



CBAP

CHRONICLE



Helping Health Professionals Meet All-Hazards Preparedness Goals

VOLUME 1, NUMBER 2 • SPRING 2007

Cruise Ship Safety: What You Need to Know

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Are you getting ready for a cruise this year and wondering about safety on the seas? If so, you are not alone. In fact, you will be one of approximately 11 million cruise travelers in North America according to the Cruise Lines International Association.

Cruise safety is a concern. The large cruise ships that most travelers use are virtual small cities. Each is a relatively crowded and closed environment, and, within that environment, there exists diversity in terms of the health and immunization status of the passengers and crew as well as their social and economic backgrounds. In addition, when you factor in the boat's travel to and from different port cities, you can envision the opportunities that exist for increased spread of infection, exposure to different diseases, and potential criminal activity.

IN THIS ISSUE

- Page 1 - Cruise Ship Safety: What You Need to Know
- Page 4 - CBAP Expands Training Nationwide
- Page 5 - Emergency Preparedness and the Elderly: Facing the Challenges
- Page 8 - Midwest Affiliate of the CBAP Is Established
- Page 10 - CBAP Team News and Profiles
- Page 10 - Customized Training
- Page 11 - CBAP Web Site Adopts New Look

This center is funded, in part, by a grant from the Office of the Assistant Secretary of Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services.

Is Safety a Concern on Cruise Ships? Just Take a Look at Some of These Recent Media Reports:

Autumn 2005 - Passengers fight a series of pirate attacks on cruise ships off the Somalian coast.

March 2006 - A deadly fire breaks out on a Caribbean cruise ship.

July 2006 - A Connecticut man disappears on a honeymoon cruise in the Mediterranean.

August 2006 - The Port of Seattle shuts down after a bomb-sniffing dog suddenly “alerted” on a pair of cargo containers shipped from Pakistan. Fortunately, closer inspection determined the containers did not contain any dangerous materials.

December 2006 - Norovirus outbreaks are reported on several Caribbean cruises.

January 2007 - Port of Miami officers stop three Middle-Eastern men in an 18-wheel rig with “mysterious” cargo. It was later determined that the men were not terrorists and were hauling electrical auto parts.

January 2007 - A package being loaded on a cruise ship in Miami tested positive twice for C4 explosives. The package was later destroyed and found to not contain explosives.

Despite this, cruise ships—particularly those servicing North American ports—are actually a relatively safe mode of travel. Any ocean-sailing vessel involved in international commerce must display a flag of registry, which indicates that specific requirements for maritime expertise and safety have been met. Flag registry includes the comprehensive health and sanitation requirements of the International Health Regulations. For U.S. cruise ships and cruises, the maritime safety requirements are enforced by the U.S. Coast Guard, while the regulations for public health and sanitation are enforced by the Centers for Disease Control and Prevention (CDC).

U.S. Coast Guard Safety Oversight

Ocean-going cruise ships of U.S. registry must meet a comprehensive set of Coast Guard safety regulations, which include

- structural integrity
- fire protection
- lifesaving and evacuation equipment
- stability
- crew competency
- safety management
- environmental protection



The Coast Guard also mandates that each ship registered in the United States

- meets the standards set by the International Convention for the Safety of Life at Sea (SOLAS)
- holds periodic fire and lifeboat drills
- be inspected annually by the Coast Guard to check for compliance

Centers for Disease Control Public Health and Sanitation Oversight

The CDC manages three basic programs that address public health and sanitation of cruise ships registered in the United States:

1. The **Vessel Sanitation Program** is a cooperative program of the CDC and the cruise industry, with the goal of maintaining a high degree of sanitation and hygiene on cruise ships in the United States. The program addresses both the design of new ships and the retrofitting of older boats to meet these goals, and regular sanitation inspections are held.

The Vessel Sanitation Program includes

- protection of the water supply onboard
- food-handling practices, including storage, preparation, and service
- prevention of contamination of food, water, and ice
- personal hygiene and sanitation practices of the crew
- general vessel cleanliness and repair
- training programs in environment and public health practices

Fire Safety Measures for a Typical ICCL Cruise Ship (approximately 86,000 gross registered tons)

- Five firefighting teams
- Over 170 trained personnel to support firefighters
- Approximately 20 staff members with advanced firefighting training
- Firefighting equipment, including hose, sprinklers, fire extinguishers, smoke detectors, local-sounding alarms, fire stations, and/or hydrants
- Sufficient lifeboats and life rafts for everyone onboard

A cruise ship that does not meet the requirements of the Vessel Sanitation Program can be detained as a public health threat.

2. **Medical facilities** onboard are required to meet the American College of Emergency Physicians (ACEP) Health Care Guidelines on Cruise Ship Medical Facilities. The Cruise Ship and Maritime Medicine Section of the ACEP first published this consensus report in 2000. It includes facilities and staffing needs that are considered appropriate for large ocean-going passenger vessels. Also described are communicable disease control measures, appropriate medications for infectious diseases, and emergency and mass-casualty preparedness measures. Most large cruise lines operating in the United States are well equipped and appropriately staffed. However, smaller ships that are independently owned and operated are not required to have medical facilities onboard.

3. **Surveillance of communicable disease spread and occurrence** aboard ships is similar to that required by the CDC in the United States. However, the potential for transmission of infectious illness is heightened on a ship due to increased personal interactions and close quarters. Interestingly, due to better surveillance efforts by cruise lines and heightened awareness of infectious illnesses among travelers, some illnesses of potential public health significance that might have gone unnoticed have been reported, including clusters of measles, rubella, varicella, meningococcal meningitis, hepatitis A, Legionnaire's disease, influenza, and norovirus. Influenza and norovirus outbreaks are particularly difficult public health challenges for the cruise industry as they are onshore.

Some Preventive Health Tips for Cruise Passengers

Before embarking

- ensure that all immunizations, particularly influenza if appropriate, are current
- follow the prevention and immunization recommendations for each country on the itinerary
- talk to your physician or consider consulting a travel health specialist to tailor specific health needs

Onboard

- pay particular attention to hand hygiene; wash hands for 20 seconds with soap and water
- have an alcohol-based product (at least 60 percent alcohol) for washing hands if soap and water are not available
- follow recommendations regarding food and water consumption/hygiene for each country on the itinerary

Formal Security Legislation

- The Maritime Transportation Security Act (MTSA) is U.S. legislation designed to protect America's ports from a terrorist attack by assessing threats and developing and implementing security plans and procedures.
- The International Ship and Port Facility Security (ISPS) Code ensures a globally consistent security threat and response framework by requiring all ships, ports, and governments to have formal risk assessment-based security plans.

Security and Terrorist Attacks at Sea

Since the events of 9/11, concern about the potential for terrorist attacks has grown and enhanced security measures have been put in place for ports and cruise ships. Today's screening procedures at U.S. cruise terminals are similar to those at airports and include 100 percent passenger and baggage screening with use of metal detectors and stringent photo identification requirements. Crew members of the major cruise lines are prescreened prior to being hired, and once employed, they undergo similar luggage and photo identification checks as passengers before boarding the ship. Terminal and ship facilities are also screened using X-ray detection, trained canines, and other measures (e.g., security officers, approved ship and terminal security plans, layered screening of additional items coming onboard).

Port terminal security is the responsibility of the terminal operators and cruise lines. As at airports, there are strict procedures for passenger identification and visitor control, and access to cruise ships is strictly enforced. An official manifest identifies every person, and passengers and crew may embark or disembark only after passing through security and checking the manifest.



The legal environment for cruise lines operating in the United States is stringent. Federal and state authorities have the right to investigate crimes onboard, and the FBI can investigate and prosecute any alleged crime in international waters if Americans are involved. U.S. laws also protect any American passengers on non-U.S. cruise ships.

In summary, cruise ships and terminals are subject to the same security measures as airplanes and airports, and overall, traveling by cruise ship is as safe as other forms of travel. As a passenger, you can increase your personal safety by researching and following the specific health guidelines for the countries on the itinerary, complying with all security recommendations, familiarizing yourself with the ship's safety plans, and being alert for persons, items, and events that are out of the ordinary for the circumstance.

More information can be found at the following Web sites:

www.cdc.gov/travel

www.uscg.mil/hq/gm/cruiseship

www.iccl.org

www.acep.org/webportal/PracticeResources/issues/cruiseship

Maritime Security (MARSEC) Threat Levels

MARSEC Level 1 – normal, everyday security measures

MARSEC Level 2 – state of heightened alert

MARSEC Level 3 – probable or imminent threat

Security Measures to Deter Unauthorized Entry and Illegal Activity on a Cruise Ship

- 100 percent screening of all passenger baggage
- matching of luggage with passengers
- intensified screening of passenger lists and passenger identification
- required photo identification for all passengers and crew
- multiple photo identification checkpoints
- metal detector and X-ray screening of passengers, crew, and carry-on luggage
- use of identification cards, which must be used/recorded by passengers and crew when embarking and disembarking
- restricted/monitored access to sensitive vessel and terminal areas
- notice given to U.S. Coast Guard 96 hours before entering U.S. ports; passenger and crew identification electronically submitted to federal agencies
- Coast Guard-established perimeter security zone

CBAP Expands Training Nationwide

By Cecilia Rokusek, Ed.D., R.D., CBAP Project Manager

As part of its National Education Strategy Team (NEST) supplemental grant from the U.S. Department of Health and Human Services—and in the center's commitment to developing a national template for all-hazards preparedness training—CBAP faculty and staff members have provided training programs to 30 states.

These programs, which vary in length from one to eight hours, have been developed using a variety of educational delivery formats, including online, via CD, and face-to-face. In addition, a special two-day training program is available for school nurses. In Florida, over 1,000 of the state's school nurses have been trained in this two-day program provided through the center.

Customized training is available through the CBAP in such topic areas as

- Personal Planning for Your Professional Practice and Your Family
- Preparedness for Seniors in Independent and Group Settings

- Nutrition Challenges in All-Hazards Preparedness
- Preparedness for the Private Practitioner
- Planning and Preparedness for Those with Autism

For training programs at the basic awareness, intermediate, and advanced levels, as well as customized training, please contact the CBAP at (954) 262-1688 or (954) 262-1850.

CBAP faculty and training staff members have also presented programs at numerous national meetings, including the American Osteopathic Association, American Association of Osteopathic Family Physicians, American Association of Osteopathic Psychiatrists and Neurologists, and the American Occupational Therapy Association.

In Florida, the CBAP has provided training programs for the state's community health agencies, Medical Reserve Corps, Department of Health, Florida Hospital Association, and Healthy Start of Southwest Florida. Future plans are to disseminate this training to other states as well as health agencies and programs.

For training programs, call the CBAP at (954) 262-1688 or (954) 262-1850 or visit our Web site at www.nova.edu/allhazards.

Emergency Preparedness and the Elderly: Facing the Challenges

By Jessica De Leon, Ph.D., CBAP research associate, and
Judith Farrar, Ph.D., CBAP coordinator of curriculum
development and dissemination

Sarah is 94 years of age and fiercely independent. She lives by herself in a condominium apartment on the 18th floor of a building in South Miami Beach. Her general health is good, although at the age of 88 she had to start using insulin. She now gives herself injections as directed, and she also uses a cane for stability and glasses for reading. Sarah drove up until two years ago and now uses a car service or goes out with family and friends. A former librarian, she plays bridge three days per week. On the other two days, she runs a short-story seminar for persons in two assisted living centers.

Did You Know?

- Approximately 36 million Americans are 65 years and older, or 12 percent of the total U.S. population.
- The older population is “on the threshold of a boom” and is expected to grow from 35 million in 2005 to 72 million by 2030, representing almost 20 percent of the U.S. population.
- About 80 percent of the elderly have at least one chronic health condition; 50 percent have two or more.
- Over 14 million elderly persons have some type of disability.
- Approximately 38 percent of the older population spoke a language other than English at home.
- Social Security provides the largest share of income for many of the elderly.
- Approximately 1.6 million elderly reside in nursing homes.
- In 2000, Florida, Pennsylvania, and West Virginia were the states with the highest proportions of elderly at 17.6 percent, 15.6 percent, and 15.3 percent, respectively.
- About 75 percent of the U.S. elderly population lives in metropolitan areas.

(sources: CDC, National Center for Health Statistics.)



Sarah has lived through several hurricanes in Miami and will not leave her apartment unless she can take her dog. She knows to keep extra food and water available as well as flashlights and a battery-operated radio. At the start of a storm, she fills the bathtub with water, stores as much ice as she can, and lets her neighbors and family know that she is staying in the apartment.

Sarah is not as unusual as you may think. The elderly U.S. population (persons age 65 years and older) is growing annually, and it is becoming healthier and more independent as well. Nonetheless, this group provides unique challenges in preparing for and responding to disaster events. This article reviews some of those challenges and how they might be addressed. Resources are given for more in-depth information about helping the elderly prepare for and respond to potential disaster events.

Some Challenges Facing the Elderly in Preparing for and Responding to Disaster Events

Physical impairments and sensory loss – Like Sarah, most elderly persons have some physical impairment, which can decrease mobility as well as the ability to do simple everyday



tasks. These impairments can make it difficult for a person to be evacuated without assistance. If confined to the home, as might happen during a hurricane or a snowstorm, arthritis or other impairments might make it difficult even to open a can (or a box) of food.

In addition, hearing loss may diminish the person's ability to hear certain sounds such as fire and tornado alarms. Thus, planning for any disaster event must take the needs of the person into consideration. For example, if evacuation is necessary, make sure there will be enough time for the person to move with dignity. Ensure that any assistive devices (e.g., canes, walkers, wheelchairs, hearing aids, eyeglasses) are included in evacuation. If alarms might go off, ensure that someone with hearing loss has visual alarms installed as well.

Medical conditions – Many elderly persons require medications and some, like Sarah, eat specialized diets due to medical conditions. In Sarah's case, the medicine for her diabetes—insulin—requires refrigeration, and she knows to keep it on ice when the power is out. Some persons may require assistive devices (e.g., CPAP units) that run on electricity. For these individuals, an alternate temporary power supply will be needed in the case of an outage following a disaster event.

Cognitive impairment – Sarah's intellectual abilities are quite good for her age. However, for many other persons, aging brings with it symptoms of disabled cognition. Cognitive impairment is a primary symptom of many age-related conditions, including dementia, Alzheimer's disease, stroke, and Parkinson's disease. Persons with cognitive impairments may have limited ability to understand instructions and/or to articulate their specific needs and concerns. They may also be confused and become paranoid in some circumstances. These symptoms can increase during an unexpected event, such as an emergency evacuation, or when in an unfamiliar environment such as a shelter. First responders and rescue personnel need to be aware of this in order to provide reassurance and comfort as much as possible.

Social service needs – Some elderly persons rely on social service organizations that may not be available after a disaster event and may not be reactivated for an extended period of time. Loss of such services can be particularly detrimental for seniors who need regular support services such as Meals on Wheels. It is helpful to call these organizations ahead of time to learn about their disaster response plans and see if they may have their own support groups that will check on their patrons. In addition, other volunteer groups in the community—including civic and church organizations—may step in to help during and following a disaster event. Whenever possible, neighbors should be notified. In Sarah's case, neighbors who also stayed during the storms checked on her and were ready to provide food and assistance until the elevators were operating again. However, Sarah was always well prepared and never required any additional help.

Residence patterns – Most elderly individuals in the nation live in their own homes. Like Sara, many live alone, which is a situation that increases risk during a disaster event. Interestingly, twice as many women as men live alone—40 percent of older women compared to 19 percent of older men (*source: 2005 Census*).



Those persons who live in nursing homes and assisted living facilities are dependent on the facility and their caregivers for adequate emergency planning and response. All such facilities in the United States are mandated to have disaster plans in place. However, having a plan and utilizing a plan during an emergency situation are not always congruent. For example, during Hurricane Floyd in 2004, several South Carolina facilities had to abandon emergency plans that proved insufficient to meet the actual disaster conditions (source: Carolina Population Center 2004).

According to a Senate Committee on Homeland and Governmental Affairs investigation in 2006, dozens of elderly nursing home resident deaths in the New Orleans area during Hurricane Katrina in 2005 were directly attributable to a lack of specific evacuation plans for some facilities, combined with no defined process to address multiple nursing home evacuations at the same time. This included the drowning deaths of 34 elderly residents at St. Rita's Nursing Home in New Orleans, which occurred despite the fact that St. Rita's had an evacuation plan in place and was under a mandatory evacuation order (source: CNN 2005).

Three Steps in Planning for Any Disaster Event

Step 1: Be Informed About What Might Happen

Be informed about the types of disasters most likely to occur where you live and work.

Step 2: Make a Plan for What You Will Do in an Emergency

Depending on the circumstances, the first important decision is whether to shelter-in-place or evacuate. Think about both possibilities in advance, develop clear plans, and communicate those plans to your family members and close friends as well as other persons who need to be informed (e.g., neighbors, caregivers).

Step 3: Have Emergency Supplies

Ensure that the basics of survival are met: **fresh water, food, clean air, warmth,** and **essential medications.**

Poverty – Poverty restricts the ability to prepare for and respond to a disaster event, regardless of age. More than 10 percent of people 65 years and older in the nation live below the poverty level, and elderly women are more likely to be impoverished than elderly men—12.4 percent vs. 7 percent. (source: Census 2003).

In these cases, buying supplies for disaster preparedness can directly compete with being able to purchase food and

medicines. Evacuation may be limited by the lack of a vehicle, by limited cash or credit for gasoline and food, or by a fear that their house may be robbed if they leave, which is what occurred in New Orleans during Hurricane Katrina. Additionally, the poor elderly often live in inadequate housing that is more vulnerable to destruction from storms, and they are more likely to become homeless if their housing is destroyed.

Psychosocial considerations – The elderly population is subject to the same psychosocial considerations as other age groups, including cultural norms, language, and literacy, all of which can complicate accessing information about a disaster event and how to respond and get assistance.

Additional considerations specific to elderly citizens can affect their response to a disaster. These include a lack of family and other social support, a mistrust of outsiders, reluctance to leave their things and pets, and the sense from past experience that they are able to “weather” the disaster at home. Sarah illustrates some of these considerations: She would not leave her dog during a hurricane, and she had experience with other storms that made her “comfortable” sheltering in place. In her case, these were not negatives because she was well prepared and had communicated her situation with family and neighbors. In this way, she was not isolated.



Responding to the Challenges

In a world in which perceived threats related to disaster events—both natural and manmade—are increasing, better emergency planning is needed for all. However, people with special needs such as the elderly provide a special challenge in that they can be both “uniquely vulnerable” and “hard to reach.”

For many of our elderly citizens, communication and assistance with preparing for a disaster event is all that is needed. However, outreach is important, which includes informing family, friends, neighbors, and caregivers about the

individual's situations and plans. Some tips for responding to the challenges posed by the elderly population are given below. For more information, the reader is directed to the many excellent plans and articles given in the reference section found at the end of this article.

Tips for Helping Elderly Individuals Plan for and Respond to a Disaster Event

- Identify where the older adults are in the community, particularly those with special needs. Find out if the community has an emergency response database that registers individuals who might need additional support during a disaster. If not, consider working with civic organizations and the local government to get one started. This would also include having a community alert network in place along with an evacuation team for non-institutionalized elderly individuals.
- Identify persons who will check on older individuals in their homes during and after a disaster event. Neighbors as well as local, religious, volunteer, and/or civic organizations can help.
- Provide detailed information regarding resources to assisted living facilities, retirement communities, doctors' offices, and clinics to inform the elderly about local resources in case of a disaster.
- Provide an easy-to-read disaster plan to the elderly, particularly those living alone in their own homes.
- Provide assistance with obtaining and putting away disaster supplies. Again, neighbors as well as local, religious, volunteer, and/or civic organizations can help.
- Encourage elderly individuals to make and post a list of contact information for family members, friends, caregivers, and health care professionals as well as a list of their medications. Two copies should be made—one to put on a wall, the refrigerator, or by the phone, and another to take with them should evacuation be necessary.



Pets

A recent poll found that 61 percent of adults said they would refuse to evacuate if they could not take their pets with them. As a result, those who choose to ride

out a storm with their pets must

- include the needs of pets in preparedness plans and have a pet emergency kit
- be aware that public shelters cannot accept animals, other than working/assistance animals, because of public health/hygiene rules
 - consult with local veterinarians and animal shelters concerning options for short- and long-term sheltering of pets
- learn in advance which hotels in various possible evacuation locales will accept pets
- make plans with friends and family to have a back up person that can care for and/or evacuate pets if the owner is unable to do so
- have a backup person that can care for and/or evacuate pets if the owner is unable to do so
- have an emergency kit for pets prepared in advance that includes
 - medical records
 - leashes and collars
 - food, water, and food and water dishes
 - carriers labeled with pet's name, picture of pet, and owner's name and contact information

(sources: Humane Society of the United States. (2006). "President Bush Signs Bill to Leave No Pet Behind in Disaster Planning and Evacuation." Available online at http://www.hsus.org/press_and_publications/press_releases/president_bush_signs_pets_Act.html. Accessed February 21, 2007.)

(U.S. Department of Homeland Security. "Preparing Pets for Emergencies Makes Sense: Get Ready Now." Available online at <http://www.ready.gov/america/downloads/pets.pdf>. Accessed February 20, 2007.)

Midwest Affiliate of the CBAP Is Established



Winona State University's Department of Nursing and Health Science in Winona, Minnesota, has established a Midwest Affiliate of the Center for Bioterrorism and All-Hazards Preparedness at Nova Southeastern University College of Osteopathic Medicine. The new affiliate site will coordinate training initiatives in Minnesota, Wisconsin, Iowa, North Dakota, and South Dakota.

Faculty and staff members from Winona will be trained through the CBAP and will in turn provide train-the-trainer programs in the identified Midwest states. The curriculum will be modified and customized to fit the needs of these states and be delivered online, on CD, and in face-to-face formats. For further information on the Midwest programs, please contact Dr. Timothy Gaspar at tgaspar@winona.edu or Ann MacDonald at amacdonald@winona.edu.

Disaster Planning for Elderly Individuals at Home

Disaster can strike quickly and without warning. Therefore, it is imperative to have emergency plans in place and be prepared. Planning should be done with family, friends, neighbors, and caregivers so persons will know their roles and responsibilities in case of a disaster event. Preparation done in advance can increase safety and hasten response.

Basic Items for a Home Disaster Supply Kit

- one gallon of water per person per day
- non-perishable canned and dried foods
- warm clothes and a blanket or sleeping bag for every person in the family
- a flashlight and a backup
- a battery-powered radio and extra batteries
- toilet articles and an extra pair of glasses/prescription sunglasses
- prescription medicines, assistive devices, and copies of prescriptions
- water treatment tablets or household bleach
- extra cash
- copies of critical documents (e.g., insurance policies, credit-card and bank-account information, driver's license)
- copies of health records (current medical history, list of prescriptions with dosages)
- filled gas tanks for any vehicle
- tool kit and tarp
- pet supplies

Additional Suggestions for the Elderly

- Post a list of contact information for family, friends, neighbors, health care providers, and caregivers.
- Label medical equipment and assistive devices.
- Keep prescription medicines filled. If possible, get refills ahead of time (check with the pharmacy).
- Make plans for any medications that require refrigeration in the event of a power outage.
- Keep other health/medical supplies filled and on hand such as
 - over-the-counter medicines
 - incontinence and personal hygiene supplies
 - special foods
 - pill-supply boxes, pill splitters
 - first-aid kit
 - extra eyeglasses, hearing aid batteries, dentures, wheelchair batteries, oxygen, etc.
- When sheltering in place, make sure to
 - have a plan to signal for help
 - have a system for people to check in on each other
 - know escape routes, the location of and how to use emergency doors/exits/buttons, and how to contact the building manager if you reside in high-rise buildings

(source: CDC and American Red Cross, http://www.redcross.org/prepaedness/cdc_english/kit.asp.)
(for more in-depth information, see the references listed to the right.)

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CBAP Mission Statement

The Center for Bioterrorism and All-Hazards Preparedness (CBAP) of Nova Southeastern University College of Osteopathic Medicine is a national center focused on interdisciplinary training, information dissemination, and technical assistance related to all-hazards preparedness in a global society.

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.

CBAP Team Leaders



Cecilia Rokusek, Ed.D., R.D.
CBAP Project Manager

Dr. Rokusek has had a 30-year career in higher education, distinguishing herself as an educator, scholar, and administrator. At NSU-COM, she serves as the executive director for education, planning, and research and is a full professor in the Department of Family Medicine. Dr. Rokusek was the

coauthor of the original HRSA grants that expanded the CBAP from its initial university-centered focus to its current position as a regional and national resource.

Prior to joining the center, Dr. Rokusek served as dean of health professions at Governors State University in University Park, Illinois; dean of health professions, special assistant to the provost, and vice president for academic affairs at Florida Gulf Coast University in Fort Meyers, Florida; and dean of education at Winona State University in Winona, Minnesota.

Her commitment to implementing all-hazards planning at schools and colleges throughout the United States evolved from these leadership roles. Dr. Rokusek is also actively involved on numerous federal grant initiatives in the areas of gerontology and behavioral health and is the past national chairperson of the Health Division for the American Association on Mental Retardation.



Sally Bragg, R.N., M.S.N., CCRC
CBAP Associate Project Manager

Bragg, who is one of the original leaders of the CBAP, helped create and implement the initial Basic Awareness Course. She has helped enhance the center's esteem thanks to her expertise in critical care nursing, including specific experience in trauma medicine and in the development and

delivery of educational programs for allied health professionals.

Prior to joining the CBAP team, Bragg was a clinical research study coordinator and trauma research nurse at Memorial Regional Hospital in Hollywood, Florida, and nursing professor at Broward Community College in Fort Lauderdale, Florida. She has served as chairperson for the Nursing Research Committee of Memorial Healthcare System and is a contributing editor to the *Journal of Emergency Nursing*.

Customized Training

In its ongoing expansion, the CBAP is continually working to identify training outcomes and ongoing needs. It is clear from the training programs delivered by the CBAP faculty and staff that once any training is delivered, the need for ongoing training becomes more evident. This "enhanced" training can be to

- reinforce curriculum content presented
- update curriculum with current content
- provide advanced training
- supply specialized or customized training unique to a discipline, location, or population

Although the CBAP curriculum team is working to address the first three bulleted items listed above, a new initiative has been undertaken to provide specially designed customized training as requested by those in the health care delivery system at all levels, including private practice. Examples of this customized training include

- Nutrition Preparedness
- The Pharmacy Role in Emergency Preparedness
- Personal Preparedness
- Material and Childhood Issues in Emergency Preparedness
- Working with Frail and Elderly in Emergency Situations
- Workplace Preparedness

Most of the customized training has been presented in a live lecture format to a specific targeted group such as dietitians, occupational therapists, pharmacists, etc. The CBAP faculty and staff are committed to the continual development of training to assume a competent workforce at all levels.

Free, continuing education for over 45 different health care disciplines is available at www.nova.edu/allhazards. Courses will be available at four levels:

- Basic Awareness Course (now available online, by CD, and as a speaker program; coming soon in Spanish)
- Intermediate Course (late summer 2007)
- Advanced Course (fall 2007)
- Executive and Hospital Administrator Course (fall 2007)

Special Welcome to the Newest CBAP Team Members

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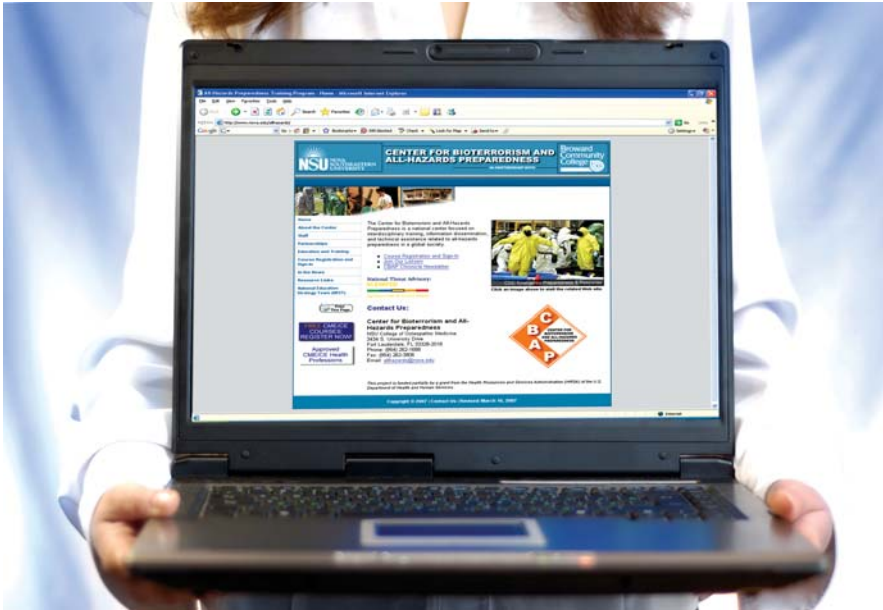
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CBAP Web Site Adopts New Look

By Aaron Fox, CBAP Research Assistant and Webmaster



As a result of a collaborative effort with the NSU Office of Information Technologies (OIT), the CBAP nationalized its Web site in March 2007. Diverse backgrounds, perspectives, and disciplines helped to create a site that is more relevant to CBAP's ever-growing subject area and much more user-friendly. From the front page, users have access to hazard-related government Web sites and can join the CBAP's newly created listserv for updates by email on the latest from the center. Users can also access the most current issue of the *CBAP Chronicle* electronically in PDF format.

Other major additions include a CBAP faculty and staff page, a modified course registration and sign-in area, and a link devoted to the newly formed National Education Strategy Team (NEST), which is a group of seven national

centers focused on bioterrorism and all-hazards preparedness training for health professionals in the nation.

The goal of the new CBAP Web site is to provide an easy-to-navigate interface that is informative, useful, and education-focused. One of the main products that the CBAP offers is training on bioterrorism and all-hazards preparedness that is free and open to the public. CME and CE-approved credits are available for over 40 medical, nursing, and health professions.

In the near future, the CBAP Web site will host numerous public-domain journal articles, PowerPoint presentations, and video streaming that is related to local, regional, national, and international emergency preparedness. The Breaking News section will provide regularly updated information on emergency preparedness of relevance nationwide.

Another major CBAP Web site update will occur later this year. Please feel free to provide your comments and suggestions by contacting

- Aaron Fox at aarofox@nova.edu or (954) 262-1809
- Steve Bronsburg at bronsbur@nova.edu or (954) 262-1592

DON'T MISS OUR NEXT ISSUE...

which will focus on the theme
**Emergency Preparedness for
Children and Families**





CBAP CHRONICLE



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