

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

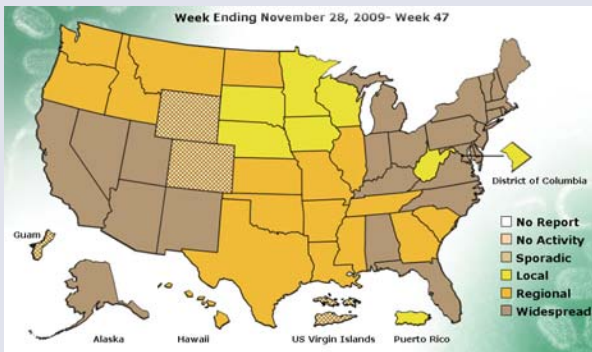
Seasonal Flu: Updated



During week 47 (ending November 28, 2009), influenza activity continued to decrease in the U.S. Virtually all subtyped influenza viruses being reported to the CDC were 2009 H1N1 viruses. The proportion of deaths attributed to pneumonia and influenza (P&I) continues above the epidemic threshold.

Seventeen influenza-associated pediatric deaths were reported. Twelve of these deaths were associated with 2009 H1N1 virus infection and five were associated

with an influenza A virus for which subtype is undetermined. The proportion of outpatient visits for influenza-like illness (ILI) continues to be slightly above the national baseline. For the week ending November 28th, widespread influenza activity was reported by 25 states (Alabama, Alaska, Arizona, California, Connecticut, Delaware, Florida, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Utah, Vermont and Virginia). Regional influenza activity was reported by 17 states (Arkansas, Georgia, Hawaii, Idaho, Illinois, Kansas, Louisiana, Mississippi, Missouri, Montana, North Dakota, Oklahoma, Oregon, South Carolina, Tennessee, Texas and Washington). Local influenza activity was reported by the District of Columbia, Puerto Rico, and six states (Iowa, Minnesota, Nebraska, South Dakota, West Virginia and Wisconsin) and sporadic influenza activity was reported by Guam, the U.S. Virgin Islands, and two states (Colorado and Wyoming). The complete report can be accessed by going to: <http://www.cdc.gov/flu/weekly/>.



Credit: CDC

2009 H1N1 Influenza: New



As of November 29, 2009, WHO reported at least 8,768 deaths in 207 countries due to 2009 H1N1. 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_12_04/en/index.html.



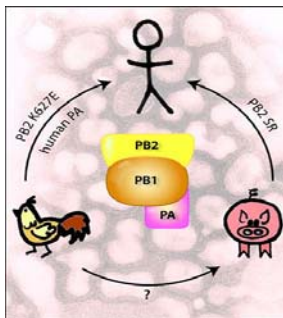
As of November 20, 2009, PAHO reported 5,360 deaths in 27 countries in the Americas. Except for Canada and the Caribbean, there is a decrease in laboratory documented 2009 H1N1 cases as well as influenza-like illness across the region. For the complete report, please visit:

http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=3806&Itemid=

- As of November 28, 2009, the CDC reported a decrease in newly laboratory documented 2009 H1N1 as well as influenza-like illnesses in all fifty-three states and territories. From August 30–November 28, 2009, 31,320 laboratory-confirmed influenza-associated hospitalizations and 1,336 laboratory-confirmed influenza-associated deaths were reported to CDC. For further updates, please visit: <http://www.cdc.gov/flu/weekly/index.htm>.



Since August 30, 2009, the Connecticut Department of Public Health has been reporting laboratory-confirmed cases of 2009 H1N1 identified by "wave" During the second wave (current) there have been 1731 reported cases, 383 hospitalizations and 14 deaths through December 1, 2009. For details, please visit: <http://www.ct.gov/cfluwatch/cwp/view.asp?a=2533&q=439218>.



The 2009 H1N1 influenza virus used a new strategy to cross from birds into humans, a warning that it has more than one trick up its sleeve to jump the species barrier and become virulent. In a report in the journal *Proceedings of the National Academy of Sciences*, University of California, Berkeley, researchers show that the H1N1 virus adopted a new mutation in one of its genes distinct from the mutations found in previous flu viruses, including those responsible for the Spanish influenza pandemic of 1918, the "Asian" flu pandemic in 1957 and the "Hong Kong" pandemic of 1968. For more information, please visit:

http://www.berkeley.edu/news/media/releases/2009/12/08_h1n1_flu_virus.shtml.

With the second wave of H1N1 infections having crested in the United States, leading epidemiologists are predicting that the pandemic could end up ranking as the mildest since modern medicine began documenting influenza outbreaks. Experts warn that the flu is notoriously unpredictable, but several recent analyses, including one released last Monday, indicate that the death toll is likely to be far lower than the number of fatalities caused by past pandemics. For more from the *Washington Post*, please visit:

http://www.washingtonpost.com/wp-dyn/content/article/2009/12/07/AR2009120703162.html?wprss=rss_nation.

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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 provided to assist your preparedness activities:

http://www.ynhhs.org/emergency/US_DHHS_web_sites.pdf.

Highlighted Resources:

A Comprehensive List of 2009 H1N1

Influenza Resources:

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

Region A (FEMA/DHHS Regions I & II) 2009 H1N1 Influenza Resources:

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

New England Public Health/Medical Emergency List Server (ESF-8):

http://list.nih.gov/archives/rgn_i_esf8-1.html.

OSHA Compliance Directive; Flu Prevention in Healthcare Workers:

http://www.osha.gov/OshDoc/Directive_pdf/CPL_02_02-075.pdf.

Best Practices for Protecting EMS Responders (Hazardous Materials):

<http://osha.gov/Publications/OSHA3370-protecting-EMS-respondersSM.pdf>

Avian Influenza: Updated



The WHO reports the cumulative number of confirmed human cases of avian influenza A (H5N1) as of November 27, 2009 to be 444 cases with 262 deaths resulting in a case

mortality rate of 60%. These figures represent the total avian influenza cases since 2003. To view the cumulative and individual country indexes, please visit:

http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_11_27/en/index.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.yalenehavenhealth.org/emergency

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

H1N1

The 2009 H1N1 flu has not peaked yet but seems to be waning in North America, signaling that the end of the pandemic may be on the horizon, the World Health Organization (WHO) said on Thursday. A third wave of infections may still be ahead, Keiji Fukuda, the WHO's top flu expert, said but added there was no sign of widespread resistance to Tamiflu, the main drug used to treat the H1N1 flu strain. "I think it's fair to say that we still haven't fully gotten through the pandemic and that it is possible that there

could be unexpected events which occur," Fukuda told a news conference. For more details from ABC News, please visit: <http://abcnews.go.com/Health/wireStory?id=9236206>.

- Restrictions limiting the H1N1 flu vaccine to high-risk groups could be lifted in many U.S. states now that production of the vaccine has increased, state health officials said. Illinois could open up vaccinations to the general public as soon as Friday, while Oregon plans to re-evaluate the progress of its vaccination program next week, representatives of those states' public health agencies said. Arizona also wants to open its vaccine stocks, but some of its large counties need more time to make sure high-risk populations are vaccinated, said interim Department of Health Services Director Will Humble. "I think all the states are thinking the same thing," Humble said. For the full story, which appeared on CNN, please visit: http://www.cnn.com/2009/HEALTH/12/07/swine.flu.vaccine/index.html?eref=rss_topstories&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+rss%2Fcnn_topstories+%28RSS%3A+Top+Stories%29.
- In a related story, when the 2009 H1N1 flu vaccine was most scarce, health officials gave thousands of doses to corporate clinics at Walt Disney World, Toyota, defense contractors, oil companies and cruise lines, according to a USA TODAY review of vaccine distribution data from 3 states. USA TODAY examined how state health departments distributed H1N1 vaccine after public outcry last month over Wall Street firms such as Goldman Sachs receiving doses while doctors and hospitals encountered shortages. The data show other companies got the vaccine in October and early November. In some cases, early doses went to people not deemed most at risk by the Centers for Disease Control and Prevention. The entire story, from USA TODAY can be found at: http://www.usatoday.com/news/health/2009-12-07-swine-flu-vaccine_N.htm?csp=34&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+usatoday-NewsTopStories+%28News+-+Top+Stories%29.



Credit: Mark Boster/Getty Images

A top Obama administration official, citing problems with the 2009 H1N1 flu vaccination campaign and other shortcomings in preparedness, announced plans Tuesday for a major review of the federal government's policies for developing public health defenses. Health and Human Services Secretary Kathleen Sebelius said she had ordered the review in part because the 2009 H1N1 flu vaccine shortage had highlighted the nation's dependence on antiquated technology. "Under the review I've announced today, we'll look for the fastest ways to move to new technologies that will let us quickly produce countermeasures that are more dependable and more robust," Sebelius said in prepared remarks to the American Medical Association's Third National

Congress on Health System Readiness in Washington. To read the story which appeared in the *Detroit News*, please visit:

<http://detnews.com/article/20091202/LIFESTYLE03/912020358/Fed-to-review-policy-after-vaccine-shortage>.



Credit: Edgar Hernandez from Mexico, first known H1N1 case

Despite the fact that 2009 H1N1 flu infections seem to be dropping, the number of children who died with the illness rose by about 30, according to a government report released Monday. Widespread infections of 2009 H1N1 flu were reported in 32 states as of Nov. 21, down from 43 states the week before, officials said. The CDC also said there were 27 new lab-confirmed 2009 H1N1 flu deaths in children under 18, bringing the total to about 200 children. That is the largest one-week tally for children since the pandemic started. The story, from MSNBC, can be found at: http://www.msnbc.msn.com/id/34208857/ns/health-cold_and_flu/.

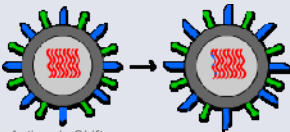
- Federal health officials last week issued caution about "a worrisome spike" in serious pneumococcal disease, as seen in surveillance centers such as in Denver, where in October levels nearly tripled those normally seen for that month. "The findings in Denver probably reflect findings that are occurring in other parts of the country where the surveillance hasn't been as intensive," said Anne Schuchat, MD, director of the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases. The story, which appeared in *HealthLeadersMedia*, can be found at: http://www.healthleadersmedia.com/content/242687/topic/W5_HLM2_QUA/CDC-Sees-Spike-in-Severe-Pneumococcal-Disease.html.

FDA Approves New Seasonal Influenza Vaccine: **New**



The U.S. Food and Drug Administration today approved Agriflu for people ages 18 years and older to prevent disease caused by influenza virus subtypes A and B. Agriflu, manufactured by Novartis Vaccines and Diagnostics in Siena, Italy, was approved using the FDA's accelerated approval pathway, which helps safe and effective medical products for serious or life-threatening diseases become available sooner. In this case, Novartis demonstrated that the vaccine induced levels of antibodies in the blood likely to be effective in preventing seasonal influenza. For the FDA announcement, please visit: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm192148.htm>.

New Explanation for Flu Virus Antigenic Drift: **New**



Antigenic Shift
Credit: ThinaQuest.org

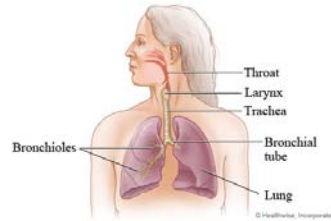
Influenza viruses evade infection-fighting antibodies by constantly changing the shape of their

major surface protein. This shape-shifting, called antigenic drift, is why influenza vaccines - which are designed to elicit antibodies matched to each year's circulating virus strains - must be reformulated annually. Now, researchers from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, have proposed a new explanation for the evolutionary forces that drive antigenic drift. The findings in mice, using a strain of seasonal influenza virus first isolated in 1934, also suggest that antigenic drift might be slowed by increasing the number of children vaccinated against influenza. The article, which was published by *ScienceDaily* can be found at: <http://www.sciencedaily.com/releases/2009/10/091029162024.htm>.

Preparedness: **New**

The U.S. Homeland Security Department plans to study the circulation of airborne contaminants through public transit networks next week by releasing harmless gases and dye tracers in Boston's subway system. The study, aimed at examining how smoke and airborne toxins move, is expected to assist in the development of future chemical-agent monitoring and to provide guidance for improving air-purification systems, evacuation plans and emergency-response protocols for transportation systems. The study will run through Dec. 11 in more than 20 belowground subway stations and trains overseen by the Massachusetts Bay Transportation Authority. The story, which appeared in *Global Security Newswire*, can be read at: http://www.globalsecuritynewswire.org/gsn/nw_20091203_8974.php.

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



Credit: Healthwise Inc.

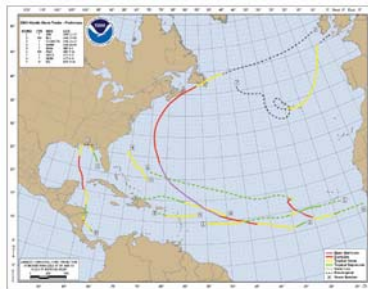
In a related issue, in fatal cases of 2009 H1N1 influenza, the virus can damage cells throughout the respiratory airway, much like the viruses that caused the 1918 and 1957 influenza pandemics, report researchers from the National Institutes of Health (NIH) and the New York City Office of Chief Medical Examiner. The scientists reviewed autopsy reports, hospital records and other clinical data from 34 people who died of 2009 H1N1 influenza infection between May 15 and July 9, 2009. All but two of the deaths occurred in New York City. A microscopic examination of tissues throughout the airways revealed that the virus caused damage primarily to the upper airway -- the trachea and bronchial tubes -- but tissue damage in the lower airway, including deep in the lungs, was present as well. Evidence of secondary bacterial infection was seen in more than half of the victims. The story, from *Science Daily*, can be found at:

http://www.sciencedaily.com/releases/2009/12/091207165031.htm?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+sciencedaily+%28ScienceDaily%3A+Latest+Science+News%29.

- The Office of the Chief Information Security Officer (OCISO) at the CDC, with the Cyber Security Incident Response Team (CSIRT) has received reports of fraudulent emails (phishing) referencing a CDC sponsored State Vaccination Program for the H1N1 "Swine Flu" contagion. CDC has **NOT** implemented a state vaccination program requiring registration on www.cdc.gov. Users that click on the embedded link in the email are at risk of having malicious code installed on their system. For an example of the fraudulent emails, please visit: http://www.cdc.gov/hoaxes_rumors.html.

Disasters Around the World: **New**

- 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. Southern California will be warmer and drier today with gusty offshore winds this morning. It should turn cooler over the weekend with rain likely late Sunday and Monday. The Southwest will be dry today except for light snow this morning over southeast New Mexico. Gustly winds are on tap for the weekend with rain and mountain snow anticipated for Monday and Tuesday. Rain is expected for much of the Southeast today and Saturday and again on Monday.. There are no uncontained large fires in the United States. Since January 2009, there have been 77,577 fires that destroyed 5,,906,238 acres of woodland. To review the current fire situation in your area, please visit: http://www.nifc.gov/fire_info/nfn.htm.



2009 Atlantic Storm Tracks
Credit: NOAA

The 2009 Atlantic hurricane season officially ended on November 30th marking the close of a season with the fewest named storms and hurricanes since 1997 thanks, in part, to El Niño. Nine named storms formed this year, including three hurricanes, two of which were major hurricanes at Category 3 strength or higher. These numbers fall within the ranges predicted in NOAA's mid-season outlook issued in August, which called for seven to 11 named storms, three to six hurricanes, and one to two major hurricanes. An average season has 11 named storms and six hurricanes, including two major hurricanes. For more information, please visit:

http://www.noanews.noaa.gov/stories2009/20091130_endhurricanesseason.html.

- The Joint Typhoon Warning Center is closely monitoring Tropical Cyclone Cleo (03s) a rapidly developing tropical weather system located 340NM SE of Diego Garcia in the southern Indian Ocean. The storm is moving WSW at 10 kts with maximum sustained winds of 95 kph. The Center is monitoring no other significant activity. Please visit <http://www.usno.navy.mil/JTWC>
- There have been two FEMA disaster declarations issued since on September 30, 2009. Federal disaster aid has been made available for Arkansas to supplement state and local recovery efforts in the area struck by severe storms, tornadoes and flooding beginning on October 29, 2009, and continuing Virginia was also declared eligible for disaster assistance due to severe storms and flooding associated with Tropical Depression Ida and a recent Nor'easter. For more information on these declarations, please visit: <http://www.fema.gov/news/event.fema?id=12108> (Arkansas) or <http://www.fema.gov/news/event.fema?id=12128> (Virginia). No Fire Management Assistance Declarations issued since October 4, 2009.

Pandemic Influenza Planning

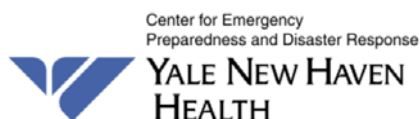


A pandemic influenza could result in an estimated 30-40% reduction in the workforce and significant absenteeism for up to 12 weeks, negatively affecting patient care and essential services. How will your organization manage the increased demand for services, staff, supplies and other

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** (Continued)



Las Vegas, Nevada

The Department of Homeland Security has canceled a Federal Emergency Management Agency training exercise that would have simulated the detonation of a nuclear device on the Las Vegas Strip. Sen. Harry Reid's office confirmed the cancellation of the exercise for first responders that had been scheduled for May 2010. Reid and several Southern Nevada tourism and business leaders acknowledged the importance of these training exercises and appreciate FEMA's recognition of Las Vegas as a high profile target but felt such an event might create unnecessary anxiety and harm efforts to boost tourism and investment in the city. The article, from the *Las Vegas Sun*, can be found at: <http://www.lasvegassun.com/news/2009/dec/03/homeland-security-cancels-strip-nuclear-response-t/>.



Department of Homeland Security (DHS) Secretary Janet Napolitano today announced the release of fiscal year 2010 grant application guidance kits for 13 DHS grant programs totaling more than \$ 2.7 billion—funds for state, local, tribal and territorial governments and private sector entities to strengthen our nation's ability to prevent, protect, respond to and recover from terrorist attacks, major disasters and other emergencies. "These grants play a major role in our efforts to work with our state, local, tribal and territorial and private sector partners to build a national culture of readiness and resilience," said Secretary Napolitano. "This year's guidance focuses on maximizing efficiency and value while prioritizing risk in awarding grants to strengthen our nation's security." The announcement, as reported by the *International Security Research and Intelligence Agency* can be found at: http://www.isria.com/pages/8_December_2009_147.php.

Meeting OSHA Directive CPL-02-02-075: **New**



The OSHA Compliance Directive of November 20, 2009 addresses Enforcement Procedures for High to Very High Occupational Exposure Risk to 2009 H1N1 Influenza. YNH-CEPDR can assist your organization in meeting the diverse requirements of this directive, OSHA Respiratory Protection Standards and CDC H1N1 guidance through:

- Review of existing policies and plan development
- Education and just-in-time training for N-95 use and fit testing
- Objective Evaluation Support

Please contact YNH-CEPDR at 203 688-3224 or email center@ynhh.org for information.

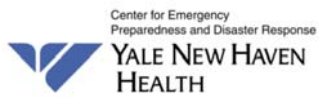
Preparing the HealthCare Workforce: **New**



During this current 2009 H1N1 outbreak, CDC guidance recommends the use of "fit-tested disposable N95 respirators 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 to 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.

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.yalenehavenhealth.org/emergency/index.html>.

Does your organization require assistance in the areas of patient safety, healthcare associated infections and improved customer service? **New**



The Yale New Haven Health System Center for Healthcare Solutions offers services and programs that will help you meet current healthcare standards, priorities and other challenges. Healthcare-focused services include education and training, assessments, planning and program implementation and testing and evaluation in the disciplines of patient safety, healthcare associated infections, emergency management and service excellence. For more information, please visit <http://www.ynhhs.org/healthcaresolutions/index.html>.

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.
- **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 waterpipe 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.

Education and Training Courses: Updated (Continued)

- **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
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 and 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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