Guadalupe CSP and the Yoeme Kari Program (SU).

### **Phases of Emergency Management**

Emergencies involve four phases of activities and planning. The CSP DMP addresses these phases, realizing that each phase has an important role in protecting CSP resources and CSP clients:

- Mitigation and Planning: Activities that research, exercise, and plan for emergency operations.
- Increased Readiness: Activities planned to systematically prepare for a developing threat or emergency. Implementation of CSP's DMP will be the first response to an impending disaster. Some extreme weather condition alerts provide timeframes in which CSP can secure all program sites.
- Response: Actions taken in anticipation of or in response to an actual emergency. Responses by the CSP will either be internal or external:
- Internal responses are those responses made by CSP staff to emergencies or disasters that affect only the CSP programs (clients, staff, visitors, facilities and vehicles). Examples include flooding of a building; fire within a building requiring evacuation and resulting in temporary operations being conducted elsewhere; etc.
- All internal responses should include how equipment and vital records would be protected. For example, in preparation for possible flooding, computers would be moved to "higher ground" and covered in plastic. Clients will be notified as it applies to the specific disaster and the type
- External responses are those such as sending CSP staff to support community emergency staff in local and regional emergency response centers.

- **Recovery:** Activities associated with post emergency or disaster event. Recovery activities can be either short- or long-term, depending on the nature of the emergency or disaster. The goal of recovery is to assess the status of CSP program and infrastructure as soon as possible in the wake of the disaster. CSP's continuation of service delivery is a primary concern. Initial assessment of the disaster impact will be coordinated by the CSP Behavioral Health Director and the Health Services Division Executive Director. The Health Services Division Executive Director will coordinate recovery actions with the Tribal Council, liaising with city and county officials as necessary.

A current list of clients that may need to be contacted in an emergency is accessible through CSP's ClaimTrak software.

#### **Priorities in Continuing Program Services and Temporary Operations**

In the event of an emergency where there are not enough service sites or staff available to continue providing services, these programs will be considered as priorities for service provision:

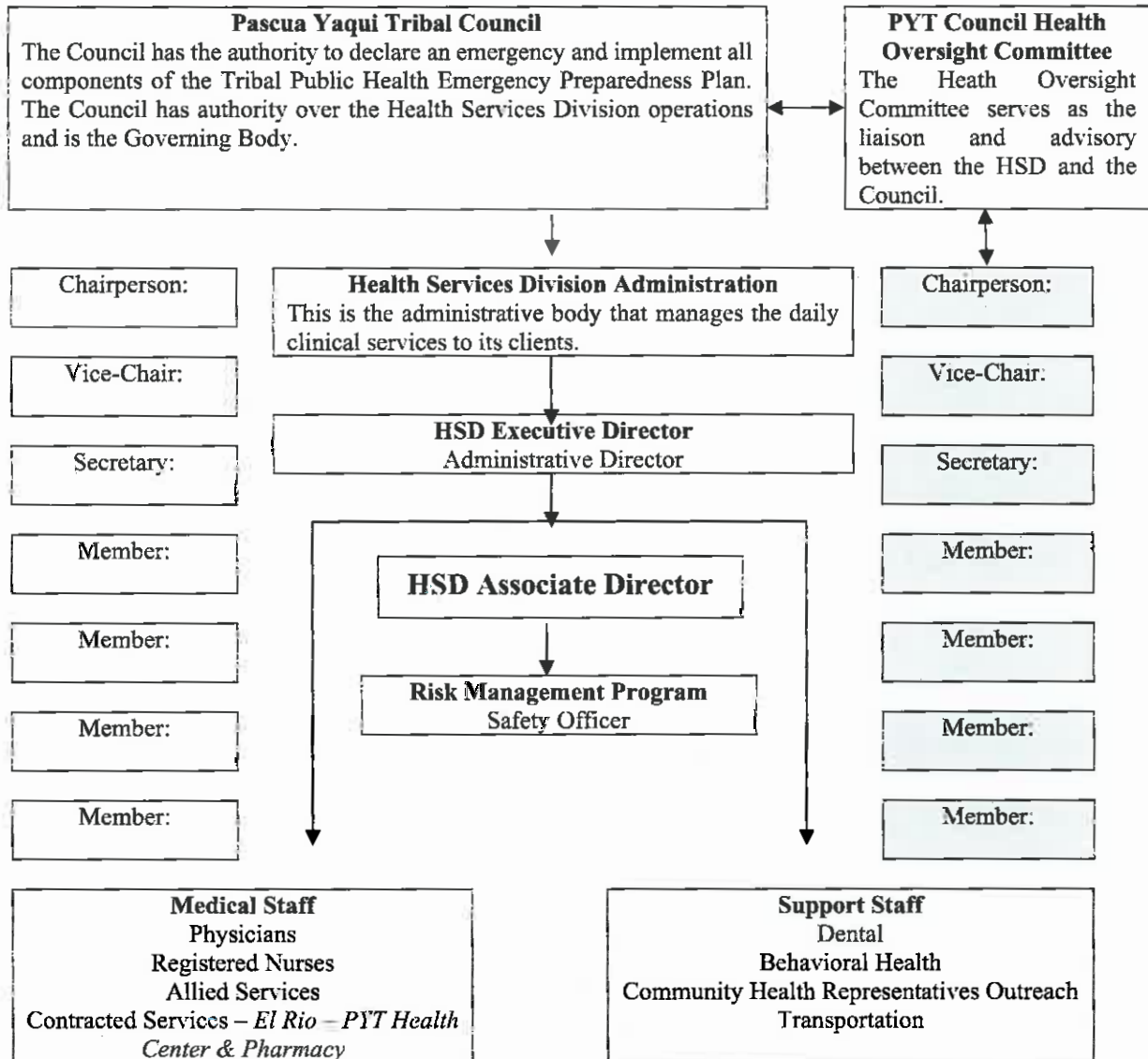
- Yoeme Kari Group Home (SU);
- Men's PATH;
- Transitional Treatment Program (TTP);
- Crisis and Referral Services;
- New Beginnings Medically-Assisted Treatment;
- Medication Services; and
- Outpatient and Case Management Services.

**Tucson:** Clients of residential programs (Men's PATH, TTP, Yoeme Kari Group Home (SU)) will be temporarily relocated to the PYT's Casino Del Sol Resort Hotel until more suitable housing can be arranged. Services to these clients will be continued in these temporary settings. Children and Family Teams and Adult Services will continue to be conducted at other Health Services Division sites such as CSP – St. Mary's OTC, the Wellness Center, El Rio Clinic, or in Casino Del Sol Resort or Sunset conference rooms and suites as arranged.

**Guadalupe:** For Guadalupe outpatient programming, the CSP Behavioral Health Director will coordinate with the town of Guadalupe to temporarily provide space for services at town-owned sites, such as the Boys and Girls Club classrooms and/or the Mercado.

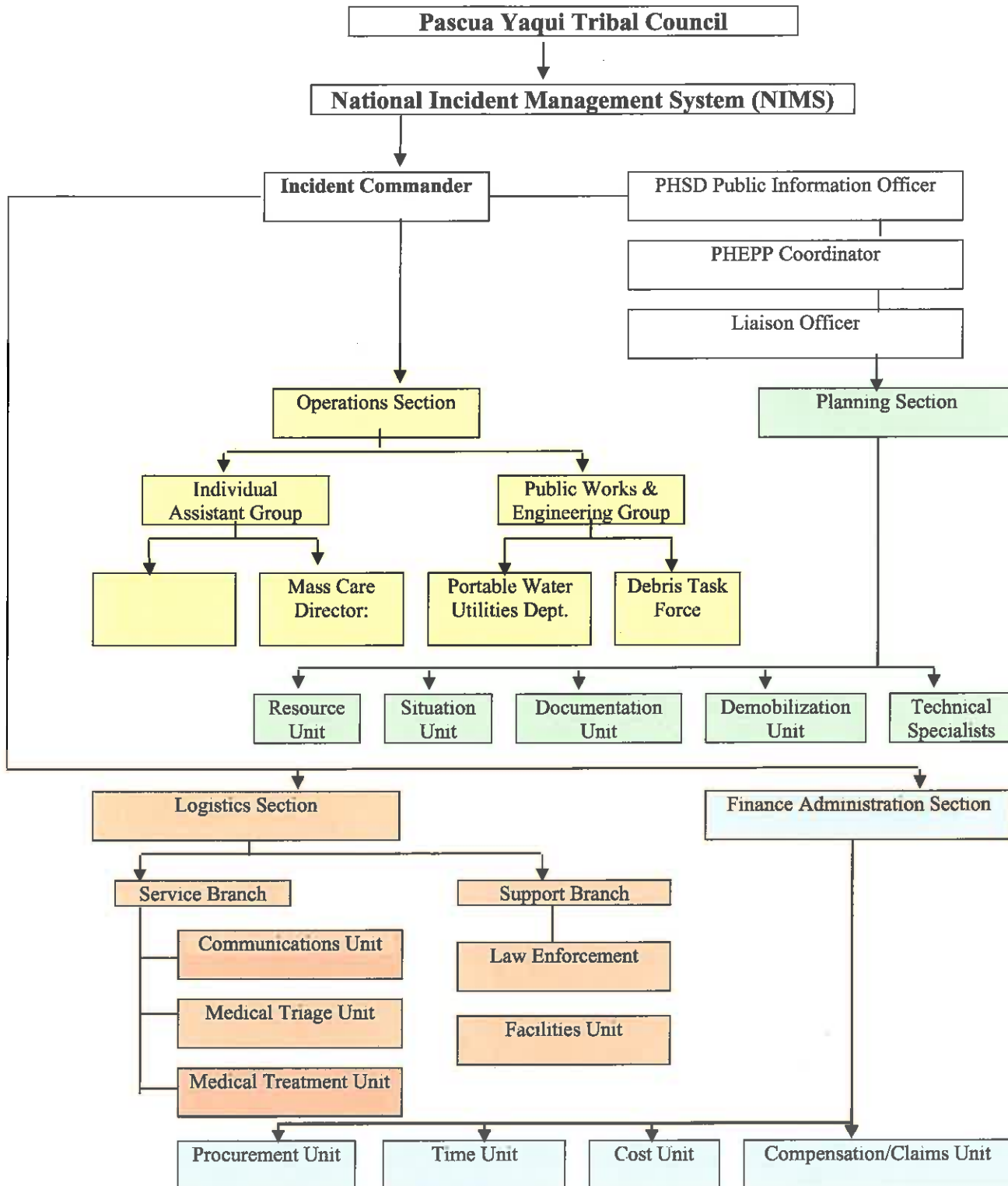
# PYTHSD ORGANIZATIONAL STRUCTURE

## PYTHSD – ORGANIZATIONAL FLOW CHARTS



Note: PYT Council Oversight Committee structure is for information only; it does not have responsibility for administering emergency response activities.

**PYTHSD Emergency Management Structure cont'd.**



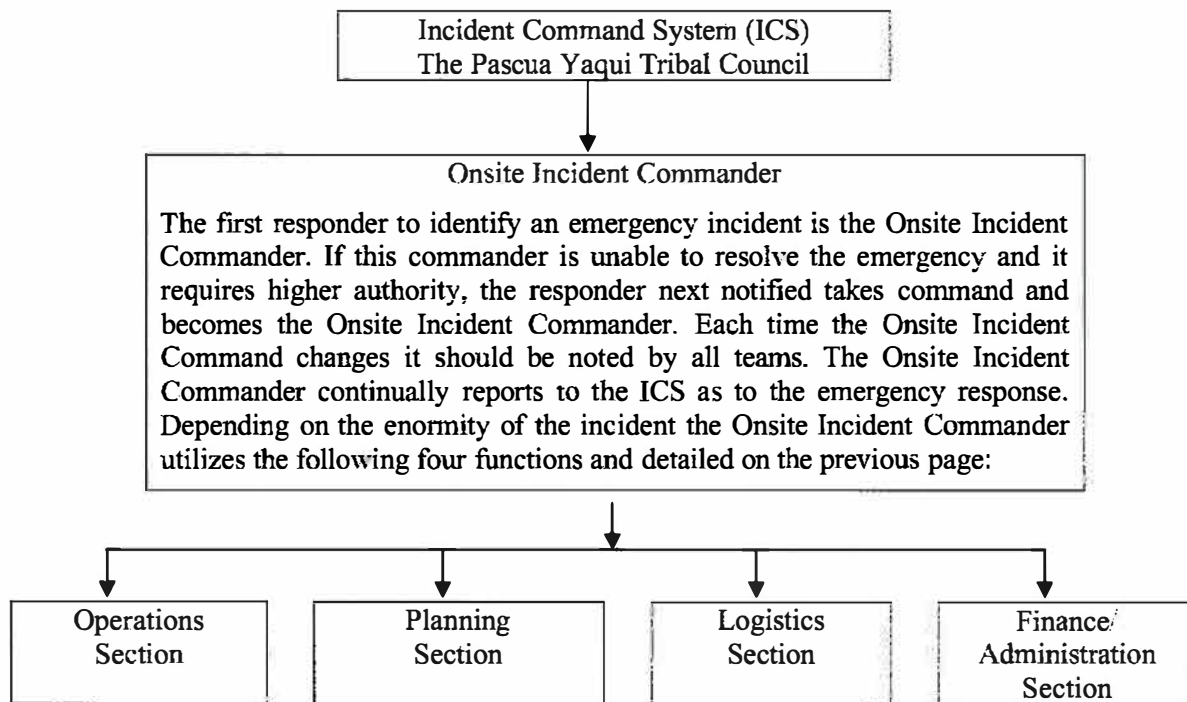


## PYT – NATIONAL INCIDENT MANAGEMENT SYSTEMS (NIMS)

Pascua Yaqui Tribe adopts the National Incident Management Systems (NIMS) as its primary operating system during any disaster or health emergency. The purpose of NIMS is to identify a multi-agency setting where the emergency incident is managed by NIMS objectives, including:

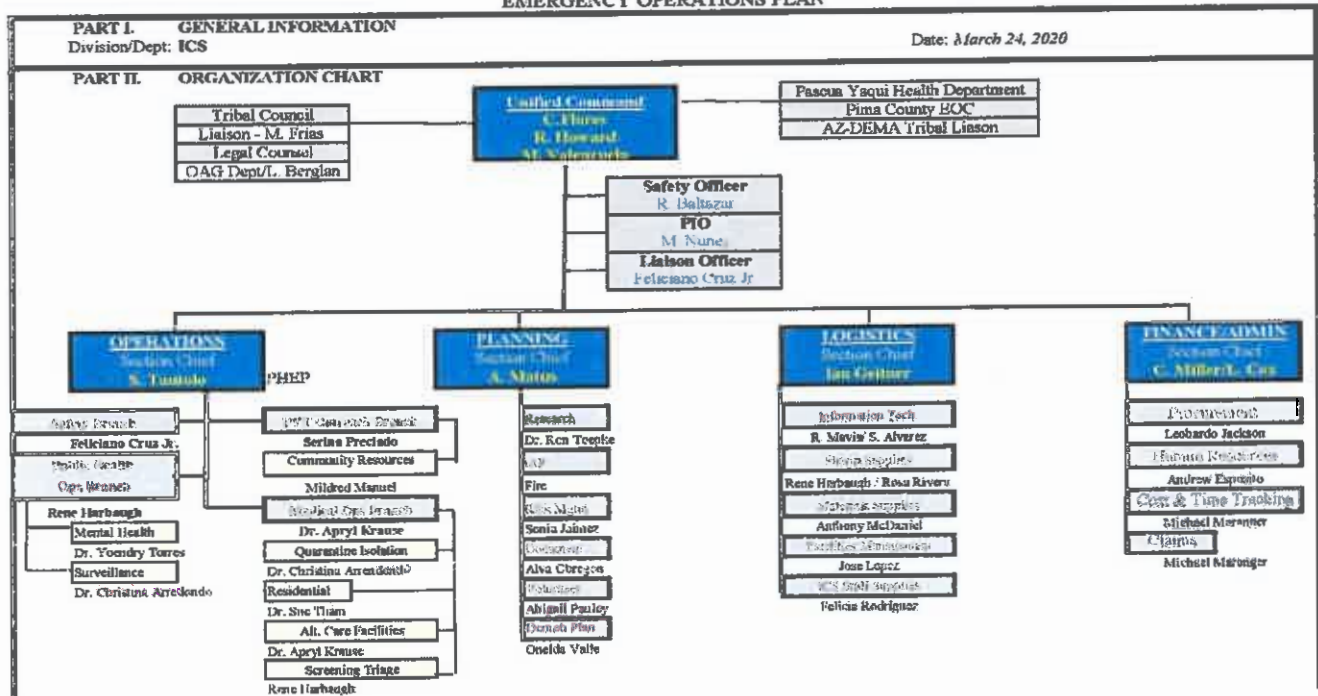
- action planning;
- defining clear lines of authority and reporting;
- sizing the span of control to a limited number of leaders to prevent confusion;
- identifying physical and financial resources; and
- providing Memorandums of Agreement (MOAs) to serve as mutual aid agreements for the multi-agency effort to effectively manage the emergency incident.

The basic components and responsibilities of the Pascua Yaqui Tribe's NIMS are these five functions:



Example of employing NIMS for a Smallpox Outbreak: A patient arrives at the PYT – El Rio Health Clinic with a suspicious skin rash, and the Triage Nurse is suspect of the original screening. The onsite El Rio Medical Director is called, and as first responder becomes the Onsite Incident Commander (OIC). The OIC contacts the PYTHSD Medical Director who implements the emergency plan and immediately advises the HSD Executive Director, who informs the Tribal Council. The OIC informs Pima County Health Department (PCHD), and PCHD Infectious Control Director (ICD) is called to the scene. The PCHD-ICD becomes the Onsite Incident Commander and after determining a smallpox case is evident, advises the Arizona Department of Health Services (AZDHS), and upon arrival their Infectious Control Director then becomes the Incident Commander. The Centers for Disease Control (CDC) becomes the highest-ranking Incident commander, if they become involved. As the incident grows so does the use of the five functions defined above.

**PASCUA YAQUI TRIBE  
ORGANIZATION CHART  
EMERGENCY OPERATIONS PLAN**



### MITIGATION PLAN TO REDUCE RISKS TO COMMUNITY AND RESPONDERS

The Pascua Yaqui Tribe's Response Mitigation Plan includes activities to reduce risks prior to an emergency, of community emergency management plans, disease outbreak or acts of bioterrorism. The mitigation plan will be implemented as follows:

1. Preparation for the PYTHSD response includes coordinating resources and participating in exercises to ensure appropriate levels of communication during any event.
2. PYTHSD provides technical assistance to its staff regarding development of a Medical Reserve Corps and other strategies to expand staffing resources
3. PYTHSD has developed a Continuity of Operations Plan (COOP) for protocols in reprioritizing Division functions during a pandemic and mobilizing staff to support maintenance of critical public health and medical needs.
4. PYTHSD is coordinating with PCHD and AZCHER as part of the Regional Hospitals Emergency Preparedness Coalitions to ensure systems are in place to track the following items during a pandemic outbreak:
  - a. Number of available Intensive Care Unit and medical beds (adults and pediatrics)
  - b. Number of available emergency department beds (monitored and non-monitored)
  - c. Number of patients and / or waiting times in emergency departments
  - d. Number of patients waiting for inpatient beds (in emergency departments and clinics)

- e. Hospital capacity
  - f. Shortages of medical supplies or equipment
5. PYTHSD may work with PCHD to heighten preparedness activities and monitor the impact of a pandemic on health care facilities and systems.
  6. PYTHSD's medical director may develop and disseminate instructions for the care of patients who can be treated at home.
  7. PYTHSD's medical director may evaluate the need for and feasibility of establishing a system separate from hospital emergency departments for patient triage and clinical evaluation.
  8. PYTHSD and El Rio Pascua Yaqui Health Center may establish separate triage areas for 1) persons presenting with possible influenza, fever or respiratory disease, and 2) persons at high risk for severe complications such as pregnant women and immune-compromised persons.
  9. PYTHSD will establish and promote a 24-hour telephone consulting nurse service to provide information and advice to ill persons on management of illness and accessing health care.
  10. Identify and prioritize staff to receive antiviral medications and influenza vaccine according to the protocols established by PYTHSD. Reducing the risk to all emergency responders is critical for public health stability, and PYTHSD follows the recommended CDC Public Health Emergency Response (PHER) policy. See Appendix 12 for additional information.
  11. Through a Public Health Order, the PYTHSD Medical Director may direct the compliance of health care providers with protocols for use of antiviral medications and influenza vaccine.
  12. The PHEPP follows the national policy of prioritizing the inoculation processes for distribution of vaccinations using the following order.
    - a. Healthcare Workers - to protect the continued process for healthcare processes administered to the population
    - b. First Responders - to protect the field healthcare responders for continued healthcare processes.
    - c. Administrators of the Plan - to protect the administrative managers of the plan for the continuance of the emergency management plan.
    - d. The Community.
  13. PYTHSD will coordinate with and support AZCHER and PCHD in acquiring supplies from the Strategic National Stockpile, as well as additional medical supplies and equipment in support of medical facilities throughout the district.
  14. PYTHSD regularly revises and exercises the procedures developed in the PHER, for distribution of vaccinations made available through the Strategic National Stockpile. PYTHSD also provides vaccination training for the tribal EMS staff to serve as support services to the Health Clinic staff in emergency conditions.



## RESPONSE

The following paragraphs list the response responsibilities of the Pascua Yaqui Tribe during a public health emergency on Tribal lands.

In addition to the responsibilities listed in Appendix 6 and those defined in the PHEPP Job Action Sheets, the Chairperson of the Tribe may convene or delegate authority to convene, a meeting of government officials to coordinate resource allocation and support for the response operations. The Tribal Chairperson will authorize the appointment of an Incident Commander to take full operational responsibility for the Incident response and recovery.

In addition to the responsibilities listed in Appendix 6 and those defined in the PHEPP Job Action Sheets, during the period of Emergency, the Public Health Incident Commander shall:

- Designate an Emergency Operations Command Center (EOC) for the Public Health activities.
- Implement the Incident Command System and designate an HSD Public Information Officer to work with the Tribe's appointed Public Information Officer.
- Facilitate coordination with other emergency response resources provided by other Governments and agencies, and
- Have full authority over Pascua Yaqui Health personnel and resources involved in direct response activities.

### HEALTH CARE SYSTEM RESPONSE

A severe influenza pandemic is expected to significantly increase the demand for health care services at a time when the availability of health care workers may be reduced due to illness. In a severe pandemic, the imbalance between supply and demand is likely to overwhelm PYTHSD's current health care system capacity and necessitate implementation of alternate strategies to manage the demand on resources.

During a pandemic impacting the PYTHSD, all efforts may be employed to sustain the functionality of the health care system while maintaining an acceptable level of medical care. In order to accomplish this, health care delivery system partners may need to:

- reserve the provision of health care services to patients with urgent health problems and those requiring hospitalization;
- take steps to increase access to hospital beds in surrounding county and Indian Health Service facilities;
- mobilize, reassign and deploy staff within and between HSD programs to address critical shortfalls;
- implement pandemic-specific patient triage and management procedures;
- provide alternative mechanisms for patients to address non-urgent health care needs such as telephone and Internet-based consultation.

During a pandemic, alternate care facilities may be identified and activated on PYT land to provide additional health care system medical surge capacity. Such locations may include the Wellness Center, Headstart, Elementary and High schools, and the Senior Center. Updates to this list will take place in December 2020.

These facilities would add to the existing PYTHSD capacity and if agreed upon, used by Pima County to provide supportive care to influenza patients, or serve as flu clinics to relieve the burden on hospital emergency departments. Locating, staffing and supplying these sites may be accomplished through a coordinated effort between PYTHSD, El Rio Pascua Yaqui Health



Center, AZCHER, and local emergency managers.

## **PUBLIC HEALTH SERVICES**

During a pandemic impacting the PYTHSD, all efforts may be employed to sustain the functionality of the health care system while maintaining an acceptable level of medical care. In order to accomplish this, health care delivery system partners may need to:

- reserve the provision of health care services to patients with urgent health problems and those requiring hospitalization;
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1. During a pandemic, PYTHSD may suspend routine Department operations to provide staff for pandemic response services.
2. The Operations Section Chief may assess the need to reprioritize Department functions and may direct the mobilization of staff to meet emerging needs of the pandemic.
3. PYTHSD staff with clinical training and licensure may be reassigned by the Nursing Director to support the Department's critical functions during a pandemic, or to alleviate staffing shortages.
4. During a Pandemic, PYTHSD may:
  - Participate in business continuity planning to identify mission critical systems and functions that must remain operational during a pandemic.
  - Identify PYTHSD services and functions that can be suspended during a pandemic thereby freeing up staff members for reassignment
  - Participate in ongoing planning efforts to assess skills needed during public health emergencies and identify staff training needs to fill critical positions.
5. The Senior Leadership of PYTHSD may identify sites and functions within the Department's clinical services that may remain operational during a pandemic and specify the minimum level of resources needed to remain operational.
6. The Arizona State Medical Examiner's Office should be coordinating mass fatality planning efforts with hospitals and funeral homes through the UDOH and the Arizona Funeral Directors Association.
7. The Local Health Officer may determine the need to suspend routine Department operations in order to reassign staff to critical duties. The timing of this decision may

- be coordinated with similar actions taken by other clinical facilities in the health care system.
8. Critical functions activated within PYTHSD may:
    - Establish and supporting a public call center that provides information and medical advice over the telephone, including information on how to access the health care system.
    - Distribute vaccine if available to health care system facilities and activating mass vaccination clinics to vaccinate priority groups
  9. The Arizona State Medical Examiner's Office, County Deputy Medical Examiner and AZDPH may activate the Public Health Mass Fatalities Plan. Activation of the plan may be coordinated with hospitals and funeral homes throughout the state.
  10. Based on the numbers of actual or anticipated fatalities during a pandemic, the Arizona State Medical Examiner's Office, County Deputy Medical Examiners and AZDPH may implement emergency protocols regarding:
    - Identification and documentation of victims
    - Activation and management of temporary temperature-controlled holding facilities
    - Release of remains to family members
    - Temporary internment of mass fatalities
    - Cremation and burial of mass fatalities

#### **MAINTENANCE OF ESSENTIAL SERVICES**

1. One of the critical needs during a flu pandemic may be to maintain essential community services.
  - a. With the possibility that 25-35% of the workforce could be absent due to illness during a pandemic, it may be difficult to maintain adequate staffing for certain critical functions.
  - b. There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, medical care, transportation, communications, and public works personnel are unable to carry out critical functions due to illness.
2. Government agencies and private businesses, particularly those that provide essential services to the public, may develop and maintain continuity of operations plans (COOP) and protocols that address the unique consequences of a pandemic.
3. Local emergency preparedness Committees may lead continuity of government planning and preparedness within their jurisdictions with technical support provided by PYTHSD.
4. PYTHSD may participate in and support logistical and non-medical infrastructure planning with hospital facilities within their jurisdictions.
5. PYTHSD may develop continuity of operations plans that address, at a minimum:
  - a. line of Succession for the Health Division.
  - b. approval of continuity of operations plans.
  - c. identification of mission essential services and priorities.
  - d. procedures for the reassignment of employees to support public health functions essential during a public health emergency.
  - e. redundancy of mission critical communication and information systems.
  - f. physical relocation of critical PYTHSD functions including the PYTHSD Emergency Operations Center.

- g. Emergency Preparedness Coordinator may work with all divisions in PYTHSD to develop plans for maintaining essential departmental services during a pandemic.
- h. Emergency Preparedness Coordinator may continue to educate government agencies, non-profit organizations and businesses that provide essential community services about the need for continuity planning in advance of a pandemic.
- i. PYTHSD may update its essential services plans and may request that it's community partners update their plans.
- j. The Local Health Officer may determine the appropriate time to implement the Department's continuity of Operations plans and protocols and may advise community partners to implement their plans as needed.

### **HAZARD SPECIFIC ACTIONS- STANDARD OPERATING PROCEDURES/ GUIDELINES (SOP/SOG)**

A Hazard Specific Action Strategy to the Tribe's Emergency Operations Plan is being developed and will include the Public Health response to chemical and hazardous materials. It contains a summary of the initial activities that may need to be engaged in to ensure an appropriate response for each of the emergency situations they describe. A checklist based on PYT's risk assessment and analysis is designed to be used by Tribal Department Executives and Management staff, those with emergency management responsibility or others to activate the Tribe's emergency response process; it cannot be carried out automatically.

Each checklist or guide will articulate procedures for information transmittal and clearly articulate who should be notified. Checklists can be developed for all types of anticipated situations, including wild land fires, bomb threats, aircraft crashes, catastrophic earthquakes, flash floods, mudslides, tornados, snowstorms, rainstorms, windstorms, etc.

The Disaster/Emergency Operations Manager is authorized to add Hazard Specific Action Attachments and other pertinent items in support of this PHEPP as Appendices to this plan, and will work with the Public Health Emergency Manager to distribute them to those on the Plan Distribution List.

### **RECOVERY**

The process of recovery includes those activities that restore vital systems to at least minimum operating standards, return Tribal infrastructures to a state of normalcy and aid affected Tribal business enterprises, families and individuals. Typical recovery activities include clean-up and debris removal, temporary housing, rebuilding of public facilities, cost recovery and aid to individuals.

The Pascua Yaqui Tribe is committed to working with County, State, and Federal agencies to facilitate the recovery process.

There are strict record-keeping and recording requirements if a Tribe is to participate in State and Federal cost-recovery programs. The designated Pascua Yaqui Tribal Emergency Operations Manager and each Director of any Tribal Department involved in Response or Recovery operations are responsible for collecting and maintaining records of resources and expenses expended to assure the maximum accessibility to cost-recovery resources.

# APPENDICES

## APPENDIX 1: PASCUA YAQUI TRIBAL CODE TITLE 8, PART V, CHAPTER 5-3

Full copies must be requested through the office of Attorney General and/or the Pascua Yaqui Tribe Health Services Division.

# PASCUA YAQUI TRIBE

RESOLUTION NO. C03-55-20

RESOLUTION OF THE PASCUA YAQUI TRIBE APPROVING AN ORDINANCE OF THE TRIBE ADDING TITLE 8, PART V, CHAPTER 5-3 OF THE PASCUA YAQUI TRIBAL CODE.

**WHEREAS,** Article VI, Section 1(o) of the *Constitution of the Pascua Yaqui Tribe* authorizes the Tribal Council to develop and adopt ordinances, resolution, rules and regulations to protect and promote the peace, health, safety and general welfare of the Pascua Yaqui people and to facilitate the conduct and operations of tribal government; and

**WHEREAS,** Tribal Council seeks to ensure the safety of all individuals residing on, working on, or visiting the Pascua Yaqui reservation; and

**WHEREAS,** the Pascua Yaqui Health Services Division has recommended that the Tribe enact a Public Health Code to more comprehensively address public health threats; and

**WHEREAS,** the Office of Attorney General has drafted and submitted for Tribal Council's approval Ordinance No. 13-20, the Pascua Yaqui Public Health Ordinance, which is attached hereto and incorporated herein by this reference; and

**WHEREAS,** the Tribal Council has determined that it is in the best interests of the Tribe and its members to approve Ordinance No. 13-20, the Pascua Yaqui Public Health Ordinance.

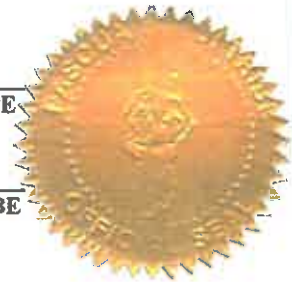
**NOW THEREFORE BE IT RESOLVED BY THE TRIBAL COUNCIL OF THE PASCUA YAQUI TRIBE** that 1) Ordinance No. 13-20, entitled the Pascua Yaqui Public Health Ordinance, is hereby approved and adopted; and 2) the Chairman is hereby authorized to sign all documents and take any necessary and proper action to execute, implement, and enforce this Resolution and Ordinance No. 13-20.

### CERTIFICATION

THE FOREGOING RESOLUTION was duly adopted on March 02, 2020 by a vote of **NINE** in favor, **ZERO** opposed, and **ZERO** abstaining, by the Tribal Council of the Pascua Yaqui Tribe pursuant to authority vested in it by Article VI, Sections 1(f), (o) and (t) of the Constitution of the Pascua Yaqui Tribe as adopted on January 26, 1988 and approved by the Secretary of the Interior on February 8, 1988 pursuant to Section 16 of the Indian Reorganization Act of June 18, 1934 (48 Stat. 984).

  
\_\_\_\_\_  
CHAIRMAN OF THE PASCUA YAQUI TRIBE

  
\_\_\_\_\_  
SECRETARY OF THE PASCUA YAQUI TRIBE



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**APPENDIX 2: ARIZONA REVISED STATUTES TITLE 36, CHAPTER 6, ARTICLE 9**

• <a href="#"><u>36-783</u></a>	Increase reporting during enhanced surveillance advisory
• <a href="#"><u>36-133</u></a>	Chronic disease surveillance system; confidentiality; immunity; violation; classification
• <a href="#"><u>36-784</u></a>	Patient tracking during enhanced surveillance advisory
• <a href="#"><u>36-785</u></a>	Information sharing during an enhanced surveillance advisory
• <a href="#"><u>36-786</u></a>	Laboratory testing during an enhanced surveillance advisory
• <a href="#"><u>36-787</u></a>	Public health authority during state of emergency or state of war emergency
• <a href="#"><u>36-788</u></a>	Isolation and quarantine during a state of emergency or state of war emergency
• <a href="#"><u>36-789</u></a>	Due process for isolation and quarantine during a state of emergency or state of war emergency

**APPENDIX 3: MEMORANDUMS BETWEEN PYTHSD AND EXTERNAL RESOURCES**

**Arizona Department of Health Services-*Full copies must be requested through the office of Attorney General and/or the Pascua Yaqui Tribe Health Services Division.***

# PASCUA YAQUI TRIBE

RESOLUTION NO. C10-229-19

**RESOLUTION OF THE PASCUA YAQUI TRIBE APPROVING AMENDMENT NO. 5 TO THE PUBLIC HEALTH EMERGENCY PREPAREDNESS INTERGOVERNMENTAL AGREEMENT WITH THE STATE OF ARIZONA.**



**WHEREAS,** the Tribal Council of the Pascua Yaqui Tribe is vested with the authority to enter into agreements with federal, state and local governmental agencies, and other entities, and is also charged with providing for the general welfare of the members of the Pascua Yaqui Tribe (Article VI, Sections 1(a) and (o) of the Constitution of the Pascua Yaqui Tribe); and

**WHEREAS,** by Resolution C06-107-15, the Pascua Yaqui Tribe approved the Public Health Emergency Preparedness (PHEP) Intergovernmental Agreement (IGA) between the Tribe and the State of Arizona to improve the preparedness of the Tribe and its communities in the event of any public health emergency; and

**WHEREAS,** the PHEP IGA was executed on or about August 3, 2015, and has been amended on or about March 8, 2017 ("Amendment No. 1"), February 22, 2017 ("Amendment No. 2"), October 12, 2017 ("Amendment No. 3") and September 12, 2018 ("Amendment No. 4").

**WHEREAS,** under the terms of the PHEP IGA, modifications require a Contract Amendment, Purchase Order and/or Change Order within the scope of the contract; and

**WHEREAS,** the State of Arizona has proposed an Amendment No. 5 to the PHEP IGA that includes a revised Contract Price Sheet, revisions to the Terms and Conditions and the addition of Attachment A, "Grant Guidance Deliverables," to the Scope of Work; and


**WHEREAS,** the Tribal Council has determined that it is in the best interest of the Tribe to approve and execute Amendment No. 5 to the PHEP IGA as proposed.

**NOW, THEREFORE BE IT RESOLVED BY THE TRIBAL COUNCIL OF THE PASCUA YAQUI TRIBE** that the Tribal Council hereby: (1) approves Amendment No. 5 to the PHEP IGA; and (2) authorizes the Chairman to execute Amendment No. 5 and sign all documents and take any and all necessary and proper action to execute, implement, and enforce this Resolution.

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[www.pascuayaqui-nsn.gov](http://www.pascuayaqui-nsn.gov)

CERTIFICATION

**THE FOREGOING** was, on **October 09, 2019** duly adopted by a vote of **SIX** in favor, **ZERO** opposed, and **ZERO** abstained, by the Tribal Council of the Pascua Yaqui Tribe pursuant to authority vested in it by Article VI, Sections 1 (a) and (c) of the Constitution of the Pascua Yaqui Tribe.

  
\_\_\_\_\_  
VICE-CHAIRMAN OF THE PASCUA YAQUI TRIBE

  
\_\_\_\_\_  
SECRETARY OF THE PASCUA YAQUI TRIBE



# PASCUA YAQUI TRIBE

RESOLUTION NO. C07-107-12



**RESOLUTION OF THE PASCUA YAQUI TRIBE APPROVING FY 2013 AND FORWARD INDEFINITE TERM PL 93-638 CONTRACTS WITH THE UNITED STATES AND ITS BUREAU OF INDIAN AFFAIRS, AND APPROVING THE FY 2013 ANNUAL FUNDING AGREEMENTS FOR THOSE PL 93-638 CONTRACTS.**

**WHEREAS,** the Pascua Yaqui Tribal Council is vested with the power to enter into contracts on the Pascua Yaqui Tribe's behalf with the United States (Article VI, Section 1(a) of the Pascua Yaqui Tribe's Constitution); and

**WHEREAS,** the United States, acting through the Bureau of Indian Affairs, negotiates Contracts with Indian tribes under the Indian Self-Determination and Educational Assistance Act ("Public Law 93-638") for periods of three years, and negotiates Annual Funding Agreements for the Public Law 93-638 Contracts prior to the commencement of each fiscal year; and

**WHEREAS,** the Tribe has existing Public Law 93-638 Contracts with the United States that will expire on September 30, 2012; and

**WHEREAS,** the has now proposed that the Tribe enter into new contracts with the United States Bureau of Indian Affairs for Fiscal Years 2013 forward for an Indefinite Term for the Tribe to contract to perform services under Public Law 93-638 as follows: (1) a proposed Consolidated Tribal Government Program PL 93-638 Contract; (2) a proposed Law Enforcement Program PL 93-638 Contract; (3) a proposed Criminal Investigations Program PL 93-638 Contract, (4) a proposed a Fiscal Year 2013 Johnson O'Malley PL 93-638 Contract and (5) Annual Funding Agreements (the "FY 2013 AFAs") for each of those proposed contracts, all of which are incorporated by this reference; and

**WHEREAS,** after deliberation and consideration, the Tribal Council has determined that it would be in the best interests of the Tribe and the welfare of its people to enter into the FY 2013 Forward PL 93-638 Contracts and the FY 2013 AFAs for each such contract with the United States, acting through the Bureau of Indian Affairs, in order to self-contract and self-perform Tribal governmental functions as set forth in the FY 2013 Forward PL 93-638 Contracts and their respective FY 2013 AFAs.

**NOW THEREFORE, BE IT RESOLVED BY THE PASCUA YAQUI TRIBAL COUNCIL THAT** the tribal Council hereby approves the FY 2013 Forward PL 93-638 Contracts, and the respective FY 2013 AFAs for each such contract, between the Tribe and the United States, acting through the Bureau of Indian Affairs, for: (1) The Consolidated Tribal Government Program, (2) the Law Enforcement Program; (3) the Criminal Investigations Program, and (4) the Johnson-O'Malley

PAGE 2

**RESOLUTION NO. C07-107-12**

**APPROVING FY 2013 AND FORWARD INDEFINITE TERM PL 93-638 CONTRACTS WITH THE UNITED STATES AND ITS BUREAU OF INDIAN AFFAIRS, AND APPROVING THE FY 2013 ANNUAL FUNDING AGREEMENTS FOR THOSE PL 93-638 CONTRACTS**

Program; in the form and substance substantially similar to the proposed FY 2013 Forward PL 93-638 Contracts and respective FY 2013 AFAs.

**BE IT FURTHER RESOLVED THAT** the Tribal Council formally requests, by this Resolution, that in the event that the proposed PL93-638 contracts approved and submitted pursuant to this Resolution are not approved by the BIA and fully executed and operative by October 1, 2012, the BIA authorize the Tribe to incur pre-contract PL93-638 Contract expenses for FY 2013 for all contract service areas for which the Tribe is submitting proposed Contracts.

**BE IT FINALLY RESOLVED THAT** the Tribal Council does hereby authorize the Chairman of the Tribe, or his successor, to execute the FY 2013 forward Mature PL 93-638 Contracts, in substantially the form as those submitted to him or her for review with this Resolution, to execute the respective FY 2013 AFAs for each such contract, to execute any revised FY2013 Mature PL 93-638 Contracts or AFAs that may have been revised by the Bureau of Indian Affairs in a manner that the Chairman, in his discretion, considers inconsequential in nature, to execute additional Annual Funding Agreements and/or amendments for Fiscal Years 2014 forward when those become available if, in the opinion of the Chairman they are substantially the same as those approved by this resolution, or have only changes that the Chairman, in his discretion, considers inconsequential in nature, and to sign all other documents, and take any and all other necessary and proper action to execute, implement, and enforce this Resolution, the FY 2013 Forward PL 93-638 Contracts, and the respective FY 2013 and forward Annual Funding Agreements for each such contract approved by this Resolution.

**CERTIFICATION**

**THE FOREGOING** was on July 11, 2012 duly adopted by a vote of **NINE** in favor, **ZERO** opposed, and **ZERO** abstained, by the Tribal Council of the Pascua Yaqui Tribe pursuant to authority vested in it by Article VI, Section 1(a), (d), (o), (s) and (w), of the Constitution of the Pascua Yaqui tribe as adopted on January 26, 1988 and approved by the Secretary of the Interior on February 8, 1988 pursuant to Section 16 of the Indian reorganization Act of June 18, 1934 (48 Stat. 984).

  
\_\_\_\_\_  
**CHAIRMAN OF THE PASCUA YAQUI TRIBE**

\_\_\_\_\_  
**SECRETARY OF THE PASCUA YAQUI TRIBE**





**Indian Health Services- Full copies must be requested through the office of Attorney General and/or the Pascua Yaqui Tribe Health Services Division.**

**COMPACT OF SELF-GOVERNANCE  
BETWEEN  
PASCUA YAQUI TRIBE  
AND  
THE UNITED STATES OF AMERICA**

**PREAMBLE**

WHEREAS, The Pascua Yaqui Tribe (Tribe) is a federally recognized American Indian Tribe and the Tribal Council is the duly recognized governing body of the Tribe, and

WHEREAS, The Tribe recognizes that it is beneficial for the Indian Health Service to acknowledge and understand the history of the Yoeme (Yaqui) people and its significance in the healing of the various Yoeme communities through the provision of health services. While each Indian Tribe has its own unique history and culture, all share a common experience of trauma and immense loss (see reference book, Barbarous Mexico). It is recognized that history impacts the health of American Indians today, especially that of tribal elders who struggled for survival; and

WHEREAS, The Indian Health Service acknowledges the need to form a partnership with the Tribe to meet the health care needs of the Tribe's tribal members; and

WHEREAS, The Indian Health Service recognizes the sovereign right of the Tribe to determine the applicability of and the extent to which its tribal values and belief systems will be incorporated into the health services it provides; and

WHEREAS, This Agreement values the collective efforts and the desire to build a genuine partnership, which reiterates the commitment to the government-to-government relationship that exists between the Federal Government and the Tribe. The development and implementation of the Agreement is in recognition of this special relationship; and

WHEREAS, It is the policy of the United States to support tribal Self-Governance and it is the desire and intent of the Tribe to administer the resources and programs provided by the Indian Health Service (IHS) as authorized under P.L. 106-260, Title V of the Indian Self-Determination and Education Assistance Act (ISDEAA), as amended, and other applicable federal laws and regulations, and

WHEREAS, The Tribe has determined that it wishes to administer the Yoeme Service Unit by entering into one Compact and one Funding Agreement (FA) under Title V of the ISDEAA, where the one FA will have two separate funding tables—one which includes funding related to the Tucson Area and one which includes funding related to the Phoenix Area; and

WHEREAS, When the Tribe first assumed funding under the ISDEAA, the Tribe received funding only for its tribal members and has never received any funding from the IHS for non-member eligible Indians; and

Pascua Yaqui Tribe COMPACT  
October 1, 2017  
Page 1

WHEREAS, There are traditional Pascua Yaqui Communities/Pueblos located in Pima, Pinal, Yuma and Maricopa Counties in Arizona, and a large number of Tribal members from outside the Tribe's Contract Health Service Delivery Area (CHSDA) who come to the Pascua Reservation to receive health services from the Tribal Health Programs/Facilities, and are not currently accounted for within the Tribe's CHSDA User Population.

WHEREAS, The Yoeme Health Program is a public health authority and is responsible for public health matters as part of its official mandate, pursuant to tribal resolution C09-176-17, attached as Exhibit E.

NOW THEREFORE, The IHS, acting for the Secretary of the Department of Health and Human Services and the Tribe hereby mutually agree to enter into a government-to-government Agreement for the conduct and delivery of Health Services by the Tribe as the Yoeme Service Unit.

## ARTICLE I

### AUTHORITY AND PURPOSE

**Section 1 - Authority.** This Compact, which is authorized by Title V of the ISDEAA, is hereby entered into by the Secretary of the Department of Health and Human Services of the United States of America (Secretary), through authority delegated to the Director of the IHS (Director), and the Tribe. By signing this Compact, the Director commits the Secretary to the extent and within the scope of the Secretary's delegation of authority to enter into Compacts and Funding Agreements (FAs) pursuant to Title V of the ISDEAA or as otherwise authorized.

**Section 2 - Purpose.** This Compact shall be liberally construed to achieve its purposes:

- (a) This Compact is to carry out the Self-Governance Program authorized by Title V of the ISDEAA, and is intended to transfer to tribal governments, at tribal request, the authority to decide how federal programs, services, functions and activities (PSFAs) (or portions thereof) shall be funded and carried out. Title V of the ISDEAA is meant to strengthen the government-to-government relationship and to uphold the United States' trust responsibility. This Compact encourages innovation in order to determine how to improve this government-to-government relationship and promote the autonomy of the Tribe in the realm of health care.
- (b) This Compact is to enable the Tribe to re-design health programs, services, functions, and activities (PSFAs) of the IHS; to reallocate funds for such PSFAs according to the priorities of the Tribe; to provide such reallocated funds for such PSFAs according to the Tribe's priorities; to provide such PSFAs as determined by the Tribe's priorities; to enhance the effectiveness and long-term financial stability of the Tribe; and to provide for a parallel reduction in the federal bureaucracy as PSFAs are assumed by the Tribe.

**Section 1 - Approval of Compact.** The resolution of the Tribe approving this Compact and successor FAs is attached hereto as Exhibit A.

**Section 2 – Executive Order.** The President's November 6, 2000, Executive Order No. 13175 on Consultation and Coordination with Indian Tribal Governments, is attached hereto as Exhibit B.

**Section 3 - Funding Agreement.** The Tribe's FA shall be attached hereto as Exhibit C.

**Section 4 – Services to Non-Beneficiaries.** The Tribe's Resolution No. C09-175-17 authorizing the provision of such services is attached to this Compact as Exhibit D.

**Section 5 – Public Health Agency.** The Tribe's Resolution No. C09-176-17 designating the Yoeme Health Program as Public Health Agency is attached to this Compact as Exhibit E.

#### ARTICLE VII

#### COUNTERPART SIGNATURES

This Compact may be signed in counterparts.

IN WITNESS WHEREOF, the parties have executed, delivered and formed this Compact.

#### PASCUA YAQUI TRIBE


By:

  
\_\_\_\_\_  
Robert Valencia, Tribal Chairperson

OCT 01 2017  
Date

#### UNITED STATES OF AMERICA

By:

  
\_\_\_\_\_  
RADM Michael D. Weahkee, Acting Director, IHS

DEC 07 2017  
Date

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**Pima County Health Department- Full copies must be requested through the office of Attorney General and/or the Pascua Yaqui Tribe Health Services Division.**



MEMORANDUM OF UNDERSTANDING  
BETWEEN

PASCUA YAQUI TRIBE,  
PIMA COUNTY OFFICE OF EMERGENCY MANAGEMENT,  
AND  
PIMA COUNTY HEALTH DEPARTMENT

**1. PURPOSE:** Pascua Yaqui Tribe, located in Tucson, AZ, agrees to participate in this shared agreement with the Pima County Office of Emergency Management and Pima County Health Department. PASCUA YAQUI TRIBE, to the extent possible with consideration to available resources (manpower, money, supplies, and equipment), and current federal, state, and local laws, Tribal Government policies, regulations, and procedures, will reciprocate assistance in accordance with the provisions of said MOU. The parties further understand participation with all parties in said MOU is not a legally binding agreement and is merely intended as a vehicle to provide mutual support with all parties involved based on available resources and current laws, regulations, and the standard of care at the time of execution.

**2. SCOPE:** This MOU provides a mechanism for mutual support for full-spectrum threat response in the event of a natural disaster, Chemical, Biological, Radiological, Nuclear, or High-Yield Explosives (CBRNE) event/incident, Hazardous Material (HAZMAT) event/incident, Weapons of Mass Destruction (WMD) terrorist attack or similar catastrophic event resulting in a mass casualty situation, or in such incidents which overwhelm the capabilities of participating public health agencies.

In addition, the Pima County Office of Emergency Management and Pima County Health Department supports the PASCUA YAQUI TRIBE Emergency Operations Plan, and other threat and catastrophic event response plans.

**3. ACTIVATION:** This MOU will be activated by the PASCUA YAQUI TRIBE Incident Commander or the PASCUA YAQUI TRIBE Liaison Officer, the PASCUA YAQUI TRIBE Emergency Operations Center, or the Pima County Office of Emergency Management, Pima County Health Department Director or designee. This MOU may be activated in whole, or in part depending on the nature and severity of the event/incident.

**4. COORDINATION:** In keeping with the aforementioned, PASCUA YAQUI TRIBE will coordinate the following through the Pima County Office of Emergency Management and/or Pima County Health Department. Most of these items consist of augmented support:

a. **Ambulance Coordination:** Rural Metro/Southwest Ambulance and Tucson Fire Department (TFD) provide immediate patient transport for PASCUA YAQUI TRIBE.

b. **CBRNE/HAZMAT Casualty Decontamination:** PASCUA YAQUI TRIBE augmented support of this function is limited to on-scene gross decontamination. The PASCUA YAQUI

**MOU PASCUA YAQUI TRIBE & Pima County Office of Emergency Management & Pima County Health Department**

**TRIBE is not a treatment facility and therefore does not have patient reception/decontamination capabilities. Triage and decontamination resources can be recalled by Pima County Office of Emergency Management.**

**c. Mass Immunization Coordination in the Event of a Biological Incident: PASCUA YAQUI TRIBE will support Pima County Health Department in any mass immunization event in response to a biological incident. The PASCUA YAQUI TRIBE will supply as much manpower, supplies, and vaccines as tribal government policies and available resources allow. Pima County Health Department will reciprocate as its manpower, supplies, and vaccines allow in the event PASCUA YAQUI TRIBE population requires mass immunization. Pima County Office of Emergency Management will coordinate support through the PASCUA YAQUI TRIBE Liaison Officer, with resource support arranged by Pima County Health Department**

**d. Disease/Syndromic Surveillance: The PASCUA YAQUI TRIBE is not a medical treatment facility. PASCUA YAQUI TRIBE will report results of any epidemiologic investigation identifying any disease/illness outbreak (natural or man-made). Pima County Health Department will inform PASCUA YAQUI TRIBE of any disease/illness outbreaks in the county area. If scope of epidemiologic investigation is too much for either Pima County or PASCUA YAQUI TRIBE, the offices will supply as much manpower and effort as available resources allow. PASCUA YAQUI TRIBE Public Health and Pima County Health Department will collaborate on epidemiological investigations, to include use of the same epi-questionnaires during the investigation phase.**

**e. Casualty/Patient Tracking: The Pima County Office of Emergency Management and Public Health from PASCUA YAQUI TRIBE will coordinate and share all information pertaining to the whereabouts and status of patients, within the guidelines of Health Insurance Portability and Accountability Act (HIPAA), in the case of a mass casualty event.**

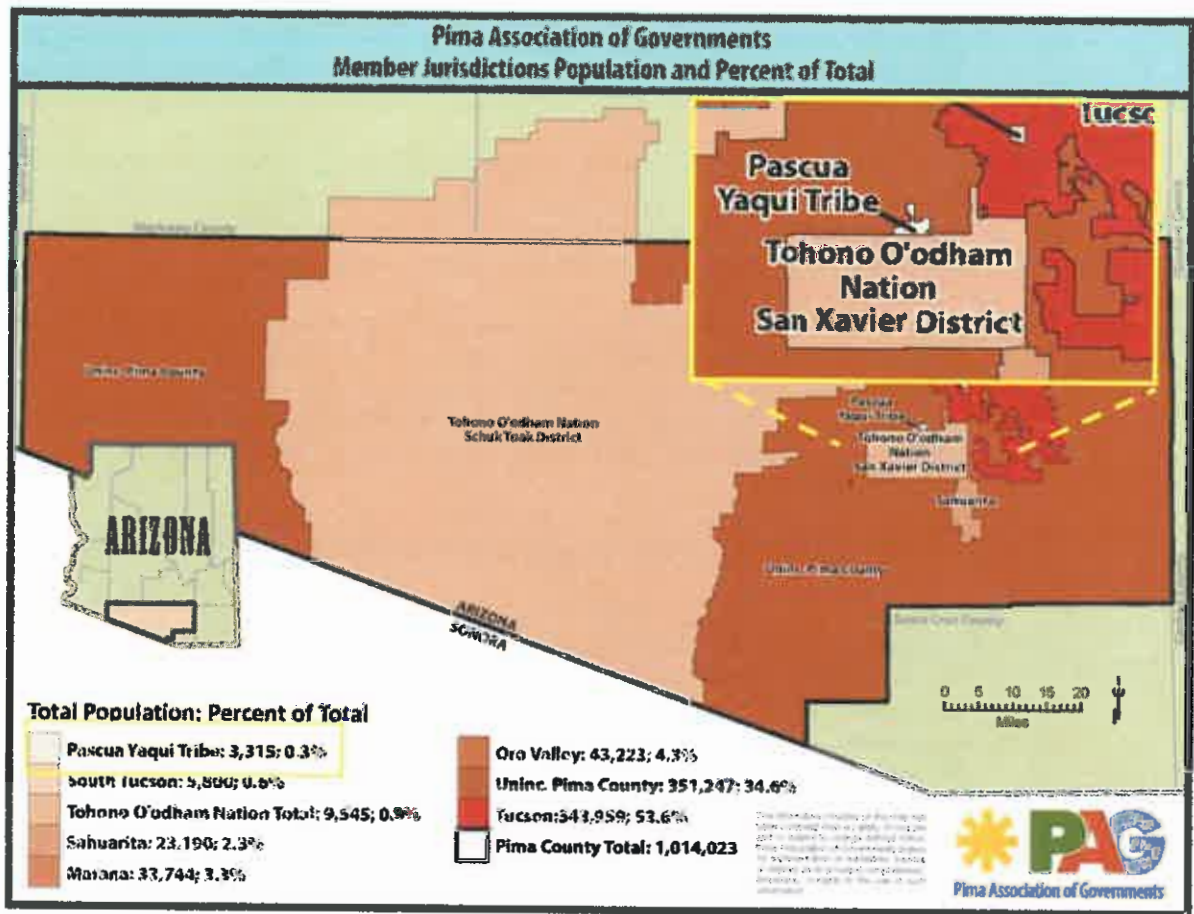
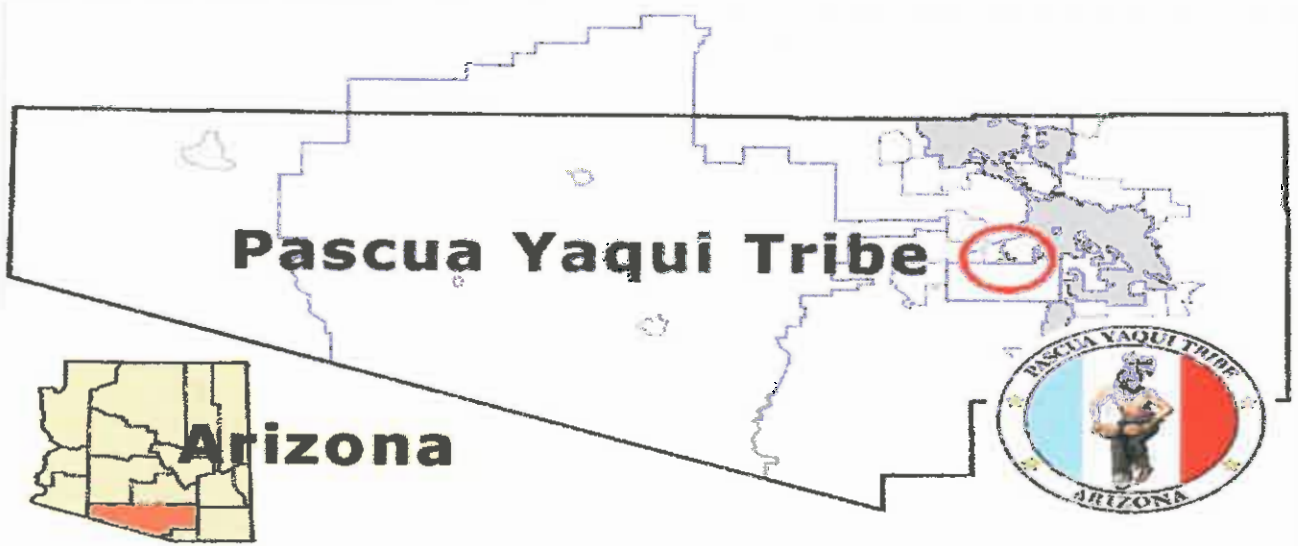
**f. Joint Training: To every extent possible, Pima County Health Department and Pima County Office of Emergency Management will extend invitations to PASCUA YAQUI TRIBE for training, drills, and exercises to foster collaboration and familiarity with systems and coordination. PASCUA YAQUI TRIBE will participate in Pima County Multi-Year Training and Exercise Program and notify Pima County of any trainings, drills, or exercises sponsored by PASCUA YAQUI TRIBE.**

**f. PASCUA YAQUI TRIBE Triage and CBRNE Immediate Medical Response Capability:**

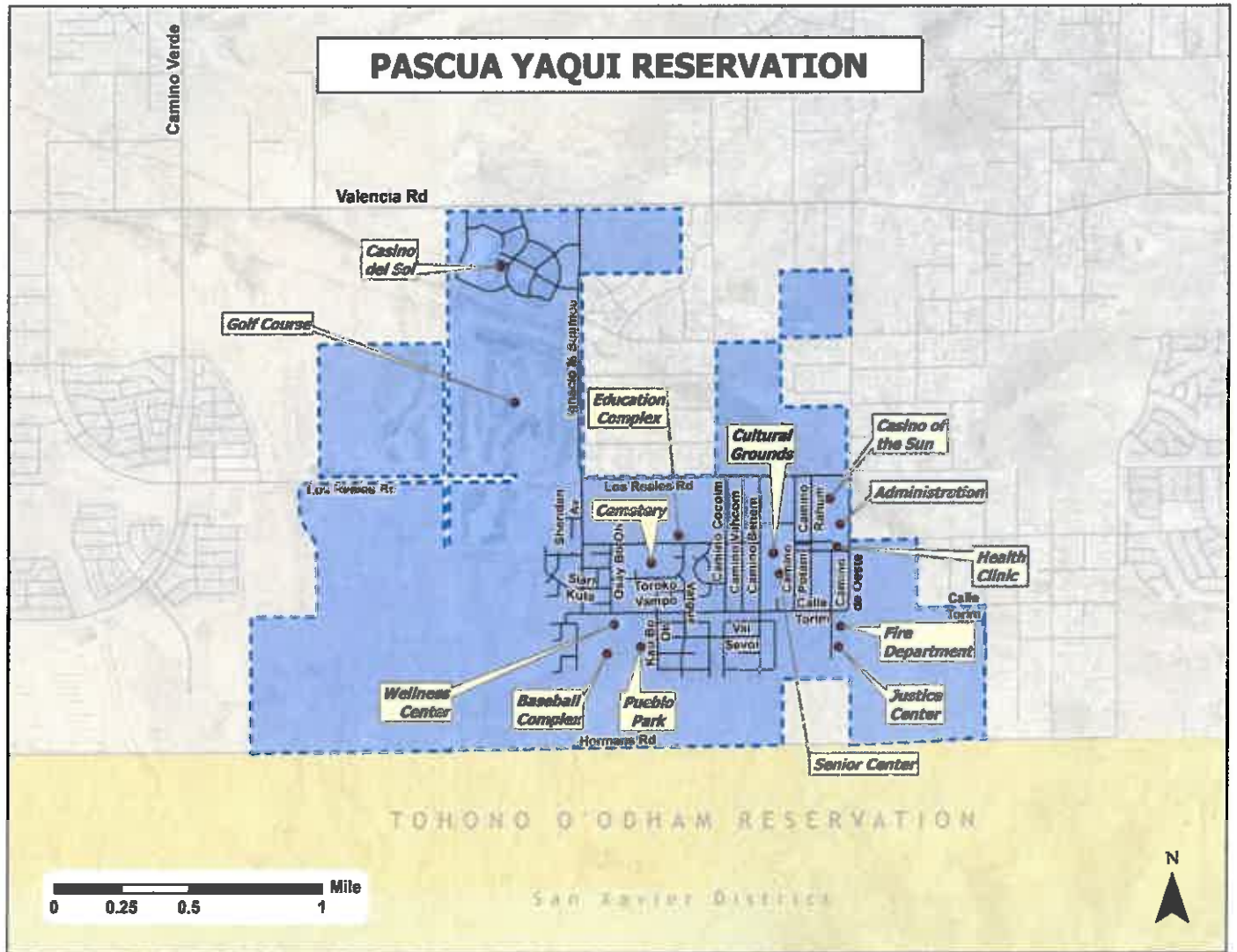
**(1) The PASCUA YAQUI TRIBE Incident Commander (IC) will be established. The immediate medical response will be coordinated by the PASCUA YAQUI TRIBE Fire Department. The immediate medical response will operate under the direction of the IC. The IC will coordinate medical response with the senior medical representative for the Tucson Fire Department. Pima County Office of Emergency Management and Health Department will coordinate logistics of the immediate medical response.**



APPENDIX 4: MAPS OF PASCUA YAQUI TRIBE, PIMA COUNTY ARIZONA



# Map of Pascua Yaqui Tribe Reservation



**APPENDIX 5: IDENTIFICATION OF BIOTERRORISM AND OUTBREAK DISEASES**

Agent	Incubation Period	Symptoms	Signs	Diagnostic tests	Transmission and Precautions	Treatment (Adult dosage)	Prophylaxis
Anthrax (inhaled and cutaneous)	2-6 days Range: 1 Day to 8 weeks	<b>Inhalation:</b> Flu-like symptoms, nausea, vomiting, abdominal pain, fever, respiratory distress. <b>Cutaneous:</b> Initial itching papule, fever	<b>Inhalation:</b> fever, followed by abrupt onset of respiratory failure, confusion Widen mediastinum on chest X-ray (adenopathy), bloody pleural effusions, Atypical pneumonia <b>Cutaneous:</b> initial itching papule, 1-3 cm painless ulcer, then necrotic center, lymphadenopathy	Gram stain (:boxcar" shape) Gram positive bacilli in blood culture ELISA for toxin antibodies to help confirm Chest CT	Aerosol inhalation <i>No person-to-person transmission</i> Standard precautions	Mechanical ventilation Antibiotic therapy (inhalation) Ciprofloxacin 400mg IV q 8-12 hr <b>OR</b> Doxycycline 200 mg IV initial, then 100 mg IV q 8-12 hr <b>PLUS</b> Rifampin 10 mg/kg:d po (up to 600 mg day) <b>OR</b> Clindamycin 1200-2400 mg/day IM or IV	Ciprofloxacin 500 mg or Doxycycline 100 mg po q 12 hr ~ 8 weeks Amoxicillin in pregnancy and children (if susceptible) Vaccine if available
	12-72 Hours Range: 2hrs- 8 days	Difficulty swallowing or speaking (symmetrical cranial neuropathies)  Symmetric descending weakness Respiratory dysfunction No sensory dysfunction No fever	Dilated or un-reactive pupils Drooping eyelids (ptosis) Double vision (diplopia) Slurred speech (dysarthria) Descending flaccid paralysis Intact mental state	Mouse bioassay in public health laboratories (5-7 days to conduct) ELISA for toxin	Aerosol inhalation Food ingestion <i>No person-to-person transmission</i> Standard precautions	Mechanical ventilation Parenteral nutrition  Trivalent botuimum antitoxin available from State Health Departments and CDC	Experimental vaccine has been used in laboratory workers
Plague	1-3 days By inhalation	Sudden onset of fever, chills, headache, myalgia <b>Pneumonic:</b> cough, chest pain, dyspnea, fever <b>Bubonic:</b> painful lymph nodes.	<b>Pneumonic:</b> Hemoptysis; radiographic pneumonia— patchy, cavities, confluent consolidation, hemoptysis, cyanosis <b>Bubonic:</b> typically painful; enlarged lymph nodes in groin, axilla, and neck	Gram negative coccobacilli and bacilli in sputum, blood, CSF, or bubo aspirates (bipolar, closed "safety pin" shape on Wright, Wayson's stains) ELISA, DFR,PCR	<i>Person-to-person transmission in pneumonic forms</i> Droplet precautions until patient treated for at least three days	Streptomycin 30 mg/kg/day in two divided doses x 14 days Gentamicin 3-5 mg/kg/day IV/IM in q 8 hr dosage Tetracycline 2-4 g per day Ciprofloxacin 400 mg IV q 12 hr	Asymptomatic contacts or potentially exposed Doxycycline 100 mg po q 12 h Ciprofloxacin 500 mg po q 12 h Tetracycline 250 mg po q 6 hr <b>All x 7 days</b> Vaccine production discontinued
Tularemia Pneumon ic	2-5 days Range: 1-21 days	Fever, cough, chest tightness, pleuritic pain Hemoptysis	Community-acquired, atypical pneumonia Radiographic: bilateral patchy pneumonia with hilar adenopathy (pleural effusions like TB) Diffuse, varied skin rash May be rapidly fatal	Gram negative bacilli in blood culture on BYCE (Legionella) cysteine- or S-H-enhanced media Serologic testing to confirm: ELISA, microhemagglutination DFA for sputum or local discharge	Inhalation of agents <i>No person-to-person transmission but laboratory personnel at risk</i> Standard precautions	Streptomycin 30 mg/kg/day IM divided bid for 14 days Gentamicin 3-5 mg/kg/day IV in three equal divided doses x 10-14 days Ciprofloxacin possibly effective 400 mg IV q 12 hr (change to po after clinical	Ciprofloxacin 500 mg po q 12 hr Doxycycline 100 mg po q 12 hr Tetracycline 250 mg po q 6 hr All x 2 weeks Experimental live vaccine

						improvement) x 10-14 day	
Smallpox	12-14 days Range: 7- 17 days	High fever and myalgia; itching; abdominal pain; delirium Rash on face, extremities, hands, feet; confused with chickenpox which has less uniform rash	Maculopapular then vesicular rash—first on extremities (face, arms, palms, soles, oral mucosa) Rash with hard, firm pustules ("intra-dermal blisters") Rash is synchronous on various segments of the body	Electron microscopy of pustule content PCR Public health lab for confirmation Rule out chicken pox with DFA	<i>Person-to- person transmission</i> Airborne precautions Negative pressure Clothing and surface decontamination	Supportive care Vaccinate care givers  Experimental: cidofovir (useful in animal studies)	Vaccination (vaccine available from CDC)



## **APPENDIX 6: JOB ACTION SHEETS FOR PUBLIC HEALTH EMERGENCY – ROLES AND RESPONSIBILITIES**

### **Incident Command and Control**

The Tribal Council functions as agent for the Tribe and is required to and has authority to take any and all measures to protect the public health of the Tribe, preventing the spread of diseases and limit morbidity and mortality. The Health Center assesses health threats and determines the appropriate response and when necessary contacts the Arizona State Department of Health of an outbreak with public health threats to the community. The PYTHSD staff, and the El Rio – Pascua Yaqui Health Center and its staff function under the orders of this command structure. It is this command structure that determines the call for additional resources, activates and directs the emergency response, carries out disease control measures such as quarantine, isolation and mass prophylaxis.

The following steps will be applied:

1. Establish the Incident Command structure.
2. Establish strategy and priorities to control the incident.
3. Establish the communication system between the emergency responders.
4. As the highest elected official (or designee) determines when to declare an emergency based on reported events and implements the Incident Command System.
5. Oversee the Incident Action Plan.
6. Authorize media releases.
7. Establish the aggregated data reporting system for final evaluation and effectiveness of the program and where performance improvement can be made.

### **Incident Commander**

The Incident Commander in event of a Public Health Emergency is the HSD Executive Director or his designee. The Incident Commander's role is to establish the strategy and tactics to control the incident and implement and manage the action plan of using predetermined available tribal and other community resources. The Incident Commander is authorized to direct and manage a suspected outbreak and complete notifying the State Chief Epidemiologist who is the authority source in directing an effective controlled medical treatment approach to the incident.

The Incident Commander provides these predetermine strategic goals and tactical objectives, and directs the organizational structure to coordinate the following objectives:

- Assesses PHEPP emergency conditions and determines appropriate response for consultation to Tribal Council.
- Determine what level of response is required and who should be notified
- Recommends to Tribal Council, PHEPP Coordinator, and the HSD Executive Director, requests for additional medical resources for approval.
- At the direction of the Tribal Council serves as liaison to the Health Center, EOC and all emergency partners.
- Predetermines strategic goals and tactical objectives for medical situation to limit morbidity and mortality.
- Advises the Tribal Council when to activate need for Medical Reserve Corps.
- Recommends to Tribal Council to authorize media releases.
- In consultation with PHEPP Coordinator, carries out disease control measures, such as quarantine, isolation and mass prophylaxis.
- Approve official statement(s) for release to the media

- Assess need for ongoing training of PIOs and other members of the media relations/crisis communications staff.
- Participate with community organizations/agencies to assess the risk/crisis communications needs of public health partners
- Assess need for ongoing training of PIOs and other members of the media relations/crisis communications staff
- Participate with community organizations/agencies to assess the risk/crisis communications needs of public health partners

Group: Incident Command Section.

Incident Command Location: Tribal Council Offices;

Incident Command Center: Tribal Council Telephone No. (520) 883-5000

## **PHEPP Coordinator**

Coordinates communications between epidemiology, laboratory, SNS Coordinator, operations and planning. Obtain and act on briefing from Health Director pertaining to internal functions during a biological event. Identify representatives from each participating department. Provide a point of contact for assisting participating departments. The Tribal Council (Incident Commander) conducts action briefings with the PHEPP and Health Director.

The PHEPP Coordinator is responsible for the following tasks:

- Coordinates the Tribal preparedness and response activities with the point of contact of each participating resource.
- Assists the Health Director during Strategic National Stockpile operations.
- Is the contact point for external agency representatives.
- Maintain a current list of assisting and cooperating agencies and keeping them abreast of incident status. Identify current or potential inter-organizational problems.
- During Incident Command briefings the PHEPP Coordinator provides current resource status, including limitations and capability of assisting agency resources.
- The PHEPP Coordinator maintains an Emergency Log Book documenting action taken, results assessments, evaluation of effectiveness, areas for performance improvement, and status.

Group: Incident Command/PHEPP Coordinator Section.

You Report To: Operations Section Chief Telephone No: 520-879-6000

## Medical Operations / Local Medical Response

The Incident Commander is authorized to direct and manage a suspected outbreak and complete notifying the State Chief Epidemiologist who is the authority source in directing an effective controlled medical treatment approach to the incident. The following roles and responsibilities of a Chief Epidemiologist may be assigned to the Chief Medical Officer of the PYTHSD, or met through pre-arranged agreements with Pima County Health Department, or another contractor.

### Real-Time and Measured Patient-Provider Level Interventions:

- The local Health Director serves as liaison to the EOC and Incident Commander, as directed.
- Manages the Health Centers epidemiology capabilities. Conducts local data analysis and hypothesis testing.
- Coordinates the epidemiological investigation in collaboration with state and federal health authorities.
- Activates First Responder Team, and manages team findings.
- Identifies exposed population and direct exposure to team assigned to isolation procedures.
- Coordinates with Logistics Officer for supplies such as- forms, vaccination/specimen materials, computer support.
- Coordinates with Public Information Officer.
- Document Clinical Performance Measures- Document the observed patient care, satisfaction, functional capabilities, health status, cost of services and final outcome. \*

*\*Accreditation Association for Ambulatory Health Care (AAHC) requirements.*

Group: Insert into Operations Section under Medical Operations Branch

You Report To: Operations Section Chief

Operations Section Chief Telephone No 520-879-6000

Incident Command Center: Tribal Council Chambers Telephone: (520) 883-5000



## **Surveillance / Field Health Threats Investigator (First Responder)**

Investigates suspected bioterrorism or disease outbreak case in the field and reviews patient records to identify potential cases, comparing patient case history. With other medical responders, performs a medical assessment.

### Real-Time and Measured Patient-Provider Level Interventions:

- Report to Health Director (Local Chief Epidemiologist) on field findings and recommended declared emergency event.
- Assemble other assigned Field Case Investigators (1<sup>ST</sup> Responders) and report on findings and recommendations.
- Facility interviews suspected cases and reviews patient records to identify potential cases, by comparing patient medical history.
- Participates in educating physicians on identification/diagnosis of bioterrorism and outbreak diseases. (Insert Table 1 on next page).
- Refer to “Arizona Administrative Code, Title 9, Chapter 6, Articles 1, 2, 3, 5 and 6” for communicable disease and infestations assessment practices.
- Confirm cases using case definition (Table 1).
- Refer exposed individuals for medical evaluation and treatment.
- Contemplate invoking isolation procedures.
- Assist in collection of specimen for laboratory testing.
- Assist nurses in vaccinating contacts.
- Generate contact list from database daily and call each contact to record additional symptoms or pustule formation.
- Refer contacts for medical evaluation or revaccination.
- Maintain confidentiality.
- Document Clinical Performance Measures- Document the observed patient fare, satisfaction, functional capabilities, health status, cost of services and final outcome. \*

\* Accreditation Association for Ambulatory Health Care (AAAHC) requirements.

Group: Insert into Operations Section under Public Health Ops Branch

You Report To: Health Director (Local Chief Epidemiologist)

Health Center Telephone No. (520) 879-6000

Emergency Telephone No. (Use cell phones or other planned communications systems)

Incident Command Center: Tribal Council Chambers Telephone: (520) 883-5000

## **PHEPP Nurse Case Investigator**

Based on the initial investigation of the Field Health Threats Investigator and the potential number of field cases identified, BT Nurse Case Investigators are assembled to assist in the investigation of outbreak event.

### Real-Time and Measured Patient-Provider Level Interventions:

- Assist with medical assessments.
- Interviews contacts and assesses for signs/symptoms.
- Vaccinates contacts.
- Conducts 7-day evaluation of vaccine take.
- Educates contacts on possible diagnosis (Pandemic Influenza, smallpox) or other symptoms.
- Conducts personal interviews with cases for exposure assessment to ascertain type, location, and characteristics of exposure.
- Documents Clinical Performance Measures- Document the observed patient fare, satisfaction, functional capabilities, health status, cost of services and final outcomes. \*

*\* Accreditation Association for Ambulatory Health care (AAAHC) requirements.*

Group: Insert into Operations Section under Public Health Ops Branch

You Report To: Field Health Threats Investigator

Health Center Telephone No. (520) 879-6000

Emergency Telephone No. (*Use cell phones or other planned communications systems*).

Incident Command Center: Tribal Council Chambers Telephone: (520) 883-5000

## **Triage and Treatment Supervisor (Must be an RN)**

The triage and treatment supervisor is responsible for policy regarding triage, counseling, set-up of triage and treatment facilities away from the Health center. Protocols for patient care and all functions of triage/dispensing/treatment site sites for patient tracking systems. Provide the system for Triage/dispensing/treatment sites to continuously provide feedback to the Health center on all operational issues such as supplies distributed and additional needs.

### Real-Time and Measured Patient-Provider Level Interventions:

- During declared emergency operations, the Triage/Treatment Supervisor supervises all triage/dispensing/treatment sites. In lesser event serves as BT Nurse.
- Responsible for coordination, liaison, vaccination, and community outreach programs related to bioterrorism, preparedness and response.
- Provides training for all response level intervention performed by assisting personnel at each site.
- Documents Clinical Performance Measures- Document the observed patient fare, satisfaction, functional capabilities, health status, cost of services and final outcomes. \*

\* *Accreditation Association for Ambulatory Health care (AAAHC) requirements.*

Group: Insert into Operations Section under Medical Services

You Report To: Public Health Ops Branch

Health Center Telephone No. (520) 879-6000

Emergency Telephone No. (Use cell phones or other planned communications systems).

Incident Command Center: Tribal Council Chambers Telephone: (520) 883-5000

## **Medical Support (RN/LVN/RDT)**

The entire Health Center staff serves in a support role to the declared emergency event. Each individual receives their direct assignment from their department supervisor. The following are the Medical Staff job action assignments:

### Real-Time and Measured Patient-Provider Level Interventions:

- Medical Support Staff
- Provide Supervisors with current callback contact numbers for use and assignments during emergency events.
- Report to triage/dispensing/treatment site as directed by supervisor.
- Conduct duties as assigned by Triage/Dispensing/Treatment supervisor.
- Keep Supervisor informed on services provided, medical supplies received and dispensed and clinical performance measures.
- Assist in medical assessments.
- Assist in interviewing contacts and conducting assessments for signs/symptoms displayed in patients.
- Vaccinate contacts.
- Assist in conducting evaluation of vaccine take, if appropriate.
- Assist in conducting interviews with cases for exposure assessment to ascertain type, location, and characteristics of exposure.
- Educate contacts on possible Class A, B or C biological agent symptoms, travel restrictions and reporting requirements.
- Document Clinical Performance Measures- Document the observed patient fare, satisfaction, patient capabilities, health status, cost of services and final outcomes. \*

\* *Accreditation Association for Ambulatory Health Care (AAAHC) requirements.*

Group: Insert into Operations Section, Medical Ops Branch

You Report To: Medical Ops Branch

Health Center Telephone No. (520) 879-6000

Emergency Telephone No. (Use cell phones or other planned communications systems).

Incident Command Center: Tribal Council Chambers Telephone: (520) 883-5000



## APPENDIX 7: RECOVERY PLAN FOR PUBLIC HEALTH EMERGENCY

### Recovery Strategy and Continuity of Operations Plans

#### Priority:

The primary strategy of the recovery plan is to return all Tribal operations to its normal operations before the emergency event. The recovery process is developed from identified short-term and long term priorities.

#### Short-Term Events:

Short-term declared local events by the Tribal Council may have implemented a limited number of participating response teams. Example- A government agency has declared an awareness alert on an outbreak disease with specific suspect visual conditions. A patient shows up at the El Rio – PYT Health Clinic with a rash that appears suspect to the alert, and as a public health safety precaution the HSD Executive Director makes a precautionary recommendation to the Tribal Council on a possible outbreak. An emergency is declared. The first responder investigation team is called into action. The Health Center begins the process of readiness to meet the emergency and the investigation team findings determine the patient is not in the alert category and the Health Director advises the Council on the findings and the Council advises the Health Center to deescalate the limited emergency responders. Within a 48-hour time period, the event response is critiqued, documented with learned performance improvement interventions and the declared emergency event is officially closed.

#### Long-Term Events:

Long-term declared emergencies by the Tribal Council implement responding departments where priorities, processes, and functions have impacted human resources or physical resources that require long-term procedures for restoration of services, facilities, programs and infrastructure. Considerations of long-term impact:

1. Government Agency Declared Events: Where a government agency has declared the emergency, there will be post event mitigation procedures issued to assure public safety and until those requirements are met, the local declared emergency is not closed until the government agency declares the event closed. The terrorist act or disease outbreak may last for months or longer for public safety.
2. Impact Analysis (Business Impact Analysis): Impact analysis is a management level analysis that identifies the impacts of losing the entity's resources, therefore, the recovery plan would assess and analyze the effects of resource loss and escalating losses over time in order to develop a reliable database of business impact losses upon which to base decisions on hazard mitigation and continuity planning.
3. Infrastructure Damage. The event may have impacted buildings, roads or property which requires long-term recovery plans. The Council conducts a damage assessment and identifies resources required to support recovery and interim continuity of operations plans.
4. Tribal Government Management/Programs Impacted: The event may have impacted the management structure of the Tribal Government and its programs that may require long-term recovery plans. The Council conducts damage assessments to establish continuity of management of government its programs.
5. Continuity of Operations Plans: Long-term impacted events require a continuity of operation plans which identifies critical and time-sensitive applications, processes, and functions to be recovered and continued in the areas of personnel management with realistic working procedures to continue all Tribal operations.
6. Financial Administration Recovery Plans: Throughout this long-term declared event, the Tribe's Financial Administration shall collect and document all associated costs of the event.



**APPENDIX 8: PYTHSD LEADERSHIP SUCCESSION**

First Name	Last Name	Title	Program	Role
Reuben	Howard	Executive Director	Health Division - Admin	IC (P)
Shanna	Tautolo	Associate Director	Health Division - Admin	IC (S)
Feliciano	Cruz, Jr.	Program Manager	Public Health Emergency Preparedness	IC (T)
TBD				
Christina	Arredondo, MD	Chief Medical Officer	Health Division	CMO
Ron	Toepke, DDS	Dental Director	Health Division	CMO

Shanna	Tautolo	Associate Director	Health Division - Admin	PIO (P)
		Program Manager	Communications	PIO (S)
		Digital Media Coordinator	Communications	PIO (T)

Feliciano	Cruz, Jr.	Program Manager	Public Health Emergency Preparedness	Plan (P)
TBD				Plan (S)
TBD				Plan (T)

Rene	Harbaugh	Nursing Director	Public Health Nursing & Infectious Disease Officer	Ops (P)
Yoendry	Torres, Psy.D.	Director of Behavioral Health	Behavioral Health – Centered Spirit	Ops (T)

Reuben	Howard	Executive Director	Health Division - Admin	Log (P)
Shanna	Tautolo	Associate Director	Health Division - Admin	Log (S)
TBD				Log (T)
Diana	Guzman-Casian	Department Manager	Health Business Office	Admin/fin (P)
TBD				Admin/fin (S)
TBD				Admin/fin (T)

## APPENDIX 9: HEALTH ALERT NETWORKS

The Arizona Health Alert Network was developed as part of the efforts to enhance the public health response capabilities for the State of Arizona Department of Health Services (ADHS) is the lead agency for the development and dissemination of Health Alerts. The alerts are sent to medical providers and public health administrators at PYTHSD, and all public health registrants in the state.

This Program was created to address the communications needs associated with both public health response and daily operational sharing of information for planning and disease surveillance. The Health Alert Network provides six functions to assist PYTHSD in event of public health emergency, including:

- Redundant Communications – a system which adds redundancy as well as daily use,
- Integrated Development – not a standalone system. All development is integrated within public health and with other response partners so information is not lost.
- Secure Communications -- Provides secure communications within the public health community.
- Outreach -- Aids communications with public audiences for response efforts and risk communication.
- Collaboration -- Facilitates statewide collaboration for public health preparedness in areas of planning and information sharing.
- Response Needs -- Prepares public health staff for varied levels of scaled public health response with tracking systems and alternative communication mechanisms.

PYTHSD has an option to enroll for targeted GIS-based information flow to individuals on the reservation for specific health alerts for the immediate area of the Pascua Yaqui reservation.

Other vehicles for response communications and information sharing include:

- *Satellite Downlink Network* - For the receipt of public health broadcasts for distance learning and response activities
- *SIREN Development* - Secure web-based collaboration and alerting network to support response and disease surveillance applications.
- *Satellite-Based Response Equipment* - Portable response equipment for remote clinic operations and remote emergency operations center.
- *Satellite Internet Communications* - Coordinated redundant satellite Internet connections for local public health and hospitals.
- *Strategic National Stockpile Inventory Tracking* - Response application to address the management of inventory and tracking of patients.

*Telehealth – Video Conferencing Network* - Coordinate with local public health to utilize telehealth for statewide trainings, planning, and emergency communications

## APPENDIX 10: COMMUNICATIONS - CRISIS AND EMERGENCY RISK COMMUNICATIONS PLAN

When a crisis or emergency event occurs, responders designated by the Tribal Chairman will devote their full attention to the event, keeping the organization's values in mind, using key messages as well as crisis and emergency risk communication protocols. There are six (6) primary objectives of the Pascua Yaqui Tribe's Crisis and Emergency Risk Communication Plan (PYTHSD - CERC):

1. Provide sound and thoughtful information to preserve and protect the Yoeme community's health in a crisis or emergency risk situation
  - When the lives or health of individuals are at risk, safety is the highest priority, do nothing to make the situation worse or endanger lives or safety
2. Provide necessary information to limit ineffective, fear-driven and potentially damaging response to an event
  - Be first, be right, and be credible
  - Coordinate the response with appropriate Emergency Operations personnel
  - Speak with a united voice and provide regular updates
3. Establish and maintain confidence in the organization by providing accurate and timely information
  - Reach out to key audiences as quickly as possible. Communicate in the most appropriate manner with key audiences
  - Be an authoritative, trusted and reliable source of accurate information for key audiences
4. Protect and preserve the reputation of the Pascua Yaqui Tribe and Health Services Division;
5. Protect and enhance our reputation by relying on our values and acting in a professional, responsible manner; and
6. Position the organization as responsible, trustworthy and caring.

The Pascua Yaqui Tribe cannot control crisis and emergency situations, but it can control the response to the situation. During a crisis or emergency event, it is essential that information be timely, accurate, empathetic, caring, pertinent and credible. When the PYTHSD - CERC is activated, the Tribal Chairman will expect the HSD Public Information Officer to be a member of the PIO's staff. The remaining members of the HSD Communications Team will serve as part of the response in a capacity as designated by the Incident Commander. As a member of the PIO's staff, the HSD Public Information Officer's role throughout the incident are:

1. Learn as much about the situation as possible
2. Make statements as quickly as possible with appropriate approval
3. Maintain effective internal and external communications
4. Remember the needs of those who may be affected by the crisis – the key audience
5. State the steps being taken to mitigate the situation and prevent a reoccurrence
6. Plan for and initiate efforts to return to normal operations as soon as possible

### Scope of Emergency Communications

This section of the PYTHSD - CERC Plan provides essential information and guidance to HSD officials to help them make informed and timely decisions in regards to the media and community. This PYTHSD - CERC applies to all public health issues impacting the Pascua Yaqui Tribal communities.



In the event of a natural, human-caused disaster or any disaster as a result of a Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) agent or device that impacts the Pascua Yaqui reservation, the Health Services Division may be asked by Tribal Council to activate its emergency operations plan. In such an event, the Tribal Leadership will appoint a Lead PIO, who may activate the PYTHSD - CERC section of the Strategic Communications Plan to ensure the appropriate actions are taken to inform Yoeme community members, reservation residents, visitors, stakeholders and partners of any situation or emergency affecting the public's health.

The guidance in the emergency communications section of the Strategic Communications Plan will allow the health department to work in unison with County, Tribal, State and Federal agencies. In compliance with the National Incident Management System (NIMS), the HSD-CERC Plan is designed to operate under the Incident Command System (ICS).

Large-scale emergencies or disasters usually exceed communications capabilities and require the activation of emergency communication systems to support response efforts. The Pascua Yaqui Tribe is a small community with limited resources, and potentially overwhelmed if the event requires high technology or prolonged communication efforts. These situations may require support from Pima County Health Department, which is noted in the Memorandum of Agreement between the two agencies (Appendix 3).

When the emergency communications section is activated, all outgoing communications will be developed through PYT's Lead PIO, supported by the HSD Public Information Officer. The Incident Commander, or approved designees, should approve all information for dissemination to the public, media and response partners. Appropriate Tribal officials (e.g. Tribal Chairman or designee) would also be included in the approval process.

### COMMUNICATIONS OBJECTIVES DURING A PUBLIC HEALTH EMERGENCY

Through collaborative work with key partners, stakeholders and elected officials, the Pascua Yaqui Tribe's Health Services Division will implement a comprehensive information- dissemination plan to communicate local readiness, interagency collaboration and preparedness for infectious disease outbreaks and public health emergencies.

The PYTHSD will inform, update and solicit assistance to and from partners and stakeholders to implement, monitor, and test the effectiveness of the plan. The role of PYTHSD - CERC in coordinating a successful response and recovery operation is dependent upon an effective communication system. This system must be capable of providing the link between resources and key partners.

An effective communications program must also be capable of responding to continually changing needs of the Pascua Yaqui Tribe's public health situation as well as providing an effective method for the receipt and distribution of information. To this end, the Public Information Officer is responsible for

- Ensuring that high-level policy makers and elected officials at the local level are provided regular updates regarding preparedness activities.
- Soliciting input from response partners and stakeholders to determine the most effective communications and information dissemination process.

- Developing formal and informal responses to media requests including press releases, press conferences, website updates, telephone calls, media advisories, public-service announcements or personal interviews.
- Pre-approved quotes from Tribal officials may be provided to members of the media on deadline.
- Gathering input via the Communications Team, regarding media messaging (including social media pages, print, TV and radio news) to determine messages needed, correct misinformation, and address media concerns and interests during an event

If the PYTHSD Operations Center has not been activated, Division supervisors will ensure that their employees are contacted by telephone or other methods of communication along with information needed on where and when they need to report. Command staff and staff identified by the HSD Director, the PYT - IC, or a designee are expected to report to the PYTHSD Administration Office at 7490 S. Camino De Oeste, Tucson, AZ 85757. In the event the Administration Building is not accessible or has become unavailable, these staff members will report to a location determined by the Director, IC, or a designee.

### EMERGENCY ROLES AND RESPONSIBILITIES

The following is a brief description of the major **communications-oriented positions** and responsibilities that can be activated during a Pascua Yaqui Tribe response to any crisis or emergency which threatens public safety and health of the Yoeme community.

**Lead PIO** will need to activate support staff during an emergency. The following outlines how the public information functions should be organized and staffed during the event.

- Inform/advise the Incident Commander and PYTHSD Executive Director about public information and inquiry issues relevant to the response
- Formulate communication strategy in consult with the IC, HSD Public Information Officer and Team, and regional stakeholders
- Delegate communication responsibilities according to need, staff availability and skill set
- Manage the use of communication assets in the EOC and provide logistical support to agencies requiring the use of communications assets
- Establish and oversee execution of Division communications objectives
- Manage media relations issues related to crisis within put from the IC
  - Gather facts, assess for accuracy, determine information source
  - Clarify information through public health staff and managers
- Attempt to verify the magnitude of the events
- Identify staffing and resource needs to meet expected media interest
- Assist with procedure and operations of a Joint Information Center, if established, in accordance with Pascua Yaqui Tribe guidelines
- Coordinate personnel to handle media logistics (e.g., logging media requests)
- Coordinate development of press background director's statement, fact sheets and other material for internal and external audiences
- Identify, contact Subject Matter Experts (SME)
- Identify bilingual or multilingual staff members to assist with translation needs, or give interviews to foreign-language media outlets



- Identify and work with those individuals and agencies who are in contact with difficult to reach populations, and activate plans for outreach communications
- Identify locations, equipment and supplies for press conferences
- Providing health related information that may be obtained from and disseminated to health care providers, public health agencies, EMS, hospitals, veterinarians, laboratories, pharmacists and other non-profit agencies
- At least one PIO will be available around the clock, or as necessary, to report to Incident Command, Joint Information Center or Emergency Operations Center

**Communications Team (Support to Lead PIO)** – the Communications Team will support the efforts of the HSD Public Information Officer, and the PYT Lead PIO, to accomplish the following responsibilities;

- Research and verify information
- Write media advisories, releases and other materials
- Help to manage all media requests and logistics
- Brief and support spokespersons, determine and set up media-briefing area
- Monitor media reporting through formats such as radio, TV, websites, and blogs and reporting inaccurate information
- Post accurate information to PYT website and distribute scripts to call centers including the Public Health Information Line or other call center/triage lines that may be established.
- Establish communications needs and priorities for beginning incident management or clinic services
- Develop plans for effective communications within the incident or POD site
- Develop plans for effective communications from the incident site or HSD Operations Center
- Install and test communications equipment
- Distribute communications equipment to personnel
- Maintain and repair communications equipment
- Provide “Just in Time” training to staff and volunteers

**Planning Scribe** – records all public information messages associated with the emergency. As part of the Incident Action Planning notes, public information messaging will be submitted to the Incident Commander and Command Staff. It will be noted that this information is confidential and not for public dissemination.

**Pascua. Yaqui Tribe Information Technology Departments** – will ensure on-going operation of critical communications systems in the event of a public health or other emergency

### **Emergency Operations – CERC Location**

PYTHSD public information operations will be located in the Department Administration Center (7490 Camino de Oeste, Tucson, AZ 85757). In the event the Administration Building is not accessible or has become unavailable, a location determined by the HSH Executive Director, IC, or a designee. These actions may also take place at a Mobile Command Center depending on the nature of the event. If a Joint Information Center is opened, staff will be assigned to that location.

For media briefings and conferences, media members are likely to come to the Health Services Division Administration Building and position themselves outside the main entrance. Briefings and conferences may be held in the PYTHSD Large Conference Room or in another location. This will be determined and coordinated by the Incident Commander, PYT-PIO, or HSD Communications Director.

A media-staging site may be required and could change depending on the emergency situation. At the PYTHSD Administration building, members of the media will be directed to park on the south side of the building. If this space is unavailable, an ad hoc media area will be designated. A likely scenario is that the media will set up as close to the Operation Center as possible or at the scene of the emergency.

During a prolonged event, it is likely that the media will request office space. If needed, the conference rooms at the PYTHSD Administration Center may be designated for this purpose.

With current use of cell phones, additional phone lines should not be necessary. Access to phone and internet access for email, fax as well as copiers, tables and chairs and will be provided for members of the media if Division resources are available.

### **Unified Messaging During an Emergency**

The Pascua Yaqui Tribe and its partners must “speak with one voice,” and deliver accurate, consistent and timely information. PYTHSD-Public Information Officers and Public Information Officers from various community organizations must work to coordinate information and refer media inquiries to a central source of information. Creating linkages between various PIO’s within the community is key to achieving that spirit of cooperation and understanding. One of the most important factors in ensuring a successful response to any disaster or emergency is effective and timely communication between responders, decision makers and the public at the local, state, tribal and national levels.

The HSD Public Information Officer will work with PYT – PIO to

1. identify and initiate contact with PIOs from coordinating agency/agencies.
2. conduct an initial strategy discussion to decide upon key messages, target audience(s), and plan for updating and approving information releases.
3. collaboratively review and obtain approval for messages, collateral, images, or other elements through each agency’s Incident Command System or approval process.
4. release information via appropriate and agreed upon channels. Pascua Yaqui Tribe has a Memorandum of Understanding with the Pima County Health Department and the Indian Health Service, in the event that a Joint Information System (JIS) or Joint Information Center (JIC) is activated, information releases will occur exclusively through the JIS/JIC. For participation in the Pima County JIC/JIS see Pima County Health Department Memorandum of Understanding with PYTHSD.

### **Alerts and Notification for Staff and Partner Agencies**

**Department staff.** The PYT-PIO or designee is responsible for interdepartmental communications during emergencies. HSD Public Information Officer with support from the PYT-PIO and HSD Communications Team, will utilize calling lists (phone trees) and / or the OEM-Alert App to notify staff. HSD staff will receive all reporting locations, reporting time and job activities from their supervisor. In the event the incident is outside of the HSD’s span and control, HSD staff will receive

reporting locations, times and job activities from the Incident Commander, HSD Public Information Officer, or supervisors. This system will be exercised annually.

Information will be distributed to PYTHSD staff in several ways: via program staff meetings/briefings, telephone, fax, email, printed documents, or other methods should power, internet, or telephone systems be interrupted.

**Partners, stakeholders, legislators, special interest, and other outside agencies.** During a public health emergency, HSD staff may not respond to requests or inquiries from partners, policy makers, elected officials and special-interest groups unless given specific and written authority by the Tribal Chairman, the Lead PYT-PIO or HSD Public Information Officer.

The primary method for sending alerts and information during an emergency to HSD health care providers, partners, and stakeholders, is the Rincon 24/7 hotline. Rincon 24/7 and the PYTHSD Partner and Stakeholder Contact List use redundant methods of communication for some partners that are considered, when available, 24/7 methods of contact. These include email, business phone, cell phone, personal phone, fax, text message, voice message, and pager.

Information sharing efforts that require regular updates will be accomplished via regular briefings and updates, listserv emails, informal contact or other methods. HSD Communications Team will monitor partners' concerns and issues through direct communication and, when possible, some sort of trend analysis. Staff will log (document) all information requests.

Timely, accurate information from a single source is critical to help members of the healthcare community identify potential public health threats. Points of contact within the healthcare community are diverse, and include:

- Physicians and nurses in private practice or public health settings
- Hospital administrators, benevolent groups, infection control officers and other staff
- Academic healthcare professionals
- Medical associations
- First responders (i.e. fire, police and EMS agencies)
- Pharmacies
- Long term and assisted care facilities
- Urgent care centers
- Community health centers

### **Participation in Pima County Joint Information System and Joint Information Center**

During a large-scale emergency affecting Pima County, the Incident Commander responding to the emergency may activate the Pima County Joint Information System (JIS) or Joint Information Center (JIC). When the JIS or JIC is activated the operation will require staffing of communications professionals throughout Pima County, including PYTHSD. Even in cases where there is no predominant public health response, PYTHSD may provide staff to provide communications support.

**Emergency Risk Communication  
EVENT: IMMEDIATE CHECKLIST**

**Step 1: Verify situation.**

**Done**

1. Have all of the **facts** been received? (to the best of your knowledge) \_\_\_\_\_
2. Was information obtained from additional **sources** to put event in **perspective**? \_\_\_\_\_
3. Was the **information's origin** ascertained? \_\_\_\_\_
4. Was the information **source's credibility** ascertained? \_\_\_\_\_
5. Is the information **consistent** with other sources? \_\_\_\_\_
6. Is the characterization of the event **plausible**? \_\_\_\_\_
7. If necessary, was the information **clarified through a SME**? \_\_\_\_\_

**Step 2: Conduct notifications.**

**Done**

1. Have notifications/contacts been made to the appropriate persons in your organization? \_\_\_\_\_
2. Has your **core team been briefed**? \_\_\_\_\_
3. Has your **senior management** group been notified? \_\_\_\_\_
4. Has your **communication team** been briefed? \_\_\_\_\_
5. Have the **elected officials** at all levels been notified? \_\_\_\_\_
6. Have the appropriate **local and county agencies** been notified? \_\_\_\_\_
7. Have the appropriate **state agencies** been notified? \_\_\_\_\_
8. Have the appropriate **federal agencies** been notified? \_\_\_\_\_
9. Have **other groups** (e.g., board members, clients, residents) been notified? \_\_\_\_\_

**Step 3: Assess level of crisis.**

**Done**

1. Has a **crisis level** (A,B,C,D) been identified that corresponds to the event characteristics? \_\_\_\_\_
2. Have the **hours of operation** for the communication team been established? \_\_\_\_\_
3. Has **jurisdiction over information** been established? \_\_\_\_\_
4. Will **federal agencies** release information or will states? \_\_\_\_\_



## APPENDIX 11: COMMUNITY CONTAINMENT PLAN / MITIGATION INTERVENTIONS

PYTHSD is authorized under PYT Tribal Code Title 8 Chapter 5-3 to initiate Community Containment operations including Non- Pharmaceutical Interventions such as social distancing and Isolation and Quarantine.

Non-Pharmaceutical Interventions (NPIs) are pandemic containment measures engaged without the use of pharmaceuticals to minimize viral transmission by increasing public education around appropriate hygiene practices and limiting person-to-person contact. This includes social distancing, isolation and quarantine.

Community effects of social distancing are dependent upon the severity of the pandemic. Potential impacts are:

- Closure of nonessential businesses and noncritical services
- Closure of public gathering spaces
- Cancellation of public gathering community and cultural events
- Closure, limitations or restriction nonessential movement
- Limitations or cancelation of community services for socially dependent or vulnerable populations

These non-pharmaceutical interventions have three major goals:

1. Delay the exponential growth in incident cases in order to “buy time” for production and distribution of a well-matched pandemic strain vaccine
2. Decrease the influenza transmission by reducing contact between sick and uninfected persons
3. Reduce the total number of incident cases, thus reducing community need for healthcare services as well as morbidity and mortality.

All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette and personal protective equipment such as face masks. Until vaccine becomes available, non-pharmaceutical containment measures will be the most effective means of minimizing illness and death due to the pandemic. Insufficient supplies of vaccine and antiviral medicine would place greater emphasis on social distancing, infection control, and public education to control the spread of the disease.

The effectiveness of most non-pharmaceutical containment measures will depend on characteristics of the evolving virus, including its pathogenicity (and infectious dose), principal mode of transmission (droplet or aerosol), onset and duration of viral shedding, attack rate (or infectivity) in different risk groups, the proportion of asymptomatic infections, clinical presentation, and compliance among the targeted populations.

Because human influenza has a short incubation period, a short generation time (the average time between infection of the case and infection of the contacts), transmission of the virus prior to symptom onset, and a non-specific clinical presentation, the utility of non-pharmaceutical containment measures is difficult to predict; however, current models based on a wide range of assumptions about the disease validate the importance of community containment.

Non-pharmaceutical containment measures must be adapted to the epidemiologic context of each pandemic phase, and recommendations regarding specific measures will change over the course of the pandemic. Once sustained human-to-human transmission is established within a geographic area, isolation or quarantine of specific individuals will be insufficient in itself and population-based social distancing measures will be added.



## APPENDIX 12: CHILD SOCIAL DISTANCING PLAN AND SCHOOL CLOSURE PLAN

Schools and pre-schools represent socially dense environments. Furthermore, children are particularly important in the transmission of influenza viruses. Compared with adults, children shed more influenza virus and shed virus for a longer period of time. Schools serve as amplification points of seasonal community influenza epidemics and children are thought to play a significant role in introducing and transmitting influenza virus in their households. Given the disproportionate contribution of children to influenza transmission, targeting their social networks within and outside of schools would be expected to disproportionately disrupt influenza spread. Policies regarding school closure apply to all schools, pre-schools and day-care facilities within the PYT reservation.

Child social distancing consists of dismissal of students from schools and school-based activities, and closure of childcare programs. It also encompasses reduction of out-of-school contacts and community mixing; the ability to control voluntary association among children and teens directly may be limited to means of gaining voluntary compliance, although facilitated by policy (e.g., closing places of congregation). Nonetheless, limiting social interaction outside school is a critical component of child social distancing.

Public messages will advise parents to protect their children by reducing their social contacts as much as possible when schools are closed. In this document uses school closures to encompass either school dismissal or school closure. School buildings may remain open to fulfill some accessory functions related to the care and education of children, but the building may be needed for other purposes such as sheltering or provision of health care services.

Expected duration of child social distancing will depend on pandemic severity. Expected duration for child social distancing (based on CDC estimates) are 4 weeks or less for Category 2/3 Pandemics and but 12 weeks for Category 4/5 Pandemics. Actual duration will depend on public health assessment of the risk of re-igniting disease transmission during the pandemic. Use of child social distancing during category 1 pandemics is not expected. PYTHSD will plan to use the CDC recommended trigger for child social distancing: a laboratory-confirmed cluster of infection with a novel influenza virus and evidence of community transmission (epidemiologically linked cases from more than one household).

Confinement of children during a pandemic would raise significant problems for many families and may cause psychosocial stress to children and adolescents. These considerations must be weighed against the severity of a given pandemic virus to the community at large and to children in particular. Closing schools and childcare centers will be expected to have significant adverse effects on the business sector because parents/caregivers may need to take time off work to care for children.

### SCHOOL CLOSINGS

The authority to close public schools on the Pascua Yaqui Reservation is held by the Tucson Unified School District.

The authority to close the daycare facility, Ili Uusim Mahtawapo Head Start Program and the Hiaki Public Charter High School will follow the Tucson Unified School District guidelines.

For all school closures, any extracurricular activities and public gatherings associated with a closed school should be cancelled or postponed.

## APPENDIX 13 ADULT SOCIAL DISTANCING PLAN

Social distancing is defined by CDC as “measures to increase the space between people and decrease the frequency of contact among people.” Social distancing measures are aimed at reducing contact among people without regard to exposure status by increasing the distance among people in work, community and school settings.

Social distancing can be accomplished in specific sites or buildings by cancelling events and restricting access to certain sites or buildings, telecommuting, and in entire communities by measures such as:

- Increase community public health education and outreach regarding community-wide infection control measures (e.g., respiratory hygiene/cough etiquette)
- Emergency school closure days and self-shielding (coughing into elbow)
- Closure of office buildings, schools, and public transportation
- Closure of nonessential government offices and/or agencies
- Implementing emergency staffing plans for the public and private sector and businesses including increasing telecommuting, flex scheduling and other options
- Closure of public gathering places including casinos, schools, libraries, museums, stadiums, theatres, churches, tourist facilities, community centers, sporting events and other facilities

Community-wide measures are to be considered when:

- There is moderate to extensive disease transmission in the area;
- An increasing number of cases cannot be traced back to an earlier case or have any known exposure;
- Cases are increasing among contacts of infected patients; or,
- There is a significant delay between the onset of symptoms and the isolation of cases because of the large number of ill persons.

Adult social distancing is not generally recommended for Category 1 Pandemics. CDC recommends that adult social distancing be considered for Categories 2 and 3 Pandemics and recommended for Categories 4 and 5 Pandemics. Unlike with school closures, CDC does not provide a specific anticipated duration for adult social distancing but suggests that this measure last until the pandemic wave subsides.

The CDC-recommended trigger for activating social distancing for adults is a laboratory-confirmed cluster of infection with a novel influenza virus and evidence of community transmission (epidemiologically linked cases from more than one household).

The effectiveness of social distancing strategies is not known with certainty, nor is the degree of public compliance with measures that is necessary for success. Implementation of social distancing strategies may create social disruption and significant, long-term economic impacts. It is unknown how the public may respond to these measures. It is assumed that social distancing strategies must be applied on a county-wide or state-wide basis in order to maximize effectiveness.

## **SOCIAL DISTANCING PROCEDURES**

### **During all Phases, the Incident Commander may:**

1. Consult with representatives from Pima County Health Department, the Arizona Department of Health Services (AZDHS) and the local Emergency Manager throughout all phases of a pandemic regarding the epidemiology and impact of the pandemic in and around Pima County.
2. Review social distancing strategies and current epidemiological data during each phase and coordinate with Pima County Health Department, the Arizona Department of Health Services (AZDHS) and the local Emergency Manager regarding social distancing actions that should be implemented to limit the spread of the disease.
3. Coordinate with the Tribal Council in advance regarding the timing and implementation of social distancing decisions within the PYT Reservation.
4. Make decisions regarding the implementation of social distancing measures including suspending large public gatherings and closing casinos, churches, businesses, community centers, and other facilities.
5. Make decisions, with the Tribal Council, regarding the closing of all daycare and educational facilities within the PYT after consultation with local school superintendents, daycare directors and the school board president

### **During Phase 2-3, the Incident Commander may:**

1. Coordinate with the Tribal Council's designed PIO to educate elected officials, government leaders, school officials, response partners, social services agencies, businesses, the media and the public regarding the consequences of pandemics, the use of social distancing strategies, the associated impacts they cause and the process for implementing these measures.
2. Coordinate with the Medical Director to provide guidance and instructions regarding infection control strategies to homeless service agencies that operate congregate care facilities.

### **During Phase 4-5, the Incident Commander may:**

1. Coordinate with AZDHS and PCHD regarding decision making and implementation of additional social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic. This could include specific, reservation-wide strategies that may be identified by the PYTHSD Director including:
  - a. Encouraging government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site option.
  - b. Recommending that the public use public transit only for essential travel. Advising PYT residents to defer non-essential travel to other areas of the country and the world affected by pandemic influenza outbreaks.
  - c. Suspending public events where large numbers of people congregate.
  - d. Closing public and private schools, and large childcare centers.
  - e. Implementing measures to limit social interactions throughout the reservation.
  - f. Closing all churches, community centers, and other places where large groups gather.
  - g. Suspending government functions not involved in pandemic response or maintaining critical continuity functions.

## Community Containment Plan in event of a pandemic

### CONTAINMENT RECOMMENDATIONS

### PHASES OF ACTIVATION

	1	2	3	4	5
Home Voluntary isolation – of ill at home (adult and children); combine with use of antiviral treatment as available and indicated.	<b>Recommended</b> – many sick individuals who are not critically ill may be managed safely at home	<b>Recommended</b>	<b>Recommended</b>	<b>Prolonged</b> – up to 12 weeks	<b>Prolonged</b> – up to 12 weeks
Voluntary quarantine – of household members in homes with ill persons (adults and children), consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	<b>Generally, not recommended</b> – for entire populations as the consequences may outweigh the benefits	<b>Consider</b> - < 4 weeks	<b>Consider</b> - < 4 weeks	<b>Prolonged</b> – up to 12 weeks	<b>Prolonged</b> – up to 12 weeks
School/child care closing – dismissal of students from schools and school based activities, and closure of child care programs. Reduce out-of-school contacts and community mixing.	<b>Generally, not recommended</b>	<b>Consider</b> - Short term - < 4 weeks	<b>Short term</b> - < 4 weeks	<b>Prolonged</b> – up to 12 weeks	<b>Prolonged</b> – up to 12 weeks
Workplace / Community	<b>Generally, not recommended</b>	<b>Consider</b>	<b>Consider</b>	<b>Prolonged</b> – up to 12 weeks	<b>Prolonged</b> – up to 12 weeks
Adult social distancing – decrease number of social contacts (encourage teleconferences, alternatives to face-to-face meetings) Increase distance between persons					

## APPENDIX 14: COMMUNICABLE DISEASE SURVEILLANCE AND INVESTIGATIONS PLAN

In November 2018 the PYTHSD adopted a series of Disease Investigation Protocols.

Main elements of these protocols are described below.

The Health Services Division maintains a system that is compatible with county, state and federal systems including adoption of the Pima County Public Health Emergency Response Plan, and its Medical Services Emergency Operations Plan to guide PYTHSD response to any event involving response and surveillance of infectious disease and public health hazards. This allows PYTHSD to call upon epidemiological services of Pima County in the event of a suspected or confirmed reportable disease which requires additional support.

The Health Services Division maintains Electronic Health Records, including systems built to allow secure sharing of data between different EHR databases. This allows maintaining current electronic health records (EHR) and initiating surveillance for reportable diseases using four different electronic health systems, including

Resource and Patient Management System (RPMS)

Medical Electronic Disease Surveillance Intelligence System (MEDSIS) – a statewide system hosted and supported by the Arizona Department of Health Services for use by local and tribal health departments for disease surveillance, and for individuals and institutions responsible for reporting communicable diseases.

- Claimtrak for behavioral health data entry and case management
- Dental EHR Eagle Soft

To ensure smooth flow of public health surveillance through any disease investigation, PYTHSD's Community Health Nursing Program meets regularly with the Medical Directors of both the Health Services Division and El Rio Health Center's Yaqui Clinic, as well as HSD's Public Health Environmental Health staff, to discuss efforts to

- coordinate data exchanges with El Rio's EHR system, NextGen;
- coordinate with Indian Health Service Environmental Health staff
- support training of staff to accurately and efficiently use the program's specific electronic health record;
- receive, evaluate, enter data and transmit information via completed reports to AZ State
- investigate each communicable disease reported to gather epidemiological and laboratory data for local, state, and national surveillance;
- conduct detailed follow up to prevent future cases, identify the etiological agent, and identify the mode of transmission;
- consult with county and state epidemiological staff or special divisions whenever any unusual circumstances occur;
- implement control measures as recommended by Arizona State; and
- determine when an outbreak rises to the level of public activation of the PHEP; this should be considered when;
  - The situation is urgent in nature
  - Staff's daily work must be redirected to address the situation
  - An interdisciplinary response is needed
  - The response will last more than one day



## When to Investigate

Infectious or transmittable illnesses are very common at certain times of year, and not every illness, nor every outbreak, can be investigated. Prioritizing reported cases and outbreaks is critical to ensuring that limited public health resources are used effectively. The investigation of individual cases is required for many reportable morbidities with respiratory or highly contagious manifestations; for many of these morbidities, there are known public health interventions that can make a difference to the community because severe outcomes could occur without public health intervention. However, for outbreaks of other or unexplained illnesses, there are several factors to examine when deciding if an investigation is warranted, or how to prioritize an investigation. These include:

- **Setting:** Is the outbreak in a setting with a population at increased risk for severe complications to influenza or other respiratory illnesses, such as a long-term care facility, neonatal intensive care unit, or assisted living facility? Is the outbreak among an otherwise vulnerable population?
- **Severity:** Does the illness seem to be particularly severe? Some indicators of severity are: three or more hospitalizations among an outbreak associated with a group setting, two or more deaths, or pneumonia of unknown etiology confirmed by chest x-ray in three or more epidemiologically linked individuals.
- **Timing:** Is the outbreak in the summer or at some other time that is unusual given the respiratory infections known to be circulating?
- **Unusually high morbidity:** Is there high health-related absenteeism (for example greater than 10% absenteeism for three or more days) in a setting such as school, preschool, or childcare center?

Ultimately, the decision of whether to investigate an infectious disease outbreak must be made on a case-by-case basis, weighing the setting, severity, timing, impact of confirming an etiology, and opportunity for public health intervention.

Protocols in this document have been created as a roadmap for the PYTHSD health care system in the investigation of public health disease outbreaks. This document focuses primarily on the investigation and control of five major public health concerns which are representative of broader categories of disease outbreaks. Protocols included in this document include:

- Mold and Bedbugs (environmental)
- Tuberculosis (Occupational and public health infectious disease concerns)
- Gonorrhea and Chlamydia (public health)
- Hepatitis C (Chronic)

Depending on the particular disease category, individual cases may or may not be reportable to the State or federal health departments and/or have public health implications.

## Outbreak Definitions

The definition of an outbreak varies somewhat by setting and the range of potential impact. PYTHSD has adopted the following definitions to guide protocols and policies.

### School, preschool, or childcare center:

An outbreak in a school or childcare center is a sudden increase of cases over the normal background rate, OR five cases in one week in an epidemiologically linked group (such as a single classroom, sports team, or after school group).

### Medical facilities:

An outbreak in one or more health care facility-associated case(s) of confirmed influenza, TB or other highly infectious disease in patient(s), OR three or more health care facility-associated cases among health care workers and patients of a facility within 72 hours.

### Case classification

In an outbreak in any setting, a confirmed case is a case with laboratory confirmation of the respiratory agent; a probable case is a case that is part of the outbreak but without positive laboratory confirmation.

### **Disease Outbreaks or Clusters**

#### 1. Cluster / Outbreak Definition:

- Cluster: An unexplained, unexpected increase in cases of a similar illness, which are related by time, place or person (after factoring seasonal change, baseline incidence, etc).
- Diagnosis or detection of three or more cases, not from the same household or family, within a one-week period and in a particular setting

2. Alert the PYTHSD Medical Director, who in turn will alert the HSD Executive Director to situations involving an unusual number of cases if a particular illness occurring in a given timeframe or specific location
3. Verify the diagnosis of individuals affected by the outbreak
4. PYTHSD uses the AZDHS system to prioritize case investigations
  - Appendix A - AZDHS Disease cluster or outbreak prioritization-matrix
  - Appendix B - Outbreak-threshold-guide-providers from AZDHS
5. In consultation with health officials and department directors, determine whether the Public Health Emergency Response Plan (PHEP) should be activated.
6. Contact county healthcare providers to alert them of the situation
7. Collect and submit lab specimens as necessary
8. Prepare and submit an investigation report
9. Activate the PHEP when instructed
10. Contact the State to update them and request assistance, if needed.

### **Communicable Disease Follow-Up**

1. Upon diagnosis of a reportable communicable disease the clinic/lab/provider will notify PYTHSD Medical Director, complete the information in MEDSIS and submit it electronically
2. Case follow up will be delegated to a PYTHSD Community Health Nurse.
3. If the case is reported via fax to MEDSIS the nurse will enter the information into MEDSIS and report it to the Infection Disease Officer (IDO).
4. The IDO will then call the affected individual or parent/guardian. Any information that is necessary will be obtained. Three attempts will be made by phone at varying times of the day.
5. If the nurse is unable to reach the individual by phone, contact will be done by a home visit.
6. The IDO will instruct the individual on treatment, prevention and the potential source of infection/illness. Any questions the individual has will be addressed. It may be necessary to send the individual information regarding the infection/illness.
7. Only as a last resort will contact be initiated via mail. If the client does not respond after two written letters all information will be submitted via ODRS and the case will be closed.

8. The IDO will be responsible for performing timely follow-up on cases missing key information in MEDSIS. Monthly adhoc Query Reports will be run for assessment of timeliness of disease reporting in MEDSIS.
9. All positive HIV, Hepatitis C (HCV) and Syphilis lab reports are securely faxed to Pima County Health Department if the individual is living outside of PYT tribal lands and within Pima County. If the individual is living within PYT tribal lands, PYTHSD will notify Arizona Health Department through MEDSIS and also through a secure Fax regarding individuals who are diagnosed positive for HIV, HCV and Syphilis cases.
10. If a source or contact investigation is initiated, named contacts or source cases are not given the name of the index case. They are told that “you have been named as someone who may have been exposed to \_\_\_\_\_”. They are referred for medical evaluation to their own healthcare provider or one of the PYTHSD providers.
11. Suspected outbreaks should be reported promptly to Pima County Health Department (520-724-7797) for the Health Professional Disease Reporting Line, and the 24/7 AZDHS number for class A events.
12. PCHD and IHS environmental staff will be notified in the event of illness associated with food or water sources or any zoonotic illness. If the outbreak is associated with household insect, mold, chemical spills or pests, PYTHSD works closely with PYT Housing Department and PYT Facilities to contain, remove, and mitigate environmental health hazards.
13. If an outbreak occurs in PYTHSD daycare, or in a home in which children or elders are present, the PYTHSD Department of Child and Family Services, PYTHSD Senior Services, and the PYTHSD Department of Education are notified in a timely manner. PYTHSD director of Health and Safety shall also be notified.

The Pascua. Yaqui Tribe’s Health Services Division has adopted internal policies and procedures to protect staff and clients, while guiding responses to infectious diseases. These are attached:

- Infectious Disease Control Manual
- Policy 3312 Communicable Diseases exposure test for staff
- Policy 3313 Standards for Tuberculin Skin Testing for HSD staff
- Policy 3314 TB screening for HSD staff
- Policy 3229 Communicable Disease Reporting
- Policy 3230 Transmission Based Precautions

## APPENDIX 15: ISOLATION AND QUARANTINE PLAN

The application of isolation and quarantine method depends on:

- The perceived efficacy of its application based on any available experiences from other states or countries that have tried to control the spread of the disease; and,
- The number of identified ill and exposed persons in Arizona.

Due to the characteristics of virus spread, isolation and quarantine may not be very effective and would be abandoned once substantial limitation of further disease spread is unlikely to be gained by its continued use.

During the containment period, voluntary isolation and quarantine would be the default form of imposed isolation and quarantine used. Experience in other places suggests that most persons will comply with a confinement request without making the confinement legally binding. Agreement to comply with voluntary quarantine would be given by the person under confinement signing a non-binding agreement.

Monitoring would be needed and if a person were found to be out of compliance with voluntary confinement the order would be converted to mandatory confinement. Not all persons would be considered candidates for initial voluntary confinement. If voluntary compliance cannot be expected based on an assessment of the person's reliability, mandatory compliance would be the initial confinement procedure.

### **Out-of-home isolation or quarantine may be used when:**

1. The person's intended dwelling place is a multi-family unit in which adequate separation of living quarters is not sufficient enough to ensure that the contagious disease will not spread to other living quarters; or,
2. Other persons living in the quarters are unwilling to accept the person at the home; or,
3. Other persons living in the quarters are unable to protect themselves adequately from becoming infected; or,
4. The quarters are inadequate for the provision of routine care or treatment of the person; or,
5. Sufficient reason exists for the health officer to believe that the person will not be compliant with a written order of isolation or quarantine in an in-home environment and in-home enforcement is impractical.
6. There may be situations when a person is discharged from a medical facility, but may still be contagious and require confinement. In these situations, a representative of the PYTHSD or local public health unit will coordinate with the releasing medical facility to provide conditions for the confinement with the person being released
7. During all phases of a pandemic, person's ill with influenza may be directed to remain in isolation in health care settings or at home, to the extent possible.
8. Hospitals may implement isolation protocols for all patients suspected of being infected with pandemic influenza.
9. Once person-to-person transmission is established locally, quarantine of individuals exposed to influenza cases may be of limited value in preventing further spread of the disease.
10. Voluntary quarantine of contacts of influenza cases may be beneficial during the earliest phases of a pandemic, and in response to an influenza virus that has not achieved the ability to spread easily from person-to-person.



## **Isolation and Quarantine Procedures**

Arizona Department of Health Services has adopted the World Health Organization (WHO) categorizations and timelines for determining actions in event of a Pandemic flu outbreak. PYTHSD has developed the Isolation and Quarantine procedures to comply with the WHO categorizations.

### **Interpandemic Period** (WHO Phases 1 and 2)

Isolation and quarantine (I&Q) is not routinely implemented for individuals identified with non-novel influenza viruses during the first two phases. It is recommended that persons stay home until no longer ill to prevent the spread of seasonal influenza. However, for any person identified with a novel influenza virus during this phase, I&Q may be considered.

The need for I&Q for individuals identified with a novel-influenza virus will depend on what is known about the epidemiology of the virus circulating at that time. I&Q may be necessary during these phases on select/specific persons (i.e., those who are symptomatic and are infected with a high-risk virus) in order to reduce the possibility of human-to-human spread. Factors that constitute to high risk include:

- Patient was a known contact of someone known to be infected with a novel virus;
- The ill person has history of travel to an area where human to human transmission of a novel virus has been documented;
- The person has had contact with birds suspected or confirmed to have a novel influenza virus.

During Phases 1-3, the Incident commander will:

- a. Work with PYTHSD Medical Director to determine severity of outbreak and initiate Isolation & Quarantine Protocols.
- b. Work collaboratively with El Rio Pascua Yaqui Health Center, PCHD, and AZDHS on management of persons requiring isolation, quarantine, or follow-up.
- c. Coordinate planning efforts for I & Q with El Rio, Pascua Yaqui Health Center, PCHD, AZDHS, community-based organizations, and local law enforcement.
- d. Follow CDC guidelines in developing and implementing I & Q procedures for individuals traveling from areas which a novel influenza virus is present.

During Phases 4-5, the Incident Commander will:

- e. Coordinate with Health Care providers and hospitals to ensure that influenza patients are isolated in appropriate facilities based on their medical condition (homes, hospital, and alternate care facility).
- f. Develop protocols for quarantine of close contacts of persons infected with a potential pandemic strain.
- g. Provide technical assistance to health care providers and hospitals regarding options for management of health care workers who come in contact with influenza patients or who develop influenza.
- h. Activate the Isolation and Quarantine response as needed to ensure availability of Isolation and quarantine facilities and support systems for patients.

During Pandemic Phase 6 It is anticipated that Isolation and Quarantine will be used during the containment period unless strong evidence emerges that such efforts are valueless in slowing the progression of the pandemic. However, as the number of cases increases, imposed I & Q may no longer be feasible or practical due to volume of cases, personnel needed to implement I & Q protocols, enforcement activities, etc. PYTHSD will always recommend that persons stay home until no longer ill to prevent the spread of pandemic influenza (Self Isolation and Quarantine).

## **Monitoring Impact of Social Distancing Measures**

Monitoring social distancing actions needs to answer the following questions:

11. How well are communities complying?
  - By sector (schools, worksite, churches, public events)?
  - How does compliance differ across the state?
  - Is compliance sustained as time elapses?
- What is the level of acceptability of current social distancing action to the population?
- What is the economic, social and personal cost of the current policies?
- What and how severe are the unintended consequences (i.e., secondary and tertiary effects) of an action and to what extent are the unintended consequences worsening with greater prolongation of restriction?
- How successfully are communities mitigating unintended consequences through alternatives that preserve social distancing?
- Has disease transmission been substantially suppressed by the actions?
- Is additional social distancing action likely to gain additional disease suppression and is the likely suppression worth the cost imposed by the action?
- Has reversal of social distancing actions increased the transmission of the disease?

The primary measures of disease activity will remain the same, although their interpretation may be different at different points in the epidemic:

- Absenteeism – overall absenteeism is a better indicator of disease transmission early in a wave than late due to prolong debility associated with the illness. New absenteeism may be very helpful since may be the best indicator of new case onset that we have available;
  - Mortality – The mortality rate (new death incidence) should be reasonably sensitive particularly if case mortality rate does not change greatly during the course of the wave;
  - New antiviral prescribing (which should only be occurring in the first 48 hours of symptom onset). Prescribing that does not require a provider visit may result in substantial prescribing for non-influenza illness; however, once the presence of disease in an area is established, it is assumed that nearly all cases seen by a provider will be identified based on clinical grounds, rather than laboratory.
12. Outpatient visits/Influenza-like illness (this may be difficult to collect accurately during a pandemic); in addition, if public health attempt so minimize outpatient visits for uncomplicated influenza are success, this should be an insensitive indicator of disease activity.

## **Termination of Social Distancing Measures**

It is possible that large increases in disease transmission could result in a re-implementation of a restriction, but this is to be avoided if possible. Generally, a mandatory restriction will not be replaced by an equivalently strong voluntary restriction of the same type; if the restriction is believed to be necessary to prevent re-igniting the epidemic, then continued mandatory restriction is preferred. For actions associated with high burden or low tolerance, the State Health Officer may reverse policies in large, sub-state regions where indicators of disease control are most favorable before removing them statewide.

The timing of termination of social distancing measures will depend on many of the same factors that determined their initiation. These include:

- Evidence of on-going transmission (new cases, hospitalizations, deaths)
- Illness severity (attack rate, hospitalizations, deaths)
- Evidence from other jurisdictions of the impact of terminating social distancing measures

Because of the long period of debility seen with many pandemics, it is not expected that absenteeism will be a very sensitive measure by which to reverse social distancing although it may have been very helpful in the initial progression of the social distancing measures.

In the absence of vaccine, the working assumption will be that when disease transmission has been largely suppressed, social distancing was largely responsible for the suppression; therefore, policy reversal may re-ignite transmission (assuming the population of susceptible persons remains large). Furthermore, the greater the underlying transmission rate at the time of reversal the more likely and more rapidly case numbers are likely to climb.

The long-term containment strategy is limiting transmission until vaccine, rather than exhaustion of susceptible hosts, can end the pandemic, at least in its most severe form. Consequently, the primary trigger for each step of reversal of social distancing is that disease transmission is largely stopped or at a very low level over the area for which social distancing reversal is being considered (e.g., statewide).

Social distancing measures will be terminated in the reverse order of implementation; that is, mandatory closures that have the greatest adverse impact on the population and the least risk of exacerbating transmission will be stopped first with observation for evidence of recurrence of disease. It will require several days of observation for evidence of rising case rates, hospitalizations and deaths to determine if the policy reversal is having adverse impacts. Evidence of a lack of adverse effect and particularly evidence of a continued decline in disease transmission will prompt further relaxation of mandatory controls.

## WHO PANDEMIC PHASE DESCRIPTIONS AND MAIN ACTIONS BY PHASE

PHASE	DESCRIPTION	MAIN ACTIONS				
		PLANNING AND PREPARATION	STRENGTHENING MONITORING AND ASSESSMENT	COMMUNICATIONS	CONTAINING THE SPREAD OF INFECTION	ENHANCING THE RESILIENCE OF HEALTH CARE SERVICES
PHASE 1	No animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.					
PHASE 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.	Develop, exercise, and periodically review national influenza pandemic preparedness and response plans.	Develop robust national surveillance systems in collaboration with national animal health authorities, and other relevant sectors.	Complete communications planning and initiate communications activities to communicate real and potential risks.	Promote beneficial behaviours in individuals for self protection. Plan for use of pharmaceuticals and vaccines.	Prepare the health system to scale up.
PHASE 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.					
PHASE 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.	Direct and coordinate rapid pandemic containment activities in collaboration with WHO to limit or delay the spread of infection.	Increase surveillance. Monitor to detect and respond to local outbreaks. Share findings with WHO and the international community.	Provide and disseminate risk reduction and interventions to prevent and reduce population and individual risks.	Implement national pandemic containment operations and other activities, collaborate with WHO and the international community as necessary.	Activate contingency plans.
PHASE 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.	Provide leadership and coordination to mobilize national resources to mitigate the societal and economic impacts.	Actively monitor and assess the evolving pandemic and its impacts and mitigation measures.	Continue providing updates to general public and all stakeholders on the state of pandemic and measures to mitigate risk.	Implement individual, societal, and pharmaceutical measures.	Implement contingency plans for health systems at all levels.
PHASE 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.					
POST-PEAK PERIOD	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.	Plan and coordinate for continued operations and capacities during possible future waves.	Continue surveillance to detect subsequent waves.	Regularly update the public and other stakeholders on key changes to the status of the pandemic.	Evaluate the effectiveness of the measures used to contain outbreaks, protocols, and algorithms.	Reed, restock resources, revise plans, and rebuild essential services.
POST-PANDEMIC PERIOD	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.	Review lessons learned and share experiences with the international community. Replenish resources.	Evaluate the pandemic characteristics and situation monitoring and assessment tools for the next pandemic and other public health emergencies.	Publicly acknowledge contributions of all communities and sectors and communicate the lessons learned; incorporate lessons learned into communications activities and planning for the next major public health crisis.	Conduct a thorough evaluation of all interventions implemented.	Reinforce the response of the health system to the pandemic and share the lessons learned.





## APPENDIX 16: OUTBREAK THRESHOLD GUIDE

Pascua Yaqui Tribe Health Services Division follows the guidelines of the Arizona Department of Health Services for interpretation of an “outbreak” threshold for the following diseases.

A.A.C. R9-6-101(36) defines “outbreak” as follows:

“Outbreak” means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.

The following table provides the Department’s interpretation of “outbreak” as related to each disease or condition for which outbreak reporting is required and shows which persons are required to report each type of outbreak under 9 A.A.C. 6, Article 2.

Disease/Condition	Outbreak Means	Reporting by *HCPs, HCl, and CFs
<b>Amebiasis</b>	Diagnosis or detection of 2 or more cases, not from the same household or family, within a 2-week period	X
<b>Campylobacteriosis</b>	Diagnosis or detection of 3 or more cases, not from the same household or family, within a 1-week period	X
<b>Conjunctivitis: acute</b>	An unexpected increase based on clinical or professional judgement and experience	X
<b>Cryptosporidiosis</b>	Diagnosis or detection of 2 or more cases, not from the same household or family, within a 1-week period	X
<b>Diarrhea, Nausea or Vomiting</b>	An unexpected increase based on clinical or professional judgement and experience	X
<b>Diphtheria</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 7-day period	X
<b>Enterotoxigenic or Enterohemorrhagic Escherichia coli</b>	Diagnosis or detection of 2 or more cases, not from the same household or family, within a 1-week period	X
<b>Giardiasis</b>	An unexpected increase based on clinical or professional judgement and experience	X
<b>Haemophilus influenzae, type B</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 14-day period	X
<b>Hepatitis B</b>	Diagnosis or detection of 2 or more confirmed, epi-linked acute cases, within a 5 month period	X
<b>Hepatitis A</b>	Diagnosis or detection of 2 or more cases, not from the same household or family, within a 2-week period	X
<b>Hepatitis E</b>	Diagnosis or detection of 1 or more cases within a 60-day period	X
<b>Measles</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 18-day period	X
<b>Meningococcal Invasive Disease</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 10-day period	X
<b>Methicillin Resistant Staphylococcus aureus (MRSA)</b>	Diagnosis or detection of 3 or more cases of laboratory confirmed MRSA (invasive or skin infections) within a 10-day period	X
<b>Mumps</b>	Diagnosis or detection of 2 or more cases confirmed by the Arizona State Laboratory within a 25-day period	X
<b>Pertussis</b>	Diagnosis or detection of 3 or more epi-linked confirmed cases within a 21 day period. If case is part of HCP/HCl/CF/CCE, the diagnosis or detection of 1 case in a 21 day period confirms an outbreak	X
<b>Polio</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 21-day period	X
<b>Rubella</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 23-day period	X
<b>Salmonellosis</b>	Diagnosis or detection of 3 or more cases, not from the same household or family, within a 1-week period	X
<b>Scabies</b>	Diagnosis or detection of 3 or more cases, not from the same household or family, within a 2-week period	X
<b>Shigellosis</b>	Diagnosis or detection of 3 or more cases, not from the same household or family, within a 1-week period	X
<b>Streptococcal Group A infection</b>	Diagnosis or detection of 3 or more cases, not from the same household or family, within a 1-week period	
<b>Taeniasis</b>	Diagnosis or detection of 2 or more cases within a 90-day period	X
<b>Tetanus</b>	Diagnosis or detection of 1 or more probable cases within a 21-day period	X
<b>Varicella</b>	For populations 13 years of age and younger: diagnosis or detection of 5 or more associated cases within a 21 day period. For populations over 13 years of age: diagnosis or detection of 3 or more associated cases within a 21-day period. HCP, HCl, CF, CCE may consider a more stringent definition for outbreaks within their institution	X
<b>Vibrio infection</b>	Diagnosis or detection of 1 or more cases within a 30-day period	X
<b>Yersiniosis</b>	Diagnosis or detection of 2 or more cases within a 2-week period	X

## APPENDIX 17 – STRATEGIC NATIONAL STOCKPILE PLAN

The Strategic National Stockpile (SNS) is federal repositories of pharmaceuticals, vaccines, and medical supplies stockpiled for the purpose of augmenting depleted local, regional, and State resources necessary for responding to public health threats or emergencies. Elements of the SNS are cached at strategically located, undisclosed sites across the country.

CDC requires a formal request from the State by the Governor for Federal assistance in the national emergency response system. The Pima County Health Department has primary responsibility for initiating the request from ADHS, which then decides whether to approach the CDC. Pascua Yaqui Tribe has a Memorandum of Understanding (MOU) with PCHD, which covers necessary access to SNS in times of greater need. Additional consultation prior to making a formal request will be sought from local hospital directors or by examining syndromic surveillance data or other local indicators per the check list below:

1. Overt release of a chemical or biological agent
2. Claim of release with intelligence and/or law enforcement confirmation
3. Indication from intelligence or law enforcement of an impending or likely attack
4. Clinical/epidemiological indications, including:
  - a. Large numbers of ill people with a similar disease or syndrome
  - b. Large numbers of unexplained diseases, syndromes, or deaths
  - c. Unusual illness in the population
  - d. Higher than normal morbidity and mortality from a common disease or syndrome
  - e. Failure of a common disease to respond to usual therapy
  - f. Single case of disease from an uncommon agent
  - g. Multiple unusual or unexplained disease entities in the same patient
  - h. Disease with unusual geographic or seasonal distribution
  - i. Multiple atypical presentations of disease agents
  - j. Evidence of unusual, genetically engineered, or antiquated strain of the agent
  - k. Endemic disease or unexplained increase in incidence
  - l. Simultaneous clusters of similar illness in non-contiguous areas
  - m. Atypical aerosol, food, water transmission
  - n. Ill people presenting the same symptoms near the same time
  - o. Deaths or illnesses among animals that precedes or accompanies human death
5. Laboratory results
6. Unexplainable increase in emergency medical service requests.
7. Unexplainable increase in antibiotic prescriptions or over-the-counter medication use
8. Number of current casualties
9. Projected needs of the area, considering the population including transients (e.g., tourists, seasonal visitors, etc.), and possible infections versus non-infections
10. Hospital capacity at the time of the event, including ICU beds and ventilator needs
11. Local resources such as pharmacy distribution, oxygen availability, transport capacity, etc.

According to protocol, the SNS will arrive by air or ground in two phases. The first phase shipment is called a 12-hour Push Package. The Push Package should arrive at the requested location within 12 hours after it is deployed by the Federal Government. Weighing nearly 50 tons (100,000 pounds), it contains medications, antidotes, medical supplies, and medical equipment needed for responding to public health emergencies.



Although vaccines **are not** a standard component of the Push Package, if it is determined that they are needed, the appropriate vaccinations will be shipped separately from the Push Package.

The second phase shipment is referred to as Managed Inventory (MI) and contains quantities of specific items (e.g., antibiotics and ventilators) required to address specialized needs. MI can come from either stockpiled inventory or vendor sources (i.e., Vendor Managed Inventory or VMI). With regard to the latter, various manufacturers under government contract store and manage materials until they are requested through the SNS program. However, any bulk prophylactic medications received through the SNS program, regardless of source, are currently the responsibility of the State to repackage into unit-of-use, labeled bottles.

It is possible that multiple localities, regions, or even states will be requesting SNS materiel simultaneously. Apportionment of the ultimate amount received by Pima County is the responsibility of the Arizona Department of Health Services (ADHS). Further apportionment by Pima County will depend on the nature and extent of the incident, as well as anticipated arrival of any balance of materiel requested. If supplies are limited and the full request of SNS materiel is not anticipated, the PCHD Public Health Incident Commander – in consultation with the Pima County Health Officer/Director and the Pima County Chief Medical Officer, and under a Unified Command (UC) – would make appropriate decisions regarding the prioritization of medications for First Responders, as well as deciding which Dispensing Sites to open and whether to open these with partial quantities.

**Pima County and the jurisdictions within County limits are responsible for:**

13. Working in coordination with local public health officers, local emergency management, law enforcement, fire, and others as appropriate for the Outside Agencies' activities.
14. Selecting Pima County RSS warehouse distribution sites (primary and backup) as well as POD sites and treatment centers in strategic locations within the County, and contracting/planning with the site management for use of these facilities.
  - Developing jurisdictional plans and locations for the distribution and transportation of the resources or SNS materiel to the County RSS warehouse, distribution and POD sites and/or treatment centers, as required by the specific event or threat.
  - Assessing the emergency or disaster situation, ensuring the proper use and availability of medicines and supplies, determining the lack of availability of additional needed materiel from local sources, requesting needed materiel from region and State sources, and evaluation the need for requesting resources or SNS materiel via the existing ordering/coordination and NIMS-ICS coordinating process.
  - Requesting delivery of ordered materiel to specific County RSS warehouse or distribution sites, or directly to POD sites and/or treatment centers.
  - Receiving allocated resources or SNS materiel from the State RSS to the designated County RSS warehouse distribution and POD sites, and/or treatment centers.
  - Managing the process of further distribution (if necessary per local plan) and delivery of SNS medications and/or medical supplies to the public as deemed necessary by the event or threat.
  - Dispensing SNS medications to the entire or affected population as necessary in coordination with the local healthcare and public health systems
  - Managing the inventory control process of the resources or SNS materiel delivered by the State RSS warehouse to the County RSS warehouse distribution and POD sites and/or treatment centers.
  - Packaging and/or returning unused resources or SNS materiel to the State RSS as directed.
  - Submitting required documentation to the State as directed.

- Developing plans for transporting and securing resources or SNS materiel from the State RSS warehouse site in order to augment or provide redundancy to ADHS efforts to provide these services.

**The Federal Government, through CDC, is responsible for:**

- Determining the contents of SNS.
- Determining the pre-deployment storage sites for the 12-hour push packages and other components of the SNS when not in use.
- Managing the contents of the SNS, including the rotation of date-sensitive stock.
- Receiving the request from the State to deploy SNS and determining if the 12-hour push package or Managed Inventory (MI) is appropriate for shipment.
- Managing air or ground transport of the SNS to a location determined by the State.
- Releasing the SNS to State officials
- Providing a US Marshall for the security of CDC staff at the State Receiving, Storing and Staging (RSS) warehouse.
- Providing the expertise needed in managing the storage, breakdown, and distribution of the SNS.
- Replenishing stockpiles and receiving unused materiel back from the State

**The Arizona Department of Health Services (ADHS) is responsible for:**

- Selecting the State RSS Warehouse sites' strategic locations throughout the State and contracting/planning with the site management for these functions.
- Collaborating with the Arizona Division of Emergency Management (ADEM) State Emergency Operations Center (SEOC), assessing the emergency or disaster situation, activating the ADHS Health Emergency Operations Center (HEOC), and determining when State public health resources have been, or will be exceeded anticipating the need for requesting the SNS from CDC.
- Processing requests for additional materiel and resources received from County/Tribal areas and/or local EOC or SEOC and approval by the ADHS HEOC.
- Evaluating any local request for activation of the SNS and the State's ability to meet the needs of the emergency.
- Requesting, through the Governor or the Governor's appointed representative (SEOC), the deployment of the SNS from CDC, and participation in all discussions between CDC, State, and Local officials, regarding the decision to deploy SNS.
- Determining the deployment site for the State RSS warehouse. The SNS can only be deployed to one location in Arizona for an event, or series of events and all materiel will be distributed from that location.
- Activating the State's RSS management/operations team for the functions of receiving, storing, staging, distribution, and recovery of SNS.
- Preparing the RSS warehouse and receiving the SNS from CDC.
- Overseeing the process of storing, breaking down, and staging of the SNS.
- Delivering the requested resources or SNS materiel to the local county/tribal RSS location(s), if activated, and/or dispensing sites or treatment centers as determined by the jurisdictions comprising the operational area.
- Augmenting delivery of resources or SNS materiel to County/Tribal POD sites or Treatment Centers (TC's) when County/Tribal delivery capabilities are exceeded.
- Providing expertise (as needed) to the County/Tribal management/operations staff in the tasks of distribution and tracking of resources or SNS materiel.



- Receiving unused resources or SNS materiel back from the County/Tribal management/operations staff and preparing the assets for return to CDC.
- Submitting all required documentation to CDC as requested.
- Submitting required documentation to the State as directed.
- Developing plans for transporting and securing resources or SNS materiel from the State RSS warehouse site in order to augment or provide redundancy to ADHS efforts to provide these services.

**Pascua Yaqui Tribe is responsible for:**

- Providing translators for Pima County Health Department, Arizona State Department of Health Services, and Emergency Management
- Providing facility for Point of Dispensing (POD) operations. PYT in progress with PCHD for use of the Wellness Center
- Participating in the Pima County Multidisciplinary Advisory Committee (MAC)
- Providing public health education and on-going communication within the PYT Reservation through the PYTHSD Director and the Tribal Council designated PIO
- Participating in Training, Exercise and Evaluation with local PCHD and AZDHS

**There are specific assumptions in pandemic influenza cases:**

- There will likely be no or very limited amounts of vaccine available. This period could last for up to six months depending on when the pandemic strain is detected and how rapidly it spreads to the U.S. and on how rapidly vaccine development and production proceed.
- In the absence of vaccine, primary response strategies include interventions to slow the spread of infection, antiviral therapy and prophylaxis, and quality medical care.
- After vaccine becomes available, it is anticipated that for some period, vaccine availability will be far less than national demand, requiring prioritized usage of vaccine to optimally decrease morbidity and mortality.
- As vaccine production increases, and with some of the population already having been vaccinated, in the initial targeted program, supply will become adequate to meet demand. This may lead to changes in strategies for vaccine distribution and administration because there may no longer be a need to limit vaccine only to those in designated priority groups.
- Tracking vaccine production, delivery, and use will be important to guide appropriate vaccination strategies and use.
- Pima County Health Department's Vaccine Preventable Disease/Immunization Program acts as the coordinating center for all federal and state-wide purchased vaccine and for its storage, deployment and use. Vaccine is routinely shipped from a distribution center to the provider office, usually within one to two weeks after the order is placed. Should there be an emergency need for vaccine; the requested amount will be shipped on the next scheduled shipping day.
- The targeted use of antiviral agents could, as part of a response strategy, decrease the health impact of an influenza pandemic. Use of antiviral prophylaxis has been 70% to 90% effective in preventing symptomatic influenza infection caused by susceptible strains if prophylaxis is begun before exposure to influenza.
- Also, treatment with one class of agents, neuraminidase inhibitors, has been shown to decrease severe complications such as pneumonia and bronchitis, and to reduce hospitalizations. These interventions may be particularly important before vaccine is available and for those in whom vaccine may be medically contraindicated.

## **Provision of Vaccine and Antiviral Medications to Population in Pima County**

Once vaccine or antiviral medications have been procured in supplies sufficient enough to provide for the population of the county, the vaccine and/or antiviral medication shall be given to the public via of Points of Dispensing (POD's) as described in the Pima County Strategic National Stockpile Plan. Vaccine and/or antivirals received by Pima County shall also be provided to residents of the Sovereign Indian Nations within Pima County by POD's operated by these communities.

Since all or most of the population will be susceptible to infection with the pandemic strain, vaccination of the entire Pima County population may be recommended. Once vaccine becomes available, supplies will be limited. Several options exist regarding purchase and distribution of pandemic influenza vaccine.

Pima County Health Department's vaccine controller (Immunization Manager) will serve as the advisor to other office staff on how to properly receive and store a vaccine shipment. Epidemiological studies will be implemented to assess vaccine effectiveness in preventing disease, as well as complications and vaccine safety. Annual studies to rapidly assess vaccine effectiveness against influenza should be implemented in the inter-pandemic period to build the capacity to collect these data during a pandemic.

Given the limited supply, prophylaxis should be limited to those who are supporting the goal of maintaining quality public safety, providing critical response capacity, and other essential public health services during an influenza pandemic. Target groups, to be defined by the Pima County Health Department Chief Medical Officer, might include front-line health care workers, public health personnel, those who provide essential community safety services, workers culling influenza-infected animals, and those persons involved in influenza vaccine deployment or immunizations that are at greatest risk of exposure. Since additional supplies of antiviral prophylaxis remain in the private sector and within hospital pharmacies, Pima County Health Department has collaborated with these health care organizations and providers to assure that these drugs are used timely and effectively in the event of a pandemic.

Coordination and education also are important because use of amantadine and rimantadine for therapy may induce high rates of antiviral resistance, this diminishing their usefulness. The logistical issues of getting therapy to identified priority groups who are within 48 hours of the onset of symptoms, the time in which the impact of treatment has been documented, are addressed in the Pima County Health Department Emergency Response Plan and Mass Dispensing Clinic Annex.

**Table 1** outlines vaccine priority group recommendations from the Department of Health and Human Services that may be used by Pima County Health Department in the event of Pandemic Influenza.

*Table 1: DHHS Vaccine Priority Group Recommendations:*

Tier	Sub-Tier	Population	Rationale
1.	A	Vaccine and antiviral manufactures and others essential to manufacturing and critical support (~40,000)  Medical workers and public health workers who are involved in direct patient contact, other support services essential for direct patient care, and vaccinators (8-9 million)	Need to assure maximum production of vaccine and antiviral drugs  Healthcare workers are required for quality medical care (studies show outcome is associated with staff-to-patient ratios.) There is little surge capacity among healthcare sector personnel to meet increased demand
	B	Persons ≥ 65 years with 1 or more influenza high-risk conditions, not including essential hypertension (approx. 18.2 million)  Persons 6 months to 64 years with 2 or more influenza high-risk conditions, not including essential hypertension (approx. 6.9 million)  Persons 6 months or older with history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year (740,000)	These groups are at high risk of hospitalization and death. Excludes elderly in nursing homes and those who are immuno-compromised and would not likely be protected by vaccination
	C	Pregnant women (approx. 3 million)	In past pandemics, pregnant women have been at high risk; vaccination will also protect the infant
1.	C	Household contacts of severely immuno-compromised persons who would not be vaccinated due to likely poor response to vaccine (1.95 million with transplants, AIDS, and incident cancer x 1.4 household contacts per person = 2.7 million persons)	Vaccination of household contacts of immuno-compromised and young infants will decrease risk of exposure and infection among these who cannot be directly protected by vaccination
	D	Public health emergency response workers critical to pandemic response (assumed one-third of estimated public health workforce=150,000)  Key government leaders	Critical to implement pandemic response such as providing vaccinations and managing/monitoring response activities  Preserving decision making capacity also critical for managing and implementing a response
2.	A	Healthy 65 years and older (17.7 million) 6 months to 64 years with 1 high-risk condition (35.8 million) 6-23 months old, healthy (5.6 million)	Groups that are also at increased risk but not as high risk as in Tier 1B

B	<p><b>Other public health emergency responders (300,000 = remaining two thirds of public health work force)</b></p> <p>Public safety workers including police, fire, 911 dispatchers, and correctional facility staff (2.99 million)</p> <p>Utility workers essential for maintenance of power, water, and sewage system functioning (346,000)</p> <p>Transportation workers transporting fuel, water, food, and medical supplies as well as public ground transportation (3.8 million)</p> <p>Telecommunication/IT for essential networks operations and maintenance (1.08 million)</p>	<p><b>Includes critical infrastructure groups that have impact or maintaining health (e.g. public safety or transportation of medical supplies and food); implementing a pandemic response; and on maintaining societal functions</b></p>
3.	<p>Other key governmental health decision makers (estimated number not yet determined)</p> <p>Funeral directors/embalmers (62,000)</p>	<p>Other important societal groups for a pandemic response but of lower priority</p>
4.	<p>Healthy persons 2-64 years not included in above categories (179.3 million)</p>	<p>All persons not included in other groups based on objective to vaccinate all those who want protection</p>



## **APPENDIX 18: FATALITY MANAGEMENT PLAN**

**NOTE:** The fatality management plan will be developed by the new/pending PYT Emergency Manager to be employed by Pascua Yaqui Tribe. The following information is the framework identified as part of her/his roles and responsibilities.

The Pascua Yaqui Tribe is in the process of finalizing an MOU with Pima County Health Department and the Pima County Office of the Medical Examiner. Once in place the MOU will outline the following information including the roles and responsibilities for each party in further detail.

### **PURPOSE**

The Fatality Management Plan, an annex to the Pascua Yaqui Tribe Public Health Emergency Preparedness Plan, defines roles and responsibilities for Arizona Department of Health Services, Pima County Health Department, the Office of the Medical Examiner and the Pascua Yaqui Tribe Health Services Department in managing a Mass Fatality Incident (MFI).

### **SITUATION**

A mass fatalities incident, any incident resulting in a number of fatalities that overwhelms the local mortuary affairs system, could occur at PYT at any given time. Causes could include but are not limited to:

- Natural or man-made disasters such as tornado, wildfire, flooding, etc.
- Public health emergency such as pandemic, biological, chemical, etc.

### **GOALS**

- Recover, transport, appropriately process, and protect all human remains.
- Establish victim identities and causes of death.
- Preserve all property found on or adjacent to the bodies.
- Maintain legal evidence for criminal or civil court action.
- Release remains promptly to the next of kin, if possible.
- Prevent further risk to the health of the living for the sake of the dead (this also includes staff and volunteers).
- Provide respect for those who have died and show compassion for their survivors.
- Provide social and psychological assistance for family members and mortuary affairs personnel.
- Quickly secure long-term refrigerated storage to provide medical examiners time to identify, process, and “hold” remains until final disposition.

### **OVERVIEW**

- Mass Fatality Incident (MFI) involves more dead bodies or body parts than can be located, identified, and processed for final disposition by available response resources.
- Mass human fatalities may occur anywhere in Arizona as the result of natural, accidental and manmade catastrophic events, disasters, or public health emergencies.
- Primary responsibility for the investigation, recovery, management of human remains, management of death certification, and notification of next-of-kin or a family member resides within the authority of the county ME office.
- An MFI will present unique challenges on personnel, equipment, and cold storage capacity to handle significant numbers of deceased victims, and related supplies.

- Arizona maintains EDR system for reporting death or human remains: funeral establishments, county vital records and county ME offices use EDR system for reporting death or human remains.
- Assistance from Federal, public, and private agencies will be required to support in the search and recovery, transportation, tracking, removal, processing, identification, PPE selection, and final disposition of victims and remains.
- The Arizona Department of Emergency and Military Affairs (DEMA) will serve as the mechanism to request, provide, and coordinate state resources.
- The ADHS will support county/tribal agencies through coordinating the resource requests with DEMA.
- Arizona Mutual Aid Compact (AZMAC) is in place to coordinate with-in-state resources via DEMA.
- Under a declared emergency, and when local resources have been exhausted or unavailable, Emergency Mutual Aid Compact (EMAC)<sup>1</sup> will be used to coordinate out-of-state resources via DEMA. EMAC was ratified by the U.S. Congress in 1996
- The State Emergency Operation Center (SEOC) Health/Medical Branch Director coordinates with emergency management via the EMAC- A-team Lead to define the emergency service functions and details for which assistance is needed. A reasonable estimate of length of time they will need, and logistical considerations for staging, reimbursement and liability issues are clarified and the request procedures/protocols are implemented via request systems.
- Federal resource requests will be coordinated by DEMA as guided under National Response Framework (NRF).

#### **PLANNING ASUMPTIONS**

- Each county in Arizona has developed a county fatality management and response plan and has developed applicable standard operating procedures.
- All jurisdictional partners are working in collaboration and using NIMS guidelines.
- A MFI may quickly overwhelm the resources of counties in Arizona and it may be several days before a coordinated response can begin. Funeral homes and mortuaries may not have the capacity to process the deceased and human remains in an expected manner and will likely seek assistance at the regional and/or state level.
- A MFI may present a situation that requires extensive identification issues (i.e. explosion, fire, building collapse or transportation incident, etc.) or a situation where the fatalities continue to escalate over a period of time (i.e. pandemic, biological, chemical, etc.). In such instance, it may take a considerable length of time to recover, identify and determine the cause and manner of death after a mass human fatality event.
- Individuals handling human body parts and cadavers will be at risk of blood borne or body fluid exposure. PPE will be required for all personnel handling human remains to enhance the Universal Precaution to protect against potential diseases and infections.
- The Governor may declare a State of Emergency to relax legal and regulatory aspects of fatality management during a MFI.
- There will be public concerns on health and safety risks in the aftermath of a MFI.
- Risk communication messaging needs to be carefully crafted, informing and advising the public on how to protect them. It is essential that accurate scientific based information be available to the public in a timely manner.
- An MFI will place extraordinary demands (including tremendous religious, cultural, and emotional burdens) on local jurisdictions and the families of victims, creating significant

impact on the need for behavioural health and Critical Incident Stress Debriefing assistance.

- Funeral establishments, county vital records and county ME offices are using EDR system for reporting human remains- a system that is required to report all death natural, accidental or manmade in Arizona.

### **CONCEPT OF OPERATIONS**

Mass Fatality Incident (MFI) is an incident involving more fatalities and body parts than can be managed by available local resources; and may require assistance from neighbouring counties, state and/or federal agencies.

The National Incident Management System (NIMS) structure and practice protocols will be used as recommended in the National Response Framework (NRF).

According to the Arizona Department of Health Services Arizona Fatality Management Plan (June 2018):

- Arizona has no State Medical Examiner (ME)
- Medical Examiner (ME) is the person responsible for investigation, recovery and body disposition or release within their respective jurisdiction.
- There are six ME Offices in Arizona located in Coconino, Maricopa, Mohave, Pima, Yavapai and Yuma counties.
- Pima County-Medical Examiner Office contracts with nine (9) smaller counties.

### **MEDICAL EXAMINERS ARE:**

- Physician licensed by Arizona Medical Board
- Trained and experienced in pathology, toxicology, histology, and other medico-legal science
- Forensic pathologist who performs or directs the conduct of death investigations.
- Direct a death investigation, and determine whether an external examination or autopsy is required

### **MEDICAL EXAMINER GENERALLY INVESTIGATES DEATHS:**

- All unnatural and suspicious deaths
- Death of a child
- Death of a prisoner
- Suicide or suspected suicide
- When a person is found dead and the circumstances of death are not known
- When attending physician cannot certify the cause of death

### **Roles and Responsibilities at the State Level**

In accordance with State law, each county/tribal ME is the person responsible for investigation, recovery and body disposition or release within their respective jurisdiction. *ARS 11-593 through 11-600: <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=11>*

In the event of an MFI, mutual aid resources and certain Federal assets will be needed to support local medical examiner activities, as well as to coordinate public and private assistance Arizona Fatality to grieving families.

In event of an MFI caused by communicable or infectious diseases, ADHS (as the designated lead agency for health and medical services) will have additional responsibilities for decision making, data collection, laboratory services, healthcare facility readiness and action steps regarding the safety and protection of people and control of the outbreak. ADHS may also be involved in field operations (visitation to morgue, and Family Assistance Centers) to provide experts and personnel support.

## **Roles and Responsibilities at the County Level**

In Pima County, the Office of the Medical Examiner (OME) has, as its main role, establishment of an operation that can process large numbers of human remains and accommodate the integration of related support assets. The Pima County OME must certify the cause and manner of death for all deaths falling under the medical examiner's jurisdiction and retain all mass fatality management decision making authority.

1. The OME maintains a full-time staff of forensic pathologists.
2. The Medical Examiner has a morgue with a limited on-site, decedent storage capacity. Storage capacity may be augmented by two refrigerated trailers, one large and one smaller, and by available hospital and funeral home morgue space which fluctuates in available capacities.
3. The OME maintains their own disaster plan and SOPs which work in accordance with the Pima County Fatality Management Plan.
4. The Pima County OME is responsible for the following:
  - a. Retains all mass fatality management decision making authority
  - b. Maintain a current and up to date Fatality Management Plan
  - c. Signs all death certificates for cause and manner of death
  - d. Identifies assets required to process remains
  - e. Identifies additional resources needed to process mass fatalities
  - f. Relays requirements to deputy medical examiners, Pima County Office of Emergency Management, and Pima County Health Department
  - g. Coordinates with the Pima County EOC in requesting mutual aid and assistance from private-sector sources, other jurisdictions and the state
  - h. Coordinates, integrates, and manages arriving assets (Disaster Mortuary Operations Response Teams [DMORT], additional storage, etc.)

## **Roles and Responsibilities of the Pascua Yaqui Tribe**

1. If necessary, provide translators to PCHD, the Office of the Medical Examiner, and ADHS.
2. If a person dies on an Indian reservation and a county ME is not available, the tribal law enforcement authority, acting in an official investigative capacity, may complete and sign the medical certification of death (*A.R.S.*) § 36-325).
3. An MFI will place extraordinary demands (including tremendous religious, cultural, and emotional burdens) on PYT and specifically on the families of victims, creating significant impact on the need for mental health support. PYTHSD will provide additional services and conduct community outreach efforts to fully assess the mental health needs of the community not only immediately following the MFI, but follow-up as well.
4. Funeral establishments, county vital records and county ME offices will utilize EDR system for reporting human remains. This system is required to report all deaths including natural, accidental or manmade in Arizona. PYTHSD will provide contact information for these offices to tribal members.
5. Serve as a cultural liaison to local funeral establishments regarding Pascua Yaqui Tribe cultural considerations regarding burial arrangements especially with the respect of timeliness and appropriate personal and equipment to be utilized, however during a pandemic it may not be possible for these religious considerations to be met, due to overriding health measures.



## APPENDIX 19 - VOLUNTEER MANAGEMENT PLAN

**NOTE:** The volunteer management plan will be developed by the new/pending Emergency Manager to be employed by Pascua Yaqui Tribe. The following information is the framework identified as part of her/his roles and responsibilities.

The Pascua Yaqui Tribe is in the process of finalizing an MOU with the American Red Cross. Once in place the MOU will outline the following information including the roles and responsibilities for each party in further detail. In addition, the incoming Emergency Manager will contact other organizations such as the Arizona Volunteer Organizations Active in Disasters (AZVOAD) to establish MOUs.

### **PURPOSE**

The Volunteer Management Plan, an annex to the Pascua Yaqui Tribe Public Health Emergency Preparedness Plan, defines roles and responsibilities for the external volunteer organizations as well as the Pascua Yaqui Tribe including internal volunteers.

### **SITUATION**

During an emergency situation volunteers, both external and internal to Pascua Yaqui Tribe, will be key components of the response, recovery and relief efforts. Depending upon the type of emergency and the scale of the incident, volunteers may be involved but not limited to the following activities:

- Mass and individual feeding
- Mass and individual shelter
- Donation and volunteer management support
- Equipment use to clear streets, buildings, etc.
- Support the management and coordination of bulk distribution of emergency relief items.
- Emergency response, relief and recovery support
- Long-term recovery planning and support
- Translation, cultural liaisons, community guides (Tribal members)

### **OBJECTIVES**

- Identify the various types of volunteers affiliated and unaffiliated, and spontaneous
- Identify the key stakeholders in volunteer management
- Understand the role of VOADs/COADs
- Recognize the importance of public messaging (including social media) and the differences between internal and external volunteer messages
- Recognize the importance of developing MOUs with local volunteer organizations and developing on-going relationships with volunteers
- Understand the best practices for donation management including financial donations
  - Understand the various roles involved in staffing a Volunteer Reception Center

### **PLANNING ASUMPTIONS**

- Affiliated volunteers are attached to a recognized voluntary or nonprofit organization and are trained for specific disaster response activities. Their relationship with the organization precedes the immediate disaster, and they are invited by that organization to become involved in a particular aspect of emergency management.
- Affiliated volunteers will be recruited, vetted and trained by a recognized voluntary or nonprofit organization prior to their participation in emergency response.

- Unaffiliated volunteers or spontaneous volunteers are not part of a recognized voluntary agency and often have no formal training in emergency response. They are not officially invited to become involved but are motivated by a sudden desire to help others in times of trouble. They come with a variety of skills. They may come from within the affected area or from outside the area. (Also known as: “convergent,” “emergent,” “walk-in,” or “spontaneous.”)
- The Arizona Emergency System for the Advanced Registration of Volunteer Health Professionals (ESARVHP) will be used to verify and credential needed health volunteers.
- Volunteers are a valuable resource when they are trained, assigned, and supervised within established emergency management systems.
- Similar to donations management, an essential element of every emergency management plan is the clear designation of responsibility for the on-site coordination of unaffiliated volunteers.
- The Volunteer Coordination Team (VCT) is the mechanism for ensuring the effective utilization of this human resource.
- Clear, consistent, and timely communication is essential to successful management of unaffiliated volunteers. A variety of opportunities and messages should be utilized in order to educate the public, minimize confusion, and clarify expectations.
- As a sovereign state the Pascua Yaqui Tribe Reservation reserves the right to restrict access to certain sections, buildings and facilities to only Tribal Members.
- The Tribal Council and/or its designee will serve as the PIO for internal and external communication including Social Media.
- PYT will provide Tribal Members to serve as liaison/volunteer coordination team to work with external volunteer agencies. Including orientation, physical space, support during operations (medical care, food, etc).
- PYT will recruit, train and vet its own Tribal Members to serve as volunteers during an emergency response, relief or recovery efforts.

## **CONCEPT OF OPERATIONS**

Depending on the type of emergency and scale of the incident volunteers from various organization may be involved including:

- American Red Cross (ARC)
- Arizona Citizen Corps Council (CCC)
- Arizona Humane Society (AZHS)
- Arizona Medical Reserve Corps (AMRC)
- Arizona Voluntary Organizations Active in Disasters (AZVOAD)
- Community Emergency Response Teams (CERT)
- **Humane Society of Southern Arizona**
- **Medical Reserve Corps of Southern Arizona (MRCSA)**
- Mental Health Association of Arizona (MHA AZ)
- Retired Senior Volunteer Program (RSVP)
- The Salvation Army (TSA)
- University of Arizona, Tucson (medical/nursing/pharmacist/public health students)

Depending on the type of emergency and the needs of the PYT Tribe, Tribal members may serve as internal volunteers and may be involved with:

- Translation for other Tribal Members and/or for local organizations, state and federal agencies
- Serve as liaison/volunteer coordination team to work with external volunteer agencies. Including orientation, physical space, support during operations (medical care, food, etc).
- Provide medical care in conjunction with Pima County Health Department and the Arizona State Department of Health Services.

## **APPENDIX 20: MASS PATIENT CARE**

**NOTE:** The Mass Patient Care Plan will be developed by the new/pending Emergency Manager to be employed by Pascua Yaqui Tribe. The following information is the framework identified as part of her/his roles and responsibilities.

### **PURPOSE**

To determine actions and establish procedures necessary for:

- The reception, care and protective sheltering of Pascua Yaqui Pueblo residents evacuated during an emergency.
- The sheltering of all remaining persons in Pascua Yaqui Pueblo in the event of emergency sheltering.

### **SITUATION**

#### **A. Natural or Man Caused Disasters**

1. Hazards identified in Pascua Yaqui Pueblo could require the sheltering of portions of the population. A major HAZMAT incident associated with the Haz-Mat spill or railway could require evacuation and sheltering. Tornadoes may require immediate and longer-term evacuations and the same goes for range fires.
2. Sheltering is desirable prior to an actual disaster. In many cases, post-disaster sheltering is required to house those who have lost homes.
3. Ambulatory and Mental Health care will likely be required for people within the shelters, as well as responders and caretakers.
4. The 2000 Census shows a The Pascua Yaqui Pueblo resident population over 11,000

#### **B. Shelter Resources**

1. Natural or Man Caused Disaster Shelters
  - a. Pascua Yaqui Tribe has selected buildings within the Yaqui Reservation as public shelters.
  - b. The PYT Emergency Manager, in coordination with the Emergency Reception and Care Coordinator will coordinate individual shelter needs, locations and selection.
  - c. The American Red Cross (ARC) will be included in preparation for shelter needs including beds, feeding, etc. ARC stocks of beds, food, etc., are not available locally and must be brought in. In some disasters, supply of these items may be delayed, and the Pascua Yaqui Tribe may have to provide these to the best of their abilities. The Reception and Care Coordinator works with the Resources and Transportation Coordinator to obtain them.
2. In-Place Shelters
  - a. In-place sheltering is the result of short warning time.
  - b. Short warning time may result from a natural disaster such as tornado, flooding, pandemic influenza quarantine and isolation

### **ASSUMPTIONS**

1. During most emergencies, sufficient warning time should exist to enable residents to go to protective shelters.
2. Buildings planned for use as shelters will be available.
3. Protective shelter requirements for most hazards will be short term requiring little upgrade action. Shelters usually include schools, civic centers, etc.
4. Protective shelter requirements associated with increased readiness will be long term and require maximum governmental actions. These are public or private buildings providing or upgradeable to appropriate protection factors.
5. Persons relocated from high risk areas would have to be moved to shelters from reception and care areas if these areas do not have sufficient protection. Upgrading of these shelters would



have to be accomplished on a priority basis to provide sufficient protection.

### **CONCEPT OF OPERATIONS**

1. Evacuees must be directed to a reception center for registration and assignment to lodging and feeding facilities. Reception may be performed in the lodging facility for disasters causing a limited number of evacuees. If available, the ARC will be responsible for these mass care assignments.
2. When temporary lodging and feeding facilities are opened, the following functions and staffing will be necessary. The ARC will provide some; others are clearly functions of local government.

The PYT Emergency Operations Plan will make available resources to provide:

- a. Shelter managers.
- b. Registration of all individuals and families.
- c. Food service.
- d. Health service.
- e. Maintenance of records.
- f. Shelter maintenance.
- g. Maintenance of order.
- h. Evacuee locator and welfare inquiry service.
- i. Vehicle parking and security.

#### **The shelter must accommodate pets and service animals:**

1. Service animals shall be treated as required by law (e.g., the Americans with Disabilities Act (ADA) of 1990). By law, they must be permitted entry into shelters and must remain with the person they serve. Only dogs are officially recognized under ADA as service animals. Only service animals and their owners may be co-mingled in a shelter, which means that they will share a living space (PETS Act of 2006).
2. While the ADA guarantees a service animal may remain with the person served in any public accommodation (e.g., a shelter set up in response to a disaster), the ADA does not ensure other aspects of caring for a service animal during disasters. Owners of service animal(s) should prepare to provide food and water for their service animal during an emergency, both at home and if staying in an emergency shelter. Access to veterinary care is also not guaranteed during an evacuation.
3. When possible, household pets and other animals will be co-located adjacent to or near a human shelter, ideally allowing people to help care for their own household pets. Human shelters may restrict animal sheltering locations for reasons of hygiene, safety, public health, animal phobias or facility features.
4. Animal evacuation and sheltering will be conducted in conjunction with human evacuation and sheltering efforts. Animals may be sheltered near their owners to the extent possible. Owners are expected to provide food, water, husbandry and exercise for their pets during the time they are in emergency shelters.

### **ORGANIZATION AND RESPONSIBILITIES**

This section is provided in the PHEPP until the PYT Emergency Operations Plan has been fully developed and approved by the Pascua Yaqui Tribal Council.

The American Red Cross Local Chapter, supported by state, regional, and national chapters will assist Pascua Yaqui Tribe in caring for evacuees and relocates if a Memorandum of Agreement is on file.

The Reception and Care Coordinator will be the liaison between local government officials and volunteer organizations such as the Red Cross, Salvation Army, religious organizations, civic groups, etc.

The Pima County Government, in a war emergency evacuation, is responsible for lodging, feeding and providing shelter for all assigned high-risk area evacuees as well as all residents from the Pascua Yaqui reservation.

Each shelter system organization consists of the following positions/responsibilities:

**Reception and Care Coordinator**

- Advise local government officials on shelter matters and coordinate overall operations with the Shelter Systems Officer and Reception Center Supervisors.
- Coordinate locating reception centers in each jurisdiction receiving evacuees/relocates.
- Coordinate with police to direct relocates/ evacuees to reception centers.
- Develop a crisis shelter-stocking plan.

**Shelter Systems Officer**

- Maintain current listings of reception centers, lodging and feeding facilities.
- Manage overall shelter operations.
- Designate shelter managers.
- Coordinate shelter-upgrading program with the Public Works Coordinator.
- Implement and coordinates the shelter stocking and marking programs.
- Designate a food service supervisor for each feeding facility.

**Shelter Operations Supervisor**

- Coordinate assignment to shelters.
- Conduct shelter-marking program.
- Obtain volunteers to assist in cooking and serving food in the feeding facilities.
- Monitor the upgrading program.
- Serve as assistant to the Shelter Systems Officer.
- Provide a designated area within the shelter facility to accommodate groups with special needs or institutionalized groups.

**Reception Center Supervisor**

- Manage the reception center team.
- Register all evacuees and assign them to lodging, and feeding, taking into consideration essential workers, families with small children, the infirm, etc.
- Provide evacuees with handouts of all pertinent information.
- Once evacuees have been lodged, assign local residents to fallout shelters as near as possible to the area in which they live.

**Shelter Manager**

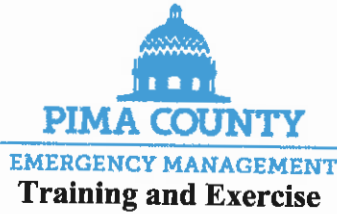
- Manage one individual shelter
- Supervise shelter cleanliness, feeding and conduct
- Serve as conduit between sheltered and Reception and Mass Care Coordinator
- Provide rumor control and pass correct information to shelter.

**Public Works Coordinator**

- Prepare for an emergency high-risk area evacuation.
- Marshal public/private earth moving equipment and crews to provide shelter upgrading when required. Coordinate supply of shoring materials and additional resources from adjacent and evacuating jurisdictions.

### **Special Considerations**

- House essential workers and their families in shelters accessible to their work places. This reduces exposure time if they must leave the shelter to perform essential work.
- To the best extent possible, public shelters must be kept free from contamination. Accomplish this by establishing procedures to:
  - Monitor the interior environment regularly.
  - Decontaminate workers and others who have been outside prior to entering the shelter.
  - Designate a quarantine area within the shelter for persons with or suspected of having a communicable disease.
- Individuals who are required to be exposed to hazardous materials will be monitored closely and their exposure limited to acceptable levels, depending upon the hazard.



**National Incident Management System (NIMS)/Incident Command System (ICS)**

**NIMS Core Curriculum**

The NIMS Training Program identifies those courses critical to train personnel capable of implementing all functions of emergency management.

**Baseline**

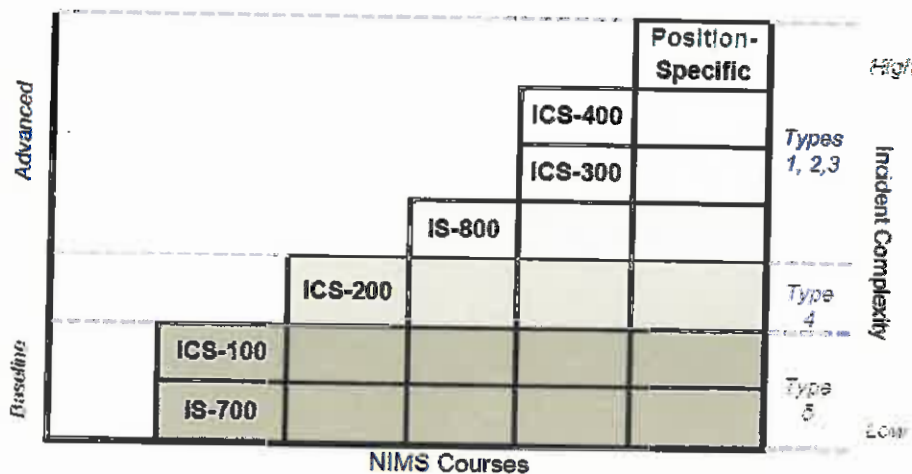
The following courses are designed to provide a —baseline, as they introduce basic NIMS and ICS concepts and provide the foundation for higher-level Emergency Operations Center- (EOC), MACS-, and ICS-related training:

- IS-700 NIMS, an Introduction: This course introduces the NIMS concept. NIMS provides a consistent nationwide template to enable all government, private sector, and nongovernmental organizations to work together during domestic incidents.
- ICS-100 Introduction to the Incident Command System: This course introduces ICS and provides the foundation for higher level ICS training. It describes the history, features and principles, and organizational structure of the system. It also explains the relationship between ICS and NIMS.

**Additional Training**

There are additional courses designed to provide an overview of key NIMS principles relating to MACS, public information, resource management, mutual aid, and communication and information management. FEMA recommends completion of the two baseline courses identified above prior to taking the following awareness and additional training relating to MACS, EOC, and ICS.

This illustrates the recommended progression of NIMS training from baseline courses (ICS-100, ICS-700) to the advanced ICS and all-hazards position-specific coursework.





**IS-100.C: Introduction to the Incident Command System, ICS 100 (revised 11/2018)**

**Course Overview:** ICS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS).

**Course Objectives:** At the completion of this course, you should be able to:

- Explain the principles and basic structure of the Incident Command System (ICS).
- Describe the NIMS management characteristics that are the foundation of the ICS.
- Describe the ICS functional areas and the roles of the Incident Commander and Command Staff.
- Describe the General Staff roles within ICS.
- Identify how NIMS management characteristics apply to ICS for a variety of roles and discipline areas.

**Course Duration:**

**IS – Online** – estimation is 2 hours

**Classroom** – estimation is 7 hours

**Day 1**

Unit 1: Course Welcome and ICS Overview	1 hour
Unit 2: NIMS Management	1 hour 30 minutes
Unit 3: ICS Functional Areas and Command Staff Roles	1 hour 20 minutes
Unit 4: General Staff Roles	1 hour 20 minutes
Unit 5: How ICS Applies to You	2 hours

**Pascua Yaqui Tribe  
Health Service Division Continuity of Operations Plan (COOP)  
MONITORING IMPACT OF COMMUNITY MITIGATION**



Monitoring social distancing actions needs to answer the following questions:

- How well are communities complying?
  - By sector (schools, worksite, churches, public events)?
  - How does compliance differ across the state?
  - Is compliance sustained as time elapses?
- What is the level of acceptability of current social distancing action to the population?
- What is the economic, social and personal cost of the current policies?
- What and how severe are the unintended consequences (i.e., secondary and tertiary effects) of an action and to what extent are the unintended consequences worsening with greater prolongation of restriction?
- How successfully are communities mitigating unintended consequences through alternatives that preserve social distancing?
- Has disease transmission been substantially suppressed by the actions?
- Is additional social distancing action likely to gain additional disease suppression and is the likely suppression worth the cost imposed by the action?
- Has reversal of social distancing actions increased the transmission of the disease?

The primary measures of disease activity will remain the same, although their interpretation may be different at different points in the epidemic:

- Absenteeism – overall absenteeism is a better indicator of disease transmission early in a wave than late due to prolong debility associated with the illness. New absenteeism may be very helpful since may be the best indicator of new case onset that we have available;
- Mortality – The mortality rate (new death incidence) should be reasonably sensitive particularly if case mortality rate does not change greatly during the course of the wave;
- New antiviral prescribing (which should only be occurring in the first 48 hours of symptom onset). Prescribing that does not require a provider visit may result in substantial prescribing for non-influenza illness; however, once the presence of disease in an area is established, it is assumed that nearly all cases seen by a provider will be identified based on clinical grounds, rather than laboratory.
- Outpatient visits/Influenza-like illness (this may be difficult to collect accurately during a pandemic); in addition, if public health attempt so minimize outpatient visits for uncomplicated influenza are success, this should be an insensitive indicator of disease activity.

**TERMINATION OF SOCIAL DISTANCING MEASURES**

It is possible that large increases in disease transmission could result in a re-implementation of a restriction, but this is to be avoided if possible. Generally, a mandatory restriction will not be replaced by an equivalently strong voluntary restriction of the same type; if the restriction is believed to be necessary to prevent re-igniting the epidemic, then continued mandatory restriction is preferred. For actions associated with high burden or low tolerance, the State Health Officer may reverse policies in

large, sub-state regions were indicators of disease control are most favorable before removing them state-wide.

The timing of termination of social distancing measures will depend on many of the same factors that determined their initiation. These include:

- Evidence of on-going transmission (new cases, hospitalizations, deaths)
- Illness severity (attack rate, hospitalizations, deaths)
- Evidence from other jurisdictions of the impact of terminating social distancing measures

Because of the long period of debility seen with many pandemics, it is not expected that absenteeism will be a very sensitive measure by which to reverse social distancing although it may have been very helpful in the initial progression of the social distancing measures.

In the absence of vaccine, the working assumption will be that when disease transmission has been largely suppressed, social distancing was largely responsible the suppression; therefore, policy reversal may re-ignite transmission (assuming the population of susceptible persons remains large).

Furthermore, the greater the underlying transmission rate at the time of reversal the more likely and more rapidly case numbers are likely to climb. The long-term containment strategy is limiting transmission until vaccine, rather than exhaustion of susceptible hosts, can end the pandemic, at least in its most severe form. Consequently, the primary trigger for each step of reversal of social distancing is that disease transmission is largely stopped or at a very low level over the area for which social distancing reversal is being considered (e.g., state-wide).

Social distancing measures will be terminated in the reverse order of implementation; that is, mandatory closures that have the greatest adverse impact on the population and the least risk of exacerbating transmission will be stopped first with observation for evidence of recurrence of disease. It will require several days of observation for evidence of rising case rates, hospitalizations and deaths to determine if the policy reversal is having adverse impacts. Evidence of a lack of adverse effect and particularly evidence of a continued decline in disease transmission will prompt further relaxation of mandatory controls.

### **Health Care System Response**

A severe influenza pandemic is expected to significantly increase the demand for health care services at a time when the availability of health care workers may be reduced due to illness. In a severe pandemic, the imbalance between supply and demand is likely to overwhelm current health care system capacity and necessitate implementation of alternate strategies to manage the demand on health system resources.

1. During a pandemic impacting the PYTHSD, all efforts may be employed to sustain the functionality of the health care system while maintaining an acceptable level of medical care. In order to accomplish this, health care delivery system partners may need to:
  - a. reserves the provision of health care services to patients with urgent, health problems requiring hospitalization;
  - b. takes steps to increase hospital bed capacity to care for large numbers of influenza patients;
  - c. mobilizes, reassign and deploy staff within and between health care facilities to address critical shortfalls;
  - d. implement pandemic-specific patient triage and management procedures;

- e. provide alternative mechanisms for patients to address non-urgent health care needs such as telephone and internet-based consultation.
2. During a pandemic, alternate care facilities may be identified and activated to provide additional health care system medical surge capacity.
  - a. These facilities would add to the existing bed capacity in the county and provide supportive care to influenza patients, or could serve as flu clinics to relieve the burden on hospital emergency departments.
  - b. Locating, staffing and supplying these sites may be accomplished through a coordinated effort between PYTHSD, ESF 8/SW COALITION, and local emergency managers.
3. Emergency Medical and Health Care System Response during Phases 1, 2, 3
  - a. PYTHSD may educate health care providers about influenza pandemics and involve them in community pandemic response planning through the ESF 8/SW COALITION
  - b. PYTHSD may incorporate existing groups, such as ESF 8/SW COALITION and the Region Hospitals Emergency Preparedness Coalitions, into pandemic planning efforts.
  - c. Hospitals and health care organizations are developing pandemic influenza response plans addressing at a minimum medical surge capacity, triage, infection control, communications, and staffing issues.
  - d. PYTHSD provides technical assistance to health system partners regarding development of a Medical Reserve Corps and other strategies to expand staffing resources.
4. The EPI AND SURVEILLANCE STAFF Division may facilitate development of a Continuity of Operations Plan (COOP) for protocols in reprioritizing PYTHSD functions during a pandemic and mobilizing staff to support maintenance of critical public health and medical needs.
5. PYTHSD may provide regular briefings to ESF 8/SW COALITION members regarding the status of a novel virus and its potential for causing a pandemic.
6. PYTHSD is coordinating with the Region Hospitals Emergency Preparedness Coalitions to ensure systems are in place to track the following items during a pandemic outbreak:
  - I. Number of available Intensive Care Unit and medical beds (adults and pediatrics)
  - II. Number of available emergency department beds (monitored and non-monitored)
  - III. Number of patients and / or waiting times in emergency departments
  - IV. Number of patients waiting for inpatient beds (in emergency departments and clinics)
  - V. Number of hospitals on emergency department divert status
  - VI. Hospital capacity
  - VII. Shortages of medical supplies or equipment
  - VIII. Staff absenteeism at hospitals, clinics
7. Emergency Medical and Health Care System Response during Phases 4, 5, 6

- a. PYTHSD may work with ESF 8/SW Coalition to heighten preparedness activities and monitor the impact of a pandemic on health care facilities and systems.
  - b. The EPI AND SURVEILLANCE STAFF Division may provide case identification criteria, laboratory testing and treatment protocols, and other case management resources to health care providers in the region.
  - c. The EPI AND SURVEILLANCE STAFF Division may coordinate with health care system members to assure appropriate use of antiviral medicines.
  - d. The PYTHSD Local Health Officer may develop and disseminate instructions for the care of patients who can be treated at home.
  - e. ESF 8/SW Coalition may evaluate the need for and feasibility of establishing a system separate from hospital emergency departments for patient triage and clinical evaluation. ESF 8/SW Coalition may develop criteria for activating and deactivating such facilities. Specific tasks may include:
    - I. Hospitals may establish separate triage areas for 1) persons presenting with possible influenza, fever or respiratory disease, and 2) persons at high risk for severe complications such as pregnant women and immune-compromised persons.
    - II. ESF 8/SW COALITION may, through coordination between PYTHSD, hospitals, the large medical group practices and the community health centers, identify specific facilities in different geographic areas within Southwest Arizona District to serve as “flu clinics”
    - III. PYTHSD may work through ESF 8/SW COALITION to establish and promote a 24-hour telephone consulting nurse service to provide information and advice to ill persons on management of illness and accessing health care.
8. ESF 8/SW COALITION may develop standardized criteria for implementing the following strategies district-wide, and may recommend implementation of any or all of these strategies to the Local Health Officer when pandemic conditions warrant:
- Cancel elective admissions and elective surgeries
  - Require all hospitals in the district to receive and treat any patient whose condition warrant hospitalization, regardless of medical insurance coverage.
  - Implement protocols to expand internal hospital bed capacity.
  - Activate alternate care facilities to conduct triage of flu patients or to provide expanded bed capacity.
  - Implement early discharge protocols for patient’s not requiring inpatient care.
  - Implement protocols for enhanced infection control in all medical facilities.
  - Monitoring and reporting of hospital-acquired influenza infections.
9. ESF 8/SW COALITION members may identify and prioritize staff to receive antiviral medications and influenza vaccine according to the protocols established by PYTHSD.
  10. Through a Public Health Order, the Local Health Officer may direct the compliance of health care providers with PYTHSD protocols for use of antiviral medications and influenza vaccine.
  11. PYTHSD may coordinate with and support ESF 8/SW COALITION in acquiring additional medical supplies and equipment in support of medical facilities throughout the district.
  12. Requests for State and Federal resource support, including resources from the Strategic National Stockpile (SNS), may be managed by PYTHSD through local Emergency Operations Centers.



## **Public Health Services**

1. During a pandemic, PYTHSD may suspend routine Department operations to provide staff for pandemic response services.
2. The Local Health Officer may assess the need to reprioritize Department functions and may direct the mobilization of staff to meet emerging needs of the pandemic.
3. PYTHSD staff with clinical training and licensure may be reassigned by the Nursing Director to support the Department's critical functions during a pandemic, or to alleviate staffing shortages.
4. Public Health Services during Phases 1, 2, 3
  - a. PYTHSD EPI AND SURVEILLANCE STAFF Division may:
  - b. Participate in business continuity planning to identify mission critical systems and functions that must remain operational during a pandemic.
  - c. Identify PYTHSD services and functions that can be suspended during a pandemic thereby freeing up staff members for reassignment
  - d. Participate in ongoing planning efforts to assess skills needed during public health emergencies and identify staff training needs to fill critical positions.
  - e. The Senior Leadership of PYTHSD may identify sites and functions within the Department's clinical services that may remain operational during a pandemic and specify the minimum level of resources needed to remain operational.
  - f. The Arizona State Medical Examiner's Office should be coordinating mass fatality planning efforts with hospitals and funeral homes through the UDOH and the Arizona Funeral Directors Association.
5. Public Health Services during Phases 4, 5, 6
  - a. The Local Health Officer may determine the need to suspend routine Department operations in order to reassign staff to critical duties. The timing of this decision may be coordinated with similar actions taken by other clinical facilities in the health care system.
  - b. Critical functions activated within PYTHSD may:
    - Establish and supporting a public call center that provides information and medical advice over the telephone, including information on how to access the health care system.
    - Distribute vaccine if available to health care system facilities and activating mass vaccination clinics to vaccinate priority groups.
  - c. The Arizona State Medical Examiner's Office, County Deputy Medical Examiner and AZDPH may activate the Public Health Mass Fatalities Plan. Activation of the plan may be coordinated with hospitals and funeral homes throughout the state.
  - d. Based on the numbers of actual or anticipated fatalities during a pandemic, the Arizona State Medical Examiner's Office, County Deputy Medical Examiners and AZDPH may implement emergency protocols regarding:
    - a. Identification and documentation of victims
    - b. Activation and management of temporary temperature-controlled holding facilities
    - c. Release of remains to family members
    - d. Temporary internment of mass fatalities
    - e. Cremation and burial of mass fatalities

## **Maintenance of Essential Services**

1. One of the critical needs during a flu pandemic may be to maintain essential community services.
  - a. With the possibility that 25-35% of the workforce could be absent due to illness during a pandemic, it may be difficult to maintain adequate staffing for certain critical functions.
  - b. There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, medical care, transportation, communications, and public works personnel are unable to carry out critical functions due to illness.
2. Government agencies and private businesses, particularly those that provide essential services to the public, may develop and maintain continuity of operations plans (COOP) and protocols that address the unique consequences of a pandemic.
3. Local emergency preparedness Committees may lead continuity of government planning and preparedness within their jurisdictions with technical support provided by PYTHSD.
4. Pima County may participate in and support logistical and non-medical infrastructure planning with hospital facilities within their jurisdictions.
5. PYTHSD may develop continuity of operations plans that address, at a minimum:
  - a. Line of Succession for the agency.
  - b. Approval of continuity of operations plans by the Southwest Arizona Board of Health.
  - c. Identification of mission essential services and priorities.
  - d. Procedures for the reassignment of employees to support public health functions essential during a public health emergency.
  - e. Redundancy of mission critical communication and information systems.
  - f. Physical relocation of critical PYTHSD functions including the PYTHSD Emergency Operations Center
6. Maintenance of Essential Services during Phases 1, 2, 3
  - a. Emergency Preparedness Coordinator may work with all divisions in PYTHSD to develop plans for maintaining essential departmental services during a pandemic.
  - b. Emergency Preparedness Coordinator may continue to educate government agencies, non- profit organizations and businesses that provide essential community services about the need for continuity planning in advance of a pandemic.
7. Maintenance of Essential Services during Phases 4, 5, 6
  - a. PYTHSD may update its essential services plans and may request that its community partners update their plans.
  - b. The Local Health Officer may determine the appropriate time to implement the Department's continuity of operations plans and protocols and may advise community partners to implement their plans as needed.

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[http://www.azsos.gov/public\\_services/Title\\_09/9-06.pdf](http://www.azsos.gov/public_services/Title_09/9-06.pdf)

ADHS Surveillance Manual:  
[http://www.azdhs.gov/phs/oids/epi/surv\\_manual.htm](http://www.azdhs.gov/phs/oids/epi/surv_manual.htm)

CDC Public Health Information Network:  
<http://www.cdc.gov/phin/>

HIPAA:  
<http://www.hhs.gov/ocr/privacy/>

Pima Association of Governments Website:  
<http://www.pagnet.org/Home/tabid/36/Default.aspx>

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<http://www.who.int/en/>

Pima County Emergency Response and Recovery Plan: Produced by the Pima County Office of Emergency Management and revised in 2018.

State of Arizona Emergency Response and Recovery Plan: Produced by the Department of Emergency and Military Affairs; Arizona Division of Emergency Management

