

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Ottilie W. Lundgren Memorial Field Hospital Open House – June 6-7, 2007: **New**



From June 6th through June 7th 2007, the Ottilie W. Lundgren Memorial Field Hospital will be hosting an Open House at Waterbury Hospital. On April 4, 2006, the Ottilie W. Lundgren Memorial Field Hospital was unveiled. This

\$8.25 million mobile hospital, funded with a combination of state and federal money, can be erected and staffed within hours of an emergency situation. Complete with electricity, heat, air conditioning and fresh water, the 100-bed unit includes intensive care, isolation capability, ambulatory care and triage areas. The mobile field hospital is outfitted with medical supplies and equipment that can provide immediate emergency/disaster medical care as a 100-bed facility or broken down into 25-bed units for regional emergencies. The mobile hospital is staffed with a combination of personnel from the Connecticut Disaster Medical Assistance Team (www.dph.state.ct.us/ct-1_dmat), state government agencies, volunteers from the State of Connecticut Emergency Credentialing Program www.ct-esar-vhp.org and volunteers from one of the State's five Medical Reserve Corps units <http://www.medicalreservecorps.gov>. For more information, please contact Ralph Miro at (203) 573-7390 or rmiro@wtbyhosp.org or contact Joseph Filakovsky at (203) 688-3224 or joseph.filakovsky@ynhh.org.

Infectious Substances Packaging and Shipping Training



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>.

Hurricane News: **New**



Hurricane season begins on June 1st and the National Oceanic and Atmospheric Administration (NOAA) is predicting above normal activity. The agency released their prediction for three to five major hurricanes (category 3 or higher), 13 to 17 named storms and put the chances of increased storm activity at 75%.

For more information, please visit

<http://www.noaanews.noaa.gov/stories2007/s2864.htm>.

- Federal Emergency Management Agency (FEMA) Regions 1 and II tested their operations plan for hurricane impacted northeastern states and reported positive results, which included insights for fine tuning future responsibilities. The exercise was part of the Ardent Sentry – Northern Edge Exercise, the first in a five year schedule of national level exercises. While YNH-CEPDR participated in the hurricane operations exercise, the scenarios in other FEMA regions included terrorist threats to energy infrastructure, and a nuclear detonation. The full article can be found at: http://www.breitbart.com/article.php?id=070430233755.ertyy5z&show_article=1.
- History teaches that a lack of hurricane awareness and preparation are common threads among all major hurricane disasters. By knowing your vulnerability and what actions you should take, you can reduce the effects of a hurricane disaster. This year Hurricane Preparedness Week is May 20-26, 2007. The goal of Hurricane Preparedness Week is to inform the public about the hurricane hazards and provide knowledge which can be used to take **ACTION**. This information can be used to save lives at work, home, while on the road or on the water. Hurricane hazards come in many forms: storm surge, high winds, tornadoes and flooding. This means it is important for your family to have a plan that includes all of these hazards. Look carefully at the safety actions associated with each type of hurricane hazard and prepare your family disaster plan accordingly. Remember, this is only a guide, the first and most important thing anyone should do when facing a hurricane threat is to use common sense. Please visit <http://www.nhc.noaa.gov/HAW2/english/intro.shtml> or <http://www.cdc.gov/Features/HurricanePreparedness/> for more information.



Volunteers play a key part in hurricanes and many other disaster response activities. Joining the State of Connecticut Emergency Credentialing Program for Healthcare Professionals or the Medical Reserve Corps will allow you to become a key member of this response team in time of disaster. To enroll in the Emergency Credentialing Program or just to get more information, visit <http://www.ct-esar-vhp.org> or contact Joseph Filakovsky, DNP, APRN, Emergency Credentialing Coordinator at (203) 688-3224; for more information about the Medical Reserve Corps, visit <http://www.mrc-ynh.org/> or contact Eugenie Schwartz, RN, BSN, MHA, MRC Coordinator at (203) 688-3224.

Questions, Comments, Suggestions or to Subscribe

For questions, comments, suggestions or to subscribe to the Preparedness Report, please e-mail us at center@ynhh.org. www.yalenehavenhealth.org/emergency

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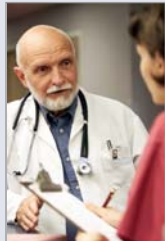
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Will Healthcare Workers Go To Work During Disasters?



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/login/login.aspx?URL=/members/Default.asp?>

Positions Available at

YNH-CEPDR: **New**

YNH-CEPDR has openings for Exercise Specialists, Regional Education Specialists and a Web Education Specialist. 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>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of May 24, 2007, is 307 cases and 186 deaths.

- 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, which has reported 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>.
- The World Health Assembly passed a general resolution in support of the "timely sharing of viruses" and the "fair and equitable sharing" of vaccines among member states. The resolution, titled "Sharing of Influenza Viruses and Access to Vaccines and Other Benefits" emphasizes the need for collective cooperation by global researchers as well as the necessity of making the benefits of that research affordable to all countries. More information on the resolution can be found at the following Websites:
World Health Organization (WHO): <http://www.who.int/mediacentre/news/releases/2007/wha02/en/index.html>
Financial Times: <http://www.ft.com/cms/s/adaaaa0a-08e4-11dc-b11e-000b5df10621.html>
Washington Post: <http://www.washingtonpost.com/wp-dyn/content/article/2007/05/22/AR2007052200832.html?tid=informbox>
Statement by Mike Leavitt, Secretary of Health and Human Services: <http://www.hhs.gov/news/press/2007pres/05/pr20070523a.htm>
- Another avian flu death has been reported in Indonesia, and a new case of bird flu has surfaced in Vietnam. The death of a 5 year old girl in Java is still pending confirmation by the World Health Organization (WHO) as being caused by the H5N1 virus. If the case is confirmed, it will be Indonesia's 77th bird flu fatality. Vietnam, which has not had a human H5N1 case since November of 2005, is sending the WHO samples from a 30-year old patient who tested positive for the virus at a Hanoi hospital. If confirmed, this will be the country's 94th case. Indonesia and Vietnam are first and second, respectively, in the number of human H5N1 cases and fatalities in the world. For more information go to: <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may2307indonesia.html>.



The US Department of Health and Human Services (HHS) has launched a five-week "Pandemic Flu Leadership Blog" in order to encourage public discussion on pandemic flu preparedness. The blog, which is being hosted by the [Pandemicflu.gov](http://pandemicflu.gov) website, will feature writings from leaders in the fields of public health, medicine, disaster preparedness, business, communications, etc. The public is invited to respond to the blog entries and post their comments. For more information, see the full article in CIDRAP: <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may2207blog.html> or go directly to the blog at: <http://blog.pandemicflu.gov>.

Around the Nation: **New**

On May 23rd, New York Governor Eliot Spitzer and Insurance Superintendent Eric R. Dinallo announced that they have negotiated a \$2 billion settlement between Silverstein Properties and seven insurance companies covering all outstanding insurance claims arising from the September 11 terrorist attack on the World Trade Center. To read the complete story, please go to <http://www.insurancejournal.com/news/national/2007/05/23/79970.htm>. This settlement will allow building to proceed at the site of Ground Zero. The Insurance Information Institute estimates insurers paid \$37.0 billion (adjusted in 2006 dollars) in property, life, and liability claims for losses related to the events of September 11, 2001 in New York, Virginia and Pennsylvania.

New Connecticut law will leave no pet behind during a disaster: **New**



Photo Credit: FEMA

On May 11, 2007, Connecticut's pets and service animals will now be included in Connecticut's disaster plans thanks to a new bill signed into law by Governor M. Jodi Rell, making it the 14th state

with such a law. The new law requires local civil preparedness plans to include provisions for evacuating pets and service animals during emergencies. President Bush signed the Pets Evacuation and Transportation Standards Act in October 2006, which requires local and state emergency preparedness authorities to include pets and service animals in their evacuation plans. Local and state authorities must submit these plans in order to qualify for grants from the Federal Emergency Management Agency. For more information, please visit <http://www.norwichbulletin.com/apps/pbcs.dll/article?AID=20070512/NEWS01/70512009>.

DHS Completes Key Framework for Critical Infrastructure Protection: **New**

Homeland Security Presidential Directive-7 identified 17 critical infrastructure and key resource sectors that require protective actions to prepare for a terrorist attack or other hazards. The sectors are: agriculture and food; banking and finance; chemical; commercial facilities; commercial nuclear reactors, including materials and waste; dams; defense industrial base; drinking water and water treatment systems; emergency services; energy; government facilities; information technology; national monuments and icons; postal and shipping; public health and healthcare; telecommunications; and transportation systems including mass transit, aviation, maritime, ground or surface, rail and pipeline systems. On May 21, 2007 the US Department of Homeland Security (DHS) completed Sector-Specific Plans (SSPs) for each of the 17 critical infrastructure sectors in support of the National Infrastructure Protection Plan (NIPP). The NIPP outlines a comprehensive risk management framework that defines critical infrastructure protection roles and responsibilities for all levels of government and private industry. Each SSP is tailored to the unique risk characteristics of that sector to promote greater consistency of protective programs and resources within the sectors. For more information, please visit http://www.dhs.gov/xnews/releases/pr_1179773665704.shtm.

3rd Annual Emergency Preparedness Conference, Abstracts Welcomed

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://valenewhavenhealth.org/emergency/disasterconference/>. For more information or to register for this conference, please visit <http://www.jcrinc.com/24835/>, or call JCR Customer Service at (877) 223-6866.

The Joint Commission - Revised Emergency Management Standards

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/> or contact james.paturas@ynhh.org at (203) 688-3496.

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

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>.

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

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. For more information, please contact James Paturas at (203) 688-3496 or james.paturas@ynhh.org.

Syndromic Surveillance Reexamined

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>.

Radiation



Dr. Joseph Albanese

The State of Connecticut has an on-going partnership with the Yale New Haven Health System to operate one of only three 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.

- 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.
- 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>.

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 or (203) 688-4482.

Education and Training

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 meets 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.

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 at (203) 688-2587 or kimberly.spaulding@ynhh.org at (203) 688-4482.

Education and Training



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.

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_CompetencyCrosswalk.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. To download a brochure, please visit

http://www.ynhhs.org/emergency/NIMS_Brochure-Final.pdf. 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.
- **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.

UPCOMING Meetings and Events

DATE	TIME	EVENT	LOCATION
6.6.07	12:00 p.m. to 4:00 p.m.	Ottilie W. Lundgren Memorial Field Hospital Open House	Waterbury Hospital For more information, please contact Ralph Miro at (203) 573-7390 or rmiro@wtbyhosp.org .
6.7.07	7:00 a.m. to 8:00 p.m.	Ottilie W. Lundgren Memorial Field Hospital Open House	Waterbury Hospital For more information, please contact Ralph Miro at (203) 573-7390 or rmiro@wtbyhosp.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
6.20.07	10:00 a.m. to 12:00 p.m.	NATHCER Exercise, UT <i>Sponsored by YNH-CEPDR</i>	For more information please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
6.22.07	9:00 a.m. to 12:00 p.m.	NATHCER Exercise, MO <i>Sponsored by YNH-CEPDR</i>	For more information please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
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 .

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

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
5.29.07	11:30 a.m. to 1:00 p.m.	Ethical Considerations for Pandemic Preparedness	St. Vincent's Medical Center, Bridgeport, CT For more information, please contact Jane K. Winters, RN, BSN at (203) 576-5138 or jwinters@stvincents.org .
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 https://ynhh.webex.com .
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 https://ynhh.webex.com .
6.5.07	11:00 a.m. to 12:30 p.m.	Residential Care – Introduction to Emergency Management Train the Trainer Webinar	To register please visit https://ynhh.webex.com .
6.6.07	11:00 a.m. to 12:30 p.m.	Family Planning Organizations – Introduction to Emergency Management Train the Trainer Webinar	To register please visit https://ynhh.webex.com .
6.7.07	11:00 a.m. to 12:30 p.m.	Mental Health Organizations – Introduction to Emergency Management Train the Trainer Webinar	To register please visit https://ynhh.webex.com .
6.5.07 6.11.07	8:00 a.m. to 10:00 a.m. 2:00 p.m. to 4:00 p.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 .
6.7.07 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 http://www.ynhhs.org/emergency/PackagingBrochure.pdf .