

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

National Public Health Week: **New**



Since 1995, the first full week of April has been designated in the United States as National Public Health Week. This year's observance focuses on climate change and public health. During April 7-13, 2008, the CDC, the American Public Health

Association, and members of the public health community will conduct activities and host events that encourage the public, policy-makers, and public health professionals to take steps that will have positive effects on their individual health, the health of the nation, and the climate. To learn more about National Public Health Week, please visit

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5713a6.htm>.

Flu Vaccination Still a Challenge for Hospitals: **New**



On April 9, 2008, CIDRAP reported that healthcare institutions still face significant hurdles in getting their staff members vaccinated against seasonal influenza, and fear of flu infection and caring for sick family will keep many staff home during an influenza pandemic, according to research released this week. Four teams of researchers reported at the 18th Annual Scientific Meeting of the Society for Healthcare Epidemiology of America, held in Orlando, FL, that large proportions of hospital staff believe that flu vaccine causes influenza or triggers other side effects. Others believe that previous bouts of flu have made them immune to contracting the flu again. On average, only 40% of healthcare workers receive flu shots each year, according to the Centers for Disease Control and Prevention (CDC). To learn more about this ongoing issue, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/apr0908shea.html>.

FEMA Reminder- IS800a. Course Retirement

On April 1, 2008, FEMA posted a reminder that the Emergency Management Institute's (EMI) Independent Study Program (ISP) retired the IS 800a. National Response Plan (NRP), an Introduction on March 31, 2008. They will no longer accept exam submissions for IS800.a or IS800. If the Independent Study Office receives exam submissions after the March 31, 2008 deadline, the OpScan answer sheet will be returned to the sender. The IS 800.b, National Response Framework, an Introduction, replaces IS 800.a and is located at: <http://training.fema.gov>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of April 8, 2008, is 379 cases and 239 deaths.



Bird Flu in Egypt
Credit: AFP/Cris Bouroncle

On April 8, 2008, the Ministry of Health and Population of Egypt announced a new human case of avian influenza A (H5N1) virus infection. The case is a 19-year-old male from Kafr El-Dawar District, Behera governorate. He developed symptoms on March 30, was hospitalized on March 31 and died on April 4. The case was confirmed as being infected with A (H5N1) by the Central Public Health Laboratories and by Cairo-based US Naval Medical Research Unit 3 (NAMRU-3). Investigations into the source of his infection indicate a history of contact with sick and dead poultry. Of the 48 cases confirmed to date in Egypt, 21 have been fatal. For more information on the situation in Egypt, please visit

http://www.who.int/csr/don/2008_04_08/en/index.html.

- On April 8, Homeland Security Today reported that Chinese health officials confirmed that a father caught H5N1 bird flu from his son last December. This marks at least the fourth instance in which many authorities now believe there was limited inter-family H5N1 transmission. This latest case also has raised concerns that there could be many undiagnosed human H5N1 infections in China. WHO and other authorities had been investigating the suspicious H5N1 transmission between members of the family in China since their infections were first reported. In this case, a 52-year-old man from Nanjing, the capital of the eastern province of Jiangsu, was confirmed to have the virus in his respiratory tract just days after his 24-year-old son died from the virus on December 2, 2007. The father recovered following administration of the antiviral Tamiflu™ at the onset of symptoms and participated in an H5N1 vaccine trial. Joanna Brent, a Beijing-based WHO spokesperson, had said at the time that "the possibility of human-to-human transmission cannot be ruled out." To read this article in full, please visit http://hstoday.us/index.php?option=com_content&task=view&id=2806&Itemid=149.
- On April 3, 2008, two additional H5N1 cases were confirmed by serological testing, thus providing final H5N1 infection test results on a previously reported family cluster in Peshawar, Pakistan. These tests were conducted by the WHO H5 Reference Laboratory in Cairo, Egypt, and the WHO Collaborating Centre for Reference and Research on Influenza in Atlanta, Georgia. These laboratory test results support the epidemiological findings from the outbreak investigation in December 2007 and the final risk assessment that suggested limited human-to-human transmission likely occurred among some of the family members. This is consistent with some human-to-human transmission events reported previously. This outbreak did not extend into the community, and appropriate steps were taken to reduce future risks of human infections. To learn more about the situation in Pakistan, please visit http://www.who.int/csr/don/2008_04_03/en/index.html.
- On April 3, 2008, CIDRAP reported that China's State Food and Drug Administration (SFDA) approved the country's first pre-pandemic H5N1 influenza vaccine, an inactivated whole-virus product made by Sinovac, a Beijing-based biotechnology company. China's approval of Sinovac's Panflu vaccine marks the third H5N1 vaccine to win approval from national or international regulatory bodies. In April 2007, the US Food and Drug Administration (FDA) approved a Sanofi Pasteur H5N1 vaccine. A month later, the European Union approved a mock-up pandemic flu vaccine made by Novartis (it is designed to speed vaccine production when a pandemic emerges and will not be manufactured until then). Sinovac said its vaccine is approved only to supply China's national vaccine stockpile and will not be available for commercial sale, according to a company press release on April 2nd. In 2006 the company said it planned to produce 20 million doses of the vaccine over the next few years, according to a previous report. The latest information gave no production estimate. "This vaccine is reserved for emergencies in the country and we have to get instructions on how much to produce," Liu Peicheng, Sinovac's publicity supervisor, told Reuters. For more information on China's approval of its first H5N1 vaccine, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/apr0308vaccine.html>.

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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:

IAEM Discussion Group: Behavior and Needs of Professionals in Emergency Preparedness and Management
<http://is.njit.edu/turoff>

Federal Stafford Act Disaster Assistance: Presidential Declarations, Eligible Activities, and Funding, January 28, 2008
<http://openncrs.com/document/RL33053>

Emergency Management Assistance Compact (EMAC) use for public health and medical emergency response and recovery operations
<http://www.bt.cdc.gov/planning/emac>

Public Health Emergency Law and Forensic Epidemiology CD-ROM, Version 3
To learn more about the courses or to order a free CD-ROM, visit
<http://www2a.cdc.gov/phlp/phel.asp>

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.

The Department of Homeland Security (DHS) Selects Schools to Host New Centers of Excellence
http://www.dhs.gov/xnews/releases/pr_120406189007_9.shtm

Emergency Evacuations from Major Cities, Ash Institute for Democratic Governance and Innovation, John F. Kennedy School of Government, Harvard University
<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/cqi-bin/getrpt?GAO-08-369>
Highlights
<http://www.gao.gov/highlights/d08369high.pdf>

A correspondence course to provide an overview of the new National Response Framework.
<http://www.training.fema.gov/EMIWeb/IS/IS800b.asp>

Seasonal Influenza: **New**



During the week of March 23-29, 2008, widespread activity was reported by Connecticut, Iowa, Maine, New York, North Carolina, Pennsylvania, and Vermont; regional activity was reported by Alabama, Alaska, Arizona, California, Colorado, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Louisiana, Maryland, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Oregon, South Carolina, Texas, Virginia, Washington, and Wyoming; local activity was reported by Florida, Kentucky, Massachusetts, Michigan, Ohio, Oklahoma, Rhode Island, South Dakota, Tennessee, Utah, and Wisconsin; and sporadic activity was reported by the District of Columbia and Arkansas, Delaware, Mississippi, Missouri, and West Virginia. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/index.htm>.

Changes to Warnings and Precautions Sections of Prescribing Information for Relenza: **New**



On April 2, 2008, the FDA reported that GlaxoSmithKline informed healthcare professionals of changes to the WARNINGS AND PRECAUTIONS sections of prescribing information for Relenza[®] regarding information from postmarketing reports (mostly from Japan) of delirium and abnormal behavior leading to injury in patients with influenza who are receiving neuraminidase inhibitors, including Relenza[®]. These events were reported primarily among pediatric patients and often had an abrupt onset and rapid resolution. The contribution of Relenza[®] to these events has not been established. Influenza can be associated with a variety of neurologic and behavioral symptoms which can include seizures, 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. 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#Relenza>.

Joint Commission President Calls for Robust Safety Processes: **New**



Mark Chassin, M.D.

On April 8, 2008, the American Hospital Association (AHA) reported that during their annual AHA meeting on April 7th, Mark Chassin, M.D., president of The Joint Commission, said hospitals can transform healthcare into a "high-reliability industry" with rates of adverse events and safety process breakdowns comparable to the airline industry. To achieve this goal, he proposed that hospitals increase their capacity to execute robust patient safety processes and their understanding of how to greatly reduce serious adverse events. Chassin said that the next generation of Joint Commission accreditation standards will assess institutions on their capacity for robust process improvement. "I believe that The Joint Commission and others have an obligation to be as confident as we can be that when hospitals spend scarce resources [on quality improvement activities], outcomes will improve as a result," he said. "Our goal must be to drive the delivery system to achieve major, durable improvement and we must be able to document it." For more information, please visit http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_080408_JCo&domain=AHANEWS.

CDC HAN Info Service Message: **New**

The United States Department of Health and Human Services' (HHS) Office of the Secretary is pleased to announce the recent release of Public Health Emergency Response: A Guide for Leaders and Responders. This guide provides information on public health emergencies that addresses the unique needs of first responders (e.g., police, fire, EMS) and public officials (e.g., mayors, governors, county executives, emergency managers). The content of the guide is based on HHS's Terrorism and Other Public Health Emergencies: A Reference Guide for Media, and its companion field guide. Hard copies of the guide can be ordered for free by calling (240) 629-3180 or visiting <http://www.hhs.gov/disasters/press/newsroom/leadersguide/order.html>. For an electronic version, please visit <http://www.hhs.gov/disasters/press/newsroom/leadersguide/>.

DHS Fact Sheet: Protecting Our Federal Networks Against Cyber Attacks: **New**



On April 8, 2008, DHS released an article detailing the issues surrounding the protection of federal networks against cyber attacks. They feel that information technology has grown to provide both

government and the private sector with an efficient and timely means of delivering essential services around the world. As a result, these critical systems remain at risk from potential attacks via the Internet. It is the policy of the United States to prevent or minimize disruptions to our critical information infrastructure in order to protect the public, the economy, government services, and the national security of the United States. The Federal Government is continually increasing capabilities to address cyber risk associated with critical networks and information systems. On January 8, 2008, President Bush approved National Security Presidential Directive 54/Homeland Security Presidential Directive 23, which formalized a series of continuous efforts designed to further safeguard Federal Government systems and reduce potential vulnerabilities, protect against intrusion attempts, and better anticipate future threats. To read this article in full, please visit http://www.dhs.gov/xnews/releases/pr_120768_4277498.shtm.

CDC Health Advisory- Measles Outbreaks in the United States



Credit: SPC

A measles outbreak linked to an importation from Switzerland is currently ongoing in Arizona. The first case, with rash onset on February 12, 2008, occurred in an adult visitor from Switzerland who was hospitalized with measles and pneumonia. This hospital admission prompted verification of the measles immune status of approximately 1,800 healthcare personnel and vaccination of those without evidence of immunity. Through March 31, 2008, nine confirmed cases have been reported to the Arizona Department of Health Services, and there are two suspected cases (one in a Colorado resident) and hundreds of contacts under investigation. The nine case-patients range in age from 10 months to 50 years. All but one was infected in healthcare settings, one of the five adult case-patients is a healthcare worker, and all cases were unvaccinated at the time of exposure. For more information, please visit <http://www.bt.cdc.gov/coca/>.

Disasters around the World: **New**



Texas Storms
Credit: AP Photo/Tony Pilkington

On April 10, 2008, the Associated Press (AP) reported that powerful storms brought hail, heavy rain and possible tornadoes to Texas and Oklahoma, causing power outages for thousands of customers and at least one death. Approximately 180,000 homes and businesses lost electricity in the Dallas-Fort Worth area, and more than 11,000 customers were without power in Oklahoma. Flooding in Oklahoma forced about a dozen state highways to close, and some schools called off classes for the day. In Oklahoma, where some parts of the state had more than four inches of rain, a woman died when her car skidded off the road during downpours. Three people were treated for minor injuries in Texas. An apparent tornado with winds of up to 70 mph moved through west Texas, tearing shingles from roofs, shattering glass and flipping vehicles. To learn more about conditions in these areas, please visit <http://abcnews.go.com/US/Weather/wireStory?id=4624200>.



Stormy South
Credit: AP Photo/Rogelio V. Solis

On April 5, 2008, the AP reported that strong thunderstorms toppled trees, knocked out power and damaged homes across the South, while flooding in Kentucky forced evacuations and left a two-year-old girl dead. In Mississippi, fast-moving storms unleashed possible tornadoes, heavy rain and some hail. Power failures were reported in several communities, including near downtown Vicksburg and in Jackson. The American Medical Response ambulance service, which serves a number of counties in the Jackson area, handled at least 20 storm-related injuries, company spokesman Jim Pollard said.

For more information on the severe storms affecting the south, please visit <http://abcnews.go.com/US/wireStory?id=4594718>.

Mobile Homes on Their Way to Arkansas Residents: **New**



FEMA Trailers
Credit: Reuters/Lee Celano

On April 4, 2008, FEMA reported that the first mobile homes will be delivered to eligible Arkansas residents affected by the February 5, 2008, tornadoes beginning Saturday, April 5th. The units will be transported from the Hope staging area to commercial and private sites throughout the state. Priority is given to residents with destroyed homes who are currently living in crowded conditions or in a damaged home, as well as those with serious medical conditions or special needs, according to officials with the Arkansas Department of Emergency Management (ADEM) and FEMA. "Housing is FEMA's number one priority, and these mobile homes will offer a housing alternative where no other long-term solutions are available for residents," said Federal Coordinating Officer Ken Riley. "FEMA is closely monitoring housing needs in affected areas and we will make these temporary housing units available as needed." FEMA began testing unoccupied mobile home units for formaldehyde at the Hope Staging Site in early March. FEMA will continue to test the indoor air quality of all manufactured housing units under consideration for use by disaster victims for formaldehyde emission levels. This is the latest in a range of proactive measures FEMA is taking in response to recent formaldehyde findings by the CDC. To learn more about the relief effort in Arkansas, please visit <http://www.fema.gov/news/newsrelease.fema?id=43155>.

FEMA for Kids: Preparing Kids and Their Families: **New**



On April 4, 2008, DHS's Federal Emergency Management Agency (FEMA) announced a new website dedicated to teaching children about disaster preparedness. FEMA created *FEMA for Kids* to help children and their families become better prepared in the event of a disaster by playing games, enjoying stories, doing puzzles, going through mazes, and watching videos. They can even become a Disaster Action Kid and get their very own certificate to hang on the wall. To access the site, go to www.fema.gov and click on Kids. To read the FEMA press announcement in full, please visit <http://www.fema.gov/news/newsrelease.fema?id=43128>.

Commitment and Volunteerism: **New**

As of April 1st, almost four thousand professionals have enrolled in the State of Connecticut Emergency Credentialing Program for Healthcare Professionals. These individuals have made a commitment to "be there" to support activities related to a human-made or natural disaster anywhere in the State of Connecticut. Despite the fact that many of these professionals are busy in their own roles, they are cognizant of the fact that in a large and overwhelming incident, "human resources" will be a key asset in disaster response. The Emergency Credentialing Program consists of pre-credentialed hospital disaster volunteers from many disciplines who have offered to respond when a disaster 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 visit our web site, www.ct-esar-vhp.org, if you are interested in this program. 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.

Department of Homeland Security (DHS) Announces WHTI Land and Sea Final Rule



On March 27, 2008, DHS and the United States (US) Department of State (DOS) announced the final rule for the land and sea portion of the Western

Hemisphere Travel Initiative (WHTI), a core 9/11 Commission recommendation. The WHTI final rule requires travelers to present a passport or other approved secure document denoting citizenship and identity for all land and sea travel into the United States. WHTI establishes document requirements for travelers entering the United States who were previously exempt, including citizens of the US, Canada and Bermuda. These document requirements will be effective **June 1, 2009**.

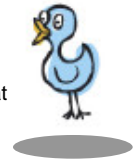
"We are on course to implement and enforce the Western Hemisphere Travel Initiative which is an important step forward in securing the homeland," said Homeland Security Secretary Michael Chertoff. "Limiting and standardizing the types of documents presented will result in a more secure and efficient border. We will continue to encourage cross-border travel and trade while at the same time decreasing identity theft and fraud." To learn more about this new initiative, please visit http://www.dhs.gov/xnews/releases/pr_120663_4226418.shtm.

Don't Forget to CHIRP!

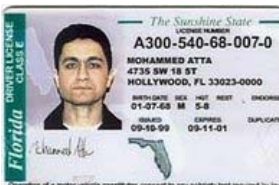


Flu season is definitely upon us, and YNH-CEPDR wants to remind you to CHIRP.

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.



Most Jurisdictions Meet Initial REAL ID Requirements



Credit: DHS

On April 1, 2008, the DHS reported that they have granted extensions to 49 of 50 states, the District of Columbia and all five US territories, putting more than 99 percent of US drivers' licenses and ID cards on the path to secure identification. Congress mandated in the REAL ID Act of 2005 that state-issued identification must be REAL ID compliant to be acceptable for official purposes. The department made extensions available for states that needed additional time to come into compliance, or to complete ongoing security measures. Initial extension requests were due by March 31, 2008. These extensions are valid until Dec. 31, 2009, when states must upgrade the security of their systems, to include a check for lawful status of all applicants, for their licenses and ID cards to be acceptable for official purposes. REAL ID enrollment will be completed for all individuals 50 years of age and under by **Dec. 1, 2014**. For all others, enrollment may be extended three additional years to Dec. 1, 2017. At that time, all state-issued drivers' licenses and identification cards intended for official purposes must be REAL ID-compliant. For more information on implementation of the REAL ID Act, please visit http://www.dhs.gov/xnews/releases/pr_1207079095443.shtm.

ASPR Makes First Playbook Available



Credit: NASA

On March 28, 2008, the Clinician's Biosecurity Network (CBN) reported that HHS, Office of the Assistant Secretary for Preparedness and Response (ASPR) has posted its Hurricane Playbook (*ESF-8 Hurricane Response*) online. It is the first in a series designed to "outline key options and recommended actions to support the HHS Secretary (or designee) in directing and coordinating the HHS Emergency Support Function (ESF) #8, Public Health and Medical Services, response to disasters and other large scale emergencies." The playbooks are organized into five sections: scenario, concept of operations (CONOPS), action steps/issues, pre-scripted mission assignment sub tasks, and essential elements of information (EEI). There is a further delineation by phases of the response, for example, alert, activation, deployment, and deactivation/demobilization of federal ESF #8 assets. The Department of Veterans Affairs, the Department of Defense, and other federal ESF #8 partners specified in the *National Response Framework* (NRF) participated in the playbook's development in an attempt to ensure that the federal capabilities are accurately described and synchronized. It is hoped that state and local planners will use the playbooks to gain an understanding of the ways in which federal resources can be used in support of ESF #8 activities. For more information, please visit <http://www.upmc-cbn.org/>.

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 addresses these OSHA requirements and provides 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.

Positions Available at YNH-CEPDR

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

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



Credit:USAID

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. Additional offerings were hosted by Norwalk Hospital, Norwalk, Connecticut, as well as Danbury Hospital, Danbury, Connecticut which were open to regional acute care hospital participants. 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 Website Has Changed

As of April 1, 2008, previews for our online course offerings will be available and will include selected screens from each course, a full outline of the course table of contents and three sample quiz questions. Users with approved access to courses will still have full access to complete versions of their assigned courses, as well as their transcripts and certificates. Those interested in enrolling in the current course offerings may do so by visiting <http://ynhhs.emergencyeducation.org>. We are excited to be bringing our users more diverse offerings, as well as other web site improvements in 2008! For more information, please contact us at (203) 688-5000 or center@ynhh.org.

Education and Training Courses



At the request of the Bioterrorism Training and Curriculum Development Program of DHHS, 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_CompencyCrosswalk.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.



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. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



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. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



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. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



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. 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 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.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
04.23.08	9am to 1pm	Records Management and Business Continuity: A Cultural Perspective <i>Sponsored by NEDRIX and CAPS</i>	3 Corporate Drive Shelton, CT For more information, please contact Lori Adamo, ladamo@coderedbcs.com , or Tracy Hall, thall@capsbrs.com .

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
05.06.08 to 05.08.08	<i>Save the Date</i>	Hazardous Materials Officer Training <i>Training conference sponsored by the State of Maine Department of Defense, Veterans and Emergency Management and the Maine Emergency Management Agency</i>	Central Maine Commerce Center Augusta, ME For more information, please visit http://www.smrrc.org/ .
05.13.08 to 05.15.08	<i>Save the Date</i>	WMD Incident Management/Unified Command (MGT 313) <i>Sponsored by the Rhode Island Emergency Management Agency, and conducted by the Texas Engineering and Extension Service Emergency Services Training Institute</i>	Radisson Airport Hotel Warwick, RI For more information, please contact Michelle SanSouci, (401) 946-9996.

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