

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

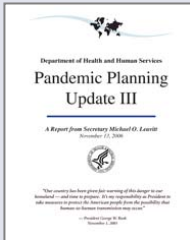
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ELEVATED THREAT LEVEL

## National Influenza Vaccination Week: **New**

National Influenza Vaccination week will take place from November 27 to December 3, 2006. This event is designed to raise awareness of the importance of continuing influenza vaccination as well as foster greater use of flu vaccine through the months of November, December and beyond. The CDC is recommending that people take this opportunity to be vaccinated. For more information, please visit <http://www.cdc.gov/od/oc/media/pressrel/r061113.htm>.

## Pandemic Influenza Planning: **New**



On November 13, 2006, the Department of Health and Human Services (HHS) released *Pandemic Planning Update III*. This report shows that the federal government has stockpiled over 36 million courses of antivirals with a goal of 841 million by December of 2008. HHS also has purchased 73.1 million N95 respirators for the national stockpile and 37.4 million surgical masks.

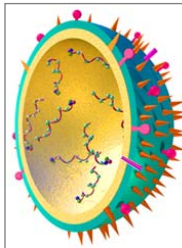
Pandemic exercises have been held in more than a dozen states. Secretary Michael Leavitt stresses continued influenza preparation. To read *Pandemic Planning Update III*, please visit <http://www.pandemicflu.gov/plan/pdf/panflureport3.pdf>.

## Homeland Security Launches New Ads to Demonstrate the Importance of Family Emergency Planning: **New**

The US Department of Homeland Security (DHS) and the Advertising Council unveiled new public service advertisements (PSAs) to support the Ready Campaign. The new PSAs include television, radio, print, internet and outdoor versions created pro bono by BBDO New York. Also released is a television ad featuring First Lady Laura Bush discussing emergency preparedness. All of the new PSAs promote emergency preparedness activities such as preparing an emergency supply kit, making a family emergency plan and learning more about different emergencies and their responses. To read this release in full, please visit [http://www.dhs.gov/xnews/releases/pr\\_1163518483290.shtm](http://www.dhs.gov/xnews/releases/pr_1163518483290.shtm)

## Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of November 13, 2006, is 258 cases and 153 deaths.



Influenza Virus  
Photo Credit:  
[NIAID](http://www.niaid.nih.gov)

Scientists from the University of Colorado at Boulder and the CDC have developed an inexpensive "gene chip" test based on a single influenza virus gene that could allow scientists to quickly identify flu viruses, including avian influenza H5N1. The researchers used the MChip to detect H5N1 in samples collected over a three-year period from people and animals in geographically diverse locales. In tests on 24 H5N1 viral isolates, the chip provided complete information about virus type and subtype in 21 cases and gave no false positive results, report the scientists. They say the MChip could provide a significant advantage over available tests because it is based on a single gene segment that mutates less often than the flu genes typically used in diagnostic tests. As a result, the MChip may not need to be updated as frequently to keep up with the changing virus. To read further, please visit <http://www3.niaid.nih.gov/news/newsreleases/2006/mchip.htm>.

- In an article published in the December 2006 issue of *Emerging Infectious Diseases*, researchers evaluated risk factors for human infection with influenza A subtype H5N1. This study was performed in Vietnam with 28 case-patients who had laboratory-confirmed H5N1 infection during 2004. The study concluded that 28% of H5N1 cases were attributed to preparing sick or dead poultry. Practices that account for this consumption need to be identified and stopped. To read this study in full, please visit <http://www.cdc.gov/ncidod/EID/vol12no12/06-0829.htm>.
- On November 14, 2006, the United States (US) and México pledged increased cooperation with pandemic preparedness among the six Mexican states and the four US states that share the international boundary. The agreement was finalized during the 14<sup>th</sup> meeting of the US-Mexican Border Health Commission, established in July 2000 to provide international leadership to enhance health and the quality of life among residents along both sides of the US- México border. To read this news release in full, please visit <http://www.hhs.gov/news/press/2006pres/20061114.html>.
- WHO has released updated guidance on collecting, preserving and shipping specimens for the diagnosis of avian influenza A-H5N1 for influenza virus detection. This document features information on WHO investigation kits, viral transport media, field data sheets, guidance on regulations for the transport of infectious substances and samples from animals and the environment. To download this document, please visit [http://www.who.int/csr/resources/publications/surveillance/WHO\\_CDS\\_EPR\\_ARO\\_2006\\_1/en/index.html](http://www.who.int/csr/resources/publications/surveillance/WHO_CDS_EPR_ARO_2006_1/en/index.html).

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5 Upcoming Training and Education

## Pandemic Influenza

### Planning (*continued*): **New**

Since the Pandemic Influenza Summit on alternative delivery models for healthcare organization, work groups have been reporting their progress at the Statewide Interhospital Group that meets monthly at the Connecticut Hospital Association. The surge workgroup is assembling research sites; the triage workgroup is circulating a draft on community-based triage plans among the workgroup members and will widely distribute the plan once it is finalized; the human resources group is continuing to research personnel issues; the risk communications group is working on identifying common information messages; the alternate care workgroup continues to identify issues that need to be addressed; and the legal/ethical workgroup is looking for opportunities to share information with others. All of the workgroups are finding the topics they are discussing relate to other workgroups and are in the process of finding ways to share their information and ideas. For additional information or to join a workgroup committee, please contact Eugenie Schwartz at (203) 688-2659 or [eugenie.schwartz@ynhh.org](mailto:eugenie.schwartz@ynhh.org).

### Vulnerable Populations and Emergency Management Broadcast – December 4, 2006: **New**

On December 4, 2006, the Alabama Department of Public Health will be sponsoring a broadcast from 1:00 p.m. to 2:30 p.m. EST on Vulnerable Populations and Emergency Management. The purpose of this broadcast is to enhance the ability of emergency management and public health practitioners to effectively define, locate and reach vulnerable populations to protect them in the event of emergencies. This broadcast will discuss the likelihood of unnecessary illness, injuries and deaths in the future, especially for special, at-risk and other vulnerable populations. The topic areas will include special populations, emergency management infrastructure, health disparities, available resources and emergency preparedness. For more register for this broadcast, please visit <http://www.adph.org/alphnt/vcomm.asp?action=conflistone&templatenbr=3&deptid=143&templatedid=1252>.

## Seasonal Influenza: **New**



- During the week of October 29 through November 4, 2006, influenza activity was reported as regional in North Carolina, local in Florida and Louisiana and sporadic by the District of Columbia and in twelve states (California, Connecticut, Hawaii, Indiana, Kentucky, Maryland, Massachusetts, Mississippi, New York, Pennsylvania, Texas and Virginia). For more information, please visit <http://www.cdc.gov/flu/weekly/>.
- On November 13, 2006, Roche and the Food and Drug Administration notified healthcare professionals of revisions to the Precautions/Neuropsychiatric Events and Patient Information sections of the prescribing information for Tamiflu, indicated for the treatment of uncomplicated acute illness due to influenza infection in patients 1 year and older who have been symptomatic for no more than 2 days and for the prophylaxis of influenza in patients 1 year and older. There have been postmarketing reports, mostly from Japan, of self-injury and delirium with the use of Tamiflu in patients with influenza. People with the flu, particularly children, may be at an increased risk of self-injury and confusion shortly after taking Tamiflu and should be closely monitored for signs of unusual behavior. A healthcare professional should be contacted immediately if the patient taking Tamiflu shows any signs of unusual behavior. For more information, please visit [http://www.fda.gov/medwatch/safety/2006/Tamiflu\\_dhcp\\_letter.pdf](http://www.fda.gov/medwatch/safety/2006/Tamiflu_dhcp_letter.pdf).



The CDC has created a flu Really Simple Syndication (RSS) feed to notify individuals of new or updated documents posted anywhere on the CDC flu website. For more information, please visit <http://www.cdc.gov/flu/rss/>.

- The CDC has updated its influenza guidance for administrators, care providers and other staff in child care settings. Vaccinations, hand washing and providing a clean environment can help manage the spread of influenza. To read this guidance, please visit <http://www.cdc.gov/flu/professionals/infectioncontrol/childcaresettings.htm>.

### Communicating in the First Hours Website:

#### **Updated**



HHS and the CDC have developed a website titled, *First Hours*. This site contains communication messages to use within the first hours of an emergency for federal, state, local and tribal public health officials. Messages include short and extended messages offering health and safety information for the first hours; radio scripts and sound bites to aid with media outreach; and university research reports. These messages discuss bioterrorism agents, chemical agents, radiological events and suicide bombs. For more information, please visit <http://www.bt.cdc.gov/firsthours/intro.asp>.

### 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 w/NIMS (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](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).

#### **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)

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

## 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](mailto:mark.schneider@ynhh.org).

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

(desktop) access using FileMaker™, a user-friendly and widely used database management tool. Note: FileMaker™ does not require user licensing fees or installation. User training for both the web-based and FileMaker™ applications will be provided to hospital contacts beginning in December.

- The Health Resources and Services Administration (HRSA) recently released revised technical specifications, credentialing requirements and program compliance measures for the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) of which the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is a part. Through the efforts of ECP program planners, hospital contacts and volunteers, the ECP is well positioned in all areas required by HRSA in their revised guidance.
- As of November 9, 2006, over 3,400 healthcare professionals have enrolled in the ECP. Recruitment and credential verification processes have been expanded to include physical therapists. Processes for verification of credentials for healthcare professionals who are interested in participating in the ECP and are employed by outpatient surgery centers and discipline-specific processes that will include enrollment and credential verification for cytologists, histologists, blood bank technicians and phlebotomists are under development.
- Access to the ECP database is available only to individuals who have an identified role in the hospital emergency management plan. At the time of an event, the database will be available to authorized users in "real-time" mode via the Internet. In anticipation of Internet failure, hospital contacts will be asked to regularly download a complete database copy for local

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

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 the 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](mailto:eugenie.schwartz@ynhh.org). To enroll in the Medical Reserve Corp, please visit <http://www.ynh-mrc.org/>.

### Questions or Comments

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## Training and 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).



### 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 in the spring of 2007. 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).

## 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 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).



### 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](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](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). 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](mailto:mark.schneider@ynhh.org).

## UPCOMING

### Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
12.13.06	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
12.13.06	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
11.28.06	1:00 p.m. to 2:30 p.m. EST	<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 <a href="http://www.adph.org/alphn/vcomm.asp?action=conflistone&amp;templatnbr=3&amp;deptid=143&amp;templateid=1252">http://www.adph.org/alphn/vcomm.asp?action=conflistone&amp;templatnbr=3&amp;deptid=143&amp;templateid=1252</a> .
11.29.06 & 11.30.06	<i>Two-day event:</i> 8:30 a.m. to 5:00 p.m. & 8:00 a.m. to 2:15 p.m.	Healthcare Emergency Preparedness Response and Management: Surviving the Storm, A Legal and Operation Guide Conference	For more information, please visit <a href="http://www.ynhhs.org/emergency/commu/648L07-NYC.pdf">http://www.ynhhs.org/emergency/commu/648L07-NYC.pdf</a> .
12.4.06	1:00 p.m. to 2:30 p.m. EST	<i>Sponsored by the Alabama Department of Public Health</i> Vulnerable Populations and Emergency Management	For more information or to register, please visit <a href="http://www.adph.org/alphn/vcomm.asp?action=conflistone&amp;templatnbr=3&amp;deptid=143&amp;templateid=1252">http://www.adph.org/alphn/vcomm.asp?action=conflistone&amp;templatnbr=3&amp;deptid=143&amp;templateid=1252</a> .

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

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