

# **Ted Stevens Anchorage International Airport Communicable Disease Emergency Response Plan**

## **Guidelines for Preventing the Introduction, Transmission, and Spread of Communicable Diseases from Foreign Countries into the United States**



This plan was developed by a consortium of federal, state, and local agencies as well as private stakeholders. The principal parties responsible for the maintenance of the plan are the Ted Stevens Anchorage International Airport, Municipality of Anchorage Office of Emergency Management, US Customs and Border Protection, Alaska Division of Public Health, and the CDC Anchorage Quarantine Station. This plan will be reviewed and updated as needed or on an annual basis. The current adaptation of this plan (dated 11/16/2007) replaces the prior version (Ted Stevens Anchorage International Airport Communicable Diseases Response Plan, April 1, 2006).

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## I. Introduction

The vast, interconnected and complex system of transportation moves people and essential goods, and supports our critical infrastructure. As a decentralized network, the transportation sector is predominantly owned and operated by state and local governments and the private sector.

Each day, more than five million travelers arrive or pass through the United States by air, sea or land. Our Nation's 317 international ports of entry represent the intersection of the transportation industry, public health, and homeland security.

The Ted Stevens Anchorage International Airport is one such port, and serves 21 passenger and 49 cargo destinations domestically and internationally. Anchorage is within 9.5 hours of major destinations worldwide, and serves as a strategic air cargo hub for Asia and other parts of the world. It is currently one of the busiest international cargo airports in the world.

Because of the sheer volume of traffic flowing through this and other international ports of entry, the potential exists for the rapid and widespread dissemination of a communicable disease within the U.S. Therefore, expeditious implementation of public health measures at our ports of entry provides an opportunity to prevent the introduction of communicable diseases into the United States.

## II. Purpose

To prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States.

## III. Legal Authorities

### A. Federal Authorities:

Title 42 United States Code Section 264 (Section 361 of the Public Health Service Act) gives the Secretary of HHS responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States and from one state or U.S. possession into another. This statute is implemented through regulations found at 42 CFR Parts 70 and 71. Under its delegated authority, CDC, through the Division of Global Migration and Quarantine (DGMQ), is empowered to apprehend, detain, medically examine, or conditionally release persons suspected of carrying a quarantinable disease. By mutual agreement, U.S. Customs and Border Protection and the U.S. Coast Guard are required to aid in the enforcement of quarantine rules and regulations. Violation of federal quarantine rules and regulations constitutes a criminal misdemeanor, punishable by fine and/or imprisonment.

## B. State Authorities:

The Alaska Department of Health and Social Services (DHSS) is the primary state agency responsible for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the State of Alaska. These responsibilities are carried out by DHSS' Division of Public Health. Alaska law gives DHSS authority to investigate outbreaks of communicable diseases (AS 18.15.375) and in cases of emergency, use quarantine or isolation to control the outbreaks (AS 18.15.385(e)). DHSS has authority to seek court orders for isolation or quarantine in non-emergency situations (AS 18.05.385). In cases where the governor has declared a disaster emergency under AS 26.23.020(c) due to a disease outbreak, DHSS, in conjunction with the Department of Military and Veterans' Affairs have additional powers to protect the public health (AS 18.15.390). The governor also has authority to respond to a communicable disease outbreak by limiting egress to or ingress from a declared disaster area (AS 26.23.020(g)(7)).

Alaska law requires DHSS to carry out its duties in cooperation with the federal government when national interests are implicated (AS 18.05.030). DHSS' duties are further defined in Title 7, Chapter 27 of the Alaska Administrative Code.

## IV. Definitions

Conditional Release – Release of a traveler from a public health restriction, such as quarantine and/or isolation under 42 C.F.R. Part 71, provided that the traveler agrees to certain conditions. Conditional release can be accomplished through an order that is enforceable to the same extent as an order for quarantine or isolation.

Communicable Disease – As defined in 42 C.F.R. Part 71, unless otherwise specified, is an illness due to a specific infectious agent or its toxic products which arises through the transmission of the agent or its products from an infected person or animal or a reservoir to a susceptible host, either directly or indirectly through an intermediate animal host, vector, or inanimate environment.

Contact – A person who has been in such association with an infected person, animal, or contaminated environment as to have had an opportunity to acquire that infection.

Contact Tracing – Identification and diagnosis of persons who may have come into contact with an infected person.

Detention – The temporary holding of exposed passengers or crew at a port of entry while the threat to public health is being determined, or while transportation to a long-term quarantine location is being arranged, or while a long-term quarantine facility is being prepared.

Epidemic – The occurrence, in a defined community, of cases of an illness with a frequency clearly in excess of normal expectancy.

Incubation Period – The time interval between initial contact with an infectious agent and the first appearance of symptoms associated with an infection.

Isolation – Separation (for a period at least equal to the period of communicability) of infected persons from others, in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible to infection or who may spread the agent to others.

Pandemic – An epidemic occurring over a very wide area, crossing international boundaries and usually affecting a large number of people; a global epidemic.

Quarantinable Disease - Any of the communicable diseases listed in Executive Order 13295 (cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, SARS or influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic).

Quarantine – The restriction of activities for well persons who have been exposed (or are considered to be at high risk of exposure) to a case of communicable disease during its period of communicability to prevent disease transmission during the incubation period if infection should occur.

Screening – Active steps to identify the existence of disease in an individual or group of individuals through visual examinations, physical examinations, laboratory tests or other methods.

Surveillance – The ongoing systematic collection and analysis of data and the provision of information which leads to action being taken to prevent and control a disease.

Suspect – An ill person whose history and symptoms suggest that he or she may have or is developing a communicable disease.

Transmission – Mechanism by which an infectious agent is spread from a source to a person.

## V. Abbreviations

- |          |   |
|----------|---|
| 1. ANC   | Ted Stevens Anchorage International Airport     |
| 2. APHIS | Animal And Plant Health Inspection Service      |
| 3. APIS  | Advance Passenger Information System            |
| 4. AQS   | CDC Anchorage Quarantine Station                |
| 5. CBP   | U.S. Customs and Border Protection              |
| 6. CDC   | U.S. Centers For Disease Control And Prevention |
| 7. CFR   | U.S. Code of Federal Regulations                |
| 8. DEC   | Alaska Department of Environmental Conservation |
| 9. DGMQ  | CDC Division of Global Migration and Quarantine |

10. DHS	U.S. Department of Homeland Security
11. DHSS	Alaska Department of Health And Social Services
12. DPH	Alaska Division of Public Health
13. EMI	Emergency Management Institute
14. EMS	Emergency Medical Services
15. EOC	Emergency operation Center
16. FAA	Federal Aviation Administration
17. FBI	Federal Bureau of Investigation
18. FEMA	Federal Emergency Management Agency
19. FIS	Federal Inspection Services
20. HAZ MAT	Hazardous Materials
21. HHS	United States Department of Health and Human Services
22. IC	Incident Commander
23. ICE	Immigration and Customs Enforcement
24. ICP	Incident Command Post
25. ICS	Incident Command System
26. MOA	Memorandum of Agreement
27. MOA/DHHS	Municipality of Anchorage, Dept. of Health and Human Services
28. PHS	United States Public Health Service
29. PIO	Public Information Officer
30. PPE	Personal Protective Equipment
31. SECC	State Emergency Coordination Center
32. THAN	Traveler's Health Alert Notice
33. TSA	Transportation Security Administration
34. UC	Unified Command

## VI. Background and Overview

Under Section 361(b) of the Public Health Service Act, DGMQ has the authority to isolate and quarantine individuals or groups of individuals who are ill with or exposed to the following diseases:

- Cholera and suspected Cholera
- Diphtheria
- Infectious Tuberculosis
- Plague
- Smallpox
- Yellow Fever
- Viral Hemorrhagic Fevers
- Severe Acute Respiratory Syndrome (SARS)
- Influenza (novel strain with the potential for a pandemic)

Current federal regulations (42CFR71.21) require aircraft commanders to immediately report death and illness of passengers or crew onboard inbound international flights to the nearest CDC Quarantine Station.

## A. Required Reporting

Ill persons displaying any of these conditions must be reported under federal regulations:

- Fever (a measured temperature of 100° F/37.8° C or greater) lasting more than 48 hours;
- Fever of any duration, plus any one of the following symptoms:
  - rash, or
  - swelling of the lymph glands, or
  - jaundice (yellowing of skin or eyes); or
- Diarrhea (three or more loose stools or a greater than normal number of loose stools in a 24-hour period).

## B. Requested Reporting

In addition to the required reporting above, CDC requests reports of ill persons with the following conditions, which may also indicate a serious, communicable disease:

- Fever (a measured temperature of 100° F/37.8° C or greater) of any duration plus any one of the following:
  - difficulty breathing, or
  - headache with stiff neck, or
  - reduced level of consciousness, or
  - unexplained bleeding.

To help public health officials act quickly, CDC recommends the following:

- Upon learning of a possible communicable illness or a death on board, the pilot, or designee, should immediately notify their land-based point of contact (for example, Operations Center, Flight Control, airline station manager) and provide the ill person's name, seat number (and seat changes, if any), symptoms, approximate age, point of origin, travel itinerary, and additional information if the ill person was evaluated by either volunteer, airline, or contract medical staff.
- The CDC Quarantine Station staff can help evaluate an ill person and answer other questions regarding reporting requirements. If contact cannot be made with the nearest station, please contact the Atlanta, Georgia CDC HQ Quarantine Duty Officer on call at 866-694-4867.
- CDC Quarantine Stations, their contact information, and areas of jurisdiction are found at: [www.cdc.gov/ncidod/dq/quarantine\\_stations.htm](http://www.cdc.gov/ncidod/dq/quarantine_stations.htm).

- A flowchart on the response to arrival of an international flight with a suspected communicable disease is provided in the appendix section.
- The CDC Quarantine Station Manual of Operations provides case definitions and internal response protocols for illnesses of public health significance/threat onboard arriving flights. These internal protocols are updated periodically as more information regarding emerging/re-emerging infectious diseases is obtained.

## VII. Emergency Operations

The CDC Anchorage Quarantine Station may undertake one or more of the following in response to a report of communicable disease among passengers or crew on an inbound aircraft:

- Onboard evaluation, detention, and isolation of ill person(s)
- Identification and diagnosis of person(s) who may have come into contact with an infected person
- Distribution of THANs
- Collection of passenger locator information
- Detention , quarantine, or restriction of movement of exposed persons
- Conditional release of potentially exposed person(s) following possible prophylactic interventions

In the event that quarantine is required to protect the public's health, onsite facilities may be used for a limited time until local or state authorities make arrangements for off-site facilities.

Examples of situations that may require quarantine of potentially exposed person(s) include smallpox, SARS, and other emerging infectious diseases considered to be a threat to the public's health.

### A. Parking and Gate Procedures

- If a communicable disease emergency is suspected, the arriving aircraft will be directed to a parking spot determined by Airport Operations.
- Air conditioning to the aircraft cabins is to be maintained at all times.
- Everyone must remain seated.
- The aircraft personnel (with the help of CDC personnel) will inform the crew and passengers as to the nature of the situation and the sequence of events.

### B. Planeside Response

- If a communicable disease emergency is suspected, the CDC Anchorage Quarantine Station personnel or their designated alternates will lead the illness

response investigation, provide personal protection equipment (PPE) guidance, and direct the activities of all response staff present.

- If a quarantinable disease is suspected, and the isolation of passenger(s) is required, the CDC Anchorage Quarantine Station will follow DGMQ protocols to activate standing MOA with a designated hospital. The Quarantine Station staff will request transportation by ambulance, ensure transportation personnel are briefed about the situation, and verify infection control procedures are in place.
- The composition of an initial response group to a communicable disease emergency at the Ted Stevens Anchorage International Airport may include one or more the following:
  - CDC Anchorage Quarantine Station
  - CBP
  - Ted Stevens Anchorage International Airport Police and Fire Department
  - Anchorage Fire Department
  - Affected airlines
- Depending on the type and extent of the situation, if needed, the local and/or state EOCs will be activated and one or more the following agencies will be requested to provide additional response support:
  - Municipality of Anchorage Department of Health and Human Services
  - Municipality of Anchorage Office of Emergency Management
  - Alaska Division of Public Health
  - Alaska Division of Homeland Security and Emergency Management
  - Federal Bureau of Investigation
  - Transportation Security Administration

### C. Incident Command

- This plan will follow protocols and guidelines established within the National Incident Management System (NIMS). Incident Command System (ICS) procedures will be implemented upon the activation of this plan and used to coordinate response activities. For additional information, see Appendices L, M, and N.
- The initial incident command will consist of:
  - Ted Stevens Anchorage International Airport Police and Fire Department and Airport Operations
  - Anchorage Fire Department
  - CDC Anchorage Quarantine Station
  - CBP
  - Affected airlines

- The CDC Anchorage Quarantine Station will serve as the public health subject matter expert during the initial assessment and response phase of a communicable disease emergency involving a federally quarantinable disease at the Ted Stevens Anchorage International Airport.
- In general, upon the activation of the State Emergency Coordination Center, the Alaska Division of Public Health will assume the role of public health subject matter expert in managing communicable disease incidents.

#### D. Screening/Detention

- The airport operations will secure screening and additional facilities for passengers when detention, restriction of movement, or quarantine is warranted.
- For restriction of movement beyond 12-24 hours, a suitable off-site facility designated by local or state agencies will be set up to house individuals.

#### E. Conditional Release

- Under certain circumstances, the CDC Anchorage Quarantine Station may conditionally release those passengers not deemed close contacts of the index case(s), allowing them to continue their travel. In such situations, the CDC Anchorage Quarantine Station may request the help of local and state agencies in the collection of passenger locator information, distribution of health information, possible administration of prophylaxis, and notification and tracking of the released persons.

#### F. Surge Capacity

- In the event of a large scale public health emergency, the CDC Anchorage Quarantine Station will request the help of local, state and federal agencies to coordinate assistance with medical screening and triage, identification and assessment of ill and exposed persons, distribution of health alert notices, administration of prophylaxis, and collection of personal locator information.

#### G. Decontamination

- Any aircraft/facility involved in a confirmed incident will necessitate an evaluation for appropriate decontamination. Any aircraft/facility deemed to need decontamination will be prohibited for use until found safe.

#### H. Media Communications

- All responding agencies will provide a Public Information Officer (PIO), or representative. The PIOs are to coordinate talking points for press releases through the lead PIO as designated by the Incident Commander. A list of agency PIOs is included in the Appendix B.

## I. International Communications

- Communication with international public health partners will be coordinated by the CDC.
- The U.S. Attorney's Office and/or the U.S. Department of State will be notified whenever any international flight or person is legally detained or quarantined, to verify the status of the passenger(s), and to confirm those claiming diplomatic affiliations. If a diplomatic pouch is present on board the aircraft, its disposition will be determined by the U.S. Department of State in consultation with the Incident Commander.

## VIII. Assignment of Responsibilities

### A. Captain/Crew of Aircraft

- Immediately report to the nearest CDC Quarantine Station any death or illness among passengers or crew during the flight.
- Seek assistance from medical professionals on board the aircraft and on the ground (either airline medical staff or contract medical consultants) to make an initial assessment of the situation and communicate pertinent information to CDC personnel.
- Isolate the ill person to the extent possible, cover any rash and provide a mask if appropriate.

### B. Airline Ground Agents

- Coordinate operations and maintain communication between the captain of the airplane and CDC to monitor the status of ill person.
- Provide instructions to the flight crew, in consultation with airport authorities, CBP, and CDC Quarantine Station.
- Coordinate with CDC and state and local health departments on media relations and press management.
- Help make travel arrangements when public health considerations allow.
- Provide/coordinate for appropriate aircraft decontamination when necessary.

### C. Airport Operations

- Secure temporary detention or quarantine location on airport property, if needed.
- Assist in deciding when and where the airplane should park.
- Provide credentials to personnel and emergency responders who require access to restricted areas of the airport.
- Make appropriate notifications about the incident, and facilitate Notices to Airmen.
- Support airline, federal, state, and local authorities on media relations and press management.

#### D. Emergency Medical Services (EMS)

- When requested, assist public health personnel in the assessment of the ill person.
- Implement the use of infection control measures to limit transmission of communicable disease on the airplane, after landing, and during transit.
- Remove the ill person from the airplane and transport by ambulance to the designated medical facility after CBP clearance or medical parole.
- Provide first aid and other emergency medical services to ill or injured passengers or flight crew members.
- Assist the public health responders and other on-site healthcare providers, and coordinate with CDC personnel.

#### E. State and Local Health Departments

- Provide support (upon CDC request) in the preliminary assessment of ill person(s).
- Assist with the notification and tracking of travel contacts during conditional release forward of passengers or crew.
- Notify state and local medical examiner or coroner if indicated.
- Coordinate, as necessary, with CDC in the issuance of quarantine and isolation orders and the management of quarantine and isolation.
- Provide staff to assist in managing a surge of ill persons from the quarantine site who need transportation to the hospital.
- Assist, as needed, federal public health agencies with setting up a medical clinic for assessment, triage, prophylaxis and treatment at the quarantine site.
- Provide guidance to designated hospitals and/or the quarantine site medical clinic on the clinical and diagnostic management of ill people, including assisting with arrangements for laboratory testing at local or state public health laboratories or at CDC.
- Prepare strategies for mental health interventions for ill persons and persons who have been exposed and are under quarantine, their families, and service providers.
- Assist emergency management agencies, if needed, in planning for and activating a temporary care facility and quarantine facility.
- Provide clinical and public health information to local healthcare providers and the public.
- Provide information and recommendations to local and state authorities.
- Coordinate with the IC/UC on media relations.
- Coordinate with CDC Quarantine Station on recommendations and guidance as needed.

#### F. State and Local Emergency Management Authorities

- Assist and support state and local public health authorities with supportive measures if temporary care and quarantine facilities are activated.

- Work with state and local health departments to support the planning and preparation activities to operate temporary care and quarantine facilities at each international and domestic airport, seaport, and land border crossing.
- Seek assistance from the Federal Emergency Management Agency (FEMA) when appropriate.

#### G. State and Local Law Enforcement Agencies

- Provide security for the response staging area and control access to and from the airplane and the airport.
- Escort agency representatives into and out of the incident scene and the airport as needed.
- Provide representatives to the incident scene.
- Maintain order.
- Assist in and expedite the transfer of ill persons and clinical materials for evaluation and treatment.
- Enforce required actions (e.g., transportation) for ill persons or persons who have been exposed to an illness if any such persons are uncooperative.

#### H. Local Health-Care Facilities

- Isolate, evaluate and treat ill persons when medically indicated.
- Institute infection control measures to limit the spread of quarantinable diseases. This may include isolation of ill persons and use of PPE by staff and visitors when medically indicated.
- Evaluate and treat referred ill persons. This includes obtaining specified diagnostic specimens and assuring the specimens are promptly and safely transported to designated laboratories. It also includes assessing the need for and providing prescription medications for the ill persons.
- Evaluate exposed persons if they develop illness signs or symptoms while in quarantine.
- Provide clinical and laboratory information to federal, state, and local public health authorities.
- Work with public health authorities on media relations.

#### I. Local Support (and Non-Governmental) Organizations

- Local support organizations, including non-government organizations will provide support services to people exposed to the illness (quarantined individuals), as well as to service providers. Such support services may be modified. Support services include, but are not limited to:
  - Meals (including special meals for those under dietary restrictions)
  - Beverages (including sterile water and formula for infants)
  - Eating utensils, plates and napkins
  - Tables and chairs

- Cots and bedding
- Space heaters and fans
- Portable toilet facilities and toiletries
- Hand-washing facilities
- Portable showering facilities
- Parent-child needs (e.g., diapers)
- Telephones
- Means of communicating with family and love ones
- Television, movies, and radio
- Internet access and email
- Reading materials and games
- Public address system
- Interpreter services
- Spiritual support
- Mental health support
- Pet care

#### J. Centers for Disease Control and Prevention (CDC)

- Authorize the temporary detention or quarantine, through federal order as necessary, of passengers and flight crew for appropriate evaluation and response to reports of illness.
- Provide access to administrative hearings in instances where travelers challenge federal orders.
- Notify and collaborate with other federal, state, and local agencies when ill travelers have been detained or paroled into the United States for evaluation or treatment for communicable diseases.
- Arrange or assist in the medical evaluations of ill travelers and determine the need for public health interventions.
- Provide advice and guidance to the public health responders, including state and local public health authorities, in caring for ill and exposed persons.
- Obtain information on ill and exposed travelers (e.g., demographics, contact information, travel itinerary, illness history, and medical status) and the conveyance (e.g., number of passengers, manifest availability).
- Communicate with other federal, state, and local response and public health partners regarding the ill person's medical treatment.
- Participate in the management of media relations, in collaboration with state and local health departments and information officers from other response partners.
- Work with the Department of State and WHO to provide information about ill international travelers to ministries of health at their place of origin and at intermediate destinations.
- Work with the Department of State, as necessary, to notify applicable foreign consulates or embassies that their foreign nationals have been detained for evaluation or treatment of a quarantinable disease.
- Assist in the development of occupational health and infection control guidelines for the Federal Inspection Site (FIS) at ports of entry.

- Rescind federal quarantine orders when the public health situation allows.

#### K. Customs and Border Protection (CBP)

- Support initial entry screening of international travelers (using up-to-date information provided by CDC) for the purposes of identifying potentially infected travelers.
- Provide enforcement resources during a medical response until the appropriate enforcement agency arrives at the scene.
- For international flights, meet the conveyance and prevent disembarkation or entry until CDC or their designated alternate arrives.
- Escort medical personnel and other emergency responders onto the aircraft.
- Notify the appropriate CDC Quarantine Station to initiate their medical assessment before releasing detained passengers.
- Assist CDC in identifying travelers at risk and those suspected of having been in contact with an ill person by providing passenger customs declarations, Advance Passenger Information System (APIS) data, and other sources of traveler information in response to a specific request by CDC.
- Assist CDC by providing information for use in locating people suspected of having contact with an ill person.
- Parole, if necessary, ill non-U.S. citizens and non-permanent residents (e.g. nonimmigrant students, workers, etc.) into the United States if public health interventions are indicated.
- Assist CDC, as necessary and as resources permit, in distributing health information at ports of entry.
- Assist in the development of occupational health and infection control guidelines for the federal inspection site at ports of entry.
- Provide security for individuals in quarantine or under detention awaiting federal quarantine order.

#### L. Federal Bureau of Investigation (FBI)

- The FBI has jurisdiction over all confirmed terrorist threats and events. If an incident has any indication of being a possible terrorism event, the FBI will immediately be notified. The CDC Anchorage Quarantine Station is the lead support agency in suspected smallpox incidents involving international flights. The Alaska Division of Public Health is the lead support agency for all other suspected bioterrorism events. The CDC Anchorage Quarantine Station will play an appropriate legal and supportive public health role as requested by local, state, and federal agencies.

#### M. Immigration and Customs Enforcement (ICE)

- Assist CDC and CBP in the enforcement of quarantine and isolation.

N. Transportation Security Administration (TSA)

- Support CDC in distributing health information to travelers.

O. Federal Aviation Administration (FAA)

- Establish and assist with enforcement of temporary flight restrictions where requested by a competent authority in the interest of public health and safety.
- Provide taxi instructions to a parking location designated by a competent authority to effectively implement public health intervention in response to illnesses on board.

## IX. Communicable Diseases in Imported Animals and Cargo

Some animals and animal products are known carriers of communicable disease, and certain zoonotic importations from outside of the United States may be subject to health, quarantine, agriculture, wildlife, and customs requirements and prohibitions. See Appendix M for details on isolation and destruction of birds suspected of having H5N1.

Certain animals and animal products are regulated by more than one federal agencies, and/or state and local authorities.

A. Centers for Disease Control and Prevention (CDC)

- Under CDC's regulations a person may not import into the United States, nor distribute after importation, any etiologic agent or any arthropod or other animal host or vector of human disease, or any exotic living arthropod or other animal capable of being a host or vector of human disease unless accompanied by a permit issued by the Director.
- More specifically, CDC regulations govern the importation of dogs, cats, turtles, monkeys, bats, live birds, African rodents, civets, snails, unsterilized specimens of human and animal tissue, any culture of living bacteria, virus, living insects or arthropods, non-human primate trophies, skins or skulls, goatskin products from Haiti, or other animals and animal products capable of causing human disease.
- In addition, any banned or restricted import coming within the provisions of this section will not be released from custody prior to receipt by the District Director of U.S. Customs Service of a permit issued by the Director of the CDC.
- Pets taken out of the United States are subject upon return, to the same regulations as those entering for the first time.
- For more information about CDC's regulations, contact the CDC Anchorage Quarantine Station at 271-6301 or visit: <http://www.cdc.gov/od/eaipp/>

## B. CBP and USDA

- Under Customs and Border Protection (CBP) regulations, live animals and birds entering the United States are subject to certification, certain permits, inspection, and quarantine rules that vary greatly with the type of animal and its origin.
  - For more information about CBP's requirements, visit:  
<http://www.cbp.gov/linkhandler/cgov/toolbox/publications/travel/pets.ctt/pets.pdf>
- United States Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS) permits are required for infectious agents of livestock and biological materials containing animal material. Tissue culture materials and suspensions of cell culture grown viruses or other etiologic agents containing growth stimulants of bovine or other livestock origins are controlled by the USDA due to the potential risk of introduction of exotic animal diseases into the U.S.
  - For more information about USDA's requirements, visit:  
[http://www.aphis.usda.gov/animal\\_health/](http://www.aphis.usda.gov/animal_health/)

## C. USFWS

- The U.S. Fish & Wildlife Service (USFWS) issues permits under various wildlife laws and treaties at different offices at the national, regional, and/or wildlife port levels.
  - For more information, call 271-6198 or visit:  
<http://www.fws.gov/permits/instructions/ObtainPermit.shtml>

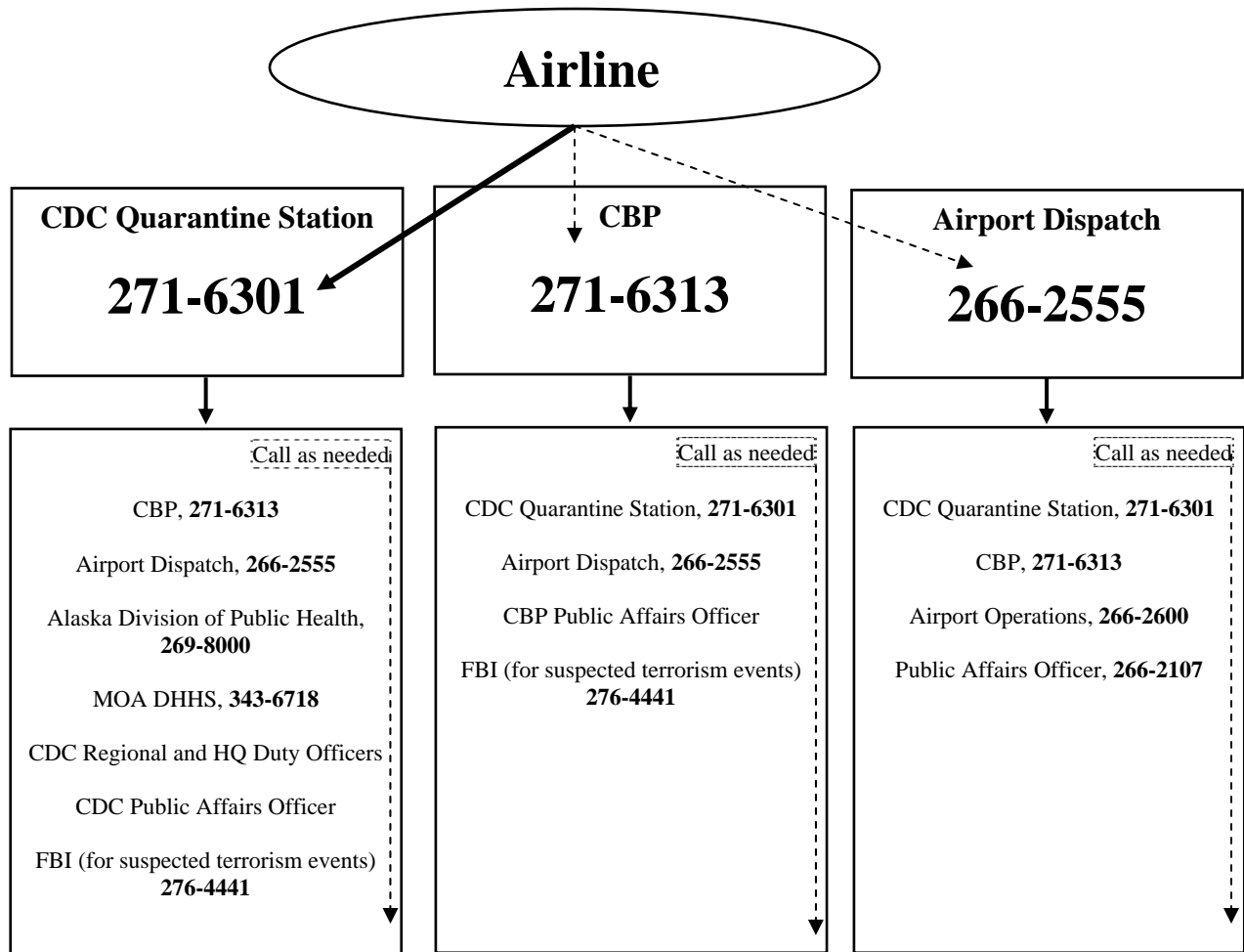
## D. State of Alaska

- Several state agencies are involved in regulating, monitoring, and responding to importation of animals from other countries.
  - The Alaska Department of Environmental Conservation (ADEC) permits and monitors import and export of pets, domestic livestock, poultry and veterinary biologics. In addition, ADEC conducts surveillance and control of new and emerging animal diseases, zoonotic diseases, foreign animal diseases, and agriculture based bioterrorism threats.
    - For a listing of reportable diseases, visit:  
<http://www.dec.state.ak.us/eh/docs/vet/Disease%20reporting%209-052.pdf>
    - For more information, visit:  
<http://www.dec.state.ak.us/eh/vet/index.htm>

- Contact Information:  
██████████ State Veterinarian  
██████████ Assistant State Veterinarian  
Office: (907) 375-8214  
Fax: (907) 929-7335
- The Alaska Department of Health and Social Services (ADHSS) is responsible for animals that may present a zoonotic disease threat to public health.
  - For more information, call 269-8000 or (800) 478-0084, or visit: [www.epi.alaska.gov](http://www.epi.alaska.gov)

## X. APPENDIX SECTION

A. Agency Notification List



Notifications among responding agencies to a communicable disease incident on an international aircraft should be timely and redundant. In particular, designated healthcare facilities/hospitals should be notified prior to transport and treatment of suspected ill persons.

Depending on the nature of the communicable disease event and the scope of the response (high public health significance vs. low public health significance), in addition to the responders listed in the notifications above, the entities listed below may be notified.

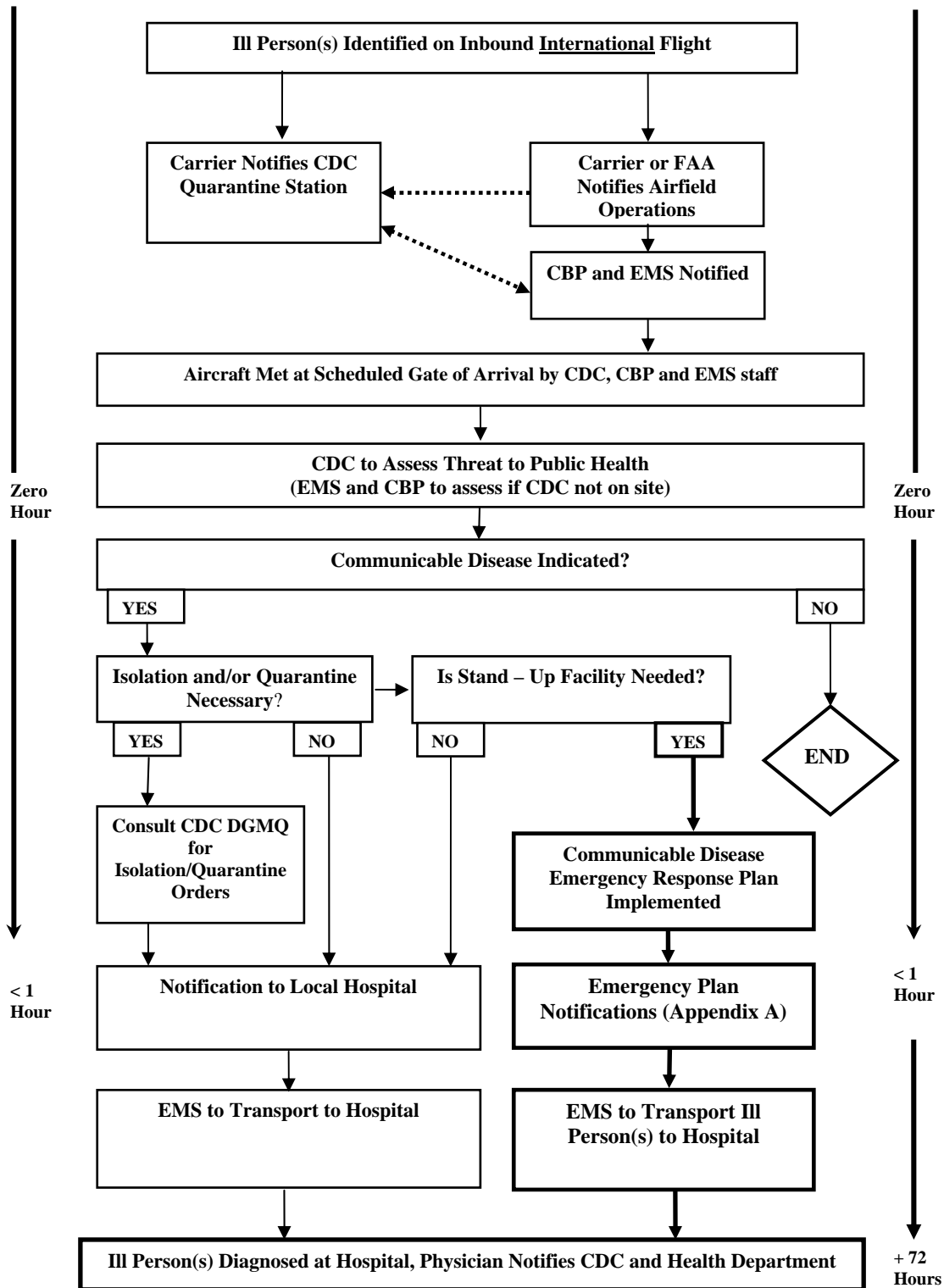
Municipality of Anchorage, Office of Emergency Management	Day: <b>343-1401</b> Evenings/Weekends: <b>911</b>
State Emergency Coordination Center	<b>428-7000/7100</b>
State Troopers	<b>352-5401</b>
American Red Cross	<b>877-950-9144</b>

**B. Public Information Officer Contact List**

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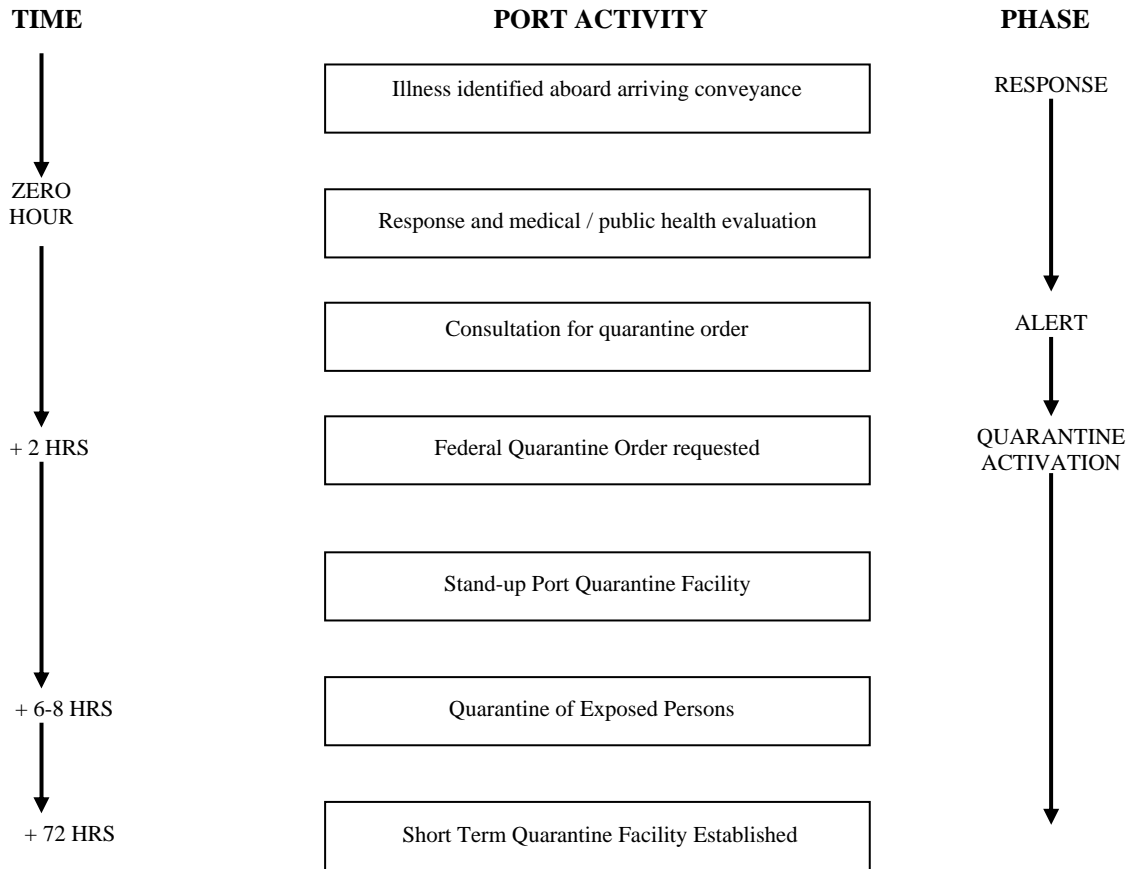
<b>Agency</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
AK DPH	[REDACTED]	[REDACTED]	[REDACTED]
ANC Airport	[REDACTED]	[REDACTED]	[REDACTED]
Anchorage DHHS	[REDACTED]	[REDACTED]	[REDACTED]
Anchorage EOC	[REDACTED]	[REDACTED]	[REDACTED]
CBP	[REDACTED]	[REDACTED]	[REDACTED]
CDC	[REDACTED]	[REDACTED]	[REDACTED]
SECC	[REDACTED]	[REDACTED]	[REDACTED]

### C. Response Flow Chart



## D. Port of Entry Quarantine Response Timeline

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## E. Cockpit Card: Notifying Public Health about Ill Passengers or Crew on Flights Arriving in the United States

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Federal regulations require that the captain of an aircraft destined for a U.S. airport report, before landing, any death on board or illnesses that may indicate a communicable disease.

### Conditions requiring reporting to the Centers for Disease Control and Prevention (CDC):

- **Fever\*** that has lasted more than 48 hours;
- **Fever\*** of any duration **plus** any of the following:
  - **rash**, or
  - **swelling of the lymph glands**, or
  - **jaundice (yellowing of skin or eyes)**;
- **Diarrhea** (more than 3 stools within 24 hours)

### Conditions that CDC requests be reported:

- **Fever\*** of any duration **plus** any of the following:
  - **difficulty breathing**, or
  - **headache with stiff neck**, or
  - **reduced level of consciousness**, or
  - **unexplained bleeding**.
- Contact your airline's point of contact (for example, Operations Center, Flight Control, airline station manager) as soon as you learn of an ill person or death. Provide the ill person's name, seat number, symptoms, approximate age, and point of origin.
- Tell the airline point of contact to immediately notify the CDC Quarantine Station at or closest to the airport where you are arriving to ensure a prompt ground response so the ill person can receive timely care and the risk for spreading disease will be minimized.

*\* Fever means a temperature of 100° F (37.8° C) or greater. Flight crew should consider someone to have a fever if the ill person feels warm to the touch, gives a history of feeling feverish, or has an actual measured temperature of 100° F (37.8° C) or greater.*

## F. Public Health Announcement Scripts

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These messages should be read **after** a report of an ill person has been made to the Centers for Disease Control and Prevention (CDC) Quarantine Station, and/or if requested by the Quarantine Station. If possible, the public health announcement (PHA) should be made before landing or while taxiing to the gate to ensure that passengers remain in their seats once the plane has landed.

**Situation 1:** Ill person is still on the plane, and medical assistance is needed. Read PHA 1.

**Situation 2:** Ill person has been taken off the plane, and CDC has asked that Travel Health Alert Notices be handed out to everyone. Read PHA 2.

**Situation 3:** Ill person has been taken off the plane. CDC has asked that certain passengers sitting near the ill person receive Travel Health Alert Notices and provide their contact information by filling out a Passenger Locator Form. Read PHA 3.

**Situation 4:** There are no ill people on board. CDC has asked that a PHA be read because the flight is coming from an area of risk for a disease. Travel Health Alert Notices will be handed out to everyone on the plane. Read PHA 4.

**Situation 5:** There are no ill people on board. CDC has asked that a PHA be read and that passengers fill out the Passenger Locator Form. Travel Health Alert Notices will be handed out to everyone on the plane. Read PHA 5.

### PHA 1

Please remain seated for an announcement. A person on board requires medical attention. This should take only a few minutes. Please remain seated while emergency medical team and public health staff are on board. We will provide more information as soon as possible. Thank you very much for your cooperation.

### PHA 2

Please remain seated for an announcement. An ill person has been taken off the plane to receive medical treatment. As a precaution, public health officials have asked us to give you information about the illness and what to do if you become ill. Flight attendants will hand you a Travel Health Alert Notice as you leave the plane. Please read this card carefully and keep it for the time specified on the card. Thank you very much for your cooperation.

### PHA 3

Please remain seated for an announcement. An ill person has been taken off the plane to receive medical treatment. As a precaution, we are collecting information on how to contact passengers who sat near the ill person. In case public health authorities need to contact you, we are asking you to provide information about how you can be reached in the next 3 weeks. Flight attendants are passing out the forms now. Please fill out the form completely and hand it back to a flight attendant before you leave the plane. We will also give you a Travel Health Alert Notice to inform you about the illness and what to do if you become ill. Please read the card carefully and keep it for the time specified on the card. Thank you very much for your cooperation.

**PHA 4**

Please remain seated for an announcement. This flight is returning from an area where cases of [*insert name of the infectious disease*] have been reported. There is a slight risk that travelers may have been around people ill with the disease while in the country. As a precaution, public health officials have asked us to give you information about the illness and what to do if you become ill. Flight attendants will hand you a Travel Health Alert Notice as you leave the plane. Please read this card carefully and keep it for the time specified on the card. Thank you very much for your cooperation.

**PHA 5**

Please remain seated for an announcement. This flight is returning from an area where cases of [*insert name of the infectious disease*] have been reported. There is a slight risk that travelers may have been around people ill with the disease while in the country. As a precaution, public health officials have asked us to give you information about the disease and what to do if you become ill. Flight attendants will hand you a Travel Health Alert Notice as you leave the plane. Please read this card carefully and keep it for the time specified on the card.

Public health officials may need to contact you, so we are asking you to provide information about how you can be reached in the next 3 weeks. Flight attendants are passing out the forms now. Please fill out the form completely and hand it back to a flight attendant before you leave the plane. Thank you very much for your cooperation.

## G. Interim Guidance for Airline Flight Crews and Persons Meeting Passengers Arriving from Areas with Avian Influenza

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This updated interim guidance is intended to inform airline flight crews and personnel meeting arriving passengers about recommended precautions in the event that they must interact with a person suspected of having H5N1 avian influenza. Recommendations are based on standard infection control practices used in health care settings and on available information about the virus that causes H5N1 avian influenza.

### Background

Avian influenza A (H5N1) viruses usually affect wild birds but can infect and cause serious disease among poultry, such as chickens. Human infections with H5N1 viruses are rare, but have also occurred in several countries since 2003. For a current list of countries reporting outbreaks of H5N1 virus infection among poultry and/or wild birds, view [updates from the World Organization for Animal Health \(OIE\)](#). Cumulative numbers of confirmed human cases of avian influenza A (H5N1) by country are available on the [World Health Organization \(WHO\) Avian Influenza website](#). An assessment of the [current situation](#) can be found on the Centers for Disease Control and Prevention (CDC) Avian Influenza website.

Most H5N1 infections in humans are thought to have occurred from direct contact with infected poultry. Evidence to date suggests that people infected with the current form of H5N1 viruses pose a low risk for transmission to close contacts. However, it is prudent to assume that individuals with H5N1 viruses are potentially infectious. Transmission of H5N1 viruses from infected individuals, if it does happen, could occur through the spread of large respiratory droplets, which usually requires close contact (<3 feet) with an infected person or contact with contaminated hands or inanimate objects (e.g., armrests). Therefore, [Standard](#) and [Droplet](#) Precautions are appropriate, and hand hygiene remains the focus of infection control.

The CDC and WHO continue to carefully monitor the situation in all affected areas and remain in close communication about the evolving outbreak. CDC has not recommended that the general public avoid travel to any of the countries affected by H5N1 viruses.

For additional information on avian influenza, please consult the CDC web page at <http://www.cdc.gov/flu/avian/>.

### General Infection Control Measures

All airline personnel should always follow basic hygiene practices to prevent becoming ill.

Handwashing is an important and effective means of preventing the delivery of infectious material (e.g., nasal secretions, saliva or other body fluids that may contain viruses) from soiled hands to the mouth, nose or eyes, where it can enter the body. Cleaning one's hands with soap and water removes potentially infectious material from one's skin. Hands should be cleaned before preparing food, eating, or touching one's face and after handling soiled material (e.g., used tissues, lavatory surfaces), coughing or sneezing, and using the toilet. Waterless alcohol-based hand gels may be used when soap is not available and hands are not visibly soiled.

If airline personnel are ill, the following steps should be taken:

- Avoid traveling unless traveling locally for healthcare.
- Cover mouths and noses with a tissue or hands when coughing or sneezing.
- Put used tissue in a waste basket.
- Clean hands with soap and water or an alcohol-based hand gel immediately after coughing or sneezing.

CDC does not recommend the routine use of personal protective equipment (PPE), such as respirators, gloves, or surgical masks, for protection against avian influenza exposure, except in health care-related situations. However, gloves are recommended when cleaning potentially contaminated surfaces.

## Passengers with Symptoms of Possible Avian Influenza: Management on a Conveyance

- Personnel should be aware of the symptoms of avian influenza (<http://www.cdc.gov/flu/avian/facts.htm>). Although experience with human infection is limited, persons infected with avian influenza would likely have fever and respiratory symptoms (cough, sore throat, shortness of breath). Persons who have traveled in areas where avian influenza is present should be evaluated by a healthcare provider if they develop a fever and respiratory symptoms, even though common respiratory illnesses would be the most likely cause.
- If flight crew members or other personnel are concerned that a passenger traveling from an area with avian influenza may be infected, they should try to keep the ill passenger separated from the other passengers as much as possible (3-6 feet).
- If the ill passenger can tolerate a mask, provide a paper or gauze surgical mask to reduce the number of droplets coughed into the air.
- If a surgical mask is not available, provide tissues and ask the ill person to cover his or her mouth and nose when coughing and to put the used tissues into a wastebasket or bag.
- If an ill passenger is unable to wear a surgical mask, personnel may wear surgical masks when working with the ill person.
- Personnel should wear disposable gloves for direct contact with blood or body fluids of any passenger. **However, gloves are not intended to replace proper hand hygiene.** Immediately after activities involving contact with body fluids, gloves should be carefully removed and discarded and hands should be cleaned. Gloves should not be washed or reused.
- The captain of an airliner bound for the United States is required by law to report the illness to the nearest U. S. Quarantine Station prior to arrival or as soon as illness is noted (see [http://www.cdc.gov/ncidod/dq/quarantine\\_stations.htm](http://www.cdc.gov/ncidod/dq/quarantine_stations.htm)). Quarantine officials will arrange for appropriate medical assistance to be available when the airplane lands and will notify state and local health departments and the appropriate CDC officials. Quarantine officials will work with the airline and local and state health departments to assist with medical transportation of the patient upon arrival, disease control and containment measures, passenger and crew notification and surveillance activities, and airline disinfection procedures.

## Management on Arrival

**For Transportation Security Administration (TSA), Customs and Border Protection (CBP),** and other personnel interacting with passengers arriving from areas with avian influenza, CDC does not recommend protective measures beyond those already in use for interacting with the general public.

- As with other infectious illnesses, one of the most important preventive practices is careful and frequent handwashing. Cleaning hands with soap and water removes potentially infectious material from one's skin. Hands should be cleaned before preparing food, eating or touching one's face, and after handling soiled material (e.g., used tissues, lavatory surfaces), coughing or sneezing, and using the toilet. Waterless alcohol-based hand gels may be used when soap is not available and hands are not visibly soiled.
- Personnel who have to detain or assist a passenger who appears to have a respiratory illness and who may have traveled from an area with avian influenza should try to keep the ill passenger separated from the other passengers as much as possible (3-6 feet), and should immediately contact the appropriate authorities, such as the U.S. Quarantine Station with local jurisdiction ([http://www.cdc.gov/ncidod/dq/quarantine\\_stations.htm](http://www.cdc.gov/ncidod/dq/quarantine_stations.htm)) and Emergency Medical Services (EMS).

- While waiting for EMS or authorities to respond, provide the ill passenger with a gauze or paper surgical mask to reduce the number of droplets coughed into the air.
- If a surgical mask is not available, provide tissues and ask the ill person to cover his or her mouth and nose when coughing and to put the used tissues into a waste basket or bag. If the ill passenger is unable to wear a surgical mask, personnel may wear surgical masks when in contact with the ill person (3 feet or closer).
- Personnel should wear disposable gloves if touching blood or body fluids. **However, gloves are not intended to replace proper hand hygiene.** Immediately after activities involving contact with body fluids, gloves should be carefully removed and discarded and hands should be cleaned with soap and water or an alcohol based hand gel (if hands are not visibly soiled). Gloves should not be washed or reused.

## Management of Ill Crew

Flight crew members and ground personnel who become ill and who believe they have been exposed to avian influenza should take the following precautions:

- Do not travel while ill, unless traveling locally for healthcare. Limiting contact with others as much as possible can help prevent the spread of an infectious illness. If crew members and ground personnel must travel (e.g., to seek medical care), they should wear a paper or gauze surgical mask to decrease the possibility of transmitting the illness to others.
- If crew members and ground personnel become ill while traveling away from home, their employer should be notified and assistance should be requested in locating a healthcare provider. Employees should let their employer know if they are concerned about possible exposure to avian influenza, and ask about all available healthcare options.
- If illness onset occurs while outside the United States, the U. S. embassy or consulate can provide names and addresses of local physicians.
- Before crew and personnel visit a doctor's office, clinic, or emergency room, the healthcare provider should be warned in advance about possible exposure.
- If illness onset occurs after return home, employees should contact a healthcare provider. Before going to the doctor's office or emergency room, the medical staff should be told about the employee's symptoms, the countries visited, and whether the employee had contact with poultry.

For More Information

For avian flu-related travel information, see [http://www.cdc.gov/travel/other/avian\\_flu/](http://www.cdc.gov/travel/other/avian_flu/).

Date: March 13, 2006

Content Source: National Center for Infectious Diseases, Division of Global Migration and Quarantine

## H. Interim Guidance for Airline Cleaning Crew, Maintenance Crew, and Baggage/Package and Cargo Handlers for Airlines Returning from Areas Affected by Avian Influenza A (H5N1)

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This updated interim guidance is intended to inform personnel who clean, maintain, or remove baggage/packages from commercial and cargo airlines about appropriate precautions related to avian influenza A (H5N1). Recommendations are based on standard infection control practices used in healthcare settings and on available information about the virus that causes H5N1 avian influenza.

### Background

Avian influenza A (H5N1) viruses usually affect wild birds but can infect and cause serious disease among poultry, such as chickens. Human infections with H5N1 viruses are rare, but have also occurred in several countries since 2003. For a current list of countries reporting outbreaks of H5N1 virus infection among poultry and/or wild birds, view [updates from the World Organization for Animal Health \(OIE\)](#). Cumulative numbers of confirmed human cases of avian influenza A (H5N1) by country are available on the [World Health Organization \(WHO\) Avian Influenza website](#). An assessment of the [current situation](#) can be found on the Centers for Disease Control and Prevention (CDC) Avian Influenza website.

Most H5N1 infections in humans are thought to have occurred from direct contact with infected poultry. Evidence to date suggests that people infected with the current form of H5N1 viruses pose a low risk for transmission to close contacts. However, it is prudent to assume that individuals infected with H5N1 viruses are potentially infectious. Transmission of H5N1 viruses from infected individuals, if it does happen, could occur through the spread of large respiratory droplets, which usually requires close contact (<3 feet) with an infected person or contact with contaminated hands or inanimate objects (e.g., armrests). Therefore, [Standard](#) and [Droplet](#) Precautions are appropriate, and hand hygiene remains the focus of infection control.

The CDC and the World Health Organization (WHO) continue to carefully monitor the situation in all H5N1-affected areas and remain in close communication about the evolving outbreak. CDC has not recommended that the general public avoid travel to any of the countries affected by H5N1 viruses.

For additional information on avian influenza, please consult the CDC web page at <http://www.cdc.gov/flu/avian/>.

### General Infection Control Precautions

All airline personnel should always follow basic hygiene practices to prevent becoming ill.

Handwashing is an important and effective means of preventing the delivery of infectious material (e.g., nasal secretions, saliva or other body fluids that may contain viruses) from soiled hands to the mouth, nose or eyes, where it can enter the body. Cleaning one's hands with soap and water removes potentially infectious material from one's skin. Hands should be cleaned before preparing food, eating, or touching one's face and after handling soiled material (e.g., used tissues, lavatory surfaces), coughing or sneezing, and using the toilet. Waterless alcohol-based hand gels may be used when soap is not available and hands are not visibly soiled.

If airline personnel are ill, the following steps should be taken:

- Avoid traveling unless traveling locally for health care.
- Cover mouths and noses with a tissue or hands when coughing or sneezing.
- Put used tissue in a wastebasket.
- Clean hands with soap and water or an alcohol-based hand gel immediately after coughing or sneezing.

CDC does not recommend the routine use of personal protective equipment (PPE), such as respirators, gloves, or surgical masks, for protection against avian influenza exposure, except in health care-related situations. However, gloves are recommended when cleaning potentially contaminated surfaces.

## When Avian Influenza A (H5N1) is Suspected in a Passenger or Crew Member:

### Guidance for Airline Cleaning Crew

When cleaning commercial passenger aircraft after a flight with an ill passenger or crew member possibly infected with avian influenza, routine cleaning methods should be employed:

- Wear nonsterile disposable gloves while cleaning the cabin and lavatories.
- Wipe down lavatory surfaces and frequently touched surfaces in the cabin, such as armrests, tray tables, light and air controls, and adjacent walls and windows with a cleaning agent equivalent to household cleaner or detergent. Allow surfaces to air dry in accordance with manufacturers' instructions. Cleaning the surfaces around the seat of the passenger suspected or having avian influenza is particularly important.
- Special cleaning of upholstery, carpets, or storage compartments is not necessary unless obviously soiled with body fluids.
- Currently, there is no evidence to suggest that special vacuuming equipment or procedures are necessary.
- Remove and discard gloves after cleaning is done. Personnel should avoid touching their faces with gloved or unwashed hands.
- Clean hands with soap and water (or an alcohol-based hand gel when soap and water are not available) immediately after gloves are removed.

The International Air Transport Association also provides guidance for cleaning crews and maintenance crews in cases of suspected communicable disease (see [http://www.iata.org/whatwedo/safety/health\\_safety/aviation\\_communicable\\_diseases.htm](http://www.iata.org/whatwedo/safety/health_safety/aviation_communicable_diseases.htm)).

### Guidance for Airline Cargo Crew

There is no evidence that avian influenza is spread through contact with baggage, packages, or other objects, including items arriving from [areas where avian influenza cases have been reported](#). Special handling of cargo arriving from areas where avian influenza cases have been reported is, therefore, not necessary. Cargo handlers should wash their hands frequently for the prevention of any possible infectious disease.

### Management of Possible Occupational Exposures to Avian Influenza

In the unlikely event that cleaning crew, maintenance crew, or baggage/package or cargo handlers may have been exposed to a passenger suspected of having avian influenza,

- They should monitor their health for 10 days after the exposure.
- If they become ill with a fever plus a cough, sore throat, or trouble breathing, they should immediately take the following steps:
  - Arrange to see the occupational health service or personal physician, and notify their employer.
  - Inform the occupational health service, clinic, or emergency room before visiting about the possible exposure to avian influenza so that arrangements can be made to prevent transmission to others in the health-care setting.
  - Avoid traveling, unless traveling for healthcare.

To supplement the general information provided here, the following section provides information related to specific job functions:

[Guidance about Avian Influenza for Airline Flight Crews and Persons Meeting Passengers Arriving from Areas with Avian Influenza](#)

For avian flu-related travel information, see [http://www.cdc.gov/travel/other/avian\\_flu/](http://www.cdc.gov/travel/other/avian_flu/).

Date: March 13, 2006

Content Source: National Center for Infectious Diseases, Division of Global Migration and Quarantine

## I. Interim Guidance for Cleaning Aircraft Exteriors after Collisions with Birds in Avian Influenza A (H5N1)-Affected Areas

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Airplanes occasionally collide with birds in the air or during take-off or landing, resulting in visible residue that must be cleaned from the exterior of the plane after landing. In areas where avian influenza A (H5N1) outbreaks are ongoing among bird populations (see Embargo of Birds from Specified Countries:

<http://www.cdc.gov/flu/avian/outbreaks/embargo.htm>), such a collision might occur with an infected bird, posing a theoretical risk of contaminating the exterior surface of the plane with infectious blood, feces, feathers, or other material. Any potential risk of human exposure may be reduced by observing the following cleaning recommendations when a bird strike has occurred to an airplane taking off from, flying over, or landing in one of the H5N1-affected countries. These recommendations are based on professional judgment of infectious disease experts, using their knowledge of routes of transmission and the perceived low level of risk in such cases.

### Recommendations

- Avoid washing contaminated surfaces with pressurized water or cleaner, which could theoretically aerosolize H5N1 viral particles that could then be inhaled.
- Use non-sterile vinyl or nitrile gloves that cover part of the arm.
- For additional protection:
  - Disposable coveralls may be used to protect clothing while cleaning.
  - If the cleaning method may create splashing, safety goggles or glasses and a surgical mask may be worn to protect the mucous membranes (See [NIOSH Eye Protection for Infection Control](#)).
- Use an agent equivalent to household cleaner or detergent to clean the surface and allow to air dry in accordance with the manufacturer's instructions.
- Place any bird carcasses or parts removed during cleaning in a double-plastic bag and place in an appropriate trash receptacle.
- Avoid touching the mouth or face with soiled hands or gloves.
- Remove gloves and coveralls (if used), discard in an appropriate receptacle (or the same bag with bird parts), and wash hands with soap and water. Next, remove glasses, and/or mask (if used), discard or clean as appropriate, and wash hands again.
- Hands can be cleaned with an alcohol-based hand gel (at least 60% alcohol) when not visibly soiled and when soap and water are not available.

Flexibility in modifying personal protective equipment requirements may be necessary as determined on the basis of the task and circumstances of the cleaning activity.

The International Air Transport Association also provides information on [air transport and communicable diseases](#) on their website, as well as more general guidance on [cleaning planes after a collision with a bird](#).

Additional guidance about avian influenza for airline flight, maintenance, and cleaning crews can be found on the CDC Travelers' Health website:

- [Guidance about Avian Influenza for Airline Flight Crews and Persons Meeting Passengers Arriving from Areas with Avian Influenza](#)
- [Guidance for Airline Cleaning Crew, Maintenance Crew, and Baggage/Package and Cargo Handlers for Airlines Returning from Areas Affected by Avian Influenza](#)

For avian flu-related travel information, see [http://www.cdc.gov/travel/other/avian\\_flu/](http://www.cdc.gov/travel/other/avian_flu/).

For additional information on avian influenza, please consult the CDC [Avian Influenza](#) webpage. .

Date: July 19, 2006

Content Source: National Center for Infectious Diseases, Division of Global Migration and Quarantine

## J. Personal Protection: Standard Precautions

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Excerpted from Guideline for Isolation Precautions in Hospitals (January 1996)

### Background

Standard Precautions synthesize the major features of UP (Blood and Body Fluid Precautions) (27,28) (designed to reduce the risk of transmission of bloodborne pathogens) and BSI (body substance isolation)(29,30) (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) nonintact skin; and 4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

### II. Standard Precautions

Use Standard Precautions, or the equivalent, for the care of all patients. *Category IB*

#### A. Handwashing

1. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites. *Category IB*
2. Use a plain (nonantimicrobial) soap for routine handwashing. *Category IB*
3. Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyperendemic infections), as defined by the infection control program. *Category IB* (See Contact Precautions for additional recommendations on using antimicrobial and antiseptic agents.)

#### B. Gloves

Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and nonintact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments. *Category IB*

#### C. Mask, Eye Protection, Face Shield

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. *Category IB*

#### D. Gown

Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during

procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments. *Category IB*

E. Patient-Care Equipment

Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly. *Category IB*

F. Environmental Control

Ensure that the hospital has adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces, and ensure that these procedures are being followed. *Category IB*

G. Linen

Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing, and that avoids transfer of microorganisms to other patients and environments. *Category IB*

H. Occupational Health and Bloodborne Pathogens

1. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.

*Category IB*

2. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable. *Category IB*

I. Patient Placement

Place a patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives. *Category IB*

**Date last modified:** April 1, 2005 **Content source:** Division of Healthcare Quality Promotion (DHQP)

## K. Personal Protection: Droplet Precautions

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Excerpted from Guideline for Isolation Precautions in Hospitals (January 1996)

### Background

Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5  $\mu\text{m}$  in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning and bronchoscopy. Transmission via large-particle droplets requires close contact between source and recipient persons, because droplets do not remain suspended in the air and generally travel only short distances, usually 3 ft or less, through the air. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission. Droplet Precautions apply to any patient known or suspected to be infected with epidemiologically important pathogens that can be transmitted by infectious droplets.

### IV. Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions, or the equivalent, for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 5  $\mu\text{m}$  in size] that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures).

#### *Category IB*

In addition to Standard Precautions, use Droplet Precautions, or the equivalent, for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 5  $\mu\text{m}$  in size] that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures).

#### *Category IB*

#### A. Patient Placement

Place the patient in a private room. When a private room is not available, place the patient in a room with a patient(s) who has active infection with the same microorganism but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, maintain spatial separation of at least 3 ft between the infected patient and other patients and visitors. Special air handling and ventilation are not necessary, and the door may remain open. *Category IB*

#### B. Mask

In addition to wearing a mask as outlined under Standard Precautions, wear a mask when working within 3 ft of the patient. (Logistically, some hospitals may want to implement the wearing of a mask to enter the room.) *Category IB*

#### C. Patient Transport

Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by masking the patient, if possible. *Category IB*

**Date last modified:** April 1, 2005 **Content source:** Division of Healthcare Quality Promotion (DHQP)

## L. Incident Command System: General Roles and Responsibilities

The Incident Command System (ICS) includes general principles and procedures with which all response personnel should be familiar. Understanding and following these general procedures are the responsibility of each individual working within an ICS response structure.

FEMA, through the Emergency Management Institute (EMI) provides a self-instructional study course on the basics of the ICS. The internet URL address for this course is:

<http://training.fema.gov/EMIWeb/IS>

All personnel are encouraged to become knowledgeable in the basics of the ICS.

Individuals' responsibilities range from understanding and using ICS procedures intended to provide for well-coordinated operations and smooth flow of information, to being responsible for one's own safety. Before undertaking any of the tasks personnel must first be fluent in the following general ICS procedures.

### Mobilization

- Receive assignment, notification, reporting location, reporting time and travel instructions.
- Secure approval from your supervisor in accordance with Ramp-Up and/or Call-Out procedures.
- Receive ICS assignment, check-in station location, and operating location before departure.
- Transport personal response gear with you (e.g., PPE, field gear, cold/foul weather gear, survival gear, etc.).

### Check-In and Check-Out

- Upon arrival at the incident, check-in at the designated check-in station. Check-in locations may be found at the Airport Emergency Operations Center, Incident Command Post, or the Staging Area(s).
- Agency representatives from assisting or cooperating agencies report to the Liaison Officer at the check-in location.
- Check-out prior to departing the incident

### Safety

- Immediately after reporting in and before performing any response function:
  - Seek out and receive a safety briefing.
  - Obtain a copy, review, and sign the Site Safety Plan.
- During operations, report all accidents, near misses or unsafe acts to a supervisor and/or the Safety Officer.

## Operations

- Report to your immediate supervisor and receive assignment. Acquire work materials.
- Keep your immediate supervisor informed of all significant events/decisions.
- Follow the established ICS chain of command.
- Use clear text and ICS terminology in all radio transmission.

## Reporting

- Prepare a daily time report.
- Prepare a daily activity log.
- Supervisors are to complete a Unit Log for each day.
- Provide reports to immediate supervisor for routing via the chain of command.

## Incident Commander/Unified Command

The Incident Commander (IC) or the Unified Command (UC) is responsible for all aspects of the response, including developing incident objectives and managing all incident operations. Responsibilities include:

- Ensure the appropriate actions are taken to protect the health and safety of response personnel.
- Assess the situation and/or obtain incident briefing from prior Incident Commander.
- Determine incident objectives and strategies.
- Establish the immediate priorities.
- Establish the Incident Command Post.
- Establish an appropriate organization.
- Brief staff and branch/section chiefs.
- Ensure planning meetings are scheduled as required.
- Approve and authorize the implementation of an Incident Action Plan.
- Determine information needs and advise staff.
- Coordinate activity for all staff.
- Manage incident operations.
- Approve requests for additional resources and requests for release of resources.
- Authorize release of information to news media.
- Ensure incident funding is available.
- Coordinate incident investigation responsibilities.
- Seek appropriate legal counsel.
- Order the demobilization of the incident when appropriate.
- Maintain Unit Log.

### Deputy Incident Commander

The Deputy Incident Commander is a fully qualified individual who, in the absence of the Incident Commander, may be delegated the authority to manage a functional operation or perform a specific task. In some cases, the Deputy Incident Commander may act as relief for a superior and must be fully qualified in the position.

### Information Officer

The Information Officer is responsible for developing and releasing information about the incident to the news media, to incident personnel, and to other appropriate agencies and organizations. Responsibilities include:

- Determine from the Incident Commander if there are any limits on information release.
- Develop material for use in media briefings.
- Obtain Incident Commander approval for media releases.
- Inform media and conduct media briefings.
- Arrange for tours and other interviews or briefings that may be required.
- Obtain media information that may be useful to incident planning.
- Maintain current information summaries and/or displays on the incident and provide information on status of incident to assigned personnel.
- Maintain Unit Log.

### Safety Officer

The Safety Officer is responsible for monitoring and assessing hazardous and unsafe situations and developing measures for assuring personnel safety. The Safety Officer will correct unsafe acts or conditions through the regular line of authority, although the Safety Officer may exercise emergency authority to stop or prevent unsafe acts when immediate action is required. The Safety Officer maintains awareness of active and developing situations, ensures the preparation and implementation of the Site Safety Plan, and includes safety messages in each Incident Action Plan. Responsibilities include:

- Identify hazardous or unsafe situations/conditions associated with the incident by ensuring the performance of preliminary and continuous site characterization and analysis which will include the identification of all actual and potential hazards known or expected to be present on site.
- Participate in planning meetings to identify any health and safety concerns inherent in the operations daily work plan.
- Review the Incident Action Plan for safety implications.
- Exercise emergency authority to stop and prevent unsafe acts.
- Investigate accidents that have occurred within incident areas.
- Ensure the preparation and implementation of the Site Safety Plan. As a minimum include:
  - Health and safety hazard analysis.

- Personnel training requirements.
- PPE selection criteria.
- Confined entry procedures.
- Information for safety briefings.
- Assign assistants and manage the incident safety organization.
- Maintain Unit Log.

### Liaison Officer

Incidents that are multi-jurisdiction or have several agencies involved may require the establishment of the Liaison Officer position on the Command Staff. Responsibilities include:

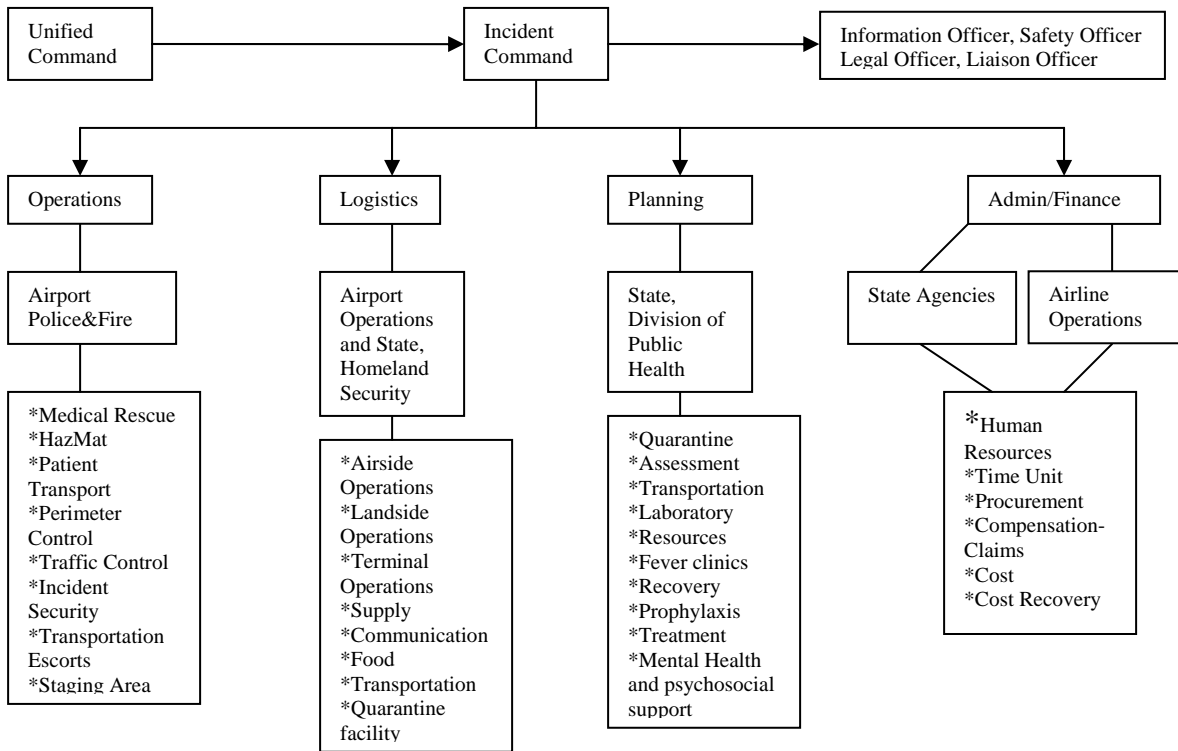
- Provide a point of contact for assisting and cooperating Agency Representatives.
- Identify Agency Representatives from each agency including communications links and locations.
- Maintain a list of assisting and coordinating interagency contacts.
- Keep agencies supporting the incident aware of incident status.
- Monitor incident operations to identify current and potential inter-organizational issues and advise Incident Command as appropriate.
- Participate in planning meetings; provide current resource status information, including limitations and capabilities of assisting agency resources.
- Maintain Unit Log.

### Legal Officer

Responsibilities include:

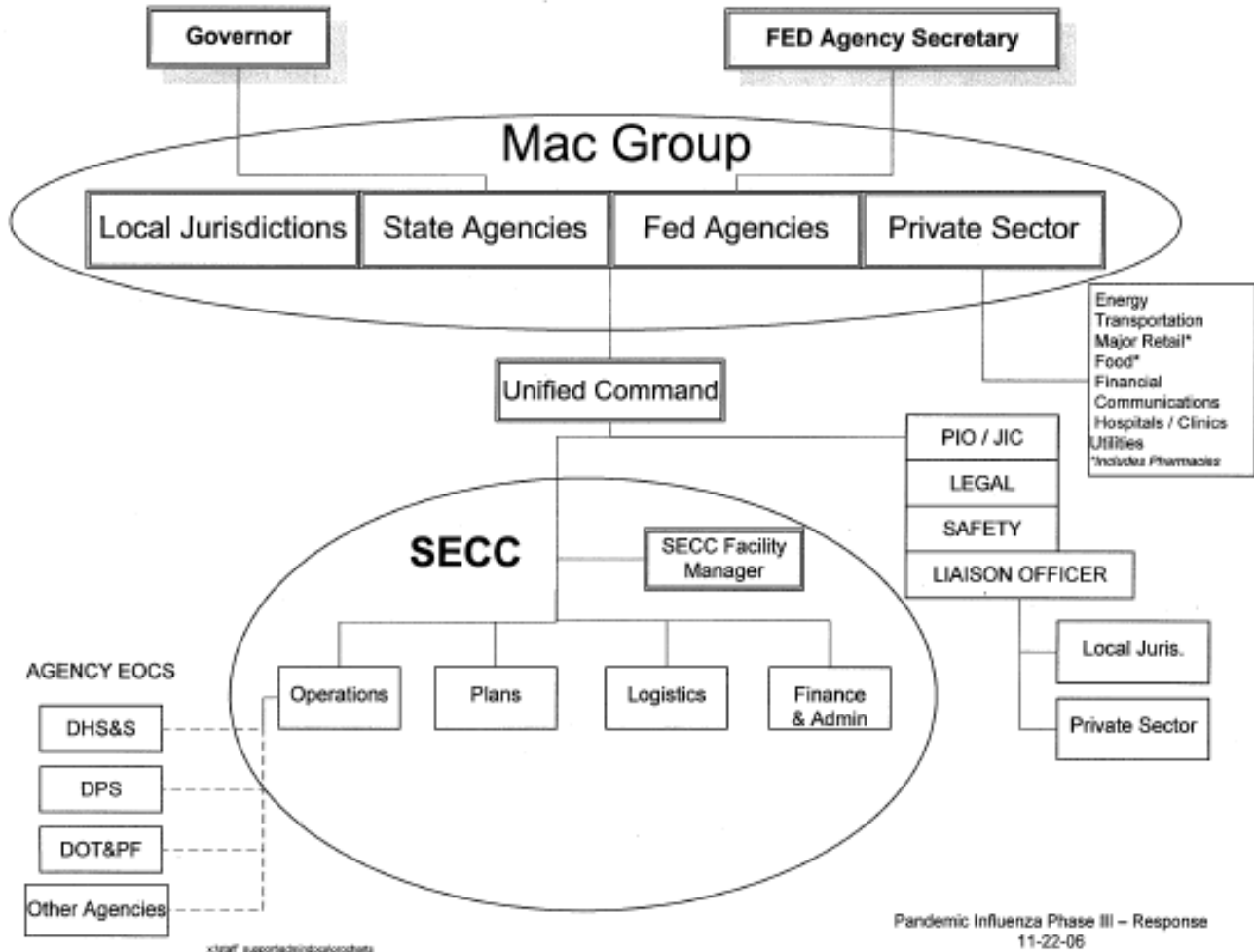
- Obtain briefing from Incident Commander.
- Assist in the composition of any disaster declaration.
- Familiarize yourself on the Emergency Operations Plan.
- Provide interpretation, at the Incident Commander's request, of the actions taken.
- Be prepared to give a verbal legal opinion, and a confirming written opinion, on the actions of any agency taken.
- If requested, review for legal advice, press releases/statements prior to their release.
- Attend planning meetings of the Incident Management Team.
- Assist and advise the Incident Commander in the development of the Incident Action Plan as it pertains to legal matters.
- Review emergency contracts and procurements as requested.
- Maintain Unit Log.

## M. Incident Command Structure



## N. Alaska Pandemic Influenza Multi Agency Coordination Group Organizational Chart

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## O. Isolation and Destruction of Birds Suspected of Having H5N1

### Notification:

- [REDACTED] USDA Veterinarian for Alaska is the first point of contact.
  - Office: (907) 349-0125
- [REDACTED] is on call while he is away or unavailable.
  - Office: (907) 745-3253
- [REDACTED] Area Veterinarian in Charge, Olympia, WA should also be notified.
  - Office: (360) 753-9430
- If no one at USDA can be reached, notify the State Veterinarian's Office at (907) 375-8200.

### USDA Bird Isolation Boxes Located at:

- FedEx CBP AG Office: 249-3252
- CDC Anchorage Quarantine Station: 271-6301
- North Terminal FIS Customs Office: 271-6313

### **Standard Operating Procedures**

- Before handling any suspect bird wear protective gear - latex gloves, apron, eye protection, particulate mask.
- Upon interception of suspect H5N1 birds isolate it in a USDA bird isolation box.
- Further isolate by placing the isolation box inside a transport container, such as a locking lid 50 gallon trashcan.
- If the owner/transporter is willing to send the bird back to the country of origin, he/she must fill out the heading and section C of VS Form 17-8 – Pet Bird Agreement. CBP completes the remainder of the form.
- If the owner/transporter is unwilling or unable to return the bird to the country of origin, he/she completes the heading and section D of VS Form 17-8. CBP completes the remainder of the form.
- If the bird is abandoned, it will be euthanized by a USDA APHIS VS Veterinary Medical Officer or designate. CO2 will be used until authority is obtained to allow the Alaska VMO/Port Veterinarian to receive and store barbiturates.
- Disposal of euthanized bird: Soak with Virkon, wrap in plastic for two days then landfill.
- Autoclave at the Alaska Department of Environmental Conservation (DEC) necropsy laboratory.
- All contaminated equipment should be double sealed in garbage bags and quarantined in secure location. Final Treatment and disposition of all contaminated articles has yet to be finalized. SOP will be amended when procedure is in place.

## P. Guidelines for Virus/Bacteria Signs, Symptoms, and Exposure

Virus/Bacteria	Signs and Symptoms	Person to Person Transmission	Comments
Cholera	Nausea, vomiting, watery diarrhea, rapid loss of bodily fluids, toxemia and collapse.	Rarely	Generally spread by contaminated water and food. Occasionally transmitted by direct person-to-person contact.
Plague	High fever, headache, general aches, extreme weakness.	Yes	Transmitted by infected flea bites. Transmitted person-to-person by respiratory particles.
Smallpox	Severe fever, small blisters on skin, bleeding of skin and mucous membranes.	Yes	Transmitted person-to-person by respiratory particles and direct contact with infected bodily fluids or contaminated objects such as bedding or clothing.
Yellow Fever	Sudden onset of chills, fever, prostration, headache, backache, muscular pain, nausea, vomiting, jaundice.	No	Transmitted between humans by mosquitoes.
Hemorrhagic Fevers (Ebola, Marburg, Lassa and Crimean-Congo)	Headaches, fever, muscle pain, vomiting, diarrhea, weakness, skin rash and jaundice	Yes	Animal-to-human transmission is through contact with urine, fecal matter, saliva, or other body excretions from infected rodents. Some viruses may be transmitted to humans by infected mosquito or tick bites. Human-to-human transmission is by close contact with infected persons or their body fluids or contaminated objects.
Severe Acute Respiratory Syndrome (SARS)	Headache, overall feeling of discomfort and body aches, fever, mild respiratory symptoms, diarrhea.	Yes	Transmitted by respiratory particles and person-to-person contact.
Influenza (Novel/Pandemic)	Fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, muscle aches, stomach symptoms, such as nausea, vomiting, and diarrhea.	Yes	Transmitted by respiratory particles and person-to-person contact.
Diphtheria	Sore throat, neck swelling, skin lesions.	Yes	Transmitted by respiratory particles.
Infectious Tuberculosis (TB)	Fever, cough (may be bloody)	Yes	Transmitted by respiratory particles.
<b>Immediate Assistance/Additional Information:</b>		<b>Universal Precautions Protocol:</b>	
<ol style="list-style-type: none"> <li>1. Call 266-2600, Airport Operations.</li> <li>2. Call Airport Police through Airport Dispatch at 266-2555. Other phone numbers are 266-2575/2415/4349.</li> <li>3. Call the Anchorage Quarantine Station at 271-6301</li> <li>4. Call State Public Health Officer at 269-8000. After hours call 1-800-478-0084.</li> </ol> <p style="text-align: center;"><b>FOR MORE INFORMATION ABOUT BIOLOGICAL INCIDENTS</b></p> <p>CDC – Center for Disease Control and Prevention – <a href="http://www.bt.cdc.gov">www.bt.cdc.gov</a></p> <p>APIC – Association for Professionals in Infection Control and Epidemiology – <a href="http://www.apic.org/bioterror">www.apic.org/bioterror</a></p> <p>USAMRIID’s Medical Management of Biological Casualties Handbook – <a href="http://www.usamriid.army.mil/education/bluebook.html">www.usamriid.army.mil/education/bluebook.html</a></p> <p>State of Alaska, Division of Public Health – <a href="http://www.hss.state.ak.us/dph/">http://www.hss.state.ak.us/dph/</a></p>		<ol style="list-style-type: none"> <li>1. Place clothing from suspected victim in airtight impervious (e.g., plastic) bags and save for public health/law enforcement authorities.</li> <li>2. Use soap and water for washing victim.</li> <li>3. For environmental disinfection consult EPA approved products and recommendations. For example, bleach (standard 6.0%-6.15% sodium hypochlorite) in a 0.6% concentration (1 part bleach to 9 parts water) may be used in some situations. For botulism, plague and smallpox an alternative is to use an EPA-approved germicidal detergent.</li> <li>4. For smallpox, all bedding and clothing must be autoclaved or laundered in hot water and bleach.</li> <li>5. For Personal Protective Equipment (PPE) consult NIOSH approved products and recommendations during contact with suspected person and decontamination activities.</li> </ol>	