

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

## 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 by **May 18<sup>th</sup>**. 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.

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

The growing potential threat of pandemic influenza and other natural disasters such as the recent weather in the Midwest are two of the reasons why hospitals should review their response planning now and include a strategy to quickly increase the number of credentialed personnel who will be able to care for a sudden and unexpected surge in patient volume. Individuals who are currently enrolled or are considering enrolling in the State of Connecticut Emergency Credentialing Program (ECP) are encouraged to visit <http://www.ct-esar-vhp.org/> to learn more about how their participation in the ECP can help increase hospital surge capacity during a large-scale disaster or public health emergency. For more information about the ECP, please contact Joe Filakovsky, DNP, APRN, CCNS, FAHA at (203) 688-4486 or [ecp@ynhh.org](mailto:ecp@ynhh.org).

## Wildfires across the US and Incident Command:

**New**



Ham Lake Fire, MN  
Photo courtesy:  
MNICS  
[Click on photo to  
enlarge](#)

75,851 acres and 46 buildings have been destroyed by a massive fire in Northern Minnesota and extend beyond the border into Canada. Firefighting efforts have required close coordination between American and Canadian Incident Management Teams, who hope to have the fire contained by May 20<sup>th</sup>. For updated information, please visit <http://www.hamlakefire.com/>

Wildfires in New Jersey caused the evacuation of 6,000 people from 2,500 homes and 300 patients from one nursing home as fast moving flames consumed 14,000 acres of pinelands. The exceptionally fast moving fire left about 500 people in area shelters. Containment efforts got a boost from thunderstorms and were approximately 70% complete as of May 18<sup>th</sup>. Officials believe the wildfires were started by a flare dropped by an F-16 during a National Guard training exercise. To read the full story: <http://abclocal.go.com/wabc/story?section=local&id=5309331>

- Land along the Florida/Georgia border continues to burn as containment efforts appear to be holding. The Bugaboo fire, started by lightning, has consumed nearly a quarter million acres of land in the two states and continues to force evacuations. As of Tuesday, May 15<sup>th</sup>, officials reported that the fire was 50% contained in Florida and 15% contained in Georgia. Georgia officials estimate 38 active fires burning across the state, including the Big Sweat/Turnout fire which has been burning since April 16<sup>th</sup>. Florida officials report 227 active wildfires in 52 separate counties. For more information go to: <http://www.disasternews.net/news/article.php?articleid=3173>
- The New Jersey wildfires impacted a total of five towns across two counties, and required more than 600 firefighters from towns up to 30 miles away to work together to contain the blaze. Florida and Georgia fires required interstate cooperation. The Ham Lake fire required workers from different countries to join efforts. As these situations demonstrate, 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 implement HICS IV, please contact Jonathan Best at (203) 688-2535 or [jonathan.best@ynhh.org](mailto:jonathan.best@ynhh.org).



## The Medical Reserve Corps

Recalling the devastating effects of the tornados in Kansas and wildfires throughout the US, 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-ynhh.org/>, or contact [eugenie.schwartz@ynhh.org](mailto: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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## Avian Influenza: **New**

- On May 15, 2007, the CDC released an online three-day training course which provides a standardized curriculum to state and local public-health responders about how to identify and control human infections and illness associated with avian influenza A (H5N1). The course, entitled "CDC/CSTE Rapid Response Training: The Role of Public Health in a Multi-Agency Response to Avian Influenza in the United States" is the result of a partnership between the CDC and the Council of State and Territorial Epidemiologists (CSTE). Through lectures, reference materials and case studies, the course provides mechanisms to facilitate discussion and planning among people who may be called on to respond to avian influenza A (H5N1) in the United States. For more information, please visit <http://www.cdc.gov/od/oc/media/pressrel/2007/r070515.htm>. The course is also available at <http://www.cste.org/influenza/avian.asp>.
- On May 16, 2007, WHO recognized 15 H5N1 avian influenza cases from Indonesia dating back to late January, a few weeks after the country stopped sending H5N1 virus samples to the WHO as a protest against developing nations' lack of equal access to pandemic vaccines. The 15 cases now recognized by the WHO include 13 fatal ones, raising the WHO count for Indonesia to 96 cases with 76 deaths. The announcement pushes Indonesia past Vietnam, with 93 cases and 42 deaths, as the country hardest hit by avian flu and boosts the global H5N1 count to 306 cases with 185 deaths. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may1607indonesia.html>.

## Reporting Protocol Established for CAP Laboratory Preparedness Survey Reporting

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 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](http://www.ynhhs.org/emergency/CT-LRN_May2007.pdf).

## Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of May 16, 2007, is 306 cases and 185 deaths.

- On May 9, 2007, the Department of Defense (DOD) released its *Pandemic Influenza Implementation Plan*, part of the presidential initiative to prepare the nation for a potential mass outbreak of deadly influenza virus or other threats. Deputy Defense Secretary Gordon R. England signed off on the defense department's portion of the interagency plan in August 2006. *The Pandemic Influenza Implementation Plan* includes information on how people can help curtail the spread and mitigate the effects of a possible flu pandemic. Another component involves research and development and stockpiling of appropriate anti-viral vaccines and other medicines. For more information, please visit <http://www.defenselink.mil/news/newsarticle.aspx?id=45950>.
- On May 9, 2007, the World Health Organization (WHO) published "Questions and Answers on the Pandemic Influenza Vaccine." This website discusses the differences between seasonal vaccines, pre-pandemic vaccines and pandemic vaccines. In addition, research, promising avenues, the length of time it takes to develop a vaccine and more are discussed. To read further, please visit [http://www.who.int/immunization/newsroom/PI\\_QAs/en/index.html](http://www.who.int/immunization/newsroom/PI_QAs/en/index.html).
- On May 8, 2007, the CDC released a fact sheet to provide information about the use of facemasks and respirators in public places during an influenza pandemic. The fact sheet does not address the use of facemasks and respirators in the workplace or in healthcare settings. For more information, please visit [http://www.cdc.gov/Features/MasksRespirators/?s\\_cid=ccu051407\\_masks\\_r\\_e](http://www.cdc.gov/Features/MasksRespirators/?s_cid=ccu051407_masks_r_e).
- 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>.

## Will Healthcare Workers Go To Work During Disasters? **New**



Two studies were presented this week at the Society of Academic Emergency Medicine's annual conference in Chicago. These studies, conducted by St. John Hospital and Medical Center in Detroit, MI and Temple University School of Medicine in Philadelphia, PA, surveyed healthcare workers to determine if they would report to work during a disaster.

St. John Hospital and Medical Center surveyed 178 hospital personnel including physicians, nurses and administrative staff to determine respondents' likelihood of reporting for duty during an avian influenza pandemic in which affected patients were being treated at their hospital. The researchers found that only 50% of the respondents said they would report to work as usual, 42% said they may report to work as usual and 8% said they would not report to work. Confidence in the hospital's ability to protect its staff members was the most significant factor; financial incentives did not influence staff's decision-making.

In the second study, Temple University School of Medicine surveyed 306 healthcare workers including physicians, nurses, support staff and administrative personnel from five urban hospitals regarding their ability and willingness to work during a public riot, an infectious disease outbreak and a regional power outage. Based on responses, hospital workers' willingness to work during a disaster would be influenced by the perceived safety of their commute to and time in the workplace. Decisions would be affected by their confidence that protective equipment would be available, perception that the risk of contracting illness would be low, anticipation of family support for working during the event and belief that they could be effective in their jobs. For more information, please visit <http://www.sciencedaily.com/releases/2007/05/070516071704.htm> and <http://www.advisory.com/loqin/loqin.aspx?URL=/members/Default.asp?>

## WADEM World Congress: Safe and Resilient Hospitals Track: **New**

The Safe and Resilient Hospitals track conducted by Joint Commission International, the Pan American Health Organization and the Yale New Haven Center for Emergency Preparedness and Disaster Response, as part of the 15<sup>th</sup> World Congress on Disaster and Emergency Medicine, was very well received. More than 60 participants attended the sessions and contributed to the development of an ongoing process to reach consensus on international benchmarks for hospital preparedness. A summary of the sessions and proposed next steps is under development and will be published in an upcoming issue of Prehospital and Disaster Medicine. For more information, please contact Jim Paturas at (203) 688-3496 or [james.paturas@ynhh.org](mailto:james.paturas@ynhh.org).

## YNH-CEPDR Completes Collaborative with NYC CHCs for a Second Year: **New**

For the second year in a row, YNH-CEPDR collaborated with New York City's Primary Care Development Corporation in a program designed to improve the emergency response capabilities of area Community Health Centers (CHC). The eight-month program, funded by the city council of New York, helped each of the participating CHCs develop an emergency management team, create their ICS, complete the site's Hazard Vulnerability Analysis, develop Incident Response Guides, and begin writing an Emergency Management Plan. As a result, all 20 CHC's, many of which had originally intended to simply close their doors if a disaster occurred, will be able to remain open and continue to serve their communities in the event of a disaster situation. For more information, please contact David Burich at (203) 688-3721 or [david.burich@ynhh.org](mailto:david.burich@ynhh.org).

## Survey Finds Americans Are Unprepared For a Public Health Emergency

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>.

## N-95 Respirators during a Pandemic

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) require 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](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 conducted 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 and will meet OSHA fit-testing requirements. 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).



Dr. Joseph Albanese

## Radiation: **New**

The State of Connecticut has an on-going partnership with the Yale New Haven Health System to run one of only a few biodosimetry laboratories in the country. The Biodosimetry Laboratory provides clinicians with the information needed to make timely radiation dose assessments from blood samples collected from potentially over-exposed individuals using the dicentric assay (DCA) which is currently the most reliable method for determining the extent of radiation injury. For more information on the lab, please contact Dr. Joseph Albanese, Radiation Biodosimetrist at (203) 688-3316 or [joseph.albanese@ynhh.org](mailto:joseph.albanese@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. EM 110 CD is available for a fee and can be obtained by contacting Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- The CDC has developed guidelines for handling decedents contaminated with radioactive materials. This document provides guidelines that suggest ways for medical examiners, coroners and funeral directors to deal with loose surface contamination, internal contamination or shrapnel on or in a decedent's body. To access these guidelines, please visit <http://www.bt.cdc.gov/radiation/pdf/radiation-decedent-guidelines.pdf>.

## OSHA Proposed Rule Would Replace ANSI PPE Standards with "Good Design" Requirement:

**New**

A proposed rule from the Occupational Safety and Health Administration (OSHA) published in the May 17, 2007, Federal Register would remove old and outdated American National Standard Institute (ANSI) standards that have been incorporated by reference into the agency's personal protective equipment (PPE) regulations and replace these standards with a general requirement that PPE be constructed in accordance with good design standards. The proposed revisions would include guidance on determining what constitutes good design; for example, the PPE must have been tested with a protocol designed to ensure that the equipment provides a specific level of protection. OSHA also proposes adding to its regulations appendices listing what it considers to be good design standards, although compliance with these standards would not be mandatory for manufacturers. By replacing specific ANSI standards with a general requirement for good design, OSHA expects to potentially prevent employers and employees from having to obtain PPE manufactured in accordance with outdated standards.

Comments on the proposed rule must be submitted to OSHA by July 16, 2007. The rule is available at

<http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/pdf/E7-9315.pdf>.

## Syndromic Surveillance

**Reexamined: New**

The creation of a public syndromic surveillance website with user generated data has sparked interest in new uses for syndromic surveillance systems. Built on Web 2.0 collaborative technologies, <http://whoissick.org/sickness/>, collects and graphically displays symptom information from internet users which allows anyone to view symptom clusters throughout the world. The tool, which is proving useful for symptom monitoring, is causing experts to reconsider the usefulness of syndromic surveillance programs such as Biosense, which had originally been intended as early warning systems for new outbreaks. While critics have questioned the effectiveness of Biosense and similar programs to deliver useful and timely information regarding new outbreaks, the systems are now being looked at as an effective means for monitoring existing outbreaks. To read the full article please go to: <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may1607surveil.html>.

## Joint Commission Resources 3<sup>rd</sup> Annual Emergency Preparedness Conference, Abstracts Welcomed: **New**

Earthquakes, tornados, heat waves, floods, oil spills, fires, nuclear accidents, dirty bombs, pandemic flu, terrorism threats, hurricanes, blackouts, blizzards; the list of disasters is endless – and continues to grow. On average, natural disasters cause 185 deaths per day, and the loss of human life, the physical and environmental damages, the disruption to school, homes, business, and productivity and the financial impact can be devastating to any community or country. But the impact of many disasters can be sharply reduced if we make an effort to assess risk, and develop and test contingency plans for disaster response before it happens, rather than after the damage has been done.

Joint Commission Resources (JCR) is pleased to present its third annual emergency preparedness conference at the Hilton Alexandria Mark Center in Alexandria, Virginia, on October 10 and 11, 2007. This outstanding program will provide attendees with new ideas, concrete tools, tips, checklists and strategies to help them prepare their organizations and jurisdictions for peak performance, self-sufficiency and constant readiness. Once again, JCR is partnering with the Yale New Haven Center for Emergency Preparedness and Disaster Response on the scientific abstract session for the conference. Providing a forum for you to share your experience and expertise with colleagues from around the country, the abstract session will be even bigger and better than last year, with 25 submissions being selected for poster presentation and two selected for platform presentation during the conference plenary sessions on October 11, 2007. For more information on the abstract submission process, please go to <http://yalenewhavenhealth.org/emergency/disasterconference/>. For more information or to register for this conference, please visit [www.jcrinc.com/education](http://www.jcrinc.com/education), or call JCR Customer Service at (877) 223-6866.

## The Joint Commission - Revised Emergency Management Standards: **New**

Effective January 1, 2008, the emergency management standards (EC.4.10 and EC.4.20) for hospitals, critical access hospitals and long term care facilities have been revised to reflect an "all-hazards" approach to emergency preparedness that permits appropriately flexible and effective responses. The revised standards emphasize a "scalable" approach that can help manage the variety, intensity and duration of the disasters that can affect a single organization, multiple organizations or an entire community. They also stress the importance of planning and testing response plans for emergencies during conditions when the local community cannot support the health care organization. The proposed revisions were vetted for field comment in January; responses were received from 397 hospitals, 66 critical access hospitals and 18 long term care organizations. In addition, interviews were conducted with selected organizations in order to fully understand the impact that the proposed requirements would have on them. Based on this input, changes were made to the proposed revised standards, specifically in relation to concerns about organizations' ability to comply with some requirements. In addition, some expectations were clarified and some redundant and overly-prescriptive expectations were eliminated. For more information, please visit <http://www.jointcommission.org/>.

## Infectious Substances Packaging and Shipping Training: **New**



The State of Connecticut Department of Public Health Bioterrorism Laboratory staff has announced the location and training dates for this years packaging and shipping classes. These classes will provide a comprehensive overview of the regulations applicable to packaging and shipping of laboratory specimens. Lectures, demonstrations and group exercises will be used to provide instruction on complying with all federal transportation guidelines. Participants will be tested after the program on their knowledge of the regulations and will receive documentation of their attendance and testing. For more information, please visit <http://www.ynhhs.org/emergency/PackagingBrochure.pdf> and <http://www.ynhhs.org/emergency/2007PackagesGuidance.pdf>.

### Questions or Comments

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

## CDC Requests Influenza-Related Pediatric Mortality Data

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://sdn.cdc.gov>. To read the full advisory, please visit, <http://www2a.cdc.gov/HAN/ArchiveSys/ViewMs.gv.asp?AlertNum=00259>.

## Many California Hospitals Not Earthquake Safe

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>.

## Positions Available at YNH-CEPDR

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

## DHS Rule: Healthcare Facilities May Have to Submit CSAT, Meet Other Requirements: **New**

Effective next month, the US Department of Homeland Security (DHS) will require chemical facilities, including many healthcare facilities, to submit information to the department as outlined in an interim final rule for chemical facility antiterrorism standards. Under the rule, published in the April 9, 2007, Federal Register, any chemical facility possessing at least a screening threshold quantity (STQ) of certain "chemicals of interest" listed in an appendix to the rule—for example, a healthcare facility possessing any amount of ethylene oxide—must complete and submit to DHS a chemical security assessment tool (CSAT) called Top Screen within 60 calendar days of the publication of the final version of the appendix, within 60 calendar days of acquiring an STQ of a "chemical of interest," or upon DHS request for a CSAT submission by written notice to the facility or through a subsequent Federal Register notice. Comments on the proposed appendix were due May 9, 2007. Facilities that DHS designates as "high risk" will have to submit a security vulnerability assessment and site security plan or an "alternative security program" that provides for an equivalent level of security. The interim final rule, which is effective June 8, 2007, is available at <http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/pdf/E7-6363.pdf>; more information on the CSAT is available at [http://www.dhs.gov/xprevprot/programs/gc\\_1169501486197.shtm](http://www.dhs.gov/xprevprot/programs/gc_1169501486197.shtm).

## Pediatric and Adult Disaster Victims

- 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](mailto:kimberly.spaulding@ynhh.org) or (203) 688-4482.

## 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](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](mailto:mark.schneider@ynhh.org).
- **Introduction to Emergency Management with NIMS (EM 103 w/NIMS)** is available at <http://ynhhs.emergencyeducation.org/>. Yale New Haven Health System employees should access 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).

## Education and Training Services

The May 2007 issue of *Environment of Care News*, the official Joint Commission newsletter, contains an article entitled "Managing an Emergency - Using NIMS and HICS to Navigate the Emergency Management Process" (for the entire article, please go to <http://www.jcrinc.com>.) The article broadly discusses the National Incident Management Systems (NIMS) and the newest version of the Hospital Incident Command System (HICS.) "To be effective at emergency response, organizations must use an approach that is planned and structured yet flexible and scalable." 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 additional information about these services, please contact [scott.selig@ynhh.org](mailto:scott.selig@ynhh.org) at (203) 688-2587 or [kimberly.spaulding@ynhh.org](mailto:kimberly.spaulding@ynhh.org) at (203) 688-4482.

## Education and Training Courses

- **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 (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).

## Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
5.22.07	10:00 a.m. to 1:00 p.m.	NATHCER Exercise, OR <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> .
5.25.07	10:00 a.m. to 1:00 p.m.	NATHCER Exercise, Washington, DC <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> .
6.13.07	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 <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> .

### FOR MORE INFORMATION, PLEASE CONTACT:

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<b>James Paturas</b> Deputy Director (203) 688-3496 <a href="mailto:james.paturas@ynhh.org">james.paturas@ynhh.org</a>	<b>Anthony Tomassoni, MD</b> Medical Director (203) 688-3224 <a href="mailto:anthony.tomassoni@ynhh.org">anthony.tomassoni@ynhh.org</a>	<b>Joe Filakovsky,</b> <b>DNP, APRN, CCNS, FAHA</b> ECP Coordinator (203) 688-4486 <a href="mailto:joseph.filakovsky@ynhh.org">joseph.filakovsky@ynhh.org</a>	<b>Scott Selig</b> Program Manager, Network Development (203) 688-2587 <a href="mailto:scott.selig@ynhh.org">scott.selig@ynhh.org</a>

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

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## UPCOMING

### Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
5.21.07	11:00 a.m. to 12:30 p.m.	Residential Care – Introduction to Emergency Management Train the Trainer Webinar	To register please visit <a href="https://ynhh.webex.com">https://ynhh.webex.com</a> .
5.22.07	1:00 p.m. to 2:00 p.m.	CDC's Response During a Public Health Emergency <i>Sponsored by the CDC</i>	For more information, please visit <a href="http://www.bt.cdc.gov/coca/callinfo.asp">http://www.bt.cdc.gov/coca/callinfo.asp</a> .
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 <a href="http://www.dlnets.com/ntpi_23May07.htm">http://www.dlnets.com/ntpi_23May07.htm</a> .
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 <a href="http://www.ct.train.org">http://www.ct.train.org</a> .
5.30.07	1:00 p.m. to 2:30 p.m.	Community Health Centers – Introduction to Emergency Management Train the Trainer Webinar	To register please visit <a href="https://ynhh.webex.com">https://ynhh.webex.com</a> .
5.31.07	1:00 p.m. to 2:30 p.m.	Family Planning Organizations– Introduction to Emergency Management Train the Trainer Webinar	To register please visit <a href="https://ynhh.webex.com">https://ynhh.webex.com</a> .
6.5.07	8:00 a.m. to 10:00 a.m.	HICS IV Workshop	To register for this workshop, please download the PDF, <a href="http://www.yalenehavenhealth.org/emergency/HICSIVBrochure-Final.pdf">http://www.yalenehavenhealth.org/emergency/HICSIVBrochure-Final.pdf</a> , and email, fax or mail your registration.  For more questions please contact Samantha Kopp <a href="mailto:samantha.kopp@ynhh.org">samantha.kopp@ynhh.org</a> .
6.7.07 6.14.07 6.19.07 6.26.07 6.28.07	9:00 a.m. to 2:00 p.m.	Infectious Substances Packaging and Shipping Training  <i>Sponsored by the State of Connecticut Department of Public Health</i>	For more information, please visit <a href="http://www.ynhhs.org/emergency/PackagingBrochure.pdf">http://www.ynhhs.org/emergency/PackagingBrochure.pdf</a> .
6.11.07	2:00 p.m. to 4:00 p.m.	HICS IV Workshop	For more information please contact Samantha Kopp at <a href="mailto:samantha.kopp@ynhh.org">samantha.kopp@ynhh.org</a> .