

	Section 200 Safety & Health Program		Policy & Procedure	
	AFD Operations During an Epidemic or Pandemic Emergency		Number	200-03
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Purpose

This document establishes declaration of emergency, training, work clearance, use of Personal Protective Equipment (PPE) and patient care activities, infection control and decontamination/disinfection procedures, housekeeping procedures, off-duty instructions, and alternate worksite policy during an epidemic or a pandemic emergency.

Policy

It is policy of the Anchorage Fire Department (AFD) to maintain operational efficiency and service delivery to our external customers while minimizing risk to our internal customers and their families in the event of epidemic or pandemic emergencies.

Authorities

- Centers for Disease Control and Prevention - <https://www.cdc.gov/flu/pandemic-resources/>
- AFD P&P 200-02 Infectious Disease Prevention and Control Program

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Procedure

This P&P is an adjunct to P&P 200-02, Infectious Disease Prevention and Control Program, and SOG Contagious Disease Syndromic Events.

1.0 Definitions

- 1.1 Pathogen – A biological organism capable of causing disease in its host. The four most common types of pathogens include viruses, bacteria, fungi, and parasites.
- 1.2 Outbreak - An increase, often sudden, in the number of cases of a disease above what is normally expected in a population within a limited geographic area.
- 1.3 Epidemic – An increase, often sudden, in the number of cases of a disease above what is normally expected in a population of a larger geographic area than a localized outbreak.
- 1.4 Pandemic – Refers to an epidemic that has spread over several countries or continents, usually affecting many people.

2.0 Declaration of Epidemic or Pandemic Emergency

- 2.1 In the event of an outbreak or indications that an epidemic or pandemic may be imminent, the Fire Chief, or designee, may implement portions or all of this P&P in preparation.
- 2.2 A Declaration of Epidemic or Pandemic Emergency within the Municipality of Anchorage (MOA) will be made by the Mayor on the advice of the Anchorage Health Department (AHD). The Fire Chief will report the emergency declaration to all personnel.
 - 2.2.1 This P&P will be applied within the period of emergency until such time as the emergency is declared over pursuant to the communication path described in 2.2 of this document.

3.0 Situational Awareness and Training

- 3.1 Situational awareness and training will be specific to the pathogen(s) identified as causing the current outbreak, epidemic, or pandemic and will include, as information becomes available, the following:
 - a) Current situation reports (e.g., AHD, Alaska DHSS, CDC, WHO).
 - b) An overview of the pathogen and associated illnesses.
 - c) Risk assessment and disease transmission.
 - d) Vaccinations and treatments.
 - e) AHD prophylaxis policy and plan.
 - f) Relevant AFD P&Ps, SOGs, special guidelines, and/or protocols.

- g) Work clearance procedure.
- h) Risk reduction and infection control in operational and worksite practice.
- i) Risk reduction and infection control during off-duty time.

4.0 Work Clearance

- 4.1 At the direction of the Fire Chief, or upon declaration of an epidemic or pandemic emergency, all personnel will report to work as usual except in the following circumstances:
 - 4.1.1 Personnel who are experiencing identified signs and symptoms of infection will not report to work and will follow standard policy for calling in sick.
 - 4.1.2 All personnel will be screened by their supervisor (or peer if supervisor is unavailable) for signs and symptoms before beginning each duty period.
 - a) Any person who is symptomatic will be immediately relieved of duty and sent home.
 - 4.1.3 Personnel who are determined to be medically at high risk for complications associated with the infection will be informed of their risk and either temporarily reassigned away from patient care activities or placed on leave.
- 4.2 Personnel who have suffered from and recovered from the epidemic or pandemic illness will be considered immune and may return to work if:
 - a) They are completely free from signs and symptoms of the illness or have otherwise been medically confirmed not to be contagious.
 - b) They are otherwise fit for duty.
- 4.3 Work duty periods and practices may be altered as needed by the Fire Chief to achieve optimal operational effectiveness.
- 4.4 This section applies to all worksites within the AFD.

5.0 Operational Response

- 5.1 The AFD COOP Essential Functions Component plan should be reviewed and updated by the Fire Chief.
- 5.2 Special AFD Dispatch medical screening protocols for Criteria Based Dispatch (CBD) may be initiated by the AFD Medical Director through the Fire Chief or designee.
- 5.3 In consultation with the MOA Municipal Manager, the Fire Chief and AFD Medical Director may implement operational guidelines for AFD Dispatch-

initiated response refusals, provider-initiated refusals, and the transport of patients to alternate destinations.

6.0 Patient Care Activities

- 6.1 The use of PPE during patient care activities, and post-response decontamination and disinfection processes, will be consistent with or exceed those standards specified in P&P 200-02 Infectious Disease Prevention and Control Program, and/or as directed through special guidelines and protocols issued for the epidemic or pandemic event.
- 6.2 All patients requiring transport will be screened for signs and symptoms of the epidemic or pandemic illness.
 - 6.2.1 If a patient has signs or symptoms of the epidemic or pandemic illness, the receiving medical facility will be notified prior to arrival to prepare resources and/or special isolation procedure or room.
- 6.3 The following procedures will be followed during patient transport:
 - 6.3.1 Any opening between the cab and patient care compartment will be sealed off.
 - 6.3.2 The ventilation exhaust fan in the patient care compartment will be kept on at the maximum level.
- 6.4 Decontamination of personnel, apparatus, and equipment will follow policy, guidelines, and special directives, with an approved disinfectant, and will be performed following each EMS response that results in a patient encounter with a person suffering from, or potentially suffering from, an epidemic or pandemic illness. The following areas/items of ambulances require special attention for disinfection:
 - 6.4.1 The following areas/items of ambulances require special attention to for disinfection:
 - a) Door handles and cabinet latches.
 - b) Steering wheel, gear shift lever, and any other control surfaces potentially contacted during the response.
 - c) Radios, remote microphones, headsets, computer keyboards and touch screens, and mobile cellular devices.
 - d) Exposed interior surface areas of the patient care compartment.
 - e) Exposed surfaces of the cot.
 - f) Any kits, biomedical monitors, or other equipment used during the response.
 - 6.4.2 Non-patient transport apparatus or staff vehicles where the operator and occupants have been exposed, or potentially

exposed, to an infected patient will have the following areas/items disinfected:

- a) Door handles and cabinet latches.
 - b) Steering wheel, gear shift lever, and any other control surfaces contacted during the response.
 - c) Radios, remote microphones, headsets, computer keyboards and touch screens, and mobile cellular devices.
 - d) Any kits, biomedical monitors, or other equipment used during the response.
- 6.5 Disinfection of the frequently touched surfaces such as the computer keyboard, mouse, and printer surfaces located in the medic report rooms at the hospitals will be completed after each use.
- 6.6 Particular awareness will be maintained in recognizing and mitigating actions that may result in cross-contamination of any surfaces.
- 6.7 All waste generated during patient care, decontamination, and disinfection processes will be disposed of in designated biohazard containers.

7.0 Housekeeping Procedures

- 7.1 Employees should utilize proper hand hygiene practices and clean their hands regularly with soap and water for at least 20 seconds.
- 7.1.1 Alcohol-Based Hand Sanitizers (ABHS) that contains at least 60-95% isopropyl alcohol may be used at workstations when soap and water is not readily available.
- 7.2 Coughing and sneezing etiquette should be used by all employees. Cover mouth and nose with tissue when coughing or sneezing, or if not available, cough or sneeze into the upper sleeve and not into the hand. Used tissues will be placed in a waste receptacle.
- 7.2.1 Maintain at least 6 feet distance from people who are coughing or sneezing.
- 7.3 Avoid touching eyes, nose, and mouth, especially after touching known or potentially contaminated objects. Avoid touching objects after contaminating hands.
- 7.4 Commonly used surfaces will be disinfected daily or before each use at all AFD worksites with an approved disinfectant wipes or sprays.
- 7.4.1 Medical gloves should be utilized when disinfecting with attention made to avoiding splashing or aerosolizing the disinfectant on the surface if using sprays.
- 7.4.2 The disinfectant(s) application directions should be followed closely to ensure elimination of the pathogen(s).

7.4.3 Examples of commonly used surfaces include:

- a) All door latches, doorknobs, handles, and panic bars.
- b) All desks or other workstations.
- c) Faucets, toilet handles, toilet seats.
- d) Paper towel dispensers.
- e) Soap and lotion dispenser levers.
- f) Computer keyboard and mouse.
- g) Light switches.
- h) Any drink and/or snack dispensing machine controls and coin/bill slots.
- i) Telephones.
- j) Television and other remote controls.
- k) Fixed and portable radios and microphones.

7.5 No employee may access a refrigerator or freezer unit without thorough hand sanitizing.

7.5.1 Special attention is necessary prior to retrieving ice from ice makers. Most pathogens do not survive hot temperatures but may have extended life when exposed to cold temperatures.

7.6 A minimum of 6 feet of separation will be maintained between any beds or other sleeping furniture in the event additional staff is assigned to stations in sleeping areas, or at a minimum a physical barrier such as lockers will be used where feasible.

7.7 Dishwashing will be done on the hot "Pot Scrubber" or similar cycle and special attention will be given to hand-wash items such as wooden utensils and knife handles.

7.8 The sharing of communal "finger-food" food sources will be discontinued.

7.9 Social distancing will be practiced by cancellation of all non-operational group activities.

7.10 All meetings and work groups should be cancelled or conducted electronically via teleconference or computer videoconferencing.

8.0 Behavioral Health and Wellness During Epidemics and Pandemics

8.1 It is human nature and is normal to feel scared, confused, sad, angry and/or stressed during extreme events such as epidemics and pandemics.

8.2 Maintain a healthy lifestyle including proper diet, sleep, exercise and social contact by email or phone. Talk with trusted coworkers, family, and friends.

- 8.3 Do not use alcohol, tobacco, or other drugs, including the misuse of prescribed medications, to deal with emotions.
- 8.4 Get the facts and utilize credible sources of information such as local, state, and federal public health agencies. Gather information that assists in the accurate determination of the risks and provides reasonable directives and advice.
- 8.5 Limit unnecessary worry and agitation by lessening exposure to social media and news coverage that is upsetting or inaccurate.
- 8.6 Utilize personal skills used in the past that helped manage life's adversities and use those skills to help manage emotions (e.g., meditation or other grounding techniques).
- 8.7 Family members, especially children, respond to stress differently than public safety professionals. Extra time and attention will be needed for families.
- 8.8 If overwhelmed, contact an AFD Peer Support Team member for assistance in resource navigation, or just to talk. Other options include but are not limited to utilizing the MOA's Employee Assistance Program (EAP) provider, a medical professional, counselor, or chaplain.

9.0 Off-duty Instruction

- 9.1 Vaccination and pharmaceutical prophylaxis or treatment for personnel and/or their family members will be at the advisement of the AHD Medical Officer.
- 9.2 Personnel will be advised of the benefits provided by social distancing and strongly encouraged to avoid group events and congregations of people for both themselves and their family members.
- 9.3 Personnel will be given informational guidelines and encouraged to instruct their family members in the following topics:
 - a) Importance of frequent and proper hand washing technique.
 - b) Proper coughing and sneezing etiquette and immediate disposal of used tissues.
 - c) Concept and practice of social distancing.
 - d) Home disinfection practices.
 - e) Use ABHS for hand cleansing when in public and not able to immediately wash hands.

10.0 AFD Alternate Worksite Policy

- 10.1 The MOA has a robust internal IT network that may be accessed by Virtual Private Network (VPN) at remote locations. In addition, the AFD

utilizes the AT&T FirstNet broadband cellular network that supports many administrative and operational functions.

- 10.2 In the event an epidemic or pandemic event degrades infrastructure and public services are reduced or closed, or to prevent the spread of disease, it may be necessary for the continuity of operations that alternate worksites be utilized by AFD staff.

10.2.1 The Fire Chief, or designee, will determine if alternate worksites are appropriate for non-operations staff to complete daily work assignments.

10.2.2 The Fire Chief, or designee, will notify supervisors to identify staff for alternate worksites, and additional mobile computing resources with a minimum of wireless connectivity and VPN access will be issued by AFD Data Systems as necessary and if available.

10.2.3 Working from an alternate worksite is a privilege and must be used appropriately by staff.

- 10.3 AFD Alternate Worksite Policy

10.3.1 Once initiated, designated staff may work from an alternate location with prior verbal or written approval from their direct supervisor.

- a) Supervisors are responsible for ensuring staff receive this message.
- b) If possible, staff will be notified ahead of time to take paper-based projects and reference materials home with them.
- c) If possible, staff should save all work on their desktop computers to the applicable network drive(s) so they are accessible via VPN.

10.3.2 Expectations

- a) When working from an alternate location, staff are expected to maintain standard work and lunch break hours.
- b) Deviations from the normal work hours should be reported directly to the supervisor so the appropriate leave codes can be entered into the employee's schedule.
- c) Alternate work schedules must be approved ahead of time by the supervisor and within MOA and CBA work rules.
- d) Work performance will be assigned by the employee's supervisor through the normal means of electronic communication (e.g., email, text, or cellular call).
- e) Work performance will be monitored and evaluated by the supervisor for both quality and quantity in the same way that onsite work is reviewed.

- f) Supervisors are encouraged to conduct daily conference calls, either telephonically or via computer videoconferencing, for status updates and information exchange.