

ANCHORAGE FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES

C-4

Contagious Disease, Epidemic, and Pandemic Emergencies

SIZE-UP/ASSESSMENT OF CONDITIONS

Definitions

1. Contagious Disease - A disease easily spread from one person to another by contact with the infectious agent that causes the disease.
2. Epidemic – A disease outbreak occurring suddenly in a community, region or country in numbers clearly in excess of normal.
3. Pandemic – The worldwide outbreak of a disease in numbers clearly in excess of normal.
4. Sentinel Event – A patient presentation or event that may require the need for immediate investigation and response.
5. Biosurveillance Alert – An alert by installed software that provides constant monitoring of AFD CAD and records systems to provide syndromic surveillance of AFD data and provide early warning and notification of trends or events indicative of a WMD, biological, epidemic or pandemic threat to public health.

Contagious Disease Sentinel Event

1. Definition of a Contagious Disease Sentinel Event:
 - a. A contagious disease not normally found within the local population that potentially or actually is a threat to local public health.
 - b. A contagious disease found within the local population in small contained numbers that potentially or actually is a threat to local public health if an outbreak is in the initial stages.
 - c. Annual contagious disease events such as seasonal influenza should not be considered as an excessive outbreak unless the baseline number of patients seen by AFD responders exceeds historical numbers and available resources.
 - i. In such events, the Municipality of Anchorage (MOA) Department of Health and Human Services (DHHS) Medical Officer would make a determination whether an epidemic or pandemic emergency exists.

Determination of Event

1. An on duty AFD Chief Medical Officer is the first point of contact for AFD providers and/or AFD dispatchers that are concerned about an event or patient(s) displaying

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symptoms consistent with a contagious disease that could constitute an outbreak if not reported and followed upon.

2. The Chief Medical Officer(s) will evaluate the event, and if appropriate, notify the AFD Duty Officer.
3. The AFD should make the determination whether to operate under this SOG in the following circumstances:
 - a. A pattern or trend of patients contacted and transported by AFD displaying similar signs and symptoms indicative of a contagious disease that is not normally found in the local population.
 - b. AFD responders encounter and/or transport a patient or patients displaying signs and symptoms of a contagious disease in the local community or arriving in the MOA via land, sea or air transportation.
 - c. Individual patients displaying signs or symptoms of a specific contagious disease that has been identified by the MOA DHHS Medical Officer as a potential threat to public health.
 - d. An alert by biosurveillance software indicative of a possible public health threat.
 - e. AFD is notified by an area health care facility that multiple patients displaying signs and symptoms of a contagious disease are being treated within the community.
 - f. Declaration of an epidemic or pandemic emergency within the MOA has been made by the Mayor on the advice of the MOA DHHS Medical Officer.
4. In the event of a determination of an epidemic or pandemic emergency, the AFD is to issue a formal directive to AFD members to commence operations pursuant to this SOG:
 - a. The directive may be issued by memorandum and/or pager notifications.
 - b. AFD members should continue to operate pursuant to this SOG until formal notification of return to normal operational status has occurred.
5. Any dispersal of information about Contagious Disease Sentinel Events to the media and general public should be conducted through the AFD Medical Director and/or MOA DHHS Medical Officer with the assistance of the AFD Public Information Officer (PIO) as needed.

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- a. If the event(s) subsequently result in a declared epidemic or pandemic emergency, the EOC Public Information Section is to be activated to disperse information to the media and the public.

SAFETY CONSIDERATIONS

1. AFD responders should observe universal precautions through the utilization of PPE for all responses involving patient contact, ambulance transportation, and decontamination of equipment and vehicles as outlined and pursuant to AFD P&I 901-2 Infectious Disease Control and AFD P&I 901-4 Risk Reduction During Epidemic or Pandemic Emergencies.
2. Vaccinations and/or pharmaceutical prophylaxis or treatment of AFD personnel should be administered pursuant to P&I 901-4 Risk Reduction During Epidemic or Pandemic Emergencies and upon advisement of the MOA DHHS Medical Officer.
3. Supplies of PPE sufficient to support operations during an epidemic or pandemic emergency are to be maintained by the AFD.
4. Standards of personal protection may be tailored to a specific threat. In this event, AFD providers should expect to be provided with directives at the identified outbreak of an event or emergency.

OPERATIONAL GUIDELINES

General

1. Notifications
 - a. AFD responders should notify Dispatch immediately when encountering a patient or patients displaying signs or symptoms of a known or suspected contagious disease qualifying for a sentinel event response.
 - b. Notifications to Dispatch should not be made over the radio. A landline telephone or cellular phone should be used for this purpose.
 - c. AFD Dispatch should immediately notify the closest on duty Chief Medical Officer of the response by landline telephone or cellular phone with detailed information of the event.
 - d. AFD responders transporting a patient or patients displaying signs or symptoms of a known or suspected contagious disease should notify the receiving medical facility expeditiously by landline telephone or cellular phone.

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2. Isolation Procedures

- a. All efforts should be made to isolate patients that display signs and symptoms of a known or suspected infectious disease.
- b. Patients transported to area hospitals should be treated and packaged in such a manner as to isolate them from contact with other responders and hospital personnel and patients.
- c. AFD responders may request asymptomatic family members and/or acquaintances found within the same confined environment to voluntarily isolate themselves from public contact until further medical investigation has been completed and a medical diagnosis has been made for the patient(s).

3. Operational Considerations

- a. AFD responders that believe that they may or have encountered a situation involving multiple patients should use the Incident Command System, and operate in accordance with Multiple Victim Incident (MVI) and START guidelines.

4. Follow-up and Monitoring

- a. AFD responders to a suspected or actual infectious disease event involving one or more patients should complete an Exposure Report in accordance with AFD policy.
- b. The shift Chief Safety Officer should provide follow-up services and complete any required reporting to local, state and/or federal agencies that have jurisdictional authority or responsibility.
- c. Any AFD response that is mitigated under this SOG is to be thoroughly documented, and is to have a Post Incident Analysis completed in accordance with AFD policy.

AFD Operations in a Declared Epidemic or Pandemic Emergency

1. Operational Considerations

- a. With a declared epidemic or pandemic emergency, AFD operations are to be coordinated from the MOA Emergency Operations Center (EOC).
 - i. Operational command and control should be established according to the Anchorage Emergency Operations Plan and the Anchorage Pandemic Influenza Plan.

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- ii. An AFD liaison should be appointed by the Deputy Chief of EMS or his/her designee to work from within the MOA DHHS Command Center and provide relevant information to the AFD command elements within the EOC.

2. Triage and Management of Patients

- a. Protocols for the phone triage of patients calling 911 or other emergency numbers should be established by the AFD Medical Director in accordance with the signs and symptoms of the disease, and in compliance with directives from the MOA DHHS Medical Officer.
 - i. The Medical Director should establish criteria and coordination protocols for 911 dispatchers to determine who needs emergency transportation and who can be directed to alternative, non-traditional transportation methods to surge medical facilities as established by the MOA DHHS through the EOC and in accordance with the Anchorage Pandemic Influenza Plan.
- b. EMS providers that arrive on location of multiple casualties exhibiting the signs and symptoms of the disease will operate in accordance with Multiple Victim Incident (MVI) and START guidelines.
- c. Coordination of MICU transports should be conducted through the EMS Unit Leader following the activation of the EOC.
- d. EMS providers should follow the directives established by the EMS Unit Leader at the EOC for alternative methods of transportation to designated surge medical facilities for those individuals not requiring immediate MICU emergency transport.

3. Surge Capacity of AFD EMS Resources

- a. The AFD procedure for the recall of personnel during a declared epidemic or pandemic emergency should consist of operational awareness and be pursuant to disaster staffing guidelines currently in place.
- b. In a well-developed and ongoing epidemic or pandemic emergency, a significant number of AFD emergency responders may be incapacitated or off-duty due to family members requiring their care at home.
- c. Current mutual aid agreements should be utilized if regional and state emergency response agencies are capable themselves of meeting demands within the MOA.

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- d. Reserve MICUs and other reserve apparatus with the capacity of patient transport may be activated with surge AFD EMS personnel or mutual aid EMS personnel as directed from the EOC through the Fire/Rescue Branch Director and EMS Unit Leader.
 - e. Non-traditional primary care providers (military personnel and/or allied health professionals from local, state and/or federal response agencies) may be assigned to staff AFD MICUs should AFD personnel be incapacitated or unavailable.
 - f. If multiple waves of infected patients are expected during an epidemic or pandemic, following each wave the AFD EMS should reassess surge capacity efforts and adjust accordingly.
4. Post-Incident Follow-up and Monitoring
- a. The Chief Safety Officers should coordinate follow-up services as outlined in Section 4 of the Operational Guidelines listed on page 4.
 - b. Medical treatment and monitoring should be provided to AFD personnel following the declared end of the epidemic or pandemic emergency.
 - c. The Deputy Chief of EMS should develop a comprehensive report summarizing the AFD EMS response to the epidemic or pandemic emergency.
 - i. This SOG is to be reviewed and updated accordingly to lessons learned from the response activities.
 - d. Department-wide Post Incident Analysis meetings and further training should be coordinated by the Deputy Chief of EMS through the Fire Chief with assistance of the Training Division.