



PURPOSE

The purpose of this plan is to provide the Russellville Fire Department with a framework for health care preparedness planning and continued operation during a pandemic. The information and tools in this plan are adapted for the needs of the Russellville Fire Department. Staff, patients and community and will take into account the specific roles of each staff member of the Russellville Fire Department during a pandemic, to include:

1. specific role in providing triage and prehospital care
2. coordination with on-going local, regional and state planning efforts

The Executive Staff has the responsibility to be aware of the aspects of the plan that pertain to their unit and to implement this plan during a pandemic situation. The Health and Safety Officer (HSO) has the responsibility to review this plan on an annual and/or as needed basis.

POLICY

This plan will address all aspects of health care and surge capacity as they apply to each pandemic planning phase while:

1. maintaining, to the extent possible, the provision of health care services to meet the needs of City of Russellville citizens during a pandemic.
2. maximizing the Russellville Fire Department's ability to respond to patients' health care needs (and surge care demands) resulting from a pandemic.

Situation

1. A pandemic has the potential to cause widespread illness and death. Planning and preparedness before the next pandemic strikes are critical for an effective response.
2. The increased demand for health care services during a pandemic will challenge existing health care services in Russellville to a level not previously experienced. A pandemic will require a sustained health response for months or years. Planning for this kind of sustained response presents a unique challenge to hospitals and other health care providers and will require collaboration and integration among all healthcare partners.
3. The Russellville Fire Department will incorporate the pandemic influenza plan as an appendix to its existing all-hazard plans. This should include protocols/procedures to manage the large numbers of patients seeking care, with considerations for telephone triage, etc. All components of a pandemic plan need to be consistent with local, state and federal plans.

Assumptions

Planning assumptions include:

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1. A pandemic will cause simultaneous outbreaks in communities across Arkansas and the United States.
2. There will be an overwhelming number of ill persons requiring hospitalization and/or prehospital medical care.
3. The Arkansas Department of Health will activate its risk communication strategies and disseminate public health advisories and alerts based on information received from the CDC and other credible sources.
4. The ability of the federal government to support Arkansas will be limited at the onset of a pandemic and may continue to be limited for an extended period.
5. Health care providers, including the Russellville Fire Department, must be prepared to manage the surge of pandemic patients presenting for care.
 - a. The clinical disease attack rate is estimated to be 25 to 35 percent of the population
 - b. About 50 percent of ill persons will seek outpatient/prehospital medical care.
 - c. Health care providers will experience staffing shortages throughout the pandemic and into the recovery periods.
6. Effective outpatient/prehospital management may reduce the demand for inpatient care. Home-based treatment provided by families, and supported by primary care practitioners, home health agencies, and other professionals, will be essential during a pandemic.
7. As is true of most infectious diseases, a pandemic is likely to disproportionately affect vulnerable populations, such as the poor, those with low literacy levels, the uninsured, ethnic and racial minorities, and those with disabilities. Attempts to meet the special needs of these populations should be addressed in planning.
8. There will be shortages and delays in the availability of vaccine and antiviral medications
9. Pandemic planning will be integrated into other preparedness activities.
10. Up to 30 percent of the workforce will be too sick to come to work at some point during the pandemic. Rates of absenteeism may be driven to 40 percent during the peak weeks of a community outbreak. This could continue well into the post pandemic (recovery) period. Therefore, planning for continuity of operations is an essential component of pandemic influenza preparedness
11. Supplies, equipment and pharmaceuticals will be in short supply during a pandemic
12. Traditional standards of care may need to be altered to maximize health care resources and benefits

These assumptions were based on available information about past pandemics, especially the severe 1918 pandemic. It is important to recognize that we cannot predict many aspects of a pandemic and any plan must include the flexibility to adjust to the characteristics of an actual pandemic.

Concept of Operations

1. Command and Control

Existing command and control structures should be applied to the pandemic plan.

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- a. Identify operational priorities
- b. Identify key leadership positions and all essential functions
- c. Identify personnel 3-deep for all of these positions
- d. Develop training programs for all of these positions/individuals

2. Pandemic Phases

Interpandemic Period – No new subtypes have been detected in humans, but a novel subtype that could cause human infection may be present and circulating in animals.

Pandemic Alert Period – Human infection(s) with a new subtype of virus with no or very limited human-to-human transmission has occurred.

Pandemic Period – Increased and sustained transmission in the general population of a new subtype somewhere in the world

Between Waves- Recovering period

Postpandemic Period – Return to the Interpandemic Period

3. Elements of the Pandemic Plan

- a. Decision making and coordination
 1. Key to any plan is the establishment of a Pandemic Planning Committee and identification of a Pandemic Coordinator
 2. All staff/alert rosters should identify personnel to fill positions

4. Communications

- a. External Communications
 1. State and local public health agencies – local health departments and Local Information Network Communications.
 2. Key stakeholders, County/Local Office of Emergency Management, health care facilities – hospitals
- b. Internal Communications
 1. Russellville Fire Department management
 2. Russellville Fire Department staff
 3. Mayor's Office
 4. Russellville Police Department

5. Patient triage

- a. Develop criteria for identifying patients who need to be seen during a pandemic versus those who do not
- b. Develop methodology and system for phone triage of patients (home care versus outpatient visit versus referral to hospital emergency department)

6. Clinical evaluation/treatment of patients

- a. Decide on Transport or Non-Transport.

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1. Once Pandemic is established, the criterion is based on the provider's clinical assessment and availability of beds and personnel at hospital. At this point, unstable patients should be considered a high priority for admission, as well as those patients with high-risk comorbid conditions.
2. Patients treated at home should be instructed to separate themselves from others and be taught hand hygiene and droplet precautions. They should be instructed not to leave home as well to prevent further transmission to others.

7. Human resources for patient care.
 - a. Identify categories and minimum number of personnel needed to provide care
 - b. Maintaining staffing in the face of anticipated workforce shortages
 1. Use of staff not usually involved in patient care activities
 2. Reassignment of staff
 3. Use of neighboring departments
 4. Use of community volunteers
 - c. Assignment of staff based on comorbid illnesses
 - d. Time-off policies
 - e. Issues of staff absenteeism
 - f. Development of policies for screening employees for symptoms of influenza-like illness prior to reporting for duty and when returning to work after illness
 - g. Prioritization and distribution of available antivirals and vaccines utilizing available protocols
 - h. Personal/Family Preparedness Plans for staff
 - i. Identification of mental health resources to provide counseling to personnel

8. Physical resources for patient care
 - a. Implement infection control precautions
 1. Institute Respiratory Hygiene/Cough Etiquette throughout the department.
 2. Droplet Precautions and contact isolation for those possibly infected patients should be initiated.
 3. Healthcare workers should wear N-95 masks, gloves, and gowns while assessing and treating suspected cases.
 4. Rapid identification and triage is key to preventing spread to unaffected individuals.
 5. Separate individuals with flu-like illness from those presenting with non-flu symptoms/ diagnoses.

9. Availability of equipment and supplies
 - a. Plans for dealing with supply shortages (primary and contingency)
 - b. Procedures for requesting supplies
 - c. Sharing/obtaining limited resources with other local and regional facilities/groups

10. Availability and use of antivirals and vaccine
 - a. Identifying contact(s) for requesting/receiving vaccine and antiviral prophylaxis

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- b. Plans in place for rapid distribution of vaccine and antivirals to staff as appropriate

11. Education and training:

- a. Identification of language and reading-level appropriate pandemic education materials utilizing government recommended sources
- b. Education and training of staff
- c. Pandemic Preparedness Plan/Pandemic Plan
- d. Cross-training to maintain essential services
- e. Exercising all areas of plan
- f. Development and implementation of just-in-time training plan

12. Facility access

- a. Security personnel
- b. Limit points of access/egress
- c. Criteria and protocols
 - 1. Limiting patient access
 - 2. Limiting access/egress to the facility
 - 3. Screening staff prior to building entry
 - 4. Securing the facility
 - 5. Crowd control

13. Infection Control

- a. Use of surgical masks and N-95 particulate respirators, eye protection
- b. Respiratory hygiene/cough etiquette
- c. Cleaning, disinfection and sterilization
- d. Availability of alcohol-based gels, tissues and waste receptacles at the facility
- e. Increased environmental cleaning

Health Care Response During Specific Pandemic Periods

1. Interpandemic Period:

- a. Estimate the impact of a pandemic on Russellville Fire Department services
- b. Ensure pandemic plan and protocols are in place
- c. Review internal emergency management and disaster mental health plans
- d. Disaster and Terrorism Branch and local/state (Office of Emergency Management)
- e. Establish contact and plan with state and local public health agencies
- f. Update and/or inventory pharmaceutical supplies and sources of pharmaceutical resources and ensure that suppliers have adequate business continuity plans
- g. Update and/or inventory medical supplies and sources of medical supplies and ensure that suppliers have adequate business continuity plans
- h. Establish/maintain inventory of personal protective equipment (PPE)
- i. Develop and maintain contact lists of Russellville Fire Department personnel
- j. Conduct education/training for staff on the Pandemic Plan, Personal Pandemic Plan, Infection control, respiratory etiquette and hand hygiene
- k. Conduct surveillance for infectious disease

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2. Pandemic Alert Period:
 - a. Continue activities of the Interpandemic Period
 - b. Review and update Russellville Fire Department Pandemic Plan
 - c. Review, revise as needed, and activate guidelines for prevention and control
 - d. Maintain contact/continue planning with state and local public health agencies
 - e. Conduct surveillance and testing for infectious disease per guidance
 - f. Provide “refresher” training to staff
 - g. Cross-train staff as appropriate
 - h. Begin education of patients (ensure uniformity of message with to include:
 1. Pandemic information
 2. Prevention activities (i.e. hand washing, social distancing, etc.)
 3. Home care of those ill with affected disease
3. Pandemic Period:
 - a. Continue activities of the Pandemic Alert Period
 - b. Activate Pandemic Plan
 - c. Keep up-to-date on the latest recommendations from governmental public health authorities
 - d. Implement a plan for early detection, reporting and treatment of personnel (staff)
 - e. Implement plan to vaccinate and provide antiviral agents to staff per if available
 - f. Reinforce infection control procedures to prevent spread/utilize appropriate PPE
 - g. Maintain close contact with state and local public health agencies
 - h. Post signs for respiratory hygiene/cough etiquette
 - i. Maintain high index of suspicion with patients presenting influenza-like illness
 - j. Consider co-morbid conditions when developing staffing assignments
 - k. Consider assigning staff recovering from disease to care for patients
 - l. Follow guidelines for when sick staff are allowed to return to work
 - m. Increase environmental cleaning efforts
4. Between Waves:
 - a. Scale back pandemic response activities returning to Pandemic Alert Period
 - b. Initiate recovery operations including stress management and crisis counseling
 - c. Summarize and analyze the pandemic response and lessons learned
 - d. Review and revise the Pandemic Plan based on evaluation
 - e. Rebuild/reinstate essential services
 - f. Prepare for the next wave
5. Post-pandemic Period:
 - a. Scale back activities as appropriate returning to Interpandemic Period activities
 - b. Initiate recovery operations including stress management and crisis counseling
 - c. Summarize and analyze the pandemic response and lessons learned
 - d. Review and revise the Pandemic Plan based on outcome measurements and performance results of current plan
 - e. Rebuild/reinstate services

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Responsibilities:

1. Identify/list Interpandemic roles/responsibilities for all staff members.
2. Identify/list Pandemic Alert Period roles/responsibilities for all staff members.
3. Identify/list Pandemic Period roles/responsibilities for all staff members.
4. Identify/list roles/responsibilities for all staff members between waves.
5. Identify/list Post Pandemic Period roles/responsibilities for all staff members.

Plan Maintenance:

1. Any Russellville Fire Department Pandemic Preparedness and Response Plan is a dynamic document and should be updated periodically to reflect new developments in understanding of a novel virus with potential to cause a pandemic, its transmission, prevention, and treatment.
2. The plan should be exercised to identify operating challenges and promote effective implementation. Plan updates should incorporate changes in response roles and improvements in response capability developed through ongoing planning efforts and exercises.

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