

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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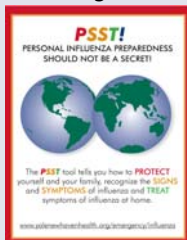
ELEVATED THREAT LEVEL

## Pandemic Influenza Summit – September 14, 2006: **Updated**

On September 14, 2006, the Yale New Haven Center for Emergency Preparedness and Disaster Response and the State of Connecticut Department of Public Health will host *Pandemic Influenza Summit* on alternative delivery models for healthcare organizations. The summit will provide a forum for healthcare delivery organizations and agencies in Connecticut (hospitals, local and state government, EMS, community health centers, nursing homes, home health agencies, physician groups and urgent care centers) to meet and discuss the coordination of healthcare delivery through alternative systems during a pandemic influenza event. It will also provide a focus for planning and launch ongoing workgroups which will report progress to the Statewide Inter-hospital Working Group Meetings at CHA (formerly the Northern Tier and Southern Tier Hospital meetings), leading to specific recommendations in each of the topic areas to guide consistent, strategic and integrated pandemic policies and protocols.

The summit will feature Anna Likos, MD, MPH, as the keynote speaker. Dr. Likos joined the Influenza Division of the CDC as a medical epidemiologist in July. Her current position in the Influenza Division is focused on the international aspect of influenza, especially influenza A, H5N1 and infections in humans. She has had the opportunity to provide technical assistance to countries in Asia, Eastern Europe and Africa. Invitations for this summit were sent on August 16, 2006. For more information, please contact Eugenie Schwartz at [eugenie.schwartz@ynhh.org](mailto:eugenie.schwartz@ynhh.org) or (203) 688-3224.

## Are you prepared for the bird flu or any flu?: **Updated**



The Yale New Haven Center for Emergency Preparedness and Disaster Response has produced what may be the nation's first wallet card to help people protect themselves from the flu - the bird flu and any other influenza. The PSST wallet card includes a list of recognizable flu symptoms, treating flu at home and several ways people can protect themselves and their family, including developing an emergency preparedness plan and kit. Call (203) 688-2000 or toll-free (888) 700-6543 for a free copy.

## Avian Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of August 23, 2006, is 241 cases and 141 deaths.

**Click on map for an enlarged view.**  
Map courtesy of [www.who.int](http://www.who.int)

- The Department of Health and Human Services currently hosts [Pandemicflu.gov](http://www.pandemicflu.gov) which contains U.S. government avian and pandemic flu information. This site is now available in Spanish, <http://www.pandemicflu.gov/espanol/>.
  - On September 2, 2006, the U.S. Department of Agriculture announced the presence of the H5 and N1 avian influenza subtypes in samples from wild mallard ducks in Pennsylvania. Test results thus far indicate this is low pathogenic avian influenza (LPAI), which poses does not pose a threat to human health. The ducks were sampled August 28, 2006 in Crawford County, Pennsylvania. The ducks were showing no signs of sickness, which also suggests this is LPAI. The samples were taken by Pennsylvania Game Commission personnel under a cooperative agreement with USDA, as part of an expanded wild bird monitoring program. Hunters are encouraged to practice hand washing and thorough cooking when handling or preparing wildlife of any kind. To read this release in full, please visit <http://www.usda.gov/wps/portal/usdahome?contentidonly=true&contentid=2006/09/0337.xml>.
  - The Centers for Disease Control and Prevention (CDC) has released interim guidance for states conducting avian mortality surveillance for West Nile Virus (WNV) and/or the highly pathogenic H5N1 avian influenza virus. Surveillance of dead birds for WNV has proven useful for the early detection of WNV in the United States. In recent months, it has also proven useful for the early detection of highly pathogenic H5N1 avian influenza A (H5N1). The interim guidance is written to support the efforts of states conducting avian mortality surveillance. Please visit <http://www.cdc.gov/flu/avian/doh/aviansurveillance.htm> for more information.
  - The World Health Organization has developed standardized case definitions to facilitate:
    - Reporting and classification of human cases of H5N1 infection by national and international health authorities
    - Standardization of language for communication purposes
    - Comparability of data across time and geographical areas
- To learn more about these standard case definitions, please visit [http://www.who.int/csr/disease/avian\\_influenza/guidelines/case\\_definition2006\\_08\\_29/en/index.html](http://www.who.int/csr/disease/avian_influenza/guidelines/case_definition2006_08_29/en/index.html).
- As children head back to school, families are preparing their children for the new school year. But what if an influenza pandemic or other infectious disease outbreak closed the schools? What would you do if your child was unable to attend school or daycare? For low-income children who rely on school breakfast and lunch programs, who will feed them? It is important to have a plan to prepare for not only a flu pandemic but also other emergencies. For more information on influenza preparedness from the American Public Health Association visit <http://www.getreadyforflu.blogspot.com/>.

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## Pandemic Flu Preparedness: What Every Community Should Know Satellite Broadcast September 29, 2006:

### Updated

On Friday, September 29, 2006, Public Health Grand Rounds will host a satellite broadcast on pandemic flu preparedness, what every community should know. This program will examine the case of California's Santa Clara County, where the community is preparing for a pandemic that will challenge their public health system and affect every aspect of their daily life. This call will take place from 2:00 p.m. – 3:00 p.m. EST. For more information or to register for this broadcast, please visit <http://www.publichealthgrandrounds.unc.edu/pandemic/index.htm>.

## Clinical Guidelines for Physicians Treating Adults Exposed to the World Trade Center: **New**

Five years after the World Trade Center (WTC) attack, many New Yorkers continue to suffer disaster-associated physical and mental health conditions. Primary care providers should ask patients about WTC exposure, especially patients with respiratory symptoms, reflux disease, mental health problems, or substance use disorders. Providers should know how to identify, evaluate, treat and refer patients with conditions that could be associated with exposure to the disaster. Because physical and mental health conditions are often intertwined, a coordinated approach to care usually works best and referral may be necessary. The New York City Department of Health and Mental Hygiene has developed *Clinical Guidelines for Physicians Treating Adults Exposed to the World Trade Center Disaster*. To download this document, please visit <http://www.nyc.gov/html/doh/downloads/pdf/chi/chi25-7.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](mailto:center@ynhh.org) [www.yalenewhavenhealth.org/emergency](http://www.yalenewhavenhealth.org/emergency)

## Quick Diagnosis of Flu Strains Possible with New Microchip Test: **Updated**

Scientists from the University of Colorado at Boulder and the Centers for Disease Control and Prevention (CDC) have developed a microchip-based test that may allow more labs to diagnose influenza infections and learn more about the viruses causing illness. The FluChip successfully distinguished among 72 influenza strains, including the H5N1 avian influenza strain, in less than 12 hours. Because the FluChip technology could be used in lower level biosafety facilities, it could expand influenza diagnostic capacity by allowing more labs to determine the geographic origin of a newly emergent virus and whether its source is human or nonhuman; learn how closely related a new virus is to ones that circulated previously; and detect genetic changes that may signal the virus is becoming more virulent. The FluChip is a type of microarray, commonly called a gene chip. Although there are numerous variations, microarrays can be made by using a robotic arm to drop hundreds or thousands of spots of genetic material, DNA or RNA, of known sequence onto a microscope slide. For more information, please visit <http://www.nih.gov/news/pr/aug2006/niaid-28.htm>.



National Preparedness Month is a nationwide coordinated effort held each September to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and schools. The U.S. Department of Homeland Security (DHS) is sponsoring National Preparedness Month 2006 which will focus on family emergency preparedness. The goal of National Preparedness Month is to increase public awareness about the importance of preparing for emergencies including natural disasters and potential terrorist attacks and to encourage individuals to take action to prepare themselves and their families. The month provides Americans with a variety of opportunities to learn more about emergency preparedness. Events and activities across the nation will encourage individuals to prepare an emergency supply kit, make a family emergency plan, be informed about different threats and get involved in preparing their communities. For more information, please visit <http://www.ready.gov/>.

## Antibiotic Surge Supply and Pandemic Preparedness: **New**

Eric Toner, M.D. reviews the article in the May issue of *Lancet Infectious Disease* where John Brundage, M.D. examines the relationship between influenza and bacterial superinfections in past pandemics. He points out that the evidence available from the pandemics of 1918, 1957 and 1968 suggests that the majority of fatal cases of pneumonia in all three pandemics were associated with positive bacterial cultures, most commonly with pneumococcus, *S. aureus*, *S. pyogenes*, and *H. influenzae*. Dr. Toner goes into further detail about this article and one of his conclusions is that most influenza patients sick enough to seek medical care, particularly if they require hospitalization, will be administered antibiotics. The HHS Pandemic Influenza Plan assumes that 45 million Americans will seek medical care for influenza in a severe pandemic, and that 10 million of these will require inpatient care. Assuming that most of these people receive a course of antibiotics, there will be a large surge in demand for antibiotics over and above what is normally needed for other indications. For a variety of reasons, U.S. hospitals have experienced frequent shortages of common antibiotics in recent years. And due to the adoption of just-in-time supply chains, many hospitals maintain a stock of only a few days' worth of antibiotics. Thus, it is likely that shortages of common antibiotics will occur during an influenza pandemic. While much preparedness effort has focused on the availability of antivirals and vaccines, there has been little discussion of the need to assure a ready surge supply of antibiotics. To read Dr. Toner's article in full, please visit <http://www.upmc-cbn.org/>.

## NDLS Training: Updated



There is space available in the September 21<sup>st</sup>-23<sup>rd</sup> **National Disaster Life Support** course to be held in New Haven. 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. To download a brochure, please visit

[http://www.yalenehwh.org/emergency/commu/NDLS\\_2006CourseSchedule.pdf](http://www.yalenehwh.org/emergency/commu/NDLS_2006CourseSchedule.pdf). For more information, please contact David Burich at (203) 688-3721 or [david.burich@ynhh.org](mailto:david.burich@ynhh.org).

## NIMS Training: New

YNH-CEPDR has developed a series of emergency preparedness courses and workshops designed to prepare healthcare workers in community health centers for their roles in disaster response. These instructor-led sessions combine didactic lecture and group exercises that address topics including triage, personal protective equipment, infection control, risk communications and incident command. The course objectives ensure compliance with 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 Lynette Lines at (203) 688-2590 or [lynette.lines@ynhh.org](mailto:lynette.lines@ynhh.org).

## Training/Education:

### Updated

**Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (EM 230)** is now available at [http://ynhhs.emergencyeducation.org/sign\\_in\\_em230.asp](http://ynhhs.emergencyeducation.org/sign_in_em230.asp). This 50-minute course trains health professionals in the recognition, treatment and referral of patients exhibiting behavioral health consequences related to public health emergencies and incorporates brief video vignettes to enhance the learner experience. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

## Hospitals Step Up Disaster Preparedness: New



In a Wall Street Journal article featured on September 6, 2006, Yale New Haven Health System's Center for Emergency Preparedness and Disaster Response was cited as one of four centers around the nation that has been preparing for potential mass casualties. Since September 11, 2001, Katrina and other events, disaster readiness is at the forefront. Disaster

preparedness has involved education and training, surge supplies, drills and exercises and coordination among all levels local, state and federal agencies. To read this article in full, please visit

<http://www.yalenehwh.org/emergency/commu/briefings/WSJHospitalDisasterPrep.pdf>.

## Governor Rell Seeking Healthcare Related Supplies for Schools in Louisiana: Updated



Governor M. Jodi Rell is calling on Connecticut residents, businesses and schools to join her in undertaking another statewide relief effort to aid the people of the Gulf States region who are still coping with the devastating aftermath of Hurricane Katrina. Governor Rell is seeking donations to help schools in Louisiana replenish healthcare-related supplies used in school nurses' offices and school-based clinics. The list of supplies needed by school nurses include the following: new, unopened boxes of band-aids (assorted sizes); calamine lotion; cotton balls; dental floss; flashlights and batteries; gauze and gauze rollers; Kleenex; gloves; Q-tips; liquid soap in a pump; adhesive tape; thermometers; tongue depressors and tweezers. National Guard armories will be collecting school-related healthcare supplies from August 31, 2006 through September 8, 2006. For more information about donating, please visit <http://www.ct.gov/governorrell/cwp/view.asp?Q=319226&A=2425>.

## Emergency Credentialing Program (ECP): New



Development of the database used to support the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is nearly complete. Unique UserIDs and passwords that will be required for access to the system have been assigned and will be distributed to each of the designated hospital contacts in September. A UserID and Password will be necessary to 1) access that portion of the database that allows for credential verification of those non-physician or mid-level volunteers who have enrolled in the program and have reported that they are employed by your hospital and 2) access to names, specialty and

contact information for all volunteers (all hospitals and non-hospital agencies) across the state.

Hospital contacts for the ECP are responsible only for ensuring that credentials are verified by the appropriate manager for behavioral health professionals, clinical lab professionals, diagnostic imaging/radiographers, nurses, pharmacists, pharmacy technicians and respiratory therapists. Physicians and midlevel providers (APRNs, Dentists, Physician Assistants) will continue to be recruited and credentialed through the medical staff office at each hospital. It's important to remember that the database is a volunteer resource for hospital personnel surge capacity and will contain confidential information offered by ECP volunteers. Like all personnel information, access to the information and the database should be made available only to those individuals who will be validating volunteer credentials or hold a recognized position in your hospital's Emergency Operations Center (EOC) organization structure.

Time will be scheduled with each ECP hospital contact to provide information about the credential verification process and about desktop management of the ECP database using FileMaker(TM). Like Adobe Acrobat Reader, FileMaker is "user-friendly", free-of-charge and will not require any special application license or desktop installation. Our Emergency Credentialing Program remains "ahead of the curve" when compared to capability of similar programs across the country. Our success to date can be attributed to the commitment of the Statewide Credentialing Committee, our colleagues representing their professional associations, our hospitals, and our State Department of Public Health to ensuring that Connecticut's citizens have uninterrupted access to healthcare during a large-scale disaster or public health emergency. Please visit [www.ct-esar-vhp.org](http://www.ct-esar-vhp.org) to learn more about the program or contact Carol Luddy at (203) 688-5544 or [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org) if you need additional information.

## Training/Education:

### Updated

- Frontline staff may not recognize victims of a bioterrorism attack, drills are unlikely to improve their knowledge much, and even staff who suspect exposure to a bioterrorism agent may not notify all the required authorities, according to a study in the August 2006 *Annals of Emergency Medicine*. Mock patients with signs of anthrax exposure were sent to the emergency departments (EDs) of 23 general hospitals in Israel. While 21 of the EDs admitted the patient, only 14 suspected anthrax exposure, and only 10 completely followed their protocols to notify hospital officials, infectious disease specialists, infection control practitioners and local public health institutions. Such notification is necessary to perform an epidemiologic investigation and rapidly contain an outbreak. Questionnaires given to ED physicians found a low level of knowledge about anthrax, with the average score rising from 54.5% before the drill to 59.3% after the drill. For this reason, it is important to take **Bioterrorism Preparedness for Clinicians (EM 201)**. EM 201 is a 50-minute course designed to prepare physicians and other clinicians for a bioterrorist event or other potential public health emergency. This course is available at <http://ynhhs.emergencyeducation.org>. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- **Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (EM 230)** is now available at [http://ynhhs.emergencyeducation.org/sign\\_in\\_em230.asp](http://ynhhs.emergencyeducation.org/sign_in_em230.asp). This 50-minute course trains health professionals in the recognition, treatment and referral of patients exhibiting behavioral health consequences related to public health emergencies and incorporates brief video vignettes to enhance the learner experience. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

## Training/Education: Updated

- **Introduction to Emergency Management with NIMS (EM 103 w/NIMS)** is now available at [http://ynhhs.emergencyeducation.org/sign\\_in\\_em103nims.asp](http://ynhhs.emergencyeducation.org/sign_in_em103nims.asp). This course provides awareness-level emergency preparedness training for the healthcare delivery workforce. Based on the National Incident Management System (NIMS) objectives, EM 103 w/NIMS is designed to assist healthcare workers in understanding their role in providing continuous care for existing patients and additional patients in the event of an emergency or a terrorist event. This course meets the NIMS objectives for IS 100: An Introduction to ICS, IS 700: An Introduction to the National Incident Management System and parts of IS 800: Introduction to the National Response Plan for healthcare delivery organizations as described in the document *NIMS: National Standard Curriculum Training Development Guidance*, October 2005. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- **Best Practices for the Protection of Hospital-Based First Receivers (EM 120)** is available at [http://ynhhs.emergencyeducation.org/sign\\_in\\_em120.asp](http://ynhhs.emergencyeducation.org/sign_in_em120.asp). EM120 is aligned with Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. Job classifications that will be required to complete EM 120 in order to ensure compliance with OSHA standards 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. This course is a prerequisite to a series of operations-level courses currently under development.

The operations-level decontamination course will also align with OSHA operations-level competencies and will be a prerequisite to a practical session designed for employees involved in setting up, taking down or maintaining decontamination facilities and for employees responsible for performing decontamination procedures. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- **Incident Command Systems (ICS) for Health Care with NIMS (EM 140 NIMS)** is a 40-minute course which offers an introduction to ICS for healthcare workers and is available at [http://ynhhs.emergencyeducation.org/sign\\_in\\_em140nims.asp](http://ynhhs.emergencyeducation.org/sign_in_em140nims.asp). This course describes the ways an ICS can provide a consistent approach to command, control and coordination of all efforts aimed at protecting life, preserving property, supporting the emergency response and stabilizing the operations of a healthcare site during an emergency or disaster. EM 140 NIMS meets the National Incident Management System objectives for IS 200: Basic ICS: IS 700: An Introduction to the National Incident Management System and IS 800: Introduction to the National Response Plan, for health care delivery organizations as described in the document *National Incident Management System: National Standard Curriculum Training Development Guidance*, October 2005. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

## Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
9.14.06	8:00 a.m. to 4:30 p.m.	Pandemic Influenza Summit	Invitation only Contact Eugenie Schwartz at <a href="mailto:eugenie.schwartz@ynhh.org">eugenie.schwartz@ynhh.org</a> or (203) 688-3224
10.10.06	8:30 a.m. to 9:30 a.m.	Southern Tier Meeting Only	Connecticut Hospital Association
10.19.06 & 10.20.06	7:00 a.m. to 6:00 p.m.	JCR/OSHA/Red Cross 2 <sup>nd</sup> Annual Emergency Preparedness Conference: Disaster Readiness on the Home Front	More information is available at <a href="http://www.jcrinc.com/education.asp?durki=11641">http://www.jcrinc.com/education.asp?durki=11641</a>

## Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
9.29.06	2:00 p.m. to 3:00 p.m. EST	Sponsored by the Public Health Grand Rounds Pandemic Flu Preparedness: What Every Community Should Know Satellite Broadcast	To register and for more information, please visit <a href="http://www.publichealthgrandrounds.unc.edu/pandemic/index.htm">http://www.publichealthgrandrounds.unc.edu/pandemic/index.htm</a>
9.21.06	8:00 a.m. to 4:30 p.m.	Basic Disaster Life Support Course	For more information, contact David Burich at <a href="mailto:david.burich@ynhh.org">david.burich@ynhh.org</a> or (203) 688-3721
9.22.06 & 9.23.06	8:00 a.m. to 4:30 p.m.	Advanced Disaster Life Support Course	
9.24.06	8:00 a.m. to 2 p.m.	National Disaster Life Support Instructor Course	

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