

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 5, Issue 12 | March 23, 2007

ELEVATED THREAT LEVEL

Preparedness Report Survey:

New

On March 13, 2007, the Preparedness Report Survey was launched to its readers. Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) is inviting you to participate in this anonymous survey of the Preparedness Report, which is a weekly newsletter designed to provide a single source of timely healthcare emergency preparedness information. YNH-CEPDR is interested in learning how the Preparedness Report is valuable to you and your organization. Your response will help us to improve the quality of this publication and better meet your emergency preparedness needs in the future. If you have not done so already, please complete this anonymous survey by *Tuesday, March 27, 2007*. Please click on the following link to access the survey, <http://www.surveymonkey.com/s.asp?u=786803328270>.

The Medical Reserve Corps:

New



The Medical Reserve Corps at YNH-CEPDR participated in a panel discussion regarding preparedness planning for the care of senior citizens during a disaster or large scale public health event. Senior citizens are among our most vulnerable populations. The panel discussion, which included representatives from the police and fire departments as well, highlighted tools and models for addressing the unique needs of seniors as well as some practical common sense advice. The discussion was very well attended and well received and generated a lot of questions and discussion. Join the Medical Reserve Corps today at www.mrc-ynh.org and learn about personal and family preparedness. To schedule a talk for your group, please contact Eugenie Schwartz, RN, BSN, MHA at eugenie.schwartz@ynhh.org or (203) 688-2659.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of March 20, 2007, is 281 cases and 169 deaths.



The Department of Health and Human Services (HHS) and the CDC have developed a health insurer pandemic influenza planning checklist to assist health insurers in protecting their employees' health and safety, providing coverage and related services to their enrollees and coordinating access to care through the provider community. This checklist identifies important, targeted activities health insurers can do to prepare for a pandemic. This checklist is organized according to business-related, employee-related and communications-related activities to be incorporated into an all-hazards business continuity plan. For more information, please visit <http://www.pandemicflu.gov/plan/workplaceplanning/healthinsurer.html>.

- On March 20, 2007, Hong Kong officials have reported that a 9-month-old girl is infected with the strain of avian influenza known as A/H9N2, which has caused mild human illness in the city three times before and is considered capable of evolving into a pandemic strain. A report from Deutsche Presse-Agentur (DPA) said the girl was believed to have contracted the virus from a market in a densely populated area of Hong Kong. The report quoted Thomas Tsang, head of the Hong Kong Centre for Health Protection, as saying, "Further genetic sequencing is being conducted to determine if the virus is completely of avian origin. This is an isolated case and the source of infection is being investigated." To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/mar2007h9n2.html>.



On March 21, 2007, Japan's health ministry ordered the country's importer of oseltamivir (Tamiflu) to warn doctors against prescribing the drug to teens, because of continuing concerns that psychiatric symptoms might be linked to the influenza medication, according to news services. The health ministry said in a press release that two teenagers were injured in February and March when they fell from buildings after taking oseltamivir. Oseltamivir's creator Roche reported that clinical trials in the United States and Japan have shown similar rates of psychiatric symptoms in children with influenza who took oseltamivir compared with their peers who did not take the drug. In addition, Roche said US health insurance data from 1999 to 2006 on more than 101,000 flu patients treated with oseltamivir and more than 225,000 flu patients who didn't receive the drug revealed a lower likelihood of central nervous system events such as delirium, confusion and hallucination in the treated patients. To address concerns about possible psychiatric symptoms, Roche in November 2006 added a warning to its US labeling for Tamiflu that people who have the flu, particularly children, might be at increased risk for self-injury and confusion shortly after taking the drug and should be monitored for signs of unusual behavior. At that time, the US Food and Drug Administration and Roche both said the drug's contribution to the psychiatric symptoms was not known. The FDA said influenza itself could contribute to some neuropsychiatric disorders, though not usually delirium or suicide attempts. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/mar2107tamiflu.html>.

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FDA Unveils Pandemic Preparedness Plan:

Updated



On March 14, 2007, the US Food and Drug Administration (FDA) issued a pandemic plan that defines the agency's current role in federal pandemic planning, such as expediting the review of new vaccines and antivirals, and lists work it will do in areas such as food safety and targeting counterfeit drugs. The plan addresses six major areas: vaccines, antiviral medications, medical devices, food and feed safety, emergency preparedness and response and enforcement. The plan also details steps needed to improve the surge capacity for producing products that will be crucial during a pandemic, such as antivirals, diagnostic tests, personal protective equipment and other medical equipment. The FDA, as part of this pandemic plan, will provide a list of regulated foods and animal feeds that are at increased risk for contamination from a pandemic virus strain. This list would include products that contain poultry ingredients. To read a summary of the plan, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/mar1407fda.html>. To read the pandemic plan, please visit http://www.fda.gov/oc/op/pandemic/strategicplan03_07.html.

HICS IV Workshop—Coming Soon: New



The Hospital Emergency Incident Command System (HEICS III) was recently updated to its fourth version by the California Emergency Medical Services Authority. The update includes over 1,000 pages of supporting documentation. YNH-CEPDR has developed a quick reference guide and a facilitated workshop to streamline the transition from HEICS III to Hospital Incident Command System (HICS IV) for hospitals. The workshop will highlight what is new with HICS IV and will detail the changes to the organizational chart, job action sheets and forms as well as provide an overall context for implementation of HICS IV. It will then conclude with a facilitated tabletop discussion in order to reinforce the objectives of the workshop. The target audiences for this workshop are emergency management planners and coordinators from any facility that has previously implemented HEICS III and is looking to upgrade to HICS IV. Program participants will receive a copy of the HICS IV Quick Reference Manual that was developed by the YNH CEPDR. Please contact Samantha Kopp at samantha.kopp@ynhh.org or (203) 688-2563 or Kimberly Spaulding at kimberly.spaulding@ynhh.org or (203) 688-4482 for additional information.

Avian Influenza: New

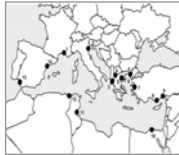


Illustration Credit:
CDC

Bird Migration
Routes and Risk
for Pathogen
Dispersion into
Western
Mediterranean
Wetlands

In the March 2007 edition of *Emerging Infectious Disease Journal* of the CDC, bird migration routes and the risk for pathogen dispersion into the western Mediterranean wetlands is studied. Wild birds share with humans the capacity for moving fast over large distances. During migratory movements, birds carry pathogens that can be transmitted between species at breeding, wintering and stopover places where numerous birds of various species are concentrated. The study considers the area of the Camargue (southern France) as an example to highlight how ad hoc information already available on birds' movements, abundance and diversity can help assess the introduction and transmission risk for birdborne diseases in the western Mediterranean wetlands. Avian influenza and West Nile viruses are used as examples because birds are central to the epidemiology of these viruses. To read this study, please visit <http://www.cdc.gov/eid/content/13/3/365.htm>.



Scientists at the US Department of Agriculture's (USDA's) Southeast Poultry Research Laboratory in Athens, GA, recently tested whether cooking chicken at the USDA-recommended temperature kills the H5N1 virus. The researchers used heavily contaminated meat from 4-week-old White Leghorn chickens that they infected with a 2003 Korean strain of the H5N1 virus. Their study, described in the March issue of the *Journal of Food Protection*, showed that cooking the meat at the recommended 165°F killed the virus with a large margin of safety. The USDA made the 165°F recommendation in April 2006, on the basis of advice from its National Advisory Committee on Microbiological Criteria for Foods. Some previous federal recommendations called for slightly higher temperatures. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/mar1407fda.html>.

- On March 14, 2007, the Agriculture Secretary Mike Johanns and Director-General Jacques Diouf of the United Nations' Food and Agriculture Organization (FAO) signed a Framework Agreement to coordinate technical assistance between USDA and the FAO. The agreement will help to address issues important to agriculture, such as animal and plant diseases including avian influenza, chronic hunger, conservation, genetic resources and the growing demand for renewable energy resources. The Framework Agreement was approved last fall and formally signed on March 14, 2007. Under the agreement, a Crisis Management Center was formed, operated by the FAO in close collaboration with the World Organization for Animal Health (OIE) and located in Rome. It provides animal disease analysis and deploys international resources to prevent and contain animal diseases. The center is currently focused on highly pathogenic H5N1 avian influenza, which continues to spread in parts of the world. Three USDA specialists are currently assigned to the center. For more information, please visit http://www.usda.gov/wps/portal/!ut/p/ s.7_0_A/7_0_10B?contentidonly=true&contentid=2007/03/0064.xml.
- On March 21, 2007, WHO officials will propose new ideas about producing H5N1 avian influenza vaccines to Asian health ministers next week in Jakarta in the hope of resolving an impasse with Indonesia over sharing of virus samples. The WHO said it would press pharmaceutical companies to expand vaccine manufacturing in developing nations to lower the cost of the vaccines to those countries. In early February, Indonesia announced it would stop sharing H5N1 samples with the WHO because the government believes it is unfair for foreign countries to use the samples to develop vaccines that poor nations can't afford. The country also signed a memorandum of understanding with US vaccine producer Baxter International that laid the groundwork for future collaborations or supply agreements. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/mar2107indonesia.html>.

Seasonal Influenza: New



Illustration Credit:
CDC

From March 4, 2007 to March 10, 2007, widespread seasonal influenza activity was reported by nineteen states (Alabama, Alaska, Colorado, Connecticut, Delaware, Georgia, Indiana, Kentucky, Montana, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Texas, Vermont, Virginia and Washington); regional activity was reported by twenty-three states (Arizona, Arkansas, California, Hawaii, Idaho, Illinois, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Mexico, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Utah, Wisconsin and Wyoming); local activity was reported by New York City, the District of Columbia, and four states (Florida, Louisiana, Maryland and Mississippi); sporadic activity was reported by three states (Missouri, Rhode Island and West Virginia); and no report was received from Nebraska. For more information, please visit <http://www.cdc.gov/flu/weekly/>.

HHS Launches New Online Toolkit for Medical Responses to Radiation Emergencies: **Updated**

On March 8, 2007, HHS launched its new online toolkit for medical responses to radiation emergencies. This toolkit is designed for healthcare providers, primary physicians, who may have to provide medical care during a radiation incident. The toolkit includes procedures for diagnosis and management of radiation contamination and exposure, guidance for the use of radiation medical countermeasures and a variety of other features to facilitate medical responses. Please visit the radiation event medical management website at <http://remm.nlm.gov>.

Responding to a Radiological Event Training for the First Responder – April 3 and 4, 2007: **Updated**

The State of Connecticut Department of Public Health will host a "Responding to a Radiological Event Training for the First Responder" on April 3 and 4, 2007 in Norwich, CT. This two-day course will include hands-on interactive training along with conventional lecture format. Topics to be addressed include; radiation basics, including types and characteristics of radiation, exposure and radiation measurement, personal protective equipment, physiological and psychological effects of radiation, biodosimetry, radioactive sources both natural and man-made, instrumentation types and limitations, site protocols for responding to an incident or investigating a site, communications, and radiological terrorism. This course is offered free of charge and is geared towards first responders in police, fire and emergency medical service organizations. For more information, please visit http://www.ynhhs.org/emergency/commu/CT_DP_H_Trainingfora1stResponder.pdf.

Questions or Comments

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



The National Alliance for Training Health Care for Emergency Response: **New**

The National Alliance for Training Health Care for Emergency Response (NATHCER) is a national program funded through the federal Health Resources and Services Administration (HRSA) that is developing, pilot testing and evaluating training programs available to community-based healthcare providers around the nation that will better prepare them for responding to a large-scale disaster or emergency. NATHCER is modeled on YNH-CEPDR's current HRSA-funded New England Partnership for Healthcare Emergency Response Education and Training (NEPHERET), which has successfully delivered emergency preparedness education and training to more than 22,000 healthcare workers. As with NEPHERET, the key to the success of NATHCER is the network of partners around the country that YNH-CEPDR has cultivated and enlisted to participate including the Primary Care Development Corporation of New York City (NY), Health First Health Care System (FL), Mayo Clinic (MN), University of Arkansas for Medical Sciences (AR), Oregon Health and Science University (OR), the Joint Commission and others covering all ten FEMA regions. NATHCER is piloting two of YNH-CEPDR's introductory level courses – Introduction to Emergency Management with NIMS (EM 103 NIMS) and Best Practices for the Protection of Hospital Based First Responders (EM 120) - to demonstrate its ability to deliver competency-based training on a national scale that can be customized to address local and regional uniquenesses and evaluate the effectiveness of that training through drills and exercises. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

The National Center for Integrated Domestic Disaster Medical Response and Homeland Defense: **New**

The National Center for Integrated Domestic Disaster Medical Response represents a unique partnership between YNH-CEPDR and the United States Northern Command (USNORTHCOM) with the purpose of enhancing the coordination and integration of civilian and military healthcare personnel in providing a medical response to an emergency or disaster event. The need for such integration and coordination was underscored by the responses to Hurricanes Katrina and Rita and other recent national and international disasters. In collaboration with US NORTHCOM, YNH-CEPDR is conducting activities that support integration among civilian and military medical responders including education and training, drills and exercises, development of simulations for enhanced training and integrated civilian-military surge capacity strategies. An important component of the National Center will be the development of a secure repository of best practices for healthcare-related emergency preparedness and response gleaned from both civilian and military experts. Through a secure web site, subscribers will have access to the best information available on topics such as medical surge capacity, clinical protocols and emergency management planning. This sharing of information, whether through the web site or through face-to-face interactions, is vital to the development of a truly integrated, comprehensive response. For more information, please contact Elaine Forte at (203) 688-3391 or elaine.forte@ynhh.org.



Introduction to Radiological Response (EM 110): **New**

YNH-CEPDR has developed **Introduction to Radiological Response (EM 110)**, a 30-minute narrated 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 or 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 planned for release in the spring of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Education and Training Services: **Updated**

YNH-CEPDR is committed to developing and delivering services that advance healthcare planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other healthcare 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 more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

Education and Training: **Updated**



Best Practices for the Protection of Healthcare-Based First Receivers (EM 120) is available at

<http://ynhhs.emergencyeducation.org/>. EM 120 is aligned with the Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. Sample 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 and planned for release in April. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Emergency Credentialing Program: **New**



On March 5, 2007, Joe Filakovsky, RN, MSN joined YNH-CEPDR as the new Emergency Credentialing Program (ECP) Coordinator. In his new role and on behalf of the State of Connecticut Department of Public Health, Joe will be assuming complete responsibility for the continued development and implementation of the ECP program and will work closely with Carol Luddy to ensure a smooth program transition. Joe has a distinguished and lengthy tenure in inpatient critical care and nursing education. Building upon his Advance Practice Registered Nurse (APRN) credential, Joe is currently a doctoral candidate at Case Western University and will bring a wealth of practical healthcare experience to the ECP role at YNH-CEPDR.

At the time of an event, the volunteer database will be available in "real-time" mode using the internet. User training is being scheduled with each hospital's ECP program contacts. Hospitals are strongly encouraged to have at least two individuals attend the training session. The process for allowing quarterly download of the entire volunteer database using FileMaker™ is under development. Each hospital should designate at least two individuals who will have responsibility for managing the database and the volunteer process during a large scale disaster or public health emergency. For additional information about this transition of responsibilities, please contact Carol Luddy at carol.luddy@ynhh.org or by phone at (203) 688-5544.

Invitation to participate in APHL Teleconference "LRN Sentinel Laboratory Definition and Certificate Guidance" – April 12, 2007: **Updated**



Dr. Kati Kelley, Director of the State of Connecticut Public Health Laboratory has issued an invitation to all of Connecticut sentinel laboratories to participate in an upcoming teleconference hosted by the APHL (Association of Public Health Laboratories). APHL is convening this program on Thursday, April 12, 2007 from 3:30 p.m. to 5:00 p.m. to discuss the LRN Joint Leadership Council approved definition of Sentinel clinical laboratories. Speakers will include Dr. Norm Crouch from the Minnesota Department of Health and Dr. Jim Snyder from the American Society of Microbiology. Additionally, APHL will be addressing new collaborations with the College of American Pathologists (CAP) to develop and implement a robust proficiency test for sentinel laboratories. The course is free, but APHL is requesting that participants register via netForum in order to track participation. For more information, please visit http://www.ynhhs.org/emergency/commu/CT-LRN_March2007.pdf.

Education and Training: **Updated**



Best Practices for the Protection of Healthcare-Based First Receivers, Operations Level (EM 220) is a four-hour online course followed by a four-hour hands-on training. EM 220 is designed to advance healthcare workers from the awareness level to the operations level of training for hospital-based decontamination teams. Prior to enrolling in this operations-level course, participants are required to have successfully completed the awareness-level course, EM 120. EM 220 is recommended for healthcare workers with roles in their facility's decontamination process including medical practitioners (MD/DO, PA, NP), nurses (RN, LPN), allied health (ED techs, nurses aides, etc.), maintenance staff, environmental services staff, facilities staff, engineering staff, security and outside contractors. This course prepares healthcare workers to identify possible risks associated with unannounced patients and to fulfill specific roles in the decontamination process and trains healthcare workers to properly use protective equipment. This course adheres to Occupational Health and Safety Administration (OSHA) Standard 29 CFR 1910.120 and the Best Practices for Hospital-Based First Receivers of Patients, which was a result of the OSHA revisions of February 2005 to address the concerns of hospital responders. EM 220 is planned for release in March. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Education and Training: Updated

- Introduction to Emergency Management with NIMS (EM 103 w/NIMS) and Incident Command Systems for Healthcare (EM 140 w/NIMS) have been approved as compliant by the Department of Homeland Security (DHS) National Incident Management System (NIMS) Integration Center (NIC). These courses are cost-effective, time-efficient and provide a healthcare-focused alternative to required FEMA courses. Together, EM 103 w/NIMS and EM 140 w/NIMS have been approved by the DHS NIC as meeting the required objectives of IS 100, IS 200, IS 700 and IS 800 for healthcare organizations. To access these courses, please visit <http://ynhhs.emergencyeducation.org/>. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.



Introduction to Emergency Management with NIMS (EM 103 w/NIMS) is available at <http://ynhhs.emergencyeducation.org/>. Yale New Haven Health System employees should access via the learning management system at <http://cmecourses.com/ynhh/>. EM 103 w/NIMS has been **certified by the DHS NIMS Integration Center** as meeting the required objectives of IS 100, IS 700 and IS 800 for healthcare organizations and provides awareness-level emergency preparedness training for the healthcare delivery workforce. 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. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.



Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 w/NIMS) is a 50-minute course which offers an introduction to ICS for healthcare workers and is available at <http://ynhhs.emergencyeducation.org/>. Yale New Haven Health System employees should access via the learning management system at <http://cmecourses.com/ynhh/>. EM 140 w/NIMS has been **certified by the DHS NIMS Integration Center** as meeting the required objectives of IS 200, IS 700 and IS 800 for healthcare organizations. 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. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Safe and Resilient Hospitals; Preparing for the Next Disaster: Updated

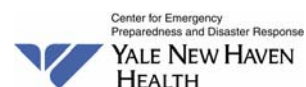


How well do you think your hospital would withstand a large-scale disaster? Would you be able to continue to fulfill your mission to provide ongoing healthcare to your community, or would your organization be yet another victim of the disaster? How does one define a "Prepared/Resilient Hospital", and what are some approaches that hospitals can take to become prepared?

Work has begun through various groups around the world to define guidelines and associated benchmarks for various aspects of healthcare emergency preparedness. However, much remains to be done to provide healthcare organizations with consistent and practical tools that can be used to objectively measure their level of preparedness, regardless of location, culture and population. Equally important is developing recommendations and flexible solutions that can be readily implemented by organizations of various sizes and with other unique characteristics to address identified preparedness gaps and incorporate evidence-based, best practices learned from disaster research. **As an experienced healthcare leader, you will want to be a part of this international benchmarking and implementation process.**

Please join Joint Commission International, the Pan American Health Organization and the Yale New Haven Center for Emergency Preparedness and Disaster Response at the 15th World Congress for Disaster and Emergency Medicine as we lead a two-day working session focused on: (1) reaching consensus on 5 key hospital emergency preparedness guidelines; (2) developing a framework for meeting those guidelines through the identification of measurable benchmarks; (3) identifying evidence-based, best practice approaches to guide healthcare preparedness activities; and (4) establishing a process to engage healthcare delivery experts in benchmarking for emergency preparedness. The work completed by the workshop participants will be published and your participation cited.

Register for the Congress and this unique workshop at http://www.ynhhs.org/emergency/hospital_prepared.pdf and receive the early bird discount! More information on the Congress may be found at www.wcdem2007.org. Don't miss this opportunity. Register today!



UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
4.4.07	1:00 to 2:00 p.m.	NEPHERET WebEx Session	To join this WebEx session, please contact YNH-CEPDR Rebecca Chestnutt at rebecca.chestnutt@ynhh.org or (203) 688-2656.
4.12.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
4.12.07	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association

UPCOMING

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
3.27.07	11:00 p.m. to 12:30 p.m.	Bombs, Explosions and Preparedness: A New Role for Public Health and First Responders <i>Sponsored by the Alabama Department of Public Health</i>	To register for this call, please visit http://www.adph.org/alphnt/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252 .
4.3.07 and 4.4.07	8:30 a.m. to 4:00 p.m.	Responding to a Radiological Event Training for the First Responder <i>Sponsored by the State of Connecticut Department of Public Health</i>	For more information, please visit http://www.ynhhs.org/emergency/commu/CT_DPH_Trainingfora1stResponder.pdf .
4.12.07	3:30 p.m. to 5:00 p.m.	APHL Teleconference "LRN Sentinel Laboratory Definition and Certificate Guidance" <i>Sponsored by the State of Connecticut Public Health Laboratory</i>	For more information, please visit http://www.ynhhs.org/emergency/commu/CT-LRN_March2007.pdf .

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

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