

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

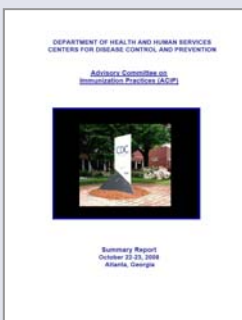
Seasonal Flu: Updated

For the week ending January 24th, CDC reported widespread influenza activity in two states (Virginia and New Jersey). Regional influenza activity was reported by 14 states (Arizona, Colorado, Connecticut, Indiana, Maine, Massachusetts, Montana, New Hampshire, New York, North Carolina, Pennsylvania, Rhode Island, Tennessee, and Texas).. Local influenza activity was reported by 12 states (Alabama, California, Florida, Hawaii, Illinois, Maryland, Michigan, Minnesota, Nevada, Oklahoma, South Carolina, and Vermont). Sporadic activity was reported in the District of Columbia, Puerto Rico, and 22 states (Alaska, Arkansas, Delaware, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, New Mexico, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, West Virginia, Wisconsin, and Wyoming)... The complete report can be accessed by going to: <http://www.cdc.gov/flu/weekly/>.



Anthrax Q & A:

Vaccination: New



The CDC has published an updated version of its fact sheet regarding vaccination for anthrax. It outlines public availability, who should be vaccinated, vaccination protocols and adverse reactions; To view this document, please visit: <http://emergency.cdc.gov/agent/anthrax/faq/vaccination.asp>.

Avian Influenza: New

The WHO reports the cumulative number of confirmed human cases of avian influenza A/ (H5N1) as of February 2, 2009 as 404 cases with 254 deaths resulting in a case mortality rate of 63%. To view the cumulative and individual country indexes, please visit:

http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_02_02/en/index.html.



Credit: AFP

Researchers in Japan reported on January 29th that they had developed an influenza vaccine that works against multiple viruses and could prevent a deadly pandemic of bird flu mutations. Currently flu vaccines use a protein covering the surface of viruses but the protein frequently mutates to make the vaccines ineffective. The newly developed vaccine is based on common types of protein inside the bodies of flu viruses as they rarely change, Uchida told AFP. The viruses used are the Soviet-A and Hong Kong-A along with the

deadly H5N1 strain of bird flu. For further information, please visit:

<http://www.google.com/hostednews/afp/article/ALeqM5iUQA0nBgPpZakGxJQ05bU2JCwA>

- The Center for Infectious Disease Research & Policy at the University of Minnesota has published a very comprehensive overview of avian influenza entitled "Avian Influenza (Bird Flu): Implications for Human Disease." The compilation covers a large list of topics such as surveillance, human transmission, viral characteristics, food safety and relationships to a potential pandemic event. To view this resource, please visit: http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/biofacts/avflu_human.html.
- The World Health Organization said on January 27 there was no evidence of an avian flu epidemic in China after a fifth person died of the disease this month, but urged caution over the Lunar New Year holiday. An 18-year-old man died from the H5N1 strain of the virus Monday, bringing to five the number of fatalities from the disease so far this year in China, compared to just three in the whole of 2008. The number of cases has sparked fears of an epidemic, particularly during this week's Lunar New Year, as hundreds of millions of families across China reunite around huge feasts that include poultry. China is considered one of the nations most at risk of bird flu epidemics because it has the world's biggest poultry population and many chickens in rural areas are kept close to humans. Source: Agence France-Presse – (International)



Credit: CDC

A study by researchers at West Virginia University demonstrated that the influenza virus is able to remain suspended in the air, thus enabling airborne transmission. This finding suggests the possible need for more stringent infection control measures to forestall spread of seasonal influenza. Infection control measures for human cases of H5N1 influenza that call for use of airborne precautions reflect this danger. While those precautions likely stem from the high pathogenicity of the virus rather than from any evidence of airborne spread, it is conceivable that this paradigm may need to be adopted as a matter of course to better protect patients and healthcare workers from contracting seasonal influenza virus in healthcare facilities. To read the entire study, please visit:

<http://www.journals.uchicago.edu/doi/abs/10.1086/596478>.

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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 are identified to assist your preparedness activities:
http://www.ynhhs.org/emergency/US_DHHS_web_sites.pdf

Highlighted Resources:

Guidelines for Field Triage of Injured Patients:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5801a1.htm?s_cid=rr5801a1_e

Campus Community Emergency Response Team (C-CERT): A Train-the Trainer program for American Colleges and Universities (New England Area, Danbury, CT): <http://www.c-cert.msu.edu>.

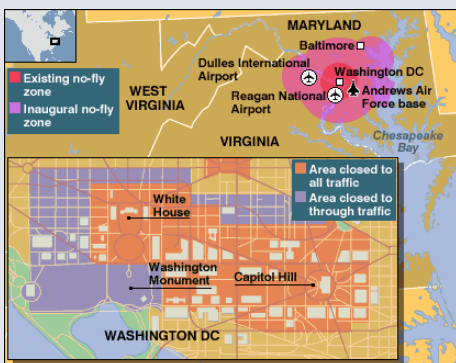
Extremist Threat Monitored during Obama Inauguration: **New**



Authorities monitored a rush of intelligence leads at the largest security operation in presidential inauguration history, including a possible threat from an East

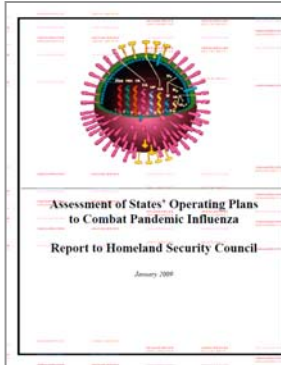
Africa radical Islamic group. Law-enforcement and intelligence officials received information that people associated with a Somalia-based group, al-Shabaab, might try to travel to the United States with plans to disrupt the inauguration, according to a joint FBI/Homeland Security bulletin issued prior to the event. The information had limited specificity and uncertain credibility. To read the news article, please visit:

http://www.philly.com/philly/news/politics/elections/20090121_Possible_threat_by_extremists_monitored.html.



Area showing where Washington was shut down for security

Avian Influenza: **New (Continued)**



A recent report from HHS reveals that states have made progress in stockpiling drugs and preparing to vaccinate people in case of a flu pandemic but lag far behind in plans for the ensuing months of disruption, the government said on Thursday. The report showed most state agencies responsible for maintaining food supplies during an emergency were ready, but transportation plans were not sufficiently developed. Moreover, all deficiencies have been worsened by the economic crisis. All states got good grades for getting ready to distribute antiviral drugs and vaccines. More difficulties turned up in preparing areas for surge capacity. The overwhelming majority of the deficiencies were noted in the private sector. To read the entire report, please visit:

http://pandemicflu.gov/plan/states/state_assessment.html.



HHS has awarded a contract worth almost \$500 million to Novartis to construct a plant that will produce cell-based vaccines in Holly Springs, North Carolina. Cell-based vaccine production could more easily meet surge capacity needs because cells could be frozen and stored in advance of an epidemic or developed rapidly in response to an epidemic. Cell-based vaccine production also dramatically reduces the possibility for contamination and promises to be more reliable, flexible and expandable than egg-based methods. The cost of construction will be shared by the company and the federal government. This plant will be used to supply the vaccine in case of a pandemic in the United States with a goal of producing 150 million doses of flu vaccine in six months if required. Manufacturing of seasonal flu vaccines can also be done at the facility. To read the post, please visit: <http://www.hhs.gov/news/press/2009pres/01/20090115b.html>.

America's 911 Systems in Crisis: **New**

Nationwide, EMS units have become tasked with far more duties than they have the resources and leadership to handle or ever intended to handle. This has given rise to a whole host of risks, including sleep-deprived EMS crews, long patient wait times, and an entire field of emergency workers who lack the training to deal with a large-scale catastrophe, either natural or manmade. Most state constitutions mandate such "essential services" as law enforcement and fire suppression, but make no provision for EMS. One reason for this is that their constitutions were written before EMS even existed. Due to the current economy, they are unlikely to take it on now. To read the article, originally published in *MensHealth*, please visit: <http://www.msnbc.msn.com/id/28368691/from/ET/>.

911 Alarm Transmission Standard Approved: **New**



In a similar vein, The Association of Public-Safety Communications Officials (APCO) announced Monday the approval of an American National Standard that enables alarm companies to transmit alerts to 911 centers automatically. Alarm companies typically place a phone call to 911 centers when an alarm sounds, but the new standard would send them automatically. An automated standard could eliminate 32 million calls nationally from the alarm companies to the 911 public safety answering points, erasing the two to three minutes of processing time that call-takers need for obtaining information from alarm company operators. For further information, please visit: <http://www.govtech.com/gt/articles/596636>.

National Disaster Housing Strategy: **New**



Credit: Georgia911.org

On January 16th, FEMA released its National Disaster Housing Strategy. This plan summarizes, in a single document, the many sheltering and housing capabilities, principles and policies that guide and inform the disaster housing process. It promotes a national housing effort that engages all levels of government, the nonprofit and private sectors, and individuals to collectively meet the urgent housing needs of disaster victims and enable individuals, households and communities to rebuild and restore their way of life when a disaster threatens or strikes. See the press release and links to the document at <http://www.fema.gov/news/newsrelease.fema?id=47305>.

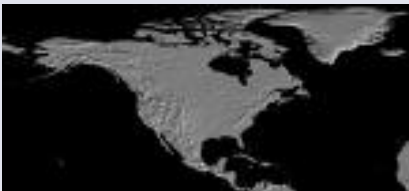
Radiation Protection for First Responders: **New**



Firefighters, police and others who are the first on the scene in terrorist events should be better protected thanks to work at Pacific Northwest National

Laboratory. The Department of Energy national lab in Richland, WA is the first to be accepted by the Department of Homeland Security to test and evaluate commercially available radiation detectors for a new program. The program is intended to help emergency response teams buy accurate and reliable radiation detectors. This includes testing the detectors in the chamber on the Hanford 300 Area nuclear reservation that once housed the High Temperature Lattice Test Reactor used to test nuclear fuel. Now the shielded area, with concrete walls up to 4 feet thick, makes an ideal place to use a neutron source to see how well instruments could detect a threat to emergency responders. To read the entire article, please visit: http://www.tricityherald.com/kennewick_pasco_richland/story/452369.html.

Upgraded Biometric Technology Facilitates Visitors' Entry to the United States: **New**



Credit: NOAA

On January 16th, The U.S. Department of Homeland Security (DHS) announced that upgraded biometric technology is in place at major U.S. ports of entry, and most international visitors should expect to use the new technology when they enter the United States. DHS's US-VISIT program began upgrading its biometric technology from a two- to a 10-fingerprint collection standard in 2007 to make the entry process faster and more accurate, enabling DHS officials to focus their attention on people who may pose a risk to the United States. To read the press release and access related materials, please visit: http://www.dhs.gov/xnews/releases/pr_1232056782879.shtm.

Preparedness: **New**

- A mock disaster drill that was the first of its kind to be conducted on such a large scale took place at the 167th Airlift Wing of the West Virginia Air National Guard. The scenario involved the need for a C-5 Galaxy aircraft to make an emergency landing at the 167th base when the crew and passengers fell ill with flu-like symptoms on a returning flight from Afghanistan. According to the drill, it is later determined through a series of tests that those on board have been exposed to anthrax from souvenirs such as rugs and other wool products brought home by the passengers aboard the aircraft. The drill was unique in that there had never been a scenario involving the presence of a weapon of mass destruction on a C-5, according to Guard representatives. To read the article, please visit: <http://www.journal-news.net/page/content.detail/id/514843.html>.



Credit: Don Emmert, AFP/Getty Images

The first federal evaluation of mass-transit security shows that more than 75% of the nation's major rail and bus systems are not meeting Homeland Security guidelines. By contrast, 96% of airlines are complying with security requirements, according to a new report by the department. The report does not identify which rail and bus systems fell short. The assessment comes as new Homeland Security Secretary Janet Napolitano says she plans to focus more on mass transit, possibly through "redeployment" of resources from other areas. To read the article, please visit: http://www.usatoday.com/news/washington/2009-01-28-transit_N.htm?POE=click-refer.



Cascade Mountain Range
Credit: Getty Images

A bizarre form of earthquake, which happens over the course of two to three weeks but makes barely a rumble, are lending important clues to the Cascadia subduction zone in the Pacific northwest, one of the most dangerous fault zones on Earth. Though the quakes release as much energy as a normal earthquake between magnitude 6.0 and 6.5, they produce almost no shaking. Activity in this zone is of concern because approximately every 500 years, the Cascadia megathrust fault unleashes a major earthquake in excess of magnitude 9.0. Geologic records tell of tsunamis similar in size to the 2004 Indian Ocean wave that killed a quarter million people. To read the *Discovery* article, please visit: <http://dsc.discovery.com/news/2009/02/02/slow-slip-quakes.html>



Near the New Madrid fault
(1912 photograph)

A previously unknown fault in eastern Arkansas could trigger a magnitude 7 earthquake with an epicenter near a major natural gas pipeline, a scientist said on January 22nd. The fault is separate from the New Madrid fault responsible for a series of quakes in 1811 to 1812 that caused the Mississippi River to flow backward, said the director of the Arkansas Earthquake Center at the University of Arkansas at Little Rock. Such a quake would affect Little Rock and neighboring states such as Tennessee and Mississippi, as well as a gas pipeline that crosses the newly discovered fault. To read the article from *National Geographic News*, please visit: <http://news.nationalgeographic.com/news/2009/01/090122-arkansas-ear-AP.html?source=rss>.



Rep. Hastings (Florida)
submitted "emergency centers" legislation

Legislation has been submitted in the House that would authorize \$360 million over a two-year period to identify and convert six closed military bases across the country into "national emergency centers," ready to provide housing, medical and humanitarian assistance to individuals who have been dislocated by a major disaster. The emergency centers would house citizens in times of crisis, provide training to first responders and provide locations to help coordinate the preparedness, response and recovery efforts of both public and private organizations. The bill prefers that the emergency centers be located on military installations that previously have been closed or realigned under the Defense Base Closure and Realignment Act of 1990. Ideally, the emergency centers will be distributed across the U.S., at locations that are near a transportation corridor, in a state with a high level of threats from disaster-related activities, and near a major metropolitan area. For further information, please visit: <http://www.gsnmagazine.com/cms/features/news-analysis/1438.html>.



Twin Peaks Reservoir in San Francisco
Credit: Kim Komenich/The Chronicle

The city of San Francisco must upgrade its emergency water system to avoid a disaster like the fire that devastated the city after the 1906 earthquake, according to a report released on January 22nd. Improvements to the system - a network of pipes and storage facilities are estimated to cost \$86.7 million to rehabilitate and replace facilities such as pump stations and tanks. An additional \$13.3 million is needed for pipeline improvements, and \$332 million more would be needed to expand the system to the west and south areas of town. A summary of the report is available at: <http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2009/01/23/MNGD15FFBN.DTL>.

CDC Warns of Program Cuts: **New**



The CDC cautioned that funding cuts could force the agency, and its state and local counterparts, to reduce programs designed to prepare the nation to respond to terrorist WMD attacks. The warning was issued in the first report from the CDC's

Coordinating Office for Terrorism Preparedness and Emergency Response, which reviewed progress made in fiscal 2007. "The new report cited progress in establishing national drug and vaccine stockpiles, multiplying the number of laboratories capable of testing for potential bioterrorism materials, improving disease surveillance capabilities and creating information sharing systems. This progress, however, is threatened by prospects of reduced funding. To read the report, please visit: <http://www.bt.cdc.gov/publications/jan09phprep/>.

Protecting the Health care Workforce

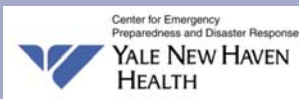


Ensuring that all of your staff know how to protect themselves during a disaster

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 health care 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.

Questions, Comments, Suggestions or to Subscribe

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



Preparedness: **New** (Continued)



According to the National Intelligence Council report *Strategic Implications of Global Health*, a number of infectious and non-infectious health conditions shape the world we live in—and by extension can affect US interests. Infectious diseases for the foreseeable future, however, will remain the top health-related threat to US national security. Issues such as infectious disease outbreaks from diseases originating overseas (such as SARS and HIV), impact on military operations, the effects on the socioeconomic status of developing

countries, diplomatic incidents related to travel embargoes and an increased possibility of biowarfare agents being used at home and abroad are discussed. To read the entire report, please visit: http://www.dni.gov/nic/PDF_GIF_otherprod/ICA_Global_Health_2008.pdf.

Disasters around the World: **New**



Credit: Reuters/Stringer

In one of Kenya's worst accidents of recent times, at least 115 people died when a crowd scrambling for free fuel crowded round a tanker that crashed near central Molo town Saturday. A cigarette set off the blaze, which engulfed the crowd, also leaving nearly 200 people injured and 100 missing. In Nairobi, a supermarket burnt down Wednesday, but it was only days later that the scale of the disaster became clear, with 29 corpses pulled out of the ruins. To read the story of this continuing tragedy, please visit: <http://uk.reuters.com/article/email/idUKTRE50U27S20090202>.

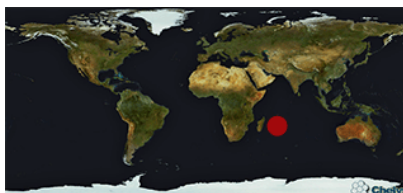
- Japan's Mount Asama volcano has erupted, spewing smoke almost 1.3 miles into the air and causing ash to drift over parts of the capital, Tokyo. There are no reports of injuries or damage in the sparsely populated area around the 8,425 ft mountain, northwest of Tokyo. Chunks of rock from the explosion were found about 1km from the volcano but no lava flows have been noted. For further information, please visit: <http://news.bbc.co.uk/2/hi/asia-pacific/7864266.stm>.



Mount Redoubt
Credit: Chris Waythomas

Mount Redoubt, a volcano 100 miles southwest of Anchorage, has seen significant activity over the past week prompting geologists to warn that an eruption may be imminent. Scientists from the Alaska Volcano Observatory have been monitoring activity round-the-clock since the weekend. The observatory reports that: "Seismicity remains above background and largely unchanged with several volcanic earthquakes occurring every hour. "The last time the 10,197-foot peak blew was during a five-month period starting in December 1989 disrupting international air traffic and leaving a layer of volcanic dust throughout the Anchorage area. For the most current information on this volcano, please visit:

<http://www.avo.alaska.edu/activity/Redoubt.php>. Anchorage was also shaken on February 2nd with a magnitude 5.7 earthquake but no associated tsunamis.



Tropical Cyclone 13S/Gael (red dot)
Credit: Earth Snapshot

Tropical Cyclone 13S (Gael) formed in the southern Indian Ocean on February 2nd and is located approximately 580 nautical miles east-northeast of La Reunion, tracking west-southwestward. Further strengthening is predicted within the next 36 hours. For further information, please visit:

<http://metocph.nmci.navy.mil/jtwc.php>. FEMA has declared several areas in the United States as disaster areas, eligible for assistance in

recovery. Missouri, Kentucky and Arkansas were declared as disaster areas due the recent severe winter storms/ice storms affecting these areas and Washington, due to severe winter storms, landslides, mudslides and flooding... For further information and instructions for applying, please visit:

- <http://www.fema.gov/news/event.fema?id=11068> (Missouri),
- <http://www.fema.gov/news/event.fema?id=11049> (Kentucky)
- <http://www.fema.gov/news/event.fema?id=11048> (Tennessee)
- <http://www.fema.gov/news/event.fema?id=11069> (Washington).

Positions Available at YNH-CEPDR

YNH-CEPDR has an opening for a Drills and Exercise Specialist and a Program Coordinator for National Projects. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.ynhscareers.org/>.

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.

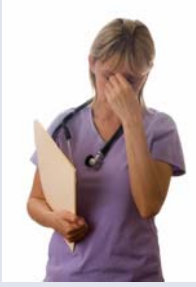
- **EM 108: Emergency Preparedness for Health care with NIMS (New)** Hospitals and many health care organizations are still required to implement the National Incident Management System (NIMS) education and training for appropriate personnel. YNH-CEPDR has developed Emergency Preparedness for Health care Professionals 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 or 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 Health care with NIMS (New)** This course is designed to help health care 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 Health care 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 non-NIMS offerings that address important issues in health care preparedness. Such as Special Populations, Protection of the Health care Workforce and compliance with Joint Commission/CMS regulations. These courses may also 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 Health care – 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 Health care 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.
- **EM 220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level** Information topics include preparation for health care 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 health care 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)** 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.

Pandemic Influenza Planning: **New**

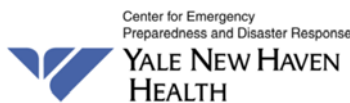


A pandemic influenza could result in an estimated 30-40% reduction of workforce and significant absenteeism for up to 12 weeks, negatively affecting patient care and essential services. How will your organization manage the increased demand for services, staff, supplies and other critical resources?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

Programs and Services



YNH-CEPDR is committed to developing and delivering effective and scalable 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 , or visit our web site at <http://www.yalenewhavenhealth.org/emergency/index.html>.

UPCOMING
Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
2.11.09 to 2.14.09	See Web Site	Preventive Medicine, 2009 <i>Sponsored by The American College of Preventive Medicine</i>	Hyatt Regency Century Plaza 2025 Avenue of the Stars Los Angeles, CA 90067 Please register at https://www.registrationfactory.com/v3/default.cfm?EventUUID=60C377B2
2.18.09 to 2.20.09	See Web Site	Public Health Preparedness Summit, 2009 <i>Sponsored by The National Association of County and City Health Officials</i>	Sheraton San Diego Hotel & Marina 1380 Harbor Island Drive San Diego, CA 92101 Please register at http://www.phprep.org/2009/register/
3.1.09 to 3.4.09	See Web Site	2009 FAH Public Policy Conference and Business Exposition <i>Sponsored by the Federation of American Hospitals</i>	Marriott Wardman Park Hotel 2660 Woodley Road, N.W. Washington, D.C. 20008 Please register at http://www.fah.org/fahCMS/Documents/Annual%20Meeting/FAH%20Annual%20Conference%20and%20Expo/09_FAH_Conf_Promo3.pdf
3.4.09	8:00 am-5:00pm	Basic Disaster Life Support (BDLS) <i>Sponsored by Baystate Health Continuing Education</i>	Baystate Health Continuing Education 361 Whitney Ave, Holyoke, MA Please register at www.baystatehealth.com/learn
3.5.09 to 3.6.09	8:00 am-5:00pm	Advanced Disaster Life Support (ADLS) <i>Sponsored by Baystate Health Continuing Education</i>	Baystate Health Continuing Education 361 Whitney Ave, Holyoke, MA Please register at www.baystatehealth.com/learn

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