

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Tamiflu Label Updated with Neuropsychiatric Warning: **New**



Tamiflu Anti-Virus Capsules
Credit: REUTERS/Chris Radburn

On March 10, 2008, Roche Laboratories and the Food and Drug Administration (FDA) informed healthcare professionals of neuropsychiatric events associated with the use of Tamiflu®, in patients with influenza. The label has been revised as follows: Influenza can

be associated with a variety of neurologic and behavioral symptoms which can include events such as hallucinations, delirium, and abnormal behavior, in some cases resulting in fatal outcomes. These events may occur in the setting of encephalitis or encephalopathy but can occur without obvious severe disease. There have been postmarketing reports (mostly from Japan) of delirium and abnormal behavior leading to injury, and in some cases resulting in fatal outcomes, in patients with influenza who were receiving Tamiflu®. Since these events were reported voluntarily during clinical practice, estimates of frequency cannot be made but they appear to be uncommon based on Tamiflu® usage data. These events were reported primarily among pediatric patients and often had an abrupt onset and rapid resolution. The contribution of Tamiflu® to these events has not been established. Patients with influenza should be closely monitored for signs of abnormal behavior. If neuropsychiatric symptoms occur, the risks and benefits of continuing treatment should be evaluated for each patient. For more information, please visit http://www.fda.gov/medwatch/safety/2008/safety08.htm#Tamiflu?s_cid=ccu031008_seasonalinfluenza3_e.

Fact Sheet: DHS Five-Year Anniversary Progress and Priorities: **New**

On March 6, 2008, the DHS stated that they felt there is no parallel in government to their start-up five years ago and the degree of maturity the department has reached in the short period since. They also feel the department's growth is testament to its 208,000 employees, who every day put service before self-patrolling borders, protecting ports, defending the skies, enforcing immigration laws, and responding to disasters and emergencies. The department has experienced a number of significant tests in its short history, and is intensely focused on the next major task of ensuring a smooth transition from one administration to the next, through rigorous plans, exercises and best practices. In its five years, the department has achieved much to protect and secure the United States, and has issued a report containing its accomplishments. To read the report in full, please visit http://www.dhs.gov/xnews/releases/pr_1204819171793.shtm.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of March 11, 2008, is 372 cases and 235 deaths.



Influenza A (H5N1) Virions

On March 11, 2008, the Ministry of Health and Population of Egypt announced a new human case of avian influenza A(H5N1) virus infection. The case is an 8-year-old male from Etsa District, Fayum Governorate. He was hospitalized with symptoms on March 3. He is receiving treatment and is in a stable condition. Investigations into the source of his infection indicate a history of contact with sick and dead poultry. Of the 47 cases confirmed to date in Egypt, 20 have been fatal. To learn more about avian influenza cases in this region, please visit

http://www.who.int/csr/don/2008_03_11/en/index.html.

Today@UCI

On February 26, 2008, the University of California reported that UC Irvine researchers have discovered that several strains of the bird flu in southern China were blocked from entering Thailand and Vietnam. The first-ever statistical analysis of Influenza A H5N1's genetic diversity helps scientists better understand how the virus migrates and could, in the future, help health officials determine whether efforts to thwart its spread were successful. "Some countries appear more exposed to bird flu invasion than others. Learning that is a good step in discovering which social and ecological factors promote, or, on the other hand, hamper the virus' spread," said Robert G. Wallace, a postdoctoral researcher and lead author of the study. The results were published online in the journal *PLoS ONE*. To read this article in full, please visit http://today.uci.edu/news/release_detail.asp?key=1735.

EMERGING INFECTIOUS DISEASES®

In the March 3, 2008 issue of *Emerging Infectious Diseases* (v14:3), Victoria Davey and Robert Glass present a paper in which they consider the question of when to "switch off" community-based interventions designed to reduce the spread of pandemic influenza. These authors attempt to answer questions such as when it would be optimal to reopen schools that have been closed as part of a nonpharmaceutical, communitywide influenza mitigation strategy. Davey and Glass considered what would happen if schools were reopened and community-wide sequestering were halted when influenza cases in a community fall below preset thresholds (ex., 1, 2, or 3 cases in seven days). Sequestering strategies would be restarted if the epidemic pandemic resurged and ≥ 10 cases occurred in a seven-day period. This "pulsing technique" would reduce the number of days needed to sequester schoolchildren and the community by 6% to 32%. The authors maintain that for a given pandemic scenario, the reduction in days sequestered would not notably affect the number of persons infected. The implication is that reduction in days sequestered will reduce the economic impact and social disruption caused by community-wide, nonpharmaceutical interventions. For more information on this type of mitigation strategy, please visit <http://www.cdc.gov/eid/content/14/3/509.htm>.

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

The Occupational Safety and Health Administration (OSHA) Publication Focuses on Security Personnel

Security personnel (i.e., guards) stand to benefit from a new publication by OSHA entitled **Preparing and Protecting Security Personnel in Emergencies**. This publication addresses emergencies involving hazardous substance releases and provides guidance for employers and their security personnel who may be involved in the emergency response. Printed copies can be obtained by calling OSHA's publications office at (202) 693-1888.

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

The US National Response Team WMD Subcommittee is proud to announce completion of 25 biological and chemical **Quick Reference Guides (QRGs)**, which are available by visiting www.nrt.org and looking under Hot Topics and Current Events.

March 1888 blizzard along the east coast (over 400 fatalities)

<http://www.nycsubway.org/articles/1888-blizzard.html>

The Department of Homeland Security (DHS) Selects Schools to Host New Centers of Excellence

http://www.dhs.gov/xnews/releases/pr_1204061890079.shtm

Emergency Evacuations from Major Cities, Ash Institute for Democratic Governance and Innovation, John F. Kennedy

School of Government, Harvard University

For more information, please visit

<http://www.innovations.harvard.edu/spotlight.html?id=801&preview=1>

National Disaster Response: FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors. GAO-08-369, February 27.

<http://www.gao.gov/cgi-bin/getrpt?GAO-08-369>

Highlights

<http://www.gao.gov/highlights/d08369high.pdf>

The Great Pandemic, US DHHS, Office of the Public Health Service Historian.

<http://1918.pandemicflu.gov/>

Congressional Research Service. Homeland Security: Roles and Missions for United States Northern Command

<http://www.fas.org/spp/crs/homsec/RL34342.pdf>

A correspondence course to provide an overview of the new National Response Framework.

<http://www.training.fema.gov/EMIWeb/IS/IS800.b.asp>

Seasonal Influenza: **New**



During the week of February 24-March 1, 2008, widespread activity was reported by Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, West Virginia, and Wyoming; regional activity was reported by Massachusetts, Mississippi, and New Mexico; and local activity was reported by the District of Columbia. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.



Credit: Department of Health and Human Services

During week 9 (February 24 – March 1, 2008), influenza activity continued to decrease in the United States. Two thousand four hundred one (27.2%) specimens tested by WHO and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza. The proportion of deaths attributed to pneumonia and influenza was above the epidemic threshold for the eighth consecutive week. The proportion of outpatient visits for influenza-like illness (ILI) and acute respiratory illness (ARI) was above national baseline levels. ILI decreased in seven of the nine regions compared to week 8, but remained above region-specific baselines in all nine regions. The Mid-Atlantic and West North Central regions reported ARI at or above their region specific baselines. Forty-seven states reported widespread influenza activity; three states reported regional influenza activity; and the District of Columbia reported local influenza activity. For more information, please visit http://www.cdc.gov/flu/weekly/?s_cid=ccu030308_seasonal_influenza1_e.



On February 27, 2008, the Centers for Disease Control and Prevention (CDC) reported that a panel of immunization experts voted to expand the recommended ages for annual influenza vaccination of children to include all children from 6 months through 18 years of age. The previous recommendation was for vaccination of children from 6 months to 59 months of age. The expanded recommendation is to take effect as soon as feasible, but no later than the 2009 – 2010 influenza season. The Advisory Committee on Immunization Practices (ACIP), which advises the CDC on vaccine issues, voted on the new recommendation during its February 27-28, 2008, meeting. The new recommendation increases the number of children recommended for vaccination by approximately 30 million. To learn more about these new guidelines, please visit <http://www.cdc.gov/od/oc/media/pressrel/2008/r080227.htm>.

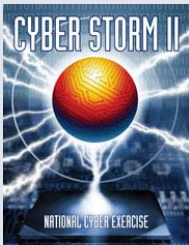
Advisers to the FDA Back New Recipe for 2008-2009 Flu Vaccine

On March 4, 2008, the Associated Press (AP) reported that next year's flu vaccine will be changed to provide protection against three new and different influenza strains. Advisers to the FDA unanimously backed the new recipe, echoing an earlier decision by WHO. It is a highly unusual move; seldom are more than one or two strains swapped out from one year to the next. Due to this drastic change, pressure will now be on the flu vaccine manufacturers to be able to produce more than 100 million doses by the fall. "It's going to be a really busy spring and summer, and of course we're always looking for fallback positions just in case things don't work out well," said Dr. Nancy Cox, flu director at the CDC. "There's a lot of work that will be going on to try and make sure that everything comes together in such a way that there will be plenty of vaccine." To read this article in full, please visit http://hosted.ap.org/dynamic/stories/F/FLU_VACCINE?SITE=AZPHG&SECTION=HOME&TEMPLATE=DEFAULT.

California Releases Healthcare Surge Guidelines

On February 29, 2008, the Clinician's Biosecurity Network (CBN) reported that the California Department of Public Health released its *Standards and Guidelines for Healthcare Surge during Emergencies*. The guidelines, comprising four volumes, along with training materials and a reference manual, are available online at www.bepreparedcalifornia.ca.gov. This is an effort to cover the multitude of difficult issues related to emergencies that overwhelm the healthcare system. The manuals offer practical solutions and useful tools for a number of these issues. In addition, a thorough listing and interpretation of the relevant laws and regulations that affect surge planning is included. To read this article in full, please visit <http://cms.upmc-cbn.org/>.

The Department of Homeland Security Holds Cyber Storm II Exercise to Further Cyber Security Preparedness: **New**



On March 10, 2008, the DHS reported that it is conducting the largest cyber security exercise ever organized. Cyber Storm II is being held from March 10-14 in Washington, D.C. and brings together participants from federal, state and local governments, the private sector, and the international community. Cyber Storm II is the second in a series of congressionally mandated exercises that will examine the nation's cyber security preparedness and response capabilities. The exercise will simulate a coordinated cyber attack on information technology, communications, chemical, and transportation systems and assets. "Securing cyberspace is vital to maintaining America's strategic interests, public safety, and economic prosperity," said Greg Garcia, Homeland Security Assistant Secretary for Cyber Security and Communications. "Exercises like Cyber Storm II help to ensure that the public and private sectors are prepared for an effective response to attacks against our critical systems and networks." Cyber Storm II will include 18 federal departments and agencies, nine states (CA, CO, DE, IL, MI, NC, PA, TX and VA), five countries (United States, Australia, Canada, New Zealand and the United Kingdom), and more than 40 private sector companies. They include ABB, Inc., Air Products, Cisco, Dow Chemical Company Inc., Harris Corporation, Juniper Networks, McAfee, Microsoft, NeuStar, PPG Industries, and Wachovia. To learn more about the objectives of this exercise, please visit http://www.dhs.gov/xnews/releases/pr_120518034_0404.shtm.

JAMA Reports Breakthrough in Avian Flu Vaccine

On March 5, 2008, the Journal of the American Medical Association reported in Volume 299, Issue 9 of its publication that a vaccine against the H5N1 avian influenza has been engineered and tested. The vaccine was created by researchers at the University of Pittsburgh's Center for Vaccine Research and the pharmaceutical company, Novavax Inc., in Rockville, Maryland (Bright, RA et al. *PLoS ONE*. 2008;3[1]:e1501). The vaccine, which encodes genes for three influenza viral proteins, uses a virus-like particle that lacks genetic information to reproduce, making it safer than other avian flu vaccines that are partially developed from live viruses. The vaccine was tested successfully in mice, producing strong immune responses and protecting the animals from a lethal challenge with the H5N1 avian virus. The vaccine is currently being tested in humans. To learn more about this exciting discovery, please visit www.jama.com.

Disasters around the World: **New**



Britain Storms
Credit: AFP/Philippe Huguen

On March 12, 2008, Telegraph.co.uk reported that large parts of the country woke up to a battering as the second major storm front of the week hit swathes of Britain. Winds of up to 85 mph hit north-west England, north Wales and Northern Ireland. Motorists were warned to take extra care on the roads, while the Highways Agency warned that high ground could experience "temporary blizzard conditions". Forecasters said that the strongest winds would hit northern and Eastern England, although the heavy rain would clear to leave scattered showers. Parts of the south coast are continuing to assess the damage caused by storms on Monday, which caused chaos for travelers, flooded properties in Wales and Cornwall and left thousands of homes without power. To learn more about the storms affecting northern Britain, please visit <http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2008/03/12/nstorm112.xml>.



Mozambique Cyclone
Credit: AFP/Tony Karumba

On March 10, 2008, the AP reported that at least seven people had been killed by a powerful cyclone that lashed northern and central Mozambique, ripping off roofs and leaving many towns without water or power. Cyclone Jokwe, traveling with winds of up to 125 mph, made landfall on March 8th and has continued to move south along the coastline of the southeastern African nation. Joao Ribeiro, director of the National Disasters Management Institute, said four people were killed in the coastal town of Quinga, and three died when a mosque collapsed in the town of Namige. He said that more than 2,000 houses and 119 fishing boats were destroyed while roofs have been blown off schools and other public buildings and many towns are without power. The National Emergency Operations Center, which has declared the highest alert level, red, for coastal districts, said there was a serious threat to shipping in the Mozambique Channel and told all fishing boats and other vessels to stay out of the sea. For more information, please visit http://hosted.ap.org/dynamic/stories/M/MOZAMBIQUE_CYCLONE?SITE=CAGRA&SECTION=HOME&TEMPLATE=DEFAULT.

FEMA Report Shows Mitigation Saves Money: **New**



On March 12, 2008, FEMA reported that mitigation work in the Centralia, Washington area after the 1996 floods saved an estimated \$1.9 million in residential home damage in the December 2007 floods. The report, entitled "Evaluating Losses Avoided through Hazard Mitigation: City of Centralia, Washington," evaluated 35 structures that were elevated after the floods of 1996 and 1997 at an average cost of \$29,069 per structure, for a total cost of \$1 million. Investigators from FEMA's Hazard Mitigation branch examined the December 2007 high water marks on each raised home, which were among the most damaged in the 1996 and 1997 floods. This 2007 peak flood stage was then compared to pre-mitigation first floor elevations to derive how much water depth was "avoided" in each home. The investigation found that had the structures not been elevated, the December 2007 flood would have significantly damaged all 35 homes in the study. To learn more about the results contained in this report, please visit <http://www.fema.gov/news/newsrelease.fema?id=42891>.

- On March 12, 2008, FEMA reported that rebuilding stronger and smarter is one of the key lines of defense that residents of the commonwealth of Kentucky are advised to consider in the aftermath of severe storms and tornadoes that devastated more than a dozen counties February 5-6, 2008. FEMA mitigation specialists are on site at Lowe's Home Improvement stores throughout the commonwealth to educate the public on preparedness and rebuilding after a disaster. Persons interested in learning how they can strengthen the homes they are building or remodeling have the opportunity to learn details from experts in the field this week beginning Wednesday, March 12, in Fayette County at designated Lowe's stores listed in their press release. To read this press release in full, please visit <http://www.fema.gov/news/newsrelease.fema?id=42890>.

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

CDC Issues Health Advisories



On February 29, 2008, the CDC issued a health advisory to re-emphasize the importance of considering antiviral medications for use in the treatment or prevention of influenza. The two prescription antiviral medications recommended for treatment or prevention of influenza include

oseltamivir (Tamiflu®, Roche Laboratories, Nutley, NJ) or zanamivir (Relenza®, GlaxoSmithKline, Research Triangle Park, NC). These antiviral medications are also known as neuraminidase inhibitors. Recent studies suggest a considerable protective effect against complications associated with influenza when neuraminidase inhibitors are used for treatment. These benefits include reducing the risk of death among older adults hospitalized with laboratory-confirmed influenza. Because high levels of resistance to adamantane antiviral medications (rimantadine and amantadine) continue to be observed among circulating influenza A viruses, adamantanes are not recommended for treatment or prevention of influenza. For more information, please visit <http://www.cdc.gov/flu/professionals/antivirals/>.

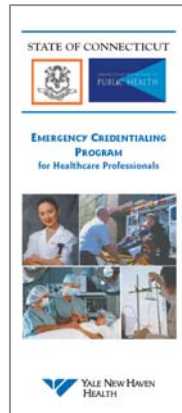


Ricin Investigation
Credit: AP Photo/
Douglas C. Pizac

On February 29, 2008, the CDC issued a health advisory stating that they are working collaboratively with the Southern Nevada Health District's Environmental Health Division, the FBI, and other public health and law enforcement agencies to investigate a case of possible ricin exposure in Las Vegas. Preliminary

results of environmental testing at laboratories in Nevada have tested positive for ricin. Ricin is a potent biologic toxin that is derived from castor beans. The CDC requests that public health officials and clinicians who encounter patients with symptoms consistent with ricin poisoning report these cases to the CDC Emergency Operations Center, telephone 770-488-7100. The local poison control center (PCC) should also be contacted at 1-800-222-1222 to report cases. Medical personnel are available at PCCs to provide specific advice on treatment and management of ricin poisoning if needed. For more information about clinical descriptions, case classifications, and laboratory testing, please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5401a1.htm>.

Volunteers Needed in the State of Connecticut Emergency Credentialing Program for Healthcare Professionals



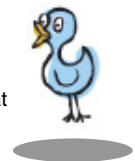
Just like the Marine Corps, we are looking for a "few good men and women" to become volunteers in the State of Connecticut Emergency Credentialing Program for Health Care Professionals. Professionals in Medicine, Nursing, Radiology, Physical Therapy, Behavioral Health, Respiratory Therapy as well as many others are needed. This is a program of both pre-credentialed and credentialed hospital disaster volunteers from many disciplines who have offered to respond when a natural or human 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 done 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.

Don't forget to CHIRP!



Flu season is definitely upon us, and YNH-CEPDR wants to remind you to CHIRP.

YNH-CEPDR has developed educational tools suitable for distribution to your employees, volunteers, patients and visitors that describe personal infection control practices that can help keep them flu-free. For more information, please contact center@ynhh.org.



REAL ID Extensions Granted to States by DHS

On March 3, 2008, DHS released an article defining the purpose of the REAL ID state extensions, indicating that according to the REAL ID Act, if an individual chooses to present a State-issued driver's license or identification card for an official purpose as of May 11, 2008, that driver's license or identification card must be issued by a State that is complying with the REAL ID Act. Those official purposes include: accessing a Federal facility, boarding federally-regulated commercial aircraft, and entering nuclear power plants. Any person presenting a driver's license or state identification card from a State with an approved extension will be able to use the document for official purposes. The deadline for a State to request an initial extension is **March 31, 2008**. If a State chooses not to request an extension, its driver's licenses and identification cards will no longer be acceptable for official purposes as of May 11, 2008. Individuals of these States can still present other forms of acceptable identification (government-issued photo ID, such as a U.S. passport, military ID, or government identification badge is often acceptable) to board federally regulated commercial aircraft or access Federal facilities and nuclear power plants. Individuals that do not have other acceptable forms of identification (e.g., government-issued photo identification, such as a U.S. passport, military ID, or other government identification badge) may suffer delays at the airport due to the requirement for additional security screening. To learn more about implementation of the REAL ID, please visit http://www.dhs.gov/xprevprot/programs/gc_1204567770971.shtm.

Protecting the Healthcare Workforce

Ensuring that all of your staff know how to protect themselves during a disaster in which they may be exposed to a chemical, biological or radiological substance is an important factor in their decision to come to work and fulfill their role in a disaster, and to your facility's ability to provide ongoing healthcare services. OSHA requires that employees performing certain functions complete training programs that prepare them to don and doff appropriate levels of personal protective equipment (PPE) and recognize when such precautions may be necessary. YNH-CEPDR has developed a comprehensive suite of courses that address these OSHA requirements and provide an effective method to train your staff in proper PPE procedures. Whether your need is for fit testing N95 respirators or operations level PPE and decontamination training for your decontamination team, YNH-CEPDR has a solution for your organization. For more information, please contact center@ynhh.org.

New Smallpox Vaccine Licensed to Replace Old Smallpox Vaccine



The CDC has begun distribution of a new-generation smallpox

vaccine, ACAM2000™ (Acambis Inc., Cambridge, Massachusetts), to civilian laboratory personnel, the military, and state public health preparedness programs. ACAM2000™ is a live, vaccinia virus smallpox vaccine that was licensed for use in the United States by the Food and Drug Administration in August 2007. ACAM2000™ will be replacing Dryvax® smallpox vaccine (Wyeth Pharmaceuticals, Inc., Marietta, Pennsylvania) because of withdrawal of the Dryvax® license. ACAM2000™ is a live vaccinia virus derived from plaque purification cloning from Dryvax®. The safety data available from the ACAM2000 clinical trials indicate a similar safety profile to Dryvax®. Wyeth intends to withdraw the Dryvax® license and asks that all remaining quantities of vaccine held by civilian and military users be quarantined by February 29, 2008, for the purpose of destruction. This withdrawal is not necessitated by any safety, purity, or quality concerns with the product but rather is consistent with a contract agreement between the CDC and Wyeth. All lots of Dryvax® vaccine will expire on February 29, 2008, and should not be used after that date. For more information regarding the proper protocol for destruction of the Dryvax® vaccine, please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5708a6.htm>.

Regional Practical and Train-the-Trainer Hazmat Course Bring Area Hospitals Together

Eighteen participants from seven hospitals attended a regional training session of **EM220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level** hazmat and decontamination course recently held at Middlesex Hospital in Middletown, Connecticut. The four-hour course, led by instructors Deborah Smith, David Burich and Samantha Kopp, included a hazardous material identification exercise, practice in donning and doffing of level C personal protective equipment, and a decontamination exercise. This was followed by an additional two-hour train-the-trainer session which prepared participants to return to their institutions and train additional staff in the course material. The regional approach allowed participants the opportunity to share ideas and best practices, while learning in a collaborative environment. For information on bringing EM220 to your hospital or region, please contact Deborah Smith at Deborah.Smith@ynhh.org.

YNH-CEPDR Courses



EM 120: Best Practices for the Protection of Hospital-Based First Receivers. Information topics include: special threats from specific agents; levels of biological, chemical and radiological protection and isolation; various levels of respiratory protection; principles of decontamination; decontamination procedures; mental health concerns regarding decontamination; and personal safety issues regarding decontamination.



EM 121: N95 Respirator and Personal Protective Equipment (PPE) Training for Healthcare Workers. Information topics include: reasons for respirator and personal protective equipment (PPE) use; proper methods for inspecting, donning, and doffing a respirator and PPE; the effective use of a respirator and PPE; and common errors made in PPE and N95 respirator use.

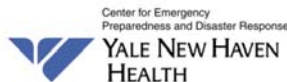


EM 122: N95 Respirator Fit Tester Training. Information topics include: identifying the need to conduct the N95 respirator fit test; conducting a fit test for N95 respirator use; and performing proper inspection and disposal of respirators.



EM 220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level. Information topics include: preparation for healthcare workers, such as emergency department clerks and clinicians, who are assigned to work in the contaminant-free areas but who may need to identify possible risks associated with unannounced patients; preparation for healthcare workers with designated roles for contaminant removal or who will be working in areas that are considered to be contaminated (training includes proper use of protective equipment); and preparation for hazardous materials specialists, including radiation safety officers.

Programs and 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 us at (203) 688-3224 or center@ynhh.org.

Positions Available at YNH-CEPDR



YNH-CEPDR has openings for Network Development Specialists. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.ynhhscareers.org/>.

UPCOMING Meetings and Events

DATE	TIME	EVENT	LOCATION
3.26.08	2:00pm-3:00pm EST	<p>Creating Vigilant, Prepared and Resilient Communities for Homeland Security</p> <p><i>Teleconference Sponsored by Live Response, a product of DHS FEMA and National Integration Center (NIC)</i></p>	<p>A free pre-recorded satellite teleconference</p> <p>For more information, please visit http://www.dlnets.com/ntpi_26Mar08.htm</p>
04.03.08 and 04.04.08	Save the Date	<p>Emergency Preparedness for Facilities: Basic Preparedness Training for Corporate HQ, Public, Commercial, Educational, Health Care, Manufacturing, Banking, Hospitality, Airport and Related Business Sectors</p> <p><i>Emergency Preparedness Conference sponsored by Controlled Vehicle Access System (CVAS) and Homeland Defense Journal</i></p>	<p>Homeland Defense Journal Training Center Arlington, VA</p> <p>For more information, please visit http://www.homelanddefensejournal.com/hdl/Emergency-Preparedness_April08.html</p>
04.08.08 and 04.09.08	Save the Date	<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.jcrlinc.com/5/Programs2008/</p>
05.06.08 to 05.08.08	Save the Date	<p>Hazardous Materials Officer Training</p> <p><i>Training Conference sponsored by State of Maine Department of Defense, Veterans and Emergency Management, and Maine Emergency Management Agency</i></p>	<p>Central Maine Commerce Center Augusta, ME</p> <p>For more information, please visit http://www.smrrc.org/</p>

UPCOMING Training and Education

DATE	TIME	EVENT	LOCATION
3.13.08	2:00pm EST	<p>Web cast series on Pandemic Influenza</p> <p><i>Sponsored by the US Department of Health and Human Services</i></p>	<p>For more information, please visit http://www.pandemicflu.gov/news/panflu_webinar.html</p>

FOR MORE INFORMATION, PLEASE CONTACT:			
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