

Public Health Preparedness Update

Serving Benton, Franklin, Klickitat, Walla Walla, and Yakima Counties



November 2006

Points of Interest:

- Nov. 25, 2006 Visitors have been banned and hand-washing security guards are in place at all entrances of a Quebec hospital trying contain an outbreak of Clostridium difficile. Seventeen patients at the Lanaudiere regional hospital have been diagnosed with C. difficile infections in the past 12 days. The patients are in quarantine and cleaning teams are at work 24 hours a day at the hospital to try and prevent further infections. Only "humanitarian" visits will be allowed.
- Researchers at Woodend Hospital in Aberdeen Scotland used positional magnetic resonance imaging capable of taking snapshots of 22 volunteers' spines as they sat upright, slouched and hunched forward or laid back at an angle of 135 degrees. Desk slouchers, the images showed, are at high risk of causing wear and tear to spinal discs in their lower spine. Those sitting upright also fared badly. With the back vertical strain on the spine forced spinal disc material to shift out of line. The safest posture, which put least strain on spinal discs and surrounding muscles and tendons, was the substantially more relaxed 135 degree backward sprawl, the researchers found.

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Preparing For Winter Storms

Winter storms can range from moderate snow over a few hours to blizzard conditions that last several days. The time to prepare is before the snow and ice begin to fall. Begin by learning the warning terms. A "winter storm watch" indicates that severe winter weather may affect your area. A "winter storm warning" indicates that severe winter weather conditions are definitely on the way. A "blizzard warning" means that large amounts of falling or blowing snow and sustained winds of at least 35 miles per hour are expected for several hours.

1. Be prepared to shelter in place. Keep a three-to-five-day supply of food and water on hand, along with a non-electric can opener, battery-powered radio, flashlight and extra batteries. Have an alternate heat source and a supply of fuel; install storm windows or cover windows with plastic; insulate walls and attics; and weather strip doors and windows.

2. Stay informed. Stay tuned to weather information on local TV or radio stations, or the National Weather Service or WA. Dept. of Transportation websites.

3. Stay indoors during a storm If you must go out:

- Wear layers of loose-fitting, lightweight clothing rather than one layer of heavy clothing.
- Outer garments should be tightly woven and water-repellent. Mittens are warmer than gloves.
- Wear a hat as most heat is lost through the top of the head.
- Cover your mouth with a scarf to protect lungs from extremely cold air.
- Change out of wet clothing quickly to prevent a loss of body heat.

4. Conserve fuel. Lower the thermostat and close off unused rooms to save energy.

5. Beware of carbon monoxide. If using generators, kerosene heaters or gas fireplaces maintain proper ventilation. Keep heaters at least three feet from flammable objects.

6. Report downed power lines and broken gas lines.

7. Check on others; relatives, friends, and neighbors, especially the elderly or those at risk, to ensure they are safe.

8. Do not park vehicles on snow routes. Park vehicles in driveways where available, and leave room for plows to clear the streets.

9. Keep sidewalks clear. Residents are responsible for clearing snow and ice from sidewalks in front of their homes.

10. Avoid overexertion. Cold weather puts an added strain on the heart. Unaccustomed exercise such as shoveling snow can bring on a heart attack or worsen medical conditions.

11. Watch for signs of frostbite and hypothermia. If symptoms are detected, get medical help immediately. If you are unable to reach medical assistance, begin warming the person slowly. Warm the person's trunk first. Use your own body heat to help. Warm arms and legs last since stimulation of the arms and legs can drive blood to the heart and lead to heart failure. Never give a frostbite or hypothermia victim anything containing caffeine or alcohol. Caffeine can cause the heart to beat faster and hasten the effects of the cold. Alcohol can slow the heart and also hasten the effects of cold.

Frostbite - A loss of feeling and a white or pale appearance in fingers, toes, or nose and ear lobes.

Hypothermia - uncontrollable shivering, slow speech, memory lapses, frequent stumbling, drowsiness, and exhaustion.

Strategic National Stockpile - PODs

While working with public health and emergency preparedness, you may have come across a word or phrase that left you wondering what exactly they were talking about. One frequent question is, “*What is a POD?*”

Simply put, POD stands for Points of Dispensing. PODs are temporary sites that were chosen by local health jurisdictions (LHJs) to serve as dispensing or vaccination venues for their residents in the event of a public health emergency. The POD’s only function is to provide prophylaxis for the emergency on-hand; they will not perform any medical care or treatment, or provide additional medications. For example, if South Central Washington was attacked with anthrax, PODs would only dispense antibiotics for anthrax. They would not give out medicine for other conditions, such as high blood pressure or diabetes.

While it may sound easy, selecting a POD location depends on many variables, and requires careful consideration by the LHJs. For example, LHJs considered population density—the number of people residing in a geographical area, infrastructure—can the site support POD operations, access to and from—does the site offer ideal traffic entry and exit points, and familiarity of location—will many of the county’s residents know the POD’s location. For many LHJs, schools were an ideal choice as they met many of the above listed criteria. Additionally, schools have equipment on-site that can be used to support POD operations, such as telephone, fax, and internet capabilities. They also have audio/visual equipment that

can be used to provide information or education to the patients as they wait in line.

The ultimate goal of a POD is to *put pills in hand*: to provide prophylaxis to as many people as possible in the shortest amount of time.

In the event that you have to visit a POD, please be prepared and bring the following:

- Picture ID (e.g. driver’s license, student ID)
- A list of the regular medications (type, dosage, and daily amount) you and your children take.
- Know how much your children (under 18) weigh (dosages for children are calculated according to their weight).
- Dress appropriately for the weather.
- Pack food and water for you and your family in case you need it. You may also want to bring a book, crossword puzzles, and coloring books.



Volunteer Management Institute

On November 14th-17th, the Region 8 office sent two staff members to Washington State University’s Volunteer Management Institute (VMI). VMI was an intensive four-day interactive training provided by seasoned instructors that offered insight to successful volunteer recruitment. The staff had the unique opportunity to network with volunteer managers from varied disciplines across the US who presented their distinct insights on volunteer management.

The training included management techniques, logic model planning, program evaluation, recruiting methods, types of volunteers, advertising and promotion, effective teaching of adult volunteers, orientation of volunteers, leadership roles, managing change, and volunteer motivation and recognition.

Ethical Guidelines for Pandemic Flu

Responding to pandemic influenza will raise a number of ethical challenges for decision makers, including establishing criteria for distributing vaccines and antiviral medications equitably and implementing measures that will impact on personal freedoms, such as restricting travel, closing schools or offices, and use of quarantine.

In order to help meet these ethical challenges, CDC is preparing a document, Ethical Guidelines for Pandemic Influenza, that will assist in decision making related to pandemic influenza. The full guidelines are scheduled to be available in early 2007.

Training and Education

Training and education are vital components in developing and maintaining emergency response personnel and teams. To meet that need, Region 8 Public Health Emergency Preparedness and Response provides training opportunities to our partners. These include in-person trainings, video or dvds, and web-based learning opportunities. New trainings and materials are added to the Region 8 library on a regular basis and by request. For more information, contact Angela Seydel at angelas@bfhd.wa.gov, or 509-586-0673 x2.

In-person trainings include:

Risk Communication and Pandemic Influenza

What, when, and how to say what needs to be said to motivate people to prepare for a potential pandemic. As requested. Contact Angela Seydel at 509-586-0673 x2 to schedule.

NIMS/ICS Training

100, 200, 700, and 800 available.

As requested. Contact Leslie Koenig at 509-586-0673 x4 to schedule

On-line training opportunities:

Introduction to Outbreak Investigation is available from the Northwest Center for Public Health Practice. The free course takes an hour to complete. CNE contact hours are available. www.nwcp.org/outbreak.

On-line resource:

Communicating in the First Hours: Initial Communication with the Public During a Potential Terrorism Event is available from the CDC. There are messages, templates, and video available to prepare for and respond to a variety of events. www.bt.cdc.gov/firsthours.

Website of Interest - Emergency Preparedness for Schools:

A new webpage for school emergency preparedness has been added to the Department of Homeland Security's *Lessons Learned Information Sharing* website. Taken from the page: "Schools are vulnerable to a variety of hazards, including accidents, kidnappings, natural disasters, shootings, and terrorism. Emergency planning is essential to prevent, prepare for, respond to, and recover from these incidents. School administrators are learning valuable lessons that, when shared, can improve school safety across the country."

Lessons Learned Information Sharing is conducting research in the area of school emergency planning. This research as well as after-action reports, templates, plans, related links, news, conferences, and more will be highlighted on the webpage .

<https://www.llis.dhs.gov> Free registration, which can be completed on the homepage is required to access the available resources.

From the video library ~ DVD or VHS:

Contact Angela Seydel for the following programs.

Pandemic Flu Preparedness: What Every Community Should Know. Public Health strategies for preparing for pandemic influenza. University of North Carolina 9/29/06 1 hr.

Collaboration and Conflict Resolution for Success in Public Health. A look at conflict and resolution, and where collaboration can play a role. Alabama Public Health Training Network. 10/20/06 1 ½ hrs.

Region 8 Public Health Emergency Preparedness and Response

Kennewick

100 N. Fruitland, Suite D
Kennewick WA 99336
Phone: 509-586-0673
Fax: 509-582-0164

Leslie Koenig, Coordinator
John Franco, Epidemiology
Angela Seydel,
Communication & Training

Yakima

104 N 1st St Suite 204
Yakima, WA. 98902
Phone: 509-249-6533
Fax: 509-249-6633

Barbara Andrews,
Epidemiology

Regional Websites

Benton-Franklin Health District

www.bfhd.wa.gov

Klickitat County Health Department

www.klickitatcounty.org/health/

Walla Walla County Health Department

[www.co.walla-walla.wa.us/
Departments/health/health.htm](http://www.co.walla-walla.wa.us/Departments/health/health.htm)

Yakima Health District

www.yakimapublichealth.org

Pandemic Influenza Where are we now?

PHASE 3

CDC
November 27, 2006

Hospital Incident Command System - HICS

The new HICS curriculum is out and available, at no cost, for download at: <http://www.emsa.ca.gov/hics/hics.asp>

The primary differences between HEICS III and HICS are:

- Incident Management Team chart
- Updated and expanded Job Action Sheets
- NIMS/ICS compliant forms for documentation
- Hazard specific planning and operational guidance
- Information for addressing NIMS

Materials in the new curriculum include:

- HICS Guidebook outlining ICS principles, HICS command practices and HICS Implementation and

utilization considerations

- 27 Incident Planning and Resource Guides (14 external and 13 internal emergency scenarios)
- Job Action Sheets for each Incident Management Team position
- Documentation Forms
- 12 Power-Point based education modules

One of the appendices in the Guidebook has implementation recommendations and suggestions. Questions may be emailed to EMSA at hics@emsa.ca.gov. Answers will be posted in future FAQs on the EMSA website. At this time, hard copies or CDs of the HICS materials are not available, but may be at a future date.

National Incident Command System - NIMS

October 30, 2006 the NIMS Integration Center announced the NIMS Compliance measures will shift from performance-based questions to performance-based metrics.

In FY07, all jurisdictions must comply with specific performance-based metrics. The metrics were derived from previous compliance requirements and also include some new performance measures. Some of those include, but are not limited to:

- Designate a single point of contact within the tribal/local jurisdiction to serve as the principal coordinator for NIMS implementation
- Ensure that the Public Information System can gather, verify, coordinate, and disseminate information during an incident

- Complete ICS 300 and ICS 400 training
- Validate that the inventory of response assets conforms to homeland security resource typing standards
- Develop systems, tools and processes to present consistent and accurate information to incident managers at all levels.

The information provided in the update is specific to tribal and local jurisdictions. It does not specifically outline the impact of these guidelines for hospitals.

The WA State Emergency Management Division is currently reviewing the new NIMS Compliance Metrics documentation and will provide guidance to WA State agencies soon. For more information, please visit: http://www.fema.gov/emergency/nims/nims_compliance.shtm.

Seasonal Influenza Update - Week Ending November 18, 2006

During week 46 (November 12 – November 18, 2006), a low level of influenza activity was reported in the United States. Sixty-eight (3.2%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) and the proportion of deaths attributed to pneumonia and influenza were below baseline levels. Four states reported regional influenza activity; four states reported local influenza activity; 23 states, the District of Columbia, and New York City reported sporadic influenza activity; and 19 states reported no influenza activity.