

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Courses Meet NIMS Training Requirements: **New**



The National Incident Management System (NIMS) Integration Center and the State of Connecticut Department of Emergency Management and Homeland Security have determined that Introduction to Emergency Management with NIMS (EM 103 w/NIMS) and Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 w/NIMS) 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.

Resolve to be Ready in 2007:

New



As the world counts down to a new year, nearly half of all adults in this country will make at least one New Year's resolution. The U.S. Department of Homeland Security (DHS) is urging Americans to make a

resolution that is both important and easy to keep – to prepare themselves, their families and their businesses for emergencies. "We want 2007 to be a year when our nation's families and businesses take steps to prepare for emergencies," said Homeland Security Secretary Michael Chertoff. "Setting a clear goal to be prepared in 2007 is an easy way for all Americans to be as ready as possible if an emergency occurs. The *Ready* Campaign Web site at www.ready.gov provides individuals, families and businesses with a variety of tools and check lists to help them get started." A recent national survey conducted by The Advertising Council found that 91 percent of individuals agreed that it is important for all Americans to be prepared for emergencies, but only 55 percent said that they had taken any steps to prepare. A survey of small businesses found more than 90 percent recognized the importance of business emergency preparedness, but less than 40 percent said their company had an emergency plan in place.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of November 29, 2006, is 258 cases and 154 deaths.

- The Department of Health and Human Services (HHS) has created tabletop exercises for pandemic influenza preparedness in local public health agencies. The exercises were created by HHS with research from the RAND Health Center for Domestic and International Health Security. The exercise templates are customizable to size, scale and scope of the event for use with local agencies. The pandemic exercises rely on "forced decision-making" which requires participants to make key decisions at each discussion point. For more information, please visit <http://www.pandemicflu.gov/plan/states/tr319.html>.
- On December 4, 2006, the Centers for Disease Control and Prevention (CDC) announced \$11.4 million in new contracts to four companies working to develop new diagnostic tests that doctors and field epidemiologists could eventually use to quickly and accurately test patients for avian influenza H5N1 and other emerging influenza viruses, as well as more common influenza viruses. During the next year, four companies will work to create tests that would detect seasonal human influenza viruses and differentiate influenza A H5N1 from seasonal human influenza viruses within 30 minutes. The tests could provide public health experts worldwide with critical information on the influenza viruses circulating and help monitor for viruses that could cause a global influenza pandemic. To read this release in full, please visit <http://www.cdc.gov/od/oc/media/pressrel/r061204.htm>.
- OSHA has created cards and fact sheets, 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>.

Seasonal Influenza: **Updated**

During week 48 (November 26 - December 2, 2006), a low level of influenza activity was reported in the United States. One hundred and six (4.3%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) and the proportion of deaths attributed to pneumonia and influenza were below baseline levels. Four states reported regional influenza activity; four states reported local influenza activity; 27 states, the District of Columbia, and New York City reported sporadic influenza activity; and 15 states reported no influenza activity. For more information visit <http://www.cdc.gov/flu/weekly/>.

INSIDE THIS ISSUE

2 Multistate E. Coli Outbreak

2 National Baseline Survey on Interoperability

3 Emergency Credentialing Program Exercise

4 Training and Education Courses

5 Upcoming Meetings and Events

The Connecticut Laboratory Response Network December 2006 Newsletter



The Connecticut Laboratory Response Network December 2006 newsletter contains information on Sentinel Laboratory Pandemic Influenza Planning including laboratory safety practices and a Sentinel Laboratory checklist. The CDC's

pandemic influenza guidance requires that each State Public Health Laboratory conduct an assessment of clinical capacity for virology testing in each Sentinel Laboratory.

Connecticut clinical laboratories are asked to complete the assessment, attached to the newsletter, and return by fax to Virginia Kristie at (860) 545.5459. For more information, please visit

http://www.ynhhs.org/emergency/Sentinel_Lab_Pan_Flu_Update_CT_LRN.pdf.

Multistate Outbreak of E. coli O157 Infection:

New



The CDC is working with state and local health departments, the Food and Drug Administration (FDA), and the U.S. Department of Agriculture (USDA) on the outbreak of *E. coli* O157 infections related to Taco Bell restaurants. Public health officials from these agencies are working together to rapidly detect infections, identify the source of the infections, and provide information on treatment and prevention of *E. coli* O157 infections for the public and health care providers. Investigations are ongoing to determine the source of the outbreak, prevent new cases, and ensure that all contaminated products are identified. Updates on the outbreak and investigation can be found at <http://www.cdc.gov/ecoli/current.htm>.

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.yalenehavenhealth.org/emergency

CDC Report: Training for Terrorism-Related Conditions in Hospitals: United States, 2003-2004: **New**

The CDC released a report this week, Training for Terrorism-Related Conditions in Hospitals: United States, 2003-2004. The report is based on data from the annual National Hospital Ambulatory Medical Care Survey. Among the study findings were that teaching hospitals and Joint Commission accredited hospitals were better trained for bioterrorism than other hospitals and had prepared more of their clinical staff for such emergencies. The full report can be accessed at <http://www.cdc.gov/nchs/data/ad/ad380.pdf>.

Report Finds United States Bioterrorism, Avian Influenza and Health Disaster Preparedness Inadequate: **New**

The Trust for America's Health released the results from their fourth annual "Ready or Not? Protecting the Public's Health from Disease, Disasters and Bioterrorism" study this week. The study found that five years after the September 11, 2001 and anthrax tragedies, emergency health preparedness is still inadequate in America. The study report contains state-by-state health preparedness scores based on ten key indicators. Half of the states scored six or less on the scale of 10 indicators. Connecticut achieved five of the ten indicators. The report identifies reduction in preparedness funds over the last three years; lack of coordination among public health, healthcare providers and various levels of local, state and federal government and potential shortfalls in with respect to facilities, beds, medical supplies and equipment necessary to respond to major infectious outbreaks as key issues related to lack of preparedness. The full report can be found at <http://healthyamericans.org/reports/bioterror06/>.

Efficacy of Gentamicin and Doxycycline in the Treatment of Plague: **New**



In an article published in the March 1, 2006 issue of *Clinical Infectious Diseases* Dr. William Mwengee and colleagues report on a prospective, open-label, randomized clinical trial comparing gentamicin and doxycycline for the treatment of naturally-occurring plague in Tanzania. This is the first randomized, controlled study of gentamicin's efficacy in treating plague. Five antibiotics are currently licensed by the Federal Drug Administration with an indication for the treatment of plague: streptomycin and four members of the tetracycline family: tetracycline, doxycycline, demeclocycline and minocycline.

Streptomycin is no longer widely available in the U.S. and many other countries. As a result, gentamicin, which is widely available, has often been used in place of streptomycin but had never been studied in a controlled fashion as a treatment for plague. Mwengee's study compared the efficacy of gentamicin monotherapy with standard doxycycline therapy and confirms that gentamicin is an effective alternative to streptomycin in the treatment of plague. More information can be found on the Clinicians' Biosecurity Network at <http://www.upmc-cbn.org/>.

National Baseline Survey Findings Show Significant Levels of Interoperability Across the Nation: **New**

The Department of Homeland Security (DHS) announced the results of a nationwide survey of first responders and law enforcement that assesses progress in achieving interoperable communications. The national interoperability baseline survey was issued to 22,400 randomly selected law enforcement, fire response, and emergency medical services (EMS) agencies, and confirms that roughly two-thirds of emergency response agencies across the nation use interoperable communications at varying degrees. "The survey reinforces the fact that interoperability is achievable," said Homeland Security Secretary Michael Chertoff. "That technology works today and is available. The willingness of emergency response leaders and local officials to make this issue their priority is what will continue to drive progress on one of 9/11's most important lessons." Survey findings indicate that agencies tend to be more developed in technology than they are in related areas like standard operating procedures and exercises. It showed that cross-discipline and cross-jurisdiction interoperability at local levels tends to be more advanced than it is between state and local agencies. Further information can be found at http://www.dhs.gov/xnews/releases/pr_1165603330445.shtm.

Emergency Credentialing Program Exercise



On Monday, December 4, 2006, the State of Connecticut was one of five states who participated in a Federal Functional Protocol Exercise to evaluate the new draft volunteer management protocols recently developed by the Office of Public Health Emergency Preparedness (OPHEP). Other states participating in the exercise were Wisconsin, Michigan, Minnesota and Oklahoma. The purpose for the exercise was to evaluate communication procedures used to request state volunteer healthcare personnel as a supplement to a Federal emergency medical personnel response and to evaluate state systems for identifying, contacting and recruiting volunteers. The duration of the exercise was 24 hours.

The scenario, drafted by the U.S. Department of Health and Human Services (HHS), was a devastating earthquake centered in Memphis, Tennessee. Under the scenario the entire healthcare infrastructure was disabled. An Action Request Form (ARF) was forwarded to the CT Department of Emergency Management and Homeland Security (CT DEMHS) requesting the identification, recruitment and deployment of 100 hospital-based nurses who, on enrollment in the ECP program, indicated that they would be willing to participate in an out-of-state deployment to support a Federal emergency medical response to a large-scale disaster or public health emergency. At the request of CT DEMHS, the CT Department of Public Health authorized the activation of the ECP.

Individualized rosters of nurses meeting the selection criteria were forwarded to the designated ECP Program Contact at each of CT's acute care hospitals. The ECP Program Contact was responsible for contacting the volunteers listed on the roster, describe the scenario and determine which volunteers would be available for an immediate 14-day deployment to Tennessee. Volunteers were asked to respond as if it were a true emergency by considering both personal and professional obligations when making their decision. Those who chose to accept the deployment, were asked to sign and fax a federal "Entrance on Duty" form to the ECP Program Coordinator. A total of 45 registered nurses, representing 17 hospitals across the state, chose to accept deployment during the exercise.

In addition to the objectives established by HHS, the Functional Protocol Exercise provided us with an opportunity to test our technology solution and the communication system with each of the hospital's Program Contacts. To support our communication objectives, we posted volunteer information about the exercise on the ECS website within 15 minutes of program activation. While more formal review of the exercise will be conducted on a state and federal level, one initial finding is that ECP Program Contacts in 14 hospitals failed to acknowledge receipt of the communication about the drill. This finding suggests that the list of designated hospital ECP Program Contacts needs to be reviewed and updated. To address this issue, hospitals should confirm the identity and contact information for the ECP Program Contact and forward that information to Carol Luddy at carol.luddy@ynhh.org before December 29, 2006. For more information about the program or to schedule a presentation to your managers and staff, contact Carol Luddy at (203) 688-3224 or carol.luddy@ynhh.org.

15th World Conference on Disaster and Emergency Medicine – May 13-16, 2007



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/>.

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



The number of Medical Reserve Corps (MRC) units 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.

Training and Education 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.

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.

Training and Education Courses: 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. 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 that enhance the learner experience. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Training and Education Courses

- **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. Sample 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 planned for release 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 incorporates 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 planned for release in the spring of 2007. For more information or a copy of an EM 110 CD-ROM, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- According to a study in the August 2006 *Annals of Emergency Medicine*, frontline staff may not recognize victims of a bioterrorism attack, drills are unlikely to significantly improve their knowledge, and even staff who suspect exposure to a bioterrorism agent may not notify all the required authorities. The researchers sent mock patients with signs of anthrax exposure 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 for these clinicians 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
1.9.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
1.9.07	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting Only	Connecticut Hospital Association

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

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