SECRETARY HOLLINGSWORTH TO RETIRE AS SECRETARY OF HEALTH

Secretary of Health Doneen Hollingsworth has announced that she plans to retire from her position, effective December 12.

“Doneen Hollingsworth has worked tirelessly for South Dakota for nearly two decades, and our state is healthier and safer thanks to her efforts,” said Gov. Daugaard. “I thank her for her service to our state, and wish her well in retirement.”

Hollingsworth has led the Health Department since 1995, serving in the administrations of governors Bill Janklow, Mike Rounds, and Dennis Daugaard. She is among the longest-serving cabinet secretaries in the history of the state and is currently the second longest-serving secretary of health in the nation.

During her time as Secretary, Hollingsworth has helped the state maintain a strong childhood immunization system, provide critical support to rural health care facilities and develop programs to prevent chronic diseases such as diabetes, cancer and heart disease. She has increased the agency’s emphasis on preparedness and response capabilities, leading the state’s response to health issues from the emergence of West Nile virus to the H1N1 flu outbreak.

“Leading and working with the dedicated men and women in the Department of Health has been the highlight of my professional life. I’m very proud of this team and our many public and private sector partnerships that work every day to improve the health of South Dakotans,” said Hollingsworth.

“I am proud that Gov. Daugaard’s administration will continue to work on key issues such as reducing infant mortality and building this state’s healthcare workforce.”

Governor Daugaard expects to name a new secretary prior to the end of the year.
The Department of Health announced November 21, 2014 that Sanford USD Medical Center in Sioux Falls will serve as the state’s designated facility to receive and potentially treat a suspect Ebola patient.

“In a state the size of South Dakota, it makes sense to designate a single facility to be ready to care for an Ebola patient,” said Doneen Hollingsworth, Secretary of Health. “We’re very appreciative that Sanford has volunteered to fill that critical role and they should be commended for their leadership.”

“Sanford USD Medical Center, along with the entire Sanford Health system, began preparing to handle a potential Ebola patient months ago, and we are confident in our preparations and expertise,” said Paul Hanson, president of Sanford USD Medical Center. “Our efforts are led by highly trained physicians including Wendell Hoffman, MD and Allison Suttle, MD. Our skilled health care providers will safely manage any potential Ebola patient in accordance with CDC protocols to ensure we are protecting our staff and other patients while caring for an individual in need.”

Hollingsworth said designation of Sanford USD Medical Center as an Ebola treatment facility is just one of many steps in a much larger effort to prepare for the possibility of the disease in South Dakota. The first component of that response is the front line health care providers – every hospital and clinic across the state.

“Every clinic and hospital in the state needs to be prepared to identify a possible case based on travel history and symptoms, appropriately isolate the individual and contact the state Department of Health for further evaluation,” said Hollingsworth. “We know providers are taking this responsibility seriously and working hard to prepare and drill for how to handle such patients.”

For any such individual, the department will consult with CDC. If the individual is determined to be a potential case, the department will contact Sanford so it can prepare to receive the individual. Two ambulance services, Rural Metro in Sioux Falls and Rapid City Fire in Rapid City, have received specialized training and equipment from the department and agreed to transport patients to Sanford.

Hollingsworth said the department’s public health laboratory is also working to add the capability to test for Ebola. In the meantime, it has an agreement in place with the University of Nebraska Medical Center to handle testing.

The department also continues to monitor travelers coming into South Dakota from the West African countries at the center of the outbreak. That monitoring includes twice-daily contact with the individuals for the 21-day incubation period of the disease to check temperatures and any symptoms. The department is currently monitoring one such low-risk individual and two more have completed their 21-day monitoring period without developing symptoms.

“From front line health care facilities to patient transport, from designating a receiving hospital to setting up a lab testing protocol, South Dakota is working hard to put a system in place to deal with Ebola,” said Hollingsworth. “Even if we never have an Ebola case these partnerships and the work we’ve done will leave us better prepared to deal with other infectious diseases in our state.”

For more information about Ebola virus disease please link to the following websites.

South Dakota Department of Health
Centers for Disease Control (CDC)
Following a year of transition, Region 1 has identified new members for the Region 1 Executive Committee. Regional Coordinator, Andy Klitzke, decided to pose a few probing questions to the new committee to help us all get to know them a little better. The questions were:

- What is your perfect pizza?
- What is your favorite word?
- If you could have one profession other than your current profession, what would it be?
- If you had to be named after a city, state, or country, which would it be?
- What question do you hate to answer?

And here are their answers...

**Dave Egermier** is the Emergency Manager for VA Black Hills and the new Region 1 Chairperson. Otherwise, he would want to be checking for expired milk in the grocery store. His favorite pizza is “free” pizza. He hates answering the question: “Do you have your HaVBed updated?”

**Mary Sateren** is the Administrator of Fountain Springs Health Care in Rapid City. If she wasn’t, she would be Secretary of State. If she could be named for a location, it would be ‘Paris’. Mary hates to answer the question “Have you got a minute?”

**Linda Smith** is the Disaster Preparedness Coordinator at Hans P. Peterson Memorial Hospital. She’ll take her pizzas with everything except mustard and jalapeños, and her favorite word is “roadie”. If she could choose her name from any location, it would be “Belvidere” after her birthplace.

**Dave Ellenbecker** is Plant Operations Director and Safety Officer at Rapid City Regional Hospital. As an alternative career, he would accept Pro Bass Fisherman. His perfect pizza is a supreme.

**Lisa Martin** is a Registered Nurse at Prairie Community Health. Otherwise, she’d enjoy being a grade school teacher. She prefers pan pepperoni pizza, and she hates to answer the question “Why?” If she could choose a name from any location, we’d know her as “Disney World.”

**Tim Jacobs** is the Safety Officer at Pine Ridge IHS Hospital. Since Tim wasn’t available for comment let’s assume that he hates answering silly questions about himself.

Welcome aboard the new Region 1 Executive Committee!

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**REGION 2 – JENNIFER EIRICKSON MOVES ON TO STATE LAB**

Jennifer Eirikson joined DOH in July as a Region 2 Emergency Preparedness Coordinator. After a short time in that position, she has now been hired as a Forensic Chemist with the Public Health Laboratory in Pierre.

Jennifer has a bachelor’s degree in chemistry and engineering physics from Saint Mary’s University of Minnesota in Winona, MN and a master’s degree in chemistry from the University of Minnesota, in Minneapolis. With that background, the lab is just the right fit!

Jen did a great job for Region 2, and we wish her much success in her new position.

With Jens move to the lab Carol Taylor and Sam Hill will be teaming up to cover Region 2 while the search for a new coordinator is underway.

If you have any questions or need help with something, please feel free to contact Sam and Carol. They will be happy to help you!

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**Christmas Tree Trivia**

- The first decorated Christmas tree was in Riga, Latvia in 1510.
- Christmas trees have been sold commercially in the United States since about 1850. Until fairly recently, all Christmas trees came from the forest.
- In 1856 Franklin Pierce, the 14th President of the United States, was the first President to place a Christmas tree in the White House.
- Christmas trees take an average of 7-10 years to mature.
- Tinsel was once banned by the government because it contained lead. It is now made of plastic.
- 10.9 million artificial trees were purchased in the United States in 2012.
Did you know?

National Candy Cane Day is celebrated on December 26th in the United States.

REGION 3– SIOUX FALLS HAS DRY RUN AT EBOLA RESPONSE

On November 3rd, a Sioux Falls man was arrested following a car crash, and reported to police that he had recently been to West Africa and was suffering from Ebola. With this information protocols for handling a suspected Ebola case were initiated.

The man was transported to Avera McKennan Hospital where staff coordinated information gathering and reporting. After the report from the man was soon determined to be false, he was released from McKennan and taken to the Sioux Falls jail.

Although this was a false alarm for South Dakota, it was an excellent opportunity for several of our response agencies to exercise and test their established protocols and procedures.

Avera was able to fine tune their response plan, isolation procedures, and put into practice the use of enhanced PPE.

“With the support of Avera Health, HPP funding and guidance from Region 4 we have the negative air flow room, equipment, PPE and training that will keep our staff safe while providing quality care to an ill patient.”

Thank you to Avera McKennan Hospital, Sioux Falls Police, Minnehaha County Sheriff, Dr. Jawad Nazir, Avera Health eEmergency, Sioux Falls DOH, Rural Metro Ambulance, South Dakota DOH, the Fusion Center, Centers for Disease Control.

REGION 4– HCC PARTNERS COORDINATE TRAINING AND SUPPLIES

Region 4 facilities have been busy preparing PPE and taking inventory of their HPP supplies and regional cache supplies. This helps all the facilities to be prepared in the event of a possible Ebola patient and in preparing for the influenza season. Several facilities have provided training and refresher courses to their staff to be sure everyone is prepared and ready.

Facilities have worked together and communicated with each other regarding preparedness and supply needs.

An example of training that has taken place at Avera Queen of Peace in Mitchell recently:

Security Training for Verbal Judo provided by Sgt. Joel Reinesch from Mitchell Police Department.

Decontamination Refresher Training. 24 of our 30 Decon Team members were able to attend.

PPE Donning and Doffing Training for Ebola - Focus was Train the Trainer and Trained Observer and one on one training with ED staff and providers as well as clinic personnel.

Thank you to Region 4 for all your hard work!

Vicki Lehrman
Region 4 Co-Chair

AVERA PREPARES SYSTEM-WIDE FOR EBOLA

From a coalition standpoint I have been very impressed & pleased with the Avera response to Ebola. They initially developed policies & provided information to all their facilities in South Dakota, Iowa, Minnesota, & Nebraska.

They then opened an ICC to determine needs, purchase appropriate PPE & dispensed same. Avera worked with DOH and infectious disease doctors to create a system wide plan for managing those assets.

They also expanded methods for PPE training needs. Dawn Tomac was the lead person for infection prevention practitioners.

We utilized resources provided by CDC, DOH, & Avera system all while staying up to date with messages sent out on the HAN. The HiCS training positioned us to be well prepared to operate within the ICS structure for collaboration with outside resources as well as the sharing of information.

At our hospital, we had to create an “ante-room” for donning & doffing PPE in an adjacent room to the negative pressure room. In order to create a clean & a dirty side we used the privacy dividers that were purchased with HPP funds.

We have also staged disposable blood pressure cuffs and Airmates along with additional PPE and other support inventory, that will be used for any infectious disease response.

Thank you to Avera McKennan Hospital, Sioux Falls Police, Minnehaha County Sheriff, Dr. Jawad Nazir, Avera Health eEmergency, Sioux Falls DOH, Rural Metro Ambulance, South Dakota DOH, the Fusion Center, Centers for Disease Control.

Sharon Hauck
Avera St. Michaels
ALL I WANT FOR CHRISTMAS IS AN AIRMATE HOOD!

Where has all the PPE gone? With the entire globe preparing for Ebola, we’re all left with a shortfall when it comes to PPE. Manufacturers are doing their best to keep up with demand. But unfortunately, most facilities now have supplies on back order.

Here in South Dakota, our Healthcare Coalition has plans and caches in place to help our partners in this situation.

Over the years, HPP funding has provided our partners with PPE, PAPRS and the like. Most of you should be well positioned to manage a suspected Ebola case for six hours.

Beyond that, SD DOH has prepositioned PPE caches in Rapid, Sioux Falls and Pierre that can be deployed to any facility that may need it for an Ebola response.

If you have a suspected Ebola case, remember to identify, isolate and inform. When you notify the state of your status, PPE and other support will immediately be coordinated and sent your way. To report to the state, call 1-800-592-1861.

For those of you experiencing critical shortages of PPE for your normal operations, please contact your Regional Coordinator.
For those of you who attended the recent Regional meetings, some of this may be a duplicate of what was included in the meetings; however, to keep us all on the same page, a brief summary of the Partnership Project activities as it relates to the HPP Capabilities follows.

**HPP Capability 1: Healthcare System Preparedness:** developing a self-governance structure that includes essential partners, subject matter experts (SME); development of documents such as by-laws, charter and MOU's as needed; and sustain formal Executive Committee with representation of key stakeholders—this in a nutshell is the work of a subcommittee (Sandy Frentz, Vicki Lehrman, Jan Clites) appointed at the October Leadership meeting. The group has been working on draft Charter, Bylaws, and Organizational Structure and will make a presentation to Leadership at the next (January 2015) meeting. Regional meetings will include reports on the progress made towards meeting the Capability goals. We urge all members to actively participate in discussions and decisions that will need to be made.

**HPP Capability 2: Healthcare System Recovery:** education/training needs were identified in last year's (Continuity of Operations Planning) COOP survey. At the October Leadership meeting, a contract with Nora O'Brien/Chief Consultant from Connect Consulting, Inc. was approved with funding from each Region. The contract includes three (3) deliverables. Live webinars will be scheduled for Feb, March, and April (new information with each session) and archived; a variety of guidelines/templates to accommodate planning by healthcare organizations e.g. hospitals, long term care, and clinics; and a 'train-the-trainer' presentation at the June Inter-Region meeting that will provide Planning Partners exercise information to be taken back to the local level. Dates for the webinars are being finalized to allow ample time to get on everyone's calendars.

**HPP Capability 3: Emergency Operations Coordination:** the Triage, Tracking, and Transportation under the Chairmanship of Kevin Schlosser met in June at the Inter-Region meeting. A draft document has been completed (Schlosser/Clites) and the subcommittee will continue their work towards a revised regional response.

**HPP Capability 5: Fatality Management:** Sam Hill as the SDDOH coordinator for this capability has been instrumental in coordinating several educational trainings and continues work on the mobile autopsy unit. Watch for her report....

**HPP Capability 6: Information Sharing:** sustain for this grant year

**HPP Capability 10: Medical Surge:** each Region has 'special projects' funding and Chairpersons/SDDOH Coordinators will be leading the efforts in identifying needed supplies, equipment. Previous years' or this year's statewide exercise is intended to assist with identification of gaps and barriers

**HPP Capability 14: Responder Safety and Health:** through exercises or real-world events, the Coalition is to assist healthcare organizations with additional pharmaceutical and personal protective equipment for healthcare workers. The Ebola outbreak has resulted in identifying needs for training and PPE equipment to support the planning and response effort.

**HPP Capability 15: Volunteer Management:** sustain for this year

There is very good representation from South Dakota going to the National Coalition conference in December. No doubt much information about all of these capabilities will be gleaned from the speakers. We are fortunate to have the Regional and State support to attend the conference and assist in meeting the challenges and changes within the Coalition.

And, while I am thankful for so many things this year, I am especially thankful for all of YOU and the opportunity to work with and learn from your expertise. We are so fortunate to have you as part of the Coalition.

Happy holidays,
Jan Clites—Consultant

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**COOP WEBINARS FOR SOUTH DAKOTA HCC PARTNERS**

Connect Consulting Services has been retained to assist in meeting this year's HPP objectives for Continuity of Operations Planning (COOP). Nora O'Brien and her staff have provided consultation to healthcare facilities throughout the country.

As the Principal Consultant, Nora has a Masters Degree in Public Affairs with a concentration in Disaster and Emergency Management. She has obtained Certified Emergency Manager status by the International Association of Emergency Managers.

A three part webinar business continuity training series has been scheduled for:

- **February 12, 1PM MT/2PM CT**
- **March 12, 1PM MT/2PM CT**
- **April 9, 1PM MT/2PM CT**

Development of planning guides, a train-the-trainer and a drill and exercise course (offered at the June Inter-Regional Conference) are highlights of the COOP activities being offered to HPP Planning Partners.
THE HUNGRY, HUNGRY HIPPO

Turkey and Wild Rice Casserole

Beverly Jahns—Wagner Community Memorial Hospital—Region 4

6.2 oz. pkg of Uncle Ben’s long grain and wild rice mix, uncooked
½ lb of ground pork sausage
1 c. sliced mushrooms
½ c. sliced celery
1 T. cornstarch
1 c. milk
1 T. Worcestershire sauce
3 c. cooked turkey or chicken, chopped
1 c. sweetened dried cranberries

Prepare rice mix according to package directions and set aside.
Cook sausage, mushrooms and celery in a large skillet until sausage is browned, stirring to crumble meat. Drain sausage mixture, reserving one tablespoon drippings in skillet. Set sausage mixture aside. Add cornstarch to drippings in skillet, stirring until smooth. Cool one minute, stirring constantly. Gradually add milk and Worcestershire sauce; cook over medium heat, stirring constantly, until mixture is thickened. Combine rice, sausage mixture, sauce, turkey and cranberries. Spoon mixture into a lightly greased 11x7 baking dish. Bake uncovered at 350 degrees for 30 to 40 minutes. To store: cover and refrigerate up to 2 days, Cover tightly and freeze up to 2 weeks. Makes 6 to 8 servings.

THANKSGIVING CONFESSION—BY SAM HILL

Leftovers put away and having reached my pie quota, I grabbed the remote and headed for the sofa.

For four days straight I left reality behind. Forgot about the chores and the daily grind.

I spent Thanksgiving weekend in fleece and flannel, Just me and the cats and the Hallmark channel.

It’s a magical land where girls, named Chrissy, Mary or Holly, Are too busy with their careers to have time to be jolly.

But soon they fall in love, in three days flat, With a scarf clad hunk, named Chris, Nick or Jack.

It’s a place where there is nary a woe, That can’t be solved under the mistletoe.

And even though there’s always fresh snow on the ground, No one ever seems to need a coat in this quaint little town.

Yes, this is the beginning of my favorite season, Hallmark movies starring Tiffany Amber Thiessen.

Oh she’s just one of the holiday leading ladies, Amongst a slew of D-list actors, out of sight since the 80’s

I watched Kelsey Grammer share a joyful Ho Ho Ho, And a toy-maker played by Hercules himself, actor Kevin Sorbo.

Then it was former Superman, Dean Cain, as Santa’s attorney, Followed by three in a row featuring Meredith Baxter Birney.

And I can’t wait for the new one starring Candace Cameron-Bure The DVR is already set for seven on Sunday.

One after another, a barrage of Yuletide flicks, With wise-crackin’ elves and thirty-something St. Nicks,

Hungry Hungry Hippo says, “Create something new with those holiday leftovers!”
MY OH MY...HOW FAR WE’VE COME!

Take a look at this fantastic photo! The exact year this disaster kit was first prepared is unknown. It was discovered a number of years ago at Avera St. Luke’s in Aberdeen.

It has become a tradition for the out-going Emergency Preparedness Coordinator to pass it on to their successor at St. Luke’s. In August 2014 Chris Larson handed it down to me. We had a little fun trying to decide what type of disaster this was meant for. We suppose most any disaster will involve the need for some band-aids and those original pink aspirin.

Or, maybe this kit was designed not for the actual disaster, but as a survival kit for the coordinator?

Kathy Thorpe
Avera St. Luke’s
Emergency. Prep Coord.

SERV SD HAS ANOTHER GREAT YEAR!

In the fall, SERV SD registered healthcare volunteers at professional association meetings across the state. Attendance at these meetings is an excellent way to share the role and capability of SERV SD volunteers during a disaster. Healthcare professionals who visited with SERV SD received pocket training guides on psychological first aid, active shooter response, and Hospital Incident Command. When the dust settled, 11 Pharmacists, 29 Emergency Medical Technicians of all levels, 13 Registered Nurses, 8 Respiratory Therapists, and 11 healthcare students joined SERV SD. A total of 932 volunteer healthcare professionals and 284 healthcare students are registered with SERV SD.

In November, SERV SD responded to a request for assistance from Black Hills Red Cross following a hotel fire in Pierre. SERV SD notified registered healthcare professionals in Hughes, Hyde, Potter, Sully, and Stanley Counties of the opportunity to volunteer.

SERV SD is always accepting new members as we prepare for the 2015 Sturgis Motorcycle Rally. SERV SD will again partner with Black Hills Red Cross to provide clinical expertise at first aid stations in Sturgis and around the Black Hills.

5 TIPS FOR AVOIDING THAT DREADED HOLIDAY WEIGHT GAIN

1. Never arrive starving—Have a nutritious snack before heading to the party.
2. Don’t stack—If the meal is being served buffet style, don’t stack your food. Try to keep it single story.
3. Go easy on the spirits—Aside from all the calories in those cocktails, if you’re drinking a lot, you may end up forgetting you’ve already had dessert...twice.
4. Pick one and stick with it—Loading a desert plate with several different deserts so you can “just try a bite” isn’t the best strategy. It often ends with an empty plate. So pick the one desert that you know you’ll love, and savor it!
5. Taste testing counts—if you do a lot of holiday cooking and baking, limit how many times you dip in. Use a new spoon every time you taste. and if nothing else, you’ll get tired of doing dishes!
EBOLA IS THE LEAST OF YOUR WORRIES!

For the past several months all anyone has been talking about is the Ebola virus. From world news to hometown coffee shops it’s been a pretty hot topic. Every cough or missed day of work garners an “Uh-oh!” from the yahoo in the next cubicle. But a little prospective can go a long way.

For example, you have a 1 in 3,934,300 chance of dying from Ebola. But you have a 1 in 75,660 chance of dying from a bee sting. And you have a 1 in 183,975 chance of dying from your pajamas catching on fire. (Unless of course, you’re a liar, liar. Then your odds go up!)

Click the link below for the full story from the Washington Post, and a list of all the things that are worse than Ebola.

Washington Post Story

MOBILE EMERGENCY DEPARTMENTS ARRIVE IN SD

The first stage of the HPP Mobile Emergency Department (ED) Project is nearing completion. Beginning in early 2014, representatives from Avera McKennan Hospital, Rapid City Regional Hospital, and Sanford USD Medical Center worked to address a need for mobile medical surge assets. Based off a similar asset from North Dakota, they identified a mobile ED system capable of supporting low-acuity beds. During a medical surge event, one or more of these shelter systems could be deployed to the affected facility. Identical shelter systems will be staged with each health system.

The shelter system consists of a 357 sq. ft. inflatable shelter with space for ten portable field hospital beds, 25W string-able lights, 40,000 btu HVAC, and a 19.4kW generator to power the whole thing. Each shelter system is capable of combining with the other systems into a larger structure.

The shelter systems began arriving in South Dakota in November. Once all the components are present, there will be training for Avera, Regional, and Sanford personnel on the set-up and maintenance for the shelter systems. The next stage involves identifying and procuring supplies and equipment to stage with the mobile ED systems.

Special thanks to Kevin Schlosser at Avera McKennan. Kevin has been instrumental in moving this project forward.
Introduction to the Incident Command System for Healthcare/Hospitals

This online FEMA course introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of ICS. It also explains the relationship between ICS and the National Incident Management System (NIMS). This course uses the same objectives and content as other ICS courses with healthcare/hospital examples and exercises. Click here to begin this class.

COOP Webinars with Nora O’Brien

A series of three webinars focusing on the development of your COOP

February 12, 1PM MT/2PM CT
March 12, 1PM MT/2PM CT
April 9, 1PM MT/2PM CT

Watch your emails for registration and log in information

PEDIATRIC DISASTER RESPONSE AND EMERGENCY PREPAREDNESS

January 20-21, 2015 8am-5pm
Sanford Stevens Center, Sioux Falls

Topics
Introduction to Pediatric Response
Emergency Management (EM) Considerations
Implications for Planning and Response
Functional Access Needs Considerations
Mass Sheltering
Pediatric Triage and Allocation of Scarce Resources
Pediatric Reunification Considerations
Pediatric Decontamination Considerations

Participants
Community and Hospital based Emergency Managers, EMS Personnel, Hospital Administration, and Emergency Room Personnel, Public Safety / Public Health Personnel School Administrators, MRC Personnel, Private sector, Law Enforcement, Disaster response/relief personnel, County, State, and Federal personnel who respond to a local jurisdiction disaster event.

Prerequisites
FEMA / SID Number. Students must register and bring a copy of their SID number to class.

Registration
To register and for more information, email your name and facility to Greg Santa Maria

Mass Fatalities Incident Response

Thank you to everyone who has attended one of these classes that we’ve already held in Sioux Falls, Rapid, Aberdeen and later this month in Pierre. Due to high interest and attendance, we have decided to hold another offering of this course for those of you who have been on the waitlist. Please watch for more info to come out after the first of the year!

Post it here!!

- Is your facility hosting a training event?
- Did you hear about a great webinar?
- Do you have a suggestion for new classes?

If you have training opportunities that you would like to share with the coalitions, please contact Sam Hill at 367-4510 or just send an email with the course details.

Answers: A-8, B-12, C-2, D-6, E-5, F-3, G-9, H-1, I-11, J-7 K-10, L-4
MESSAGE FROM THE ADMINISTRATOR

Hospital Preparedness Partners:

It never ceases to amaze me how much things change, how rapidly that change can occur and in some respect, how some things never change. Just a few months ago, not too many people paid much attention to Ebola. Now, it is a subject we have all deliberated over. Whether it was the center of an exercise scenario, a concept of operations, or a process to inquire about travel history, we’ve all dealt with Ebola in some way. This was a significant change that occurred quite rapidly.

On the flip side, some things never change. Many of you remember Smallpox or SARS or Pandemic Influenza and now, Ebola. With each of these public health and medical threats, personal protective equipment was central to protecting healthcare workers and other critical infrastructure personnel. Another similar aspect with each of these threats was you couldn’t order and receive the PPE you needed specific to the threat, or in many cases, to support day to day operations. Just in time inventory management systems don’t typically accommodate sudden and extreme surges in demand.

Knowing that some things never change, we were fortunate over the years, to be able to create a meaningful and appropriate stockpile of PPE and other critical medical supplies and pharmaceuticals that address a variety of threats. It is reassuring to know we have an ample supply of PPE to support a response to Ebola. It is also reassuring to know a great deal of this equipment was previously deployed to facilities across the state. The Airmate and Breathe-Easy PAPRS are prime examples. Each facility has a supply of these PPE systems to conduct operations in a variety of situations. You’ve trained with them, maintained them, and resupplied as necessary to maintain capabilities. Our state cache is designed to support those capabilities with quantities required for a major response without outside supplies.

We all owe a big thank you to everyone who had a role in developing this state stockpile and there are many. However, there was one person who was a driving force in its creation, Chuck Kevghas. Without his leadership and persistence, it is doubtful we would be “breathing easy” about PPE for Ebola or any other emerging threats. Thanks Chuck.

Bill Chalcraft
Office of Public Health Preparedness

Contact the Office
of Public Health
Preparedness &
Response Staff

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South Dakota Healthcare Coalition

Mission: To enhance statewide relationships for Healthcare Emergency Preparedness, Response and Recovery.

Vision: To significantly improve coordination of healthcare resources among South Dakota Healthcare Coalitions.
The Happy Hippo!

**Word Search**

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MTIUSLACIGOLOIB
AJPGJXSCPVKISJA
SNDDNEDYDCABE
KUUUVVINILTANREG
RIMOCUFEPAPTOIP
RFLAWTIFIAYETJK
GGZYTHTOCRICK
HOODSOMALDEONOD
DXWEPAPWPTTOOSG
UKCNTTYIOPETMMLS
PAMESXIZPQASGKA
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**More fun with PPE!**

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**Bonus Word**

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H _ _ P _ _ O _ _ M _ S
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**Holiday Mix Up! Can you remember how many there are of each?**

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