

November 2009



If you would like a pre-made kit for your vehicle, here is one that can be found through Emergency Essentials. Click on the image to link to their site.



IPHCA Emergency Management Communicator

Are you Ready for Winter?

Winter is nearly here and that means that driving in less-than-ideal weather awaits. Even with the modern convenience of cell phones, it is still possible that help could be slow to arrive due to inclement weather or multiple requests for assistance. Below you will find an example of an alphabetical checklist to prepare a Vehicle Disaster Supply Kit that could help you survive until help arrives.

- Blankets, Sleeping bag
- Candle, matches in fireproof container
- Cash
- Duct tape
- Energy bars (non-perishable foods)
- Extra (warm) clothing
- Fire Extinguisher, type ABC
- First aid kit
- Flares
- Flashlight & batteries
- Hand sanitizer/hand wipes
- Medications (such as acetaminophen, ibuprofen)
- Mittens, scarves, hats
- Newspaper
- Non-clumping cat litter
- Notebook & pencil
- Old coat
- Paper towels/rags
- Plastic bags
- Pocket knife
- Portable radio
- Rain Gear
- Red cloth
- Shoes or boots with socks
- Small shovel
- Tissues
- Toiletries set
- Tools
- Water
- Ziploc bags

Sources and additional information can be found here:

http://www.fema.gov/areyouready/appendix_b.shtml

<http://www.redcross-indy.org/AboutUs?NewsArticle.aspx?ArticleID=334>

Personal Protective Equipment (PPE) and H1N1



http://osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=16749%20

US Labor Department's OSHA issues compliance directive to address flu prevention for health care workers
 "WASHINGTON - For the protection of frontline health care and emergency medical workers at high risk of infection, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) today issued a compliance directive to ensure uniform procedures when conducting inspections to identify and minimize or eliminate high to very high risk occupational exposures to the 2009 H1N1 influenza A virus."

Per the news release, linked above, OSHA indicates that it closely follows the Center for Disease Control and Prevention (CDC) in their guidance. Some highlights are noted below.

- OSHA inspectors will encourage employers to use a variety of safety measures including vaccination.
- If respirators are required to be used then employers must follow the OSHA Respiratory Protection standard.
- OSHA noted the CDC recommendation for health care professionals to use fit tested, disposable N95, or equivalent, protection for workers in close contact to a case of suspected or confirmed H1N1.



Centers for Disease Control and Prevention

<http://www.cdc.gov/h1n1flu/masks.htm>

Interim Recommendations for Facemask and Respirator Use to Reduce 2009 Influenza A (H1N1) Virus Transmission

In this recommendation, the CDC does not advocate the use of personal protective equipment to the exclusion of all other measures, but rather encourages a comprehensive approach including the following:

- Frequent hand washing with soap and water, or the use of alcohol-based hand sanitizers
- If sneezing or coughing, cover mouth and nose with tissue
- Do not touch eyes, nose and mouth
- Stay home if you are sick and keep away from others
- Avoid close contact (i.e. being within about 6 feet) with persons with influenza-like illness (ILI)

The site linked above contains a table that details which protective equipment should be used based on the situation. Here is an excerpt from that table:

| Setting | Persons not at increased risk of severe illness from influenza (Non-high risk persons) | Persons at increased risk of severe illness from influenza (High-Risk Persons) |
|--|--|--|
| Occupational (health care) | | |
| Caring for persons with known, probable or suspected 2009 H1N1 or influenza-like illness | Respirator | Consider temporary reassignment. Respirator |

For more information about Facemasks and Respirators, see this page on the Flu.gov website:

<http://www.flu.gov/individualfamily/prevention/facemasks/index.html>

Helping At-Risk/Vulnerable Populations

Health Centers by design already address the needs of At-Risk and Vulnerable Populations. In an effort to provide tools that will assist with enhancing existing plans or addressing a previously unaddressed need, here are some resources and tools.

<http://www.hhs.gov/news/press/2009pres/11/20091111a.html>

Joint Commission, HHS Team Up in Language Access Education Effort

In an effort to help address the issue of language barriers in rendering effective health care efforts, the Joint Commission and the U.S. Department of Health and Human Services (HHS) Office of Civil Rights released a video called "Improving Patient-Provider Communications". The video "identifies tools that health care organizations can use to build effective language access programs" and can be accessed here: <http://www.jointcommission.org/PatientSafety/HLC/>

http://www.upmc-biosecurity.org/website/focus/2009_H1N1_updates/pdf/2009-11-23-RschBrf_MSFW_stigma.pdf

Preliminary Findings: Study of the Impact of the 2009 H1N1 Influenza Pandemic on Latino Migrant Farm Workers in the U.S.

The study indicated that the migrant and seasonal farm workers (MSFW) population is "highly vulnerable to pandemic influenza due to their marginal social position and already compromised health status". According to the preliminary findings there were several barriers to migrant and seasonal farm workers (MSFW) from receiving adequate care. Some of the barriers are noted below:

- Sporadic reports of stigma emerged against a background of anti-immigrant sentiment.
- Ingrained barriers to care are likely to delay or prevent vaccination against or treatment for 2009 H1N1 influenza among MSFWs.
- Meager living conditions may inhibit compliance with official guidance on disease containment.

Some of the recommendations to address these barriers include:

- Recognize that many MSFWs may fall into one of the high priority groups for H1N1 vaccination.
- Offer vaccine to MSFWs regardless of their immigration status and even when vaccine supplies are scarce.
- Be cognizant of the political climate, which may doubly complicate outreach to and have adverse psychosocial effects on MSFWs.
- Strive to bring vaccines to MSFWs; do not assume they can visit centralized vaccination sites.
- Provide immunization cards to overcome problems in ensuring continuity of care.
- Use non-English, low-literacy, and low-numeracy communications in any vaccination campaign.

http://www.diversitypreparedness.org/Topic/Subtopic/Record-Detail/18/resourceId_19093/

Emergency Communication and Response with Racial, Ethnic and Minority Communities

The description provided for this webinar indicates that it focuses on "risk communication issues specific to racial/ethnic minorities and awareness of, and compliance with, government issued H1N1 warnings. The presentation includes results from a survey on information seeking patterns and response to H1N1 warnings following in the initial outbreak in spring of 2009. Participants of the webinar also discuss the role of Community Health Centers in serving diverse populations during public health emergencies."

Additional Resources:

Strategies for Improving Influenza Immunization Rates among Hard-to-Reach Populations:

http://www.dialogue4health.org/webforums/PDFs_11_23_09/VLAHOV_et_al.pdf

Project VIVA: A Multilevel Community-Based Intervention to Increase Influenza Vaccination Rates Among Hard-to-Reach Populations in New York City: http://www.dialogue4health.org/webforums/PDFs_11_23_09/COADY_et_al.pdf

Evacuation & Sheltering in Place

Health Centers address a wide array of medically disenfranchised individuals; many of the patients in these groups could become alarmed if an emergency necessitated either Evacuation or Sheltering in Place through the event. Here are some planning considerations to assist in forming plans to address the safety and well-being of the diverse populations health centers serve.

- Consider creating picture placards with visual cues of what actions to take to assist those whose primary language is not English, those unable to read and those who are deaf or hearing impaired.
- For patients with mobility issues or those who are visually impaired, ensure staff is trained to assist them to the exit or to the sheltering location. Consider educating those who consistently assist patients in these groups (family, friends) so that they would be able to aid in the safe movement of the patient.
- Consider training bilingual staff in crisis communications so that they are able to not only provide the necessary direction, but also provide it in a concise, calm manner. Creating sample messages prior to the event can mitigate stress reactions and provide more stability.
- Consider including games, puzzles or coloring books in your Shelter in Place location so that children have something to concentrate on to divert themselves during the event

Most events that would require Evacuation or Sheltering in Place are addressed through the Emergency Operations Plan's Standard Operating Procedures. Templates of the plan and procedures are available through IPHCA; please contact IPHCA for a CD with the templates.

Mass Fatality Planning

In a mass casualty event, such as a major earthquake or virulent pandemic influenza, it is likely that the number of decedents would outstrip the current infrastructure for handling disposition of the deceased. For health centers that could mean that the normal procedure for removing decedents may be unavailable due to the overwhelming numbers resulting in the need for health centers to consider alternate means for removal. If in a virulent pandemic where the system is already stressed, there could be a lack of personnel to adequately address the demand. In a mass casualty event, there could be cascading events such as lack of electricity or flooding due to structural damage that could further complicate the events. One way to address these concerns is to open dialogue with your local health department to review their mass fatality plans and determine how the health center can be an active partner in the discussions and planning for such an event.

In late September, Joan Keene, GIS Coordinator for the Marion County Health Department, presented information (linked below) at the Indiana Environmental Health Association Conference regarding the Mass Burial Sites in Marion County project. In her presentation she noted that some of the considerations for the project regarding mass burial were religious beliefs, burial versus cremation, storage facilities and available land. Marion County, Indiana, consists of 396.25 square miles with a population of roughly one million people. If a mass casualty event resulted in 30% fatalities, there would need to be 18 square feet of space per deceased to allow for systematic mass burial. The need would be for 613.63 square miles, or nearly double the square miles contained within Marion County. This analysis shows just one of the challenges that a mass casualty event could create.

http://proceedings.esri.com/library/userconf/health09/docs/tuesday/mass_burial_sites_for_marion_county_indiana.pdf (note: some of the images may be disturbing)



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For questions or comments, or to schedule a site visit for help in implementing emergency preparedness activities, please contact Jenifer Nelson.

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Recent District 5 Table Top Exercises

An IPHCA conference call on 12-09-09 will feature recent Table Top Exercises and discuss the design, conduct, the role of the health centers, opportunities, and successes. The presentations can be found here: http://www.indianapca.org/programs/emerg_news_events.html

The call will feature Jerry Parsons and Diana Leonard from the Managed Emergency Surge for Healthcare (MESH). More information about MESH can be found here:

<http://www.meshcoalition.org/web/?contentid=1>. An overview of the topics and exercises is as follows:

Community Health Center Pandemic Influenza Table Top Exercise

On September 8, 2009, the Managed Emergency Surge for Healthcare (MESH) Coalition hosted/sponsored an event where representatives from area community health centers (CHCs) and free clinics, the Marion County Health Department (MCHD), Indiana Primary Health Care Association (IPHCA) and MESH participated in a tabletop exercise (TTX). The overriding goal of MESH in developing and facilitating the TTX was to evaluate existing emergency management and planning efforts. The TTX focused on and allowed rehearsal of systems rather than on definitive plans and was designed to influence future planning to address the issues identified. The presentation will focus on strengths, weaknesses, and lessons learned based on the unique scenario and injects provided to participating CHCs.

Mass Fatality Planning

The City of Indianapolis is the capital for the state of Indiana, and is the 13th largest city in the country. Based upon hazards identified through local and state planners, the potential for a mass fatality type of disaster exists. Mass fatality planning and response is one area of disaster management that poses enormous challenges for any city or state. Coordinating the response of multiple agencies creates a particularly complex set of demands on the emergency manager as well as other community responders. A portion of the presentation will focus on findings from a mass fatality tabletop exercise and what roles need to be filled in order for a comprehensive response to occur.

Articles of Interest

- http://www.cdc.gov/OralHealth/infectioncontrol/factsheets/2009_h1n1_1.htm From the CDC: Prevention of 2009 H1N1 Influenza Transmission in Dental Health Care Settings
- <http://www.flu.gov/professional/hospital/infectioncontrolguidance.html> From Flu.Gov: Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel