

THE PREPAREDNESS POST

UTAH DEPARTMENT OF HEALTH
YEAR 6, ISSUE 2

Shaking Things Up

By Mike Stever

It's been more than 400 years since we've had a major earthquake along Utah's Wasatch Fault. That means the next one is long overdue. In fact, it might happen tonight or it might not happen during our lifetime; but sooner or later it will happen. All of the scientists agree; it's not if, but when ...

Because our temblors are so few and far between, our response won't be a natural one. Initial response will be confusion, surprise, and denial. Delay in taking cover and protecting yourself and others may mean the difference between life and death, all in the span of mere seconds. The instant and effective 9-1-1 response that we've all come to expect will disappear. Not to mention the potential impact on food, water, medicine, fuel, and heating or cooling your environment. We'll simply have to make do with what we have on hand. It will be hours, maybe days before the cavalry arrives.

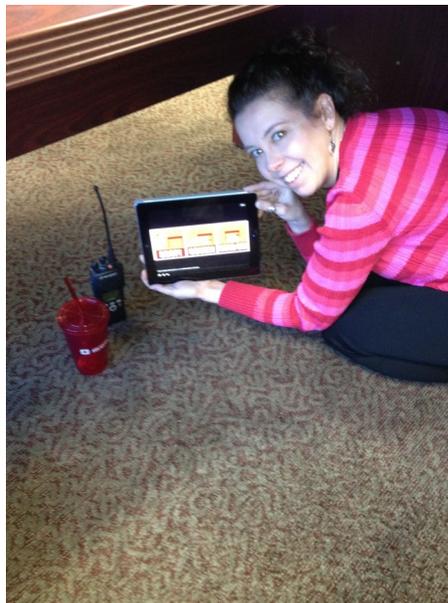
In hopes of getting everyone to focus on the importance of preparing for such an event, during Earthquake Preparedness Month in April for the past two years, the Great Utah ShakeOut drills, exercises, and awareness efforts have

paved the way for family and individual preparedness. Preparedness is the foundation of all emergency response.

The 2013 exercise was conducted in two parts. Part one was a 'Drop, Cover, and Hold On' drill conducted statewide on April 17. Thanks to this effort, earthquake response is now a little more natural for over 800,000 Utahns, from school kids to court judges, who dropped, covered, and held on.

Operations Center (EOC) exercise by sending our State Emergency Response Team (SERT) members to the State EOC to participate in the exercise. Dean Penovich, Jolene Whitney, Anna Beers, and Jenny Allred spent hours in the EOC providing assessment, coordination, and response for all public health and medical issues

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Michelle Hale "worked" under her desk.

The next day, members of the Utah Department of Health supported the Utah state-level Emergency

U-TRAIN	
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resulting from the simulated quake.

The team dealt with a variety of issues, from finding ambulances and medics to figuring out a variety of unusual requests.

Over the last few years, Utah has made amazing progress in earthquake preparedness but our work is never done and we must never stop learning. The Great Utah ShakeOut taught us:

Family and individual preparedness is the foundation of all emergency response

Utahns need to ramp up their preparedness posture for work, home, school, and on the road:

- Be informed
 - Have a plan
 - Get a disaster preparedness kit
- As a health department, we need to ramp up our response posture by:
- Improving depth in staffing
 - Offering more training and exercises
 - Acquiring survivable and redundant communications



For more information to help you and your family prepare for disasters, visit: www.bereadyutah.gov.

Updates in the Utah Immunization Program

By Phil Gresham



In May 2013, the Utah Immunization Program (UIP) transitioned all vaccine ordering from the Centers for Disease Control and Prevention (CDC) legacy system, Vacman, to a new online system, VTrcks. The new system brought about several changes for UIP, including new requirements for processing orders. Before the conversion, UIP coordinated with Utah Statewide Immunization Information System (USIIS) staff to

develop an interface from the registry to VTrcks. UIP, USIIS, and CDC have quickly resolved the few issues identified. We plan to have USIIS ordering enhancement this fall and will eventually train Vaccines for Children (VFC) Providers on placing orders through the new system.

The Art of Delivering Bad News

Personal reflections of the Advanced Public Information Officer class

By Charla Haley

During the course of a disaster, there is always a chance that a public information officer (PIO) may be called on to deliver the worst possible news. Given the stress involved in the aftermath of a life-changing event, it's wise to understand how people will process terrible information.

Interpersonal skills become critical to successfully dealing with the public in high stress disaster response environments. While you may be having your own bad day, disaster victims will be having a much worse day. Before you begin speaking, determine the best way to express empathy for what they're going through. You don't know what they're feeling, so avoid saying, "I know how you feel." Remember, each person's reaction to crisis will be different.

So, take a deep breath and speak from your heart. Begin with phrases like, "This is really hard for me to tell you," or, "I regret to tell you." Convey bad news in pieces, gauging the victim's ability to grasp what you're telling them. As you continue with your message, consider using the phrase, "There's something that makes this worse."

Information is key to helping ease their pain. Never underestimate the power of knowledge for a person in crisis.

In a disaster situation, there are two types of community messages:

- Information – no more than three to five critical pieces of information delivered in short, declarative sentences
- Support – use empathy statements and try to give them something to do such as checking on elderly neighbors to make sure they're okay.

Always tell your audience as much of the truth as you can.

Don't neglect yourself

Remember, public information officers are a part of the community and are also directly affected by crises, disasters, and emergency situations. The better you care for yourself, the better you can care for others. Here are a few suggestions:

- Take frequent breaks.
- Try to avoid becoming overwhelmed by the intense nature of the situation. During breaks, limit exposure to images of the disaster.
- Schedule breaks and days off to help you remain functional.
- Some humor can be helpful, but use it only when appropriate.
- Limit your caffeine intake during disaster work so you can rest better when you're not on scene.
- Avoid alcohol completely as it interferes with Rapid Eye Movement (REM) sleep patterns. REM sleep helps us process the events.
- Eat when you can even if you aren't hungry. You need fuel for energy.
- Avoid consuming too much sugar, foods high in fat content, processed foods, and white bread.
- Whenever possible, eat balanced meals.

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The Art of Delivering Bad News (continued)

- In a prolonged incident, eight hour shifts are preferable.

Keep in mind that while you may think you're handling everything well, the results of exposure to a critical incident may become destructive forces following the aftermath of a disaster. Don't over-control your emotions. Ask for help if you need it. Asking for help is not a sign of weakness. Talk with a trusted relative, friend, doctor, or spiritual advisor.

Bureau Transitions

By Dean Penovich

The Bureau of Emergency Medical Services and Preparedness (BEMSP) recently made some organizational changes.

Departures

Scott McKenzie left his position as Strategic National Stockpile (SNS) coordinator. We wish him good luck in the future and are grateful for what he accomplished while working for the Utah Department of Health.

JoAnna Larsen left her role as Lead Preparedness Planner to be Orem City's Emergency Manager. We will miss JoAnna but wish her well and congratulate her on her new position.

Arrivals

Mindy Johnson Colling has returned to the UDOH, assuming the role of Lead Preparedness Planner. We're excited to have Mindy back!

New Assignments

Brett Cross is returning to preparedness, resuming his former position of Strategic National Stockpile (SNS) coordinator and supporting emergency systems. Riki Rice will be working in Preparedness focusing on planning efforts. Michelle Hale has joined the Healthcare Preparedness Program supporting ASPR grant management.

UDOH Preparedness Section staff are excited to continue preparedness efforts and working to protect the citizens of Utah.

Recognition

Recently, Scott Munson and Michelle Hale received the UDOH Health Informatics Award for Excellence in Partnership with Local Health Departments and Other States. Scott and Michelle led the development of an automated integration between Utah Responds and U-TRAIN. The integration allows Utah Responds to import training course completion data for volunteers registered in both systems. The goal was to enhance the local volunteer team coordinator's ability to manage volunteer training records and address deficiencies. This integration has also been made available to other states for implementation.



Preparedness Training information:

<https://www.utah.train.org>

Disease Threats on the Horizon

By Dr. Allyn Nakashima, State Epidemiologist

During the past several months, two new infectious disease threats have been making news and public health officials are paying close attention to any new developments.

A new bird virus (avian influenza H7N9) has affected people in China and Taiwan. As of June 20, 2013, 132 people had been infected with H7N9 and 39 of those cases died. No cases have been identified outside these two countries. Most cases had contact with poultry, and many had underlying risk factors (e.g., smoking and chronic illnesses). To date, there



has been little evidence of person-to-person transmission, and people are considered to be mostly dead-end hosts for the virus. On April 8, because of the high case fatality rate and concerns that H7N9 might evolve into an agent with the potential to cause pandemic flu, the U.S. Centers for Disease Control and Prevention (CDC) activated its Emergency Operations Center (EOC). China and Taiwan governments increased surveillance and closed traditional poultry markets which were thought to be the locations where transmission occurred. In recent weeks, the number of new cases declined sharply, and the CDC deactivated its EOC. However, this event has been an important stimulus for states, including Utah, to revisit and update their pandemic flu response plans.

The second emerging infectious disease threat is Middle East Respiratory Syndrome Coronavirus (MERS-CoV). MERS-CoV is similar to the virus that causes the Severe Acute Respiratory Syndrome, SARS, which caused a pandemic in 2003-2004. As of June 28, MERS-CoV has been responsible for 77 cases, including 40 deaths. Most cases have been identified in the Middle East (Saudi Arabia, Qatar, Jordan) and in Europeans who recently traveled to the Middle East. No cases have been identified in the U.S. The mode of transmission is unknown. However, medical officials have documented person-to-person transmission to family members, hospital roommates, and health care workers in close contact with patients. Individuals with co-morbidities (e.g., diabetes, renal disease, etc.) may be at increased risk for infection and more severe illness. There is currently no vaccine or specific antiviral treatment for MERS-CoV. CDC has posted infection control guidance (<http://www.cdc.gov/coronavirus/mers/interim-recommendations-patients-2013.html>) for hospitals caring for these patients. Test kits have been distributed to state laboratories, including the Unified State Laboratories: Public Health. The CDC EOC is currently activated for MERS-CoV. Traveler advisories have been distributed at airports to inform airline personnel and travelers returning from the Middle East to seek care for severe respiratory illness symptoms within two weeks after arrival. Currently, no travel restrictions have been imposed.

This is a Test

By Jason Barnes

The Unified State Laboratories: Public Health (UPHL) recently took part in an unannounced, multi-state exercise. The goal of this exercise was to test the readiness of chemical lab personnel to respond to a chemical incident by rapidly and accurately identifying chemicals of concern.



This exercise simulated an event in which patients received at the fictional Centers for Disease Control and Prevention (CDC) hospital in Atlanta, GA had been exposed to toxic chemicals. In the simulation, CDC hospital staff were so overwhelmed with patient samples they recruited the help of Utah's Chemical Threat (CT) Laboratory, as well as other laboratories around the nation. UPHL and the CT Laboratory are part of a CDC managed Laboratory Response Network (LRN). This network comprises state, local and a small

number of private labs. The organized network of laboratories is tasked with preparing for and responding to chemical events with rapid analysis of patient samples to ensure proper patient treatment.

On March 27, 2013 the exercise began with an unexpected email from CDC indicating the lab would receive 20 blood samples. Upon learning of the event, the CT scientists, following laboratory procedures, immediately convened a meeting to coordinate the sample analysis and reporting. All other scientists in the laboratory were alerted and placed on standby to assist the CT lab scientists if needed. All work not requiring immediate attention was postponed.

The samples arrived around 10 a.m. They were accessioned and inspected by our CT lab scientists. The lab scientists were faced with several challenges, introduced by the exercise, to simulate an actual scenario. The challenges included improper collection and labeling of samples, and paperwork discrepancies. These challenges were overcome by our CT scientists using standard laboratory procedures and contacting the CDC for clarification.

After receipt and accessioning, the samples were moved to the Chemical Threat Laboratory where they were prepared and analyzed using standard LRN procedures. The analytical procedures were guided by CDC training and Clinical Laboratory Improvement Amendments (CLIA) regulations. The CT scientists had been trained by the CDC scientists, validated all test methods, and were certified under CLIA prior to the exercise. Using an Inductively Coupled Plasma, the CT lab scientists found three toxic metals at concentrations of concern: lead (Pb), mercury (Hg) and cadmium (Cd). Once the analysis was finished and all quality control (QC) criteria were reviewed, the results were sent to the CDC and the CDC's Hospital as instructed. The total time to complete the exercise was less than 8 hours.

This exercise allowed the lab to find gaps in, and improve protocols for handling clinical samples in a chemical incident. The lab now has a more rigorous sample inspection protocol, more complete patient reporting forms that comply with CLIA guidelines, and a better understanding of how the sample analysis would be handled in a real event. This exercise was an important experience for the lab scientists in that it helped staff understand the importance of being prepared, helped renew contact with current partners, and identified new partners within the lab network.

Calendar—2013 Training

Date	Event	Location	Information
July 10-11	Threat and Risk Assessment	Utah Division of Emergency Management State Office Building Salt Lake City	UTRAIN: #1029990
July 16-17	Emergency Planning	Utah Division of Emergency Management State Office Building Salt Lake City	UTRAIN: #1040878
July 29-31	All Hazards Division/Group Supervisor	Davis County Sheriff's Office Farmington, UT	UTRAIN: #1025235
August 7	Conference on Service and Volunteerism, Southern Region	Cedar City	Register online: http://volunteers.utah.gov/programs/2013conferenceonservice.html
August 8	Emergency Management Assistance Compact (EMAC) Workshop	Utah Division of Emergency Management State Office Building Salt Lake City	UTRAIN: #1044055
August 8-9	Basic Public Information Officer	Uintah County EOC Vernal	UTRAIN: #1011053
August 13-14	Sports and Special Events Incident Management	Public Safety Education and Training Center Sandy	UTRAIN: #1042034
August 14-15	Governor's Native American Summit	Utah Valley University	Register online: http://indian.utah.gov/events/na_summit.html
August 20-21	ICS-400 Advanced ICS – Command & General Staff	Utah Division of Emergency Management State Office Building Salt Lake City	UTRAIN: #1011057



Calendar—2013 Training

Date	Event	Location	Information
August 27-28	Emergency Operations Center (EOC) Management and Operations	Utah Division of Emergency Management State Office Building Salt Lake City	UTRAIN: #1011065
September	National Preparedness Month		
Sept. 10-12	ICS-300 Intermediate ICS for Expanding Incidents (evening class)	Uintah County EOC Vernal	UTRAIN: #1011051
Sept. 11-12	Local Volunteer and Donations Management	Utah Division of Emergency Management State Office Building Salt Lake City	UTRAIN: #1026948
Sept. 17	Conference on Service and Volunteerism, Eastern Region	Price	Register online: http://volunteers.utah.gov/programs/2013conferenceonservice.html
Sept. 18-19	Communications Interoperability Course	Utah Division of Emergency Management State Office Building Salt Lake City	UTRAIN: #1020173
Sept. 24-25	Statewide PIO Conference	St, George	TBA
Oct. 8-10	Continuity of Operations (COOP) Planning	Utah Division of Emergency Management State Office Building	UTRAIN: #1014260



Calendar—2013 Training

Date	Event	Location	Information
Oct. 8-9	All-Hazards Logistics Section Chief (LSC) Part One	Brigham City EMS Building Brigham City	UTRAIN: #1021315
Oct. 15-16	All-Hazards Logistics Section Chief (LSC)	Cache County Sheriff's Office Logan	UTRAIN: #1021315
Oct. 16	Rapid Needs Assessment	Utah Division of Emergency Management State Office Building Salt Lake City	UTRAIN: #1042722
Oct. 22-24	EOC Operations and Planning for All-Hazards	Utah Division of Emergency Management State Office Building Salt Lake City	UTRAIN: #1031265
Oct. 29-30	Enhanced Threat and Risk Assessment	Utah Division of Emergency Management State Office Building	UTRAIN: #1029991

UDOH Web sites:
health.utah.gov (main)
health.utah.gov/preparedness
health.utah.gov/ems

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