

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Seasonal Flu: Updated



During week 41 (October 11-17, 2009), influenza activity continued to increase in most areas of the United States. All subtyped influenza A viruses being reported to the CDC were 2009

(H1N1) viruses. The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold. Eleven influenza-associated pediatric deaths were reported. Nine of these deaths were associated with 2009 influenza A (H1N1) virus infection and two were associated with an influenza A virus for which subtype is undetermined. The proportion of outpatient visits for influenza-like illness (ILI) was above the national baseline. For the week ending October 17th, widespread influenza activity was reported by 46 states (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming), regional influenza activity was reported by Guam and three states (Connecticut, New Jersey and South Carolina) and local influenza activity was reported by the District of Columbia, Puerto Rico and one state (Hawaii) The complete report can be accessed by going to: <http://www.cdc.gov/flu/weekly/>.



Credit: CDC

2009 H1N1 Influenza: New



As of October 17, 2009, WHO reported over 414,000 laboratory confirmed cases of 2009 H1N1 influenza with at least 5,000 deaths in 191 countries. Given that countries are no longer required to test and report individual cases, the number of cases reported actually understates the real number of cases. The level of influenza pandemic alert remains at phase 6. The briefing note may be found at: http://www.who.int/csr/don/2009_10_23/en/index.html.

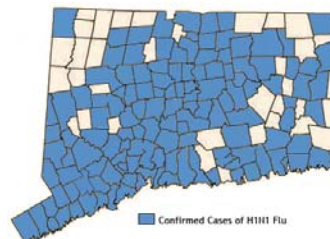


As of October 26, 2009, PAHO reported 174,565 cases of 2009 H1N1 influenza and 4,175 deaths in all thirty-five countries in the Americas. Excluding the United States, Canada and Mexico, countries with the highest number of reported cases are Brazil (17,219), Chile (12,257), Argentina (9,196) and Peru (8,174). For the complete report, please visit:

http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=3277&Itemid=



As of October 17, 2009, the CDC reported fifty-three states and territories are reporting 21,823 hospitalizations from pneumonia/influenza-based syndromes and 2,416 deaths. Due to new case definitions, the count was reset to zero on August 30, 2009. For further updates, please visit: <http://www.cdc.gov/flu/weekly/index.htm>.



Since October 14, 2009, the Connecticut Department of Public Health has reporting laboratory-confirmed cases of 2009 H1N1 identified by "wave". Historically, pandemics occur in three waves. The first wave of the 2009 pandemic began in April 2009 and peaked in June 2009. The beginning of the reporting period for the second wave of the pandemic is August 30, 2009. The second wave of the pandemic is expected to peak in the fall of 2009. Reporting the number of

laboratory-confirmed cases by wave, allows public health and healthcare professionals to see where we are in the pandemic wave, and its severity. Totals from the first wave were 1,996 cases, 144 hospitalizations and 10 reported deaths. For the current wave, there are 35 reported cases and nine hospitalizations. For details, please visit: <http://www.ct.gov/cfluwatch/cwp/view.asp?a=2533&q=439218>.

- President Obama declared the 2009 H1N1 flu outbreak a national emergency, giving his health chief the power to let hospitals move emergency rooms offsite to speed treatment and protect non-infected patients. The declaration, signed Friday night and announced Saturday, comes with the disease more prevalent than ever in the country and production delays undercutting the government's initial, optimistic estimates that as many as 120 million doses of the vaccine could be available by mid-October. For a summary of this declarations, please visit: http://www.usatoday.com/news/health/2009-10-24-Obama-swine-flu_N.htm?csp=34.

INSIDE THIS ISSUE

- 2 Preparing for a Tsunami in the Northwest
- 3 Avian Influenza

- 4 Preparedness
- 5 Disasters Around the World

- 5 Preparing the HealthCare Workforce
- 7 Upcoming Training and Education

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

The following resources have been provided to assist your preparedness activities:
http://www.ynhhs.org/emergency/US_DHHS_web_sites.pdf.

Highlighted Resources:

A Comprehensive List of H1N1 Influenza Resources:

http://www.ynhhs.org/emergency/pdfs/Flu_References.pdf



Region A (FEMA/DHHS) Regions I & II H1N1 Influenza Resources:

http://www.ynhhs.org/emergency/pdfs/Regional_A_References_Pan_Flu.pdf.

Preparing for a Tsunami in the Northwest: **New**



The Pacific Northwest needs to brace itself for a massive tsunami that will likely destroy homes, hurl cars against buildings and

threaten the lives of tens of thousands of people, experts say. The northwest is due for a big earthquake-generated tsunami, just like the waves that struck Samoa last month and the Indian Ocean in 2004. The northwest owes its hazard-prone future to what is happening underground. Beneath a line of volcanoes that stretches from British Columbia to northern California and includes Mount St. Helens, Mount Rainier and Mount Shasta, one of the Earth's plates is wedged beneath another. The fault line is called the Cascadia subduction zone, and it shakes every few hundred years when the plates shift. The quaking, which can last for minutes, triggers a tsunami that follows 10 to 20 minutes later and reaches heights of up to 15 feet. For information about the threat as well as preparedness efforts, please visit: <http://dsc.discovery.com/news/2009/10/20/tsunami-pacific-northwest.html>.

Questions, Comments, Suggestions or to Subscribe

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

2009 H1N1 Influenza: **New** (Continued)



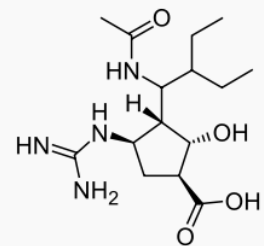
In response to the declaration of a national emergency by the President, DHHS Secretary Kathleen Sebelius issued a "Waiver or Modification of Requirements under Section 1135 of the Social Security Act." This action allows the Secretary to waive certain requirements set forth by the Social Security Act to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the Medicare, Medicaid and CHIP programs and to ensure that health care providers that furnish such items and services in good

faith, but are unable to comply with one or more of these requirements as a result of the 2009-H1N1 influenza pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. For a copy of the waiver, please visit:

http://www.flu.gov/professional/federal/h1n1_1135waiver_10272009.html.

Currently there is no intravenous formulation of antiviral product approved by the U.S. Food and Drug Administration (FDA) for the treatment of hospitalized patients with influenza. Peramivir, an unapproved IV antiviral drug is currently under development for treatment of acute influenza in patients who require hospitalization due to the severity of influenza virus infection. The efficacy and safety of Peramivir have not yet been established. The FDA has issued an Emergency Use Authorization (EUA) to allow the use of Peramivir IV to treat certain adult and pediatric patients with suspected or laboratory confirmed 2009 H1N1 virus infection or infection due to nonsubtypable influenza A virus suspected to be 2009 H1N1 based on community epidemiology. The authorized use of Peramivir IV under EUA is subject to the scope, conditions and terms of FDA-issued EUA. For information on this medication, please visit:

<http://emergency.cdc.gov/h1n1antivirals/>.



Peramivir

Systematic (IUPAC) name

(1S,2S,3S,4R)-3-[(1S)-1-acetamido-2-ethylbutyl]-4-(diaminomethylideneamino)-2-hydroxycyclopentane-1-carboxylic acid

Credit: Wikipedia



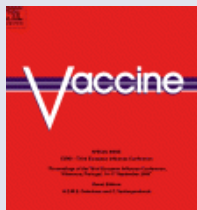
Dr. Anne Schuchat
Credit: Josh D. Weiss/AP

According to Dr Anne Schuchat of the CDC, 2009 H1N1 flu continues to be most dangerous to children and younger adults and is largely bypassing older people, according to government health data released Tuesday. Health officials released figures for 2009 H1N1 flu hospitalizations and deaths for the seven weeks since the beginning of last month. The information is from 28 states. The data show that more than half of all hospitalizations occurred among people 24 and younger; more than a quarter of those hospitalized were 5 to 18. A third of all deaths occurred among people ages 25 to 49; another third of those who died were 50 to 64. To read the article, which appeared in the *Washington Post*, please visit: http://www.washingtonpost.com/wp-dyn/content/article/2009/10/20/AR2009102003644.html?wprss=rss_nation.

- As concerns increase over the spread of the 2009 H1N1 flu, a federal report showed that a pandemic that would keep millions of Americans at home could also overload Internet networks. Adults "teleworking" from home, children doing schoolwork, accessing video files or playing games online and families logging on for information about the illness would overwhelm residential Internet networks that were never built to have a majority of users on the Web at the same time. The General Accountability Office (GAO) reported that the federal government is in disarray when it comes to dealing with such a scenario. The Department of Homeland Security (DHS) is in charge of communications networks during times of national emergency but says it doesn't have a plan to deal with overloaded Internet networks - an essential resource to keep the economy humming and residents informed and connected during a pandemic. The GAO report can be viewed at: <http://www.gao.gov/new.items/d108.pdf>.
- With the 2009 influenza season under way, characterization of the epidemiology and duration of shedding for the 2009 H1N1 virus is critical. Investigators from the U.S. Air Force Academy and the U.S. Air Force School of Aerospace Medicine Epidemiology Consult Service capitalized on a unique opportunity to gain valuable insights about the natural behavior of the 2009 H1N1 virus, including shedding patterns, during a recent large-scale H1N1 flu outbreak at the U.S. Air Force Academy. Among the findings: serial nasal washes indicated the presence of viable virus shedding among about one quarter of confirmed 2009 H1N1 patients sampled on Day 7 from symptom onset. Further, being afebrile and asymptomatic did not guarantee the patient was no longer shedding viable 2009 H1N1 virus; in fact, 19% of those who reported being symptom-free for greater than 24 hours were still found to have viable virus shedding. While viable virus shedding does not necessarily mean the virus can be transmitted, these findings do indicate that the virus may persist even after the individual is feeling well and has returned to work. Their results are reported in an article published by the *American Journal of Preventive Medicine*. It is the first published study of its kind. For an additional summary of findings, please visit: <http://www.sciencedaily.com/releases/2009/10/091020005541.htm>.

Avian Influenza: Updated

- The WHO reports the cumulative number of confirmed human cases of avian influenza A (H5N1) as of September 24, 2009 to be 442 cases with 262 deaths resulting in a case mortality rate of 60%. To view the cumulative and individual country indexes, please visit: http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_09_24/en/index.html.
- A new study found genetic variations in mice affect their susceptibility to and severity of H5N1 avian influenza A virus infection suggesting that humans who contract the virus may be genetically predisposed. The researchers from St. Jude Children's Research Hospital, VA Medical Center and MidSouth Center for Biodefense and Security, and the University of Tennessee Health Science Center, Memphis, Tennessee report their findings in the October, 2009 issue of the *Journal of Virology*. Over the last 10 years, highly pathogenic H5N1 avian influenza A has spread from Southeast Asia into Europe and Africa killing millions of chickens and ducks along the way. It has also infected tigers, cats, dogs and humans often resulting in death. Despite the countless cases reported in birds, the number of human cases remains few and of those few, more than 90% occurred in genetically related family members indicating a possible genetic correlation. For a copy of the study, please visit: <http://jvi.asm.org/cgi/content/abstract/83/20/10417>.



Those affected by the 2009 H1N1 pandemic may harbor some immunity to H5N1 flu, scientists report. The claims follow research published in the journal *Vaccine*, which shows that pigs infected with a flu virus closely related to the

pandemic 2009 H1N1 strain developed immunity to H5N1 flu. The researchers infected 25 pigs with the H5N1 flu virus in the lab, 12 of which had been infected with a 2009 H1N1 virus four weeks earlier. They found that 2009 H1N1 gave the pigs immunity to H5N1 flu, as none showed symptoms of the infection. All the animals infected only with H5N1 showed symptoms of H5N1. Andrew Pekosz, from the John Hopkins Bloomberg School of Public Health in Maryland, believes there is a "good possibility that something similar would be seen in humans. "Data from this paper suggest that you will have some immunity to H5N1 after exposure to H1N1." The exact level of protection against H5N1 flu is not known, explains Pekosz but the parts of the immune system thought to be involved in the response documented by the authors are clearly associated with controlling infection and warding off severe disease. This could mean that people who have caught pandemic H1N1 flu would still fall ill if they ever catch H5N1, but their immune system could prevent their illness from turning serious, he speculates. For a summary from *Emerging Health Threats Forum*, please visit: <http://www.eht-forum.org/news.html?fileid=news091023064653&from=home&id=0>.

2009 H1N1 Influenza: New (Continued)



HHS Secretary Kathleen Sebelius
Credit: Penny Starr/CNSNews.com

HHS Secretary Kathleen Sebelius unveiled several new resources on the federal government's one-stop resource for flu information - www.flu.gov. The Web site now features a new H1N1 Flu Self-Evaluation guide for adults 18 and older along with a new Flu Myths and Facts section, which provides the public with the latest and most accurate information about the flu. To read the press release, please visit:

<http://www.hhs.gov/news/press/2009pres/10/20091007a.html>. An additional page addressing hospital preparedness is available at: <http://www.flu.gov/professional/hospital/index.html>.

FDA U.S. Food and Drug Administration

The U.S. Food and Drug Administration (FDA) today warned consumers to use extreme care when purchasing any products over the Internet that claim to diagnose, prevent, treat or cure the H1N1 influenza virus. The warning comes after the FDA recently purchased and analyzed several products represented online as Tamiflu (oseltamivir), which may pose risks to patients. One of the orders, which arrived in an unmarked envelope with a postmark from India, consisted of unlabeled, white tablets taped between two pieces of paper. When analyzed by the FDA, the tablets were found to contain talc and acetaminophen, but none of the active ingredient oseltamivir. The Web site disappeared shortly after the FDA placed the order. At the same time, the FDA also purchased four other products purported to diagnose, prevent, treat or cure the H1N1 influenza virus from other Web sites. These products contained various levels of oseltamivir but were not approved for use in the United States. Several of the products purchased did not require a prescription from a healthcare professional. Additionally, the products did not arrive in a timely enough fashion to treat someone infected with the H1N1 influenza virus, or with an immediate exposure to the virus. For a copy of the warning, please visit:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm186861.htm>.

- The scenario most feared in planning for pandemic influenza involves shortages—of ventilators, critical care beds, antiviral drugs and vaccines. Reports now emerging from the Southern Hemisphere, where the flu season is over, and a few other areas, are beginning to paint a clearer picture of both the clinical manifestations of severe H1N1 influenza disease and actual utilization of critical care resources. This picture suggests that as H1N1 influenza spreads in the U.S., the best approach for managing critical care resources may be to create regional centers equipped to deal with the minority of patients who are too ill to be managed by conventional critical care measures. To read the report, from the Clinicians Biosecurity Network, please visit: http://www.upmc-cbn.org/report_archive/2009/10_October_2009/cbnreport_10162009.html.



To ensure the protection of frontline healthcare and emergency medical workers at high risk of infection with 2009 H1N1 virus, OSHA said it will soon issue a compliance directive to ensure uniform procedures when conducting inspections to identify and minimize or eliminate high to very high risk occupational exposures to the 2009 H1N1 influenza A virus. The agency said its directive would closely follow the CDC's Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel, posted last week on www.flu.gov. For more information on the OSHA directive, please visit: <http://ohsonline.com/Articles/2009/10/18/OSHA-to-Issue-H1N1-Directive.aspx>.



With the increase of confirmed and probable H1N1 Influenza A virus seen nationally and locally, The University of Texas /M. D. Anderson Cancer Center decided to take additional precautions for the safety of patients. Among other restrictions, children ages 12 and under will not be allowed to enter the institution, dining facilities, sky bridges or common areas unless they are patients in active treatment or with appointments. To read about M.D.

Anderson's attempts to protect their vulnerable patients, please visit:

<http://www.mdanderson.org/patient-and-cancer-information/guide-to-md-anderson/patient-and-family-support/visitation-policy.html>.

Drills and Exercises Course Offered: New



The need to drill and exercise key staff for a potential disaster is key to the preparedness efforts of all healthcare facilities. To address this need, YNH-CEPDR offers *EM 170: Designing Exercises for Healthcare Facilities*. This

instructor-led workshop is recommended for emergency management personnel, emergency planners and other personnel, with limited experience, responsible for developing and conducting exercises. Please contact YNH-CEPDR at 203 688-3224 or email center@ynhh.org for information.

Pandemic Influenza Planning

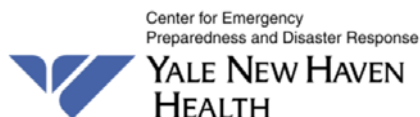


A pandemic influenza could result in an estimated 30-40% reduction in the workforce and significant absenteeism for up to 12 weeks, negatively affecting patient care and essential services. How will your organization manage the increased demand for services, staff, supplies and other

critical resources? 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 (EOPs) 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 healthcare 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
- N95 Respirator and Personal Protective Equipment (PPE) Training for Healthcare Workers with a train-the-trainer option
- 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 about how YNH-CEPDR can assist your organization, please call (203) 688-3224 or e-mail center@ynhh.org.



Preparedness: **New**

Early warning

The tsunami test and monitoring stations:



Wave 09 tested warning systems and preparedness in nations in Asia, Australasia, the Middle East and Africa. For additional information about the drill, please visit:

<http://news.bbc.co.uk/2/hi/asia-pacific/8306059.stm>.

- The largest-ever joint military and civilian disaster response exercise ever held in Western New York is scheduled for early next month at an old industrial site in Tonawanda. More than 1,300 National Guard troops will converge on the old Spaulding Fibre plant November 1st through the 6th for a full-scale exercise. Brigadier General Patrick Murphy briefed City of Tonawanda residents and said the troops will be working with local first responders in responding to a simulated disaster. Besides the county and National Guard, area hospitals and such agencies as the Salvation Army will participate. Members of the YNH-CEPDR staff will also be on site testing and evaluating a tool developed for the Department of Defense for documenting observations during a disaster event. For more information, please visit:

<http://www.publicbroadcasting.net/wbfo/news.newsmain/article/0/0/1568019/WBFO.News/Large.Scale.Disaster.Drill.Planned.for.Early.November>.

- The lack of activity during the 2009 Atlantic hurricane season can be cause for both relief and concern, according to emergency officials along South Carolina's storm-vulnerable coast. About five weeks remain in the 2009 season, which has not produced widespread damage and which has been calm enough to allow emergency officials to prepare for the next tropical system. However, the lack of activity could make some residents, particularly those new to the coast, less vigilant in preparing for future storm seasons, some officials say. "It was a non-season," said Randy Webster, Horry County's emergency management director. "The concern we have is every time we don't have (an active hurricane season), it does put more complacency in the community." For more on this concern, please visit:

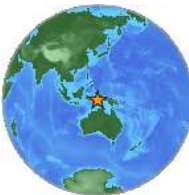
<http://www.thestate.com/local/story/1000723.html>.

The Department of Homeland Security on Thursday published proposed regulations designed to standardize preparedness programs for disasters and emergencies. The proposals won strong support from the Institute for Business & Home Safety in Tampa, Fla., a group funded by insurance companies and agents, among others, whose purpose is to coordinate private sector efforts to reduce the social and economic effects of natural disasters. Specifically, DHS published a notice seeking public comment on new standards the private sector can create under the Voluntary Private Sector Preparedness Accreditation and Certification Program, or PS-Prep. According to the DHS, PS-Prep is a partnership between DHS and the private sector enabling private entities—including businesses, nonprofit organizations and universities—to receive emergency preparedness certification from a DHS accreditation system created in coordination with the private sector. The three areas covered under the proposal are designed to enhance operational resilience, business continuity management, and disaster and emergency management among participating private sector partners. For more information on the new regulations, please visit: <http://www.property-casualty.com/News/2009/10/Pages/DHS-Proposes-Standards.aspx>.

“Ensuring our private sector partners have the information and training they need to respond to disasters will strengthen our efforts to build a culture of preparedness nationwide.”

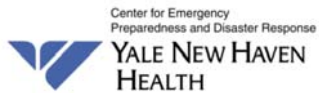
Janet Napolitano – Oct 16, 2009

Disasters Around the World: **New**



In the latest of a series of major earthquakes to hit the area, a magnitude 6.9 earthquake struck the Banda Sea region of Indonesia. The quake epicenter was located 430 miles north of Darwin, Australia at a depth of 83 miles. There was no reported tsunami or estimates of damage as of the most current report. Further details are available at: <http://earthquake.usgs.gov/eqcenter/eqinthenews/2009/us2009ndan/>.

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, business continuity plans and annexes
- **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- **DRILLS and EXERCISES:** Design, development, facilitation, evaluation and reporting

For additional information about these services, please contact us at (203) 688-3224 or center@ynhh.org, or visit our web site at <http://www.yalenevhealth.org/emergency/index.html>.

Preparing the HealthCare Workforce: **New**

During this current H1N1 outbreak, CDC guidance recommends the use of "fit-tested disposable N95 respirator for healthcare personnel who are in close contact with patients with suspected or confirmed 2009 H1N1 influenza." In addition, OSHA requires all personnel that wear N95 protection to be properly fit tested. Ensuring that all your staff is protected, YNH-CEPDR has developed two courses that addresses these OSHA requirements and provides an effective method augment your fit tester pool and train your staff in proper N95 use.



- **EM 121: N95 Respirator and Personal Protective Equipment (PPE) Training for Healthcare Workers.** Information topics include reasons for respirator and 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. Fit testing with a variety of brands from the Strategic National Stockpile will be offered.

Disasters Around the World: **New (Continued)**

- The National Interagency Fire Center (NIFC) has set Preparedness Level 1 (Minimal large fire activity is occurring nationally. Most Geographic Areas have low to moderate fire danger. There is little or no commitment of national resources). A large low-pressure trough will move into the western U.S. creating strong winds across much of the southwest quarter of the country today. Areas of significant fire potential are possible across portions of the Southwest and Southern California. Offshore winds will develop this afternoon and evening across portions of Santa Barbara, Ventura and Los Angeles counties of southern California. One large fire continues to burn over 485 acres in California. Since January 2009, there have been 73,000 fires that destroyed 5,708,150 acres of woodland. To review the current fire situation in your area, please visit: http://www.nifc.gov/fire_info/nfn.htm.
- The National Hurricane Center reports no tropical activity in the Atlantic or Eastern Pacific Oceans. In the western Pacific, the National Weather Service station on Guam reported that Tropical Storm Mirinae (23W) is intensifying, 270 miles WNW of the island. The storm is moving WNW at 19mph with sustained winds of 50mph. The current track will put the storm off Luzon, Philippine Islands by October 30th. More details can be found at: <http://www.prh.noaa.gov/guam/cyclone.php>.



FEMA

There have been no FEMA disaster declarations issued since September 30, 2009, and no Fire Management Assistance Declarations issued since October 2, 2009.

Education and Training Courses: **Updated**

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 NIMS: Five-Year Training Plan.



- **EM 108: Emergency Preparedness for Healthcare with NIMS (New)** Hospitals and many healthcare organizations are required to implement 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 healthcare 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)** This course 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 healthcare organization during an emergency or disaster.

YNH-CEPDR also offers a number of courses that address important issues in healthcare preparedness, such as special populations, protection of the healthcare workforce and compliance with 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 healthcare employee. Whether meeting Joint Commission, CMS 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 healthcare employees.

Education and Training Courses: Updated *(Continued)*

- **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 150: Introduction to Evacuations (New)** This introductory course discusses a variety of potential evacuation scenarios from water pipe breaks to fires to natural disasters to human-made incidents and aligns with safety regulations from the Occupational Safety and Health Administration and the National Fire Protection Association, as well as required capabilities and standards of the federal Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (level one sub-capability standard) and The Joint Commission (standards EC 4.14 and EP 7).
- **EM 151: Patient Movement During Evacuations (New)**. This intermediate level course teaches techniques used in partial or full healthcare facility evacuation and aligns with safety regulations from the Occupational Safety and Health Administration and required capabilities and standards of the federal Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response level one sub-capability standards) and The Joint Commission (standard EP 9).
- **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 healthcare environment.
- **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.
- **EM 250: Small Victims, Big Challenges: Pediatric Triage, Treatment and Recovery for Emergencies (New)** The course 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 HHS 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)** The course 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. PAHPA encourages HHS 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.

UPCOMING
Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
11.18.09 to 11.20.09	See Web Site	The 2009 Medical Reserve Corp Regional Training Summit (Region I/II) <i>Sponsored by the Department of Health and Human Services (DHHS)</i>	Foxwoods-Grand Pequot Tower 39 Norwich-Westerly Road, Ledyard, CT 06339 Please register at http://www.naccho.org/topics/emergency/MRC/regioni_iiconf.cfm
11.30.09	1:00-2:15 pm (EST)	Planning for a Pandemic – Can History Inform Action? <i>Sponsored by Public Health Reports</i>	Free Webinar To register, please visit: https://www2.gotomeeting.com/register/941279587 Space is limited!
2.16.10 to 2.19.10	See Web Site	2010 Public Health Preparedness Summit <i>Sponsored by the National Association of County and City Health Officials (NACCHO)</i>	Atlanta Marriott Marquis 265 Peachtree Center Avenue Atlanta, Georgia 30303 To register, please visit: http://www.phprep.org/2010/register/
3.09.10 to 3.12.10	See Web Site	14th International Congress on Infectious Diseases (ICID) <i>Sponsored by the International Society for Infectious Diseases</i>	<i>James L. Knight International Center</i> 400 SE Second Ave. Miami, FL 33131 To register, please visit: https://secure37.softcomca.com/servimed_com_mx/ICID2010/inscripcion.htm
4.08.10 to 4.09.10	TBA	2010 Annual Emergency Preparedness Conference <i>Sponsored by Joint Commission Resources and the Occupational Safety Health Administration</i>	Omni Shoreham Hotel, 2500 Calvert St. NW Washington, D.C. 20008 <i>Please check back for information on registration</i>

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

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