

EMERGENCY PREPAREDNESS MONTHLY



March 2008, Issue 35 *Maine Edition*

Welcome to the latest issue of Emergency Preparedness Monthly! The [Maine Training Committee for Medical, Behavioral and Public Health Emergency Preparedness](#), the [Maine Center for Disease Control and Prevention](#) (formerly the Maine Bureau of Health), the [Maine Center for Public Health](#), and the [Harvard School of Public Health Center for Public Health Preparedness](#) have partnered to bring you regular updates on emergency preparedness news and activities in Maine and beyond. This free monthly newsletter is designed to be a resource for a regional audience of public health, healthcare, public safety, and emergency response practitioners throughout Maine, as well as state and local leaders interested in protecting the public's health. It includes a digest of select news stories and commentaries, links to relevant resources, and a listing of upcoming preparedness-related trainings and events. The goal of this publication is to provide a central forum for disseminating useful, current, and succinct preparedness information to busy professionals. We welcome your comments and suggestions, and can be reached by contacting epmonthly@hsph.harvard.edu.

****SAVE THE DATE****

Trainings/Exercises:

[Andover Earth Station Tabletop Exercise](#)

Date: April 3, 2008, 8:00 AM -- 11:00 AM

Location: Andover Earth Station, Andover, Maine

Overview: "This tabletop exercise focuses on a hazardous materials spill at the Andover Earth Station facility."

Contact: Oxford County EMA (oxctyema@megalink.net), 207-743-6336

[York County EMA with New Hampshire Tabletop Exercise](#)

Date: April 5, 2008, 8:00 AM -- 2:00 PM

Location: Noble V & VI Grade School, 6 Noble Lane, Berwick, Maine

Overview: "This is a tabletop exercise involving a storm scenario that produces flooding and a significant risk to a series of dams that cross from New Hampshire into Maine."

Contact: York County EMA Staff (rcbohlmann@co.york.me.us), 207-324-1578

EOC Management & Operations (G275)

Date: April 8, 2008 - April 9, 2008, 8:15 AM -- 4:30 PM

Location: Bangor Police Department Training Room and EOC, 240 Main Street / Entrance- Summer Street, Bangor, Maine

Overview: "The Maine Emergency Management Agency in conjunction with the Penobscot County Emergency Management Agency will be conducting a training seminar on the Federal Emergency Management Agency training program for Emergency Operations Center Management and Operations. This 2-day course will provide participants with the knowledge and skills to effectively manage and operate an Emergency Operations Center (EOC) during crisis situations. The course will cover many aspects of properly locating and designing an EOC, how to staff, train and brief EOC personnel, and how to operate an EOC during various situations. The relationship between the EOC and field Command Posts will also be discussed."

Contact: Mike Grant (michael.f.grant@maine.gov), 800-452-8735 or 207-624-4400

Advanced Clinical Aspects of Emergency Preparedness

Date: April 18, 2008, 7:30 AM -- 12:00 PM

Location: Clarion Hotel (formerly Doubletree), 1230 Congress Street, Portland, Maine

Overview: "This training is intended to provide hospital-based healthcare providers detailed clinical information to diagnose and treat illness and injury resulting from exposure to potential weapons of mass destruction. The training will cover differential diagnoses, treatment protocols and personal protection strategies for a range of biological, chemical, radiological, and blast exposures."

Contact: Penny Hudson (hudsop@mmc.org), 207-662-5142

Know the Response: Disaster Management and Communication for the Health Care Provider

Date: April 30, 2008, 5:30 PM

Location: Massachusetts Medical Society at Waltham Woods, 860 Winter Street, Waltham, Massachusetts

Overview: "Over the past several years, health care providers have responded to disasters such as terrorist attacks, tsunamis, hurricanes, earthquakes, and threats of pandemic disease. While those responding to these events had great intentions and made well-meaning efforts, many organizers and volunteers were frustrated by the lack of a fully coordinated and communicated response. The key factors of a successful preparedness plan are communication and coordination. Delivering information to the appropriate individuals in an effective format is vital to disaster response. Poor understanding of emergency response roles and expectations can result in inefficiency and, at times, panic. This program addresses disaster management communication systems and outlines the kinds of clinical challenges that typically present in an emergency situation. Participants

will gain a greater comprehension of incident command and what to expect when they volunteer to assist in an emergency."

Contact: Massachusetts Medical Society, 800-843-6356

Webcasts:

[Live Response: Critical Incident Protocol](#)

Date: April 23, 2008 2:00 - 3:00 PM ET

Contact: Ed Kronholm (dlnets@aol.com), 877-820-0305

Research:

[Fight or Flight: The Ethics of Emergency Physician Disaster Response](#)

Kenneth V. Iserson, Carlton E. Heine, Gregory Luke Larkin, John C. Moskop, Jay Baruch, Andrew L. Aswegan

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Summary: "Most disaster plans depend on using emergency physicians, nurses, emergency department support staff, and out-of-hospital personnel to maintain the health care system's front line during crises that involve personal risk to themselves or their families. Planners automatically assume that emergency health care workers will respond. However, we need to ask: Should they, and will they, work rather than flee? The answer involves basic moral and personal issues. This article identifies and examines the factors that influence health care workers' decisions in these situations. After reviewing physicians' response to past disasters and epidemics, we evaluate how much danger they actually faced. Next, we examine guidelines from medical professional organizations about physicians' duty to provide care despite personal risks, although we acknowledge that individuals will interpret and apply professional expectations and norms according to their own situation and values. The article goes on to articulate moral arguments for a duty to treat during disasters and social crises, as well as moral reasons that may limit or override such a duty. How fear influences behavior is examined, as are the institutional and social measures that can be taken to control fear and to encourage health professionals to provide treatment in crisis situations. Finally, the article emphasizes the importance of effective risk communication in enabling health care professionals and the public to make informed and defensible decisions during disasters. We conclude that the decision to stay or leave will ultimately depend on individuals' risk assessment and their value systems. Preparations for the next pandemic or disaster should include policies that encourage emergency physicians, who are inevitably among those at highest risk, to stay and fight."

[Potential Penalties for Health Care Professionals Who Refuse to Work During a Pandemic](#)

Carl H. Coleman, Andreas Reis

JAMA. 2008; 299:1471-1473.

Summary: "The severe acute respiratory syndrome (SARS) epidemic and the spread of avian influenza have generated renewed interest in health care professionals (HCPs) obligations to work during a pandemic. However, most discussions of this issue have occurred on a relatively abstract level of ethical analysis, with less attention to what should actually happen to HCPs who are unwilling to work. Should HCPs who refuse to work be fired from their jobs? Should they lose their licenses? Should they go to jail? It is a real possibility that some HCPs may refuse to work during a pandemic. Working during pandemics could place HCPs and, by extension, their families at significant risk of infection. Protective measures like masks may reduce the risk, but some HCPs were infected during the SARS crisis even after such measures were implemented. 1 Even though most HCPs continued to work during the SARS epidemic despite the risks, survey results indicate that a substantial number of HCPs would be unwilling to work under comparable conditions. This commentary argues that the penalties for refusing to work during a pandemic should be limited to those an HCP would face for refusing to treat patients with contagious infections in non pandemic situations. This argument is important because some states, such as Maryland and South Carolina, have enacted laws that authorize license revocations, fines, or even imprisonment for HCPs who disobey public health officials' orders to work during public health emergencies. These penalties would apply even to HCPs whose occupations do not ordinarily encompass clinical responsibilities, or to HCPs who are not currently part of the workforce for example, physicians or nurses who are taking time off from work to care for their children. These laws seem unjustified."

Local and National Events:

[Heroes of Disasters](#)

Date: April 15, 2008, 8:00 AM -- 3:30 PM

Location: Augusta Civic Center, 76 Community Drive, Augusta, Maine

Overview: "The Maine Center for Public Health in partnership with the Maine Center for Disease Control and Prevention and the Harvard School of Public Health Center for Public Health Preparedness has been planning a statewide conference focused on volunteers in public health emergencies. National as well as Maine-based speakers will participate."

Registration: www.mcph.org/events.htm

[Protecting Children in Emergencies](#)

Date: April 29, 2008, 7:30 AM -- 11:30 AM

Location: Maine Medical Center's Dana Center, 22 Bramhall Street, Portland, Maine

Overview: "George Foltin, MD, FAAP, FACEP a national expert on this issue from New

York University and Bellvue Hospital will provide the keynote address. Drs. Eric Gunnoe, Nate Mick, Deborah Hagler and Matt Sholl will also present, as will Steve Trockman, Director of the Southern Maine E.P. Regional Resource Center and Dr. Downing Lu from Children's Hospital in Boston. The program will include brief presentations on carbon monoxide poisoning, E-Coli, pandemic influenza, multiple casualty incidents, and relevant public health systems in Maine, and will conclude with a tabletop exercise. This program has been designed for physicians, physician assistants, nurse practitioners, nurses and others with clinical backgrounds who have responsibilities for children."

[Contact](#)

[Website](#)

2008 IEEE International Conference on Technologies for Homeland Security

Date: May 12, 2008 - May 13, 2008

Location: Westin Hotel, 70 Third Avenue, Waltham, Massachusetts

Overview: "With Technical Assistance from the Department of Homeland Security, Science & Technology Directorate, the eighth annual IEEE International Conference on Technologies for Homeland Security will focus on novel and innovative technologies, which address the most pressing national security problems. The Conference will provide a forum for innovators to discuss ideas, concepts and findings to date. The conference will bring together innovators from leading universities, research laboratories, Homeland Security Centers of Excellence, small businesses, system integrators and the end user community. The IEEE Conferences has been identified as the key Homeland Security conference by the National Science and Technology Council, Nuclear Defense Research and Development Subcommittee to share with a broad community the interagency Nuclear Defense Research and Development Roadmap."

Contact: Robert Alongi (information@ieeehomelandsecurity2007.org)