

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Avian Influenza: **New**

- The Department of Health and Human Services (HHS) has issued a request for proposal (RFP) entitled "Retrofitting Manufacturing Facilities for Production of Pandemic Influenza Vaccines". The approach may include retrofitting of an existing pilot plant for vaccine seed preparation and/or commercial manufacturing facilities that are currently used to produce Food and Drug Administration (FDA) licensed biological product for egg-based or cell culture-based bulk production and/or fill finish manufacturing of pandemic influenza vaccines. The scope of activities may include conceptual and detailed retrofitting and mechanical engineering design, facility modification and commissioning, facility and manufacturing equipment and validations of facility/process/systems as required for FDA licensure for manufacturing of influenza vaccines, and warm base operation. Facilities must meet USDA and CDC biosafety containment guidelines for Select Agent usage, WHO recommendations for production of influenza vaccines from reassortants derived from avian influenza viruses, and physical security measures as outlined for BioShield products. The objective of this project is to expand the domestic influenza vaccine supply for influenza pandemic preparedness. For more information about this RFP, please visit <http://www.fbo.gov/spg/HHS/OOS/OASPHEP/DHHS%2DORDC%2DVb%2D06%2D07/listing.html>.

- On July 20, 2006, the Food and Drug Administration (FDA) announced the appointment of Mark Goldberger, MD, MPH, as Medical Director for Emerging and Pandemic Threat Preparedness in FDA's Center for Biologics Evaluation and Research (CBER). In this newly created position, Dr. Goldberger will serve as a Senior Advisor for CBER's pandemic flu program to plan, coordinate and implement activities related to the development and evaluation of products for emerging and pandemic threats.

"Dr. Goldberger's expertise and dedication to our public health mission will help enhance our preparedness activities," said Jesse L. Goodman, MD, MPH, Director of CBER. "His regulatory and public health experience with a wide range of infectious diseases and emerging threats, including influenza, SARS, pandemic influenza and West Nile Virus, will be a major asset in our strategic response." To read this release, please visit <http://www.fda.gov/bbs/topics/NEWS/2006/NEW01413.html>.

Avian Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of July 26, 2006, is 232 cases and 134 deaths.

Click on map for an enlarged view.
Map courtesy of www.who.int

- Below is a list of countries with poultry or wild birds confirmed to have had the H5N1 or H5 virus as of July 24, 2006:

Africa: Burkina Faso, Cameroon, Djibouti, Egypt, Ivory Coast (Côte d'Ivoire), Niger, Nigeria and Sudan

East Asia & the Pacific: Burma (Myanmar), Cambodia, China, Hong Kong (SARPRC), Indonesia, Japan, Laos, Malaysia, South Korea, Thailand and Vietnam

South Asia: Afghanistan, India, Kazakhstan and Pakistan (H5)

Near East: Egypt, Gaza, Iraq (H5), Iran, Israel, Jordan, Pakistan, Palestinian Territories and the West Bank

Europe & Eurasia: Albania, Austria, Azerbaijan, Bosnia & Herzegovina (H5), Bulgaria, Croatia, Czech Republic, Denmark (H5), France, Georgia (H5), Germany, Greece, Hungary, Italy, Kazakhstan, Mongolia, Poland, Romania, Russia, Serbia and Montenegro (H5), Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom and Ukraine

To read current reports, please visit http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm.

- On July 19, 2006, the US Senate committee approved "Pandemic and All-Hazards Preparedness Act" that will be placed on the legislative calendar for the Senate. The bill names the secretary of health and human services as the government's leader for health emergencies, requires states to meet preparedness standards and to share some of the cost of preparedness, seeks to coordinate and strengthen the nation's system of medical volunteers and calls for tracking of influenza vaccine supplies so that doses reach high-risk groups. In addition this bill sets standards for training and certification of the Medical Reserve Corps. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul1906bill.html>.
- A global early warning system for animal diseases transmissible to humans (zoonoses) was formally launched in Geneva by the FAO, the World Organization for Animal Health (OIE) and the World Health Organization (WHO). The Global Early Warning and Response System (GLEWS) is the first joint early warning and response system conceived with the aim of predicting and responding to animal diseases including zoonoses worldwide.

"Today, the spread of avian flu reinforces the fact that the animal and human health sectors must work closely together, and that early detection and coordination is critical. This new network is an important step forward," explained Mrs. Susanne Weber-Mosdorf, WHO Assistant Director-General. To read this release in full, please visit <http://www.fao.org/newsroom/en/news/2006/1000369/index.html>.

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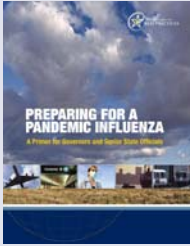
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Avian Influenza: **New**



On July 19, 2006, "Preparing for a Pandemic Influenza: A Primer for Governors and Senior State Officials" was released. This guide identifies key planning issues for top state officials and walks through considerations officials

should keep in mind when forming a plan. The pandemic primer stresses state reliance including increasing food storage at government facilities and schools and stockpiling key equipment and supplies. Legal issues that may arise during the pandemic are detailed along with some suggestions for reviewing state laws. To download a PDF copy of this primer, please visit <http://www.nga.org/Files/pdf/0607PANDEMICPRIMER.PDF>. For a detailed summary of this primer, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul1906governors.html>.

Pandemic Influenza COCA Conference Calls – August 8, 2006 and August 21, 2006:

Updated

On August 8, 2006 the CDC will sponsor a call on pandemic influenza preparedness from 1:00 p.m. - 2:00 p.m. EST. Dr. Nicole Smith will host this call. On Monday, August 21, 2006 Dr. Michael Doney will discuss quarantine issues and avian influenza. This call will take place from 1:00 p.m. – 2:00 p.m. EST. For more information about these calls, please visit <http://www.bt.cdc.gov/coca/training.asp>.

Model Communities Link EMS and Public Health:

New

The Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC), Division of Injury Response (DIR) has selected seven communities as best practice models of how emergency medical services (EMS) can work with other safety and public health agencies in times of disaster. As part of CDC's TIIDE Project (Terrorism Injuries: Information, Dissemination and Exchange), Model Communities identifies where relationships between the emergency care community and public health are established and operate at levels that effectively respond to events that may cause large numbers of injuries. To learn about the model communities, please visit <http://www.bt.cdc.gov/masscasualties/modelcommunities.asp>.

HHS Assists States with another Antiviral Drug Purchase: **New**



Secretary
Michael Leavitt

On July 20, 2006, HHS Secretary Michael Leavitt announced a contract award with GlaxoSmithKline (GSK) to provide zanamivir (Relenza®) to all 50 states, the District of Columbia, five U.S. territories and three Freely Associated States of the Pacific at a federally subsidized price. The contract will run for a period of two years with an initial contract award amount of \$16,833,000.

"This announcement is another example of how we all must share in the responsibility to prepare our nation and its communities to respond to a pandemic flu outbreak," Secretary Leavitt said. "As we emphasized at summit meetings across the country, it will take everyone working together to be ready when a pandemic flu outbreak occurs here."

Under the HHS contract, 59 jurisdictions will be able to purchase at a federally negotiated price from GSK and will receive a 25 percent federal subsidy for a prescribed number of treatment courses. A complete table of projected antiviral purchases and subsidized allocations for all jurisdictions is posted online at <http://www.pandemicflu.gov/state/antivirals.html>. To read this release in full, please visit <http://www.hhs.gov/news/press/2006pres/20060720.html>.

GlaxoSmithKline Says its H5N1 Vaccine Works at Low Dose: **New**

An H5N1 avian influenza vaccine made by GlaxoSmithKline (GSK) triggered a good immune response in human volunteers at a much lower dose than other H5N1 vaccines reported so far, which means that hundreds of millions of doses could be produced by next year, the company announced on July 26, 2006. In a clinical trial, 80% of volunteers who received two vaccine doses containing 3.8 mcg of antigen with an adjuvant (a chemical that stimulates the immune system) had a strong immune response. A typical dose of seasonal flu vaccine is 15 mcg. "This is the first time such a low dose of H5N1 vaccine has been able to stimulate this level of strong immune response," said GSK Chief Executive Officer J.P. Garnier. Garnier called the GSK vaccine a breakthrough because, with the effectiveness of the low dose, a given amount of antigen will go much further than it would otherwise. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul2606glaxo.html>.

Pandemic Influenza Summit – September 14, 2006: **New**



On September 14, 2006 Yale New Haven Center for Emergency Preparedness and Disaster Response and the State of Connecticut Department of Public Health will host an invitation only *Pandemic Influenza Summit* on alternative delivery models for healthcare organizations. The summit will provide a forum for healthcare delivery organizations and agencies in Connecticut (hospitals, EMS, community health centers, nursing homes, home health agencies, physician groups and urgent care centers) to meet and discuss the coordination of healthcare delivery through alternative systems during a pandemic influenza event. It will also provide a focus for planning and launch ongoing workgroups which will report progress to the Statewide Inter-hospital Working Group Meetings at CHA (formerly the Northern Tier and Southern Tier Hospital meetings), leading to specific recommendations in each of the topic areas to guide consistent, strategic and integrated pandemic policies and protocols.

The summit will feature Anna Likos, MD, MPH as the keynote speaker. Dr. Likos joined the Influenza Division of the CDC as a medical epidemiologist in July. Her current position in the Influenza Division is focused on the international aspect of influenza, especially influenza A, H5N1, infections in humans and she has had the opportunity to provide technical assistance to countries in Asia, Eastern Europe and Africa. For more information, please contact Eugenie Schwartz at eugenie.schwartz@ynhh.org or (203) 688-3224.

Seasonal Influenza: **New**



There are two types of vaccines that protect against the flu. The "flu shot" is an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. A different kind of vaccine, called the nasal-spray flu vaccine (sometimes referred to as LAIV for Live Attenuated Influenza Vaccine), was approved in 2003. The nasal-spray flu vaccine contains attenuated (weakened) live viruses, and is administered by nasal sprayer. It is approved for use only among healthy people between the ages of 5 and 49 years. The flu shot is approved for use among people over 6 months of age, including healthy people and those with chronic medical conditions.

Each of the two vaccines contains three influenza viruses, representing one of the three groups of viruses circulating among people in a given year. Each of the three vaccine strains in both vaccines – one A (H3N2) virus, one A (H1N1) virus, and one B virus – are representative of the influenza vaccine strains recommended for that year. Viruses for both vaccines are grown in eggs. The CDC has provided a detailed question and answer sheet that discusses how vaccines work, who should get the vaccination and how flu vaccines are selected. To read this article, please visit <http://www.cdc.gov/flu/about/qa/flu vaccine.htm>.

Diagnostic Shipping and Packaging Seminars – August 8, 2006 and August 16, 2006: **New**



The Connecticut Department of Public Health Division of Laboratory Services and Hartford Hospital are co-sponsoring two training seminars on the packaging and shipping of diagnostic specimens (Category B). Current regulations require that individuals preparing items for shipment need to be trained only in the type of shipping they are conducting. The first seminar will take place on August 8, 2006 from 9:00 a.m. to 12:00 p.m. at Stamford Hospital. The second seminar will take place on August 16, 2006 from 9:00 a.m. to 12:00 p.m. at the Connecticut Hospital Association. Space is limited for these seminars. For more information about the seminars, please visit <http://www.ynhhs.org/emergency/commu/July2006CT-LRN.2.pdf>. To register please contact Virginia Kristie, Laboratory Program Advisor, at vkristie@harthosp.org.

Severe Weather around the World: **New**



Common Eider
Photo Credit: NOAA

In California, over 81 people have died from heat related illnesses in the last few weeks. The temperature on Wednesday approached 110 degrees. Forecasters say a slow cooling trend is under way in the region, with highs expected to drop a few more degrees by the weekend. "We're seeing some relief coming, if you can call 105 relief," said National Weather Service forecaster Jim Dudley. "We're inching away from this super hot air mass we've had over us, though it's tricky. . . It's hard to get those things to move." But across the state, the damage has been done, from fruit and nuts scorched on the vine to a power grid battered by the

constant demand for electricity. Record electricity usage on July 24-July 25, 2006 prompted officials to declare an emergency and warn of possible involuntary rolling blackouts. While the power supply remained adequate Wednesday, the hot weather, coupled with increased usage, has blown out transformers around the state.

The St. Louis area and the New York City borough of Queens, also troubled by long-running blackouts, were slowly returning to normal Thursday after more than a week of weather-related power outages. About 46,000 homes and businesses in the St. Louis area remained without power Thursday morning, down from more than half a million after storms knocked out power last week, according to Ameren Corp.

The CDC is urging personal preparation for blackouts which is similar to natural disasters. Families should create an emergency preparedness kit with enough food, water and emergency supplies to last at least 3 days. For more information about the situation in California, please visit <http://www.wral.com/apnationalnews/9584741/detail.html>. For more information about personal preparedness during blackouts, please visit <http://www.bt.cdc.gov/poweroutage/blackout.asp>.

- A strong earthquake shook parts of Indonesia's North and West Sumatra provinces on Wednesday, July 26, 2006. There were no immediate reports of a tsunami. The 6.1-magnitude earthquake occurred at 6:16 p.m. (7:16 a.m. EDT) and was centered under the Indian Ocean about 60 miles northwest off Nias island, said Lukito, an official at the Meteorology and Geophysics Agency. Lukito said the quake was felt in Gunung Sitoli, the main town on Nias Island, in the North Sumatra towns of Porsea and Sibolga, and in Padang, the capital of West Sumatra. A tsunami caused by an undersea earthquake killed some 600 Indonesians last week. Since 2002, this region has been devastated with natural and man-made disasters which include terrorist attacks, the 2004 tsunami, earthquakes and avian influenza. For more information, please visit <http://www.wral.com/apworldnews/9584473/detail.html>

GAO: DHS Should Delineate Plan to Help States Evacuate Patients in Disaster: **New**



In a report written by the Government Accountability Office (GAO), hospital and nursing home administrators faced several challenges related to evacuations during recent hurricanes, including deciding whether to evacuate or stay in their facilities and "shelter in place", obtaining transportation necessary for evacuations, and maintaining communication outside of their facilities. Administrators took steps to ensure that their facilities had needed resources—including staff,

supplies, food, water, and power—to provide care during the hurricane and maintain self-sufficiency immediately after. However, when evacuations were needed, facility administrators said that they had problems with transportation, such as securing the vehicles needed to evacuate patients. Although facility administrators had contracts with transportation companies, competition for the same pool of vehicles created supply shortages when multiple facilities in a community had to be evacuated. In addition, communication was impaired by hurricane damage. To read this report in full, please visit <http://www.gao.gov/new.items/d06826.pdf>.

Report Examines Legal Issues affecting HRSA health volunteers program: **New**

The Health Resources and Services Administration has issued an updated report on the legal and regulatory issues affecting state-based systems for registering volunteer health professionals in advance of emergencies and disasters. The report contains updated analyses and multiple tables on the legal and regulatory issues concerning the use and deployment of volunteer health professionals through HRSA's Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) program in all 50 states. To read this report, please visit <http://www.hrsa.gov/esarvhp/legregissues/default.htm>.

Medical Reserve Corps (MRC): Updated



Volunteers who can help support the hospital or public health infrastructure are also essential for personnel surge capacity. Online enrollment for the Medical Reserve Corps at Yale New Haven (MRC-YNH) is available at

www.mrc-ynh.org. The goal of the MRC-YNH is to recruit and register individuals from departments such as Biomedical Engineering, Materials Services, Patient Registration, Patient Services, Plant Engineering, Plant Maintenance and Security Services. For information about MRC-YNH, contact Eugenie Schwartz at (203) 688-3224 or eugenie.schwartz@ynhh.org.

Training/Education: Updated

- **Introduction to Radiological Response (EM 110)** is a 30-minute introductory CD-ROM course which provides the learner with the basic principles of radiation, definitions of terms commonly encountered in radiological and nuclear incidents, a description of the health risks associated with radioactive material, recommendations for safeguarding personal safety during a radiological and nuclear incident and an outline of the strategies for addressing the psychological impact of radiological and nuclear incidents. This introductory course has been designed for nurses, doctors, radiology technicians, radiation oncologists, radiation safety officers, patient care associates, technical assistants, nuclear medicine workers, EMS workers and mental health professionals. A more advanced radiological preparedness course is under development and will be released later this year. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Bioterrorism Preparedness for Clinicians (EM 201)** is a 50-minute course designed to prepare physicians and other clinicians for a bioterrorist event or other potential public health emergency. Now available at http://ynhhs.emergencyeducation.org/sign_in_em201.asp, EM 201 helps clinicians recognize bioterrorism agent disease syndromes, learn the precautions they should take and understand their roles in the event of a public health emergency. **This course is available in a Connecticut and national version.** For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

JCR/OSHA/Red Cross 2nd Annual Emergency Preparedness Conference: Abstracts Needed: New



Joint Commission Resources, the Occupational Safety and Health Administration (OSHA), and the American Red Cross (ARC) - leaders in patient safety, workplace safety and emergency response - have joined forces to for the 2nd Annual Emergency Preparedness Conference, Disaster Readiness on the Home Front. This conference, scheduled for

October 19-20, 2006, in Washington, DC, will examine the threat of potential natural disasters and pandemic flu and help you formulate a practical response plan that allows for peak performance during an emergency.

In preparation for this timely event, you are invited to submit one or more abstracts for exhibit in the conference poster presentations, coordinated by the Yale New Haven Center for Emergency Preparedness and Disaster Response. Abstracts must be submitted by September 1, 2006, and will be peer-reviewed for their quality, originality and relevance to the conference. At least one of the abstract's authors must attend to present the poster. A selection of accepted presentations will also qualify for publication in the Conference resource materials. For information about abstract submission please visit

<http://www.ynhhs.org/emergency/disasterconference/index.html>. For more information or to register for this conference, call JCR Customer Service at (877) 223-6866 or visit <http://jcrinc.co.mansellgroup.net/UMT.asp?A2557.25634.1808.1.113544>

U.S. Department of Homeland Security to Sponsor Third Annual National Preparedness Month: Updated



The U.S. Department of Homeland Security will sponsor National Preparedness Month, along with a coalition of more than 200 national, regional, state and local organizations. National Preparedness Month is a nationwide effort held each September to encourage Americans to prepare for emergencies in their homes, businesses and schools. This year's goals are to increase public awareness about the importance of family emergency preparedness and to urge individuals to make themselves and their loved ones better prepared.

"Every American has a personal responsibility to ensure that their family is prepared for the unexpected," said Under Secretary for Preparedness George Foresman. "Through this effort, the Department of Homeland Security and the National Preparedness Month Coalition will encourage all Americans to be ready before emergencies happen." For more information, please visit <http://www.dhs.gov/dhspublic/display?content=5745>.

Emergency Credentialing Program (ECP): Updated



Hospital-based validation of volunteer skills, competencies and credentials is expected to begin in September. Each participating hospital must identify at least one individual who will be responsible for coordinating the validation process and for managing the information in the database during a large scale disaster or public health emergency. It's important to remember that this volunteer resource for hospital personnel surge capacity will contain confidential information offered by ECS volunteers. Like all personnel information, access to the information and the database should be made available only to those individuals who will

be validating volunteer credentials or hold a recognized position in your hospital's Emergency Operations Center (EOC) organization structure. In addition to their unique UserID and Password, designated program contacts will receive information and training on this user-friendly database application. If you have not already done so, please forward the name and contact information for the person at your hospital who is the designated contact for the Emergency Credentialing Program or enroll at www.ct-esar-vhp.org. For additional information about the ECP or to schedule a program presentation at staff or management meetings, contact Carol Luddy at (203) 688-3224 or carol.luddy@ynhh.org.

Training/Education:

Updated

- **Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (EM 230)** is now available at http://ynhhs.emergencyeducation.org/sign_in_em230.asp. This 50-minute course trains health professionals in the recognition, treatment and referral of patients exhibiting behavioral health consequences related to public health emergencies and incorporates brief video vignettes to enhance the learner experience. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- YNH-CEPDR has developed a series of emergency preparedness courses and workshops designed to prepare healthcare workers in community health centers for their roles in disaster response. These instructor-led sessions combine didactic lecture and group exercises that address topics including triage, personal protective equipment, infection control, risk communications and incident command. The course objectives ensure compliance with NIMS training requirements. These courses may be further adapted to better meet the needs of other healthcare delivery organizations such as home health agencies and skilled nursing facilities. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.



There is space available in the September 21st-23rd National Disaster Life Support course to be held in New Haven. Basic Disaster Life Support is an eight-hour course that provides an in-depth overview of disasters for all healthcare and public health professionals. The Advanced Life Support course provides physicians, physician assistants,

nurses and paramedics with two days of intensive training on mass casualty triage, decontamination and treatment. Individuals completing the BDLS and ADLS programs will receive CME credits and are eligible to take the instructor course, which prepares them to conduct a course at their own facility. Hospitals are encouraged to consider using some of their HRSA hospital preparedness education and training funds to send appropriate individuals to any or all of these courses. To download a brochure, please visit

http://www.yalenevhealth.org/emergency/commu/NDLS_2006CourseSchedule.pdf. For more information, please contact David Burich at (203) 688-3721 or david.burich@ynhh.org.

Training/Education: Updated

- **Introduction to Emergency Management with NIMS (EM 103 w/NIMS)** is now available at http://ynhhs.emergencyeducation.org/sign_in_em103nims.asp. This course provides awareness-level emergency preparedness training for the healthcare delivery workforce. Based on the National Incident Management System (NIMS) objectives, EM 103 w/NIMS is designed to assist healthcare workers in understanding their role in providing continuous care for existing patients and additional patients in the event of an emergency or a terrorist event. This course meets the NIMS objectives for IS 100: An Introduction to ICS, IS 700: An Introduction to the National Incident Management System and parts of IS 800: Introduction to the National Response Plan for healthcare delivery organizations as described in the document *NIMS: National Standard Curriculum Training Development Guidance*, October 2005. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Best Practices for the Protection of Hospital-Based First Receivers (EM 120)** is available at http://ynhhs.emergencyeducation.org/sign_in_em120.asp. EM120 is aligned with Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. Job classifications that will be required to complete EM 120 in order to ensure compliance with OSHA standards include: (1) All employees who work in the emergency department (such as clinicians, housekeeping, security, patient registration, etc.); (2) All employees who are regularly scheduled to be on call for the emergency department; (3) Volunteers and residents assigned to the emergency department; (4) Employees involved in setting up, taking down or maintaining decontamination facilities, regardless of their primary job role and location; (5) Nursing leadership who function as potential nursing administrators on call; (6) All members of the hospital decontamination team. This course is a prerequisite to a series of operations-level courses currently under development.

The operations-level decontamination course will also align with the Occupational Safety and Health Administration (OSHA) operations-level competencies and will be a prerequisite to a practical session designed for employees involved in setting up, taking down or maintaining decontamination facilities, and for employees responsible for performing decontamination procedures. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

- **Incident Command Systems (ICS) for Health Care with NIMS (EM 140 NIMS)** is a 40-minute course which offers an introduction to ICS for healthcare workers and is available at http://ynhhs.emergencyeducation.org/sign_in_em140nims.asp. This course describes the ways an ICS can provide a consistent approach to command, control and coordination of all efforts aimed at protecting life, preserving property, supporting the emergency response and stabilizing the operations of a healthcare site during an emergency or disaster. EM 140 NIMS meets the National Incident Management System objectives for IS 200: Basic ICS, IS 700: An Introduction to the National Incident Management System and IS 800: Introduction to the National Response Plan, for health care delivery organizations as described in the document *National Incident Management System: National Standard Curriculum Training Development Guidance*, October 2005. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Questions or Comments

Questions, comments or suggestions should be forwarded by fax to (203) 688-4618 or by e-mail to center@ynhh.org or www.yalenevhealth.org/emergency

UPCOMING

Upcoming Meetings

DATE	TIME	EVENT	LOCATION
8.14.06	8:30 a.m. to 9:30 a.m.	Inter-hospital Working Group	Connecticut Hospital Association
8.14.06	9:30 a.m. to 10:30 a.m.	Southern Tier Group Discussion	Connecticut Hospital Association

UPCOMING

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
8.8.06	1:00 p.m. to 2:00 p.m. EST	Pandemic Influenza Preparedness	For call-in information, please visit: http://www.bt.cdc.gov/coca/training.asp
8.8.06	9:00 a.m. to 12:00 p.m.	Diagnostic Shipping and Packing Seminar	Stamford Hospital For more information, please visit http://www.ynhhs.org/emergency/commu/July2006CT-LRN.2.pdf
8.16.06	9:00 a.m. to 12:00 p.m.	Diagnostic Shipping and Packing Seminar	Connecticut Hospital Association For more information, please visit http://www.ynhhs.org/emergency/commu/July2006CT-LRN.2.pdf
8.21.06	1:00 p.m. to 2:00 p.m. EST	Quarantine Issues – Avian and Pandemic Influenza	For call-in information, please visit: http://www.bt.cdc.gov/coca/training.asp

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