

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Emergency Management: Implications from a Strategic Management Perspective: **New**



The February 20th online edition of the *Journal of Homeland Security and Emergency Management* features an article by Sang Ok Choi titled "Emergency Management: Implications from a Strategic Management Perspective." This article argues the necessity for and the benefits of a strategic management approach in current emergency management systems. Strategic management is characterized as a long-term process for developing a continuing commitment to the mission and vision of an organization,

nurturing a culture that identifies with and supports the mission and vision and maintaining a clear focus on the organization's strategic agenda throughout all its decision processes and activities. Recent emergency management practice demands that more strategic approaches and management styles be utilized than before. This study addresses the following benefits of the integration of strategic management into emergency management: forward thinking, professionalization, capacity building, goal identification and achievement, increased public support, increased funding, and greater accountability. This study offers the following suggestions for fostering strategic planning in emergency management practice: centralize planning and decentralize execution, strengthen the intergovernmental response process, build cooperation among public and nonprofit organizations, provide training for operating emergency management strategic planning, and recruit professional emergency managers. Implications for future research are also presented. To read further, please visit <http://www.bepress.com/jhsem/vol5/iss1/1/?sending=10037>.

Call for Destruction of Expiring Dryvax® Smallpox Vaccine: **New**

On February 6, 2008, HHS issued a press release notifying public health providers that all lots of Dryvax® smallpox vaccine will expire on February 29, 2008 and should no longer be used after this date. The HHS indicated that after the expiration date the product should be destroyed on site and written documentation of this destruction must be sent to the CDC Drug Service. Destruction of the vaccine must be carried out within 30 days of the expiration date in accordance with the current CDC Policy on Unused Smallpox Vaccine (<http://www.bt.cdc.gov/agent/smallpox/vaccination/unusedvaccinepolicy.asp>.) For a copy of the press release containing the letter that may be used to provide written documentation to the CDC Drug Service, please visit http://emergency.cdc.gov/agent/smallpox/vaccination/pdf/Dryvax_destruction_note_GEN.pdf.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of February 20, 2008, is 360 cases and 226 deaths.



On February 20, 2008, the Ministry of Health in China reported a new case of human infection of the avian influenza H5N1 virus. A 22-year old male from Jianghua County, Yongzhou Prefecture, Province developed symptoms on January 16, was hospitalized on January 24, and his case was confirmed by the national laboratory on February 17.

Investigations into the source of the infection are ongoing. Of the 28 cases confirmed to date in China, 18 have been fatal. For more information, please visit http://www.who.int/csr/don/2008_02_20/en/index.html.

- On February 15, 2008, CIDRAP reported that an official from Vietnam's health ministry stated that a 27-year-old man whose samples recently tested positive for the H5N1 avian influenza died of the disease becoming the country's second recent fatality. Nguyen Huy Nga, director of the health ministry's preventive medicine department, said the man died in a Hanoi hospital, according to an Associated Press (AP) report. If the World Health Organization (WHO) confirms the man's illness and death, he will be listed as Vietnam's 104th case-patient and its 50th fatality from the H5N1 virus. To read this report in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/feb1508vietnam.html>.
- On February 19, 2008, CIDRAP reported that FluWiki, an online resource and community forum which reports on pandemic influenza planning issues and avian flu news, featured a dialogue with a top federal science advisor who is directly involved in the government's pandemic preparations. William Raub, PhD, science advisor to Health and Human Services (HHS) Secretary Mike Leavitt, fielded six multipart questions from the FluWiki community, covering issues such as vaccine prioritization, food and medication stockpiling, the federal government's role in pandemic planning and how HHS plans to publicize the role of community mitigation measures. Greg Dworkin, MD, one of the editors at FluWiki, in January urged participants to compile a list of questions and offered to forward them to HHS. Dworkin told CIDRAP News that the online "interview" with Raub was an outgrowth of the HHS Leadership Blog and Summit, events held last May and June that were designed to encourage public engagement in pandemic planning efforts. Raub has participated in the HHS Leadership Blog and Summit, and Dworkin said HHS has wanted to monitor the concerns of the online community of flu watchers. To read further about the topics discussed, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/feb1908wiki.html>.
- On February 13, 2008, the BioChek Avian Influenza Antibody and Prionics® Check Western diagnostic kits got a positive recommendation by the Commission for Biological Standards of the World Organization for Animal Health (OIE). These kits are used to screen chickens for avian influenza and as well as cattle, sheep and goats for bovine spongiform encephalopathy. Both kits still have to receive approval from the General Assembly of the 172 member countries national delegates in May at the OIE 76 the General Session, to obtain the final "Fitness for Purpose" stamp. In that case, they will be included to the OIE register of diagnostic kits and the laboratory authorised to stamp the OIE logo on any document or equipment associated with the test (including for example the commercial box containing the diagnostic kit). The validation and certification status is to be renewed every five years, a procedure designed to ensure the OIE official certification answers high quality requirements. To learn more about the use of these diagnostic kits in chickens and cattle, please visit http://www.oie.int/eng/press/en_080213.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 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/sqp/crs/homsec/RL34342.pdf>

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

<http://www.training.fema.gov/EMIWeb/IS/IS800b.asp>

Potential 2009 National Patient Safety Goal Requirements and Implementation Expectations



The Joint Commission first introduced its National Patient Safety Goals in January 2003 in an expanded effort to improve patient safety in accredited organizations. Each goal includes specific evidence-based requirements that identify opportunities for reducing risk to patients.

The potential new and revised goals, requirements and implementation expectations under consideration for 2009 implementation can be accessed on The Joint Commission website. To read this article in full, please visit [http://www.shea-online.org/..](http://www.shea-online.org/)

Seasonal Influenza: **New**

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*
Week Ending February 09, 2008 - Week 6



During the week of February 3-February 9, 2008, widespread activity was reported by Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, Wisconsin, West Virginia and Wyoming; regional activity was reported by Maine, Missouri, Oregon, Rhode Island and Utah; local activity was reported by the District of Columbia and Florida; and sporadic activity was reported by Puerto Rico. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.

- New and updated Question and Answer sections have been added to the Centers for Disease Control and Prevention (CDC) Seasonal Influenza website. The following topics are addressed: selecting the viruses in the influenza vaccine; seasonal flu vaccine; misconceptions about influenza and influenza vaccine; and influenza antiviral drug resistance. To learn more about these topics, please visit <http://www.cdc.gov/flu/>.



On February 14, 2008, the Clinician's Biosecurity Network (CBN) stated that the CDC is reporting a mismatch between this year's vaccine and two of the predominant circulating strains of flu virus, while from Europe, there are reports of an unexpected, and so far unexplained, emergence of H1N1 virus with a mutation associated with decreased sensitivity to oseltamivir. Antigenic typing of flu isolates shows that, like last year, A/H1N1 is the predominant strain nationally. However, both A/H3N2 and Influenza B are increasing in frequency and are now predominant in some regions. This is significant because 87% of this year's H3N2 isolates are the Brisbane strain, which was not included in this year's vaccine, and 93% of the influenza B isolates belong to the Yamagata lineage, also not included in this year's vaccine. This means that the vaccine does not match 43% of flu isolates in this country. At the same time, reports from Europe indicate that 20% (151/755) of H1N1 isolates contain a neuraminidase mutation (H274Y) that has been associated with decreased sensitivity to oseltamivir. In Europe, 80% of the isolates are influenza A, and 98% of those are H1N1. This incidence of oseltamivir resistance is surprising because oseltamivir is not commonly used in Europe to treat seasonal influenza. To read this article in full, please visit <http://cms.upmc-cbn.org/>.

- On February 12, 2008, WHO reported that it was studying whether some seasonal flu viruses may be resistant to Tamiflu, after a study showed high levels of resistance to the widely-used drug in parts of Europe. A preliminary survey issued by the European Centre for Disease Control (ECDC) said on Monday that of 148 samples of influenza A virus isolated from 10 European countries during November and December, 19 showed signs of resistance to the drug manufactured by Roche. WHO began a global risk assessment on Tuesday, contacting national influenza institutes and laboratories which help it track antiviral susceptibility. For more information, please visit <http://www.shea-online.org/>.
- Results from a study involving Utah residents who died of influenza during the last 100 years found that both close and distant relatives of those individuals also had a significantly increased risk for dying of influenza. The results support the existence of a heritable contribution to the predisposition toward death due to influenza. The study results found that relative risks for death due to influenza were significantly higher among all first-degree relatives (siblings, parents, and children), considered both collectively and separately. There were 638 deaths due to influenza among all first-degree relatives versus an expected number of 413.12 (RR=1.54; 95% CI, 1.42-1.67). The researchers wrote, however, that the elevated relative risk among first-degree relatives cannot distinguish between shared genetics or shared effects of environment or exposure to virus. Thus, an analysis was also conducted for more distant relatives. Both second-degree (grandparents and grandchildren, avuncular relatives) and third-degree (first cousins) relatives had significantly increased risk for death due to influenza. There were 1,090 deaths among second-degree relatives versus 897.0 expected deaths (RR=1.22; 95% CI, 1.14-1.29), and 1,446 deaths among third-degree relatives versus 1,241.9 expected deaths (RR=1.16; 95% CI, 1.11-1.23). To learn more about the analysis procedures and further findings, please visit <http://www.infectiousdiseaseneews.com/200802/influenza.asp>.

CDC Releases Results of Formaldehyde Level

Tests: **New**

On February 14, 2008, the Federal Emergency Management Agency (FEMA) and the CDC issued a joint press release indicating preliminary results from recent testing that found higher than typical indoor exposure levels of formaldehyde in travel trailers and mobile homes used as emergency housing in the Gulf Coast Region. The CDC's preliminary evaluation of a scientifically established random sample of 519 travel trailers and mobile homes tested between December 21, 2007 and January 23, 2008 showed average levels of formaldehyde in all units of about 77 parts per billion (ppb). Long-term exposure to levels in this range can be linked to an increased risk of cancer, and as levels rise above this range, there can also be a risk of respiratory illness. These levels are higher than expected in indoor air, where levels are commonly in the range of 10-20 ppb. Levels measured ranged from 3 ppb to 590 ppb. FEMA is taking steps to expedite the relocation of residents from temporary housing units to apartments or other alternative housing such as motels and hotels. To read this article in full, please visit

<http://www.cdc.gov/print.do?url=http://www.cdc.gov/od/oc/media/pressrel/2008/r080214b.htm>.

FEMA Requests Applicants for the National Advisory Council:

New

The Department of Homeland Security's Federal Emergency Management Agency (FEMA) is requesting individuals who are interested in serving on the National Advisory Council (NAC) to apply for appointment. Current Council members, whose (one) 1 year terms end in June, 2008, are also encouraged to apply. All future appointments will be for three-year terms. The Council consists of thirty three members, all of whom are experts and leaders in their respective fields. The following discipline areas for the one (1) year expiring terms will be open for applications and nominations: emergency management, emergency response, health scientist, standards setting, infrastructure protection, communications, disabilities, local government official (non-elected), and tribal elected official. Individuals seeking to be considered for an appointment on the Council should submit a resume or CV detailing their experience in the arena of emergency management and related fields, along with letters of recommendation. Resumes must be received on or before 5:00 pm EST on Friday, March 14, 2008, and sent to Alyson Price, Designated Federal Officer, via one of the following outlets: FEMA, National Advisory Council, 500 C Street, SW, Washington, DC 20472; alyson.price@dhs.gov or fax: (202) 646-3347.

Disasters around the World



Nevada Earthquake
Credit: REUTERS/Graphics

On February 21, 2008, a strong 6.0 earthquake shook rural northeastern Nevada. The temblor, centered 11 miles southeast of Wells near the Nevada-Utah line, occurred at 6:16 a.m. and was felt across much of the West, from northern Idaho and Utah to Southern California, officials said. At least four less severe aftershocks have been reported. Authorities blocked off access ramps on Interstate 80 to town 350 miles east of Reno while they surveyed damage to assess any immediate dangers. Train traffic also was temporarily suspended. For more information, please visit <http://www.foxreno.com/weather/15365211/detail.html>.

- On February 11, 2008, record cold temperatures of 40 below zero hit a northern Minnesota town making it officially the "icebox of the nation." By late morning, the temperature had risen all the way to 18 below zero. Residents of the area use electric engine block heaters to keep their cars from freezing. The temperature also fell to 40 below in Embarrass, 80 miles southeast of International Falls. That temperature is one degree above the all-time record in Minneapolis that was set in January 1888. To read this article in full, please visit http://hosted.ap.org/dynamic/stories/C/COLD_WEATHER?SITE=TXHOU&SECTION=HOME&TEMPLATE=DEFAULT.



During cold weather, the CDC urges you to protect yourself and others. The CDC urges you to take prepare your home, prepare your car and to stock up on emergency supplies during cold weather. To learn more, please visit <http://www.bt.cdc.gov/disasters/winter/beforestorm/>.

Natural Disasters and Volunteers: **New**

The weather news of the past two weeks shows us only too well how quickly a major weather disaster can develop. The recent spate of severe weather, ice storms, flooding and tornadoes have devastated many areas in the United States as well as leaving many people in these areas seriously injured and without shelter. Even the best planning comes up short when dealing with unexpected events of this magnitude. Extra resources are always needed as this type of unexpected event can happen anywhere. One resource that can answer the call is the Emergency Credentialing Program. This is a program of pre-credentialed hospital disaster volunteers from many disciplines who have offered to respond when a natural or manmade 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 visit the web site at www.ct-esar-vhp.org to see if this program is for you. Enrollment is completed online and basic disaster related education is provided. If you have any questions, please feel free to contact us at ecp@vnhh.org or call Joseph Filakovsky, DNP, APRN, Emergency Credentialing Program Coordinator at (203) 688-4468.

Department of Homeland Security (DHS) Ramps Up Collection of Fingerprints from International Visitors: **New**

On February 19, 2008, the DHS issued a press release detailing their efforts to increase security at international airports throughout the US DHS stated that they have begun collecting additional fingerprints from international visitors arriving at Detroit Metropolitan Wayne County Airport (Detroit). The change is part of the department's upgrade from two- to 10-fingerprint collection to enhance security and facilitate legitimate travel by more accurately and efficiently establishing and verifying visitors' identities. These changes have already taken place at Washington Dulles International Airport, Hartsfield Jackson Atlanta International Airport, Boston Logan International Airport, Chicago O'Hare International Airport, George Bush Houston Intercontinental Airport, and San Francisco International Airport. Miami International Airport and Orlando International Airport, and soon, New York's John F. Kennedy International Airport will begin collecting additional fingerprints. The remaining air, sea and land border ports of entry will transition to collecting 10 fingerprints by the end of 2008. The US-VISIT program currently checks a visitor's fingerprints against records of immigration violators and FBI records of criminals and known or suspected terrorists. Checking biometrics against the watch list helps officers make visa determinations and admissibility decisions. Collecting 10 fingerprints also improves fingerprint-matching accuracy and the department's ability to compare a visitor's fingerprints against latent fingerprints collected by the Department of Defense (DOD) and the FBI from known and unknown terrorists all over the world. Additionally, visitors' fingerprints are checked against the FBI's Criminal Master File. To learn more about the expansion of this vital program, please visit http://www.dhs.gov/xnews/releases/pr_1203435560790.shtm.

Is Your Organization **NIMS** Compliant?

Education and training is only one facet of the NIMS Implementation Activities for Hospitals and Healthcare Systems. Other requirements include organizational adoption of NIMS, implementation of an incident command system, review and revision of emergency operations plans, exercises compliant with the Homeland Security Exercise and Evaluation Program and resource, communications and information management. YNH-CEPDR has programs and services to help your organization become fully NIMS compliant, as well as compliant with the new Joint Commission emergency management standards which became effective January 1, 2008. Please contact center@ynhh.org for more information.

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

Positions Available at YNH-CEPDR

YNH-CEPDR has openings for Project Coordinator - Product and Services Development 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.ynhscareers.org/>

CDC Releases Health Advisory Regarding Satellite Re-Entry: **New**



US Spy Satellite
Credit: AFP/US Navy-HQ

On February 20, 2008, a missile sent 130 miles above the Pacific Ocean hit a US spy satellite to mitigate any human life risk that could be caused by the satellite reaching the atmosphere the Pentagon said. In a statement announcing that the attack on the satellite, "confirmation that the fuel tank has been fragmented should be available within 24 hours." Several defense officials said later that all indications point to the destruction of the toxic fuel tank. One explained that observers saw what appeared to be an explosion, indicating that the tank was hit. Because the satellite was orbiting at a relatively low altitude at the time it was hit by the missile, debris will begin to re-enter the Earth's atmosphere immediately. "Nearly all of the debris will burn up on re-entry within 24-48 hours and the remaining debris should re-enter within 40 days," said the Pentagon in a statement. To read this story in full, please visit <http://www.washingtonpost.com/wp-dyn/content/article/2008/02/20/AR2008022002323.html?referrer=email>.

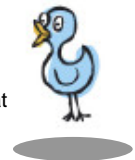
- The CDC has collaborated with federal partners to address potential health and safety threats associated with the reentry of the debris from the US government satellite into the earth's atmosphere within the next few weeks. Because the satellite's fuel contains the toxic chemical hydrazine, it is possible that the reentry of the satellite could pose a public health threat if pieces of it fall into populated areas. The risk of health effects related to the satellite is considered to be low. However, the CDC is encouraging health officials and clinicians to review information about the health effects related to hydrazine to prepare in case their communities are affected by satellite debris. Hydrazine is a clear, colorless liquid with an ammonia-like odor that is highly reactive and easily catches fire. It can quickly evaporate to the air, and dissolve in water. In soil, hydrazine may stick to particles. In each of these forms hydrazine breaks down quickly into less harmful compounds. People can be exposed to hydrazine by breathing contaminated air, dermal contact, or ingestion. Breathing hydrazine may cause coughing and irritation of the throat and lungs, convulsions, tremors, or seizures. Dermal contact may cause redness, pain, and burns. Eating or drinking small amounts of hydrazine may cause nausea, vomiting, uncontrolled shaking, inflammation of the nerves, drowsiness, or coma. For additional information, please visit <http://emergency.cdc.gov/agent/hydrazine/>

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.



Call for Federal Funding to Implement National Interoperable Broadband Network

A new report published from a congressional advisory committee, calls for a national, interoperable broadband network to improve communications between emergency responders and healthcare facilities. The Federal Communications Commission panel said the network should be built on standardized Internet protocols that can rapidly and securely transmit information such as video and graphics and recommends Congress establish a federal interagency committee to provide consistent federal guidance and standards to ensure compatible communications systems. It also calls for mobile applications to create "virtual hospitals" on the scene and greater use of telemedicine technologies for both day-to day and emergency response. The panel is calling for federal funding for the adoption of the technology, pointing out that as a major healthcare provider, the federal government will benefit from the changes it has proposed. For more information, please visit http://www.ahanews.com/ahanews_app/index.jsp.

The Joint Advisory Committee Welcomes Comments



The Joint Advisory Committee on Communications

Capabilities of Emergency Medical and Public Health Care Facilities (Joint Advisory Committee) was established by the Chairman of the Federal Communications Commission and the Assistant Secretary for Communications and Information, US Department of Commerce pursuant to the Implementing Recommendations of the 9/11 Commission Act of 2007 (the "Act"). The Joint Advisory Committee's mission is to examine the communications capabilities and needs of emergency medical and public healthcare facilities. Specifically, the Joint Advisory Committee is to assess: specific communications capabilities and needs of emergency medical and public healthcare facilities, including the improvement of basic voice, data and broadband capabilities; options to accommodate growth of basic and emerging communications services used by emergency medical and public healthcare facilities; and options to improve integration of communications systems used by emergency medical and public healthcare facilities with existing or future emergency communications networks. The Joint Advisory Committee must report its findings to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Energy and Commerce within 6 months after the date of enactment of the Act, February 4, 2008. The Joint Advisory Committees welcomes the submission of comments on the issues listed above. Written comments should be sent to Lisa M. Fowlkes, Deputy Chief, Public Safety and Homeland Security Bureau, Federal Communications Commission via e-mail lisa.fowlkes@fcc.gov or via US mail at 445 12th Street, SW, Room 7-C753, Washington, DC 20554. To learn more about the role of the Joint Advisory Committee, please visit, <http://www.fcc.gov/pshs/advisory/jac/>.

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.

Proposed Establishment of Patient Safety Organizations (PSOs) to Improve Patient Safety



U.S. Department of Health & Human Services

On February 12, 2008, the US Department of Health and Human Services (HHS) announced a proposed regulation to improve the quality and safety of healthcare for all Americans by fostering the establishment of patient safety organizations (PSOs). PSOs are private entities recognized by the Secretary of HHS to collect and analyze patient safety events reported by healthcare providers. They are new and separate from all currently existing entities that are addressing healthcare quality. The creation of PSOs has been called for by the Institute of Medicine and would help improve the quality and safety of healthcare in several key ways. They would allow for the voluntary reporting of patient safety events without fear of new tort liability. In addition, they would encourage clinicians and healthcare organizations to voluntarily share data on patient safety events more freely and consistently. Under the proposal, PSOs can collect, aggregate and analyze data and provide feedback to help clinicians and healthcare organizations improve healthcare quality. The HHS Agency for Healthcare Research and Quality (AHRQ) will administer the rules for listing qualified PSOs. The HHS Office for Civil Rights (OCR) will be responsible for enforcing the confidentiality provisions of the act. In addition, the department plans to issue guidance soon that would allow entities to be listed as PSOs, consistent with the statute, prior to publication of the final rule. To read this press release in full, please visit <http://www.hhs.gov/news/press/2008pres/02/20080212a.html>.

Recommendations for Postexposure Interventions for Persons Wounded during Bombings and Mass Casualty Events

The CDC has developed a *draft* report outlining recommendations for postexposure interventions to prevent infection with hepatitis B virus, hepatitis C virus or human immunodeficiency virus and tetanus in persons wounded during bombings or similar mass casualty events. Persons wounded during such events or in conjunction with the resulting emergency response may be exposed to blood, body fluids or tissue from other injured persons and thus be at risk for infection with a bloodborne virus. This guidance adapts existing US recommendations on the use of immunizations and postexposure prophylaxis for tetanus and for occupational and non-occupational exposures to bloodborne pathogens for the specific mass casualty event situation. These recommendations represent the consensus of federal public health officials, influenced by the experience and input of public health officials at all levels of government as well as those of the acute injury response community. Public comments will be received through ncirdwebteam@cdc.gov. Opportunities for public comment will end on **February 22, 2008**. After that date, the draft document will remain available for public viewing, but no further comments will be received and incorporated into the formal review process for this document. To review the draft document, please follow this link: <http://www.cdc.gov/vaccines/vac-gen/safety/recs-post-public-comments.htm>.

Community Preparedness – February 26, 2008 – Conference Call



On February 26, 2008, from 1:00-2:00 EST, Jim Schwendinger, MSN, MPH, CCRN, ANP-C, CDC, and Mollie Melbourne, MPH MEP, National Association of Community Health Centers, will be conducting a conference call on the role of community health centers can play in community preparedness. For more information, please visit <http://emergency.cdc.gov/coca/callinfo.asp>.

Questions, Comments, Suggestions or to Subscribe

For questions, comments, suggestions or to subscribe to the Preparedness Report, please e-mail us at center@ynhh.org.
www.yalenewhavenhealth.org/emergency

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_CompetyencyCrosswalk.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.



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.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
04.08.08 and 04.09.08	<i>Save the Date</i>	2008 Annual Emergency Preparedness Conference <i>Emergency Preparedness Conference sponsored by Joint Commission Resources (JRC)</i>	Hilton Alexandria Mark Center Alexandria, VA For more information, please visit http://www.jcrrc.com/5/Programs2008/ .

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
2.26.08	1:00 p.m. – 2:00 p.m. EST	Community Preparedness <i>Sponsored by the CDC</i>	For more information, please visit http://emergency.cdc.gov/coca/callinfo.asp .

FOR MORE INFORMATION, PLEASE CONTACT:

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