

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

CDC Announces National Influenza Vaccination Week (November 27 to December 3):

Updated

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 the flu vaccine. Based on surveillance data from the Connecticut Department of Public Health, late December and early January are typically the time of year when there is peak influenza activity in Connecticut, so there is time to protect yourself from the flu, according to Connecticut Public Health Commissioner J. Robert Galvin, M.D., M.P.H. Connecticut and the CDC is recommending that people take this opportunity to be vaccinated. For more information, please visit <http://www.cdc.gov/flu/>.

Avian Influenza: New

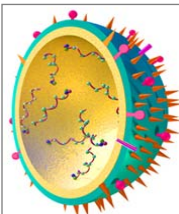


OSHA has created cards and fact sheets, created in English and Spanish, to assist healthcare workers in protecting themselves against avian flu. The cards list standard precautions, droplet precautions, airborne precautions, transmission prevention and additional guidance information. To download these materials, please visit <http://www.osha.gov/dsg/guidance/avian-flu.html>.

- 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 currently 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 require less frequent updates to keep pace with the changing virus. To read further, please visit <http://www3.niaid.nih.gov/news/newsreleases/2006/mchip.htm>.

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

On November 20, 2006, US Department of Health and Human Resources (HHS) purchased additional vaccines for potential use in an influenza pandemic. HHS awarded contracts to three vaccine makers to manufacture 5.3 million 90-microgram doses to protect against the H5N1 influenza virus. Contracts were awarded to Sanofi Pasteur for 3.7 million doses, to Novartis for 800,000 doses and to GlaxoSmithKline for 800,000 doses. At two 90-microgram doses per person, these purchases provide enough courses to vaccinate nearly 2.7 million people. To read this release in full, please visit <http://www.hhs.gov/news/press/2006pres/20061120.html>.

- 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.
- On November 14, 2006, the US Department of Labor's Occupational Safety and Health Administration (OSHA) unveiled new safety and health guidance that alerts employees and employers about the hazards of occupational exposure to avian influenza from infected birds and recommendations on ways to avoid infections. This document updates guidance issued by OSHA in 2004 and provides advice for healthcare personnel, laboratory employees, food handlers, travelers, US employees stationed abroad, poultry employees and those who handle animals. For more information, please visit http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=13018.

Pandemic Influenza Planning: Updated

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 also 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>.

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

Updated

On December 4, 2006, the Alabama Department of Public Health will sponsor a satellite 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/alphn/vcomm.asp?action=conflistone&templatenbr=3&deptid=143&templateid=1252>.

15th World Conference on Disaster and Emergency Medicine: **New**

The World Association for Disaster and Emergency Medicine (WADEM) will hold a conference from May 13-16, 2007 in Amsterdam, Netherlands. The central theme of the 2007 congress is preparedness, knowledge, training and networks. The need for consistent standards and benchmarks in emergency preparedness for hospitals and healthcare organizations around the world is critical. To address this need, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Joint Commission International (JCI), the Pan American Health Organization (PAHO), the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) and WADEM will offer an 1 ½ day workshop to develop recommendations on a focused subset of hospital emergency preparedness benchmarks, define and implement an ongoing process to pilot and evaluate those benchmarks, define and implement an ongoing process to pilot and evaluate those benchmarks and promote a consensus building process that will be used to develop and implement these and additional benchmarks in the future. Hospital and healthcare leaders and decision makers are encouraged to register for this exciting educational opportunity and participate in an international standard-setting initiative. To learn more about this conference, please visit <http://www.wcdem2007.org/>.

Information Regarding Polonium-210 Involved in Recent Events in the United Kingdom: **New**



Recent events in the United Kingdom have brought attention to the radioactive material Polonium-210 (Po-210) as a possible public health concern. Po-210 is a radiation hazard only if it is taken into the body through breathing or eating or by entering a wound. This “internal contamination” can cause irradiation of internal organs, which can result in serious medical symptoms or death. Po-210 is not an external hazard to the body—neither polonium nor its radiation will penetrate intact skin or membranes. Most external traces of it can be removed through careful washing. The U.K. Health Protection Agency has posted information about Po-210 and this event on their Web site: (www.hpa.org.uk/polonium/default.htm). Additional information on this topic can be found on the U.K. National Health Service site (www.nhsdirect.nhs.uk/articles/article.aspx?articleid=2086).

Seasonal Influenza: **New**



During the week of November 12 through November 18, 2006, influenza activity was reported as regional in four states (Alabama, Florida, Georgia and Mississippi). Local activity was reported by four states (Hawaii, Louisiana, Massachusetts and North Carolina). Sporadic activity was reported by the District of Columbia, New York City and sixteen states (Arizona, Arkansas, California, Connecticut, Delaware, Idaho, Illinois, Indiana, Iowa, Kentucky, Maryland, Michigan, New York, North Dakota, Ohio, Pennsylvania). For more information, please visit <http://www.cdc.gov/flu/weekly/>.

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



Emergency Map Illustration Credit: <http://www.adcouncil.org/>

On November 14, 2006, 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 was 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.adcouncil.org/>.

Conference and Presentation Page Added to the YNH-CEPDR Website: **New**

Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) has added a new link to their website featuring upcoming and past conferences and presentations. YNH-CEPDR organizes and conducts or collaborates with partners to present conferences, congresses, summits and town hall meetings on emergency preparedness and disaster response topics of importance to targeted audiences. Audiences may include public and private healthcare organizations, government agencies, non-governmental organizations, academic institutions, private corporations and other interested groups on a local, regional, national or international scale. Whenever possible, YNH-CEPDR will provide access to event proceedings for broad dissemination of the materials associated with these activities. To view this site, please visit <http://www.yalenevhealth.org/emergency/conferences.html>.

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

New

The Medical Reserve Corps (MRC) in Connecticut continues to grow. In April of this year, there were four MRC units; there are now six and two more are in the process of being approved. Volunteers can play an important role in supporting hospitals during a large-scale disaster. Whether licensed healthcare professionals, non-licensed healthcare support staff or concerned individuals from the community, all have skills, capabilities and a desire to help that can be translated into substantial medical response capacity. To enroll in the MRC, please visit <http://www.ynh-mrc.org/>. For questions or concerns, please contact the MRC Coordinator Eugenie Schwartz at (203) 688-2659 or eugenie.schwartz@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

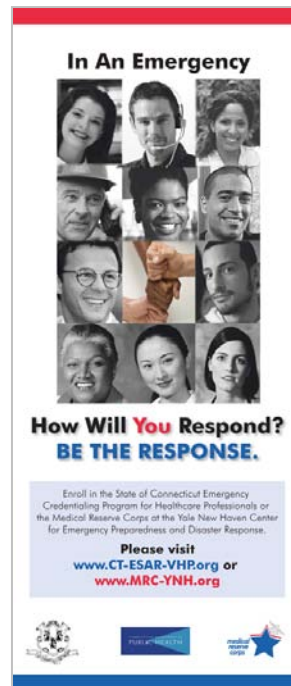
For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

3-1-1 for Carry-Ons: New



The Transportation Authority has issued a 3-1-1 for all carry-ons when flying. 3-1-1 carry-ons refer to 3 ounce bottle or less; 1 quart-sized, clear, plastic, zip-top bag; and, 1 bag per passenger placed in screening bin. One-quart bag per person limits the total liquid volume each traveler can bring. 3 oz. container size is a security measure. For more information, please visit <http://www.tsa.gov/311>.

Emergency Credentialing Program (ECP): Updated



(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 29, 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 (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.
- A revision to the existing pre-event online training course *EM 102 for Hospital Disaster Volunteers* is under way. The revision will continue to address the specific and unique needs of volunteers but will also be NIMS compliant. Release of the new training course is planned for January 2007. A "just-in-time" training model that has been endorsed by JCAHO and is hospital-specific, event-specific and role-specific has been introduced to program hospital contacts and will be rolled-out for implementation in the coming months. For more information about the ECP or to schedule a program presentation to managers and staff, please contact Carol Luddy, RN, at (203) 688-3224 or ECP@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.yalenewhavenhealth.org/emergency

Education and Training Services: Updated

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.

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.



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 and will be released in spring of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.



Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 w/NIMS) is a 50-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.



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.



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.

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 Training and Education

DATE	TIME	EVENT	LOCATION
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 http://www.adph.org/alphn/vcomm.asp?action=cnflistone&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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