



Jackson Hole Fire/EMS Operations Manual

Approved by: Signed by:


Mike Moyer
A3997BDF572B5470

Approved by: Signed by:


Will Smith, MD
1031AEAF591D0A

Will Smith. Medical Director

Title: Emerging Infectious Disease
Division: 14
Article: 9
Revised: July 2025
Pages: 3

PURPOSE

This protocol outlines the response to patients potentially affected by Emerging Infectious Diseases (EID) or resurgent communicable diseases (RID), including measles, pertussis, and other vaccine-preventable illnesses. The principal objective remains **responder safety**, achieved through minimizing contact with **bodily fluids, droplets, aerosols, or contaminated surfaces**. The protocol integrates current CDC, WHO, and Wyoming Department of Health guidance.

SECTION I - LEVELS OF RESPONSE

Jackson Hole Fire/EMS will align its response with current CDC and Wyoming Department of Health recommendations and adapt to emerging threats.

Two tiers of infectious disease response are identified:

Level 1 Response – Common Infectious Illness:

Includes seasonal influenza, RSV, GI viruses, and common exanthems such as hand-foot-mouth or minor outbreaks of measles without travel history. Patients present with ILI (influenza-like illness), fever, rash, GI symptoms, or respiratory complaints without known exposure or travel history.

Level 2 Response – Emerging/High-Consequence or Resurgent Disease:

Includes pathogens such as novel coronaviruses (e.g., SARS-CoV-2), Ebola, MERS, hemorrhagic fevers, or resurgent diseases of concern such as measles, tuberculosis, or polio. Triggers include recent travel to outbreak zones, confirmed exposure, or declaration by public health.

Dispatch should screen using updated MPDS/EMD criteria. In absence of conclusive pre-arrival information, crews will begin with Level 1 PPE and escalate as needed.

Level 1 PPE:

- N-95 respirator or equivalent
- Splash protection (face shield or goggles)
- Nitrile gloves
- Gown optional based on patient presentation

Level 2 PPE:

Initiated when risk includes airborne, hemorrhagic, or highly contagious pathogens. Includes:

- Double nitrile gloves
- Tyvek or barrier suit
- P100/SCBA respirator with cartridge adaptor
- Chem tape sealing
- Boots with covers or Butyl boots

SECTION II – LEVEL 2 SCENARIO TYPES

JHFEMS recognizes 3 primary initiation scenarios for Level 2 response:

- Pre-arrival identification via Dispatch screening
- Crew recognition upon assessment (rash, bleeding, severe respiratory distress)
- Transfer from a medical facility with confirmed infectious concern

SECTION III - INITIAL SCENE MANAGEMENT

First Arriving Unit:

- Establish ICS, Staging Area, and Hot/Warm/Cold zones
- Perform visual size-up and initiate perimeter
- Assign Entry Team, Decon Team, and Safety Officer
- Notify:
 - Duty Officer
 - Consider notification of
 - Regional Emergency Response Team (RERT)
 - JHFEMS Medical Director
 - Teton County Public Health
 - St. John's Health (SJH)
 - Emergency Management

Zone Definitions:

- **Hot Zone:** Immediate patient area (room, vehicle)
- **Warm Zone:** Transition area (hallway, porch)
- **Cold Zone:** Staging and Command

Entry into Hot Zone:

- Prohibited until decontamination procedures and minimum PPE are in place
- Life-threatening emergencies may override with Duty Officer approval

Minimum Equipment:

- Thermometer
- Isolation stethoscope
- Minimal BLS gear

SECTION IV - HAZMAT OPERATIONS

For confirmed Level 2 incidents:

- Consider Region 8 activation
- Establish decontamination area commensurate with scene acuity
 - Technical decontamination requires Region 8 activation and oversight. Refer to **SOG 19.2, Decontamination Guidelines**
- Responder Emergency Egress should occur under any of the following:
 - Tear, suit breach, or respiratory failure
 - Incapacitated team member
 - Disorientation or new hazard

SECTION V – PATIENT CARE CONSIDERATIONS

- Minimize aerosol-generating procedures: intubation, suctioning, CPR
- Use needleless systems where possible
- Engage Medical Control for case-specific guidance
- Use airborne precautions for known measles or TB exposures
- For rash and fever patients, apply airborne and contact isolation until ruled out

SECTION VI – TRANSPORTATION

- Primary facility remains St. John's Health
- Duty Officer will consider dedicated transport ambulances during established disease response to maintain frontline units.
- When feasible, crews will prepare unit:
 - Remove non-essential gear
 - Line floor/walls with plastic
 - Patient masked if tolerated
- Providers in PPE as required by level of response and acuity of incident
- Any combination of decontamination, shower, and uniform change as soon as possible

SECTION VII – REHAB

Decontamination of Equipment, including the ambulance used for transportation of patients, will be in accordance with CDC guidelines. Proper documentation to be completed and will include any personnel exposures.

SECTION VIII – TRAINING

- Annual training for Influenza and common viral syndromes at the company level
- As-needed EID/RID Training for:
 - CDC/WHO updates
 - PPE protocols
 - Vaccination-preventable disease resurgence (measles, mumps, pertussis)
- HazMat Training to include etiologic agent protection