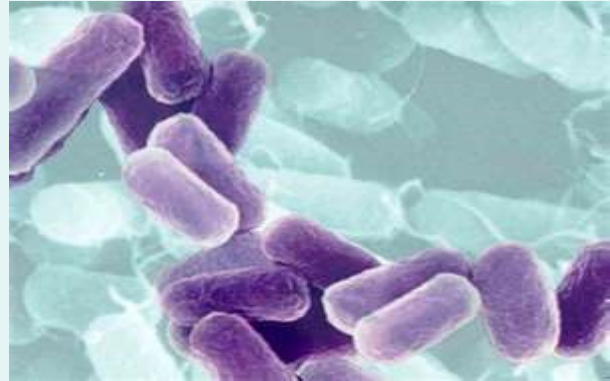
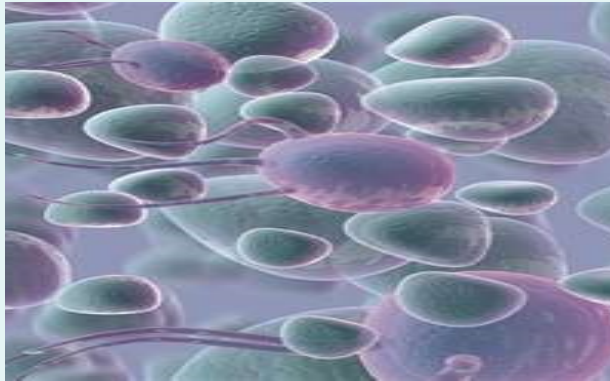




# **North East Multi- Regional Training, Inc.**

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## **COMMUNICABLE DISEASE RESPONSE PLAN for FY 2015**

**NEMRT, MTU 3  
355 Smoke Tree Plaza  
North Aurora, Illinois 60542  
630/896-8860  
[www.nemrt.com](http://www.nemrt.com)**

**DATE:** July 17<sup>th</sup>, 2014

**TO:** **Chief Robert LaMantia, Chairman,  
NEMRT Policy and By-Laws Committee**  
  
**Chief James Kruger, President  
NEMRT Advisory Board of Directors**

**FROM:** **P. A. Brankin, Director  
North East Multi-Regional Training, Inc.**

**SUBJECT: Review of the NEMRT Communicable Disease Response Plan.**

The NEMRT Communicable Disease Response Plan consists of specific and detailed staff actions to minimize the effect on staff and services of a global disease outbreak affecting the metropolitan Chicago area for six to eight weeks. One of the main challenges faced by those planning against a Communicable Disease outbreak is that the nature and impact of the Communicable Disease virus cannot be known until it emerges. A number of assumptions have been prepared by the Center for Disease Control and the Illinois Department of Public Health. These assumptions do provide staff with some guidance on how the response plan should be written to achieve the objectives.

Unlike a Pandemic, a Communicable Disease Outbreak will not necessarily be widespread, affecting multiple areas of the United States and other countries at the same time. It will be more isolated, especially in the beginning when the outbreak may not yet be identified. A Communicable Disease outbreak may be an extended event, with repeated waves of outbreaks in the same geographic area; each outbreak could last from 2 to 4 weeks. Waves of outbreaks may occur over a year or more.

On January 25<sup>th</sup>, 2012, the Advisory Board of Directors formally approved the initial draft of the Plan and ordered an annual review to be conducted. In accordance with that directive, I have conducted my annual review and present my findings to the Policy and By-Laws Committee and to the Board of Directors of NEMRT.

I have reviewed the following areas of the plan:

- *Background and Purpose.* The underlying background enunciated in the plan, including the likely effects of a communicable disease outbreak on NEMRT, remains sound and the four points that describe the purpose of the plan remain valid.
- *Definitions:* The definitions used in the Plan remain current and accurate.
- *The Listing of Potentially Life-Threatening Infectious Diseases: Routinely Transmitted by Contact or Body Fluid Exposures:* As part of this annual review process, materials from the federal CDC and IDPH have been obtained, read and compared with those of 2013, 2012, and 2011. The Listing of potentially life-threatening infectious diseases which are routinely transmitted by contact or body fluid exposures as noted in 2013, 2012 and 2011 are essentially the same as those listed in 2014.

This entire section remains current and accurate with some minor wording changes recommended by the CDC.

- *The Listing of Potentially Life-Threatening Infectious Diseases: Routinely Transmitted through Aerosolized Airborne Means:* As part of this annual review process, materials from the federal CDC and IDPH have been obtained, read and compared with those of 2013, 2012 and 2011. The Listing of potentially life-threatening infectious diseases which are routinely transmitted by aerosolized Airborne means contact as noted in 2013, 2012 and 2011 are essentially the same as those listed in 2014.

This entire section remains current and accurate with some minor wording changes recommended by the CDC.

- *The Listing of Potentially Life-Threatening Infectious Diseases: Routinely Transmitted Through Aerosolized Droplet Means:* As part of this annual review process, materials from the federal CDC and IDPH have been obtained, read and compared with those of 2013, 2012 and 2011. The listing of potentially life-threatening infectious diseases which are routinely transmitted by aerosolized droplet means contact as noted in 2013, 2012 and 2011 are essentially the same as those listed in 2014.

This entire section remains current and accurate.

- *The Listing of Potentially Life-Threatening Infectious Diseases Caused by Agents Potentially Used for Bioterrorism or Biological Warfare:* As part of this annual review process, current, up to date materials from the federal DHS, CDC and the Illinois DHS and IDPH have been obtained, read and compared with those of 2013, 2012, and 2011. The listing of potentially life-threatening infectious diseases by agents used for bioterrorism and or biological warfare as noted in 2013, 2012 and 2011 are essentially the same as those listed in 2014.

This entire section remains current and accurate.

- *The guidelines describing the expected circumstances in which NEMRT staff members, Instructors and or students may be exposed to communicable diseases routinely transmitted through contact or body fluid exposure:* This section including the assumptions made for both direct and indirect exposure remains unchanged.
- *The guidelines describing the expected circumstances in which NEMRT staff members, Instructors and or students may be exposed to communicable diseases routinely transmitted through airborne or aerosolized means:* This section remains unchanged.
- *The guidelines describing the manner in which medical facilities determine exposure:* The Ryan White Act of 2009 as amended specifies that medical facilities must respond to appropriate requests to determine whether or not emergency response personnel, including NEMRT instructors, students and or staff have been exposed to any of the infectious diseases listed here, or any others determined to be potentially life threatening by the CDC.

This section remains unchanged.

- *The Communicable Disease Response Plan: Authority and Responsibility:* This section, which clearly establishes that the Board of Directors of NEMRT is responsible for managing the affairs of NEMRT and is charged with the responsibility to exercise all other powers and duties as are reasonable to fulfill its functions in furtherance of the ASSIST Act, remains unchanged.

Also unchanged is the authority delegated by the Board to the Director to:

1. Write and distribute a Communicable Disease Response Plan.
2. Activate the Communicable Disease Response Plan in the event a Communicable Disease emergency is declared by state or federal government.
3. Suspend certain administrative and operational procedures.
4. Redirect NEMRT's fiscal and human resources as necessary to maintain mission critical operations.

- *The Communicable Disease Response Plan: Communications Section:* The ability of NEMRT's staff to communicate internally with themselves and externally with our member departments is a critical part of the plan. The communication section, covering use of our web site, our email system, our telephone system and the media remains relevant. There is some concern that our Voice Over Internet VOIP) protocol based telephone system is vulnerable to a loss of internet services. This concern will be addressed by the Director and IT manager during the coming year.
- *The Communicable Disease Response Plan: Key Actions:* This is the heart of the plan and after a thorough review remains essentially unchanged. Several steps have been consolidated for a more streamlined response. Additionally, titles of staff members have been revised to reflect the re-organization in NEMRT and the reduction from three divisions to two divisions.

### **CONCLUSION:**

My conclusion is that the Communicable Disease Response Plan is well written and remains relevant in the event of a wide spread and catastrophic communicable disease outbreak. By our close adherence to the provisions of the plan, we will remain able to limit staff illness and death arising from exposure and infection, reduce as far as possible disruption to NEMRT classes and training programs, minimize disruption to essential internal administrative and R&D services and facilitate communication with member departments Chiefs, Sheriffs, Directors and TO's, and with Instructors and students, so that training continuity is maintained with the least amount of disruption.

The next review is scheduled for October 28<sup>th</sup>, 2015.

I look forward to discussing this report with you and with the members of the NEMRT Advisory Board of Directors.

# **NORTH EAST MULTI-REGIONAL TRAINING, Inc.**

**Mobile Team Unit # 3**

## **COMMUNICABLE DISEASE RESPONSE PLAN**



### **COMMUNICABLE DISEASE RESPONSE PLAN**

**See Also:**        **NEMRT PERSONNEL CODE**  
                     **Policy # 02-004: “Safety and Security”**

**Director’s Procedure # 003, “Automobiles”**  
**Administrative Procedure # 101, “General Leave Procedures”**  
**Administrative Procedure # 120, “Family and Medical Leave Act”**  
**Administrative Procedure # 127, “Safety and Security Program”**

**Written:**                **11/30/11**  
**First Review date:**    **10/31/12**  
**Review date:**        **10/30/13**  
**Review date:**        **10/29/14**  
**Next Review date:**    **10/30/15**

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### **BACKGROUND and PURPOSE:**

An **INFECTIOUS DISEASE “OUTBREAK”** describes a distribution of one or more cases of communicable disease that are unusual in terms of time, place or persons affected.

As outbreaks may have the ability to spread quickly in a law enforcement or training environment due to the number and close proximity of individuals, NEMRT will work closely with the Illinois Department of Public Health, county departments of public health, the ILETSB and its member departments to assist them in investigating occurrences of all verified communicable disease outbreaks to establish the cause, mode of transmission, probable source and identification of individuals who are deemed to be at risk of contracting the disease and implementation of required infection prevention and control measures.

How would a Communicable Disease outbreak affect NEMRT?

Unlike a Pandemic, a Communicable Disease Outbreak will not necessarily be widespread, affecting multiple areas of the United States and other countries at the same time. It will be more isolated, especially in the beginning when the outbreak may not yet be identified. A Communicable Disease outbreak may be an extended event, with repeated waves of outbreaks in the same geographic area; each outbreak could last from 2 to 4 weeks. Waves of outbreaks may occur over a year or more.

NEMRT will likely experience:

**Absenteeism** - A Communicable Disease could affect as many as 40 percent of the workforce during periods of peak illness. Employees could be absent because they are sick, must care for sick family members or for children if schools or day care centers are closed, are afraid to come to work, or the employer might not be notified that the employee has died.

**Change in patterns of training** - During a communicable disease outbreak, our ability to continue to provide in-service and basic training to our member departments is likely to undergo a series of radical changes. Officers assigned to NEMRT training programs may be recalled by their agencies as the need for law enforcement services increase. Officers themselves may cancel attendance because of their own sickness or that of other family members.

Host sites may refuse to host NEMRT Classes because of the increased risk of infection.

Staff may be unable to coordinate training programs because of our absentee rate or that of our instructors and host staff.

**Interrupted supply/delivery** - Shipments of training materials and handouts may be delayed or cancelled because of similar problems experienced by our vendors.

The main purposes of the NEMRT Communicable Disease Response Plan are to:

- Limit student, instructor and staff illness and death arising from exposure and infection.
- Reduce as far as possible disruption to NEMRT classes and training programs.
- Minimize disruption to essential internal administrative and operational services.
- Facilitate communication with member departments Chiefs, Sheriffs, Directors and TO's, and with Instructors and students, so that training continuity is maintained with the least amount of disruption.

One of the main challenges faced by those planning against a Communicable Disease outbreak is that the nature and impact of the specific virus cannot be known until it is verified by a medical facility. During a communicable disease outbreak, governmental and non-governmental agencies may issue advice on the full range of response policies that should be adopted to achieve the objectives set out above, based on its understanding of the nature of the Communicable Disease virus and its likely impacts.

Uncertainty about the nature and impact of the Communicable Disease virus means that planning across all sectors' need, for prudence, to be sufficiently flexible to cope with a range of possible impacts, including those arising from a Communicable Disease virus.

**POLICY:** The Advisory Board of Directors believes that the safety and security of its staff, students, volunteers, etc., are critically important.

Therefore it is the policy of the Board of North East Multi-Regional Training, Inc, that a Safety and Security Program be created and reviewed periodically to accomplish the following goals:

- Provide a safe and secure office workplace for all staff and visitors; and,
- Provide a safe and secure training environment for all students, instructors and host site employees.

**CONFIDENTIALITY STATEMENT:** Every effort must be made by all parties to protect the identity of all instructors, students and or staff members who may be a carrier or who may have been exposed to a serious communicable disease.

#### **DEFINITIONS:**

**Aerosol:** Aerosol means tiny particles or droplets suspended in air. These range in diameter from about 0.001 to 100.

**Aerosolized transmission** Aerosolized transmission means person-to-person transmission of an infectious agent through the air by an aerosol. See “aerosolized airborne transmission” and “aerosolized droplet transmission.”

**Aerosolized airborne transmission:** Aerosolized airborne transmission means person-to-person transmission of an infectious agent by an aerosol of small particles able to remain airborne for long periods of time. These are able to transmit diseases on air currents over long distances, to cause prolonged airspace contamination, and to be inhaled into the trachea and lung.

**Aerosolized droplet transmission:** Aerosolized droplet transmission means person-to-person transmission of an infectious agent by large particles only able to remain airborne for short periods of time. These generally transmit diseases through the air over short distances (approximately 6 feet), do not cause prolonged airspace contamination, and are too large to be inhaled into the trachea and lung.

**Contact or body fluid transmission:** Contact or body fluid transmission means person-to-person transmission of an infectious agent through direct or indirect contact with an infected person's blood or other body fluids.



**Exposed:** Exposed means to be in circumstances in which there is recognized risk for transmission of an infectious agent from a human source to an ERE.

**Health Alert:** Notices provided by government and/or health-related organizations concerning relevant information related to the health and safety of the public. These may include notices of travel restrictions, information concerning sites of novel outbreaks around the world, notification of World Health Organization phase shifts etc.

**Isolation:** Isolation is the separation for the period of communicability of infected individuals and animals from other individuals and animals, in places and under conditions as will prevent the direct or indirect transmission of the infectious agent from infected individuals or animals to other individuals or animals who are susceptible or who may spread the agent to others. Isolation may be voluntary or enforced.

**Potentially life-threatening infectious disease:** Potentially life-threatening infectious disease means an infectious disease to which EREs may be exposed and that has reasonable potential to cause death or fetal mortality in either healthy EREs or in EREs who are able to work but take medications or are living with conditions that might impair host defense mechanisms.

## **LISTING OF POTENTIALLY LIFE THREATENING INFECTIOUS DISEASES:**

The List of Potentially Life-Threatening Infectious Diseases to which NEMRT staff, instructors and or students may be exposed can be divided into four sections. They are:

- Diseases routinely transmitted by contact or body fluid exposures,
- Diseases routinely transmitted through aerosolized airborne means,
- Diseases routinely transmitted through aerosolized droplet means, and
- Diseases caused by agents potentially used for bioterrorism or biological warfare.

Diseases often have multiple transmission pathways. However, for purposes of this response plan, diseases routinely transmitted via the aerosol airborne or aerosol droplet routes are so classified, even if other routes, such as contact transmission, also occur. The Center for Disease Control (CDC) continues to monitor the scientific literature on these and other infectious diseases. In the event that CDC determines that a newly emerged infectious disease fits criteria for inclusion in the list of potentially life-threatening infectious diseases required by the Ryan White HIV/AIDS Treatment Extension Act of 2009, CDC will amend the list and add the disease.

### **Potentially Life-Threatening Infectious Diseases: Routinely Transmitted by Contact or Body Fluid Exposures:**

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human immunodeficiency virus (HIV)
- Rabies (Rabies virus)

- Vaccinia (Vaccinia virus)
- Viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean- Congo, and other viruses yet to be identified)

**Potentially Life-Threatening Infectious Diseases: Routinely Transmitted Through Aerosolized Airborne Means:** These diseases are included within "...those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means."

- Measles (Rubeola virus)
- Tuberculosis (Mycobacterium tuberculosis)--infectious pulmonary or laryngeal disease; or extra-pulmonary (draining lesion)
- Varicella disease (Varicella zoster virus)--chickenpox, disseminated zoster.

**Potentially Life-Threatening Infectious Diseases: Routinely Transmitted Through Aerosolized Droplet Means:** These diseases are included within "...those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means."

- Diphtheria (Corynebacterium diphtheriae)
- Novel influenza A viruses as defined by the Council of State and Territorial Epidemiologists (CSTE) [21]
- Meningococcal disease (Neisseria meningitidis)
- Mumps (Mumps virus)
- Pertussis (Bordetella pertussis)
- Plague, pneumonic (Yersinia pestis)
- Rubella (German measles; Rubella virus)
- SARS-CoV

**Potentially Life-Threatening Infectious Diseases Caused by Agents Potentially Used for Bioterrorism or Biological Warfare:** These diseases include those caused by any transmissible agent included in the HHS Select Agents List. Many are not routinely transmitted human to human but may be transmitted via exposure to contaminated environments. The HHS Select Agents List is updated regularly and can be found on the National Select Agent Registry Web site: <http://www.selectagent.gov>

- Anthrax, cutaneous (Bacillus anthracis)
- Botulinum toxin: Botulinum toxin is one of the deadliest toxins known, and is produced by the bacterium Clostridium botulinum. Botulism causes death by respiratory failure and paralysis.[24] Furthermore, the toxin is readily available worldwide due to its cosmetic applications in injections.
- Ricin

## **GUIDELINES DESCRIBING THE CIRCUMSTANCES IN WHICH NEMRT STAFF INSTRUCTORS OR STUDENTS MAY BE EXPOSED TO COMMUNICABLE DISEASES:**

**Exposure to Diseases Routinely Transmitted by Contact or Body Fluid Exposures:**  
Contact transmission is divided into two subgroups:

- Direct; and
- Indirect.

Direct transmission occurs when micro-organisms are transferred from an infected person to a NEMRT instructor, student or staff member without a contaminated intermediate object or person. Indirect transmission involves the transfer of an infectious agent through a contaminated intermediate object or person.

Contact with blood and other body fluids may transmit the blood-borne pathogens HIV, HBV, and HCV. When staff, instructors or NEMRT students have contact circumstances in which differentiation between fluid types is difficult, if not impossible, all body fluids are considered potentially hazardous. In the Occupational Safety and Health Administration (OSHA) Blood-borne Pathogens Standard, an exposure incident is defined as a “specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.”

Occupational exposure to cutaneous anthrax would include exposure of a NEMRT instructor, student or staff member’s non-intact skin or mucous membrane to drainage from a cutaneous anthrax lesion. Percutaneous injuries with sharp instruments potentially contaminated with lesion drainage should also be considered exposures.

Contact with blood or other bodily fluids is not thought to pose a significant risk for anthrax transmission. Occupational exposure to rabies would include exposure of an ERE's wound, non-intact skin, or mucous membrane to saliva, nerve tissue, or cerebral spinal fluid from an infected individual. Percutaneous injuries with contaminated sharp instruments should be considered exposures because of potential contact with infected nervous tissue. Intact skin contact with infectious materials or contact only with blood, urine, or feces is not thought to pose a significant risk for rabies transmission. Occupational exposures of concern to vaccinia would include contact of mucous membranes (eyes, nose, mouth, etc.) or non-intact skin with drainage from a vaccinia vaccination site or other mucopurulent lesion caused by vaccinia infection.

### **Exposure to Diseases Routinely Transmitted by Airborne or Aerosolized Means:**

Occupational exposure to pathogens routinely transmitted through aerosolized airborne transmission may occur when a NEMRT instructor, student or staff member shares air space with a contagious individual who has an infectious disease caused by these pathogens. Such an individual can expel small droplets into the air through activities such as coughing, sneezing and talking. After water evaporates from the airborne droplets, the dried out remnants can remain airborne as droplet nuclei.

Occupational exposure to pathogens routinely transmitted through aerosolized droplet transmission may occur when a NEMRT instructor, student or staff member comes within about six feet of a contagious individual who has an infectious disease caused by these pathogens and who creates large respiratory droplets through activities such as sneezing, coughing, and talking.

**ASSUMPTIONS:**

- A Communicable Disease outbreak is inevitable and will probably give little warning. To some extent, everyone will be affected by some type of exposure.
- A Communicable Disease exposure may happen in a classroom setting, in the NEMRT corporate headquarters, at a meeting attended by staff or any other venue where large numbers of people are gathered.
- Effective preventive and therapeutic measures, including vaccines, antiviral agents and other antibiotics, will likely be in short supply or not available. Supplies that are available will most likely be managed by the state and distributed by county health organizations.

If a vaccine is available, the Director of NEMRT may need to move funds from one budget category to another to purchase the vaccine for staff if reimbursement from our health care provider is not allowed.

- The traditional classroom academic environment cannot be maintained during a Communicable Disease outbreak because:

Widespread illness in the area will increase the likelihood of significant shortages of personnel who attend NEMRT training programs. Police agencies will have higher than normal absenteeism rates. Moreover, member departments will be reluctant to expose healthy officers to increased risks of getting the influenza by attending NEMRT classes.

Widespread illness in the area will also increase the likelihood of significant shortages of personnel who instruct NEMRT training programs.

And,

Because local communities will take steps to minimize the spread of the virus by limiting person to person contacts. To that end public places including but not limited to schools, community centers, park districts and police departments, may be closed or restricted to our use.

- Widespread illness in the area may increase the likelihood of significant shortages of NEMRT staff members.
- A Communicable Disease outbreak may exhaust availability of assistance from the State and from the Illinois Law Enforcement Training Standards Board.
- The first wave of Communicable Disease outbreak will be followed by a second wave arriving three to nine weeks after the first wave.

## **GUIDELINES DESCRIBING THE MANNER IN WHICH MEDICAL FACILITIES DETERMINE EXPOSURE:**

The Ryan White Act of 2009 as amended specifies that medical facilities must respond to appropriate requests to determine whether or not emergency response personnel, including NEMRT instructors, students and or staff have been exposed to any of the infectious diseases listed in this plan or any others determined to be potentially life threatening by the CDC.

A medical facility has access to two types of information related to a potential exposure incident to use in making a determination. First, the request submitted to the medical facility contains a "statement of the facts collected" about the emergency response personnel, including NEMRT instructors, students and or staff members' potential exposure incident. Information about infectious disease transmission provided in relevant CDC guidance documents or in current medical literature will be considered by the medical facility in assessing whether there is a realistic possibility that the exposure incident described in the statement of the facts could potentially transmit an infectious disease included on the list issued pursuant to federal law.

Second, the medical facility possesses medical information about the person who is recognized as having displayed symptoms of a communicable disease, or was transported or treated by emergency response personnel or medical facility personnel. This is the medical information that the medical facility would normally obtain according to its usual standards of care to diagnose or treat the victim, since the Ryan White Act does not require special testing in response to a request for a determination.

Information about the potential exposure incident and medical information about the victim should be used in the following manner to make one of the four possible determinations as required by law:

1. A NEMRT instructor, student and or staff member has been exposed to an infectious disease included on the list:
  - Facts provided in the request for determination document a realistic possibility that an exposure incident occurred with potential for transmitting a listed infectious disease from the victim of an emergency to the involved ERE; and
  - The medical facility possesses sufficient medical information allowing it to determine that the victim of an emergency treated and/or transported by the involved ERE had a listed infectious disease that was possibly contagious at the time of the potential exposure incident.
  
2. A NEMRT instructor, student and or staff member has not been exposed to an infectious disease included on the list:
  - Facts provided in the request rule out a realistic possibility that an exposure incident occurred with potential for transmitting a listed infectious disease from the victim of an emergency to the involved ERE;  
or

- The medical facility possesses sufficient medical information allowing it to determine that the victim of an emergency treated and/or transported by the involved ERE did not have a listed infectious disease that was possibly contagious at the time of the potential exposure incident.
3. The medical facility possesses no information on whether the victim involved has an infectious disease included on the list:
    - The medical facility lacks sufficient medical information allowing it to determine whether the victim of an emergency treated and/or transported by the involved ERE had, or did not have, a listed infectious disease at the time of the potential exposure incident.
    - If the medical facility subsequently acquires sufficient medical information allowing it to determine that the victim of an emergency treated and/or transported by the involved ERE had a listed infectious disease that was possibly contagious at the time of the potential exposure incident, then it should revise its determination to reflect the new information.
  4. The facts submitted in the request are insufficient to make the determination about whether the ERE was exposed to an infectious disease included on the list:
    - Facts provided in the request insufficiently document the exposure incident, making it impossible to determine if there was a realistic possibility that an exposure incident occurred with potential for transmitting an infectious disease included on the list issued pursuant to Section 2695(a)(1) [42 U.S.C. 300ff-131(a)(1)] from the victim of an emergency to the involved ERE.

## **COMMUNICABLE DISEASE RESPONSE PLAN:**

### **Authority and Responsibilities:**

1. In accordance with the provisions of 50 ILCS 720, the Illinois Local Governmental Law Enforcement Officers In-Service Training Act, The Advisory Board of Directors of North East Multi-Regional Training is responsible for managing the affairs of NEMRT. Specifically, the Board is charged with the responsibility to exercise all other powers and duties as are reasonable to fulfill its functions in furtherance of the ASSIST Act.
2. The Advisory Board of Directors has determined that written policies, procedures, rules and regulations, practices and guidelines will be established and maintained for the efficient and effective operation of the corporation.
3. The Advisory Board of Directors has given the Director of NEMRT the authority to implement procedures in fulfillment of all policies adopted by the Board. This authority includes the issuance, modification and approval of all written procedures, rules and regulations, practices and guidelines.

The Director has been given by the Board of Directors their authority to:

- Write and distribute a Communicable Disease Response Plan.
- Activate the Communicable Disease Response Plan in the event a Communicable Disease emergency is declared by state or federal government.
- Suspend certain administrative and operational procedures.
- Redirect NEMRT's fiscal and human resources as necessary to maintain mission critical operations.

**Communication:** In the event that the Communicable Disease Response Plan is activated, NEMRT will utilize redundant communication systems depending upon the availability of each technology. Coordination of communication will be the responsibility of the Deputy Director for Administration.

**NEMRT'S Web Site:** The NEMRT Communicable Disease Response Plan will be available to all interested parties through a link on NEMRT's home page. As needed, the webpage will include links to other useful information. This site will be updated as needed by the IT Manager.

**E-mail:** Existing mechanisms are in place for authorizing and sending mass email to NEMRT's member departments.

**Telephone –** NEMRT's telephones will be answered by essential staff during a severe outbreak. Our telephones can be used to disseminate critical information to our member departments via recorded voice mail messages. In the event of a class closing, office closing or a reduction in office hours, the automated attendant will be changed to provide the necessary information. The IT Manager will prepare the message and activate it when requested by the Director.

**Media –** critical messages may also be disseminated by Operations staff via radio and television by the Metropolitan Chicago Emergency Closing Center.

**Graduated Response:** NEMRT's response to a communicable disease outbreak is a graduated response based on the intensity of actual events as they occur within the metropolitan Chicago area.

### **Key Actions and Responsibilities:**

#### **Ongoing:**

In accordance with the Illinois and the Kane County Departments of Public Health criteria, NEMRT will remain alert to and prepared for a communicable disease outbreak.

The following key actions will be taken during to prepare. NEMRT will:

1. Be alert for unusual communicable diseases reported in local communities.

2. Monitor and review reports from the Illinois Department of Public Health, the Illinois Emergency Management Agency, the Federal Center for Disease Control, and other state and federal agencies for information on unusual communicable diseases.
3. Review Communicable Disease Response Plans from schools, other local, state and federal agencies and training academies.
4. All staff will be encouraged to get vaccinated with the approved H1N1 vaccine. The D/Director of Administration will coordinate with our Health Care Provider to obtain, if possible, free immunizations.
5. The Director will develop and/or review Communicable Disease Response Plan with senior staff members, Training Committee Members and the Advisory Board of Directors.
6. All Senior staff will identify mission critical operations and staff.
7. All staff will receive training on the Communicable Disease Response Plan.
8. The Director will communicate the final plan to NEMRT's Board of Directors, to its member departments and to the ILETSB.
9. Post the Plan on-line.
10. The IT Manager will assist mission critical staff with network software that permits them to work from home, if necessary.
11. Educational posters containing health information will be posted at various locations throughout the NEMRT Corporate Headquarters for staff to see and read. The Training Coordinator from the Operations Division will obtain and post these posters
12. The IT Manager will create a new e-mail address and voice mail box for use by student officers and Training Officers when calling off sick at a NEMRT class. All staff will have access codes to check daily. Per the Director, D/D of Administration or his designee will be in charge of checking email/voicemail daily. This is a critical task that will need to be performed regardless of staff shortages.

The NEMRT web site will contain a link to this e-mail address and information for the voice mail box.

13. The IT Manager will create a new voice mail box for instructors to use to notify NEMRT after normal business hours if they are unable to teach the next day. Through 'Call Forwarding' the messages left on this voice mail box will be delivered to the D/Director of Operations.

**Communicable Disease Alert Period:** After receiving a report of infectious disease found in a classroom, meeting room or corporate headquarters, the Director will initiate an inquiry to determine the validity of the information.

1. The Director will inform the appropriate county public health department and obtain the most current recommendations about the management and prevention of the specific strain of communicable microbe. The Director may also request information regarding appropriate vaccines and/ or medications along with professional and administrative assistance as deemed necessary. The Director will cooperate with local public health professionals with surveillance and outbreak containment measures, including administration of appropriate vaccines and medications.



2. Students, instructors, and staff will be requested to report any signs and symptoms of the illness to their private physician where they can receive a confidential medical consultation, appropriate prophylaxis, treatment, and/or referral to community health organizations, as medically indicated.

**Communicable Disease Outbreak Period:** If the report is verifiable, and a local department of public health or a medical facility determines that the disease possesses a serious threat to the health of those exposed to it, the Director will convey only the necessary information to the following individuals as appropriate:

1. For illness involving a student in a NEMRT class:
  - The student officer's CEO and TO.
  - The CEO and TO of every other student officer in the same class.
  - The CEO and TO of the host site.
2. For illness involving an instructor in a NEMRT class:
  - The CEO and TO of every student officer in the same class.
  - The CEO and TO of the host site.
3. For illness involving an employee:
  - The CEO and TO of every student officer in any class started or visited by the employee within the previous week.
  - The CEO and TO of every host site visited by the employee within the previous week.
  - The CEO or TO of every meeting site visited by the employee within the previous week.
  - All other staff members, instructors or student officers who may have come in contact with the employee within the previous week.

The following key actions will also be taken:

1. The Director may modify NEMRT's 'no-show reduction' program. During a communicable disease outbreak, at the discretion of the Director, NEMRT may not generate no-show letters to agency CEO's, nor will it bill agencies for missing students at tuition based classes in bona fide cases of absence due to swine flu. Absences will be handled on a case by case basis unless the Director decides it is necessary to enact a complete cancellation of the no-show reduction program.
2. The D/Director of Operations will monitor class registration levels daily and note the numbers of student cancelations. Classes, for which enrollment levels drop below the viability threshold, will be brought to the attention of the Director.
3. The Program Manager for Schedules and the Program Manager for Basic and In-Service Training will notify the D/Director of Operations immediately when any host site cancels its availability for NEMRT.

- Community Colleges that serve as host site are particularly prone to closing in response to a phase 6 crisis and will need to be monitored closely.
4. The Program Manager for Schedules and the Program Manager for Basic and In-Service Training will notify the D/Director of Operations immediately when any instructor cancels.
  5. The D/Director for Operations will have the authority to cancel classes in response to attendance, host site or instructor issues. He will notify all staff of the cancellation.
  6. The Program Manager for Special Projects and the Executive Assistant will notify the D/Director of Operations immediately when any host site cancels its availability for in-house or pilot programming.
  7. The Program Manager for Special Projects and the Executive Assistant will notify the D/Director of Operations immediately when any in-house or pilot program instructor cancels.
  5. The D/Director for Operations will have the authority to cancel classes in response to attendance, host site or instructor issues. He will notify all staff of the cancellation.
  6. In the event that a class is canceled:
    - a. The Program Manager for Schedules will notify all Chiefs, Sheriffs and TO's of the cancellation.
    - b. The Accounting Specialist will not generate invoices for the cancelled class.
    - c. If the course was funded through an IDOT, Homeland Security, Coroner's Death Investigation or other outside grant source, the Accounting Specialist will notify that grant program manager at the ILETSB.
    - d. The IT Manager will post all class cancellations on the NEMRT web site.
    - e. The Deputy Director of Operations will work with the Program Manager for Schedules, the Program Manager for Basic and In-Service Training and various vendors to reschedule or relocate the canceled classes as necessary.
  7. Instructors will have the authority of the Director to order students displaying communicable disease symptoms out of class and back to their agency or to their home. Instructors taking such actions will immediately notify NEMRT staff. NEMRT staff will immediately notify the employee's agency.
  8. Staff members will be encouraged to work at home to reduce exposure to contagion. Non-mission critical staff members may be transferred to mission critical functions to offset staff shortages as necessary.
  9. The Director will modify NEMRT's procedure on Sick Time Usage as necessary to encourage ill workers to remain at home until they are no longer contagious.
  10. If staff absenteeism becomes a critical problem, the Director will order reduced office hours, altered work schedules or other modifications of the daily work schedule until staff shortages cease.

Senior staff will meet with the Director to evaluate the effectiveness of the steps taken during the first wave of the outbreak. Based on their review and discussion, the following key actions will be taken during the Second Wave of any communicable disease outbreak:

1. The Director will modify NEMRT's 'no-show reduction' program. During an outbreak, NEMRT may not generate no-show letters to agency CEO's, nor will it bill agencies for missing students at tuition based classes in bona fide cases of absence due to swine flu.
2. The D/Director of Operations will monitor class registration levels daily and note the numbers of student cancellations. Classes, for which enrollment levels drop below the viability threshold, will be brought to the attention of the Director.
3. The Program Manager for Schedules and the Program Manager for Basic and In-Service Training will notify the D/Director of Operations immediately when any host site cancels its availability for NEMRT.

Community Colleges that serve as host site are particularly prone to closing in response to a phase 6 crisis and will need to be monitored closely.

4. The Program Manager for Schedules and the Program Manager for Basic and In-Service Training will notify the D/Director of Operations immediately when any instructor cancels.
5. The D/Director for Operations will have the authority to cancel classes in response to attendance, host site or instructor issues. He will notify all staff of the cancellation.
6. The Program Manager for Special Projects and the Executive Assistant will notify the D/Director of Operations immediately when any host site cancels its availability for in-house or pilot programming.
7. The Program Manager for Special Projects and the Executive Assistant will notify the D/Director immediately when any instructor cancels.
5. The D/Director for Operations will have the authority to cancel classes in response to attendance, host site or instructor issues. He will notify all staff of the cancellation.
6. In the event that a class is canceled:
  - a. The Program Manager for Schedules will notify all Chiefs, Sheriffs and TO's of the cancellation.
  - b. The Accounting Specialist will not generate invoices for the cancelled class.
  - c. If the course was funded through an IDOT, Homeland Security, Coroner's Death Investigation, or other outside grant source, the Accounting Specialist will notify that grant program manager at the ILETSB.
  - d. The IT Manager will post all class cancellations on the NEMRT web site.
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**Post Outbreak Period:** All staff will meet with the Director to evaluate the effectiveness of the NEMRT Communicable Disease Response Plan. Based on their review and discussion, the Plan will be revised as necessary and presented to the Board of Directors for review and approval.