

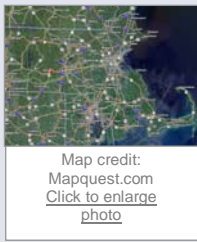
THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 5, Issue 17 | April 27, 2007

ELEVATED THREAT LEVEL

Spencer, MA Water Supply Contaminated: **New**



Map credit:
Mapquest.com
Click to enlarge
photo

On April 26, 2007, much of Spencer, MA came to a halt after a malfunction at the town's water treatment plant released noxious chemicals into the water supply. At least 93 people were treated at hospitals and authorities ordered residents not to drink, cook or bathe with tap water. The malfunction released too much sodium hydroxide, also known as lye, into the drinking

water supply. Sodium hydroxide is routinely put into water to reduce acidity and limit pipe corrosion. Ingesting lye can cause ulcers to the esophagus and external exposure can cause burning and itching to the skin. To read further, please visit

http://www.boston.com/news/local/articles/2007/04/26/spencer_water_supply_contaminated/.

- YNH-CEPDR programs provide a system for an emergency disaster such as the Spencer water incident. In addition to systems, training elements that focus on medical surge, decontamination and toxicology can help train hospital and healthcare staff to recognize and respond to a serious issue. Hospitals should evaluate resources ahead of time through the use of Memorandums of Understanding (MOUs) and emergency agreements to supply water if they become necessary. The impact to a basic community infrastructure can have devastating effects to the operations of the hospitals and community healthcare institutions. Only through appropriate preparedness, training and exercises can hospitals and healthcare providers be assured of limiting the impact of an event. For more information, please contact Jon Best at (203) 688-2535 or jonathan.best@ynhh.org.



The Preparedness Report RSS Feed: **New**

The weekly Preparedness Report is available now as an RSS feed. You can download the PDF file directly, or subscribe to the RSS feed, which will deliver a link to your application every week. To access this feed, please visit <http://www.ynhhs.org/emergency/commu/archives.html>.

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.

- On April 24, 2007, six developing countries were awarded grants to establish in-country manufacturing capacity for an influenza vaccine. The countries are Brazil, India, Indonesia, Mexico, Thailand and Viet Nam. Up to \$2.5 million from the governments of Japan and the United States of America will go to each of the six countries as immediate funding to begin the process of acquiring the needed technology. Japan has provided \$8 million and the United States \$10 million for technology transfer. "With increased developing country flu vaccine production, there is a dual life-saving benefit. Countries will be able to protect their populations against seasonal influenza, which causes up to half a million annual deaths worldwide, as well as millions of cases of severe illness. In addition, should a pandemic emerge, production lines at these facilities can be converted to manufacture vaccine based on the pandemic strain," said Dr Marie-Paule Kieny, Director of the WHO Initiative for Vaccine Research. To read this release in full, please visit <http://www.who.int/mediacentre/news/notes/2007/np18/en/index.html>.
- Faced with the reality that an effective vaccine is not likely to be available for at least the first several months of influenza pandemic, some corporations are buying antiviral medications for their employees—both to protect them and to improve the chances that the company could keep providing vital products and services through a pandemic. Few companies have revealed their plans concerning the use of antivirals, but two of them recently described their plans to supply employees with oseltamivir (Tamiflu): the US division of Roche, the company that makes Tamiflu, based in Nutley, N.J., and Public Service Enterprise Group (PSEG), an energy company that serves nearly 2 million electric customers and 1.6 million gas customers in New Jersey. Ronald Mack, MD, medical director at PSEG, based in Newark, N.J., said the company takes the threat of a pandemic very seriously. "We have been sensitized to this type of threat by our past experience responding to 9/11, Severe Acute Respiratory Syndrome (SARS), anthrax, the Northeast blackout (of August 2003) and the terrorist threats against downtown Newark," he said. To read this news article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/apr2007tamiflu.html>.
- On April 20, 2007, WHO modified its recommended guidance and treatment for patients with H5N1 avian influenza and the use of corticosteroids. New treatment guidance reports that corticosteroids have not been effective, "and prolonged or high-dose corticosteroids can result in serious adverse effects in H5N1 patients, including opportunistic infections. Corticosteroids should not be used routinely, except for persistent septic shock with suspected adrenal insufficiency." In addition, WHO recommended the following:
 - Experiences with early oseltamivir treatment suggest its usefulness in reducing H5N1 associated mortality. In addition, evidence of prolonged H5N1 virus replication indicates that treatment is warranted even with late presentation.
 - Antibiotic prophylaxis should not be used. When pneumonia is present, antibiotic treatment is appropriate initially for community-acquired pneumonia according to published evidence-based guidelines. When available, the results of microbiologic studies should be used to guide antibiotic usage in patients with A(H5N1) infection.

To read these recommendations in further detail, please visit http://www.who.int/csr/disease/avian_influenza/meeting19_03_2007/en/index.html.

INSIDE THIS ISSUE

- 2 2007 NCIRD Annual Report
- 3 Weather Events Around the Nation

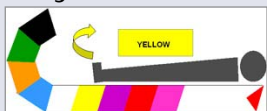
- 3 Protect Your Health with a Flood
- 4 EM 122: N95 Respirator Fit Test Training

- 5 Training and Education
- 6 Upcoming Meetings and Events

FDA Approves First US Vaccine for Humans against the Avian Influenza Virus H5N1:

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>.

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. This 1-hour presentation will 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.

Questions or Comments

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

Avian Influenza



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.

- 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-f142>.

2007 NCIRD Annual Report: **New**



During 2006, the CDC's National Immunization Program (NIP) joined together with components of the National Center for Infectious Diseases to establish the National Center for Immunization and Respiratory Diseases (NCIRD). On April 6, 2007, they released their first 2007 NCIRD Annual Report which discusses goals, vaccine recommendations, preparedness efforts and more. To download a copy of this report, please visit <http://www.cdc.gov/nip/webutil/about/annual-rpts/ar2007/2007annual-rpt.htm>.

Seasonal Influenza:

- 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.
- The April 2007 edition of *Infectious Disease News* reports a study conducted on demographic flu vaccination rates that found flu vaccination less common among elderly minorities. Data was analyzed by colleagues from the CDC, Spelman College and KG Wooton. To read about this study further, please visit <http://www.infectiousdiseaseneeds.com/200704/frameset.asp?article=flu.asp>.
- From April 8, 2007, to April 15, 2007, influenza activity continued to decrease in the United States. Currently, widespread activity was reported by four states (Delaware, Montana, New Hampshire and New York); Regional activity was reported by seven states (Alaska, Connecticut, Hawaii, Kentucky, Maine, New Jersey and Virginia); local activity was reported by New York City and thirteen states (Alabama, Arizona, Colorado, Idaho, Maryland, Massachusetts, Michigan, Nevada, Pennsylvania, South Carolina, Utah, Vermont and Wyoming); sporadic activity was reported by the District of Columbia and twenty-three states (Arkansas, California, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Minnesota, Missouri, Nebraska, New Mexico, North Carolina, North Dakota, Oklahoma, Rhode Island, South Dakota, Tennessee, Texas, Washington, West Virginia and Wisconsin); Mississippi, Ohio, and Oregon reported no influenza activity. For more information, please visit <http://www.cdc.gov/flu/weekly/>.

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.yalenewhavenhealth.org/emergency/HICSIVBrochure-Final.pdf>, and email, fax or mail your registration. Please contact Samantha Kopp at samantha.kopp@ynhh.org or (203) 688-2563 or Kimberly Spaulding at kimberly.spaulding@ynhh.org or (203) 688-4482 with any questions or concerns.

Emergency Credentialing Program (ECP): **New**

Development of the database used to support the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is complete. Unique UserIDs and passwords that will be required for access to the system were assigned and distributed to each of the designated hospital contacts in November of 2006. A UserID and password will be necessary to 1) access the portion of the database that allows for credential verification of these non-physician or mid-level volunteers who have enrolled in the program and have reported that they are employed by a particular hospital and 2) access names, specialty and contact information for all volunteers (all hospitals and non-hospital agencies) across the state. The Connecticut Emergency Credentialing Program remains "ahead of the curve" when compared to the capability of similar programs across the country. Its success to date can be attributed to the commitment of the Statewide Credentialing Committee, colleagues representing their professional associations, Connecticut hospitals and the Connecticut Department of Public Health for ensuring citizens have uninterrupted access to healthcare during a large-scale disaster or public health emergency. Please visit www.ct-esar-vhp.org to learn more about the program, or contact Joseph Filakovsky, DNP, APRN at (203)688-4486 or joseph.filakovsky@ynhh.org.

Weather Events Around the Nation: **New**



Photo credit:
Tracy Smith, GDC

As of April 26, 2007, over 61,109 acres have been burned in two wildfires in southeast Georgia. More than 1,000 people were evacuated from their homes as fires spread over more than 45 square miles of tinder-dry forest in southeast Georgia. The fires "threaten the Okefenokee National Wildlife Refuge, one of the nation's best-preserved wetland areas, with one reaching the outer edges of the refuge," said Eric Mosley, spokesman for the Georgia Forestry Commission. Currently there are no deaths reported, but several firefighters were treated for smoke inhalation or minor injuries, including a firefighter who suffered a broken leg and cuts to his hand. For more information, please visit http://www.usatoday.com/weather/news/2007-04-19-georgia-wildfire_N.htm.



Photo credit:
Alfredo Guerrero
Southwest Texas
Live!

On April 24, 2007 a tornado touched down near the small town of Eagle Pass, TX near the Mexican border. City officials reported that a tornado destroyed two schools, a church, a sewage treatment plant and at least 100 homes and businesses. A family of five was killed when their mobile home was thrown into a nearby building. As many as 80 people were reported injured, four critically. Hundreds are spending the night in emergency shelters with the Salvation Army sending mobile feeding kitchens. Over 1,700 clothing packets, along with 400 sheets and blankets and 700 personal hygiene kits were sent to the area. The Humane Society sent crews and wire crates to help people find and rescue pets. To read this story in full, please visit <http://www.disasternews.net/news/article.php?articleid=3126>.

State Health Department Urges Residents to Protect Health if their Home is Impacted by Flooding or Water Damage: **New**



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

In response to recent flooding in Connecticut, the Connecticut Department of Public Health has released information on precautions to prevent illness due to the potential of contaminated well water and other health concerns. Private wells that flood should be considered contaminated and must be disinfected. Water should be pumped away or allowed to recede around the well before the well is disinfected. Homeowners with dug wells should expose their wells and clean the well of possible debris that may have been swept in before carrying out disinfection. A licensed electrician should evaluate the electrical panel and/or connections that have been submerged by flooding. To read more recommendations, please visit http://www.dph.state.ct.us/Agency_News/Press_Releases/wellwater%2010-28-05%20final.pdf.

National Public Health Organization Assessment Tool



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 to take this assessment.



5th Annual MRC National Leadership and Training Conference: **New**

The national Medical Reserve Corps (MRC) held its 5th annual National Leadership and Training Conference in Providence, RI the week of April 17-20, 2007. Over 500 MRC units from across the country were represented. The first evening, participants were invited to a poster session aptly titled "Posters over Providence" that was attended by the Acting Surgeon General, Dr. Kenneth Moritsugu. Over 30 MRC units submitted posters for this session. During the sessions, training was given on leadership and sustainability, pandemic flu and public health initiatives. There were regional meetings and concurrent sessions in the afternoon to discuss important issues that all MRC units must address. Dr. Moritsugu announced that the new slogan for the MRC will be: Volunteers: Building Strong Health Prepared Communities. To learn more or to schedule a presentation on personal and family preparedness, please contact Eugenie Schwartz at eugenie.schwartz@ynhh.org or go to our web site and enroll: www.mrc-ynh.org.



NATHCER National Advisory Board Meeting

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

Connecticut Laboratory Response Network April Newsletter

In the Connecticut Laboratory Response Network April Newsletter, CDC classification of bioterrorism agents is listed. In addition, updated information about the LPS survey from the College of American Pathologists is discussed. To access this newsletter, please visit http://www.ynhhs.org/emergency/CT-LRN_April2007.pdf.

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.

Paraguay Declares State of Emergency Due to Dengue Fever



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>.

N95 Respirator Fit Tester Training (EM 122) in Development: **New**



A May, 2007 research paper run by the Centers for Disease Control and Prevention (CDC) in the online publication *Emerging Infectious Diseases* entitled "Respirator Donning in Post-Hurricane New Orleans" makes the observation that, "An observational study of 62 healthcare workers in three California hospitals found that 40 (65%) improperly put on N95 FF respirators before entering the room of a patient in isolation for tuberculosis," <http://www.cdc.gov/eid/content/13/5/700.htm>. Properly fit personal protective equipment can help control the spread of airborne infections including pandemic influenza. YNH-CEPDR is currently developing **N95 Respirator Fit Tester Training (EM 122)**. This 20-minute online course will provide 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.

Education and Training Courses

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.

Education and Training

Courses *(continued)*

- 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.
- 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.

Education and Training Courses *(continued)*

At the request of the Health and Resources Services Administration of the Department of Health and Human Services, the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) EM 103 w/NIMS and EM 140 w/NIMS courses were reviewed by the NIMS Integration Center. Taken together, these courses provide a solution to address elements 9 through 11 of the NIMS Implementation Activities for Hospitals and Healthcare Systems. These courses meet all of the required objectives defined by the NIMS National Standard Curriculum Training Guidance (March 2007) as demonstrated on the YNH-CEPDR NIMS Competency Crosswalk which may be accessed at http://www.ynhhs.com/emergency/YNH_CEPDR_NIMS_CompencyCrosswalk.pdf. EM 103 with NIMS and EM 140 with NIMS have also been approved as being NIMS compliant for healthcare education and training requirements by the State of Connecticut Department of Public Health and the State of Connecticut Department of Emergency Management and Homeland Security. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Safe and Resilient Hospitals; Preparing for the Next Disaster – 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 15th World Congress for Disaster and Emergency Medicine as we lead a two-day working session focused on: (1) reaching consensus on 5 key hospital emergency preparedness guidelines; (2) developing a framework for meeting those guidelines through the identification of measurable benchmarks; (3) identifying evidence-based, best practice approaches to guide healthcare preparedness activities; and (4) establishing a process to engage healthcare delivery experts in benchmarking for emergency preparedness. The work completed by the workshop participants will be published and your participation cited.

Register for the Congress at http://www.ynhhs.org/emergency/hospital_prepared.pdf! More information on the Congress may be found at www.wcdem2007.org. Don't miss this opportunity. Limited spaces are still available so register today!



The Joint Commission



Joint Commission International



Pan American Health Organization
Regional Office of the World Health Organization



Center for Emergency Preparedness and Disaster Response
YALE NEW HAVEN HEALTH

FOR MORE INFORMATION, PLEASE CONTACT:

Christopher M. Cannon
National Director
(203) 688-3224
christopher.cannon@ynhh.org

Elaine Forte
Deputy Director
(203) 688-3391
elaine.forte@ynhh.org

Louise-Marie Dembry, MD
Associate Medical Director
(203) 688-4634
louise-marie.dembry@ynhh.org

Mark Schneider
Program Manager,
Education and Training
(203) 688-2577
mark.schneider@ynhh.org

James Paturas
Deputy Director
(203) 688-3496
james.paturas@ynhh.org

Anthony Tomassoni, MD
Medical Director
(203) 688-3224
anthony.tomassoni@ynhh.org

Joe Filakovsky, DNP, APRN, CCNS, FAHA
ECP Coordinator
(203) 688-4486
joseph.filakovsky@ynhh.org

Scott Selig
Program Manager,
Network Development
(203) 688-2587
scott.selig@ynhh.org

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

One Church Street, 5th Floor • New Haven, CT 06510 • Tel. (203) 688-3224 • Fax (203) 688-4618
center@ynhh.org • www.yalenehavenhealth.org/emergency

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
5.1.07	9:00 a.m. to 4:30 p.m.	Connecticut Emergency Management Symposium Sponsored by the Connecticut Conference of Municipalities	Cromwell, CT For more information, contact Kevin Maloney, CCM at (203) 498-3000.
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 deanna.bourgeault@ynhh.org .
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 rebecca.chestnutt@ynhh.org or (203) 688-2656.
5.15.07	10:00 a.m. to 1:00 p.m.	NATHCER Exercise, NY <i>Sponsored by YNH-CEPDR</i>	For more information please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
5.17.07	10:00 a.m. to 1:00 p.m.	NATHCER Exercise, FL <i>Sponsored by YNH-CEPDR</i>	For more information please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
5.18.07	11:00 a.m. to 1:00 p.m.	NATHCER Exercise, CT <i>Sponsored by YNH-CEPDR</i>	For more information please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
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 rebecca.chestnutt@ynhh.org or (203) 688-2656.
7.26.07 and 7.27.07		4 th 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 http://www.ynhhs.org/emergency/AKStatewidePreparednessConf.pdf .

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
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 jwiley@ccmckids.org .
5.23.07	2:00 p.m. to 3:00 p.m.	Live Response – the National Infrastructure Protection Plan <i>Sponsored by the National Terrorism Preparedness Institute</i>	For more information, please visit http://www.dlnets.com/ntpi_23May07.htm .