

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

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. 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 an effort is made 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) will 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 (YNH-CEPDR) on the scientific abstract session for the conference. Providing a forum for attendees to share their 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/disasterconferenc/e/>. 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.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of June 12, 2007, is 312 cases and 190 deaths.

- On June 13, 2007, WHO announced that it is working with vaccine manufacturers to move ahead on plans to create a global stockpile of vaccine for the H5N1 avian influenza virus. The announcement follows a request made by the World Health Assembly in May for WHO to establish an international stockpile of H5N1 vaccine. For more information, please visit <http://www.who.int/mediacentre/news/statements/2007/s14/en/index.html>.
- On June 13, 2007, GlaxoSmithKline (GSK) promised to give 50 million doses of its H5N1 "pre-pandemic" influenza vaccine to the WHO for distribution to poor countries. The vaccine will be delivered over three years and be enough to vaccinate 25 million people at two doses each. Following GSK's announcement, US-based Baxter International and the French vaccine maker Sanofi Pasteur both announced their intention to donate H5N1 vaccines to the WHO stockpile, but neither company specified how many doses it would contribute. The idea of a global stockpile emerged after complaints by Indonesia and other developing countries about lack of access to commercial H5N1 vaccines. Indonesia, the country hit hardest by H5N1, withheld samples of the virus from WHO from last December until May on grounds that drug companies use the samples to make vaccines priced out of Indonesia's reach. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jun1307gsk.html>.
- On June 13, 2007, the European Union (EU) approved Novartis's seasonal influenza vaccine, Optaflu, putting the Swiss company in a position to become the first to market a flu vaccine grown in cell culture rather than eggs. The vaccine has been approved for use in all 27 EU member states plus Iceland and Norway. It is expected to be available in Germany and Austria for the upcoming flu season and in the rest of the EU in 2008-2009. Novartis said it expects to apply next year for US approval of Optaflu. In May 2006, the US government awarded Novartis a \$220 million contract to develop cell-based flu vaccines, and in July 2006 the company announced plans for a \$600 million plant in North Carolina to produce them. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jun1307novartis.html>.

Yale New Haven Health System Pandemic Influenza Tabletop Exercise



On June 1, 2007, the Yale New Haven Health System Delivery Networks (Bridgeport Hospital, Greenwich Hospital and Yale-New Haven Hospital), participated in a Pandemic Influenza Tabletop Exercise (TTX) facilitated and evaluated by YNH-CEPDR. The scenario involved a pandemic event and its effects on Connecticut. Players discussed several issues including the role of the Hospital Incident Command System, implementation of the Delivery Networks Emergency Management Plans, development and dissemination of public information and the ability to mitigate the impact of a pandemic event while addressing the overall needs of the Delivery Networks' staff, patients and patients' families. An after action conference is planned for early July. For more information, please contact Mike Mozzer at (203) 688-2594 or michael.mozzer@ynhh.org.

INSIDE THIS ISSUE

2 TB Incident Clinical Guidance

3 New SMART Triage Tag Standard

3 Emergency Preparedness Lecture

4 September is National Preparedness Month

5 NIMS Compliance

6 Upcoming Training and Education

Avian Influenza: **New**

On June 13, 2007, the US Department of Health and Human Services (HHS) assembled 100 influential leaders from the employer, faith-based, civic and healthcare communities to participate in a forum to help Americans become more prepared for an influenza pandemic. The "Pandemic Influenza Leadership Forum" is part of a new national campaign sponsored by HHS, to encourage people to prepare for a possible pandemic. Using messages and materials developed by HHS, leaders will provide the public with the essential steps necessary for personal pandemic flu preparedness. At the leadership forum, HHS recommended specific actions that participants need to take to help their community members prepare. The steps include communicating to a community that it is critical for everyone to prepare for possible pandemic flu; storing extra food and other daily supplies to make it easier to stay home for a prolonged period of time; practicing proper hand washing; practicing safe cough and sneeze techniques; and staying home and avoiding others if one is sick. To read this release in full, please visit <http://www.hhs.gov/news/press/2007pres/06/pr20070613a.html>.

CDC Guidelines for Large-Scale Influenza Vaccination Clinic Planning

The Centers for Disease Control and Prevention (CDC) have developed guidelines for large-scale influenza vaccination clinic planning to be used only in the event of a vaccine shortage. To facilitate the most efficient and safe delivery of available vaccine to the priority groups, recommendations and guidelines have been developed to assist with planning large-scale influenza vaccination clinics by public and private vaccination groups. Plans from private and public groups should be shared to identify best practices, avoid unnecessary overlapping of services and maximize the effective and efficient delivery of influenza vaccinations. To read these guidelines, please visit http://www.cdc.gov/flu/professionals/vaccination/vax_priority.htm.

Positions Available at YNH-CEPDR

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

HHS Buys Next Generation Smallpox Vaccine



Baby with Smallpox
Photo Credit: CDC

On June 4, 2007, HHS awarded a contract for \$500 million to Bavarian Nordic A/S of Copenhagen, Denmark, to manufacture and deliver 20 million doses of a next-generation modified vaccine Ankara (MVA) smallpox vaccine. The vaccine would be recommended in the event of a smallpox outbreak to protect people in the United States who have weakened immune systems. The MVA smallpox vaccine contains a highly weakened form of the virus that cannot replicate in humans. The full supply of the vaccine will be added to the Strategic National Stockpile, a reserve of large quantities of medicine and medical supplies designed to protect the American public if there is a public health emergency. To read this release in full, please visit <http://www.hhs.gov/news/press/2007pres/06/pr20070604a.html>.

US Department of Homeland Security (DHS) Expands Graduate Education Program for Government Officials: **New**

DHS announced that it is increasing homeland security graduate education opportunities for government officials by establishing the "DHS Homeland Security Academy" for the National Capital Region. The first class for the academy will begin June 6 at the US Office of Personnel Management's Eastern Management Development Center in Shepherdstown, W.VA., and will include DHS, state, local and military officials. The Homeland Security Academy master's degree program is taught and the degree awarded by the Naval Postgraduate School's (NPS) Center for Homeland Defense and Security. All classes have local, state and federal government officials from public health, law enforcement, fire, emergency management and other disciplines that make up homeland security. For more information, please visit http://www.dhs.gov/xnews/releases/pr_1181075311087.shtm.

Tuberculosis Incident Clinical Guidance: **New**



The CDC developed clinical guidance for all US residents and citizens who traveled on flights: May 12 Atlanta, GA (ATL) to Paris, France (CDG) on Air France #385/Delta #8517 or May 24 Prague, Czech Republic to Montreal, Canada on Czech Air #0104. Individuals on these flights are to be considered contacts of the TB patient. Among persons who are infected with *M. tuberculosis* (i.e., latent tuberculosis infection), it can take 8 to 10 weeks following exposure until the tuberculin skin test (TST) result or QuantiFERON®-TB Gold (QFT-G) becomes positive. A first-round TST or QFT-G, not both, should be performed as soon as possible following exposure to the TB patient. If the first round of symptom screening and TST or QFT-G result is negative, a second TB evaluation and TST or QFT-G is performed 8-10 weeks following the last known exposure to the XDR TB patient on the flight (i.e., Round 2 testing). A second-round of TB evaluation and testing should be performed because a negative TST or QFT-G result obtained <8 weeks after exposure may be considered unreliable for excluding latent tuberculosis infection (LTBI). For purposes of a contact investigation, a TST result of ≥5 mm induration is positive for any contact. Persons with a documented prior positive TST or QFT-G result or those who have been previously diagnosed with TB disease do not need to be retested. However, these persons should still undergo TB evaluation, which may include signs and symptoms screening and chest X-ray. Persons who have a history of vaccination should also undergo TB evaluation and testing. Use of TST or QFT-G can be used in BCG-vaccinated persons. In persons previously vaccinated with BCG, a TST result of ≥5 mm induration is also considered a positive result and warrants further evaluation. Consultation with a TB expert, especially one with experience in managing MDR or XDR TB, is strongly recommended. This is recommended especially for any contact suspected of having active TB disease who has a positive TST or QFT-G result or who is immunocompromised, regardless of TST or QFT-G result. For more information, please visit <http://www.bt.cdc.gov/coca/updates/2007/2007jun07.asp>.

- In response to the TB travel incident, the CDC will host a conference call on June 19, 2007, from 1:00 to 2:00 p.m. For more information, please visit <http://www.bt.cdc.gov/coca/>.

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

International View of Emergency Preparedness: The Lebanon War of 2006 Lecture – June 21, 2007: **New**

On June 21, 2007, from 8:00 a.m. to 9:00 a.m. at Waterbury Hospital, CT, Dr. David Almog, Head of the Emergency Preparedness Committee at Emek Medical Center, Israel, will discuss an "International View of Emergency Preparedness: The Lebanon War of 2006." For more information, please visit <http://www.ynhhs.org/emergency/IntlViewofEMPreparedness.pdf>. To RSVP, please call (203) 709-5000.

Mass Antibiotic Dispensing: Taking the Guesswork out of POD Design Mass Antibiotic Dispensing Satellite Broadcast – June 21, 2007

On June 21, 2007, from 1:00 p.m. to 2:30 p.m., the CDC will be sponsoring a satellite and web broadcast on "Mass Antibiotic Dispensing: Taking the Guesswork out of the POD Design, A Strategic National Stockpile (SNS)". State and local emergency planners are in the process of designing their Points of Dispensing, or PODs. Planners have been calculating the number of PODs required to provide prophylaxis to the entire population within 48 hours and the number of people per hour that must be served in each POD in order to achieve this 48-hour goal. One of the biggest challenges facing planners is determining how to allocate their limited POD staff. During the design process, planners are frequently forced to take educated guesses on the best POD layout and staff distribution. Until now, they needed to conduct expensive and time-consuming exercises and drills to verify the accuracy of their guesses. This broadcast will explore ways in which computer simulation and modeling software can assist planners in designing the most efficient PODs. Panelists will discuss several available computer models, how modeling fits in to the overall exercise program, how modeling can be used during an incident and ways in which modeling can take some of the guesswork out of POD design and staff allocation. For more information, please visit <http://www2a.cdc.gov/PHTN/poddesign/default.asp>.

New SMART Triage Tag Standard in CT, Effective August 1, 2007



On April 11, 2007, J. Robert Galvin, MD, MPH, the Commissioner of the Connecticut Department of Public Health, issued a memo stating that "...effective August 1, 2007 SMART Triage tags will be the standard used by all Connecticut EMS care provider services." To facilitate this transition, there will be a series of train-the-trainer courses; one course in each of the five CT Department of Emergency Management and Homeland Security (DEMHS) regions. In addition, the State is providing the initial cache of necessary equipment for first responders and first receivers. Each EMS department will be receiving a complete 'Command Pack', and each EMS responder vehicle (including ambulances and first responder rescue vehicles and police cars) will receive a triage pouch. Additional materials will be provided to the hospitals.

The train-the-trainer program is free of charge and open to about 40 individuals per session on a first-come basis. Trainers are expected to assist in dissemination of the information to their own and surrounding response agencies. For more information regarding the programs, please contact your local EMS Regional Council office. To register for one of the courses, log into the <http://ct.train.org> website. After logging-in, look in the lower right-hand corner of the screen, and enter the course number in the "Search by Course ID" box. The course # is 1009063. For more information about training dates, please visit http://www.ynhhs.org/emergency/SMART_Regional-TrainingRegistration.pdf. For more information, please contact David Burich at david.burich@ynhh.org or (203) 688-3721.

US Scientists Discover New, Potentially Deadly Bacteria: **New**

The New England Journal of Medicine recently published an article describing the discovery by US scientists of a new, potentially deadly strain of bacteria previously unknown to medicine. The bacteria was found in a 43-year-old American woman who had traveled across Peru for three weeks and suffered from symptoms similar to typhoid fever or malaria; the woman has since recovered. Named *Bartonella rochalimae*, the new species is a close relative of a microbe that sickened thousands of soldiers during World War I with what became known as trench fever, spread through body lice. It is also related to bacteria identified 10 years ago during the AIDS epidemic in San Francisco as the cause of cat scratch disease, which infects 25,000 people a year in the United States. It was this previous work on cat scratch disease related to AIDS that helped experts at the University of California San Francisco and the CDC isolate the new bacteria found in the female traveler. For more information, please visit http://news.yahoo.com/s/afp/20070607/sc_afp/ushealthbacteria.

Bioactive Paper used in Hospital Masks and Gowns that Would Detect and Destroy Diseases is Being Developed



Biosheet
Photo Credit:
CNEWS

The Sentinel Bioactive Paper Network, a Canadian research and industry consortium, is working on developing "bioactive paper" products that would recognize dangerous bacteria and viruses, then repel or deactivate them. The Sentinel Bioactive Paper Network is comprised of researchers at 10 universities across Canada, government agencies and nine business partners that include pulp-and-paper companies. Working with a five-year, \$12-million grant from government and industry, the group hopes to develop a variety of products to decrease the threat from communicable diseases, food-borne illnesses and water contamination, while boosting Canada's forest-products industry. Robert Pelton, one of four Canadian scientists, who came up with the bioactive paper idea, said the concept was born out of the SARS epidemic that affected Toronto in 2003.

"One could imagine healthcare workers wearing disposable gowns and face masks, and it would have been better for them if perhaps these gowns and face masks were able to tell the person when they became contaminated. If you had a face mask that changed color or gave off a smell when it came into contact with the virus, it would alert the worker that they had a problem," said Pelton. To read this article in full, please visit <http://cnews.canoe.ca/CNEWS/Science/2007/05/23/4202651-cp.html>.

Emergency Credentialing Program: **New**



Development of the database used to support the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) has resulted in new enhancements such as

deployment tracking and the ability to download the database (in the event of a network failure) either in place or to be implemented in the near future. Hospital contacts for the ECP are only responsible for ensuring that credentials are verified by the appropriate manager for behavioral health professionals, clinical lab professionals, diagnostic imaging/radiographers, nurses, pharmacists, pharmacy technicians and respiratory therapists. Physicians and mid-level providers (APRNs, dentists and physician assistants) will continue to be recruited by and credentialed through the medical staff office at each hospital. It is important to remember that the database is a volunteer resource for hospital personnel surge capacity and will contain confidential information provided by ECP volunteers. Like all personnel information, access to the information and the database should be made available only to those individuals who will be validating volunteer credentials or hold a recognized position in a hospital's Emergency Operations Center (EOC) organization. Joe Filakovsky will schedule time with each ECP hospital contact to provide information about the credential verification process and about desktop management of the ECP database using FileMaker™ when it becomes available. Like Adobe Acrobat Reader, FileMaker™ is "user-friendly", free-of-charge and will not require any special application license.

The Connecticut ECP remains "ahead of the curve" when compared to the capability of similar programs across the country. Its success to date can be attributed to the commitment of the Statewide Credentialing Committee, colleagues representing their professional associations, Connecticut hospitals and the Connecticut Department of Public Health for ensuring citizens have uninterrupted access to healthcare during a large-scale disaster or public health emergency. Please visit www.ct-esar-vhp.org to learn more about the program, or contact Joe Filakovsky at josephy.filakovsky@ynhh.org DNP, APRN at 203-688-4486.



Photo Credit: <http://www.ready.gov/america/npm07/index.html>

DHS will sponsor the fourth annual National Preparedness Month this September to encourage Americans to prepare for emergencies in their homes, businesses and communities. This year's effort has a growing coalition of more than 625 national, regional, state and local organizations pledging support. Yale New Haven Health System will be featuring preparedness kiosks at each of the delivery network hospitals. Dates for each hospital will be listed in upcoming Preparedness Reports.

"It is vital that Americans take steps to prepare for emergencies at home, work or school," said Homeland Security Secretary Michael Chertoff. "Personal preparedness is paramount to effectively reacting to the effects of a disaster. By preparing yourself, your family, and your businesses, you allow first responders to prioritize efforts and aid." For more information, please visit http://www.dhs.gov/xnews/releases/pr_1181763393616.shtm.

Personal and Family Preparedness



Recent events including the terrorist plots targeted at JFK Airport, the Army base at Fort Dix, NJ, and other locations, highlight the importance of being vigilant and being prepared. A terrorist's primary objective is to create fear. You can keep yourself and your family safe with accurate information and basic emergency preparedness. Be responsible and aware of your surroundings; report suspicious objects, vehicles or individuals. To learn more about personal and family preparedness, please contact Eugenie Schwartz, MRC Coordinator, at eugenie.schwartz@ynhh.org or 203-688-2659.

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". The article broadly discusses the National Incident Management System (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." For the entire article, please go to <http://www.jcrinc.com>.

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.

- o **ASSESSMENTS:** Hazard Vulnerability Analysis, Business Impact Analysis and Gap Analysis
- o **PLANNING:** Emergency management plans, emergency operations plans and business continuity plans
- o **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- o **DRILLS and EXERCISES:** Design, development, facilitation and evaluation

For additional information about these services, please contact Scott Selig at scott.selig@ynhh.org or (203) 688-2587 or Kimberly Spaulding at kimberly.spaulding@ynhh.org or (203) 688-4482.

Education and Training Courses

- The online publication *Emerging Infectious Diseases* article 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 in the summer of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Best Practices for the Protection of Healthcare-Based First Receivers, 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 fulfill specific roles in the decontamination process and trains healthcare workers to properly use protective equipment. The course meets 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 concerns of hospital responders. 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 HHS, the 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_CompencyCrosswalk.pdf. EM 103 with NIMS and EM 140 with NIMS have also been approved as being NIMS compliant for healthcare education and training requirements by the State of Connecticut Department of Public Health and the State of Connecticut Department of Emergency Management and Homeland Security. 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.
- **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 in the 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.
- **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 the fall of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
6.19.07	1:00 p.m. to 2:00 p.m.	TB Conference call <i>Sponsored by the CDC</i>	For more information, please visit http://www.bt.cdc.gov/coca/ .
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 .
6.21.07	1:00 p.m. to 2:30 p.m.	Mass Antibiotic Dispensing: Taking the Guesswork out of the POD Design <i>Sponsored by the CDC</i>	For more information, please visit http://www2a.cdc.gov/PHTN/poddesign/default.asp .
6.29.07	11:00 a.m. to 12:30 p.m. EST	Mass Shelters: Environmental Health Issues <i>Sponsored by the Alabama Department of Public Health</i>	For more information, please visit https://www.adph.org/alphn/vcomm.asp?action=conflistone&templatelbr=3&deptid=143&templateid=1252 .
7.19.07	11:00 a.m. to 12:30 p.m. EST	Pandemic Influenza for First Receivers <i>Sponsored by the Alabama Department of Public Health</i>	For more information, please visit https://www.adph.org/alphn/vcomm.asp?action=conflistone&templatelbr=3&deptid=143&templateid=1252 .

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

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Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
6.20.07	10:00 a.m. to 12:00 p.m.	NATHCER Exercise Intermountain Health Care System, Salt Lake City, UT <i>Sponsored by YNH-CEPDR</i>	For more information, please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
6.21.07	8:00 a.m. to 9:00 a.m.	An International View of Emergency Preparedness: The Lebanon War of 2006 <i>Sponsored by Waterbury Hospital and St. Mary's Health System</i>	Waterbury Hospital, CT For more information, please visit http://www.ynhhs.org/emergency/IntlViewofEMPreparedness.pdf .
6.22.07	9:00 a.m. to 12:00 p.m.	NATHCER Exercise St. Anthony's Medical Center, St. Louis, MO National Capital Region, Fairfax, VA <i>Sponsored by YNH-CEPDR</i>	For more information, please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
6.27.07	9:00 a.m. to 12:00 p.m.	NATHCER Exercise Missouri Institute of Mental Health, St. Louis, MO <i>Sponsored by YNH-CEPDR</i>	For more information, please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
7.11.07	9:00 a.m. to 12:00 p.m.	NATHCER Exercise Area Health Education Center of Southern Nevada, Las Vegas, NV <i>Sponsored by YNH-CEPDR</i>	For more information, please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
7.12.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
7.12.07	9:30 a.m. to 10:30 a.m.	Regions 1, 2 and 5 Hospital Meeting	Connecticut Hospital Association
7.26.07 and 7.27.07		4 th Annual Arkansas Statewide Preparedness Conference <i>Sponsored by Arkansas Medical Services, UAMS Regional Programs, Arkansas Children's Hospital, AR DHHS, AR Hospital Association, AR Dept. of Emergency Management, Arkansas Office of the FBI</i>	For more information, please visit http://www.ynhhs.org/emergency/AKStatewidePreparednessConf.pdf .
9.19.07	<i>Save the Date</i>	2007 National Summit <i>Sponsored by the New York Primary Care Development Corporation</i>	For more information, please visit http://www.pcdcnv.org/