**917 Infectious Disease Pandemic Plan**

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Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

 Interim Fire Chief Greg Megaard

**917.1   PURPOSE AND SCOPE**

To establish a planned response in the event of a flu pandemic which impacts the normal, day to day fire district operations. It is the responsibility of each and every member to know this Policy exists and be able to locate it when necessary and follow it. Authority to implement and/or deviate rests solely with the chief officers who bear full responsibility for any deviation.

**917.2   POLICY**

In response to the threat of an infectious disease pandemic, the fire district has prepared this plan to meet the following objectives:

* Establish service continuity plans in the event of pandemic infectious disease in order to insure delivery of basic fire district services
* Mitigate the spread of pandemic infectious disease among members
* Assist members and their families in managing personal and/or family illnesses during a pandemic infectious disease outbreak.

Pandemic Infectious disease planning presents unique differences from current Continuity of Operations templates. Focusing on continuity of operations with considerable loss of staff, depleted resources, and a nervous public—will be a considerable challenge. The priority will be ensuring that essential fire district operations continue. The fire district will also:

* Disseminate information on the infectious disease and how it is spread.
* Disseminate information to members on proper hygiene methods and other behavior activities and/or restrictions that will reduce the risk of spreading the flu virus among the workforce.
* Post educational materials to remind members of proper cough etiquette, hand washing, and other behaviors that will reduce the risk of infection.
* Provide information to members to assist them in protecting themselves and their families during a pandemic.

The fire district will be faced with reductions of our workforce and significant human health concerns in the workplace environment. This plan is designed to help the fire district minimize the risk that an infectious disease pandemic poses to the health and safety of fire district members, and continuity of operations.

Because no one can predict when a pandemic infectious disease might happen, how long it might last, and how serious its impacts might be, the fire district needs to take steps to develop service continuation plans that protect members, minimize disruptions, and limit negative impacts on customers and our community. While a pandemic cannot be stopped, proper preparation may reduce the impact. Preparedness and mitigation require that the fire district assume and plan for a worst-case scenario. Accordingly, the fire district’s Pandemic Infectious disease Preparedness Plan is based on the following assumptions:

* Gallatin City County of Health Department (GCCHD) will be the lead agency in the public health response to the pandemic infectious disease
* Absenteeism rates for fire district members could be as high as 40 - 50 percent at the height of the pandemic’s peak due to illness; another 5 percent may refuse to report to work, either because they fear becoming ill or because they are caring for afflicted family members.
* Basic services such as healthcare, law enforcement, fire, emergency response, communications, transportation and utilities could be disrupted during a pandemic.
* Assistance from outside organizations, county, state and federal government will be limited.
* Big Sky Fire Department will not be able to perform all functions and provide all services at full capacity throughout the pandemic.

**917.3   Activation of Plan**

917.3.1 The fire district will activate the Plan based on the current situation and in coordination with the Gallatin Department of Emergency Services. Staff will use the fire district’s plan (either in total or in part) in the event of an infectious disease pandemic to which the fire district is called to respond. Activation of the plan will correspond to the evolution of the pandemic. The following events will be considered “trigger events” for implementation of all or portions of this plan:

* The United States Federal Government through their official agencies issues a pandemic declaration for the United States, and/or
* The State of Montana issues a pandemic declaration for the State, and/or
* The Gallatin Department of Emergency Services issues a directive to implement a response plan

Once a flu pandemic crisis is imminent or has occurred, the fire district will activate the fire district’s Pandemic Infectious disease Response Plan.

**917.4 Planning Categories and Corresponding**

|  |
| --- |
| Level 5 |
| * Normal fire district activities and services
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| Level 4 |
| * Normal fire district activities and service
* Fire district command staff meeting to review response plan, PPE, symptoms, and exposure prevention.
* Staff meets with line members to review plan and current situation and conditions and reinforce PPE requirements.
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| Level 3 |
| * Normal fire district activities and services
* Citizens requesting blood pressure screening are also screened for flu-like symptoms.
* Fire district command staff meeting to review response plan, PPE, symptoms, and exposure prevention.
* Fire district staff to ensure adequate supply of hand sanitizer and hygiene products
* Staff meets with line members to review plan and current situation and conditions and reinforce PPE requirements.
* Implement Infection Control/Containment Activities (Social distancing, etc.)
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| Level 2 |
| * Fire district services reduced to primary and emergency services
* Training and public education cancelled. This includes routine blood pressure checks (do not turn away citizens before triaging them for flu)
* Fire district buildings closed to the public and family members
* Fire district staff to ensure adequate supply of hand sanitizer and hygiene products
* Implement Infection Control/Containment Activities (Social distancing, etc.)
* Determination of police response limitations.
* Creation by staff of daily ICS IAP created for 24-hour operational period and all members briefed.
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| Level 1 |
| * Fire district services reduced to only emergency services
* Training and public education cancelled. This includes routine blood pressure checks (do not turn away citizens before triaging them for flu)
* Fire district buildings remain closed to the public and family members
* Fire district staff to ensure adequate supply of hand sanitizer and hygiene products
* Implement Infection Control/Containment Activities (Social distancing, etc.)
* Determination of police response limitations.
* 24-hour telephone staffing to field questions.
* Daily check-in via phone of all members to determine their status and availability.
* Creation by staff of daily ICS IAP created for 24-hour operational period and all members briefed.
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**917.5 Procedure**

**FIRST FIVE MINUTES**

Ability to transport multiple patients in one ambulance:

* More than one passenger may be transported in a single ambulance.
* Every patient, whether lying or sitting, must be in a position that accommodates passenger restraints.
* Typically, an ambulance may transport two lying and three sitting or one lying and up to six sitting. Of the sitting positions, the treating crew members must also be accommodated, and the front passenger seat may be utilized for non-ill passengers.

When necessary, the ambulance may proceed to a second location to pick up additional patients.

Continuity of Operations: The below chart illustrates how:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phase | Strategy | Unit | Staffing | Comments |
| EMT-P | EMT-B |  |
| Normal Day-to-Day Operations |  | 1 | 1 |  | Primary ambulance |
|  | 1 | 1 |  | Secondary  |
|  |  |  |  |  |
| Phase | Strategy | Unit | Staffing | Comments |
| EMT-P | EMT-B |  |
| Increased Incidents | Staff Second Primary Ambulance | 1 | 1 | 1 |  | Primary ambulance |
|  | 1 | 1 |  | Primary ambulanceStaffed by redistribution of manpower or increased staffing |
|  |  |  |  |  |
| Phase | Strategy | Unit | Staffing | Comments |
| EMT-P | EMT-B |  |
| Reduced Availability of Personnel | Keep all 3 ambulances staffed but have ALS & BLS units |  | 1 | 1 |  | Primary ambulance |
|  | 1 | 1 |  | SecondaryStaffed by redistribution of manpower or increased staffing |
|  | 0 |  |  |  |
| Phase | Strategy | Unit | Staffing | Comments |
| EMT-P | EMT-B | Non EMT |
| Critical Reduction in Availability of Personnel | Ensure 1 ALS unit and at least 2 BLS units. |  | 1 | 1 | 0 | Primary ambulance |
|  | 1 EMT-P w/ 1 EMT-B OR1 EMT-B w/ a 2nd EMT-B  | SecondaryStaffed by redistribution of manpower or increased staffing |
|  |  |

The IC should:

* Alternative transport vehicles: Montana Department of Health and Human Services may authorize alternative transport vehicles. Should such authorization occur, such vehicle may include:
	+ BSFD staff cars. These cars should be staffed with 1-2 personnel and BLS equipment. Only sitting patients may be transported

Universal Practices:

Actions to reduce transmission of disease:

* All members should practice pro-active measures that reduce the possibility of disease transmission. These measures include, but are not limited to:
	+ Cough etiquette
	+ Use of PPE
	+ Use of mask, when appropriate, on patients
	+ Proper hand washing and use of waterless hand cleaner
	+ Proper cleaning of equipment and surfaces
	+ Use of social distancing

Guidelines to Modify Frequency and Type of Face-To-Face Contact:

* Face-to-Face: In face-to-face meetings, individuals should limit contact. Participants should practice staying about six (6) feet apart.
* Handshaking: Members should stop shaking hands if there is a pandemic infectious disease outbreak to help reduce the spread of the disease. If members find themselves shaking hands, they should practice increased hand hygiene
* Increase Social Distancing: Social distancing refers to strategies to reduce the frequency of contact (and the transmission of pandemic infectious disease) between people by minimizing close contact between people during phases of pandemic infectious disease. Contacts are those persons who have had close (one yard or less) physical or confined airspace contact with an infected person within four days of that person developing symptoms. These are likely to include family members and/or other living companions, workmates (if in confined airspace environments) and possibly recreational companions. The fire district will encourage the use of technology to facilitate social distancing by using communications networks, remote access and web access to maintain distance among members and between members and citizens whenever possible.

**917.6 Infection** **Control Supplies**

The fire district will identify the products or supplies needed, the sources from which to obtain them, and maintain an inventory of those items, such as hand sanitizer, tissue paper, masks, and other personal protective equipment items for use by members in their work area. BSFD staff will seek to minimize supply shortages by proactively ordering supplies.

**Appendix 1: World Health Organization (WHO) Phases**

The WHO has established six phases of pandemic alert as a system for informing the world of the seriousness of the threat and of the need to launch progressively more intense preparedness activities. These phases are:

|  |  |  |
| --- | --- | --- |
| **Phase**   | **Description**   | **Strategy**   |
| **Inter-pandemic**   | Normal conditions (period of time between pandemics)  | General preparedness. Seasonal infectious disease vaccine.  |
| **Phase 1**   | No new infectious disease virus subtypes have been detected. If present in animals, the risk of human infection or disease is considered to be low.  | Strengthen preparedness.  |
| **Phase 2**   | No new infectious disease virus subtypes have been detected in humans. However, a circulating animal subtype poses a substantial risk of human disease.  | Minimize the risk.  |
| **Pandemic Alert Period**   |
| **Phase 3**   | Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.  | The WHO recommends that unaffected geographic locations limit, wherever possible, the entry of affected poultry and wild birds. Early detection, notification and response.  |
| **Phase 4**   | Small cluster(s) with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.  | Containment.  |
| **Phase 5**   | Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).  | Gain time to implement response measures.  |
| **Phase 6**   | Pandemic: increased and sustained transmission in general population.  | Minimize pandemic impact.  |
| **Post-Pandemic Continuity**   | Recovery.  |