

Habersham E911
Pandemic Preparedness Plan
March 13, 2020

Habersham County E911 Pandemic Preparedness Plan

Prologue:

Coronavirus 19 threatens to evolve into a human flu that has the potential to reach pandemic.

Calling 911 is the first step and often is the only step to seek help in any emergency be it a national crisis or someone seeking help for an individual problem. Loss of 911 services for any reason would be a crisis in itself. Loss of 911 services in the time of a national crisis would be a monumental disaster.

Objective:

Insure the health and stability of Habersham County E-911 PSAP and the 911 infrastructure prior to, during and after a pandemic.

Goals:

That all Habersham County E911 PSAP is staffed and operational throughout a pandemic period.

That information given out by E911 call-takers is accurate and appropriate.

Procedures:

The World Health Organization (WHO) has established phases of alert for pandemic flu. This Pandemic Plan for Habersham County E-911 PSAP will follow the phases as outlined in this chart by WHO. This plan has specific recommendations for each phase.

Habersham County E-911 PSAP will plan to make use of technologies in communications with the goal to use these technologies to allow PSAP to communicate with each other, and remotely answer and dispatch 911 calls for each other as the second phase of the Pandemic preparedness planning effort.

Many of the elements of this plan are applicable to all hazards planning and should not be considered in isolation. Others such as the use of a family advocate can be of value in adding flexibility to daily operations.

Timeline for Pandemic preparedness

Task

Management of Habersham County E911 PSAP should meet with personnel from the State E911 Office to fully understand this plan and to understand the seriousness of a pandemic to their operations.

Prepare a list of all suppliers of services or material to the PSAP and of Alternate sources if available with contact information for each.

All E911 employees need to be trained with emphases on:

- Risk, to the employee and family during a pandemic.
- Best hygienic practices within the workplace and home.
- Expectations from each employee during a pandemic.

Procure all supplies needed in the PSAP as outlined in the plan. (antiseptic wipes and solutions, gloves, masks, individual Keyboards/mice, back-up food, water and other supplies.)

Purchase good quality digital thermometer(s) with disposable probes.

Make list with contact information of retired or past employees who could return to work as situations warrant.

Begin cross training of clerks or other non-call-taker personnel to work as call takers.

Track the alert level as published by the World Health Organization or modified by the governor, or local health officer.

Phase Levels and Strategic Actions

Phase III

WHO definition: Transmission

Human infection
(Transmission in close contacts only)

Objective for PSAP

Reduce current sickness related absentee levels

Recognize importance of call-takers to County Government

Prepare for pandemic

Strategic actions

Institute wiping of all surfaces in the PSAP with each shift change using recommended disinfectants appropriate for flu viruses.

Declare by county or local jurisdiction, a proclamation that 911 employees are mission critical.

Allow and make available measures such as oseltamivir, masks and gloves to call-takers and their families as appropriate.

Start education of 911 employees, regarding the value of the call takers and dispatchers to the system, risks to the employee and their family, and best hygienic practices for the PSAP and home.

Obtain protocols from State and local EMD, DOH, local health departments and others so that callers to 911 can be given accurate information for certain specified questions.

Encourage all employees to have six weeks to three-month supply of food, medicines and water in their homes.

Establish working relationships with Local Departments of Health, Habersham County Emergency Services and other organizations for sharing of data, procedures and protocols.

Cross train clerks or other non-call-taker personnel to work as call-takers.

Phase IV

WHO Definition: Transmission

Limited human to human spread;
Small clusters
25 cases lasting
2 weeks

Objectives for PSAP

Contain the virus or delay its spread

Strategic actions

Continue Phase III practices

Continue gathering information and protocols from various agencies such as DPH as situations change.

Continue training of employees on best home hygiene practices.

Be alert for rapid transition to Phase IV

Begin planning for and use of mental health professionals to support PSAP personnel.

Phase V

WHO definition: Transmission

Localized human to human spread;

Large clusters
25-50 cases over
2-4 weeks

Objectives

Maximum efforts to contain or delay the spread

Strategic actions

Continue Phase III and IV actions

Social distancing

Encourage PSAP personnel to limit contact with others outside of the PSAP
(other than family)

Essential personnel in the PSAP only!

Lock out of all non-essential personnel to the PSAP.

Prohibit contact with outside personnel during scheduled work day.

Discourage contact with others outside the workplace.

Family support

Use of call-taker advocate

Be prepared for closure of all county non-essential services
(on order of County Public Health Officer, Sheriff or Governor.)

Stockpiling of final supplies needed and not purchased.

Note: It is assumed in Phase II or III, that local Public Health Officers or the Governor of the State of Washington will take actions that will possibly close schools, limit gatherings and curb certain forms of transportation. Quite possibly, the procedures outlined in this plan at that time will have the weight of the law.

Phase VI

WHO definition: Transmission

Widespread in general population

Objectives

Keep the PSAP open and functioning

Know that information coming into the PSAP is accurate

Strategic actions

Continue with Phase III, IV and V actions

Maximize shift lengths for call-takers and dispatchers.

Consider on premises housing if possible.

Maintain communication with EMD, State and Local,

Maintain communication with local health providers, 1st responders and area hospitals

Evaluate impacts of the Pandemic on PSAP, dispatched agencies, and the community for long term ramifications to the PSAP and begin recovery planning.

Strategic Planning outside the PSAP Prior to an event

- I. Consider, and evaluate the possibility of using IP technology to remotely run a PSAP from another location.

PSAP should have the ability to shift all communication operations to another PSAP.

- II. Consider building a mobile PSAP that can locate near an affected PSAP and assist with or take over 911 functions.

- III. Make it abundantly clear at every opportunity that the PSAP and its operations are uniquely critical to the continuation of government services.

WORLD HEALTH ORGANIZATION

Influenza Pandemic – Phases and Strategic Actions

	Phases	Transmission	Objectives	Strategic actions
Inter-pandemic period (planning and preparedness)	1	Influenza virus subtype in animals only (risk to humans low)	Strengthen pandemic preparedness at all levels	<ul style="list-style-type: none"> • Prepare Pandemic Preparedness Plan • Establish surveillance in animal • Establish human influenza surveillance • Establish collaboration between human and animal sectors
	2	Influenza virus subtype in animals only (risk to humans substantial)	Minimize the risk of transmission to humans; Detect and report rapidly, if it occurs	<ul style="list-style-type: none"> • Enhance animal surveillance and aggressive response to animal outbreaks • Strengthen human surveillance • Stockpile antiviral, PPE etc • Strengthen collaboration between different sectors and WHO/OIE/FAO • Develop and implement risk communication strategy • Prepare health and essential service contingency plan
Pandemic Alert (emergency and pre-emptive response)	3	Human infection (transmission in close contacts only)	Ensure rapid characterization of new virus Detect, notify and respond to additional cases	<ul style="list-style-type: none"> • Enhance animal surveillance and aggressive animal outbreak containment • Enhance human surveillance and aggressive outbreak management • Early strategic use of antivirals • Social distancing • Implement risk communication strategy • Issue alert for quick implementation of health and essential service contingency plan
	4	Limited human-to-human spread; small clusters <25 cases lasting <2 weeks	Contain the virus or delay its spread	
	5	Localized human to human spread; Larger clusters 25-50 cases over 2-4 weeks	Maximum efforts to contain or delay the spread	
Pandemic (minimizing impact)	6	Widespread in general population	Minimize the impact of the pandemic	<ul style="list-style-type: none"> • Implement health and essential services contingency plan • Risk communication; • Treat cases and contacts with antivirals, if available, • Social distancing: close schools, ban gatherings

Appendix

Surface Wipe-Down Policy:

Overview:

Viruses are known to survive on non-porous surfaces such as steel and plastic, for up to 24 to 48 hours after inoculation and from cloth, paper, and tissues for up to 8 to 12 hours. Viable virus can be transferred from non-porous surfaces to hands for 24 hours and from tissues to hands for 15 minutes.

Frequency:

Surfaces to be disinfected should be cleaned with each shift change, or at all staff changes for shared work stations. Janitorial visits should be at least every 24 hours.

Procedure:

Listed surfaces should be cleaned with an appropriate disinfectant by the person starting the shift. The person cleaning should consider wearing gloves and N95 mask during cleaning procedures.

List of surfaces to disinfect:

The following is only a suggestion of the items needing disinfected within a PSAP. Additional surfaces may be added to this list.

Door knobs, telephone handsets, touch pads, keyboards, mice, control knobs, all work surfaces, chair arms, seats, and adjustment handles, any object that is touched or potentially coughed on in and around the PSAP.

Consider:

Use of personal keyboard and mouse to be stored in call takers/dispatchers private and clean space.

Make available disinfectant hand cleaner at all work stations, break rooms and common areas.

Disinfectants:

Household disinfectants labeled for activity against bacteria and viruses

EPA-registered hospital disinfectants

Mix and use 1/4 cup chlorine bleach with 1 gallon of cool water. Leave wet for 10 minutes and rinse.

Hand Washing Technique

Proper hand washing is probably the single most effective barrier to infection. Hands must be thoroughly and properly washed at the beginning and end of each shift.

Remove all debris from hands and arms.

Rinse hands under cool running water and apply antimicrobial soap, lather well.

There is a 15 second minimum washing time for hands and fingers.

Work soap around fingers and nails. Do not use a scrub brush because it may cause abrasions.

Rinse thoroughly with cool running water (hot water opens pores and dilates capillaries).

Dry hands with paper towels and use the towel to turn off the faucet.

Cover cuts and abrasions with Band-Aids or finger cot until fully healed.

If hands are not visibly soiled or sticky, they may be sanitized with an alcohol based hand rub.

Restricted Entry into PSPA Policy

Objective:

To see that the PSAP remain as virus free as possible

Rational:

Limiting entrance to non-essential personnel will limit exposure to essential personnel within the PSAP.

Procedure:

Prior to entry the person seeking entrance:

Will have their oral temperature taken and must be 99 degrees F or lower,

Oral electronic thermometers should be available for self-use outside the entry to the PSAP

Employees will be trained on their use

Additionally, persons seeking entrance must answer the following questions with a negative:

Have you had a fever since your last shift?

Does anyone in your household have a fever?

Do you now feel sick in any way?

If in doubt, personnel should be denied entrance.

Those seeking entrance should be directed to a hand-washing station prior to being admitted.

Questions and or disputes regarding entry should be directed to the County Public Health MD or their designee.

Triage Policy

The use of the triage person will depend on the extent of the crisis measured by available hospital beds, availability of EMS and other factors limiting normal resources.

Triage support:

Use trained Triage Officer to work between dispatch and the call-taker.

Triage Personnel:

MD, RN or Paramedic, who is familiar with local protocols
Must have current information on status of disease outbreak
Must have knowledge of status of area hospitals and clinics, and emergency overflow areas

Objective:

When patient surge presents an overload to the entire system, call takers could be faced with telling callers that limited resources might prevent response from medical units or receiving facilities. This Triage Officer, with appropriate medical training should be used, via telephone, to determine the most appropriate course of action.

An example would be:

911 Caller: "My friend is sick, has a fever and cough and is short of breath."

Call-taker: gathers all appropriate information per usual protocol and tells caller: "Thank you. It is necessary, due to the current emergency that a trained medical person (MD, nurse, paramedic) will call you with specific instructions. They will call you back within a few minutes.

Call taker calls the triage person and relays all the information.

Triage Officer calls the original caller and determines the best action and if needed calls back to the PSAP to request transportation by EMS.

The Triage Officer will have to know available bed space, availability of EMS and a sense of appropriateness for sending patients or asking them to stay home with instructions.

Clarification on use of masks by health care workers in pandemic settings:

The World Health Organization (WHO) has issued a clarification on its previously published recommendations related to the use of masks within health-care setting by health-care workers exposed to persons considered infected by pandemic influenza. The previously published language is contained on page 42 (under "Face Masks") and on page 46 (in foot note "b") of the document entitled *"WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics"* which was published in March 2005. WHO recommends that health-care workers who will be within 3 feet (1 meter) of infected patients use medical masks (e.g., surgical or procedure) when caring for patients either with, or suspected to have, pandemic influenza. For simplicity, health-care facilities may also recommend that health-care workers use such masks whenever entering a room containing a patient diagnosed with pandemic influenza. The use of particulate respirators at 95% efficiency (e.g., N95 or comparable respirators) by health-care workers should be considered when a patient is undergoing a procedure in which the likelihood of the generation of aerosolized particles is considered to be particularly high, for example during endotracheal intubation, suctioning, or aerosolized nebulizer treatments. WHO acknowledges that resource limitations may set hurdles for universal application of this latter recommendation. However, if resources allow and such respirators are available, they should be used by health-care workers during aerosol-producing procedures in pandemic influenza settings. If the health-care worker is attending an individual patient who is in isolation, the mask or respirator should be discarded after leaving the room. If the health-care worker is attending multiple patients in the same room, the same mask or respirator may be used until the health-care worker leaves the room. The mask should be discarded after leaving the room. Importantly, regardless of whether a patient is in a single room or is with several patients, the health-care worker should disinfect the hands with an alcohol-based preparation or should wash the hands with soap and water immediately after each encounter with a patient and before seeing another patient. Hand hygiene also should be performed immediately after discarding a used mask or respirator. During an influenza pandemic, health-care workers will be at elevated risk of exposure to an infection by pandemic influenza viruses. In a pandemic situation, some patients may have a laboratory confirmed diagnosis but the majority of patients may be diagnosed by clinical criteria. These recommendations should be applied on both situations.

PSAP Flu Season Operational Directive

HABERSHAM COUNTY E-911

MEMORANDUM

DATE:

TO:

FROM:

Re: Flu Season operational changes

As you are aware, the World Health Organization predicts that a strain of flu will reach a pandemic level in the near future, possibly this flu season. While that threat has not presented itself in our community, the normal flu season is fast approaching. None of us like getting the flu, and our pandemic planning has demonstrated that through the use of proven methods of prevention, we can significantly reduce our chances of catching and passing on the flu to others. With your help, we are implementing the following preventative measures to protect you and the balance of our workforce.

The following guidelines shall be used beginning immediately:

- Health Department approved sanitizing and influenza prevention products will be provided by our department within our workplace to assist in efforts to prevent or at least minimize the spread of influenza.
- All employees are asked to actively utilize common sense influenza prevention techniques that include: covering your mouth with the upper part of your sleeve, not your hand, when coughing or sneezing to prevent the spread of droplets/germs to other surfaces that can be touched by others or breathed in by others; and utilizing proper hand washing techniques as posted in lavatories.
- Prior to entering the Communications Center, use the sanitizing gel from the container outside of the Communications Center door to eliminate germs that may have been contacted outside of the Center
- Every employee is strongly encouraged to obtain a current flu vaccination. While flu vaccinations are derived from the World Health Organization's best guess on what will affect a region, it is our best hedge against this year's strain from negatively affecting us. Health officials note that a normal vaccination has no live virus in it, so you can't catch the flu from a vaccination. However, if you receive your vaccination from a nose dose, it does have some live virus and it is possible, though not probable, to be able to contract the flu from that form of inoculation.

- All employees are to wipe down all console surfaces including key-boards/pads and mouse controls prior to a relief taking over your workstation with the provided sanitizing wipes.
- At shift change commonly touched public surfaces such as door handles, handrails, elevator buttons, etc. will be wiped down with sanitizing wipes.
- We encourage each of you to practice "social distancing" which is simply maintaining a distance of 3 feet or more from others. This is typically the spread rate of germs from coughing/sneezing.
- During the flu season, we are discouraging the typical hand shaking and or touch type greetings that may normally be practiced in the workplace.
- We are suspending all tours until after the typical flu season, to limit outside exposure of our employees. We will continue to encourage our responders to visit the Center, but will be posting a sign requiring they, and we sanitize hands prior to entry to protect you and them.

We sincerely hope to minimize your exposure to the influenza virus this year, and hope that you will assist us in keeping us all as healthy as possible with these changes.

