

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 5, Issue 16 | April 20, 2007

ELEVATED THREAT LEVEL

## FDA Approves First U.S. Vaccine for Humans against the Avian Influenza Virus H5N1: **New**

The Federal Drug Administration (FDA) has approved the first avian flu vaccine for humans, signaling what FDA Commissioner Andrew C. Von Eschenback, MD, calls "an important step forward in our protection against a pandemic." The vaccine developed using a human strain of the H5N1 virus works during an outbreak by providing limited protection until a vaccine tailored to the specific pandemic strain of the virus is developed. According to a clinical study, a two-dose regimen of the vaccine is expected to reduce both the risk and the severity of influenza. HHS has purchased enough vaccine to cover 6.5 million people. The vaccine will be included in the US Strategic National Stockpile. This vaccine can only be purchased through the federal government and will not be sold commercially. For more information, please visit <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01611.html>.

## Powerful Storms Flood the Northeast: **New**



Photo credit:  
AP Photo/  
Neal Saiff  
April 16, 2007, East  
Brunswick NJ  
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photo

On April 15, 2007, powerful storms affected individuals from Maine to New Jersey. Utility crews continue to cut their way through toppled trees to restore service to thousands of customers still without power since a huge weekend storm battered the East Coast. Communities from New Jersey to Maine were still coping with stream flooding after the storm dumped more than 8 inches of rain in places, along with coastal flooding brought on by astronomical high tides and heavy surf. More than 50,000 businesses and homes remained without power in Maine, where Central Maine Power Co. was being helped by repair crews from neighboring New Brunswick and Nova Scotia and as far away as Pennsylvania. About 1,400 New Jersey residents were in emergency shelters because of flooding as rivers crested. To read this article in full, please visit [http://hosted.ap.org/dynamic/stories/S/SPRING\\_STORM?SITE=NYMID&SECTION=HOME&TEMPLATE=DEFAULT](http://hosted.ap.org/dynamic/stories/S/SPRING_STORM?SITE=NYMID&SECTION=HOME&TEMPLATE=DEFAULT).

## Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of April 11, 2007, is 291 cases and 172 deaths.



The US Department of Agriculture, the US Department of Homeland Security and the US Department of the Interior have developed brochures and posters to "keep bird flu out of the United States". The brochure developed lists trade restrictions to importing birds and bird products as well as penalties for breaking this law. To download these materials, please visit [http://www.cdc.gov/travel/other/avian\\_flu/?s\\_cid=ccu041607\\_avian\\_e](http://www.cdc.gov/travel/other/avian_flu/?s_cid=ccu041607_avian_e).

- On April 2-3, 2007, a two-day "Panstop 2007" training exercise took place at the WHO Western Pacific regional headquarters with WHO participants in Cambodia, Singapore, Indonesia and Japan. The drill tested investigation, surveillance, response and containment efforts of WHO Cambodia personnel who found individuals infected with the H5N1 virus. As part of the drill, at least 24,000 Tamiflu courses were needed; however, the WHO Manila office could only send 3,000 courses. "Containment of an influenza pandemic has never been attempted before, and we cannot be sure if it will work," Shigeru Omi, the WHO regional director for the Western Pacific, said in a statement. "But this exercise provided us with valuable insight into what needs to be done if a crisis situation should emerge." To read this article in full, please visit <http://www.iht.com/articles/ap/2007/04/02/asia/AS-GEN-WHO-Bird-Flu-Drill.php>.
- An experimental vaccine against influenza has been successfully grown in insect cells, offering several advantages over the current method of using live flu virus in chicken eggs. Lead investigator, John Treanor of the University of Rochester Medical Center in New York, used an insect *baculovirus* to grow a flu virus in caterpillar cells. His approach reduces the risks associated with using a live pandemic flu virus and does not rely on eggs, which may not be available in the event of a pandemic bird flu. Additionally, the experimental vaccine can be developed more quickly than the traditional approach and appears to be as safe and effective as conventional vaccines. To read the full article, please visit <http://www.flulab.com/overview.php?a=AmericanLife/2007-04-13-fl42>.
- The US Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (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>.

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## Bombings: Injury Patterns and Care Conference Call – 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 to be covered can be integrated into existing materials or taught as a stand-alone course. The material includes the uniqueness of blast injury, 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).

## National Public Health Organization Assessment Tool: **New**



The National Public Health Organization has developed a preparedness assessment, “are you prepared for the next public health emergency” checklist. This checklist assesses an individual’s personal

preparedness efforts such as developing an emergency kit, knowing about their community emergency plan and potential hazards in their area. Please visit [http://www.nphw.org/2007/pg\\_howprepared.htm](http://www.nphw.org/2007/pg_howprepared.htm) to take this assessment.

## 2007 Medical Reserve Corps National Leadership and Training Conference



The 2007 Medical Reserve Corps (MRC) National Leadership and Training Conference was held in Providence, R.I. beginning April 17 through April 20, 2007. This is the fifth year of the conference and was a chance for MRC leaders around the country to share promising practices, ideas and strategies. Genie Schwartz, MRC Coordinator for YNH-CEPDR, participated on a panel discussion with unit leaders as well as presented 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) or contact Eugenie Schwartz, RN, BSN, MHA, at [eugenie.schwartz@ynhh.org](mailto:eugenie.schwartz@ynhh.org) or (203) 688-2659.

## Avian Influenza

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>.

## Seasonal Influenza: **New**

- From April 1, 2007, to April 7, 2007, influenza activity continued to decrease in the United States. Currently, widespread activity was reported by eight states (Delaware, Hawaii, Kentucky, Massachusetts, Montana, New Hampshire, New York and Virginia); regional activity was reported by five states (Alaska, Colorado, Connecticut, Maine and New Jersey); local activity was reported by New York City and thirteen states (Arizona, Georgia, Idaho, Illinois, Maryland, Michigan, North Dakota, Pennsylvania, South Carolina, Tennessee, Utah, Vermont and Wyoming); sporadic activity was reported by the District of Columbia and twenty-two states (Alabama, Arkansas, California, Florida, Indiana, Iowa, Kansas, Louisiana, Minnesota, Missouri, Nebraska, Nevada, New Mexico, North Carolina, Oklahoma, Oregon, Rhode Island, South Dakota, Texas, Washington, West Virginia and Wisconsin); and Mississippi and Ohio reported no influenza activity. For more information, please visit <http://www.cdc.gov/flu/weekly/>.
- MMR Weekly has published a study on severe methicillin-resistant *staphylococcus aureus* influenza in Louisiana and Georgia from December 2006-January 2007. *Staphylococcus aureus* infection has been reported infrequently as a cause of community-acquired pneumonia (CAP) and typically has been associated with influenza virus infection or influenza-like illness. During the 2003-04 influenza season, methicillin-resistant *S. aureus* (MRSA) gained attention as a cause of fifteen cases of influenza-associated CAP. No formal surveillance has been conducted, and few additional cases of MRSA CAP were reported to CDC during the 2004-05 and 2005-06 influenza seasons. However, in January 2007, CDC received reports of ten cases of severe MRSA CAP, including six deaths, among previously healthy children and adults in Louisiana and Georgia during December 2006-January 2007. These were the first reported cases of severe MRSA CAP during the 2006-07 influenza season in the two states, and ten was a higher number than expected for the two-month period. The report describes three of the MRSA CAP cases as examples and summarizes all ten of the reported cases. To read this report, please visit [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a1.htm?s\\_cid=mm5614a1\\_e?s\\_cid=ccu041607\\_flu1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a1.htm?s_cid=mm5614a1_e?s_cid=ccu041607_flu1_e).
- The April 2007 edition of *Infectious Disease News* reports a study that conducted on demographic flu vaccination rates found flu vaccination less common among elderly minorities. Data was analyzed by colleagues from the CDC, Spelman College and KG Wooten. To read about this study further, please visit <http://www.infectiousdiseaseneews.com/200704/frameset.asp?article=flu.asp>.

## 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. It is particularly important to recognize and acknowledge the critical role that colleagues who have enrolled in the Emergency Credentialing Program (ECP) or the Medical Reserve Corps at Yale New Haven (MRC-YNH) will play in facilitating the 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. Accordingly, Connecticut Governor M. Jodi Rell has issued an official statement proclaiming April 15-21 as Connecticut Disaster Response Volunteer Week, [http://www.ynhhs.org/emergency/CT\\_DisasterResponseVolunteerWeek.pdf](http://www.ynhhs.org/emergency/CT_DisasterResponseVolunteerWeek.pdf).

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 MRH-YNH ([www.mrc-ynh.org](http://www.mrc-ynh.org)) should be part of that plan. Please take a moment to share program information with 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.

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

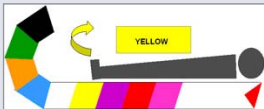


Dennis R.  
Schrader

On April 4, 2007, Dennis R. Schrader was nominated by President Bush to be the Deputy Administrator for National Preparedness, Federal Emergency Management Agency at the Department of Homeland Security. 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\\_117578\\_5210650.shtm](http://www.dhs.gov/xnews/releases/pr_117578_5210650.shtm).

## 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).

### 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)

## Paraguay declares state of emergency due to dengue fever: **New**



The government of Paraguay declared a 60-day state of emergency on March 1, 2007, due to a rapid increase of dengue fever cases. Although most of the 14,654 dengue fever cases in Paraguay have not been deadly, 40 people have developed the severe hemorrhagic form of dengue fever, which some Paraguayan physicians are calling "gastric dengue." This form of dengue fever has resulted in four deaths; there have been 10 deaths overall, including one public health official. Health

officials said increases of rain and overall warmer weather may possibly be contributing to the outbreak. Paraguay is not the only country to experience a dramatic increase of dengue fever cases. In Peru, nearly 400 cases have been reported so far this year; two of them were fatal. Brazil has reported 53,146 dengue fever cases this year, with 300,000 cases in 2006. Mexico reported 22,810 dengue cases in 2006, an increase from 17,487 in 2005. Argentina reported 13 cases of dengue fever in the Formosa province, located north of Buenos Aires, which borders Paraguay. Panama reported two fatalities due to hemorrhagic dengue fever in December 2006. "Dengue fever cases in the Americas have been increasing for the last 25 years, and recent increases are just part of this overall trend," said Lyle Petersen, MD, MPH, director of the CDC's division of vector-borne infectious diseases in Fort Collins, Colorado. "The increase is due to a number of factors, including the resurgence in the Americas of the *Aedes aegypti* mosquito, the principal vector of dengue." According to Petersen, the *Aedes aegypti* mosquito was close to eradication in the Americas in the early 1970s due to control measures, such as cleanup campaigns, to eliminate breeding sites and application of residual pesticides like DDT. Eventually, the campaigns and DDT were phased out leading to more and more cases of dengue fever. For more information, please visit <http://www.infectiousdiseaseneews.com/200704/frameset.asp?article=dengue.asp>.

## Updated CDC Website: **New**



On April 19, 2007, the CDC unveiled a new website designed to improve the usability and performance of [www.cdc.gov](http://www.cdc.gov). The new CDC.gov website will provide better access to health and safety topics, data and statistics, news and events, and expanded tools and resources, as well as an improved search engine. To access this new site, please visit [www.cdc.gov](http://www.cdc.gov).



## NATHCER National Advisory Board Meeting

YNH-CEPDR and 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, invited participants should contact Deanna Bourgeault at (469) 619-3005 or [deanna.bourgeault@ynhh.org](mailto:deanna.bourgeault@ynhh.org).

## NATHCER Project Kicks Off Tabletop Drill with Mayo Clinic

On April 10, 2007, YNH-CEPDR staff facilitated and evaluated a tabletop drill in Rochester, Minnesota at the Mayo Clinic. The Mayo Clinic is a partner and pilot site in the National Alliance for Training Health Care for Emergency Response (NATHCER) project. As a pilot site, Mayo Clinic assigned EM 120: Best Practices for the Protection of Healthcare-Based First Responders to Incident Command staff. To evaluate the effectiveness of the training, the tabletop 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).

## Connecticut Laboratory Response Network April Newsletter: **New**

In the Connecticut Laboratory Response Network April Newsletter, CDC classification of bioterrorism agents is listed. In addition, updated information about the LPS survey is discussed. To access this newsletter, please visit [http://www.ynhhs.org/emergency/CT-LRN\\_April2007.pdf](http://www.ynhhs.org/emergency/CT-LRN_April2007.pdf).

## HICS IV Workshop – June 5, 2007, or 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). The HICS IV 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 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.

## Education and Training 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).



## EM 122: N95 Respirator Fit Tester 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 Courses

- The Department of Homeland Security NIMS Integration Center has reviewed two of the YNH-CEPDR courses, EM 103 with NIMS and EM 140 with NIMS and agrees that healthcare organizations may use these courses to address their NIMS compliance needs. EM 103 w/NIMS and EM 140 w/NIMS together meet the required objectives as defined in the NIMS National Standard Curriculum Training Development Guidance (March 2007) and have also been approved as NIMS compliant by both the State of Connecticut Department of Public Health and the State of Connecticut Department of Emergency Management and Homeland Security.
- **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 the course via the learning management system at <http://cmecourses.com/ynhh/>. EM 103 w/NIMS meets 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](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 the course via the learning management system at <http://cmecourses.com/ynhh/>. EM 140 w/NIMS meets 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](mailto:mark.schneider@ynhh.org).
- **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 may 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 May. 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)** 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. The course adheres to 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).

## Education and Training Courses *(continued)*

- 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 summer of 2007. A more advanced radiological preparedness course is under development and planned for release in the fall of 2007. 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 – May 13-16, 2007

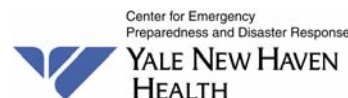


How well do you think your hospital would withstand a large-scale disaster? Would you be able to continue to fulfill your mission to provide ongoing healthcare to your community, or would your organization be yet another victim of the disaster? How does one define a "Prepared/Resilient Hospital", and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



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

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[center@ynhh.org](mailto:center@ynhh.org) • [www.yalenevhealth.org/emergency](http://www.yalenevhealth.org/emergency)

## 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 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 p.m. to 2:00 p.m.	NEPHERET WebEx Session	To join this WebEx session, please contact 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 Deanna Bourgeault at <a href="mailto:deanna.bourgeault@ynhh.org">deanna.bourgeault@ynhh.org</a> .
6.12.07	1:00 p.m. to 2:00 p.m.	NEPHERET WebEx Session	To join this WebEx session, please contact Rebecca Chestnutt at <a href="mailto:rebecca.chestnutt@ynhh.org">rebecca.chestnutt@ynhh.org</a> or (203) 688-2656.
7.26.07 and 7.27.07		4 <sup>th</sup> Annual Arkansas Statewide Preparedness Conference  <i>Sponsored by Arkansas Medical Services, UAMS Regional Programs, Arkansas Children's Hospital, AR DHHS, AR Hospital Association, AR Dept. of Emergency Management, Arkansas Office of the FBI</i>	For more information, please visit <a href="http://www.ynhhs.org/emergency/AKStatewidePreparednessConf.pdf">http://www.ynhhs.org/emergency/AKStatewidePreparednessConf.pdf</a> .

## 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> .