

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Wildfires across the US and Incident Command: **New**



Photo credit:
Kevork
Djansezian/AP
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On May 9, 2007, there were 800-acres on fire around Griffith Park, Los Angeles, CA. Griffith Park contains the Los Angeles Zoo, cultural sites, horse and hiking trails and recreational facilities on more than 4,000 acres in the hills between Hollywood and the San Fernando Valley. The Los Angeles Zoo moved 1,200 animals into holding quarters during this fire. On the east coast, authorities evacuated about 300 homes in northern Florida as two fires totaling 130,000 acres, one-fifth of a square mile, continued to rage on the Georgia-Florida line. Florida officials warned that they might soon need

help if the blazes grow out of control. At the end of April 2007, a 107,000-acre blaze in Georgia's Okefenokee National Wildlife Refuge was called the largest blaze in state history and was nearing part of the park that has served as a fire crew command post. Another fire 10 miles away covered 40,000 acres. In the Midwest, a wildfire near the Canadian border in northeastern Minnesota burned 16,266 acres since it was spotted on May 5, 2007, destroying around 40 buildings, including multimillion-dollar mansions, and forcing more than 100 people to evacuate. For more information, please visit <http://www.msnbc.msn.com/id/18562491>.

- In the Los Angeles CA wildfire, incident command was used to provide management over various resources. The management of logistics over a large area is important to priority setting in a large-scale event. Use of Incident Command can help decide who to evacuate, what property to protect, what types of people and resources are required, healthcare concerns and more. Hospital Incident Command System, HICS IV, was recently updated by the California Emergency Medical Services Authority. The update not only ensures compliance with the National Incident Management System (NIMS) but cross communication between multiple agencies and jurisdictions in the event of an emergency such as the Los Angeles wildfire. YNH-CEPDR has developed workshops that discuss the HICS IV organizational chart, job action sheets and forms as well as provide an overall context for implementation. For more information on how your hospital or healthcare organization can understand HICS IV, please contact Jonathan Best at (203) 688-2535 or jonathan.best@ynhh.org.

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 or (203) 688-2563 or Kimberly Spaulding at kimberly.spaulding@ynhh.org or (203) 688-4482 with any questions or concerns.

Greensburg, KS Tornado Destroys Kiowa County Memorial Hospital and 95% of the Town: **New**

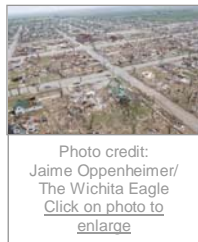


Photo credit:
Jaime Oppenheimer/
The Wichita Eagle
[Click on photo to enlarge](#)

On May 4th and May 5th, 2007, tornadoes struck across the Midwest. Greensburg, KS was struck by an F5 tornado and experienced winds estimated at more than 200 miles per hour. The tornado left a 22-mile path of destruction of more than a mile wide destroying Kiowa County Memorial Hospital, two local schools and nearly 95% of the town. The storm killed nine people and injured 60 others. During the event, the statewide emergency medical coordination system sent mass casualty alerts and bed polls to surrounding hospitals minutes after the tornado struck to identify where to send displaced patients. In the coming days, the hospital

will be assessing what is needed in terms of equipment, manpower and facilities to provide healthcare services to the community. The hospital intends to rebuild, and wants to keep as many staff employed as possible. Many residents in town also plan to rebuild. Signs such as "It's still home", "Future home of the Dixon family" and "We're still blessed" demonstrate the indomitable spirit of this community. For more information, please visit <http://www.disasternews.net/news/article.php?articleid=3163> or <http://www.kha-net.org/>.



The Medical Reserve Corps: **New**

We have just witnessed the devastating effects of the tornados in Kansas. Closer to home, MRC units are needed to support their state needs for assistance. All citizens must be prepared for any type of natural disaster and MRC volunteers can spread the word. To find out more, contact your local MRC unit, visit <http://www.mrc-ynh.org/>, or contact eugenie.schwartz@ynhh.org at 203-688-2659 to schedule training or a talk on personal and family preparedness. Remember: **Make a Plan, Build a Kit and Get Involved** with your local MRC.

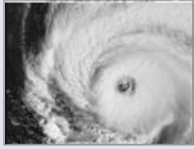
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National Hurricane and Nuclear Exercise



A hurricane roars ashore in Rhode Island. A nuclear device goes off in the Midwest. And terrorists begin wreaking havoc in Alaska. What do

you do? The Pentagon and other US and Canadian agencies plan to answer that question in a major exercise called Ardent Sentry-Northern Edge 07 that began April 30, 2007, and will play out over the next 18 days, involving thousands of US troops and state and local officials. The US Northern Command said it is "the largest and most complex exercise" it has undertaken, combining natural and man-made disasters to test preparedness plans on a national level. "The intent obviously is to stress the system," said Mike Kucharak, a spokesman for the Northern Command. To read this article in full, please visit

http://www.breitbart.com/article.php?id=070430233755.ertyy5z&show_article=1.

Many California Hospitals Not Earthquake Safe:

New

In 1994, after the Northridge earthquake caused \$3 billion in damage to Southern California hospitals and left 12 unsafe for occupancy, California passed a law requiring that hospitals meet specific safety standards. However, a recent report by the RAND Corporation for the California Health Care Foundation titled "Seismic Safety: Will California's Hospitals Be Ready for the Next Big Quake?" concludes that almost half of California hospitals will not be in compliance with the new regulation by the first phase 2013 state deadline, and many of those will have trouble becoming earthquake safe by the final 2030 deadline. Scientists predict that the possibility of a 7.0 magnitude or greater earthquake by the year 2030 is 80% in the Los Angeles area, and 62% in the Bay area. To read more about the report please visit: <http://www.chcf.org/press/view.cfm?itemID=129513>.

Reporting Protocol Established for CAP Laboratory Preparedness Survey Reporting: **New**

The Connecticut Department of Public Health (DPH) Bioterrorism Laboratory has developed a protocol to assist laboratories enrolled in the 2007 CAP Laboratory Preparedness Survey with dollars reporting these results to DPH. To access the protocol, as published by the Connecticut Laboratory Response Network, please visit http://www.ynhhs.org/emergency/CT-LRN_May2007.pdf.

Flooding Causes Evacuations, State of Emergency in the Midwest: **New**



Photo credit:
National Weather
Service
[Click on photo to
enlarge](#)

More than 500 residents in a Topeka, KS, neighborhood had to be rescued by boats Monday as rain totaling 6 to 9 inches fell in the region; roads throughout the area were closed due to high water. Officials in several states also reported tornadoes, all part of the same storm system that saw more than 150 tornadoes across the Plains' states last weekend, including one that destroyed the town of Greensburg, KS. Iowa Governor Chet Culver declared an emergency for five counties due to flooding. More than 1,500 residents in Red Oak and Coburg were advised to evacuate early Monday due to the rising East Nishnabotna River. Residents in Nebraska have started to relax a bit as river levels have begun to recede; Jim Bunstock of the Nebraska

Emergency Management Agency said damage assessments were being conducted. The storm system remains stalled over much of the region. Flood warnings and watches remained posted for much of Texas, Oklahoma, Kansas, Nebraska, Missouri, Arkansas as well as parts of North and South Dakota. To read the entire story, please go to <http://www.disasternews.net/news/article.php?articleid=3160>.

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.



Map credit:
Ohio State University

A team of scientists from Ohio State University have designed a new, interactive map of the spread of the avian flu virus (H5N1) that incorporates genetic, geographic and evolutionary information and may help predict where the next outbreak of the virus is likely to occur. In the process, they also tested hypotheses about the nature of specific strains of the virus that appear to be heading westward and have the ability to infect humans. A team of biomedical experts, led by Daniel Janies, an assistant professor in the department of biomedical informatics, used special software to create an evolutionary tree of the virus's mutations. They used Keyhole Markup Language in Google Earth to project the tree onto the globe and then chose colors and symbols to indicate different hosts that carry the virus and where they live. TimeSpan, another function in Google Earth, allowed them to animate the spread of the virus over the past decade. Clicking on a specific viral subtype generates a popup window revealing diagnostic mutations that distinguish one strain of the virus from another, and all of the data is linked to the National Institute of Health's GenBank. For more information, please visit <http://www.physorg.com/news97149983.html>.

- During the week of May 7, 2007, the European Union (EU) approved a "mock-up" influenza vaccine made by Novartis to permit a faster start on vaccine production in the event of a flu pandemic. When the World Health Organization (WHO) declares a flu pandemic, the vaccine, called Focetria, will be adapted to contain the pandemic virus. Focetria will not be manufactured until a pandemic is declared. The vaccine contains Novartis's proprietary adjuvant MF59, an immune-boosting chemical, which can reduce the amount of active ingredient needed in each dose. The dose used in the approved mock-up vaccine is 15 micrograms (mcg), according to the CHMP. Novartis is also seeking EU approval for a pre-pandemic H5N1 vaccine that includes MF59 and is based on the same technology as Focetria. The vaccine is intended for use before a pandemic declaration to help "prime" the immune system to fight off H5N1 infections. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may0907novartis.html>.

Survey Finds Americans Are Unprepared For A Public Health Emergency: **New**

The Center for Infectious Disease Research & Policy (CIDRAP) reports that "a recent survey sponsored by the American Public Health Association (APHA) indicates that about a third of Americans have made no preparations for a public health emergency and nearly 90% have prepared less than they think they should." The survey polled 925 adults, 120 employers, 150 school superintendents and a handful of regional food bank administrators and kitchen managers. Key findings can be found at: <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may0807survey.html>.

NYSDOH Establishes Draft of Ventilator Guidelines

A group of experts assembled by the New York State Department of Health (NYSDOH) developed guidelines for rationing scarce ventilators during a pandemic influenza event. The group released a 52-page draft plan that provides detailed guidance for determining who will receive ventilator treatment in the face of a pandemic-related shortage. The plan calls for allocating ventilators in acute care hospitals solely on the basis of patients' medical need and chance of survival, without regard for age, occupation, ability to pay or other factors. Acknowledging that ventilator rationing would be likely to trigger lawsuits, the proposal says that guidelines issued by the NYSDOH "would provide strong evidence for an acceptable standard of care during the dire circumstances of a pandemic." However, it adds, there is no guarantee that a court would accept this view. Only legislation would provide certain protection. The task force, called the New York State Workgroup on Ventilator Allocation in an Influenza Pandemic, has invited public comments on the proposed guidelines and plans to revise them in coming months. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/apr3007ventilator.html>.

CDC Requests Influenza-Related Pediatric Mortality Data: **New**

A CDC Health advisory is requesting that states report all cases of influenza-related pediatric mortality for the 2006-2007 influenza season, noting that information collected to date shows an increase in the number of pediatric influenza deaths associated with *Staphylococcus aureus* co-infection from previous years. From October 1, 2006 – May 7, 2007, 16 cases of *S. aureus* co-infection were identified, up from 3 in the 2005-2006 season. Healthcare providers should request bacterial cultures from children with influenza when bacterial co-infection is suspected, and influenza-associated pediatric deaths should be reported to the CDC by state health officials through the Influenza Associated Pediatric Mortality Surveillance System at <http://sdc.cdc.gov>. To read the full advisory please visit, <http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsqV.asp?AlertNum=00259>.

Questions or Comments

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

N-95 Respirators during a Pandemic: **New**

- On May 8, 2007, the US Food and Drug Administration (FDA) cleared the way for two N-95 respirator models to be marketed as devices that can reduce a user's risk of becoming ill during an influenza pandemic or other public health emergency. The respirators approved to carry the new labeling are made by the 3M Company (models numbered 8612F and 8670F) and will be available to the public without a prescription. N-95 respirators are among the personal protective equipment that the US Department of Health and Human Services (HHS) is stockpiling for use by healthcare workers during a pandemic. CDC Director Julie Gerberding said last week that almost 100 million N-95 respirators had been stockpiled. The products will be sold under 3M's Nexcare brand ranging from \$2 to \$4. The federal Occupational Safety and Health Administration (OSHA) requires that respirators used in workplaces be individually selected for each employee and tested to ensure a proper fit. To address fit testing concerns, the FDA said companies that want to market respirators for public health use must provide instructions for achieving a protective fit and using the devices properly. In addition, companies must show that respirators have been certified by the National Institute for Occupational Safety and Health (NIOSH) to provide adequate filtration without hampering breathing ability. Companies also must test the devices for the risk of causing allergic skin reactions. For more information, please visit http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may0907resp_edit2.html and <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01630.html>.



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 N-95 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 **N-95 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 N-95 respirator. The N-95 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.

Pediatric and Adult Disaster Victims: **New**

- The Official Journal of the World Association for Disaster and Emergency Medicine, entitled *Prehospital and Disaster Medicine*, published original research, "Do Pediatric and Adult Disaster Victims Differ? A Descriptive Analysis of Clinical Encounters from Four Natural Disaster DMAT Deployments" in their Jan.-Feb. 2007 issue. The analysis from the study, which was submitted in October of 2005, showed nearly 30% were pediatric patients (under 17 years of age.) The four DMAT field clinics included two conducted following hurricanes, one following an earthquake, and one following a flood. The conclusions reached showed that "pediatric patients represent a substantial proportion of disaster victims at DMAT field clinics. They often necessitate special care requirements different from their adult counterparts." To read the entire study, please go to <http://pdm.medicine.wisc.edu>.



Disaster preparedness that addresses pediatric issues is a high priority in the US today. YNH-CEPDR has begun offering a course entitled "Small Victims, Big Challenges: Pediatric Triage, Treatment and Recovery in Disasters." This course, EM 250, is recommended for physicians and other clinicians, medical professionals, and first responders. Currently, it is being offered as a live training, conducted by subject matter experts. By Fall of 2007, this advanced level course will be available as a two-hour on-line training. For more information, please contact Kimberly Spaulding at kimberly.spaulding@ynhh.org or (203) 688-4482.

Positions Available at YNH-CEPDR: **New**

YNH-CEPDR has openings for Exercise Specialists and Regional Education Specialists. Please contact Mark Schneider at 203-688-2577 or mark.schneider@ynhh.org for more information, or apply online at <http://www.yalenehavenhealth.org/info/jobs.html>.

New Service Provides Access to Disaster Victim's Prescription History

A recent article by Eric Toner, MD, in the Clinicians' Biosecurity Network describes a new service that gives pharmacists and clinicians immediate access to the medication histories of displaced disaster victims. Emergency RxHistory, developed by SureScrip®, is an internet based service that pulls information from a network of pharmacy databases to provide an aggregate view of a patient's prescription history. As Toner points out in his article, the importance of access to a disaster victims pharmaceutical records was evidenced in the aftermath of Katrina. In his view, Emergency RxHistory is "a significant step in collaborative community-based disaster preparedness and should be applauded." For more information, please go to: <http://cms.upmc-cbn.org>.

ICE. In Case of Emergency (ICE)

The In Case of Emergency (ICE) program enables first responders to identify an individual's emergency contact to obtain important medical information, especially if the person is unable to communicate. People are encouraged to enter in their emergency contact information in their cell phone under the listing "ICE", then list the name(s) and relationship (parents, spouse, child, etc.) and telephone number(s). YNH-CEPDR enthusiastically supports this program. In order to facilitate it, YNH-CEPDR offers "ICE" decals to be placed on cell phones to let emergency personnel know that this valuable information has been programmed into the phone. To order "ICE" decals, please send an e-mail to center@ynhh.org.

Six Arrested in New Jersey Terrorist Plot:

New

As reported by the Institute for Preventative Strategies at the Center for Rural Development, six men – four born in the former Yugoslavia, one from Jordan, and one from Turkey – were recently arrested and indicted on conspiracy, immigration, and weapons charges in New Jersey. Once again, thanks to a tip from a citizen, authorities were able to prevent what could have been a devastating attack on several targets, including Fort Dix. To read the complete story, please go to <http://www.preventivestrategies.net>.

Education and Training Courses

- At the request of the Bioterrorism Training and Curriculum Development Program 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_CompetyCrosswalk.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.
- **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.
- 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.
- **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 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.

Education and Training Courses



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.

UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
5.15.07	1:00 p.m. to 2:00 p.m.	NEPHERET WebEx Session Best Practices for the Protection of Healthcare-Based First Receivers – Operations Level (EM 220) Overview	This session is by invitation only. For more information, 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 .
6.13.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
6.13.07	9:30 a.m. to 10:30 a.m.	Regions 1, 2 and 5 Hospital Meeting	Connecticut Hospital Association
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
5.14.07	11:00 – 12:30	Community Health Centers – Introduction to Emergency Management Train the Trainer Webinar	To register please visit https://ynhh.webex.com .
5.18.07	11:00 – 12:30	New Hampshire Home Health - Introduction to Emergency Management Train the Trainer Webinar	To register please visit https://ynhh.webex.com .
5.21.07	11:00 – 12:30	Residential Care – Introduction to Emergency Management Train the Trainer Webinar	To register please visit https://ynhh.webex.com .
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 .
5.23.07	1:00 p.m. to 4:00 p.m.	How to Plan and Execute Emergency Hot Lines: A Workshop for Local Government, Health Care, and Community Leaders	Danbury Hospital. Registration available at http://www.ct.train.org .
5.30.07	1:00 – 2:30	Community Health Centers – Introduction to Emergency Management Train the Trainer Webinar	To register please visit https://ynhh.webex.com .
5.31.07	1:00 – 2:30	Family Planning Organizations– Introduction to Emergency Management Train the Trainer Webinar	To register please visit https://ynhh.webex.com .
6.5.07	8:00 a.m. to 10:00 a.m.	HICS IV Workshop	To register for this workshop, please download the PDF, http://www.yalenehavenhealth.org/emergency/HICSIVBrochure-Final.pdf , and email, fax or mail your registration. For more questions please contact Samantha Kopp samantha.kopp@ynhh.org .
6.11.07	2:00 p.m. to 4:00 p.m.	HICS IV Workshop	For more information please contact Samantha Kopp at samantha.kopp@ynhh.org .

FOR MORE INFORMATION, PLEASE CONTACT:

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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			
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