

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Passage of the Pandemic and All-hazards Preparedness Act (S. 3678): **New**

On December 19, 2006, President Bush signed the Pandemic and All-Hazards Preparedness Act (S. 3678) into law. The Pandemic and All-Hazards Preparedness Act requires the Department of Health and Human Services (HHS) to develop a plan to protect healthcare workers and first responders from workplace exposure during public health emergencies. The new law centralizes federal control for responding to public health emergencies and broadens the authority of HHS' assistant secretary for preparedness and response, who will be responsible for the Hospital Preparedness Cooperative Agreement Program and coordinate the Emergency System for the Advance Registration of Volunteer Health Case Professionals. This Act also creates the Biomedical Advanced Research and Development Authority (BARDA) which will facilitate the development of new medicines and vaccines to counter biological, chemical, radiological, nuclear and other security threats. Highlights of the legislation's key initiatives include:

- **Title I:** National preparedness and response, leadership, organization and planning
- **Title II:** Public health security preparedness
- **Title III:** All-hazards medical surge capacity
- **Title IV:** Pandemic and biodefense and drug development.

Detailed information about the Pandemic and All-hazards Preparedness Act can be found at http://www.upmc-cbn.org/report_archive/2006/12_December_2006/cbnreport_122006.html.

The Preparedness Report: **New**

Individuals at the Yale New Haven Center for Emergency Preparedness and Disaster Response wish all readers a healthy and safe holiday and New Year. The Preparedness Report will resume its publishing on January 5, 2006.

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.

- On December 18, 2006, a report was issued from HHS that summarizes the federal department and agency pandemic planning actions to date. The report details actions such as USG engagement in and follow-up on bilateral and multilateral initiatives to build cooperation and capacity to fight pandemic influenza internationally, including the Asia-Pacific Economic Cooperation initiatives the US-China Joint Initiative on Avian Influenza and the US-Indonesia-Singapore Joint Avian Influenza Demonstration Project. Other actions include the continued development of best practices for state and local agencies. For more information, please visit <http://www.pandemicflu.gov/plan/federal/strategyimplementationplan.html>.
- The Centers for Disease Control and Prevention (CDC) has created a CDC Influenza Pandemic Operation Plan (OPLAN) which provides guidance for CDC operations. The purpose of this plan is to provide understanding of the internal processes within the CDC for outside agencies. To view this plan, please visit <http://www.cdc.gov/flu/pandemic/cdcplan.htm>.
- A major health topic during the 2006 was the spread of avian influenza. Although a major outbreak of avian influenza has not yet been seen in the United States, many worry that such an outbreak could be on its way. Avian influenza has been reported in Asia, particularly in Indonesia. Earlier this year, cases were seen in Europe for the first time. To ready more, please visit <http://www.infectiousdiseaseneews.com/200612/frameset.asp?article=2006.asp>.

NIMS Compliance Approval for EM 103 w/NIMS and EM 140 w/NIMS: **New**



EM 103 w/NIMS (Introduction to Emergency Management) and EM 140 w/NIMS (Incident Command Systems for Healthcare) have met all approved compliance regulations by the National Incident Management System (NIMS), by the Department of Homeland Security National Integration Center and the State of Connecticut Department of Emergency Management and Homeland Security. Upon completion of EM 103 w/NIMS and EM 140 w/NIMS, individuals will receive a course completion certificate. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

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Resolve to be Ready in 2007: Updated



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 US 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.

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

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 emergencies than other hospitals and had prepared more of their clinical staff for such situations. The full report can be accessed at <http://www.cdc.gov/nchs/data/ad/ad380.pdf>.

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

1918 Pandemic Influenza Lessons: New



Photo Credit: National Museum of Health and Medicine

In an article written on December 13, 2006, from *The Washington Post*, new analysis of the 1918 pandemic influenza suggest that closing schools, banning large gatherings, staggering work hours and quarantining households of the ill may have saved thousands of lives. The new findings run counter to previous research that concluded that the public health measures instituted in 1918 may have delayed or dampened the epidemic in many cities but probably had little effect on the ultimate death toll. The new data were presented by CDC experts, who are helping to draw up guidelines for what local health departments might do during the early stage of an influenza pandemic, when a

vaccine would be unavailable and there would be too few antiviral drugs to go around. "There is reason for optimism. Even almost 100 years ago, with some very simple tools, there may have been an effect of these measures," said Martin Cetron, a physician who directs global migration and quarantine at the CDC. To read this article in full, please visit <http://www.washingtonpost.com/wp-dyn/content/article/2006/12/12/AR2006121201628.html>.



DHS Awards Management Contract for National Biodefense Analysis and Countermeasures Center: New

On December 20, 2006, DHS announced the selection of Battelle National Biodefense Institute to conduct scientific programs and operate the National Biodefense Analysis and Countermeasures Center (NBACC), currently under construction at the National Interagency Biodefense Campus in Fort Detrick, Maryland. The \$250 million contract award includes a five-year period of performance, with the potential for five subsequent one-year extensions, bringing the projected award cost to \$500 million. To read this release in full, please visit http://www.dhs.gov/xnews/releases/pr_1166637601561.shtm.

Seasonal Influenza: New

- During the week of December 3 to December 9, 2006, widespread activity was reported by Florida, regional activity was reported by three states (Alabama, Georgia and South Carolina). Local activity was reported by seven states (Connecticut, Hawaii, Louisiana, Massachusetts, Mississippi, Oklahoma and Tennessee) and sporadic activity was reported by New York City and 30 states (Alaska, Arizona, Arkansas, California, Colorado, Delaware, Kentucky, Idaho, Illinois, Indiana, Iowa, Maryland, Michigan, Minnesota, Montana, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin and Wyoming). No influenza activity was reported by the District of Columbia and nine states (Kansas, Maine, Missouri, Nebraska, Nevada, New Jersey, New Mexico, South Dakota and Vermont). For more information visit <http://www.cdc.gov/flu/weekly/>.



A Flu Wiki Forum has been developed to stimulate discussion in key subject areas related to pandemic science, preparation, onset and aftermath. Information is populated through open collaboration of authors around the world with up-to-date postings and commentary. This site models Wikipedia which serves as an open source encyclopedia reference guide. To access the Flu Wiki Forum, please visit <http://www.newfluwiki2.com/frontPage.do>.



The Get Ready for Flu blog has posted travel advice for preventing the spread of infectious diseases during the holiday season. Advice includes getting vaccinated, keeping hydrated, making sure to get enough sleep, bringing a scarf or a small blanket, keeping your hands clean, when flying turning up the air, keeping to your schedule and watching for symptoms. To comment or view these advice tips, please visit <http://www.getreadyforflu.blogspot.com/>.

Emergency Credentialing Program: **Updated**

On December 21, 2006, the required pre-event online training program *EM102 for Hospital Disaster Volunteers* will be replaced with the NIMS compliant, *EM 102/NIMS for Healthcare Facility Disaster Volunteers* for all volunteers enrolled into the Emergency Credentialing Program (ECP). All volunteers enrolled in the ECP and the YNH-Medical Reserve Corps (YNH-MRC) volunteers are required to successfully complete this 45-minute course. Directed specifically to volunteers, EM102/NIMS facilitates NIMS IS 100, 700 and 800 compliance and meets Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Centers for Medicare and Medicaid Services (CMS) requirements for emergency management training and education. 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. To join the ECP, please visit <http://www.ct-esar-vhp.org/>. 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.

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

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 1/2 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/>.

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

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/report_archive/2006/12_December_2006/cbnreport_121306.html.

Severe Flooding in Africa: **New**



Weeks of heavy rains have caused extensive flooding in central and southern Somalia and neighboring Kenya and Ethiopia. More than 100 people have died and up to 2 million people are affected across the three countries. Severe food insecurity caused by a prolonged drought throughout the region is affecting up to 8.5 million people. Outbreaks of intestinal diseases have been reported in Ethiopia and Kenya due to lack of access to clean drinking water. For more information on this developing situation, please visit <http://www.who.int/hac/crises/international/hoafrika/en/index.html>.

Introduction to Radiological Response (EM 110) Featured on IAFC Website: **New**

A news article in the International Association of Fire Chiefs, Homeland Protection Security newsletter features an article on Introduction to Radiological Response (EM 110) developed by the State of Connecticut Department of Public Health and the Yale New Haven Center of Excellence for Bioterrorism Preparedness and Response. This course has been recently reviewed and approved by the Department of Homeland Security. EM 110 includes information on the principles of radiation, definitions of terms, risks, recommendations for safeguarding personnel during radiological or nuclear incidents and an outline of strategies for addressing the psychological impact of such incidents. Course developer Joseph Albanese, Ph.D., whose training and education include medical biochemistry and infectious diseases, explained that many people harbor a morbid fear of radiation. While radiation should be treated with respect, he said, his aim in the course is to "exercise awareness of the potential impact of radiological events, while dispelling fears of radiation," in part because exaggerated fear could complicate emergency response to mass casualty events. A more advanced radiological preparedness course is under development and expected to be released in the spring of 2007. To read this article, please visit <http://archives.subscribermail.com/msg/b42df629a84844a5be1487e96237120b.htm#5>.

Training and Education: **Updated**

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 an EM 110 CD-ROM, please contact Mark Schneider at (203) 688-2577 or mark.schneider@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**

- **Introduction to Emergency Management with NIMS (EM 103 w/NIMS)** is available at http://ynhhs.emergencyeducation.org/sign_in_em103nims.asp. This course addresses basic emergency management concepts required by the federal Department of Homeland Security for courses IS 100, IS 700 and portions of IS 800. EM 103 w/NIMS 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. 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 addresses objectives required by the federal Department of Homeland Security for courses IS 200, IS 700 and portions of IS 800. 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.
- 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.
- **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.

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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