



Issue 51  
January 2003

This month's safety  
topic:

## Emergency Management

### Bioterrorism

#### Inside this Issue

1

**UK Hospital to form  
"advance" smallpox  
response teams**

2

Hospital conducts  
vulnerability analysis to  
help plan necessary  
emergency response  
capabilities

3

Hospital employees  
required to know "the  
basics" ...and then  
some... about emergency  
response plans

**Hospital leaders averaged 92%  
on the 2002 Leadership Safety  
Survey.**

**Can the staff compete?**

**The results of the Staff Safety  
Survey are due January 15, 2003.**

**See the February issue of the  
Safety Bulletin to see which  
group scored the highest—  
hospital leaders or hospital staff!**

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University of Kentucky Hospital

# Safety Bulletin

## UK Hospital to form "advance" smallpox response teams

*By Tomi Ross, Hospital Safety Officer*

On December 13, 2002, President Bush unveiled the initial phases of the nation's smallpox vaccination plan.

Under the plan, the Department of Health and Human Services (HHS) is working with state and local governments to form volunteer smallpox response teams who can provide critical services to members of the community in the event of a smallpox attack.

Rice Leach, Kentucky's Commissioner for Public Health refers to the smallpox response teams that will form within the Commonwealth as "advance teams," because they will receive the vaccine before any attack occurs so that they can respond quickly to a smallpox outbreak. The advance teams will be composed of health care workers and other critical response personnel who volunteer to receive the smallpox vaccine and to treat smallpox patients should the need arise.

At UK Hospital, Infection Control and Hospital Safety are working together to educate employees and identify workers who may be eligible to receive the pre-event vaccination. Already, over 50 emergency department workers have indicated an interest in being a part of the hospital's smallpox response team. Over the next month, hospital employees in other critical areas will receive information about the vaccine and be given an opportunity to volunteer.

According to the latest information available from the Cabinet for Health Services, pre-event vaccination of Kentucky health care workers probably will begin in mid February.

In December, President Bush also announced that the Department of Defense (DOD) will vaccinate military and civilian personnel who are or may be deployed in high threat areas. Some United States personnel assigned to certain overseas embassies will also be offered vaccination.

Although there is no reason to believe that smallpox presents an imminent threat, the attacks of September and October 2001 have heightened concern that terrorists may have access to the virus and attempt to use it against the American public.

As a result, HHS began in late 2001 to strengthen the country's preparedness for bioterror attacks by expanding the national stockpile of smallpox vaccine. The United States currently has sufficient quantities of the vaccine to vaccinate every single person in the country in an emergency.

Although the federal government is not recommending vaccination for the general public at this time, public health departments are working on a plan to accommodate individuals who insist on being vaccinated.

According to the Centers for Disease Control and Prevention (CDC), the smallpox vaccine, which was routinely administered to Americans until 1972, is a highly effective protection against the disease when given before or shortly after exposure to the virus.

To read more about smallpox, visit  
{HYPERLINK  
"/agent/smallpox/index.asp" }

# Hospital conducts vulnerability analysis to help plan necessary emergency response capabilities.

UK Hospital spends a significant amount of time preparing for events that we hope will never happen. It's a part of the emergency management program required by JCAHO and other regulatory bodies; it's also good, common sense.

Every January, the Emergency Management Subcommittee conducts a hazard vulnerability analysis, designed to help the hospital identify the types of disasters that are most likely to occur and to determine how those events could impact hospital operations.

According to Tomi Ross, Hospital Safety Officer, the committee looks at a lot of information when it conducts the annual analysis. This information includes:

- The city, county, and state hazard analyses
- Historical data, such as what's occurred within the area or the institution within the last two years.
- Government, regulatory, and accreditation recommendations and requirements
- Local demographics, including industry and commerce
- Geography

For many years, geography was the key component to determining risk associated with disaster. Central Kentucky lies in the tornado belt. In this part of the state, severe weather—such as tornadoes, severe thunderstorms, and down drafts—poses a real threat of disaster. In addition, Lexington is within 200 miles of the New Madrid fault, an active fault line that runs through eastern Arkansas, western Tennessee and Kentucky and Southern Illinois. Although a major earthquake along this line probably would not cause severe

damage in this part of the state, casualties from such an earthquake

could likely be transported to Lexington or Louisville for care. Of necessity, that impacts our response planning.

Commerce and industry also have always been important components in determining risk and hazard. As Kentucky's second largest city, Lexington is an attractive terrorist target. The city boasts two well-known universities, numerous sports facilities where crowds regularly gather, and several federal facilities and government



installations. In fact, the Bluegrass Army Depot, a Department of Defense facility where weaponized nerve agents are stored, is within 25 miles of the city. In

addition to that ever-present danger, the city has attracted numerous industries, such as GE-Sylvania and Trane, which routinely use and store hazardous chemicals on site.

In the last few years, government assessments and recommendations regarding terrorism have become a guiding factor in the assessment process.

Under the Nunn-Lugar-Dominici Act, Lexington was identified as one of the 120 U.S. cities most likely to sustain a terrorist attack. As a result, federal dollars were allocated to the city-county government to help prepare the community. Under the Metropolitan Medical Response System, (MMRS), additional money was allocated for the community to develop a medical

response plan for responding to a weapons of mass destruction event.

In 1995, Lexington's acute care hospitals came together under the

leadership of the Division of Environmental and Emergency Management (DEEM), to form the Fayette County Hospital Emergency Planning Committee. This committee developed mutual aid agreements to ensure that hospitals would assist each other, by providing beds, staff, equipment, and supplies during emergencies situations. In 1999, shortly after the Nunn-Lugar-Dominici Act was enacted, the group added representatives from other healthcare organizations (i.e., the health department, Shriners, Cardinal Hill, and Eastern State) and first responder groups (i.e. fire, police, EMS, coroner) and changed its name to the Fayette County Healthcare Emergency Planning Committee. This group, chaired by the UK Hospital Safety Officer, led the development of the city-county MMRS plan,

Although Lexington has not been the site of a terrorist attack, the city and organizations within the city have been the target of numerous threats and hoaxes. In 1999, KET received a letter said to contain anthrax. Under the direction of the FBI, UK Hospital's clinical laboratory analyzed the specimen and found it to be a hoax. In 2001, the city was plagued by numerous anthrax hoaxes. Many of the victims of these hoaxes were seen at UK Hospital's emergency department, and many of the specimens were analyzed in the lab. In 2002, the Medical Center received three bomb threats—one of them with alleged links to a terrorist group.

Although the hospital conducts a formal analysis annually, the assessment is updated throughout the year, based on new information. Every time an event



occurs, every time a new recommendation is made, the Emergency Management Subcommittee

re-evaluates its current hazard vulnerability assessment and, in some

cases, changes its contingency plans based on the new information.

## Hospital employees required to know “the basics”... and then some... about emergency response plans

It’s a JCAHO survey year at University of Kentucky Hospital, and hospital leaders and staff are beginning to wonder just exactly what they must know about emergency management or disaster response to get by.

The truth is that that’s not an easy question to answer any more. It used to be that if an employee knew the codes for fire, tornado, and mass casualty disaster and what to do when he heard one of those codes, he was in pretty good shape. Now employees are required to know what HEICS stands for and what an “all hazards” approach to disaster response means. And that’s only the beginning.

According to JCAHO, each employee must know at least the following:

- ✓ specific roles and responsibilities during emergencies.
- ✓ how to recognize specific types of emergencies (for example, a suspicious package, the symptoms caused by agents that may be used in chemical, biological, or nuclear terrorist attack, a breach of security).
- ✓ the information and skills required to perform assigned duties during emergencies.
- ✓ the backup communication system used during emergencies.
- ✓ how supplies and equipment are obtained during emergencies.

Employees must know these things just like they know how to perform their daily responsibilities. That means that

they must receive education, training, and evaluation.

And that’s a pretty big assignment since, if we’re lucky, the hospital doesn’t have many disasters in the course of a year.

The first step in the process is to determine what it is that *your* employees need to know. Everyone needs to know about the Hospital Emergency Incident Command System (HEICS) and about “all hazards” response. That’s a given. Everyone needs to know code names, like *Green Grass* and *Alert 1*, that will be used to signal the initiation of certain contingency plans. Everyone needs to know how to recognize a suspicious package and what to do if they find one. And everyone needs to know where their area of refuge is, but this is about the point where the Hospital safety officer’s job of planning employee education ends and yours begins...because the area of refuge is different for different employee groups.

It’s become that way with a lot of other emergency response particulars, too. For example, the manager has to decide which employees need to know how to recognize the symptoms of smallpox or radiation exposure and then he has to teach them. The manager has to teach employees about what constitutes a breach of security in the Birthing Center as opposed to radiation medicine. The manager has to determine what the specific roles and responsibilities of

particular staff are in an emergency situation and train those staff to perform those functions with minimal supervision.

### Staff Education Materials Available

#### Videos

- ✓ Disaster Preparedness
- ✓ Bioterrorism for Healthcare
- ✓ Bombs and Bomb Threats

#### CDs

- ✓ Chemical Casualty Care
- ✓ Managing Hazardous Materials Incidents Using ToxFAQs
- ✓ CSEPP Classroom Training Materials

#### Safety Bulletins

- ✓ Issue 48, September 2002
- ✓ Issue 46, July 2002
- ✓ Issue 42, March 2002
- ✓ Issue 40, January 2002
- ✓ Issue 39, November 2001
- ✓ Issue 37, August 2001

All materials listed above available through Hospital Safety, H121.

CDC Website  
 { HYPERLINK  
<http://www.bt.cdc.gov/agent/agentlist.asp>  
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