



Pandemic Influenza: U.S. Preparedness Update



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The spread of avian flu and its associated potential for developing into a pandemic received considerable media attention in 2005 and 2006. During that time, the underlying H5N1 virus was spreading in bird populations throughout the world and sporadically infecting humans—a pattern observed prior to the start of other pandemics. However, not much has happened since then and media attention has decreased. Regardless of the diminished “newsworthy” aspect of avian flu, its continued presence raises an important issue for global surveillance and health care.

Whether or not avian flu becomes the next pandemic, the more important message is that another pandemic flu will occur. It is not a question of “if” but “when” and “which strain” Thus,

efforts to prepare for pandemic infection are important even during times when infection does not seem imminent. This article reviews pandemic flu in relation to preparedness efforts in the United States.

What Is Pandemic Influenza—Why Are We Concerned?

Pandemic influenza (or pandemic flu) is defined as a global outbreak of influenza. A pandemic usually occurs in relation to the spread of a “new” virus to which immunity has not been established. Thus, the virus can spread easily from person to person and may cause extreme illness. The potential for person-to-person spread is rated on a scale of one through six by the World Health Organization (WHO), as shown on page four.

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College of Osteopathic Medicine

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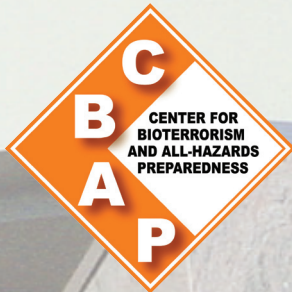
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CHRONICLE CORNER



Cecilia Rokusek, Ed.D., R.D.
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With each September 11th, we are reminded of the realities of terrorism. Although acts of terrorism and mass destruction have been part of human history for thousands of years, we could have never imagined that such an atrocity could occur in the 21st century. We now know that acts of terrorism have become a very real part in the fabric of our global society. Awareness, knowledge, and skills to prevent and deal with violent acts of terrorism are critical at all levels. As a result, we cannot turn our backs to this reality that “nothing bad will ever happen again.”

The interdisciplinary CBAP faculty and staff are working diligently to provide ongoing training and skills-based programs to medical, allied health, nursing, school and community professionals, and volunteers. The need to train the general public still remains a huge challenge and unmet need that is compounded by the vulnerable population groups that are a critical part of the general population.

In Florida alone, 60 percent of the population can be identified into one of the state’s vulnerable categories. I am concerned that 85 percent of all people living in the United States are not prepared for a bioterrorist attack or for any type of major natural or manmade disaster. The solution to this is not an easy one and certainly not one that is ever completed. It is an ongoing responsibility that we all share—and certainly one that we at the CBAP take seriously.

We believe that our work starts with our students at NSU in the College of Osteopathic Medicine and in the entire Health Professions Division. When students in the professional pipeline are educated in all-hazards preparedness, they become the staff, volunteers, and leaders who will be responding to the emergencies of the future, including terrorism acts.

Our summer at the CBAP was a fast-paced one. Our faculty and staff have been working to their upper limits providing 17 training programs over the summer in nine states and to students in medicine, pharmacy, optometry, nursing, and podiatric medicine. The demand for what we are doing here at the center is expanding exponentially, and we are finding that our efforts are now impacting the public at large.

Senior groups, pre through K-12 schools (public and private), and community organizations and business groups are requesting our training. Our emphasis on personal and professional preparedness has taken center stage among these groups as we continue to see that approximately 85 percent of the public has no plan of action and is not prepared for any type of major disaster.

In addition to our training, research, and ongoing technical assistance, we are working with the Medical Reserve Corps (MRCs) in Miami-Dade, Broward, and Palm Beach counties to implement a daylong training certification program for all MRC volunteers based on the MRC core competencies developed by the Office of the U.S. Surgeon General. I look forward to sharing more details about this in our next *CBAP Chronicle*.

CBAP Provides National Preparedness Month Opportunities



To help commemorate September as National Preparedness Month, which is a nationwide effort sponsored by the U.S. Department of Homeland Security (DHS) to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses, and schools, the CBAP participated in a range of activities.

According to President Bush, "Protecting America's homeland and citizens is the shared responsibility of

the entire nation. Individuals can prepare themselves and their families for emergencies by taking simple steps such as organizing an emergency supply kit, making a personal preparedness plan, becoming informed about different threats, and getting involved in preparing their community. These activities create a culture of preparedness and can help save lives."

This year, National Preparedness Month programs were offered by more than 1,760 organizations working with the DHS. As one of seven national centers funded by the Office of the Assistant Secretary for Preparedness and Response of the U.S. Department of Health and Human Services, NSU-COM's CBAP is a local, state, and national interdisciplinary training resource in all-hazards preparedness and response. Following are the CBAP training opportunities that were provided during National Preparedness Month:

September 5 - Broward Community College (Davie)

All-Hazards Preparedness and Response Basic Awareness Course

September 7 - Florida Osteopathic Medical Association (Tampa)

Update on Pandemic Influenza

September 8 - NSU Shepard Broad Law Center

Bioterrorism and All-Hazards Preparedness: Implications for the Legal Community

September 11 - Barry University School of Podiatry (Miami)

Intermediate Level Training in All-Hazards Preparedness and Response

September 15 - Westside Regional Hospital (Plantation)

Intermediate Level Training in All-Hazards Preparedness and Response

September 16 - Nova Southeastern University, A Day for Children

All-Hazards Planning for Families

September 21 - Broward Community College (Davie)

Intermediate Course

September 27 - Bird Flu Summit (Las Vegas)

Exhibit Booth

September 29 - American Dietetic Association, Food and Nutrition Conference

(Philadelphia, Pennsylvania) - Exhibit Booth

Additional information about National Preparedness Month, including emergency plans and other handouts, can be found at www.ready.gov. Further information about the Center for Bioterrorism and All-Hazards Preparedness, including upcoming training opportunities, can be found at www.nova.edu/allhazards.

CBAP Trains Westside Regional Physicians

On September 15, the CBAP trained physicians at Westside Regional Medical Center in Plantation, Florida, to prepare them for dealing with and responding to public health emergencies resulting from terrorist attacks, bioterrorism, and other manmade intentional disasters, non-intentional manmade disasters, flu pandemics, and natural disasters such as hurricanes, floods, tornadoes and wildfires. According to Leonard A. Levy, D.P.M., M.P.H., who serves as CBAP's director, "It is essential for health professionals and others who are part of the nation's health care system to receive training in public health preparedness so they can use their professional knowledge and skills as part of the interdisciplinary team needed to respond to major disasters."

Mission Statement

The CBAP is dedicated to the interdisciplinary education and training of professionals, health care workers, community groups, and executives at the local, state, and national levels. The center is dedicated to

- prevent, protect, respond, prepare for, and recover from hazardous events
- emphasize vulnerable, underserved, hard-to-reach, and disadvantaged populations
- serve as a resource center in all-hazards preparedness
- perform research related to response, mitigation, and recovery



The CBAP Chronicle is a quarterly publication that highlights the resources, services, and relevant information on current topics available on all-hazards preparedness in the United States for interested health care professionals and those involved in the health and safety of their communities, state, and nation.

"Pandemic Influenza: U.S. Preparedness Update"



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<u>Phase</u>	<u>Description</u>
1	— Low risk of human cases
2	— Higher risk of human cases
3	— No or very limited human-to-human transmission
4	— Evidence of increased human-to-human transmission
5	— Evidence of significant human-to-human transmission
6	— Efficient and sustained human-to-human transmission

In the United States, there have been three major outbreaks of pandemic influenza in the past century:

- The Hong Kong Flu in 1968-69, resulting in 34,000 deaths
- The Asian Flu in 1957-1958, resulting in 70,000 deaths
- The Spanish Flu in 1918-1919, resulting in 675,000 deaths

The Spanish Flu was the deadliest pandemic flu in worldwide history, infecting nearly a third of the 1918-1919 global population—nearly 500 million people. It caused approximately 50 million deaths worldwide. In fact, the 1918 pandemic is still being studied for clues about how influenza viruses mutate and spread. Better surveillance and health care and increased knowledge about the influenza virus make it likely that any pandemic would have less impact than the Spanish Flu. However, an increased global population and ease of travel between countries enhance the risk of spread. At this time, the most effective preparedness efforts include the development and stockpiling of "broadly protective vaccines" such as Tamiflu and Relenza (see Preparing for Pandemic Flu in the United States in adjacent column).

Update on Avian Influenza: What's New?

Avian influenza, H5N1, remains a concern as a potential pandemic; it has been in "Phase 3" for pandemic alertness since October 2005. As of July 2007, there have been 319 confirmed cases and 192 deaths reported worldwide. At this time, H5N1 is predominantly confined to the Eastern Hemisphere and has not yet reached the United States. An interactive map showing the spread of avian influenza since it was first diagnosed until July 2007 is available at http://news.bbc.co.uk/1/shared/spl/hi/world/05/bird_flu_map/html/1.stm.

Will H5N1 be the next pandemic? The answer is not known. While H5N1 has not demonstrated substantial human-to-human infection, it may mutate into something more dangerous and easily spread. H5N1 naturally occurs in birds, where it is carried in their intestines. Sick birds have the potential to spread the virus along their migratory paths, and this remains a concern for public health organizations worldwide. However, according to the Centers for Disease Control and Prevention, as of August 2007, "the spread of avian influenza viruses from one ill person to another has been reported very rarely, and has been limited, inefficient, and unsustainable."

Preparing for Pandemic Flu in the United States

Considerable amounts of money have been budgeted for pandemic preparedness in this country. Pandemic influenza preparedness funds were \$220 million in 2005 and increased to \$3.8 billion in 2006 after introduction of the WHO Pandemic Phase 3 in October 2005. Funding decreased to \$2.3 billion in 2007, and estimated funds for 2008 are \$1.2 billion. The majority of dedicated funds are for pharmaceutical development (e.g., vaccines, antiviral medications), followed by preparedness planning and training.

Developing Vaccines and Antiviral Medications

Vaccine and antiviral medications represent critical elements for pandemic preparedness and are, therefore, considered a top priority. Grants have been given to academic institutions, clinics, and pharmaceutical and biotechnology companies to develop better vaccines and medicines.

So far, research suggests that two antiviral medicines, Oseltamavir (Tamiflu® by Hoffmann-La Roche, Inc.) and Zanamavir (Relenza® by GlaxoSmithKline, Inc.) may be useful treatments for H5N1 avian influenza. However, H5N1 viruses are generally resistant to two other available antiviral medications, amantadine and rimantadine; so they cannot be used to treat avian flu.

Preparedness Planning

The U.S. Department of Health and Human Services (HHS) is the lead agency for pandemic surveillance and information dissemination on pandemic preparedness planning. The



HHS has created several Web sites that provide information on influenza, including seasonal, avian, swine, and pandemic flu (among others). The department also has exhaustive preparedness plans for public use, as well as tailored checklists for businesses and institutions. For more information about preparing for pandemic flu, the reader is directed to the following Web sites: www.cdc.gov/flu and www.pandemicflu.gov.

Training

Grants and government contracts are available for the development of education and training programs on pandemic flu directed toward a variety of audiences including health care professionals, first responders, employers, and schools. For example, the Center for Bioterrorism and All-Hazards Preparedness (CBAP) is one of seven centers of national excellence that have received grants from the Office of the Assistant Secretary for Preparedness and Response (ASPR) for HHS to develop all-hazards preparedness training for health professionals in the United States—training that includes how to prepare for and respond to pandemic flu. More information about the CBAP and specific programs on pandemic flu and all-hazards preparedness are available at www.nova.edu/allhazards.

Who's Responsible?

As for any potential disaster situation, pandemic preparedness emphasizes the need for self-sufficiency. However, planning occurs at all levels—local, state, and federal—and knowing who does what ahead of time is critical to the success of the response.

Local medical services will play the most critical role in the event of a pandemic. Included are home health care services, medical offices and clinics, emergency medical services, hospitals,

“...when a major disaster strikes, you might experience what is known as the ‘YOYO Effect!’ You’re on Your Own.”
James T. Howell, M.D., M.P.H.
CBAP Project Director

and long-term care facilities. Thus, the impact of a pandemic will be significantly reduced by appropriate planning and implementation at the local level. Such preparation can slow and/or limit the spread of disease until a vaccine is available.

There are three critical steps involved in planning for pandemic flu, which are

- establish a structure for planning and decision-making. Identify who is assigned to do what.
- develop a written plan. Define how facility/organization will prepare, mitigate, respond, and recover.
- practice, practice, practice. Practice the plan often, and use the practice to identify and fix potential gaps.

Local health departments have the responsibility to report surveillance information to their states—surveillance to identify the onset of a pandemic as well as surveillance to help track the event. Once a pandemic has been identified, the state health department usually becomes the lead agency to coordinate a statewide response.

The federal response is described by the *National Strategy for Pandemic Influenza*, which can be found at <http://www.whitehouse.gov/homeland/nspi.pdf>. This document provides national strategies for

- Preparedness and communication: “Activities that should be undertaken before a pandemic to ensure preparedness and the communication of roles and responsibilities to all levels of government, segments of society, and individuals.”
- Surveillance and detection: “Domestic and international systems that provide continuous ‘situational awareness’ to ensure the earliest warning possible to protect the population.”
- Response and containment: “Actions to limit the spread of the outbreak and to mitigate the health, social, and economic impacts of a pandemic.”

What Can You Do as a Health Care Professional?

Plan now. If an influenza pandemic hits the nation, there could be a shortage of health care staff, and there might also be a lack of coordination among hospitals and clinics. In the case of a particularly severe event, emergency department crowding and a lack of hospital beds will be compounded by general staffing shortages due to illness and/or fear.

“Currently, the United States has approximately 970,000 staffed hospital beds and 100,000 ventilators, with three-quarters of

**Seven Centers of National Excellence
 Developing Training Programs for
 Pandemic Flu and All-Hazards
 Preparedness Through ASPR Grants**

(NEST - National Education Strategy Team)

- **Nova Southeastern University College of Osteopathic Medicine:** Center for Bioterrorism and All-Hazards Preparedness (CBAP)
- **Columbia University:** New York Consortium for Emergency Preparedness Continuing Education
- **Mather LifeWays:** PREPARE
- **Medical College of Georgia:** National Disaster Support Life Foundation
- **The Medical University of South Carolina:** Disaster Preparedness and Response Training Network
- **University of Texas Health Science Center at Houston:** Center for Biosecurity and Public Health Preparedness
- **Yale University:** Yale New Haven Center for Emergency Preparedness and Disaster Response



them in use on any given day,” noted the U.S. Congressional Budget Office in 2006. What will your facility do to address these issues? Are you prepared to handle large numbers of very sick patients?

Planning will need to incorporate alternative care sites with a community focus, working with public and private entities to ensure collaboration during a potential outbreak. Some sites to consider might be assisted living facilities, nursing homes, large-capacity hotels, schools, warehouses, stadiums, or even wide-open spaces (e.g., tents in parks, parking lots).

You and your colleagues should understand the existing policies, procedures, and protocols of your facility in terms of treatment, vaccination, and Continuation of Operations Planning (COOP). More information on COOP is available at www.fema.gov/government/coop.

Ensure that everyone working at a health care facility understands and uses standard respiratory precautions and etiquette. This is critical in order to keep the health care workforce healthy. If a pandemic occurs, social distancing measures such as reverse quarantine will be required as well.

Understand and tend to the needs of your own family. Make sure family members are safe and cared for so you can support your colleagues in assisting with the response to the pandemic.

Summary

Another pandemic influenza outbreak is inevitable in the United States; it is a matter of when, where, and what strain. Important steps are being taken at the local, state, and national levels to ensure appropriate surveillance and preparation. The CDC notes that an unmitigated pandemic without interventions will result in a 30 percent illness rate, with a case-fatality rate correlated with the severity of the pandemic. According to Klaus Stöhr of the Global Influenza Programme for the WHO, “Past pandemics have typically hit world populations like a flash flood... They have started abruptly and explosively, swept through populations, and left considerable damage in their wake.” These observations underscore the importance of a collaborative approach for planning and response.

Assessing Potential Gaps in Preparing for the Next Pandemic

Beds – Will there be enough for the number of sick patients that might show up at hospitals during a severe pandemic? Is there a plan for triage of sick patients within the community? Where can alternate medical sites be established?

Staff – Are health care professionals available where they will be needed? How will underserved areas be covered medically? Within a facility, how will staff be rotated to provide appropriate coverage? What are the backup plans when staff becomes ill?

Equipment (e.g., ventilators) – Will there be enough, given current numbers and usage?

Training – Are health care professionals learning the same (standardized) skills all across the country? How effective are the different training programs? What outcomes are being evaluated? What outcomes need to be evaluated?

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Campus Safety Issues Move to the Forefront

By Marisa Braun, M.D., M.S., Research Associate, and Judith Farrar, Ph.D., Coordinator of Curriculum Development and Dissemination

August and September saw a record number of students heading back to colleges and universities around the country. While campus security and safety are always a concern for students, parents, faculty, and school officials, this year brought more attention to specific policies and procedures due to the Virginia Tech tragedy and the recent email bomb threats sent to campuses across the United States.

Security and crime reporting should be an important part of any educational institution. In fact, colleges and universities have been required by federal law to disclose timely and annual information regarding campus crime and security since 1965. All public and private post-secondary schools that participate in federal student-aid programs are subject to such disclosure by the Higher Education Act of 1965 and the Clery Act (also known as the Crime Awareness and Campus Security Act of 1990). Nonetheless, surveys have concluded that campuses often are not as safe as disclosed. The reasons are multifaceted:

- Annual campus crime reports may be downgraded for public relations purposes (e.g., felonies being downgraded to misconduct charges).
- Events reported on campus (e.g., to deans' offices, judicial committees, rape/crisis centers) may not get into official community crime statistics.
- Campus security forces may be directed to minimize underage drinking and drug arrests.
- Students may not report perceived crimes due to discomfort and fear of being involved; they also may not recognize specific behaviors as criminal. This is particularly of concern since 80 percent of campus crime is "student-on-student."

Consequently, there remains a need for open discussion of campus security and safety that involves students, faculty, parents, administration, and the community.

How Federal Legislation Affects Campus Security and Safety

The Higher Education Act of 1965

All public and private post-secondary schools that participate in federal student-aid programs are required to disclose information about campus crime and security annually.

The Crime Awareness and Campus Security Act of 1990

Universities and colleges are required each year to prepare, publish, and distribute to all current students and employees and to any applicant for enrollment or employment, upon request, a security report containing crime statistics and campus security policies of the institution. The law was renamed the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (or the Clery Act) for Jeanne Clery, a 19-year-old Lehigh University freshman who was raped and murdered in her campus residence hall in 1986. For more information, please visit www.securityoncampus.org.

The United States Department of Education is mandated to monitor compliance with the above laws and can impose civil penalties, up to \$27,500 per violation, and suspend institutions from participating in federal student financial aid programs.

What Is Florida Doing to Improve Campus Safety?

In April 2007, Florida's governor, Charlie Crist, signed an executive order establishing the Gubernatorial Task Force for University Campus Safety, which is tasked with identifying

- students who pose a risk
- methods of notification during emergency situations on campuses
- strategies for improving cross-agency communication
- improvements for training of law-enforcement officials and first responders to crisis situations

The taskforce created a report based on several public hearings held on university or college campuses. This report reviews important issues on campus safety and contains over 60 recommendations for improvement of safety and security at Florida's institutions of higher education. (See full report at: www.dcf.state.fl.us/campusSecurity/). Of particular importance are the topics addressing problems encountered during recent tragic events on campuses nationwide, such as

- the need to improve information sharing among mental health and health professionals, educators, and law enforcement, especially when a student is determined to be a risk
- the need to coordinate a response to students in crisis
- the need to have well trained, well equipped, and adequately staffed personnel to deal with critical incidents and campus emergencies
- the need for each college and university to ensure that its emergency and critical incident plans are current, comprehensive, and regularly exercised

What Have We Learned About Campus Safety?

1. Many crimes that occur on college and university campuses are related to poor communications and a lack of information sharing. This was brought to the forefront by the shootings at Virginia Tech, during which decisions were made to not inform the immediate community of what was happening. It is now suggested that appropriate communication might have saved lives. Emergency notification plans are now being developed or modified and practiced at many universities and colleges around the country.
2. Law enforcement and campus security may not be prepared to handle the organizational and legal barriers that can be encountered during times of crisis. This may relate to poor communications and relationships with the local community and/or the desire of campus administration to keep the academic community a closed environment. Crimes on campus are often handled internally and may not be brought to the attention of the local law enforcement and judicial systems. This approach is changing as campus administrators are increasingly reaching out to law enforcement to develop policies that will better integrate campus security with the legal resources of the surrounding community.
3. Annual campus crime reports may not reflect true statistics due to fear of negative publicity. Campuses are too often viewed as "safe academic havens," which is a perception that does not match the statistics of rapes, assaults, homicides, and robberies

that take place on campuses each year. Awareness is up, and college and university administrators throughout the country are now making serious efforts to improve safety.

4. Effective strategies to enhance campus safety involve everyone—students, faculty, administrators, security personnel, and the community at large. Some suggested "Best Practices" are shown below. To implement these successfully, training for students, staff, campus personnel, and community first responders is critical.

Some "Best Practices" to Enhance Campus Safety

Each college and university should have a security plan in place and should ensure that all critical incident plans are current, comprehensive, and regularly exercised. Plans should be similar to all-hazards planning and should include prevention, intervention, response, and aftermath.

During a two-day workshop hosted by St. Petersburg College in June 2007, experts on all topics related to prevention, intervention, response, and aftermath of a crisis situation gathered and shared their best practices.

Prevention and Intervention

- All institutions should have a safety and security plan that includes a multidisciplinary "incident" response team. The team should meet regularly to share ideas and concerns and review incidents on campus and at other colleges/universities. Appropriate drills should be conducted that go beyond the public safety team to include staff, faculty, and students.
- Safety awareness information and training should be provided campus-wide. It can be part of student and new employee orientation as well as continuing professional and staff development.
- Utilize student clubs and organizations to assist with developing an emergency communication protocol.
- Identify an appropriate mental health resource network.
- Intervention practices should involve the campus safety leadership and should encourage awareness, involvement, and communication throughout the campus. This should include
 - sharing information relating to potentially troubled students
 - creating a referral system/tool for interventions
 - training to re-educate faculty and staff on Federal Family Educational Rights and Privacy Act (FERPA) laws
 - student assistant programs (SAPs)
 - student mental health programs and onsite counseling services

Response

Response to crime events requires establishing a partnership with local resources: first responders, law enforcement, county emergency operations center (EOC), etc. Response tactics also involve identifying a campus crisis response team as well as all communication vehicles available and how they should be



Campus Safety Tips (for students)

- Know where emergency phones are located.
- Do not walk alone at night. Use a shuttle service or walk in groups.
- Do not have photo and personal information published for distribution, even within the campus community.
- Give phone numbers and activity schedules (including classes) to a friend and your family.
- Carefully evaluate the safety and location of off-campus housing, if that is where you choose to live.
- Do not loan out your room key.
- Use the peephole before opening your door.
- Do not leave any valuables (cell phone, jewelry, cameras, wallet, purse) in plain view.
- Program your cell phone with emergency numbers on speed dial. This should include family and friends.
- Know your neighbors.
- Do not be reluctant to report (suspected) illegal activities or suspicious loitering.

(for staff and administration)

- Ensure that buildings/walkways/parking lots are adequately secured.
- Develop shuttle services, escort services, and emergency phones that are appropriate and available. Clearly communicate their accessibility to all potential campus users.
- Utilize card-access systems, which are safer than metal keys and locks.
- Student housing should have a central entrance/exit with a lobby where nighttime access is monitored. There should be a phone outside for access to guests.
- Residential assistants/advisors should do regular checks for “propped” doors in student housing. Janitorial staff and faculty should be on the lookout for “propped” doors in academic buildings.
- Continually monitor and update campus security.
- Develop a mass-communication system for instant messaging on cell phones, phones, and email, including an override on banners that send messages.

utilized during an event. In addition, ongoing planning, training, and evaluation are critical to a successful response.

Aftermath

The aftermath plan should include a team to facilitate the healing process. This includes dealing with the grief of staff, students, faculty, and community, resuming “normal” academic and business functions as soon as reasonable, and documenting the lessons learned.

For more information on the Florida Community College Campus Security Summit, please visit www.spcollege.edu/central/collaborative/07/FCCS/FCCS_BPS.htm.

Increased awareness about campus security and safety together with implementation of “Best Practices” and outreach to the local community should substantially improve the current concerns about crimes on campus. The goal is to make all people on campus more aware of their surrounding environment and able to communicate concerns about possible threats.

For More Information

The following Web sites provide additional training and/or information about campus safety and security issues:

American College Health Association (ACHA)

www.ojp.usdoj.gov/ovc/help/welcome.html

www.acha.org (campus crime)

ACHA is an advocate and leadership organization for college and university health. Its Campus Violence Task Force provides resources in support of prevention, intervention, and victim advocacy.

International Association of Campus Law Enforcement Administrations

<http://www.iaclea.org>

IACLEA promotes campus safety by providing educational resources, advocacy, and professional development.

Safe Campuses Now

www.safecampusesnow.org

Student volunteers staff this crime prevention awareness and education program. Its Web site offers safety strategies, crime alerts, and other resources.

Security on Campus, Inc.

www.securityoncampus.org

This nonprofit organization works to prevent campus violence and crimes and assist campus victims in the enforcement of their legal rights.

The following Web sites provide information on psychological aspects of trauma:

- **American Psychological Association:** www.apa.org
- **International Society for Traumatic Stress Studies:** www.istss.org
- **National Center for Victims of Crime:** www.ncvc.org
- **OVC Family Assistance Call Center:** www.ojp.usdoj.gov/ovc/familycallcenter.htm
- **United States Department of Justice:** www.usdoj.gov

CBAP Cosponsors Interdisciplinary Conference on Legal Preparedness

On September 8, NSU-COM's Center for Bioterrorism and All-Hazards Preparedness (CBAP) co-hosted a first-of-its-kind symposium at NSU's Davie campus called Bioterrorism and All-Hazards Preparedness—Implications for the Legal Community: Are You Ready? The daylong program, which was co-hosted by the NSU Shepard Broad Law Center, featured national, state, and local experts in law and public health preparedness who discussed an array of topical issues.

Leonard Levy, D.P.M., M.P.H., who serves as CBAP director, spoke about all-hazards emergencies and preparedness issues and addressed the importance of working with the legal community from a public health care perspective. In addition, **Jessica De Leon, Ph.D.**, CBAP coordinator of research and evaluation, and **David Thomas, M.D., J.D.**, chair of the Department of Surgery and professor of public health, discussed the topic "Planning and Preparedness for the Frail Elderly and Other Vulnerable Populations—A Legal Perspective." Given that over 60 percent of Florida's population can be identified as "vulnerable," the legal consequences in times of emergencies are even more challenging from both the preparation and recovery stages.

Featured national speakers included **Daniel D. Stier, J.D.**, public health analyst for the Public Health Law Program at the Centers for Disease Control and Prevention in Atlanta, Georgia, who spoke on "The Public Health Law Perspective in an Emergency," and **Patricia Sweeney, J.D., M.P.H., R.N.**, of the Center for Public Health Practice at the Graduate School of Public Health at the University of Pittsburgh, who discussed "Legal Preparedness for the Courts and the Public Health System in an Emergency."

The afternoon sessions, which were devoted to providing a context for public health preparedness and the law in Florida, featured a number of insightful seminars. **Joshua A. Perper, M.D., M.Sc., LLB**, chief medical examiner, Broward County, and NSU-COM clinical professor of surgery (pathology), discussed "The Role of the Medical Examiner in a Public Health Emergency," while **Richard McNelis, J.D.**, assistant general counsel for the Florida Department of Health, presented an overview of "State Public Health Laws Related to Emergencies." In addition, **Jean Malecki, M.D., M.P.H., FACPM**, who serves as director of the Palm Beach County Health Department and



chair of the NSU-COM Department of Preventive Medicine, discussed the "County and State Perspective."

The conference concluded with the speakers forming a panel to discuss the challenges for Florida in developing a coordinated system of communication and collaboration between public health and the judicial system to help assure that the public is aware of the legal issues involved during an emergency. Panelists included **Gregory J. Cowan, M.A.**, court operations consultant for the state of Florida, and **Morton Laitner, J.D.**, who serves as chief legal counsel for the Miami-Dade Health Department. The panel addressed some of the ethical decisions that will have to be made in a disaster response, such as

- Whom do we protect?
- To what level of safety do we offer protection?
- How do we set priorities?
- Who do we evacuate first?
- How do we deal with those who do not want to cooperate?
- When do we stop expending resources on rescue efforts and shift to a recover mode?

Legal preparedness is an important part of comprehensive planning for public health emergencies, including bioterrorist and other intentional attacks, emerging infectious disease epidemics, natural disasters, and other events with potentially catastrophic impacts on human health. State, county, and city public health departments in partnership with the Centers for Disease Control and Prevention (CDC) and other federal agencies and civic organizations are the front line of the public health emergency response in the United States.

Following the terrorist attacks of September 11, 2001, the subsequent anthrax attacks, and the devastating hurricane seasons of 2004-2005, these agencies have worked to increase their emergency management capabilities, including basic and advanced training for staff, developing mutual-aid agreements, and upgrading procedures and equipment for surveillance, telecommunications, and laboratory testing. All of these planning and response components have legal implications—for the organization, the health care professionals/responders, and the public.



The symposium was videotaped for posterity and is scheduled to be available for national dissemination via the CBAP Web site or on CD by December 2007. For more information about this program and others to be held in the future, please visit www.nova.edu/allhazards or call the Center for Bioterrorism and All-hazards Preparedness at (954) 262-1688.

Three Key Components of Legal Preparedness for Emergency Response

1. *The legal responsibility of the local public health department*

Question: Do public health agencies face potential civil liability for failure to conduct surveillance to identify potential agents or outbreaks that may lead to a public health emergency? (*Answers provided below.*)

2. *Civil legal liability related to public health emergencies*

Question: What civil liability may stem from the actions of responders related to medical care or treatment during a public health emergency?

3. *Legal implications related to the interjurisdictional nature of coordinating public health emergency planning and response*

Question: What is the legal liability for states or local governments that enter interstate mutual-aid agreements?

Answer No. 1 - Usually, no. The failure of the government to adequately plan for uses and destruction of property during an emergency will not usually expose the government or its agents to civil liability. Planning decisions will likely be considered discretionary, and will therefore usually receive protection from liability under state tort claims acts (TCAs).

Answer No. 2 - Responders may face civil liability for negligence if they fail to use reasonable care in the provision of public health services. Other theories of civil liability, such as breach of privacy, intentional or negligent infliction of emotional distress, or misrepresentation, could be implicated as well.

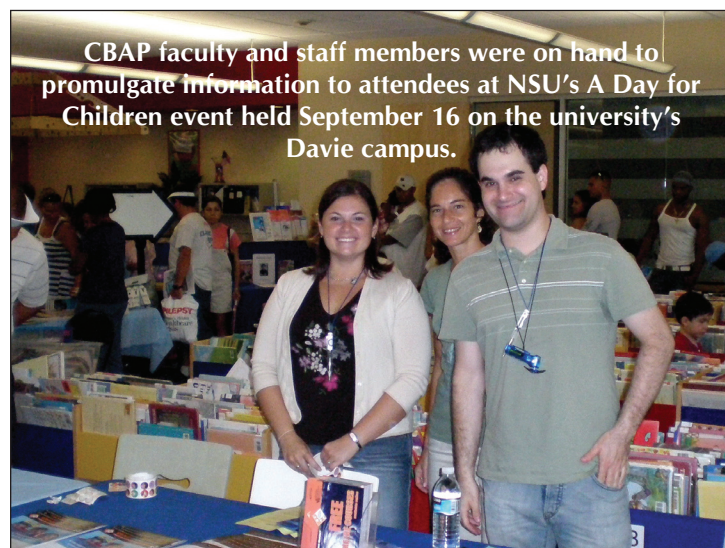
Answer No. 3 - Most mutual-aid agreements contain some sort of civil liability provision that indicates which jurisdiction is

responsible for the acts and consequences of persons or entities responding to an emergency. Liability often is shifted to the jurisdiction requesting aid.

Additional resources related to legal preparedness for public health emergencies can be found at the CDC Public Health Law Program (www.cdc.gov/phlp); The Center for Law and the Public's Health, (www.publichealthlaw.net); the Association of State and Territorial Health Offices (www.astho.org); and the National Association of County and City Health Officials (www.naccho.org).

CBAP Fast Fact

NSU-COM's Center for Bioterrorism and All-Hazards Preparedness has been providing education and training to health care providers and first responders since September 11, 2001. Since May 2006, more than 14,500 people nationwide have been trained by the CBAP through a combination of face-to-face and online instruction. The CBAP is one of seven national training centers funded by the Assistant Secretary for Preparedness and Response of the U.S. Department of Health and Human Services.



CBAP faculty and staff members were on hand to promulgate information to attendees at NSU's A Day for Children event held September 16 on the university's Davie campus.

Upcoming CBAP Training Sessions

November 2007

November 3: American Public Health Association (Washington, D.C.) - Exhibit/Poster Presentations

November 8: Florida Organization of Nursing Executives (Plantation) - Exhibit/Poster Presentation

November 19: Nova Southeastern University, Retirement Program - All Hazards Preparedness

December 2007

December 11-13: Southeast Homeland Security Conference (Orlando) - Exhibit

CDC Honors Palm Beach County Emergency Response Coalition



Pictured at the award ceremony (from left to right) are Dr. Jay Lee, Palm Beach County Medical Society; Ruth Ann Steinbrecher, American Medical Association; Robbin Lee, HERC Chairperson; and Dr. Richard Hunt, Centers for Disease Control and Prevention.

On August 13, 2007, the Healthcare Emergency Response Coalition of Palm Beach County (HERC) was recognized as a model community program by the Centers for Disease Control and Prevention and the American Medical Association. The HERC, which is a countywide network of health care and emergency representatives who collaborate and respond to all-hazards related disasters, was one of five programs selected as a model program from throughout the nation.

“After 9/11 was followed by the nation’s first bioterrorism attack—the anthrax spores that killed a Lantana man—we knew something had to be done so health care and emergency response agencies could develop ways to work together most effectively,” said Tenna Wiles, executive director of the Palm Beach County Medical Society. “We are incredibly grateful to be honored and thank our HERC member organizations for making this possible.”

In 2001, with the support of the Palm Healthcare Foundation, the HERC was formed to develop and promote health care emergency preparedness and response standards to benefit all residents of Palm Beach County. The coalition comprises 22 members representing all Palm Beach County hospitals, the health department, fire rescue, law enforcement, universities, and various other health care providers. With seed funding and ongoing support from Palm Healthcare Foundation, the HERC has developed a series of hospital protocols on preparing for and responding to any mass-casualty incident, including those that result from both terrorist attacks and naturally occurring public health emergencies.

The HERC is a program of Palm Beach County Medical Society Services, which is a not-for-profit organization dedicated to uniting physicians to serve the common interest of the profession, developing and maintaining the highest professional and ethical standards of the medical profession, advocating the interests of physicians and their patients, and collaborating with others to improve the community’s health.

To learn more about the HERC, which works closely with the CBAP on the Medical Reserve Corps training initiative as well as other training programs, please visit www.pbcms.org/herc.



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