

0800		1200		1300		1700	
<b>Pre-Conference Course A</b> - Carson 1 & 2 <i>Casino Level</i>				<b>Pre-Conference Course B</b> - Carson 1 & 2 <i>Casino Level</i>			
Crisis and Emergency Risk Communication				Incident Response to Terrorist Bombings			
<b>Pre-Conference Course C</b> - Tahoe Room <i>Casino Level</i>							
Advanced Disaster Medical Response Provider Course							
<b>Pre-Conference Course D</b> - N 1 & 2 <i>Arcade Level</i>							
How to Teach Emergency Response Personnel Effectively and to Real Outcomes							
<b>Pre-Conference Course E</b> - N 3, 4 & 5 <i>Arcade Level</i>							
Emergency Management Programs for Health Systems							
<b>Pre-Conference Course F (Continued on Sunday)</b> - Crystal 1 & 2 <i>Casino Level</i>							
Mass Fatalities Train the Trainer, DMORT							
<b>Pre Conference Course G (Continued on Sunday)</b> - Carson 3 & 4 <i>Casino Level</i>							
SNS Update 2006: Push Packages, Chempaks, Points of Distribution and More!!							
<b>Medical Records Training (Response Teams-by Registration)</b> - Nevada Foyer <i>Arcade Level</i>							
<b>INVITATION ONLY COURSES</b>							
<b>Administrative Officers Training</b> - N 6 & 7 <i>Arcade Level</i>							
<b>Communication Officers Training</b> - N 11 <i>Arcade Level</i>							
<b>FCC 101 Course</b> - Crystal 3 <i>Casino Level</i>							
<b>Logistics Officers Training</b> - Teton 1 & 2 <i>Mezzanine Level</i>							
<b>Training Officer Training</b> - Shasta 1 & 2 <i>Mezzanine Level</i>							

0800

1200

1300

1700

## Pre-Conference Course F (Continued from Saturday) - Crystal 1 & 2 Casino Level

Mass Fatalities Train the Trainer, DMORT

## Pre-Conference Course G - Carson 3 & 4 (Continued from Saturday) Casino Level

SNS Update 2006

## Pre-Conference Course H - Tahoe Room Casino Level

Pandemic Flu Tabletop

## Pre-Conference Course I - N 1 & 2 Arcade Level

Advanced Radiation Life Support (ARLS): Basic Course

## Pre-Conference Course J - Crystal 4 Casino Level

A New International Disaster Research Methodology: The Utstein Template

## Pre-Conference Course K - N 3, 4 & 5 Arcade Level

Basic Navigation

## Pre-Conference Course L - N 3, 4 & 5 Arcade Level

Exercise Design, Management & Evaluation

## Pre-Conference Course M - N 8 & 9 Arcade Level

Animal Rescue and Sheltering Response in the 2005 Hurricane Season

## Pre-Conference Course N - (0800-1100) Carson 1 & 2 Casino Level

Prevention and Response to Suicide Bombings

## Pre-Conference Course O (1300-1500) Carson 1 & 2 Casino Level

Media Training

## Pre-Conference Course P (1515-1715) Carson 1 & 2 Casino Level

Systems Overview

## Main Conference Course: Intermediate ICS-300 (Continued on Monday)

Movie Theater 2 Arcade Level (Registration Required)

## Medical Records Training (Response Teams-by Registration) - Nevada Foyer Arcade Level

### INVITATION ONLY COURSES

## Administrative Officers Training - N 6 & 7 Arcade Level

## Communication Officers Training - N 11 Arcade Level

## FCC 101 Course - Crystal 3 Casino Level

## Logistics Officers Training - Teton 1 & 2 Mezzanine Level

## Team Leaders Training - Reno Room Casino Level

## Training Officer Training - Shasta 1 & 2 Mezzanine Level

## Awards Ceremony (1730-1830) - Hilton Pavilion Casino Level

0800-0930						0930-1000		1000-1130		1130-1300		1300-1430	
<b>Clinical Care</b> Tahoe Room <i>Casino Level</i>	<b>1</b>   												

1430-1500

1500-1630

<b>Clinical Care</b>	B R E A K	<b>13</b> JOINT SESSION: The DMAT's Role in Aeromedical Evacuation (AE): Originating AE Flights and Receiving Them <b>Hilton Pavilion Casino Level</b>	
<b>Disaster Research</b>			
<b>FCC / Patient Movement</b>		<b>14</b> JOINT SESSION: Altered Standards of Care / Patient Movement <b>Reno Room Casino Level</b>	
<b>Health Systems</b>			
<b>Mass Fatalities</b>		<b>15</b> JOINT SESSION: Pharmacy Issues in Emergency Management <b>Tahoe Room Casino Level</b>	
<b>NDMS Working Groups</b>			
<b>Public Health</b>			
<b>Response Teams</b>		<b>16</b> JOINT SESSION: Restoring Health Systems, Infrastructure, Reimbursement, and Parallel Support Services <b>Hilton Theater Casino Level</b>	
<b>Team-Member Orientation</b>			
<b>Veterinary / Animal Issues</b>			

Main Conference Course: Hospital Based Decontamination (Continued through Weds - Registration Required) - Shasta 1 &amp; 2

Main Conference Course: Intermediate ICS-300 (Continued from Sunday - Registration Required) - Movie Theater 2

**INVITATION ONLY COURSES**

Administrative Officers Training - Ruby 1 &amp; 2 Mezzanine Level

Communication Officers Training - N 11 Arcade Level

IATA Training Course - Teton 1 &amp; 2 Mezzanine Level

Medical Records Training - Nevada Foyer Arcade Level

0800-0930		0930-1000		1000-1130		1130-1300	
<b>Clinical Care</b> Tahoe Room <i>Casino Level</i>	<b>17</b>   						

1300-1430		1430-1500 1500-1630	
<b>Clinical Care</b> Tahoe Room <i>Casino Level</i>	<b>28</b>  BioWatch: The Program and its Clinical Implications for Health care Facilities	B R E A K	<b>38</b>  JOINT SESSION: Restoring Health Systems, Impacts on Staff as Victims and Responders  <b>Hilton Theater Casino Level</b>
<b>Disaster Research</b> N 3, 4 & 5 <i>Arcade Level</i>	<b>29</b>  Research in Response Capabilities		<b>39</b>  JOINT SESSION:  Overhead Team Incident Management Roles  <b>Reno Room Casino Level</b>
<b>FCC / Patient Movement</b> Crystal 3 & 4 <i>Casino Level</i>	<b>30</b>  Patient Reception Operations		<b>40</b>  JOINT SESSION:  Volunteer Integration and Management  <b>Hilton Pavilion Casino Level</b>
<b>Health Systems</b> Carson 1 & 2 <i>Casino Level</i>	<b>31</b>  NIMS Compliance Expectations for Hospitals		<b>41</b>  JOINT SESSION:  Community Rapid Needs Assessment  <b>Tahoe Room Casino Level</b>
<b>Mass Fatalities</b> Crystal 1 & 2 <i>Casino Level</i>	<b>32</b>  From Ordinary to Extraordinary: DMORT Workers		
<b>NDMS Working Groups</b> Movie Theater 1 <i>Arcade Level</i>	<b>33</b>  Logistics Working Group AAR Top 5		
<b>Public Health</b> Carson 3 & 4 <i>Casino Level</i>	<b>34</b>  Federal Medical Station Operations		
<b>Response Teams</b> N 1 & 2 <i>Arcade Level</i>	<b>35</b>  Post-Deployment Health Screening		
<b>Team-Member Orientation</b> N 8 & 9 <i>Arcade Level</i>	<b>36</b>  The Uniformed Services Employment and Reemployment Rights Act (USERRA) & NDMS		
<b>Veterinary/Animal Issues</b> N 6 & 7 <i>Arcade Level</i>	<b>37</b>  Clinical Considerations and Pathology of Avian Influenza in Poultry		
<b>Main Conference Course: Hospital Based Decontamination (Continued through Weds - Registration Required) - Shasta 1 &amp; 2</b>			
<b>Main Conference Course: Advanced ICS-400 (Continued on Wednesday - Registration Required) - Movie Theater 2</b>			
<b>INVITATION ONLY COURSES</b>			
<b>Administrative Officers Training</b> - Ruby 1 & 2 <i>Mezzanine Level</i>			
<b>Communication Officers Training</b> - N 11 <i>Arcade Level</i>			
<b>IATA Training</b> - Teton 1 & 2 <i>Mezzanine Level</i>			
<b>Medical Records Training</b> - Nevada Foyer <i>Arcade Level</i>			

0800-0930		0930-1000		1000-1130		1200-1430	
<b>Clinical Care</b> Tahoe Room Casino Level	<b>42</b> Triage	B R E A K	JOINT SESSION with Health Systems See Session 54 <b>Tahoe Room</b>		59  Luncheon   General Session  London Train Bombings  Closing Ceremony  Hilton Pavilion Casino Level		
<b>Disaster Research</b> N 3, 4 & 5 Arcade Level	<b>43</b> Industrial Design Meets Disaster Medicine		<b>52</b> Hurricanes Katrina & Rita: The Case for Coordinated Regional Hospital Response				
<b>FCC / Patient Movement</b> Crystal 3 & 4 Casino Level	<b>44</b> Patient Tracking System		<b>53</b> Future Vision of NDMS				
<b>Health Systems</b> Carson 1 & 2 Casino Level	<b>45</b> London Bombing: Impact on Health Systems		<b>54</b> JCAHO and You: So What's New on the Guidance Front <b>Tahoe Room</b>				
<b>Mass Fatalities</b> Crystal 1 & 2 Casino Level	<b>46</b> Hurricane Deployment Overview		<b>55</b> An Update on Coordination of the Federal Mass Fatality Response <b>Carson 2, 3 &amp; 4</b>				
<b>NDMS Working Groups</b> Movie Theater 1 Arcade Level	<b>47</b> Documents for Deployments: Pub & Doc Year-End Review and Intro to Standardized Docs		<b>56</b> 2005 Hurricanes: NDMS Management Work Group AARs				
<b>Public Health</b> Carson 3 & 4 Casino Level	<b>48</b> Radiation Monitoring and Medical Management		JOINT SESSION with Mass Fatalities See Session 55 <b>Carson 2, 3 &amp; 4</b>				
<b>Response Teams</b> N 1 & 2 Arcade Level	<b>49</b> Mass Antibiotic Dispensing		JOINT SESSION with Team-Member Orientation See Session 57 <b>Reno Room</b>				
<b>Team-Member Orientation</b> N 8&9 Arcade Level	<b>50</b> Introduction to Designing and Executing a Training Exercise		<b>57</b> Personal Protection and Individual Security Tactics <b>Reno Room</b>				
<b>Veterinary / Animal Issues</b> N 6 & 7 Arcade Level	<b>51</b> VMAT: Lamar Dixon Operation		<b>58</b> Veterinary Medications and Conditions: Animal Medical Issues During a Disaster				
Main Conference Course: Hospital Based Decontamination (Continued from Tuesday - Registration Required) - Shasta 1 & 2							
Main Conference Course: Advanced ICS-400 (Continued from Tuesday - Registration Required) - Movie Theater 2							
INVITATION ONLY COURSES							
IATA Training - Teton 1 & 2 Mezzanine Level							



# Continuing Education Information

## Conference Goals

This conference will:

1. Deliver an understanding of the health and medical requirements generated by disasters of any origin.
2. Provide access to authorities responsible for managing these requirements.
3. Afford opportunities for the delivery of education and the exchange of ideas necessary to the development of capabilities at the local, state, regional, national, and international levels.

## Conference Objectives

This educational program will:

1. Convey the principles which underlie professional emergency health and medical service delivery.
2. Document the status of the emergency health and medical service delivery profession as of 2006.
3. Encourage the attendee to engage in continuing education, training, research, and information sharing to enable further development of this Nation's lifesaving system(s).

## Target Audience

The target audience for this program includes:

Dentists  
Emergency Managers  
Emergency Medical Services Personnel  
Emergency Planners  
Epidemiologists  
Environmental Health Specialists  
Firefighters  
Health Care Administrators  
Industrial Hygienists  
Infectious Disease Experts  
Laboratorians  
Law Enforcement  
Morticians  
Nurses  
Pharmacists  
Physicians  
Psychologists  
Public Health Officials  
Response Team Personnel  
Safety Officers  
Social Workers  
Veterinarians

## Continuing Education Credits

Within one - two weeks after the conference, participants will receive an email directing them to a web link where they will be instructed to complete an evaluation for each course attended. This email will contain a course list specific to each attendee. Continuing education certificates / statement of credit will be emailed within four to six weeks of completion of all evaluations of courses attended. To ensure accurate delivery, verify the electronic email address on your receipt. If this information is incorrect, please stop by the registration desk so that your records can be updated.

## Report of Training

It is the program participant's responsibility to ensure that this training is documented in the appropriate location according to his/her locally prescribed process.

## Certificate of Attendance

***PLEASE READ THIS  
IMPORTANT INFORMATION CAREFULLY***

**All participants seeking continuing education credits must have their conference badge scanned by a room administrator outside of each classroom. Participants who do not have their badge scanned will NOT receive credits.** It is the responsibility of each attendee to confirm the session they are attending is accredited for their discipline.

PLEASE NOTE: Pharmacists seeking ACPE "statement of credits" must attend ACPE accredited courses and complete an online evaluation for each course.

Mandatory meetings and invitational courses are not eligible for continuing education credits.

## Evaluations

Participants should complete evaluations for each course they attend as well as an overall conference evaluation.



# Accreditation Information

## AAVSB-RACE (Veterinary)

The below courses meet the requirements for 31.5 hours of continuing education credit in jurisdictions which recognize AAVSB's RACE approval; however, participants should be aware that some boards have limitations on the number of hours accepted in certain categories and/or restrictions on certain methods of delivery of continuing education. AAVSB provider #74. \*\*CHEP (11E), VA Medical Center, Perry Point, MD 21902\*\*

### Pre-Conference Courses

- A - Crisis and Emergency Risk Communication
- B - Incident Response to Terrorist Bombings
- C - Advanced Disaster Medical Response Provider Course
- D - How to Teach Emergency Response Personnel Effectively, and to Real Outcomes
- E - Emergency Management Programs for Health Systems
- H - Pandemic Flu Tabletop
- K - Basic Navigation
- M - Animal Rescue and Sheltering Response in the 2005 Hurricane Season
- N - Prevention and Response to Suicide Bombings

### Main Conference Courses

#### **Monday, April 24, 2006**

- 001 - Opening Ceremony, Welcome, Keynote Address
- 002 - General Session, ESF #8 / NDMS Response to Hurricanes Katrina and Rita
- 012 - Laboratory Animal Facilities: What Responders Need to Know
- 016 - Restoring Health Systems, Part I : Infrastructure, Reimbursement, and Parallel Support Services

#### **Tuesday, April 25, 2006**

- 017 - General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat
- 027 - The Role of NDMS in the Event of a Highly Pathogenic Avian Influenza Outbreak in the United States
- 037 - Clinical Considerations and Pathology of Avian Influenza in Poultry
- 041 - Community Rapid Needs Assessment

#### **Wednesday, April 26, 2006**

- 051 - VMAT: Lamar Dixon Operation
- 058 - Veterinary Medications and Conditions: Animal Medical Issues During a Disaster
- 059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference Courses  
Maximum of 31.5 hours*

## ACCME (Physicians)

"This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the Joint Sponsorship of MedChi, The Maryland State Medical Society and Chesapeake Health Education Program, Inc. MedChi is accredited by the ACCME to provide continuing medical education for physicians. MedChi designates this activity for a maximum of 30.0 AMA PRA Category 1 credits. Physicians should only claim credit commensurate with the extent of their participation in the activity. "

**MedChi**  
*The Maryland State Medical Society*

### Pre-Conference Courses

- A - Crisis and Emergency Risk Communication
- B - Incident Response to Terrorist Bombings
- C - Advanced Disaster Medical Response Provider Course
- G - SNS Update 2006: Push Packages, Chempaks, Points of Distribution and More!!
- H - Pandemic Flu Tabletop
- I - Advanced Radiation Life Support (ARLS): Basic Course
- J - A New International Disaster Research Methodology: The Utstein Template
- N - Prevention and Response to Suicide Bombings

### Main Conference Courses

#### **Monday, April 24, 2006**

- 003 - Unique Clinical Roles: The Federal Medical Field Response to Hurricane Katrina

# Accreditation Information

013 - The DMAT's Role in Aeromedical Evacuation (AE): Originating AE Flights and Receiving Them

## **Tuesday, April 25, 2006**

017 - General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat  
018 - Medical Surge Capacity: Considerations for Enhancing the Ability to Care for Increased Patient Numbers  
028 - Bio-watch: The Program and Its Clinical Implications for Healthcare Facilities  
038 - Restoring Health Systems, Impacts on Staff as Victims and Responders

## **Wednesday, April 26, 2006**

042 - Triage  
052 - Hurricanes Katrina and Rita: The Case for Coordinated Regional Hospital Response  
054 - JCAHO and You: So What's New on the Guidance Front  
059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference Courses  
Maximum of 30.0 hours*

## **ACEP (Emergency Physicians)**

Approved by the American College of Emergency Physicians for 33.0 hours of ACEP Category 1 credit.

### **Pre-Conference Courses**

B - Incident Response to Terrorist Bombings  
C - Advanced Disaster Medical Response Provider Course  
G - SNS Update 2006: Push Packages, Chempaks, Points of Distribution and More!!  
H - Pandemic Flu Tabletop  
I - Advanced Radiation Life Support (ARLS): Basic Course  
J - A New International Disaster Research Methodology: The Utstein Template  
N - Prevention and Response to Suicide Bombings

### **Main Conference Courses**

## **Monday, April 24, 2006**

001 - Opening Ceremony, Welcome, Keynote Address

002 - General Session, ESF #8 / NDMS Response to Hurricanes Katrina and Rita  
003 - Unique Clinical Roles: The Federal Medical Field Response to Hurricane Katrina  
013 - The DMAT's Role in Aeromedical Evacuation (AE): Originating AE Flights and Receiving Them

## **Tuesday, April 25, 2006**

017 - General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat  
018 - Medical Surge Capacity: Considerations for Enhancing the Ability to Care for Increased Patient Numbers  
028 - BioWatch: The Program and Its Clinical Implications for Healthcare Facilities  
038 - Restoring Health Systems, Part II: Impacts on Staff as Victims and Responders

## **Wednesday, April 26, 2006**

042 - Triage  
052 - Hurricanes Katrina and Rita: The Case for Coordinated Regional Hospital Response  
054 - JCAHO and You: So What's New on the Guidance Front  
059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference Courses  
Maximum of 33.0 hours*

## **ACHE (Healthcare Executives)**

The Chesapeake Health Education Program, Inc. is authorized to award 33.0 hours of pre-approved Category II (non-ACHE) continuing education credit for this toward advancement or re-certification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward Category II credit should indicate their attendance when submitting an application to the American College of Healthcare Executives for advancement or re-certification.

### **Pre-Conference Courses**

A - Crisis and Emergency Risk Communication  
B - Incident Response to Terrorist Bombings  
D - How to Teach Emergency Response Personnel Effectively, and to Real Outcomes

## Accreditation Information

- E - Emergency Management Program for Health Systems
- G - SNS Update 2006: Push Packages, Chempaks, Points of Distribution and More!!
- L - Exercise Design, Management and Evaluation
- N - Prevention and Response to Suicide Bombings
- O - Media Training
- P - Systems Overview

### Main Conference Courses

#### **Monday, April 24, 2006**

- 001 - Opening Ceremony, Welcome, Keynote Address
- 002 - General Session, ESF #8 / NDMS Response to Hurricanes Katrina and Rita
- 006 - It's Not HEICS Anymore - HICS is the New Answer for an Old System
- 016 - Restoring Health Systems, Infrastructure, Reimbursement, and Parallel Support Services

#### **Tuesday, April 25, 2006**

- 017 - General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat
- 021 - Emergency Preparedness Training and Education for Hospitals - Out of the Box and Into Your Facility
- 031 - NIMS Compliance Expectations for Hospitals
- 038 - Restoring Health Systems, Impacts on Staff as Victims and Responders

#### **Wednesday, April 26, 2006**

- 045 - London Bombing: Impact on Health Systems
- 052 - Hurricanes Katrina and Rita: The Case for Coordinated Regional Hospital Response
- 054 - JCAHO and You: So What's New on the Guidance Front
- 059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference Courses  
Maximum of 33.0 hours*

### **ACPE (Pharmacists)**

The University of Maryland, School of Pharmacy is accredited by the American Council of Pharmacy Education as a provider

of continuing pharmacy education.

NOTE: Pharmacists can earn up to 30.0 contact hours of continuing education credit.

To receive a statement of credit, participants MUST complete the evaluation form for each session including name and address, and return them to the designated program representative at the close of each program. Statements of credits for this program will be emailed to pharmacists in four to six weeks from The Chesapeake Health Education Program, Inc. Failure to follow these guidelines will result in no credits being awarded.



### Pre-Conference Courses

- G - SNS Update 2006: Push Packages, Chempaks, Points of Distribution and More!! ACPE UPN 025-999-06-035-L04 (Contact Hours: 12)
- H - Pandemic Flu Tabletop ACPE UPN 025-999-06-0356-L04 (Contact Hours: 4)
- I - Advanced Radiation Life Support (ARLS): Basic Course ACPE UPN 025-999-06-037L04 (Contact Hours: 8)

### Main Conference Courses

#### **Monday, April 24, 2006**

- 002 - General Session, ESF #8 / NDMS Response to Hurricanes Katrina and Rita ACPE UPN 025-999-06-038-L04 (Contact Hours: 1.5)
- 006 - It's Not HEICS Anymore - HICS is the New Answer for an Old System ACPE UPN 025-999-06-039-L04 (Contact Hours: 1.5)
- 015 - Pharmacy Issues in Emergency Management ACPE UPN 025-999-06-040-L04 (Contact Hours: 1.5)

#### **Tuesday, April 25, 2006**

- 017 - General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat ACPE UPN 025-999-06-041-L04 (Contact Hours: 1.5)
- 028 - BioWatch: The Program and Its Clinical Implications for Healthcare Facilities ACPE UPN 025-999-06-044-L04 (Contact Hours: 1.5)

# Accreditation Information

038 - Restoring Health Systems, Impacts on Staff as Victims and Responders ACPE UPN 025-999-06-045-L04 (Contact Hours: 1.5)

## Wednesday, April 26, 2006

049 - Mass Antibiotic Dispensing ACPE UPN 025-999-06-049-L04 (Contact Hours: 1.5)

054 - JCAHO and You: So What's New on the Guidance Front ACPE UPN 025-999-06-046-L04 (Contact Hours: 1.5)

058 - Veterinary Medications and Conditions: Animal Medical Issues During A Disaster ACPE UPN 025-999-06-048-L04 (Contact Hours: 1.5)

059 - General Session, London Train Bombings ACPE UPN 025-999-06-050-L04 (Contact Hours: 2)

*Full Conference and All Pre-Conference Courses  
Maximum of 30.0 hours*

## ADA/AGD (Dentists)

The Chesapeake Health Education Program, Inc. (CHEP) is an ADA CERP provider. This activity is awarded 33.0 contact hours. CHEP has been designated an approved sponsor by the Maryland constituent of the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship/Mastership credit. The current term of acceptance extends from 11/01/05 to 12/31/08. This CHEP CDE program is accepted by the AGD for 33.0 membership maintenance, Fellowship, and Mastership credits.



**ADACERP®**  
CONTINUING EDUCATION RECOGNITION PROGRAM

## Pre-Conference Courses

- B - Incident Response to Terrorist Bombings
- C - Advanced Disaster Medical Response Provider Course
- G - SNS Update 2006: Push Packages, Chempaks, Points of Distribution and More!!

- H - Pandemic Flu Tabletop
- I - Advanced Radiation Life Support (ARLS): Basic Course
- J - A New International Disaster Research Methodology: The Utstein Template

## Main Conference Courses

### Monday, April 24, 2006

- 001 - Opening Ceremony, Welcome, Keynote Address
- 002 - General Session, ESF #8 / NDMS Response to Hurricanes Katrina and Rita
- 003 - Unique Clinical Roles: The Federal Medical Field Response to Hurricane Katrina
- 013 - The DMAT's Role in Aeromedical Evacuation (AE): Originating AE Flights and Receiving Them

### Tuesday, April 25, 2006

- 017 - General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat
- 018 - Medical Surge Capacity: Considerations for Enhancing the Ability to Care for Increased Patient Numbers
- 028 - BioWatch: The Program and Its Clinical Implications for Health Care Facilities
- 038 - Restoring Health Systems, Impacts on Staff as Victims and Responders

### Wednesday, April 26, 2006

- 042 - Triage
- 055 - An Update on Coordination of the Federal Mass Fatality Response
- 059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference Courses  
Maximum of 33.0 hours*

## ANCC (Nurses)

The Department of Veterans Affairs Medical Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The VAMHCS designates this educational activity for 39.6 contact hours in continuing nursing education.

## Pre-Conference Courses

- B - Incident Response to Terrorist Bombings
- C - Advanced Disaster Medical Response



# Accreditation Information

- Provider Course  
E - Emergency Management Programs for Health Systems  
G - SNS Update 2006: Push Packages, Chempaks, Points of Distribution and More!!  
H - Pandemic Flu Tabletop  
I - Advanced Radiation Life Support (ARLS): Basic Course  
J - A New International Disaster Research Methodology: The Utstein Template

## Main Conference Courses

### **Monday, April 24, 2006**

- 001 - Opening Ceremony, Welcome, Keynote Address  
002 - General Session, ESF #8 / NDMS Response to Hurricanes Katrina and Rita  
003 - Unique Clinical Roles: The Federal Medical Field Response to Hurricane Katrina  
016 - Restoring Health Systems, Infrastructure, Reimbursement, and Parallel Support Services

### **Tuesday, April 25, 2006**

- 017 - General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat  
018 - Medical Surge Capacity: Considerations for Enhancing the Ability to Care for Increased Patient Numbers  
028 - Bio Watch: The Program and Its Clinical Implications for Health Care Facilities  
038 - Restoring Health Systems Impacts on Staff as Victims and Responders

### **Wednesday, April 26, 2006**

- 042 - Triage  
052 - Hurricanes Katrina and Rita: The Case for Coordinated Regional Hospital Response  
054 - JCAHO and You: So What's New on the Guidance Front  
059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference Courses  
Maximum of 39.6 hours*

## **NBCCC (Certified Counselors)**

The Chesapeake Health Education Program, Inc. is recognized by the National Board for Certified Counselors (NBCC) to offer continuing education for National Certified Counselors. We adhere to NBCC Continuing Education Guidelines.  
This program is approved for 31.5 contact hours. Provider #6140.

## Pre-Conference Courses

- A - Crisis and Emergency Risk Communication  
B - Incident Response to Terrorist Bombings  
F - Mass Fatalities Train the Trainer, DMORT  
N - Prevention and Response to Suicide Bombing

## Main Conference Courses

### **Monday, April 24, 2006**

- 001 - Opening Ceremony, Welcome, Keynote Address  
002 - General Session, ESF #8 / NDMS Response to Hurricanes Katrina and Rita  
007 - DMORT Adapts to Intolerable Circumstances - Katrina the First 72 Hours  
014 - Altered Standards of Care / Patient Movement

### **Tuesday, April 25, 2006**

- 017 - General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat  
032 - From Ordinary to Extraordinary: DMORT Workers  
038 - Restoring Health Systems, Part II: Impacts on Staff as Victims and Responders  
041 - Community Rapid Needs Assessment

### **Wednesday, April 26, 2006**

- 046 - Hurricane Deployment Overview  
055 - An Update on Coordination of the Federal Mass Fatality Response  
059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference Courses  
Maximum of 31.5 hours*

# Accreditation Information

## CECBEMS (EMTs)

This continuing education activity is approved by The University of Maryland, Baltimore County, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). 36.5 hours

### Pre-Conference Courses

- A - Crisis and Emergency Risk Communication
- B - Incident Response to Terrorist Bombings
- C - Advanced Disaster Medical Response Provider Course
- D - How to Teach Emergency Response Personnel Effectively, and to Real Outcomes
- E - Emergency Management Programs for Health Systems
- G - SNS Update 2006: Push Packages, Chempaks, Points of Distribution and More!!
- H - Pandemic Flu Tabletop
- I - Advanced Radiation Life Support (ARLS): Basic Course
- J - A New International Disaster Research Methodology: The Utstein Template
- K - Basic Navigation
- L - Exercise, Design, Management and Evaluation
- N - Prevention and Response to Suicide Bombings
- O - Media Training
- P - Systems Overview: National Response Plan, the National Incident Management System and the NDMS

### Multi-Day Main Conference Courses

Intermediate ICS-300  
Hospital - Based Decontamination  
Advanced ICS-300

### Main Conference Courses

#### **Monday, April 24, 2006**

- 001 - Opening Ceremony, Welcome, Keynote Address
- 002 - General Session, ESF #8 / NDMS Response to Hurricanes Katrina and Rita
- 010 - US&R and DMAT Response to Hurricane Katrina
- 013 - The DMAT's Role in Aeromedical Evacuation (AE): Originating AE Flights and Receiving Them

#### **Tuesday, April 25, 2006**

- 017 - General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat
- 025 - Onsite Operations: Swift and Contaminated Water
- 035 - Post-Deployment Health Screening
- 039 - Overhead Team Incident Management Roles

#### **Wednesday, April 26, 2006**

- 049 - Mass Antibiotic Dispensing
- 055 - An Update on Coordination of the Federal Mass Fatality Response
- 059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference Courses  
Maximum of 36.5 hours*

## MSM (Morticians)

This CE program has been approved by the Maryland State Board of Morticians for 33.0 contact hours. (1 hour = 1 contact hour)

### Pre-Conference Courses

- B - Incident Response to Terrorist Bombings
- F - Mass Fatalities, Train the Trainer, DMORT
- H - Pandemic Flu Tabletop
- J - A New International Disaster Research Methodology: The Utstein Template
- N - Prevention and Response to Suicide Bombings

### Main Conference Courses

#### **Monday, April 24, 2006**

- 001 - Opening Ceremony, Welcome, Keynote Address
- 002 - General Session, ESF #8 / NDMS Response to Hurricanes Katrina and Rita
- 007 - DMORT Adapts to Intolerable Circumstances - Katrina the First 72 Hours
- 014 - Altered Standards of Care/Patient Movement

#### **Tuesday, April 25, 2006**

- 017 - General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat
- 022 - Where It Comes Together: Information Resources

## Accreditation Information

032 - From Ordinary to Extraordinary:  
DMORT Workers

041 - Community Rapid Needs Assessment

### **Wednesday, April 26, 2006**

046 - Hurricane Deployment Overview

055 - An Update on Coordination of the  
Federal Mass Fatality Response

059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference  
Courses*

*Maximum of 33.0 hours*

### **NEHA (Environmental Health)**

This course has been pre- approved for 36.5  
continuing education credits by the National  
Environmental Health Association (NEHA).

#### **Pre-Conference Courses**

A - Crisis and Emergency Risk  
Communication

B - Incident Response to Terrorist Bombings

E - Emergency Management Programs for  
Health Systems

G - SNS Update 2006: Push Packages,  
Chempaks, Points of Distribution and  
More!!

I - Advanced Radiation Life Support (ARLS):  
Basic Course

J - A New International Disaster Research  
Methodology: The Utstein Template

K - Basic Navigation

N - Prevention and Response to Suicide  
Bombings

#### **Multi-Day Main Conference Courses**

Intermediate ICS-300

Advanced ICS-300

#### **Main Conference Courses**

### **Monday, April 24, 2006**

001 - Opening Ceremony, Welcome, Keynote Address

002 - General Session, ESF #8/ NDMS

Response to Hurricanes Katrina and Rita

009 - Public Health and Medical Issues in  
Disaster Response

014 - Altered Standards of Care / Patient  
Movement

### **Tuesday, April 25, 2006**

017 - General Session, Pandemic Flu: Planning  
and Responding to a Worldwide Threat

024 - Disaster Injury / Illness Surveillance: A  
Tool for Public Health and for NDMS

034 - Federal Medical Station Operations

041 - Community Rapid Needs Assessment

### **Wednesday, April, 2006**

048 - Radiation Monitoring and Medical  
Management

055 - An Update on Coordination of the  
Federal Mass Fatality Response

059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference  
Courses*

*Maximum of 36.5 hours*

### **SW ( Social Workers)**

The Maryland Board of Social Work  
Examiners certifies that this program meets  
the criteria for 33.0 credit hours of Category 1  
continuing education for social workers and  
associates licensed in Maryland.

#### **Pre-Conference Courses**

A - Crisis and Emergency Risk  
Communication

B - Incident Response to Terrorist Bombings

F - Mass Fatalities Train the Trainer, DMORT

H - Pandemic Flu Tabletop

I - Advanced Radiation Life Support (ARLS):  
Basic Course

N - Prevention and Response to Suicide  
Bombings

#### **Main Conference Courses**

### **Monday, April 24, 2006**

001 - Opening Ceremony, Welcome, Keynote Address

002 - General Session, ESF #8 / NDMS

Response to Hurricanes Katrina and Rita

007 - DMORT Adapts to Intolerable  
Circumstances - Katrina the First 72  
Hours

014 - Altered Standards of Care / Patient  
Movement

### **Tuesday, April 25, 2006**

017 - General Session, Pandemic Flu: Planning  
and Responding to a Worldwide Threat



# Track Descriptions

- 018 - Medical Surge Capacity: Considerations for Enhancing the Ability to Care for Increased Patient Numbers
- 022 - Where It Comes Together: Information Resources
- 035 - Post-Deployment Health Screening
- 038 - Restoring Health Systems, Part II: Impacts on Staff as Victims and Responders

## **Wednesday, April 26, 2006**

- 042 - Triage
- 055 - An Update on Coordination of the Federal Mass Fatality Response
- 059 - General Session, London Train Bombings

*Full Conference and All Pre-Conference Courses*

*Maximum of 33.0 hours*

## **Clinical Care**

This track will provide an overview of the lessons learned and impacts from recent events in the United States and around the world. Issues related to direct patient care, hospital planning, and response will be addressed throughout the track. Experts in clinical care and disaster health management will offer their experiences and expertise and provide guidance on improving overall emergency preparedness.

Target audience: Hospital and health care personnel, first responders with an interest in clinical care issues, and hospital emergency response planners. Select sessions may be of interest to pre-hospital care providers and emergency managers.

## **Disaster Research**

Interest in disaster research continues to grow as more professionals realize that knowledge is transferable from previous events. The purpose of the track is to familiarize attendees with the latest research initiatives, connecting the researcher and practitioner.

Target audience: Managers, administrators, unit leaders, military and public health service officers, academia, researchers, and practitioners interested in research or the findings of research efforts relevant to improving practice.

## **FCC/Patient Movement**

These sessions explain the key concepts involved with coordinating the National Disaster Medical System (NDMS) patient reception and in-patient capacity/capability at the metropolitan and intra-State regional levels. This activity is carried out across the United States by the Department of Defense and the Department of Veterans Affairs Federal Coordinating Centers (FCCs). The track sessions have been designed for both the NDMS-FCC official as well as those interested in learning about this national capability for patient movement and reception.

Target audience: FCC Directors, FCC Area Coordinators, and Patient Reception Team Members.

## **Health Systems**

Recent events in the United States and around the world demonstrate the importance of planning and recovering from a variety of emergencies. Practical guidance on the issues currently challenging the health care and hospital systems in disaster response planning will be given in these sessions. This track will offer experience and expertise from various sources, emphasizing lessons learned that can be adapted to your planning.

Target audience: Hospital emergency planners, safety officers, facilities managers, hospital environment of care leaders, hospital and clinic administrators, and community emergency planners. Some sessions may be of interest to members of the first responder community responsible for planning and implementing emergency response programs.

## **Mass Fatalities**

The sessions in the Mass Fatality Response track are designed for Disaster Mortuary Operational Response Team (DMORT) members and those with an interest in understanding this critical aspect of incident response/recovery.

Target audience: Anyone interested in learning more about mass fatality response.

## **Public Health**

Includes training on public health topics of interest to participants in order to increase their awareness of public health issues and events; and to foster the integration of local, state, and federal public health agencies into the emergency preparedness and response community.

Target audience: Anyone with an interest in protecting the public's health.

## **Response Teams**

Practical and clinical presentations to enhance the performance of response team members while deployed on missions.

Target audience: US&R, and NDMS response team members. Select sessions of interest to public health and mental health professionals.

## **Veterinary/Animal Issues**

Introductory and advanced level training and education on animal issues in disasters, state and county level disaster preparedness, foreign animal diseases, medical care of working dogs, animal rescue and triage, and the integration of VMAT into the overall federal response to disasters.

Target audience: All VMAT members and other interested conference attendees.

## **Americans with Disabilities Act Policy**

Chesapeake Health Education Program, Inc. (CHEP) wishes to ensure no individual with a disability is excluded, denied services, segregated or otherwise treated differently from other individuals attending this training because of the absence of auxiliary aids and services. If you require any special arrangements to attend and fully participate in any educational workshop provided by CHEP, please notify a member of the CHEP staff at the conference registration desk.

### **Course A**

#### **Crisis and Emergency Risk Communication**

Barbara Reynolds, MS

4 hour course

Saturday, April 22, 0800-1200

Carson 1 & 2

This course will be fast-paced and interactive, giving participants the essential knowledge and tools to navigate the harsh realities of communicating to the public, media, partners, and stakeholders during an intense public health emergency, including terrorism.

The course consists of five modules:

The Psychology of a Crisis, The Public Communication Role for Leaders in a Crisis, Stakeholder and Partner Communication, Media and Public Health Law, and Terrorism Communication Challenges. Fast, credible communication from trusted public officials is a “resource multiplier” during a crisis, disaster, or emergency. Many of the expected harmful individual and community behaviors can be mitigated with effective emergency risk communication. Leaders and decision makers in a crisis, disaster, or emergency must anticipate what mental stresses the population will be experiencing and apply appropriate risk communication strategies to attempt to manage these stresses. Course participants will hear lessons learned directly from leaders who have faced natural and man-made disasters, including the Oklahoma City Bombing, anthrax, sniper shootings, SARS, and more.

#### Behavioral Objectives:

- a. Identify some of the principles of risk communication.
- b. Explain the qualities of effective public information.
- c. Describe some of the challenges terrorism poses to those involved with public information.

### **Course B**

#### **Incident Response to Terrorist Bombings**

Sgt. Mark Potter

4 hour course

Saturday, April 22, 1300-1700

Carson 1 & 2

This awareness-level course will prepare emergency responders to perform effectively during incidents of terrorism involving energetic materials (explosives and incendiaries). This course will cover the types of terrorist groups and potential targets, define terms and concepts associated with energetic materials, describe common explosive materials and devices, and describe safe and effective response procedures in scenarios involving terrorist use of energetic materials.

#### Behavioral Objectives:

- a. Describe the profile of a terrorist group.
- b. Explain some of the signs of an incident scene caused by a terrorist bombing.
- c. Discuss key steps responders should take when confronted with a possible terrorism incident.

### **Course C**

#### **Advanced Disaster Medical Response Provider Course**

Susan Briggs, MD, MPH, FACS;

Christine Curci, PhD

8 hour course

Saturday, April 22, 0800-1700

Tahoe Room

This course is designed to train multidisciplinary medical response personnel in the basics of medical and public health disaster care, medical response to terrorism, weapons of mass destruction, specific injuries (blast, crush), environmental considerations, and special considerations such as mental health issues and the care of deceased victims.

### Behavioral Objectives:

- a. Describe an overview of a Mass Casualty Incident (MCI) response with emphasis on the basic elements of disaster medical response common to all disasters (search and rescue, triage and initial stabilization, definitive medical care and evacuation).
- b. Discuss the medical response to terrorism and weapons of mass destruction (such as radioactive agents, biological agents, and chemical agents).
- c. Explain the key principles regarding the management of specific injuries common to disasters.

### **Course D**

#### **How to Teach Emergency Response Personnel Effectively, and to Real Outcomes**

Jeff Dyar, EMT-P

8 hour course

Saturday, April 22, 0800-1700

N 1 & 2

This course will provide participants with a simple and straightforward method to educate and train emergency management and response personnel. The process of “teaching to outcomes” that reach each of the various learning styles is the focus of this course.

### Behavioral Objectives:

- a. Describe the “four step” learning cycle.
- b. Discuss the difference in learning styles between adults and children.
- c. Describe how to design and develop practical applications.
- d. Explain various evaluation processes.
- e. Discuss presentation techniques known to make training more effective.

### **Course E**

#### **Emergency Management Programs for Health Systems**

Connie Boatright, RN; Pete Brewster; Anthony Macintyre, MD; Joanne McGlown, PhD, RN, CHE; Mitch Saruwatari, PhD, MPH, EMT, BS; Ann Stangby, RN, CEM; David Teeter, PharmD

8 hour course

Saturday, April 22, 0800-1700

N 3, 4 & 5

This eight hour course is designed to prepare health care facility staff to develop, maintain and evaluate their organization’s emergency management program (EMP) using industry guidance from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Fire Protection Association (NFPA), American Society for Testing and Materials (ASTM), Federal Preparedness Circulars (FPCs), and Homeland Security Presidential Directives (HSPDs). The course will explore key components of emergency management programs and how they are related to incident management and organizational learning. Case studies, role-playing, and the allowance of ample time for questions will make this course an interactive and rewarding experience.

### Behavioral Objectives:

- a. Describe some of the fundamental concepts and principles of the emergency management discipline.
- b. Identify key research findings from the social sciences.
- c. Explain some of the steps involved in the development of an emergency management program (EMP), including: leadership and direction; hazards vulnerability analysis and related planning; preparedness activities; and response and recovery operations.

### Course F

#### **Mass Fatalities Train the Trainer, Disaster Mortuary Operational Response Team**

Todd Ellis; David McBath; Terry Edwards, Chuck Smith

16 hour course

Saturday, April 22, and Sunday, April 23, 0800-1700

Crystal 1 & 2

The goal of this train the trainer course is to prepare response personnel and allied professionals to effectively manage an incident involving mass fatalities by properly caring for the dead and the living - both responders and survivors. At the conclusion of the course, participants will be able to describe the operational process and the tasks involved in conducting a response to a mass fatalities incident; apply this knowledge during an on-going, guided tabletop exercise; understand stressors, reactions, and stress management techniques involved in a mass fatalities incident; and evaluate the readiness of their agency and jurisdiction to conduct these operations.

#### Behavioral Objectives:

- Describe how to prepare response personnel and allied professionals to effectively manage an incident involving mass fatalities by properly caring for the dead and the living, both responders and survivors.
- Discuss stressors, reactions, and stress management techniques involved in a mass fatalities incident.
- Explain various agency and jurisdiction readiness activities required to conduct these operations.

### Course G

#### **Strategic National Stockpile (SNS) Update 2006: Push Packages, Chempaks, Points of Distribution, and More!!**

Craig DeAtley, PA-C; Michael Staley, PharmD; David Teeter, PharmD

12 hour course

Saturday, April 22, 0800-1700, and Sunday, April 23, 0800-1200

Carson 3 & 4

2005 proved to be another year of important developments for the various aspects of the Strategic National Stockpile (SNS), at the national as well as the state and local government levels. Come hear an update on last year's highly regarded interactive workshop that will cover topics such as what is new with the CHEMPAK, VMI, and Push Package programs, as well as what lessons have been learned about SNS planning and exercising at the local, state, and Federal level.

#### Behavioral Objectives:

- Discuss changes that have occurred to the SNS program over the past 12 months.
- Identify lessons learned from SNS planning efforts at the local, state, and Federal level.
- Discuss lessons learned from recently conducted local, state, and Federal SNS exercises.

### Course H

#### **Pandemic Flu Tabletop**

Zygmunt Dembek, PhD; MS, MPH; Mark Eckstein, MD; FACEP; Arnold Kaufmann, DVM; Brit Oiulfstad, DVM, MPH; Jonathan Rosenberg, MD

4 hour course

Sunday, April 23, 1300-1700

Tahoe Room

Health care is an essential infrastructure directly related to the impact of a pandemic influenza. This session will identify medical



care surge capacity issues faced by hospitals, emergency medical services, and other organizations at the local, state, and Federal government levels. Issues to be addressed include: planning and response coordination; education and communication needs; availability of staff; hospital beds; supplies; and mortuary issues.

### Behavioral Objectives:

- a. Explain medical surge capacity issues as seen from the perspective of hospitals and emergency medical service agencies as well as local, state, and Federal health officials, with suggested solutions.
- b. Describe how plans were developed in selected countries with large and medium-sized populations to meet anticipated short falls in hospital beds, equipment, supplies, and staff.
- c. Discuss the importance of planning and response coordination and the education and risk communication needs in preparing for pandemic influenza.

### **Course I**

#### **Advanced Radiation Life Support (ARLS): Basic Course**

Doran M. Christensen, DO; Fun Fong, MD;  
James Jordon; Bob Whitcomb, PhD, CHP  
8 hour course

Sunday, April 22, 0800-1700

N 1 & 2

This eight-hour course is designed for emergency responders, emergency planners, and clinicians. It will allow them to develop a comprehensive view of the considerations necessary for hospital-based medical providers to care for victims suspected of radiation exposure. The panel will consist of radiation experts and DMAT members, demonstrating multi-disciplinary backgrounds. The course will include an updated course manual, triage

and treatment algorithms demonstrating radiological considerations, and will also include a pre-evaluation and post-evaluation test to enhance learning retention. Various case studies will be used to augment the presentations.

### Behavioral Objectives:

- a. Describe the current variety of radiation monitoring instruments and their relative strengths and weaknesses.
- b. Explain to hospital responders how to use a triage system for victims suspected of radiation exposure.
- c. Cite indications for use of special therapeutic options for victims of radiation exposure (KI, decorporation agents, and cytokines).
- d. Compare and contrast radionuclide dispersal devices and nuclear devices and explain the difference in the expected mix of victim casualties.

### **Course J**

#### **A New International Disaster Research Methodology: The Utstein Template**

Marvin Birnbaum, PhD, MD; Judith Fisher, MD, MB, BS; Joanne McGlown, PhD, RN, CHE; Ann O'Rourke, MD

8 hour course

Sunday, April 23, 0800-1700

Crystal 4

This course will present the final report on the work accomplished by the World Association for Disaster and Emergency Medicine (WADEM) and the Nordic Council for Public Health, to establish and implement an extension of the Utstein model (used in research of cardiac arrest response) to the realm of disaster response management and disaster research. The focus of the presentation will be on the health aspects of disaster response and the information the

model helps to collect and utilize for both management and research purposes.

### Behavioral Objectives:

- a. Identify key variables for which indicators need to be measured and reported for purposes of disaster health response management and research.
- b. Discuss time periods for data collection and reporting, dependent upon intended usage.
- c. Describe the importance of using agreed-upon definitions when developing measurement tools to enhance comparability.

### **Course K**

#### **Basic Navigation**

Chris Boyer; Ben Ho, MD

4 hour course

Sunday, April 23, 0800-1200

N 3, 4 & 5

Large-scale disasters including earthquakes and hurricanes result in the widespread elimination of recognizable landmarks, from collapse, fire, or flooding. Responders to major disasters need to have basic navigational skills in order to locate themselves, victims, triage centers, landing zones, and many other areas, at any time of day or night. They also need to know how to establish safe routes for travel and return from the impact zone, using pattern recognition, terrain, and signage as well as field expedient tools including maps, compasses, GPS units, and aerial recon. This presentation will outline the principles of navigating while deployed in the disaster altered landscape.

### Behavioral Objectives:

- a. Describe basic methods of navigation which can be used during disasters.
- b. Identify landmarks and patterns which can be used as navigational aids.

- c. Explain the use of a map and compass for emergency travel.

*Participants are encouraged to bring their personal or team compasses, map tools, and GPS units to the course.*

### **Course L**

#### **Exercise Design, Management, and Evaluation**

Katy Branch; Linda Smith, MD, FACEP;

Megan Wilmoth

4 hour course

Sunday, April 23, 1300-1700

N 3, 4 & 5

Learn how to get the most out of disaster exercises by developing a comprehensive system for evaluating and debriefing performance. In summer 2005, eight hospitals participated in a full-scale Mass Casualty Incident (MCI) exercise as part of the Alaska Shield/Northern Edge Statewide Exercise. The Alaska Hospital Preparedness Program created a new exercise evaluation system called the "Objectives Based Evaluation Model" and recruited 70 evaluators to systematically identify the trends across facilities. This system provides a methodology for improving exercise design, focus debriefings, and systematically capturing observations from both staff and outside evaluators.

### Behavioral Objectives:

- a. List three outcomes from the "Objectives Based Evaluation Model".
- b. Describe three methods for improving exercises.
- c. Explain how the system is used to evaluate exercise performance.



### **Course M**

#### **Animal Rescue and Sheltering Response in the 2005 Hurricane Season**

Stephanie Ostrowski, DVM, MPVM

8 hour course

Sunday, April 23, 0800-1700

N 8 & 9

This course is offered in an intensive workshop format. The panelists participating in this workshop come from diverse specialties and experiences and will challenge attendees to think about what worked and what needs improvement when responding to disasters and emergencies. This workshop will take a retrospective look at the animal response needs and those who sought to meet those needs.

#### Behavioral Objectives:

- Explain how to coordinate animal relief efforts using all levels of the local, state, and Federal animal community.
- Describe the role of Emergency Support Function #8 in veterinary response during disasters.
- Identify resources that may have previously been overlooked or unknown to ensure a unified animal response effort.

### **Course N**

#### **Prevention and Response to Suicide Bombings**

Sgt. Mark Potter

3 hour course

Sunday, April 23, 0800-1100

Carson 1 & 2

This awareness-level course provides participants with sufficient knowledge of suicide bombings so they can become a part of their agency's overall prevention, deterrence, mitigation, and response effort to this threat. This course will cover the definition of suicide terrorism; provide information regarding the three types of suicide bombings and the nine

phases of an attack; provide information to allow identification of common sources of counter-terrorist protective information; and to recognize pre-attack indicators. The course will also identify pre- and post- blast personal protection issues.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- List the three types of suicide bombings.
- Identify the nine phases of a suicide bombing terrorist attack.
- Describe the three pre-attack indicators.

### **Course O**

#### **Media Training**

Marty Bahamonde

2 hour course

Sunday, April 23, 1300-1500

Carson 1 & 2

This two-hour course will look at the many aspects of dealing with the media. The primary focus of the course will be to provide an understanding on how to deal with different media and how to handle a media interview. Video clips demonstrating good and bad interview techniques will be shown and discussed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- Describe the interview requirements of different media types.
- Identify interview techniques that will help when talking to the media.
- Explain what it means to "stay on message" during media interviews.

## Course P

### **Systems Overview: National Response Plan, the National Incident Management System, and the National Disaster Medical System**

CDR Brad Austin, DHHS, HHS;

Robert Jevec, DHS

2 hour course

Sunday, April 23, 1515-1715

Carson 1 & 2

This two-hour course will provide attendees with an awareness level understanding of the National Response Plan (NRP), the National Incident Management System (NIMS), and the National Disaster Medical System (NDMS). A focus of the presentation will explain how health and medical requirements generated by disasters are coordinated between the local, state, and Federal government, and how these services are managed and delivered to those in need. The focus will also include a current overview of NDMS and integration with and support of Emergency Support Function (ESF) #8 of the NRP.

#### Behavioral Objectives:

- Explain the overall purpose and structure of the National Response Plan, the National Incident Management System, and the National Disaster Medical System.
- Describe the various services provided under Emergency Support Function #8 and the role of NDMS in supporting these services.
- Identify the management elements that coordinate assistance at the local, state, and Federal levels.

## Multi-Day Main Conference Courses

### **ICS-300, Intermediate Incident Command System (ICS) – Federal Version**

Richard Sexton

16 hour course

Sunday, April 23, and

Monday, April 24, 0800-1700

Movie Theater 2

This course covers organization and staffing, organizing for incidents and events, resource management, planning, and the use of the “planning P”. Course Topics: ICS staffing and organization, including reporting and working relationships and information flow; transfer of command; unified command functions in a multi-jurisdictional or multi-agency incident; ICS forms; resource management; interagency mission planning, and procurement.

*Note: This course requires attendance throughout the offering. It is a team building experience and relies on the input of all participants. Credit for the course is based on performance and attendance.*

*Pre-requisites: The student must provide a course completion certificate or documentation from a training officer showing that they have completed ICS 100 and 200.*

#### Behavioral Objectives:

- Describe how the NIMS Command and management component supports the management of expanding incidents.
- Describe the incident/event management process for expanding incidents and supervisors as prescribed by the Incident Command System.
- Implement the incident management process on a simulated Type 3 incident.
- Develop an Incident Action Plan for a simulated incident.

### **Hospital-Based Decontamination, Operations-Level, Train the Trainer Course**

Ken Ball; John Beatty; Michael Hayes; Donna Edwards, RN; Margie Scott, MD; Linda Williams, MD  
24 hour course  
Monday, April 24, through Wednesday, April 26, 0800-1700  
Shasta 1 & 2

Modeled after a national decontamination training program, this twenty-four hour train-the-trainer course will provide health care facility staff with the knowledge, skills, and hands-on practice needed to design, budget, equip, and staff a hospital-based decontamination program. Attendees should have already received awareness-level training and participated in decon exercises. The presenters will give guidance and provide resources to assist with various dilemmas faced by hospitals, including using new job action sheets for decon team members; applying new OSHA guidance for personal protective equipment (PPE) selection and training; encouraging participation by hospital leaders and medical providers; avoiding medical-legal pitfalls; addressing ethical issues surrounding mass casualty incidents; selecting and maintaining cost-effective systems; and integrating community capabilities.

#### Behavioral Objectives:

- a. Summarize the threats to our health care systems and the historical events that led us into the hospital decon era.
- b. Describe safe practices and equipment used to perform decon of victims of weapons of mass destruction events.
- c. Apply lessons learned and available resources to overcome common dilemmas in managing and protecting decon teams.

### **ICS-400, Advanced Incident Command System (ICS) – Federal Version**

Richard Sexton  
16 hour course  
Tuesday, April 25, through  
Wednesday, April 26, 0800-1700  
Movie Theater 2

This course expands upon the material covered in ICS-100 through ICS-300. ICS-400 focuses on large single-agency and complex multi-agency/multi-jurisdictional incident response. The course addresses area command and staff issues, as well as the planning, logistical, and fiscal considerations associated with complex incident management and interagency coordination. Course Topics: Command and General Staff; Deputies and Assistants; Unified Commands; Organizational Relationships between Area Command, Unified Command, Multi Entity Coordination Systems, and Emergency Operations Centers (EOCs).

*Note: This course requires attendance throughout the offering. It is a team building experience and relies on the input of all participants. Credit for the course is based on performance and attendance.*

*Pre-requisites: The student must provide a course completion certificate or documentation from a training officer showing that they have completed ICS 100, ICS 200, ICS 300–Federal version, and IS 700.*

#### Behavioral Objectives:

- a. Describe how Unified Command functions on a multi-jurisdiction or multi-agency incident.
- b. Define the advantages of Unified Command and list the kinds of situations which may call for a Unified Command organization.
- c. List the major steps involved in the planning process.

1

**Opening Ceremony**

0800-0815

Hilton Pavilion

**Welcome**

NDMS Partner Agency Representatives:

DHS: Robert Shea

DHHS: Gerald Parker, DVM, PhD, MS

DoD: Ellen Embrey

VA: Lawrence Deyton, MD

0815-0900

Hilton Pavilion

**Keynote Address**

Jeffrey Runge, MD

DHS Chief Medical Officer

0900-0930

Hilton Pavilion

2

**General Session, Emergency Support Function #8 / National Disaster Medical System: Response to Hurricanes Katrina and Rita**

Arnie Bierenbaum; Carol Hall; CAPT Andrew Stevermer, USPHS, ARNP; CDR Mick Cote, USPHS

1000-1130

Hilton Pavilion

Representatives from the Department(s) of Defense, Health and Human Services, Homeland Security, Veterans Affairs, and the American Red Cross will share their individual agency perspectives and discuss interagency operations during two of the most historic natural disasters in U.S. history.

Behavioral Objectives:

- Describe the various types of damage inflicted by each hurricane.
- List three response objectives for each agency.
- Identify some of the issues the interagency

partnership solved during the response to these events.

3

**Unique Clinical Roles: The Federal Medical Field Response to Hurricane Katrina**

CAPT Arthur French, USPHS, MD;

Matt Minson, MD; Charlene Teeter, BSN, RN

1300-1430

Tahoe Room

Hurricane Katrina caused widespread damage to the infrastructure of the Gulf Coast. As a result, Federal medical responders found themselves working to meet patient needs in an incredibly resource poor environment. The clinical conditions encountered, in many instances, expanded the usual role and focus of the providers. Areas for future investigation will be described.

Behavioral Objectives:

- List specific clinical conditions and challenges encountered by Federal medical responders.
- Describe adaptations utilized to overcome the challenges.
- Describe the applicability of findings to future potential events and considerations for all clinical responders.

4

**Findings from Hospital Evaluation of Alaska Shield/Northern Edge '05 Statewide Exercises**

Katy Branch; Linda Smith, MD, FACEP;

Megan Wilmoth

1300-1430

N 3, 4 &amp; 5

Eight hospitals participated in five different full-scale Mass Casualty Incident (MCI) exercises during a multi-jurisdictional interagency exercise in Alaska in August of 2005. Seventy evaluators from 19 states

were recruited and trained in the use of a new evaluation tool designed to collect and assess objective data on hospital performance during disaster response.

Behavioral Objectives:

- a. Discuss a new assessment tool designed to collect objective data on hospital performance during disaster exercises.
- b. Describe overarching trends across facilities participating in MCI disaster exercises.
- c. Discuss flaws in the Hospital Emergency Incident Command System, gaps in triage competency, and inadequacies in hospital security.

**5**

**NDMS Partner Brief on Major Issues**

CDR Brad Austin, USPHS, MPH, CHE;  
Lawrence Deyton, MD; Ellen P. Embrey;  
Gerald Parker, DVM, PhD, MS; Mimi Reilly;  
Robert Shea; Mike Vojtasko

1300-1430

Crystal 3 & 4

On October 24, 2005, the National Disaster Medical System Federal Partners updated the Memorandum of Agreement (MOA). This MOA defines the roles and responsibilities of the NDMS Partners with respect to NDMS. As part of the update, there have been changes to defined roles and responsibilities. This session will allow the partners to explain what this reorganization means in terms of day-to-day and disaster operations for each of their organizations.

Behavioral Objectives:

- a. Identify what changes to the MOA occurred and the resulting impacts to their organizations.
- b. Explain the roles and responsibilities of the various NDMS Partners in the NDMS program.
- c. Describe new opportunities, initiatives, and priorities for NDMS in light of several Incidents of National Significance over the past year.

**6**

**It's Not HEICS Anymore - HICS is the New Answer for an Old System**

Craig DeAtley, PA-C;

Mitch Saruwatari, PhD, BS, MPH, EMT  
1300-1430

Carson 1 & 2

The Hospital Emergency Incident Command System (HEICS) has been the basis for hospital incident command for more than 70% of the hospitals in the United States. However, an updated version has been designed to be consistent with the National Incident Management System (NIMS) and more "all hazards" friendly for hospitals both large and small. Come hear the co-managers of the HEICS IV Revision project, as well as members of the national working group, discuss the process used to review and revise HEICS IV and develop the new Hospital Incident Command System (HICS). Adapting the new format, using the incident command tools, and educational strategies will be discussed as the co-managers help ensure your hospital is better prepared for emergency incidents, regardless of type or size.

Behavioral Objectives:

- a. Discuss the new design of HICS.
- b. Describe points of emphasis of the new HICS development and implementation.
- c. Identify key issues related to HICS implementation for hospitals.

**7**

**DMORT Adapts to Intolerable Circumstances - Katrina: The First 72 Hours**

Doug McKown, F-ABMDI

1300-1430

Crystal 1 & 2

During the 2005 hurricane season, unprecedented death and destruction occurred in the Gulf Coast. Two major hurricanes and levee failures produced never before seen



destruction and mass fatalities to two areas only seventy miles apart.

Behavioral Objectives:

- Describe various ways in which responders can be housed in austere conditions.
- Explain what is meant by the term “survivor mentality”.
- Discuss how local infrastructure may not be able to support responders.

**8**

**Training Working Group Vision for the Future**

John Burgard

1300-1430

Movie Theater 1

This session is designed for NDMS trainers and will discuss the following topics: Working Group charter, web based training improvements, training officer development, standardization of field training, and the vision for the future.

Behavioral Objectives:

- Recognize the need for improvement in how NDMS members learn and are taught in the deployment setting.
- State the role that training officers can play in enhancing team member learning, in and out of deployment, in partnership with other teams and agencies.
- Explain successful approaches for integrating learning across disciplines and beyond the single team environment.

**9**

**Public Health and Medical Issues in Disaster Response**

Ron Burger, BS

1300-1430

Carson 3 & 4

This session will describe, through the use of many real life examples and lessons learned,

the major public health and medical issues in an event that impacts the public’s health. These issues will draw upon the presenter’s years of experience responding to numerous public health and medical emergencies. It will provide for the participants in detail what public health and medical responders can “bring to the table.” It will also serve as a review of the functional areas of the public health and medical activities as outlined within Emergency Support Function #8 (ESF #8) of the National Response Plan (NRP).

Behavioral Objectives:

- List at least five major public health and medical issues faced during a disaster.
- Describe the reasons for establishing an active injury and illness surveillance system and community rapid needs assessment.
- Identify some of the functional activities as outlined in ESF #8 of the NRP.

**10**

**US&R and DMAT Response to Hurricane Katrina**

Kelly Klein, MD; Ken Miller, MD, PhD; Mark Stinson, MD

1300-1430

N 1 & 2

The storm surge and winds from Hurricane Katrina caused damage along the Gulf Coast that some described as being similar to the Indian Ocean Tsunami. FEMA Urban Search and Rescue (US&R) Task Forces and NDMS Disaster Medical Assistance Teams (DMATs) operating in these environments experienced unique challenges in communication, transportation, logistics, rescue, and patient treatment.

Behavioral Objectives:

- Describe the level of damage in several areas along the Gulf Coast affected by Hurricane Katrina.
- Explain the role(s) of an US&R Task Force and an NDMS DMAT and how these roles are related.

- c. Discuss some of the unique problems faced during the early response phase.

**11****Preparing Response Teams for Successful Deployment**

Jim Acosta  
1300-1430  
N 8 & 9

This presentation will provide an overview of individual and team preparedness for deployment. The session will identify the types of difficulties that disaster situations create that drive these readiness activities.

Behavioral Objectives:

- a. Explain why disaster response is different than typical pre-hospital responses.
- b. Identify some important individual preparedness requirements.
- c. Describe various approaches to team readiness.

**12****Laboratory Animal Facilities: What Responders Need to Know**

Lynell Dupepe, BS, RLATG;  
Alfred Gaskin, DVM  
1300-1430  
N 6 & 7

It is clear from the observations of this past season that nothing may be spared in the wake of a hurricane. While it was demonstrated that owners of companion animals suffered emotionally when leaving them behind, a similar parallel might be made by scientists whose laboratory animal research often represents years of intense and valuable research. These animals are maintained under strict guidelines and research is conducted under the purview of animal protocols with institutional approval and review. This session includes a discussion of what the responder should consider when entering a laboratory animal research facility, to include infectious

disease studies which may be encountered, personal protective equipment, species considerations, the care and movement of animals, etc.

Behavioral Objectives:

- a. Identify some of the more common species used in animal research.
- b. Discuss infectious agents used in animal studies and identification of some species which are inherent carriers of diseases of public health significance.
- c. Describe the options for care in less than optimum conditions.

**13****The DMAT's Role in Aeromedical Evacuation (AE): Originating AE Flights and Receiving Them**

Jake Jacoby, MD, FACP, FACEP;  
Erik Larsen, MD, FACEP  
1500-1630  
Hilton Pavilion

This session will explain the role of a Disaster Medical Assistance Team (DMAT) in patient staging and reception operations. The presentation will review the concept of operations for DMAT operations and draw from experiences such as previous NDMS exercises and the actual aeromedical evacuation operations in Texas, Louisiana, and Mississippi following Hurricanes Katrina and Rita. Organizational structure, incident command, and DMAT field and hospital medical operations will be discussed.

Behavioral Objectives:

- a. Describe the issues that faced DMATs during patient staging and reception operations.
- b. Identify resolutions to issues that surfaced during the 2005 hurricane DMAT activities.
- c. Explain how existing DMAT patient reception plans can be modified to accommodate the many diverse potential missions.



14

**Altered Standards of Care/Patient Movement**

Mark Ackerman, MS; Joseph Barbera, MD;  
Lawrence Hipshman, MD, MPH  
1500-1630  
Reno Room

Many of the potential hazardous scenarios confronting health care today pose the risk of exceeding the abilities to provide established standards of patient care. The events following Hurricane Katrina serve to highlight this issue, and a recent publication by the Agency for Healthcare Research and Quality examines many of the specific issues. Important ethical considerations are provided as well.

Behavioral Objectives:

- List important challenges related to maintaining established standards of care while addressing patient surge capacity and capability.
- Describe critical management considerations for altered standards of care.
- Discuss legal implications and ethical considerations for altered standards of care.

15

**Pharmacy Issues in Emergency Management**

Jeffrey Bratberg, PharmD, BCPS; Ken Rogers, PharmD; David Teeter, PharmD  
1500-1630  
Tahoe Room

This session will be of interest to those providing and supporting patient care following a disaster. Information will be applicable to local providers and managers as well as Federally-deployed health care providers, response teams and emergency managers. The focus will be on the match of the pharmaceuticals available to local communities and deployed response teams to the anticipated needs of the patients. The first presentation will outline the injuries

and illnesses faced by a Disaster Medical Assistance Team (DMAT) deployed to Hurricane Katrina. The second presentation will discuss the basic DMAT pharmaceutical cache and vendor support during deployment. There will be time at the end for questions and comments.

Behavioral Objectives:

- List at least three injuries and illnesses that a medical response team should anticipate encountering in a deployment to a natural disaster in the United States, five or more days post event.
- Describe how the illnesses in the first objective might influence the demand for pharmaceuticals.
- Identify procedures that deployed response teams could use to obtain pharmaceuticals while at the disaster site.

16

**Restoring Health Systems, Infrastructure, Reimbursement, and Parallel Support Services**

CDR Brad Austin, USPHS, MPH, CHE; Nicki Pesik, MD; Mark Roupas  
1500-1630  
Hilton Theater

Health care operations and delivery in the aftermath of a disaster are dependent on the parallel support services and infrastructure available. Observations and current thought on strengthening health care delivery will be presented from a variety of service areas.

Behavioral Objectives:

- Describe the components of infrastructure that affect health care operations and steps that must be addressed to ensure viability in the post-event period.
- List facts about post-disaster reimbursement that were new to you and may alter your facility's plans for future disasters.
- State the importance of including planning for parallel support services in an effective recovery process.

17

**General Session, Pandemic Flu: Planning and Responding to a Worldwide Threat**

Howard Backer, M.D., MPH; Gary Oxman, M.D., MPH; Benjamin Schwartz, M.D.

0800-0930

Hilton Pavilion

This presentation will describe the pandemic influenza threat, highlighting the H5N1 avian influenza situation. It will describe the potential impacts of a pandemic threat; summarize critical response activities; and describe planning and preparedness activities that will increase the effectiveness of a response at the local, state, and Federal level.

Behavioral Objectives:

- a. Describe what an influenza pandemic is and its potential impacts on health, economics, and social functioning.
- b. Identify four critical response activities in an influenza pandemic (vaccine, antiviral drugs, public health control measures, and quality medical care) and at least one major challenge for each that must be addressed in implementation.
- c. Identify four critical preparedness activities that are being implemented at a local, state, and/or Federal level.

18

**Medical Surge Capacity: Considerations for Enhancing the Ability to Care for Increased Patient Numbers**

John Hick, MD; Lewis Rubinson, MD, PhD; Craig Thorne, MD, MPH

1000-1130

Tahoe Room

Hospitals can be confronted with heavy patient volumes on a regular basis, but certain hazards pose the threat of increasing patient numbers significantly. Resources that may be limited during day-to-day operations have the potential to become increasingly scarce. Considerations

are presented that demonstrate efficient methods for “surging” to meet the need. In particular, examinations of patient isolation and mechanical ventilation are provided.

Behavioral Objectives:

- a. Describe potential hazards that could provide a significant patient surge.
- b. List important management and logistical considerations for addressing patient surge capacity.
- c. Describe innovative techniques for patient isolation and mechanical ventilation that enhance surge capacity.

19

**Research in Information Systems and Tracking**

1000-1130

N 3, 4, &amp; 5

19A

**Community Disaster Information Systems**

Doug Troy, PhD

The Community Disaster Information System (CDIS) provides Red Cross workers with immediate access to high quality resource information during disasters. This tool also helps Red Cross chapters assess and organize community resource information. This presentation will give an overview and demonstration of the CDIS system and its benefits to Red Cross preparedness and response.

Behavioral Objectives:

- a. Identify the variety of information about community resources that is stored in CDIS and how that information is indexed for searching.
- b. Explain how the information system replaces ad-hoc approaches to storing and retrieving information for disaster response by the Red Cross chapters.
- c. Cite specific examples of resource information and community partnerships

established by Red Cross chapters who are using the CDIS system.

**19B**

**Patient Tracking: Simple Solutions to Impossible Problems**

Chris Pepin, RN; Linda Smith, MD

Conventional methods of patient tracking are clearly inadequate when large volumes of patients arrive in the emergency department. A focus group of emergency physicians and nurses brainstormed a low-budget high intellect solution to this problem. The planning and solutions will be presented for adaptation to other facilities that face similar challenges.

Behavioral Objectives:

- a. Identify roles for triage, medical records, and ancillary services to assist with patient tracking.
- b. Describe the concept of a new type of patient tracking board that provides rapid and accurate real time tracking of patients during a disaster.
- c. Explain some low tech communication solutions to enable various treatment areas and incident command to also track a patient's real time during a disaster.

**20**

**Patient Movement / Aeromedical Evacuation Operations During Hurricanes Katrina and Rita**

Mark Mahar; Major James Reineke, RN, USAF, NC;

1000-1130

Crystal 3 & 4

This session will provide a basic overview of the Department of Defense's (DoD's) current processes and procedures used to support NDMS patient evacuation. Faculty will address medical regulating concepts, policies, and procedures, as well as patient evacuation tactics, techniques, and procedures

(for example, aeromedical evacuation). An overview of theater, inter-theater, and Continental United States patient movement operations in support of Operation Iraqi Freedom will be explained. The speakers will provide a summary of the aeromedical evacuation missions accomplished in support of recent hurricane response operations.

Behavioral Objectives:

- a. Describe current NDMS medical regulating processes and procedures.
- b. Identify the organizations that are involved in NDMS patient evacuation and their roles during these events.
- c. Discuss some of the patient movement experiences during recent military and domestic response operations.

**21**

**Emergency Preparedness Training and Education for Hospitals: Out of the Box and into your Facility**

Joe Barbera, MD; Richard Callis; Craig DeAtley, PA-C; Scott Selig, MAT

1000-1130

Carson 1 & 2

Hospitals throughout America are seeking ways to provide cost-effective emergency preparedness education and training for a variety of personnel. This presentation will focus on how two government agencies and two hospital systems are attempting to combine traditional and highly creative strategies to provide education and training on everything from basic response principles and personal protective equipment to incident command and special response devices.

Behavioral Objectives:

- a. Identify four issues health care facilities are facing in providing emergency preparedness training and education to their personnel, and two products that will be available from FEMA and VA.
- b. Describe how the internet can be used as an

- educational tool for training.
- c. Discuss how “gaming” can be used as a successful education and training tool.

22

### **Where It All Comes Together: Information Resources**

Donald Bloom; David Hunt; Brad Targhetta  
1000-1130  
Crystal 1 & 2

*Note: This session is designed for Disaster Mortuary Operational Response Team (DMORT) members with a basic understanding of computers and data entry.*

The management of fatality-related data is critical to the successful outcome of a mass fatality operation. A shortage of qualified personnel for this job was apparent during the 2005 hurricane responses. This session will utilize the Disaster Portable Morgue Unit (DPMU) Information Resources equipment to provide an active, hands-on exercise designed for those DMORT people who have a basic knowledge of computer data entry. After a period of instruction, attendees will be presented with a mock set of ante and post mortem data and tasked with entering that data into the VIP program. The VIP program was updated to FileMaker 8 during the last deployment. There will be a review of the new sign-in, password features, time stamping, record locking, and an overview of the type of reports generated during deployment. The standard operating procedures for working with the VIP program in the Information Resources section will be discussed. This exercise will give attendees a basic understanding of how to create new records and search for identifying characteristics.

#### Behavioral Objectives:

- Describe how the DPMU Information Resources function to track mass fatalities.
- Explain the process of entering new records into the system.
- Demonstrate how to search for identifying

characteristics.

23

### **An Operations Working Group Vision for the Future**

CAPT Arthur French, USPHS, MD; Jonathan Jui, MD, MPH, FACEP; Charlene Teeter, BSN, RN  
1000-1130  
Movie Theater 1

The post 9-11 changes in Homeland Security require NDMS to be a more responsive, effective, and capable organization in order to meet the mandates of Homeland Security Presidential Directive 8 (HSPD-8): “National Preparedness”. The NDMS Operations Working Group believes that the structure and operational paradigms of the NDMS of the 1980’s require a major transformation. This transformation should be based upon the established Department of Homeland Security Universal Task List and Target Capabilities List, and aligned with the Homeland Security Council Planning Scenarios and the HSPD-8 National Preparedness Goal. HSPD-8 requires standards for preparedness assessments and strategies, to include identifying critical tasks, performance standards, competency-based training, and mission essential tasks lists. NDMS is a “system of systems”. Essential system components for a prepared NDMS which can meet the mandates of HSPD-8 include doctrine, organization, training, logistics, equipment, personnel, information technology, and facilities. The Operations Working Group will discuss their recommendations for addressing these components and the concomitant recommended implementations to achieve the desired end state of NDMS readiness. A proposed “NDMS Agenda for the Future” will be presented.

#### Behavioral Objectives:

- List three differences between the previous NDMS structure and current operations.
- Identify three mechanisms to be used in

transforming NDMS.

- c. Identify three components of the “Agenda for the Future”.

**24**

**Disaster Injury / Illness Surveillance:  
A Tool for Public Health and for NDMS**

K. Mills McNeill, MD, PhD

1000-1130

Carson 3 & 4

The presentation will describe the disease and injury surveillance conducted collaboratively by the Mississippi Department of Health, the Centers for Disease Control and Prevention, and NDMS on the Mississippi Gulf Coast in the immediate aftermath of Hurricane Katrina. Details of this program that will be presented include staffing, logistical considerations, and surveillance results. The impact and effectiveness of a real-time surveillance system in this environment will be discussed, and lessons learned that may be applicable to future events will be considered.

Behavioral Objectives:

- List the illness and injury diagnostic categories that were monitored in the Hurricane Katrina surveillance system.
- Discuss staffing and logistical obstacles that had to be overcome to effectively implement the system.
- Describe the benefits of initiating a disease and injury surveillance system early in the disaster recovery phase.

**25**

**Onsite Operations: Swift and Contaminated Water**

Ben Ho, MD; Mike Kurtz

1000-1130

N 1 & 2

Response team members deployed to hurricane disasters need to be familiar with working safely in swift water and flood conditions.

Specific training for personnel deployed in this hazardous environment has been well established in many states under national guidelines. This presentation will outline safety, equipment, personal protection, decontamination, and hazard recognition for anyone working in or near high water.

Behavioral Objectives:

- Describe how to work safely in flood conditions.
- Identify multiple hazards which flood conditions produce.
- Explain the proper use of personal protective equipment in the flood environment.

**26**

**Follow the Leader - Lead the Way**

Timothy Tackett

1000-1130

N 8 & 9

Leadership directly affects the organizational and operational success of a response team; Understanding its basics is essential. Methodology from corporate and military doctrine can be blended and applied to volunteer response team functions. This presentation is for the individual seeking more effective ways of guiding their team to success and improving their ability to manage. Understanding the dynamics of strong leadership will help team leadership at all levels better accomplish their mission.

Behavioral Objectives:

- Identify proven basic strategies for the challenges and difficulties of being an effective leader in a complex environment of change and crisis.
- Explain model behaviors that are desirable and essential to leading people.
- Outline strategies for improving personal and team leadership performance.



27

**The Role of NDMS in the Event of a Highly Pathogenic Avian Influenza Outbreak in the United States**

Joseph Anelli, DVM, MS

1000-1130

N 6 &amp; 7

This presentation will educate the NDMS community on the roles that the U.S. Department of Agriculture (USDA) will play as the lead Federal agency for avian influenza in poultry. It will also provide an awareness of pandemic zoonotic avian influenza and the cooperation that will be necessary between and among the Department of Health and Human Services, USDA, NDMS, and others.

Behavioral Objectives:

- List three roles the USDA sees for NDMS in the possibility of an avian flu outbreak.
- Describe the USDA's role in the event of an avian influenza outbreak.
- Identify three components of Emergency Support Function #11 in support of regional response efforts.

28

**BioWatch: The Program and Its Clinical Implications for Health Care Facilities**

Mary des-Vignes Kendrick, MD, MPH;

Lee Ann Byrd; Susan Ohnmacht, RN, MSN, MS, CNA

1300-1430

Tahoe Room

For several years, the Federal government has overseen the deployment of sensors in many cities, in order to provide early warning of specific pathogen release into the environment. This effort involves several Federal agencies and state/local laboratories. Since its inception, several instances have occurred in which the system has signaled the presence of a pathogen of concern. The implications of this program for health care providers and the public health system are discussed.

Behavioral Objectives:

- Describe the basic construct of the BioWatch program.
- List important clinical and community considerations for individual health care facilities and the public health system in relation to BioWatch testing and response.
- Cite important management considerations for enhancing coordination amongst clinical facilities and public health systems in relation to BioWatch testing and response.

29

**Research in Response Capabilities**

1300-1430

N 3, 4 &amp; 5

29A

**Enhancing Surge/Isolation Capabilities: Lessons Learned from a Large Medical Center**

Craig Thorne, MD, MPH

This course will focus on the lessons learned regarding free standing surge/isolation shelters.

Behavioral Objectives:

- Describe the best practices strategy to ensure facility safety and integrity.
- Identify measures necessary to implement a surge/isolation shelter system.
- Understand the collaborative planning process required to implement a surge/isolation shelter system.

29B

**Development of a National Mass Patient Movement Regulatory and Tracking System**

CAPT F. Christy Music, MSC, USN; Sally Phillips, RN, PhD; Richard Zane, MD

The Catastrophic Incident Supplement to the National Response Plan assumes that up to 100,000 casualties may require transport, regulating, and tracking from a catastrophic incident site, through health care facilities for definitive care in surrounding communities, the

region or other areas of the country. Attendees will be provided an overview of a FEMA-funded project, supported by the Agency for Healthcare Research and Quality (AHRQ), to address this priority. The goal of this project is to support the design, development, and testing of demonstration models for an interagency mass patient and evacuee movement, regulating, and tracking system. The system will be designed to manage these processes through intermediate to final dispositions.

Behavioral Objectives:

- Describe some of the Department of Homeland Security's planning efforts that served as an impetus for this project.
- Discuss the seven broad tasks associated with this project and strategic planning directions to date.
- Describe the initial planning efforts underway with the two demonstration models for an interagency mass patient and evacuee movement, regulating, and tracking system.

**29C**

**Models and Tools for Mass Casualty Surge Requirements**

CAPT F. Christy Music, MSC, USN; Sally Phillips, RN, PhD; Richard Zane, MD

This project seeks to define the specific assets and capabilities necessary for effective medical surge capacity in a terrorist, natural, or industrial event resulting in mass casualties, and create a stand alone, web-based tool that helps emergency planners recognize the specific resources health care facilities may need. Participants will be provided an overview of work concluded to date on specific scenarios, as well as examine the prototype of a tool for emergency planners.

Behavioral Objectives:

- Describe some of the overarching goals and objectives of AHRQ in the area of surge capacity planning preparedness and response

activities.

- Discuss the preliminary data of this project on select scenarios.
- Explain some of the elements of a prototype tool for emergency planners.

**30**

**Patient Reception Operations**

Paul Brannigan; Brian Crowder; Brad Harris; Dana Shropshire, FPED, CHS-III  
1300-1430

Crystal 3 & 4

In 2005, over 2,900 patients were evacuated out of New Orleans by military aircraft. This panel presentation will discuss how an NDMS aeromedical evacuation operation is managed. Each of the panel members were Federal Coordinating Center officials involved in patient reception operations, and each will present information about what was accomplished and suggestions for future operations of this type.

Behavioral Objectives:

- Describe the variety of activities that comprise a patient reception operation.
- Identify some of the potential problems resulting from patient reception operations.
- Explain how existing patient reception plans can be modified to accommodate the many diverse potential missions.

**31**

**NIMS Compliance Expectations for Hospitals**

Richard Callis; Craig DeAtley, PA-C; Al Fluman; CDR Melissa Sanders, USPHS  
1300-1430

Carson 1 & 2

The application of the National Incident Management System (NIMS) to hospitals and health care systems will require guidance on the necessary elements and planning steps to meet these recommendations. Issues related to



the hospital's current emergency management program and the inclusion of the principles of NIMS will be addressed. The speakers will address issues related to compliance, accreditation, and Federal grant funding as well as overall planning and program development. Examples of compliance demonstration will also be reviewed with additional information on education and training requirements available to assist hospitals.

Behavioral Objectives:

- Describe the seven elements of NIMS in relation to hospital emergency management.
- Discuss the recommendations of the NIMS Integration Center for the use of a national system for public and private hospitals.
- Explain the implications for Federal grant funding in relation to NIMS compliance.

**32**

**From Ordinary to Extraordinary: DMORT Workers**

Sandy Ramsey, MA

1300-1430

Crystal 1 & 2

Work at a disaster is grueling, as all NDMS personnel know. There are long hours, shortages, inconveniences, and lack of sleep. But Disaster Mortuary Operational Response Team (DMORT) members have selected themselves for a job that not many people can or are willing to do - work with human remains. Exposure to traumatic death is significantly related to later symptoms of intrusion and avoidance. What can be done about the emotional and psychological risks associated with this work? What are some things that can be done before the workers leave the job and after they get home that will mitigate the stress effects? This talk will discuss the DMORT member, the unique stressors they encounter, and ways in which their organization, family, and friends can help reduce the stress response.

Behavioral Objectives:

- Identify what personality characteristics make DMORT members self-selected for stress response.
- Cite the unique stressors to which they are exposed.
- Describe how their organization, friends, and family can help reduce the stress response of DMORT workers.

**33**

**Logistics Working Group After Action Report "Top 5"**

Robert Daley

1300-1430

Movie Theater 1

This session will identify and discuss the top five logistics-related issues from Hurricanes Katrina/Rita/Wilma. These "Top 5" were taken from both the personal experiences of Logistics Chiefs and After Action Reports. The presentations will collate this information and explain how these issues will be corrected.

Behavioral Objectives:

- Identify three logistical problems encountered during the 2005 hurricane season.
- Describe the Working Group Process in analyzing these problems.
- Cite three potential remedies generated by the After Action Report and discussion.

**34**

**Federal Medical Station Operations**

CDR Dan Beck, USPHS; LCDR Gregory Davis, RPh; Robert McDivitt, FACHE;

Cosme Torres-Sabater, RN, CHCM

1300-1430

Carson 3 & 4

The summer of 2005 will be remembered for the unprecedented climatic events that spawned 26 named Atlantic Storms, breaking records for their intensity, frequency, size,

and destruction. The extraordinary response and recovery efforts mounted in the aftermath of Hurricanes Katrina and Rita saw a draft Concept of Operations morph into two fully operational Federal Medical Stations (FMS) staffed by hundreds of Public Health Service and Department of Veterans Affairs medical personnel. These FMS became a temporary home to 300 victims, evacuees, and care providers. This presentation will detail the logistical, operational, and health care challenges faced by the shelter's staff and how the "can do" attitude provided a blueprint for success.

Behavioral Objectives:

- Explain the basic concept of the FMS and how operational doctrine changed to meet the actual needs and complexities of the patients, evacuees, and residents.
- Identify an array of logistical, operational, and health care challenges and adjust current plans to meet these challenges.
- Describe staffing challenges and identify the critical health and social needs that require proper patient / staffing ratios.

**35**

**Post-Deployment Health Screening**

Phil Gruzalski, MA, MSW, LCSW; Leslie Israel, DO, MPH; Penny Miller, RN, MS, FNP  
1300-1430

N 1 & 2

The 2005 hurricane season raised many questions for the response community, one of which was how best to provide force health protection. How can the medical, psychological, cognitive, social, and spiritual needs of NDMS team members be protected? This session will seek to address these issues and offer recommendations.

Behavioral Objectives:

- Describe three problem areas identified that relate to force health protection.

- List two recommendations to enhance force health protection.
- Describe recommendations to streamline and reduce the cost of health screenings, pre and post deployment.

**36**

**Conflicts of Interest and Federal Ethics Concerns for NDMS Team Members: The Uniformed Services Employment and Reemployment Rights Act (USERRA) and NDMS**

Paul Conrad, JD

1300-1430

N 8 & 9

This presentation will provide a brief overview of the Federal criminal ethics statutes, the principles of ethical conduct for Federal employees, selected Federal ethics rules, and practical advice on how NDMS members can avoid ethics issues. This session will also provide an understanding of the Uniformed Services Employment and Reemployment Rights Act (USERRA), and practical advice on how NDMS members can avoid employment issues with their employers.

Behavioral Objectives:

- Outline the principles of ethical conduct for Federal employees.
- Identify strategies on how NDMS members can avoid ethics issues.
- Cite several strategies on how NDMS members can avoid employment issues with their employers.

**37**

**Clinical Considerations and Pathology of Avian Influenza in Poultry**

Nathaniel Tablante, DVM, MS, DAC PV

1300-1430

N 6 & 7

This session is designed to provide a basic to intermediate introduction to the clinical manifestations of Avian Influenza in poultry. H5N1 influenza is still mainly a bird disease,

but the longer it circulates among birds, the greater the chance that it will infect a human who also carries human flu, and evolve into a virus which may be transmitted directly to another person. The ability to identify the disease in birds by veterinarians, veterinary technicians, and others may contribute significantly towards its containment and the ability to reduce its threat to the human community. The instructor will discuss the transmission, clinical symptoms, signs of the disease, and incubation period, etc., as well as offer guidance on the management of the disease from a poultry production perspective.

Behavioral Objectives:

- a. Identify the signs and symptoms of Avian Influenza in poultry and become familiar with appropriate testing mechanisms to confirm the prevalence of the disease.
- b. Explain appropriate containment procedures on a poultry farm as they pertain to the Avian Influenza Virus.
- c. Describe some of the public health implications of the disease.

**38**

**Restoring Health Systems, Impacts on Staff as Victims and Responders**

Jim Aiken, MD; Marla Kendig, MS, CIH; Skip Skivington, MBA  
1500-1630  
Hilton Theater

In this session, the recovery efforts of local hospitals as well as those hospitals that sent response teams to the Gulf Coast will be compared and contrasted. The established plans to return to normal operations will be discussed, offering guidance to hospitals on the development of long term recovery plans. The speakers will discuss the unforeseen consequences and implications of responding to an event outside their jurisdictions, and the results on day-to-day operations. The response efforts of the Louisiana State University Health Sciences Center's Medical Center of

Louisiana will discuss how, despite extensive planning, unexpected complications challenged the ingenuity and decision making skills of the staff. Speakers from Kaiser Permanente and the Mayo Clinics will discuss how their systems responded with teams of medical professionals, and how they adapted normal operations and undertook short and long-term recovery plans.

Behavioral Objectives:

- a. Describe the impact on the daily operations of a multi-hospital response to a national disaster.
- b. Explain the long term financial and operational recovery after a health system response to a national disaster.
- c. Discuss how one hospital returned to normal operations after facing a disaster that devastated their infrastructure.

**39**

**Overhead Team Incident Management Roles**

Anthony Macintyre, MD; Bill Piggott, MD; George Rathkamp; Ed Siekierski;  
CAPT Andrew Stevermer, USPHS, ARNP  
1500-1630  
Reno Room

This presentation begins with a perspective from the NDMS Operations Support Center (OSC) on the integration and management of NDMS response assets (Disaster Medical Assistance Teams, Veterinary Medical Assistance Teams, and Disaster Mortuary Operational Response Teams) during Hurricanes Katrina and Rita. The second presenter will explain the role of the Joint Field Office and how rescue, health, and medical requirements are coordinated with the State and Federal regional emergency operations centers and overhead teams in the field. Representatives from three overhead teams will explain their organization and integration: the Incident Support Team for Urban Search and Rescue assets; the Management Support

Team for NDMS assets; and the Secretary's Emergency Response Team for health and medical resources deployed through the Department of Health and Human Services.

Behavioral Objectives:

- a. Provide an overview of the mission assignment process that delivers Federal assistance to State requests.
- b. Explain the purpose and function of an overhead team.
- c. Cite three examples of overhead teams operating under the National Response Plan.

**40**

**Volunteer Integration and Management**

Chris McLaughlin; Leon Shaifer; CDR Robert Tosatto, USPHS, RPH, MPH, MBA; Lissa Westerman, RN

1500-1630

Hilton Pavilion

The appropriate request, receipt, processing, management, and demobilization of volunteers are common challenges during response to any large incident. Well before 9-11, different systematic efforts have been developed to address these problems, and after last summer's responses, new concepts have come to light. This session provides insight into the "systems" issues that must be addressed during preparedness and response, in order to effectively integrate and manage medical and health volunteers. Areas for improvement are highlighted.

Behavioral Objectives:

- a. Describe the scope and purpose of some existing programs for volunteer integration.
- b. List important concepts related to the management of volunteers during response operations.
- c. Identify areas where improvements are needed.

**41**

**Community Rapid Needs Assessment**

Gary Hlady, MD, MS; Joann Schulte, DO, MPH; Will Service, MSPH; David Zane, MS  
1500-1630

Tahoe Room

This session will profile how community rapid needs assessments have been implemented in several states (Florida, North Carolina, and Texas) after natural disasters, including hurricanes and ice storms. Community rapid needs assessment is a disaster response tool that epidemiologists can use to provide population-based information, in order to guide and evaluate relief operations after a sudden-impact natural disaster. Community rapid needs assessments typically uses a cluster survey methodology to assess immediate needs of the population impacted by natural disasters. The methodology for the surveys was adapted from the Expanded Program on Immunization (EPI) and has been applied for more than a decade in the United States. The session will feature speakers from three states who have implemented such surveys soon after a natural disaster. Speakers will describe the organizational issues in getting such a survey done, and supply case histories of their individual surveys, what the results were, and how it changed the response to the natural disaster.

Behavioral Objectives:

- a. Describe the sampling methodology in rapid needs assessments and discuss how states have implemented rapid needs assessments following natural disasters.
- c. List organizational and logistical issues in conducting the surveys.
- d. Cite how this tool is useful to emergency management.

42

**Triage**

Joe Barbera, MD; Joe Holley, MD, FACEP;  
Gina Smith, RN  
0800-0930  
Tahoe Room

Triage, as a tool, has always sought to match available resources with needs in a prioritized fashion. Many triage models have been promulgated for emergency response: few have been applied in the face of overwhelming need with minimal available resources. This session examines experiences with triage during the response to Hurricane Katrina and proposes methodology considerations consistent with a “systems” approach.

Behavioral Objectives:

- Describe important triage challenges confronted during response to Hurricane Katrina.
- Identify critical issues that any triage tool must address when applied to emergency response operations.
- Discuss important systems considerations and adaptations for triage to be applied during emergency response operations.

43

**Industrial Design Meets Disaster Medicine**

0800-0930

N 3, 4, & 5

43A

**The Next Generation of Personal Protective Equipment (PPE)**

Selim Suner, MD, MS

Carbon Dioxide (CO) is the leading cause of mortality and morbidity from toxins in the United States. A rise in CO toxicity (COT) is observed following major disasters. Participants will learn how to determine baseline COHb and compare levels by demographics, smoking history, and vital

signs, to identify potential surrogates for COT. A handheld device, which uses noninvasive spectral analysis, will be highlighted as a tool for health care providers to screen for CO toxicity in the wake of major disasters.

Behavioral Objectives:

- Explain the epidemiology of carbon monoxide toxicity after disasters.
- Describe a novel device to measure carboxyhemoglobin concentration noninvasively.
- Explain data and results from a study conducted utilizing a hand-held COHb detector.

43B

**Non-invasive Carboxyhemoglobin Monitoring: Implications for CO Toxicity Screening Following Major Disasters**

Matt Cottam; Selim Suner, MD, MS

Research resulted in improvements to current level B and C PPE for disaster medical and hospital Emergency Department (ED) personnel utilizing principles of industrial design. These adaptations may be ideal for use by DMATs, other disaster medical personnel, and ED personnel who are not frequent users of PPE.

Behavioral Objectives:

- Describe the potential use of PPE by DMAT personnel.
- Explain the industrial design process which led to the design of the PPE.
- Demonstrate the features of the PPE design using principles of industrial design.

44

**Patient Tracking System**

David Aylward, JD; Sally Phillips, PhD, RN  
0800-0930

Crystal 3 & 4



The recent Gulf Coast hurricanes and other emergency events continue to confirm that the United States faces a legitimate threat of intentional and natural mass casualty incidents. In response to these threats, numerous efforts are underway at the Federal, state, and local levels to strengthen America's emergency response infrastructure. One such effort is the development or acquisition of "patient tracking systems" as a means to improve emergency response capabilities electronically, by capturing and distributing patient information to various stakeholders, such as emergency managers and local hospitals. This presentation will provide attendees with an overview of initiatives underway to ensure patient accountability and tracking.

Behavioral Objectives:

- a. Explain the development of a national patient accountability and tracking system.
- b. Discuss how to make improvements to the local/state and national systems; test and evaluate the system.
- c. Identify the data elements and interface requirements for transporting, tracking, and reporting patient status.

45

**London Bombing: Impact on Health Systems**

Ken Hines, MD

0800-0930

Carson 1 & 2

Emergency department care has changed in London over the past two years. Emergency departments have been under pressure to meet a strict government target: 98% of patients must be seen, treated, and admitted or discharged within four hours. This was put to the test on July 7, 2005, when more than 50 people were killed and 700 injured in a terrorist attack in London. The injured streamed into hospitals, some by ambulance and many by private vehicle. The city's emergency response services put their disaster plans into action, treating more than 390 people throughout the city. The speaker

will discuss the hospital disaster planning in London, including the impact on day-to-day operations. The coordination among the city's emergency response personnel and health care systems will be reviewed, offering guidance on how this system is developed and maintained.

Behavioral Objectives:

- a. Compare and contrast the coordination of hospital and pre-hospital response in a mass casualty incident in England vs. the U.S.
- b. Describe the current mass casualty response plans for hospitals in London and how lessons may be applied to your hospital plans.
- c. Discuss how daily operations in a hospital are affected by a mass casualty incident.

46

**Hurricane Deployment Overview**

Chuck Smith

0800-0930

Crystal 1 & 2

This presentation will encompass the Disaster Mortuary Operations Response Team (DMORT) response to the largest natural disaster in U.S. history from a mortuary standpoint. Hurricane Katrina devastated the Gulf Coast on August 27, 2005, and was responsible for over 1,100 deaths. On September 24, 2005, Hurricane Rita devastated Southwestern Louisiana and caused the disinterment of hundreds of previously buried human remains. The total disinterred from both storms exceeded 1,300 bodies.

Behavioral Objectives:

- a. Describe three components of the 2005 DMORT response.
- b. Discuss what could have been done more effectively.
- c. List three lessons learned by DMORT from the 2005 hurricane season.

47

**Documents for Deployments: Pubs and Docs Year-End Review and Introduction to Standardized Documents Package for Mission Deployments**

David Canton, MD, DO, MPH, EMT-P; Penny Miller, RN, MS, FNP; Steven White, CBET, NREMT-P

0800-0930

Movie Theater 1

Provides a brief review of the projects started, completed, and still ongoing by the NDMS Publications and Documentation Working Group. Discussion of the introduction of a standardized documentation system for activated and deployed NDMS teams to include Patient Care Reports (PCR's), Patient Care/Treatment Logs, Patient Transport Logs, Patient Discharge Forms, Immunization Logs, etc. Also provides an update on the American Medical Association Policy and Electronic Medical Reporting. Opportunity will also be given for the audience to interact with the panel, ask questions regarding presented subjects, and give suggestions for additional documentation.

Behavioral Objectives:

- a. Identify which projects are started, completed, and still ongoing by the Publications and Documentation Working Group.
- b. Cite which documents are becoming standardized.
- c. Describe the new electronic medical reporting procedure.

48

**Radiation Monitoring and Medical Management**

Norman Coleman, MD

0800-0930

Carson 3 &amp; 4

The medical management of a radiological/nuclear event will require complex medical intervention, often by individuals without extensive experience in such events, given their rarity. This requires rapid determination of the type and extent of the radiation and expert-based medical management. The Department of Health and Human Services, in partnership with the National Library of Medicine, is creating the Radiological Event Medical Management (REMM) system, which will be an algorithm-based system available and downloadable on computers and able to be used for medical management. This session will describe the concept of how REMM will work. The optimal medical management requires effective countermeasures to mitigate and treat radiation injury, which will be based on existing drugs and also those in development under the Centers for Medical Countermeasures against Radiation (CMCR) research and development program, supported through the National Institutes of Health. Some of the scientific concepts of the mechanisms of radiation injury and the developing countermeasures will be presented.

Behavioral Objectives:

- a. Describe the overall approach being taken for an expert-based medical response (REMM) to a radiological/nuclear event.
- b. List three of the basic biological processes in radiation injury and the medical countermeasures that are available and being developed.
- c. Discuss how the continuum of medical response and development of countermeasures are integrated so that the best possible information is available for medical management, and that new and improved countermeasures can be developed.

49

**Mass Antibiotic Dispensing**

Bill Martin; Matt Scola

0800-0930

N 1 &amp; 2

This presentation will provide an overview of disaster planning, with a focus on mass antibiotic dispensing, highlighting previous mass antibiotic dispensing campaigns and reviewing planning activities for a training event and disaster drill. The training event simulated a mass antibiotic dispensing campaign for a Disaster Medical Assistance Team (DMAT). Details outlining the processes implemented and lessons learned will be major objectives of the presentation. The presentation will also include applications to a potential pandemic influenza outbreak.

## Behavioral Objectives:

- Provide an overview of considerations in disaster planning.
- Describe the processes and procedures of a DMAT functioning in a mass antibiotic dispensing scenario.
- Apply lessons learned to pandemic influenza disaster planning.

**50**

## **Introduction to Designing and Executing a Training Exercise**

Cary Smith, MA

0800-0930

N 8 & 9

This workshop provides an interactive discussion on the development and design of a bioterrorism response exercise. The presenter will lead the group through the design and execution of a training exercise. Two key components of the exercise design process will be assessing the organization's bioterrorism response plan and getting outside agencies involved in the exercise. Throughout the workshop, there will be discussion on "best practices" for bioterrorism planning and exercises. At the conclusion of this workshop, the participants will be prepared to design a bioterrorism response exercise. The principles in this workshop apply to all hazards and can be easily adapted to any natural or man-made hazard.

## Behavioral Objectives:

- Design a bioterrorism response exercise.
- Assess the organization's bioterrorism response plan.
- Outline procedures for getting outside agencies involved in the exercise.

**51**

## **VMAT: Lamar Dixon Operation**

Heather Case, DVM

0800-0930

N 6 & 7

All of the NDMS Veterinary Medical Assistance Teams (VMATs) were deployed in response to Hurricane Katrina, for the first time since their inception. This lecture focuses on the particular effort that was undertaken at the Lamar-Dixon Exposition and Equestrian Center in Gonzales, Louisiana. This site not only served as a sheltering location, but also as the major medical treatment and hospitalization facility for animals evacuated from the city of New Orleans and its associated parishes. The presentation offers insight into the role of the VMATs during this operation, and the lessons learned. Mounting a response to this magnanimous task caused members of the VMAT not only to rely on their response training, but in many ways to improvise and/or be creative in ways necessary to accomplish the mission. The instructor will offer guidance to aid those who might, in the future, find themselves in a similar situation by discussing what and how obstacles were overcome to run a successful field hospital.

## Behavioral Objectives:

- Determine what basic needs must be met in order to set up a field hospital.
- Discuss the care and management of multiple species.
- Describe the role of volunteers in VMAT operations.

52

**Hurricanes Katrina and Rita: The Case for Coordinated Regional Hospital Response**

Knox Andress, RN; Erin Downey, MPH

1000-1130

N 3, 4 &amp; 5

This course will demonstrate Louisiana and the Health Resources and Services Administration (HRSA) Hospital Region 7 response to Hurricanes Katrina and Rita, from the perspective of the Designated Regional Coordinator and state hospital emergency preparedness director. Included will be response challenges and successes including data collection – reporting, transportation, supply, pharmaceutical needs, tracking, and shelter needs. Recovery and preparedness issues for future hurricane evacuations will be described.

Behavioral Objectives:

- Explain the HRSA – Louisiana Designated Regional Coordinator and regional hospital emergency response system.
- Describe the Region 7 Hospital Emergency Operations Center.
- State the challenges and/or successes of Louisiana regional hospital evacuation response and support.

53

**Future Vision of NDMS**

CDR Brad Austin, USPHS, MPH, CHE;

Lt Col William Kormos, USAF, MSC, CHE;

Mimi Reilly; Michael Vojtasko, CHE

1000-1130

Crystal 3 &amp; 4

In 1994, the NDMS Partner agencies were convened in order to create a Strategic Vision and Process for NDMS. Since then, significant organizational changes have occurred and legislation has been enacted, calling for this Vision to be re-visited. The updated NDMS Vision will start with a formal evaluation of NDMS, based on reviews of after action

reports and current analysis of threats that may affect our country. The updated Vision will then focus on the configuration of NDMS including improvements, renewal, and options for development and milestones. Upon approval of the updated NDMS Vision by the Senior Policy Group, committees may be formed to establish priorities, requirements, implementation plans, and milestones to carry out the agreed upon objectives. This session will be soliciting input of specific recommendations from the audience for goals and objectives to form the basis of the Vision.

Behavioral Objectives:

- Explain the process the inter-agency partners are using to develop a vision for the NDMS organization.
- Define how a vision can be made realistic, credible, and attractive for NDMS.
- Describe the importance of developing core values for the organization and why it is important to the NDMS community.

54

**JCAHO and You: So What's New on the Guidance Front**

Robert Wise, MD

1000-1130

Tahoe Room

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) continues to guide and impact the mission of the hospital emergency management program. The changes in emergency management guidelines, including those related to exercises and drills will be reviewed, offering hospital planners insight into the continuing evolution of health care systems that responded to Hurricanes Katrina and Rita.

Behavioral Objectives:

- Describe the impact of the 2006 Emergency Management Standards on hospital disaster planning.
- Discuss the impact that the 2005 disasters have made on hospital disaster preparedness

and development of future JCAHO standards.

- c. Describe future standards being considered for Emergency Management.

**55**

## **An Update on Coordination of the Federal Mass Fatality Response**

Dale Downey; Ann Norwood, MD

1000-1130

Carson 2, 3 & 4

A work group of local, state, and Federal experts in mass fatalities participated in the revision of the Department of Homeland Security (DHS) Target Capability List (TCL) for Fatality Management. A Federal-level Department of Health and Human Services (HHS) Emergency Support Function #8 subgroup was formed to examine mass fatality issues. Federal-level government and association stakeholders in fatality management are working together to improve Federal preparedness and response activities across all incidents, e.g., crime/terrorism (FBI), transportation accidents (NTSB), and natural disasters (HHS/DHS and the NDMS Disaster Mortuary Operational Response Teams). As work progresses, there will be greater involvement from state and local stakeholders. This presentation will update participants on progress and solicit input for the process.

### Behavioral Objectives:

- a. Describe the revised Target Capability List for Mass Fatality management.
- b. Discuss the major Federal responsibilities for various mass fatality incidents.
- c. Identify the major initiatives in mass fatality coordination at the Federal level.

**56**

## **2005 Hurricanes: NDMS Management Working Group After Action Reports**

William Devir, EMT-P, BA, MIM

1000-1130

Movie Theater 1

As a follow up to the January 2006 NDMS Team Commanders' meeting and written After Action Reports, Management Working Group members will moderate a presentation on lessons learned from the 2005 hurricane season. The NDMS Management Working Group and an after action facilitator will have reviewed and summarized the many individual and team After Action Reports submitted from the 2005 hurricanes, and will present those areas which represent opportunities for NDMS to pursue continual improvement as well as identify best practices, working through the Working Groups and their sub committees.

### Behavioral Objectives:

- a. Describe three lessons learned during the 2005 hurricane season.
- b. Discuss several areas identified as needing improvement.
- c. Identify three best practices.

**57**

## **Personal Protection and Individual Security Tactics**

Steve Richter, RN

1000-1130

Reno Room

The recent deployment to the Gulf Coast demonstrates the unpredictability of events. Team members must be prepared to provide for their own safety in potentially unstable and hostile environments. An essential element is to recognize unsafe settings and to take actions that minimize and/or prevent team members from becoming crime victims, or the theft of team equipment. In the event that trouble is unavoidable, it is essential that NDMS members have the concept of basic defensive



concepts and how to deal with local law enforcement, as well as the legal implications of self defense.

Behavioral Objectives:

- a. Describe how to provide for your own safety in potentially unstable and hostile environments.
- b. Identify unsafe settings and take actions that minimize and/or prevent team members from becoming crime victims.
- c. Cite several basic defensive concepts and tips on how to deal with local law enforcement.

**58**

**Veterinary Medications and Conditions:  
Animal Medical Issues During a Disaster**

Margo Karriker, PharmD; Elaine Lust,  
PharmD; Valerie Wiebe

1000-1130

N 6 & 7

This session is designed to arm the attendee with information valuable in the treatment of animals for diseases and conditions that might be encountered during a disaster response. Some of the more commonly encountered scenarios will be addressed and the appropriate treatment regimens including the administration of pharmaceuticals will be discussed. Both veterinarians and veterinary technicians will find this course of particular value.

Behavioral Objectives:

- a. Cite which drugs are critical in emergency response.
- b. Identify alternative drugs for procedures when standard veterinary pharmaceuticals are unavailable.
- c. Discuss solutions to ensuring an available supply of veterinary pharmaceuticals.

**59**

**General Session, London Train Bombings**

Ken Hines, MD; Alan Payne, EMT-DSO

1200-1400

Hilton Pavilion

For thousands of people who commute into London, the morning of July 7, 2005, began like any other. But, at the peak of rush hour, bombs were detonated on three crowded subway trains and aboard a London bus; 52 people died, including four terrorists, and over 700 more were injured. As the world watched the events unfold on television, the injured streamed into hospitals, some by ambulance and many by private vehicles. The city's emergency response services put their disaster plans into action, treating close to 400 people throughout the city. Hospitals received victims via ambulance, private car, bus, helicopter, and on foot. Medical teams were shuttled to the site to care for the injured while staff at hospitals awaited the arrival of the victims. A week later, millions stood in silence to honor the victims of the deadliest attack in Britain since World War II. One week later, the transit system was hit again with attempted explosions on three more trains and another bus. The speakers will offer their experiences in dealing with this event and discuss the overwhelming efforts to care for the victims and families of this devastating attack.

Behavioral Objectives:

- a. Discuss the extent of the July 7 subway bombings on the health care system in London.
- b. Describe the planning and coordination with pre-hospital providers, law enforcement, hospital networks, medical equipment suppliers, and the community in response to the London subway bombings.
- c. Explain the impact of providing medical services to the injured outside the hospital environment.