

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

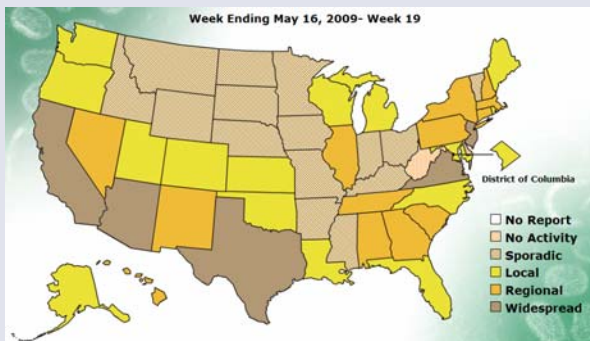
Volume 7, Issue 11 | May 28, 2009

ELEVATED THREAT LEVEL

## Seasonal Flu: Updated

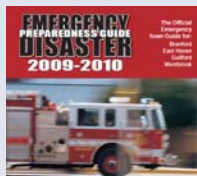
The influenza activity reported by state and territorial epidemiologists indicates geographic spread of both seasonal influenza and novel influenza A (H1N1) viruses and does not measure the severity of influenza activity. For the week ending May 16<sup>th</sup>, widespread influenza activity was reported by five states (Arizona, California, New Jersey, Texas and Virginia), regional influenza activity was reported by 13 states (Alabama, Connecticut, Georgia, Hawaii, Illinois, Massachusetts, Nevada, New Hampshire, New Mexico, New York, Pennsylvania, South Carolina and Tennessee), local influenza activity was reported by the District of Columbia and 15 states (Alaska, Colorado, Florida, Kansas, Louisiana, Maine, Maryland, Michigan, North Carolina, Oklahoma, Oregon, Rhode Island, Utah, Washington and Wisconsin). and sporadic activity was reported by 16 states (Arkansas, Delaware, Idaho, Indiana, Iowa, Kentucky, Minnesota, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, South Dakota, Vermont and Wyoming). The complete report can be accessed by going to:

<http://www.cdc.gov/flu/weekly/>.



Credit: CDC

## Are you ready if disaster strikes? New



In the past year alone, there were 75 major Federal Disaster Declarations in the United States caused by weather related events. Fire, wind, rain, flood and flu could affect your health, family, business and more. Each person must prepare for emergencies and public health events. To assist you with these efforts, an Emergency Preparedness Disaster Guide has been produced through a collaborative partnership among Shoreline Publishing, Shoreline Medical Center, YNH-CEPDR and surrounding shoreline communities of Connecticut. To learn more, please visit: <http://www.ynhh.org/shoreline/SMCemergency09.pdf>.

## Novel H1N1 Influenza: New

The World Health Organization (WHO) reports that, as of May 27<sup>th</sup>, 48 countries have officially reported 13,398 cases of influenza A (H1N1) infection, including 95 deaths. The level of influenza pandemic alert remains at phase 5.

- The Centers for Disease Control and Prevention (CDC) is reporting, as of May 27<sup>th</sup>, 7,927 confirmed/probable cases in 48 states. Eleven deaths have occurred. Currently, the level of transmission is primarily community-based.



a fraction of the likely number of cases in the state because many persons with mild symptoms do not seek care from a doctor or hospital but recover at home.



Credit: REUTERS/Yuriko

The Connecticut Department of Public Health reports, as of May 27<sup>th</sup>, 141 confirmed cases have now been identified among state residents. Among the 141 cases, ages range from 3 to 56 (average 17 years); 64 are female and 77 are male.

Laboratory-confirmed cases represent only a fraction of the likely number of cases in the state because many persons with mild symptoms do not seek care from a doctor or hospital but recover at home.

The spread of the new H1N1 virus in Asia showed no signs of slowing as the Philippines recorded its first case and new infections were confirmed in Japan, China and Taiwan. While there have been no deaths so far in Asia, its grip appeared to tighten on a region that has battled the H5N1 bird flu virus and the SARS virus over the past 10 years. To read about the situation in Asia, please visit:

<http://www.reuters.com/article/email/idUSTRE54K1AO20090521>.

- WHO acting assistant director-general Keiji Fukuda, responding to concerns from various governments about the possible effects of declaring a full-scale influenza pandemic, said the World Health Organization (WHO) will call on outside experts to consider whether to revise the agency's definitions of pandemic alert phases. At the WHO's annual meeting last week, several countries, concerned about potentially causing undue alarm, urged the WHO to go slow on moving to phase 6. Noting that most H1N1 cases have been mild, they argued that the pandemic phases should reflect not only the geographic extent of the disease, but also its severity. For more information on this potential change, please visit:

<http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/may2609phases-1w.html>.

- HHS Secretary Kathleen Sebelius announced today that the department would take important steps necessary to prepare for potential commercial-scale production of a candidate vaccine for the novel Influenza A (H1N1). The Secretary is directing approximately \$1 billion in existing funds that will be used for clinical studies that will take place over the summer and for commercial-scale production of two potential vaccine ingredients for the pre-pandemic influenza stockpile. To view the HHS news release, please visit:

<http://www.hhs.gov/news/press/2009pres/05/20090522b.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 following resources have been identified to assist your preparedness activities:

[http://www.ynhhs.org/emergency/US\\_DHHS\\_web\\_sites.pdf](http://www.ynhhs.org/emergency/US_DHHS_web_sites.pdf)

### USFA Releases Medical Facility Fires

#### Topical Report:

<http://www.usfa.dhs.gov/downloads/pdf/tfrs/v9i4.pdf>.

#### Highlighted Resources:

##### A Comprehensive List of H1N1 Influenza Resources:

<http://www.ynhhs.org/emergency/links/InfluenzaReferences.pdf>.

## Biodefense Labs Provoke Neighborhood Fears: **New**



Biodefense laboratories being built in Boston and other U.S. cities are a cause for worry

among nearby residents, the *Los Angeles Times* reported. Residents in one Boston neighborhood have been vocal in their opposition to the \$198 million National Emerging Infectious Diseases Laboratories at Boston University, which houses a "high-containment" facility that would work with lethal disease materials. "We heard anthrax and Roxbury-South End," said community activist Klare Allen. "Then we heard Ebola. The last thing we heard was bubonic plague. We looked at each other and said, 'No way are they bringing that ... into our community.'" For more on this controversial issue, please visit: <http://www.latimes.com/news/nationworld/nation/la-na-biolabs17-2009may17.0.6818200.story>.

## Puffer machine, RIP: **New**

The Transportation Safety Administration's explosive trace portal machines (also known as puffers) were once thought of as a good solution for airport security: passengers would walk through a portal in which a blast of air would dislodge particles off their clothes and bodies to detect traces of explosives. The machines did not meet the requirements for operational suitability due to frequent maintenance issues. TSA also determined that more reliable and effective screening technologies have become available since portals were first introduced. For these reasons, TSA has decided to phase out this technology. For additional information on the TSA decision, please visit: <http://hsdailywire.com/single.php?id=8024>.

## Novel H1N1 Influenza: **New (Continued)**

- A substantial portion of older Americans may have some immunity to the swine-origin H1N1 influenza virus, a finding that may prove useful when and if a vaccine to the new flu strain becomes available. Scientists at the Centers for Disease Control and Prevention announced yesterday that a study using stored blood samples found that one-third of people older than 60 have antibodies that might protect them from infection with the new virus. If further research is able to better define who has partial immunity, those people might need only one dose of vaccine, not two. To read the story from the *Washington Post*, please visit: <http://www.washingtonpost.com/wp-dyn/content/article/2009/05/21/AR2009052104033.html?referrer=emailarticle>.



Credit Brendan McDermid/REUTERS

The Department of Health and Human Services (HHS) says the nation would need more than 30 billion masks- 27 billion of the simple surgical variety which can be worn safely for only about two hours before needing replacement, and 5 billion of the sturdier N95 respirator variety, which also requires regular replacement — to protect all Americans adequately in the event of a serious epidemic. However, the Centers for Disease Control and Prevention (CDC) Strategic National Stockpile currently contains only 119 million masks -39 million surgical and 80 million N95 respirators. The U.S. mask shortfall stands in stark contrast to what other nations have on hand: the U.S. has one mask for every three Americans (masks are not supposed to be shared), while Australia has 2.5 masks per resident and Great Britain boasts six. To read the entire article, please visit:

<http://www.time.com/time/health/article/0,8599,1899526,00.html>.

- The World Health Organization said Tuesday that it was taking longer than anticipated to prepare the seed stock needed to manufacture a vaccine for the H1N1 influenza virus. At a weeklong meeting in Geneva to discuss the outbreak of the so-called swine flu, the global health agency said the virus was not growing very quickly in the laboratory. That means vaccine makers will not be able to start production until mid-July at the earliest. For more on this development, please visit: <http://www.latimes.com/news/nationworld/nation/la-sci-flu-vaccine20-2009may20.0.415215.story>.



Pacific Northwest NATIONAL LABORATORY

Teams from the Pacific Northwest National Laboratory in Richland, Washington, Oak Ridge National Laboratory, Tennessee, Lawrence Berkeley National Laboratory, California and Los Alamos National Laboratory, New Mexico, worked together to develop a computer model to help airport authorities screen passengers for pandemic influenza. The tool can help estimate false negatives, people with influenza who slip through the screening process, and so assess the risk of infected passengers unknowingly spreading disease across the nation For additional information on this project, please visit:

<http://www.sciencedaily.com/releases/2009/05/090519104107.htm>.



Credit Lonely Planet

CDC's Travel Health Warning recommending against non-essential travel to Mexico, in effect since April 27, 2009, has now been downgraded to a Travel Health Precaution for Mexico. CDC has been monitoring the ongoing outbreak of novel H1N1 flu in Mexico and, with the assistance of the Mexican authorities, has obtained a more complete picture of the outbreak. There is evidence that the Mexican outbreak is slowing down in many cities though not all. In addition, the United States and other countries are now seeing increasing numbers of cases not associated with travel to Mexico.

Finally, the risk of severe disease from novel H1N1 virus infection now appears to be less than originally thought. To read the entire advisory, please visit:

<http://wwwn.cdc.gov/travel/content/travel-health-precaution/novel-h1n1-flu-mexico.aspx>.

## To Boldly Go Where No Medical Response Has Gone Before: **New**

The first task of first responders arriving on a scene of a disaster is to quickly and accurately sort the living casualties by priority order for medical care; a new device assesses -from a distance -- the medical condition of those injured in the disaster by using laser Doppler vibrometry and a camera to measure pulse, body temperature and muscle movements such as breathing. In partnership with the DHS Technical Support Working Group, Boeing and Washington University School of Medicine, the Standoff Patient Triage Tool (SPTT), a device that classic Star Trek fans will recognize for its resemblance to the medical diagnostic tool known as the tricorder. This technology is designed to capture a disaster victim's vital signs from up to 40 feet away. For additional information on this exciting technology, please visit: [http://www.dhs.gov/xres/programs/gc\\_1214511688798.shtm](http://www.dhs.gov/xres/programs/gc_1214511688798.shtm).

## Veterinarians At High Risk For Viral, Bacterial Infections: **New**



The recent H1N1 influenza epidemic has raised many questions about how animal viruses move to human populations. One potential route is through veterinarians, who, according to a new report by University of Iowa College of Public Health researchers, are at markedly increased risk of

infection with zoonotic pathogens -- the viruses and bacteria that can infect both animals and humans. The review of the literature found that veterinarians' risk of zoonotic infections is often higher than that of other occupational groups with extensive exposure to animals, such as farm workers, which is a concern as veterinarians have professional training in how to protect themselves from zoonotic infections. To read more on this issue, please visit:

<http://www.sciencedaily.com/releases/2009/05/090515083703.htm>.

## Preparedness: **New**

- History teaches that a lack of hurricane awareness and preparation are common threads among all major hurricane disasters. By knowing your vulnerability and what actions you should take, you can reduce the effects of a hurricane disaster. **Hurricane Preparedness Week will be held May 24<sup>th</sup> through May 30<sup>th</sup>, 2009.** Hurricane hazards come in many forms: storm surge, high winds, tornadoes and flooding. This means it is important for your family to have a plan that includes all of these hazards. Look carefully at the safety actions associated with each type of hurricane hazard and prepare your family disaster plan accordingly. But remember this is only a guide. The first and most important thing anyone should do when facing a hurricane threat is to use common sense. For updated hurricane resources, please visit: <http://www.nhc.noaa.gov/HAV2/english/intro.shtml>.

- President Barack Obama named a new director for the U.S. Centers for Disease Control and Prevention, tapping a health activist who pushed for expanding AIDS testing and banning smoking in restaurants. Dr. Thomas Frieden, 48, who has been New York City's top health official since 2002, will head the federal agency charged with protecting Americans from illnesses ranging from heart disease to new flu strains. The CDC, based in Atlanta, has a budget of around \$9 billion and is responsible for tracking diseases across the United States and helping other countries battle outbreaks of diseases ranging from H5N1 avian influenza to Ebola. To read more about Dr Frieden, please visit:

<http://www.reuters.com/article/email/idUSTR54E1X520090515?pageNumber=2&virtualBrandChannel=0>.

## Avian Influenza: **New**

The WHO reports the cumulative number of confirmed human cases of avian influenza A (H5N1) as of May 22, 2009 to be 429 cases with 262 deaths resulting in a case mortality rate of 61%. To view the cumulative and individual country indexes, please visit: [http://www.who.int/csr/disease/avian\\_influenza/country/cases\\_table\\_2009\\_05\\_22/en/index.html](http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_05_22/en/index.html).



Avian flu may not have become the threat to humans that some predicted because our noses are too cold for the virus to thrive, UK researchers say. An Imperial College-London recreation of the nose's environment found that at 32 degrees Celsius, avian flu viruses lose function and cannot spread. It is likely that the viruses have adapted to suit the warmer 40 degree environments in the guts of birds. Moreover, a mutation would be needed before Avian flu becomes a human problem. To read this interesting article, please visit: <http://news.bbc.co.uk/2/hi/health/8050523.stm>.



Credit: Tien Phong

Since 2005, the United States has provided more than \$33.5 million for Vietnam's efforts to combat avian flu. A new assistance package, valued at over US \$57,000, from the U.S. Agency for International Development comes at the request of the Ministry of Agriculture and Rural Development. The 4,000 sets of personal protective equipment and 100 boxes of biodegradable disinfectant powder will be distributed to 10 provinces in early June to enable them to respond quickly to possible outbreaks of bird flu and H1N1 influenza. To view the story, which appeared in *SÁ/GÒN GIÁI PHÒNG*, please visit: <http://www.saigon-gpdaily.com.vn/>.



Influenza viruses continue to threaten the world with a new pandemic. While currently attention is focused on the newly emerged A (H1N1) virus, the avian influenza A (H5N1) virus is still a cause of concern. Extended research is focused on the genetic evolution of the viruses, as well as their susceptibility to available antiviral drugs. One of the major priorities of the World Health Organization is to develop candidate vaccines, four of which are already licensed for use in the European Union. Since the last influenza pandemic in 1968, our knowledge of the influenza virus and its biology has greatly increased, revealing new avenues in the research for antiviral strategies and the development of effective vaccines. Researchers at the national Information Center of Northern Greece have published an overview of the current H5N1 situation. To obtain a copy of this comprehensive paper, please visit: <http://www.eurosurveillance.org/images/dynamic/EE/V14N20/art19216.pdf>.

## Disasters around the World: **New**



Credit: USGS

A magnitude 7.1 earthquake struck off the coast of Honduras on Thursday, May 28, 2009 at 3:24am. Early reports detail electrical outages and tremor-related structural damage. The National Weather Service placed Honduras, Belize and Guatemala under a tsunami watch, but later lifted it. There were no immediate reports of injuries. Updated information may be accessed at: <http://earthquake.usgs.gov/eqcenter/recenteqsww/Quakes/us2009/heap.php#details>.



Credit: Brenda Cruickshank

Current activity at the Redoubt volcano (Alaska) remains unchanged from previous observations. This suggests that a significant explosive event is likely, though not certain, in the coming days (Alert Level Orange). For the most current status, please visit: <http://www.avo.alaska.edu/activity/Redoubt.php>.



The National Interagency Fire Center (NIFC) has set Preparedness Level I (minimal large fire activity is occurring nationally; most geographic areas have low to moderate fire danger and require little or no commitment of national resources) Cooler weather is expected near the Great Lakes with low relative humidity over Michigan, Minnesota and Wisconsin. Scattered showers and thunderstorms are expected over the Southwest and Florida. Mild onshore flow persists over southern California with a few thunderstorms over the southern states. Significant fire activity was reported over the past week. Four large fires continue to burn over 1,400 acres in Michigan and Wisconsin. Since January 1<sup>st</sup>, 2009, there have been 35,723 fires which destroyed 1,331,022 acres of woodland. To review the current fire situation in your area, please visit: [http://www.nifc.gov/fire\\_info/nfn.htm](http://www.nifc.gov/fire_info/nfn.htm).

## Pandemic Influenza

### Planning: **New**

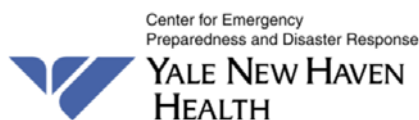


A pandemic influenza could result in an estimated 30-40% reduction of workforce and significant absenteeism for up to 12 weeks, negatively affecting patient care and essential services. How will your organization manage the increased demand for services, staff, supplies and other

critical resources? The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) can assist your organization in preparing for a pandemic through services such as:

- Development of a business impact analysis, continuity of operation plan and business continuity plan
- Development of pre-event communication messages as well as task lists for workforce surge impact, recovery resources and recovery teams
- Assessments of current pandemic influenza planning; review of emergency operations plans and emergency management plans (EMPs) for compliance with The Joint Commission, NIMS, CMS, OSHA, CDC and NFPA requirements
- Online, instructor-led or WebEx training courses recommended for health care workers in acute care hospitals, community health centers, home health agencies, urgent care centers, skilled nursing facilities and public health agencies to address the impact and preparations required pre-pandemic event and during a pandemic event

Assistance with conducting tabletop exercises to discuss the Incident Command System (ICS), implementation of the EOP, communication practices and mitigation practices during a pandemic influenza event. To learn more how YNH-CEPDR can assist your organization, please call (203) 688-3224 or e-mail [center@ynhh.org](mailto:center@ynhh.org).



## Preparedness: **New** (Continued)

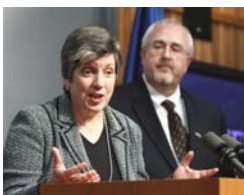


New Orleans Mayor, Ray Nagin

Ray Nagin, Mayor of New Orleans said Tuesday that Illinois officials should make sure to plan for the worst-just in case. Nagin spoke at a luncheon as part of the state-funded Illinois Faith-Based Emergency Preparedness Initiative. "You might want to spend some time thinking about the worst-case scenario," Nagin told about 200 people gathered at the Springfield Hilton. "Make sure your planning goes to that level." Nagin told the Springfield audience that New Orleans' bout with Katrina is a "story of tragedy and triumph. My prayer is you are ready for the 'big one.' If New Orleans can do it, so can you." For more information on Nagin's

address, please visit: <http://www.sj-r.com/homepage/x124599841/Always-plan-for-the-worst-is-advice-from-New-Orleans-mayor>.

- The Federal Emergency Management Agency (FEMA) has come a long way since Hurricane Katrina in its response to disasters but the country has a long way to go to improve preparedness, Lt. Gen. Russel Honore told a gathering of homeland security stakeholders in Washington, D.C., last week at the 2009 Homeland Security S&T Stakeholders Conference. Honore was the commander of the Joint Task Force Katrina responsible for coordinating military relief efforts for areas across the Gulf Coast impacted by Hurricane Katrina. "I believe for every dollar you spend on preparedness you save \$9 in response," Honore said. For more on Gen Honore's address, please visit: <http://www.govtech.com/gt/690367?topic=117680>.



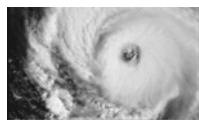
Credit: Associated Press

Following a ceremony in which U.S. Department of Homeland Security (DHS) Secretary Janet Napolitano swore in Craig Fugate as Federal Emergency Management Agency (FEMA)

Administrator, the two participated in a video teleconference briefing with governors and emergency management officials representing more than a dozen hurricane-prone states to discuss hurricane preparedness efforts—in advance of the June 1 official start of the 2009 hurricane season. Secretary Napolitano and Administrator Fugate heard directly from leaders of hurricane-prone states via teleconference about outstanding issues, questions and concerns, and briefed state leadership on DHS preparedness efforts—including prepositioned assets, evacuation planning and emergency communications. For more information on this briefing, please visit: <http://www.wctv.tv/home/headlines/45435232.html>.

## Disasters around the World: **New** (Continued)

- More than 155 people have been killed by Cyclone Aila which hit Bangladesh and the eastern Indian state of West Bengal and at least 500,000 people have been made homeless by the storm. West Bengal state's Disaster Management Minister, Mortaza Hossain, told the BBC: "We have rescued more than 100,000 people and sent them to safer places. We are now arranging dry food packets and drinking water pouches for them." Massive waves ravaged scores of coastal villages and the seaside resorts of Digha, Mandarmoni and Kanthi on May 25<sup>th</sup>. To read more about this storm, please visit: [http://news.bbc.co.uk/2/hi/south\\_asia/8067618.stm](http://news.bbc.co.uk/2/hi/south_asia/8067618.stm).



There are currently no significant tropical weather systems active in the western, northwest, southern, central or eastern Pacific, the Indian Ocean or southern hemisphere. For further information, please visit: <https://metocph.nmci.navy.mil/twc.php>. The Atlantic Hurricane season will begin June 1<sup>st</sup>.



# FEMA

FEMA has declared two areas in the United States as disaster areas and eligible for assistance in recovery. Florida and Tennessee were declared disaster areas due to severe storms, flooding, tornadoes and straight-line winds during the period of April 10<sup>th</sup> to May 17<sup>th</sup>. For further information and

instructions for applying, please visit:

<http://www.fema.gov/news/event.fema?id=11508> (Florida),

<http://www.fema.gov/news/event.fema?id=11469> (Tennessee).

Additionally, multiple Fire Management Assistance Declarations were issued for ongoing wildfire activity for Alaska and Arizona (1 each). For information on these events, please visit <http://www.fema.gov/news/disasters.fema>.

### 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](mailto:center@ynhh.org) [www.yalenevhealth.org/emergency](http://www.yalenevhealth.org/emergency)

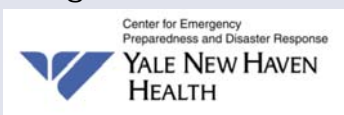
## Protecting the Healthcare Workforce



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 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](mailto:center@ynhh.org).

## Programs and Services



YNH-CEPDR is committed to developing and delivering effective and scaleable services that advance health care planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other health care 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](mailto:center@ynhh.org), or visit our web site at <http://www.yalenewhavenhealth.org/emergency/index.html>.

## Education and Training Courses: Updated



The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) is pleased to announce that previews for National Incident Management System (NIMS) courses are available at <http://ynhhs.emergencyeducation.org/>. YNH-CEPDR is committed to ensuring that our courses remain current with applicable federal and accrediting agency requirements. The current course updates meet the requirements outlined in the FEMA February 2008 National Incident Management System (NIMS): Five-Year NIMS Training Plan.

- **EM 108: Emergency Preparedness for Healthcare with NIMS (New)** Hospitals and many health care organizations are still required to implement the National Incident Management System (NIMS) education and training for appropriate personnel. YNH-CEPDR has developed Emergency Preparedness for Healthcare with NIMS (EM 108) as an equivalent IS 700 NIMS course. This course is time-efficient and relevant to public health, hospital and health care workers. The course provides information and action steps all employees can take to ensure a work environment prepared for disasters.
- **EM 141: Role of the Medical / Technical Specialist during an Incident (New)** A course which explores the roles and responsibilities of medical and technical specialists when the ICS has been activated and includes an interactive case study. During a disaster, members of the command or general staff may require additional information about chemical, biological, radiological or nuclear (CBRN) emergencies, information technology or legal issues, which a designated medical or technical specialist can provide.
- **EM 142: Incident Command Systems for Healthcare with NIMS (New)** This course is designed to help healthcare leaders understand their role in managing continuous care for patients in the event of an emergency or disaster and to meet the federal requirements for IS 100.HC, An Introduction to Incident Command System and IS 200.HC, Applying Incident Command System to Healthcare Organizations. EM 142 is designed for all those who may serve in a leadership role in a health care organization during an emergency or disaster

YNH-CEPDR also offers a number of offerings that address important issues in health care preparedness, such as special populations, protection of the healthcare workforce and compliance with the Joint Commission, OSHA and CMS regulations. These courses may be previewed at <http://ynhhs.emergencyeducation.org/>. YNH-CEPDR is committed to ensuring that our courses remain timely and current with best practices and cutting-edge content.

- **EM 106: Emergency Preparedness for Healthcare – At Work and At Home (New)** Emergency preparedness is the responsibility of every health care employee. Whether meeting the Joint Commission, Centers for Medicare and Medicaid Services requirements or ensuring that employees will come to work during a disaster, emergency preparedness training is essential. This awareness-level course will provide the information and action steps all employees can take to ensure a work environment prepared for disasters and is recommended for all hospital and health care employees.
- **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 respirator and PPE 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 210: Advanced Radiological Emergency Preparedness for Clinicians (New)** This course is designed for clinicians with an interest in understanding radiation concepts, the medical effects of radiation on biological systems, radiation countermeasures and essential elements for dealing with radiological and nuclear emergencies in the health care environment.

## Education and Training Courses: Updated (Continued)

- **EM 250: Small Victims, Big Challenges: Pediatric Triage, Treatment and Recovery for Emergencies (New)** A course which introduces clinicians acting as first receivers to the unique challenges encountered with children in a disaster. Children represent a special subset of individuals at-risk as they have unique physiological and pharmacological considerations. The federal Pandemic and All-Hazards Preparedness Act (PAHPA) encourages the Department of Health and Human Services to promote appropriate pre-disaster activities at the state and local levels to address the medical health needs of children.
- **EM 260: Geriatric Preparedness, Triage and Treatment in Disasters (New)** A course that introduces clinicians acting as first receivers to the unique challenges encountered with the elderly in a disaster. Senior citizens represent a special subset of individuals at-risk as they have unique physiological and pharmacological considerations. The federal Pandemic and All-Hazards Preparedness Act (PAHPA) encourages the Department of Health and Human Services to promote appropriate pre-disaster activities at the state and local levels to address the medical health needs of the elderly.

For more information on any of our courses or to develop a customized course for your specific needs, please contact us at (203) 688-3224 or [center@ynhh.org](mailto:center@ynhh.org).

## Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
6/1/09 to 6/4/09	See Website	USPHS Scientific and Training Symposium  <i>Sponsored by the United States Public Health Service</i>	Atlanta Marriott Marquis Hotel 265 Peachtree Center Ave, NE Atlanta, GA 30303  Please register at <a href="http://www.phscofevents.org/registration.cfm">http://www.phscofevents.org/registration.cfm</a> .
6/4/09	8:00am-12:00pm	Incident Command Systems for Health Care (EM 142 with NIMS) Workshop  <i>Sponsored by The Connecticut Department of Public Health and the Yale New Haven Center for Emergency Preparedness and Disaster Response</i>	Guilford Fire Department 31 Park Street Guilford, CT 06437  Please visit TRAIN Connecticut to register for the training, <a href="https://ct.train.org">https://ct.train.org</a> . The course ID is 1017468 and the class title is EM 142 with NIMS Workshop.
6/16/09	8:00am-12:00pm	Incident Command Systems for Health Care (EM 142 with NIMS) Workshop  <i>Sponsored by The Connecticut Department of Public Health and the Yale New Haven Center for Emergency Preparedness and Disaster Response</i>	Bridgeport Troop G Facility 149 Prospect Street Bridgeport, CT 06604  Please visit TRAIN Connecticut to register for the training <a href="https://ct.train.org">https://ct.train.org</a> . The course ID is 1017468 and the class title is EM 142 with NIMS Workshop.
6/25/09	8:30am-12:00pm	Pediatric Disaster Assistance Toolkit (PDAT) Training  <i>Sponsored by The Connecticut Department of Public Health and the Yale New Haven Center for Emergency Preparedness and Disaster Response</i>	Connecticut Hospital Association 110 Barnes Road, Wallingford, CT 06492  Register by June 19, 2009  Please visit TRAIN Connecticut to register for the training, <a href="https://ct.train.org">https://ct.train.org</a> .  The course ID is 1017534, and the class title is PDAT Training  For more information: Contact Linda Bergonzi King at (203) 688-4474 or <a href="mailto:linda.king@ynhh.org">linda.king@ynhh.org</a>

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