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**Noble Co. Health Department
All Hazards Emergency Response Plan**

Annex D: Responder Safety and Health

Annex D: Responder Safety and Health



Public Health
Prevent. Promote. Protect.

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August 2017

Review History

Date	Reviewed By	Comments
March 2013	Kirby Moore	
October 2013	Kirby Moore	
October 2014	Updated Table 3	
October 2014	Washington County PHEP Coordinator- Angela Lowry	Peer Review
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Purpose

Annex D: Responder Safety and Health, describes responder safety and health risks, personal protective needs, and coordination with partners to facilitate risk-specific safety and health training and protocols for monitoring responder safety and health.

Situation and Assumptions

Situation

Noble County Health Department (NCHD) staff may be exposed to potentially hazardous and stressful circumstances during the response to a public health emergency or in support of another lead agency. NCHD staff/responder safety and health issues are addressed several ways. The Health Commissioner maintains the Staff Emergency Procedures Guide (updated February 2012). This manual is a detailed guide including scenarios in which safety procedures may be utilized. Noble County also has available behavioral health service organizations that may be called on to provide professional counseling to staff who may exhibit symptoms of crisis stress levels ([see Table 3: Points of Contact for Behavioral Health Services](#)).

Behavioral Health services will be coordinated through the Emergency Operations Center (EOC) when activated. If the EOC is not activated, services will be coordinated by health department incident command personnel through agencies identified in Table 3.

Assumptions

- Disaster response will expose staff to hazards not experienced in day-to-day operations.
- Threats will include daily risks but on a larger and possibly more lethal level
- NCHD staff has been trained and has tested plans through actual events and simulated exercises to respond to an emergency.
- Disaster response imposes an inherent psychological burden on responders, their families and victims.
- Health department staff is trained to recognize stress symptoms in coworkers and clients
- Health department staff is aware of how to document and report potential stress related symptoms
- Behavioral Health professionals will be incorporated into the ICS structure early during public health incidents to allow for operational awareness and coordination of activities

Concept of Operations

The NCHD provides periodic safety training for its staff to ensure they have the most current information on potential health safety risks associated with their assigned duties. During emergency response, task specific safety training will be mandated and documented to ensure worker and client safety. Training includes needle stick precautions and what to do if one occurs as well as training on universal/standard precautions for direct care staff. Protecting yourself from exposure to hazardous materials training is provided to employees on a yearly basis.

Broad based public health responder hazards have been identified. See Hazard and Vulnerability Assessment (HVA) developed 2010, reviewed and revised 2016 for further information.

Annex D: Responder Safety and Health narrows the HVA focus to specific risks associated with those hazards.

Table1: Hazards Identified in the NCHD Hazard & Vulnerability Assessment

Hazard	Risk
Natural Disaster/Weather	Exposure to weather conditions and associated threats such as: <ul style="list-style-type: none"> • Communicable Disease • Animal Decomposition • Contaminated Water/Wells • Vector Borne Disease • Hazardous Material Exposure • Mental Stress/Fatigue
Long Term Widespread Utility Outage	<ul style="list-style-type: none"> • Shortage of water food (daily sustenance) • Mental Stress/Fatigue
Infectious Disease	<ul style="list-style-type: none"> • Exposure to Disease • Potential Death • Secondary Transmission • Mental Stress/Fatigue
Agriculture: Infectious Animal Disease	<ul style="list-style-type: none"> • Animal Decomposition • Communicable Disease • Contaminated Water • Mental Stress/Fatigue
Man-Made Hazards/Terrorist Threats	<ul style="list-style-type: none"> • Mass Fatality • Mental Stress/Fatigue • Panic/Civil Unrest

Needle stick/Exposure to Body Fluids and Communicable Disease

Exposures to blood and other body fluids occur across a wide variety of occupations. Health care workers, emergency response and public safety personnel, and other workers can be exposed to blood through needle stick and other sharps injuries, mucous membrane, and skin exposures. The pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), Viral Hemorrhagic Fever (VHF) and hepatitis C virus (HCV). Workers and employers are urged to take advantage of available engineering controls and work practices to prevent exposure to blood and other body fluids.¹

Workplace Risks:

Public Health Nursing Emergency Response Activities	
Outbreak Investigation	Medical/Infectious Waste Disposal
Immunizations	Client Follow-up
Direct Client Care (Triage & Countermeasure Administration)	Support to Mass-Care facilities

The NCHD safety program includes training on how to reduce/prevent the potential for needle stick instances.

¹NIOSH <http://www.cdc.gov/niosh/topics/bbp/>

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Environmental Exposure

Public health staff may be exposed to hazards in their day-to-day operations with the potential to expand into an emergency in a short period of time. Several NCHD staff work in the field on a regular basis performing health services such as home health through Bureau for Children with Medical Handicaps (BCMh), and environmental health services to include nuisance complaints, plumbing inspections, septic systems oversight and food inspections.

Environmental Health Emergency Response Activities	
Outbreak Investigation	Water safety
Sanitation (sewage)	Food Safety
Mass Care (Monitor Shelter Conditions)	Solid Waste Management
Vector Control	Hazardous Materials Support
Household Solid Waste Consultation	Household Hazardous Waste Consultation
Hazardous Waste Response Support Operations	Medical/Infectious Waste Disposal
Support for Chemical Incidents	Support for Radiological Incidents
Support in Animal Carcasses	

Observe Document and Report

Due to the fact that Environmental and Home Health staff spends much of their time out in the community, much of it in rural secluded areas of the county, they may be the first to observe a facility, object or activity that is out of the ordinary. They could be the first line of defense and a great asset to law enforcement in the mitigation of an emergency or disaster.

People are often hesitant to contact law enforcement when they see something they think is suspicious. However, law enforcement officers will readily check out reports of suspicious activity, and encourage people to “Observe, Document, and Report” suspicious activity – not only to fight crime, but to help prevent possible terrorism. Some practices that field staff should routinely use are:

Observe - Be aware of people doing things **that** seem unusual. Some examples include:

- Making detailed observations of a building or other structure, especially for long periods of time. This can include taking notes and photographs; recording or monitoring activities; drawing diagrams; making notes on maps; or using binoculars or telescopes.
- Possessing floor plans or blueprints, law enforcement, military or security uniforms, numerous ID badges, explosives, weapons, or chemicals in large amounts.
- People asking questions about schedules and types of deliveries at your place of employment, observing security operations or “accidentally” walking or driving into restricted areas.
- Other unusual behavior such as heavy traffic at a residence at odd hours, people leaving packages in a public place or wearing unusually heavy or bulky clothing, someone parking in a restricted area such as a fire lane.

Document - If you see something suspicious write down descriptions of people, vehicles and activities.

- People: When writing down things about people, make note of what they were doing especially the behavior that drew your attention. You should also give a description of the

people you observed, including race or ethnicity, gender, approximate age, hair color, approximate height and weight, and the color and type of their clothing.

- Vehicles: Note make, model, color year and License number
- Document activities noted in the observe section above and document as much information as you can. Report to your supervisor and law enforcement as appropriate.

Report - Promptly notify the police or sheriff's department dispatcher. Do not call 9-1-1 unless it is an emergency. Remember that what may seem odd or out of place to you may prove important in an active investigation Follow your intuition.

Work Related Stress

Stress has been defined as a state of physical or psychological strain that imposes demands for adjustment upon the individual. This broad term includes short-term stressors as well as chronic stressors, minor stressors that are no more than inconveniences as well as traumatic events. As the definition indicates, stressors may include physical as well as psychological demands

The NCHD will coordinate crisis counseling, stress debriefings and other behavioral health services for NCHD staff during emergency response and recovery activities and follow-up as needed.

The goals of a comprehensive critical incident stress management program are:

- To minimize the emotional impact of critical incidents on emergency responders
- To increase responder resistance and resilience to this type of stress
- To prevent harmful effects following critical incidents by working with response personnel at or near the time of such incidents.
- To prevent any chronic affects, such as post-traumatic stress disorder, through the use of follow-up care and employee assistance programs.

Local Mental Health Agencies:

Six County Inc.

44020 Marietta Road
Caldwell, OH 43724
(740) 732-5233

Thompkins Child & Adolescent Services

18003 Woodsfield RD
Caldwell, OH 43724
740-732-7036

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Table 2: Signs and Symptoms of Critical Incident Stress

Physical	Cognitive	Emotional	Behavioral
Fatigue	Blaming others	Anxiety	Change in activities
Nausea	Confusion	Guilt	Change in speech patterns
Muscle tremors or twitches	Poor attention or concentration	Grief	Withdrawal
Chest pain	Poor decision making	Denial	Emotional outbursts
Difficulty breathing	Heightened or lowered alertness	Severe panic	Suspiciousness
Elevated blood pressure	Memory problems	Emotional shock	Change in communication
Rapid heart rate	Hyper vigilance	Fear	Loss or increase in appetite
Thirst	Difficulty identifying familiar objects or people	Uncertainty	Alcohol consumption
Headaches	Increased or decreased awareness of surrounding	Loss of emotional control	Inability to rest
Vision difficulty	Poor abstract thinking skills	Depression	Antisocial acts
Vomiting	Loss of time, place or person orientation	Inappropriate emotional response	Nonspecific bodily complaints
Grinding teeth	Disturbed thinking (nightmares)	Apprehension	Hyper-alert to environment
Weakness	Intrusive images	Feeling overwhelmed	Startle reflex intensified
Dizziness		Intense anger	Pacing
Profuse sweating		Irritability	Erratic movements
Chills		Agitation	Change in sexual functioning
Shock symptoms			

Useful Practices for Debriefings

The following practices are likely to enhance the debriefing experience for participants.

- Begin with an introduction from Incident Commander or designee, and unless a direct participant in the event, the Command official should elect to leave after the introduction
- Use quiet, comfortable rooms at sites away from ordinary work settings.
 - Training academies, community rooms, or similar settings capable of comfortably accommodating larger groups are often suitable.
- Interruptions must be limited to help build an atmosphere of confidence and camaraderie.
- To ensure maximum participation, debriefings should be held as soon as possible as determined by the incident, reaction to the incident, and based upon the advice and experience of the CISM team.
- If food is available, it should be served after the debriefing outside the room or area used for the session, to emphasize its closure.

The POD Operations Manual details setting aside areas for staff breaks and meeting areas, these areas are important for stress relief and debriefings. Giving workers a quiet, stress free area away from the

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operations area allows for time to relax and gather their thoughts. This area should be made as comfortable and quite as possible, with minimal intrusion by working staff.

Employees working at the Department Operations Center (DOC) and the Emergency Operations Center (EOC) are probably most at risk of not getting quite breaks away from activity and noise of operational communications, since these positions may not have enough personnel to provide relief for breaks. Personnel should be aware of this and attempt to take frequent stress free breaks.

While there is no one method for conducting a debriefing, the following is an outline of suggested phases for debriefings.

The beginning of a debriefing is intended to introduce the members of the critical incident stress management team to the personnel involved in the incident and to establish the rules for the debriefing. Topics for discussion include:

- Introduction of CISM team members
- Explain the CISM team's history/purpose
- Explain what is expected from participants
- Establish the rules for the debriefing
- Explain that confidentiality is to be maintained
- Explain that rank is not relevant in this setting
- Explain that a debriefing is not an incident critique
- Explain that participants should discuss only what they directly did or saw

Describe the Incident: The next phase of the debriefing is intended to allow participants to describe what they did and what they saw while at the incident. Each responder has only a small part of the larger puzzle; until everybody has the same picture they can't share the same experience. The following are guidelines for establishing what happened.

- Proceed chronologically whenever possible. Start with the first arriving personnel and let them describe what they saw upon arrival and their first actions. Proceed through the incident as it unfolded until each participant has added his or her piece of the picture at the appropriate time.
- Another approach is to describe the incident based upon functional tasks or sector assignments (for example, what the nursing staff saw or did, what the non- medical staff saw or did, etc.).

Experiencing the Incident: Describe the timeline, actions, and activities that occurred during the incident. Allow participants describe their experiences during the event. Experiences are the thoughts and feelings about the incident and are subjective there are no right or wrong answers. Everybody's experience of the incident is different and personal. Typical questions used to draw out experiences include:

- What was it like out there?
- What were you doing and how did you do it?
- What made this incident different?
- What were the worst parts for you?
- How did you maintain focus?
- When and where did things seem to unravel?
- How did you try to bring things back in control?

Reacting to the Experience: Participants describe their physical and emotional reaction to what they experienced the incident. The important part of this phase of the debriefing is that participants confirm and validate each other's experiences and reactions. Common questions are:

- What about this incident sticks with you?
- How have you dealt with your thoughts and feeling?

Educational Guidance... CISM team members take the lead in this next segment. The goal is to provide participants with an understanding of stress, reactions to stress, and techniques to cope with stress. Some topics that may be discussed include:

- How people cope with major life transitions
- How to develop coping skills
- Identification of sources for assistance
- How to care for yourself and one another

Rethink the Experience: The end of the formal debriefing session is intended to help participants change the way they think about the incident and the experiences they shared. Questions might include:

- What can we learn at times like this?
- How does this incident reaffirm our mission and commitment?
- Can we leave with a shared experience and a common purpose?

Conclusion: After the formal group discussion phase of the debriefing is completed, participants should be given the opportunity to have informal conversations in a social setting (e.g., coffee and snacks). The informal setting allows participants to readjust from the group discussion environment to a more familiar setting before returning to their normal activities. It also allows participants to pursue side conversations with team members if they feel the need to further address issues

Table 3: Points of Contact for Behavioral Health Services

Agency	Contact	Address	Phone	Email
Noble County Health Dept.	Sam Hesson	44069 Marietta Road Caldwell, OH 43724	740-732-4958	samantha.hesson@noblecohd.org
Noble Behavioral Health Choices	Elaine Shuster	48 Olive Street Caldwell, OH 43724	740-732-5988	eshuster@morganbhc.org
Six County Inc.	Tammy Stillion	44020 Marietta Road Caldwell, OH 43724	740-732-5233	
Thompkins Treatment	Chari Roberts	18003 Woodfield Road Caldwell, OH 43724	740-732-7036	
Muskingum Area ADAMH Board	Ralph Beegan	1245 Newark Road Zanesville, Ohio 43701	740-454-8557	

Personal Protective Needs²

Recommendations for Standard Precautions

Gloves

- Wear when touching blood, body fluids, secretions, excretions, mucous membranes non-intact skin.
- Change between tasks and procedures on the same patient after contact with potentially infectious material.
- Remove after use, before touching non-contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal.

Facial protection (eyes, nose, and mouth)

- Wear 1) a surgical or procedure mask and eye protection (eye visor, goggles) or 2) a face shield to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

Gown

- Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Remove soiled gown as soon as possible, and perform hand hygiene.

Guidance on Personal Protective Equipment and Clothing for Flood Cleanup Workers

In all instances, workers are advised to wash their hands with soap and clean water, especially before eating or drinking. Alcohol-based hand sanitizers can be used if soap and water are not available. Protect any cuts or abrasions with waterproof gloves and dressings. The use of insect repellent, sun block and lip balm may also be required for some work environments. Drink plenty of bottled water and take frequent rest breaks to avoid overexertion.

The National Institute for Occupational Safety and Health (NIOSH) provides the following guidelines and warnings to flood cleanup workers. The hazards in flood waters are likely variable and can include sewage, household chemicals and cleaning solutions, petroleum products, hazardous industrial chemicals, pesticides, and flammable liquids. Workers must also be aware of dangers from physical hazards such as obstacles covered by flood waters (storm debris, depressions, drainage openings, ground erosion) and from displaced reptiles or other animals.

Workers and volunteers involved with flood cleanup should avoid direct skin contact with flood waters if possible and through the use of appropriate PPE and clothing. In most instances, the selection of PPE will be dependent on site specific conditions, hazards, and tasks.

The list below provides guidance on PPE and clothing for flood response workers:

- Electrically insulated, watertight boots with steel shank, toe, and insole
 - Tennis shoes or sneakers should not be worn because they will transfer contamination and will not prevent punctures, bites, or crush injuries.
 - Hip waders may be appropriate to help prevent contact with flood waters.
- Heavy, waterproof, cut-resistant work gloves.
 - Other types of protective gloves may be required if handling identified material hazards
- Goggles, safety glasses with side shields or full face shields.
 - Sun/glare-protective lenses may be needed in some work settings

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- Soft hat or other protective head cover.
 - Wear an American National Standards Institute (ANSI) rated hardhat if there is any danger of falling debris or electrical hazards
- Hearing protection (when working in an environment with any noise that you must shout over to be heard)
- Comfortable, form fitting, light weight clothing including long pants and a long sleeved shirt or coveralls;

Under some work conditions, NIOSH approved respirators may be necessary (e.g., for exposures to mold-contaminated materials/environments, or other recognized chemical, physical, or biological hazards). Additional PPE, respiratory protection, or clothing may be required when specific exposure hazards are identified or expected at the work site. In some instances, the protective ensemble components (garment, boots and gloves) may need to be impervious to contaminated flood or other site-specific chemical, physical, or biological hazards. Waders should be cleaned with soap and water and air dried between uses.

All health department staff is encouraged to remain current in CPR/First Aid certification made available through training at the health department. It is further *encouraged* (not mandated) that each staff member maintains emergency equipment/supplies in their vehicles. These supplies may include, but are not limited to:

Battery operated radio	Blankets	Duct Tape
Candles & Matches	Spare Change	Cold Weather Gear
Flares	Rope (50ft)	Snacks
First Aid Kit	Wet Weather Gear	Tool Kit
Flashlight & Batteries	Cat litter (for traction)	Water

Suspected Ebola Virus Disease, Person Under Investigation (PUI)

A person who has both consistent signs or symptoms and risk factors as follows should be considered a PUI:

1. Elevated body temperature or subjective fever or symptoms, including severe headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; **AND**
2. An [epidemiologic risk](http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html) factor within the 21 days before the onset of symptoms.

Recommended PPE:

In healthcare settings, Ebola is spread through direct contact (<http://www.cdc.gov/vhf/ebola/transmission/human-transmission.html>) with blood or body fluids of a person who is sick with Ebola or with objects (e.g., bathroom surfaces, medical equipment) that have been contaminated with infectious blood or body fluids. The virus in blood and body fluids can enter a person's body through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth. For NCHD staff monitoring/caring for patients with Ebola, PPE that fully covers skin and clothing and prevents any exposure of the eyes, nose, and mouth is recommended to reduce the risk of accidental self-contamination of mucous membranes or broken skin. PPE must be used in the context that follows

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CDC recommendations and applicable Occupational Safety and Health Act of 1970 (OSHA) requirements, including the [Bloodborne Pathogens \(29 CFR 1910.1030\)](#), [PPE \(29 CFR 1910.132\)](#), and [Respiratory Protection \(20 CFR 1910.134\)](#) standards, and other requirements under OSHA (e.g., the General Duty Clause, section 5(a)(1); and prohibitions against discrimination or retaliation against workers, section 11(c)).

While monitoring and managing PUIs who are clinically stable and do not have bleeding, vomiting, or diarrhea, NCHD staff will at a minimum wear:

- Single-use (disposable) fluid-resistant gown that extends to at least mid-calf or single-use (disposable) fluid-resistant coveralls without integrated hood
- Single-use (disposable) full face shield
- Single-use (disposable) facemask
- Single-use (disposable) gloves with extended cuffs. Two pairs of gloves should be worn. At a minimum, outer gloves should have extended cuffs.

In this guidance, fluid-resistant means a gown that has demonstrated resistance to water or a coverall that has demonstrated resistance to water or synthetic blood.

	Gown	Coverall
Fluid-resistant	Surgical or isolation* gown that passes: <ul style="list-style-type: none">• ANSI/AAMI PB70 Level 3 requirements or• EN 13795 high performance surgical gown	Coverall* made of fabric that passes: <ul style="list-style-type: none">• AATCC 42 \leq 1 g and AATCC 127 \geq 50 cm H₂O or EN 20811 \geq 50 cm H₂O or• ASTM F1670 (13.8kPa) or• ISO 16603 \geq 3.5 kPa

In any case where NCHD staff were to monitor/ manage/assist with a possible confirmed case of EVD:

Confirmed Case

Laboratory-confirmed diagnostic evidence of Ebola virus infection.

Early recognition is critical to controlling the spread of Ebola virus. Regional Epidemiologists should evaluate the patient’s [epidemiologic risk](http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html)(<http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html>), including a history of travel to a [country with widespread Ebola virus transmission or cases in urban settings with uncertain control measures](#)(<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>) or contact within the preceding 21 days with a person with Ebola while the person was symptomatic. See CDC's [evaluation algorithm](http://www.cdc.gov/vhf/ebola/pdf/ed-algorithm-management-patients-possible-ebola.pdf)[PDF - 1 page](<http://www.cdc.gov/vhf/ebola/pdf/ed-algorithm-management-patients-possible-ebola.pdf>) to determine if testing for EVD is indicated.

If a diagnosis of EVD is being considered, the patient should be isolated in a single room (with a private bathroom), and healthcare personnel should follow [standard, contact, and droplet precautions](http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/infection-control.html)(<http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/infection-control.html>), including the use of appropriate [personal protective equipment \(PPE\)](http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/emergency-departments.html)(<http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/emergency-departments.html>). Infection control personnel should be contacted immediately.

If EVD is suspected, contact the RCC or state health department immediately for consultation and to assess if testing is indicated and the need for initiating identification of contacts

Recommended PPE:

In this guidance, *impermeable* gowns and coveralls indicates that the material and construction have demonstrated resistance to synthetic blood and simulated bloodborne pathogens. In contrast, *fluid-resistant* indicates a gown that has demonstrated resistance to water or a coverall that has demonstrated resistance to water or synthetic blood. These categories reflect the currently available U.S. product specifications; specific test methods that assess resistance for these products are listed below:

	Coverall	Gown
Impermeable	Surgical or isolation* gown that passes: <ul style="list-style-type: none"> • ANSI/AAMI PB70 Level 4 requirements 	Coverall* made with fabric and seams/closures that passes: <ul style="list-style-type: none"> • ASTM F1671 (13.8kPa) or • ISO 16604 ≥ 14 kPa
Fluid-resistant	Surgical or isolation* gown that passes: <ul style="list-style-type: none"> • ANSI/AAMI PB70 Level 3 requirements or • EN 13795 high performance surgical gown requirements 	Coverall* made of fabric that passes: <ul style="list-style-type: none"> • AATCC 42 ≤ 1 g and AATCC 127 ≥ 50 cm H₂O or EN 20811 ≥ 50 cm H₂O or • ASTM F1670 (13.8kPa) or • ISO 16603 ≥ 3.5 kPa

² World Health Organization: *Health-care facility recommendations for standard precautions Health-care facility recommendations for standard precautions* http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf accessed January 21, 2013

³CDC: *Guidance on Personal Protective Equipment and Clothing for Flood Cleanup Workers* <http://www.cdc.gov/niosh/topics/emres/ppe-flood.html> accessed January 7, 2013

⁴CDC: *Guidance on Personal Protective Equipment to be used by healthcare workers during management of Persons Under Investigation and patients with confirmed Ebola Virus Disease* <http://www.cdc.gov/niosh/topics/ebola/healthcare.html> accessed September 1, 2015

Definitions

Acute: Any effects that are short term in duration. Short term ranges from days up to 12 weeks.

Behavioral effects: These are outward manifestation of stress can be any significant change in established patterns of actions (e.g., changes in communication, alcohol consumption, and sleep patterns).

Behavioral health professional: A psychologist or similar professional that is licensed to engage in independent practice.

Chronic: Any effect which lasts longer than 12 weeks.

Cognitive effects: Changes in the way a person thinks about things following a critical incident (e.g., nightmares, blaming others, confusion, decreased awareness of surroundings).

Critical incident stress: Stress that resulting from exposure to a traumatic situation and where the individual's reaction to the event may involve intense fear, helplessness, or horror.

Debriefing: A psychological and educational group process designed to prevent or reduce the impact of a critical incident on emergency responders.

Defusing: An informal process used to help immediately reduce the pressure and anxiety following a critical incident. It is intended to provide emergency responders with guidance about what to expect, describe resources, and establish a presence that may make future interventions easier.

Emotional effects: Changes in feelings following a critical incident (e.g., anxiety, guilt, denial).

Empathy: The ability to intellectually and emotionally sense the thoughts, feelings, and experiences of an individual and effectively communicate that understanding to the individual.

Incident Management System (IMS): An organized system of roles, responsibilities, and standard operating procedures used to manage emergency operations.

Peers: People of equal standing or rank. They serve as models of healthy behavior and coping skills for members involved in a critical event.

Resilience: This is one's ability to "bounce back" or recover and adjust from stress or strain.

Stress: Physical or emotional effort by an individual that requires adjustment or coping.

Attachment 1: Hazard Specific Safety Guidance

Utility Emergency

1. Gas Line Break:

- a) Clear the immediate area
- b) Evacuate building
- c) Assembly point after evacuation is the parking lot south of the building.
- d) Call 911
- e) Call Gas Company at 1-800-362-7557

Insure roll call is complete and inform first responders of unaccounted for employees or other persons that may have been in the building at the time of the incident.

The Health Commissioner or designee will determine if the employees are to go home based on the incident and situation.

DO NOT return to the building until the “all clear” is issued by the first responders and it is declared a safe area.

2. Electric Power Failure

- Health Commissioner or designee will announce:
 - Do not be alarmed
 - Continue work if possible
- Confirm information regarding generator back- up systems
- Contact American Electric Power Company (AEP) at 1-800-227-2177 to report outage

The Health Commissioner or designee will determine if the employees are to go home based on the situation

3. Water Main Break

- a) Evacuate the flooded area

Tornado/Severe Thunder Storm

1. A TORNADO OR SEVERE THUNDERSTORM WATCH: If the forecast is one or more tornadoes or severe thunderstorms in the area continue normal activities and monitor local weather.
2. A TORNADO WARNING means that a tornado has been sighted and may be approaching. If a tornado is sighted, or a warning is issued immediate actions are:
 - a. Monitor radio and television outlets for developments.
 - b. Announce warning to staff using intercom.
3. Staff should proceed with clients to designated rooms or offices without windows that may be locked from the inside without allowing access without a key:
 - Clinic area: vaccine storage room

- Main hallway: file storage/copy room next to server, or supply closet (the hole)
- Reception area: records storage next to safe

Remain in designated rooms until “all clear” is indicated.

- a. If “roar” or “freight train” noise is heard, drop to floor and seek immediate protection.
 - b. Wait for “all clear” before returning to work area.
4. A SEVERE THUNDERSTORM WARNING means that a severe thunderstorm has been detected and may be approaching.
- a. Employees will be advised to take appropriate measures to safeguard staff, clients and equipment.

Fire/Explosion

In the event of fire/explosion:

1. Sound the fire alarm vocally and at pull boxes throughout the building. If possible use the telephone system *all page* to announce evacuation of the building; notify the Health Commissioner or designee of the location of the fire/explosion if possible.
2. Evacuate immediately. On the way out, check to insure total evacuation.
3. Assembly point after evacuation is the WASCO parking lot
4. Call the fire department using 911.
 - a. Give name
 - b. Give address
 - c. Give location of fire/explosion in building
5. Insure roll call is complete and inform first responders about unaccounted for employees or other persons that may have been in the building at the time of the fire/explosion.
6. Only the fire department official at the scene will give the order to return to the building.
7. Only the health commissioner or designee can direct the employees to home.

Suspicious Letter or Package

Possible Indicators:

- No return address
- Restrictive markings
- Oily stains, discolored, or crystallization on wrapper
- Excessive tape
- Possibly mailed from foreign countries
- Misspellings
- Addressed to title only, may have incorrect title
- Badly typed or written
- Uneven or lopsided, rigid or bulky packaging
- Strange Odor

If A Suspicious Letter Or Package Is Found:

- Notify the health commissioner or designee immediately – they will call 911
- Keep anyone from handling it or going near it.
- Do not use any portable radio equipment within 100 feet of the package.

If A Suspicious Letter Or Package Is Received:

- Notify the health commissioner or designee immediately – they will call 911
- Handle with care – do not bump or shake
- Isolate it immediately
- Don't open, smell, touch or taste
- Treat it as a threat
- Wash your hands with soap and water as soon as possible

If necessary the building will be evacuated under the direction of the health commissioner or designee.

All clear will be given to return to the building by appropriate personnel.

Workplace Violence

Call 911 immediately if you feel threatened or a threat is indicated.

Close and lock all doors and office doors if possible to stop the intrusion of the threat.

DO NOT go to area where threat may be indicated or can be heard.

Staff should proceed with clients to designated rooms or offices without windows that may be locked from the inside without allowing access without a key:

- Clinic area: vaccine storage room
- Main hallway: file storage/copy room next to server, or supply closet (the hole)

- Reception area: records storage next to safe

Remain in designated rooms until “all clear” is indicated.

Chemical Accident

Chemical accidents of disaster magnitude may include railroad or tank truck accidents involving toxic substances. Such an accident may endanger employees and clients within the health department. Evacuation or shelter-in-place may be appropriate actions.

The following actions should be accomplished:

- If first responders are not yet on site the Health Commissioner or designee will determine the need to evacuate the building and/or the area or initiate shelter-in-place.
- The Health Commissioner or designee will contact 911

Evacuation

1. During evacuation, move crosswind or upwind to avoid fumes
2. Render first aid as necessary.
3. Insure roll call is complete and inform first responders about unaccounted for employees or other persons that may have been in the building at the time of the incident.
4. Follow all directions of the first responders.
5. The Health Commissioner or designee will determine if the employees are to go home based on the incident and situation.
6. DO NOT return to the building until the “all clear” is issued by the first responders and it is declared a safe area.

Shelter in Place

1. Render first aid as necessary.
2. Insure roll call is complete and inform first responders about unaccounted for employees.
3. Follow all directions of HD leadership and first responders.
4. DO NOT leave to the building until the “all clear” is issued by the first responders and the area is declared safe.

Earthquake

Warnings for earthquakes are seldom, if ever, given. The first indication of a pending earthquake may be erratic behavior noticed in animals. There are usually a few moments of mild tremors before the earthquake. *This is the time for staff to take immediate action.*

If Indoors

1. Take cover under desks, tables or other heavy furniture.
2. Take cover in interior doorways or narrow hallways.
3. Stay away from windows and beware of falling objects such as filing cabinets or bookcases.
4. Move from under light fixtures or other suspended objects.

If Outdoors

1. Move away from buildings. Lie down and stay flat on the ground if possible.
2. Avoid utility poles and overhead or falling wires.

After Quake Is Over

1. Evacuate the building.
 - Assembly point upon evacuation is the WASCO parking
2. Be aware of possible gas leaks.
3. Insure roll call is complete to ensure that when first responders arrive they are aware there may be unaccounted individuals who were in the building at the time of the earthquake.
4. Avoid contact with electrical wires which may have fallen.
5. If a radio is available turn it on for latest safety bulletins.
6. The building must be checked for structural damage/stability and other dangerous situations that may occur i.e. fire, gas leaks, water line ruptures.
7. **DO NOT** re-enter the building until an “all clear” is issued.

Bomb Threat

Name of person receiving the call: _____

Time and date of call: _____

What did the caller say (be as specific as possible): _____

Keep the caller on the line to obtain as much information as possible.

Notify the health commissioner and/or his designee immediately. 911 will be called and any specific directions will be given at that time.

Questions to Ask:

When is the bomb going to explode? _____

Where is the bomb? _____

What does it look like? _____

What kind of bomb is it? _____

What will cause it to explode? _____

Did you place the bomb? _____

Where are you calling from? _____

What is your address? _____

What is your name? _____

Listen to the caller's voice and describe the voice: calm, stutter, giggling, stressed, disguised, slow, deep, accent, nasal, sincere, crying, loud, angry, lisp, squeaky, slurred, broken, rapid, excited, or normal.

Is the voice familiar? Who did it sound like? _____

Do you hear any background noises? _____

The health commissioner and or designee will assess the threat and evacuate the building if necessary.

Fire drill be announced and procedure followed.

If instructed inspect the building for the possible device. Look for items out of the ordinary. If the device is detected, DO NO TOUCH IT.

NOTE: This inspection should be accomplished by one individual from each area that is familiar with the area and will be able to detect things "out of place" or "different".

Aircraft Accident

If an aircraft were to crash into or near the health department the following actions will be accomplished:

The health commissioner or department supervisor will determine which actions, if any, should be implemented. Where necessary, the department supervisor will take immediate action for the safety of employees and clients without waiting further directions.

The health commissioner or department supervisor will notify:

911

NC Emergency Management Agency (740) 581-1167

Sheriff's Office (740) 732-5631

All employees will be kept at a safe distance to protect from a possible explosion.

If possible, determine the type of aircraft such as military, commercial or private and advise the first responders.

Nuclear Attack

Alert Level Descriptions

a. With Warning:

- This is a notification that enemy initiated hostilities may be imminent.
- Dissemination will be by news media – radio, television and newspapers. Public warning (sirens) will not be sounded.
- No estimate can be made of the duration of a warning. The time may vary from several hours to several weeks.

Actions:

- The health commissioner or his designee may release employees.
- The Washington County Emergency Management Agency will be contacted for further information and instruction.

b. Surprise Attack:

Warning may be little or none.

- Initial notification will be a 3 to 5 minute steady tone on area siren systems, possibly on television and/or radio warning, or even the detonation of the weapon. This could be accompanied by an extremely intense light flash and heat wave. The flash then may be followed by heavy shock waves.

Actions:

- All employees will assume the “DROP” position. (On their knees, with head tucked down, hands clasped/folded together on head)
- Following the siren warning or blast wave, employees will assemble in the shelter area for protection from fallout
 - Clinic area: vaccine storage room
 - Main hallway: file storage/copy room next to server, or supply closet (the hole)
 - Reception area: records storage next to safe
- At this time role call will be taken to account for employees and clients. Employees then may be released to go back to work, home or to report for emergency duties as assigned.
- Monitor radio for update information.

Attachment 2: Donning and Doffing PPE

Donning and removal of PPE

Putting on and removing Personal Protective Equipment

The level of PPE used will vary based on the procedures being carried out and not all items of PPE will always be required. Standard Infection Control Precautions (SICPs) apply at all times. The order given here for putting on PPE is practical but the order for putting on is less critical than the order of removal.

Donning PPE

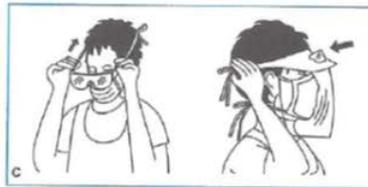
- a) **Gown** (or apron [illustrated] if not Aerosol Generating Procedure [AGP])
- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten at back of neck and waist



- b) **FFP3 respirator** (or surgical mask if not Aerosol Generating Procedure [AGP])
- Secure ties or elastic bands at middle of head and neck
 - Fix flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator



- c) **Goggles or face shield** (Aerosol Generating Procedure [AGP] and as appropriate after risk assessment)
- Place over face and eyes adjust to fit



- d) **Disposable gloves**
- Extend to cover wrist and gown if worn



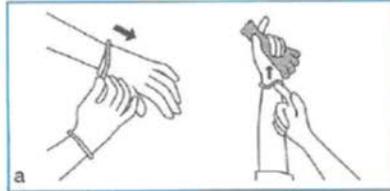
Removal of PPE

The order for removing PPE is important to reduce cross contamination so the order outlined below always applies even if not all items of PPE have been used:

a) Gloves

Assume the outside of the glove is contaminated

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in gloved hand
- Slide fingers of the ungloved hand under the remaining glove at wrist
- Peel second glove off over the first glove
- Discard appropriately



b) Gown or apron

Assume the gown / apron front and sleeves are contaminated:

- Unfasten or break ties
- Pull gown / apron away from the neck and shoulders, touching the inside of gown only
- Turn the gown inside out
- Fold or roll into a bundle and discard appropriately



c) Goggles or face shield

Assume the outside of the goggles or face shield is contaminated:

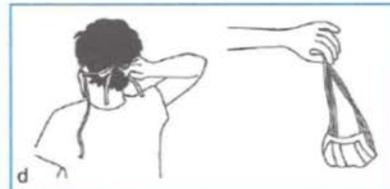
- To remove, handle by head band or ear pieces
- Discard appropriately



d) Respirator or surgical mask

Assume the front of respirator / surgical mask is contaminated:

- Untie or break bottom ties, followed by top ties or elastic and remove by handling ties only
- Discard disposable ones appropriately



Perform hand hygiene immediately after removing PPE.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used. **Clean hands thoroughly immediately after removing PPE.**