

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 4, Issue 11 | March 17, 2006

ELEVATED THREAT LEVEL

## Pandemic Influenza: **New**

- The Department of Health and Human Services issued a report on March 13, 2006, outlining how the agency is using \$3.3 billion in federal funding to achieve its flu pandemic planning objectives. Among other actions, HHS next month plans to issue a request for proposals to industry to increase vaccine capacity. It also has earmarked \$200 million to develop new flu antiviral medications and \$162 million to procure 6,000 ventilators, 50 million surgical masks, 50 million N95 respirators and other essential medical supplies. Within the next 12 months, the agency plans to invite the states to participate in a nationwide pandemic planning exercise. Meanwhile, the Centers for Disease Control and Prevention is working to strengthen local laboratory capacity, improve reporting systems and quickly implement a program that collects real-time data from hospitals and other clinical-data sources. To read this report in full, please visit <http://www.pandemicflu.gov/plan/pdf/panflu20060313.pdf> or [http://www.ahanews.com/ahanews/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann\\_060314\\_flu&domain=AHANEWS](http://www.ahanews.com/ahanews/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_060314_flu&domain=AHANEWS).
- The Department of Health and Human Services issued a checklist to help medical offices and outpatient clinics assess their readiness for a flu pandemic. Releasing the tool at an American Medical Association advocacy conference in Washington, HHS Secretary Mike Leavitt said, "The ability of medical offices and ambulatory clinics to monitor illness in surrounding communities and in their own patients will be crucial to the success of dealing with a pandemic. Identifying strengths and weaknesses in their organizations now and building community contacts in advance will provide a strategic advantage if a pandemic influenza strikes." HHS said the checklist will be distributed at pandemic planning summits in states across the country and also could be helpful in other types of emergencies. To view this checklist, please visit <http://www.pandemicflu.gov/plan/medical.html> or [http://www.ahanews.com/ahanews/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann\\_060313\\_flu&omain=AHANEWS](http://www.ahanews.com/ahanews/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_060313_flu&omain=AHANEWS).
- Public health experts and government officials agree that the nation's hospitals do not have enough ventilators to adequately sustain flu patients' breathing in the event of a pandemic influenza. Currently, there are about 105,000 ventilators available at U.S. hospitals, about 100,000 of which usually are in use during a typical flu season. However, the national preparedness plan issued in November suggests that up to 742,500 ventilators would be needed in the event of a pandemic. To read this article in full, please visit <http://www.yalenewhavenhealth.org/emergency/commu/HospitalVentilatorShortage.pdf>.

## Pandemic Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of March 13, 2006 was 177 cases and 98 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 the current status of pandemic influenza preparedness. Hospitals are strongly encouraged to complete the checklist and review it at emergency management committee meetings. To download a word document, please visit [http://www.yalenewhavenhealth.org/emergency/commu/Pandemic\\_flu\\_hospital\\_checklist\\_1.doc](http://www.yalenewhavenhealth.org/emergency/commu/Pandemic_flu_hospital_checklist_1.doc). To download the PDF document, please visit [http://www.yalenewhavenhealth.org/emergency/commu/Pandemic\\_flu\\_hospital\\_checklist.pdf](http://www.yalenewhavenhealth.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](mailto:richard.kleindienst.sr@ynhh.org).
- Avian influenza (H5N1) virus infections have been reported in domestic cats in Germany and Austria, according to the WHO, and the European Centre for Disease Control and Prevention. During late February and early March 2006, authorities in Germany announced the detection of H5N1 influenza in three domestic cats that died on the Baltic island of Ruegen, where H5N1 infection has been confirmed in more than 100 wild birds. The deceased cats are thought to have acquired their infections after feeding on H5N1-infected birds. In March 2006, Austrian officials reported the confirmation of H5N1 influenza in three sick domestic cats in an animal shelter where the disease had been detected in chickens a month earlier.
- Since February 1, 2006, the first cases of H5N1 or H5 infections in poultry or wild birds have been reported in the following countries: Iraq (H5), Nigeria, Azerbaijan, Bulgaria, Greece, Italy, Slovenia, Iran, Austria, Germany, Egypt, India, France, Bosnia and Herzegovina (H5), Slovak Republic, Switzerland, Niger, Hungary, Serbia and Montenegro (H5), Pakistan (H5), Albania, Poland and Georgia. To read a current update, please visit <http://www.cdc.gov/flu/avian/outbreaks/current.htm>.
- Pandemicflu.gov has created pre-event message maps for both avian influenza 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. Specific messages are provided for pandemic flu, flu preparedness, avian flu, antiviral medications, vaccine response and mental health. The message maps can be downloaded at [http://www.pandemicflu.gov/rcommunication/pre\\_event\\_maps.pdf](http://www.pandemicflu.gov/rcommunication/pre_event_maps.pdf).

### INSIDE THIS ISSUE

2 Flu Season

3 Handling of Suspicious Packages or Letters

3 JCAHO Revises Standards for Emergency Management Drills and Exercises

4 Training and Education

5 Upcoming Meetings and Events

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

National Healthcare Volunteer Week will be celebrated from April 23 through April 29 and provides a great opportunity for hospitals participating in the State of Connecticut Emergency Credentialing Program to talk about the program with their staff and encourage them to sign up as a hospital disaster volunteer. A draft press release is under development and will be shared shortly with each hospital Emergency Credentialing Program point of contact. Please consider incorporating the press release and other recruitment activities for the Emergency Credentialing Program into your Volunteer Week activities. For more information, please contact Carol Luddy, RN by phone at (203) 688-5544 or by email at [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org).

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

On March 28, 2006 the CDC will conduct a conference call discussing CDC Operations and National Disasters. The conference call agenda includes defining and 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.

## Learning Lessons from Katrina – March 31, 2006, Webcast Broadcast: **Updated**

Public Health Grand Rounds, a partnership project sponsored by CDC in collaboration with the University of North Carolina School of Public Health, will air a satellite broadcast, "Learning from Katrina: Tough Lessons in Preparedness and Emergency Response," on March 31, 2006, at 2:00 p.m. EST. This live broadcast will be transmitted from CDC and will focus on the public health implications and vulnerabilities of disaster preparedness. To participate in this webcast, please visit <http://www.publichealthgrandrounds.unc.edu/>.

## Flu Season: **New**



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

- The [CDC Influenza Chemoprophylaxis and Treatment Guidelines 2005-06](#) are available as a PDA file for viewing on a Palm OS device, with bookmarks and hyperlinks to facilitate browsing. To download the PDA files, please visit <http://www.cdc.gov/flu/professionals/treatment/pda/>.
- FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) met in Bethesda, Maryland, on February 17, 2006, to select the influenza virus strains for the composition of the influenza vaccine for use in the 2006–07 U.S. influenza season. During this meeting, the advisory panel reviewed and evaluated the surveillance data related to epidemiology and antigenic characteristics, serological responses to 2005/2006 vaccines and the availability of candidate strains and reagents.

The panel recommended that vaccines to be used in the 2006-07 season in the U.S. contain an A/New Caledonia/20/99 (H1N1)-like virus, an A/Wisconsin/67/2005 (H3N2)-like virus (A/Wisconsin/67/2005 and A/Hiroshima/52/2005 strains) and a B/Malaysia/2506/2004-like virus (B/Malaysia/2506/2004 and B/Ohio/1/2005 strains). To read the recommendations in full, please visit <http://www.cdc.gov/flu/professionals/vaccination/composition0607.htm>.

## Handling of Suspicious Packages or Letters: **New**



Following September 2001, the U.S. Postal Service was used to send a number of letters containing *Bacillus anthracis* or anthrax to individuals at their residence or place of business. During the past three years, the U.S. Postal Service has responded to more than 20,000 reports of suspicious mail. Consequently, the Federal Bureau of Investigation, in cooperation with the Centers for Disease Control and Prevention (CDC) developed specific guidelines for recognizing and handling suspicious packages. If a package or letter is suspected of containing a threat agent, individuals should act to protect themselves and others from potential exposure. Characteristics of suspicious packages and letters include inappropriate and unusual labeling and a powdery substance felt through or appearing on the package or envelope.

In handling of suspicious packages, it is important never to open or shake the package. Do not carry the package or envelope, show it to others or allow others to examine it. Instead, put the package or envelope down on a stable surface, alert others in the area about the suspicious package or envelope, then leave the area, close any doors and take actions to prevent others from entering the area. If an individual comes in contact with a suspicious package or letter, hands should be washed immediately with soap and water to prevent spreading potentially infectious material to the face or skin. Lastly, contact the local law enforcement agency.

If a package arrives at work, notify a supervisor, a security officer or a law enforcement official. When possible, create a list of persons who were in the room or area when this suspicious letter or package was recognized and a list of additional persons who may have handled this package or letter. Give this list to both the local public health authorities and law enforcement officials.

For further information on recognizing and handling suspicious packages or letters, please visit the CDC website at <http://www.bt.cdc.gov/agent/anthrax/mail/suspiciouspackages.asp> or the U.S. Postal Service website at [http://www.usps.com/news/2001/press/pr01\\_1010tips.htm](http://www.usps.com/news/2001/press/pr01_1010tips.htm).

## Training and Education:

### New



**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.emergencyeeducation.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](mailto: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 Introduction to 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. YNHHS-CoE 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](mailto:elaine.forte@ynhh.org).
- There is still space available in the May 18<sup>th</sup> -21<sup>st</sup> National Disaster Life Support course to be held in New Haven, CT. Basic Disaster Life Support is an eight-hour course that provides an in-depth overview of disasters for all healthcare and public health professionals. The Advanced Life Support course provides physicians, physician assistants, nurses and paramedics with two days of intensive training on mass casualty triage, decontamination and treatment. Individuals completing the BDLs and ADLS programs will receive CME credits and are eligible to take the instructor course, which prepares them to conduct a course at their own facility. Hospitals are encouraged to consider using some of their HRSA hospital preparedness education and training funds to send appropriate individuals to any or all of these courses. For more information, please contact David Burich at (203) 688-3721 or [david.burich@ynhh.org](mailto:david.burich@ynhh.org).

## Radiation Accident Response–March 3, 2006:

### Updated



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.

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. Chromosomal analysis, the “gold standard” for estimating radiation dose, was performed at the State of Connecticut Biodosimetry Laboratory, located at Bridgeport Hospital, by Joseph Albanese, PhD. The results of these tests provided a more accurate estimation of the radiation exposure to the individuals. 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](mailto:pndain@bpthosp.org). For information regarding chromosomal analysis, please contact Dr. Albanese at (203) 688-3316 or [joseph.albanese@ynhh.org](mailto:joseph.albanese@ynhh.org).

## Introduction to Radiological Response (EM 110):

### New

Introduction to Radiological Response (EM 110) is expected to be available in the Spring of 2006. At the end of the one-hour course, individuals will be able to describe the harmful effects of radiation, identify steps that can ensure personal safety from harmful radiation and identify ways to assist in the response to a radiation emergency including decontamination and psychological first aid. A more advanced radiological preparedness course is under development and will be released later this year. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).



## JCAHO Revises Standard for Emergency Management Drills and Exercises: Updated

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.yalenehavenhealth.org/emergency/commu/JCAHO\\_DrillsandExercises.pdf](http://www.yalenehavenhealth.org/emergency/commu/JCAHO_DrillsandExercises.pdf).

## JCAHO Implements Unannounced Hospital

### Inspection Policy: Updated

Although JCAHO historically has notified hospitals several months before a review, the healthcare 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.yalenehavenhealth.org/emergency/commu/JCAHOInspectionPolicy.pdf>.

## Updates to the State of Connecticut Consequence Management Plan: New

The State of Connecticut has updated its Consequence Management Plan for deliberately caused incidents involving chemical agents. Updates include changes in terminology to bring the document in line with terminology of the new National Response Plan (NRP) and the National Incident Management System. To read this release in full please visit <http://www.ct.gov/demhs/cwp/view.asp?Q=287948&A=1928>.

## Training and Education (Continued): **New**



A narrated version of **Introduction to Emergency Management (EM 103)** for hospital employees is 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 for EM 103 is currently under development. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

- 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 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](mailto:scott.selig@ynhh.org).

### QUESTIONS OR COMMENTS

Questions, comments or suggestions should be forwarded by fax to (203) 688-4618 or by e-mail to [center@ynhh.org](mailto:center@ynhh.org)  
[www.yalenewhavenhealth.org/emergency](http://www.yalenewhavenhealth.org/emergency)

## UPCOMING Meetings and Events



DATE	TIME	EVENT	LOCATION
4.13.06	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 <a href="http://www.bt.cdc.gov/coca/callinfo.asp">http://www.bt.cdc.gov/coca/callinfo.asp</a>
3.31.06	2:00 p.m. to 3:00 p.m. EST	Satellite Broadcast: Learning from Hurricane Katrina	To participate, please visit <a href="http://www.publichealthgrandrounds.unc.edu/">http://www.publichealthgrandrounds.unc.edu/</a>

### FOR MORE INFORMATION, PLEASE CONTACT

<p><b>Christopher M. Cannon</b> Director (203) 688-3224 <a href="mailto:christopher.cannon@ynhh.org">christopher.cannon@ynhh.org</a></p>	<p><b>Elaine Forte</b> Program Development Manager (203) 688-3391 <a href="mailto:elaine.forte@ynhh.org">elaine.forte@ynhh.org</a></p>	<p><b>James Paturas</b> System Manager (203) 688-3496 <a href="mailto:james.paturas@ynhh.org">james.paturas@ynhh.org</a></p>	<p><b>Mark Schneider</b> Education and Training Supervisor (203) 688-2577 <a href="mailto:mark.schneider@ynhh.org">mark.schneider@ynhh.org</a></p>
<p><b>Louise-Marie Dembry, MD</b> Associate Medical Director (203) 688-4634 <a href="mailto:louise-marie.dembry@ynhh.org">louise-marie.dembry@ynhh.org</a></p>	<p><b>Carol Luddy, RN</b> ECP Program Coordinator (203) 688-5544 <a href="mailto:carol.luddy@ynhh.org">carol.luddy@ynhh.org</a></p>	<p><b>Mukesh Roy</b> Regional Planning Coordinator (203) 688-2563 <a href="mailto:mukesh.roy@ynhh.org">mukesh.roy@ynhh.org</a></p>	

One Church Street, 5<sup>th</sup> Floor • New Haven, CT 06510 • Tel. (203) 688-3224 • Fax (203) 688-4618  
[center@ynhh.org](mailto:center@ynhh.org) • [www.yaleneewhavenhealth.org/emergency](http://www.yaleneewhavenhealth.org/emergency)