

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 5, Issue 30 | July 27, 2007

ELEVATED THREAT LEVEL



3rd Annual Emergency Preparedness Conference, – Abstracts Due August 20, 2007

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 10, 2007. **Abstracts must be submitted by August 20, 2007, and will be peer-reviewed for their quality, originality and relevance to the conference.** 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.

Radiation Event Medical Management: **New**



Education and availability of timely information to healthcare workers regarding the magnitude of radiological hazards and management of individuals potentially contaminated with radiological materials significantly contribute to prompt and confident responses for necessary patient care. The US Department of Health and Human Services (HHS) recently developed the Radiation Event Medical Management (REMM) Web Portal (<http://www.remm.nlm.gov>) to assist first receivers with clinical diagnosis issues and treatment questions during a mass radiation event and provide just-in-time, evidence-based, usable information with sufficient background and context to make complex issues understandable to those without formal radiation medicine expertise. The information provided on the REMM website was compiled by subject matter experts from the National Cancer Institute, the Centers for Disease Control and Prevention and many international and US consultants, including Drs. Andy Salner (Hartford Hospital) and Nicholas Dainiak (Bridgeport Hospital and YNH-CEPDR). The REMM Web Portal complements resources developed by YNH-CEPDR to help healthcare facilities prepare for mass-casualty radiological events and manage victim of such events. These include the establishment of the Radiological Emergency Response Biodosimetry Laboratory which provides timely assessments of radiation dose for victims; Radiation Clinical Guidelines for the Management of Radiation Disasters and accompanying job aids which provide the framework for a coordinated, effective hospital response to a radiological emergency; the Connecticut Hospital Emergency Management Plan Annex for Radiation Emergencies which presents a comprehensive radiation management strategy for hospitals; as well as Emergency Management courses, EM 110 and EM 210 which are intended to provide basic and advanced information, respectively, regarding radiation principles, management of radiation accidents and treatment of radiation injuries. For further information about the Radiological Emergency Response Biodosimetry Laboratory, the Radiation Clinical Guidelines for the Management of Radiation Disasters or accompanying job aids please contact Dr. Joseph Albanese (Joseph.Albanese@ynhh.org). For information about the Connecticut Hospital Emergency Management Plan Annex for Radiation Emergencies, please contact Dr. Nicholas Dainiak (pndain@bpthosp.org). For more information on EM110, EM210 (scheduled for release fall 2007), please contact Mark Schneider (Mark.Schneider@ynhh.org).



The greatest nuclear threat to the United States is that a terrorist group will detonate a nuclear weapon in a US city in the next decade, former Defense Secretary William Perry told a House subcommittee on July 25, 2007 at a hearing on US nuclear weapons policy. Perry also said the risks of an accidental nuclear war have increased since the Cold War as Russia's early warning capability has deteriorated. For more information, please visit http://www.hstoday.us/Global/WMD/20070720_Former_SecDef_Says_Nuclear_Threat_Worse_Than_During_Cold_War.cfm.

INSIDE THIS ISSUE

2 Avian Influenza

2 Pandemic Planning Update IV

3 Emergency Preparedness Atlas

4 NIMS Compliance

6 Upcoming Training and Education

7 Upcoming Meetings and Events

Potential Health Problems Related to Formaldehyde Among People Living in Mobile Homes or Travel Trailers:

New



In the aftermath of Hurricane Katrina, the Federal Emergency Management Agency (FEMA) provided either mobile homes or travel trailers to Gulf Coast victims who had lost their

homes in the hurricane. Currently, nearly 65,000 households occupy units in Alabama, Louisiana, Mississippi and Texas. Concerns have surfaced recently about air quality in the trailers and the occurrence of respiratory and other symptoms resulting from exposure to formaldehyde or other respiratory irritants among residents of the mobile homes. The CDC is working with FEMA to investigate the health concerns of those living in the trailers and mobile homes. There is no specific antidote or treatment for environmental exposure. Exposure to formaldehyde should be treated symptomatically. Asthma associated with formaldehyde exposure should be treated with the usual approach to asthma with consideration given to avoiding specific exposures and allergens and using beta agonist bronchodilators and steroids, depending on the judgment of the healthcare provider. Clinicians can access additional information about indoor air pollution and formaldehyde at <http://www.epa.gov/iaq/formalde.html>. For emergent information about acute exposures, healthcare providers should contact their local poison control center. Call 1-800-222-1222 to locate the nearest poison control center. More information about the American Association of Poison Control Centers is available at www.aapcc.org.

Positions Available at YNH-CEPDR

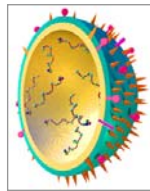
YNH-CEPDR has openings for Exercise Specialists, Regional Education Specialists and a Grant Research Specialist. Please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org for more information, or apply online at <http://www.yalenehavenhealth.org/info/jobs.html>.

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**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of July 25, 2007, is 319 cases and 192 deaths.

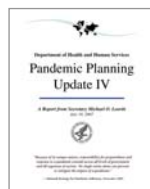


Andrew W. Park, from the Institute of Research for Development in Montpellier, France and Kathryn Glass, from the Australian National University in Canberra warn that reassortment of the H5N1 virus can occur beyond the winter months and warn that circulation time-frames for co-infection are wider and sometimes unpredictable. Though much is known about human influenza patterns in temperate zones such as the United States and Australia, little is known about the seasonality of influenza A infections in tropical and subtropical areas in Asia, where the

H5N1 virus is more common. Reviewing the timing of influenza A infections, as well as of H5N1 poultry outbreaks and human infections, could reveal useful information for epidemiologists and pandemic planners. The existence of new host populations for the H5N1 virus raises the pandemic flu risk to humans, especially when there is close contact between people and the infected animals. Awareness of the seasonal risk of both human disease and viral reassortment can help health officials design control measures to help prevent an emerging pandemic strain. To read this in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul2507seasonal.html>.

- On July 19, 2007, the World Bank approved a US \$16 million credit for Bangladesh from the International Development Association (IDA), the Bank's concessionary arm, to support the Government's efforts to minimize the threat and risk of highly pathogenic avian influenza (HPAI). The "Avian Influenza Preparedness and Response Project" will be co-financed initially by a US \$2 million grant which is administered by the World Bank and supported by nine donors, including the European Commission. The project is designed to help prevent, prepare, plan, respond and provide containment to infections in domestic poultry and possible human infections, especially an influenza epidemic and related emergencies. Bangladesh is a high-risk country for avian influenza with 50 percent of the national poultry flock of 185 million as backyard poultry with minimal bio-security and a 37 million duck population. In addition, the country is visited annually in the winter months by 21 species of migratory birds that can carry the virus. For more information, please visit <http://www.infozine.com/news/stories/op/storiesView/sid/24039/>.
- In a study, to be published in the *Proceedings of the National Academy of Sciences (PNAS)*, Robert G. Webster, PhD, and colleagues at St. Jude Children's Research Hospital in Memphis found that disabling the body's destructive immune-system overreaction to the H5N1 avian influenza virus, known as "cytokine storm," did not protect mice infected with the disease. The study found that groups of mice genetically programmed to lack one of three important inflammatory cytokines died after they were exposed to a Vietnamese H5N1 virus strain. They also found that mortality rates were high in non-altered mice that were given glucocorticoids to suppress cytokine production after exposure to the H5N1 virus. The researchers concluded that deficiency of any of the three key cytokines alone does not protect mammal hosts from H5N1 avian influenza death and that glucocorticoids do not reduce the lethality of the H5N1 infection. The authors state, "these results refute the popular paradigm that the cytokine storm is the cause of death during H5N1 infection, adding that more research is needed to examine the contribution of each cytokine to factors other than weight loss and mortality." For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul1607cytokine.html>.

Pandemic Planning Update IV Report Released on July 17, 2007



On July 17, 2007, the US Department of Health and Human Services (HHS) released a one-year update, *Pandemic Planning Update IV*, on the federal government's pandemic influenza preparedness strategy. The report outlines current monitoring and surveillance efforts, vaccine and vaccine production capacity, antiviral drugs, state and local preparedness and communications. For more information, please visit <http://www.pandemicflu.gov/plan/panflureport4.html>.

Duration of Influenza A Virus Shedding Longer than Expected



The Clinicians Biosecurity Network features a narrative by Luciana L. Borio, MD that discusses the duration of influenza A virus lasting longer than expected. Adults infected with influenza A are generally considered infectious from the day before the onset of

symptoms until about five days after onset. Longer periods of shedding have been described in children and immunocompromised patients. The estimated period of infectivity in adults guides current infection control guidelines for the prevention of influenza in acute care facilities, which recommend that patients hospitalized with suspected or confirmed influenza be placed under standard and droplet isolation precautions for five days after onset of symptoms. In addition, infected healthcare workers are encouraged to abstain from patient care for five days after onset of their symptoms. A recent study by Surbhi Leekha and colleagues from the Mayo Clinic College of Medicine, suggest that more prolonged isolation precautions may be necessary to prevent nosocomial outbreaks. In addition, additional studies including surveillance of contacts, should be undertaken to assess whether prolonged viral shedding as determined by testing is associated with continued infectivity. To read this discussion in full, please visit http://www.upmc-cbn.org/report_archive/2007/07_July_2007/cbn_report_07172007.

Personal Emergency Preparedness Tool: **New**



Launched in October of 2006, AlertSF, is a new tool that that San Francisco area city government is using to

provide text-based emergency notification system to residents. Originally designed to deliver tsunami alerts and other post-disaster information, AlertSF subscribers can receive alerts about flooding, power outages and traffic disruptions. For example, after smoke was spotted billowing from a San Francisco subway tunnel on June 5, the city government alerted citizens via AlertSF to not panic and to expect public transport delays. Alerts are sent based on zip codes or areas selected, and depending on the importance, some alerts are sent to all areas. Users can opt in and out of nationwide Amber Alerts about missing or kidnapped children, California weather alerts issued by US National Oceanic and Atmospheric Administration and USGS earthquake alerts. For more information, please visit <http://www.alertsf.org/index.php?CCheck=1>.

HHS Announces \$896.7 Million in Funding to States for Public Health Preparedness and Emergency Response

On July 17, 2007, HHS announced the awarding of \$896.7 million to the states, territories and four metropolitan areas to improve and sustain their ability to respond to public health emergencies. HHS is coordinating the funding to be used for preparedness and response to all-hazards public health emergencies including terrorism, pandemic influenza and other naturally-occurring public health emergencies.

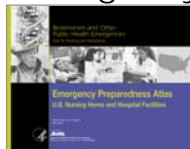
The funding includes:

- \$175 million for pandemic influenza preparedness to assist public health departments in their pandemic influenza planning efforts
- \$57.3 million to support the Cities Readiness Initiative (CRI). CRI is designed to ensure that selected cities provide oral medications during a public health emergency to 100 percent of their affected populations
- \$35 million to improve the early detection, surveillance and investigative capabilities of poison control centers to provide information to health care providers and the public to respond to chemical, biological, radiological and nuclear events
- \$5.4 million is specifically allocated for states bordering Mexico and Canada (including the Great Lakes States) for the development and implementation of a program to provide effective detection, investigation, and reporting of urgent infectious disease cases in the three nations' shared border regions

For more information, please visit

<http://www.hhs.gov/news/press/2007pres/07/pr20070717c.html>.

US Nursing Home and Hospital Facilities Emergency Preparedness Atlas: **New**



The Agency for Healthcare and Research Quality (AHRQ) sponsored the creation of a *US Nursing Home and Hospital Facilities Atlas* to support local and regional planning and response efforts in the event of a bioterrorism or other public health emergency. The atlas contains case studies in six areas that illustrate the location of nursing homes relative to population and various emergency preparedness regions. The atlas is

intended to stimulate discussion about how nursing homes may be used to handle a surge of patients in response to emergency situations. It is also designed to help explain the state-specific regulatory environment of nursing homes with respect to surge capacity and illustrate nursing home geographic distribution in the United States. Maps display the location of hospitals and nursing homes relative to the regional boundaries used by a variety of emergency management and bioterrorism preparedness organizations to coordinate services.

For more information, please visit <http://www.ahrq.gov/prep/nursinghomes/atlas.htm>.

Hurricane Public Service Announcements: **New**



The CDC has created audio and video public service announcements (PSAs) on hurricanes preparedness and recovery. Audio and video files can be downloaded on the topics such as key facts about preventing illness, keeping food and water safe, animal and insect hazards, clean-up safety, health professionals, evacuees and other affected persons and more. To access hurricane PSAs, please visit <http://www.bt.cdc.gov/disasters/hurricanes/psa.asp>.

Disasters Around the Nation and the World: **New**

On July 21, 2007, a teenager who fell seriously ill on an AirTran Airways flight was diagnosed with bacterial meningitis and the airline notified all passengers who sat near her. The teen had traveled Saturday from Orlando, Florida, to Atlanta on Flight 862 and then to Wichita on Flight 687. The crew called for an ambulance to meet the plane at the gate after the girl became sick on the second flight and unresponsive and the airline notified the CDC. Meningitis, a bacterial infection of the lining surrounding the brain and spinal cord, primarily affects children, killing about 10 percent of those infected. It can be contracted by direct close contact with discharges from the nose or throat of an infected person, but not through casual contact or breathing the same air. The planes the girl traveled on have been thoroughly cleaned and returned to service; AirTran also notified approximately 20 people who sat in her immediate vicinity. For more information, please visit http://www.wral.com/news/national_world/national/story/1624187/.

Emergency Credentialing Program

On Tuesday, July 17, 2007, the United States Intelligence Community released its National Intelligence Estimate which addresses the continuing threat of terrorism in the United States. What is abundantly clear is that our country remains at very high risk of a terrorist incident for the foreseeable future. With such an event, there comes the potential for large numbers of casualties overwhelming our healthcare facilities and staff. Hospital Disaster Volunteers, such as those registered with the State of Connecticut Emergency Credentialing Program for Health Professionals or the Medical Reserve Corps play a vital role in meeting the inevitable surge of patients that accompanies such an event, as well as continuing to ensure the operation of the hospital to meet these increased needs and deliver essential services. Please consider joining us as a member of the ECP program or the Medical Reserve Corps. Volunteers receive online required education and can participate in drills. If a mobilization or initiated, the volunteer will receive institution and event specific "just-in-time" training as well as liability and Workers' Compensation coverage. Most importantly, if you are asked to deploy, the final decision is yours. Please visit us at <http://www.ct-esar-vhp.org/> for information or to submit an application. If you have further questions, please contact Dr. Joseph Filakovsky, Emergency Credentialing Coordinator at (203) 688-4486 or by e-mail at ecp@ynhh.org.

Education and Training Services

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 at scott.selig@ynhh.org or (203) 688-2587 or Kimberly Spaulding at kimberly.spaulding@ynhh.org or (203) 688-4482.

Disasters Around the Nation and the World

(continued): **New**



Photo Credit: AP
Kirsty Wigglesworth

Emergency workers rescued hundreds of trapped people on July 23rd as water swallowed parts of central England in the worst flooding to hit the country for 60 years. Officials said some rivers were still rising and the rain-swollen River Thames is on the verge of bursting its banks. Roads and parking lots were submerged, trains suspended, buses canceled. Hundreds of thousands of people were without electricity or drinking water and farmers saw their summer crops destroyed.

Torrential rains have plagued Britain over the past month; nearly five inches fell in some areas on July 20th. Among the hardest hit areas was the medieval market town of Tewkesbury, 110 miles northwest of London, where a cathedral and a few blocks of nearby houses stood in muddy water that stood five feet deep in places. The Severn Trent Water company said at least 350,000 homes in Gloucestershire, in western England, were without water after flooding shut down a water treatment plant. Tens of thousands were without electricity and 200,000 properties could lose power if an electrical substation at Walham, near Gloucester, is inundated by the River Severn. Workers and Royal Navy sailors piled sandbags around the station in an attempt to hold back the water. To read this story in full, please visit

http://www.wral.com/news/national_world/world/story/1624327/.

- Up to 500 people are estimated to have died across Hungary since July 20th due to a heat wave affecting central and southeast Europe. Record-breaking high temperatures also killed twelve Romanians, one man in Macedonia and another man on the island of Corfu, officials said, while firefighters, soldiers and volunteers battled wildfires across southeastern Europe.
- In southern Italy, thousands of tourists were trapped on beaches in the Puglia region as a fast-moving brush fire forced people from campsites and hotels. In Puglia, emergency services used patrol boats and helicopters to take 4,000 plus tourists and residents to safety. Many had rushed to the beach in bathing suits, leaving all belongings behind. The fire spread quickly, threatening hotels and holiday villages. Scientists blame the heavy rains in Britain on the jet stream, a fast-moving air current that is more southerly than usual this year. To read further, please visit http://www.cnn.com/2007/WORLD/europe/07/24/heatwave.europe.reut/index.html?eref=rs_topstories.



Personal and Family Preparedness

• Top Five Reasons to Become a MRC Volunteer:

1. Do it for yourself - Do it for your family - Do it for your community
 2. Increases your personal and family emergency planning efforts
 3. Training is free
 4. Provides you with rewarding experiences that fit your schedule
 5. Feels good to help others
- Do you know how to prepare yourself and your family for a natural or man-made emergency? Whether you're a medical professional, community member, student, or someone who has a question, turn to the Medical Reserve Corps for reliable and current resources on personal and emergency preparedness. The Medical Reserve Corps at Yale New Haven Center for Emergency Preparedness and Disaster Response (MRC-YNH CEPDR) is proud to be known as "**the source**" for accurate and current information and education and training on emergency preparedness. The MRC-YNH CEPDR has an expert staff that will provide effective education and training resources to audiences around the state. Find out how to set up training and access other resources by contacting Eugenie Schwartz at eugenie.schwartz@ynhh.org or at (203) 688-2659.

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 healthcare-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 Healthcare-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.

NIMS Compliance



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. 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_CompetyencyCrosswalk.pdf. EM 103 w/NIMS and EM 140 w/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.

- YNH-CEPDR has developed a strategic partnership with HealthStream to distribute EM 103 w/NIMS and EM 140 w/NIMS. This partnership will support a broader dissemination of these courses as a strategy for hospitals and healthcare systems to become compliant with NIMS education and training requirements. For more information, please contact Scott Selig at scott.selig@ynhh.org.

Education and Training Courses



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 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
8.6.07 and 8.8.07	8:00 a.m. to 5:00 p.m.	Emergency Medical Services Operations and Planning for Weapons of Mass Destruction Sponsored by US Department of Homeland Security, Office of Grants and Training National Emergency Response and Rescue Training Center, Texas Engineering Extension Service and Texas A&M University System	Brunswick Naval Air Station, Brunswick, Maine For more information or to register, please visit http://www.smrrc.org/ .
8.14.07	11:00 a.m. to 12:30 p.m.	New England Region Webinar: EM 103 w/NIMS Train-the-Trainer, Home Health Agencies	For more information, please contact Ella Holst at Ella.holst@ynhh.org .
8.1.5.07	1:00 p.m. to 2:30 p.m. EST	The Pharmacists Role in Disasters <i>Sponsored by the Alabama Public Health Training Network</i>	For more information, please visit https://www.adph.org/alphn/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252 .
8.22.07	2:00 p.m. to 3:30 p.m.	Influenza-Avian Flu: Infection, Transmission, Risks in Transplantation – Audio Conference <i>Sponsored by American Association of Blood Banks</i>	For more information, please visit http://www.aabb.org/AABBContent/Template/s/AABBSub.aspx?NRMODE=Published&NRORIGINALURL=/Content/Meetings_and_Events/Audioconferences/&NRNODEGUID=%7BE034BF8D-DB9D-40A2-9032-7DCCDD3ED472%7D&NRCACHEHINT=NoModifyGuest#0815 .
8.22.07 9.19.07	1:00 p.m. to 2:30 p.m. 11:00 a.m. to 12:30 p.m.	New England Region Webinar: EM 103 w/NIMS Train-the-Trainer, Hospitals	For more information, please contact Ella Holst at Ella.holst@ynhh.org .

FOR MORE INFORMATION, PLEASE CONTACT:

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

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

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center@ynhh.org • www.yalenehavenhealth.org/emergency

UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
8.3.07	8:00 a.m. to 5:00 p.m.	State of Connecticut Biodosimetry Laboratory 2007 Biomedical Advanced Research and Development Authority (BARDA) Industry Day Sponsored by HHS	For more information and registration, please visit http://www.hhs.gov/aspr/ophemc/barda/ .
8.14.07	8:30 a.m. to 10:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
9.11.07 and 9.12.07	9:00 a.m. to 5:00 p.m. and 6:00 a.m. to 2:00 p.m.	National Preparedness Month Booth sponsored by YNH-CEPDR	Greenwich Hospital, Atrium area For more information, please contact Samantha Kopp at samantha.kopp@ynhh.org .
9.13.07 and 9.14.07	9:00 a.m. to 5:00 p.m. and 6:00 a.m. to 2:00 p.m.	National Preparedness Month Booth sponsored by YNH-CEPDR	Bridgeport Hospital, Lobby For more information, please contact Samantha Kopp at samantha.kopp@ynhh.org .
9.18.07 and 9.19.07	9:00 a.m. to 5:00 p.m. and 6:00 a.m. to 2:00 p.m.	National Preparedness Month Booth sponsored by YNH-CEPDR	Yale-New Haven Hospital, 2 nd Floor in the Atrium For more information, please contact Samantha Kopp at samantha.kopp@ynhh.org .
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/ .
10.10.07 and 10.11.07	<i>Save the Date</i>	Preparing for the Unknown: "Are You Ready?" <i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i>	For more information, please visit http://www.jcrinc.com/24835/ .
10.26.07 and 10.27.07	<i>Save the Date</i>	The New England MRC Leadership and Education Conference <i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i>	For more information, please contact Jennifer Frenette at Jennifer.frenette@hhs.gov .