

Pandemic Influenza Response Plan



Last Updated: March 11, 2020

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I. Introduction and Strategic Goals

To adopt a system-wide pandemic influenza response plan within the Spokane Valley Fire Department (SVFD). Continuing to perform essential functions and provide essential services is vital to an organization's ability to remain a viable entity during times of increased threats from all hazards, humanmade, or natural.

The response to pandemic influenza should be flexible, scalable, dynamic, and timely with the ability to change rapidly based on new information. Standard Protocols and other guidelines may have to be modified based on how the situation develops.

The SVFD Pandemic Influenza Plan serves as a guide of pre-determined actions in mitigation, preparation, response, and recovery from pandemic influenza.

The plan describes the emergency management concepts and structures under which the department may operate during a pandemic event. This plan cannot predict all facets that may occur during a pandemic influenza outbreak in Spokane County. A major assumption of a pandemic outbreak is the difficulty in maintaining fire and emergency medical services operations considering a large portion of personnel may become ill. Therefore, the goals of this plan are to:

- **Limit personnel exposure and disease transmission**
- **Maintain an essential level of service and the continuity of operations**
- **Maintain the public's confidence and safety**

A. Pandemic Planning Assumptions

Table 1: World Health Organization Pandemic Influenza Phases

Phase 1	No animal influenza virus circulating among animals has been reported to cause infection in humans.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Phase 3	An animal or human-animal influenza reasserting (<i>a mutation of two or more viruses</i>) virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Phase 4	Human-to-human transmission (H2H) of an animal or human-animal influenza virus able to sustain community-level outbreaks has been verified.
Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
Post-Peak Period	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
Possible New Wave	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
Post-Pandemic Period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

B. National Strategy for Influenza Implementation Assumptions

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The clinical disease attack rate will likely be 30 percent or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children

(about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.

- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- While the number of patients seeking medical care cannot be predicted with certainty, in the previous pandemic, about half of those who become ill sought care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, "snow days") are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days.
- Persons who become ill may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission.
- On average, infected persons will transmit the infection to approximately two other people.
- A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in the fall and winter, **but the seasonality of a pandemic cannot be predicted with certainty.**

C. Organizational Assumptions

- Organizations will be provided with guidance and/or direction by Federal, State, local, and/or Tribal governments regarding current influenza pandemic status in their area.
- Organizations will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE), and temporary suspension of some non-essential activities
- Organizations will give full consideration to supporting social distancing operations, including telework and other virtual office options.
- Controlled buildings will be accessible, but the right of entry may be limited
- May make alternate facilities available for staff to implement social distancing protocols.
- Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual, resulting in the employment of appropriate teleworking and other approved social distancing protocols.
- Travel restrictions, such as limitations on mass transit, implemented at the Federal, State, tribal, territorial, and local levels, may affect the ability of some staff to report to work.
- Organizations may restrict or ban non-essential travel and activities.

Pandemic Response Team consists of the following personnel:

1. Fire Chief
2. Deputy Chief of Operations
3. Deputy Chief of Support Services
4. Division Chief of EMS
5. Division Chief of Training
6. Division Chief of Operations
7. Human Resources Director
8. Fire Marshal
9. Community Affairs Manager
10. IS Director
11. Finance Director
12. Fleet Manager

II. Concept of Operations

A. Introduction

The SVFD will monitor the severity of the pandemic and establish continuity activation triggers to address the unique nature of the pandemic threat. The Pandemic Influenza Continuity Plan will be implemented as needed to support the continued performance of essential functions. It supplements the Continuity of Operations Plan (COOP) by addressing considerations and elements specific to pandemic events and emerging infectious diseases.

B. Service Levels

1. Essential Services
 - a) Maintain the chain-of-command and a succession plan.
 - b) Support the unity of command.
2. Non-essential Services
 - a) Formal chain-of-command communication lines may be altered.
3. Strict unity of command may be less stringent.

C. Mitigation

1. The following are phases that correlate with the World Health Organization's Pandemic Influenza Phases in table 1.

D. Phase 4

1. The SVFD will contact health authorities and gather information when a potential pandemic reaches Phase 4. This information will include:
 - a) Signs/Symptoms of the virus
 - b) Means of transmission
 - c) Incubation periods
 - d) Available vaccinations
 - e) Preventive measures
 - f) Probability of the virus spreading to our region
2. Staff will discuss the potential ramifications to the agency. Topics of discussion will include:
 - a) Supplies – On the hand, locations, and potential for re-supply
 - b) Training – Review of existing training and potential for new or reassignment

- c) Communications – A determination of the need to issue Operations/Safety Bulletin(s) or other types of communication.
- 3. Review of the Continuity of Operations Plan by Staff
 - a) Identify Pandemic Coordinator(s)
 - b) Identify the Pandemic Response team

E. Phase 5

- 1. The SVFD will issue Safety and Operations Bulletins regarding the virus and its potential spread to the region.
 - a) Safety – This bulletin will include the six items contained in Phase 4, paragraph 1 of this document (data regarding the virus)
 - b) Operations – Changes to operational procedures and protocols will be published.
 - Special sanitation and/or decontamination procedures
 - Appropriate disposal of contaminated items/waste
 - Specific instructions regarding patient care/transport
- 2. SVFD Staff will participate in county-level discussions to ensure we are kept abreast of the situation.
 - a) Progress of the virus will be tracked
 - b) Participation in county-level planning activities will continue
- 3. SVFD will consider ordering additional supplies and/or equipment to address the threat.
 - a) PPE
 - b) Patient care supplies
 - c) Sanitation supplies/equipment

F. Phase 6

- 1. The Pandemic Influenza Coordinator (PIC) and Pandemic Response Team (PRT) stand up.
 - a) The PIC conducts an initial meeting to update the PRT regarding the situation.
 - b) The PRT evaluates the level of response appropriate for the situation.
 - c) The PIC and PRT initiates the response plan
 - d) The PIC conducts daily briefings with the PRT regarding the effectiveness of mitigation efforts and any changes to the plan.

G. Continuity of Operations and Succession Plans

- 1. Each agency is encouraged to develop and maintain an up-to-date continuity of operations plan (COOP). The SVFD COOP is under development and located at:

<Q:\Department Data\Administration Shared\Continuity of Operations Plan>

- a) This plan should include a 'line of succession' document, which outlines the chain-of-command in the absence of a large number of members.
 - b) Operational and administrative leaders will strive to document and outline decision processes in case of prolonged absences (i.e., knowledge management).
2. Each agency will maintain an up-to-date succession plan. These plans may be included as part of an organization's "bylaws." The chain-of-command and organizational chart should be updated anytime a change in personnel rank (which affects the succession) occurs within the agency.

H. Preparedness

1. The administrative and operations leaders will review the currency of the succession plan.
2. Administrative members and line officers will strive to communicate the status of current projects and operational decisions in preparation for potentially prolonged absences.

I. Response

1. Each agency's chief or their designee will maintain the chain-of-command through the assignment of acting positions and delegation of responsibilities.
2. Chief Officers, company officers, and firefighters will strive to maintain effective operations. This may include reassignment of duties and responsibilities to maintain day-to-day operations.

J. Recovery

1. The continuity plan and succession plan will be updated considering any long-term effects of the pandemic outbreak.
2. Data concerning the effects of the pandemic influenza outbreak (on agency continuity) will be collected and forward to the Deputy Chief of Operations or successor.

III. Safety and Personal Protective Equipment

A. Introduction

This section identifies essential safety and personal protective practices that should be implemented in all fire and rescue stations in the event of a pandemic influenza outbreak.

B. Service Levels

1. Essential Services
 - a) Safe operations for all personnel, both inside and outside fire stations.
 - b) Maintain infection control program.
2. Non-essential Services
 - a) Inspections, station tours, and community awareness efforts.

C. Mitigation

1. Each department member will:
 - a) Be encouraged to receive annual influenza vaccination
 - b) Maintain a family disaster plan and a family supply kit (See Appendix #1: Employee Family Emergency Plan).
 - c) Review contingency plans for childcare issues if schools are closed.
2. Agency training officers should coordinate an annual review of disease prevention measures with members, which include pandemic PPE guidelines, exposure prevention, and decontamination.
3. The station officer will:
 - a) Regularly review the system's pandemic plan.
 - b) Ensure all personnel is equipped with proper infection control equipment.
 - c) Review plans for station infrastructure protection and business continuity, including station security measures and cleaning procedures.
 - d) Maintain a list of all members' emergency contact information.
4. Each Battalion Chief should:
 - a) Ensure that all members' emergency health and contact information is updated and available in the station.
 - b) Develop staffing alternatives and resource placement to account for the loss of workforce (up to 50%) and increasing volume of EMS service calls.

D. Preparedness

1. Officers will:
 - a) Strongly encourage members to be vaccinated, unless medical evidence suggests otherwise.

- b) Monitor all personnel for early signs of illness. Members may be sent home if he/she is developing these signs and symptoms. These signs and symptoms include:
 - i. Fever of greater than 100 degrees Fahrenheit (or 38 Celsius)
 - ii. Muscle aches and pains.
 - iii. Productive or non-productive cough
 - iv. Sore throat
 - v. Runny nose
2. The fire chief may:
- a) Review possible influenza exposures. If it is suspected that the member has been exposed to the pandemic influenza, isolation or quarantine of this member may be required.
 - b) Review current means to dispose of infectious waste. If other alternatives to the standard mechanism to dispose of infectious waste are needed, alternatives may be considered.

E. Response

- 1. To maintain safety and personal protection, agency members may choose to:
 - a) Avoid large gatherings inside and outside the fire station.
 - b) Cancel non-essential travel.
 - c) Strive to conduct company business by telephone, mail, or electronic transactions.
 - d) Avoid sharing personal items (pens, telephones, etc.)
 - e) Keep face pieces covered in an issued SCBA mask bag until needed on an emergency incident.
 - f) Not be permitted in fire stations or other fire-rescue locations (i.e., training center) that are non-essential.
 - g) Disinfect all SCBA components after each use.
 - h) Not conduct public education or fund-raising events.
- 2. The station officer will:
 - a) Not permit the use of humidifiers in bunkrooms. Humidified air can encourage the spread of airborne influenza.
 - b) Require personnel to clean and disinfect the station at the beginning of their duty shift. This cleaning should be documented. The cleaning should be completed with a common station disinfectant such as bleach or alcohol-based cleaners.

- c) Cleaning should include bathrooms, office areas, dayrooms, and other common areas.
- d) More frequent disinfection may be warranted of door handles, telephones, keyboards, remote controls, radio microphones.
- e) Care should be taken not to damage electrical or other sensitive equipment.
- f) Discourage "extra personnel" who are not part of staffing from lingering around the station. Only personnel staffing apparatus will be permitted to be present in the station.
- g) Will inquire with all members regarding their state of health at the beginning of their shift. Being present at the workplace despite being sick can spread infection, reduce productivity, and prolong the illness of the infected person.
- h) The station officer or on-duty member may choose to document the well-being of all personnel at the beginning of the shift (Appendix #3).
- i) If the station officer suspects a member is becoming ill, he/she will:
 - i. Notify the respective battalion chief
 - ii. Encourage the affected member to go home and recover.
 - iii. Reduce the exposure of the member to the other personnel in the station.
 - iv. Ensure that the affected member's personal belongings are secured and do not contaminate the belongings of other members, particularly bedding.
 - v. Continue to follow the department's Infection Control Program.

F. Recovery

- 1. Station officer should
 - a) Ensure all personnel is re-equipped with appropriate PPE, including personal infection control equipment.
 - b) Ensure adequate stock of disposable equipment and cleaning supplies.

IV. Staffing Considerations

A. Introduction

The section describes considerations to maintain appropriate personnel for normal emergency services coverage and expand or collapse these services as necessary.

B. Service Levels

1. Essential Services
 - a) Maintain minimum staffing.
 - b) Encourage (where applicable) teleworking for administrative functions.
2. Non-essential Services
 - a) Limitations on shift length may be suspended.

C. Alert Procedures

1. The Office of Emergency Management and the Department may choose to alert the fire and rescue system through various means.
 - a) Members may be alerted to developing pandemic events via pager, text, email, or phone.
 - b) Additional alerts may be transmitted by a commercial television and radio media, the County's website, or general announcements.
 - c) Station officers or on-duty members should consider:
 - i. Contacting their personnel, using a phone tree, with directions, and follow-up information.
 - ii. Send an email to all personnel advising them of staffing changes or assignments.

D. Preparedness

1. Begin to develop staffing contingencies as regional cases develop.
2. Recommend remote work (i.e., telework) for administrative members who can continue to function outside of the station environment.
3. All members will prepare to holdover beyond their normal shift if required. This includes being prepared for shift extension up to 48 hours (or more) uninterrupted.
4. Station officers should consider:
5. Reminding personnel to obtain a sufficient supply of prescription medication.
6. Consider alternative staffing resources

E. Response

1. Battalion Chiefs may consider staffing guidelines to limit the exposure of susceptible members.

2. Members, who become sick, may not be substituted with personnel from other crews or stations to avoid cross-contaminating members.
3. Consider implementing innovative resources to expand response.

F. Recovery

1. As the outbreak subsides, each respective department may adjust shift hours and additional personnel staffing based upon response needs.

V. Work Site and Fire Station Operations

A. Introduction

The purpose of this section is to outline station readiness and operations continuity in the case of a pandemic.

B. Service Level

1. Essential Services
 - a) Maintain effective operations of the fire station.
 - b) Promote a safe and healthy environment to maintain operations continuity.
2. Non-essential Services
 - a) The daily station schedule may be suspended.
 - b) Regular community contact may be suspended (public education events, fund-raising, etc.) to avoid contaminating members.

C. Mitigation

1. Each SVFD member should consider:
 - a) Ensuring their personal contact information is updated with their respective station officer, crew leader, or on-duty senior member.
 - b) We are being prepared to sleepover at the station with a moment's notice.
 - c) Ensuring they have a family disaster plan and a family supply kit (Appendix #1).
 - d) Review plans for childcare.
 - e) Perform 'health check' and complete a health assessment form.
 - f) Review Bloodborne Pathogens Training and Exposure Control policy.

D. Preparedness

1. Each member should consider maintaining (on their person) a current Department identification. This may be required to enter and exit quarantine or secured areas.
2. The station officer may consider:
 - a) Monitoring all personnel for early signs of illness.
 - b) Any member who has a fever of 100.4 degrees Fahrenheit (or greater) or vomiting may be excused from duty.
 - c) Any member with two or more of the following may be immediately excused from duty muscle aches and pains, non-productive cough, sore throat, runny nose, nausea, or shortness of breath.
 - d) Ensure an adequate two-week to the one-month in-station supply of:
 - e) Tissues and toilet paper.

- f) Garbage bags.
- g) Soap and water, or alcohol-based (60-95%) hand wash.

E. Response

1. SVFD members should consider:
 - a) Reducing non-essential activities that expose personnel to the public at large (i.e., physical training, inspections).
 - b) We are striving to conduct station business only by telephone, mail, or electronic transactions.
 - c) Conducting detailed disinfection of high contact objects at a minimum of 0900 hours and 2100 hours while on shift. This includes door handles, telephones, keyboards, remote controls, radio microphones. Care will be taken not to damage electrical or other sensitive equipment.
 - d) Maintain proper hand-washing and sanitizing as required.
 - e) The station officer may consider:
 - Limiting access to the fire station and public gatherings.
 - Non-essential personnel will not be permitted in the fire station.
 - All public education events may be canceled.
 - Avoid public settings (i.e., No trips to stores to cook meals in the station).
 - Inquiring with all staff regarding their state of health.
 - Sending the individual home or arrange transportation to a hospital, alternate care center, or physician.
 - We are reducing the exposure of the employee to the other members of the station.
 - Ensure that the affected member's personal belongings are secured and do not contaminate the belongings of other members, particularly bedding.
 - Notify the respective chief officer of the incident.
 - Documentation from a physician before a member may return to emergency response duties.

F. Recovery

1. As the outbreak subsides, Senior Staff will determine the appropriate time to return adopted "adjustments" of human resources policies back to pre-outbreak conditions.
2. Senior Staff and Incident Command reserve the right to return some actions to normal operations but maintain others at various levels (as required).

3. As the outbreak subsides, each fire chief (in concert with EOC) may determine the appropriate time to return to normal operations. Some actions may be able to be returned to normal operations, but others may be required to be maintained at various levels.
4. Each fire chief should conduct a detailed review of station operations during the pandemic influenza outbreak. This review will:
 - a) Evaluate the budgetary impact of the outbreak on the respective stations.
 - b) Examine the impact on staffing of the outbreak on the respective stations.
 - c) Recommend to the Fire Commissioners any members with an exemplary performance during the outbreak.
 - d) Recommend to the Fire Commissioners any suggested changes to the Pandemic Influenza Plan.

VI. EMS Operations

A. Introduction

The purpose of this section is to outline station basic EMS operations in the case of a pandemic.

B. Service Levels

1. Essential Services
 - a) Maintain EMS Operations for influenza-related and non-influenza related Emergencies.
 - b) Prioritize EMS incidents based upon severity.
2. Non-essential Services
 - a) The current transport of all patients to hospital facilities may be suspended.
 - b) Normal patient care reporting may be suspended or modified.

C. Mitigation

1. Members will familiarize themselves with the Fire and Rescue System's Pandemic and continuity plans.
2. Each fire chief (or designee) should ensure adequate EMS supplies are available.

D. Preparedness

1. All EMS operations should function within the established chain-of-command, either through normal day-to-day operations, an ICS structure, or the EOC.
2. Each fire and rescue chief should coordinate with the Office of the Medical Director (or his/her designee) to:
 - a) Coordinate with local public health authorities to disseminate a "pandemic influenza symptom set" (case definition) that helps identify potential pandemic influenza patients as soon as the information becomes available.
 - b) Monitor the EMS call volumes. In concert with the Office of the Medical Director, a determination will be made to institute (or abandon) hospital diversion plan based on this information.
 - c) Coordinate with local health and medical authorities to support local immunization programs.
3. Members should:
 - a) Providers should place patients on a non-rebreather oxygen mask.
 - b) If the patient is not experiencing any trouble breathing, a disposable surgical face mask may be used.

- c) Providers must don an N-95 mask. The current CDC guidelines recommend the use of N-95, as the standard for health care providers in close contact with a patient showing signs of flu-like illness.
 - d) At any time that airway management maneuvers are being performed, eye/nose/mouth protection should be worn, as detailed in the County's Exposure Control Plan.
 - e) As a reminder, if exposure is suspected, contact the on-duty Battalion Chief.
 - f) Notify the receiving hospital that you are transporting a patient with suspected pandemic influenza infection.
4. Following an EMS incident in which a patient complained of "flagged signs and symptoms" (fever, muscle aches and pains, non-productive cough, sore throat, runny nose, cough, poor skin turgor, and nausea and vomiting), all personnel will:
- a) Wash their hands correctly.
 - b) Decontaminate all equipment with the department provided disinfectant.
 - c) Complete documentation of a possible influenza exposure.

E. Response

1. The Office of the Medical Director may determine the need for changes to daily EMS operations. These changes will be decided and communicated from the Office of the Medical Director.
2. Additional advanced life support providers (ALS) are required.
 - a) Out-of-county ALS providers **may** be allowed temporary permission to practice advanced life support in Spokane County.
 - b) The role of medical control may be temporarily adjusted.
 - c) Routine communication with medical control regarding patients may be suspended.
 - d) "Medical control permission only" procedures may become standing orders.
 - e) Changes to the scope of practice may be required.
3. Dispatch policies for EMS incidents may also need to be changed based upon call volumes and staffing levels.
4. Advanced life support units may only be utilized for critical incidents.
5. First responder units (i.e., engine companies) may respond to basic life support incidents to determine if additional EMS resources are needed.
6. A large volume of calls may require the activation of a Resource Officer to begin prioritizing 911 calls. This process shall be done in conjunction with the SREC,

but may include, but not limited to, waiting (held) EMS "A" and "B" priority levels or low impact fire-rescue incidents such as a downed tree.

7. An alternate SVFD Vehicle (or several) may be needed to triage "worried well" or check on the welfare of citizens. All personnel will be equipped with appropriate personal protective equipment. Staffing may include an ALS provider, and/or a Firefighter/EMT.
8. Procedure for handling "DOA" patients.
 - a) Personnel will limit their contact with the patient.
 - b) Personnel will don PPE before entry into the residence of a possible DOA patient.
 - c) Changes to EMS procedures regarding out of hospital deaths will be coordinated through the SREC.

F. Recovery

1. Station officers are to ensure that all fire stations have restocked EMS supplies to pre-outbreak levels.
2. The Office of the Medical Director may conduct a detailed review of EMS operations during the pandemic influenza outbreak. This review may:
 - a) Examine the utilization of EMS throughout the outbreak to include peak EMS volume responses
 - b) Evaluate the effectiveness of any treatment and release practices that were utilized.
 - c) Evaluate the effectiveness of alternative means of EMS transportation.
 - d) Recommend any system members with an exemplary performance during the outbreak.
 - e) Recommend changes to the Pandemic Influenza Plan, specifically regarding EMS practices.

VII. Communications

A. Introduction

The purpose of this section is to outline essential communication operations in the case of a pandemic.

B. Service Levels

1. Essential Services
 - a) Maintain communications with the dispatch center.
 - b) Maintain communications with crews and regional partners.
 - c) Provide the public with essential information.
2. Non-essential services
 - a) Civilian phone lines

C. Mitigation

1. Emergency Response Operations
 - a) The Communications Trailer will be staffed and deployed should the county “Trunked System” and back-up center become inoperable.
 - b) Communications Trailer personnel will work with SRECs to coordinate dispatching procedures and deploy any necessary equipment.
 - c) Crews should re-familiarize themselves with radio programming to identify 800 MHZ, SRMA, and VHF zones and talk groups/channels.
2. Morning update with crews at the 8:30 AM Skype meeting (Issues/Feedback, etc.)
 - a) “Special Notices” regarding the pandemic
 - b) Pandemic Incident Action Plan
 - c) Pandemic Influenza Response Plan
 - d) Weekday morning information exchange with selected Staff
3. Administrative/Support Services
 - a) Weekly update
 - b) “Special Notices” regarding the pandemic
 - c) Pandemic Influenza Response Plan
 - Social Distancing protocols
 - Work from home shift plan
4. External Customers

- a) Social Media (Facebook, Web Page, Twitter)
- b) Public Information Releases
- c) County/State informational “Hot line”

D. Preparedness

- 1. Radios
 - a. Crews should familiarize themselves with radio programming to identify:
 - i. 800 MHZ
 - ii. SRMA
 - iii. VHF
 - b. Ensure at least one back up battery is available
- 2. Communications Trailer
 - a. Confirm readiness for deployment and inventory of assigned equipment.
- 3. Receive updates during shift briefings
 - a. AM Skype briefing, 0830 hours
 - b. Make contact with your Battalion Chief if you miss the AM briefing
 - c. Review Special Notices, Operations Memos, and Training Bulletins
- 4. Administration
 - a. Coordination and information updates as needed

E. Response

- 1. As the outbreak subsides, the Department Chief and the EOC may determine the appropriate time to return Communications operations to pre-outbreak conditions.
- 2. The Fire and Rescue Commission will forward any recommendations to maintain Communications operations to the Office of Emergency Management (OEM) for incorporation in an updated pandemic influenza plan.

VIII. System Member Family Support Plan

A. Introduction

Members should develop contingencies to prepare for situations that may occur at home that may significantly change the daily routine and require the member to be absent from the fire or rescue station. Members are encouraged to make plans that will provide care for family members. Fire and Rescue members are essential personnel and are integral to maintaining Spokane County's emergency response capability, even in the case of pandemic influenza. The system strives to take a pro-active approach with the preparedness of its members and the well-being of the families during these emergencies; however, the responsibility for preparation (ultimately) resides with the member.

B. Service Levels

1. Essential Services
 - a) Members maintain a secure home and family well-being.
 - b) The system assists and supports members' (and their family's) well-being.
 - c) Members may be needed to maintain emergency response capability.
 - d) Members may not be able to see family for extended periods.

C. Planning

1. The preparation of the System Member Family Support Plan should include an assessment of options to provide care for family members should situations change at home because of the impact of a pandemic outbreak. Situations to be assessed should include.
 - a) Family members who may become ill.
 - b) Care of children if schools are closed.
2. Effect of increased absence of family member as a result of increased work or other obligations for several days.
3. Impact if member's neighborhood is quarantined.
4. Available leave should a member elect to remain at home.
5. Alternative modes of transportation should public transportation systems become disrupted.
6. Consider opportunities for off-duty members to have alternative housing arrangements during a pandemic. This would prevent members from spreading the disease to family members.

D. Support Mechanisms

1. The system member's officer (or their designee) at their fire station may serve as the family's point-of-contact. The member's officer should consider:

- a) Encouraging family members to communicate and initiate informal support groups for members.
- b) Provide 24-hour contact information for family members.
- c) Encourage members to communicate with family members during a pandemic influenza outbreak regularly.
- d) Provide and coordinate support to members' families. This support may include:
 - i. Welfare checks of members' families
 - ii. Assisting with the transportation of family members of a working member to work, school, or other appointments.
 - iii. We are assisting with household chores or work details.
 - iv. We are providing regular updates of member operations during a pandemic influenza outbreak.

IX. APPENDICES

A. Appendix #1: Member Family Emergency Checklist

<p>WATER</p>	<p>ρ Store one gallon of water per person per day (two quarts for drinking, two quarts for food preparation/sanitation)* ρ Obtain a container in which to carry or store water later, such as a collapsible water container.</p>	<p>ρ Keep at least a three-day supply of water for each person in your household. ρ Maintain a supply of water purification pills or filters. ρ</p>	
<p>FOOD</p>	<p>ρ Ready-to-eat canned meats, fruits, and vegetables ρ Canned juices, milk, soup (if powdered, store extra water) ρ Staples--sugar, salt, pepper ρ High energy foods--peanut butter, jelly, crackers, granola bars, trail mix ρ Vitamins ρ Foods for infants, elderly persons or persons on special diets ρ Comfort/stress foods--cookies, hard candy, sweetened cereals, lollipops, instant coffee, tea bags</p>	<p>ρ Store at least a three-day supply of non-perishable food. ρ Select foods that require no refrigeration, preparation or cooking and little or no water. If you must heat food, pack a can of sterno. ρ Select food items that are compact and lightweight.</p>	
<p>FIRST AID KIT Assemble a first aid kit for your home and one for each</p>	<ul style="list-style-type: none"> ○ Sterile adhesive bandages assorted sizes ○ 2-inch sterile gauze pads ○ 4-inch sterile gauze pads ○ Hypoallergenic adhesive tape ○ Triangular bandages (3) ○ 2-inch sterile roller bandages (3 rolls) ○ 3-inch sterile roller bandages (3 rolls) ○ Scissors ○ Tweezers ○ Needle 	<ul style="list-style-type: none"> ○ Moistened towelettes ○ Antiseptic ○ Thermometer ○ Tongue blades (2) ○ Tube of petroleum jelly or other lubricants ○ Assorted sizes of safety pins ○ Cleansing agent/soap ○ Latex gloves (2 pair) ○ Sunscreen 	<p>Non-prescription drugs ρ Age appropriate antipyretic medication (i.e. Tylenol) ρ Anti-diarrhea medication ρ Antacid (for stomach upset) ρ Laxative ρ Activated charcoal (use if advised by the Poison Control Center) ρ Basic first aid manual</p>
<p>TOOLS AND SUPPLIES</p>	<p>ρ Mess kits, or paper cups, plates and plastic utensils* ρ Emergency preparedness manual* ρ Battery-operated radio and extra batteries* ρ Flashlight and extra batteries* ρ Cash or traveler's checks, change*</p>	<p>ρ Non-electric can opener, utility knife* ρ Fire extinguisher: small canister, ABC type ρ Tube tent ρ Pliers ρ Tape ρ Compass ρ Matches in a waterproof container ρ Aluminum foil</p>	<p>ρ Plastic storage containers Signal flare ρ Paper, pencil ρ Needles, thread ρ Medicine dropper ρ Shut-off wrench, to turn off household gas and water ρ Whistle ρ Plastic sheeting ρ Map of the area (for locating shelters)</p>

**B. Appendix #1: Member Family Emergency Checklist
(continued)**

<p>SANITATION</p>	<ul style="list-style-type: none"> ρ Toilet paper, towelettes* ρ Soap, liquid detergent* ρ Feminine supplies* ρ Personal hygiene items* ρ Plastic garbage bags, ties (for personal sanitation uses) ρ Plastic bucket with a tight lid (5 gallon drywall bucket size) ρ Disinfectant ρ Household chlorine bleach 	<p>CLOTHING & BEDDING</p>	<ul style="list-style-type: none"> ρ *Include at least one complete change of clothing and footwear per person. ρ Sturdy shoes or work boots* ρ Hat and gloves ρ Rain gear* ρ Thermal underwear ρ Blankets or sleeping bags* ρ Sunglasses
<p>SPECIAL ITEMS Remember, family members with special needs, such as infants and elderly or disabled persons.</p>			
<p>FOR BABY</p>	<ul style="list-style-type: none"> ρ Formula ρ Diapers ρ Bottles ρ Powdered milk ρ Medications (Age appropriate antipyretic medication (i.e. Tylenol)) 	<p>FOR ADULT</p>	<ul style="list-style-type: none"> ρ Heart and high blood pressure medication ρ Insulin ρ Prescription drugs ρ Denture needs ρ Contact lenses and supplies ρ Extra eyeglasses
<p>ENTERTAINMENT</p>	<ul style="list-style-type: none"> ρ Games ρ Books ρ _____ ρ _____ ρ _____ 	<p>IMPORTANT DOCUMENTS (in a waterproof container)</p>	<ul style="list-style-type: none"> ρ Will, insurance policies, contracts, deeds, stocks, and bonds ρ Passports, social security cards, immunization records ρ Bank account numbers ρ Credit card account numbers and companies ρ Inventory of valuable household goods, important telephone numbers ρ Family records (birth, marriage, death certificates)

C. Appendix #2: Biohazard Disposal Policy

Stations that need Bio-Hazard pickup or supplies should contact _____ at _____. **When leaving a message, please include your station name, physical address, return phone number and the best time to come. Any questions, contact the on-duty Battalion Chief.**

D. Appendix #3: Member Wellness Checklist

Name: _____		Division: _____	Date: _____
Page 1 of 2: Health Status Please Answer "Yes" or "No". If "Yes," Give Details.			
Do you currently have the following:		Details	
Fever of 100.4 degrees F?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Vomiting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
ANY ONE OF THE ABOVE CONSISTUTES AUTOMATIC RELIEF FROM DUTY.			
Do you currently have the following:		Details	
Muscle aches and pains?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Nonproductive cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sore throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Runny nose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Nausea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
ANY TWO OF THE ABOVE CONSISTUTES AUTOMATIC RELIEF FROM DUTY.			
Do you currently have the following:		Details	
Hives/eczema/rash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Numbness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Dizziness/Fainting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Headaches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Irritated Eyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sinusitis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Nose bleeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Wheezing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Coughed up any blood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
SOB w/out reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you cough every day, especially in the morning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Pain or tightness of chest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Page 2 of 2: Health Status			
Please Answer "Yes" or "No". If "Yes," Give Details.			
Do you currently have the following:			Details
Indigestion, pain, or unusual burning in stomach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Vomiting of blood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Bloody / tarry bowel movements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Bladder or kidney infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Burning or discomfort on urination, or frequency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Blood in urine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Any other symptoms which you have not been asked about?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____