

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Southern Tier Hospital Emergency and Terrorism Preparedness Committee: **New**

The next Southern Tier Emergency and Terrorism Preparedness Committee meeting will take place on **Friday, March 17, 2006 from 8:30 a.m. to 10:30 a.m. at the Connecticut Hospital Association.** Please note the changed meeting date.

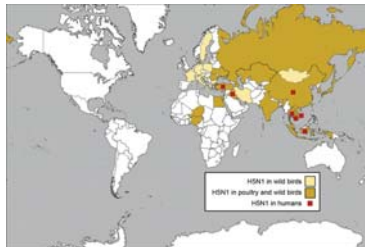
Radiation Accident Response— March 3, 2006: **New**

On Friday, March 3, 2006 a radiation accident occurred at a construction company in Rhode Island while construction workers were in the process of replacing a high-intensity radioactive probe during regular maintenance of a radiography instrument. Three men were involved in this radiation accident.

The company's Radiation Safety Officer was immediately contacted and the radiation accident was reconstructed in an attempt to estimate the amount of radiation exposure to all three men. Initial whole-body estimates were considered to be significant although not lethal. Doses to the hands of the individuals who removed the radioactive probe from the instrument were initially believed to be sufficient to cause local tissue damage.

Following a physical examination at RI Hospital, the men were referred to Dr. Nicholas Dainiak, MD, at Bridgeport Hospital by the Oak Ridge National Labs in Tennessee. Dr. Kelly Martens, Dr. H.S. of Yale-New Haven Hospital Emergency Department, also provided assistance. At the time of their evaluation by Dr. Dainiak, three days following the accident, the men continued to show no signs and symptoms of radiation sickness. Initial laboratory tests were consistent with very low dose radiation exposure. Chromosomal analysis, the "gold standard" for estimating radiation dose, is being performed at the State of Connecticut Biodosimetry Laboratory located at Bridgeport Hospital, by Joseph Albanese, PhD. The results of these tests will provide a more accurate estimation of the radiation exposure to the individuals and suggest a course of medical management. For further information regarding the clinical evaluation of the patients exposed to radiation, please contact Dr. Dainiak at (203) 384-3470 or pndain@bpthosp.org. For information regarding chromosomal analysis, please contact, Dr. Albanese at (203) 688-3316 or joseph.albanese@ynhh.org.

Pandemic Influenza: **New**



According to the World Health Organization (WHO) the cumulative number of confirmed cases of avian influenza H5N1 as of March 8, 2006 was 175 cases and 96 deaths.

Click on map for an enlarged view.
Map courtesy of <http://www.pandemicflu.gov/>

- Yale New Haven Center of Excellence for Bioterrorism Preparedness and Response (YNHHS-CoE) has developed a Pandemic Influenza Hospital Preparedness Checklist modified from the HHS Pandemic Flu Plan, Supplement 3. The checklist is designed to guide your pandemic influenza planning by identifying key elements of a comprehensive and effective pandemic influenza plan. It also can serve as a way to evaluate current status of pandemic influenza preparedness. Hospitals are strongly encouraged to complete the checklist and review at emergency management committee meetings. To download a word document, please visit http://www.valenewhavenhealth.org/emergency/commu/Pandemic_flu_hospital_checklist_1.doc. To download the PDF document, please visit http://www.valenewhavenhealth.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.
- HHS Secretary Leavitt released a planning checklist for home health care service providers at a Pandemic Planning Summit in Columbia, South Carolina with state officials and community leaders. The new checklist identifies specific steps that home health care service providers can take now to prepare for a pandemic. The checklist is broken up in three sections; structure for planning and decision making, development of a written pandemic influenza plan and elements of an influenza pandemic plan. This checklist can be found at <http://www.pandemicflu.gov/plan/healthcare.html>.
- [Pandemicflu.gov](http://www.pandemicflu.gov) has created message maps for both avian flu and pandemic influenza. "Message maps" are risk communication tools used to convey complex information, and to make it easier to understand. Each primary message has three supporting messages that can be used to provide context for the subject of the primary message. The messages maps can be downloaded at http://www.pandemicflu.gov/rcommunication/pre_event_maps.pdf
- On March 3, 2006 Pakistan has been added to the list of countries reporting animal cases with the H5N1 strain. The CDC is monitoring the situation closely, along with WHO and other international partners. To view the current situation, please visit <http://www.cdc.gov/flu/avian/outbreaks/current.htm>
- The Ministry of Health in China has reported the country's 10th death from H5N1 avian influenza. The patient, a 9-year-old girl from the eastern province of Zhejiang, developed symptoms on February 10, 2006 and died on March 6, 2006. This case was previously announced by Chinese authorities on February 27, 2006, when the patient was listed as in critical condition. To view this update in full, please visit http://www.who.int/csr/don/2006_03_08/en/index.html

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Rapid Assessment of Health Needs and Resettlement Plans Among Hurricane Katrina Evacuees: **New**

Hurricane Katrina struck the coastal regions of Alabama, Florida, Louisiana, and Mississippi on August 29, 2005, resulting in one of the worst natural disasters in U.S. history. The city of New Orleans, Louisiana, was further damaged by severe flooding when major levees broke and released water from Lake Pontchartrain. Residents were evacuated to neighboring states and cities, including San Antonio, Texas. On September 3, 2005, approximately 12,700 evacuees arrived in San Antonio and were housed in four primary evacuation centers (ECs). Although many evacuees in San Antonio soon found other accommodations, as of September 16, 2005, approximately 3,700 evacuees remained in ECs awaiting resumption of public services in New Orleans. To assess evacuee needs for clinical care, public health services, and housing assistance, the San Antonio Metropolitan Health District (Metro Health) requested CDC assistance to conduct a needs assessment of heads of households in the ECs. This report summarizes the findings of that survey, which identified substantial numbers of evacuees with chronic health conditions, physical or mental disabilities, and needs for counseling and housing assistance. The findings underscore the need to augment local public health and public assistance resources to address ongoing health and housing needs of evacuee populations. To read this report in full, please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5509a6.htm>?

White House Releases Katrina Lessons Learned Report: **New**

The Department of Homeland Security has begun to take action to address many of the issues raised in the Hurricane Katrina Lessons Learned Report particularly those areas that need to improve before the start of the 2006 hurricane season. To read the report in its entirety, please visit <http://www.whitehouse.gov/reports/katrina-lessons-learned/>.

FDA Initiative Helps Expedite Development of Seasonal and Pandemic Flu Vaccines: **New**

The Food and Drug Administration (FDA) on March 2, 2006 issued recommendations to aid manufacturers in developing seasonal and pandemic influenza vaccines. FDA's goal is to expedite the development and availability of safe and effective vaccines needed to protect against influenza.

"This action illustrates FDA's high level of commitment and key role in preparing for influenza pandemic, which is a top priority for our nation" said Acting FDA Commissioner Dr. Andrew von Eschenbach.

In two guidance documents released, one for seasonal, and the other for pandemic influenza vaccines, the FDA provides manufacturers with clear guidance on developing and submitting clinical data to show safety and effectiveness for new vaccines. Consistent with the aims of FDA's Critical Path Initiative to get products to market more quickly and to advance the development and use of new technologies, these documents outline specific approaches that vaccine developers may follow. To read this article in full visit <http://www.fda.gov/bbs/topics/NEWS/2006/NEW01330.html>.

Avian Influenza Testing: **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>

- 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.

Overview of CDC Operations and National Disasters – March 28, 2006 Conference Call: **New**

On March 28, 2006 the CDC will conduct a conference call discussing CDC Operations and National Disasters. The conference call agenda includes defining & discussing the national response plan, describing CDC activation during an emergency and describing CDC's disaster epidemiological activities during an emergency. The call is scheduled from 1:00-2:00 p.m. EST. To join this call, please call 800-988-9470 passcode: disasters or visit <http://www.bt.cdc.gov/coca/callinfo.asp> for more information.

Statement by Homeland Security Secretary Michael Chertoff on the Creation of a Center for Faith-based and Community Initiatives:

New

President Bush has signed an Executive Order that directs the Department of Homeland Security to establish a Center for Faith-Based and Community Initiatives to advance our overall mission and strengthen the department's preparedness efforts. This Center will be a part of the Preparedness Directorate and it will help to advance several core elements of the department's mission, in particular building a culture of preparedness in every community across America. To read this press release in full, please visit <http://www.dhs.gov/dhspublic/display?content=5472>.

Letter From Wyeth to CDC Extending the License of Smallpox Dryvax Vaccine Lots:

New

The license expiration date for Dryvax Vaccine Lots 4020071, 4020072, 4020074, 4020075, 4020076, 4020077, 4030013, 4030014, & 4030020 has been extended until June 30, 2006. To read the letter in full please visit <http://www.bt.cdc.gov/agent/smallpox/vaccination/pdf/wyethletter28feb06.pdf>

Changes to the CDC Bioterrorism Website:

New

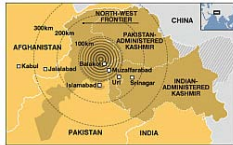
The CDC has updated and made changes to its Bioterrorism website. This site contains bioterrorism categories, bioterrorism agents by name and resources. To view this site, please visit http://www.bt.cdc.gov/bioterrorism/overview.asp?s_cid=ccu030606_emerprep3_r_e

Flu Season: New



During the week of February 25, 2006, twenty-one states (Alabama, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Massachusetts, New York, North Carolina, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, and Wyoming) and New York City reported widespread influenza activity. Fourteen states (Alaska, Illinois, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Ohio, South Dakota, and Wisconsin) reported regional influenza activity. Ten states (California, Hawaii, Idaho, Maine, Maryland, Nevada, North Dakota, Oklahoma, Oregon, and Vermont) and the District of Columbia reported local influenza activity. Five states (Arizona, New Mexico, Utah, Washington, and West Virginia) and Puerto Rico reported sporadic influenza activity. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.

South Asia Earthquake: New



Since the 7.6 magnitude earthquake hit the South Asia region on October 8, 2005, the World Health Organization (WHO) has been heavily involved in restructuring the regions' health sources. WHO has published a Health Situation Report for February 2006 that discusses the allocation of vaccines, revitalization of primary health and hospital resources, access for communities to obtain these resources and mental health. This report can be found at http://www.who.int/hac/crises/international/pakistan_earthquake/Pakistan_situation_report_34_14_28Feb2006.pdf



JCAHO Revises Standard for Emergency Management Drills and Exercises: New

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently revised its standards for emergency management drills and exercises to focus more on the quality of exercises rather than their frequency. Frequent and ongoing practice of emergency management protocols does build familiarity and competency with an organization's protocols and policies. However, drills and exercises should reflect realistic scenarios and be of sufficient length and complexity to challenge the organization's capacity and capability and identify its strengths and weaknesses. These standards go into effect July 1, 2006. To read this document in full, please visit http://www.yalenewhavenhealth.org/emergency/commu/JCAHO_DrillsandExercises.pdf.



JCAHO Implements Unannounced Hospital Inspection Policy: New

Although JCAHO historically has notified hospitals several months before a review, the health care accrediting organization in January began making the routine surveys "pop-quiz" events in hopes of collecting more accurate data and preventing facilities from skewing their results with last-minute preparations, the *Nashville Business Journal* reports. Because hospitals are generally surveyed every three years, JCAHO officials say some facilities "ramp up about six months to a year before the triennial survey date," which could allow some "things [to] slip prior to that ramp-up date." However, under the new policy, hospitals are notified the day of the survey, with some inspections taking place "at least nine months ahead of providers' anniversary dates." To read further, please visit <http://www.yalenewhavenhealth.org/emergency/commu/JCAHOInspectionPolicy.pdf>

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.yalenewhavenhealth.org/emergency

Emergency Credentialing Program (ECP) : **New**

Testing of the new online registration system for the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is nearly complete. Launch of the enhanced system is scheduled for April 2006. 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 during appropriate management meetings, in hospital newsletters and by including a link to the registration site on their hospital intranet and internet homepages.

The State of Connecticut Emergency Credentialing Program (ECP) has continued to distinguish itself as a national model for those states who are working to integrate a healthcare volunteer response into their emergency management plans for personnel surge capacity. Project management teams from both public and private healthcare agencies across the nation are interested in learning more about how we involve our professional organizations and leadership of our state's acute care hospitals in recruitment and program development decisions, how we've promoted our program to professionals throughout the state and how our state legislators have proactively addressed volunteer concerns about professional liability and workers compensation through legislation passed in 2003.

Leaders representing Connecticut's ECP program are regularly called upon to be active participants in HRSA sponsored forums that are charged with the development and implementation of the national healthcare volunteer program titled, Emergency System for the Advance Registration of Voluntary Health Personnel (ESAR-VHP). While Connecticut's ECP is first and foremost a state-based resource for hospital personnel surge capacity, the 2005 hurricane season demonstrated that effective protocols for regional and national integration of all state based systems can have a positive impact on the effectiveness of a national response to a large-scale disaster or public health emergency.

To date, nearly 4,000 physicians, nurses, behavioral health, laboratory medicine and diagnostic imaging technicians, pharmacists, paramedics and respiratory therapists have expressed interest in enrolling in the Connecticut ECP program. Our goal is to increase the number of healthcare volunteers to 12,000.

(Continued on next column)

Emergency Credentialing Program (Continued): **New**

History has shown that healthcare professionals will come forward to help when the need is great. However, only those individuals 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

Training and Education: **New**

- **Best Practices for the Protection of Hospital Based First Receivers (EM 120)**, released December 1, 2005 on the Yale New Haven Center of Excellence for Bioterrorism Preparedness and Response (YNHHS-CoE) 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.
- **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, YNHHS-CoE is working on incorporating the FEMA training objectives into Emergency Management (EM 103), currently a requirement for all YNHHS-CoE 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 develop recommendations for which hospital staff should 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 also 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 is available on HealthStream and the YNHHS-CoE 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.
- The 2006 class schedule for National Disaster Life Support (NDLS) training is now available, including Basic Disaster Life Support (BDLS), Advanced Disaster Life Support (ADLS) and National Disaster Life Support Instructor. To view a schedule, please visit http://www.yalenewhavenhealth.org/emergency/training/NDLS_2006CourseSchedule.pdf.
- YNHHS-CoE has developed a series of emergency preparedness courses and workshops specifically to prepare healthcare workers in community health centers for their roles in disaster response. These instructor-led sessions combine didactic lecture and group exercises to address topics including triage, personal protective equipment, infection control, risk communications, and incident command, including objectives that ensure compliance with the National Incident Management System (NIMS) training requirements. These courses may be further adapted to better meet the needs of other healthcare delivery organizations such as home health agencies and skilled nursing facilities. For more information, please contact Scott Selig at (203) 688-2587, or scott.selig@ynhh.org.

Upcoming Meetings and Events



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

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
3.28.06	1:00 p.m. to 2:00 p.m. EST	CDC COCA Conference Call – CDC Operations and National Disasters	Toll-Free Dial-In Number: 800-988-9470 Passcode: Disasters Or visit http://www.bt.cdc.gov/coca/callinfo.asp

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