VILLAGE OF WESTCHESTER
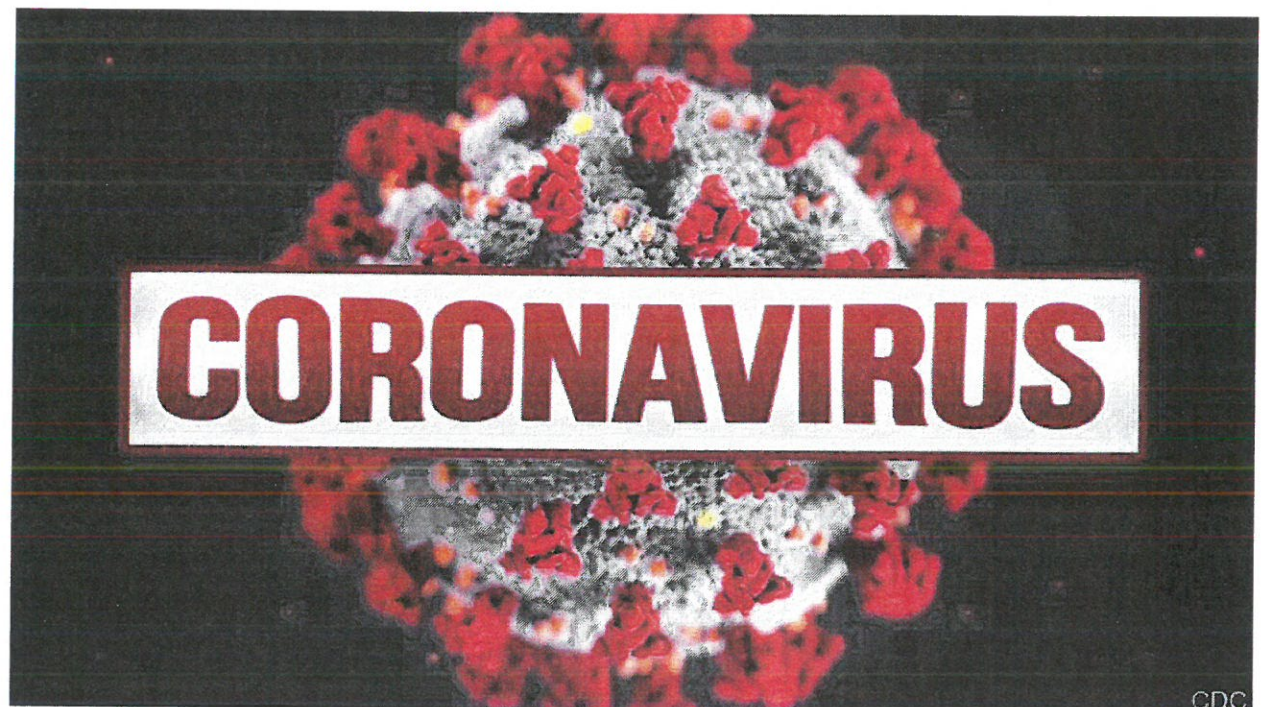
INCIDENT ACTION PLAN

COVID-19

INCIDENT OBJECTIVES	1. INCIDENT NAME	2.DATE PREPARED	3.TIME PREPARED
	COVID-19 PLAN	3/18/20	08:00

4. OPERATIONAL PERIOD (DATE/TIME)

N/ A at this time

5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)

OVERALL INCIDENT OBJECTIVES

-Maintain Service and Coverage to the Village of Westchester

-Provide for the health, safety and welfare of all personnel working the incident

-Coordinate with all involved agencies to support the operational needs of the incident

-Document all critical items and significant events.

-Maintain a high state of readiness to adapt to what is a very dynamic situation.

ACCOMPLISHMENTS (PAST 24 HOURS)

-Identified conditions throughout Westchester

-Identified major needs within the Village as conditions change

-Identified staffing issues and planned working from home measures

-Reviewed Medication Dispensing Site Standard Operating Guideline for Illinois Strategic National Stockpile (SNS) if needed.

-Review by Mayor's Office as to the state of the Village and a plan of action established.

-Continue to monitor updates from Health Services and Federal and State Governments.

ANTICIPATED ACTIONS(72 hours)

-Continue planned Staff meetings

-Review by the Village Manager as to the State of the Village and adjust planning accordingly.

-Proclamation of a State of Emergency or Disaster Declaration filed?

-Continue in the planned actions and operating instructions.

-Continue to inform the residents and businesses of the condition of the Village (disaster forms, Health Issues, safe areas and general safety)

-All Departments establish a disease spread limitation policy (e.g. illness, visitors, offsite work locations, self-isolation, etc.).

-All Departments to follow CDC/IDPH guidelines to minimize exposures including appropriate personal protective equipment (PPE), ventilation, hygiene, and similar practices and maintain a robust supply of PPE and cleaning supplies.

-Plan to clean offices, stations, vehicles, apparatus, equipment, gear, linens, etc.

-Plan to share apparatus/stations/offices/personnel with neighboring affected communities

-Continue to share data points with this member group (consider establishing an information officer to collect and disseminate daily situation reports).

-Continue to provide updated information to all of our personnel: consider sending a uniform message to all Departments.

SPECIAL INSTRUCTIONS

-All employees need to understand how sensitive community residents are to COVID-19 issues and need to extend ourselves even more to provide the best information and service possible regarding issues and questions.

-All departments must plan for the possibility of having to isolate and/or quarantine members at the Stations/work, home, or remote locations. This includes providing support services to our personnel if isolated or quarantined, as well as the family of isolated and/or quarantined personnel.

PERSONNEL

-All personnel should be familiar and follow the Village handbook, SOG's, and/or SOP's regarding infectious disease and hazardous materials.

-Consider additional training on these items to ensure compliance.

- Personnel in the offices should have access to disposable gloves at minimum.

-Personnel that wear specialized equipment should have been fit tested on all masks that require testing. Consider the use of Millennium Masks, SCBA masks that are CBRN qualified, and/or SCBA.

-Anyone exposed to a person that is positive for COVID-19 should complete their department injury forms (note- if proper PPE is worn that is not considered an exposure)

If any department is notified that a member has been exposed to COVID-19 and requires quarantine/isolation; the member needs to complete the proper injury forms. If off-duty, the member should stay home or report to the proper quarantine/isolation location. If the member is on-duty, they should be relieved of duty. Consider office/station cleaning and separate personnel.

-Personnel should try to follow the CDC recommendations and limit their off work exposure.

QUARANTINE OR ISOLATION

-A member put in quarantine/isolation status should notify their immediate supervisor immediately.

-The Fire Department should be notified to confirm the case with Region 8 EMS.

-The member should follow the protocol as directed by their doctor. If a remote location is required, the Cook County Department of Homeland Security can assist with housing. Call the duty desk phone number: 312-603-8185 or 312-603-8180.

-The member's office/station/workplace should be notified for proper cleaning.

OFFICES/STATIONS/VEHICLES

-During periods where infectious agents pose a significant risk to staff, increase the frequency of cleaning to meet the needs of the situation to ensure risks of infection/transmission are reduced.

-Follow manufacturer recommendations for cleaning/contact depending on the product.

-Limit the number of civilians allowed into all government buildings.

-Suspend classes, joint training and other activities that place personnel at a potential exposure risk.

-Clean vehicles, cabs, and patient/prisoner areas after each call.

OTHER CONSIDERATIONS

-Depending on the type of surface, the virus can stay on surfaces for a few hours up to several days, according the WHO. A recent study by scientists in the U.S. found that viable virus could be detected up to three hours later in the air, up to four hours on copper, up to 24 hours on cardboard and up to two to three days on plastic and stainless steel. It is possible that you can become infected if you touch your face after touching a surface or object that has the virus on it, according to the CDC. Scientists do not think that surfaces are the main way the virus spreads; the most common form of infection is from respiratory droplets spread by a person's cough or sneeze, per the CDC. Meanwhile, the WHO says it is very unlikely that the virus will persist on a surface after being moved, traveled and exposed to different conditions and temperatures.

-Gather information from sites as IDPH, CDC, or WHO. These provide the most up to date information and guides for all impacted.

-Consider drafting operational plans if the scope of this event escalates.

-Consider adjusting work/shift cycles.

-Consider isolating workers/shifts/crews to different parts of the buildings.

-Consider establishing a "reserve" force that that would be in a "clean" location that can be used if a station/crew sustains a big impact.

-Consider suspending time off to boost staffing levels.

-Consider drafting ICS2 l 4's for each Department to document events, especially anything that can be related to COVID-19.

-Establish a finance officer in your department to track and document all expenditures for this event.

EMERGENCY OPERATIONAL EMPHASIS

-PSAP's shall develop a COVID-19 screening policy to be used in the dispatch centers. Information should be relayed to responding units prior to their arrival.

-Regional response may be modified to adjust for the influx of requests. Auto and mutual aid will be requested as needed.

-Consider staffing reserve equipment if available

-Consider moving "clean" vehicles and/or personnel to neighboring stations if a station becomes infected and needs to be disinfected.

-Area Chiefs should maintain frequent communication to ensure proper coverage and safety.

HOW COVID-19 SPREADS

-There is much to learn about the newly emerged COVID-19, including how and how easily it spreads. Based on what is currently known about COVID-19 and what is known about other coronaviruses, spread is thought to occur mostly from person-to-person via respiratory droplets among close contact.

-Close contact can occur while caring for a patient, including:

    -being within approximately 6 feet (2 meters) of a patient with COVID-19 for a prolonged period of time.

    -having direct contact with infectious secretions from a patient with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets.

-If close contact occurs while not wearing all recommended PPE, personnel may be at risk of infection.

-Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for infection prevention and control (IPC):

    - Assess and triage these patients with acute respiratory symptoms and risk factors of COVID-19 to minimize chances of exposure, including placing facemasks on the patient and placing them in an examination room with the door closed.

    - Use standard and transmission based precautions when caring for patients with confirmed or possible COVID-19.

- Perform hand hygiene with alcohol based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of ppe, including gloves. Use soap and water if hands are visibly soiled.
- Practice how to properly respond in a manner to prevent self-contamination.
- Perform aerosol generating procedures while following appropriate IPC practices; including the use of PPE (this includes nasal narcan).

ENVIRONMENTAL CLEANING AND DISINFECTION

-Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient areas in which aerosol generating procedures are performed. Products with EPA approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food, service utensils, and medical waste should also be performed in accordance with routine procedures.

6. WEATHER FORECAST FOR OPERATIONAL PERIOD

7. GENERAL SAFETY MESSAGE

BACKGROUND

CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including in the United States. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated COVID-19).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization (WHO) declared the outbreak a "public health emergency of international concern" (PHEIC). On January 31, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation's healthcare community in responding to COVID-19. On March 11, WHO publicly characterized COVID-19 as a pandemic. On March 13, the President of the United States declared the COVID-19 outbreak a National Emergency.

SOURCE AND SPREAD OF THE VIRUS

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origin in bats. The sequences from U.S. patients are similar to the one that China originally posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the United States. Some international destinations now have ongoing community spread with the virus that causes COVID-19, as do some parts of the United States. Community spread means some people have been infected and it is not known how or where they became exposed.

SEVERITY

The complete clinical picture with regard to COVID-19 is not fully known. Reported illnesses have ranged from very mild (including some with no reported symptoms) to severe, including illness resulting in death. While information so far suggests that most COVID-19 illness is mild, a report out of China suggests serious illness occurs in 16% of cases. Older people and people of all ages with severe chronic medical conditions - like heart disease, lung disease and diabetes, for example - seem to be at higher risk of developing serious COVID-19 illness.

COVID-19NOW A PANDEMIC

A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreads worldwide.

The virus that causes COVID-19 is infecting people and spreading easily from person-to-person. Cases have been detected in most countries worldwide and community spread is being detected in a growing number of countries. On March 11, the COVID-19 outbreak was characterized as a pandemic by the WHO.

This is the first pandemic known to be caused by the emergence of a new coronavirus. In the past century, there have been four pandemics caused by the emergence of novel influenza viruses. As a result, most research and guidance around pandemics is specific to influenze, but the same premises can be applied to the current COVID-19 pandemic. Pandemics of respiratory disease follow a certain progression outlined in a "Pandemic Intervals Framework." Pandemics begin with an investigation phase, followed by recognition, initiation, and acceleration phases. The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses. Different countries can bein different phases of the pandemic at any point in time and different parts of the same country can also be in different phases of the pandemic.

There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

SITUATION IN THE UNITED STATES

Different parts of the country are seeing different levels ofCOVID-19 activity. The United States nationally is currently in the initiation phases, but states where community spread is occurring are in the acceleration phase. The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.
-CDC and state and local public health laboratories are testing for the virus that causes COVID-19.
-More and more states are repolling cases of COVID-19 to the CDC.
-U.S. COVID-19 cases include:
  - imported cases in travelers
  - cases among close contacts of a known case
  - community-acquired cases where the source of the infection is unknown.
-Three U.S. states are experiencing sustained community spread

ILLINOIS - MARCH 12, 2020

The Illinois Department of Public Health, local health departments, and public health partners throughout Illinois, and federal agencies, including the Centers for Disease Control and Prevention (CDC), are responding to an outbreak of respiratory illness caused by a novel coronavirus called COVID-19 that was first identified December 2019 during an outbreak in Wuhan, China. COVID-19 has spread throughout the world, including the United States, since it was detected and was declared a public health emergency for the U.S. on January 3 (2020 to aid the nation's healthcare community in responding to the threat. The World Health Organization announced on March 11, 2020 that the spread of coronavirus qualifies as a global pandemic.

In addition, Gov. JB Pritzger issued a disaster proclamation March 9, 2020 regarding COVID-19 that gives the state access to federal and state resources to combat the spread of this newly emerged virus.

The first case of COVID-19 in the United States was reported January 21, 2020 and the first confirmed case in Illinois was announced January 24, 2020 (a Chicago resident). The first cases outside Chicago and Cook County were reported March 11, 2020 in Kane and McHenry counties. The current count of cases of COVID-19 in the United States is available on the CDC webpage at www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html.

Person-to-person spread of COVID-19 appears to be mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. Signs and symptoms of COVID-19 include fever, cough, and shortness of breath. Preliminary data suggest older adults and people with underlying health conditions or compromised immune systems seems to be at greater risk of developing serious illness from the virus.

If you are sick and have respiratory symptoms, such as fever, cough, shortness of breath, stay home unless you need medical attention. Remain in your home until you feel better and have no symptoms. Keep in mind there is no treatment for COVID-19 and people who are mildly ill can isolate at home. While at home, as much as possible, stay in a specific room and away from other people. Those who need medical attention should contact their health care provider who will evaluate whether they can be cared for at home or need to be hospitalized.

This is a rapidly evolving situation and information will be updated as needed here.

For general questions about COVID-19 and Illinois' response and guidance, call 1-800-889-393 J or e-mail DPH.SICK@ILLINOIS.GOV .

8. ATTACHMENTS (IF ATTACHED)		
ORGANIZATION LIST (ICS 203)	MEDICAL PLAN (ICS 206)	ICS209
ASSIGNMENT LIST (ICS 204)	O INCIDENT MAP	ICS210
COMMUNICATIONS PLAN (ICS 205)	O TRAFFIC PLAN	ICS214

9. PREPARED BY (PLANNING SECTION CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)