

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 5, Issue 14 | April 5, 2007

ELEVATED THREAT LEVEL

## HICS IV Workshop- June 5, 2007 and June 11, 2007: **New**



The Hospital Incident Command System (HICS) was recently updated to its fourth version by the California Emergency Medical Services Authority. The update ensures compliance with the National Incident Management System (NIMS). This workshop will take place on June 5, 2007 from 8:00 a.m. to 10:00 a.m. or June 11, 2007 from 2:00 p.m. to 4:00 pm at the Connecticut Hospital Association. The workshop program will highlight what is new with the Hospital Incident Command System (HICS IV), detail the changes to the organizational

chart, job action sheets and forms as well as provide an overall context for implementation of HICS IV. Program participants will receive a copy of a HICS IV Quick Reference Manual. To register for this workshop, please download the PDF, <http://www.yalenevhealth.org/emergency/HICSIVBrochure-Final.pdf>, and email, fax or mail your registration. Please contact Samantha Kopp at [samantha.kopp@ynhh.org](mailto:samantha.kopp@ynhh.org) or (203) 688-2563 or Kimberly Spaulding at [kimberly.spaulding@ynhh.org](mailto:kimberly.spaulding@ynhh.org) or (203) 688-4482 with any questions or concerns.

## Invitation to participate in APHL Teleconference - April 12, 2007

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](http://www.ynhhs.org/emergency/commu/CT-LRN_March2007.pdf).

## Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of April 2, 2007, is 288 cases and 170 deaths.

- On March 28, 2007, Hong Kong officials concluded that a baby girl who was recently infected with H9N2 avian influenza, a strain believed to have pandemic potential, caught the virus at a bird market that she visited several times with her family. A 9-month-old girl who was hospitalized with respiratory symptoms twice in recent weeks tested positive for an H9N2 infection March 20. The girl had only a mild illness but was treated in isolation at Princess Margaret Hospital. Dr. Thomas Tsang, controller of the Hong Kong Centre for Health Protection, said tests had ruled out the possibility of human-to-human transmission in the girl's case. Dr. Tsang also said tests on respiratory specimens from a healthcare worker and three children who were in the same hospital cubicle with the baby in early March tested negative for H9 viruses, and her family had no symptoms. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/mar2807h9n2.html>.
- The CDC has updated its timeline of H5N1 major events. This document begins November 2003 to March 2007. To download this PDF document, please visit [http://www.who.int/csr/disease/avian\\_influenza/Timeline\\_2007\\_03\\_20.pdf](http://www.who.int/csr/disease/avian_influenza/Timeline_2007_03_20.pdf).
- On April 2, 2007, the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institute of Health (NIH) awarded \$23 million per year for seven years to establish six Centers of Excellence for Influenza Research and Surveillance. Collectively, the centers will expand NIAID's influenza surveillance program internationally and in the United States, and will bolster influenza research in key areas, including understanding how the virus causes disease and how the human immune system responds to infection with the virus. The goal of the newly created centers is to provide the federal government with important information to inform public health strategies for controlling and lessening the impact of seasonal influenza as well as an influenza pandemic. To read this release in full, please visit <http://www.nih.gov/news/pr/apr2007/niaid-02.htm>.



A network of clinical researchers is about to begin testing whether doubling the standard dosage of oseltamivir (Tamiflu) will help patients overcome either the H5N1 avian influenza or severe seasonal flu. Researchers in Indonesia, Thailand, Vietnam and the United States hope to enroll up to 400 patients over the next two years and treat them with either the standard regimen or twice that amount for up to ten days. The trial will be run by the Southeast Asia Influenza Clinical Research Network, a multinational partnership launched about a year and a half ago. H5N1 disease in humans is fatal about 60% of the time, and experts have been suggesting for some time that higher doses of the antiviral drug might give patients a better chance of surviving. The results of the trial could affect not only recommendations for use of the drug, but also government decisions about how much of it to stockpile for use in a flu pandemic. Oseltamivir is considered the first-line treatment for H5N1 patients. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/mar2907tamiflu.html>.

### INSIDE THIS ISSUE

2 Pediatric Disaster Training

2 Tsunami Smashes into the Solomon Islands

3 April is Volunteer Month

3 Recently Published Radiation Articles

4 EM 220 Beta-tested

6 Upcoming Training and Education



## National Public Health Week –

April 2-8, 2007: **New**

National Public Health Week is taking place from April 2<sup>nd</sup> through the 8<sup>th</sup> 2007. The theme of the 12th Annual National Public Health Week is "Preparedness and Public Health Threats." CDC, the American Public Health Association (APHA), and hundreds of partner organizations will encourage Americans to prepare effectively for public health threats, from bioterrorism and natural disasters to disease outbreaks. For more information, please visit <http://www.bt.cdc.gov/nphw2007.asp>.

## Bombings: Injury Patterns and Care –

April 24, 2007: **New**

On April 24, 2007, from 1:00 to 2:00 p.m. the CDC will sponsor a conference call on "Bombings: Injury Patterns and Care." The goal of this call is to cover the unique knowledge and skills required to effectively respond to a mass casualty explosive or bombing event. The content can be integrated into existing materials or taught as a stand-alone course. The reviews includes the uniqueness of blast injury, including blast physics; the most common types of blast injuries; and, the appropriate treatment (prehospital and initial hospital) for injuries that result from blasts. For more information, please visit [http://www.bt.cdc.gov/coca/callinfo.asp?s\\_cid=cu040207\\_coca1\\_r\\_e](http://www.bt.cdc.gov/coca/callinfo.asp?s_cid=cu040207_coca1_r_e).

## Pediatric Disaster Assistance Toolkit (PDAT) Training –

May 8, 2007

On Tuesday, May 8, 2007 from 11:00 a.m. to 12:00 p.m., James F. Wiley II MD, MPH will be conducting a Pediatric Disaster Assistance Toolkit (PDAT) training in Wallingford, CT. The PDAT is a resource to assist general hospitals in their evaluation and treatment of pediatric victims of a critical incident involving chemical, biological or radiological weapons. Each acute care hospital has received the first installment of their Pediatric Disaster Toolkit as of January 6, 2007. The purpose of this 1-hour presentation is to introduce participants to the components of the PDAT, identify the intended end user of each component and provide direction and additional resources for the participants to integrate the PDAT into their hospital's Emergency Operations Plan and emergency preparedness education. Ample time for questions will be provided. The target audience includes hospital emergency preparedness planners and hospital clinical educators. For more information, please contact Dr. Wiley at (860) 545-9195 or [jwiley@ccmckids.org](mailto:jwiley@ccmckids.org).

## Avian Influenza: **New**

In two articles in the April 2007 edition of *Proceedings of the National Academy of Sciences*, results of systematic analyses of historical data to determine the effectiveness of public health measures in 1918 are discussed. The first of the two studies, conducted by a team of researchers from NIAID, the Department of Veterans Affairs, and the Harvard School of Public Health, looked at nineteen different public health measures that were implemented in seventeen US cities in the autumn of 1918. The second study, undertaken at Imperial College London, looked at sixteen US cities for which both the start and stop dates of interventions were available. Cities where public health officials imposed multiple social containment measures within a few days after the first local cases were recorded cut peak weekly death rates by up to half compared with cities that waited just a few weeks to respond. Overall mortality was also lower in cities that implemented early interventions, but the effect was smaller. Nonpharmaceutical interventions may limit the spread of the virus by imposing restrictions on social gatherings where person-to-person transmission can occur. To read this summary in full, please visit <http://www3.niaid.nih.gov/news/newsreleases/2007/fluresponse.htm>.

## Seasonal Influenza: **New**

From March 18, 2007 to March 24, 2007, influenza activity continued to decrease in the United States. Currently, widespread activity was reported by twelve states (Alaska, Colorado, Connecticut, Delaware, Hawaii, Kentucky, Montana, New Hampshire, New York, Ohio, Vermont and Virginia); regional activity was reported by seventeen states (Arkansas, Georgia, Idaho, Maine, Maryland, Massachusetts, Michigan, New Jersey, New Mexico, North Carolina, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Washington and Wyoming); local activity was reported by New York City and eleven states (Alabama, Arizona, California, Florida, Illinois, Nebraska, Nevada, North Dakota, Oklahoma, South Dakota and Wisconsin); sporadic activity was reported by the District of Columbia and nine states (Indiana, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Oregon, Rhode Island and West Virginia); and no report was received from Iowa. For more information, please visit <http://www.cdc.gov/flu/weekly/>.

## Tsunami Smashes into the Solomon Islands: **New**



On April 2 2007, a wall of water 30 feet high struck the island of Choiseul and swept a third of a mile inland, while smaller but still destructive waves surged ashore elsewhere in the western part of the impoverished archipelago, causing widespread damage and driving thousands from their homes. The tsunami was triggered by an 8.1 earthquake that struck shortly after 7:39 a.m. on April 2<sup>nd</sup>, six miles beneath the sea floor, about twenty-five miles from Gizo and 215 miles northwest of the Solomon Island capital of Honiara. The earthquake was the strongest in the Solomon Islands in more than three decades. Tsunami alarms from Tokyo to Hawaii were set-off and beaches closed along the east coast of Australia more than 1,250 miles away. The Solomon Islands Red Cross said there are twenty-eight confirmed deaths, about 2,000 of Gizo's residents were left homeless and that about 500 houses in the town were destroyed. Intestinal illness has broken out in the camps housing the homeless and there is little food or water to drink. For more information, please visit [http://www.wral.com/news/national\\_world/world/story/1257349](http://www.wral.com/news/national_world/world/story/1257349) and [http://www.wral.com/news/national\\_world/world/story/1259909/](http://www.wral.com/news/national_world/world/story/1259909/).

## World Health Day 2007



World Health Day took place worldwide to discuss the needs of healthcare in communities. The Pan American Health Organization (PAHO) and the World Health Organization (WHO) hosted a conference in Washington, DC on Tuesday April 2<sup>nd</sup> to April 3<sup>rd</sup>. This year's theme focused on worldwide health security and on the capacities that countries need to acquire to detect and to respond to public health threats. Threats such as emerging and re-emerging diseases, national disasters, accidental or intentional releases of biological, radiological agents and more were discussed. Kelly A. Martens, Dr. H.S., PAC, from the Yale New Haven Center for Emergency Preparedness and Disaster Response, attended this important event. For more information, please contact Dr. Martens at (203) 688-3224 or [kelly.martens@ynhh.org](mailto:kelly.martens@ynhh.org) or visit <http://www.paho.org/English/DD/PIN/whd07.htm>.

## April is Volunteer Month:

### New



Planning for the eventuality of a future devastating event is an ongoing process in hospitals and healthcare agencies across the state.

During April, National Volunteer Month, it is particularly important to recognize and acknowledge the critical role that our colleagues who have enrolled in the Emergency Credentialing Program (ECP) or in the Medical Reserve Corps at Yale New Haven (MRC-YNH will play in facilitating our capacity to provide care for existing patients as well as for those who turn to hospitals and healthcare agencies for care as a result of injuries incurred at the time of the event.

In addition to developing a plan to address a surge in the need for patient care beds, supplies and equipment, all emergency management plans should include a strategy for increasing the number of healthcare professionals that are available to provide essential care during a sudden or unexpected surge in patient volume. Integration of professional time and expertise offered by volunteers enrolled and pre-qualified through the ECP or the Medical Reserve Corps at Yale New Haven ([www.mrc-ynh.org](http://www.mrc-ynh.org)) should be part of that plan. Please take a moment to share program information with your colleagues and encourage them to visit [www.ct-esar-vhp.org](http://www.ct-esar-vhp.org) for more information and for easy online enrollment.

## The Medical Reserve Corps

While healthcare organizations assist special populations every day, it is important to remember how a disaster situation can make it difficult to serve these populations effectively. Seniors are one of the most vulnerable populations. There are some things that older people, who live in their own homes and are on their own, can do for themselves to be prepared for any event:

- Buddy up with a friend. Check on each other on a daily basis especially during a disaster.
- Keep a list of your current medications. If you have to be evacuated, put all your medicine bottles in a brown paper bag, labeled with your name.
- Learn the evacuation plan for your town.
- Have a battery powered radio or walkie-talkie available. These are relatively inexpensive and widely available.

Join the Medical Reserve Corps today at [www.mrc-ynh.org](http://www.mrc-ynh.org) and learn about personal and family preparedness. To schedule a talk for your group contact Eugenie Schwartz, RN, BSN, MHA at [eugenie.schwartz@ynhh.org](mailto:eugenie.schwartz@ynhh.org) or (203) 688-2659.

## RECENTLY PUBLISHED RADIATION ARTICLES:

### New

## Multivariate analysis of low-dose radiation-associated changes in cytokine gene expression profiles using microarray technology



Dr. Albanese

In the same issue of *Experimental Hematology* [volume 35 (suppl 1): pages 47 -54], in their article entitled "Multivariate analysis of low-dose radiation-associated changes in cytokine gene expression profiles using microarray technology", Drs. Albanese, Martens, Karkanista and Dainiak describe changes in gene expression by low-level radiation observed among Belarusians exposed to radioactivity from the Chernobyl nuclear power plant catastrophe. They propose that these alterations in gene expression may potentially serve as biomarkers to detect irradiated individuals in a variety of low-level radiation exposure scenarios. To read this article, please visit [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=citation&list\\_uids=17379082&query\\_hl=3&itool=pubmed\\_docsum](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=citation&list_uids=17379082&query_hl=3&itool=pubmed_docsum). For more information, please contact Dr. Joseph Albanese at (203) 688-3316 or [joseph.albanese@ynhh.org](mailto:joseph.albanese@ynhh.org).

## Relevance and feasibility of multi-parameter assessment for management of mass casualties from a radiological event

Knowledge of radiation dose absorbed by an individual overexposed to ionizing radiation may be used to predict medical outcome and make informed decisions regarding the patient's course of treatment. In a publication appearing in April's issue of *Experimental Hematology* [volume 35 (suppl 1): pages 17-23], entitled "Relevance and feasibility of multi-parameter assessment for management of mass casualties from a radiological event", Drs. Dainiak, Berger and Albanese advocate that in addition to clinical signs and symptoms, biodosimetric data, based on chromosomal aberrations, provides the clinician with additional critical information that may be used not only in determining prognosis and directing the medical management of radiation victims, but also in forensic investigation. The paper also discusses the practicability of augmenting laboratory surge capacity through training of clinical laboratory professionals to assist with sample preparation for biodosimetric evaluation in the event of a large-scale radiological incident. To read this article, please visit [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=citation&list\\_uids=17379082&query\\_hl=3&itool=pubmed\\_docsum](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=citation&list_uids=17379082&query_hl=3&itool=pubmed_docsum). For more information, please contact Dr. Joseph Albanese at (203) 688-3316 or [joseph.albanese@ynhh.org](mailto:joseph.albanese@ynhh.org).

## Respirator Donning in Post-Hurricane

### New Orleans: New

In an article in the May 2007 edition of *Emerging Infectious Disease Journal*, the correctness of N95 FF respirator donning by the public in post-hurricane New Orleans, where respirators were recommended for mold remediation was evaluated. The research evaluation team randomly selected, interviewed and observed 538 participants. Only 129 (24%) participants demonstrated proper donning. Errors included nose clip not tightened (71%) and straps incorrectly placed (52%); 22% put on the respirator upside down. The protection of a certified respirator depends on its fit and in post-hurricane New Orleans public concern about adverse health effects from exposure to mold was high. However, this evaluation demonstrated that despite the high level of motivation, most participants did not properly don an N95 FF respirator. Interventions to improve respirator donning should be considered in planning for influenza epidemics and disasters. To read this evaluation in full, please visit <http://www.cdc.gov/eid/content/13/5/06-1490.htm>.

## The Preparedness Report Survey: New

Thank you for your tremendous response to the Preparedness Report survey. Your comments revealed a diversity of needs and information. Over the next coming weeks, your feedback will be incorporated into the Preparedness Report so that it will continue to be a valuable information tool for you and your organization.

## Collaboration with CAP and CDC leads to revisions and improvements to the CAP Laboratory Preparedness Survey (LPS)

Sentinel laboratories as well as the State of Connecticut Department of Public Health Bioterrorism Laboratory and their partner LRN laboratories across the nation have expressed concerns about the (now) former CAP LPS and the inability of this assessment to truly test the preparedness of sentinel clinical laboratories. To address those concerns, in collaboration with CDC's Division of Bioterrorism Preparedness and Response, APHL signed a memorandum of agreement with the CAP to improve the LPS. For more information, please visit [http://www.ynhhs.org/emergency/commu/CAP\\_LPS\\_March07.pdf](http://www.ynhhs.org/emergency/commu/CAP_LPS_March07.pdf). For questions, please call Virginia Kristie, MT ASCP at (860) 545-1213 or [vkristie@harthosp.org](mailto:vkristie@harthosp.org).

## YNH-CEPDR Services

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](mailto:scott.selig@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](mailto:center@ynhh.org)  
[www.yalenehavenhealth.org/emergency](http://www.yalenehavenhealth.org/emergency)

## Best Practices for the Protection of Healthcare-Based First Receivers, Operations Level (EM 220) Practical Portion Beta-Tested: **New**



### **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 has been successfully beta-tested and is scheduled for implementation in early May. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

- On March 30, 2007, twelve Yale New Haven Health System employees participated in the **Best Practices for the Protection of Healthcare-Based First Receivers, Operations Level (EM 220)** beta-test of the practical portion of the 8-hour course. The practical lasted four hours and trained participants on hazard vulnerability analysis, risk assessment, donning and doffing of personal protective equipment and victim decontamination. Program evaluations indicated that this program was well received by all the participants. A live launch of the entire program, both online and practical portions, is scheduled for May 2007. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

## Department of Homeland Security: **New**



On April 2, 2007, the Department of Homeland Security (DHS) released interim final rule that imposes federal security regulations for high risk chemical facilities. DHS will require owners of chemical facilities housing certain quantities of specified chemicals to complete a preliminary screening assessment that determines the level of risk associated with the facility. If a chemical facility preliminarily qualifies as high risk, owners will be required to prepare and submit a security vulnerability assessment and site security plan. "The safety and security measures that we take need to be tough and balanced," said Homeland Security Secretary Michael Chertoff. "We will significantly reduce vulnerability at high-consequence chemical facilities, taking into account important efforts in certain states." To read this release in full, please visit [http://www.dhs.gov/xnews/releases/pr\\_1175527925540.shtm](http://www.dhs.gov/xnews/releases/pr_1175527925540.shtm).

- On March 27, 2007, the Department of Homeland Security awarded \$34.6 million in equipment and training to first responders across the nation as a part of the fiscal year 2006 Commercial Equipment Direct Assistance Program (CEDAP). DHS awarded more than 2,000 direct assistance grants to ensure that law enforcement and emergency responders receive specialized equipment and training to meet their homeland security mission. CEDAP offers equipment for personal protection; thermal imaging, night vision, and video surveillance tools; chemical and biological detection tools; information technology and risk management tools; and interoperable communications equipment. For more information, please visit [http://www.dhs.gov/xnews/releases/pr\\_1175027617227.shtm](http://www.dhs.gov/xnews/releases/pr_1175027617227.shtm).

## Education and Training

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. An online version of EM 110 is scheduled for release late summer 2007 and 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](mailto:mark.schneider@ynhh.org).

## Education and Training

- **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 meets the Joint Commission and FEMA 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](mailto: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 meets FEMA 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](mailto:mark.schneider@ynhh.org).

## Education and Training

**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](mailto:mark.schneider@ynhh.org).

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

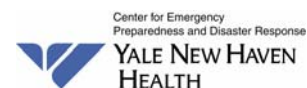


How well do you think your hospital would withstand a large-scale disaster? Would you be able to continue to fulfill your mission to provide ongoing healthcare to your community, or would your organization be yet another victim of the disaster? How does one define a "Prepared/Resilient Hospital", and 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 15<sup>th</sup> 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 at [http://www.ynhhs.org/emergency/hospital\\_prepared.pdf](http://www.ynhhs.org/emergency/hospital_prepared.pdf). More information on the Congress may be found at [www.wcdem2007.org](http://www.wcdem2007.org). Don't miss this opportunity. Register today!



## Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
4.10.07	10:00 a.m. to 1:00 p.m.	NATHCER Exercise, Rochester MN <i>Sponsored by YNH-CEPDR</i>	For more information please contact YNH-CEPDR Deanna Bourgeault at <a href="mailto:deanna.bourgeault@ynhh.org">deanna.bourgeault@ynhh.org</a> .
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.	Regions 1, 2 and 5 Hospital Meeting	Connecticut Hospital Association
4.24.07 to 4.25.07	8:00 a.m. to 4:30 p.m. 8:00 a.m. to 5:00 p.m.	2007 PRSA Military and Public Safety Section Conference Pandemic Flu: Keeping Public Confidence High When All Hell Breaks Loose	Mesa, AZ For more information, please visit <a href="http://www.prsa.org/networking/sections/mps/2007%20Conference.html">http://www.prsa.org/networking/sections/mps/2007%20Conference.html</a> .
5.1.07	9:00 a.m. to 2:00 p.m.	NATHCER Advisory Board Meeting	Dallas, TX For more information please contact YNH-CEPDR Deanna Bourgeault at <a href="mailto:deanna.bourgeault@ynhh.org">deanna.bourgeault@ynhh.org</a> .
6.12.07	1:00 TO 2:00 p.m.	NEPHERET WebEx Session	To join this WebEx session, please contact YNH-CEPDR Rebecca Chestnutt at <a href="mailto:rebecca.chestnutt@ynhh.org">rebecca.chestnutt@ynhh.org</a> or (203) 688-2656.

## Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
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 <a href="http://www.ynhhs.org/emergency/commu/CT-LRN_March2007.pdf">http://www.ynhhs.org/emergency/commu/CT-LRN_March2007.pdf</a> .
4.24.07	1:00 p.m. to 2:00 p.m.	Bombings: Injury Patterns and Care  <i>Sponsored by the CDC</i>	For more information, please visit <a href="http://www.bt.cdc.gov/coca/callinfo.asp?s_cid=ccu040207_coca1_r_e">http://www.bt.cdc.gov/coca/callinfo.asp?s_cid=ccu040207_coca1_r_e</a> .
4.26.07	1:00 p.m. to 2:30 p.m.	Hospitals, Treatment Centers and Public Health: Partners in Emergency Planning and Response  <i>Sponsored by the CDC</i>	For more information, please visit <a href="http://www2.cdc.gov/PHTN/treatmentcenters/default.asp">http://www2.cdc.gov/PHTN/treatmentcenters/default.asp</a> .
5.8.07	11:00 a.m. to 12:00 p.m.	Pediatric Disaster Assistance Toolkit (PDAT) Training	For more information, please contact Dr. Wiley at (860) 545-9195 or <a href="mailto:jwiley@ccmckids.org">jwiley@ccmckids.org</a> .

FOR MORE INFORMATION, PLEASE CONTACT:

<p><b>Christopher M. Cannon</b> National Director (203) 688-3224 <a href="mailto:christopher.cannon@ynhh.org">christopher.cannon@ynhh.org</a></p>	<p><b>Elaine Forte</b> Deputy Director (203) 688-3391 <a href="mailto:elaine.forte@ynhh.org">elaine.forte@ynhh.org</a></p>	<p><b>Louise-Marie Dembry, MD</b> Associate Medical Director (203) 688-4634 <a href="mailto:louise-marie.dembry@ynhh.org">louise-marie.dembry@ynhh.org</a></p>	<p><b>Mark Schneider</b> Program Manager, Education and Training (203) 688-2577 <a href="mailto:mark.schneider@ynhh.org">mark.schneider@ynhh.org</a></p>
<p><b>James Paturas</b> Deputy Director (203) 688-3496 <a href="mailto:james.paturas@ynhh.org">james.paturas@ynhh.org</a></p>	<p><b>Anthony Tomassoni, MD</b> Medical Director (203) 688-3224 <a href="mailto:anthony.tomassoni@ynhh.org">anthony.tomassoni@ynhh.org</a></p>	<p><b>Carol Luddy, RN</b> <b>Joe Filakovsky, APRN, MSN</b> ECP Coordinators (203) 688-5544 <a href="mailto:carol.luddy@ynhh.org">carol.luddy@ynhh.org</a></p>	<p><b>Scott Selig</b> Program Manager, Network Development (203) 688-2587 <a href="mailto:scott.selig@ynhh.org">scott.selig@ynhh.org</a></p>

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

One Church Street, 5<sup>th</sup> Floor • New Haven, CT 06510 • Tel. (203) 688-3224 • Fax (203) 688-4618  
[center@ynhh.org](mailto:center@ynhh.org) • [www.yalenehavenhealth.org/emergency](http://www.yalenehavenhealth.org/emergency)