

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

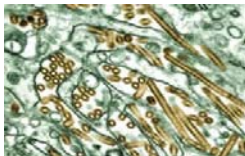
## NIMS Compliant Training Available for Community Health Centers: **New**

Yale New Haven Center of Excellence for Bioterrorism Preparedness and Response (YNHHS-CoE) has developed a series of emergency preparedness courses and workshops specifically to prepare healthcare workers in community health centers for their roles in disaster response. These instructor-led sessions combine didactic lecture and group exercises to address topics including triage, personal protective equipment, infection control, risk communications, and incident command, including objectives that ensure compliance with the National Incident Management System (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 Scott Selig at (203) 688-2587, or [scott.selig@ynhh.org](mailto:scott.selig@ynhh.org).

## Nine Steps Long-Term Care Facilities Can Make to Control an Influenza Outbreak: **New**

*Infectious Diseases News* has published an editorial discussing nine steps that long-term care facilities can make to control an influenza outbreak. Steps include immunizations, surveillance, universal precautions, social distancing, respiratory precautions, managing the pandemic, chemoprophylaxis, therapy and response to lack of bed capacity in local hospitals. To read these steps please visit <http://www.yalenevhealth.org/emergency/commu/9StepstoLong-TermCare.pdf>

## Pandemic Influenza: **New**



According to the World Health Organization (WHO) the cumulative number of confirmed cases of avian influenza H5N1 as of February 20, 2006 was 170 cases and 92 deaths.

- Austria, Egypt, and France have been added to list of countries reporting animal cases with the H5N1 virus. The CDC has published an updated summary on human H5N1 cases, animal H5N1 cases, assessment of current situation, bird import ban, travel and CDC response. To read this summary, please visit <http://www.cdc.gov/flu/avian/outbreaks/current.htm>
- The CDC has published recommendations for airline flight crews and personnel meeting arriving passengers in the event they must interact with a person suspected of having H5N1 avian influenza. Recommendations are based on standard infection control practices used in healthcare settings and on available information about the virus that causes H5N1 avian influenza. To read about these recommendations, please visit [http://www.cdc.gov/travel/other/avian\\_flu\\_ig\\_airlines\\_021804.htm](http://www.cdc.gov/travel/other/avian_flu_ig_airlines_021804.htm)
- Yale New Haven Center of Excellence for Bioterrorism Preparedness and Response (YNHHS-CoE) has developed a Pandemic Influenza Hospital Preparedness Checklist modified from the CDC. It was shared at the Southern Tier Meeting on February 15, 2006 and will be provided electronically for hospitals to contribute information on preparedness that can be utilized by other healthcare organizations. YNHHS-CoE is investigating development of a blog to facilitate interactive discussion review of future emergency preparedness documents and plans. To view this checklist, please visit [http://www.yalenevhealth.org/emergency/commu/Pandemic\\_flu\\_hospital\\_checklist.pdf](http://www.yalenevhealth.org/emergency/commu/Pandemic_flu_hospital_checklist.pdf). For comments, please contact Richard Kleindienst, Sr. at (203) 688-3912 or [richard.kleindienst.sr@ynhh.org](mailto:richard.kleindienst.sr@ynhh.org).

## Avian influenza: Significance of Mutations in the H5N1 Virus: **New**

The World Health Organization has published an article discussing the transmission of the H5N1 virus. This article addresses media reports that have included speculations about the significance of mutations in H5N1 avian influenza viruses. Some reports have suggested that the likelihood of another pandemic may have increased as a result of changes in the virus. Since 1997, when the first human infections with the H5N1 avian influenza virus were documented, the virus has undergone a number of changes. These changes have affected patterns of virus transmission and spread among domestic and wild birds. They have not, however, had any discernible impact on the disease in humans, including its modes of transmission. Human infections remain a rare event. The virus does not spread easily from birds to humans or readily from person to person. To read this article in full, please visit [http://www.who.int/csr/2006\\_02\\_20/en/index.html](http://www.who.int/csr/2006_02_20/en/index.html).

### INSIDE THIS ISSUE

2 Flu Season

2 Inhalation Anthrax in Pennsylvania

3 Preparing for Radiological Population Monitoring and Decontamination

4 Training and Education

5 Upcoming Meetings and Events

## Resurgence of Wild Poliovirus Type 1 Transmission and Consequences of Importation: **New**

After the 1988 World Health Assembly resolution to eradicate poliomyelitis globally, the number of polio-endemic countries decreased from 125 in 1988 to six (Afghanistan, Egypt, India, Niger, Nigeria, and Pakistan) in 2003. However, during 2002-2005, a total of 21 previously polio-free countries were affected by importations of wild poliovirus (WPV) type 1 from the six remaining countries (primarily Nigeria) where WPV was endemic; four countries (Indonesia, Somalia, Sudan, and Yemen) had outbreaks of >100 polio cases.<sup>1</sup> By the end of 2005, WPV transmission in all 21 countries except Somalia had been interrupted or substantially curtailed. This report summarizes WPV importations into polio-free countries during 2002-2005 and the status of WPV transmission in these countries as of January 24, 2006, and describes actions that polio-free countries can take to improve importation preparedness. To read further, please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5506a1.htm>.

## Surveillance Guidelines for Smallpox Vaccine Adverse Reactions: **New**

In a report published by the CDC, adverse reactions known to be caused by smallpox vaccine are discussed. Uniform criteria for classification of adverse reaction reports after smallpox vaccination have been established. These case definitions and reporting guidelines were used by CDC and the Office of the Assistant Secretary of Defense for Health Affairs during the mandatory Department of Defense (DoD) and voluntary U.S. DHHS smallpox vaccination programs that were designed to increase national preparedness in the event of a biologic terrorism attack. To read further, please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5501a1.htm>.

## Flu Season: **New**



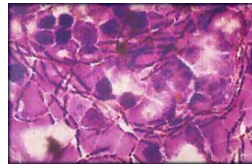
During the week of February 11, 2006, thirteen states (Colorado, Connecticut, Florida, Georgia, Kansas, Maryland, New York, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and Wyoming) reported widespread influenza activity. Twenty-one states (Alabama, Alaska, Arkansas, Delaware, Illinois, Indiana, Iowa, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, Oregon, Rhode Island, South Dakota, and Wisconsin) and New York City reported regional influenza activity. Eleven states (Arizona, California, Maine, Montana, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Ohio, and Washington) and the District of Columbia reported local influenza activity. Five states (Hawaii, Idaho, Utah, Vermont, and West Virginia) and Puerto Rico reported sporadic influenza activity.. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.

- The Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) have developed recommendations concerning influenza vaccination of healthcare personnel (HCP) in the United States. These recommendations apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers and outpatient clinics, and to persons who provide home healthcare and emergency medical services. The recommendations are targeted at health-care facility administrators, infection-control professionals, and occupational health professionals responsible for influenza vaccination programs and influenza infection-control programs in their institutions. HICPAC and ACIP recommend that all HCP be vaccinated annually against influenza. Facilities that employ HCP are strongly encouraged to provide vaccine to their staff by using evidence-based approaches that maximize vaccination rates. To view these recommendations, please visit [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e209a1.htm?s\\_cid=rr55e209a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e209a1.htm?s_cid=rr55e209a1_e)

## Flu Surge 2.0: **Updated**

The CDC has provided a spreadsheet-based model which can provide hospital administrators and public health officials with estimates of the surge in demand for hospital-based services during the next influenza pandemic. FluSurge estimates the number of hospitalizations and deaths of an influenza pandemic (whose length and virulence are determined by the user) and compares the number of persons hospitalized, the number of persons requiring ICU care and the number of persons requiring ventilator support during a pandemic with existing hospital capacity. This program can be downloaded free of charge at <http://www.cdc.gov/flu/flusurge.htm>.

## Inhalation Anthrax Case In Pennsylvania: **New**



On February 16, a 44 year old male presented to a hospital in Pennsylvania with respiratory symptoms including dry cough, shortness of breath and general malaise. Laboratory Response Network (LRN) and Polymerase Chain Reaction (PCR) testing on 2/21 and gamma phage lysis on 2/22 from blood culture isolate were positive for *Bacillus anthracis*. The patient resides in New York City and makes drums from unprocessed domestic and

imported (Africa) animal hides (cow and goat). The patient reports frequent travel to Africa (most recent travel 12/4/05 – 12/21/05) and last worked with animal hides on 2/15. His process included cleaning and removal of hair from hides without chemical fixatives. While traveling to Pennsylvania on 2/16, the patient collapsed with rigors and was transported and admitted to a small local hospital. To read further, please visit <http://www.bt.cdc.gov/agent/anthrax/han022206.asp>.

## CDC Policy on Unused Smallpox Vaccine: **Updated**

CDC has developed this policy on unused smallpox vaccine in response to questions raised by several smallpox vaccination programs and to provide a recommendation on maintaining a readiness to respond to an attack involving the use of smallpox. The sections below describe why CDC recommends that all smallpox vaccination programs should continue to maintain unopened vials of Dryvax® vaccine to assure a readiness to respond to a smallpox outbreak or to continue vaccination activities <http://www.bt.cdc.gov/agent/smallpox/vaccination/unusedvaccinepolicy.asp>

## Shipping Instructions for Samples Collected From People Potentially Exposed to Chemical Terrorism Agents:

**Updated**

The Department of Health and Human Services has published specific instructions for specimen samples collected for those potentially exposed to chemical terrorism agents. To read these instructions, visit <http://www.bt.cdc.gov/labissues/pdf/shipping-samples.pdf>.

## CT Department of Public Health Strategic National Stockpile (SNS) Exercise- April 19, 2006: **Updated**

Yale-New Haven Hospital and Norwalk Hospital will participate in a Strategic National Stockpile Exercise (SNS) on April 19, 2006. Hospitals will receive a portion of the SNS that will be used to treat or provide prophylaxis for hospital patients and personnel. Hospital plans should identify a procedure to evaluate, receive, store and distribute the SNS on receipt. Southern Tier Hospitals not participating in the full-scale exercise can conduct their own table-top exercise. For more information, please contact Scott Dilley, Exercise and Design Specialist at (203) 688-2665 or [scott.dilley@ynhh.org](mailto:scott.dilley@ynhh.org).

## Emergency Credentialing Program: **Updated**

- Testing of the new online registration system for individuals who are interested in participating in the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is underway. Launch of the enhanced system is scheduled for March. To help promote the importance of the ECP and the new online registration system, each of the participating hospitals in the state will be asked to highlight the registration system through appropriate management meetings, hospital newsletters and include a link to the registration site on their hospital intranet and internet homepages. To date 2,193 physicians and midlevel providers and 1,476 professionals representing behavioral health, laboratory medicine, diagnostic imaging, nursing, pharmacy, paramedics and respiratory therapists have enrolled in the program. Healthcare professionals who are enrolled in the ECP program will have access to state sponsored liability and workers compensation coverage during a Governor declared state of emergency when providing services anywhere besides their employing hospital. For more information, please contact Carol Luddy, RN by phone at (203) 688-5544 or by email at [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org).
- The YNHHS "Just in Time" (JIT) training program for hospital disaster volunteers is recognized by JCAHO as one strategy for achieving compliance with JCAHO Standard M.S. 4.110. According to Robert Wise, MD, Vice President JCAHO Division of Standards and Survey Methods, the Yale New Haven Center for Emergency Preparedness and Disaster Response "integrating the "JIT" program into hospital emergency management plans provides an approach to appropriately orient and manage individuals who have been granted disaster privileges". As the name implies, the JIT program is designed to be delivered at the time of the event so that the information provided to volunteers who are called into service can be disaster specific, hospital specific and discipline specific. In addition to the JIT program, ECP volunteers are required to complete "EM102 for Hospital Disaster Volunteers" an online awareness level course and are encouraged to complete other subject specific online training courses that are offered. For more information about volunteer training and education, please contact Carol Luddy, RN at (203) 688-5544 or [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org)

## Preparing for Radiological Population Monitoring and Decontamination – March 9, 2006

Conference Call: **Updated**



The CDC and the Public Health Training Network will be sponsoring a conference call on radiological population monitoring, including initial and long-term monitoring issues, internal and external decontamination. This call will take place on March 9, 2006 from 1:00 p.m. to 3:00 p.m. To registrar on this call please visit <http://www.phppo.cdc.gov/PHTN/radiological2005/default.asp>

### 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.yalenewhavenhealth.org/emergency](http://www.yalenewhavenhealth.org/emergency)

## Training and Education: Updated



The 2006 class schedule for National Disaster Life Support (NDLS) training is now available, including Basic Disaster Life Support (BDLS), Advanced Disaster Life Support (ADLS) and National Disaster Life Support Instructor. To view a schedule, please visit [http://www.yalenewhavenhealth.org/emergency/training/NDLS\\_2006CourseSchedule.pdf](http://www.yalenewhavenhealth.org/emergency/training/NDLS_2006CourseSchedule.pdf).

- **Bioterrorism Preparedness for Clinicians (EM 201)** is a 50-minute course designed to prepare physicians and other clinicians for a bioterrorist event or other potential public health emergency. Now available at <http://ynhhs.emergencyeducation.org/>, EM 201 helps clinicians recognize bioterrorism agent disease syndromes, learn the precautions they should take and understand their roles in the event of a public health emergency. For more information please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- As part of compliance with the National Incident Management System, organizations are required to document completion of FEMA sponsored incident management training, or its equivalent, by all staff. In order to facilitate compliance by healthcare organizations, the Office of Emergency Preparedness (OEP) is working on incorporating the FEMA training objectives into Emergency Management (EM 103), currently a requirement for all YNHHS staff and recommended by the State of Connecticut Department of Public Health for other healthcare organizations in Connecticut. Additional objectives targeted to staff at the supervisory level and above are being incorporated into EM 140, Incident Command Systems for Healthcare. OEP will work with the System Emergency Preparedness Committee Education and Training group to develop recommendations for which delivery network hospital staff will be required to take this intermediate level course. For more information, please contact Elaine Forte at (203) 688-3391 or [elaine.forte@ynhh.org](mailto:elaine.forte@ynhh.org).
- **A narrated version of Introduction to Emergency Management (EM 103)** for hospital employees is now available. The CD-ROM based version of EM 103 is playable on most computers and can be used to complement instructor-led training events, such as workshops or new hire orientation. This course must be completed by all Yale New Haven Health System employees and is available on HealthStream and the Office of Emergency Preparedness Learning Management System. An instructor guide of EM 103 is currently under development. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- **Introduction to Radiological Emergency Preparedness (EM 110)** is targeted for release on the Yale New Haven Health System learning management system in Spring of 2006. Upon completion of this course, learners will be able to identify experts at a health care facility who can provide information and assistance during radiation and nuclear emergencies and disasters, identify steps to ensure personal health and safety from harmful radiation and identify ways to assist in the response to a radiation emergency including during decontamination. Please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org) for more information.
- **Mental Health Aspects for Emergencies and Disasters for Non-Mental Health Professionals (EM 230)** is currently under development on the Yale New Haven Health System learning management system and is expected to be available Spring of 2006. This course will train health professionals in the recognition, treatment and referral of patients exhibiting behavioral health consequences related to public health emergencies and will incorporate 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).
- **Best Practices for the Protection of Hospital Based First Receivers (EM 120)**, released December 1, 2005 on the Office of Emergency Preparedness learning management system, is aligned with Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. This 30 minute course has been assigned to targeted staff on HealthStream. Job classifications that will be required to complete EM 120 in order to ensure compliance with OSHA standards will 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 if they have not yet completed the operations level course required for their more demanding role. For more information, please contact Mark Schneider, OEP Education and Training Supervisor at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

## Upcoming Meetings and Events



DATE	TIME	EVENT	LOCATION
3.17.06	8:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association (CHA)

## Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
3.9.06	1:00 p.m. to 3:00 p.m. EST	CDC COCA Conference Call – Preparing for Radiological Populations Monitoring and Decontamination	To register, please visit: <a href="http://www.phppo.cdc.gov/PHTN/radiological2005/default.asp">http://www.phppo.cdc.gov/PHTN/radiological2005/default.asp</a>

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