

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

HHS Buys Additional Antiviral Medication As Preparations for Potential Influenza

Pandemic Continue: **New**

HHS Secretary Mike Leavitt announced on March 1, 2006 the purchase of additional antiviral drugs that could be used in the event of a potential influenza pandemic. The department has ordered 1.75 million treatment courses of antiviral drug zanamivir (Relenza®) from GlaxoSmithKline and 12.4 million treatment courses of oseltamivir phosphate (Tamiflu®) from Roche. These drugs will be added to the already purchased 5.5 million treatment courses of antiviral drugs for the Strategic National Stockpile and be provided to the states when an influenza pandemic is deemed to be imminent. To read more, please visit

<http://www.hhs.gov/news/press/2006pres/20060301.html>

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

Updated

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.yalenewhavenhealth.org/emergency/commu/9StepstoLong-TermCare.pdf>

White House Releases Katrina Lessons Learned Report: **New**

The Department of Homeland Security has begun to take action to address many of the issues raised in the Hurricane Katrina Lessons Learned Report particularly those areas that need to improve before the start of the 2006 hurricane season. To read the report in its entirety, please visit <http://www.whitehouse.gov/reports/katrina-lessons-learned/>.

Pandemic Influenza: **New**



According to the World Health Organization (WHO) the cumulative number of confirmed cases of avian influenza H5N1 as of February 27, 2006 was 173 cases and 93 deaths.

Click on map for an enlarged view.

Map courtesy of <http://www.pandemicflu.gov/>

- 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>
- 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. The checklist is designed to guide your pandemic influenza planning by identifying key elements of a comprehensive and effective pandemic influenza plan. To download a word document, please visit http://www.yalenewhavenhealth.org/emergency/commu/Pandemic_flu_hospital_checklist_1.doc. To download the PDF document, please visit http://www.yalenewhavenhealth.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.

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 www.yalenewhavenhealth.org/emergency

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Emergency Credentialing Program: **New**

The State of Connecticut Emergency Credentialing Program (ECP) has continued to distinguish itself as a national model for those states who are working to integrate a healthcare volunteer response into their emergency management plans for personnel surge capacity. Project management teams from both public and private healthcare agencies across the nation are interested in learning more about how we involve our professional organizations and leadership of our states acute care hospitals in recruitment and program development decisions, how we've promoted our program to professionals throughout the state and how our states legislators proactively addressed volunteer concerns about professional liability and workers compensation.

Leaders representing Connecticut's ECP program are regularly called upon to be active participants in HRSA sponsored forums that are charged with the development and implementation of a national healthcare volunteer program titled, Emergency System for the Advance Registration of Voluntary Health Personnel (ESAR-VHP). While Connecticut's ECP is first and foremost a state-based resource for hospital personnel surge capacity, the 2005 hurricane season demonstrated that effective protocols for regional and national integration of all state based systems can have a positive impact on the effectiveness of a national response to a large-scale disaster or public health emergency.

To date, nearly 4,000 physicians, nurses, behavioral health, laboratory medicine and diagnostic imaging technicians, pharmacists, paramedics and respiratory therapists have expressed interest in enrolling in the Connecticut ECP program. Our goal is to increase the number of healthcare volunteers to 12,000.

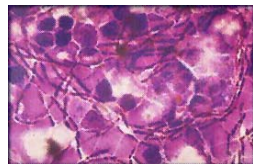
History has shown that healthcare professionals will come forward to help when the need is great. However, only those individuals who are enrolled in the ECP program will have access to state sponsored liability and workers compensation coverage during a Governor declared state of emergency when providing 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

Flu Season: **New**



During the week of February 18, 2006, seventeen states (Alabama, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Kansas, Kentucky, New York, North Carolina, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and Wyoming) and New York City reported widespread influenza activity. Eighteen states (Alaska, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Ohio, Oklahoma, Rhode Island, South Dakota, and Wisconsin) reported regional influenza activity. Ten states (Arizona, California, Maine, Maryland, Nevada, New Jersey, New Mexico, North Dakota, Oregon, and Vermont) reported local influenza activity. Four states (Hawaii, Utah, Washington, and West Virginia) and Puerto Rico reported sporadic influenza activity. The District of Columbia reported no activity. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.

Inhalation Anthrax Case In Pennsylvania: **Updated**



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>.

Cutaneous Anthrax: **New**

- The CDC has developed an algorithm for laboratory diagnosis of anthrax. This flow chart can aid in the identification of cutaneous anthrax and diagnostic testing. To view this chart, please visit <http://www.bt.cdc.gov/agent/anthrax/lab-testing/algorithm.asp>.
- The City of New York Department of Health and Mental Hygiene has produced an inhalation anthrax frequently asked question sheet for healthcare providers. This sheet discusses symptoms of cutaneous anthrax, prophylaxis, who is at risk and what should be advised to patients who report that they work with untanned animal hides. To view this document, please visit http://www.yalenehavenhealth.org/emergency/commu/AnthraxProviderFAQ2_24_06.pdf.
- The CDC has published a guide for specimens that should be collected from any patient being evaluated for inhalation *Bacillus anthracis* infection. This includes cases of known exposure or high risk of exposure (including bioterrorism events where agent is unconfirmed), or cases with a clear epidemiologic link to exposure with presence of inhalation anthrax symptoms, or cases where there is evidence of symptoms compatible with anthrax, but with no diagnosis. Please visit <http://www.bt.cdc.gov/agent/anthrax/lab-testing/inhalationspecimens.asp> to view this guide.
- When submitting biological specimens for testing of anthrax, the CDC has posted a table to help aid in the collecting, preparing and shipping of serum samples to CDC for serology testing. Please visit <http://www.bt.cdc.gov/agent/anthrax/lab-testing/anthraxspecimens.asp#cdc> to view this table.

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.

- **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.
- 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 develop recommendations for which hospital staff should be required to take this intermediate level course. For more information, please contact Elaine Forte at (203) 688-3391 or elaine.forte@ynhh.org.
- **A narrated version of Introduction to Emergency Management (EM 103)** for hospital employees is now also 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 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.
- **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 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.
- **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.

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: http://www.phppo.cdc.gov/PHTN/radiological2005/default.asp

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