

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

The Preparedness Report Now Distributed on Bi-Weekly Thursdays



The Preparedness Report, starting with this issue, will move its distribution date to bi-weekly Thursdays. We hope this new schedule will provide more value to our readers.

Updated YNH-CEPDR Website: **New**



YNH-CEPDR has redesigned and updated its website. Programs and Services, course flyers, drill and exercise information and more has now been added to this site, <http://www.yalenevhealth.org/emergency/>.

2008 Recommendations of the Advisory Committee on Immunization Practices: **New**

This report updates the 2007 recommendations by CDC's Advisory Committee on Immunization Practices (ACIP) regarding the use of influenza vaccine and antiviral agents. The 2008 recommendations include new and updated information. Principal updates and changes include:

- A new recommendation that annual vaccination be administered to all children aged 5-18 years, beginning in the 2008-2009 influenza season
- A recommendation that annual vaccination of all children aged 6 months through 4 years (59 months) continue to be a primary focus of vaccination efforts because these children are at higher risk for influenza complications compared with older children
- A new recommendation that either trivalent inactivated influenza vaccine or live, attenuated influenza vaccine (LAIV) be used when vaccinating healthy persons aged 2 through 49 years
- A recommendation that vaccines containing the 2008-09 trivalent vaccine virus strains A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens be used

To read this release in full, please visit http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e717a1.htm?s_cid=rr57e717a1_e?s_cid=ccu072108_influenza_e.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of June 19, 2008, is 385 cases and 243 deaths. (Statistics last updated on June 19, 2008, by WHO)



Credit: Getty Images

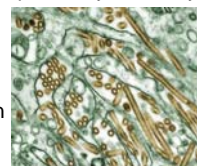
According to a study to be published on August 1, 2008, in the *Journal of Infectious Diseases*, the limited supply of pandemic influenza vaccine should be reserved for those who are expected to experience "the greatest years of lost life," healthy young adults. The study results differ from the current draft of the US plan for vaccine prioritization (<http://www.pandemicflu.gov/vaccine/prioritization.html>), which places young healthy adults in the lowest priority group. To read this article in full, please visit http://www.upmcbiosecurity.org/website/biosecurity_briefing/index.html#bb1.

- According to a report released on July 8, 2008, by the Department of Health and Human Services (HHS) Agency for Healthcare, Research and Quality (AHRQ), home healthcare during a pandemic will very likely be called upon to help care for those who are discharged from a hospital after a flu or other event or those individuals who do not meet triage criteria for hospitalization. Key to their ability to function is their participation in community planning efforts. As with other healthcare organizations, they will face problems with staffing which will be exacerbated by the event as well as an increased caseload of patients, many with more complex healthcare problems. Their ability to respond will be key in a pandemic response, recognizing that their resources will be stretched. To read this report in full, please visit <http://www.pandemicflu.gov/plan/healthcare/homehealth.html>.



YNH-CEPDR Pandemic Workgroups continue to discuss policies that involve staffing, surge capacity, availability of supplies, alternate care locations, legal and ethical issues which are anticipated during a pandemic influenza outbreak.

Activities include the development of a prototype "Workplace Disruption Payroll Policy" which will address attendance and payroll issues expected due to decreased staffing. Other activities include a guidance framework for ethical decision-making during a pandemic, a gap analysis tool for addressing legal protection for hospitals and clinics and refinement of the hospital emergency support function (HESF) database to be utilized for a pandemic scenario. Each committee is comprised of staff from YNH-CEPDR, the State of Connecticut Department of Public Health and representatives of the three YNHHS network hospitals. For more information, please contact Beverly Belton at (203) 688-4470 or beverly.belton@ynhh.org



National Preparedness Month

September is National Preparedness Month. For more information, turn to page 4.

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

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

Emergency Management and Medical Web Sites

http://www.ynhhs.org/emergency/US_DHHS_web_sites.pdf

PPE First Responder Guidance

<http://www.cdc.gov/niosh/docs/2008-132/pdfs/2008-132.pdf>

Hurricane of 1938, New England

<http://www.archive.org/details/ShockTro1938>

Disaster Recovery and Environmental Health. National Library of Medicine. (Listing of resources for environmental health issues related to emergency response)

<http://sis.nlm.nih.gov/enviro/disasterrecovery.html>

Hospitals Safe from Disasters, Project and Web Site, Pan American Health Organization/World Health Organization

<http://www.safehospitals.info/>

Occupational Safety and Health Administration (OSHA) Guidance on Workplace Stockpiling of Respirators and Facemasks for Pandemic Influenza

<http://www.osha.gov/dsg/guidance/stockpiling-facemasks-respirators.html>

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 us at (203) 688-3224 or center@ynhh.org.

Influenza Vaccination Toolkit Created by HHS: **New**



Influenza is a contagious respiratory illness that can be easily spread through person-to-person contact. Influenza can cause mild to severe illness and in some cases may lead to death. Annually, between 5 percent and 20 percent

of the population become ill with influenza and on average more than 200,000 persons are hospitalized and 36,000 people die. The Department of Health and Human Services (HHS) wants to improve vaccination rates amongst healthcare personnel with the goal of reaching the Healthy People 2010 objective of a 60 percent vaccination rate. They have created an influenza vaccination toolkit that is comprised of links to several websites, a presentation, journal articles, fact sheets and posters to be used for promotion and education about influenza vaccination. For more information, please visit

<http://www.hhs.gov/ophsp/programs/initiatives/vacctoolkit/index.html>.

Disasters around the World: **New**



Hurricane Dolly
Credit: AP

Hurricane Dolly strengthened to a Category 2 hurricane and her eye crossed the Texas-Mexico border shortly after noon on July 23, 2008. At least one tornado was spotted Wednesday morning and the storm was expected to drop up to 15 inches of rain and cause flash flooding in some locations of the Rio Grande Valley if the levees are breached. For further information, please visit www.cnn.com (search Dolly).

- Areas of both Vermont and Nebraska have been declared Federal Disaster Areas by President Bush. These areas were affected by severe storms and flooding. For additional information, visit <http://www.fema.gov/news/recentnews.fema>



Mold on walls
Credit: WA Military EMD

In the wake of this Spring's serious flooding in Northern New England, many homeowners who have applied for assistance may not be aware that this assistance can also be used to alleviate problems usually seen with flooding, including mold and mildew. Both are considered health hazards and should be given prompt attention when repairs begin. To learn more about this, please visit

<http://www.fema.gov/news/newsrelease.fema?id=45086>.

Hurricanes and Your Medical Facility: **New**



Hurricanes are some of the most powerful storms on earth with the peak of the season for the Atlantic basin from mid August to the end of September. They can bring tremendous devastation to coastal communities and flooding rainfall to inland areas and pose a significant threat to life and property. While we cannot control hurricanes, we can prepare. Every hospital should have a plan for dealing with these potentially catastrophic events.

The National Weather Service's (NWS) National Hurricane Center (<http://www.nhc.noaa.gov/>) in Miami, Florida, and the Central Pacific Hurricane Center

(<http://www.prh.noaa.gov/hnl/cphc/>) in Honolulu, Hawaii, track and issue forecasts for hurricanes and provide basic

information on including terminology that hospital planners should be familiar with such as a "hurricane watch" or a "hurricane warning." New NWS products such as the tropical cyclone impacts graphics contain color-coded visuals, which highlight areas, which might be impacted by inland flooding, storm surge, tornadoes and high winds. Understanding the potential impacts allows sufficient time to plan critical patient transport, use of non-ER medical staff for ventilating and suctioning patients if power is lost and many other staffing, medical supply and patient care issues.

If your area is vulnerable to tropical storms and hurricanes, the best thing you can do is ensure your medical facility has an action plan. A good place to start is talking to the Warning Coordination Meteorologist (WCM) at your local NWS Weather Forecast Office (WFO). Each WFO has a WCM who can assist the medical community to understand forecast information and help with an action plan. A list of NWS Weather Forecast Offices is found on the web at: <http://www.nws.noaa.gov/organization.php>.



Medical Surge Preparedness – GAO June 2008 Report: **New**

GAO

U.S. Government Accountability Office

On July 14, 2008, the Government Accountability Office (GAO) released a status report on progress states have made toward preparing for a surge of medical care in the wake of an event such as a terrorist attack or an influenza pandemic. The 59-page report, requested by various US Senate and House members, looked at four main components of medical "surge" readiness: increasing hospital capacity, pinpointing alternative care sites, enlisting medical volunteers and planning for altered standards of care. GAO auditors found that of 20 states that were surveyed, many have made progress on three of the key components of medical surge planning: increasing hospital capacity, determining alternative care sites and recruiting volunteer staff. However, only seven of them had adopted or were developing altered standards of medical care in response to a mass-casualty event. States told the GAO they faced several challenges in building surge capacity. While most states surveyed said they could boost the number of hospital beds in an emergency, some said they worried about how to staff the effort. Some state officials reported difficulty in selecting alternative care sites, particularly in small rural communities. Other states said that some facilities that could be used as care sites have already been earmarked as emergency shelters. Officials from several states aired concerns about how the Centers for Medicare and Medicaid Services would reimburse providers for care delivered at the alternative sites. Some said knowing the payment status ahead of time would make the planning and exercise exercises easier and more realistic. They also said they were unclear on how federal laws relating to patient privacy and emergency care would apply in a mass casualty event, particularly at care sites away from medical facilities. In terms of registering medical volunteers, states projected that some helpers might be reluctant to sign up because of worries that, as part of a required national database, they might be deployed to another state. Some states also said volunteer enlistment should be better coordinated to avoid overlap between programs. To read this report summary in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul1408surge-br.html>.

Positions Available at YNH-CEPDR



YNH-CEPDR has an opening for an Evaluation Specialist. Please contact

YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.ynhscareers.org/>

Preparedness: **New**



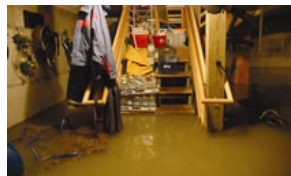
Tip of the week: Prepare in advance. People who are elderly, bedridden or have a disability may need special assistance in the event of a storm, power outage or during an evacuation, <http://emergency.cdc.gov/disasters/hurricanes/reminders.asp>.

- Five cities across the US are testing a new national 911 system that would allow communications with police and other emergency personnel by text message and take advantage of the latest technology to pinpoint accident scenes. According to *USA Today*, call centers in Rochester, New York; Bozeman, Montana; King County, Washington.; St. Paul, Minnesota; and Fort Wayne, Indiana began testing the Department of Transportation's Next Generation 9-1-1 system in June with the goal of replacing the 40-year-old technology that governs how the nation's 6,000-plus 911 call centers operate. Under the new system, emergency personnel could more quickly pin down the location of a call from a wireless network. The nation's 911 call centers would be more uniform and networked so that a call to a busy or incapacitated 911 center could instantly be routed to another center acting as a back up. For more information, please visit <http://govtsecurity.com/news/911-text-messaging-0710/index.html>.



Drexel University School of Public Health's Center for Health Equality, with support from the HHS Office of Minority Health, the National Resource Center has created an online clearinghouse and information exchange portal designed to facilitate communication, networking and collaboration to improve preparedness, build resilience and eliminate disparities for racially and ethnically diverse communities in public health emergencies. This website features annotated resources, including publications, courses and training curriculum, research and evaluation tools, programs and projects and translated materials organized by various topics, languages, communities, states, target audiences and organizations. News, updates and events within the field are also featured. For more information, please visit <http://www.diversitypreparedness.org/>.

Flood Repairs Include Wiping Out Mold Threat: **New**



Floodwaters can create health problems
Credit: WA Military EMD

Floodwaters can bring about mold. Disaster recovery and health officials continue to urge flood victims to reexamine flood-damaged property thoroughly for developing mold and mildew in order to avoid possible health problems. Water-damaged homes provide a damp environment in which mold can flourish. Those who are sensitive to mold spores may experience wheezing, difficulty breathing, nasal and sinus congestion, burning and watering eyes, dry cough, sore throat, shortness of breath or skin irritation. To clean up mold, it is recommended that:

- Air conditioning units are checked out by a professional before use. If the system contains mold, it may be spread throughout the house.
- Porous materials such as carpet, drywall, insulation, mattresses, upholstered furniture and ceiling tiles infected by mold should be discarded.
- For non-porous materials such as tile or floors
 - Be sure to maintain good ventilation
 - The surface be washed with household detergent or disinfectant, like bleach, and dry thoroughly
 - Use fans near open windows or doors to assist the drying process

For more information, please visit <http://www.fema.gov/news/newsrelease.fema?id=45086>.

Health Effects of Wildfires Using the BioSense System: **New**

During October 21-26, 2007, wildfires consumed hundreds of thousands of acres and forced the evacuation of more than 300,000 persons in San Diego County, California. CDC BioSense compiled a report that describes some of the health effects of the wildfires based on data from six hospitals in San Diego County. Analysis of the data indicated that ED visits for respiratory disease, especially those associated with dyspnea and asthma, increased during a five-day fire period compared with the preceding 20 weekdays. For the six hospitals combined, visits for dyspnea increased from 48.6 to 72.6 per day, and visits with diagnoses of asthma increased from 21.7 to 40.4 per day. To read this report in full, please visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5727a2.htm?s_cid=mm5727a2_e?s_cid=ccu071408_wildfire1_e.

Department of Homeland Security (DHS) Marks 5th Annual National Preparedness Month This September



On July 2, 2008, DHS announced that more than 1,200 national, regional, state and local businesses and organizations have pledged their support and joined the 2008 National Preparedness Month Coalition. Sponsored by the department's Ready Campaign, National Preparedness Month helps to raise awareness and promote action by Americans, businesses and communities on emergency preparedness. "As we approach our fifth National Preparedness Month, I want to thank the hundreds of coalition members who are making a difference in their communities by helping raise the basic level of preparedness in our country," said Homeland Security Secretary Michael Chertoff. "Individual preparedness is the cornerstone of emergency preparedness. Experience shows that if Americans take steps ahead of time, they stand a much better chance of coming through an emergency unharmed and recovering more quickly." To read this article in full, please visit http://www.dhs.gov/xnews/releases/pr_1215023457413.shtm.

HHS Releases Project BioShield Annual Report to Congress

On July 9, 2008, HHS issued a report describing its progress in implementing Project BioShield. HHS has used Project BioShield authorities to support, facilitate and expedite the research, development, acquisition and availability of medical countermeasures to respond to the adverse effects of public health emergencies involving chemical, biological, radiological and nuclear threats. "Emergency preparedness and response is a responsibility we all share as individuals, as family members, and as citizens of our communities," said Assistant Secretary for Preparedness and Response (ASPR) W. Craig Vanderwagen. "Our goal is to foster involvement by private and public stakeholders in the emergency preparedness process, working to make the process transparent while safeguarding national security. This report reflects our progress in that regard not only as an agency but also as a nation." For more information on this report, please visit <http://www.hhs.gov/news/press/2008pres/07/20080709b.html>.

National Personal Protective Technology Laboratory (NPPTL) Releasing Document for Public Review and Comment



On July 2, 2008, NPPTL announced that they are currently seeking stakeholder input regarding a request from the Department of Defense

(DoD). The request is for a proposed modification to the CBRN APR Statement of Standard to allow for mechanical connectors other than the specified single 40-mm thread connector. The DoD is seeking modification of the standard to allow DoD first responders to use a newly developed respirator, the Joint Service General Protective Mask (JSGPM), for respiratory protection on military installations in the US or when called upon to support civil authorities. The JSGPM uses a bayonet mounted, dual filter design instead of the single standard 40-mm screw mounted canister. DoD's request is to supplement the existing NIOSH standard with an alternate design for DoD application. To learn more about this request, please visit <http://www.cdc.gov/niosh/review/public/139/>.

Protecting the Healthcare Workforce



Ensuring that all of your staff know how to protect themselves during a disaster in which they may be exposed to a chemical, biological or radiological substance is an important factor in their decision to come to work and fulfill their role in a disaster and to your facility's ability to provide ongoing healthcare services. OSHA requires that employees performing certain functions complete training programs that prepare them to don and doff appropriate levels of personal protective equipment (PPE) and recognize when such precautions may be necessary. YNH-CEPDR has developed a comprehensive suite of courses that addresses these OSHA requirements and provides an effective method to train your staff in proper PPE procedures. Whether your need is for fit testing N95 respirators or operations-level PPE and decontamination training for your decontamination team, YNH-CEPDR has a solution for your organization. For more information, please contact center@ynhh.org.

Education and Training Courses



At the request of the Bioterrorism Training and Curriculum Development Program of DHHS, 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.



EM 120: Best Practices for the Protection of Hospital-Based First Receivers. Information topics include: special threats from specific agents; levels of biological, chemical and radiological protection and isolation; various levels of respiratory protection; principles of decontamination; decontamination procedures; mental health concerns regarding decontamination; and personal safety issues regarding decontamination. For more information, please contact us at (203) 688-3224 or center@ynhh.org.

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

Education and Training Courses (*continued*):



EM 121: N95 Respirator and Personal Protective Equipment (PPE) Training for Healthcare Workers. Information topics include: reasons for respirator and personal protective equipment (PPE) use; proper methods for inspecting, donning and doffing a respirator and PPE; the effective use of a respirator and PPE; and common errors made in PPE and N95 respirator use. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



EM 122: N95 Respirator Fit Tester Training. Information topics include: identifying the need to conduct the N95 respirator fit test; conducting a fit test for N95 respirator use; and performing proper inspection and disposal of respirators. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



EM 220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level. Information topics include: preparation for healthcare workers, such as emergency department clerks and clinicians who are assigned to work in the contaminant-free areas but who may need to identify possible risks associated with unannounced patients; preparation for healthcare workers with designated roles for contaminant removal or who will be working in areas that are considered to be contaminated (training includes proper use of protective equipment); and preparation for hazardous materials specialists, including radiation safety officers. For more information, please contact us at (203) 688-3224 or center@ynhh.org.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
07.28.08 to 07.30.08	<i>Save the Date</i>	Combating Bioterrorism/Pandemics: Implementing Policies for Biosecurity <i>Sponsored by Massachusetts Institute of Technology (MIT)</i>	MIT Cambridge, MA For more information, please visit http://web.mit.edu/mitpep/pi/courses/combating_bioterrorism.html#right .
08.15.08 To 08.16.08	<i>Save the Date</i>	South Carolina AHEC: Emergency and Disaster Medicine Summit <i>Sponsored by South Carolina Department of Health and Environmental Control</i>	Charleston Area Convention Center North Charleston, SC For more information, please visit http://www.scahec.net/prepares/summit/#host .
8.24.08 to 8.28.08	<i>See Website</i>	Public Health Information Network (PHIN) Conference 2008 <i>Sponsored by CDC PHIN</i>	Westin Peachtree Plaza Atlanta, GA For more information, please visit http://www.cdc.gov/phinconference/index.htm .
9.9.08 to 9.12.08	<i>See Website</i>	ASTHO-NACCHO Joint Conference <i>Sponsored by ASTHO and NACCHO</i>	Charleston Area Convention Center North Charleston, SC Sacramento Convention Center Sacramento, California

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