

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

## Influenza Research: **New**

- A review article in the November issue of *Emerging Infectious Diseases* examines the evidence supporting the widespread assumption that influenza is transmitted from person to person primarily by large respiratory droplets rather than small aerosols. This distinction is important because the mode of transmission determines infection control procedures and choice of personal protective equipment (PPE) for healthcare workers. In many articles and in most plans, the predominant mode of transmission is assumed to be large droplets, so little attention has been given to aerosol transmission. A review of the literature contradicts this view and asserts that there is strong experimental evidence of aerosol transmission of influenza. For purposes of pandemic planning, it is not necessary to determine which mode of transmission predominates; rather, it is sufficient to show that aerosol transmission occurs with appreciable frequency and to plan accordingly. Because the evidence for significant aerosol transmission is compelling, the current PPE standard, surgical masks, may not be adequate and may require that current guidelines be modified to adopt N95 respirators for standard PPE for healthcare workers during a flu pandemic. A full copy of the article can be found at <http://www.cdc.gov/ncidod/EID/vol12no11/06-0426.htm>.
- When combined with an immune-boosting substance called an adjuvant, low doses of an experimental vaccine against a strain of avian influenza (H9N2) provoked a strong antibody response in human volunteers, report scientists supported by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. "The results of this clinical trial add to the growing body of information demonstrating the potential value of adjuvanted avian influenza vaccines," says NIAID Director Anthony S. Fauci, MD. For more information about this study, please visit <http://www3.niaid.nih.gov/news/newsreleases/2006/MF59.htm>.
- On September 20, 2006, Roche, an international pharmaceutical company, announced that the United States supply chain for stockpiling oseltamivir, used to treat avian influenza and seasonal flu patients, is fully operational. All aspects of this production are now based on US soil. The US Department of Health and Human Services (HHS) has asked Roche to establish a system that involves US sources for all phases of oseltamivir production from synthesizing shikimic acid, the starting material, to packaging the medication. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/sep2006tamiflu.html>.

## Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of October 3, 2006, is 252 cases and 148 deaths.

- On October 4, 2006, Baxter International reported preliminary results from an early clinical trial of a vaccine for avian influenza H5N1 which suggest the vaccine is safe and well tolerated and may prove effective against the disease. "This is the first clinical demonstration that a candidate H5N1 vaccine can induce antibodies that neutralize widely divergent strains of H5N1," said Noel Barrett, vice president of Global research and development for Baxter. The clinical trial of the vaccine included 270 healthy adults in Australia and Singapore and suggested the vaccine had similar side effects of those reported for seasonal flu vaccines. Baxter plans to begin a late-stage clinical trial of the vaccine early next year and will present the final results by the end of 2007.

## Influenza Season: **New**



Based on discussions with influenza vaccine manufacturers and the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC) estimates more than 100 million doses of influenza vaccine will be produced for the United States this year. This is 17 million more doses than ever distributed in any previous season. Furthermore, 75 million doses are projected for distribution by October 31<sup>st</sup>; therefore, once providers have vaccine, they are encouraged to vaccinate anyone seeking vaccine.

- Although annual vaccination is the primary strategy for preventing complications of influenza virus infections, antiviral medications with activity against influenza viruses can be effective for the chemoprophylaxis and treatment of influenza. Four licensed influenza antiviral agents are available in the United States: amantadine, rimantadine, zanamivir, and oseltamivir. Further recommendations regarding the use of antiviral agents for the 2006-2007 influenza season can be found at <http://www.cdc.gov/flu/professionals/treatment/>.
- The Centers for Disease Control and Prevention will hold a Clinician Outreach and Communication Activity conference call Tuesday, October 24, 2006, on the upcoming influenza season. More information will be available at <http://www.bt.cdc.gov/coca/callinfo.asp>.



## JCAHO Imposters in Connecticut

On September 26, 2006, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) notified the Connecticut Hospital Association (CHA) that a Connecticut hospital recently experienced a JCAHO imposter incident. Specifically, on Thursday afternoon, September 21, 2006, several hospital staff members noticed three individuals in business dress (2 women and 1 male) sitting in a hospital lounge writing on clip boards and displaying an identification badge from JCAHO. Staff were surprised to see JCAHO in the hospital and asked if they could be of assistance. After their offer was declined, staff went to report JCAHO's presence to the unit manager. Staff returned with the unit manager a few minutes later, but the three individuals had left the lounge. Security was notified, and the hospital went into lock down. Shortly thereafter, the fire alarm was pulled, which automatically opens selected egress doors. Security searched the hospital, but the imposters were not found. Please notify JCAHO and CHA immediately if you experience any incident with apparent JCAHO imposters.

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## Training and 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).



**Introduction to Radiological Response (EM 110)** is a 30-minute narrated CD-ROM course which provides the learner with the basic principles of

radiation, definitions of terms commonly encountered in radiological and nuclear incidents, a description of the health risks associated with radioactive material, recommendations for safeguarding personal safety during a radiological or nuclear incident and an outline of the strategies for addressing the psychological impact of radiological and nuclear incidents. This introductory course has been designed for nurses, doctors, radiology technicians, radiation oncologists, radiation safety officers, patient care associates, technical assistants, nuclear medicine workers, EMS workers and mental health professionals. A more advanced radiological preparedness course is under development and will be released later this year. For more information or a copy of the CD-ROM, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

## Emergency Credentialing Program (ECP)



On October 20th between 7:30 a.m. - 8:30 p.m. and October 21st between 8:30 a.m. and 4:00 p.m., MidState Medical Center and the State of Connecticut Department of Public Health (DPH) will host an "open house" showcasing a 25-bed module of the Ottilie W. Lundgren Memorial Field Hospital (MFH).

Planning for the eventuality of a future devastating event is an ongoing process in hospitals and healthcare agencies across the state. Funded with a combination of state and federal money, the MFH is believed to be one of the first non-military MFHs in the United States. At its full capacity, the 100-bed MFH can be erected within hours of an emergency situation and includes intensive care, isolation, ambulatory and triage areas outfitted with medical supplies and equipment that can provide immediate emergency/disaster medical care. In the words of Dr. J. Robert Galvin, Commissioner of DPH at the April 2006 MFH dedication, "Ottilie Lundgren represents us all. Naming this hospital in her honor allows us to forever remember Mrs. Lundgren's long life and remain cognizant that her untimely death led to the state's ability to better protect its residents."

Individuals who are currently enrolled or are considering enrolling in the State of Connecticut Emergency Credentialing Program (ECP) are encouraged to attend the open house to learn more about how their participation in the ECP can play a major role in our state's ability to use the MFH as one strategy to increase hospital surge capacity during a large-scale disaster or public health emergency. For more information, contact DPH at (860) 509-7975, email [ECP@ynhh.org](mailto:ECP@ynhh.org) or follow this link to the open house invitational flyer, <http://www.ynhhs.org/emergency/commu/StofCTflier091906.pdf>. For more information about the ECP, please contact Carol Luddy, RN, at (203) 688-3224 or [ECP@ynhh.org](mailto:ECP@ynhh.org).

## Training and Education: **New**



Incident Command System  
(Photo credit: FEMA)

**Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 NIMS)** is a 1-hour and 15-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: Introduction to the National Incident Management System and IS 800: Introduction to the National Response Plan for healthcare 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).



**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 the 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).

## 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).

## Education and Training Services: Updated

- There is space available in the November 9-12, 2006, 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.yalenehavenhealth.org/emergency/commu/NDLS\\_2006CourseShedule.pdf](http://www.yalenehavenhealth.org/emergency/commu/NDLS_2006CourseShedule.pdf).
- At the request of the National Incident Management System (NIMS) Integration Center, the State of Connecticut Department of Emergency Management and Homeland Security is working with YNH-CEPDR in collaboration with DPH to receive approval of two courses, Introduction to Emergency Management (EM 103 NIMS) and Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 NIMS), as a strategy to meet the NIMS training requirements for all healthcare organizations. For more information, please contact Scott Selig at (203) 688-2587 or [scott.selig@ynhh.org](mailto:scott.selig@ynhh.org).
- 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).
- YNH-CEPDR is committed to developing and delivering services that advance healthcare planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other healthcare delivery organizations, emergency management professionals, the business community and others.
  - **ASSESSMENTS:** Hazard Vulnerability Analysis, Business Impact Analysis and Gap Analysis
  - **PLANNING:** Emergency management plans and business continuity plans
  - **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
  - **DRILLS and EXERCISES:** Development, facilitation and evaluation

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.yalenehavenhealth.org/emergency](http://www.yalenehavenhealth.org/emergency)

## Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
10.10.06	8:30 a.m. to 10:30 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>
10.24.06	1:00 p.m. to 2:00 p.m.	Clinician Outreach and Communication Activity Conference Call: Upcoming Influenza Season	More information is available at <a href="http://www.bt.cdc.gov/coca/callinfo.asp">http://www.bt.cdc.gov/coca/callinfo.asp</a>

## Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
10.19.06	1:00 p.m. to 3:00 p.m.	Cities Readiness Initiative Satellite Broadcast: A CDC sponsored initiative to aid cities in increasing their capacity to deliver medication and medical supplies during a large-scale public health emergency.	More information is available at <a href="http://www2.cdc.gov/PHTN/cri/default.asp">http://www2.cdc.gov/PHTN/cri/default.asp</a>

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