

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 February 27th, CDC reported widespread influenza activity in 27 states (Alabama, Arizona, Colorado, Connecticut, Delaware, Florida, Georgia, Indiana, Iowa, Maine, Maryland, Massachusetts, Mississippi, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, and Virginia).. Regional influenza activity was reported by 17 states (Alaska, California, Hawaii, Idaho, Kansas, Kentucky, Michigan, Minnesota, Montana, Nebraska, North Dakota, Oregon, South Dakota, Washington, West Virginia, Wisconsin, and Wyoming). Local influenza activity was reported by the District of Columbia and six states (Arkansas, Illinois, Louisiana, Missouri, Oklahoma, and Utah). Sporadic activity was reported by Puerto Rico. The complete report can be accessed by going to: <http://www.cdc.gov/flu/weekly/>.



Credit: CDC

Quadrivalent flu vaccine discussed: New



Since 2000, two influenza B lineages — Victoria and Yamagata — have been co-circulating worldwide, prompting health care officials to consider developing a quadrivalent influenza vaccine that would extend protection against both. The quadrivalent vaccine has little to offer for adults and those over 65 years of age so the primary use of such a vaccine would likely be in the pediatric patient. Questions remain such as how to implement such a vaccine, and the actual public health contribution additional influenza B coverage would make. To read the remainder of the discussion, please visit: <http://www.infectiousdiseaseneews.com/article/37259.aspx>.

Avian Influenza: New

The WHO reports the cumulative number of confirmed human cases of avian influenza A/ (H5N1) as of March 2, 2009 as 409 cases with 256 deaths resulting in a case mortality rate of 63%. To view the cumulative and individual country indexes, please visit:

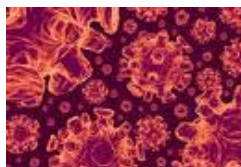
http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_03_02/en/index.html.



Scientists from the University of Pittsburgh and the Centers for Disease Control and Prevention have developed a vaccine that appears to protect against the 1918 "Spanish" influenza virus. Using a mammalian expression system they created a virus-like particle (VLP) that mimics the 1918 influenza virus, prompting the immune system to develop protective antibodies. When encountered by an immune cell, a VLP looks like a real virus particle, because it is coated in viral protein (the antigen). However, because a VLP lacks DNA or RNA, it is not infectious. For additional information on this topic, please visit:

<http://www.sciencedaily.com/releases/2009/02/090224154900.htm>.

- A study from the World Health Organization (WHO) and International Federation of Pharmaceutical Manufacturers and Associations (IFPMA). found that despite increasing capacity to make avian flu vaccines by 300 percent in the past two years, four years, will still be needed to meet global demand in the event of a pandemic. Effective coverage through mass immunization is based on two doses per person for a global population of 6.7 billion. It also said doses of vaccine tailored to the actual strain of pandemic influenza that emerges would not be available until four months after that strain is identified. For further details on this important study, please visit: <http://uk.reuters.com/article/email/idUKLO69365620090224>.



Credit:ExamHealth

Scientists in Hong Kong and the United States have developed an experimental H5N1 avian flu vaccine for people by piggybacking it on the well-tested and highly successful smallpox vaccine. A member of the study team noted that the vaccine produced "a lot of (H5N1) antibodies" and the speed of antibody response was far higher with this strategy than the Sanofi-Aventis H5N1 avian flu vaccine for humans, which has been approved for use in the United States. The vaccine uses a Vietnam strain of the H5N1 virus and appeared to be broadly protective. For further information on development of this vaccine, please visit:

<http://www.msnbc.msn.com/id/29466474/>.

- Experts in public health urged world governments to diversify their stockpiles of drugs and called for more new medicines to fight what could be the world's next flu pandemic caused by the H5N1 avian flu virus. Many advanced countries have been stocking up on oseltamivir and zanamivir, two varieties of antiviral medication that stop the H5N1 virus from multiplying. Oseltamivir has proven to be largely useless in fighting the H1N1 seasonal human influenza virus and experts are questioning how well, and how long, the drug would stand up against the H5N1 virus, should it unleash a pandemic. The resistance of the H1N1 virus to oseltamivir is as high as 98% worldwide. For further information, please visit: <http://www.reuters.com/article/email/idUSTRE51Q1V120090227>.

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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>.
(**registration deadline is March 8, 2009**)

Bush Meat, an African Delicacy, Facing NY Crackdown: **New**



Credit: The Humane Society

U.S. health officials say a steady flow of bush meat is brought illegally into the United States, largely by West and Central

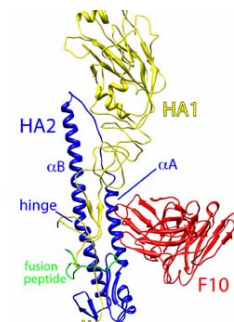
African immigrants. Officials say the imports are a serious public health hazard. Bush meat, which includes chimpanzee, gorilla, antelope, birds and rodents, is a staple of some African diets and even a small amount of tainted bush meat could lead to an outbreak of Ebola, monkey pox or other infectious diseases. "It just takes one piece of meat that's infected with Ebola virus for us to have a major disaster on our hands. It spreads very rapidly. "It is very difficult to contain and control" said Pascal Imperato, a former New York City Health Commissioner and the former director of an immunization drive in West Africa. To learn more about this issue and plans to regulate it, please visit:

<http://www.reuters.com/article/email/idUSTRE51L1A720090222>.

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

Avian Influenza: **New (Continued)**



Credit: William Hwang and Jianhu Su, Dana-Farber Cancer Institute:

Scientists from the National Institute of Allergy and Infectious Diseases (NIAID) have identified a small family of lab-created proteins that neutralize a broad range of influenza A viruses, including the H5N1 avian virus, the 1918 pandemic influenza virus and seasonal H1N1 flu viruses. These human monoclonal antibodies, identical infection-fighting proteins derived from the same cell lineage, also were found to protect mice from illness caused by H5N1 and other influenza A viruses. The advantage of this method stems from the fact that large amounts of monoclonal antibodies can be made relatively quickly. These influenza-specific monoclonal antibodies potentially could be used in combination with antiviral drugs to prevent or treat the flu during an influenza outbreak or pandemic. For more information on these exciting findings, please visit:

http://www3.niaid.nih.gov/news/newsreleases/2009/flu_mab.htm.



Managing the effects of a pandemic requires effective leadership from state officials, according to a report from the National Governors Association (NGA). The NGA, which is the lobbying group and policy-development organization of the U.S. governors', said that governors and state workforces are on the "front line of defense" for ensuring that the critical

day-to-day operations of a state continue during a pandemic outbreak. The association issued a best-practices report with planning recommendations for a pandemic and effective strategies to prevent widespread problems in the event of an outbreak. The report, the culmination of a series of pandemic-preparedness workshops, calls on state leaders to create pandemic steering committees, assess which personnel are essential for state operations during an emergency, and develop partnerships with labor unions and the private sector to collaborate on pandemic planning, among other recommendations. Additional details can be read by visiting:

http://www.upi.com/Emerging_Threats/2009/02/20/State_government_critical_during_pandemic/UPI-88801235145580/.

- Funds for pandemic influenza preparedness were removed from a massive economic stimulus bill that appears headed for the President's signature. Public health advocates say they have to look to the regular budgeting process for the next chance to get some pandemic funding. The House of Representatives had included \$900 million in pandemic preparedness funds in its version of the massive stimulus package, but it appeared that the conference committee that ironed out differences between the House and Senate versions removed all but \$50 million. The \$50 million left in the bill, listed as a Public Health and Social Services Emergency Fund, is for improving information technology security at the Department of Health and Human Services (HHS). The sums removed included \$420 million for pandemic flu and \$430 million for biomedical advanced research and development. It is anticipated that most if not all of the removed funding will be restored in the FY 2010 federal budget. To read the entire summary from the University of Minnesota, please visit: <http://www.cidrap.umn.edu/cidrap/content/influenza/biz-plan/news/feb1309funding.html>.

Research In Flu Transmission: **New**

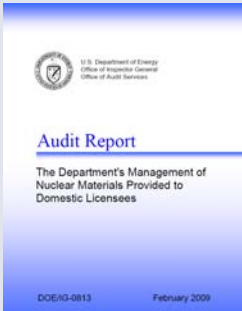


Researchers at Rhode Island Hospital have completed a study to better understand the impact of infection control measures for influenza, which would also benefit pandemic flu planning. Their study focused on the likelihood of the transmission of flu from individuals who are infected but have not yet exhibited symptoms. The researchers call on the scientific community to better understand the transmission of influenza in order to provide guidelines for effective planning. Their findings are published in the March-April 2009 edition of **Public Health Reports** and note that public health measures for controlling outbreaks involve isolation of symptomatic individuals and the quarantine of individuals with whom they have had contact. This intervention is dependent upon early identification of symptoms, and the success of the intervention can be limited by transmission that occurs prior to symptom onset and transmission from asymptomatic

infection. For further information on the results of this study, Please visit:

<http://www.sciencedaily.com/releases/2009/02/090218114322.htm>.

Inspector General: The Department of Energy Cannot Account for Nuclear Materials at 15 Locations: **New**



A report from the Department of Energy's Inspector General said a number of institutions with licenses to hold nuclear material reported to the Energy Department in 2004 that the amount of material they held was less than agency records

indicated. and rather than investigating the discrepancies, Energy officials wrote off significant quantities of nuclear material from the department's inventory records. Inspector General Gregory Friedman concluded that "the department cannot properly account for and effectively manage its nuclear materials maintained by domestic licensees and may be unable to detect lost or stolen material." The missing materials included 20,580 grams of enriched uranium, 45 grams of plutonium, 5,001 kilograms of normal uranium and 189,139 kilograms of depleted uranium. For a summary of then findings as well as access to the entire report, please visit:

<http://www.govexec.com/dailyfed/0209/02309kp1.htm>.

Feds May Tighten Small Airport Security: **New**



The Transportation Security Administration wants to extend to large private aircraft many of the rules it now puts on commercial aviation. The TSA plans would require flight crews of any aircraft 12, 500 pounds or larger to undergo background checks, passenger names be screened against the terrorist watch list, and would ban some 80,000 items on private planes. This means some companies could not carry the products they make. Business groups are fighting the plans saying they would be too costly -- all at a time they simply cannot afford it. They also say the rules are unnecessary. Most of their business jets -- they insist -- are not targets for terrorists. To read more about this issue, please visit:

http://www.myfoxatlanta.com/dpp/news/Feds_May_Tighten_Small_Airport_Security_0210_09.

Preparedness: **New**

At a speech to the Council on Foreign Relations in Washington, FBI Director Robert S. Mueller III warned that extremists "with large agendas and little money can use rudimentary weapons" to sow terror, raising the specter that recent attacks in Mumbai that killed 170 people last year could embolden terrorists seeking to attack U.S. cities. Mueller said that the bureau is expanding its focus beyond al-Qaeda and into splinter groups, radicals who try to enter the country through the visa waiver program and "home-grown terrorists. To read the entire Washington Post article, please visit:

http://www.washingtonpost.com/wp-dyn/content/article/2009/02/23/AR2009022301850.html?wprss=rss_nation.

- Emergency responders from Jefferson and nine other counties in Arkansas will participate in an annual, federally evaluated exercise to prepare them in case of a chemical emergency at the Pine Bluff Arsenal. The Chemical Stockpile Emergency Preparedness Program was given an emergency scenario at the arsenal, Six hospitals, fire departments, local law enforcement and volunteers throughout the counties will help to set up decontamination tents, reception centers and shelters. In Jefferson County alone, several hundred were expected to participate, including the arsenal's Pine Bluff Chemical Activity, the Pine Bluff Chemical Disposal Facility, Arkansas Department of Emergency Management, Federal Emergency Management Agency and the Arkansas Department of Health. To read about the drill, please visit: <http://www.pbcommercial.com/articles/2009/02/22/news/news2.txt>.



A new webpage from CDC provides all-hazards resources intended for individuals at healthcare facilities tasked with ensuring that their facility is as prepared as possible for an emergency. The healthcare facilities targeted by this page include hospitals, long-term acute and chronic care facilities, outpatient clinics and urgent care facilities, physicians' offices, and pediatric offices and hospitals. The site offers a variety of toolkits, preparedness guidance, training and worker preparedness sections. To access this comprehensive resource, please visit: <http://emergency.cdc.gov/healthcare/>.



The U.S. Nuclear Regulatory Commission (NRC) has issued a final rule that requires applicants for new power reactors to assess the ability of their reactor designs to avoid or mitigate the effects of a large commercial aircraft impact. This issue was raised by the tragic events of Sept. 11, 2001. Nuclear power plants are designed under very stringent requirements to assure they can safely shut down following "design-basis events" such as large fires, floods, earthquakes and hurricanes, as well as improbable equipment malfunctions including

pipe breaks. These requirements include having two redundant systems to accomplish each safety function. The rule treats large commercial aircraft crashes as beyond-design-basis events. To read the full text of the NRC decision, please visit: <http://www.nrc.gov/reading-rm/doc-collections/news/2009/09-030.html>.

- Recognizing the importance of greater detail in supporting planning functions, as well as the generation of estimates that are applicable to a broader emergency planning audience, a scalable tool to aid planners of medical surge capacity was designed by the Johns Hopkins Office of Critical Event Preparedness and Response and the National Center for the Study of Catastrophic Preparedness and Response. The Electronic Mass Casualty Assessment and Planning Scenarios (EMCAPS) tool was designed to be intuitive and readily usable, requiring almost no instruction for successful implementation. The EMCAPS program allows the user to manipulate key scenario-based input variables that would best reflect the region or locale of interest. Inputs include population density, vulnerabilities, event size, and potency, as applicable. Using these inputs, EMCAPS generates the anticipated population-based health surge influence of the hazard scenario. Casualty estimates are stratified by injury severity/types where appropriate. Outputs are graph and table tabulations of surge estimates. The data can then be used to assess and tailor response capabilities for specific jurisdictions, organizations, and health care systems. EMCAPS may be downloaded without cost from <http://www.hopkins-cepar.org/EMCAPS/EMCAPS.html> as shareware.



CDC's Cool Tip of the Week: Did you know that alcoholic or caffeinated beverages cause your body to lose heat more rapidly? To help maintain your body temperature in cold weather, drink warm, sweet beverages and broth, and eat a well-balanced diet. For further information on winter/cold weather safety, please visit: <http://emergency.cdc.gov/disasters/winter/duringstorm/>.

“ (Extremists) with large agendas and little money can use rudimentary weapons.. ”

Pandemic Influenza

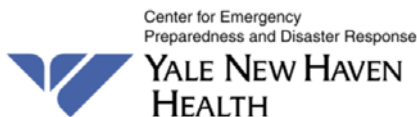
Planning: **New**



A pandemic influenza could result in an estimated 30-40% reduction of workforce and significant absenteeism for up to 12 weeks, negatively impacting 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.



Preparedness: **New** (Continued)

- Department of Homeland Security Secretary Janet Napolitano is re-evaluating the largest federal program for testing the country's ability to respond to terrorist attacks, one of several Bush administration initiatives she has ordered to come under review. As governor of Arizona, Ms. Napolitano complained that a \$25 million national exercise in October 2007, which she and 23,000 other federal, state and local emergency workers participated in, was too expensive, too long in planning and "too removed from a real-world scenario." Secretary Napolitano has ordered a review of that program and several others, including cyber security, a strategy for protecting the border with Canada, and the vulnerability of power plants and other critical infrastructure. To read the article in the *New York Times*, please visit: http://www.nytimes.com/2009/02/17/us/politics/17terror.html?_r=1&emc=eta1.



U.S. Senators Robert Casey (D-Penn.) and Richard Burr (R-N.C.) have established a bipartisan caucus to address the threats of chemical, biological, radiological and nuclear terrorism. The Senate Caucus on WMD Terrorism plans to hold regular meetings with "leading experts in the field on proposed policy responses to prevent, prepare for, mitigate and respond to acts of WMD terrorism," according to a statement. The group's members include Casey, Burr, Evan Bayh (D-I.N.), Saxby Chambliss (R-GA), Russ Feingold (D-Wisc.), James Inhofe (R-OK), Joseph Lieberman (I-CT) and Johnny Isakson (R-GA.), according to the statement from Casey. For further information, please visit: http://gsn.nti.org/gsn/nw_20090213_9829.php.



The first known case of Marburg hemorrhagic fever in the United States was treated at Lutheran Medical Center in Denver in January 2008 and confirmed by the CDC in December, 2008. The disease, which is caused by a virus indigenous to Africa, is transmitted by contact with infected animals or the bodily fluids of infected humans. The patient, who was not identified, had apparently contracted the virus when he visited Uganda where he came into contact with fruit bats, which are capable of harboring the Marburg virus. Marburg has also been classified as a potential bio-weapon by the American Medical Association Working Group on Civilian Biodefense. To read about the Denver incident, please visit <http://rockymountainnews.com/news/2009/feb/06/rare-marburg-hemorrhagic-fever-shows-denver/>. To read the AMA Consensus Statement *Hemorrhagic Fever Viruses as Biological Weapons*, please visit: <http://jama.ama-assn.org/cgi/content/full/287/18/2391>.

CIA Adds Economy To Threat Updates: **New**



Leon Panetta, CIA Director
Credit: AP Photo/Susan Walsh

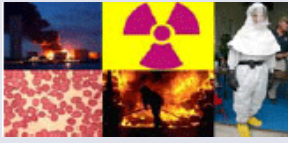
The first Economic Intelligence Briefing report was presented to the White House yesterday by the CIA, the agency's new director, Leon Panetta, revealed at a news conference. The addition of economic news to the daily roundup of terrorist attacks and surveillance reports appears to reflect a growing belief among intelligence officials that the economic meltdown is now preeminent among security threats facing the United States. The agency is following worrisome trends in many corners of the globe, from East Asia to Latin America. In private meetings yesterday, Latin American intelligence officials warned their U.S. counterparts of a crisis spreading throughout the hemisphere, particularly in Argentina, Ecuador and Venezuela, Panetta said. To read the article from the *Washington Post*, please visit:

http://www.washingtonpost.com/wp-dyn/content/article/2009/02/25/AR2009022503389.html?wprss=rss_nation.

National Mass Patient and Evacuee Movement, Regulating, and Tracking System: **New**

The Agency for Healthcare Research and Quality (AHRQ) developed recommendations for a National Mass Patient and Evacuee Movement, Regulating, and Tracking System (National System) that could be used **during** a mass casualty or evacuation incident for the purposes of locating, tracking, and regulating¹ patients and evacuees, as well as provide decision support to persons and organizations with responsibility for patient and evacuee movement and care, health care and transportation resource allocation, and incident management. A web-based Mass Evacuation Transportation Planning Model for use **before** a mass casualty/evacuation incident was also developed to estimate the transportation resources needed to evacuate patients and evacuees from health care facilities and other locations. For a full copy of the report including an executive summary, please visit: <http://www.ahrq.gov/prep/natlsystem/>.

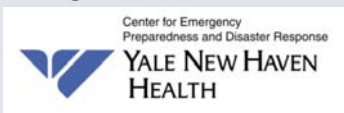
Protecting the Health care Workforce



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

Programs and Services



YNH-CEPDR is committed to developing and delivering effective and scaleable services that advance health care planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other health care delivery organizations, emergency management professionals, the business community and others.

- **ASSESSMENTS:** Hazard Vulnerability Analysis, Business Impact Analysis and Gap Analysis
- **PLANNING:** Emergency management plans, emergency operations plans and business continuity plans
- **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- **DRILLS and EXERCISES:** Design, development, facilitation and evaluation

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

Disasters around the World: **New**



California drought emergency
Credit: REUTERS/
Mario Anzuoni

California Governor Arnold Schwarzenegger declared a state emergency due to drought and is considering mandatory water rationing in the face of nearly \$3 billion in economic losses from below-normal rainfall this year. Schwarzenegger has called on cities to cut back water use or face the first-ever mandatory state restrictions as soon as the end of the month. California produces more than half the nation's fruits, vegetables and nuts, and there are reports that the main federal source of irrigation water will go dry this year and the top state water project will not fulfill more than 15 percent of requested water. For additional information, please visit: <http://www.reuters.com/article/email/idUSTRE51Q5XC20090228>.

- More than 314,000 homes and businesses were without power from Georgia to Virginia after a snow and ice storm pummeled the region overnight, local power companies said early on March 2nd. In the Carolinas, Duke Energy Corp. reported more than 152,000 customers were without service. That was down from over 166,000 out earlier on March 2nd. In Virginia, where snow was still falling, Dominion Resources Inc. said the storm left more than 106,000 customers in the dark by the morning of March 2nd. For further information, please visit:

<http://www.reuters.com/article/domesticNews/idUSTRE52148W20090302?feedType=RSS&feedName=domesticNews>.



Severe storms
Credit: Curtis Compton/
Atlanta Journal Constitution

One person died and at least 16 were injured when severe thunderstorms swept Georgia and Alabama on February 18th with tornadoes, hail and lightning. The storms might just be a prelude to the upcoming tornado season. In March, 2007, more than 20 tornadoes struck the state causing millions of dollars in damage, some of which still remains unrepaired. To read about the recent storms, please visit:

<http://www.msnbc.msn.com/id/29278143/from/ET/>.



Credit: [Agencies]

Officials were calling off the search for those still missing after a small ferry carrying about 60 people capsized on a river in southern Bangladesh early on February 19th, killing at least 17 people. The 60-foot-long ferry was rammed by a sand-laden trawler, towed to shore and searched for bodies. Ferry accidents are common in Bangladesh, a poor delta nation of 150 million people and are often caused by overcrowding, poor boat maintenance, faulty navigation and safety rules that are not enforced. In July 2003, at least 500 people were killed when a triple-decker ferry sank in the Meghna River in southern Bangladesh. For more information on this accident, please visit: http://www.chinadaily.net/world/2009-02/19/content_7494322.htm.



Turkish airlines crash
Credit: United
Photos/Ioussanint Kluiters/EPA

A Turkish Airlines plane with 134 passengers and crew aboard crashed short of the runway in light fog while trying to land at Amsterdam's Schiphol airport on Wednesday, killing nine people and injuring dozens. Officials reported 84 people were taken to hospitals, including 25 who were severely injured. The crash was the worst at Schiphol since an El Al cargo plane crashed into high-rise apartment blocks in 1992, killing 43 people, 39 of them on the ground. To read about this event, please visit: <http://www.airdisaster.com/news/article.php?id=46>.

- There is no significant tropical activity in the Northwest, Eastern or Central Pacific areas, the Indian Ocean or in the Southern Hemisphere/Western/South Pacific Area.



FEMA has declared several areas in the United States as disaster areas, eligible for assistance in recovery. Illinois was declared a disaster area due the recent severe winter storms along with Oregon and Washington, which were also declared disaster areas due to record snowfall, landslides and mudslides. Texas was additionally declared a disaster area due to a series of wildfires in the Clyde, Wilderness Ridge and Rhodes Ranch areas. For further information and instructions for

applying, please visit: <http://www.fema.gov/news/event.fema?id=11148>,

<http://www.fema.gov/news/event.fema?id=11188> and

<http://www.fema.gov/news/event.fema?id=11168> (Texas),

<http://www.fema.gov/news/event.fema?id=11191> (Illinois),

<http://www.fema.gov/news/event.fema?id=11189> (Oregon)

<http://www.fema.gov/news/event.fema?id=11190> (Washington)

Education and Training Courses: Updated



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

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

YNH-CEPDR also offers a number of non-NIMS offerings that address important issues in healthcare preparedness, such as Special Populations, Protection of the Healthcare 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 Healthcare – At Work and At Home (New)** Emergency preparedness is the responsibility of every healthcare 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 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 121: N95 Respirator and Personal Protective Equipment (PPE) Training for Healthcare Workers.** Information topics include reasons for respirator and personal protective equipment (PPE) use; proper methods for inspecting, donning and doffing a respirator and PPE; the effective use of a respirator and PPE; and common errors made in respirator and PPE use.
- **EM 122: N95 Respirator Fit Tester Training.** Information topics include identifying the need to conduct the N95 respirator fit test; conducting a fit test for N95 respirator use; and performing proper inspection and disposal of respirators.
- **EM 210: Advanced Radiological Emergency Preparedness for Clinicians (New)** This course is designed for clinicians with an interest in understanding radiation concepts, the medical effects of radiation on biological systems, radiation countermeasures and essential elements for dealing with radiological and nuclear emergencies in the 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)** 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.

UPCOMING

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
3.10.09 To 3.12.09	8:00 am-5:00pm	Transit Terrorist Tools and Tactics (T4) <i>Sponsored by the Connecticut Department of Emergency Management and Homeland Security</i>	New Haven Regional Fire Training Academy 230 Ella Grasso Blvd New Haven, CT Please register at http://www.ct.gov/demhs/iCal/eventDetail.page.asp?date_ID=CCC6CDC9CB83CDC9CB
3.11.09	8:30 am-4:00pm	Special Needs Shelter Planning Basics: How to Leverage Existing Capabilities and Resources to Care for the Medically Fragile Shelter Population <i>Sponsored by Homeland Defense Journal Training Workshops</i>	Homeland Defense Journal Training (Jefferson Plaza Building) 421 Jefferson Davis Highway (7th floor), Arlington, VA. Please register at http://www.regonline.com/Checkin.asp?EventId=683990
3.24.09 To 3.24.09	8:00 am-5:00pm	ICS-400: Advanced ICS Command and General Staff-Complex Incidents <i>Sponsored by the Connecticut Department of Emergency Management and Homeland Security</i>	DEMHS Training Facility 269 Maxim Road Hartford, CT Please register at http://www.ct.gov/demhs/iCal/eventDetail.page.asp?date_ID=CBCFC7C8C683CDC9C7
3.24.09 To 3.26.09	8:00 am-5:00pm	Utilizing Computer-Aided Management of Emergency Operations (CAMEO) in WMD <i>Sponsored by the Connecticut Department of Emergency Management and Homeland Security</i>	Guilford Fire Headquarters 309 Church Street Guilford, CT Please register at http://www.ct.gov/demhs/iCal/eventDetail.page.asp?date_ID=CCC8C6CFC83CDC9CD
3.26.09	12:00 pm-1:30pm (CST)	Alternate Standards of Care in Disasters <i>Sponsored by the Alabama Department of Public Health</i>	Satellite Broadcast Please register at http://www.adph.org/ALPHTN/Default.asp?id=3319

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