Central CT Health District

Mass Dispensing Area #28

Emergency Preparedness Newsletter

JANUARY 2007

WINTER!

This is supposed to be the winter edition but no snow yet – thank goodness.

We hope to improve our readiness with ongoing involvement of volunteers. We realize that most volunteers are usually the busiest people but we hope that you can find time to help us with some specific readiness issues and tasks. See under the "FEATURED AREA" for more information.

Keep Your Contact Information Up-to-Date

We have enclosed an update form with your information.

Please review, update and mail in enclosed, stamped envelope.

EMERGENCY PLANNING ACTIVITIES

Emergency planning is moving along with an emphasis this year on Pandemic Flu.

Mass Dispensing Clinic: This year, we tested several components of our Mass Dispensing Clinic Plan at Flu Clinics. We used Incident Command positions, had Just-in-Time Training (JITT), tracked throughput, tested the cold chain and evaluated traffic flow. Everything went so well that the first clinic was able to easily handle 1400 vaccinations in 3 hours with about 25 staff and volunteers including doctors, nurses, pharmacists and non-medical support. Many residents of the 4 towns commented that they were impressed and grateful to be able to complete the process in about 10-20 minutes. Many told stories of friends and relatives waiting in lines for 1½ -2 hours only to find out that vaccine had run out. We hope some of you will volunteer to help us next year.

Emergency Planning Forum: Recently, CCHD invited emergency planning representatives from the 4 District towns of Berlin, Newington, Rocky Hill and Wethersfield to participate in a forum to coordinate public health planning. A summary of CCHD emergency planning and needs was presented. A lively discussion followed and the group has planned another meeting to continue the process.

FEATURED SECTION: INCIDENT COMMAND AREAS

Volunteers are needed to be involved in the planning so preparedness is at its best. If Pandemic Flu were to occur, it is predicted that as much as 40% of the work force could be ill and unavailable. We need to have as many people trained and knowledgeable so the public health response will be available and effective.

PICK ONE, LEARN MORE ABOUT IT, HELP PLAN & TRAIN
☑ CHECK AREA on the UPDATE FORM and MAIL

Operations Section: This section manages the medical and non-medical components of mass vaccination and medication dispensing clinics. The medical component includes Triage, Pharmacy, Exit Review, EMS, Education and Psychosocial components. The non-medical component involves Forms Distribution, Security (Interior & Exterior) and possibly Child Care.

Planning Section: This section tries to plan ahead to meet the needs of an emergency/disaster event. It manages the volunteers and other workers including Intake/Orientation, Credentialing/License Verification, ID/Badging, Scheduling and a Labor Pool. It also oversees Technical Specialists that might be needed.

Logistics Section: This section is responsible for the management of the POD facility and all supplies needed. It provides for Communications, Runners and the feeding of workers.

Finance & Administration: This section is responsible for Medical Records, Costs, Time worked and any Claims.

Volunteers

We still need more volunteers since some volunteers are no longer able to participate due to moving, illness or other commitments.

Contact anytime: Judye Torpey, Emergency Preparedness Coordinator

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See CCHD's Web site at www.ccthd.org for information regarding services, health, emergency preparedness, links to other sites and upcoming events.

Interested in Free Training?
Register on: CONNECTICUT TRAIN
[See Instructions that Follow]

UPCOMING TRAINING OF INTEREST

- **Role of Pharmacists in Mass Dispensing and Vaccination for Public Health Emergencies**–online (Focuses on critical role in Points of Dispensing [PODs] clinics) CEUs/CE available
- **Overview of Pharmacists' Roles in Chemical/Biological Public Health Emergencies**–online (Familiarizes with events, response and role) CEUs/CE
- **Smallpox Vaccination Train-the-Trainer**: Part A: online; Part B: As Scheduled
- **Incident Command System for Public Health Professionals**–Capitol Avenue, Hartford (Awareness level course)
- **Incident Command/IS100**–multiple dates/locations or FEMA online
- **NIMS/IS-700 Nat'l Incident Mngmnt System**–multiple dates/locations or FEMA online
- **The National Response Plan, An Introduction**-FEMA online only.

WATCH YOUR MAIL FOR CCHD TRAINING SCHEDULE ANNOUNCEMENT

CONNECTICUT TRAIN

First responders, town employees and CCHD volunteers are eligible to register. You may take any course unless it is restricted or priority has been given to particular disciplines. Courses may be site, distance learning, or web-based. Search for courses. Create a personal online transcript. Provide and/or read feedback on courses. Sign up for emails about new courses. The Training Finder Real–Time Affiliate Integrated Network, or TRAIN, is the nation's premier learning resource for those who protect the public's health. TRAIN is a project of the Public Health Foundation with funding from The Robert Wood Johnson Foundation, participating states and CDC. TRAIN is accessed through http://www.ct.train.org/. It is managed by CT DPH. SEE NEXT PAGE

How to Register: http://ct.train.org/

1. Select "**Create Account**" on "**Left**" button
2. Read "TRAIN" Policies – Click "I agree to etc." box then "**Next**" button
3. **Fill-in** required fields – Click "**Next**" button
4. Click on **down arrow** next to "**Select Agency**"
5. Select "**Smallpox Preparedness & Response**" from the menu
6. Click on **down arrow** next to "Select Smallpox Preparedness & Response"
7. Select "**Mass Vaccination Areas**" from the menu
8. Click on the **down arrow** next to "Select Mass Vaccination Areas"
9. **Select "28"-"CCHD**" from the menu. Click on "Next"
10. **Select two(2) roles**, then **scroll** to the bottom of the screen and then **select "Volunteer**" **as your third(3)** in "**Professional Roles**" and click "**Next**"
11. **Click** on "**Official Public Health Agencies**" box and **select** "**Local**" from the menu **as one of your three (3) "Work Settings"** and click on the "**Next**"
12. Selecting Demographic information is optional
13. **Click** on the **"Next"** button **to complete your registration****

> ****Once you have registered**, go back to Http://ct.train.org to select your training:

1. **Type** in your "Login Name" and "Password"
2. **Click** on the "Course Search" button
3. **Click** on "Browse My State Only" that is in the menu on the left side of the screen and select your course or review the upcoming courses listed on the center or right side of the screen.

NEWEST PUBLICATION from the HEALTH DISTRICT: "Caring for Someone Living with Alzheimer's or a related Dementia? Are You Prepared for A Public Health Emergency?" prepared by Shelly Waram, RN, BSN, MSN during her last semester in the University of Hartford Community Health Graduate Nursing Program. Pamphlet available at Health District offices, Town Halls, Community & Senior Centers and Libraries. Also available on CCHD website – www.ccthd.org.

Facts: Isolation and Quarantine [CDC based information]

The Centers for Disease Control and Prevention (CDC) is the U.S. government agency responsible for identifying, tracking, and controlling the spread of disease. With the help of the CDC, state and local health departments have created emergency preparedness and response plans. In addition to early detection, rapid diagnosis, and treatment with antibiotics or antivirals, these plans use two main traditional strategies—**quarantine and isolation**—to contain the spread of illness. These are common health care practices to control the spread of a contagious disease by limiting people's exposure to it.

To contain the spread of a contagious illness, public health authorities rely on many strategies. Two of these strategies are isolation and quarantine. Both are common practices in public health, and both aim to control exposure to infected or potentially infected persons. Both may be undertaken voluntarily or compelled by public health authorities. The two strategies differ in that isolation applies to persons who are known to have an illness, and quarantine applies to those who have been exposed to an illness but who may or may not become ill.

Isolation: For People Who Are Ill

Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities. Isolation is a standard procedure used in hospitals today for patients with tuberculosis (TB) and certain other infectious diseases. In most cases, isolation is voluntary; however, many levels of government (federal, state, and local) have basic authority to compel isolation of sick people to protect the public.

Quarantine: For People Who Have Been Exposed But Are Not Ill

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy, like isolation, that is intended to stop the spread of infectious disease. Quarantine is medically very effective in protecting the public from disease.

The CDC applies the term "quarantine" to more than just people. It also refers to any situation in which a building, conveyance, cargo, or animal might be thought to have been exposed to a dangerous contagious disease agent and is closed off or kept apart from others to prevent disease spread.

The list of **diseases for which quarantine is authorized** is specified in an Executive Order of the President. Since 1983, this list has included cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, and viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named). The list was last amended in April 2003 to include SARS (Severe Acute Respiratory Syndrome).

If people in a certain area were potentially exposed to a contagious disease, State and local health authorities would notify people that they may have been exposed and would direct them to get medical attention, undergo diagnostic tests, and stay at home - limiting their contact with people who have not been exposed to the disease. Only rarely would federal, state, or local health authorities issue an "order" for quarantine and isolation. However, both quarantine and isolation may be compelled on a mandatory basis through legal authority as well as conducted on a voluntary basis.

States generally have authority to declare and enforce quarantine within their borders. This authority varies widely from state to state, depending on state laws. The Centers for Disease Control and Prevention (CDC), through its Division of Global Migration and Quarantine, also is empowered to detain, medically examine, or conditionally release persons suspected of carrying certain communicable diseases.

Recent Example of Isolation and Quarantine: SARS and Isolation

During the 2003 global outbreak of severe acute respiratory syndrome (SARS), patients in the United States were isolated until they were no longer infectious. This practice allowed patients to receive appropriate care, and it helped contain the spread of the illness. Seriously ill patients were cared for in hospitals. Persons with mild illness were cared for at home. Persons being cared for at home were asked to avoid contact with other people and to remain at home until 10 days after the resolution of fever, provided respiratory symptoms were absent or improving.

Definitions

Infectious disease: a disease caused by a microorganism and therefore potentially infinitely transferable to new individuals. May or may not be communicable. Example of non communicable is disease caused by toxins from food poisoning or infection caused by toxins in the environment, such as tetanus.

Communicable disease: an infectious disease that is contagious and which can be transmitted from one source to another by infectious bacteria or viral organisms.

Contagious disease: a very communicable disease capable of spreading rapidly from one person to another by contact or close proximity.

See http://www.cdc.gov/ncidod/dq/isolationquarantine.htm **for more information.**