

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 4, Issue 43 | October 27, 2006

ELEVATED THREAT LEVEL

Safety: ICE on Cell Phones: An Acronym for Emergencies: **New**

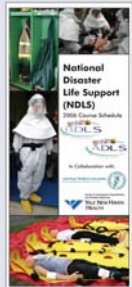


In an article that was published in the New York Times, Eric Nagourney discusses the concept of **ICE**, on cell phones. ICE which stands for "In Case of Emergency", can help emergency room doctors and paramedics alert a patient's family member in an emergency. To read this article, please visit

<http://www.nytimes.com/2006/10/24/health/24safe.html>. In support of this international initiative, YNH-CEPDR has developed a card with instructions and decals to help individuals with implementation of the ICE concept. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

National Disaster Life Support Classes – November 9-12, 2006:

New



There is space available in the November 9th-12th National Disaster Life Support course to be held in New Haven. Interested participants should register by November 9, 2006. Credit cards and checks made payable to Yale New Haven Health System are accepted. 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 Disaster 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 an NDLS 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.yalenewhavenhealth.org/emergency/commu/NDLS_2006CourseSchedule.pdf. For more information, please contact David Burich at (203) 688-3721 or david.burich@ynhh.org.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of October 16, 2006, is 256 cases and 151 deaths.



Green-winged Teal

On October 20, 2006, the US Departments of Agriculture and Interior announced test results which confirm that low pathogenic H5 and N1 avian influenza subtypes were found in a wild Green-winged Teal bird sample from Tuscola County Michigan that was killed by hunters. Initial tests confirm that this wild bird sample does not contain the highly pathogenic H5N1 strain that has spread through birds in Asia, Europe and Africa. However, initial test results do indicate the presence of low pathogenic avian

influenza (LPAI) virus, which poses no threat to human health. To read this release in full, please visit

http://www.usda.gov/wps/portal/!ut/p_s.7_0_A/7_0_1OB?contentidonly=true&contentid=2006/10/0422.xml.

- On October 13, 2006, the Centers for Disease Control and Prevention (CDC) announced plans to fund eight studies to investigate how measures such as hand washing, "cough etiquette" and face masks could help limit the extent of the next influenza pandemic. The CDC announced it would provide a total of \$5.2 million to research institutions, some outside the United States, to assess nonpharmaceutical measures for battling pandemic flu. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/oct1306grants.html>.
- The International Federation of Pharmaceutical Manufacturers and Associations has created a website addressing seasonal, avian and pandemic flu and flu vaccines. To access this site, please visit <http://www.ifpma.org/influenza/index.aspx?38>.

Joint Commission Resources Second Annual Emergency Preparedness Conference: **New**

The Joint Commission Resources (JCR) and Occupational Safety and Health Administration (OSHA) sponsored an Emergency Preparedness Conference for healthcare organizations October 19 and 20 in Washington, DC. The conference was attended by 800 people and featured ten poster presentations coordinated by the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR). The conference focused on the daily threats faced by healthcare organizations posed by natural disasters and pandemic influenza and provided effective planning strategies, tools and techniques to maintain preparedness and readiness of healthcare organizations. Throughout the presentations, two consistent messages were evident: training and exercising. These elements of preparedness are central to the activities of YNH-CEPDR, and the reception to our unique ability to provide these services to healthcare organizations was overwhelming. For more information on the conference, please visit <http://www.jcrinc.com/education.asp?durki=11641>.

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Healthcare Emergency Preparedness Response and Management: Surviving the Storm Conference: **New**



On November 30, 2006, Jim Paturas of YNH-CEPDR will be the keynote speaker for the Healthcare Emergency Preparedness Response and Management: Surviving the Storm, A Legal and Operation

Guide Conference in New York City. Mr. Paturas will discuss the topic of education and training the workforce, meeting standards and competencies. This conference is a two day event that will discuss frontline, practical solutions and insights from industry-leading healthcare and emergency management practitioners, in-house counsel and other experts. For more information, please visit

<http://www.ynhhs.org/emergency/commu/648L07-NYC.pdf>.

HICS Materials Now Posted on Cal EMSA Website: **Updated**

Website: **Updated**

The California Emergency Medical Services Authority (EMSA) has developed and posted information about the latest revisions to Hospital Incident Command Systems (HICS) on its website. This site includes a guidebook, glossary, forms and other materials in Acrobat Reader and Microsoft Word. To access this site, please visit

<http://www.emsa.ca.gov/hics/hics.asp>. For more information, please contact Jim Paturas at (203) 688-3496 or james.paturas@ynhh.org.

Smallpox Antiviral Effective in Animal Trials: **New**

New

On October 18, 2006, SIGA Technologies, Inc. announced that SIGA-246 is the first drug to demonstrate 100% protection against human smallpox virus in a primate trial conducted at the CDC. The drug prevented symptoms of disease whether delivered at the same time as the virus or 24 hours later, supporting the drug's use for both post-exposure prophylaxis and treatment. SIGA-246 completely prevented lesion formation and reduced viral load to non-threatening levels in treated animals with no obvious toxicity. To read this release in full, please visit

<http://www.siga.com/corporate.html>.

Pandemic Influenza Planning: **New**



On October 23, 2006, WHO published the *Global Pandemic Influenza Action Plan to Increase Vaccine Supply*. The *Global Action Plan* was developed with the advice of more than 120 scientific experts from national immunization programs, national regulatory authorities, scientists and vaccine manufacturers in both industrialized and developing countries. The plan identifies and prioritizes practical solutions for reducing the potential pandemic influenza vaccine supply gap; these are contained in eight strategies with activities for the short, medium and long terms. To read this release in full, please visit

<http://www.who.int/mediacentre/news/releases/2006/pr58/en/index.html>. To download a PDF copy of the *Global Action Plan*, please visit

http://www.who.int/csr/resources/publications/influenza/CDS_EPR_GIP_2006_1.pdf.



Duckbill type N-95 Respirator
Photo credit: NIOSH

On October 18, 2006, the US Department of Health and Human Services (HHS) issued new guidance calling for stronger respiratory protection for healthcare workers in the event of an influenza pandemic. The report recommends that healthcare workers caring for pandemic flu patients use respirators rated at N-95 or higher during activities likely to generate infectious aerosols, such as intubation, nebulizer treatment, bronchoscopy and resuscitation. In addition, a respirator should be used when providing any kind of direct care for a confirmed or suspected pandemic flu patient who has pneumonia. To read this interim guidance in full, please visit <http://www.pandemicflu.gov/plan/maskguidancehc.html>.

- On September 14, 2006, the Yale New Haven Center for Emergency Preparedness and Disaster Response and the State of Connecticut Department of Public Health hosted a Pandemic Influenza Summit on alternative delivery models for healthcare organizations. The summit provided a forum for healthcare delivery organizations and agencies in Connecticut (hospitals, local and state government, local 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. The workgroups launched – alternate healthcare delivery systems, ethical and legal issues, human resources and personnel, risk communications, surge capacity and triage – are continuing to meet and will report their progress at the Interhospital Workgroup Meetings held at the Connecticut Hospital Association. A summary of the workgroup sessions can be found at <http://www.yalenevnewhavenhealth.org/emergency/panflusummit/>.
- A final draft of the Acute Care Hospital Emergency Management Mutual Aid Agreement was e-mailed to acute care hospitals for final review and comment on October 12, 2006. This nonbinding agreement acknowledges hospitals' intent to work with each of the other hospitals, the Connecticut Department of Public Health and the Centers of Excellence for Bioterrorism Preparedness and Response at the Yale New Haven Health System and Hartford Hospital in the event of a disaster. This document has been reviewed and approved by the Connecticut Department of Public Health and by the Connecticut Hospital Association and is a requirement of the Health Resources and Services Administration National Bioterrorism Hospital Preparedness Program. To access this agreement, please visit http://www.ynhhs.org/emergency/commu/OEP_Emergency_Management_MOU.pdf. For more information, please contact Jim Paturas at (203) 688-3496 or james.paturas@ynhh.org.

Education and Training Services: **Updated**

- 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 CT DPH to receive approval of two courses, Introduction to Emergency Management (EM 103 w/NIMS) and Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 w/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.
- 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.

Education and Training

Services: **Updated**

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.

The Medical Reserve Corps at the Yale New Haven Center for Emergency Preparedness and Disaster Response:

New



With the threat of avian influenza and many weather-related disasters, it is important to minimize the threat to individuals and their families. The Medical Reserve Corps at Yale New Haven Center for Emergency Preparedness and Disaster Response can provide community presentations about personal and family preparedness to faith-based organizations, senior centers, scout troops and others. Volunteering in the Medical Reserve Corps provides a unique opportunity for individuals to support their community's valuable healthcare infrastructure during a disaster. To schedule a presentation for a group or to discuss becoming a volunteer, please contact the MRC Coordinator Eugenie Schwartz at (203) 688-2659 or eugenie.schwartz@ynhh.org. To enroll in the Medical Reserve Corp, please visit <http://www.ynh-mrc.org/>.

Seasonal Influenza: **New**



In an editorial posted on the Infectious Disease News website, Dr. William Schaffner discusses extending the benefits of influenza vaccination. He states that every healthcare provider who treats people aged 50 to 64 should consider his or her role in increasing influenza vaccination rates. This can be accomplished by strongly recommending the vaccine to this population. He recommends taking advantage of age-based recommendations for influenza vaccination in adults aged 50 and older and children aged 6 to 59 months. Vaccines cannot be administered to infants younger than 6 months, which is why vaccination of their close contacts is important. To read this editorial in

full, please visit

<http://www.infectiousdiseaseneeds.com/200610/frameset.asp?article=guested.asp>.

- During the week of October 8 through October 14, influenza activity was reported as local in two states (Hawaii and Alabama) and sporadic in six states (California, Florida, Idaho, Louisiana, Nebraska and Texas). Forty states, New York City and the District of Columbia reported no influenza activity, and two states and Puerto Rico did not report. To view a full report, please visit <http://www.cdc.gov/flu/weekly/>.
- The American Lung Association has developed a site that identifies locations that will be administering flu shots during the 2006-2007 season. Please visit <http://www.facesofinfluenza.org/home.php> for a location close to you.
- Sponsored by Roche Laboratories, Inc., [Flustar.com](http://www.flustar.com) is a website that has been created to provide comprehensive influenza surveillance network information. The FluSTAR system was developed to provide healthcare professionals and consumers with the most up-to-date information on the spread of the flu during the influenza season. Data for FluSTAR is gathered from four different surveillance methods including rapid assay data, laboratory confirmation and clinical diagnosis data. Based on all of the surveillance methods, a regional as well as a national picture on influenza activity is generated. To access this site, please visit <http://www.flustar.com/>.

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 early in November. A UserID and password will be necessary to 1) access that portion of the database that allows for credential verification of these non-physician or mid-level volunteers who have enrolled in the program and have reported that they are employed by a particular 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 mid-level providers (APRNs, dentists and physician assistants) will continue to be recruited and credentialed through the medical staff office at each hospital. It is 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 a hospital's Emergency Operations Center (EOC) organization structure. Carol Luddy will schedule time 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.

The Connecticut Emergency Credentialing Program remains "ahead of the curve" when compared to the capability of similar programs across the country. Its success to date can be attributed to the commitment of the Statewide Credentialing Committee, colleagues representing their professional associations, Connecticut hospitals and the Connecticut Department of Public Health for ensuring citizens have uninterrupted access to healthcare during a large-scale disaster or public health emergency. Please visit www.ct-esar-vhp.org to learn more about the program, or contact Carol Luddy at (203) 688-5544 or carol.luddy@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 www.yalenevnewhavenhealth.org/emergency

Training and 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.
- **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.

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.

This course provides awareness-level emergency preparedness training for the healthcare delivery workforce. Based on 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.



Incident Command System
(Photo credit: FEMA)

Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 w/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.

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 w/NIMS meets NIMS 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 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.



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.

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.



Best Practices for the Protection of Hospital-Based First Receivers (EM 120) is available at

http://ynhhs.emergencyeducation.org/sign_in_em120.asp.

EM 120 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.

UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
11.9.06	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
11.9.06	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting Only	Connecticut Hospital Association

UPCOMING

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
11.9.06 to 11.12.06	8:00 a.m. to 4:30 p.m.	National Disaster Life Support Classes	More information is available at http://www.yalenehavenhealth.org/emergency/commu/ndls_events.html
11.28.06	1:00 p.m. to 2:30 p.m.	<i>Sponsored by the Alabama Department of Public Health</i> Weapons of Mass Destruction: Disaster Planning and Operations	For more information or to register, please visit http://www.adph.org/alphth/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252 .

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Preparedness Report Archive: <http://www.yalenehavenhealth.org/emergency/commu/archives.html>

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