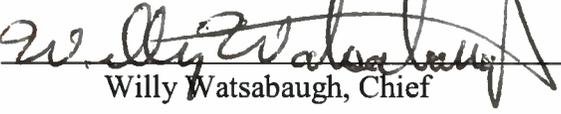




# Jackson Hole Fire/EMS Operations Manual

Developed by:   
Brian Coe, Battalion Chief

Approved by:   
Will Smith, MD, Medical Director

Approved by:   
Willy Watsabaugh, Chief

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## PURPOSE

The purpose of this protocol is to identify the risk of emerging infectious disease and define a response protocol. The primary objective of any incident where a patient has risk factors associated with an emerging infectious disease is responder safety. Responder safety will be met through minimizing direct contact with bodily fluids, exposure to droplets, exposure to airborne particulates/aerosols, or other identified means of exposure.

## SECTION I – LEVELS OF RESPONSE

Jackson Hole Fire/EMS response to patients with potential or known Infectious Disease will meet minimum Center for Disease Control (CDC) recommendations. The department will follow up-to-date guidance from Wyoming Department of Health and CDC.

Response actions for an incident with Potential or Known patient(s) with an Infectious Disease can be divided into two levels of response:

**Level 1 Response – Seasonal Influenza:** patients with Influenza-like symptoms who have not traveled to or through areas with current CDC concerns and have not been exposed to anyone that has traveled to or through areas with viral agent concerns within the previous 3 weeks.

**Level 2 Response – Emerging Infectious Diseases,** i.e. Ebola: patients with Influenza-like symptoms who have traveled to or through areas with viral agent concerns or have been exposed to individuals who have traveled to or through areas with viral agent concerns within the previous 3 weeks.

Level 1 and Level 2 response shall be determined, when possible, through Emergency Medical Dispatch. If Dispatch is unable to determine information on extent of hazard prior to arrival, responding units should have a high index of suspicion and take a minimum of Level 1 protection. The threshold of Level 2 protection will be met based on current screening guidelines from the CDC.

Level 1 Response will utilize proper PPE with the need for additional resources as indicated by the shift officer or crew leader. Proper PPE for Influenza-like symptoms include N-95 mask, splash eye protection and nitrile gloves. Initiation of PPE should be prior to contact with patient with indications from Dispatch, including but not limited to Influenza-like symptoms, sick person, fever, nausea, vomiting, chills. Routine disinfecting of the ambulance and equipment will occur prior to the ambulance calling back in service. All providers are to wash hands with soap and water or hand sanitizer after doffing gloves.

*If providers do not have an index of suspicion of Influenza-like symptoms prior to patient contact, but the patient is found to have Influenza-like symptoms, providers should disengage from patient assessment and immediately put on PPE to minimize exposure.*

Level 2 Response will be treated as a HazMat incident that will include additional resources as described in this section. Medical management will include, but not be limited to patient assessment, triage, non-invasive procedures, life-threat treatment, decontamination, and transportation. Procedures for Level 2 Response will be outlined in the following guidelines.

***All actions of isolation and quarantine must be initiated by Teton County Public Health.***

## **SECTION II – LEVEL 2 POSSIBLE SCENARIOS**

Jackson Hole Fire/EMS has identified 3 primary scenarios where our providers could come into direct contact with Level 2 patients.

1. Dispatch identifies hazard prior to Fire/EMS arrival through EMD protocols
2. Fire/EMS identifies hazard through Primary and Secondary Assessments
3. Fire/EMS is called to a clinic or other health care provider location for transport of patient with identified hazard

## **SECTION III – INITIAL SCENE MANAGEMENT**

### First Arriving Units

The first arriving officer will:

- Establish a Staging Area and initiate the Incident Command System
- All Apparatus are to proceed directly to the staging area
- Begin a size-up, to include visible activity and access. Notice potential effects of location of the incident.
- Establish a direct line of communication with the patient or Reporting Party (RP).
- Identify Area Isolation/Perimeter Establishment
  - The **HOT ZONE** is the area immediately to the patient hotel room/house/clinic.
  - The **WARM ZONE** is the hallway outside of a hotel room, outside of front door of house/clinic.
- No Responders will enter the Hot Zone prior to Decon Line Establishment and 2-in, 2-out established
  - Immediate Life Threat could require an Entry Team to enter prior to 2-in, 2-out. Crew must consult with the Duty Officer and all PPE in place prior to entry into Hot Zone.

- Make immediate notifications:
  - Duty Officer
    - Regional Emergency Response Team
    - JHFEMS Medical Director or designee
    - Emergency Management
      - Teton County Public Health
      - Wyoming Office of Homeland Security
  - St. John's Medical Center (SJMC) Emergency Room
- Start a written Incident Action Plan
  - Incident Objectives
  - Command Chart
    - Minimum Positions: IC, Operations, Safety, Medical Group Supervisor
- Responders will identify and Entry Team and minimum equipment
  - Minimum equipment will focus on patient assessment and BLS management, including a Thermometer
- Donning of PPE will occur as decon line is established

#### Minimum Responder PPE

- Nitrile Gloves x2 pair (double glove) with long cuffs
- Tyvek QC Liquid Contaminant Suit
- SCBA Mask with Cartridge Adaptor and P-100 Cartridge
- Responder's Boots with Boot Covers or Butyl Boots

#### Donning PPE

- There will be a person donning and a partner to assist in donning
- Suit, Respiratory protection and double gloves will be donned
- Butyl boots will be available from Rescue 74. Duty boots can be utilized, with boot covers.
- Mask will be taped to suit using Chem Tape
- Gloves will be taped to suit using Chem Tape
- Assistant will perform a buddy check to ensure proper donning

#### Doffing PPE

- Doffing will take place once decon is complete
- There will be a person assisting in the doffing process
- Tape will be removed from both wrist cuffs and around SCBA mask
- Remove boots
- Outer gloves will be removed
- Assistant will touch the outside of the suit and start removal from the head
- Entry Team member will only touch the inside of suit
- Once suit has been peeled down to feet, entry team member will step out of the suit.
- Entry Team member will then remove inner glove, using proper glove removal technique
- Entry Team member, with assistant, will remove SCBA mask
- Hand Sanitizer will be utilized on hands
- Entry Team member will report to medical unit for vitals, shower and a change of clothes

## SECTION IV – HAZMAT OPERATIONS

An incident requiring Level 2 Response will require the activation of the Regional Emergency Response Team, Region 8. The Duty Officer will make arrangements for RERT callout. Once RERT arrives on scene, a HazMat Group will be established and an additional site assessment will be performed. The site assessment will include:

- Confirm levels of PPE
- Confirm/adjust hot/warm/cold zones and incident perimeter
- Confirm/adjust equipment placement
- Evacuation/shelter-in-place as needed

### Hazmat Team Initiates Technical Decon Set-up/Operation

The location of the decon line will take into consideration, limiting the contamination from the Hot Zone and weather conditions.

*Decontamination for driver and care provider will take place at SJMC. The appropriate HazMat resources will be directed to SJMC to perform Decontamination of Fire/EMS staff and other exposed individuals as required.*

Decontamination line will be staffed with a minimum of 2 personnel processing responders through one station.

Station will be designated by a containment pool, which will hold contamination for proper disposal.

A bleach solution will be applied with portable sprayer, followed by a water rinse.  
Bleach solution will be 1 ½ cups of bleach to 1 gallon of water.

Equipment Drop Station will be established prior to the Decon Line for equipment that will later be decontaminated.

A Hazardous Waste Disposal system will be set up for disposable waste. The system will be 2 BioHazard Waste Bags (Red Bags), one inside the other, set into a plastic overpack.

### Responder Safety

Responder safety is of the highest priority. Entry team will immediately exit the hot zone for Emergency Decon in the following:

- Tear or degradation of Tyvek suit
- Penetration of contaminated bodily fluid through suit
- Failure of respiratory protection

Rapid Intervention Team (RIT) will immediately enter the Hot Zone from staging within the Cold Zone in the following:

- Entry Team member is incapacitated
- Entry Team member is lost or disoriented
- Additional hazards become known by interior or exterior operations

### Hazmat: Initial Entry

Initial entry into the Hot Zone will be made by medical providers with a minimum of HazMat Operations.

Communications will be established with the Entry Team with an appropriate Tactical Channel.

Appropriate backup team will be established to ensure 2-in, 2-out.

Time in the Hot Zone will be based on workload, weather, individual responder needs and PPE limitations.

### Technical Decontamination of Response Personnel/Equipment and Shutdown

Hazmat personnel will establish and operate a decontamination station to support restoration of equipment needed to re-establish essential services.

Decontamination of Equipment, including the ambulance used for transportation of patients, will be in accordance with CDC guidelines.

Hazmat personnel will shut down the technical decon corridor as directed by Command.

Hazmat personnel may be asked to support operations by Teton County/Wyoming Public Health. Efforts to support operations of isolation/quarantine will be within the scope of personnel.

## **SECTION V – PATIENT CARE CONSIDERATIONS**

Limit activities, especially during transport, that can increase the risk of exposure to infectious material (e.g. ET intubation, airway suctioning, CPR, use of needles).

Limit the use of needles and other sharps as much as possible.

Utilize Medical Control to help determine best patient care in these situations.

## **SECTION VI – TRANSPORTATION**

Primary transportation facility will be SJMC.

Medic 70 should be considered as the transportation apparatus for any Level 2 hazard. The use of Medic 70 will keep the two primary ambulances in service.

Consider the use of plastic on floor and on walls of ambulance to reduce contamination.

Consider placing an N-95 mask on the patient to reduce contamination, if patient will tolerate and does not interfere with patient care.

Removal of unnecessary equipment from the ambulance should occur prior to transport.

Driver and provider in ambulance will wear full Level 2 Response PPE.  
SJMC will direct transportation and transfer of patient care, per most current SJMC protocols.

Decontamination, shower and change of clothes will occur at SJMC for provider and driver.

SJMC will assume responsibility for decontamination, triage and treatment of “walk in” patients. This includes primary set-up of decontamination and maintenance of PPE for hospital personnel. RERT could be dispatch to SJMC to assist with decontamination, per the Chief.

## **SECTION VII – TRAINING**

Seasonal Influenza training will occur at the Company level on an annual basis prior to Influenza affecting Teton County, WY.

Emerging Infectious Disease Training will occur as concerns arise that could impact Teton County, WY. Training will include guidelines from the CDC, screening protocols and any changes to the PPE ensemble described above. Duty Officers, on-duty crews and first responders will be the primary audience for emerging infectious disease training.

Training concerning protection from etiologic agents will be included in annual Hazardous Materials training.