

THE PREPAREDNESS REPORT

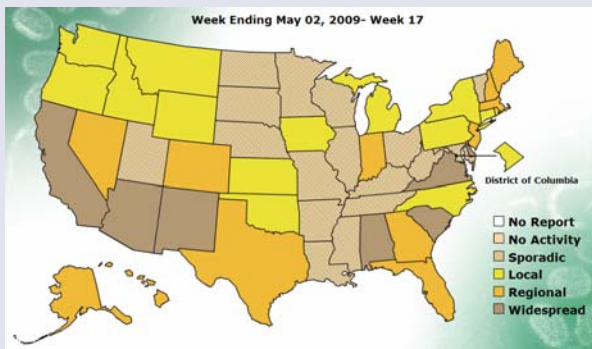
The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Seasonal Flu: Updated

The influenza activity reported by state and territorial epidemiologists indicates geographic spread of both seasonal influenza and novel influenza A (H1N1) viruses and does not measure the severity of influenza activity. For the week ending May 2nd, CDC reported widespread influenza activity in seven states (Alabama, Arizona, California, Delaware, New Mexico, South Carolina and Virginia), regional influenza activity in 12 states (Alaska, Colorado, Florida, Georgia, Hawaii, Indiana, Maine, Massachusetts, Nevada, New Hampshire, New Jersey and Texas), local influenza in the District of Columbia and 14 states (Connecticut, Idaho, Iowa, Kansas, Michigan, Montana, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, Washington and Wyoming) and sporadic activity in Puerto Rico and 17 states (Arkansas, Illinois, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Tennessee, Utah, Vermont, West Virginia and Wisconsin). The complete report can be accessed by going to: <http://www.cdc.gov/flu/weekly/>.



FDA Approves New Influenza Vaccine Production Facility: New



The U.S. Food and Drug Administration (FDA) announced on May 6th that it has approved a new manufacturing facility used to produce influenza virus vaccines. The facility is approved for seasonal influenza vaccine production and could be used for the production of vaccine against the new 2009 Novel

H1N1 influenza strain. The facility, located in the United States, is owned and operated by Sanofi Pasteur, which manufactures Fluzone Influenza Virus Vaccine. This new facility will greatly increase Sanofi Pasteur's production capability. To view the press release, please visit: <http://www.fda.gov/bbs/topics/NEWS/2009/NEW02008.html>.

Novel H1N1 Influenza: New

The World Health Organization (WHO) is reporting that there are **5,251** confirmed cases of Novel H1N1 in **30** countries (as of May 13th). The level of influenza pandemic alert remains at phase 5. Mexico's findings are **2,059** cases and **56** deaths.

- The U.S. is reporting 2,618 confirmed/probable cases in 44 states. Three deaths have occurred. Currently, the level of transmission is primarily community-based with the majority of cases having no history relevant to travel in Mexico or interaction with those that have.



WHO acting assistant director-general Keiji Fukuda said on Monday it was not possible to produce a scientific assessment of the severity of the outbreak, on the lines of a hurricane warning, because of the unpredictable nature of the disease and the

fact that different people and different countries experience the flu in different ways. The new H1N1 flu virus could still mutate into a more virulent form and spark an influenza pandemic that could be expected to circle the globe up to three times. This assessment may be viewed at:

http://www.who.int/csr/disease/swineflu/assess/disease_swineflu_assess_20090511/en/index.html.



Pandemic Potential of a Strain of Influenza A (H1N1): Early Findings

According to researchers from the Imperial College in London, expert

projections suggest a third of the world's population could be infected with Novel H1N1 Influenza. Researchers report Novel H1N1 Influenza has "full pandemic potential", spreading readily between people and is likely to go global in the next six to nine months. Although one in three who come in contact will likely become infected, the Imperial College London team declined to estimate the death toll. The study is based on Mexico's experience and was recently published in *Science*. To view the entire study, please visit: <http://www.sciencemag.org/cgi/rapidpdf/1176062v1.pdf>.



The network of preparedness plans put in place before the news of Novel H1N1 flu broke were put to the test during the recent outbreak. Despite reports that the response was an "overreaction," public health and infectious disease specialists maintain the value of the activities thus far. "We've been getting ready for something like this for years," said Michael T. Osterholm, director of the Center for

infectious Disease Research and Policy at the University of Minnesota. "And then this comes along and all of a sudden the alarm goes off that says: 'Oh, my God, it's here.' That alarm activated a network of disaster plans put in place after seemingly disparate crises and threats including Sept. 11, the anthrax letters, SARS, Hurricane Katrina and the ominous avian flu virus, which has been spreading around Asia and other parts of the world for several years." To read the article "Viral Threat Emerged in a Ready World" which appeared in the Washington Post, please visit: <http://www.washingtonpost.com/wp-dyn/content/article/2009/05/07/AR2009050704269.html?referrer=emailarticle>.

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US DHHS Region I (New England) Emergency Planning Office (Office of the Assistant Secretary for Preparedness and Response – ASPR)

The following resources have been identified to assist your preparedness activities:

http://www.ynhhs.org/emergency/US_DHHS_web_sites.pdf

Highlighted Resources: A Comprehensive List of H1N1 Influenza Resources:

<http://www.ynhhs.org/emergency/links/InfluenzaReferences.pdf>

Pentagon Cyber-Command Developed: **New**

The Obama administration is finalizing plans for a new Pentagon command to coordinate the security of military computer networks and to develop new offensive cyber-weapons. Reorganization of Defense Department and intelligence agencies by the Obama Administration will accommodate the new command. The new command would affect U.S. Strategic Command, whose mission includes ensuring U.S. "freedom of action" in space and cyberspace, and the National Security Agency, which shares Pentagon cyber security responsibilities with the Defense Information Systems Agency. The Pentagon plans do not involve the Department of Homeland Security, which has responsibility for securing the government's non-military computer domain. To read the article from the *Washington Post*, please visit:

<http://www.washingtonpost.com/wp-dyn/content/article/2009/04/22/AR2009042200029.html?referrer=emailarticle>

Canadian Plotted to Send Nuclear Technology to Iran: **New**

A Canadian citizen of Iranian descent was charged with violating the Customs Act and a United Nations embargo on nuclear-related exports to Iran. Police said the investigation began eight weeks ago after the individual allegedly purchased two pressure transducers (capable of producing weapons-grade uranium) in Boston for \$1,100 each and brought them to Canada by truck. The company that sold them eventually became suspicious and reported the individual to the Immigration and Customs Enforcement branch of the U.S. Department of Homeland Security, which tipped off the Canadian authorities. For further details, please visit:

<http://www.calgaryherald.com/Technology/Canadian+plotted+send+Iran+nuclear+technology+Police/1506872/story.html>

Novel H1N1 Influenza: **New** (Continued)

- Tough U.S. import controls on biological materials, introduced after the September 11, 2001 attacks, hindered the rapid identification of the H1N1 virus because samples from infected Mexican patients had to be sent to Canada for analysis instead of the U.S. In order to get a result as quickly as possible, Mexico initially sent as many as 200 samples to the Canadian government laboratory in Winnipeg in mid-April. It then forwarded some samples to the Centers for Disease Control and Prevention in Atlanta in the U.S., less than half the distance away. The CDC had already analyzed several cases of H1N1 in the US without realizing it was the same virus. To read the article from the *Financial Times*, please visit: <http://www.ft.com/cms/s/0/50316396-3a6f-11de-8a2d-00144feabdc0.html>.



USS Dubuque

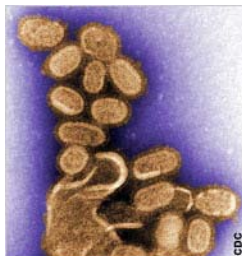
The United States Navy canceled the deployment of a San Diego-based ship and ordered its crew to be treated with anti-viral drugs after a crewmember's illness was confirmed as Novel H1N1 flu. The Navy reported 50 suspected cases of the virus from crewmembers on board the *USS Dubuque*. He said the crewmember with the virus and those suspected of being ill from it have completed treatment with the antiviral drug Tamiflu and are recovering. The ship was to begin a four-month deployment but officials have decided to proceed with an abundance of caution," noting the "degree of uncertainty as to how long this will run its course." To read the entire report, which appeared in *Navy Times*, please visit:

http://www.navytimes.com/news/2009/05/navy_dubuque_flu_050509/.



A World Health Organization (WHO) specialist arrived in Mexico City to begin work on developing a vaccine for the swine flu virus that has killed more than 50 people. Maria de los Angeles Cortes Castillo, the organization's regional advisor on vaccine development, arrived in Mexico yesterday at the request of Mexican health officials, said a spokesperson for the WHO in Washington. A vaccine would help protect Mexico and other countries from a resurgence of the virus, also known as Novel A H1N1, when the Northern Hemisphere flu season begins in the fall. The WHO will hold off on announcing a definitive decision on whether drug makers should start producing a swine flu vaccine until an advisory group meets May 14th. To read the entire article, please visit:

http://www.bloomberg.com/apps/news?pid=email_en&sid=ayBjHhI2jthk



Credit CDC

The Obama administration is considering an unprecedented fall vaccination campaign that could entail giving Americans three flu shots – one to combat annual seasonal influenza and two targeted at the new swine flu virus spreading across the globe. If enacted, the multibillion-dollar effort would represent the first time that top federal health officials have asked Americans to get more than one flu vaccine in a year, raising serious challenges concerning production, distribution and the ability to track potentially severe side effects. Another option, said Dale Morse, chairperson of the advisory committee on immunization practices at the Centers for Disease Control and Prevention, is adding to the seasonal flu shot an ingredient targeted at the new virus. The entire article

published in the *Washington Post* may be viewed at: http://www.washingtonpost.com/wp-dyn/content/article/2009/05/05/AR2009050503378.html?wprss=rss_nation.

- As the Novel H1N1 flu continues its global spread, researchers from the Children's Hospital of Philadelphia have discovered important clues about why influenza is more severe in some people than it is in others. In their research study published online in the *Journal of Leukocyte Biology*, the scientists show that the influenza virus can actually paralyze the immune systems of otherwise healthy individuals, leading to severe secondary bacterial infections, such as pneumonia. Furthermore, this immunological paralysis can be long-lived, which is important to know when developing treatment strategies to combat the virus. To view the abstract or full article, please visit: <http://www.jleukbio.org/cgi/content/abstract/jlb.1108710v1>

Questions, Comments, Suggestions or to Subscribe

For questions, comments, suggestions or to subscribe to the Preparedness Report, please e-mail us at center@ynhh.org, www.yalenehavenhealth.org/emergency

U.S. Halts Pilot Program in New York to Detect Biological Attacks: **New**



The Department of Homeland Security is dismantling a next-generation biological attack warning system in New York City subways

because of technical problems, U.S. officials said. The federal government installed air samplers in more than 30 U.S. cities in 2003 to detect the release of potential bioweapons such as anthrax spores, plague bacteria and smallpox viruses. The Baywatch program, which cost about \$500 million, was meant to speed up the response before disease could spread. Robert Hooks, a deputy assistant secretary, said the department no longer believes it is necessary to expand the pilot program, as he told Congress in July, because of resource and technology limits. To read the article from the *Washington Post*, please visit: http://www.washingtonpost.com/wp-dyn/content/article/2009/05/06/AR2009050603425.html?wprss=rss_nation.

Oregon State University Makes Waves with new "Hurricane" Maker: **New**

The Hinsdale Wave Research Laboratory at Oregon State University has completed installation of a new \$1.1 million "hurricane" wavemaker. The wavemaker is the largest of its type in the nation and is able to more accurately simulate the types of waves and flooding that can cause billions of dollars in damage. Researchers plan to use the new technology in a series of major research projects, involving scientists from all over the world, to study the impact of hurricanes and tsunamis on structures and how these events lead to flooding that can overtop a levee or cause severe coastal erosion. For further information, please visit: <http://wave.oregonstate.edu/news/story/2590>.

U.S. Should Brace for "Bio-Katrina": **New**

Dr. Tara O'Toole, nominated as Under Secretary for DHS's Directorate for Science and Technology said recently in an interview that "there is a possibility, a real possibility, that there could be the equivalent of a bio-Katrina on [Obama's] watch." She further stated "there are very few things that could actually rock the United States, destabilize the country, and a big bioterrorist attack...or an epidemic such as a pandemic flu episode would be on that list of horrible things that could happen." O'Toole is currently the director of the Center for Biosecurity of the University of Pittsburgh Medical Center and former chair of the Federation of American Scientists. To read more about this issue, please visit: <http://hsdailywire.com/single.php?id=7942>.

Avian Influenza: **New**

The WHO reports the cumulative number of confirmed human cases of avian influenza A (H5N1) as of May 6, 2009 to be 423 cases with 258 deaths resulting in a case mortality rate of 63%. To view the cumulative and individual country indexes, please visit: http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_05_06/en/index.html.

- A new study by University of Maryland researchers suggests that the potential for an avian influenza virus to cause a human flu pandemic is greater than previously thought. Results also illustrate how the current Novel H1N1 flu outbreak likely came about. In research recently published in the *Proceedings of the National Academy of Sciences*, Associate Professor Daniel Perez from the University of Maryland showed that after re-assortment with a human influenza virus, a process that usually takes place in intermediary species like pigs, an avian flu virus requires relatively few mutations to spread rapidly between mammals by respiratory droplets. This is similar to the method by which the current Novel H1N1 influenza strain likely formed." The virus formed when avian, swine, and human-like viruses combined in a pig to make a new virus. After mutating to be able to spread by respiratory droplets and infect humans, it is now spreading between humans by sneezing and coughing. To read the entire article, please visit <http://ohsonline.com/articles/2009/05/03/avian-flu-research-has-swine-flu-outbreak-applications.aspx>.

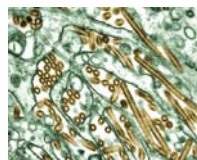


Dr. Margaret Chan

In an address to the Association of Southeastern Asian Nations Plus Three Health Ministers' Special Meeting on Influenza A(H1N1) in Bangkok, Thailand, Dr Margaret Chan, Director-General of the World Health Organization, urged the audience not to "drop the ball" on monitoring H5N1. "This virus is endemic in poultry in parts of the region. We have no idea how H5N1 will behave under the pressure of a pandemic" said Chan. She also said that "H5N1 has conditioned the public to equate an influenza pandemic with very severe disease and high mortality. Such a disease pattern is by no means inevitable during a pandemic. On the contrary, it is exceptional". To read Dr Chan's entire address, please visit:

http://www.who.int/dg/speeches/2009/asean_influenza_ah1n1_20090508/en/print.html.

- H5N1 (avian) flu kills more than 60 percent of its human victims, but does not easily pass from person to person. Novel H1N1 flu can be spread with a sneeze or handshake, but kills only a small fraction of the people it infects. So what happens if they mix? This is the scenario that has some scientists worried: The two viruses meet, possibly in Asia, where bird flu is endemic, and combine into a new bug that is both highly contagious and lethal and can spread around the world. The current Novel H1N1 strain has demonstrated unique ability to pick up other genes and causes the concern that H1N1 virus will get into the epicenters for H5N1 in Indonesia, Egypt and China, which could set off a severe pandemic. To read the entire article from the *Associated Press*, please visit: http://www.google.com/hostednews/ap/article/ALeqM5goXMulvShvbnNU5_Bi9Wq55W1G_WqD981TNT80.



Credit: Wikipedia

Influenza viruses replicate primarily in the respiratory tract and this local infection produces systemic disease related to the intense immune response and possible viremia. Cardiac complications such as pericarditis and myocarditis are frequently encountered, and increased hospitalization rates for cardiovascular events such as stroke, myocardial infarction, angina and sudden cardiac death have been reported during influenza epidemics as well. Oseltamivir, an antiviral medication thought to be effective against Highly Pathogenic Avian

Influenza (H5N1) may also protect against the occurrence of cardiovascular complications. To read the article, which appeared in *Circulation: Cardiovascular Quality and Outcomes*, please visit:

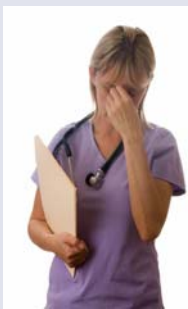
<http://circoutcomes.ahajournals.org/cgi/content/abstract/2/2/108>

Katrina Victims Lose Temporary Housing: **New**



Though more than 4,000 Louisiana homeowners have received rebuilding money only in the last six months, or are struggling with inadequate grants or no money at all, FEMA is intent on taking away their trailers by the end of May. The deadline, which ends temporary housing before permanent housing has replaced it, has become a stark example of recovery programs that seem almost to be working against one another. Thousands of rental units have yet to be restored, and not even one of 500 planned "Katrina cottages" has been completed and occupied. To read the entire article from the *New York Times*, please visit: <http://www.nytimes.com/2009/05/08/us/08trailer.html?partner=rss&emc=rss>.

Pandemic Influenza Planning: **New**

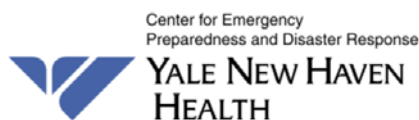


A pandemic influenza could result in an estimated 30-40% reduction of workforce and significant absenteeism for up to 12 weeks, negatively affecting patient care and essential services. How will your organization manage the increased demand for services, staff, supplies and other

critical resources? The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) can assist your organization in preparing for a pandemic through services such as:

- Development of a business impact analysis, continuity of operation plan and business continuity plan
- Development of pre-event communication messages as well as task lists for workforce surge impact, recovery resources and recovery teams
- Assessments of current pandemic influenza planning; review of emergency operations plans and emergency management plans (EMPs) for compliance with The Joint Commission, NIMS, CMS, OSHA, CDC and NFPA requirements
- Online, instructor-led or WebEx training courses recommended for health care workers in acute care hospitals, community health centers, home health agencies, urgent care centers, skilled nursing facilities and public health agencies to address the impact and preparations required pre-pandemic event and during a pandemic event

Assistance with conducting tabletop exercises to discuss the Incident Command System (ICS), implementation of the EOP, communication practices and mitigation practices during a pandemic influenza event. To learn more how YNH-CEPDR can assist your organization, please call (203) 688-3224 or e-mail center@ynhh.org.



Many U.S. Naval Bases Not Prepared for Terror Attacks



The Navy is overhauling its anti-terrorism programs after an internal audit found its installation-level protection efforts have been poorly monitored and incomplete. Investigators with the Naval Audit Service last year visited 22 of the 66 Navy installations in the continental U.S. and found that only one of them had fully complied with post-Sept. 11 Navy directives to develop an anti-terrorism plan. Navy regional

commands were reporting that 89 percent of Navy bases had developed complete anti-terrorism plans, according to the audit service, a Washington, D.C.-based office that monitors the efficiency and effectiveness of Navy programs. To read a summary of the report from the *Navy Times*, please visit:

http://www.navytimes.com/news/2009/04/navy_basesecurity_042609w/.

Preparedness: **New**

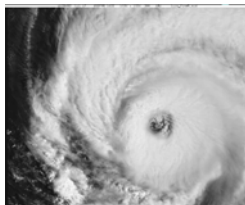


Drake River

The potential threat posed by the stored oil at the Drift River Oil Terminal (Alaska) has been reduced approximately 93 percent. The terminal is near the Redoubt Volcano, which continues to produce emissions of steam, volcanic gases and minor amounts of ash, according to the Alaska Volcano Observatory. The U.S. Coast Guard (USCG) will continue to monitor the facility and discuss the situation on at least a weekly basis until information is received from the Alaska Volcano Observatory indicating the volcano has entered a dormant period. The news release may be read at:

<http://www.d7publicaffairs.com/go/doc/780/270741/>.

- The Federal Emergency Management Agency (FEMA) said that Louisiana hasn't proven it's owed nearly half a billion dollars to replace Charity hospital which was damaged by Hurricane Katrina, Gary Jones, an acting regional administrator for the agency, said in a letter to the Governor's Office of Homeland Security and Emergency Preparedness that the state did not prove Charity Hospital was damaged so badly by the 2005 storm and flood waters that it merited the federal government pay to replace it. FEMA is offering \$150 million (\$126 million for building damage and \$24 million for damage to building contents) and Jones repeated the prior position of FEMA that not enough was done to guard the building against further decay after the storm. The state has argued it is owed \$492 million. To read the entire article, please visit: <http://www.theadvertiser.com/article/20090512/NEWS01/90512042>.



When fictional Hurricane Wendi makes landfall in Pascagoula, MS, emergency operations officials local and statewide will be ready to react. The emergency operations centers in the lower six counties and state agencies with responsibilities under the state emergency plan will be mobilized, prepared to respond to a Category 4 hurricane with 18- to 24-foot storm surges and 150 mph winds. Residents will not see much activity surrounding today's hurricane exercise because most of the work will be taking place in emergency offices, where officials coordinate the

response, Womack said. The exercise started at 8 a.m., 12 hours after a Monday night landfall, with the eye passing directly over Pascagoula. The size, track and anticipated damage of the pretend hurricane change yearly. If Hurricane Wendi were a real storm, the greatest damage, highest winds and highest storm surge would be toward the east side of the county and even into Mobile. To read about this exercise, please visit

<http://www.gulflive.com/news/mississippypress/news.ssf?base/news/1242123312188040.xml&coll=5>.



Disaster Accountability Project

Hurricane season is just weeks away, but many south Louisiana parishes cannot show their disaster plans cover evacuation of at-risk populations such as the disabled, the homeless and the elderly, according to the Disaster Accountability Project, a student-led watchdog group. Among the results released Tuesday, the survey found that only two parishes fully accounted for how they would evacuate day-care facilities; none had plans for evacuating the homeless; and six fully accounted for how they should evacuate the elderly. The 22 parishes were chosen by their proximity to the coast. To read nmore on this issue, please visit:

http://www.boston.com/news/local/connecticut/articles/2009/05/05/report_warns_of_gaps_in_louisiana_emergency_plans/.

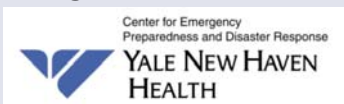
Protecting the Healthcare Workforce



Ensuring that all of your staff know how to protect themselves during a

disaster in which they may be exposed to a chemical, biological or radiological substance is an important factor in their decision to come to work and fulfill their role in a disaster and your facility's ability to provide ongoing healthcare services. OSHA requires that employees performing certain functions complete training programs that prepare them to don and doff appropriate levels of personal protective equipment (PPE) and recognize when such precautions may be necessary. YNH-CEPDR has developed a comprehensive suite of courses that addresses these OSHA requirements and provides an effective method to train your staff in proper PPE procedures. Whether your need is for fit testing N95 respirators or operations-level PPE and decontamination training for your decontamination team, YNH-CEPDR has a solution for your organization. For more information, please contact center@ynhh.org.

Programs and Services



YNH-CEPDR is committed to developing and delivering effective and scaleable services that advance health care planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other health care delivery organizations, emergency management professionals, the business community and others.

- **ASSESSMENTS:** Hazard Vulnerability Analysis, Business Impact Analysis and Gap Analysis
- **PLANNING:** Emergency management plans, emergency operations plans and business continuity plans
- **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- **DRILLS and EXERCISES:** Design, development, facilitation and evaluation

For additional information about these services, please contact us at (203) 688-3224 or center@ynhh.org, or visit our web site at <http://www.yalenewhavenhealth.org/emergency/index.html>.

Disasters Around the World: **New**

Current activity at the Redoubt volcano (Alaska) suggests that a significant explosive event is likely, though not certain, in the coming days (Alert Level Orange). This event could occur at any time with little or no warning. Since about May 2, shallow earthquake activity beneath the actively growing lava dome of Redoubt volcano has been slowly increasing. The growing lava dome is becoming increasingly unstable. Should a significant explosion occur, the event will likely produce high altitude (>30,000 ft) ash plumes, trace to minor ash fall in parts of south-central Alaska, lahars in the Drift River Valley, and pyroclastic flows in the immediate vicinity of the volcano. For the most current status, please visit:

<http://www.avo.alaska.edu/activity/Redoubt.php>.



The National Interagency Fire Center (NIFC) has set Preparedness Level I (minimal large fire activity is occurring nationally; most geographic areas have low to moderate fire danger and require little or no commitment of national resources) Gusty winds and dry conditions will continue across the south-central coast and mountains of southern California. The southwestern states expect to have dry and breezy conditions. Precipitation will continue from the northeastern states to the Tennessee Valley. A storm system will move across the Rocky Mountains. Significant fire activity was reported over the past week. Four large fires continue to burn over 24,000 acres in Arizona, California and Texas. To review the current fire situation in your area, please visit: http://www.nifc.gov/fire_info/nfn.htm.



Credit: KEYT3, Santa Barbara

The Jesuita fire, located in the Los Padres National Forest in Santa Barbara County (CA) is now 80% contained. As of Wednesday, May 13 7:00AM, 8,733 acres had been destroyed; 22 residences have been damaged and 78 destroyed; 69 outbuildings have been damaged and 67 destroyed; 500 residences currently threatened northwest of Mission Canyon and Santa Barbara City. Over three thousand firefighters have been involved and at a total cost to date of \$15.5 million dollars. For updates incident reports, please visit:

http://www.imperialvalleynews.com/index.php?option=com_content&task=view&id=5567&Itemid=2.



Credit: CNN

Rescue teams on Sunday were assessing damage from severe storms that struck parts of Missouri, Kentucky and West Virginia over the weekend. At least seven people were killed in the outbreak and several others had other serious injuries. A waste water treatment plant was destroyed, two fire departments sustained major roof damage and some manufacturing facilities were damaged. Additional storms in West Virginia destroyed as many as 400 buildings and severely damaged an additional 1,000. For further information, please visit:

<http://edition.cnn.com/2009/US/weather/05/10/deadly.storms/>.



The National Guard is helping residents in West Virginia's southern coalfields recover from weekend flooding that destroyed at least 300 buildings, knocked out power and caused mudslides that flushed trash, debris and at least one mobile home downstream. No injuries were reported. Seven miners trapped underground because of high water were able to walk out of the Mountaineer Alma mine near Wharcliffe on Sunday morning. To read more about the flood, please visit:

<http://www.google.com/hostednews/ap/article/ALeqM5gUVSKLDjU1TCcVGHbbs95t7FZO8QD983P3U83>.

- There are no significant tropical weather systems in the western, northwest, southern, central or eastern Pacific, the Indian Ocean or southern hemisphere. For further information, please visit: <https://metocph.nmci.navy.mil/twc.php>. The Atlantic Hurricane season will begin June 1st.
- FEMA has declared two areas in the United States as disaster areas and eligible for assistance in recovery. Alabama and Mississippi were declared disaster areas due to severe storms, flooding, tornadoes and straight-line winds during the period of March 25th to April 13th. For further information and instructions for applying, please visit: <http://www.fema.gov/news/event.fema?id=11430> (Alabama), and <http://www.fema.gov/news/event.fema?id=11449> (Mississippi). Additionally, multiple Fire Management Assistance Declarations were issued for ongoing wildfire activity in California, New Mexico and Florida (1 each). For information on these events, please visit <http://www.fema.gov/news/disasters.fema>.

Code Definitions

ORANGE: Volcano is exhibiting heightened or escalating unrest with increased potential of eruption, timeframe uncertain, **OR** eruption is underway with no or minor volcanic-ash emissions [ash-plume height specified, if possible].

Education and Training Courses: Updated



The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) is pleased to announce that previews for National Incident Management System (NIMS) courses are available at <http://ynhhs.emergencyeducation.org/>. YNH-CEPDR is committed to ensuring that our courses remain current with applicable federal and accrediting agency requirements. The current course updates meet the requirements outlined in the FEMA February 2008 National Incident Management System (NIMS): Five-Year NIMS Training Plan.

- **EM 108: Emergency Preparedness for Healthcare with NIMS (New)** Hospitals and many health care organizations are still required to implement the National Incident Management System (NIMS) education and training for appropriate personnel. YNH-CEPDR has developed Emergency Preparedness for Healthcare with NIMS (EM 108) as an equivalent IS 700 NIMS course. This course is time-efficient and relevant to public health, hospital and health care workers. The course provides information and action steps all employees can take to ensure a work environment prepared for disasters.
- **EM 141: Role of the Medical / Technical Specialist during an Incident (New)** A course which explores the roles and responsibilities of medical and technical specialists when the ICS has been activated and includes an interactive case study. During a disaster, members of the command or general staff may require additional information about chemical, biological, radiological or nuclear (CBRN) emergencies, information technology or legal issues, which a designated medical or technical specialist can provide.
- **EM 142: Incident Command Systems for Healthcare with NIMS (New)** This course is designed to help healthcare leaders understand their role in managing continuous care for patients in the event of an emergency or disaster and to meet the federal requirements for IS 100.HC, An Introduction to Incident Command System and IS 200.HC, Applying Incident Command System to Healthcare Organizations. EM 142 is designed for all those who may serve in a leadership role in a health care organization during an emergency or disaster

YNH-CEPDR also offers a number of offerings that address important issues in health care preparedness, such as special populations, protection of the healthcare workforce and compliance with the Joint Commission, OSHA and CMS regulations. These courses may be previewed at <http://ynhhs.emergencyeducation.org/>. YNH-CEPDR is committed to ensuring that our courses remain timely and current with best practices and cutting-edge content.

- **EM 106: Emergency Preparedness for Healthcare – At Work and At Home (New)** Emergency preparedness is the responsibility of every health care employee. Whether meeting the Joint Commission, Centers for Medicare and Medicaid Services requirements or ensuring that employees will come to work during a disaster, emergency preparedness training is essential. This awareness-level course will provide the information and action steps all employees can take to ensure a work environment prepared for disasters and is recommended for all hospital and health care employees.
- **EM 120: Best Practices for the Protection of Hospital-Based First Receivers.** Information topics include special threats from specific agents; levels of biological, chemical and radiological protection and isolation; various levels of respiratory protection; principles of decontamination; decontamination procedures; mental health concerns regarding decontamination; and personal safety issues regarding decontamination.
- **EM 121: N95 Respirator and Personal Protective Equipment (PPE) Training for Healthcare Workers.** Information topics include reasons for respirator and personal protective equipment (PPE) use; proper methods for inspecting, donning and doffing a respirator and PPE; the effective use of a respirator and PPE; and common errors made in respirator and PPE use.
- **EM 122: N95 Respirator Fit Tester Training.** Information topics include identifying the need to conduct the N95 respirator fit test; conducting a fit test for N95 respirator use; and performing proper inspection and disposal of respirators.
- **EM 210: Advanced Radiological Emergency Preparedness for Clinicians (New)** This course is designed for clinicians with an interest in understanding radiation concepts, the medical effects of radiation on biological systems, radiation countermeasures and essential elements for dealing with radiological and nuclear emergencies in the health care environment.
- **EM 220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level** Information topics include preparation for health care workers, such as emergency department clerks and clinicians who are assigned to work in the contaminant-free areas but who may need to identify possible risks associated with unannounced patients; preparation for health care workers with designated roles for contaminant removal or who will be working in areas that are considered to be contaminated (training includes proper use of protective equipment); and preparation for hazardous materials specialists, including radiation safety officers.
- **EM 250: Small Victims, Big Challenges: Pediatric Triage, Treatment and Recovery for Emergencies (New)** A course which introduces clinicians acting as first receivers to the unique challenges encountered with children in a disaster. Children represent a special subset of individuals at-risk as they have unique physiological and pharmacological considerations. The federal Pandemic and All-Hazards Preparedness Act (PAHPA) encourages the Department of Health and Human Services to promote appropriate pre-disaster activities at the state and local levels to address the medical health needs of children.
- **EM 260: Geriatric Preparedness, Triage and Treatment in Disasters (New)** A course that introduces clinicians acting as first receivers to the unique challenges encountered with the elderly in a disaster. Senior citizens represent a special subset of individuals at-risk as they have unique physiological and pharmacological considerations. The federal Pandemic and All-Hazards Preparedness Act (PAHPA) encourages the Department of Health and Human Services to promote appropriate pre-disaster activities at the state and local levels to address the medical health needs of the elderly.

For more information on any of our courses or to develop a customized course for your specific needs, please contact us at (203) 688-3224 or center@ynhh.org.

UPCOMING

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
6/1/09 to 6/4/09	See Website	USPHS Scientific and Training Symposium <i>Sponsored by the United States Public Health Service</i>	Atlanta Marriott Marquis Hotel 265 Peachtree Center Ave, NE Atlanta, GA 30303 Please register at http://www.phscofevents.org/registration.cfm .
6/4/09	8:00am-12:00pm	Incident Command Systems for Health Care (EM 142 with NIMS) Workshop <i>Sponsored by The Connecticut Department of Public Health and the Yale New Haven Center for Emergency Preparedness and Disaster Response</i>	Guilford Fire Department 31 Park Street Guilford, CT 06437 Please visit TRAIN Connecticut to register for the training, https://ct.train.org . The course ID is 1017468 and the class title is EM 142 with NIMS Workshop.
6/16/09	8:00am-12:00pm	Incident Command Systems for Health Care (EM 142 with NIMS) Workshop <i>Sponsored by The Connecticut Department of Public Health and the Yale New Haven Center for Emergency Preparedness and Disaster Response</i>	Bridgeport Troop G Facility 149 Prospect Street Bridgeport, CT 06604 Please visit TRAIN Connecticut to register for the training, https://ct.train.org . The course ID is 1017468 and the class title is EM 142 with NIMS Workshop.
6/25/09	8:30am-12:00pm	Pediatric Disaster Assistance Toolkit (PDAT) Training <i>Sponsored by The Connecticut Department of Public Health and the Yale New Haven Center for Emergency Preparedness and Disaster Response</i>	Connecticut Hospital Association 110 Barnes Road, Wallingford, CT 06492 Register by June 19, 2009 Please visit TRAIN Connecticut to register for the training, https://ct.train.org . The course ID is 1017534, and the class title is PDAT Training For more information: Contact Linda Bergonzi King at (203) 688- 4474 or linda.king@ynhh.org
6/26/09	8:00am-12:00pm	Incident Command Systems for Health Care (EM 142 with NIMS) Workshop <i>Sponsored by The Connecticut Department of Public Health and the Yale New Haven Center for Emergency Preparedness and Disaster Response</i>	Southbury Training School 1461 South Britain Road Southbury, CT 06488 Please visit TRAIN Connecticut to register for the training, https://ct.train.org . The course ID is 1017468 and the class title is EM 142 with NIMS Workshop.

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<p>Preparedness Report Archive: http://www.yalenehavenhealth.org/emergency/commu/archives.html</p>			
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