

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

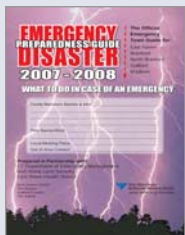
Ottilie W. Lundgren Memorial Field Hospital Open House – June 6-7, 2007



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.

2007-2008 Emergency Disaster Preparedness Guide Published: New



Shore Publishing has released the 2007-2008 Emergency Disaster Preparedness Guide for East Haven, Branford, North Branford, Guilford and Madison. Yale-New Haven Shoreline Medical Center and the Yale New Haven Center for Emergency Preparedness and Disaster Response are featured in this emergency town guide. Download the guide (1,546K pdf) at: http://www.ynhh.org/shoreline/2007_emergency_guide.pdf

Avian Influenza: New

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of May 31, 2007, is 309 cases and 187 deaths.

- Indonesia reports that a 45 year old man who developed symptoms of avian flu on May 17th died of the disease on May 28th, bringing the total number of confirmed avian influenza cases to 98 in Indonesia, 78 of which have been fatal. The source of the infection appears to have been dead poultry. The full update can be read at: http://www.who.int/csr/don/2007_05_31/en/index.html
- A global team of researchers has reported that they have successfully used human antibodies from survivors of the H5N1 virus to treat and protect mice infected with the avian flu virus. Mice that received antibodies derived from Asian survivors of the virus survived, while the entire control group died within a week of being exposed to a lethal dose of the virus. Referencing the study, Anthony S. Fauci, M.D., Director of the National Institute of Allergy and Infectious Diseases said "If the success of this initial study is confirmed through further laboratory and clinical trials, human monoclonal antibodies could prove to be valuable therapeutic and prophylactic public health interventions for pandemic influenza." For more information regarding the study please visit <http://www.nih.gov/news/pr/may2007/niaid-28.htm>.
- The Swiss government has recommended that citizens purchase 50 protective masks each as part of a public campaign for bird flu preparedness that stressed public responsibility for infection control. Officials stated that no order to wear the masks would be given until an actual outbreak occurred. For more information go to: <http://www.nzz.ch/2007/05/15/eng/article7820824.html>
- The CDC has released interim pre-pandemic planning guide on the use of nonpharmaceutical interventions for the mitigation of an influenza pandemic. The document, titled "Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States. Early, Targeted, Layered Use of Nonpharmaceutical Interventions" can be found at: http://pandemicflu.gov/plan/community/community_mitigation.pdf
- Four people from Wales have tested positive for the low pathogenic strain of avian flu, H7N2. Five others with similar symptoms tested negative, but are being treated as a precaution. All of the infected cases have been traced to contact with infected poultry. According to epidemiologist Brendan Mason, the H7N2 virus, though mild, is rare. The outbreak serves as a reminder that virus subtypes other than the well known H5N1 strain could spark a pandemic. The full story is available at: <http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/may2907wales.html> or at http://www.hpa.org.uk/hpa/news/articles/press_releases/2007/070525_avian_flu_H7N2.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>.

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FDA Finalizes Guidance for Pandemic and Seasonal Influenza

Vaccines: **New**

On May 31, 2007, the US Food and Drug Administration (FDA) issued final recommendations to increase the supply of safe and effective influenza vaccines for both seasonal and pandemic use. The FDA recommends using recent technologies such as cell culture and recombinant manufacturing to enhance the development and evaluation of vaccines. They also recommend adding substances that improve the immune response from the vaccine (novel adjuvants). The guidance indicates that manufacturers should submit a new Biologics License Application (BLA) for the initial licensure of a pandemic or seasonal influenza vaccine to ensure that each pandemic and seasonal vaccine has its own trade name and labeling. For more information, please visit <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01645.html>.

Connecticut Department of Public Health Releases Respiratory Care

Directors' Ventilator Recommendations: **New**

The Department of Public Health (DPH) has released ventilator purchasing guidelines developed by the Respiratory and Pulmonary Care Services Directors of Connecticut Hospital Association (CHA) member hospitals. The Directors identified a set of selection criteria and reviewed ventilators from six companies before recommending the VIASYS Vela ventilator along with other respiratory care supplies. The full list can be found at: http://www.ynhhs.org/emergency/RCD_Ventilator_Recommendation.DOC.

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

Avian Influenza: **New**



- 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 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>.
- After nearly a year of refusing to participate in sample sharing efforts, China resumed sending H5N1 samples to the World Health Organization (WHO). WHO confirmed that two of the three samples promised by China had arrived in the United States this week. The third sample, from a soldier who died in 2003, is apparently being held up by complicated military procedures. For more information go to: <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may2507samples.html>.
- China has also reported a new case of human H5N1 flu virus, which was confirmed on May 23rd. The 19 year old soldier who contracted the disease in the Fujian province does not appear to have had contact with sick birds prior to his illness. Read the full update at http://www.who.int/csr/don/2007_05_30/en.
- The emergency spending bill had \$650 million in pandemic flu funds cut from it before passing Congress this week, including \$625 million for medicines, supplies, diagnostic and surveillance tools. Richard Hamburg, Government Relations Director for Trust for America's Health, commented that although the budget cuts did not mean that further appropriations would not happen, it did suggest that a considerable delay of President Bush's initial commitment of \$7.1 billion in funding was likely. The bill did, however, include some funding specifically for avian flu, including \$161 million for foreign operations and \$13.2 million for research. Full details can be found at: <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may2507funding.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.html>

OSHA Pandemic Guidance for Healthcare Personnel Emphasizes Advance Preparation and Training: **New**

OSHA, along with the Department of Labor, has released a guide to occupational health issues related to hospital pandemic preparedness. The 104 page document, described by Eric Toner, M.D., as "clearly written" and "concise", is advisory rather than regulatory, and places a strong emphasis on the need for advance preparation and training. It states: "Training for a pandemic is essential to ensure continued effective operation of the facility. Cross training and volunteer training for essential functions should be initiated early in pandemic preparedness planning. If advance training is not an option, then ensure that protocols and resources for just-in-time training are in place. If possible, identify pools of back-up staff or volunteer staff and begin training these individuals in infection control practices and respiratory protection (including fit testing) to ensure smooth integration in the healthcare facility in the event of a pandemic." To read the full article by Dr. Toner, visit: http://www.upmc-cbn.org/report_archive/2007/05_may_2007/cbnreport_05242007.html

New Connecticut law will leave no pet behind during a disaster



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/NEW01/70512009>.

DHS Completes Key Framework for Critical Infrastructure Protection

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_117977_3665704.shtm.

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>.

- Alabama, Louisiana, and Mississippi, whose health care systems continue to struggle after Katrina, will receive an additional \$195 million in grant funding from the Department of Health and Human Services (HHS). Louisiana, the hardest hit, will receive \$100 million for primary care clinics serving low income and uninsured residents in the New Orleans region, and another \$35 million to assist in recruiting and retaining health care workers. The remaining \$60 million will fund acute care hospitals, skilled nursing facilities, inpatient psychiatric facilities and community mental health centers in all three states. Donald E. Powell, Federal Coordinator for Gulf Coast Rebuilding responded by saying "I am pleased that Secretary Leavitt has responded to the region's pressing health care needs, including mental health challenges, with thoughtful, targeted, and effective federal support to local leaders and providers." To read the full article, go to: <http://www.hhs.gov/news/press/2007pres/05/pr20070524b.html>
- In the wake of Katrina, officials at the U.S. Department of Energy report having made operational and administrative improvements to their hurricane emergency response plans which include hiring seven staff members specifically to support the department's energy emergency function under the National Response Plan and implementing a helpline to allow state and local governments and industry to communicate with the Energy Department during emergencies. Further details can be found at: http://www.upi.com/NewsTrack/Science/2007/05/31/energy_department_makes_hurricane_plans/8507
- 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. The Atlantic Hurricane season begins on June 1st The goal of Hurricane Preparedness 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. But 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/> for the most up to date information.



Volunteers play an important part in responding to hurricanes and 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.

Positions Available at YNH-CEPDR

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.valenewhavenhealth.org/info/jobs.html>.

Around the World: **New**



Windsor Fire
Photo Credit: CBC

On Friday, May 25, 2007, a state of emergency was declared in Windsor, Ontario, Canada following an explosion and fire at an auto body shop. Windsor's mayor, prompted by

concerns over the possibility of toxic air conditions, had approximately 600 homes near the fire evacuated. Two schools in the area were also evacuated during the two hour state of emergency. For more details, please go to

www.cbc.ca/canada/story/2007/05/26/windsor-fire.html.

- In a May 18, 2007 press release, the Assembly of European Regions (AER) announced that it has launched an Emergency Planning Network (EPN). The AER members participating comprise 15 regions from ten different countries across Europe. The goal of the EPN is to establish best practices for response in a crisis and to create "common action plans." This effort is very similar to the U.S.'s ICS, or Incident Command System, which strives for coordinated responses utilizing systems such as a standardized language and organizational systems. To read the entire press release, please go to <http://www.a-e-r.org/news/2007/aer-emergency-planning.html>.

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.

Around the Nation: **New**



A US citizen infected with an extensively drug resistant form of tuberculosis (XDR TB) has been quarantined after traveling to Europe and Canada aboard commercial airlines, putting dozens of passengers at potential risk for exposure to the lethal disease. The CDC has issued a health advisory and is working in collaboration with U.S. state and local health departments, International Ministries of Health, the airline industry and WHO on notifications and follow up of passengers sitting within five rows of the infected traveler. Speaking at a news conference, Dr. Martin Cetron of the CDC said that the patient is asymptomatic and he believes his degree of infectiousness is quite low. However, the public health consequences of exposure to this drug resistant strain of TB caused enough concern for CDC to issue an isolation order for the patient and to encourage all passengers aboard Air France flight #385 from Atlanta on May 12 and Czech Air flight 0104 arriving in Montreal from Prague on May 24th to seek TB testing and evaluation. Transcripts from the press conference held on Wednesday, May 30th can be found at:

<http://www.cdc.gov/od/oc/media/transcripts/t070530.htm>

- Health and Human Services Secretary Mike Leavitt has issued a statement in support of the nomination of James W. Holsinger, Jr. for Surgeon General. Leavitt states "I am pleased the President has nominated such an impressive individual to be the 18th Surgeon General of the U.S. Public Health Service. Dr. Holsinger's significant experience as a physician, educator and leader make him an excellent choice to serve as "America's Doctor." To read the full statement go to: <http://www.hhs.gov/news>.

CDC's New Vector-Borne Infectious Disease Laboratory Opens in Fort Collins, CO: **New**



Blacklegged Tick
Photo Credit: James Gathan / CDC

The CDC has opened an \$80 million facility, home to the Division of Vector-Borne Infectious Diseases in Fort Collins, CO. This state-of-the-art laboratory supports the mission of the CDC as a national and international reference center for vector-borne viral and bacterial diseases including West Nile virus, Lyme disease, Plague, Dengue Fever, Eastern Equine Encephalitis and others. For more information, please visit

http://www.cdc.gov/news/2007/05/fortcollins_lab.html.

Joint Commission Resources 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://yalenewhavenhealth.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 Incident Management Systems Division Releases

(ERFOG): **New**

The Incident Management Systems Division is developing an Incident Command System (ICS) Emergency Responder Field Operating Guide (ERFOG). The purpose of the ERFOG is to assist emergency response personnel in the use and application of NIMS ICS during incident operations. This Guide contains the NIMS ICS approach to managing response operations for any incident, regardless of cause, size, type or complexity. This NIMS ICS approach allows for a standardized management system that is both flexible and scalable for use when responding to all hazards and in preparation for planned events. The Incident Management Systems Division has released a draft of the ERFOG for a 30 day national comment period. All comments are due to the Incident Management Systems Division by Friday, June 23, 2007. The draft can be located at the following link: <http://www.fema.gov/emergency/nims/index.shtm>. If you would like to request a comment form, please email FEMA-NIMS@dhs.gov. While a comment form will help assure clarity and consistency, it is not a requirement. You may also submit your comments directly to that email address. It is the intent of the Incident Management Systems Division to make this ERFOG both valuable and user-friendly to the incident commander and emergency personnel in the field. To this end, the Division welcomes specific comments and general feedback regarding the content and layout of the Guide.

Education and Training Courses

Introduction to Radiological Response (EM 110) is 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.

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 as demonstrated on the YNH-CEPDR NIMS Competency Crosswalk which may be accessed at http://www.ynhhs.com/emergency/YNH_CEPDR_NIMS_CompetyCrosstalk.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.
- **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 Courses



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.

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 effective and scaleable 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.

UPCOMING

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
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 .

UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
6.6.07	12:00 p.m. to 4:00 p.m.	Otilie 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.	Otilie 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 .

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

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