

T H E C A L I F O R N I A

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FIRE SERVICE

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CSFA: "A Strong and United Voice."

**A look at Naval
defense**

**Preparing for
a pandemic**

INSIDE:

**Golden Guardian
exercise trains first
responders**



Is your department



That Great Pandemic [of 1918] also touched California.

"The first few cases were reported in Belvedere and San Gabriel in Los Angeles County in the last days of September 1918. The next week, more than 500 cases were reported. In Los Angeles, local health officials were optimistic. They said, 'If ordinary precautions are observed, there is no cause for alarm.' They could not have been more wrong. The disease was exploding around the state.

"Within two days of issuing that statement, schools and churches were shut down to prevent the spread of the disease. Theaters were closed-sometimes for good-as they could not withstand the loss of revenue. By the first week of November, more than 115,000 cases and hundreds of deaths across the state had been reported.

"Makeshift hospitals were hastily opened to deal with the surge of patients that were overwhelming the health care system. In San Francisco and elsewhere, mandates compelled the wearing of masks in public on penalty of fines or even imprisonment. The San Francisco Chronicle reported, 'The man who wears no mask will likely become isolated, suspected, and regarded as a slacker. Like a man of means without a Liberty Loan button, he'll be shy of friends.'

"A rhyme was used to help people remember the ordinance:

Obey the laws

And wear the gauze

Protect your jaws

From septic paws

"Though the pandemic began to subside

in November, residents still felt its effects through the holiday season. Citizens were still asked to do their Christmas shopping by phone rather than to travel to stores in person. Shopkeepers were even asked not to hold holiday sales, as they might draw crowds.

"When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to California."

(Opening Remarks Prepared for Delivery By the Honorable Mike Leavit, Secretary of Health and Human Services, March 30, 2006)

How prepared is your department for the next pandemic? Does it have a plan for dealing with issues and problems that will surface when the next pandemic hits? If not, there is no better time than now to prepare a plan; and if so, there is no better time than now to review your plan and update it as necessary. In the next few paragraphs we will discuss some of the essential elements of any pandemic plan. We recognize that this discussion is not all encompassing, as there are always local needs and resources that differ from community to community. There are also bound to be statutory and regulatory changes which may impact your department's specific plan. This discussion takes the form of inquiries, as the purpose is to get you thinking about the plan that you have or will develop. Every plan will have similarities, but every plan will also have distinctions; there is not a one-size-fits-all plan!

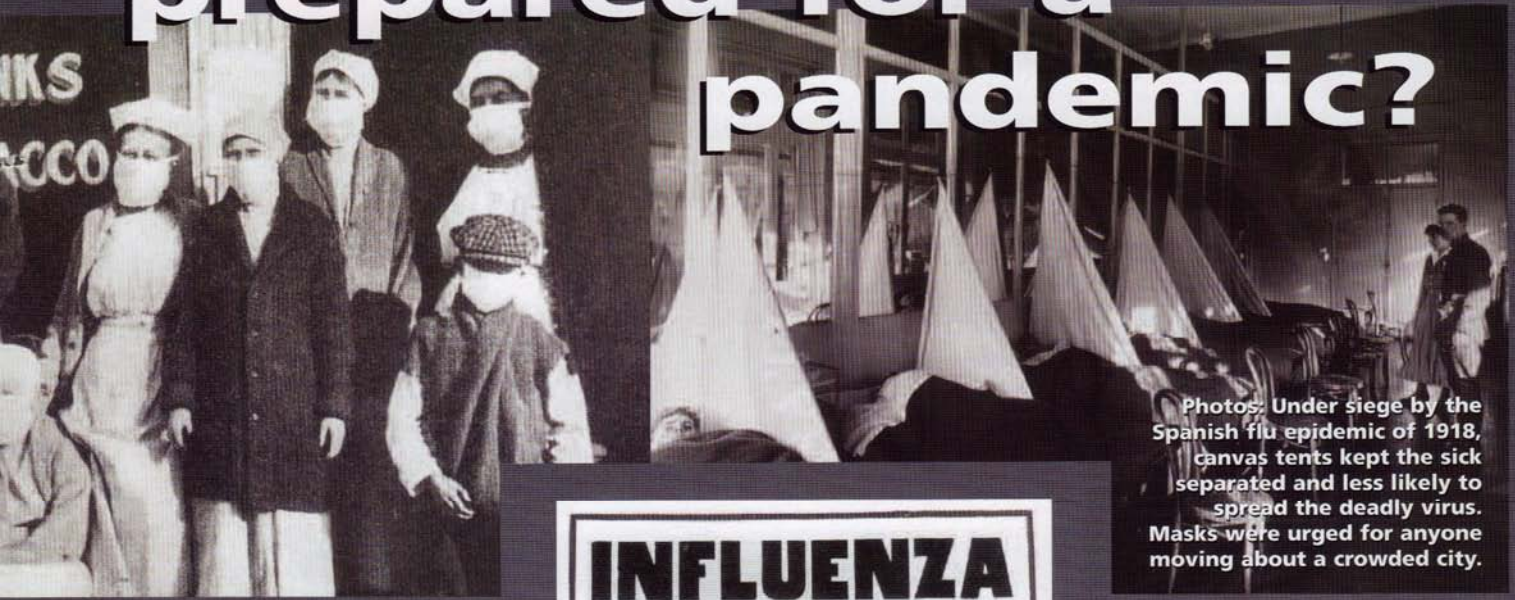
Internal Problems

Employee Illness. Do you encourage employees to stay home when they are ill, or

are they pressured to come to work even when they are 'at death's door'? What sanitary practices do you have in place at all of your work locations? Consider more than just the exposure during emergency responses; consider exposure sources in the fire station kitchen, bathroom, barracks (laundry), day room, training facilities and tools, etc. Do you provide the same or similar training resources for your employees to take home to their families, or do you affirmatively train employee families? If the families stay well, the employees' illnesses will be reduced. Can some employees work at remote locations such as home? Do your employees and their families know how to recognize the early warning signs of potential pandemic outbreaks? Will you need to implement a modified 'universal precaution' procedure to be followed at all times at all fire stations in order to reduce the spread of illnesses?

Vaccinations. Will your employees be inoculated when a pandemic outbreak begins? You need to work with your local county health officer to be sure that they understand the criticality of getting your employees in line with the first priority for vaccinations. If there is not enough vaccine for all employees of all the fire departments in your county, have you a mechanism to prioritize who will and who will not get vaccinated? If you don't, and if you don't work out the details ahead of time, your county health department will follow guidelines developed by the federal Department of Health and Human Services designed to be a one-size-fits-all prioritization system. Will there be a labor relations impact when you require employees to be vaccinated? You need to

prepared for a pandemic?



Photos: Under siege by the Spanish flu epidemic of 1918, canvas tents kept the sick separated and less likely to spread the deadly virus. Masks were urged for anyone moving about a crowded city.

resolve this in advance of the problem.

Absences. How will your department respond when half of the employees cannot be at work? Will you simply reduce resource staffing or should you maintain staffing levels but not staff some resources? Can you arrange for mutual aid coverage if your neighboring department(s) is not impacted? Do you have 'boundary drops' in place that will ensure adequate response in case of staffing and/or resource shortages? Can you replace ill employees temporarily with retired employees, employees from neighboring departments (unless of course they are suffering the same problems as your department), temporary staffing agencies (for support staff), or other resources. Can you partner with the local law enforcement agency, private ambulance company, or local retirement organizations for specialized staffing needs? With a little training, could a local delivery truck driver perform in a limited function as an engineer, such as driving the rig and running the pump, but not engaging in any other activities? Do your personnel rules provide for flexibility in these circumstances or will your personnel director become an impediment? Resolve this long before the personnel need arises.

External Problems

Call Volume. You should anticipate a dramatic increase in call volume for sick calls. What is your plan to address employee exhaustion? Can you double the staffing levels by

INFLUENZA

FREQUENTLY COMPLICATED WITH

PNEUMONIA

IS PREVALENT AT THIS TIME THROUGHOUT AMERICA.

THIS THEATRE IS CO-OPERATING WITH THE DEPARTMENT OF HEALTH.

YOU MUST DO THE SAME

IF YOU HAVE A COLD AND ARE COUGHING AND SNEEZING. DO NOT ENTER THIS THEATRE

GO HOME AND GO TO BED UNTIL YOU ARE WELL.

Coughing, Sneezing or Spitting Will Not Be Permitted In The Theatre. In case you must cough or sneeze, do so in your own handkerchief, and if the coughing or sneezing persists, Leave The Theatre At Once.

This Theatre has agreed to cooperate with the Department Of Health in disseminating the truth about Influenza, and thus serve a great educational purpose.

HELP US TO KEEP CHICAGO THE HEALTHIEST CITY IN THE WORLD

JOHN DILL ROBERTSON
COMMISSIONER OF HEALTH

Local health departments warned those who were ill to stay away from theaters and other public gathering places.

mandatory call-back, then reduce the typical shift length while giving off shift employees mandatory rest at the station, or some other location? In other words, split the shift into _ work and _ rest, covering with mandatory overtime? How long can you continue this type of shift pattern? Can you pick up temporary help from recent paramedic graduates? Can you screen some response out by telephonic evaluation? Companies should expect to operate with fewer staff at calls, as that staff is working on different calls concurrently.

Mutual Aid. Do your local mutual aid agreements include 'draw down levels' by resource type beyond which you will not send aid to a neighboring department? Do your local mutual aid agreements provide for the reporting and evaluation of staffing levels of different departments on a regular basis (daily, hourly, etc.)? This may be necessary in order to assess which departments are in better shape (relatively speaking) to send mutual aid cover resources, and which departments are most stretched in their resource availability. Do your local mutual aid agreements envision sharing chief level resources, either as a routine, cover assignment, or during an emergency need? Can one battalion chief cover two battalions from neighboring departments? Doing this planning on a county or regional basis and doing it in advance is critical to success.

Allied Agencies. What do your county health officer and county health department expect of your department during a pandemic? Are the expectations different for the emergency medical division than they are for the fire protection division? Vaccination deserves to be mentioned again here - are you and the County Health Department on the same page regarding the priority for vaccination of your various types of employees? Does your plan provide for joint training with the local ambulance companies,

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[Credit: Office of the Public Health Service Historian]

Prepared - continued from page 7


neighboring fire departments, local hospitals, county health department, law enforcement, and other allied agencies? What can the local union do to support the department in the case of a pandemic outbreak? Is your plan consistent with your county's Office of Emergency Services plan, and also with the Emergency Medical Services Authority plan and the plan developed by the state Department of Health Services?

The Plan

Your local plan should be in writing and distributed to all stakeholders. Stakeholders will likely include neighboring departments, your fire stations and other work locations, ambulance companies, county health department, county OES, local law enforcement agency, union locals, etc. The plan should be dated so holders of copies know that they have a current version. The plan should include a contact person for reviewers or readers who have questions or comments.

Your department should train on this plan. Training includes both reviewing the document with all employees and taking time for an exchange of ideas (questions and answers). Be willing and ready to modify your plan if the plan will be better when modified. Training also includes practice - putting into play the practical aspects of the plan. Training should also include allied agencies. Allied agency training may be primarily on a small scale; however large scale county or region wide practical training will be critical to success. This will also help you to identify and address weaknesses in your plan before you implement it out of necessity.

And last, but certainly not least, any plan needs to be flexible. While your plan should include specific elements and specific responses to specific situations, you must build in enough flexibility for the plan to work when those unforeseen circumstances and situations present themselves - as they will.

"In preparing for battle I have always found that plans are useless, but planning is indispensable." - Dwight D. Eisenhower 

Additional Resources

US Department of Health and Human Services at <http://www.pandemicflu.gov>

US Occupational Safety & Health Administration at http://www.osha.gov/Publications/OSHA_pandemic_health.pdf

California Department of Health Services at <http://www.dhs.ca.gov/ps/dcdc/dcdcindex.htm>

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ments. Prior to joining Crabtree Consulting Services, Larry was the Department Safety Chief for the California Department of Forestry and Fire Protection - now Cal-Fire. Larry has more than 33 years in the fire service with experience in fire protection, labor management, and support services; in both volunteer and paid departments.