

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 5, Issue 45 | November 9, 2007

ELEVATED THREAT LEVEL

Global Health Security Initiative **GHSI**

Global Health Security Initiative Focus on Preparedness: **New**



On November 7, 2007, the US Department of State's Bureau of International Information Programs reported on the November 1-2, 2007, meeting of the Global Health Security Initiative (GHSI) in Washington, DC. The GHSI is an international partnership that originated following the September 11, 2001, terrorist attacks in the US

and consists of health ministers from Canada, France, Germany, Italy and United Kingdom; health secretaries from Japan, Mexico and the US; and the European Union health commissioner. The initial focus of GHSI was chemical, biological and radio-nuclear terrorism, while pandemic influenza was added as a global threat in 2002. This month's meeting focused, among other issues, on a risk analysis to determine threats within health security. This analysis led to specific objectives and actions that will be put into action during the next twelve months, including:

- Maintaining strong technical cooperation
- Identifying emerging issues and coordinating a policy-development process
- Strengthening risk-communication strategies
- Addressing threats through research and development and access of medical countermeasures
- Strengthening GHSI as a forum to discuss global health security and threats, such as pandemic influenza

To read this release in full, please visit <http://usinfo.state.gov/xarchives/display.html?p=washfile-english&y=2007&m=November&x=20071107122140lcniirellep3.269595e-02>. To read the GHSI Ministerial Statements relating to this meeting, please visit <http://www.ghsi.ca/english/statementWashington2007.asp>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of November 5, 2007, is 334 cases and 205 deaths.



On November 5, 2007, WHO confirmed a new case of human avian influenza H5N1 infection. A 30-year old woman from the Tangerang Municipality in Indonesia's Banten Province became sick on October 23, was hospitalized on October 31 and later died on November 3, 2007. The investigation into the source of the infection revealed that days prior to the woman becoming sick, poultry had died in the neighborhood where she lived. To read this release in full, please visit http://www.who.int/csr/don/2007_11_05a/en/index.html.

- WHO also released an updated timeline of major events related to H5N1 avian influenza on November 5, 2007. This timeline outlines specific events in both animals and humans and may be accessed at http://www.who.int/csr/disease/avian_influenza/timeline_07_11_04.pdf.



Credit: AFP

On November 7, 2007, tests confirmed the presence of the avian influenza H5N1 virus in ducks that started dying two days earlier on a farm in the Ha Nam province of Vietnam. In the country's fifth outbreak of avian influenza H5N1 within one month, 590 ducks died, and the Agriculture Ministry fears floods affecting the area for the last two weeks could help spread the virus to other areas. To read this release in full, please visit <http://209.190.25.146/viewNews.php?id=1352>.

- The United States Embassy in Vietnam announced on November 7, 2007, that the United States Agency for International Development (USAID) and the US Department of Health and Human Services (HHS) is providing an additional \$10.5 million to Vietnam to help the country's fight against the spread of avian influenza H5N1. A majority of the grant, \$8 million, will support national, provincial and district activities to fight avian influenza H5N1 in poultry and reduce risk of disease in humans, \$1.5 million will support Vietnam's development of a human vaccine and \$1 million will be used to provide support and technical assistance to the Vietnamese Health Ministry. To read the press release in full, please visit <http://hanoi.usembassy.gov/pr110707.html>.



During a meeting of the UN Food and Agriculture Organization (FAO) on November 7, 2007, in Bangkok, Thailand, it was reported that avian influenza H5N1 continues to spread in several Asian and African countries. While several countries have been successful in containing the spread of the virus in poultry, it continues to spread in Bangladesh, Egypt, Indonesia, Nigeria and Vietnam. Experts offer the lack of an export-friendly poultry industry and the reluctance by some countries to hand over tissue samples of cases with avian influenza H5N1 as reasons for the difficulty in containing the virus within some nations. To read this article in full, please visit <http://www.voanews.com/english/2007-11-07-voa14.cfm>.

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US DHHS Region I (New England) Emergency Planning Office (Office of the Assistant Secretary for Preparedness and Response – ASPR)

Flu Stafford Act Reimbursement: A memorandum available on the Federal Emergency Management Agency (FEMA) web site describes FEMA's policy for Stafford Act reimbursement for pandemic influenza. The document, titled "Disaster Assistance Policy 9523.17: Emergency Assistance for Human Influenza Pandemic," is dated March 31, 2007, and outlines the legal mechanisms, triggers and areas of eligibility for reimbursement following a pandemic. The Association of State and Territorial Health Officials (ASTHO) is currently examining the policy for its implications for state health agencies. To access the memorandum, please visit http://www.fema.gov/government/grant/pa/9523_17.shtm.

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

A collection of resources for emergency management and specifically medical issues: http://www.ynhhs.org/emergency/US_DHHS_web_sites.pdf

A new, electronic newsletter focusing on emergency preparedness and response is now available for health educators. "Emergency Preparedness and Response News U Can Use" is produced biweekly by the Society for Public Health Education (SOPHE). If you are interested in receiving the newsletter list or to learn more about what SOPHE is doing related to emergency preparedness and response, please contact Tanya Maslak at tmaslak@sophe.org.

Retention and Recruitment for the Volunteer Emergency Services, Challenges and Solutions. US Fire Administration, May 2007: <http://www.usfa.dhs.gov/downloads/pdf/publications/fa-310.pdf>

Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths. United Kingdom: http://www.ukresilience.info/news/manage_deaths_guidance.aspx

Center for Domestic Preparedness Training Site, Anniston, Alabama, Medical Training Courses: <https://cdp.dhs.gov/resident/healthcare.html> (Courses offered and for the most part fully funded by the federal government)

ICS All Hazard Core Competencies, FEMA: http://www.fema.gov/emergency/nims/ics_comp_etencies.shtm

Disasters around the World: **New**



108 Vehicle Pileup
Credit: AP Photo/Gary Kazanjian

On November 3, 2007, dense seasonal fog known as "Tule fog" is believed to have been the cause of a 108-vehicle pileup on Highway 99 just south of Fresno, California. Eighteen big rigs were involved in the chain-reaction crash that killed two people and injured more than three dozen others. To read this article in full, please visit

http://hosted.ap.org/dynamic/stories/F/FREEWAY_PILEUP?SITE=FLPEJ&SECTION=HOME&TEMPLATE=DEFAULT.



Mexican Flooding
Credit: REUTERS/Manual Lopez

In Mexico's Gulf state of Tabasco, around 80,000 people in the state capital Villahermosa are sheltering in schools, churches and a parking garage as they had to leave their homes due to damage from flooding. On November 7, 2007, it was reported that tens of thousands of people living in these shelters are being threatened by diseases such as colds, cholera and dengue fever. The government is planning fumigation of waterlogged areas to reduce the risk of dengue fever, while the lack of running water increases the risk of cholera, which is transmitted by contaminated

waters. To read this article in full, please visit

<http://www.alertnet.org/thenews/newsdesk/N07573392.htm>.



Mexico Flooding
Credit: AFP/Gibertoo Villasana

On November 7, 2007, Vietnamese government officials reported that 82 people have been killed in nine central provinces and Danang City during the latest round of flooding that started in late October. In addition, 94,400 houses were damaged and more than 18,300 hectares of paddy rice are under water while at the same time, local officials are working on plans to evacuate around 130,000 residents in the Quang Nam province. Affected residents are urged to be vigilant against reported outbreaks of diarrhea and dengue fever. The area is also on alert for

Tropical Storm Peipah, which is expected to reach Vietnam on November 9. The storm has already killed 5 people in northern Philippines. To read this article in full, please visit

http://coe-dmha.org/apdr/index.cfm?action=process3&Sub_ID=232&news=23376&pubDate=11/07/2007.

- Incident command can be used to provide management over various resources. The management of logistics over a large area is important to priority setting in a large-scale event. Use of incident command can help decide who to evacuate, what property to protect, what types of people and resources are required, healthcare concerns and more. Incident Command for Hospitals, HICS IV, updated by the California Emergency Medical Services Authority, not only ensures compliance with the National Incident Management System (NIMS) but cross communication between multiple agencies and jurisdictions in the event of an emergency such as the Los Angeles wildfire. YNH-CEPDR has developed workshops that discuss the HICS IV organizational chart, job action sheets and forms as well as provide an overall context for implementation. For more information on how your hospital or healthcare organization can receive HICS IV training, please contact us at (203) 688-3224 or center@ynhh.org.

H5N1 Avian Influenza Virus May Retain

Fitness: **New**

Clinicians' Biosecurity Network

On November 1, 2007, the Clinicians' Biosecurity Network (CBN) issued a report "Drug-Resistant H5N1 Influenza Viruses May Retain Fitness" that discusses a study investigating the fitness of neuraminidase inhibitor (NAI) resistant avian influenza H5N1. The thought has been that as an influenza virus acquires NAI resistance, it becomes less fit resulting in the virus transmitting less efficiently. A new study done at Robert Webster's Laboratory at St. Jude's Children's Research Hospital finds that not all mutations conferring NAI resistance leads to a virus' loss of fitness. The study concludes that the use of NAIs for prophylaxis and treatment is one of the main strengths of a response to pandemic influenza and also indicates that there is a greater than earlier believed risk of a pandemic where antivirals may have limited efficacy. To read the CBN report in full, please visit <http://cms.upmc-cbn.org/>.

North American Countries to Coordinate Infectious Disease Efforts: **New**



On November 1, 2007, HHS announced a Memorandum of Understanding (MOU) signed by HHS Secretary Mike Leavitt, Canadian Minister of

Health Tony Clement and Mexican Secretary of Health José Ángel Córdova Villalobos. The nations agreed to improve coordination and cooperation between the countries in regards to surveillance, prevention and control of infectious diseases. Included in the MOU is the agreement of all three countries to develop and implement protocols to share:

- Healthcare and public health personnel
- Regulated medical products from national stockpiles
- Unregulated medical supplies from national stockpiles
- Specimens and reagents from each country's national reference laboratories

All three countries agree to improve public health emergency preparedness and response related to border health, laboratory testing, diagnosis and treatment, epidemiological investigation and control of infectious diseases. Furthermore, the countries agree to share laboratory information before and during an emergency and to work in partnership on review and sharing of assay methods, reagents and laboratory results. The agreement calls for the countries to participate in trilateral or bilateral exercises to test and strengthen emergency response plans. To read the HHS release in full, please visit <http://www.hhs.gov/news/press/2007pres/11/pr20071101a.html>.

Yale New Haven Center for Emergency Preparedness and Disaster Response: Fall 2007 Course Guide

YNH-CEPDR develops, delivers and evaluates educational programs designed to prepare the healthcare delivery workforce for effective response to all types of disasters and emergencies. YNH-CEPDR creates and adapts courses for healthcare organizations based on the latest research and developments in emergency response, incorporating national standards and regulations relevant to healthcare emergency preparedness, adhering to industry standards for instructional design and considering the special needs of busy adult learners. To view the new Fall 2007 Course Guide, please visit http://www.ynhhs.org/emergency/YNH-CEPDR_Courses_Fall07.pdf. For more information, please contact the YNH-CEPDR at (203) 688-3224 or center@ynhh.org.

GAO Identifies Opportunities for Infrastructure Protection in Pandemic Planning: **New**



The Government Accountability Office (GAO) issued a report on October 31, 2007, recommending that the US Department of Homeland Security (DHS) lead efforts to

encourage the infrastructure sector to prepare for challenges they will be faced with during an influenza pandemic. The five sectors other than public health and healthcare the GAO reviewed for preparedness efforts were transportation, food and agriculture, water, electric power and telecommunications. During its research, the GAO found that both the federal government and the private sector have worked together in preparing certain pandemic guidance including business continuity plans, determining number of workers necessary to maintain operations during a pandemic and conducting pandemic preparedness workshops, forums and exercises. The GAO also reported several challenges the government and the private sector face in working together on pandemic preparedness, including:

- Maintaining focus on pandemic planning is difficult when faced with more immediate problems, such as outbreaks of foodborne illnesses
- Lack of clarity on federal versus state roles regarding border closures and pandemic vaccine distribution
- Consistency of messages from government entities charged with providing pandemic-related information
- Development of strategies to address cross-sector interdependencies, including the electricity and telecommunications capabilities necessary to support all other sectors
- Obtaining funds for training and infrastructure and potential legal and regulatory issues

To read more about this report, please visit

<http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/nov0207gao.html>. To view the report in full, please visit <http://www.gao.gov/new.items/d0836.pdf>.

Gaps in Health System Preparedness: New Report

A new report from PricewaterhouseCoopers' Health Research Institute, "Closing the Seams: Developing an Integrated Approach to Health System Disaster Preparedness", identifies gaps in the US healthcare system disaster preparedness. The report found that staff and facility resources are limited, healthcare sector preparedness plans are not adequately coordinated and systems for tracking and communications are incompatible. Key findings of the report include:

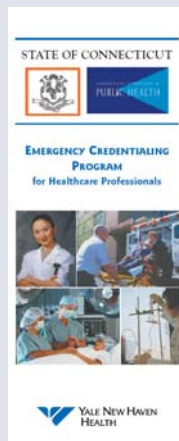
- Disconnected and sporadic disaster planning with increasing frequency of disasters in the US
- Primary care physicians are the least prepared to respond to a disaster
- Unity of command is vulnerable on several levels including lack of consensus and communication breakdowns
- Resources spent to apply for funding are too high to justify the steadily decreasing level of available federal funds for hospital preparedness
- Preparedness benchmarks need to be developed as there is no common definition and requirements are shifting
- Current shortage of medical professionals leaves little time for preparedness training
- No current consensus exists that outlines the most appropriate skills emergency responders should have in emergency preparedness
- There is a lack of systems, staffing and training to effectively distribute stockpiles of supplies and medications
- Interoperability standards for technologies used to respond to and recover from a disaster are lacking

The report also provides recommendations to improve readiness for a disaster that are broken into three sets of strategies:

- 1 - Organizational: altered standards of care, alternate care sites, prioritization of pharmaceuticals and supplies
- 2 - Community: increase staffing supply and capabilities, develop consistent and actionable plan create formal mutual aid agreements
- 3 - Societal: develop disaster leaders and a public culture of preparedness; develop sustainable funding sources

To view the report in full, please visit <http://pwchealth.com/cgi-local/hregister.cgi?link=reg/closingtheseams.pdf>.

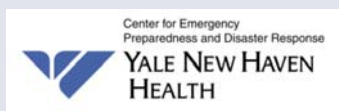
Expect the Unexpected



The appearance of Tropical Storm Noel in the Caribbean serves to demonstrate that the unexpected can happen at any time. With the unexpected, there is always the possibility of a public health crisis which may tax the resources of an institution or even an entire region, particularly the human resources involved in the care and welfare of the public. A great way to prepare for potential crises is to become a volunteer in the

State of Connecticut Emergency Credentialing Program for Health Care Professionals. Professionals in Medicine, Nursing, Radiology, Physical Therapy, Behavioral Health, Respiratory Therapy as well as many others are needed. This is a program that pre-credentials hospital disaster volunteers from many disciplines who have offered to respond when a natural or man-made event overwhelms a facility, region or state. Volunteers who agree to assist are given facility and event specific "just-in-time" training to assist them to function in their new setting, and volunteers are covered for liability and workers' compensation. Please check out our web site at www.ct-esar-vhp.org to see if this program is for you. Enrollment is completed on-line, and basic disaster related education is provided. If you have any questions, please contact us at ecp@ynhh.org, or call Joseph Filakovsky, DNP, APRN, Emergency Credentialing Program Coordinator at (203) 688-4468.

Positions Available at YNH-CEPDR



YNH-CEPDR has openings for Network Development Specialists; Drills and Exercises Specialists; Regional Education Specialists; and a Grant Research Specialist. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.yalenewhavenhealth.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.yalenewhavenhealth.org/emergency

DHS Urges Preparedness in Schools



The US Department of Homeland Security (DHS) urges schools to prepare for emergencies and on October 30, 2007, DHS released a fact sheet with planning and training resources available to schools in preparing a comprehensive all-hazards emergency preparedness plan that is exercised regularly and includes partnerships with local community leaders and first responders. The resources detailed in the fact sheet include:

- Safe School Initiative
- Protecting Our School's Infrastructure
- Protecting Against Man-Made or Terrorist Incidents
- School Preparedness Training Courses
- Lessons Learned Information Sharing (LLIS)
- DHS "READY" Campaign
- Citizen Corps

The fact sheet also lists the availability of funding and additional resources. To access a complete list of emergency preparedness resources for schools, please visit http://www.dhs.gov/xprevprot/programs/gc_1183486267373.shtm. To read the DHS Fact Sheet: Creating a Culture of Preparedness Among Schools, please visit http://www.dhs.gov/xnews/releases/pr_1193754645157.shtm.

Prepared for Disaster? Make Your Plan Now

If you had to flee your house in the next 5 minutes, would you be ready? What can you do to help prepare yourself and your family in case of a disaster? The wildfires in California have reminded us of the importance of preparation. As we have all seen on television, about 1 million people have had to be evacuated from their homes. Make a plan. Build a Kit. Be informed. Do it now when you have time. A few things you can do to get started:

1. Copy your documents
2. Buy a fireproof safe
3. Prepare an emergency kit
4. Talk to your family and develop a family plan

For more information or to schedule a talk about preparedness in your community or for your organization, contact Eugenie Schwartz at (203) 688-2659 or Eugenie.schwartz@ynhh.org.

Joint Commission 2008 Annual Preparedness Conference



The Joint Commission Resources (JCR) will present its 2008 annual emergency preparedness conference at the Hilton Alexandria Mark Center in Alexandria, Virginia, on April 8 and 9, 2008. The Joint Commission has announced a call for

presenters to deliver a 60 or 90 minute live presentation that highlights new processes, technologies, techniques and/or tools, creativity and innovation used within any health care setting for the purpose of meeting any of the four phases of emergency preparedness: mitigation, preparation, response and recovery. **Presentation topic and outline must be submitted by November 30, 2007, to emergprep@jcrinc.com.** For more information or to register for this conference, please contact Leslie LaBelle, RN, MSN, MBA, CPHQ at (630) 792-5435 or emergprep@jcrinc.com.

Emergency Preparedness Gaps in Financial Sector

The US Department of Treasury has announced results of the September 24 through October 12, 2007, exercise conducted to test the country's financial services sector preparedness and response to an influenza pandemic. The results revealed that most of the over 2,700 organizations that were registered for the exercise were not prepared to deal with the consequences of a pandemic and need to improve their all-hazards plans. Participating organizations spanned across the financial sector and included banks and credit unions (62%), security firms (23%), insurance companies (11%) and other groups (4%). The exercise consisted of online simulated outbreak scenarios that were updated weekly with a peak absentee rate of 49%. Participants were asked questions about absenteeism, human resources during a pandemic, business continuity plans and the sector's dependency on services ranging from transportation to energy and telecommunications. At the end of the exercise, only 12% reported that their business continuity plans were very effective; 56% reported they were moderately effective; 28% were minimally effective; and 4% reported their plans were not effective at all. A majority of 91% said their business continuity plans would be revised based on lessons learned during the exercise. To read the US Treasury press release in full, including a link to a presentation of the results, please visit <http://www.treasury.gov/press/releases/hp643.htm>.

Progress Report: Pandemic and All-Hazards Preparedness Act

On October 31, 2007, HHS issued a progress report on the Pandemic and All-Hazards Preparedness Act (PAHPA) that was passed in December 2006 with broad implications for preparedness and response activities by HHS, including the establishment of the Assistant Secretary for Preparedness and Response (ASPR). Activities highlighted in the progress report include Biomedical Advanced Research and Development Authority (BARDA) and medical countermeasures, domestic and international programs for public health and medical response, grants, at-risk individuals and National Health Security Strategy. The report also provides a preview of Way Forward, which are the activities HHS plans to use in the continued implementation of PAHPA. To read the progress report in full, please visit <http://www.hhs.gov/aspr/conference/pahpa/2007/pahpa-progress-report-102907.pdf>

Education and Training Courses



At the request of the Bioterrorism Training and Curriculum Development Program of 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_CompetencyCrosswalk.pdf. **EM 103 w/NIMS and EM 140 w/NIMS were 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 us at (203) 688-3224 or center@ynhh.org.



YNH-CEPDR has developed a strategic partnership with HealthStream to distribute EM 103 w/NIMS and EM 140 w/NIMS. This partnership supports 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 us at (203) 688-3224 or center@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 <https://www.healthstream.com/HLC/Login/Login.aspx?organizationID=6e27bcaa-71bd-db11-bf7b-000423d6b5c1>. 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 us at (203) 688-3224 or center@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 <https://www.healthstream.com/HLC/Login/Login.aspx?organizationID=6e27bcaa-71bd-db11-bf7b-000423d6b5c1>. 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 coordinate 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 us at (203) 688-3224 or center@ynhh.org.



Best Practices for the Protection of Healthcare-Based First Receivers, Awareness Level (EM 120) is available at <http://ynhhs.emergencyeducation.org/>. Yale New Haven Health System employees should access the course via the learning management system at <https://www.healthstream.com/HLC/Login/Login.aspx?organizationID=6e27bcaa-71bd-db11-bf7b-000423d6b5c1>. 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. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



The online publication *Emerging Infectious Diseases* article entitled "Respirator Donning in Post-Hurricane New Orleans" states 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 provides an in-depth look at the fit testing process used to test the seal of the N95 respirator and meets 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 who 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. The anticipated release is the fall of 2007. For more information, please contact us at (203) 688-3224 or center@ynhh.org.

Education and Training Courses *(continued)*:



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. It 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 us at (203) 688-3224 or center@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 YNH-CEPDR at (203) 688-3224 or center@ynhh.org.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
11.12.07, 11.13.07 and 11.14.07	<i>Save the Date</i>	Joint Commission Annual Conference "Organizational Greatness: Actions for Healthcare Excellence" <i>Sponsored by The Joint Commission</i>	Hilton Chicago Chicago, IL For more information, including conference agenda, and to register, please visit http://www.jcrinc.com/14493/ .
12.6.07	1:00 p.m. to 2:30 p.m.	Mass Antibiotic Dispensing: Taking Care of Business <i>Strategic National Stockpile (SNS) and Public Health Training Network Satellite Broadcast and Webcast sponsored by the Centers for Disease Control and Prevention (CDC)</i>	For more information, including goal, objectives and a link for registration, please visit http://www.2a.cdc.gov/PHTN/business/default.asp .
04.8.08 and 04.09.08	<i>Save the Date</i>	2008 Annual Emergency Preparedness Conference <i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i>	Hilton Alexandria Mark Center Alexandria, VA For more information, please visit http://www.jcrinc.com/5/Programs2008/ .

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

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