

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

## HICS IV Workshop- June 5, 2007 and June 11, 2007



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.yalenewhavenhealth.org/emergency/HICSI/Brochure-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.

## Dennis R. Schrader nominated as Deputy Administrator for National Preparedness: **New**



Dennis R. Schrader

On April 4, 2007 Dennis R. Schrader was nominated by President Bush to be the Deputy Administrator for National Preparedness, Federal Emergency Management Agency (FEMA) at the Department of Homeland Security (DHS). National Preparedness focuses on policy, contingency planning, exercise coordination and evaluation, emergency management

training and hazard mitigation. National Preparedness oversees two divisions: Readiness, Prevention and Planning (RPP) and the NIMS Integration Center (NIC). To read this release in full, please visit [http://www.dhs.gov/xnews/releases/pr\\_1175785210650.shtm](http://www.dhs.gov/xnews/releases/pr_1175785210650.shtm).

## Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of April 10, 2007, is 291 cases and 171 deaths.

- The US Department of Health and Human Services (HHS) and the CDC have developed a travel industry pandemic influenza planning checklist. This checklist can be used for businesses in the travel industry including air, rail, bus and cruise lines. Planning and coordinating with public health and emergency management agencies at the local, state, national and international levels are critical for implementation. This checklist identifies important steps that businesses in the travel industry can take to prepare for an influenza pandemic and provides a general framework for developing a pandemic influenza plan. To access this checklist, please visit <http://www.pandemicflu.gov/plan/workplaceplanning/travelchecklist.html>.
- **HealthNewsDigest.com** In addition to getting a flu shot, US children and adults should also be vaccinated against bacterial infections that can develop after the onset of influenza, recommends Emory University public health researcher Keith P. Klugman, PhD. In an article featured on [healthnewsdigest.com](http://healthnewsdigest.com), Dr. Klugman recommends vaccinations against bacterial infections that cause pneumonia and meningitis should be incorporated into the federal government's overall flu pandemic plan. Dr. Klugman notes that bacterial infections, in particular pneumococcal disease, can follow a viral illness such as flu and cause secondary infections that worsen flu symptoms and increase influenza-related morbidity risk. Bacterial infections may have even been the cause of nearly half of the deaths of young soldiers during the US's 1918 flu pandemic, he says. To read this article in full, please visit [http://www.healthnewsdigest.com/news/Forecast\\_630/U\\_S\\_Should\\_Vaccinate\\_Against\\_Flu\\_and\\_Bacterial\\_Infections.shtm](http://www.healthnewsdigest.com/news/Forecast_630/U_S_Should_Vaccinate_Against_Flu_and_Bacterial_Infections.shtm).
- 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 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>.

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## 2007 Medical Reserve Corps National Leadership and Training Conference: **New**

The 2007 Medical Reserve Corps (MRC) National Leadership and Training Conference will be held in Providence, R.I. beginning April 16, 2007. This is the 5<sup>th</sup> year of the conference and a chance for MRC leaders around the country to share promising practices, ideas and strategies. Genie Schwartz, MRC Coordinator for YNH-CEPDR, will be participating on a panel discussion about of unit leaders as well as presenting a poster titled, "The Medical Reserve Corps Compliance Training". To learn more about the MRC, please visit [www.mrc-ynh.org](http://www.mrc-ynh.org). For more information, please contact Eugenie Schwartz, RN, BSN, MHA at [eugenie.schwartz@ynhh.org](mailto:eugenie.schwartz@ynhh.org) or (203) 688-2659.

## Bombings: Injury Patterns and Care – April 24, 2007



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).

## NATHCER Project Kicks Off Table Top Drill with Mayo Clinic: **New**

On April 10, 2007, YNH-CEPDR staff facilitated and evaluated a table top drill in Rochester, Minnesota at the Mayo Clinic. The Mayo Clinic is a partner and pilot site in the National Alliance for Training Healthcare for Emergency Response (NATHCER) project. As a pilot site, Mayo Clinic assigned EM 120: Best Practices for the Protection of Healthcare-Based First Receivers to Incident Command staff. To evaluate the effectiveness of the training, the table top drill was conducted. NATHCER project staff will be conducting table top drills with pilot sites in each of the ten FEMA regions over the next 3 months. For more information, please contact Deanna Bourgeault at (469) 619-3005 or [deanna.bourgeault@ynhh.org](mailto:deanna.bourgeault@ynhh.org).

## Avian Influenza



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 25, 2007 to March 31, 2007, influenza activity continued to decrease in the United States. Currently, widespread activity was reported by ten states (Alaska, Connecticut, Delaware, Hawaii, Kentucky, Montana, New Hampshire, New Jersey, New York, and Virginia); regional activity was reported by nine states (Colorado, Idaho, Maryland, Massachusetts, Michigan, North Carolina, Pennsylvania, Texas and Wyoming); local activity was reported by New York City and thirteen states (Arizona, Georgia, Illinois, Iowa, Maine, Nevada, New Mexico, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee and Vermont); sporadic activity was reported by the District of Columbia and seventeen states (Alabama, Arkansas, California, Florida, Indiana, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Nebraska, Oregon, Rhode Island, Utah, Washington, West Virginia and Wisconsin); and, Ohio reported no influenza activity. For more information, please visit <http://www.cdc.gov/flu/weekly/>.

## 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).

## NATHCER National Advisory Board Meeting: **New**



YNH-CEPDR and the National Alliance for Training Healthcare for Emergency Response (NATHCER) will hold a National Advisory Board Meeting on May 1, 2007 from 9:00 a.m. to 2:00 p.m. in Dallas, TX. Advisory Board members will share regional pilot project status, lessons learned and advise NATHCER staff on national implementation strategies. For more information, please contact Deanna Bourgeault at (469) 619-3005 or [deanna.bourgeault@ynhh.org](mailto:deanna.bourgeault@ynhh.org).

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### 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.yalenewhavenhealth.org/emergency](http://www.yalenewhavenhealth.org/emergency)

## April is Volunteer Month



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.

## YNH-CEPDR Services

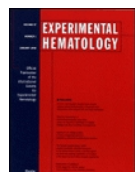
YNH-CEPDR is committed to developing and delivering services that advance healthcare planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other healthcare delivery organizations, emergency management professionals, the business community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

## RECENTLY PUBLISHED RADIATION ARTICLES:

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



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



Dr. Albanese

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



N95 filtering facepiece

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>.

## EM 122: N95 Respirator Fit Tester Training: **New**

Online Education  
& Training

### **N95 Respirator Fit Tester Training (EM 122)**

is currently under development. This 20-minute online course provides an in-depth look at the fit testing process used to test the seal of the N95 respirator. The N95 respirator is worn by healthcare workers treating patients with infectious airborne diseases, including pandemic influenza. This course is designed to provide just-in-time training to healthcare workers that must perform fit tests. The use of text and video combined with a cue card, available to print, gives fit testers a more robust learning experience and a useful job aid. This course is anticipated to be released Summer 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



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).

## 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. 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, a pilot group Yale New Haven Health System personnel 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 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).

## 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).

**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).

## Education and Training

### 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).

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

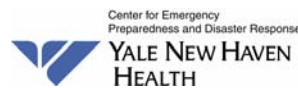


How well do you think your hospital would withstand a large-scale disaster? Would you be able to continue to fulfill your mission to provide ongoing healthcare to your community, or would your organization be yet another victim of the disaster? How does one define a "Prepared/Resilient Hospital", and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

### Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
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> .
5.8.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
5.8.07	9:30 a.m. to 10:30 a.m.	Regions 1, 2 and 5 Hospital Meeting	Connecticut Hospital Association
5.15.07	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.
5.17.07	10:00 a.m. to 1:00 p.m.	NATHCER Exercise, Rockledge, FL <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> .
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

### Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
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:

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