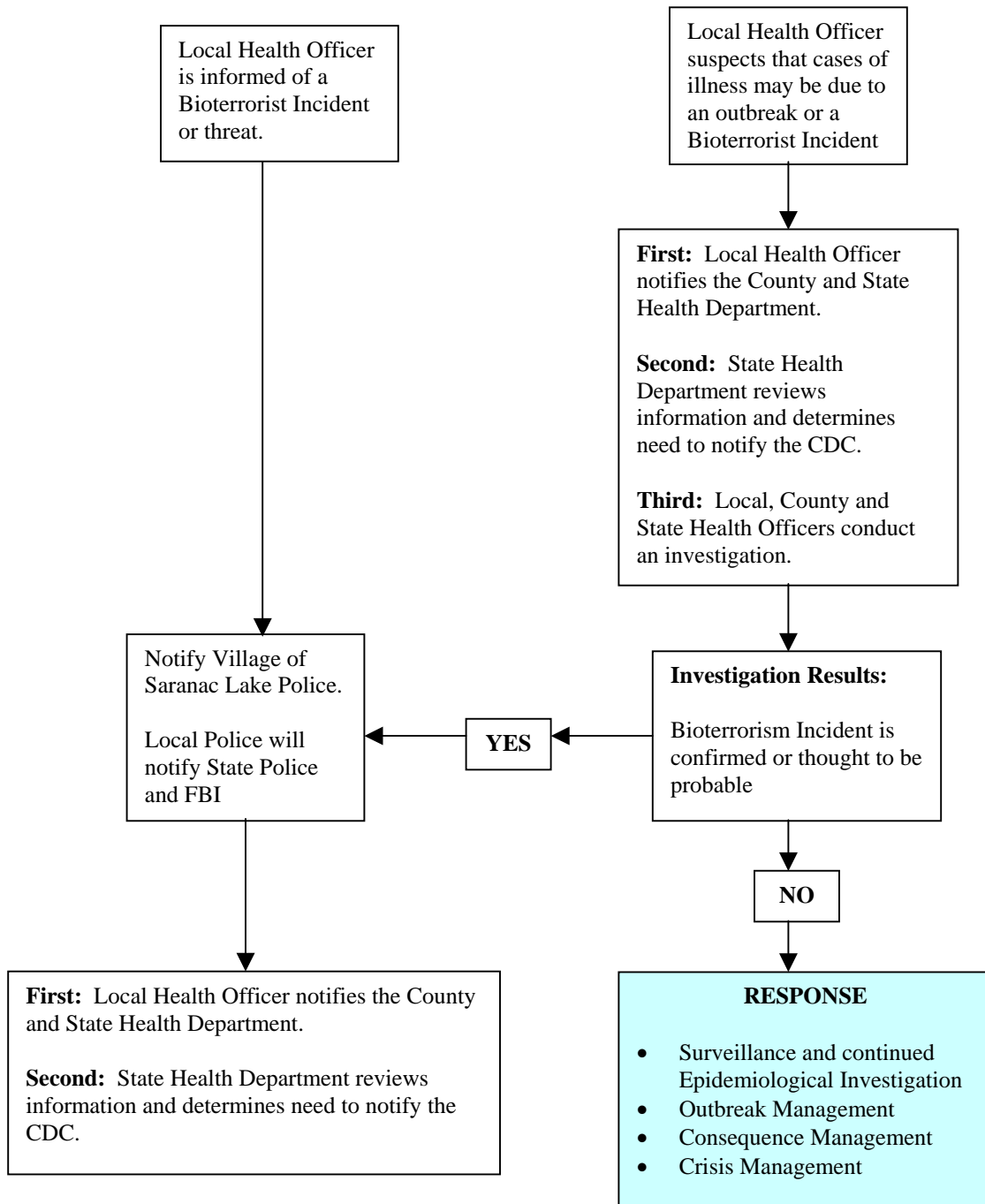


# Village of Saranac Lake Public Health Emergency Response For A Disease Outbreak

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**Introduction:** It is not always clear in the first stages of an epidemiologic investigation whether an outbreak has a natural or man-made cause. The investigative skills, diagnostic techniques, and physical resources required to detect and diagnose a disease outbreak are the same ones required to identify and respond to a silent bioterrorist attack.

**Notification Procedures:**



## 1. SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION

### **Ensure early detection of an outbreak through prompt and systematic collection and interpretation of patient-based and healthcare utilization data.**

- a) The Essex and Franklin County Health Departments, along with the State Health Department have legal authority to collect personal (sensitive) data on individuals.
- b) The State Health Department disseminates reportable disease information, reporting requirements and procedures to healthcare providers on a periodic basis.
- c) Essex and Franklin County, as well as the State of New York, has established systematic data collection protocols that monitor community health indicators (e.g., aberrations in utilization trends or syndrome-based presentations). Saranac Lake governmental and public health officials would be notified if such community health indicators indicated the need for an investigation.
- d) Epidemiologic Clues That Trigger Further Epidemiologic Investigation
  - Large number of ill persons with similar disease or syndrome.
  - Large number of unexplained disease, syndrome or deaths.
  - Unusual illness in a population.
  - Higher morbidity and mortality than expected with a common disease or syndrome.
  - Failure of a common disease to respond to usual therapy.
  - Single case of disease caused by an uncommon agent.
  - Multiple unusual or unexplained disease entities coexisting in the same patient without other explanation.
  - Disease with an unusual geographic or seasonal distribution.
  - Multiple atypical presentations of disease agents.
  - Similar genetic type among agents isolated from temporally or spatially distinct sources.
  - Unusual, atypical, genetically engineered, or antiquated strain of agent.
  - Endemic disease with unexplained increase in incidence.
  - Simultaneous clusters of similar illness in non-contiguous areas, domestic or foreign.
  - Atypical aerosol, food, or water transmission.
  - Ill people presenting near the same time.
  - Deaths or illness among animals that precedes or accompanies illness or death in humans.
  - No illness in people not exposed to common ventilation systems, but illness among those people in proximity to the systems.

## 2. OUTBREAK MANAGEMENT

Outbreak management encompasses all activities necessary to determine the nature and scope of infectious disease outbreaks and to communicate pertinent public health information to all local health care providers and public health entities in the Saranac Lake area, and pertinent disease prevention/risk information to the public.

### **Initiating Event – Point of Entry**

Infectious disease case information may be routed to our local public health system from any of a number of sources, including private clinicians, the Adirondack Medical Center laboratory, Saranac Lake Central School nursing, environmental health staff at the prisons, public health nurses, local police officers, etc. The point of entry within the regional public health system may likewise vary. However, all situations in which an outbreak is seriously suspected or confirmed shall lead to the formation of a *core-working group*.

In the event that the Local Health Officer believes an outbreak exists, whether a natural event, man-made accident or Bioterrorism incident, a *core-working group* will be formed. This group will help manage the response plan, and will serve as subject matter experts in regard to their area of operation.

## **Core-Working Group**

State Health Officer  
County Health Officer  
Saranac Lake (local) Health Officer  
Saranac Lake Village Manager  
Chief, Saranac Lake Volunteer Fire/EMS Department  
Chief, Saranac Lake Police Department  
Representative from Adirondack Medical Center  
Representative from mental health services  
Medical Examiner and County Coroner's Office  
Representative from Saranac Lake Central School System

Once the *core-working group* has been convened, and multiple agencies are involved, two functional entities will be established. The entities will require a physical location to base their operational services. The first will be a unified command center (UCC), and the second, a joint information center (JIC).

## **UNIFIED COMMAND CENTER (UCC)**

Unified Command is a concept of operations used when there are multiple agencies and multiple jurisdictions, such as local, county, state, and possibly federal. Command is accomplished by consensus. All of the members of the *core-working group* may participate in UC activities. However, the Village Manager will determine participation on the UC. The local, county or state health officer may consult with *core-working group* members, as necessary. A strong working relationship between the *core-working group* and the UCC is imperative to successfully managing the outbreak.

The physical location of the UCC will initially be located at Saranac Lake Village Office. As County and State agencies respond to the local effort, the UCC location may be moved to a larger and more equipped facility.

## **JOINT INFORMATION CENTER (JIC)**

The JIC is a physical location where public affairs officers from participating agencies come together to ensure the coordination and release of accurate and consistent information, which is disseminated quickly to the media and the public. Representatives may include a public affairs officer, a health educator, and/or a mental health representative. If convening at the JIC is not feasible, all organizations are encouraged to conduct their information activities in cooperation with the JIC.

The primary functions of the JIC are to:

- Provide response information to individuals, families, businesses, and industries directly or indirectly affected by the emergency.
- Set up phone lines for public and press inquiries.
- Monitor news coverage to ensure that accurate information is being disseminated.
- Take action to correct misunderstandings, misinformation, and incorrect information concerning emergency response and mitigation operations that appear in the news media.
- Use a broad range of resources to disseminate information to disaster victims and the general public, possibly including the FEMA Radio Network, broadcast fax, the Internet, as well as traditional print and broadcast news media.

- Maintain contact with and gather information from federal, state, local, and voluntary organizations taking part in emergency response operations.
- Handle appropriate special projects such as news conferences and press operations for disaster area tours by FEMA officials and others.
- Credential press personnel when necessary to control access to sensitive areas.
- Coordinate with logistics staff to provide basic facilities to assist the news media in disseminating information to the public and to credential media representatives (if deemed necessary).

## **Outbreak Response Activities**

### **A. Initiating Event**

This may be a report from a laboratory at the Adirondack Medical Center, cluster of symptomatic individuals as reported by the public health nurses or the hospital, reports from private clinicians and other health care providers, report from the general public, etc...

### **B. Initial Public Health Response**

1. Begin disease investigation (including increased surveillance).
2. Convene internal "Core-Working Group"
3. Communicate with relevant entities.
  - a. key players for outbreak management
  - b. key players for consequence management
  - c. key players for crisis management

### **C. Evaluate Need for Public Communication**

Evaluate the need to communicate risk information or any other information about the event to the public. There are no hard and fast rules as to when public communications should commence in the case of a real or suspected infectious disease outbreak. Sometimes it will be readily apparent that public health officials must act swiftly to educate or calm the public and/or to correct misinformation and rumors (e.g., if there is a massive flood of casualties to local hospitals). At other times, there may be tension between the public's right to know about potential, but unverified, health risks and the need to avoid undue alarm. Ultimately, each situation will be governed by its own unique circumstances.

#### **1. Evaluation Criteria**

- a. Is the event and/or risk to the public contained in one small locale or spread across multiple jurisdictions?
- b. Is the biological agent highly infectious or relatively difficult to transmit?
- c. Is the biological agent extremely deadly, relatively benign, or dangerous only for specific, vulnerable subgroups?
- d. Is there any indication of criminal/terrorist activity?
- e. What is the extent of media coverage, if any? Are media reports accurate?
- f. Have there been inquiries from the public about the event?

### **D. Initial Public Communication Activities**

Depending on the perceived severity of the threat and the level of independent media activity, health officials must determine the need for and scope of public communications. Communication activities at this point may include any, all, or none of the following:

1. Issue press release.
  - a. local media market
  - b. state media market

- c. regional media market
- d. national media market
2. Designate public health media spokesperson (may be the public information officer, state health officer, lead epidemiologist, etc.).
3. Hold press briefing.
4. Monitor media reports.
  - a. broadcast
  - b. print
  - c. Internet
5. Initiate rumor control activities.
6. Set up phone lines for public inquiries.
7. Set up phone lines for press inquiries.
8. Contact CDC Office of Communications (especially important in a multi-state emergency or any emergency that might generate independent calls to the CDC).

E. Reassessment of Resource Needs

As the disease investigation progresses (and the perceived severity or scope of the emergency changes), public health authorities may need to enlist the support of additional key players.

### 3. CONSEQUENCE MANAGEMENT

Regardless of the nature of the outbreak, consequence management encompasses all care and rescue operations intended to provide immediate assistance to victims and to restore the Village of Saranac Lake to pre-disaster/emergency condition.

#### **Medical**

The key issues associated with medical management of victims will be the provision of preventive services and the medical treatment of patients. Preventive services involve the provision of antibiotics, vaccines, or other medications to prevent disease and death in exposed victims.

Procurement of these vaccines, antibiotics and other medical supplies may require coordination with the County and State Health Departments. It is understood that the Adirondack Medical Center, private offices of local physicians and the local retail pharmacies will maintain a finite amount of the needed supplies. No one can anticipate exactly what agent will infect a population, and how the outbreak will progress. If local supplies are insufficient, it is expected that county and state stockpiles will meet the needs of a local outbreak. If County and State resources would not meet the needs of a local outbreak; a national pharmaceutical stockpile (NPS) was created to address this emergency.

The NPS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration and airway maintenance supplies, and medical/surgical items. The NPS Program is designed to supplement and re-supply state and local public health agencies in the event of a biological or chemical terrorism incident anywhere, at anytime within the United States or its territories.

To receive NPS assets, Saranac Lake would need to have the State Health Department request the deployment of the NPS directly from the Director of CDC. Once requested, the Director of CDC has the authority, in consultation with the Surgeon General, the Secretary of the Department of Health and Human Services, the Federal Emergency Management Agency, and the Federal Bureau of Investigation, to deploy the NPS. The NPS is segregated into several packages.

They have immediate response *Push Packages*, which are caches of pharmaceuticals, antidotes, and medical supplies designed to address a variety of biological or chemical agents. These *Push Packages* are positioned in secure regional warehouses ready for delivery anywhere in the continental United States within 12 hours after a federal decision to deploy.

- *Plans will need to predict supplementary staffing needs and identify auxiliary staff, determine equipment and resource requirements, and identify technical assistance that may be required. Need assistance from County and State Public Health on this issue.*
- *Provisions for properly documenting the treatment of victims should be specified. Is there an agreed upon form? What constitutes proper documentation? Most likely this is a State standard. If not, it should be a joint (local, county and state) decision.*
- *The proper application of mass prophylaxis or immunization will involve complex coordination with other emergency response authorities and a vigorous campaign to inform the public. This should be discussed.*

Immediate prophylaxis efforts will be concentrated on essential emergency personnel. The County Public Health Nurses will assist the Village of Saranac Lake in administering prophylactic vaccines or antibiotics to the following essential emergency personnel:

1. First Responders
  - a) EMS providers (List provided by Chief of Saranac Lake Fire Department)
  - b) Fire Fighters (List provided by Chief of Saranac Lake Fire Department)
  - c) Police Officers (List provided by Chief of Saranac Lake Police Department)
2. Health care providers
  - a) Essential hospital staff (List provided by AMC representative)
  - b) Local physicians and their essential staff (List provided by local health officer)
3. Key Public Health Assets (List provided by UCC)
  - a) Coroner staff
  - b) Emergency health care managers
  - c) Essential communication and transportation personnel
  - d) Etc....

If medication or antibiotic shortages develop during the early phases of the incident, the medication issuance will be limited to a 1- or 2-day course of treatment, pending identification of the agent.

### **Mental Health**

Emergency situations place significant stress on both responders and victims. The representative from mental health services will provide a list and schedule for mental health resources used for identifying and treating those affected by the emergency situation. Special care will be taken to ensure that emergency personnel receive the mental health support they may need, especially when the response personnel or any of their family members are victims of the outbreak. The acts of terrorists are deliberate. The knowledge that the deaths, illnesses, and injuries were intentional can intensify the mental health consequences of the event. Research indicates that children and the elderly react differently to disaster-related stress than do average adults. These differences will be considered and planned for in the provision of emergency-related mental health services. *Pending subject matter expert input. Need to develop this part of the plan.*

## **Mass Fatalities**

Emergencies generating a significant number of fatalities can pose special challenges. Health departments should work with medical examiners or coroners to develop protocols for dealing safely with a large number of casualties. The Saranac Lake Civic Center will serve as temporary makeshift morgue if local facilities are overwhelmed by the outbreak. The County Coroner will be responsible for facilitating the education of his staff, and of the local funeral home personnel. *Pending subject matter expert input. Need to develop this part of the plan.*

## **Emergency public health and infection control measures (UCC will activate as appropriate):**

- a) Closure of places of public assemblage
- b) Distribution of personal protective equipment and instructions about proper use (e.g., respiratory mask)
- c) Procedures for evaluation and handling of the dead
- d) Isolation and medical evaluation for symptomatic or exposed persons (including mental health considerations)
- e) Mass distribution of medical supplies, medications, and mass vaccination
- f) Measures to be taken to protect the health of others if affected persons refuse treatment (e.g., detainment, isolation, vaccination)
- g) Quarantine of geographic areas, buildings, etc. \* (see below)
- h) Restriction of travel \* (see below)
- i) Seizure of personal belongings (e.g., contaminated items, pets)
- j) Seizure of property (e.g., facilities, supplies, equipment, crops, livestock)
- k) Activate medical examiner and coroner mass disaster plans
- l) Deploy public health staff and emergency response partners who are trained in their roles and responsibilities for enforcing these measures
- m) Deploy emergency response partners (i.e., police, National Guard) who are trained to assist public health officials in enforcing emergency public health measures

## **\* Restriction of Movement and Mandated Treatment**

### **State and Local Quarantine, Mandated Treatment**

Responding to an outbreak will require that the State Health Department serve as the lead for legal issues that establish traditional emergency public health measures, such as quarantine and the mandatory administration of medications or vaccines. Most laws that authorize such measures have not been tested against modern legal concerns. Responding to a bioterrorism incident or large-scale infectious disease outbreak may require the use of a variety of emergency public health measures. These may include quarantine, isolation, closing public places, seizing property, mandatory vaccination, travel restrictions, and disposal of the dead.

The Saranac Lake Health Officer shall refer all activity of this nature to the State Health Department.

### **Federal Quarantine**

The Secretary of the Department of Health and Human Services was granted the authority to issue regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States and from one state or possession into another. These regulations, which are administered by CDC, are promulgated separately according to their geographic applicability; one set governs matters of interstate commerce, and the other governs arrivals into the United States.

## **Worker Protection**

The type of hazard should determine worker protection in response to biological terrorism or an infectious disease outbreak. The CDC anticipates that worker exposures to biological terrorism will likely fall into two scenarios: an occupational contact with an infected patient during a bioterrorism-related outbreak; or a potential occupational exposure involving recovery of a biological dissemination device.

### ***Occupational contact with an infected patient during an outbreak:***

Prior to recognition and during a recognized disease outbreak caused by an act of biological terrorism, workers may have contact with patients who are infected by the biological agent. Most agents of bioterrorism are not transmitted from person-to-person, however, for agents such as smallpox or pneumonic plague, a worker is at risk of acquiring infection from the patient. Workers potentially at risk due to occupational exposure include:

- traditional first responders (police, fire, and EMS) who transport ill patients to medical facilities;
- health care workers who care for patients in hospitals, residential facilities, outpatient settings, at home, or elsewhere;
- laboratory personnel handling clinical specimens; and
- health department staff who visit patients in or out of health care facilities while conducting outbreak assessment or control measures.

To protect workers when the presence or nature of a bioterrorism agent is not known, all workers should adhere to Standard Precautions whenever they have contact with broken or moist skin, blood, or body fluids. This includes the use of disposable non-sterile gloves with hand washing immediately after removal; and the use of a disposable gown or apron, and a face shield if any splashing is anticipated. Protective gear is changed between patients to prevent the worker from transmitting infection from patient-to-patient. Once identified, additional precautions based on the agent's specific mode of transmission are applied, e.g., airborne, droplet or contact transmission. Supervisors should contact the local health officer or County Health department for additional instructions for worker vaccination, prophylactic antibiotic therapy, or other measures that may be appropriate for a given disease. Use of disposable non-sterile gloves with and washing immediately after removal; and the use of a disposable gown or apron, and a face shield if any splashing is anticipated. First responders and others involved in out-of-hospital patient transport will be in closer proximity to the patient during transport. They should comply with the infection control guidelines described above and can take the following additional precautions:

- Run the ambulance ventilation system on its highest setting using outside air circulation, which will maximize air changes in the vehicle;
- For diseases which are transmitted by respiratory transmission (droplet or aerosol), the patient should wear a surgical mask, disposable respirator (one without an exhalation valve) or, if needed for respiratory support, an oxygen mask that does not exhaust to ambient air;
- Responders transport patients with different diseases requiring different levels of worker respiratory protection. It may simplify inventory selection to standardize on the more protective N95-class respirator.

### ***Potential occupational exposure involving recovery of a biological dissemination device:***



A determined biological terrorist probably will try to avoid discovery while disseminating the infectious agent. This will maximize the disease impact of the act. Nonetheless, it is possible that a suspected dissemination device may be discovered before or after it releases its contents. The worker risk involved in recovering this device and, if possible, mitigating its threat will determine the appropriate safety measures and personal protective strategies. For incidents of relatively low potential hazard, such as envelopes claimed to be filled with anthrax spores, guidelines for containment and identification exist (18). Other incidents may need to be approached with additional concern for exposure to the contents and for other hazards. These other hazards include a possible "secondary device" explosive, timed to detonate during the response to the first event and injure responders. On-scene commanders must evaluate the potential threat in consultation with local health and law enforcement resources and select appropriate strategies for worker protection, including personal protective equipment.

### **Patient Decontamination**

When determining the need for decontamination in a biological setting, balance the risk that decontamination poses to the patient, against the benefits it could provide. Unless gross contamination is evident, decontamination is unwarranted. Instead, begin by removing clothes and placing them in a plastic bag pending agent identification. In many situations, taking a shower with soap and water should suffice to prevent illness. Where gross contamination is found, only those areas of the skin that have been grossly contaminated should be decontaminated. When the involved agent is unknown and could be either a chemical agent or biological agent, follow patient decontamination procedures for chemical agents. *Do we have a County or State Decon Team? If not, where is this resource to come from?*

### **Mass Care**

Where a contagious biological agent has been dispersed, special care must be taken to prevent the mass care facility from becoming a focal point for further spread of the disease. Effective medical screening of incoming people, rapid identification of ill people and their prompt removal from the mass care facility, and provision of antibiotics to others in the facility (if appropriate) will minimize the spread of any communicable disease. Local, County and State health officials will coordinate with the Adirondack Medical Center in an endeavor to address this. If the Adirondack Medical Center is overwhelmed, and quarantine measures prevent patient transportation outside of the immediate area, the Saranac Lake High School will serve as a temporary, makeshift medical treatment facility.

### **Environmental Issues**

Many biological agents live for only a short time outside the human body. These agents are sensitive to environmental conditions, including heat and light, which makes biodecontamination unnecessary as a rule. Sporeforming agents (e.g., anthrax) are more persistent; however, these biological agents occur naturally throughout much of the United States without causing outbreaks. For most biological agents, simple laundering will be sufficient to remove any biological contamination. Since many agents occur naturally, background levels are rarely known; thus, sampling is of little value. In general, environmental issues are not critical in a biological event.

## **4. CRISIS MANAGEMENT**

Crisis management encompasses law enforcement and criminal investigations in the case of outbreaks with suspected terrorist involvement. Cases of accidental release of biological agents may also be subject to criminal investigations to determine the exact circumstances of the release and to rule out deliberate endangerment of the public health.

When the Local Health Officer determines that a bioterrorist incident or threat is confirmed or probable:

If the local public health officer is called about, or otherwise becomes aware of, apparent incidents or threats of bioterrorism (BT), they should contact the Saranac Lake Police Department immediately. The local police will collect the information and notify the New York State Police and FBI. It is critical that the FBI is notified, since it is the designated agency for managing the overall response to BT incidents. The public health sector has important responsibilities related to BT detection, response, and control of health consequences, but the public health response will be most effective if the overall response by all sectors—pre-hospital and hospital care, law enforcement, public safety, etc.—is coordinated by the FBI.

Specifically, the FBI must be notified for:

1. One or more cases, definitively diagnosed with one or more of the following:
  - Any case of smallpox or pulmonary anthrax (such a disease in even one case would strongly indicate the likelihood of BT).
  - Uncommon agent or disease (e.g., *Burkholderia mallei* or *pseudomallei*, smallpox, pulmonary anthrax) occurring in a person with no other explanation.
  - An illness caused by a microorganism with markedly atypical features (e.g., features suggesting that the microorganism was genetically altered).
  - An illness due to aerosol or food or water sabotage, as opposed to a usual transmission route.
2. One or more clusters of illnesses that remain unexplained after a preliminary investigation.
3. Deliberate chemical, industrial, radiation or nuclear release.

After ensuring that federal law enforcement officials are notified, the local health officer should immediately notify officials at the County and State Health Departments. Close coordination between local and state public health professionals will be necessary in the event of actual or threatened instances of BT.

When the Local Health Officer suspects that illness may be due to an outbreak or a Bioterrorist incident:

It may be difficult to immediately confirm that a bioterrorist incident has occurred following the identification of ill persons in the community. This is especially true for many of the critical biological agents, which occur naturally in the United States, until a preliminary investigation has been conducted.

Inform and involve the County and State Health Departments and jointly conduct the investigation. For situations that suggest the possibility of bioterrorism, it is important that the local public health officer notifies their counterpart at the state health department. State health departments should have identified a state public health official in charge of a bioterrorism response. This person should be available 24 hours per day, seven days a week, via a telephone number or other means of electronic communication provided to state health departments.

*The Local Public Health Officer, in concert with the County and State Health Department, should perform a preliminary investigation of a cluster of patients presenting with the following*

*characteristics:*

1. Large numbers of ill persons with similar disease or syndrome
2. Large numbers of unexplained disease, syndrome or deaths
3. Unusual illness in a selected population (e.g. outbreak of severe rash illness affecting adults)
4. Higher morbidity and mortality associated with usual disease or syndrome
5. Endemic disease with unexplained increased incidence (e.g. tularemia, plague)

*The Local Public Health Officer should immediately notify the County and State Health Department, for a full investigation of:*

1. A cluster of patients [as defined above] that is unexplained after a preliminary investigation.
2. One or more cases of disease in a community in which the disease does not normally occur (e.g., tularemia in New York City, or plague in North Carolina).
3. A cluster of patients presenting with the following unusual characteristics:
  - Endemic disease in non-endemic area, or in an area without a vector/host for zoonotic disease (e.g., tularemia, plague).
  - Multiple disease entities in the same patient.
  - Illness in an unusual geographic distribution (e.g., 'downwind' in an aerosol release)
  - Simultaneous clusters of similar illness in non-geographic areas, domestic or foreign
  - Unusual, atypical, or antiquated strain of agent (including antibiotic resistance pattern)

At such time as a bioterrorist incident is confirmed or thought to be probable, local and state health officials should immediately notify the local police and FBI. This notification may be appropriate immediately following the preliminary investigation.

- Attachments:
1. Emergency Contact List
  2. County Emergency Plan
  3. State Emergency Plan

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