The ‘Three S’s’ of Critical Event Preparation:

**SARS Planning; Surge Capacity; Smallpox**

The Johns Hopkins Office of Critical Event Preparedness and Response (CEPAR) has been involved in detailed, intense discussions and evaluations of what might be termed the Three S’s of critical event preparation: SARS Planning, Surge Capacity, and Smallpox.

Some infectious disease specialists anticipate that severe acute respiratory syndrome (SARS) may reappear this fall and winter. And it is possible the outbreak could be even more wide-ranging in this region than it was earlier this year, when Virginia reported three probable SARS infections and seven suspected cases, while neither Maryland nor the District of Columbia reported any.

This past winter’s SARS epidemic in the Far East, Canada and elsewhere resulted in nearly 8,500 probable infections and 812 deaths worldwide, including 73 probable SARS cases in the U.S.—but no fatalities. To be prepared should this virus strike again, Mary Myers, R.N., M.S., senior project administrator in the Johns Hopkins Health Systems’ Office of Operations Integration, and a member of CEPAR, has been directing a SARS Fall Planning Group. It is meeting regularly to develop preliminary plans for responding to suspected cases of SARS, which will require swift diagnosis and isolation to prevent further spread.

A multi-disciplinary approach is being prepared under five response phases:

**Phase One** aims at “Primary Prevention,” with a staff/visitor/patient safety education campaign designed to prevent spread of the flu and other respiratory diseases even absent any reported cases of SARS in the world. The educational campaign will be launched during Infection Control Week in October, along with the annual offer of flu shots to all Hopkins employees.

**Phase Two** of the SARS response plan is geared toward “Secondary Prevention,” and will be triggered if a SARS case is reported somewhere in the world. The educational focus for the staff and public will shift to preventing the spread of SARS and creation of pre-triage patient screening protocols as recommended by the World Health Organization.

**Phase Three** will be initiated if a SARS case is reported in the United States. It will involve active screening of patients by the staff and a continuing SARS prevention education campaign heavily emphasizing the need to protect our employees, patients...
The Drills of Summer

Hopkins Medicine a Key Component of Regional Emergency Response Preparation

Johns Hopkins Medicine participated in three regional drills held this summer to test the response of area hospitals and emergency communications procedures to possible critical events or terrorism attacks involving biological or chemical weapons. Two of the drills concentrated on city and regional preparedness and the other was a statewide exercise.

The first drill, code-named “Seeker I,” was conducted on June 25 – 26 and coordinated by the state Department of Health and Mental Hygiene. It involved 34 Maryland hospital laboratories and one hospital laboratory in Washington, D.C. The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center and Howard County General Hospital all participated successfully in the drill.

During the 48-hour drill, hospital laboratory directors were informed that one specimen just received by their laboratories had tested positive for salmonella. The drill tested the laboratories’ ability to package and send such a specimen to the state laboratory, as well as the emergency communications between the hospitals themselves and with the state.

Two days after the Seeker I drill, another 48-hour drill, code-named REFLEX (for Regional Fall Exercise) involved regional hospitals and health care agencies on June 28 – 29.

Three scenarios were employed in this drill. One involved an explosion on Saturday, June 28, of a chlorine gas cylinder stored by terrorists in an Edgewood apartment basement. The second scenario involved a Sunday morning terrorist attack on a Clarksville pipeline that contained hazardous chemicals. The third scenario had law enforcement officers in Carroll County confronting terrorists who set off a cyanide gas explosion. Local health departments had to establish separate clinics to attend to individuals who were not physically affected but needed emotional support.

Participating in this drill, Johns Hopkins Bayview agreed to take 10 “moulaged” patients (volunteers in make-up, simulating victims) on Saturday morning; The Johns Hopkins Hospital took 15 “paper” patients on Sunday morning; and Howard County General Hospital took 25 “paper” patients on Sunday as well.

The drill successfully tested the existing policies and plans of the regional Emergency Medical System (EMS), the participating hospitals’ disaster plans, and the effectiveness of the area’s computerized information system, FRED (Facilities Resource Emergency Database).

The third drill, code-named “Harbor BASE” (Biological Attack – Simulated Event) was a 36-hour exercise concentrated in Baltimore City and several surrounding counties on July 9-10. It was designed to test the city’s Emergency Medicine System, the processes for establishing vaccination centers and clinics, and the area hospitals’ disaster plans. The scenario involved patients—both volunteers and “paper”—simulating symptoms associated with a terrorist attack using smallpox and botulism agents.

The Johns Hopkins Hospital received two “paper” patients suffering from smallpox; Johns Hopkins Bayview received nine “paper” botulism patients and one “paper” smallpox patient, and Howard County General Hospital received one “paper” botulism patient. The Johns Hopkins Home Care Group (JHHCG) also participated, since it would play a central role in such an event by assuming treatment of patients discharged from the hospitals in order to free beds to deal with victims of the disaster. Every component of JHHCG—Pediatrics at Home, Home Health Services and Pharmaquip—readied itself to handle referrals from the Hopkins system and other health care providers and to determine the number of potential patient discharges and home care admissions.

Under the coordination of CEPAR and hospital officials, the Hopkins affiliates successfully tested their capabilities for handling the isolation and treatment of these suspected bioterrorism patients while maintaining the proper care of their existing patients and general hospital operations.

Bloomberg School of Public Health; Hopkins School of Medicine Increase Activities Combating Bioterrorism

The Johns Hopkins Bloomberg School of Public Health and the Department of Emergency Medicine at The Johns Hopkins School of Medicine have become even more involved in biodefense preparations by joining with the University of Maryland School of Medicine and other institutions that are participating in a $42 million, federally funded program to combat bioterrorism.

Donald S. Burke, M.D., of BSPH, will be the co-principal investigator in the program, along with Myron M. Levine, M.D., director of the University of Maryland’s Center for Vaccine Development. Richard Rothman, M.D., of the School of Medicine’s Department of Emergency Medicine, also will participate in the studies.

Funded by the National Institute of Allergy and Infectious Diseases, the program will establish a regional “center of excellence” at the University of Maryland to focus on creating better vaccines against smallpox and anthrax, searching for means to combat lethal viruses such as Ebola, determining the threat posed by common but dangerous bacteria such as E. coli, and researching such natural threats as the West Nile virus.
Dear Colleagues:

As the articles in this issue of Hopkins on Alert readily demonstrate, CEPAR has actively been engaged in critical event drills on the regional level, as well as in discussions with colleagues nationally about surge capacity planning for handling a rapid influx of disaster victims.

Despite the increasing sophistication of CEPAR’s planning and operations, every employee of Johns Hopkins probably has some very basic questions about what to do if a critical event—a terrorist attack or a natural disaster—occurs. Perhaps the simplest, yet most essential question is: What do I do?

The CEPAR Intranet Web site for employees has a list of Frequently Asked Questions (FAQs) and the answers to them. You can find it at: http://www.insidehopkinsmedicine.org/cepar/instructions/.

Here are a couple of those FAQs and the answers to them:

In the event of a disaster what should I do?

Remain calm.

If you are at work, listen to the hospital overhead pages. Once a disaster plan is implemented, report to your supervisor for further instructions.

If you work in an area with no overhead paging, report immediately to your supervisor for further instructions.

If you are at home when a disaster or critical event happens in the area, stay at home and keep your phone line open. Do not attempt to call work because the phone lines will be very busy. You can call the Emergency Information Hotlines on your Hopkins On Alert personnel badge (410-502-0011; 1-866-262-8747) and wait for further instructions from your supervisor.

What do the Johns Hopkins alert levels mean?

Johns Hopkins has defined operational guidelines to be implemented in response to regional events or threats. The alert levels define the actions of different departments if the alert level is raised. For more details, go to the CEPAR Intranet site and click on the alert level action descriptions. The link is: http://www.insidehopkinsmedicine.org/cepar/action_sheets/.

Is Johns Hopkins prepared to respond to a disaster, especially a bioterrorist attack or a chemical or radiation event?

Yes.

Gabor D. Kelen
All hospitals are prepared to handle disasters. In addition, all hospitals and health care organizations perform disaster drills to test their preparedness.

Johns Hopkins long has been prepared to handle any disaster involving trauma. Now we have developed disaster plans to address the new risks of biological, chemical and radiological terrorist events. We are refining and testing these plans continuously.

The FAQs section on the CEPAR Intranet site provides the answers to a number of additional questions you may have, as well as links to Web sites that offer more information on what you personally can do to prepare for a disaster; on national and local preparedness agencies; and on biological, chemical and radiological agents that could be part of a terrorist attack or natural disaster.

Many of these subjects were topics we never contemplated before September 11, 2001. Now, two years later, they are central to our concerted efforts to prepare for and successfully respond to any critical event.

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