

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 5, Issue 7 | February 16, 2007

ELEVATED THREAT LEVEL

Survey says public health workers lag in preparedness:

New

The American Public Health Association (APHA) conducted an informal survey of its members in October and November and published the results in the December–January 2006 issue of its newsletter, *The Nation's Health*. Of 4,100 public health workers who responded, 60% said they didn't have evacuation plans for their households, 52% said they didn't have emergency communication strategies for their families, and 81% didn't know the evacuation plan for their community. More than 60% of the survey respondents acknowledged a need to be more prepared. The APHA said some respondents reported that taking the emergency preparedness survey would motivate them to prepare at home and at work. The APHA cautioned that the findings may not represent a complete picture of public health worker preparedness nationwide, because the respondents were self-selected and included only people who had Internet access. The organization said it plans to gauge the level of the public's overall preparedness by conducting a formal survey in April during National Public Health Week. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/feb1307survey.html>.

OSHA Issues Flu Pandemic Guidance for Employers:

Updated

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.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of February 15, 2007, is 273 cases and 166 deaths.

- The CDC has released infection control guidance for the prevention and control of influenza and pandemic influenza in acute-care facilities. This guidance lists prevention and control measures such as influenza vaccination, infection control measures including standard and droplet precautions, antiviral prophylaxis, testing control measures and more. For information on this guidance, please visit <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm>.
- On February 14, 2007, WHO latest analysis of human H5N1 avian influenza cases adds to previous evidence that young people are more susceptible to the virus and more likely to die of this than older people. In examining 256 confirmed cases over three years, the WHO found that 89% of patients were younger than 40, and the case-fatality rate for patients older than 50 was 40%, versus 76% for 10- to 19-year-olds and 60% for all ages. The findings were reported in the February 9 issue of the WHO's *Weekly Epidemiological Record*. The agency said the reason for the skewed age distribution is unknown and does not appear to be entirely a result of the preponderance of young people in the affected countries. Analysts looked at all human H5N1 cases reported to the WHO that had onset dates between November 25, 2003, and November 24, 2006. The report updates a previous analysis that covered the 205 cases up to April 30, 2006. These observations, they suggest, "are consistent with a biological model of geographically widespread immunity to avian influenza A (H5N1) in persons born before 1969, i.e., about 35 years before the onset of the currently recognized panzootic in domestic poultry." The WHO report says a deeper analysis of the clinical data from human H5N1 cases will be conducted at an international meeting scheduled for March 19 to 21 in Turkey. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/feb1407epi.html>.



[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](http://www.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>.

Seasonal Influenza: **New**

The CDC has released "Questions and Answers: Information for School" fact sheet. This document identifies what the flu is, how the flu is spread, symptoms, how long a person is contagious, what is the different between the cold and the flu, antiviral medications, what stage a child should be vaccinated and information on protecting yourself against the flu. For more information, please visit <http://www.cdc.gov/flu/school/qa.htm>.

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Pandemic Influenza

Workgroups: **Updated**

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. Yale New Haven Center for Emergency Preparedness and Disaster Response will participate in the next New England/New York pandemic planning meeting in early March. 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.

Connecticut Laboratory Response Network – February 2007

Newsletter: **New**

The Connecticut Laboratory Response Network has published its February 2007 newsletter. This newsletter features information about proper packaging of patient specimens for courier transport according to CFR Title 49: Transportation Code of Federal Regulations). To download a PDF copy of this newsletter, please visit http://www.ynhhs.org/emergency/CT-LRN_February2007.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.yalenewhavenhealth.org/emergency

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



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.

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



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>.

National Disaster Life Support Program Taught in Suffolk County, NY: **New**



The Yale New Haven Center for Emergency Preparedness and Disaster Response recently taught a four-day National Disaster Life Support program to the Suffolk County EMS and MRC. Over 60 participants completed the Basic Disaster Life Support course and over 40 participants completed the two-day Advanced Disaster Life Support course, including a day of practical skills. As part of the course, students were trained to wear Level C PPE and utilize one of Suffolk County's Decontamination trailers through a training scenario. Another outdoor session had students complete a mass casualty exercise and indoor sessions taught students how to administer smallpox vaccines and Mark I Nerve Agent Antidote kits. The fourth session had participants working through various scenarios with high-tech simulators. For additional information regarding the National Disaster Life Support courses, contact David Burich, Regional NDLS Coordinator at (203) 688-3721 or david.burich@ynhh.org

Emergency Credentialing Program: **New**

One-hour training sessions for Emergency Credentialing Program (ECP) hospital contacts on using the ECP web-enabled volunteer information system is underway. Thus far, feedback on the application's content and ease of use has been positive. Suggestions for improvements or additional enhancements to the application have already been implemented or will be implemented over the next several weeks. 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. 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.

Education and Training: **Services**

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.

Seasonal Influenza: **New**



During the week of February 4, 2007 to February 10, 2007, widespread activity was reported by by nineteen states (Arkansas, Delaware, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Minnesota, Nebraska, New York, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas and Wisconsin); regional activity was reported by fourteen states (Alaska, Arizona, California, Connecticut, Illinois, Maine, Nevada, New Jersey, North Carolina, North Dakota, Pennsylvania, Utah, Virginia and Washington); local activity was reported by New York City and twelve states (Alabama, Colorado, Florida, Hawaii, Louisiana, Maryland, Michigan, Missouri, Montana, New Mexico, West Virginia and Wyoming); and sporadic activity was reported by the District of Columbia and five states (Mississippi, New Hampshire, Ohio, Rhode Island and Vermont). For more information, please visit <http://www.cdc.gov/flu/weekly/>.

- The CDC has released a fact sheet on influenza symptoms, protection and what to do if you get sick. This fact sheet also identifies habits for maintaining good health such as hand washing, avoiding contact with people who are sick, staying home from gatherings and not touching your eyes, nose or mouth. To access this fact sheet, please visit <http://www.cdc.gov/flu/symptoms.htm>.
- The CDC has released information on antiviral drugs for seasonal influenza. This document discusses how antivirals medications are used and who should get antiviral medications for treatment and prevention. In addition, antiviral drug side effects are also made available in this document. For more information, please visit <http://www.cdc.gov/flu/professionals/treatment/>.

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/>. EM 103 w/NIMS has been **certified by the DHS NIMS Integration Center** as meeting 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 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/>. EM 140 w/NIMS has been **certified by the DHS NIMS Integration Center** as meeting 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 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. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Education and Training:

Updated

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.

Safe and Resilient Hospitals; Preparing for the Next Disaster: **New**



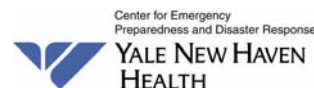
How well do you think your hospital would withstand a large-scale disaster? Would you be able to continue to fulfill your mission to provide ongoing healthcare to your community, or would your organization be yet another victim of the disaster? How does one define a "Prepared/Resilient Hospital", and what are some approaches that hospitals can take to become prepared?

Work has begun through various groups around the world to define guidelines and associated benchmarks for various aspects of healthcare emergency preparedness. However, much remains to be done to provide healthcare organizations with consistent and practical tools that can be used to objectively measure their level of preparedness, regardless of location, culture and population. Equally important is developing recommendations and flexible solutions that can be readily implemented by organizations of various sizes and with other unique characteristics to address identified preparedness gaps and incorporate evidence-based, best practices learned from disaster research.

As an experienced healthcare leader, you will want to be a part of this international benchmarking and implementation process.

Please join Joint Commission International, the Pan American Health Organization and the Yale New Haven Center for Emergency Preparedness and Disaster Response at the 15th World Congress for Disaster and Emergency Medicine as we lead a two-day working session focused on: (1) reaching consensus on 5 key hospital emergency preparedness guidelines; (2) developing a framework for meeting those guidelines through the identification of measurable benchmarks; (3) identifying evidence-based, best practice approaches to guide healthcare preparedness activities; and (4) establishing a process to engage healthcare delivery experts in benchmarking for emergency preparedness. The work completed by the workshop participants will be published and your participation cited.

Register for the Congress and this unique workshop at http://www.ynhhs.org/emergency/hospital_prepared.pdf and receive the early bird discount! More information on the Congress may be found at www.wcdem2007.org. Don't miss this opportunity. Register today!



UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
3.13.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
3.13.07	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association

UPCOMING

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
2.20.07	1:00 p.m. to 2:00 p.m.	Travel Medicine: The Pre-Travel Consultation <i>Sponsored by the CDC</i>	For more information, please visit http://www.bt.cdc.gov/coca/callinfo.asp .
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/alphn/vcomm.asp?action=conflistone&templatename=3&deptid=143&templateid=1252 .

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

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