

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

National Influenza Vaccination Week (November 26-December 2, 2007): **New**



The Centers for Disease Control and Prevention (CDC) has announced the week after Thanksgiving, November 26 to December 2, as National Influenza Vaccination Week. This event is designed to highlight the importance of continuing influenza (flu) vaccination, as well as foster greater use of flu vaccine through the months of November, December and beyond. This year, Tuesday November 27, 2007, was set aside as Children's Flu Vaccination Day, with a focus on vaccinating high-risk children. Each year, over 20,000 children under age 5 are hospitalized as a result of influenza. This day will help raise awareness about the value of vaccinating children and their close contacts. The CDC urges individuals to get their flu vaccination. For more information, please visit <http://www.cdc.gov/flu/nivw/index.htm>.

FDA Recommends Stronger Warnings for Two Influenza Drugs: **New**



On November 27, 2007, the US Food and Drug Administration's (FDA) Pediatric Advisory Committee voted to recommend stronger label

warnings for two antiviral influenza medications that have been linked to reports of neuropsychiatric problems in children and teens in Japan. Oseltamivir already carries a warning, but zanamivir currently carries no warning about reported neuropsychiatric effects. The committee said it is unclear if the two drugs play a role in reported neuropsychiatric events, but because reports of adverse effects are still occurring, labeling changes are needed for both drugs to urge healthcare providers to monitor children closely when they begin taking the medications. Typically, the FDA follows through on the recommendations from its advisory committee and stronger warning labels are expected. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/nov2707tamiflu2.html>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of November 12, 2007, is 335 cases and 206 deaths.



CIDRAP

On November 16, 2007, a report based on studied birds in Alberta, Canada and New Jersey, US, concludes that wild birds are not likely to carry the avian influenza H5N1

virus to North America. Analyses were done on influenza viruses collected from migratory birds between 2001 and 2006, and although occasional influenza viruses were found, the risk of a virus reaching North America with its whole genome intact via this route is probably low. To read this release in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/nov1607birds.html>.

- On November 28, 2007, Romanian authorities reported an outbreak of avian influenza H5N1 at a farm in Tulcea in the Danube delta. In a backyard flock of hens and ducks, 31 birds died from the virus while the remaining 49 birds were culled. The same day Saudi Arabian officials reported an avian influenza H5N1 outbreak at an egg production farm in Al-Kharj governorate, south of Riyadh, leading authorities to destroy all 216,000 birds on the farm. There have been 14 avian influenza H5N1 outbreaks in Saudi Arabia since November 12. To read this release in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/nov2807birds.html>.



A small technology company in Colorado has received a National Institutes of Health (NIH) grant of \$600,000 to develop a safe and effective avian flu vaccine. On November 28, 2007, it was reported that the company, InViragen, will work with the University of Wisconsin to develop and test novel vaccines protecting humans against avian influenza H5N1. To read this article in full, please visit

<http://www.coloradoan.com/apps/pbcs.dll/article?AID=/2007/1128/BUSINESS/711280326/1046/CUSTOMERSERVICE02>.

Physical Interventions May be Most Effective in Controlling Virus: **New**

A November 27, 2007, *British Medical Journal (BMJ)* article reports on the effectiveness of physical barriers, including regular hand washing and use of Personal Protective Equipment (PPE) such as masks, gloves and gowns in preventing the spread of respiratory viruses, including influenza and severe acute respiratory syndrome (SARS). The article suggests that use of vaccines and antiviral drugs will not be enough to reduce the spread of a virus and that physical barrier interventions should be given higher priority in preparing for a potential pandemic. Results are based on review of 51 studies that are discussed in the article and conclude that hand washing, wearing masks and isolation were especially effective in containing the spread of respiratory virus infections. To read an abstract of the article, please visit <http://www.bmj.com/cgi/content/abstract/bmj.39393.510347.BEv1>. To read the article in full, please visit <http://www.bmj.com/cgi/reprint/bmj.39393.510347.BEv1>.

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US DHHS Region I (New England) Emergency Planning Office (Office of the Assistant Secretary for Preparedness and Response – ASPR): **New**

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

US Army Strategic Planning and Resource Reference Book:

<http://www.pokerleadership.com/sitebuildercontent/sitebuilderfiles/strategicplanningreferenceandresourcebook.pdf>

Public Health Emergency Response: A Guide for Leaders and Responders. US Department of Health and Human Services, August 2007:

<http://www.hhs.gov/disasters/press/newsroom/mediaguide/guideleader.html>

NACCHO's Preparedness Peer Assistance Network (PPAN):

<http://www.naccho.org/topics/peerassistance/PAN.cfm>

Radiation Issues, Armed Forces Radiobiology Research Institute. Multiple guides and resources, including:

Biodosimetry Assessment Tool

Adult/Pediatric Field Medical Record
Biodosimetry Worksheet

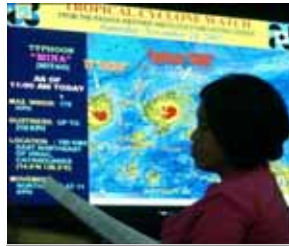
AFRRI Pocket Guide—Emergency Radiation Medicine Response

<http://www.afri.usuhs.mil/www/outreach/biodostools.htm#software>

Oseltamivir Use in Hospitalized Influenza Patients

On November 15, 2007, the Clinician's Biosecurity Network (CBN) reported on a study conducted at the Mount Sinai Hospital, Toronto, Canada, that concluded hospitalized, adult influenza patients' mortality rate decreased by nearly 80% when oseltamivir therapy was administered. The trial also suggested that antiviral therapy is beneficial to older, sicker patients even if administered 48 hours after onset of symptoms as viral replication might be persistent. To read the CBN report in full, please visit <http://cms.upmc-cbn.org/>. To read the published study, please visit <http://www.journals.uchicago.edu/CID/journal/issues/v45n12/51609/51609.web.pdf>.

Disasters around the World: **New**



Philippines Cyclones
Credit: AFP/Jes Aznar

The Philippines has been hit with 2 cyclones within one week, killing a total of 22 people. On November 26, 2007, Typhoon Mitag hit the Luzon island with 74 mph winds, killing 12 people and displacing as many as 500,000 people. One day later, downgraded to a tropical storm, Haibis, struck central Philippines a second time. The storm is reported to have killed 10 people, leaving as many as 19 villages flooded. To read this article in full, please visit

http://coe-dmha.org/apdr/index.cfm?action=process3&Sub_ID=168&ews=23498&pubDate=11/28/2007.



Turkey Plane Crash
Credit: REUTERS/Umit Bektas (Turkey)

On November 30, 2007, a plane carrying 56 people crashed in Southwest Turkey, killing everyone on board. The MD-83 plane was due to land in Isparta but disappeared from radar shortly before landing. Visibility and weather conditions in the area were reported good as authorities investigate the cause of the crash. To read this article in full, please visit

http://hosted.ap.org/dynamic/stories/T/TURKEY_PLANE?SITE=DECTMS&SECTION=HOME&TEMPLATE=DEFAULT.

- Incident command can be used to provide management over various resources. The management of logistics over a large area is important to priority setting in a large-scale event. Use of incident command can help decide who to evacuate, what property to protect, what types of people and resources are required, healthcare concerns and more. Incident Command for Hospitals, HICS IV, updated by the California Emergency Medical Services Authority, not only ensures compliance with the National Incident Management System (NIMS) but cross communication between multiple agencies and jurisdictions in the event of an emergency such as the Los Angeles wildfire. YNH-CEPDR has developed workshops that discuss the HICS IV organizational chart, job action sheets and forms as well as provide an overall context for implementation. For more information on how your hospital or healthcare organization can receive HICS IV training, please contact us at (203) 688-3224 or center@ynhh.org.

Global Earth Monitoring System Could Cut Disaster Toll by 2018: **New**



A global earth monitoring system which links ocean buoys and satellites is expected to be completed by 2018. This monitoring system, set up by the Global Earth Observation System of Systems (GEOSS), is being developed to help track climate changes around the world allowing heightened global observation and sharper modeling of natural disasters such as hurricanes and floods. In addition, GEOSS also has the capability to track outbreaks of contagious diseases such as cholera and meningitis by monitoring environmental conditions where they occurred. GEOSS's goal is to bolster preparedness against natural and manmade disasters around

the world. For more information, please visit <http://www.alertnet.org/thenews/newsdesk/L28289618.htm>.

CDC Advises Broadening of Seasonal Flu Vaccination Efforts

On November 9, 2007, The Centers for Disease Control and Prevention (CDC) announced that 103 million doses of this year's seasonal flu vaccine have been distributed throughout the country as the 2007-2008 influenza season is beginning. Currently, influenza activity is very low throughout the country and the CDC hopes that a record number of people will get vaccinated. The government continues urging everyone, including those at high risk, to get vaccinated as the seasonal flu infects up to 20% of the population every year, hospitalizing 200,000 and killing 36,000. People over the age of 50 or under 5 years old, anyone with asthma, heart disease, weakened immune systems or other chronic illnesses and pregnant women are considered high risk for seasonal flu. To read this article in full, please visit http://hosted.ap.org/dynamic/stories/F/FLU_SHOTS?SITE=AP&SECTION=HOME&TEMPLATE=DEFAULT.

Tis the Season: **New**

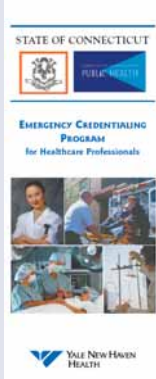


The December holidays are quickly approaching and with that, large numbers of people are concentrated in areas for activities such as

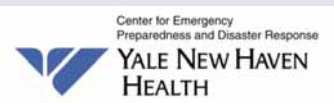
shopping, partying and just having fun. In the event of some unforeseen event such as an accidental or purposeful explosion, large numbers of casualties could quickly overwhelm hospitals in the area and resource needs would drastically increase. A key resource would be trained healthcare personnel.

The State of Connecticut Emergency Credentialing Program for Health Care Professionals is a program that pre-credentials hospital disaster volunteers from many disciplines who have offered to respond when a natural or man-made event overwhelms a facility, region or state. Volunteers who agree to assist are given facility and event specific "just-in time" training to assist them to function in their new

setting and volunteers are covered for liability and workers' compensation. Please check out our web site at www.ct-esar-vhp.org to see if this program is for you. Enrollment is completed on-line, and basic disaster related education is provided. If you have any questions, please contact us at ecp@ynhh.org, or call Joseph Filakovsky, DNP, APRN, Emergency Credentialing Program Coordinator at (203) 688-4468.



Positions Available at YNH-CEPDR

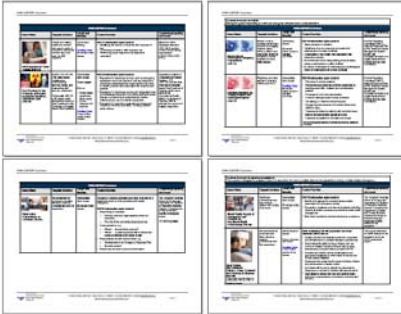


YNH-CEPDR has openings for Network Development Specialists; Drills and Exercises Specialists; Regional Education Specialists; and a Grant Research Specialist. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.yalenehavenhealth.org/info/jobs.html>.

Questions, Comments, Suggestions or to Subscribe

For questions, comments, suggestions or to subscribe to the Preparedness Report, please e-mail us at center@ynhh.org. www.yalenehavenhealth.org/emergency

Yale New Haven Center for Emergency Preparedness and Disaster Response: Fall 2007 Course Guide



YNH-CEPDR develops, delivers and evaluates educational programs designed to prepare the healthcare delivery workforce for effective response to all types of disasters and emergencies. YNH-CEPDR creates and adapts courses for healthcare organizations based on the latest research and developments in emergency response, incorporating national standards and regulations relevant to healthcare emergency preparedness, adhering to industry standards for instructional design and considering the special needs of busy adult learners. To view the new Fall 2007 Course Guide, please visit

http://www.ynhhs.org/emergency/YNH-CEPDR_Courses_Fall07.pdf. For more information, please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org.

Preparedness and Preventive Medicines Critical for Pandemic Planning

"Our greatest challenge is human resources..."

On November 14, 2007, results from a national survey conducted among 700 healthcare workers in Canada, including nurses, hospital support staff, medical technicians and pharmacists, revealed that 43% would be uncomfortable about reporting to work if someone in their city were to be diagnosed

with pandemic influenza. If a pandemic plan is in place, this percentage decreases by more than 20%, and if employers have preventive medicines available to their workforce, only 10% would still feel uncomfortable about reporting to work. The results of this study underline the importance of proper pandemic planning and stockpiling preventive medicines to ensure that essential frontline healthcare services will function during a pandemic. To read more about this survey, please visit

<http://www.newswire.ca/en/releases/archive/November2007/14/c7921.html>.

Joint Commission 2008 Annual Preparedness Conference



The Joint Commission Resources (JCR) will present its 2008 annual emergency preparedness conference at the Hilton Alexandria Mark Center in Alexandria, Virginia, on April 8 and 9, 2008. The JCR has announced a call for presenters to deliver a 60 or 90 minute live presentation that highlights

new processes, technologies, techniques and/or tools, creativity and innovation used within any healthcare setting for the purpose of meeting any of the four phases of emergency preparedness: mitigation, preparation, response and recovery. **Presentation topic and outline must be submitted by November 30, 2007, to emergprep@jcrinc.com.** For more information or to register for this conference, please contact Leslie LaBelle, RN, MSN, MBA, CPHQ, at (630) 792-5435 or emergprep@jcrinc.com.

Programs and Services

YNH-CEPDR is committed to developing and delivering effective and scaleable 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, emergency operations plans and business continuity plans
- **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- **DRILLS and EXERCISES:** Design, development, facilitation and evaluation

For additional information about these services, please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org.

Education and Training Courses



At the request of the Bioterrorism Training and Curriculum Development Program of HHS, the YNH-CEPDR EM 103 w/NIMS and EM 140 w/NIMS courses were reviewed by the NIMS Integration Center. These courses provide a solution to address elements 9 through 11 of the NIMS Implementation Activities for Hospitals and Healthcare Systems. **These courses meet all of the required objectives defined by the NIMS National Standard Curriculum Training Guidance as demonstrated on the YNH-CEPDR NIMS Competency Crosswalk, which may be accessed at**

http://www.ynhhs.com/emergency/YNH_CEPDR_NIMS_CompencyCrosswalk.pdf. EM 103 w/NIMS and EM 140 w/NIMS were approved as being NIMS compliant for healthcare education and training requirements by the State of Connecticut Department of Public Health and the State of Connecticut Department of Emergency Management and Homeland Security. To download a brochure, please visit http://www.ynhhs.org/emergency/NIMS_Brochure-Final.pdf. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



NIMS, OSHA, CMS and Joint Commission education and training requirements. For more information, please contact us at (203) 688-3224 or center@ynhh.org.

YNH-CEPDR has developed a strategic partnership with HealthStream to distribute EM 103 w/NIMS, EM 140 w/NIMS and other healthcare-focused emergency preparedness courses. This partnership supports a broader dissemination of these courses as a strategy for hospitals and healthcare systems to become compliant with



Introduction to Emergency Management with NIMS (EM 103 w/NIMS) is available at

<http://ynhhs.emergencyeducation.org/>. Yale New Haven Health System employees should access the course via the learning management system at <https://www.healthstream.com/HLC/Login/Login.aspx?organizationID=6e27bcaa-71bd-db11-bf7b-000423d6b5c1>. EM 103 w/NIMS meets the required objectives of IS 100, IS 700 and IS 800 for healthcare organizations and

provides awareness-level emergency preparedness training for the healthcare delivery workforce. 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 us at (203) 688-3224 or center@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/>. Yale New Haven Health System employees should access the course via the learning management system at <https://www.healthstream.com/HLC/Login/Login.aspx?organizationID=6e27bcaa-71bd-db11-bf7b-000423d6b5c1>. EM

140 w/NIMS meets the required objectives of IS 200, IS 700 and IS 800 for healthcare organizations. This course describes the ways an ICS can provide a consistent approach to command, control and coordinate 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. For more information, please contact us at (203) 688-3224 or center@ynhh.org. This course is also available as an instructor-led workshop combined with a tabletop exercise to reinforce key concepts.



Best Practices for the Protection of Healthcare-Based First Receivers, Awareness Level (EM 120) is available at <http://ynhhs.emergencyeducation.org/>. Yale New Haven Health System employees should access the course via the learning management system at <https://www.healthstream.com/HLC/Login/Login.aspx?organizationID=6e27bcaa-71bd-db11-bf7b-000423d6b5c1>. EM 120 is aligned with the Occupational Safety and Health Administration (OSHA) required

awareness-level competencies for first receivers. Sample job classifications that may 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. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



Best Practices for the Protection of Healthcare-Based First Receivers, Operations Level (EM 220) is a four-hour online course followed by a four-hour hands-on training. EM 220 is designed to advance healthcare workers from the awareness level to the operations level of training for healthcare-based decontamination teams. Prior to enrolling in this operations-level course, participants are required to have successfully completed the awareness-level course, EM 120. EM

220 is recommended for healthcare workers with roles in their facility's decontamination process including medical practitioners (MD/DO, PA, NP), nurses (RN, LPN), allied health (ED techs, nurses aides, etc.), maintenance staff, environmental services staff, facilities staff, engineering staff, security and outside contractors. This course prepares healthcare workers to identify possible risks associated with unannounced patients and fulfill specific roles in the decontamination process and trains healthcare workers to properly use protective equipment. It meets OSHA Standard 29 CFR 1910.120 and the Best Practices for Healthcare-Based First Receivers of Patients, which was a result of the OSHA revisions of February 2005 to address concerns of hospital responders. For more information, please contact us at (203) 688-3224 or center@ynhh.org.

UPCOMING Meetings and Events

DATE	TIME	EVENT	LOCATION
12.6.07	1:00 p.m. to 2:30 p.m.	<p>Mass Antibiotic Dispensing: Taking Care of Business</p> <p><i>Strategic National Stockpile (SNS) and Public Health Training Network Satellite Broadcast and Webcast sponsored by the Centers for Disease Control and Prevention (CDC)</i></p>	<p>For more information, including goal, objectives and a link for registration, please visit http://www2a.cdc.gov/PHTN/business/default.asp.</p>
04.8.08 and 04.09.08	Save the Date	<p>2008 Annual Emergency Preparedness Conference</p> <p><i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i></p>	<p>Hilton Alexandria Mark Center Alexandria, VA</p> <p>For more information, please visit http://www.jcrinc.com/5/Programs2008/.</p>

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

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