

PHPS Full Application
Proposed Field Assignment: Bioterrorism Planning & Preparedness

Part I: Agency and Supervisor Information

Time Period: October 2009 through October 2011

Agency Name and Address: Anywhere County Health Department, Division of Epidemiology & Disease Control, 1701 Anystreet Drive, Anytown, MD 20774

Agency Type: Local health department.

Primary Supervisor: Mercedes Adams, MPH, Division Director

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Secondary Supervisor: Angela Baker, Assistant Director

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Part II: Statement of Need**1. Public Health Program Management Problem to be Addressed by the Prevention Specialist**

The possibility of an act of bioterrorism in Anywhere County (AC) or its immediate vicinity is considerably higher than other places in the U.S. given its geographic location bordering the nation's capital on the east and its close proximity to military and intelligence installations such as Andrews Air Force Base, the Naval Research Laboratory, the Pentagon, and the National Security Agency (NSA), among others. In the fall of 2004, AC was home to the first cases of bioterrorism disease X in the metropolitan region. The Health Department (HD) responded to this act of bioterrorism by investigating 96 suspected cases of disease X. Two cases were confirmed and both persons died. The HD also established clinics and provided prophylactic antibiotics to 329 AC residents who had possible exposure to disease X. A hotline was quickly established in collaboration with the Office of Emergency Management (OEM) to respond to disease X inquiries from the public.

Over the last three years, the AC Health Department has made major accomplishments in bioterrorism preparedness. Much of this is a reflection of the extremely valuable and timely assignment of a public health prevention specialist (PS) to the HD for two years (2006–2008) who focused on planning for implementation. However, there is still an immense amount of work that needs to be done and the plan is yet to be implemented. Involvement and leadership in this active process would provide an ideal training ground for a PHPS field assignment as it will allow participation in all phases of the process, from county-level planning, program development, implementation, and staff training, to high levels of collaboration with other county, state, and federal agencies who share responsibility, and perhaps even to work under a bioterrorism emergency, should one occur in the region of the nation's capital.

2. Scope of the Assignment

The Anywhere County Health Department solicits the assignment of a PS specifically to serve in the nucleus of the Health Department Bioterrorism Preparedness Team. The assignment proposed by the HD is the participation of the PS as a member of a multidisciplinary team that will be implementing all aspects of disaster preparedness including collaborations with neighboring health departments—fire/emergency medical systems, state and federal emergency management and emergency response agencies. Some aspects of the preparedness effort will be assigned to the PS and he/she will have complete responsibility for planning, executing and managing those assignments.

3. Priority Populations

The priority populations for this project are the 816,791 Anywhere County residents as well as neighboring jurisdictions. Since an act of bioterrorism has the potential of a mass casualty incident or pandemic disease, it will most likely affect our neighboring counties in Maryland as well as the four

million residents of the Washington Metropolitan Region. These populations are served by county and state health departments and emergency response agencies. Coordinated response plans with these jurisdictions are already in place.

4. Key Partners

The relationships with partner agencies have been key to the successes in bioterrorism planning that the HD has enjoyed to date. New partnerships need to be forged, with the academic community (e.g. University of Maryland) and yet other county agencies (e.g. Anywhere County School System, nursing homes) in order to further bioterrorism and public health emergency preparedness efforts. The PS will have the important role of fostering and maintaining these essential relationships, and serve as a HD liaison to the community. The HD has provided the community with basic information about bioterrorism and county bioterrorism preparedness efforts by providing brochures, press releases and presentations. This is an area of identified need, however, much work remains. The relationship of the HD with community organizations, city mayors and municipalities already exists through the many other services the HD provides to the community. It would be easy for the PS to use established contacts to implement an educational and preparedness campaign throughout the county. Bioterrorism and disaster preparedness must be coordinated with key federal, state and county agencies such as

- Maryland Department of Health and Mental Hygiene (MDHMH) Office of Public Health Preparedness and Response is the lead agency in Maryland and provides general guidelines for all aspects of public health preparedness and response.
- Maryland Emergency Management Agency (MEMA) coordinates the state response to any major emergency or disaster.
- Anywhere County Office of Emergency Preparedness, Fire/EMS and Police. Metropolitan Council of Governments (COG), comprised of 17 local governments, plus members of Maryland legislatures, the U.S. Senate and the U.S. House of Representatives. Hospitals, Emergency Rooms (ERs), and infection control professionals (ICPs) or infection preventionists.
- FoodNet, the Foodborne Disease Active Surveillance Network.
- American Red Cross.
- Community Organizations.

Part III: Assignment Description

1. Description of PS Activities Including Hands-on Work Experience

The Bioterrorism Preparedness Team (BPT) will be a multidisciplinary group composed of two environmental health staff, two Disease Control Specialists (DCS) and two nurses. The PS and the senior DCS will be the team leaders.

The BPT will have a broad range of functions including all aspects of disaster planning and preparedness, collaboration with neighboring jurisdiction health departments, other county agencies, county first responders (fire, police, and EMS); state and federal emergency management and emergency response agencies; and many other activities identified during the previous two-year planning stage.

In the last two years the HD has made major progress in bioterrorism and disaster preparedness. Nevertheless there is still much work that needs to be done. The areas of responsibility will be tailored according to the PS interests and background. The level of responsibility and autonomy can be tailored to his or her comfort level. At the beginning of the assignment, the PS will probably need close supervision, guidance and support. However, attainment of a high level of responsibility and autonomy is expected in time. After a few months of familiarization with the county, state, and other agencies, the PS should be able to work with HD staff and participate fully on the Bioterrorism Preparedness Team. He or she will be expected to assume full responsibility for any aspect(s) of the Bioterrorism Preparedness Team's function, depending on specific interests. The assignment description is explained in detail in the subsequent text, as

well as in a summary table at the end of this section.

Health Department Orientation. The first aspect of the PS assignment will be familiarization with the personnel and function of the PCHD. This will include the general activities of the HD as well as specialized aspects such as disaster and bioterrorism preparedness. In order to be successful in planning, designing and implementing a bioterrorism plan, the PS will need a well-grounded background in environmental health, communicable diseases, and surveillance.

To help the PS acquire this background knowledge a series of trainings and site visits with county and state agencies have been planned. He or she will spend at least two weeks with the Environmental Health Division. The PS will learn all aspects of food management, distribution, and shipping at warehouses and retail stores. Site visits with HD inspectors to facilities located in the county (food warehouses and supermarkets) will be part of the training.

The PS will also spend at least two weeks with the Communicable Diseases and Surveillance Program (CDSP). This is the program that receives and investigates all reportable communicable diseases other than STDs, TB, and HIV/AIDS. The program has 12 knowledgeable and experienced staff members who manage more than 1,000 communicable disease reports a year. In order to monitor a surveillance system capable of early detection of a bioterrorist act, it is crucial to understand the disease reporting system currently in place. The PS will have the opportunity to participate in all the stages of the surveillance process including

- Communicable disease reports by hospitals.
- ICPs and the medical community to the HD.
- Confirmation of the report by the HD.
- Patient education and contact investigation.
- Administration of prophylaxis when necessary.
- Reporting to the state via the Maryland Electronic Reporting Surveillance system (MERS).
- State reporting to CDC.
- Participation in the County surveillance data analysis (statistics, trend analysis and graphs) is encouraged.

To acquire communicable disease investigative skills the PS should participate in individual case and outbreak investigations.

Familiarization with Partner Organizations. Our key partners (see part II) are well aware of the broad scope of activities and accomplishments of the previously assigned PS. The new PS will spend time visiting these organizations and becoming familiar with on-going collaborations and planning.

Assessment of Health Department Bioterrorism Preparedness. The PS will assess the present status of the county planning process as it pertains to bioterrorism. This assessment should include an evaluation of the level of planning accomplished so far by the HD, ascertain the current level of staff training, and assess the collaboration established with other agencies. This will be followed by development of an inventory of what is needed (specific gaps) to enable the county to respond quickly and adequately in the case of a bioterrorist attack.

The PS will not work in isolation, but as part of the collaborative Bioterrorism Preparedness Team. ACHD has been preparing for the challenge of a bioterrorist act since 1999. The HD bioterrorism planning, policymaking, and related tasks are decided by this group. Some of the work already undertaken by the group has been: development of

- County Emergency Response Plan.
- County National Pharmaceutical Stockpile plan.
- Mass Prophylaxis Plan.
- Smallpox pre- and post-event plans.
- HD participation in the National Top-Off exercise

- NPS exercise developing and implementing basic disaster preparedness training for HD staff.
- Development of an Incident Command System (ICS) for the HD.
- Strategic planning for future needs.

This group will provide support, technical assistance and guidance to the PS. After the he or she attains sufficient expertise in this project, the PS will bring new ideas and tasks for consideration by the HD group. The PS will have access to all HD staff and resources needed for the successful implementation of this project. The HD will also facilitate contacts with other agencies and area health departments as needed to develop collaboration.

Hands-on Work Experience. Bioterrorism planning is a multidisciplinary effort. The PS will need to interact directly with a wide range of groups within and outside the HD. Within the HD the Division of Epidemiology and Disease Control, Environmental Health and the Nurses Affairs Committee have taken the leadership in disaster planning. HD efforts need to be coordinated with county public safety agencies (e.g., police, EMS, fire, hazmat unit, and OEM). County efforts need to be coordinated with regional, state and federal organizations, with which the HD already has an excellent working relationship. The PS will interact with all these organizations at a high level, communicating directly with division chiefs and directors. He or she will represent the HD in interactions with partner agencies. The HD will facilitate the PS's collaboration with these partners.

The HD works closely with Pear County, a neighboring Maryland county, the District of Columbia and northern Virginia HDs. Collaboration with these counties is direct, and is also as part of multi-jurisdictional committees such as COG, the National Capital Region NPS Task Force, Hospital Emergency Preparedness Coalition, and the Maryland Regional Bioterrorism Preparedness Coordinators Forum. The HD works closely with the state HD (DHMH), other public health agencies, the County Medical Society, county hospitals and medical providers. All HD bioterrorism planning and implementation is coordinated with these agencies. Continued collaboration and integration must be maintained in order to ensure sound bioterrorism and public health disaster plans.

The following is a list of disaster preparedness needs, PS activities, and end products identified by the HD. This is not an exhaustive list, and encourages new suggestions from the prevention specialist's initial assessment.

Disaster Plan. Implementation of the HD Disaster/Bioterrorism Response Plan. This plan has been developed in concert with the county, Maryland, and other agencies—and is coordinated with their response plans. It details plans to contain and control disease outbreaks through mass immunization and/or prophylaxis of health care workers and the community. It serves as a protocol to collect and transport specimens to the laboratory. The plan is the blueprint that describes the roles and responsibilities of the HD. **End Product:** Development of operational modules for quick implementation of the plan in specific situations (e.g., anthrax, smallpox, plague attack). These modules will describe the step-by-step action to be taken by the HD, personnel responsible, necessary materials, and how to contact other key agencies involved.

Communications. Development of a Crisis Telephone Hotline System for hospital and health care provider communications. Development of a Mass Fax Broadcast System, e-mail or secure Web-based system to alert the medical community and the public to a public health threat. Maintain information sheets on specific agents for dissemination to first responders, health care providers, the media, the public, elected officials, and government agencies. **End Product:** Development of a system to communicate with hospitals and the medical community by providing updates on a regular basis and during emergency situations.

Surveillance. Monitoring and analyzing surveillance data for the rapid identification of a bioterrorism act. The county's hospitals and the HD participate in a statewide syndromic surveillance system for quick detection of a bioterrorist act or unusual disease occurrence. DHMH is in the process of selecting and purchasing a new surveillance system for the state. When that system is in place, the HD will be

responsible for monitoring and analyzing the county data and developing a method to monitor key indicators. **End Product:** Develop a method for monitoring and analyzing key indicators.

Collaborations. Development of MOUs and lines of communication between the Health Department and: EMS; Public Health Laboratories; Hospital (ICPs, ERs); county schools; Red Cross; and other state and federal agencies as needed. **End Product:** Develop MOUs with non-clinical volunteers such as retirees, community groups, social and fraternal organizations and churches to provide nonclinical support.

Training. Planning and implementation of training for HD staff and the medical community. The HD Bioterrorism Committee has a subcommittee working on training for HD essential personnel on appropriate bioterrorist attack response. Family preparedness training has been conducted for staff. Other needed trainings have been identified, such as trainings for the different classes of work within the HD (e.g., data entry, counselors, nurses, physicians), as well as training for ICPs, emergency room personnel, sentinel schools and physicians. **End Product:** The PS does not need to provide the training, (unless she/he wants to or is the appropriate person), but he or she would identify expert speakers and other available training. The Washington metropolitan area has many experts and training resources available.

Drills and Exercises. Design and implementation of training exercises. The HD plans and systems (emergency communications) should be exercised regularly and corrected accordingly. Plan and execute bioterrorist drills and exercises for HD staff and other collaborating agencies. **End Product:** Evaluate the exercises and modify the disaster plans as needed.

General Public Information Campaign. Development of a mass education and risk communication campaign to inform and prepare the media and general public on bioterrorism and disaster issues. This task requires developing contacts with community leaders and organizations. **End Product:** Work with partners to develop brochures, provide presentations to community groups, and develop media campaigns (including TV spots, internet, and newspapers).

Homebound Populations. Development and implementation of a plan to provide mass prophylaxis or immunizations to homebound, institutionalized, and/or homeless populations. Develop a list of institutions in the county, establish relationships with agency decision-makers, and collaborate in developing an integrated preparedness and response plan. **End Product:** Develop a registry or mechanism to identify homebound individuals in the county.

Committee Participation. There are many committees requiring the participation of Bioterrorism staff (e.g., COG, OEP Task Force, state planning and advisory groups, Maryland Bioterrorism Forum, Hospital Emergency Preparedness Coalition). Staff will be assigned to these committees according to expertise and interest. All BPT members will participate in the HD Bioterrorism Planning Committee events. **End Product:** The PS will co-chair the HD's committee.

Managing Grant Funding and Reporting Requirements. If the PS would like to acquire expertise in this area of project management, he/she could work with the administrator and the division director in managing the financial and administrative aspects of the HD bioterrorism grant. The tasks listed above have been identified by the HD, but there is flexibility in the assignment as HD needs are evaluated and as world events unfold. The PS can modify or add new tasks to this list after conducting a needs assessment for the HD, and in order to meet PHPS required competencies. The scope of the PS's activities will be defined through discussion with the primary and secondary supervisors, and the HD Bioterrorism Planning Committee.

2. Activities the PS Will Address and Related Performance Requirements

Major Activities [see details in text]	Performance Requirements	Level of Responsibility	General Timeline	Dedicated Resources
HD orientation. General HD and bioterrorism planning activities orientation. Working in the Division of Environmental Health (EH) and Communicable Diseases (CD).		Team member	First month (September)	<ul style="list-style-type: none"> • HE and CD staff.
Visit partner organizations. Visit and get acquainted with the staff from the key partners described in Part II: Statement of need.		Team member	First 2 months (September and October)	<ul style="list-style-type: none"> • HD and key partners' staff.
Assessment of HD preparedness. Review HD bioterrorism planning; develop an inventory of future activities needed for quick and adequate response.	2, 5	Analyst	October and November	<ul style="list-style-type: none"> • Principal and secondary supervisor. • HD staff as needed.
The PS will select from, and participate in, the following projects according to his/her interest and experience. He or she will have flexibility in participating in other projects as needs are identified, and in order to meet his or her performance requirements.				
1. Disaster Plan: Analyze the HD Disaster/Bioterrorism Response Plan. Develop operational modules for quick implementation of the plan.	3, 8, 11	Manager, lead staff person	First year	<ul style="list-style-type: none"> • HD staff as needed. • The HD received a BT grant (funds are available). • Equipment as needed.
2. Communications: Crisis Telephone Hotline System for communications with hospitals and health care providers. A Mass Fax Broadcast System, e-mail or secure Web-based system to alert the medical community and the public. Maintain information sheets on specific agents for dissemination to first responders, health care providers, the media, the public, elected officials and government agencies.	7, 8, 9, 11	Manager, lead staff person	First six months	<ul style="list-style-type: none"> • HD PIO and other staff as needed. • Funding/BT grant. • A sophisticated phone system is been purchased (a mass fax machine is available now).
3. Surveillance: Participate and monitor PGHD part of a statewide surveillance system for quick detection of a bioterrorist act or unusual disease occurrence. Develop a method to monitor key indicators.	1, 2, 5, 8	Manager, lead staff person	Continuing for the two years assignment	<ul style="list-style-type: none"> • Communicable diseases and surveillance staff as needed. • Funding/BT grant. • Computers, hardware connections available.
4. Collaboration: Development of memorandums of understanding (MOUs) and communication between the HD and local, state and federal agencies, and nonclinical volunteers willing to work in an emergency.	6, 7, 8, 9	Manager, lead staff person	Continuing for the 2-year assignment	<ul style="list-style-type: none"> • County Office of Law staff. HD staff as needed. • Funding, BT grant. • Computers and word processing software.

Sample Full Application

CDC Public Health Prevention Service

Major Activities [see details in text]	Performance Requirements	Level of Responsibility	General Timeline	Dedicated Resources
5. Training: Of HD and medical community. Developing and implementing trainings necessary for the HD’s different classes of work on appropriate bioterrorist attack response. Training for ICPs, emergency room personnel, sentinel schools and physicians.	2, 3, 5, 7, 8	Manager, lead staff person	Continuing for the two years assignment	<ul style="list-style-type: none"> • HD training committee. • HD Planning Office. • Funding/BT grant. • Computers and word processor. • HD Graphic Artist staff.
6. Drills and Exercises: Plan and execute bioterrorist drills and exercises for HD staff and other collaborating agencies. Evaluate the exercises and modify the disaster plans as needed.	3, 5, 9	Manager, lead staff person	Continuing for the two years assignment	<ul style="list-style-type: none"> • Fire, Police, OEP, and HD staff. • Funding/BT grant. • Required equipment available.
7. General public information campaign. Developing a mass communication campaign to educate and prepare the general public on bioterrorism and disaster issues. This task requires developing contacts with community leaders and organizations and working through them to prepare the community by developing brochures and providing presentations to community groups and developing media campaigns (including TV spots, internet, and newspapers).	7, 9, 10, 11	Manager, lead staff person	Continuing for the two years assignment	<ul style="list-style-type: none"> • HD, PIO, and staff as necessary. • HD planning office. • HD graphic art staff. • Funding/BT grant. • Required equipment available.
8. Homebound populations. Develop and implement a plan to provide mass prophylaxis or immunizations to homebound, institutionalized, and homeless populations. Develop a list of institutions in the county. Develop a registry or mechanism to identify homebound individuals in the county.	2, 3, 7, 8, 9, 11	Manager, lead staff person	First year	<ul style="list-style-type: none"> • HD, fire and police staff as necessary. • Funding/BT grant. • Required equipment available.
9. Committee participation. There are numerous committees requiring bioterrorism staff participation (e.g. COG, OEP task force, state planning, and advisory group). Staff will be assigned to these committees according expertise and interest. Everyone will attend the HD Bioterrorism Planning Committee.	8, 10	Team member	Continuing for the two years assignment	<ul style="list-style-type: none"> • Funding/BT grant. • Required equipment available.
10. Managing grant funding and reporting requirements. If the PS would like to acquire expertise in this area of project management, he/she could work with the administrator and the division director in managing the financial and administrative aspect of the HD bioterrorism grant.	1, 3	Team member/coordinator	Continuing for the two years assignment or as time allows.	<ul style="list-style-type: none"> • Primary supervisor, administrator. • Funding/BT grant. • Computers and appropriate software is available.

3. Overall Mission

The activities described in the identified needs section (Part III), represent the HD goals for bioterrorism and disaster preparedness. Completion of these would indicate that the county has attained the desired level of preparedness and also met the CDC requirements as part of the federal funding received for bioterrorism preparedness.

Other Health Issues. Anywhere County is one of the largest counties in Maryland and also has the highest level of morbidity in the state after the city of Baltimore. The HD has many other public health challenges and a wide range of programs. The PS will have the opportunity to work with other program in the HD if she/he desires to acquire experience in other areas of public health.

4. PS Level of Responsibility (see the table in section III. 2.)

5. General Timeline for Each Major Activity (see the table in section III. 2.)

6. Resources Dedicated to PS Activities (see the table in section III. 2.)

Part IV: Organizational Structure

1. Organizational Location of Assignment

The PS will be working at the largest county HD in Maryland, led by the health officer. The HD has five divisions:

- Addictions and Mental Health.
- Administration.
- Environmental Health.
- Epidemiology and Disease Control.
- Maternal and Child Health.

The PS will be working under the supervision of the Director of the Division of Epidemiology and Disease Control. The Division of Epidemiology and Disease Control has 115 staff persons and is organized in four programs: TB, STD, HIV/AIDS, and Communicable and Vector-Borne Disease Control and Surveillance. The work location will be the HD headquarters building, located in Largo, Maryland, less than twenty miles from the White House and the Smithsonian Institution in Washington, D.C. The health officer, division directors and other key staff such as the biostatistician, epidemiologists, planning staff, and the public information specialist are also housed in this building, facilitating daily interaction with the PS. The Division of Environmental Health is located across the street from the headquarters building. The HD has opened a new building in the Cheverly area. This new building is five miles from the Largo location and is across from the county's largest hospital. The Communicable Diseases Program is located in this building.

2. Workplace Support

The HD will provide a fully equipped office in the headquarters building, a computer with CD-ROM, sound card and speakers connected to a LAN system with access to the Internet, e-mail and GIS. Secretarial and administrative support, all modern office equipment including laptop computers, LCD projector and a broadcast fax machine are available. The PS will find the HD staff to be friendly and helpful. All staff collaborates with and assists each other professionally. They are also extremely warm and open. Birthdays, major events, and accomplishments are celebrated as a group. Each division also has an all-day spring picnic (retreat). The supervisors and HD staff understand that a successful relocation and introduction to the area is an important part of the overall success of this project. Both supervisors and HD staff are willing to help the PS in finding adequate housing, services and general orientation to the area. The PS will also have access to any HD staff she/he needs for help, guidance or assistance. This includes requests for data, statistics, editing, typing, travel preparation, and general orientation.

3. Professional Development Opportunities

The Washington/Baltimore area presents many opportunities for training through such organizations as the Maryland Emergency Management Agency, Johns Hopkins University, the Armed Forces, University of Maryland Department of Emergency Health Services, and state and federal agencies. The HD will facilitate the PS's attendance at a wide range of local conferences and will pay for at least one national conference per year, such as APHA or another conference of the PS's choice.

The HD is committed to providing a valuable and enriching professional experience for the PS, with challenging work experiences and opportunities to develop a wide range of skills. During the two-year stay he or she will acquire experience in communicable disease and outbreak investigations and monitoring and analyzing surveillance data for the rapid identification of a bioterrorism act. Other opportunities include developing health needs assessments, writing plans and protocols, writing MOUs with other organizations, collaborating with a variety of agencies and health departments, making presentations to professional and community groups, and designing an evaluation component for the HD plan. The PS will have access to regularly scheduled HD trainings focused on computer software (e.g., PowerPoint, Access, and Word) and professional/managerial skills (e.g., stress and time management, working with difficult people, and performance appraisals). Schedules for these trainings are published monthly. The PS can attend DHMH (state planned conferences), bioterrorism preparedness trainings, communicable diseases yearly trainings and updates on TB, STDs, HIV/AIDS, outbreak investigations, surveillance, and other topics of interest. The Washington metropolitan area offers a broad range of conference and training opportunities in public health, weapons of mass destruction, and general emergency preparedness. The problem is not a lack of training opportunity, but rather which ones to attend. The PS will be notified and encouraged to attend these training opportunities. The HD will also pay for at least one national conference a year, selected by the PS. Site visits will be scheduled with all our key collaborative partnership agencies (see part II).

4. PS Support

Outside Resources: The PS will be working with the most experienced, top-level experts in county, state and other agencies. The Washington metropolitan area probably has the best bioterrorism/disaster resources available in the U.S. Most of the contacts and collaboration are already established, facilitating the PS's start-up on this project. Experience within the HD suggests local experts and agencies are available and eager to cooperate. Collaborating agencies have been described in Part II.

Internal Resources: Most of the internal resources have been described. The PS will find a wide array of expertise in needs assessment, health planning, public information, evaluation, designing, implementing and managing projects in the HD. He or she will have complete access to all of these experts.

The PS will have the support of the HD bioterrorism committee and the newly formed BPT. The HD has on staff a health planner, a biostatistician, a PIO, experienced physicians, DCSs, and public health nurses. The HD has received substantial awards from DHMH for bioterrorism preparedness.

Part V: Supervision

1. Primary and Secondary Supervisors

Primary Supervisor: The primary supervisor has more than ten years of experience supervising, training, and mentoring staff. She holds a Master of Public Health in Epidemiology. For the last seven years she has been the Division Director of Epidemiology and Disease Control. The division provides clinical services, contact follow-up and investigations, and prevention interventions in the county. The division has 115 professional and support staff persons including physicians, physician assistants, nurses, disease control specialists, social workers, data entry, and clerical workers.

Working in the communicable disease arena in Anywhere County is very challenging; the county has the second highest morbidity in the state after Baltimore. In this position Ms. Adams has hired many new

staff members. She enjoys teaching and mentoring new staff and is patient and methodical in her approach to training.

In her previous job Ms. Adams worked in the State of Maryland's AIDS Administration. In that position Ms. Adams managed statewide projects that required the hiring, training, and mentoring of staff. Team work has always been the key to the successful completion of projects. Several of the projects she managed involved working with AIDS surveillance so she acquired strong skills and knowledge of surveillance systems.

While in Puerto Rico she worked closely with EIS officers and with CDC assignees. There she acquired first-hand experience in disaster work. Ms. Adams was in Puerto Rico in 1989 during Hurricane Hugo. During the first week after the hurricane most of the island did not have electricity or running water and there were over 10,000 people in shelters. One of the major epidemiological tasks was to develop and implement a rapid surveillance system for all shelters. Ms. Adams participated in the planning and implementation and acted as the chief epidemiologist in charge of surveillance in the San Juan metropolitan area. Since telephone communication was not available, teams of three people visited each of the shelters daily. Ms. Adams had five teams reporting to her. The HD investigated any report of disease from the shelters, coordinated the distribution of food and water supplies, and identified solutions to general sanitation problems. The HD also coordinated efforts with other agencies to provide services to the shelters (such as cleanup, spraying for insects and provision of supplies).

She also had the opportunity to work in the investigation of high prevalence and conversions of TB skin tests among the employees of Medical and AIDS wards in the largest hospital in San Juan. Ms. Adams planned, executed and directed a three-stage research study that required the skin testing of 1400 hospital employees. This was a collaborative effort between the HD, the hospital, two EIS officers and CDC.

Secondary Supervisor: The secondary supervisor has more than ten years of experience supervising and mentoring staff. She graduated from George Mason University with a bachelor's degree in education. For the last ten years Ms. Baker has supervised the Communicable Disease Investigation Unit for the HD. This group conducts all county outbreak investigations and provides investigation/follow-up for zoonotic and communicable diseases. Currently she is the Assistant Director of the Division of Epidemiology and Disease Control.

She has extensive management experience and an in-depth understanding and appreciation for performance management, staff development, programmatic quality assurance and quality control.

She is a seasoned professional in supervising and mentoring staff and combines task and relationship leadership skills and style in a delicate balance making her productive, organized, motivated and results oriented. During her tenure with the Communicable and Vector-Borne Disease Control Program she acquired extensive expertise in such areas as, zoonotic and communicable disease prevention and investigations, education, counseling, coaching, mentoring, training and supervising staff responding to communicable disease emergencies.

She has coordinated large scale outbreak investigations such as meningitis in local universities, hepatitis A in restaurants, and gastro-intestinal diseases in schools which required mass immunizations, prophylaxis administration and institution of control measures. She has designed and implemented a variety of standards and systems for disease investigations and outbreak containment. She is a team leader who has implemented a system of individual development succession plans.

2. Supervisor's Work Plan.

The primary and secondary supervisors are readily available on a daily basis and both maintain an open-door policy. Weekly meetings with the PS will also be scheduled. Guidance on his or her assignments and review of their progress will be provided at these meetings.

3. Other Competing Duties of Supervisors—none to note.