Communiqué of The Division of Immigration Health Services!

THE RAPID PULSE

October 2005

Faces & Places

WELCOME

El Centro, CA:
LCDR Paul Wetherill

Pearsall, TX:
Ms. Sandy Obregon

San Diego, CA:
LT Vilma Linsteadt

Washington, DC:
CAPT Kathleen Downs

LT Tracey Jackson-Weaver

LT James Lee

FAREWELL

Florence, AZ:
LCDR Geri Tagliaferri

THE DIRECTOR'S PERSPECTIVE

By Dr. Gene Migliaccio

Welcome to another installment of *The Rapid Pulse*. In this issue, I want to talk about DIHS' response to Hurricane Katrina. And as we enter fiscal year (FY) 2006, I'd like to focus on some of the Division's many accomplishments in FY05.

As I know you are all aware, DIHS deployed 52 of its Commissioned Officers in response to Katrina, and subsequently Hurricane Rita. I extend my heartfelt thanks to each officer who deployed, for their outstanding contributions to the hurricane relief effort, and for representing the Division so well. You have touched many lives.

I want to also especially thank the staff who remained at our Headquarters and field facilities, ensuring continuity of operations while their colleagues deployed. Thank for ensuring that our obligations to our client, and the detained population we serve, continued to be met.

We also have every reason to be proud of the work that was accomplished Division-wide in FY05. The work that our staff did relative to the A-76 study was nothing short of remarkable. The Performance Work Statement (PWS) Team should truly be commended for an outstanding job, and putting together a first-rate document. It was the first time that the functions and duties of our Division were spelled out in such detail. I am also proud of the Most Efficient Organization (MEO) team for their unwavering dedication. We submitted an amazing proposal on October 4. Next, the proposal will be reviewed by a Source Selection team.

In FY05, we also successfully opened two new facilities (Pearsall and Houston). These facilities opened with seasoned teams in place, thanks in large part to the willingness of DIHS officers to accept Permanent Change of Station (PCS) moves.

There were also many accomplishments in FY05, in our TB surveillance, Post Order Custody Review (POCR), Managed Care, and Accreditation Programs.

I thank each and every DIHS staff member for your continued dedication to our mission and the Division.

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Our Mission:

We protect America by providing health care and public health services in support of immigration law enforcement.

EYE OF THE STORM: MY DEPLOYMENT TO LOUISIANA

By CDR Linda Jo Belsito

On August 28, 2005 at 1340, I received a call from RADM Babb that CCRF Team members had been activated as the first Strike Team to respond to Hurricane Katrina in Louisiana.

Our group of 38 nurses, doctors, environmental health officers, pharmacists, and mental health officers met at Dulles Airport. Under the Command of CAPT McGarvey, LT Raziano, and CAPT O'Lone, RN, we received the current plan for pre-deployment and departed for Jackson, Mississippi at 1730 that evening.

Once arriving in the Mississippi area we stayed at a hotel until receiving further orders. We began Monday 8-29-05 at a 0900 muster and the rain had already begun to fall. During this muster we reviewed our needs for items that may be necessary such as DEET, sun block, gloves, first aid kits, flashlights, batteries. We discussed what we might expect to see on the deployment and what had been done so far relative to the evacuation.

Hurricane Katrina as she approaches

Our original plan was to report to the Superdome; however, as the day proceeded and the storm worsened we mustered every three hours for updates on the plan. As the reports came in we quickly received word that the Superdome roof had been damaged and that it would need to be evacuated. Our plans changed many times that day as we continued to receive updates from the SOC.

At approximately 1300 we lost power, running water, phones, a/c and all other amenities we so take for granted. We spent the night sharing in the experience of a Category 5 hurricane in a hotel full of evacuees, families and pets that had fled the areas in New Orleans and other parishes in Louisiana. After going through the night we mustered Tuesday 8-30-05 at 0900, and received orders that we would drive into Baton Rouge, Louisiana and await further direction.

It seemed that there was a lot of wind and water damage but no one could have anticipated the future needs until we received word at 1000 that one of the levees of Lake Ponchatrain broke and that flooding had begun at a rapid pace. Then came word later on that a second levee broke and those who failed to evacuate were now being forced to rooftops, fleeing for their lives.

Once we arrived at 1800, we learned that we would be setting up an acute care field hospital at the LSU Campus in Baton Rouge. There we met Mike Staley of the Strategic National Stockpile, who explained what supplies had arrived and that the cots supplied would need to be set up for incoming patients. Our evening began with setting up 50 cots and hospital stretchers, which very quickly grew to an acute care field hospital setting of approximately 200 beds, for medical, surgical, orthopedics, ortho-trauma, pediatrics, ICU, ventilator patients, and an area designated for those who were considered hospice.

Communication boards, an area for a pharmacy to function and desk for signing in of volunteers and staff, were also established. Our chief nurse, pharmacist and MD split up the teams to 12 hr shifts and we all got to work. We set up through the night and then retired to the gym floor, which became Camp Tiger, to get some rest. The night crew woke us at 0530 saying that the first busload of 140 evacuees had arrived.

From this moment we received busloads,

ambulances and helicopters of evacuees, ranging from a one week old to the elderly. The PHS Officers, IMERT Team, and volunteers worked side by side to make sure that evacuees were given the care they needed and then discharged to appropriate level of care.

I was Charge Nurse for the day shift and assisted in setting up the lab and developed a system to have patient's labs drawn, processed, and returned to the MD within 2 ½ hrs. I was also tasked with coordinating discharge planning and transportation. Collaboratively with volunteers, social workers, and other PHS Officers we implemented systems to facilitate patients discharge from the PMAC to shelters, hospitals, nursing homes, and also to special needs shelters for patients that were stable but required dialysis or other medical needs.

Transportation for discharge was a tremendous obstacle the first two days as all EMS systems were ordered to only evacuate. Evacuees were coming in busloads and the PMAC quickly became filled with families who had no where else to go. Dr. Thomas, Chief MD of the operation at the PMAC, Tom EMS, and IMERT Clinical Operations lead obtained permission to release 10 ambulances, and also asked for buses to assist with transport of those who needed to be moved out to other health care facilities or to the Field house, also on campus, which served as the Special need shelter. Once this system was in place the patient flow became smoother in and out of the PMAC.

The National Guard provided security inside and outside entrances, and triaging took place at the entrance doors to keep the flow of people orderly. We were all given a wrist band to identify our role in the PMAC, and those who were patient were given white bands with name, age and DOB. Record keeping and notifying the social services area was a very important role to give information to the data entry area for those that may be looking for family members. This continued through the Labor Day holiday, working 18 hour shifts.

From September 5-9, teams of nurses, doctors, and epidemiologists were assigned to do assessments of hospitals in eight parishes which were hardest hit by flooding and storm damage. These assessments gave information back to the Emergency Operation Center (EOC) of their needs for housing, medication, vaccines, food, diesel fuel, generators, gasoline, and staffing. Most were functioning with minimal staff, and censuses of 30 –50 in hospitals that normally hold 156-450 patients. Reports were provided to the EOC/FEMA and return visits were done to provide vaccines and supplies that were needed immediately.

Off to Jefferson Parish

On Tuesday, September 6 we were informed that the patients were to be diverted from the PMAC and that the evacuees who were left to be discharged to shelters, hospitals or special needs shelters. This would be completed by Thursday, September 7.

From August 31 to September 7, this team assisted in the treatment of 6,000 evacuees, and triaged 16,000 through the PMAC. We have been told many times that we made history during these two weeks. There is no other place I would have rather been.

This mission has reinforced my reason for becoming a Commissioned Officer. Serving my country, being ready to deploy, is the greatest honor. My 25 years of nursing and CCRF training were all used on this mission.

What touched my heart was the people of Louisiana volunteering by our side every day, even though they had lost everything. This was an experience that I will never forget and I was proud to be a part of such a terrific team.

We recognize many staff deployed to respond to the aftermath of hurricanes Katrina, Rita and Wilma.

This is but one Officer's experience. We look forward to hearing other's experiences as well.

Please submit your stories and share your experience!

Infection Control/ Assistant Infection Control Officers

Aguadilla:
LT Karen Dorse (ICO)
Batavia:
LT Deborah Doody (ICO)
El Centro:
LCDR Guadalupe Demske (ICO)
LT Rosa Maria Peralta (AICO)
Elizabeth:
LT Raymond Dela Pena(ICO)
El Paso:
LT Sammy Lasanta (ICO)
LCDR Elizabeth Escalera (AICO)
Florence:
LT Steve Morin (ICO)
LTJG Geri Tagliaferi(AICO)
Houston:
CDR Peggy Mathis (ICO)
Krome:
LCDR Jaime Muniz (ICO)
LT Denise Morrison (AICO)
L.A. Staging:
LCDR Bonnie Saylor (ICO)
Pearsall: Not Yet Appointed
Port Isabel:
LT Maria Morel (ICO) LCDR Wanda Suarez(AICO)
San Diego:
LT Rebecca McTall (ICO)
San Pedro:
LT Shelly Hollandsworth (ICO)
Tacoma:
LT Christine Change (ICO)
Mr. Benford Bennett (AICO)

Infection Control Clinical Advisory Group

Chair: Dr. Tim Shack, DIHS Medical Director
CDR Linda Jo Belsito, DIHS Chief Nurse
CDR Reginald Ballard, D.D.S., Batavia
Dr. Carlos Duchesne, Infectious Disease Physician, Krome

Infection Control: Everyone's Responsibility

By Dr. Sara Newman

October 17-October 23 is National Infection Control Week, and an opportunity for DIHS staff to consider the important role of infection control within our facilities.

The Director has appointed 13 Infection Control Officers (ICOs) and five Assistant Infection Control officers (AICOs) to provide leadership for the infection control programs at our facilities where we provide on-sight medical care. While the ICO and AICO have a critical role in infectious disease surveillance, TB continuity of care, infection control education, and monitoring of infection control at their site, the responsibility for ensuring that our facilities adhere to appropriate and necessary infection control measures rests with all staff at each facility. This includes pharmacists, dentists, nurses, physician assistants, physicians and ultimately, the Clinical Director and Health Service Administrator.

Not only must staff provide input and support for local infection control policies and procedures, but should personally adhere to infection control measures such as proper and appropriate use of personal protective equipment, keep up to date on important vaccines that are recommended by the CDC for health care workers such as Hepatitis A, Hepatitis B, MMR, annual influenza, and varicella and of course one of the most important, but often overlooked measures, practice proper hand hygiene. That is, washing hands before and after each patient contact (even when gloves are used), and when it is not possible to wash hands with antimicrobial soap and water, to use an approved alcohol-based hand sanitizer.

Recently we rolled out a revised DIHS Infection Control Plan that delineates the roles and responsibilities of staff for maintaining infection controls at our facilities (see G: \Specialty Folders\Epidemiology\Infection Control Program Management\Infection Control Plan). Drs. Diana Schneider and Sara Newman provide overall guidance and leadership for the IC program from HQ and serve as co-chairs on the National Infection Control Committee; however, supervisory oversight remains at the local level. The Division has also established an Infection Control Clinical Advisory Group which includes representation from medical, dental and nursing.

This group provides clinical oversight and advice to the infection control committee, and reviews infection control policy and procedure to ensure it is consistent with national medical standards and guidance.

JCAHO and other accrediting agencies take infection control seriously and expect that everyone at the sites do the same. At a couple of our facilities during inspections it was reported that JCAHO inspectors asked who the ICO is to be sure that any questions related to infection control be directed to everyone else on staff, *except* the ICO. Be prepared. Per DIHS policy, our ICOs are allocated approximately 4 hours per week to manage the infection control program, but they cannot meet the demands required for ensuring a safe facility free of transmission without the support and participation of all staff.

Please take some time to familiarize yourself with the Infection Control program at your site, perhaps as a way of celebrating National Infection Control Week!

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Infection Control Corner

In 1986 the Federal government proclaimed the 3rd week in October as National Infection Control Week. All Federal, State, and local government agencies, health organizations, communications, media, and people are asked to take part in educational activities and programs during this designated week. Please see www.apic.org and www.chica.org/icw/icw.html for more information and toolkits.