

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 4, Issue 7 | February 17, 2006

ELEVATED THREAT LEVEL

New Laboratory Test To Detect Human Infections With Avian Influenza A/H5 Viruses: Updated



Health and Human Services Food and Drug Administration (FDA) announced on February 3, 2006 the approval of a new laboratory test to diagnose H5 strains of influenza in patients suspected to be infected with the virus.

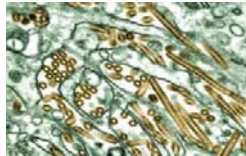
The test was developed by another HHS agency, the Centers for Disease Control and Prevention (CDC). The product is called the Influenza A/H5 (Asian lineage) Virus Real-time RT-PCR Primer and Probe Set. The test provides preliminary results on suspected H5 influenza samples within four hours once a sample arrives at the lab and testing begins. Previous testing technology would require at least two to three days to render results. If the presence of the H5 strain is identified, then further testing is conducted to identify the specific H5 subtype (e.g., H5N1)

"This laboratory test is a major step forward in our ability to more quickly detect cases of H5 avian influenza and provides additional safeguards to protect public health," HHS Secretary Mike Leavitt said. "Thanks to the expeditious and collaborative efforts of CDC and FDA, the availability of this new test gives us one more tool to keep up with the ever changing nature of influenza viruses." To read this press release, please visit <http://www.hhs.gov/news/press/2006pres/20060203.html>

Flu Surge 2.0: New

The CDC has provided a spreadsheet-based model which can provide hospital administrators and public health officials with estimates of the surge in demand for hospital-based services during the next influenza pandemic. FluSurge estimates the number of hospitalizations and deaths of an influenza pandemic (whose length and virulence are determined by the user) and compares the number of persons hospitalized, the number of persons requiring ICU care and the number of persons requiring ventilator support during a pandemic with existing hospital capacity. This program can be downloaded free of charge at <http://www.cdc.gov/flu/flusurge.htm>.

Pandemic Influenza: New



According to the World Health Organization (WHO) the cumulative number of confirmed cases of avian influenza H5N1 as of February 13, 2006 was 169 cases and 91 deaths.

- The CDC has published recommendations for airline flight crews and personnel meeting arriving passengers in the event they must interact with a person suspected of having H5N1 avian influenza. Recommendations are based on standard infection control practices used in healthcare settings and on available information about the virus that causes H5N1 avian influenza. To read about these recommendations, please visit http://www.cdc.gov/travel/other/avian_flu_ig_airlines_021804.htm
- The Connecticut Department of Agriculture has stepped up efforts to monitor and detect the spread of avian influenza with commercial and non-commercial flock owners in Connecticut. They have partnered with the Connecticut Veterinary Diagnostic Laboratory at the University of Connecticut to do low or no cost testing of birds for the Avian Influenza virus. In addition, there are strict importation restrictions to prevent the spread of the virus in the state. To read about this initiative further, please visit <http://www.ct.gov/doag/cwp/view.asp?a=1367&q=309688>.
- The Centers for Disease Control and Prevention has produced an update on recommendations for influenza vaccinations and their protection against avian flu. To read the update in full, please visit http://www.yalenehavenhealth.org/emergency/commu/CDC_pandemic_update_2-feb-2006.pdf.
- The Connecticut Department of Public Health is prepared to conduct avian flu influenza testing on samples from individuals suspected of being infected with the H5N1 virus using the CDC developed RT-PCR test. In addition to the CDC's protocol, The Connecticut Department of Public Health Laboratory, in collaboration with the Association of Public Health Laboratories, is developing its own test, also based on RT-PCR technology, to determine whether a person carries the H5N1 influenza virus.

In order to maximize its resources, The Connecticut's Department of Public Health Laboratory will conduct tests for the H5N1 virus only on samples from individuals who traveled to countries (e.g., Turkey, China) that have identified cases of H5N1 infection, who work with birds and whose symptomology is consistent with influenza. For more information, please call the Connecticut Department of Public Health at (860) 543-8800.

- Yale New Haven Center of Excellence for Bioterrorism Preparedness and Response (YNHHS-CoE) has developed a Pandemic Influenza Hospital Preparedness Checklist modified from the CDC. It was shared at the Southern Tier Meeting on February 15, 2006 and will be provided electronically for hospitals to contribute information on preparedness that can be utilized by other healthcare organizations. YNHHS-CoE is investigating development of a blog to facilitate interactive discussion review of future emergency preparedness documents and plans. To view this checklist, please visit http://www.yalenehavenhealth.org/emergency/commu/Pandemic_flu_hospital_checklist.pdf. For comments, please contact Richard Kleindienst, Sr. at (203) 688-3912 or richard.kleindienst.sr@ynhh.org.

INSIDE THIS ISSUE

2 Flu Season

2 CDC Policy on Unused Smallpox Vaccine

3 Emergency Credentialing Program (ECS)

3 Training and Education

4 Upcoming Meetings and vents

4 Upcoming Training and Education

CT Department of Public Health Strategic National Stockpile (SNS) Exercise- April 19, 2006: **New**

Yale-New Haven Hospital and Norwalk Hospital will participate in a Strategic National Stockpile Exercise (SNS) on April 19, 2006. Hospitals will receive a portion of the SNS that will be used to treat or provide prophylaxis for hospital patients and personnel. Hospital plans should identify a procedure to evaluate, receive, store and distribute the SNS on receipt. Southern Tier Hospitals not participating in the full-scale exercise can conduct their own table-top exercise. For more information, please contact Scott Dilley, Exercise and Design Specialist at (203) 688-2665 or scott.dilley@ynhh.org.

Shipping Instructions for Samples Collected From People Potentially Exposed to Chemical Terrorism Agents: **New**

The Department of Health and Human Services has published specific instructions for specimen samples collected for those potentially exposed to chemical terrorism agents. To read these instructions, visit <http://www.bt.cdc.gov/labissues/pdf/shipping-samples.pdf>.

CDC Policy on Unused Smallpox Vaccine : **New**

CDC has developed this policy on unused smallpox vaccine in response to questions raised by several smallpox vaccination programs and to provide a recommendation on maintaining a readiness to respond to an attack involving the use of smallpox. The sections below describe why CDC recommends that all smallpox vaccination programs should continue to maintain unopened vials of Dryvax® vaccine to assure a readiness to respond to a smallpox outbreak or to continue vaccination activities. <http://www.bt.cdc.gov/agent/smallpox/vaccination/unusedvaccinepolicy.asp>

Flu Season: **New**



During the week of February 4, 2006, nine states (Colorado, Connecticut, Kansas, New York, Pennsylvania, South Carolina, Texas, Virginia, and Wyoming) and New York City reported widespread influenza activity. Twenty-one states (Alabama, Alaska, Arkansas, California, Florida, Georgia, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, Rhode Island, Tennessee, and Wisconsin) reported regional influenza activity. Thirteen states (Arizona, Idaho, Illinois, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, North Dakota, Ohio, South Dakota, and Washington) and the District of Columbia reported local influenza activity. Six states (Delaware, Hawaii, New Hampshire, Utah, Vermont, and West Virginia) and Puerto Rico reported sporadic influenza activity.. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.

- The Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) have developed recommendations concerning influenza vaccination of healthcare personnel (HCP) in the United States. These recommendations apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers and outpatient clinics, and to persons who provide home healthcare and emergency medical services. The recommendations are targeted at health-care facility administrators, infection-control professionals, and occupational health professionals responsible for influenza vaccination programs and influenza infection-control programs in their institutions. HICPAC and ACIP recommend that all HCP be vaccinated annually against influenza. Facilities that employ HCP are strongly encouraged to provide vaccine to their staff by using evidence-based approaches that maximize vaccination rates. To view these recommendations, please visit http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e209a1.htm?s_cid=rr55e209a1_e

Fact Sheet for Potassium Iodide (KI) after a Radiological or Nuclear Event: **New**

After a radiological or nuclear event, local public health or emergency management officials will tell the public if there is a need to take KI or other protective actions. In the event that KI is recommended, the CDC has provided a fact sheet of some basic information about KI. Please visit <http://www.bt.cdc.gov/radiation/ki.asp>

Preparing for Radiological Population Monitoring and Decontamination – March 9, 2006 Conference Call: **New**

The CDC and the Public Health Training Network will be sponsoring a conference call on radiological population monitoring, including initial and long-term monitoring issues, internal and external decontamination. This call will take place on March 9, 2006 from 1:00 p.m. to 3:00 p.m. To registrar on this call please visit <http://www.phppo.cdc.gov/PHTN/radiological2005/default.asp>

QUESTIONS OR COMMENTS

Questions, comments or suggestions should be forwarded by fax to (203) 688-4618 or by e-mail to center@ynhh.org www.yalenehavenhealth.org/emergency

Emergency Credentialing Program: **New**

- Testing of the new online registration system for individuals who are interested in participating in the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is underway. Launch of the enhanced system is scheduled for March. To help promote the importance of the ECP and the new online registration system, each of the participating hospitals in the state will be asked to highlight the registration system through appropriate management meetings, hospital newsletters and include a link to the registration site on their hospital intranet and internet homepages. To date 2,193 physicians and midlevel providers and 1,476 professionals representing behavioral health, laboratory medicine, diagnostic imaging, nursing, pharmacy, paramedics and respiratory therapists have enrolled in the program. Healthcare professionals who are enrolled in the ECP program will have access to state sponsored liability and workers compensation coverage during a Governor declared state of emergency when providing services anywhere besides their employing hospital. For more information, please contact Carol Luddy, RN by phone at (203) 688-5544 or by email at carol.luddy@ynhh.org.
- The YNHHS "Just in Time" (JIT) training program for hospital disaster volunteers was recognized this week by JCAHO as one strategy for achieving compliance with JCAHO Standard M.S. 4.110. According to Robert Wise, MD, Vice President JCAHO Division of Standards and Survey Methods, the Yale New Haven Center for Emergency Preparedness and Disaster Response "integrating the "JIT" program into hospital emergency management plans provides an approach to appropriately orient and manage individuals who have been granted disaster privileges". As the name implies, the JIT program is designed to be delivered at the time of the event so that the information provided to volunteers who are called into service can be disaster specific, hospital specific and discipline specific. In addition to the JIT program, ECP volunteers are required to complete "EM102 for Hospital Disaster Volunteers" an online awareness level course and are encouraged to complete other subject specific online training courses that are offered. For more information about volunteer training and education, please contact Carol Luddy, RN at (203) 688-5544 or carol.luddy@ynhh.org.

Training and Education: **New**



The 2006 class schedule for National Disaster Life Support (NDLS) training is now available, including Basic Disaster Life Support (BLDS), Advanced Disaster Life Support (ADLS) and National Disaster Life Support Instructor. To view a schedule, please visit http://www.yalenevnewhavenhealth.org/emergency/training/NDLS_2006CourseSchedule.pdf.

- **Bioterrorism Preparedness for Clinicians (EM 201)** is a 50-minute course designed to prepare physicians and other clinicians for a bioterrorist event or other potential public health emergency. Now available at <http://ynhhs.emergencyeducation.org/>, EM 201 helps clinicians recognize bioterrorism agent disease syndromes, learn the precautions they should take and understand their roles in the event of a public health emergency. For more information please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- As part of compliance with the National Incident Management System, organizations are required to document completion of FEMA sponsored incident management training, or its equivalent, by all staff. In order to facilitate compliance by healthcare organizations, the Office of Emergency Preparedness (OEP) is working on incorporating the FEMA training objectives into Emergency Management (EM 103), currently a requirement for all YNHHS staff and recommended by the State of Connecticut Department of Public Health for other healthcare organizations in Connecticut. Additional objectives targeted to staff at the supervisory level and above are being incorporated into EM 140, Incident Command Systems for Healthcare. OEP will work with the System Emergency Preparedness Committee Education and Training group to develop recommendations for which delivery network hospital staff will be required to take this intermediate level course. For more information, please contact Elaine Forte at (203) 688-3391 or elaine.forte@ynhh.org.
- **A narrated version of Introduction to Emergency Management (EM 103)** for hospital employees is now available. The CD-ROM based version of EM 103 is playable on most computers and can be used to complement instructor-led training events, such as workshops or new hire orientation. This course must be completed by all Yale New Haven Health System employees and is available on HealthStream and the Office of Emergency Preparedness Learning Management System. An instructor guide of EM 103 is currently under development. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Introduction to Radiological Emergency Preparedness (EM 110)** is targeted for release on the Yale New Haven Health System learning management system in Spring of 2006. Upon completion of this course, learners will be able to identify experts at a health care facility who can provide information and assistance during radiation and nuclear emergencies and disasters, identify steps to ensure personal health and safety from harmful radiation and identify ways to assist in the response to a radiation emergency including during decontamination. Please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org for more information.
- **Mental Health Aspects for Emergencies and Disasters for Non-Mental Health Professionals (EM 230)** is currently under development on the Yale New Haven Health System learning management system and is expected to be available Spring of 2006. This course will train health professionals in the recognition, treatment and referral of patients exhibiting behavioral health consequences related to public health emergencies and will incorporate brief video vignettes to enhance the learner experience. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Best Practices for the Protection of Hospital Based First Receivers (EM 120)**, released December 1, 2005 on the Office of Emergency Preparedness learning management system, is aligned with Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. This 30 minute course has been assigned to targeted staff on HealthStream. Job classifications that will be required to complete EM 120 in order to ensure compliance with OSHA standards will include: (1) All employees who work in the Emergency Department (such as clinicians, housekeeping, security, patient registration, etc.); (2) All employees who are regularly scheduled to be on-call for the emergency department; (3) Volunteers and residents assigned to the Emergency Department; (4) Employees involved in setting up, taking down or maintaining decontamination facilities, regardless of their primary job role and location; (5) Nursing leadership who function as potential nursing administrators on call; (6) All members of the hospital decontamination team if they have not yet completed the operations level course required for their more demanding role. For more information, please contact Mark Schneider, OEP Education and Training Supervisor at (203) 688-2577 or mark.schneider@ynhh.org.

Upcoming Meetings and Events



DATE	TIME	EVENT	LOCATION
3.17.06	8:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association (CHA)

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
3.9.06	1:00 p.m. to 3:00 p.m. EST	CDC COCA Conference Call – Preparing for Radiological Populations Monitoring and Decontamination	To register, please visit: http://www.phppo.cdc.gov/PHTN/radiological2005/default.asp

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