

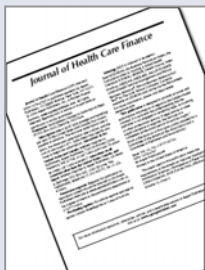
THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 5, Issue 49 | December 14, 2007

ELEVATED THREAT LEVEL

Financial Effect of an Influenza Pandemic on Hospitals: **New**



On December 7, 2007, the Clinician's Biosecurity Network (CBN) reported on a *Journal of Healthcare Finance* article describing a study conducted to estimate financial impact on hospitals during an influenza pandemic in the United States. Utilizing assumptions and data from HHS, CDC and hospitals, the study found that hospitals would see an average net loss of \$354,000 from

cancellation of elective surgeries and \$430,607 average cost for uncompensated care during a severe pandemic. Individual hospitals may see their cost vary significantly from these national averages as costs, reimbursements and patient mix within different hospitals varies greatly. Costs could also vary based on overtime salaries, supply shortages and longer patient stays. Overall, the study concluded that a significantly negative financial impact on hospitals is anticipated during a severe influenza pandemic and advocates for hospital financial personnel to be included in pandemic planning. To read the CBN report in full, please visit <http://cms.upmc-cbn.org>.

Public Response to Pandemic Influenza Vaccination Plan: **New**



On December 12, 2007, a report on public response to the earlier released Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine by a Federal interagency working group representing all sectors of US Government was published. Responses were gathered through a 3-day

Web dialogue that started on December 3 and included the consensus that protecting critical infrastructure should be prioritized in moving employees who maintain electrical systems to the top tier of receiving pandemic influenza vaccination. Support for vaccinating families of first responders and key healthcare workers was also evident as they may be more inclined to come to work knowing their family is protected. To read this report in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/dec1207priority.html>. To read the Draft Guidance in full, please visit <http://www.pandemicflu.gov/vaccine/prioritization.html>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of December 12, 2007, is 338 cases and 208 deaths.

- On December 12, 2007, WHO confirmed a new case of human avian influenza H5N1 infection. A 28-year old woman from Tangerang City in the Banten Province of Indonesia died on December 10 after developing symptoms 10 days earlier. The investigation into the source of infection is ongoing. To read the WHO release in full, please visit http://www.who.int/csr/don/2007_12_12/en/print.html. A few days earlier, on December 9, 2007, WHO confirmed another case of human avian influenza H5N1 infection in a 52-year old man from the Jiangsu Province in China who became sick on December 3 and was immediately hospitalized for treatment. The man is the father of a 24-year old man who died from avian influenza H5N1 on December 2 and was under medical observation by national authorities. To read this release in full, please visit http://www.who.int/csr/don/2007_12_09/en/index.html.



Four countries reported new outbreaks of avian influenza H5N1 in birds on December 13, 2007. In Poland the virus was found on a small farm near Elblag and in wild birds near Orneta. In southern Russia more than 35,000 chickens have been destroyed on a farm in Rostov-on-Don over the last 5 days while it is expected another half million birds will be culled to contain the outbreak. Meanwhile, another outbreak has been confirmed on an egg producing farm close to Riyadh in Saudi Arabia and more than 1,000 ducks have been killed by the virus in the Viet Yena dn Yen Dung districts in the northern province of Bac Giang, Vietnam. To read this release in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/dec1207avian.html>.

Flu Shot at the Airport



Some major airports throughout the country are offering travelers the option of receiving a flu shot for a fee between \$15 and \$35 after they have passed through the security checkpoint. This offers a convenient option for frequent travelers to receive their flu shot and usually takes no more than a few minutes. According to a December 5, 2007, article, so far this season, major airports in the cities of Atlanta, Chicago, Denver, Newark, N.J., and San Francisco have given about 15,000 shots. To read the article in full, please visit http://hosted.ap.org/dynamic/stories/A/AIRPORT_FLU_SHOTS?SITE=NCWIN&SECTION=HOME&TEMPLATE=DEFAULT.

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

Project XTREME: Cross-Training Respiratory Extenders for Medical Emergencies Training Program

The Agency for Healthcare Research and Quality (AHRQ) has released an interactive cross-training program to teach non-respiratory therapy healthcare professionals to provide basic respiratory care and ventilator management in a public health emergency. The training program was developed in cooperation with ASPR. To order a single free copy of this DVD/CD, please visit <http://www.ahrq.gov/prep/projxtreme/>.

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

US Army Strategic Planning and Resource Reference Book: <http://www.pokerleadership.com/sitebuildercontent/sitebuilderfiles/strategicplanningreferenceandresourcebook.pdf>

Public Health Emergency Response: A Guide for Leaders and Responders. US Department of Health and Human Services, August 2007:

<http://www.hhs.gov/disasters/press/newsroom/mediaguide/guideleader.html>

NACCHO's Preparedness Peer Assistance Network (PPAN):

<http://www.naccho.org/topics/peerassistance/PPAN.cfm>

Radiation Issues, Armed Forces Radiobiology Research Institute. Multiple guides and resources, including:

The Biodosimetry Assessment Tool

Adult/Pediatric Field Medical Record

Biodosimetry Worksheet

AFRRRI Pocket Guide—Emergency Radiation Medicine Response

<http://www.afrrri.usuhs.mil/www/outreach/biodostools.htm/software>

The medical management of a large-scale radiation accident or terrorist-related radiological/nuclear event will necessitate the ability to separate rapidly those who have received a large exposure of radiation from those who did not receive any radiation. The Armed Forces Radiobiology Research Institute (AFRRRI) provides several resources and software products designed to assist first responders and first receivers determine the amount of radiation received by victims of a radiological event. These include the Biodosimetry Assessment Tool (BAT), Adult/Pediatric Field Medical Record, the Biodosimetry Worksheet and the AFRRRI Pocket Guide – Emergency Radiation Medicine Response. Complementing these products, Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) has developed **EM110 – An Introduction to Radiological Emergency Preparedness, A Quick Guide for the Management of Radiation Disaster** and the **Connecticut Hospital Emergency Management Plan Annex for Radiation Emergencies**, all of which provide healthcare facilities a framework for coordinating effective responses to radiation emergencies. Topics covered include hospital incident command, triaging of patients with radiological contamination and patient decontamination. In addition, YNH-CEPDR manages one of only a few biological dosimetry laboratories in the nation, providing physicians with information regarding potential radiation injury to victims accidentally or intentionally exposed to radiation. For further information about AFRRRI products, please visit <http://www.afrrri.usuhs.mil>. For information regarding products offered by YNH-CEPDR or the Radiation Emergency Response Biodosimetry Laboratory, please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org.

Disasters around the World: **New**



Wide Spread US Ice Storms
Credit: The Associated Press

Starting on December 10, 2007, a storm lasting 3 days caused problems in many states throughout the US midsection where many counties were declared disaster areas. At least 33 deaths are blamed on the storm that created damage due to ice accumulation, including downed power lines and icy roadways. Widespread power outages forced people to evacuate homes as it may take up to seven days to restore power in some areas. To read more about this storm, please visit

http://hosted.ap.org/dynamic/stories/W/WINTER_STORM?SITE=TXDAM&SECTION=HOME&TEMPLATE=DEFAULT.



Malaysian Flooding
Credit: The Associated Press

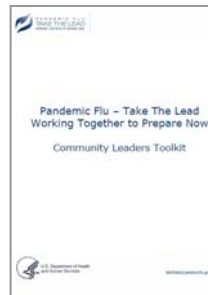
On December 12, 2007, it was reported that about 26,000 people have fled their homes in the Malaysian states of Kelantan, Johor and Pahang due to flooding that has killed at least 12 people. The flooding is occurring during the country's monsoon season (November-February) currently experiencing moderate to occasional heavy rains. To read this release in full, please visit http://coe-dmha.org/apdr/index.cfm?action=process3&Sub_ID=129&ews=23589&pubDate=12/12/2007.

- 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.

Update on Pandemic Preparedness for the Yale New Haven Center for Emergency Preparedness and Disaster Response Preparedness Report: **New**

Three Pandemic Preparedness Work Groups meet monthly at the Yale-New Haven Health System Office of Emergency Preparedness. The work groups represented by the Delivery Networks include Human Resources and Risk Communication, Ethical/Legal, Surge Capacity and Alternate Health Care Facilities and Triage. The Office of Emergency Preparedness Executive Committee recently approved the approach developed by the work groups which will be initiated for *Screening of Medical Center Personnel During an Influenza Pandemic*. The approach is designed to provide up-to-date instructions for personnel, clinical screening stations and direct communication with Occupational Health Services for those who may become ill. Daily assistance will be provided to staff to ensure all measures are taken from early warning through the phases of Pandemic Influenza according to the World Health Organization. Updates, training and assistance provided to staff and families of staff are available monthly in the employee newsletters at each of the Delivery Network Hospitals.

Local Pandemic Preparedness Toolkit



On December 1, 2007, the US Department of Health and Human Services (HHS) released a pandemic flu toolkit aimed to help community leaders educate and inform community members about the threat of a global influenza pandemic and also outline steps that can be taken to prepare for an influenza pandemic. The toolkit is the result of input from The Centers for Disease Control and Prevention (CDC) and community leaders through an online blog and leadership forum and includes activities and tools encouraging personal preparedness, fact sheets and templates for emails and newsletter articles on pandemic influenza preparedness. To access the HHS Community Leaders Toolkit, please visit http://www.pandemicflu.gov/takethelead/full_toolkit.pdf.

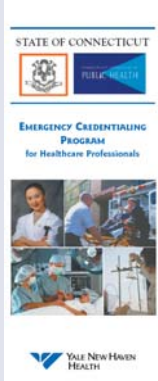
Old Man Winter: **New**



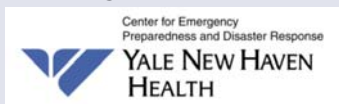
A review of this past week's severe winter weather in the midwest shows just how quickly a minor inconvenience can be come a major event.

Nearly entire states without power and basic utilities for the foreseeable future, increased chances for large fires in vulnerable communities, major highway accidents, etc. In these situations, there is the potential for large numbers of casualties quickly overwhelming hospitals in the area and resource needs would

drastically increase. A key resource would be trained healthcare personnel. The State of Connecticut Emergency Credentialing Program for Health Care Professionals 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.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

Prepared for Disaster? Make Your Plan and

Build a Kit: **New**

How would you survive for 72 hours? In a major disaster, it might be at least three days before vital services are restored.

Make a Plan: After a major disaster it is unlikely that emergency response services will be able to respond immediately to everyone's needs so it is important to be prepared to take care of yourself and your family. Plan to be on your own for at least 72 hours.

Build a Kit: After a major disaster, the usual services that we take for granted, such as running water, refrigeration and telephones, may be unavailable. Experts recommend that you should be prepared to be self-sufficient for at least three days. For more information or to schedule a talk about personal and family preparedness in your community or for your organization, contact Eugenie Schwartz at (203) 688-2659 or Eugenie.schwartz@ynhh.org.

4th Annual Joint Commission Resources Emergency Preparedness Conference



The Joint Commission Resources (JCR) will present its 2008 annual emergency preparedness conference "**Practical Applications for Health Disaster Preparedness**" at the Hilton Alexandria Mark Center in Alexandria, Virginia, on April 8 and 9, 2008.

Call for Abstracts: Joint Commission Resources (JCR) and the Occupational Safety and Health Administration (OSHA), in collaboration with the Yale New Haven Center for Emergency Preparedness and Disaster Response, invite interested participants to submit one or more abstracts for exhibit in the poster presentations track of the conference. The Yale New Haven Center for Emergency Preparedness and Disaster Response will provide the coordination for this track on behalf of the conference. Abstracts must be submitted by **January 18, 2008**, and will be peer-reviewed for their quality, originality and relevance to the conference. *By submitting an abstract, the author(s) agree in advance that, if accepted, at least one author will register for the conference to present the poster as scheduled.* The format for the preparation of abstracts may be found on the submission form. Abstracts may be submitted via e-mail at center@ynhh.org with the subject line *abstract submission*.

Notification of acceptance for poster presentation will be made via email by March 1, 2008.

Abstract submissions should demonstrate hospital-based best practices for emergency management planning, response and recovery including but not limited to: Hospital Incident Command Systems; Exercise strategies; Surge capacity; Defining and managing staff roles and responsibilities; Education and training; and Topical issues: pandemic influenza, evacuation, fatality management.

Poster Presentations: Authors of accepted abstracts will be provided with a 4' by 8' board on which to display the poster. Presenters must bring their own tacks to affix the poster to the board. Authors may present their information in any format they choose, but should avoid trying to crowd too much information into the space allotted. Prior experience has demonstrated that a single poster, rather than individual pages, present best. Posters should be readable from a distance of 3 feet. Posters will remain on display for the entire conference. Authors are required to be present during the specific poster presentation times noted in the program. Accepted authors will be offered a reduced registration rate for conference participation. All associated costs of participation (registration, lodging, travel, food) are the responsibility of the author(s).

For details and abstract submission form, log on to:

<http://yalenehavenhealth.org/emergency/disasterconference/>.

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

Influenza Pandemic: Non-Pharmaceutical Interventions

On December 5, 2007, HHS published a condensed version of the national "community-mitigation guidance" that was developed by the CDC in accordance with WHO recommendations, promoting non-pharmaceutical interventions (NPI) that may mitigate effects of disease during an influenza pandemic. Principles discussed in the guidance are designed to be adaptable outside the United States, especially in developing countries, and recommend introduction of multiple NPIs early during a pandemic in locations with the most potential for transmission of a virus, including schools and large public gathering spots. The NPIs discussed include isolation and supportive treatment, voluntary home quarantine, social distancing of children and adults in schools, communities and workplaces. The guidance also discusses rationale and evidence for use, activation, duration and plans to minimize adverse consequences of NPIs. For more information, please visit <http://www.pandemicflu.gov/>.

National Strategic Plans for Pandemic Influenza in Europe

In the December 2007 issue of the *Bulletin of the World Health Organization* an updated evaluation of national pandemic influenza preparedness plans of European countries is presented. This update is based on a 2005 evaluation and also includes an assessment of the progress made between November 2005 and November 2006, focusing on the areas of border control issues, antiviral drug strategies and pandemic vaccination. Findings included an increased number of countries with national pandemic influenza preparedness plans (21 in 2005, 29 in 2006) although these often deviate from international recommendations. The possibly politically volatile issue of border control during a pandemic is discussed, identifying apparent gaps and inconsistencies, along with the finding that only half of the countries have developed storage, distribution and administration strategies for antiviral drugs and vaccines. The evaluation concludes that governmental commitment to prepare for a pandemic seems strong in Europe and plans have strengthened based on previous evaluation while immediate attention is needed for gaps and inconsistencies identified. To read the evaluation in full, including a discussion of findings for each focus area, please visit <http://www.who.int/bulletin/volumes/85/12/06-039834/en/index.html>.

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_CompetyCrosswalk.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, EM 140 w/NIMS and other healthcare-focused emergency preparedness courses. This partnership supports a broader dissemination of these courses as a strategy for hospitals and healthcare systems to become compliant with NIMS, OSHA, CMS and Joint Commission 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. This course is also available as an instructor-led workshop combined with a tabletop exercise to reinforce key concepts.



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.

Education and Training Courses *(continued)*:



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's **N95 Respirator and Personal Protective Equipment (PPE) Training for Health Care Workers (EM 121)** online course uses both text and video to demonstrate the proper indications for use, maintenance, capabilities, limitations, and donning and doffing of the N95 respirator and personal protective equipment (PPE). This course offers the new or experienced health care worker an introduction or review of how to maximize their safety. This course is designed to align with current practices and terminology established by the OSHA Respirator Standard 1910.134(k), 1910.120, and the armed forces training requirements (USACHPPM, NHRC, AFRL).



The OSHA Respirator Standard 1910.134(k), 1910.120 requires Health Care Workers who wear the N95 respirator in the workplace to be fit tested annually and more often if necessary. YNH-CEPDR has developed the **N95 Respirator Fit Tester Training (EM 122)**, a 20-minute online course which provides training for individuals who will perform fit tests for healthcare workers on an annual basis. It may also be used as a just-in-time training in the event of a pandemic when additional staff may need immediate fit testing. This course meets the OSHA fit-testing requirements as outlined in the Fit Testing Procedures 1910.134 App A.



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.

Programs and Services

YNH-CEPDR is committed to developing and delivering effective and scalable 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
12.18.07	1:00 p.m. to 2:00 p.m.	Disaster Surveillance <i>Conference Call Sponsored by CDC Clinician Outreach and Communication Activity (COCA)</i>	For Dial-in Number, Passcode and more information, please visit http://www.bt.cdc.gov/coca/callinfo.asp
01.15.08, 01.16.08 and 01.17.08	8:00 a.m. to 4:30 p.m.	WMD Threat and Risk Assessment TEEX (Texas A&M) This course trains key personnel within a local jurisdiction who are required to prevent, mitigate, manage, and/or respond to all hazards, mass casualty events with special attention on terrorists incidents. <i>Connecticut Department of Emergency Management and Homeland Security</i>	DEMHS Training Facility Maxim Rd, Hartford, CT For more information, including prerequisites and how to register, please visit http://www.ct.gov/demhs/iCal/eventDetail_page.asp?date_ID=CDC6C7CFC783C_DC9C8 .

01.22.08, 01.23.08 and 01.24.08	8:00 a.m. to 4:30 p.m.	<p>Introduction to Cameo</p> <p>The <i>Introduction to the CAMEO Suite</i> course provides performance-level training to emergency response personnel, principally by training representatives of local and state agencies who respond to intentional acts, natural occurrence or accidental events.</p> <p><i>Connecticut Department of Emergency Management and Homeland Security</i></p>	<p>East Hartford Public Safety Complex 31 School Street East Hartford, CT 06108</p> <p>For more information, including prerequisites and how to register, please visit http://www.ct.gov/demhs/iCal/eventDetail_page.asp?date_ID=CDC6C7CFCA83CDC9CB.</p>
04.08.08 and 04.09.08	<i>Save the Date</i>	<p>2008 Annual Emergency Preparedness Conference</p> <p><i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i></p>	<p>Hilton Alexandria Mark Center Alexandria, VA</p> <p>For more information, please visit http://www.jcinc.com/5/Programs2008/.</p>

FOR MORE INFORMATION, PLEASE CONTACT:

<p>Christopher M. Cannon National Director (203) 688-3224 christopher.cannon@ynhh.org</p>	<p>Elaine Forte Deputy Director (203) 688-3391 elaine.forte@ynhh.org</p>	<p>Louise-Marie Dembry, MD Associate Medical Director (203) 688-4634 louise-marie.dembry@ynhh.org</p>	<p>Mark Schneider Program Manager, Education and Training (203) 688-2577 mark.schneider@ynhh.org</p>
<p>James Paturas Deputy Director (203) 688-3496 james.paturas@ynhh.org</p>	<p>Anthony Tomassoni, MD Medical Director (203) 688-3224 anthony.tomassoni@ynhh.org</p>	<p>Joe Filakovsky, DNP, APRN ECP Coordinator (203) 688-4486 joseph.filakovsky@ynhh.org</p>	

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

One Church Street, 5th Floor • New Haven, CT 06510 • Tel. (203) 688-3224 • Fax (203) 688-4618
center@ynhh.org • www.yalenehavenhealth.org/emergency

US DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTACTS:

<p>Gary J. Kleinman, EMT-P Region I Regional Emergency Coordinator (617) 777-6444 gary.kleinman@hhs.gov</p>	
<p>Gregory T. Banner, MS, CEM Region I Regional Emergency Coordinator (617) 777-6404 gregory.banner@hhs.gov</p>	<p>Mark C. N. Libby, RN Region I Regional Emergency Coordinator (617) 777-6458 mark.libby@hhs.gov</p>

JFK Federal Building, Room 2100 • 15 New Sudbury Street • Boston, MA 02203

US Department of Health and Human Services 24x7 Operations Center
hhs.soc@hhs.gov • (202) 619-7800 • <http://www.hhs.gov/disasters/>