




A Critical Preparedness Triad for the Local Health Department Community





Public Health
Preparedness Summit

February 19, 2009



Agenda

- ▶ Introductions 5
- Tarrant County APC Program Overview 5
- North Texas Preparedness Issues and Insights 15
- Hypothetical Preparedness Scenario 5
- Mass Casualty Triage 25
- Break 10
- School Health Surveillance 25
- Enabling a Viable Volunteer Workforce 25
- Conclusion and Q/A 5


Introductions

- William F. Stephens
 - Manager
- Dean Lampman
 - Regional Surveillance Coordinator
- Kay Sanyal-Mukherji
 - Workforce Training and Development Specialist



Session Objectives

- Identify 4 critical components of Homeland Security Presidential Directive 21 (Pandemic All-Hazards Preparedness Act)
 - Relate these to capacity building for local health agencies in 3 key areas
- Discuss key elements of mass casualty triage
 - Describe importance, types of mass casualty triage as a critical component
- Explain key elements and functions of an effective school health surveillance program
 - Describe an open source Web portal that readily supports collaboration
- Describe core competency matrix for knowledge, skills and capabilities of Medical Reserve Corps (MRC) volunteers
 - Discuss training requirements




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Tarrant County Public Health: Serving a Large, Diverse Region

- County population: 1.7 million; Region: 6.2 million
- 60 million pass through DFW Airport daily
- 22% speak a language other than English at home
- Top 2 industries: Health and Manufacturing
- Public venues: Texas Motor Speedway and recently built Dallas Cowboys stadium
- Weather : tornadoes, floods, wildfires





Tarrant County APC Background

- 9-99: NACCHO and CDC funded 3 prototype local health departments to serve as APCs
- Work focused on:
 - Communications and information technology
 - Preparedness planning
 - Training and evaluation
- 12-03: Five new LHDs selected as APCs
- 1-04: Tarrant County named APC



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Tarrant County APC Focus Areas

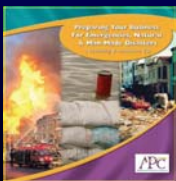
- **Disease Detection and Investigation**
 - Implementation and evaluation of syndromic surveillance
 - Build a public health community of practice (partners)
 - Facilitate health information exchange
- **Preparedness Planning and Readiness Assessment**
 - Provide emergency preparedness products and services
 - Conduct readiness assessments
- **Workforce Development**
 - Assess competencies and evaluate results
 - Develop training tools, deliver training



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Tarrant County APC: Some Key Products

- Biosurveillance Compendium
- NDLS Decontamination Training
- Mass Triage Training CD
- Radiological Training Suite





- Preparing Your Business for Emergencies, Natural and Man-made Disasters
- MRC Training



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Preparedness Issues in North Texas




- Among many public health threats:
 - Pandemic influenza
 - MRSA
 - Radiological devices (e.g. dirty bomb)
- Compliance with HSPD 21
 - Our focus: the critical preparedness triad

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





Pandemic Influenza



- Public health officials consider H5N1 (“avian flu”) today’s greatest pandemic flu threat
 - New bacteria / virus
 - Can infect humans
 - Nearly all have no immunity
 - High mortality rate
 - Easily spread person to person

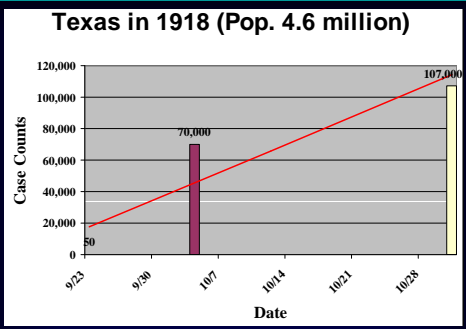
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WHO Pandemic Phases

Phase 1.	No new human flu virus subtypes Animal flu viruses low risk to humans	
Phase 2.	No new human flu virus subtypes Animal flu viruses high risk to humans	
Phase 3.	Human infections with a new subtype Human-to-human spread is difficult	
Phase 4.	Small clusters of human cases Limited human-to-human spread	
Phase 5.	Larger clusters of human cases Improving human-to-human spread	
Phase 6.	Pandemic phase: increased and sustained transmission in the general population	



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Texas in 1918 (Pop. 4.6 million)




From zero to more than 2,100 deaths in 5 weeks!



Source:
http://1918.pandemicflu.gov/your_state/texas.htm

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Pandemic Preparedness Scenario

- Most likely to start in southeast Asia or Africa and escape local control measures
- Will arrive in Tarrant County via exposed, infected international traveler
- Illness will spread within the business or school community and throughout the general public



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Tarrant County Projections

- If 1 person in 5 are infected (20% attack rate)
 - Then about 320,000 become ill
 - Nearly 32,000 will need to be hospitalized
- A 2% death rate means 6,400 will die
 - 800 deaths per week, for 8 weeks
 - Normal death rate is 183 per week
- At least two waves are likely



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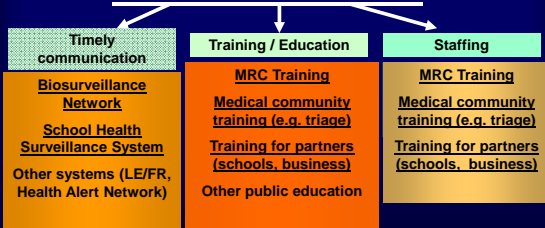
Tarrant County Pan Flu Response Plan

- Provide ongoing surveillance for influenza-like-illnesses (ILI) that may signal pandemic
- Timely, coordinated prevention measures
- Educate public about individual and community preparedness processes
- Rapid, frequent, accurate information shared with public, medical community and others



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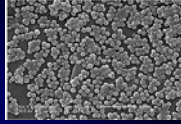
Tarrant County / APC Emphasis



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MRSA: Growing National Problem

- CA-MRSA: biggest cause of cultured skin infections among those seeking care for these infections at ERs
- Common in athletes, prisoners and soldiers
- '99 to '05: Number treated in ERs doubled – 127k to 278k; deaths up from 11k to 17k+
- Not easily treated, often see deep tissue infections from minor cuts and fatal pneumonia



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MRSA: It's Bigger in Texas



- Texas DSHS studies: MRSA infection rate among football players: 16 times national avg.
- December 2007: High school football player dies from MRSA-infected turf burns
- Fall 2008: Tarrant County Public Health puts MRSA surveillance form on school portal



Tarrant County Public Health
School Health Surveillance



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Radiological Threats

- 11-04: Led Texas Motor Speedway's RDD (Cs-137) full-scale exercise
- Revealed serious gaps in radiation effects training, ER decontamination, and mass triage methodology differences between 1st responders and 1st receivers




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- Developed and implemented decon/PPE/triage 2-day training for healthcare disaster response teams
- *Ultimately revealed weakness in mass triage capability and in mass casualty care capacity*

HSPD 21 Preparedness

- First Homeland Security directive to assign direct responsibilities to public health

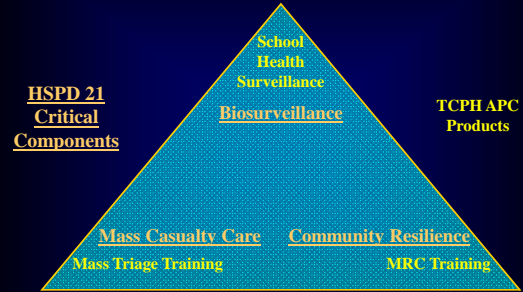


- Four critical components:
 - *Biosurveillance* – ER, schools, EMS
 - Counter Measure Stockpiling and Distribution
 - *Mass Casualty Care* – healthcare disaster training
 - *Community Resilience* – volunteer training






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A Critical Preparedness Triad



Building a public health community of practice

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Hypothetical Disaster Scenario


- Mild weather, late-November afternoon; light winds in mid-size Washington, DC suburb
- A seasonal play is being held at a mid-size elementary school; neighborhood school students and families attend








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...Suddenly a Disastrous Explosion!



- RDD or “dirty bomb” (undetected radiological agent) detonated outside the school as people leave
- Initial assessment:
 - 50 victims (adults, children) dead or severely hurt
 - 150+ affected by bomb blast

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Over Next 5 Days, More Problems Emerge





- Some survivors, neighbors, first responders have non-specific GI, hemorrhagic symptoms
- Local health department consults with state health officials and CDC on symptoms
- *QUESTION: What preparedness tools from the “triad” might be used for this disaster?*



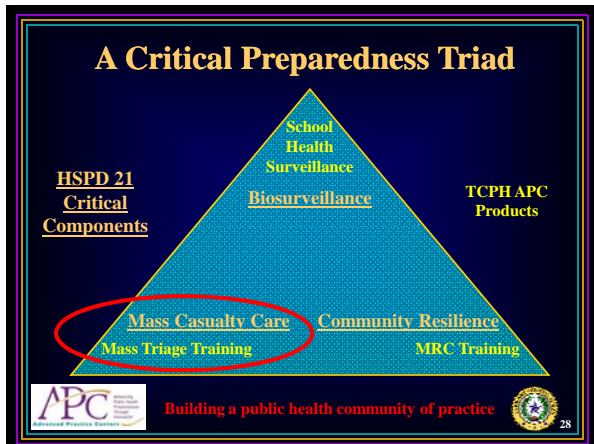

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Section Learning Objectives

- Discuss key elements of mass casualty care
 - Describe importance, types of mass casualty triage as a critical component
 - Define linkage to HSPD 21
 - Demonstrate overview of training CD tool

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First Response on Scene

- This is a “mass casualty disaster”
 - Demand exceeds health resources
 - Need to transition to rapid, scalable, flexible victim triage to meet needs of MCI in ethical manner
 - Need integrated response of first responders, receivers
- Too many victims to fully treat all of them
- Need method to classify victims by injury severity and likelihood of survival

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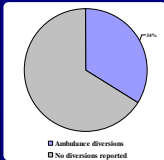
In a Perfect Response

- First responders respond to disaster
- Patients are triaged in the field
- Most critical patients arrive with EMS
 - Sorted, decontaminated, partially treated
- Hospital ER's only need care for them



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What Happens at Receiving ERs?



“When hospitals can’t handle the influx, it results in patients being boarded in ED exam rooms or hallways.”

“If our EDs are stretched thin now, how will they provide medical care in the event of a disaster?”
- Sen. Richard Burr (R-NC)



www.ashp.org/import/News/HealthSystemPharmacyNews/newsarticle.aspx?id=2322



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First Receivers at Hospital ERs

- Too many trauma victims arriving via EMS transport for immediate medical treatment
- Some serious victims have had no treatment



- Many victims self-presenting with no medical assessment
- “Worried well” also presenting w/ delayed or minimal injuries



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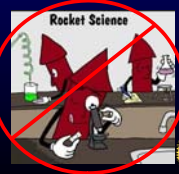
Making Matters Worse ...

- First responder training typically different than hospital ER staff
 - START
 - JUMP-START
 - SACCO
 - SIEVE/SORT
- First receivers unsure of medical status of first victim arrivals; using different triage in the ER



The Solution: Unified Triage System

- No single system is “best”
- “MASS Triage Interactive Training”
 - Based on elements from other methods
 - Didactic, interactive training/exercise, post-test
 - Additional resources including train the trainer
 - Taught to thousands of both EMS and ER staff
 - Simple, rapid, easy to learn or teach



Triage Origins and Purpose

- From the French word “trier” meaning to sort, select, or choose
- Sorting of victims based on seriousness of injury AND likelihood of survival when medical needs exceed resources
- Developed on European battlefield end of 18th century and adapted for civilian use



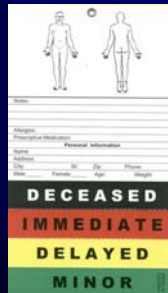
Goal of Triage

- Do the greatest good for the greatest possible number of survivors
 - *Relieve suffering*
 - *Allocate limited medical resources effectively*



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Basics of MASS Triage



- **MOVE**
 - Those who can walk or wave
- **ASSESS**
 - Those who can't walk or wave
- **SORT**
 - Assign 4 color-coded tags
 - Based on priority for care
- **SEND**
 - Living victims
 - Based on color codes



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How Public Health Supports



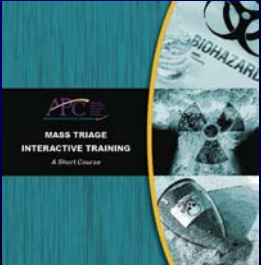
- Difficult logistically for work schedules to provide “leveling” training
 - *Self-paced*
- Complete re-training for EMS and healthcare not necessary
 - *Uses elements from other triage methods*
- Can be distributed through local EMS and hospital disaster preparedness staff
 - *But can also use non-medical staff*



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Demonstration



- Introduction
- Radiological section
- Explosives section
- Interactive exercise



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Disaster Scenario Questions:

- What other individuals or groups could assist in the initial triage (assuming mass triage training was made available)?
- Does mass triage subject responders to liability exposure?
- What health precautions should mass triage responders observe?



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Questions?





For more information, visit:
<http://www.texasapc.net>



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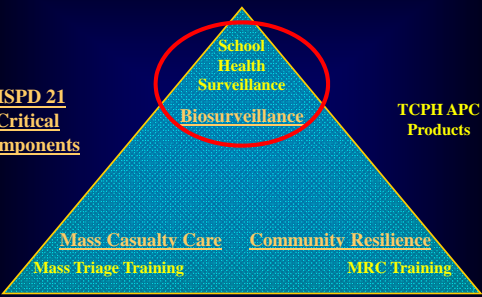
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Building a public health community of practice

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Section Learning Objectives

- Explain key elements and functions of an effective school health surveillance program
- Define linkage to HSPD 21
- Describe an open source Web portal that readily supports collaboration
- Demonstrate Tarrant County implementation of our open source Web portal



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Schools: Common Soft Targets

- Abroad:
 - **2004 Beslan school siege:** 333 people died, more than half children, when pro-Chechen terrorists took more than 1,000 people hostage in a small school in southern Russia
- In the U.S.:
 - **Three well-publicized school massacres:** Columbine (4-99), Amish schools (10-06), and Virginia Tech (4-07)
 - **Florida:** Middle-Eastern men in trenchcoats get on school buses in mid-summer (5-06) unchecked for 30 minutes
 - **School bus drivers** can be hired w/out background checks

http://righttruth.typepad.com/right_truth/2007/02/next_attack_on_.html



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Dirty Bomb: Next WMD We'll See?

- No dirty bomb detonated, but devices have been found
 - First attempt using caesium-137 was in 11-95, by Chechen separatists at a park in Moscow
 - Similar attempt by Chechen terrorists in 12-98
- Terrorists have sought to use them
 - Dhiren Barot arrested in 2004 for conspiring to murder innocent people using dirty bombs at car parks in the UK and dozens of U.S. buildings
- Called a Weapon of Mass Disruption (WMD) because they may result in more fear than deaths
 - Fear of radiation is not always logical



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HSPD 21 and Biosurveillance

Biosurveillance is a *process of active data-gathering* with appropriate *analysis and interpretation* of *biosphere data* that might relate to disease activity and threats to human or animal health – whether infectious, toxic, metabolic, or otherwise, and regardless of intentional or natural origin – to achieve:

- *Early detection* of health events
- *Early warning* of health threats
- *Overall situational awareness* of disease activity



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HSPD 21 and Biosurveillance

A central element of biosurveillance must be an *epidemiologic surveillance system* to monitor human disease activity across populations.

State and local government health officials, *public and private sector health care institutions, and practicing clinicians* must be involved in system design.

The overall system must be constructed with the principal objective of establishing or *enhancing the capabilities of state and local government* entities.



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Syndromic Surveillance Defined

“Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.”

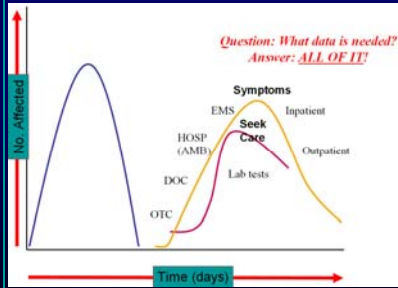


www.cdc.gov/ncphi/diss/nndss/syndromic.htm



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Collecting Biosurveillance Data

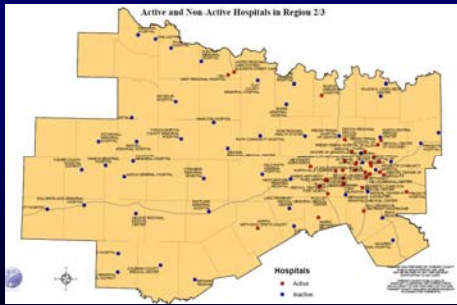


Question: What data is needed?
Answer: ALL OF IT!

- North Texas:
- OTC, ED, EMS data
 - School health data added
 - Water data forthcoming
 - Future plans for physician, lab, poison control data



Hospitals: A Foundational Component



Why School Surveillance Matters



- School-aged children often transmit flu, leading to lost days at work/school

- Detecting outbreaks early and applying prevention measures can reduce the impact of disease in schools and in the community



Importance of ILI Data



- Total absenteeism not a good early marker of flu outbreaks due to many reasons for absence

- Provides data public health can use to better characterize flu and apply limited resources more appropriately



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TCPH School Health Surveillance

Prior method:

- District-level data
- Submitted weekly
- Absenteeism only
- Via fax or e-mail
- One-way dialogue
- No school resources

Current (new) method:

- Campus-level data
- Submitted daily
- Absenteeism & ILI
- Via Web-based portal
- Two-way dialogue
- Many school resources



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School Portal Key Features

- Must be a health information *exchange*
- Electronic transfer of data (Web portal)
- Portal to allow easy construction of report form
- **Open source software*** for content management
- Content free of jargon (interpretations, not raw data)
- Links should be well organized and useful to nurses
- Context-sensitive and general messaging support
- Scalable system to allow for future expansion



* TCPH chose DotNetNuke: www.dotnetnuke.com



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First-Year Results, Current Work

- More than 100 schools reported, most posted their data three days per week (on average)
- Most nurses said it took < than 5 minutes to collect data and < less than 2 to enter it
- SHSS expanded to Dallas & Denton counties; TCPH to include school clinics, daycares
- Also being considered in Houston and El Paso, may become a state model



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School Health Surveillance Next Steps

- Assist others following TCPH's lead
- Pursuing automated feeds for routine data (Example: Skyward school administration software)
- Work w/ partners on enhanced analytics
- Develop a general guidance document
- Better understand value, uses of data
- Conduct national research on topic, issues
- Investigate idea of mandatory reporting



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Demonstration

- Flu report form
- Outbreak maps
- School resources
- Online database
- MRSA case form



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This page serves up ESSENCE maps of flu and ILI patterns by region.

Users click on their choices among a series of images with large to small geographic coverage

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Users can click on the next or previous links to see other images in the series and click the close link to return the main maps page.

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This page provides access to flu prevention resources school nurses can use. More resources or topics could be added.

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Questions?





For more information, visit:
<http://www.texasapc.net>

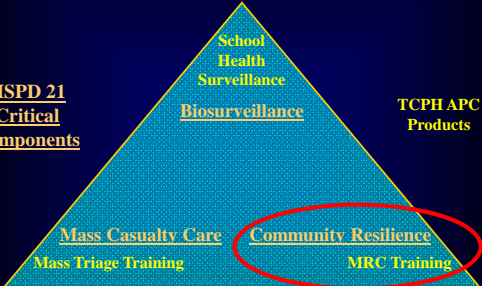



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A Critical Preparedness Triad




HSPD 21
Critical
Components

TCPH APC
Products



Building a public health community of practice



Section Learning Objectives

- Describe core competency matrix for knowledge, skills and capabilities of Medical Reserve Corps (MRC) volunteers
- Discuss training requirements
- Define linkage to HSPD 21
- Demonstrate overview of training CD tool



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Defining Community Resilience



- Survey to define community resilience
- Several themes emerged

- Agile and rugged
- Prepared for risks
- Invested in its institution
- Inclusive and integrated



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Community Resilience Defined

“Community resilience is the ability of a community to rebound from a disaster with a new focus on recovery and mitigation and a renewed sense of trust in government and other community leadership.”






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Preparing for All-Hazards

- HSPD 21 calls for:
 - Education on threats, mitigating personal risks
 - Practice in responding to a variety of threats
 - Social networks
 - Familiarity with public health, medical systems

Homeland Security Presidential Directive
HOMELAND SECURITY PRESIDENTIAL DIRECTIVE HSPD-21
Subject: Public Health and Medical Preparedness



Why We Need Community Resilience



- Government cannot do all that's needed alone
- Protect the vulnerable or at-risk population
- Need critical partners in the community
- Reduce damage, death




Steps to Building a Resilient Community

- 5 techniques for public involvement:
 - Mass marketing efforts
 - Education campaigns
 - **Organize opportunities**
 - Relationship building
 - Organized forum






MRC Tool Supports Critical Components

- Links to HSPD 21
 - Educate, practice, familiarize
- Demonstrating every day value
- Survey results rated **organizing volunteer opportunities on preparedness teams (MRC) as best way to build resilience**
- Use APC training tool, MRC Self-Paced CD, to train volunteers, build resilient community



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MRC Tool Product Benefits

- Addresses common needs for:
 - More resources to fill void in disaster response
 - Necessary training of volunteers
 - Assigning volunteers to fill specific duties
 - Avoiding impractical one-on-one training
 - Providing standardized training

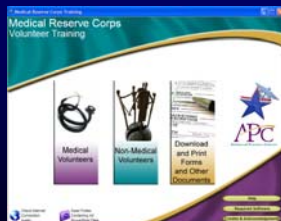


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Who are the Target Candidates?

Support for multiple audiences:

- Volunteers: medical and non-medical
- MRC coordinators
- Common man



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MRC Training Tool Overview

- Original MRC Self-Paced CD (2005)
 - Curriculum required for all volunteers
- Updating MRC Self-Paced CD (2009)
 - New core competencies matrix
 - Training represents baseline knowledge despite role
 - Eases interoperability between units



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Recent Product Updates

- Divided into 3 domains and specific competencies, knowledge, skills, and assessments
- Updated courses: psychological first aid, PODs training, HIPAA and liability, universal precautions, and Public Health 101
- Exercises: building disaster kit, fit for duty checklist, and creating a disaster plan
- Links to courses for additional training



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Support for Critical Components

- Strengthens community resilience
 - Need for training and education regarding threats and mitigation of risks
 - Understanding public health, medical systems
 - Exercises to practice responding in events
 - Government cannot do this alone



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Implementation Strategy

- Use for general training
 - Lets coordinators train volunteers in one setting
 - Lets volunteers work at their own pace and setting
- Use for certification
 - Required exercises and required tests
- Use for accreditation
 - Persons interested in creating their own MRC unit
 - Used as guidance for developing curriculum



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Demonstration

- CD layout
- Types of disasters
- HIPAA compliance
- Psychological first aid
- PODs training



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Getting Started | Course Map | Videos | Resources

GETTING STARTED

This course contains three modules: Disaster 1, Disaster 2, and Disaster 3. Each module has a number of courses, exercises, and suggested on-line courses. There are 2 ways to proceed with this course: recommended course of study or independent study. A course map has been created for you that can be accessed from any of the pages on this CD. This will help you keep track of your progress. Please be AWARE that you may find that some courses fall in two domains.

RECOMMENDED SEQUENCE OF STUDY	
COURSE NAME	DOMAIN
Introduction to MRC	Disaster 1
Introduction to Public Health	Disaster 1
Disasters	Disaster 1
HIPAA	Disaster 2
Disaster Mental Health	Disaster 1
Personal Preparedness	Disaster 1
<ul style="list-style-type: none"> • Identifying Physical Challenges • Making Disaster Plans • Building a Disaster Kit 	Disaster 1
Stand-byee Pathogen	Disaster 1
ERT	Disaster 2 and 3
PODs	Disaster 2 and 3
ICS/ISLE	Disaster 2 and 3



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CLICK ON ANY LINK BELOW FOR INDEPENDENT STUDY

Domain 1: Health, Safety, and Preparedness

- Personal Preparedness
- Disaster Clinical Health
- Disaster
- Disaster-Related Injuries
- Suggested On-line Courses

Domain 2: Roles and Responsibilities of Volunteers

- Introduction to MRC
- HPAAs
- Suggested On-line Courses

Domain 3: Public Health Actions and Incident Management

- Introduction to Public Health
- Suggested On-line Courses

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Getting Started | **Course Map** | Videos | Resources

medical reserve corps

COURSE MAP

DOMAIN 1	STATUS
Personal Preparedness	
Exercises	
<ul style="list-style-type: none"> Identifying Physical Challenges Making Disaster Plans Building Disaster Kit 	
Disaster Mental Health	
Disasters	
Mental Health Packages	
DOMAIN 2	STATUS
Introduction to MRC	
MRC	
PCDs	
SCHEDULES	
HPAAs	
DOMAIN 3	STATUS
Introduction to Public Health	
MRC	
PCDs	
HPAAs	

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Getting Started | **Course Map** | Videos | Resources

medical reserve corps

DOMAIN 1

Personal Preparedness

[Exercises](#) [Power Point](#)

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Getting Started Course Map Videos Resources

RESOURCES

Forms and Training Updates (link)

Templates (separate page)

Glossary (link)

PowerPoint Slides (separate page)

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Types of Disasters

An All-Hazards Approach to Disasters

Learning Objectives

By the end of this section, you should be able to

- Define emergency and disaster
- Name 3 possible disasters and the associated risks

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Types of Disasters


Flood

- Associated Risks**
 - Deaths and injuries occur when people do not evacuate.
 - Primary issues: drowning, water-borne diseases: *Escherichia coli*, *Shigella*, hepatitis A, leptospirosis, giardiasis, and vector-borne diseases and skin disorders
- Injury Prevention**
 - Education, protective clothing, clean-up procedures, disinfections and decontamination

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HIPAA Compliance





HIPAA 101:
Basic Principles of
HIPAA* in a Disaster

Health Insurance
Portability and
Accountability Act

Learning Objectives

• By the end of this section the participant should be able to:

- › Define Health Insurance Portability and Accountability Act (HIPAA)
- › Identify protected and unprotected health information
- › Describe how HIPAA applies in a disaster situation



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HIPAA Compliance



Where are the places PHI exists?

PHI may be found:

- in your files;
- on your desk;
- in telephone conversations or overheard conversations


Look around, you may be surprised at all of the places PHI exists in our environment.





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Psychological First Aid

Psychological First Aid: Helping People Cope During Disasters and Public Health Emergencies





Program Overview

- Module 1: Psychological First Aid in Disaster Response
- Module 2: Core Components of Psychological First Aid
- Module 3: Psychological First Aid in Practice

Program Summary

Review Questions

A Self-study Program on Psychological First Aid and Workforce Resilience



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Point of Dispensing (POD)

Virtual POD

Virtual POD was developed to assist in the training of staff and volunteers for Point of Dispensing (POD) operations.



This model uses the standardized dimensions of a high school gymnasium basketball court because these dimensions can be found in communities throughout the United States. Virtual POD is meant to serve only as a sample of a POD for educational purposes. Your community PODs should be setup based upon the layout of each POD site and other available resources may best be utilized to serve the target population.

The materials provided below may be used as your jurisdiction deems appropriate.

To download a file, click on the down arrow that will appear to the right of the name, select "Download", select "Download a Copy".



Due to the file size of the videos, "Virtual_Aerial360" and "Virtual_Walkthrough", it is strongly recommended that these videos be downloaded before running.

Title	Name	File Size
Virtual_Aerial360	David DeBruin	4405 KB
Virtual_Walkthrough	David DeBruin	6405 KB



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Disaster Scenario Questions

- What can volunteers do to help the various first responders after the dirty bomb?
- Could volunteers be trained using this tool?
- How would the response have been better if they had used this tool?



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Questions?





For more information, visit:
<http://www.texasapc.net>



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Conclusion

- Why a critical preparedness triad, not a square?
 - Communities focus on stockpiling (the 4th critical component), but sometimes neglect other 3 areas
 - Success in other 3 areas is equally or more important
- Some closing comments on our disaster scenario
- Caveat: tools presented are not a ‘baked cake’
 - One size does NOT fit all
 - May require effort to customize
 - May not address all your needs







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Helpful Resources

- Useful Websites and pages:
 - APC main page: www.naccho.org/topics/emergency/APC/index.cfm
 - CDC syndromic surveillance: www.cdc.gov/epo/dphsi/syndromic.htm
 - Johns Hopkins APL (ESSENCE developer): www.jhuapl.edu
 - HIPAA decision tool: www.hhs.gov/ocr/hipaa/decisiontool/
 - HSPD 21: www.fas.org/irp/offdocs/nspd/hspd-21.htm
 - MRC: www.medicalreservecorps.gov/HomePage
 - RODS Lab (Univ. of Pittsburgh): <https://www.rods.pitt.edu/site/>
 - Tarrant County: www.tarrantcounty.com/eHealth/site/default.asp
 - Texas APC (NACCHO): www.naccho.org/topics/demonstration/APC/TX.cfm
 - Texas APC*: www.texasapc.net

* Use the NACCHO link to request copies of Texas APC products. Use the contact us page at www.texasapc.net to reach session presenters, who can also provide more complete product demos upon request.

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Questions?

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Thanks for attending!

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