

Disaster Preparedness Update

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4 Florida Hot Spots Receive Funding for City Readiness Initiative Pilot Project

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selected population within 48 hours of a bioterrorism incident or pandemic flu outbreak. Miami was the first Florida city to be designated for the CRI program in 2004. Three additional Florida sites have been selected for 2005; Ft. Lauderdale, Orlando, and Tampa.

Emergency System for Advance Registration of Volunteer Health Professionals

Kris-Tena Albers, ARNP, CNM, MN—FDOH

Florida's ESAR-VHP program is a multi year project that will follow guidelines set forth by the U.S. Department of Health and Human Services, and Health Resources Services Administration. The ESAR-VHP's project is guided by four fundamental objectives:

- Ensure an adequate and competent health volunteer workforce
- Enable efficient and effective emergency operations
- Allow sharing of health volunteers across state lines
- Establish clear protections for health volunteers, hospitals, and others

During Hurricane Katrina the state activated a Volunteer Registration Database for Health Care Professionals to register for possible deployment. The database allowed the state to have

a pool of personnel to call upon when mission requests were received from Mississippi's emergency management system. Over 3,000 health care professionals registered who were willing to deploy if necessary.

This process has provided valuable insight for the development of the ESAR-VHP program and workforce surge strategies. There is a need for hospitals, medical volunteer organizations, and others to continue to discuss the issue of workforce surge during a disaster and how to create a system that addresses everyone's needs. Responding to Hurricane Katrina helped Florida to identify legal and regulatory challenges for deploying private volunteers, as well as technical and logistical issues.

Ventilator Update

Kris-Tena Albers, ARNP, CNM, MN—FDOH

As of October 2005, the Department of Health's (DOH) Public Health Preparedness (PHP) office has purchased 303 Ventilators and has allocated the ventilators to hospitals throughout the state. The 03/04 HRSA funding was used to purchase all

303 units at \$7,699.50 per unit for a total of \$1,332,013.50. Although DOH purchased 303 ventilators in reality there are more than 303 units throughout the state because some hospitals elected to purchase them di-



Negative Pressure Units Up

Kris-Tena Albers, ARNP, CNM, MN—FDOH

As of October 2005, DOH's PHP office has purchased 175 Negative Pressure Units HRSA 03/04 funds and has allocated the Negative Pressure Units to hospitals throughout the state. Each hospital that agrees to accept a unit is given a \$10,000 stipend to help pay for the installation costs. This is being

funded by 04/05 and 05/06 HRSA dollars with an allocation of \$900,000 for each of these grant years. The process of executing the hospital contracts and dispersing the units is ongoing.

State Medical Reserve Corps (MRC) Coordinator

Kris-Tena Albers, ARNP, CNM, MN—FDOH

It is with pleasure to announce that Edward "Mick" Davis has joined the Office of Public Health Preparedness with the Department of Health on December 1, 2005 as the state's Medical Reserve Corps Coordinator. Mick will assist and support the thirteen MRCs across the state.

The Medical Reserve Corps organizations in Florida are both federally and state funded. It is the desire of the state to enhance the workforce surge capabilities by supporting the development of new MRCs and the expansion or maintenance of existing MRCs.

Florida Department of Health Hurricane Surveillance Project

Richard S. Hopkins, MD, MSPH, and Joann Schulte, DO, MPH—FDOH

The Florida Department of Health collaborated with numerous partners during the 2005 hurricane season to produce timely, useable health status and health situation information useable by responders at all levels. Some high points:

- In collaboration with the Columbia-HCA hospital system, in 2005 we refined the 2004 emergency-room surveillance system with electronic data transfer from both landfall and inland counties. A daily data file was transmitted from each participating facility to the Department of Health, containing one record for each emergency department visit. Data collection included records starting 7 days before hurricane landfall and continuing for three weeks after landfall. Each record included basic demographic data and a free-text field for chief complaint. The chief complaint text was searched for key words and word combinations that allowed visits to be classified into broad syndromes of illness and injury, such as "gastrointestinal illness", "injury from fall" or "carbon monoxide poisoning". Although not all the records receive accurate syndrome classifications, this system does give a heads-up when there is an outbreak in a community that requires further investigation. For hurricanes Dennis & Wilma, this data was collected and transmitted electronically from 18 hospitals. Daily reports based on these data were provided back to the hospitals, as well as to the local public health agencies and emergency operations centers, supporting them in shaping their emergency response.

- We successfully implemented Disaster Medical Assistance Team (DMAT) surveillance using forms developed by the Department of Health, capturing information similar to that captured from the HCA facilities. This is important because it permits us to have early information (first 24 hours to 48 hours), at a time when some emergency departments have not yet resumed normal operations. These data were also provided daily to county EOCs and county health departments to support decision-making.
- Implemented sentinel surveillance using poison control center data. Surveillance is focused on adverse events during hurricanes including exposures to carbon monoxide, hydrocarbons, food poisoning, bites & stings, pesticides, batteries exposures, etc. This system is unique in that it provides instant coverage of the whole state (landfall and interior counties) and is implemented before landfall and maintained for up to 10 days after each hurricane. The surveillance system provides warnings of what types of events are causing the problems, which are often specific to the characteristics of a particular hurricane. Tabulations of these data for the hurricane impact area are widely distributed on a daily basis, reflecting the previous day's consultations by the Florida Poison Information Center Network.

Hurricane Surveillance (from page 2)

- Continued operation of the mortality surveillance system, jointly with the medical examiners commission and vital statistics. This system permits an accurate tally of mortality and provides a profile of patterns of death. Based on the reviews of the 2004 & 2005 deaths, it is anticipated that prevention messages for the 2006 hurricane season will have to focus even more on the post-landfall events with emphasis on maintaining the health and life of elderly persons dealing with debris, lack of electricity etc. The typical deaths occur among elderly white men who are trying to deal with post storm events.
- Implemented rapid needs assessment study in Broward County and Glades/Hendry Counties after Wilma. The Broward study was important in documenting the widespread use of generators post

storm, indicating carbon monoxide will remain an issue in hurricane seasons ahead. The study in the two rural counties was important in documenting structural damage to homes. Both studies provided local data used by the County EOC's in shaping their hurricane response. For example, in Broward County, there were many residents in need of medications seven days after the storm, but the proportions were similar to those in similar surveys after Charley and Ivan.