

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States:

New



On February 1, 2007, the CDC and Health and Human Services released "Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States". This document provides interim planning guidance for state, territorial, tribal and local communities that focuses on several measures other than vaccination and

drug treatment that might be useful during influenza pandemic to reduce its harm. Communities, individuals and families, employers, schools, and other organizations will be asked to plan for the use of these interventions to help limit the spread of a pandemic, prevent disease and death, lessen the impact on the economy and keep society functioning. This interim guidance introduces a Pandemic Severity Index to characterize the severity of a pandemic, provides planning recommendations for specific interventions that communities may use for a given level of pandemic severity, and suggests when these measures should be started and how long they should be used. The interim guidance will be updated when significant new information about the usefulness and feasibility of these approaches emerges. The best protection against pandemic influenza is not likely to be available at the outset of a pandemic. Community strategies that do not involve vaccines or medications may serve as a first line of defense to help delay or mitigate the spread of influenza. Mitigation guidelines issued by the CDC include social distancing strategies to reduce contact between people such as closing schools, canceling public gatherings, planning for liberal work leave policies, telecommuting strategies, voluntary isolation of cases and voluntary quarantine of household contacts. To read this ninety-seven page document, please visit http://www.pandemicflu.gov/plan/community/community_mitigation.pdf.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of February 6, 2007, is 272 cases and 166 deaths.



Photo Credit: AP

On February 3, 2007, The Veterinary Laboratories Agency (VLA) confirmed an outbreak of the H5N1 strain of avian influenza in poultry found dead on a farm near Lowestoft in Suffolk, England. It is similar to the virus that was found in Hungary in January. It is the first case of the deadly form of the disease to be detected in Britain. British health officials have been acting quickly to contain an outbreak with authorities culling 160,000 turkeys on a commercial farm, about 210 kilometers northeast of London.

Confirmation came Saturday that approximately 2,500 turkeys in one shed had died of the H5N1 strain of bird flu on the farm near Lowestoft. A three kilometer exclusion zone around the farm has been established, along with a wider restricted travel area. For more information, please visit <http://www.flulab.com/overview.php?a=2007-02-04-f19>.

- In a recent study, CDC researchers and their colleagues found a small change in the 1918 influenza virus that halted transmission. In this study, CDC researchers analyzed and experimented with one of the proteins covering the surface of the 1918 influenza virus with ferrets. They discovered a molecular property that may help to explain the virus's ability to spread easily from human to human. The researchers' findings suggest that hemagglutinin (HA), a type of protein found on the surface of influenza viruses and that binds to host cells, plays an important role in the transmission efficiency of the H1N1 pandemic virus. By changing two amino acids (which are the basic building blocks of proteins) in the hemagglutinin of the 1918 virus, CDC researchers were able to create a version of the 1918 virus that was incapable of transmission between ferrets. Research into the 1918 virus using ferrets has indicated that hemagglutinin protein plays an important role in a virus's ability to spread. This research suggests that for an influenza virus to spread efficiently the virus's hemagglutinin must prefer attaching to cells that are found in the human upper airway instead of cells found predominantly in the respiratory and gastrointestinal tracts of birds. The findings also suggest that viruses that have hemagglutinin capable of attaching to both human and bird cells equally (without preference for either) would not likely spread easily among humans. For more information, please visit <http://www.cdc.gov/flu/about/qa/1918flusmallchange.htm>.



www.Pandemicflu.gov
PSA

[Pandemicflu.gov](http://www.Pandemicflu.gov) released several public service announcement (PSA) videos that discuss the bird flu and encourages people to learn more about a potential flu pandemic. Each PSA ends with the pandemicflu.gov website and a phone number for individuals to go to for detailed pandemic information. To access the PSAs, please visit <http://www.pandemicflu.gov/index.html>.

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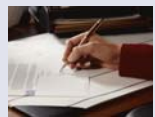
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Pandemic Influenza

Workgroups: **New**

The six statewide pandemic influenza workgroups established as a result of the Pandemic Influenza Summit include triage, Alternate Healthcare Facilities, Human Resources, Risk Communications, Surge Capacity and Ethical/Legal Pandemic Influenza Planning. The Triage Workgroup is evaluating triage management, triage leadership and large-scale diagnostic/treatment determination. The Alternate Healthcare Facilities workgroup is reviewing existing New England/NY Pan Flu AHCF state plans. The State of Connecticut Alternate Healthcare Facilities Plan is addressing community and regional needs which intersect with geographic neighboring states to enhance response efforts locally, regionally and nationally. The Risk Communications Workgroup and the Human Resources Workgroup presently work together to address overlapping issues of communication policies and procedures to protect healthcare personnel. The Surge Capacity Workgroup is determining recommendations for the purchase of supply pods for hospital stockpiling and budgetary resource management. The Ethical/Legal Workgroup is discussing standards of care regarding directives for ventilator, antivirals, beds and personnel and inter-hospital collaboration. For more information, please contact Dr. Kelly Martens at kelly.martens@ynhh.org or Richard Kleindienst, Sr., at richard.kleindienst.sr.@ynhh.org.

Acute Care Hospital Mutual Aid Agreement for Connecticut: **Updated**



Letters have been sent to each acute care hospital CEOs in Connecticut from the Connecticut Department of Public Health advising them that the Statewide Hospital Mutual Aid Agreement (MMA) has been reviewed and finalized by the Yale New Haven Center for Excellence for Bioterrorism Preparedness and Response, Hartford Hospital Center of Excellence and the Connecticut Hospital Association. Based on the HRSA grant guidance, this MAA will help to maximize medical surge capacity for the Connecticut hospitals. For comments or questions, please contact Jim Paturas at (203) 688-3224 or james.paturas@ynhh.org.

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

OSHA Issues Flu Pandemic Guidance for Employers: **New**

On February 6, 2007, the Occupational Safety and Health Administration (OSHA) released guidance on preparing workplaces for an influenza pandemic. This guidance is for all types of workplaces, describes the difference between seasonal, avian and pandemic influenza and presents information on the nature of a pandemic, how the virus is likely to spread and how exposure is likely to occur. To help employers determine appropriate workplace practices and precautions, the guidance divides workplaces and work operations into four risk zones, according to the likelihood of employees' occupational exposure to pandemic influenza. Recommendations for employee protection are presented for each of the four levels of anticipated risk and include engineering controls, work practices and use of personal protective equipment such as respirators and surgical masks and their relative value in protecting employees. For more information, please visit http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=13698.

ISDA Releases "Pandemic and Seasonal Influenza Principles for US Action": **Updated**



On January 30, 2007, the Infectious Diseases Society of America, ISDA, released its "Pandemic and Seasonal Influenza Principles for US Action". This twenty-four page document discusses twelve principles for US action. Principles include establishing a pandemic influenza vaccine master program; boosting research, development, and stockpiling of antibiotics and antivirals; improving diagnostic tools; improving the financial, legal and regulatory environment for developing anti-flu products; updating plans for distributing and prioritizing anti-flu countermeasures; improving seasonal influenza response; using seasonal flu to prepare for a pandemic; protecting healthcare workers during a pandemic; building healthcare systems capable of responding to mass casualty events; developing and testing "community mitigation" measures; improving and coordinating surveillance; continuing to strengthen leadership, international collaboration and communication; and, committing funding for the long-term. To read ISDA report in full, please visit http://www.idsociety.org/Content/NavigationMenu/News_Room1/Pandemic_and_Seasonal_Influenza/ISDA_flufinalAPPROVED1.24.07.pdf.

Seasonal Influenza: **New**



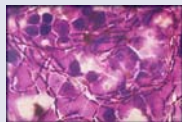
During the week of January 21, 2007 to January 27, 2007, widespread activity was reported by eight states (Arkansas, Indiana, Iowa, Maryland, Minnesota, Oklahoma, South Carolina and Texas); regional activity was reported by fourteen states (California, Connecticut, Georgia, Idaho, Kentucky, Illinois, Massachusetts, Mississippi, Nebraska, Nevada, Oregon, South Dakota, Tennessee and Virginia); local activity was reported by fifteen states (Alabama, Arizona, Florida, Kansas, Louisiana, Maine, Michigan, Missouri, Montana, New Jersey, North Carolina, North Dakota, Pennsylvania, West Virginia and Wisconsin); and sporadic activity was reported by the District of Columbia and thirteen states (Alaska, Colorado, Delaware, Hawaii, New Hampshire, New Mexico, New York, Ohio, Rhode Island, Utah, Vermont, Washington and Wyoming). For more information, please visit <http://www.cdc.gov/flu/weekly/>.

Update on Public Health Issues Related to Polonium-210 Investigation: **New**

In November 2006, public health officials in the United Kingdom announced that they would be assessing individuals who visited several London locations on October 31, November 1, or November 2, for possible exposure to Polonium-210 (Po-210), a radioactive material. British officials found Po-210 contamination at several sites, including the Millennium Hotel Pine Bar, during an investigation related to the death of an individual from acute radiation poisoning. The Health Protection Agency has carried out an extensive monitoring program of people and places identified by the police investigation. Their investigations have confirmed there is no public health concern in the open public areas. The monitoring results received so far show that the risk to the general public from any exposure to Polonium-210 (Po-210) is likely to be very low. For more information, please visit http://www.hpa.org.uk/hpa/news/articles/press_releases/2007/070208_pol210_update.htm.

CBN Report: Partial Anthrax Vaccination Stimulates Significant Antibody Response:

Updated



The Clinicians' Biosecurity Network features an article by Eric Toner, MD titled "Partial Anthrax Vaccination Stimulates

Significant Antibody Response". In an article to be published in the February 19, 2007 issue of the journal *Vaccine* and made available online in advance of publication, a study was conducted on serum anti-protective antigen (PA) concentrations in marines who had been previously vaccinated with the FDA-licensed Anthrax Vaccine Adsorbed (AVA). The study found that those who had not completed a full vaccination series of six injections still had a significant antibody response and that six doses provided no significant advantage over four doses. Based upon the serum concentrations of anti-PA antibodies produced, this study suggests that the current regimen of six doses of AVA may be more than is required to achieve maximal humoral immunity to the PA of *B. anthracis* toxin. For more information, please visit http://www.upmc-cbn.org/report_archive/2007/01_January_2007/cbnreport_01262007.html.

Education and Training Services: Updated

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.

Extreme Cold: A Prevention Guide to Promote Your Personal Health and Safety: New



When winter temperatures drop significantly below normal, staying warm and safe can become a challenge. Extremely cold temperatures often accompany a winter storm, so you may have to cope with power failures and icy roads. Although staying indoors as much as possible can help reduce the risk of car crashes and falls on the ice, you may also face indoor hazards. Many homes will be too cold, either due to a power failure or because the heating system isn't adequate for the weather. When people must use space heaters and fireplaces to stay warm, the risk of household fires increases, as well as the risk of carbon monoxide poisoning. Exposure to cold temperatures, whether indoors or outside, can cause other serious or life-threatening health problems. Infants and the elderly are particularly at risk, but anyone can be affected. To keep yourself and your family safe, you should know how to prevent cold-related health problems and what to do if a cold-weather health emergency arises. The CDC has put together guidance on extreme cold. To learn more, please visit

<http://www.bt.cdc.gov/disasters/winter/guide.asp>.

Emergency Credentialing Program: Updated

Rapid access to volunteer contact information to arrange for additional medical professional resources is a critical component of a medical emergency response during a large scale disaster or public health emergency. One-hour training sessions are being scheduled with Emergency Credentialing Program (ECP) hospital contacts to learn how to access and navigate the ECP volunteer management database to conduct pre-event credential verification and for resource identification and contact information when the ECP system is activated. It is strongly recommended that at least two individuals from each hospital become familiar with the ECP and the volunteer management database and that these individuals have a designated and defined role in the hospital's emergency management plan. At the time of an event, the database will be available to authorized users in "real-time" mode via the Internet. In anticipation of internet failure, hospital contacts will be asked to regularly download a complete database copy for local (desktop) access using FileMaker™, a user-friendly and widely used database management tool. Note: FileMaker™ does not require user licensing fees or installation. For more information or to schedule your training, please contact Carol Luddy at (203) 688-5544 or carol.luddy@ynhh.org.

Medical Reserve Corps: Personal and Family

Preparedness: Updated

From frozen pipes to four-alarm fires, preparing for disasters large and small has the same basic elements. You carry a nail file in your bag, just-in-case. You hit 'save' on your computer every few minutes, just-in-case. You sniff the milk, just-in-case. And yet, according to the American Red Cross, fewer than 1 in 4 households in the US are prepared with an emergency kit and family plan for a disaster. The consequences of not being prepared are scary, while the benefits give you peace of mind. When you are prepared, anticipating the worst does not seem so frightening. Join the Medical Reserve Corps today at www.mrc-ynh.org and learn about personal and family preparedness. To schedule a talk for your group contact, Eugenie Schwartz, RN, MSN at eugenie.schwartz@ynhh.org or (203) 688-2659.

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, 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 a two day workshop during the conference to develop recommendations on a focused subset of hospital emergency preparedness 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. Early workshop registrants can take advantage of an early bird discount by registering at http://www.ynhhs.org/emergency/hospital_prepared.pdf. To learn more about this conference, please visit <http://www.wcdem2007.org/>.

Education and Training 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 Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- Introduction to Emergency Management with NIMS (EM 103 w/NIMS) and Incident Command Systems for Healthcare (EM 140 w/NIMS) have been approved as compliant by the Department of Homeland Security (DHS) National Incident Management System (NIMS) Integration Center (NIC). These courses are cost-effective, time-efficient and provide a healthcare-focused alternative to required FEMA courses. Together, EM 103 w/NIMS and EM 140 w/NIMS have been approved by the DHS NIC as meeting the required objectives of IS 100, IS 200, IS 700 and IS 800 for healthcare organizations. To access these courses, please visit <http://ynhhs.emergencyeducation.org/>. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

Education and Training: Updated



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

is available at <http://ynhhs.emergencyeducation.org/>. This course addresses basic emergency management concepts required by DHS for courses IS 100, IS 700 and 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/>. 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 DHS for courses IS 200, IS 700 and 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/>. 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 planned for release in the spring of 2007. 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, 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 hospital-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 to fulfill specific roles in the decontamination process and trains healthcare workers to properly use protective equipment. This course adheres to Occupational Health and Safety Administration (OSHA) Standard 29 CFR 1910.120 and the Best Practices for Hospital-Based First Receivers of Patients, which was a result of the OSHA revisions of February 2005 to address the concerns of hospital responders. EM 220 is planned for release in March. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
2.14.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
2.14.07	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
2.14.07	11:30 p.m. to 1:00 p.m.	Mental Health Implications of Public Health Emergencies <i>Co-sponsored by Washtenaw County Public Health Department and Michigan Center for Public Health Preparedness</i>	For more information, please visit http://www.mipreparedness.org
2.27.07	1:00 p.m. to 2:30 p.m.	When the System is Overwhelmed: Protecting the Provider During Bioterrorism <i>Sponsored by the Alabama Department of Public Health</i>	To register for this call, please visit http://www.adph.org/alphnt/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252 .

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