2025

INFECTIOUS DISEASE PREPARATION & RESPONSE

POLICIES & PROCEDURES

ADOPTED BY THE BOARD ON JANUARY 30, 2023
UPDATED FEBRAURY 2025

THESE POLICIES AND PROCEDURES SUPERSEDE ALL PREVIOUSLY ADOPTED INFECTIOUS DISEASE PREPARATION & RESPONSE POLICIES AND PROCEDURES AS WELL AS ANY INFECTIOUS DISEASE PREPARATION AND RESPONSE-RELATED PROVISIONS IN OTHER PREVIOUSLY ADOPTED POLICIES AND PROCEDURES.

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OVERVIEW

Background

The Maricopa Regional Continuum of Care (CoC) recognizes that individuals and families experiencing homelessness are at greater risk of exposure to infectious disease. This is due in part to a lack of access to primary care, heightened poverty, and experience in congregate settings. Therefore, it is a crucial responsibility for the CoC to address this heightened risk with an effective strategy to protect clients and staff from infection.

Local health partners, such as public health departments, state health agencies, and healthcare providers, are the primary points of contact for an infectious disease outbreak. Leveraging the expertise of these partners with the CoC's support allows for a rapid community response.

This plan does not replace organizations' existing disease response policies and procedures; rather, it provides context for system-wide roles and partnerships in the event of a public health emergency.

Objectives

This policy has the following objectives:

- Detail key elements of the CoC's preparation to prevent infectious disease.
- Explain the roles, partnerships, and responsibilities for the CoC's disease response.
- Highlight available resources and recommended operational practices for prevention and mitigation.

Guiding Principles

The Maricopa Regional CoC greatly benefits from a prepared and healthy community. Though public health officials largely lead the response to infectious disease, the CoC strongly encourages homeless service providers to familiarize their staff with best practices prior to the occurrence of an emergency.

Preparation

Training

Accurate and accessible education allows for an informed response to a public health emergency. The CoC strives to maintain up to date trainings on available community resources and needed action steps during a health emergency in the CoC Learning Gateway. During a public health emergency, trainings from the CoC or Maricopa County Public Health Department (MCPHD) may occur more frequently to consistently disseminate information and expand on specific community concerns.

The CoC will consider a diverse range of topics to equip all types of organizations (street outreach teams, shelter providers, etc.) with the tools necessary for crisis. Trainings will be recorded when possible and made available to providers for future reference.

Partners

Establishing a line of communication with local public health partners is key to the CoC infectious disease response plan. Necessary expertise from health and medical entities will shape critical elements of the CoC's response.

Such partners may include:

<table>
<tr><th>Organization</th><th>Role/Responsibilities</th><th>Contact Information</th></tr>
<tr><td>Maricopa County Public Health- Division of Epidemiology & Informatics</td><td>• Surveillance and early detection
• Investigation and contact tracing
• Risk communication and public education
• Prevention and control measures
• Policy and coordination</td><td rowspan="2">Main Reporting (other than listed below)
Phone: 602-506-6767

HIV / AIDS
Phone: 602-506-2934

Sexually Transmitted Diseases (STDs)
Phone: 602-506-1678

Tuberculosis (TB)
Phone: 602-506-8282

Animal Bite Reports
Phone: 602-506-7387</td></tr>
<tr><td>Maricopa County Department of Public Health Office of Preparedness & Response</td><td>• Create emergency operating plans for public health emergencies
• Coordinate partnerships with outside entities and operate sites in time of emergency.
• Ensure health care systems are prepared to support communities (training, staff, supplies, capacity)
• Resource allocation for Maricopa County communities (cities, organizations, businesses, etc.)</td></tr>
</table>

Arizona Department of Health Services Bureau of Public Health Emergency Preparedness	• Support MCDPH efforts and manage health emergencies across the state • Serve as the liaison between MCDPH and CDC	(602) 542-1025 Monday-Friday (Start with Maricopa County Public Health first)
Maricopa Association of Governments (MAG)	• Serve as the liaison between MCDPH and shelters • Help further spread information regarding public health emergency to providers. • Keep updated list of homeless providers point of contact	
Cities and Towns	• Adopt public health recommendations across city/town • City/town emergency management teams work with county to coordinate care and distribute resources needed to individuals	Emergency management is planned with city police/fire (Call non-emergency lines)

Readiness Steps

Some of the most important steps an agency can take to prepare for public health emergencies are:

1) Maintaining lists of current clients in their programs and/or facilities. This action provides crucial information for the Maricopa County Health Department during outbreak control and contact tracing.
2) Maintaining contact lists for those who should be outreached during a public health emergency, including those in this policy.
3) Preparing contingency plans for the potential of multiple staff absences.

To assess internal preparedness for an emergency, agencies are encouraged to complete periodic assessments of the development and availability of these planning actions. Some providers are subject to certain challenges that inhibit their ability to effectively respond to public health emergencies, so the CoC must understand where to fill gaps. It is the responsibility of the agency to notify the CoC *prior* to an emergency event when such gaps exist. -

Response

Communication

The primary role of the Maricopa Regional CoC during a public health emergency is to facilitate communication between the broader homeless system and external partners, such as public health officials, and local government. The centralized flow of information can provide clarity toward strengthening the community's response.

Homeless service providers should inform the CoC when facing shortages in staffing, supplies, or technical assistance. These needs will be shared with and addressed by external partners where appropriate. Providers must relay updates on outbreaks and ongoing efforts to both the CoC and the local public health authority.

The CoC will reinforce messaging from public health officials regarding sanitation, screening, mitigation, and reporting strategies to providers. It will also work to ensure recommended public health practices are being implemented system wide.

To further define the decision-making chain of command and communication pathways during an infectious disease outbreak within the Maricopa Regional Continuum of Care (CoC) service area, the CoC has approved a communication flowchart. This flowchart emphasizes coordination among homeless service providers, the CoC, public health officials, and local government, and includes redundant communication systems for crisis scenarios. While each infectious disease event will require unique protocols and processes, the goal of this flowchart is to ensure a clear and effective communication chain during outbreaks, enhancing the community's ability to respond and recover efficiently.

Communication Systems

- Primary Systems:
  - Email and secure online portals
  - Scheduled virtual meetings (Zoom, Teams)

- Redundant Systems:
  - Landline and mobile phone trees
  - Two-way radios for areas with unreliable internet
  - Backup files stored in secure cloud services

- Emergency Protocols:
  - Ensure each provider designates an alternate POC
  - Conduct annual drills to test communication systems

Key Roles and Responsibilities

- Homeless Service Providers:
  - Early detection and reporting
  - Implement mitigation measures as directed by the CoC
- CoC Staff:
  - Information validation and centralization
  - Coordination with external partners
- Public Health Agencies and Local Government:
  - Resource deployment and policy guidance

The full communication flowchart, as well as the MCDPH reporting guide for communicable diseases, are located in the appendix of this policy.

Grant Funds

Activities related to infectious disease response may be eligible expenditures for CoC Program grant funds. A full list of these costs has been distributed by HUD in support of fully utilizing available resources of grant recipients.

Best Practices

The population served, resources available, and methods of service delivery can vary between programs across the Maricopa Regional CoC. Each homeless service provider is strongly encouraged to tailor a disease response policy to the framework of their program.

Facilities

Providers should implement standardized sanitation protocols to reduce the risk of spreading disease. Such protocols may include:

(i) Providing access to cleaning supplies, hygiene products, and other personal protective equipment (PPE) as needed
(ii) Cleaning and disinfecting surfaces on a regular basis
(iii) Maintaining proper food handling and safety practices

Program Participants

Trauma-informed approaches can aid providers in addressing program participants during a public health emergency. Safety, familial unity, and immediate needs are likely of paramount concern. If possible, providers should avoid turning away those experiencing homelessness or separating families if exposed.

To increase swift access to medical care and protection from infection, vaccine or mobile health clinics can be paired with other available resource events. Education on health practices and how to prevent infection remain important tools for the community.

In the event a resident of a housing project becomes infected, it is recommended they are temporarily transferred to a private isolated space if available. If limitations on available space do not allow this, providers should consider minimizing exposure to others where possible.

Staff

Frontline staff play a crucial role in maintaining the well-being and safety of our communities, often working under challenging conditions. To ensure their health, safety, and morale, employers should adopt proactive communication practices that include clear references to Human Resources policies and procedures related to hazard pay, mental health support, and contingency planning for staff shortages.

Key elements to include in communications are:

- Acknowledging the extraordinary efforts of staff during emergency situations by outlining any available hazard pay, bonuses, or other financial incentives. This not only compensates for the risks taken but also fosters appreciation and loyalty among the team.
- Emphasizing the importance of mental health and share information about resources available to staff, such as Employee Assistance Programs (EAPs), counseling services, or wellness initiatives. Encourage employees to prioritize their well-being and seek support when needed.
- Clearly communicating contingency plans that address potential staff shortages due to illness or other emergencies. This includes:
    - Procedures for allowing staff to work from home, where applicable.
    - Cross-training team members to ensure coverage of essential duties.
    - Guidelines for managing workload distribution in the event of absences.
- Implementing and practicing regular drills to prepare for outbreak scenarios. This ensures staff are familiar with protocols, understand their roles, and can respond effectively during emergencies.

Additional considerations include:

- Providing staff with appropriate protective equipment and training on its proper use.
- Reinforcing policies that support staff staying home if they are unwell, reducing the risk of spreading illness.

- Recommending measures such as limiting interactions among staff who attend to isolated residents to minimize disease spread within the facility.

Appendix

Policies and procedures adopted by the Maricopa Regional CoC Board can be found on the Maricopa Association of Governments webpage. Additional operations, best practices, and a glossary of terms may aid response in tandem with this policy.

The U.S. Department of Housing and Urban Development (HUD) maintains a directory of resources related to disease response for homeless providers. They have also provided a three-part Infectious Disease Toolkit for Continuums of Care, each linked below:

Preventing & Managing the Spread of Infectious Disease for People Experiencing Homelessness

Preventing & Managing the Spread of Infectious Disease Within Shelters

Preventing & Managing the Spread of Infectious Disease Within Encampments

The Centers for Disease Control and Prevention (CDC) offers a directory of resources, trainings, and webinars on the topic on their website.

Maricopa Regional Continuum of Care (CoC) Outbreak Response Communication Flowchart

Process Step	1. Initial Identification of an Outbreak	2. Provider to CoC Communication	3. CoC Coordination and Information Centralization	4. CoC to External Partners Communication	5. Public Health and Government Response	6. System-Wide Dissemination of Information	7. Post-Outbreak Feedback and Evaluation
Responsible Party	Homeless Service Providers	Homeless Service Providers	CoC Staff	CoC Staff	Public Health Agencies and Local Government	CoC Staff	CoC Staff and Stakeholders

Action Steps	• Identify signs of an outbreak (e.g., cluster of symptoms, confirmed cases).
	• Notify designated point of contact (POC) within the CoC and county public health agency.
		• Report shortages in staffing and supplies to CoC staff.
		• Provide outbreak updates, including:
		  ○ Number of individuals affected.
		  ○ Mitigation efforts already in place.
		  ○ Additional support required.
			• Compile reports from providers to consolidate data and needs.
			• Coordinate with external partners, including:
			  ○ County public health agency.
			  ○ Emergency management.
			  ○ Local and state government entities.
			• Reinforce messaging from public health officials to providers.
				• Escalate urgent needs (e.g., medical supplies, quarantine facilities) to public health authorities and government partners.
				• Provide situation reports, including:
				  ○ Outbreak scope and scale.
				  ○ Community-wide mitigation strategies.
				  ○ Required interventions.
					• Deploy resources as requested by the CoC (as available).
					• Provide guidance and updates to the CoC for system-wide communication and resources dissemination.
					• Monitor implementation of public health practices.
						• Disseminate official public health messaging to all providers (sanitation, screening, and mitigation strategies).
						• Conduct virtual or in-person briefings with stakeholders.
						• Ensure feedback loops with providers for ongoing updates and challenges.
							• Conduct a comprehensive review of outbreak response actions.
							• Collect feedback from providers, public health officials, and external partners.
							• Identify strengths and areas for improvement in communication and coordination.
							• Update protocols and communication systems based on findings.
							• Share evaluation results and updated strategies with all stakeholders to enhance preparedness for future outbreaks.

Fail-Safes		• Use redundant systems (email, phone, radio communication) to ensure information is received.	• Maintain cloud-based backups of communications and updates for access by stakeholders.	• Establish pre-approved alternative contacts within public health and government agencies.		• Use mass notification systems (text alerts, automated emails) for rapid dissemination.	

Arizona Administrative Code✦ Requires Providers to:

Report Communicable Diseases

to the Local Health Department

Code	Disease
✉*O	Amebiasis
✉	Anaplasmosis
☎	Anthrax
✉	Arboviral infection
✉	Babesiosis
✉	Basidiobolomycosis
☎	Botulism
◑	Brucellosis
✉*O	Campylobacteriosis
✉	Chagas infection and related disease (American trypanosomiasis)
✉	Chancroid
◑	Chikungunya
✉	*Chlamydia trachomatis* infection
◑*	Cholera
✉	Coccidioidomycosis (Valley Fever)
✉	Colorado tick fever
O	Conjunctivitis, acute
✉	Creutzfeldt-Jakob disease
◑*O	Cryptosporidiosis
◑	*Cyclospora* infection
✉	Cysticercosis
◑	Dengue
O	Diarrhea, nausea, or vomiting
☎	Diphtheria
✉	Ehrlichiosis
☎	Emerging or exotic disease
☎	Encephalitis, parasitic
◑	Encephalitis, viral
◑	*Escherichia coli*, Shiga toxin-producing
✉*O	Giardiasis
☎	Glanders
✉	Gonorrhea
◑	*Haemophilus influenzae*, invasive disease
✉	Hansen's disease (Leprosy)
◑	Hantavirus infection
◑	Hemolytic uremic syndrome
◑*O	Hepatitis A
✉	Hepatitis B and Hepatitis D
✉	Hepatitis C
✉*O	Hepatitis E
✉	HIV infection and related disease
◑	Influenza-associated mortality in a child
◑	Legionellosis (Legionnaires' disease)
◑	Leptospirosis
◑	Listeriosis
✉	Lyme disease
◑	Lymphocytic choriomeningitis
✉	Malaria
☎	Measles (rubeola)
◑	Melioidosis
☎	Meningococcal invasive disease
◑	Mumps
☎	Novel coronavirus infection (e.g., SARS or MERS)
◑	Pertussis (whooping cough)
☎	Plague
☎	Poliomyelitis (paralytic or non-paralytic)
✉	Psittacosis (ornithosis)
◑	Q fever
☎	Rabies in a human
◑	Relapsing fever (borreliosis)
O	Respiratory disease in a health care institution or correctional facility
◑*	Rubella (German measles)
◑	Rubella syndrome, congenital
◑*O	Salmonellosis
O	Scabies
◑*O	Shigellosis
☎	Smallpox
◑	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
✉	Streptococcal group A infection, invasive disease
✉	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
✉	*Streptococcus pneumoniae* infection (pneumococcal invasive disease)
✉[1]	Syphilis
✉*O	Taeniasis
✉	Tetanus
✉	Toxic shock syndrome
◑	Trichinosis
◑	Tuberculosis, active disease
◑	Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
☎	Tularemia
◑	Typhoid fever
◑	Typhus fever
◑	Vaccinia-related adverse event
☎	Vancomycin-resistant or Vancomycin-intermediate *Staphylococcus aureus*
✉	Varicella (chickenpox)
◑*O	*Vibrio* infection
☎	Viral hemorrhagic fever
✉	West Nile virus infection
☎	Yellow fever
◑*O	Yersiniosis (enteropathogenic *Yersinia*)
◑	Zika virus infection

Key:

☎ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.

* Submit a report within 24 hours after a case or suspect case is diagnosed, treated, or detected, instead of reporting within the general reporting deadline, if the case or suspect case is a food handler or works in a child care establishment or a health care institution.

1 Submit a report within one working day if the case or suspect case is a pregnant woman.

◑ Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.

✉ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.

O Submit a report within 24 hours after detecting an outbreak.

✦A.A.C. R9-6-202

Effective 01/01/2018

http://azdhs.gov/providerreporting

Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility

Adapted from Arizona Administrative Code R9-6-202.

Submit a report that includes:

The following information about the **case or suspect case**

a. **Name**
b. Residential and mailing **addresses**;
c. **County** of residence;
d. Whether the individual is living on a **reservation** and, if so, the name of the reservation;
e. Whether the individual is a member of a **tribe** and, if so, the name of the tribe;
f. **Telephone number** and, if available, **email address**;
g. **Date of birth**;
h. **Race and ethnicity**;
i. **Gender**;
j. If known, whether the individual is **pregnant**;
k. If known, whether the individual is **alive or dead**;
l. If known, the individual's **occupation**;
m. If the individual is attending or working in a school or child care establishment or working in a health care institution or food establishment, **the name and address of the school, child care establishment, health care institution, or food establishment**; and
n. For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, telephone number, and, if available, email address of the **child's parent or guardian**, if known;

The following information about **the disease:**

a. The **name** of the disease;
b. The **date of onset** of symptoms;
c. The **date of diagnosis**;
d. The **date of specimen collection**;
e. Each **type of specimen** collected;
f. Each **type of laboratory test** completed;
g. The **date of the result** of each laboratory test; and
h. A description of the **laboratory test results**, including quantitative values if available;

The **name, address, telephone number**, and, if available, **email address** of:

a. the **individual** making the report; and
b. health care provider, health care institution or correctional facility.

For each **outbreak** for which a report is required:

a. A description of the signs and symptoms;
b. If possible, a diagnosis and identification of suspected sources;
c. The number of known cases and suspect cases;
d. A description of the location and setting of the outbreak;
e. The name, address, telephone number, and, if available, email address of:
   i. the individual making the report; and
   ii. the health care provider, health care institution or correctional facility.

Disease specific information (when applicable):

Tuberculosis:

a. The site of infection;
b. A description of the treatment prescribed, if any, including:
   i. The name of each drug prescribed,
   ii. The dosage prescribed for each drug, and
   iii. The date of prescription for each drug;
c. Whether the diagnosis was confirmed by a laboratory and if so, the name, address, and phone number of the laboratory.

Chancroid, gonorrhea, *Chlamydia trachomatis* infection, or syphilis:

a. The gender of the individuals with whom the case or suspect case had sexual contact;
b. A description of the treatment prescribed, if any, including:
   i. The name of each drug prescribed,
   ii. The dosage prescribed for each drug, and
   iii. The date of prescription for each drug;
c. The site of infection; and
d. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
e. For syphilis, also include
   i. The stage of the disease; or
   ii. Whether the syphilis is congenital.

Congenital syphilis in an infant:

In addition to the information required for syphilis above, the following information:

a. The name and date of birth of the infant's mother;
b. The residential address, mailing address, telephone number, and, if available, email address of the infant's mother;
c. The date and test results for the infant's mother of the prenatal syphilis test required in A.R.S. § 36-693; and
d. If the prenatal syphilis test of the infant's mother indicated that the infant's mother was infected with syphilis:
   i. Whether the infant's mother received treatment for syphilis,
   ii. The name and dosage of each drug prescribed to the infant's mother for treatment of syphilis and the date each drug was prescribed, and
   iii. The name and phone number of the health care provider required to report who treated the infant's mother for syphilis.

When an **HIV-related test is ordered for an infant** who was perinatally exposed to HIV:

For the infant and mother:

a. Name and date of birth
b. Address and telephone
c. Date of last medical evaluation
d. All HIV-related test information
e. Ordering provider name and contact

For the mother:

a. HIV-related risk factors
b. Delivery method
c. HIV-related drugs prior to birth

Report to your local health agency or through MEDSIS (https://my.health.azdhs.gov/).
Local health agency contact information, how to obtain access to MEDSIS, and the reporting form are at http://azdhs.gov/providerreporting.