Subject: Procedures for Responding to Infectious Disease Situations and Pandemic Plan

Section I. Purpose and Responsibilities

1. Purpose. The purpose of this Standard Operating Procedure (SOP) is, to the greatest extent possible, to decrease and mitigate the risk of transmitting infectious diseases between and among airline passengers, Wichita Airport Authority (WAA) and tenant employees, and the general public while on Wichita Dwight D. Eisenhower National (ICT) Airport. In addition to preventive and mitigating procedures, this SOP also contains protective measures, guidelines, policies, best management practices, and continuity of operations to be followed in the event of an epidemic or pandemic which may affect the operations of ICT, and the health, welfare and safety of airport and tenant employees, business invitees, and the travelling public.

This SOP shall be utilized as a guide and reference to the Federal Aviation Administration’s recommendation that airports plan for business continuity and operational response in the event of a pandemic.

2. Responsibilities. The responsibility for the initial care and handling of persons displaying symptoms of infectious diseases rests with the Airport Police and Fire Division until such time as Federal, State, or County agencies with statutory authority and jurisdiction assume responsibility and control. Responsibility for initiating individual and/or cooperative protocols shall be applied as described in Section III.

Section II. Definitions

Definition of Infectious Diseases. For the purposes of this SOP, infectious diseases shall be defined to include, but are not limited to:

- H1N1 ("Swine") Influenza
- H5N1 Avian ("Bird") Influenza
- Severe Acute Respiratory Syndrome (SARS)
- Cholera
- Diphtheria
- Infectious Tuberculosis
- Plague
- Smallpox
- Yellow fever
• Any other flu or infectious disease that can cause pandemic as may be determined by the Center for Disease Control and Prevention (CDC).

According to the CDC, a person showing one or more of the following conditions is considered “ill” and must be reported under federal regulations:

• Fever* that has lasted more than 48 hours;
• Fever* of any duration plus any one of the following:
  o Rash; or
  o Swelling of the lymph glands; or
  o Jaundice (yellowing of the skin or eyes);
  o Difficulty breathing; or
  o Headache with a stiff neck; or
  o Reduced level of consciousness; or
  o Unexplained bleeding; or
  o Diarrhea (three or more loose stools – or a greater than normal number of loose stools – in a 24 hour period).

Section III. Notifications and Protocols – Emergency or Critical Response to Potential or Suspected Infectious Disease Cases on Eisenhower Airport

1. Notifications

A. Upon Airport Police and Fire discovering or being notified of a potential or suspected infectious disease case as defined in Section II on ICT, or on an aircraft scheduled to arrive or divert to ICT, the Airport Police and Fire Division shall immediately notify Sedgwick County Emergency Medical Service (EMS) through Sedgwick County Emergency Communications (911).

B. Upon Airport Police and Fire discovering or being notified of a potential or suspected infectious disease case as defined in Section II on ICT, or on an aircraft scheduled to arrive or divert to ICT, the Airport Police and Fire Division shall immediately notify the Sedgwick County Health Department through its 24-hour hotline.

C. If the situation involves a commercial aircraft scheduled to arrive or divert to ICT, then the ICT-based airline station manager shall be notified.
WICHITA AIRPORT AUTHORITY
Eisenhower National Airport
Standard Operating Procedure #15
Effective: May 7th 2018

D. If the situation involves a commercial aircraft scheduled to depart, arrive or divert to ICT, then the Transportation Security Administration (TSA) Coordination Center shall be notified.

E. If the situation involves an aircraft (commercial or non-commercial) landing at ICT that’s last point of departure was a foreign country, then the U.S. Customs and Border Protection shall be immediately notified prior to any passenger or crew deplaning.

F. Upon Airport Police and Fire notification of a potential or suspected infectious disease case, as defined in Section II, on or within public buildings of ICT, or on an aircraft scheduled to arrive or divert to ICT, the Airport Police and Fire Division shall promptly notify the:

- Airport Building and Utilities Manager, and/or
- Assistant Building and Utilities Manager, and/or
- Custodial Supervisor, and/or
- Lead on-duty Custodial Worker, and

advise them of the specific circumstances. If necessary, Airport Building and Utilities (ABU) shall promptly respond and commence procedures outlined in Section III.2.D.

G. If necessary and appropriate, Sedgwick County Emergency Management, in coordination with the on-scene Incident Commander or Unified Command and other County Officials, may initiate any or all of the following:

i. Activate the Sedgwick County Emergency Operations Center (EOC) to an appropriate level, and establish direct communication with Command Post.

ii. *Request the Chair of the Sedgwick County Board of Commissioners declare a state of local emergency or disaster, and notify the Kansas Division of Emergency Management of such declaration.

* Note: The responsibility for disaster functions is vested in the Chair of the Board of County Commissioners (BoCC) for Sedgwick County, in accordance with the provisions of KSA 48-932 as amended.

iii. Activate the local Emergency Operations Plan and any appropriate Emergency Support Functions (ESF).

H. Off-Airport Agencies

Depending on the specific conditions and circumstances of the case, off-airport resources and jurisdictions may include some or all of the following agencies:
**2. Protocols**

**A. Airport Police and Fire**

Airport Police and Fire shall:

i. Make on and off-Airport notifications as specified in this Section.

ii. Respond to medical call in accordance with standard medical protocols.

iii. Employ personal protective measures as appropriate.

iv. Assume initial responsibility for care and handling of persons displaying symptoms of infectious diseases until EMS arrives, the patient care will then be transferred to EMS upon receiving a verbal patient briefing from Airport Police and Fire. WFD will assist with care and treatment if more than one patient.

v. Provide support and assistance to EMS, WFD and/or SCHD as necessary.

vi. Upon request of the SCHD Medical (Health) Officer, obtain from the involved airline a complete passenger manifest list including full names, seat assignments, and phone numbers.

vii. Communicate, coordinate and liaison with airport administration, flight crew, tenants and other Airport divisions as necessary.

viii. Coordinate and arrange facilities and resources for persons temporarily quarantined on ICT, including climate controlled shelter, restroom facilities, food and drink if necessary, and other comfort resources.

ix. Assist EMS, WFD, EMSS, SCSO and SCHD in establishing, transitioning to, and securing on-airport isolation and quarantine facilities as necessary.

*Note: The Sedgwick County Health Department, under the authority of and representing the Medical Officer, will be responsible for direct communications, coordination and liaison with the KDHE and/or CDC as necessary and appropriate.*
x. Gather all information of patient that is requested by CDC, SCHD, KDHE at their request as quickly as possible.

B. Sedgwick County Emergency Medical Service (EMS)

Upon notification, and if a response is necessary, Sedgwick County EMS shall report to the Airport Police and Fire Station, the Commercial Passenger Terminal Building, or other location as necessary considering the prevailing circumstances.

Upon arrival at the scene and after receiving a verbal patient briefing from Airport Police and Fire, EMS shall begin patient(s) treatment in accordance with their local standing orders as contained in the Wichita – Sedgwick County Emergency Medical Services System Protocols.

Sedgwick County EMS will also respond with an infectious disease team if the responding unit deems is necessary to take control of treating the patient and transporting them to a hospital.

C. Sedgwick County Health Department (SCHD)

Upon notification, and if a response is necessary, the Health Department shall report to the Airport Police and Fire Station, the Commercial Passenger Terminal Building, or other location as necessary considering the prevailing circumstances.

SCHD shall:

i. Activate the SCHD BT Incident or Highly Suspect Case Notification Guide.

ii. SCHD Health Protection Coordinator or designate will establish communication with the SCEMS Medical Director and Wichita Airport Authority for onsite situation report.

iii. SCHD Epidemiologists will provide assistance to Wichita Airport Authority with disease investigation and containment measures.

iv. SCHD Epidemiologists will follow appropriate KDHE Disease Investigation Protocols.

v. SCHD staff reporting to the Airport Police or Fire Station shall employ Universal Precautions and don appropriate personal protective equipment (PPE) if in contact with infectious persons.

vi. If necessary, SCHD will implement the Sedgwick County Community Containment Standard Operating Guide.

vii. In the event of a significant public health emergency, follow procedures and guidance as set forth in the Sedgwick County Emergency Operations Plan – Biological Incident Annex.
D. **Airport Building and Utilities**

Airport ABU shall:

i. Upon notification of a potential or suspected infectious disease case within a public building on ICT, shall promptly respond and initiate specialized cleaning and disinfecting protocols in affected areas as established below.
   - All physical contact items are to receive the standard two procedures of cleaning and disinfecting: all are cleaned with hydrogen peroxide cleaning products and then disinfected. Example of contact items: door handles, work stations, counters, chairs, wheel chairs, stall doors, tissue dispensers, toilets, urinals, phones, etc.

ii. All items considered pathogenic, whether blood or other body fluids are to be treated as a bio-hazard. Special cleanup and disinfecting procedures are to be used for this cleanup. This consists of higher grade cleaning, and decontamination procedures. Decontamination is to be used on articles or items that fluid is found on or presumed to be on and equipment used to perform cleanup.

iii. Visible contamination shall follow the same protocol but the affected area must be tagged, have a hazardous infection decontamination report filed and be inspected by a qualified shift lead or supervisor. Only upon inspection shall the infected area be deemed, ready to occupy.

iv. Thermal fogging is to be used on a weekly basis in all gate areas. Check Point is to be fogged on a nightly basis with the rubberized tile cleaned and disinfected. Thermal fogging agent should be EPA certified and USDA approved, with capabilities of use in various disinfection procedures.

v. To avoid cross-contamination, rags or sponges are not to be used on multi-surfaces. Besides air drying, paper towels will be the only acceptable material used for drying. All custodial staff is to use disposable gloves at all times while in the terminal or concourse areas. Re-useable gloves are to be treated with alcohol as well as any tools used for cleaning. Evening custodial shifts will do touchless cleaning with a cleaning unit specifically designed for this type of operation. This is for higher grade disinfection. Splash-proof PPE is to be used when operating this equipment.

vi. Plastic recycling shall be discontinued upon notification of an incident. The concern being that the incubation period for many known viruses is 24 – 48 hours. This is to assure prevention of an infection being transferred from a person who may have consumed a product from a plastic item. The CDC and the AMA in a recent joint report suggested that a virus might survive on an object for as long as 36 hours.

vii. The highest emphasis to everyone is to use common sense and hand washing. All employees are advised to wash hands on the 20-second rule or otherwise the ABC rule, (the time it takes to recite the ABC’s is usually used as a standard) and to use hand sanitizer when water is not available. You are to use hand sanitizer after washing hands as well in order to have maximum kill of any bacteria.

viii. Use of the “hepa” filtration air scrubber systems to assist in the removal of foreign bacterial and viral objects in the air on the concourse is mandatory during the fall and winter months.
ix. If potential or suspected infectious disease cases on ICT results in specialized cleaning and disinfecting protocols, then a *Hazardous Infection Decontamination Report* shall be completed by custodial staff, and approved by the Custodial Supervisor. The Custodial Supervisor shall retain records of all such Reports.

x. Upon notification of a potential or suspected infectious disease case, as defined in Section II, on or within public buildings of ICT, or on an aircraft scheduled to arrive or diverted to ICT, ABU may be called upon to prepare Suite #400 at the Air Cargo Terminal Building, 1935 Air Cargo Road, to receive isolation and quarantine cases as outlined in Section IV.

xi. When requested, assist in arranging and providing comfort resources such as restroom facilities, chairs, cots, etc.

**Section IV. Isolation and Quarantine**

1. **What is isolation and quarantine?**

Isolation and quarantine are public health practices used to stop or limit the spread of disease. Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of certain diseases. Quarantine is used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease. Isolation and quarantine are used to protect the public by preventing exposure to infected persons or to persons who may be infected.

2. **What is the Quarantine System?**

An integrated and comprehensive partnership of local, national, and global health authorities to prevent, detect, and contain infectious diseases in countries of origin and at U.S. ports of entry, and to plan responses to public health threats.

3. **At U.S. Ports of Entry, the Quarantine System:**

- Responds to illnesses or deaths on airplanes, maritime vessels, and at land-border crossings.
- Performs passenger notification and contact tracing when a travel-related disease exposure occurs.
- Monitors health and collects medical information for immigrants and refugees.
- Distributes hard-to-find antitoxins and other drugs for emergency use to save lives.
- Inspects animals, cargo, and hand-carried items that pose a threat to human health.
Eisenhower National Airport
Standard Operating Procedure #15

Effective: May 7th 2018

- Provides guidance on border strategies to prevent, detect, and respond to a pandemic.

Eisenhower (ICT) Airport is not a designated U.S. Port of Entry of the CDC Quarantine System.

4. Jurisdiction

The jurisdiction of the Dallas/Fort Worth (DFW) Quarantine Station includes all ports in Arkansas, Kansas, Missouri, and Oklahoma in addition to North Central Texas.

CDC Dallas/Fort Worth Quarantine Station

Hours: Monday-Friday, 9:00am-5:30pm
Location/Inside Deliveries (FedEx): CDC DFW Quarantine Station
c/o Customs and Border Protection
Terminal D- Arrivals Level.
Door # D23F159
DFW International Airport, TX 75261
CDC DFW Quarantine Station

U.S. Mailing Address: P.O. Box 612325
Dallas, TX 75261

Phone: Officer in Charge: 972-973-9258 (24-hour access)
Medical Officer: 972-973-9258
Fax: 972-973-9259

Jurisdiction: All ports in Kansas, Missouri, Oklahoma, Arkansas and North Texas (Health Districts 1, 2 and 3). (See list of counties.)

5. Legal Authority for Isolation and Quarantine

A. In addition to serving as medical functions, isolation and quarantine also are “police power” functions, derived from the right of the state to take action affecting individuals for the benefit of society.

B. The federal government derives its authority for isolation and quarantine from the Commerce Clause of the U.S. Constitution. Under section 361 of the Public Health Service Act (42 U.S. Code § 264), the U.S. Secretary of Health and Human Services is authorized to take measures to prevent the entry and spread of communicable diseases from foreign countries into the
United States and between states. The authority for carrying out these functions on a daily basis has been delegated to the Centers for Disease Control and Prevention (CDC).

C. The Sedgwick County Health Department Community Disease Containment Standard Operating Guide shall be used during infectious or contagious disease outbreaks to assist decision makers in implementing community containment measures, which might require the isolation or quarantining of individuals. Kansas state statute, KSA 65-129b, authorizes the local health officer or secretary of health to issue evaluation or treatment orders, isolation or quarantine orders, and the powers of enforcement of isolation or quarantine orders. The local health officer or secretary of health may order any sheriff, deputy sheriff or other law enforcement officer of the state or any subdivision to assist in the execution or enforcement of any order under this statute.

D. Federal, State, and local health authorities may have and concurrently use separate but coexisting legal quarantine power in certain events. In the event of a conflict then Federal law has preemptive authority.

6. Enforcement Authority for Isolation and Quarantine

A. If a quarantinable disease is suspected or identified, CDC may issue a federal isolation or quarantine order.

B. Public health authorities at the federal, state, and local levels may seek help from police or other law enforcement officers to enforce a public health order.

C. U.S. Customs and Border Protection officers are authorized to help enforce federal quarantine orders. A U.S. Customs and Border Protection Port-of-Entry office is located at Eisenhower Airport.

D. Breaking a federal quarantine order is punishable by fines and imprisonment. Federal law allows the conditional release of persons from quarantine if they comply with medical monitoring and surveillance.

7. Local Procedures for Isolation and Quarantine

A. ICT Airport is not a designated U.S. Port-of-Entry of the CDC Quarantine System. The CDC Quarantine Station located at Dallas/Fort Worth (DFW) International Airport is the CDC Station having jurisdiction over Kansas ports.

B. Upon being notified of an actual aircraft arrival (but prior to deplaning), or an aircraft scheduled to arrive or divert to ICT containing a passenger or passengers infected or alleged to have been infected with an infectious disease as defined in Section II, the Airport Police and Fire Division
shall immediately initiate the notifications outlined in Section III as appropriate for the circumstances.

C. Depending on the nature, type and severity of the infectious disease case, and in consultation with Airport Police and Fire, EMS, SCHD, KDHE, CDC, and the airline involved, the SCHD Medical (Health) Officer may direct that passengers and crew aboard such flight not be permitted to deplane at ICT. The SCHD Medical (Health) Officer may also request that passengers and crew remain aboard the aircraft temporarily pending investigation of the nature and type of infectious disease, and to determine appropriate response protocols.

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\text{Passengers and crew should not be detained aboard an aircraft for a duration exceeding 3 hours.}
\]

D. The Airport Police and Fire Division and/or the Sedgwick County Sheriff’s Department shall be responsible for enforcing such directive(s) issued by the SCHD Medical (Health) Officer, the Secretary of the KDHE, or the CDC. In such cases, and with the prior communication and coordination with the CDC, aircraft may be directed or diverted to the CDC Quarantine Station at DFW Airport, or other appropriate CDC Quarantine Station.

E. Under no circumstances will an aircraft be denied landing permission at ICT if such denial would impose upon or have the effect of imposing an unsafe or hazardous situation upon the flight operation. Such safety determination shall be made at the sole discretion of the pilot-in-command of such aircraft seeking landing permission at ICT. In such cases where an aircraft has been denied permission to deplane passengers and crew at ICT due to a passenger, passengers, or crew infected or alleged to have been infected with an infectious disease as defined in Section II, such aircraft may be fueled and serviced at ICT. Aircraft seeking to land, or having already landed at ICT, may ground-hold at ICT to await hazardous weather passage until such time as it is safe to depart. In such cases where aircraft land for fuel and service, and/or to avoid hazardous weather, aircraft may not be connected/joined/attached to a passenger boarding bridge, and passengers and crew may not deplane at ICT unless authorized to do so by the SCHD Medical (Health) Officer, or other local, State or Federal agency with jurisdictional authority to issue lawful isolation and quarantine orders. The Airport Authority owned mobile stair vehicle shall be used for such operations as may be required.

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\text{For any flight being denied permission to deplane at ICT, the Airport Police and Fire Division shall promptly notify the Director of Airports, the Assistant Director of Airports, and the airline station manager (if applicable). If passengers or crew are detained on ICT, either on or off the aircraft, Airport Police and Fire and other involved local agencies shall respond and act with all due diligence and}
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expedience in order to minimize unnecessary detention, delay, discomfort, and distress to the affected passengers and crew.

F. Upon discovering or being notified of a potential or suspected infectious disease case as defined in Section II on ICT, or on an aircraft having already arrived and deplaned at ICT, then notifications shall be immediately made as outlined in Section III, and cleaning and disinfecting of Airport facilities shall be initiated as defined in Section III.2.D.

8. Temporary Isolation and Quarantine Locations on Eisenhower Airport

A. The area identified and established as the temporary isolation and quarantine location on ICT is the Air Cargo Terminal, 1935 Air Cargo Road, Suite #400; see attached diagram maps APPENDIX A and APPENDIX A1. The Air Cargo Terminal is equipped with individual heating, air conditioning and air handling systems for each suite unit. Suite office areas are capable of maintaining a positive interior air pressure (positive interior air pressure relative to bay area or exterior ambient pressure). Open bay areas are neutral pressure. Suite air handling systems discharge directly to exterior roof exhaust. Street-side and air-side access is available to all cargo building suites. Restrooms are available in all cargo building suites. Most cargo building suites can accommodate at least 180 persons. The aircraft parking apron west of and adjacent to the cargo building can temporarily accommodate most “heavy” wide-body aircraft types.

B. If temporary isolation and quarantine on ICT is determined to be necessary, the Airport Building and Utilities and Police and Fire Divisions shall prepare Suite #400 at the Air Cargo Terminal Building, 1935 Air Cargo Road, in advance to receive isolation and quarantine cases.

C. In some cases, remote and secluded areas of the Commercial Passenger Terminal Building, removed from concentrations of public, passenger or tenants may be utilized to temporary isolate persons infected or alleged to have been infected with an infectious disease as defined in Section II. In such cases, it shall be the senior Airport Police and Fire Supervisor’s decision, in coordination with EMS, the County Health Department, and/or EMSS to select a suitable location for such temporary isolation.

Temporary isolation and quarantine on/in ICT building facilities should not exceed a duration of 24 hours.

Section V. Public Information and Media Response

Standard procedures and protocols shall be followed as established in Airport Standard Operating Procedure #9 Procedures for Responding to News Media Requests During Emergencies, Disasters, and Other Critical Incidents.
WICHITA AIRPORT AUTHORITY

Eisenhower National Airport

Standard Operating Procedure #15

Effective: May 7th 2018

Section VI. Individually Identifiable Health Information

1. “Individually Identifiable Health Information” shall not be given out to anyone that is not part of the continuous care of the patient. HIPAA defines “Individually Identifiable Health Information” as:

   “any information, including demographic information collected from an individual, that – (A) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (B) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and – (i) identifies the individual; or (ii) with respect to which there is a reasonable basis to believe that the information can be used to identify the individual.”

2. There are special situations where certain specific information may be released to employers about an employee’s illness by healthcare providers, as follows:

   “A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease.” Ref. 45 CFR 164.512(b)(1)(iv).

Section VII. Routine Cleaning, Disinfecting, and Other Mitigating Best Practices During a Pandemic

1. Cleaning and disinfecting practices - Cleaning is Important!

2. A thorough and routine cleaning and disinfecting program destroys germs from surfaces. Disinfecting after cleaning gives an extra level of protection from germs. Cleaning and disinfecting areas will help reduce the spread of influenza. Areas with the largest amounts of germs, including the most frequently used areas, should be disinfected as often as practical to avoid the spread of germs and viruses. As an example, research indicates that survival times for H1N1 influenza A particles are 8 to 12 hours on paper or cloth; 24 to 48 hours (in ambient temperatures) on non-porous surfaces such as doorknobs, counters, desks, etc; and up to 72 hours on wet surfaces.
3. Clean and disinfect hard surfaces and frequently used fixtures.

   A. Keep hard surfaces such as desktops, office furniture, counters, customer service areas, bathrooms, and kitchen area surfaces clean and disinfected.
   B. Keep surfaces contacted by more than one person clean and disinfected; examples of these surfaces include doorknobs, copy machines, printers, fax machines, telephones, computer keyboard and mouse, countertops, light switches, elevator buttons, hand rails, and railings.
   C. Keep break room areas including tables, chairs, countertops, drawer and cabinet handles, refrigerator door handles, sinks, coffee pots, vending equipment, and microwaves clean and disinfected.
   D. Touch points in high-traffic and common use areas should be disinfected daily. Disinfectant “bombs” that set off a dry disinfectant meant to cover every surface in an enclosed room are recommended for certain facilities as appropriate.
   E. Provide hand sanitizer (dispensers or by bottle), and/or disinfectant wipes.

4. Many disinfectants are approved by the EPA for Use. Influenza viruses can be inactivated by many low or intermediate level disinfectants containing any of the following ingredients:

   - chlorine or hypochlorite
   - aldehydes
   - quaternary ammonium compounds [quats]
   - phenolics
   - alcohols
   - peroxygen compounds

5. Many disinfectant products (cloth and liquid disinfectants) available from grocery stores, discount stores, hardware stores, and commercial cleaning product suppliers have been registered with the U.S. Environmental Protection Agency (EPA). Use EPA registered disinfectants whenever available. Always follow label instructions carefully when using these products. For more information about registered disinfectants, visit www.epa.gov/oppad001/chemregindex.htm. There are approximately 400 registered disinfectants with human influenza A and/or B listed on the product label, and will inactivate influenza viruses when used accordingly.

6. Proper cleaning and disinfecting procedures:

   A. Follow label instructions carefully when using disinfectants and cleaners.
B. Pay attention to any hazard warnings and instructions on the labels concerning personal protective equipment, i.e. such as gloves, goggles and masks.

C. Do not mix disinfectants and cleaners unless the label indicates it is safe to do so; combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful.

D. For surfaces that are not visibly dirty, clean the surface with a commercial product that is both a detergent (cleans), and a disinfectant (kills germs).

E. To avoid stirring up germs, always spray a product onto the cleaning towel and not directly onto the surface.

F. For surfaces visibly dirty, clean the surface with a general cleaner (soap or detergent), rinse well with water, and follow with a disinfectant. Any commercially available soap or detergent can be used. Water can be cold or warm, or as recommended on the label of the cleaning product used.

G. Use disinfectants as often as possible on surfaces that are touched often. Make sure the surface is clear before using disinfectants.

H. If disinfectants are not available, use a chlorine bleach solution made by adding 1 tablespoon of bleach to a quart (4 cups) of water; use a cloth to apply this to a surface and let stand for 3-5 minutes before rinsing with clean water. (For larger supply of disinfectant, add ¼ cup of bleach to a gallon [16 cups] of water).

I. Wear gloves to protect hands when working with strong bleach solutions.

J. Use sanitizer cloths to wipe electronic items that are touched often, such as phones, computers, remote controls, and handheld items.

K. For vehicles, spray a wiping cloth with disinfectant, and then wipe the interior. Use sanitizer wipes for car door handles, the steering wheel, the gear shift, and control panel knobs.

**Section VIII. Workplace and Personal Protective Measures**

Work environment precautions should be taken if any employee is suspected of, diagnosed with, or confirmed to have an infectious disease, including:

1. Dispose of tissue into waste baskets after use for coughs, sneezes, and blowing your nose.
2. Place waste baskets where they are easily accessible.
3. Avoid touching used tissues and other waste when emptying waste baskets or with your hands after emptying waste baskets.
4. Supply break rooms with dishwashing detergent and paper towels; clean and replace sponges often.
5. Provide education to employees regarding good sanitary, personal hygiene, and other protective measures including effective and frequent hand washing procedures.
6. Front desk staff, Airport Public Safety staff, and other staff having frequent contact with the public shall be provided with anti-bacterial wipes for pens, counter tops, etc. which may come into contact with the public. These items should be wiped several times daily.
7. Custodial staff shall be provided with and shall utilize appropriate personal protective equipment (PPE) when performing cleaning and sanitizing activities.

8. Airport Police and Fire staff who engage in medical response and care shall be provided with and shall utilize approved PPE when responding to medical calls involving potential infectious diseases.

9. Employees who operate motor vehicles shall be provided with anti-bacterial wipes. Wipes should be used to wipe the steering wheel and other vehicle controls.

10. Employees reporting or observed to have flu like symptoms should be encouraged to see their family physician, and should also be encouraged to immediately separate themselves from the work environment and personal contact with others to the greatest extent possible. Employees recovering from a flu virus should not return to work until at least 24 hours after their temperature returns to near normal. See also Section IX Human Resource and Other Internal Employee Policy Directives below.

11. Provide hand sanitizer dispensers throughout work areas for easy employee access, especially common use and high contact areas.

12. Areas potentially infected should be identified and isolated to the best extent practical.

13. Recommended procedures under the heading Section VII Routine Cleaning, Disinfecting, and Other Mitigating Best Practices During a Pandemic should be followed.

14. Frequently touched common surfaces and areas should be disinfected. For example, telephones, computer equipment, desks, door knobs, etc. may also be disinfected by either a “fogging” process, or alternate use of a UV-C ultra violet light disinfecting wand.

15. Procedures for daily housekeeping should be evaluated on a case by case basis.

Section IX. Human Resource and Other Internal Employee Policy Directives

1. In an epidemic or a pandemic situation City employees are encouraged to receive vaccinations if they are available to the public. Paid time-off (sick leave) can be offered for vaccinations. The City does not require employees to receive vaccinations. In an epidemic or pandemic situation and vaccine is in short supply, typically employees in the “priority risk groups” will receive vaccinations first. Establishment of “priority risk groups” is determined by the federal government.

2. A City employee may be sent away from the workplace and/or required to stay away from the workplace only if the employee poses a direct threat to the workplace. A “direct threat” is defined as a significant risk of substantial harm to safety that cannot be eliminated or reduced by reasonable accommodation. A determination of direct threat must be based on the most recent and reputable medical information. The determination that the employee poses a direct threat must be objectively made. If a City employee is sent away from the workplace because a direct threat is determined to exist, then accumulated paid sick leave may be taken. If an employee does not have accumulated leave, the employee will be on “without pay (WOP)” status. Employees may be eligible for Family Medical Leave Act (FMLA) protection. Probationary status
employees may use their accumulated paid sick leave in the case of a suspected or confirmed infectious illness suffered by the employee or a member of the employee’s family with whom he or she resides.

3. Prior to an employee being sent away and/or required to stay away from the workplace, a City of Wichita Employee Illness Report shall be prepared, signed, and submitted to the Human Resource Department.

4. The pandemic status of a contagious illness requires employees to disclose exposure to the illness to the employer.

5. The pandemic status of a contagious illness allows the employer to tell those with a legitimate business need-to-know about the illness. This does not include co-workers of the infected employee. Co-workers may be advised that the employee is off work for a period of time, but may not disclose the nature of illness or diagnoses. Conveying employee illness information to those without a legitimate business need-to-know may be a violation of HIPAA and ADA. Supervisors should however insure that all employees are informed of safety precautions in the workplace to prevent the spread of contagious infections.

6. The pandemic status of a contagious illness requires employees to disclose exposure of the illness to the employer.

7. Employees who may need to remain away from the work place, work-from-home, or work an alternate schedule due to an “at risk” condition (i.e. pregnancy, weakened immune system, age, etc.), or care of children dismissed from school or daycare are encouraged to consult with their supervisor in advance and discuss arrangements to reasonably accommodate the employee and minimize the disruption to the workplace where possible.

8. Care should be taken to not create or promote irrational or hysterical responses to perceived illnesses or epidemic.

Section X. Continuity of Operations (COOP) Response in the Event of a Pandemic

Planning assumptions from the Center for Disease Control (CDC) indicates that employers, including airports, could expect up to 30% - 40% of employees to be absent during peak season pandemic waves because they are either ill, caring for ill family members, or practicing social distancing. Considering the remote possibility of this extreme absenteeism scenario, the WAA has assumed various minimum staffing and supervisory scenarios in order to maintain minimum services to the public, and maintain compliance with Federal, State and local regulations.
Airport by Division | Full Staffing | w/40% Reduction
--- | --- | ---
Administration and Engineering | 18 | 10.8
Airport Operations (OPS) | 5 | 2.5
Airport Police and Fire (APF) | 46 | 27.6
Airport Building and Utilities (ABU) | 38 | 22.8
Airport Ground Facilities and Fleet (AGF) | 17 | 10.2
Total | 124 | 73.9

Core, essential or otherwise minimum services to the public and compliance with Federal regulations in order to maintain full airport function and operation during a pandemic is highly dependent on season and weather conditions. For example, winter season would require higher minimum staffing levels in AGF to clear frozen contaminants from paved surfaces.

Core, essential or otherwise minimum services to the public and Federal compliance functions during a pandemic would require at least some staffing from each division. Essential or basic safety units include:

- OPS – inspections and reporting
- APF – law enforcement, security, and aircraft rescue and fire fighting
- AGF (during winter season) – snow and ice control

Those divisions providing basic public needs and necessities include:

- ABU – custodial services and facility repairs
- Airport Administration – basic management and administration, and telephone coverage

In the event of a pandemic which significantly reduces the availability of WAA staffing, temporary staffing and services would be provided through a combination of one or all of the following:

- Staff cross training and cross utilization
  - All work units
- Management and supervisory personnel performing “hands-on” work functions
  - All work units
- Non-supervisory personnel promoted to “acting/interim” supervisory positions
  - All work units
SOP #15 – Procedures for Responding to Infectious Disease Situations – Pandemic Plan

In nearly all situations in which outside vendors provide essential services, i.e. security system maintenance and technical support, bulk aviation fuel storage operation and management, public parking management, runway surface sensor system technical support, building system and control services, the vendors are required, and are large enough, to provide staff support redundancy.

Section XI. Related and Supporting Information

- Specialized Cleaning and Disinfecting Protocol for Infectious Diseases, Revised 8/10
- H1N1 Guidance: Recommendations for Cleaning and Disinfecting, Revised 8/10
- Wichita Airport Authority Disinfecting Kits: General Surfaces and Vehicles, Dated 8/10
- City of Wichita Employee Illness Report, Revised 11-09
- Wichita Airport Authority Hazardous Infection Decontamination Report, Revised 8/10
- City of Wichita Fact Sheet: H1N1 General Information, Dated 10-02-09
- City of Wichita Law Department Interoffice Memorandum, Subject: H1N1 Questions, Dated 09-21-09
- http://www.cdc.gov/quarantine/QuarantineStationContactListFull.html
- Airport Standard Operating Procedure #1A Emergency Telephone Directory – WAA
- Airport Standard Operating Procedure #1B Emergency Telephone Directory – Tenants
WICHITA AIRPORT AUTHORITY

Eisenhower National Airport

Standard Operating Procedure #15

Effective: May 7th 2018

- Airport Standard Operating Procedure #9 Procedures for Responding to News Media Requests During Emergencies, Disasters, and Other Critical Incidents
- Sedgwick County Community Disease Containment Standard Operating Guide – Current Edition
- Sedgwick County Emergency Operations Plan Biological Incident Annex – Current Edition
- Kansas Community Containment for Disease Tool Box

http://www.kdheks.gov/cphp/download/CDCSOG_Attachment1.0.0.pdf
Procedures for Responding to Infectious Disease Situations Critical Decision/Action Flow-Chart (For APF INTERNAL USE ONLY)

Receive Notification from ICT ATCT and/or Airline.

If YES, notify Sedgwick County Health Department Infectious Disease Hot Line, Airline Station Manager, if International Flight then US Customs will also need notified.

If NO, handle call normally by treating patient and or assisting EMS per EMSS Protocols.

APF Dispatch notifies 911 dispatch of inbound aircraft with medical patient on board.

Infectious Disease?

Passengers and crew should not be detained aboard an aircraft for a duration exceeding 3 hours.

APF and or WAA ABU personnel will prepare Suite 400 of the Cargo Building for TEMPORARY isolation of the passengers, and provide chairs, cots and any other comfort resources as necessary.

Airport Police and Fire will assist EMS and Health Officials with patient treatment, and also ensure that all necessary security and isolation measures are being met and maintained during the TEMPORARY isolation.

For any flight being denied permission to deplane at ICT, the AP&F shall promptly notify the Director of Airports, the Assistant Director of Airports, and the airline station manager (if applicable). If passengers or crew are detained on ICT, either on or off the aircraft, AP&F and other involved agencies shall respond and act with due diligence and expediency in order to minimize unnecessary detention, delay, discomfort, and distress to the affected passengers and crew.

Upon APF notification of a potential or suspected infectious disease case, as defined in Section II, on or within public buildings of ICT, or on an aircraft scheduled to arrive or divert to ICT, promptly notify the: Airport Building and Utilities Manager, and/or Assistant Airport Building and Utilities Manager, and/or Custodial Supervisor, and/or Lead on-duty Custodial Worker, and advise them of the specific circumstances.

Upon request of the SCHD Medical Health Officer, obtain from the involved airline a complete passenger manifest list including full names, seat assignments, and phone numbers.