

**State of Rhode Island
Ebola Response Plan**

Table of Contents

| | |
|--|----|
| Promulgation, Approval and Implementation | 3 |
| Record of Changes | 3 |
| SECTION 1: PLAN OVERVIEW | 4 |
| 1.1 Introduction | 4 |
| 1.2 Purpose | 4 |
| 1.3 Background | 4 |
| 1.4 Situation Overview | 5 |
| 1.5 Scope | 6 |
| 1.6 Key Stakeholders | 6 |
| 1.7 Assumptions | 6 |
| SECTION 2: CONCEPT OF OPERATIONS | 7 |
| 2.1 Overview | 7 |
| 2.2 Direction and Control | 7 |
| 2.2.1 Response Overview | 7 |
| 2.2.1 SEOC Activation | 8 |
| 2.2.2 Plan Activation | 9 |
| 2.2.3 Incident Objectives | 9 |
| SECTION 3: ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES | 9 |
| 3.1 Government Organization | 9 |
| 3.1.1 Local and Tribal Governments | 9 |
| 3.1.2 State Government | 10 |
| 3.1.3 Federal Government | 10 |
| 3.1.4 Emergency Support Functions | 10 |
| SECTION 4: COMMUNICATIONS | 14 |
| 4.1 Communications and Messaging | 14 |
| 4.2 Alert and Notification | 14 |
| 4.3 Coordination of Public Information | 14 |
| 4.3.1 Joint Information Center | 14 |
| Appendix | 16 |
| Acronyms | 16 |

Promulgation, Approval and Implementation

The Ebola Response Plan (“Plan”) is hereby incorporated into the State Emergency Operations Plan.

Record of Changes

| Date | Change | Authorized Representative |
|------|--------|---------------------------|
| | | |
| | | |
| | | |
| | | |

SECTION 1: PLAN OVERVIEW

1.1 Introduction

The Rhode Island Department of Health (HEALTH) is the lead agency for disease prevention and control. On a daily basis, HEALTH responds to numerous infectious disease outbreaks of varying types and sizes. If an event occurs that presents an imminent threat to the public, or HEALTH exceeds day-to-day capacity, the Rhode Island Emergency Management Agency (RIEMA) may, at the direction of the Governor, activate the State Emergency Operations Plan (SEOP) and the Ebola Response Plan (“Plan”) to coordinate the state-level emergency management activities and the engagement with other emergency management stakeholders, including local, state and tribal governments, nongovernmental organizations (NGO), other states, the federal government, and the private sector.

1.2 Purpose

The purpose of the Plan is to outline the coordinated actions the State of Rhode Island will undertake in preparation for, or in the event of one or more suspected cases of Ebola within the state.

Activities that are likely to be implemented during an Ebola response include, but are not limited to:

- Coordination with federal, state, and local entities responding to the event;
- Development and dissemination of information and guidance for the medical community, responders, general public, schools, special populations, and public safety officials;
- Public health disease containment measures such as quarantine and isolation;
- Coordination of assistance to healthcare organizations for evaluation and treatment of individuals who show signs and symptoms or are confirmed cases of Ebola;
- Oversight and quality assurance of healthcare facilities that isolate and treat Ebola patients;
- Coordination of housing and support services for household contacts of an individual who develops Ebola;
- Epidemiological surveillance, investigation, and laboratory testing; and
- Collection and analysis of data to inform the development of objectives and strategies.

1.3 Background

While outbreaks of Ebola have occurred in the past, following the disease’s initial identification in 1976, they have traditionally been isolated to rural areas with environmental and societal conditions that facilitated a rapid burnout of the disease. In other words, past outbreaks of the disease have been either locally or regionally contained by virtue of the isolated location of the outbreak and the exceptionally virulent character of the virus itself.

Because of globalization, increasing population density in Africa and easy access to international travel, the risk that the virus will travel beyond these relatively isolated areas has grown considerably.

Ebola

Ebola, previously known as Ebola hemorrhagic fever, is a severe, often fatal disease in humans and nonhuman primates (such as monkeys, gorillas, and chimpanzees). Ebola is a rare and deadly disease caused by infection with a virus of the family *Filoviridae*, genus *Ebolavirus*.

There are five identified *Ebolavirus* species, four of which have caused disease in humans: *Zaire ebolavirus*; *Sudan ebolavirus*; *Tai Forest ebolavirus*, formerly *Côte d'Ivoire ebolavirus*; and *Bundibugyo ebolavirus*. The fifth, *Reston ebolavirus*, has caused disease in nonhuman primates.

The natural reservoir host of Ebola remains unknown. However, on the basis of available evidence and the nature of similar viruses, researchers believe that the virus is animal-borne with bats being the most likely reservoir. Four of the five subtypes occur in an animal host native to Africa.

Transmission

With regard to the human transmission of Ebola, there are several ways in which the virus can be spread:

- Direct contact with the blood or bodily fluids (including, but not limited to, feces, saliva, urine, vomit, and semen) of a person who is infected with Ebola; and
- Contact with objects (such as needles and syringes) that have been contaminated with the blood or bodily fluids of an infected person or animal. This also includes contact with infected cadavers.

It is important to note that a person who is infected with Ebola is not contagious until the time when he or she presents with symptoms; the start of this period, which usually occurs two to 21 days post-exposure, is typically heralded by the onset of a fever. Additional signs and symptoms include:

- Severe headache;
- Muscle pain;
- Vomiting;
- Diarrhea;
- Stomach pain; and
- Unexplained bleeding or bruising.

It is similarly important to note that many of the signs and symptoms of Ebola are also symptoms of other, more common illnesses – especially influenza. This may become a complicating factor as influenza season begins. Influenza season usually runs from October to March.

Rhode Island-Specific Considerations

While Rhode Island is a small state, the State has a relatively large population of individuals born in, or with ties to West African nations, especially Liberia.

1.4 Situation Overview

In December 2013, an outbreak of Ebola occurred in Guinea (a nation in West Africa) and rapidly spread to nearby areas of Liberia and Sierra Leone. As of mid-October 2014, the outbreak has grown to be the

largest in history, with active transmission currently (Oct. 2014) present in Liberia, Guinea, and Sierra Leone. Hundreds of healthcare workers involved in the treatment of patients in these countries have been infected by the disease; several American health care workers have been transported back to the United States (U.S.) for treatment.

On September 30, 2014, the CDC confirmed the first travel-associated case of Ebola in the U.S. While undergoing treatment in a Texas hospital, this patient passed away on October 8, 2014. During the course of the patient's treatment, two Texas healthcare workers involved in his care were infected. Until disease transmission in West Africa can be contained, there is risk that an imported case may appear in Rhode Island.

1.5 Scope

This Plan primarily addresses the activities involved in the response to a case of Ebola. It will be utilized in concert with the SEOP to facilitate and enhance State-level response and coordination. Some potential Ebola-related situations will require limited response activities. Other situations may require large-scale response efforts that involve multiple Rhode Island Emergency Support Functions (RI-ESFs).

1.6 Key Stakeholders

Key stakeholders and target audiences during the management of an Ebola case may include, but are not limited to, the following:

- First responders;
- Emergency dispatchers;
- Healthcare workers;
- Hospitals;
- Private physicians' offices and/or health centers;
- Medical examiners;
- Funeral homes;
- Transportation services;
- Regulated medical waste vendors and other waste management providers;
- Residential and commercial restoration services;
- State agencies;
- State and federal ESF partners;
- Municipal elected officials; and
- Rhode Island's West African community.

1.7 Assumptions

1. Local governments have the primary responsibility to provide initial emergency response and emergency management services within their jurisdictions.
2. Every hospital in the State needs to have the technical capacity to safely manage and treat an Ebola patient, and there may be varying levels of treatment and infection control capacity and awareness among personnel at each facility.
3. HEALTH will take the lead in investigating suspect cases of Ebola and coordination of care between local and federal entities.
4. There is, at present, no known cure or vaccine for Ebola; treatment for Ebola patients consists

mainly of supportive care. There are, at present, several drugs that have been granted Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA) for use on humans; however, their effectiveness and safety are unclear, availability is limited, and it is not certain if they would be available for an Ebola case in Rhode Island.

5. In preparation for or in the response to a confirmed case of Ebola in Rhode Island, the Governor may activate the SEOP and Unified Command would be established with the Directors of HEALTH and RIEMA.
6. The SEOC will be activated to the level necessary to manage the circumstances presented.
7. State agencies and departments will coordinate efforts through RIEMA and the SEOC, if activated.
8. Rhode Island General Law 30-15-3 defines a "disaster" as the "occurrence or imminent threat of widespread or severe damage, injury, loss of life or property resulting from.....endangerment of the health...of the people of the state." A Declaration of a Disaster by the Governor will be considered if Ebola presents such a threat to the public.
9. If necessary, the Joint Information Center (JIC) will be activated to provide the timely release of accurate information coordinated across involved agencies.

SECTION 2: CONCEPT OF OPERATIONS

2.1 Overview

While in most events for which the State responds, the concept of operations is based on the premise that the capabilities and resources of the local jurisdiction are exceeded by an emergency or disaster event, thereby requiring the assistance of State government. In the event of a case of Ebola, while there are local elements involved, given the centralized structure of Rhode Island's public health department, any response is a state-level response.

This Plan is the primary and general plan for managing Ebola, and details the coordinating structures and processes used in Rhode Island. Other supplemental agency plans provide details on authorities, response protocols, and technical guidance for responding to and managing specific components of the situation.

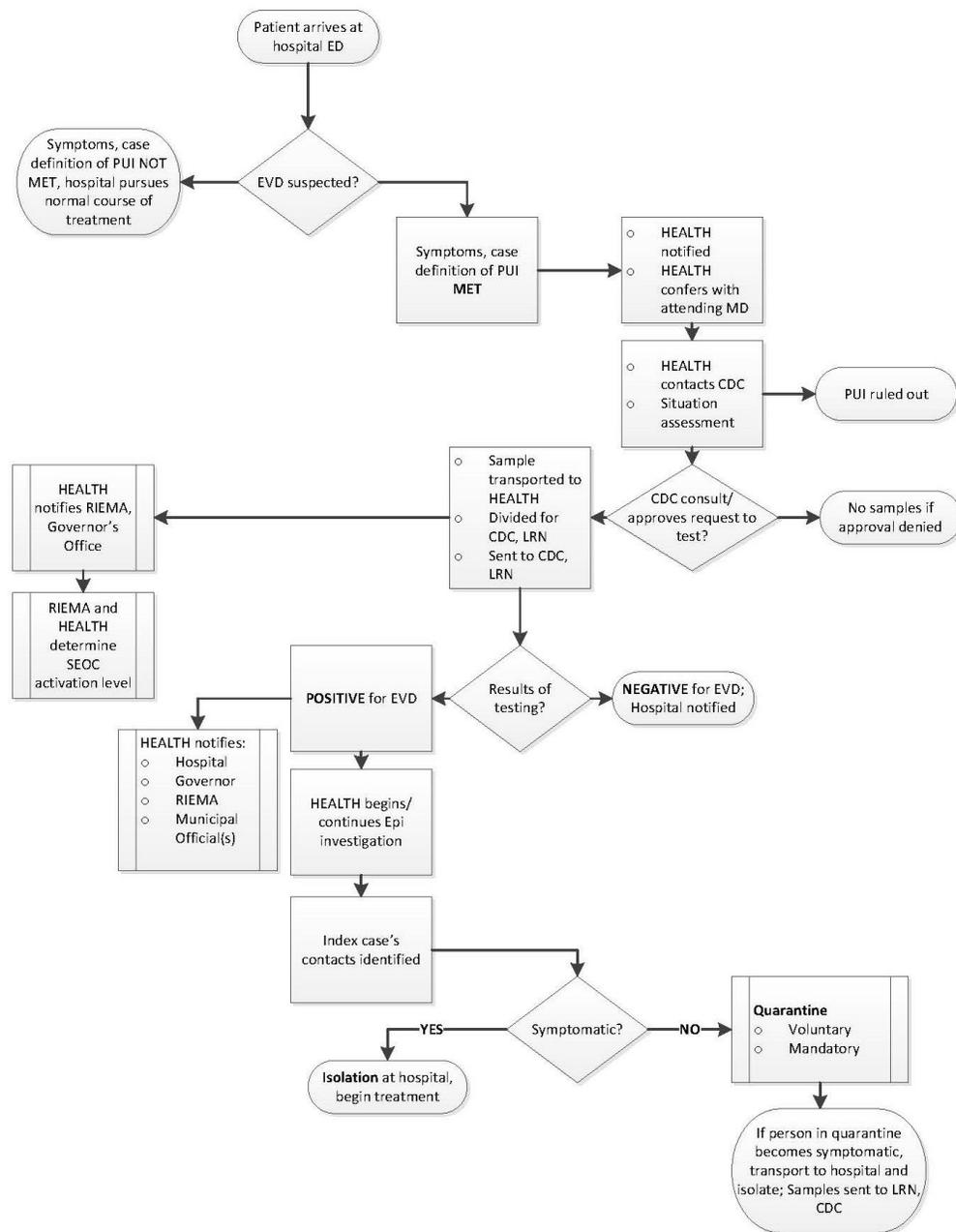
Standardized operational management concepts are based on the Incident Command System (ICS) and the National Incident Management System (NIMS), and the hierarchy of governmental responsibility and authority.

2.2 Direction and Control

The Plan will be executed upon order of the Governor.

2.2.1 Response Overview

The following diagram outlines the potential sequence of events that would occur if a suspected Patient Under Investigation (PUI) is identified by the Rhode Island healthcare system. If the thresholds identified in the diagram are met or exceeded, activation of the SEOC will occur as necessary, if not previously in effect. (Note: Ebola or "Ebola Virus Disease" is referred to as "EVD" in the diagram.)



2.2.1 SEOC Activation

RIEMA, in consultation with HEALTH, and at the direction of the Governor, will make a determination as to when and what level the SEOC will be activated.

Partial activation may be considered when a hospitalized patient has enough epidemiological evidence to require testing for Ebola. Given the media and security concerns, a partial activation may initially include RI-ESFs 5 (RIEMA), 8 (HEALTH), 13 (RISP) and 15 (Office of the Governor/RIEMA). Roles and responsibilities may be limited in preparation for full activation under this Plan if an Ebola case is confirmed. If the sample results are negative, a full activation will be unnecessary and the SEOC will revert to monitoring the situation.

A partial or full activation may be considered if positive case is identified in a neighboring state and has possible contacts in Rhode Island.

There may be other circumstances that require full or partial activation of the SEOC.

2.2.2 Plan Activation

If any of the scenarios identified in the previous section occurs, this Plan, in part or in its entirety, may be activated.

2.2.3 Incident Objectives

The following operational objectives have been established for the response to one or more cases of Ebola. (It should be noted that, depending on the precise nature and scope of the incident, these objectives may require modification to meet the specific needs of the incident):

- Maintain situational awareness on number of patients, extent of exposures, and lessons learned in the U.S. and abroad;
- Plan for a coordinated public messaging campaign utilizing Unified Command with HEALTH, RIEMA, the Governor's Office and any impacted municipality(ies)/ facility(ies) and the media;
- Establish and maintain open lines of communication throughout the healthcare system, first responders and emergency support functions;
- Plan for and conduct epidemiological investigations, including contact tracing, surveillance, and implementation of quarantine measures;
- Ensure appropriate services are available for packaging, shipping, and transport of samples;
- Ensure the appropriate services are available for decontamination, management, and disposal of Ebola contaminated materials; and
- Work to ensure competency of first responders and healthcare professionals by facilitating the provision of training as updated guidance is made available.

SECTION 3: ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

3.1 Government Organization

3.1.1 Local and Tribal Governments

Local and Tribal governments are responsible under all applicable laws, executive orders, proclamations, rules, regulations, and ordinances for outbreak management within their respective jurisdiction. In the event of a case of Ebola, the municipality is primarily responsible for the safety and security of the residents and properties related to the index patient. This includes the coordination of the decontamination of any settings where an individual with confirmed Ebola has been known to have spent time while symptomatic, as well as sheltering or housing needs for any contact-related persons.

Municipalities are encouraged to communicate with the SEOC with questions and concerns regarding current guidance and recommendations for Ebola response. As pertinent situational updates occur, coordinated messaging will be disseminated through the JIC.

3.1.2 State Government

The State, led by the Governor, will be responsible for protection of public health and safety and providing assistance to governments, businesses, and individuals during an Ebola case scenario as outlined in this plan. The Governor has the overall responsibility for response in the State and is assisted by appropriate supporting state agencies. Every department, agency, or office that has a primary ESF responsibility will organize, supervise, and coordinate all the activities that take place in that functional area.

3.1.3 Federal Government

The CDC currently serves as the lead federal agency for activities related to Ebola under the U.S. Department of Health and Human Services. The CDC will issue relevant disease information and guidance as it relates to identification, treatment and follow up for Ebola cases. The Federal Emergency Management Agency and the U.S. Department of Transportation may provide guidance and support for Ebola response efforts.

As the situation warrants, the CDC may deploy teams of infection control specialists, epidemiologists, and/or additional support staff. The CDC will provide guidance on the most suitable location to isolate and treat Ebola patients.

3.1.4 Emergency Support Functions

The RI-ESFs are composed of trained representatives of state, private, and public agencies. These representatives have extensive knowledge of their agencies' resources and capabilities. It is possible that activation of the SEOC for an Ebola response will include, most, if not all, RI-ESFs as the situation warrants. The RI-ESF roles and responsibilities for such a response are listed below and may be more specific and augment those outlined in the SEOP.

RI-ESF 5 EMERGENCY MANAGEMENT

Lead Agency: Rhode Island Emergency Management Agency (RIEMA)

Primary Functions: Emergency Management compiles, analyzes, and coordinates overall information and planning activities in the SEOC and manages all operational activities in support of emergency operations. RIEMA manages statewide issues and efforts in support of the public health response.

Responsibilities may include, but are not limited to, the following:

- Exchanging information to determine a common operating picture with RI-ESF 8 (HEALTH);
- Issuing mission assignments to RI-ESF primary or support agencies for an Ebola response;
- Assisting HEALTH with development of incident specific contingency plans; and
- Gathering information to build situational awareness.

RI-ESF 6 MASS CARE

Lead Agency: Rhode Island Emergency Management Agency

Primary Functions: Mass Care works to ensure services are provided to the affected population. Local, tribal, and State government, in coordination with voluntary organizations will provide shelter, feeding,

bulk distribution, and emergency first aid. RIEMA, in its role as the RI-ESF 6 lead agency, coordinates closely with all designated support entities to provide resources that support and augment Mass Care capabilities, when requested by municipal and tribal jurisdictions.

Responsibilities may include, but are not limited to, the following:

- Coordinating with RI-ESF 8 to facilitate housing and other necessary support services (e.g., food, water, medication, laundry) to ensure the safe quarantine of high-risk contacts of the index patient, should it exceed local capability. This effort may require assistance and coordination with RI-ESF 7 when procuring supplies or identifying suitable quarantine settings; and
- Managing and coordinating volunteer and donation efforts.

RI-ESF 7 LOGISTICS MANAGEMENT AND RESOURCE SUPPORT

Lead Agency: Rhode Island Emergency Management Agency

Primary Functions: Logistics Management and Resource Support provide logistical and resource support to response and recovery efforts in the event of an emergency that impacts the state or a community within the state beyond its means to respond. All resource requests are coordinated through the SEOC.

Responsibilities may include, but are not limited to, the following:

- Assisting RI-ESF 8, as necessary, in the procurement of supplies to assist in management of a potential case or treatment of confirmed Ebola cases; and
- Coordinating with RI-ESF 6 and 8 to locate and secure the necessary facilities and supplies to establish appropriate quarantine settings for high-risk contacts of the index patient.

RI-ESF 8 PUBLIC HEALTH AND MEDICAL SERVICES

Primary Lead Agency: Rhode Island Department of Health (HEALTH)

Secondary Lead Agency: Rhode Island Department of Behavioral Health Developmental Disabilities and Hospitals (BHDDH)

Primary Functions: Public Health and Medical Services provides an overview of federal, state, local, private, public, and volunteer agency involvement in mitigation, preparedness, response, and recovery strategies related to public health and medical services during an emergency or special event. RI-ESF 8 focuses on public health, behavioral health, and medical services that may be implemented for victims, response workers, and the general public, primarily during a public health emergency, or a mass casualty or mass fatality incident.

The following functional groupings of essential RI-ESF 8 services provide the framework upon which response activities will likely occur and include public health, behavioral health, and animal health components.

1. Medical Care
2. Pre-Hospital Care
3. Laboratory

4. Epidemiology
5. Mass Fatality
6. Disease Control

Responsibilities may include, but are not limited to, the following:

- Serving as the State’s public health authority;
- Conducting epidemiologic investigations into the index patient’s history and contacts to assess the potential spread of Ebola;
- Providing guidance to hospital laboratories, and receive specimens from suspect Ebola cases;
- Preparing samples for transport to the appropriate confirmatory testing sites;
- Developing and implementing quarantine plans for high-risk contacts of the index patient. Assistance from RI-ESFs 6, 7 and 13 may be necessary to accomplish this;
- Coordinating directly with healthcare facilities, especially those treating Ebola patients, to ensure the necessary resources to safely isolate and treat patients are available. This may require coordination with RI-ESF 7 to locate resources that are not present within Rhode Island’s healthcare system;
- Oversight and quality assurance of healthcare facilities that isolate and treat Ebola patients;
- Assisting in the development of messaging to address the current status of Ebola in the State, as well as the realistic risk to the general public;
- Developing and, as necessary, implementing (or assist in the implementation of) contingency plans that address potential scenarios that pose the risk of further spread of Ebola;
- Managing the processing of decedents who have died from Ebola, or are considered at high-risk of Ebola infection;
- Helping to ensure that accurate situational awareness regarding Ebola activity in Rhode Island is maintained, while at the same time ensuring that any information shared complies with HIPAA and any other applicable rules and regulations;
- Coordinating with federal ESF 8 partners for information-sharing, updating guidance, and coordination of the movement of patients, as necessary;
- Providing behavioral health assistance and support to the index patient, his/her contacts, and their families and neighbors, as applicable;
- As necessary, providing debriefings to first responders and healthcare workers who have had exposure to an index patient; and
- Providing responder safety guidance as it relates to the behavioral health, well-being, and safety of responders.

RI-ESF 10 OIL AND HAZARDOUS MATERIALS RESPONSE

Lead Agency: Rhode Island Department of Environmental Management (DEM)

Primary Functions: Oil and Hazardous Materials Response provides direct State response to incidents that involve oil and/or hazardous materials. DEM has developed a detailed emergency response plan for a full range of environmental emergencies and hazardous materials (HAZMAT).

During an outbreak scenario, hazardous substances materials may be present that pose an imminent danger to the health, safety, and welfare of the public or to the environment. Exposure can occur when hazardous substances are released into the environment, whether by natural happenstance or human action, by accident, negligence, or intent.

Responsibilities may include, but are not limited to, the following:

- Developing and disseminating guidance, in coordination with RI-ESF 8 and HEALTH subject matter experts, to ensure the safe decontamination of vehicles that transport suspect or confirmed Ebola cases, of homes or quarantine settings that have housed confirmed Ebola cases, and of healthcare facilities that have evaluated or admitted suspect or confirmed Ebola cases. This may require coordination with RI-ESF 7 to identify and secure cleaning services with the necessary capabilities to safely and effectively decontaminate the aforementioned settings; and
- Coordinating with RI-ESF 8 to ensure that provisions to dispose of medical waste from all locations where confirmed Ebola cases have visited while infectious are in place and followed.

RI-ESF 11 AGRICULTURE AND NATURAL RESOURCES

Lead Agency: Rhode Island Department of Environmental Management (DEM), Animal Health Section

Primary Functions: Agriculture and Natural Resources provides for the coordination of local resources in response to pet, farm, and wild animal care needs before, during, and following a significant natural disaster or man-made event.

Responsibilities may include, but are not limited to, the following:

- Identifying pets and other household animals (e.g., service animals) that may have been exposed to suspect or confirmed Ebola cases with assistance from RI-ESF 8; and
- Identifying suitable locations for the safe quarantine and care of exposed or potentially exposed animals with assistance from RI-ESF 7.

RI-ESF 13 PUBLIC SAFETY AND SECURITY

Lead Agency: Rhode Island State Police (RISP)

Primary Functions: Public Safety and Security establishes procedures for the command, control, and coordination of state law enforcement personnel and equipment to support local law enforcement agencies. RI-ESF 13 coordinates with the Rhode Island National Guard for security missions.

Responsibilities may include, but are not limited to, the following:

- Facilitating the implementation of security at the following locations, as necessary: hospital(s) treating Ebola case(s), quarantine setting(s), and residence(s) of Ebola case(s) family members. Other locations may be identified based on the nature of the incident in coordination with RI-ESF 8 and municipal law enforcement and emergency management.

- Facilitating the provision of security for samples that are transported from hospitals to the State Health Laboratories and from the State Health Laboratories to the appropriate Laboratory Response Network (LRN) laboratory in coordination with RI-ESF 8.

RI-ESF 15 EXTERNAL AFFAIRS

Lead Agencies: Office of the Governor and Rhode Island Emergency Management Agency

Primary Functions: External Affairs distributes accurate and timely information regarding emergencies to the public through the media and through other available means. RI-ESF 15 coordinates with local municipalities and/or agencies that have requested state assistance in releasing information to the public.

Responsibilities may include, but are not limited to, the following:

- Activating and coordinating JIC activities with HEALTH utilizing a joint communication strategy; and
- Working to develop a public information campaign that conveys transparency and appropriate levels of risk to the general public, while at the same time protecting the privacy of patients and their family members. All messaging will be in compliance with HIPAA and other applicable rules and regulations.

SECTION 4: COMMUNICATIONS

4.1 Communications and Messaging

Communications are an important component for the control and coordination of response and recovery operations. In extraordinary circumstances, it may be determined that public notification of single, reportable incidents is essential to the public's health. Such notifications may include the occurrence of infectious diseases and/or conditions involving abuse or safety along with the steps that the public can take to avoid disease/injury and promote health. To effectively transmit and receive information, emergency response partners supporting within the State of Rhode Island must have ready access to all available forms of communication.

4.2 Alert and Notification

Emergency notification of response partners is critical during a situation related to Ebola to ensure partners have adequate time to prepare for response. RIEMA has several means of notifying emergency response partners as outlined in the SEOP.

4.3 Coordination of Public Information

Public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and emergency responders.

4.3.1 Joint Information Center (JIC)

RIEMA is responsible for organizing and mobilizing a statewide JIC. During emergencies or when the coordination of two or more state agencies is necessary for public messaging cohesiveness, a JIC may be activated at RIEMA. If a JIC is opened at the SEOC, all appropriate Public Information Officers (PIOs) (or

designees) will become their agencies' representatives. The following partners may become involved during JIC activation:

Office of the Governor

RIEMA and HEALTH will liaise with the Governor's Office and coordinate messaging either directly or through the JIC. The Governor will declare a State of Emergency when deemed necessary.

Rhode Island Emergency Management Agency (RIEMA)

RIEMA will create and coordinate the messaging between federal, state, and local governments, non-governmental organizations, and the private sector to effectively meet the challenges faced during a response.

Executive Office of Health and Human Services (EOHHS)

Depending on the type of emergency, EOHHS may coordinate messaging with HEALTH to behavioral health providers, group homes, elderly housing, and human and social services.

Rhode Island Department of Health (HEALTH)

HEALTH will coordinate with RIEMA and the Governor's Office to keep the public informed throughout the response. This ensures that the public receives complete, consistent, accurate, timely, and official information and guidelines for preserving personal and public health and safety and preventing public anxiety. HEALTH will also help generate messages specific to the RI-ESF 8 stakeholders (e.g., healthcare organizations and healthcare workers).

Rhode Island Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH)

BHDDH will develop messages specific to the impacts of behavioral health providers and group homes. They will also review messages, especially those for the public, to ensure that they are structured in such a way that the audience is able to receive the message in calm and rational way.

West African Community Leaders

Because of the concentration of individuals in Rhode Island from the primarily impacted countries in West Africa, especially Liberia, it will be critical to involve leaders of the impacted community in the message development and distribution, if an index patient has been in one of the impacted countries.

Media

Various media outlets will be present to assist with dissemination of a coordinated public messaging strategy.

Appendix

Acronyms

| | |
|---------------|---|
| CDC | Centers for Disease Control and Protection |
| BHDDH | Behavioral Health, Developmental Disabilities and Hospitals |
| EOHHS | Executive Office of Health and Human Services |
| EUA | Emergency Use Authorization |
| EVD | Ebola Virus Disease |
| FDA | Food and Drug Administration |
| FEMA | Federal Emergency Management Agency |
| JIC | Joint Information Center |
| HAZMAT | Hazardous Materials |
| HEALTH | Rhode Island Department of Health |
| ICS | Incident Command System |
| LRN | Laboratory Response Network |
| NIMS | National Incident Management System |
| NGO | Non-Governmental Organizations |
| PIO | Public Information Officer |
| PPE | Personal Protective Equipment |
| PUI | Patient Under Investigation |
| RIDEM | Rhode Island Department of Environmental Management |
| RIEMA | Rhode Island Emergency Management Agency |
| RI-ESF | Rhode Island Emergency Support Function |
| RIGL | Rhode Island General Law |
| RISP | Rhode Island State Police |
| SEOC | State Emergency Operations Center |
| SEOP | State Emergency Operations Plan |
| SOP | Standard Operating Procedure |