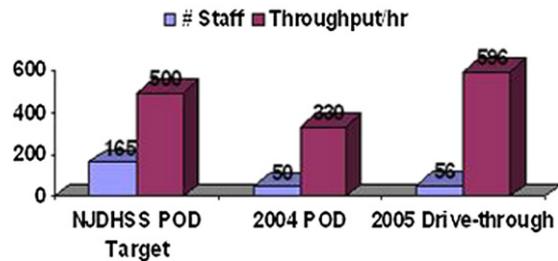


Through-put - # Persons Vaccinated Per Hour, by State Target and Clinic Type



address the community health needs, Cape Regional Medical Center (CRMC) in collaboration with the Cape May County Department of Health (CMCDH) chose a drive-through clinic model.

Project: The drive through flu clinic, held at an automobile dealership, is a collaborative effort between CRMC, the CMCDH, and local partners. Essential components of the program include clinic operations, staffing, marketing, consent forms, traffic control and security, supplies and equipment, safety, transportation and funding.

Results: The drive through clinic vaccinates an average 6,700 residents. 650 immunizations per hour were given in comparison to the standard Point of Dispensing (POD) of 330 vaccinations per hour. Data review indicates 77% of recipients arrive with completed consent forms.

Lessons Learned: Annual analysis identified methods to improve clinic flow, maximize capacity, and ensure the safety of all participants. A multi-disciplinary staffing approach provides a vehicle for training, education, and preparation to respond to a public health emergency. The novel use of consent forms provided through multiple media sources familiarizes the county residents with the process and improves flow. A drive through clinic is an excellent strategy for administration of adult vaccinations and can serve as a model for mass distribution of oral medications. It requires fewer personnel than a traditional POD, offers greater through-put opportunities, accommodates special needs groups, and provides on-the-job training for emergency response. A drive through clinic is not a suitable delivery model for vaccination of young children. Depending on the location, harsh weather conditions may prohibit use of this model. In addition, this strategy does not offer opportunities for in depth medical screening or extensive patient education.

Presentation Number: 3-26

Influx of Communicable Patients: Testing Surge Capacity with Community Outbreak of Norovirus

Joan Finney, RN, BSN, CIC, Director, Infection Prevention and Epidemiology, Good Samaritan Hospital, Los Angeles, CA

Issue: Noroviruses are a group of small round structured viruses that belong to the family *Caliciviridae*. Symptoms of illness are sudden onset of nausea, vomiting, diarrhea, and stomach cramping. Symptoms usually last 1 to 2

days. Outbreaks are frequent on cruise ships and in healthcare facilities. In the Fall of 2008 our Los Angeles area experienced a dramatic increase in outbreaks in community settings. During one outbreak associated with a major university campus our public health department reported 675 students or staff had symptoms of norovirus infection. Our hospital experienced a surge of communicable patients from this outbreak and used the activity to test our response capability.

Project: Between Oct 2 - 8 our 12 bed ER received 41 symptomatic patients from the outbreak, with a peak of 25 on Oct 4. Nine required inpatient admission for treatment. The surge began late on a busy Friday night when IC staff and administrative staff coverage was limited. IC was contacted by cell phone and remotely directed these prevention and control strategies: 1) Patients cohorted in an overflow triage area; 2) Housekeeping staff sent to ED to clean gurneys, bathrooms, and high-touch surfaces with bleach solution; 3) Contact precautions and thorough hand washing; 4) Hourly phone conferences with bed control to identify open beds; 5) Fact sheets on norovirus faxed to all units; and 6) Specimen collection reviewed with nursing and lab.

Results: ER staff followed policy with timely notification of IC. Proper cohorting and PPE were utilized. Housekeeping had stock of bleach solution and provided rapid cleaning. Cohorting on a single nursing unit was not achievable due to high census, and required patient placement in 4 different units. Separation of patients required more educational / supportive calls from IC to assure compliance with strategies. Public Health and IC communicated frequently to facilitate the outbreak investigation in the community. No secondary cases were identified in staff or patients.

Lessons Learned: Just one month later a second wave of the outbreak brought 8 additional student/staff patients to the ER and our lessons learned in the Oct surge were utilized. To better prepare for future norovirus patients, our policy will be changed to require masks for staff who may have contact with aerosolized vomit. ER staff will have "vomit bags" available in their utility room. Bleach product will be located in ER for quick disinfection. Use of cell phones, PDAs and remote access to hospital data made IC support available from off site after hours. Surge response for this event was successful; however, it is important to continue to train for larger influx of communicable patients.

Presentation Number: 3-27

Norovirus Made Easy? Lessons Learned From a Disaster Exercise Using New Tools and Procedures

Kristine Sanger, BS, MT(ASCP), Hospital Exercise Coordinator, The Center for Biopreparedness Education, Omaha, NE; **Peggy Luebbert, MS, MT(ASCP), CIC, CHSP**, Infection Preventionist, Nebraska Orthopaedic Hospital, Omaha, NE

Issue: As the Federal Government becomes more involved in disaster planning, there has been a greater amount of structure and standardization. The National Hospital Incident Command System (HICS) has given much needed support in the planning and preparation for planned and unplanned incidents. Some of the tools that HICS has provided are Incident Response Guides and Incident Planning Guides. These guides provide scenarios such as pandemic influenza and plague outbreak examples and guidelines of what to follow to help mitigate concerns during a situation. It was recently realized that the Situation Planning Guides would not only be useful during rarely occurring disasters, but also during more common problems such as a Norovirus outbreak in a hospital. These tools not only needed to be developed, but also tested in a realistic scenario.

Project: Using the published HICS Planning Guides as an example, a scenario of a Norovirus outbreak was developed. Incident Planning and Response Guides were written to provide guidance in planning for an outbreak such as this. A just-in-time training tool was also developed to assist in the containment procedures of the outbreak. It included a quick reference for isolation requirements, need to know facts, and proper environmental cleaning techniques. These tools were put to the test during a full scale exercise involving a specialty surgery center and an attached urgent care center. The exercise included ill employees calling in sick with similar symptoms, visiting actors that could potentially spread the illness through their vomiting and diarrhea in the facility and the response by the clinical and housekeeping staff to contain the body fluid spread. The exercise also tested the potential for recognizing an outbreak such as this prior to the illness getting out of control.