

Bioterrorism and Public Health Emergency Preparedness and Response:

Maine's Training Plan

July 1, 2006 – June 30, 2009

**Developed by the Maine Center for Public Health in
partnership with the Training Committee for
Medical, Behavioral and Public Health
Emergency Preparedness**

Maine's State Training Plan for Bioterrorism and Public Health Emergency Preparedness July 1, 2006 – June 30, 2009

I. Introduction

Purpose

This is an interim plan based on the current knowledge base that will be modified or revised once a final statewide response plan is released. This plan builds on the September 2003 Training Plan and outlines the strategies for implementation of a training plan for bioterrorism and public health emergency preparedness in the state of Maine for 2006 - 2009. It identifies core content and elements of training, key target audience, and strategies to be deployed to implement the plan. Emphasis in the 2006 – 2009 plan will be on testing of readiness through exercises and drill. Yearly operational plans will be developed by the Training Committee for Medical, Behavioral and Public Health Emergency Preparedness (see page 7).

Background

The public health role in the management of and response to natural and manmade/technical disasters is rapidly emerging both in terms of operational and training issues. The public health community should be concerned about disasters because there is a ubiquitous risk. Disasters have negative impacts on the public's health, and the actual and potential effects of manmade and human disasters will likely increase. This ubiquitous risk demonstrates the urgent need for a well-prepared and trained front-line workforce; which includes public health and health care professionals, first responders, and community volunteers. Without preparation in core competencies of bioterrorism and emergency preparedness, the capacity of agencies and communities may be unpredictable. Individuals will be called upon to respond beyond their readiness. Extraordinary partnership is required among federal, state and local agencies, educational institutions, and professional organizations to assure a systematic approach to training which will achieve an effective and sustained public health response.

The specific elements of bioterrorism and public health emergency preparedness include:

- Local, regional and state emergency preparedness plans that have been tested and practiced on a regular basis through exercises (i.e., system readiness).
- A system that is relationship as well as responsibility-based.
- Assurance that the full range of public health core capacities is available and accessible throughout Maine, which necessitates:
 1. A workforce composed of adequate numbers of trained personnel (see below).
 2. Surveillance and epidemiology.
 3. Communications.
 4. Information systems with high speed access to timely, accurate information.
 5. Adequate laboratory systems and logistics.
 6. Up-to-date policy at every level and associated evaluation procedures.

- A workforce that meets or exceeds public health emergency preparedness and bioterrorism-specific competencies identified and validated by national experts and linked to core competencies for public health practice.

The Global and National Implementation Plan for Public Health Workforce Development lists six strategic elements that are essential in a systematic approach to preparing a competent workforce. These elements were applied in developing this training plan to address public health emergency preparedness and response and include:

- Monitor workforce composition and identify target audience needs.
- Identify required competencies and develop related curriculum.
- Design an integrated learning delivery system.
- Use incentives to assure competency (e.g. certification and credentialing).
- Conduct evaluation and research.
- Assure financial support, coordination, and accountability.

"Demonstrated readiness" at the community level means:

- A preparedness plan in place that meets predetermined criteria.
- A workforce that can demonstrate an understanding of preparedness - their local plan, their agency's role in the plan, their individual responsibilities under the plan, and resources available to supplement and augment their roles or plans.
- A trained workforce with demonstrated evidence of knowledge and skill gained through certification, post-training examination, practice, or other incentive strategies.

Training Assumptions

1. An effective state training plan must address the needs of multiple audiences, the use of multiple strategies and the need for multiple partnerships to implement the strategies.
2. There are significant needs for training throughout the professional and volunteer community.
3. This plan as proposed is designed with a degree of flexibility that allows for developing and implementing training based on today's capabilities and limitations, while offering the opportunity to enhance products with new advancements as they develop.
4. A training program will be successful if built on the day-to-day management practices that govern regular operations. Preparedness requires a systematic, iterative approach to training and evaluating performance response. Training for public health emergency preparedness must also be redundant to assure capacity for a sustained response effort.
5. Resources from Federal agencies are expected to decline over the years. To establish a sustainable system for maintaining workforce competency, the state public health emergency training plan must build on Maine CDC and partner resources (including the three Regional Resource Centers, Maine Emergency Management Agency, Maine Emergency Medical Services, Maine Universities, Harvard Center for Public Health Preparedness), the technical expertise of professional medical societies (e.g. Maine Medical Association, Maine Osteopathic Association, Maine Primary Care Association, Maine Hospital Association, American Nursing Association-Maine) and other state agencies such as Corrections, Transportation and Agriculture. Maine must also look to other sources for funding such as grants, private organizations (e.g. large employers that may be affected), other universities and continue to build relationships to enhance training.
6. The health professional education provided through or supported by Maine CDC should include established training programs and build upon models established by existing

disciplines (i.e., medicine, nursing, environmental health, laboratory science, health education, health communications, healthcare administration, surveillance and epidemiology, and medical informatics). This requires collaboration and partnerships with professional organizations and accrediting bodies.

7. The large turnover of potential responders to a public health emergency necessitates that training must be sustainable and redundant with plans to establish basic information on initial hire or volunteering status. Pre-existing relationships are critical.
8. Leadership from agencies and organizations across the spectrum is critical, however, training must reach out to all levels of individuals who may be involved in or affected by emergency preparedness activities.
9. Training should be evidenced-based but existing programs must be customized to Maine's delivery needs and Maine specific threats and issues.
10. The public health emergency preparedness network must themselves be prepared.

Strategies for Implementing Maine's State Training Plan

Approaches to public health emergency preparedness education should reflect cross-cutting and interdisciplinary collaboration required in real-time practice. Strategies should address training needs and competencies along the continuum of health professions career development and can be implemented simultaneously if resources are available. Strategies will be dictated by the specific audience targeted and governed by the need for efficiency as well as effectiveness including "just-in-time" training.

The **strategies** include the three levels of training:

The **strategies** include the three levels of training:

- **Awareness Level** - Awareness level courses address cross-disciplinary competencies, building common vocabulary and response expectations across a broad range of the healthcare delivery workforce.
- **Intermediate Level** – Intermediate courses target healthcare workers who require additional training to develop competency in role-specific emergency response activities such as symptom recognition, treatment and decontamination.
- **Advanced Level** – Advanced courses develop additional complex competencies and hands-on skills required to fulfill certain roles during a disaster/event.

Multiple delivery modes are an important strategy to try to meet the training needs of the variety of targeted audiences. Potential delivery modes include:

- a. exercises and drills
- b. instructor-led courses (e.g. face-to-face or distance via satellite or webcast)
- c. professional meetings
- d. state-wide or regional meetings/conferences
- e. dissemination/and utilization of education references and resources
- f. multimedia (e.g. DVD, VHS, etc.)
- g. Distance learning

We need to continually experiment with instructional methods even as we continue to offer more traditional training modes. These methods will incorporate quality evaluations and follow-up to ensure successful implementation.

II. Target Audiences

Key Target Audiences

The State of Maine's public health workforce consists of 600 individuals working at local, state and federal agencies, and related organizations. In addition, health professionals and others in hospitals, community based agencies, and voluntary health organizations, up to 24,000 persons, are important contributors to our public health system. All of these individuals are critical to a timely, correct response to real or threatened bioterrorism or other emergency that threatens the public's health:

1. Public health staff at state and local public health agencies: administrators, professionals (physicians, nurses, health educators, communication specialists, environmental scientists, epidemiologists, mental health professionals, allied health personnel, and laboratory staff), and where appropriate, technical staff (technicians, information system specialists) and support personnel (clerical, maintenance, security).
2. Hospital personnel at all forty-one hospitals: emergency medicine physicians, emergency room nurses, infectious disease physicians, and infection control practitioners, as well as administrators and technical and support personnel as appropriate.
3. Allied health personnel: behavioral health, school nurses and counselors, pharmacists, and health officers.
4. Primary care providers at clinics, FQHC's and provider organizations: physicians, physician assistants, nurse practitioners, and mental health professionals as well as administrators and technical and support personnel as appropriate.
5. First responders: traditional first emergency responders such as emergency medical technicians, firefighters, and police as well as Emergency Management Agency officials.
6. Community leaders: elected officials, business leaders, media, faith based organizations and other opinion leaders.
7. Community based health care delivery systems personnel: skilled nursing homes, group homes, home health care, schools, ambulatory surgical centers.
8. Health advocacy and supportive services Providers: Area Agencies on Aging, health advocacy organizations and coalitions, Healthy Maine Partnerships and Healthy Community Coalitions, respite care.
9. Government employees and elected officials: elected and non-elected government personnel
10. Cross audiences/general public

III. Goals, Objectives and Strategies

Goals

1. Public health staff, health care professionals, first responders and other state, regional and local targeted leaders and employees in the state of Maine will demonstrate competency in detection and responses to natural and manmade/technical disasters and other current or emerging public health threats.
2. Assure that access to high quality trainings is available for all regions and communities in Maine to demonstrate competency in detection and response to manmade/technical disasters and other current or emerging public health threats.

Objectives

1. By 2009, provide training and education to multiple audiences, with a focus on the priority target audiences and topics identified yearly, at the state, regional and local levels in all areas

of the state using multiple modalities and an all-hazards approach that supports the ability of state and local agencies, organizations and communities to carry out emergency preparedness plans.

2. By 2009, exercises and drills will occur in each county in the state to assure that the workforce has the necessary knowledge, skills and competencies in carrying out plans using the MEMA disaster drill documentation system or other similar system.
3. By 2009, assure collaboration and coordination of training resources among various organizations and agencies through quarterly meetings of the Training Committee for Medical, Behavioral and Public Health Emergency Preparedness, development of a joint training calendar across organizations and other means of communication.

Strategies/Tasks

See attached Appendix for specified trainings and target audiences. Each year the Training Committee for Medical, Behavioral and Public Health Emergency Preparedness will review the priority audiences and topics identified in this document and update as needed. A yearly work plan and calendar will be developed.

Evaluation and Accountability

Training and education in Maine is the responsibility of multiple agencies and organizations including, but not limited to, the Maine CDC, Maine Emergency Management Agency, the Regional Resource Centers, the Maine Center for Public Health, the Harvard Center for Public Health Preparedness, University of New England, NE Partnership for Healthcare Emergency Response Education and Training, professional organizations, EMS, among others. In order to determine whether or not the goals and objectives of this training plan are met, a systematic approach to reporting is needed with all parties taking responsibility for assuring accurate and timely information. The Maine Center for Public Health, working with DHHS, will manage the system and report back to all parties on a regular basis to assure adequate feedback and evaluation. A report by county will be distributed at each quarterly Training Committee meeting.

IV. Core Content Areas for Training

1. General Emergency Preparedness and Bioterrorism Information:

- a. Introduction to public health methods for emergency response.
- b. Broad based public education and risk communication around emergency medical response procedures and general personal disaster preparedness (“food, water, flashlights”)
- c. Basic bioterrorism terminology
- d. Disaster Mental Health -- psychological impact of an incident

2. Technological and Man-Made Hazards and Response:

- a. Diagnosis, treatment, standardized protocols and consequences of biological, chemical, and radiological events; weapons of mass destruction; coordination within public health system
- b. Decontamination and personal protective equipment
- c. Surveillance and epidemiological issues in bioterrorism
- d. Laboratory systems - recognizing agents, specimen collection and handling, chain of custody, and notification systems
- e. Strategic national stockpile logistics
- f. Worker safety issues including personal protective equipment
- g. Legal authority
- h. Population movement - evacuation, isolation, quarantine, and shelter in place

3. Communication:

- a. Health risk communications and media relations
- b. Use of communication equipment

4. Specialized trainings:

- a. Community planning
- b. Vulnerable populations
- c. Ethical Issues
- d. Information and Intelligence

5. Command and Control

- a. Incident and unified command system and NIMS -- basic for non-traditional responders
- b. Leadership issues in emergency management
- c. Hospital Emergency Incident Command System

V. Roles and Responsibilities

- **Maine CDC Office of Public Health Emergency Preparedness** – provides overall guidance for emergency preparedness planning and training priorities.

- **Maine Center for Public Health** – contracted by Maine CDC to coordinate and deliver public health emergency preparedness training. This includes evaluation of training and oversight of the learning management system.
- **Harvard Center for Public Health Preparedness** – provide technical expertise, training content, coordination on all aspects of emergency preparedness planning.
- **Regional Resource Centers** – Provide a conduit to agencies and organizations in the region requiring training by identifying training needs and working with MCPH and Harvard Center for Public Health Preparedness and other appropriate agencies to plan and deliver training on a local and regional level. The RRCs will also be responsible for assuring a reporting system is in place.
- **Other Agency/Organizations** – Provide training on various aspects of emergency preparedness and coordinate with the Training Committee to minimize duplication and assure gaps are being addressed.

VI. Past and Current Efforts to Build On

- An established emergency preparedness education and training coordinating committee, (Training Committee for Medical, Behavioral, and Public Health Emergency Preparedness) with representatives from the following agencies and organizations meets quarterly to oversee and guide the public health EP training agenda. Representatives include:
 - Maine Center for Disease Control, Office of Public Health Emergency Preparedness (OPHEP)
 - Regional Resource Centers
 - Maine Center for Public Health (MCPH)
 - Harvard School of Public Health, Center for Public Health Preparedness
 - Maine Emergency Management Agency (MEMA)
 - Maine Emergency Medical Services (EMS)
 - Maine Hospital Association (MHA)
 - Maine Medical Association (MMA)
 - Maine Osteopathic Association (MOA)
 - Maine Primary Care Association (MPCA)
 - University of New England
 - American Red Cross
 - University of Southern Maine
- A number of trainings/conferences for statewide or regional audiences have been held since 2003 including:
 - **Connectivity Leadership Training** was held on **May 21, 2005** attended by 83 participants.
 - **Basic Emergency Preparedness trainings** for the Maine Bureau of Health took place in the month of June 2005 and were attended by 369 Bureau of Health staff.
 - **Leadership for National, State and Local Preparedness: Strategies for Conflict Resolution, Negotiation and Problem Solving** was held on June 21, 2005 and was attended by almost 100 people.
 - **The Role of the Sentinel Laboratory** was held September 29th, 2005 and was attended by eighteen laboratory personnel from the Southern Maine Region.
 - **Advanced Clinical Aspects of Emergency Preparedness** was held on November 29, 2005 in Portland and attended by more than 100 health care providers.

- **HAZMAT/NIMS Trainings** in all hospitals have been provided by MEMA since 2004 and are ongoing.
- **Three statewide conferences** have been held on the topic of Partnerships for Emergency Preparedness (2003), SARS (2004), and Lessons Learned from the Gulf Hurricanes (2006). Each conference was attended by 130-200 people.
- **Two avian flu table top exercises** have been held one for Cumberland County in January 2005 and one for York County in June 2005.
- **Presentations at professional meetings** including the Maine Primary Care Association, Maine Osteopathic Association and Maine Medical Association have been ongoing.
- **The Regional Resource Centers** have provided trainings in their area on a number of topics including use of equipment.
- **Train the trainer modules** on nine topics have been developed by Harvard Center for Public Health Preparedness and are available on the MCPH web site
- **Online educational courses** have been reviewed for scientific accuracy and content by the scientific core at the Harvard School of Public Health Center for Public Health Preparedness and are listed on the MCPH website.
- **Emergency Preparedness Monthly – Maine Edition** an online publication was launched in May 2005 and provides information on training, new resources and research all related to emergency preparedness. The initial mailing list included about 1,000 individuals in Maine.
- There has been continued progress on improving the **Learning Management System's** ability to provide useful reports on the emergency preparedness trainings.

VII. Strategic Planning Participants

The individuals listed below participated in one or meeting of the Strategic Planning Committee. All members of the Training Committee for Medical, Behavioral, and Public Health Emergency Preparedness were given the opportunity for feedback. **Thank you for your participation.**

- Becky Whittemore
- Ben Woodard
- Deanna Bourgeault
- Don Ward
- Elsie Freeman
- Ann Conway
- John Bastin
- Josh Frances
- Kathy Knight
- Kris Perkins
- Paul Campbell
- Rayna Leibowitz
- Rebecca Hoffmann Frances
- Rick Danforth
- Steve Trockman
- Steve Weymouth
- Tom Patteneau
- Viki Wills
- Karen O'Rourke

APPENDIX

Proposed Trainings by Audience, Topic and Organization 2006-2009

Each stakeholder has submitted their projected trainings for the three year plan. This is a snapshot based on current knowledge and will be updated yearly. Not all organizations participating in emergency preparedness trainings have included their trainings. A monthly online calendar will be produced and uploaded on MCPH website by January of 2007.

Target Audience	Broad Based Education	Technological & Man-Made Hazards & Response	Communications	Specialized Training	Command and Control
Hospital Personnel	<ul style="list-style-type: none"> ● Training applications for EMS Ops&Planning for WMD (SMRRC) ● EM 120: Best Practices for the Protection of Hospital-Based First Receivers (SMRRC/Yale) ● EM 103: Introduction to Emergency Management Train-the-Trainer (SMRRC/Yale) ● Regional Avian Flu summit 1,2,3 (SMRRC) ● Risk Communication Training 1,2,3 (SMRRC) ● Recognition and Treatment of Beh.Health Consequences of PH emergencies 1,2,3(BH) ● Specialized Training Role of the Sentinel Lab 1,2 (LAB) ● Current Topic Statewide conference 1,2,3 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1 (BH) ● HAZMAT (MEMA) 2 ● Advanced Clinical Aspects (MCPH/HSPH) (SMRRC) ● Chemical Agents Of Opportunity 1 (SMRRC) ● Surveillance & Epi (MCPH) 2,3 ● EM120 Best Practices for the Protection of Hospital Based First Receivers (PPE) (online) ● EM201 Bioterrorism Preparedness for Clinicians (online) ● EM110 Introduction to Radiological Emergency Preparedness (CDROM) (NEPHERET) ● HAZWOPPER Training twice yearly ● Decontamination Team Refresher Training ● Conventional Mass 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1(BH) ● Regional Avian Flu summit Avian Flu 1 (SMRRC) ● Risk Communication Training 1,2,3 (SMRRC) ● Hospital Communication and Radio Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ● County BHDREP Planning 1,2,3(BH) ● Avian flu Tabletop 1,2,3 (MCPH/HSPH) ● Statewide Avian Flu Summit 1 (BH) ● Geriatric EP Training (MCPH/HSPH) (UNE) ● Pandemic Flu Preparation and Response 1 (SMRRC) ● Hospital Emergency Response Equipment Trainings 1,2,3 (SMRRC) ● Core Disaster Life Support (CDLS) ● Basic Disaster Life Support (BLDS) ● Advanced Disaster Life Support (ADLS) SMRRC) ● National 	<ul style="list-style-type: none"> ● CAMEO ● ALOHA ● One Plan (MEMA) ● EM103 NIMS Introduction to Emergency Management with NIMS (online) ● EM140 Incident Command Systems (ICS) for Healthcare (online) ● EM140 NIMS Incident Command Systems (ICS) for Healthcare with NIMS (online) (NEPHERET) ● EM 120: Best Practices for the Protection of Hospital-Based First Receivers (SMRRC/Yale) ● EM 103: Introduction to Emergency Management Train-the-Trainer

	<ul style="list-style-type: none"> ● Avian flu Tabletop 1,2,3 ● Advanced Clinical Train (MCPH/HSPH) ●EM103 Introduction to Emergency Management (online, CDROM, VHS, DVD, instructor-led, train-the-trainer) ●EM103 NIMS Introduction to Emergency Management with NIMS (online) ● EM 230 Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (online) (NEPHERET) ●Pandemic Flu Tabletop Drill November 2006 ●HEICS Update ●Hospital Evacuation Drill Tabletops and training sessions (partner with MCPH and Harvard for the tabletops) Actual regional drill Spring 07 ●REAC/TS: Hospital Management of the Radiologically Contaminated Patient(CMRRC) 	<p>Casualty Drill October 2006 (CMRRC)</p>		<p>Disaster Life Support (NDLS) (NEPHERET)</p>	<p>(SMRRC/Yale)</p> <ul style="list-style-type: none"> ● NIMS/HICS Awareness 1,2,3 (SMRRC) ● Hospital Communication and Radio Training 1,2,3 (SMRRC)
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Target Audience	Broad Based Education	Technological & Man-Made Hazards & Response	Communications	Specialized Training	Command and Control
<p>First Responders</p>	<ul style="list-style-type: none"> ● Psychological First Aid Basics 1,2,3(BH) ● Current Topic Statewide conference 1,2,3 <ul style="list-style-type: none"> ● Avian flu Tabletop 1,2,3 (MCPH/HSPH) (CMRRC) ● EM103 Introduction to Emergency Management (online, CDROM, VHS, DVD, instructor-led, train-the-trainer) ● EM103 NIMS Introduction to Emergency Management with NIMS (online) ● EM 230 Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (online) (NEPHERET) ● Emergency Medical Ops & Planning for WMD, 1,2,3 (SMRRC) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ● HAZMAT (MEMA) 2 ● Statewide Avian Flu Summit 1(BH) ● EM120 Best Practices for the Protection of Hospital Based First Receivers (PPE) (online) ● EM201 Bioterrorism Preparedness for Clinicians (online) ● EM110 Introduction to Radiological Emergency Preparedness (CDROM) (NEPHERET) ● (Chemical Agents of Opportunity 1 SMRRC) ● BDLS / ADLS REAC/TS ● EMS Response to HAZMAT Incidents ● Use & Admin of NAAK ● Conventional MCI Drill ● Regional Hospital Evacuation Drill April or May 07 Table top 3 /07 (CMRRC) 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1(BH) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ● County BHDREP Planning 1,2,3(BH) ● Avian flu Tabletop 1,2,3 (MCPH/HSPH) (CMRRC) ● Statewide Avian Flu Summit 1 (BH) ● Geriatric EP Training (MCPH/HSPH) (UNE) ● Core Disaster Life Support (CDLS) ● Basic Disaster Life Support (BLDS) ● Advanced Disaster Life Support (ADLS) ● National Disaster Life Support (NDLS) (NEPHERET) ● Pandemic Flu Preparedness and Response 1 (SMRRC) 	<ul style="list-style-type: none"> ● CAMEO ● ALOHA ● One Plan (MEMA) ● MCI/NIMS Mutual Aid (MEMA) 1 ● EM103 NIMS Introduction to Emergency Management with NIMS (online) ● EM140 Incident Command Systems (ICS) for Healthcare (online) ● EM140 NIMS Incident Command Systems (ICS) for Healthcare with NIMS (online) (NEPHERET)

Target Audience	Broad Based Education	Technological & Man-Made Hazards & Response	Communications	Specialized Training	Command and Control
<p>Community Health Care Delivery</p>	<ul style="list-style-type: none"> ● Recognition and Treatment of Beh. Health Consequences of PH emergencies 1,2,3(BH) ● Current Topic Statewide conference 1,2,3 ● Avian flu Tabletop 1,2,3 (MCPH/HSPH)(CMRRC) ● EM103 Introduction to Emergency Management (online, CDROM, VHS, DVD, instructor-led, train-the-trainer)(NEPHERET) ● EM103 NIMS Introduction to Emergency Management with NIMS (online) ● EM 230 Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (online) (NEPHERET) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1(BH) ● HAZMAT (MEMA) 2 ● Surveillance & Epi (MCPH) 2,3 ● EM120 Best Practices for the Protection of Hospital Based First Receivers (PPE) (online) ● EM201 Bioterrorism Preparedness for Clinicians (online) ● EM110 Introduction to Radiological Emergency Preparedness (CDROM) (NEPHERET) 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1(BH) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ● County BHDREP Planning 1,2,3(BH) ● Avian flu Tabletop 1,2,3 (MCPH/HSPH) (CMRRC) ● Statewide Avian Flu Summit 1(BH) ● Geriatric EP Training (MCPH/HSPH) (UNE) ● Core Disaster Life Support (CDLS) ● Basic Disaster Life Support (BLDS) ● Advanced Disaster Life Support (ADLS) ● National Disaster Life Support (NDLS) (NEPHERET) ● Pandemic Flu Preparedness and Response 1 (SMRRC) 	<ul style="list-style-type: none"> ● CAMEO ● ALOHA ● One Plan (MEMA) ● EM103 NIMS Introduction to Emergency Management with NIMS (online) ● EM140 Incident Command Systems (ICS) for Healthcare (online) ● EM140 NIMS Incident Command Systems (ICS) for Healthcare with NIMS (online) (NEPHERET) ● NIMS/HICS Awareness 1,2 3 (SMRRC)

Target Audience	Broad Based Education	Technological & Man-Made Hazards & Response	Communications	Specialized Training	Command and Control
<p>Public Health Staff</p>	<ul style="list-style-type: none"> ● Recognition and Treatment of Beh. Health Consequences of PH emergencies 1,2,3(BH) ● Current Topic Statewide conference 1,2,3 ● Avian flu Tabletop 1,2,3 (MCPH/HSPH) (CMRRC) ● EM103 Introduction to Emergency Management (online, CDROM, VHS, DVD, instructor-led, train-the-trainer) ● EM103 NIMS Introduction to Emergency Management with NIMS (online) ● EM 230 Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (online) (NEPHERET) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1(BH) ● Surveillance & Epi (MCPH) 2,3 ● EM120 Best Practices for the Protection of Hospital Based First Receivers (PPE) (online) ● EM201 Bioterrorism Preparedness for Clinicians (online) ● EM110 Introduction to Radiological Emergency Preparedness (CDROM) (NEPHERET) 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1(BH) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ● County BHDREP Planning 1,2,3(BH) ● Avian flu Tabletop 1,2,3 (MCPH/HSPH) (CMRRC) ● Statewide Avian Flu Summit 1(BH) ● Core Disaster Life Support (CDLS) ● Basic Disaster Life Support (BLDS) ● Advanced Disaster Life Support (ADLS) ● National Disaster Life Support (NDLS) (NEPHERET) 	<ul style="list-style-type: none"> ● EM103 NIMS Introduction to Emergency Management with NIMS (online) ● EM140 Incident Command Systems (ICS) for Healthcare (online) ● EM140 NIMS Incident Command Systems (ICS) for Healthcare with NIMS (online) (NEPHERET)

Target Audience	Broad Based Education	Technological & Man-Made Hazards & Response	Communications	Specialized Training	Command and Control
Government Employees and Elected Officials	<ul style="list-style-type: none"> ●Current Topic Statewide conference 1,2,3 ●Avian flu Tabletop 1,2,3 (MCPH/HSPH) (CMRRC) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ●Statewide Avian Flu Summit 1(BH) (SMRRC) 	<ul style="list-style-type: none"> ●Statewide Avian Flu Summit 1(BH) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ●County BHDREP Planning 1,2,3(BH) ●Avian flu Tabletop 1,2,3 (MCPH/HSPH) (CMRRC) ●Statewide Avian Flu Summit 1(BH) ●Geriatric EP Training (MCPH/HSPH) (UNE) ●Pandemic flu Preparedness and Response 1(SMRRC) 	

Target Audience	Broad Based Education	Technological & Man-Made Hazards & Response	Communications	Specialized Training	Command and Control
<p>Primary Care Providers</p>	<ul style="list-style-type: none"> ● Disaster Training (1,2,3) (UNE) ● Current Topic Statewide conference 1,2,3 ● Avian flu Tabletop 1,2,3 ● Advanced Clinical Train (MCPH/HSPH) (CMRRC) ● EM103 Introduction to Emergency Management (online, CDROM, VHS, DVD, instructor-led, train-the-trainer) ● EM103 NIMS Introduction to Emergency Management with NIMS (online) ● EM 230 Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (online) (NEPHERET) ● Emergency Medical Ops & Planning for WMD 1,2,3 (SMRRC) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1(BH) ● HAZMAT (MEMA) 2 ● Advanced Clinical Aspects (MCPH/HSPH) (CMRRC) (SMRRC) ● Hospital Evacuation Drill ● REAC/TS/ (CMRRC) ● Surveillance & Epi (MCPH) 2,3 ● EM120 Best Practices for the Protection of Hospital Based First Receivers (PPE) (online) ● EM201 Bioterrorism Preparedness for Clinicians (online) ● EM110 Introduction to Radiological Emergency Preparedness (CDROM) (NEPHERET) (SMRRC) ● Surveillance & Epi (MCPH) 2,3 ● Chemical Agents of Opportunity 1 (SMRRC) ● Advanced 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1(BH) ● Risk Communication Training 1,2,3 (SMRRC) ● Advanced Disaster Medical Response MMC, MRRC, UNE) 	<ul style="list-style-type: none"> ● County BHDREP Planning 1,2,3(BH) ● Avian flu Tabletop 1,2,3 (MCPH/HSPH) (CMRRC) ● Statewide Avian Flu Summit 1(BH) ● Geriatric EP Training (MCPH/HSPH) (UNE) ● Core Disaster Life Support (CDLS) ● Basic Disaster Life Support (BLDS) ● Advanced Disaster Life Support (ADLS) ● National Disaster Life Support (NDLS) (NEPHERET) 	<ul style="list-style-type: none"> ● EM103 NIMS Introduction to Emergency Management with NIMS (online) ● EM140 Incident Command Systems (ICS) for Healthcare (online) ● EM140 NIMS Incident Command Systems (ICS) for Healthcare with NIMS (online) (NEPHERET)

		HAZMAT Life Support 1,2,3 Regional Resource Centers, MEMA)			
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Target Audience	Broad Based Education	Technological & Man-Made Hazards & Response	Communications	Specialized Training	Command and Control
Community Leaders	<ul style="list-style-type: none"> ●Current Topic Statewide conference 1,2,3 ●Avian flu Tabletop 1,2,3 (MCPH/HSPH) (CMRRC) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ●Statewide Avian Flu Summit 1(BH) 	<ul style="list-style-type: none"> ●Statewide Avian Flu Summit 1(BH) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ●County BHDREP Planning 1,2,3(BH) ●Avian flu Tabletop 1,2,3 (MCPH/HSPH) (CMRRC) ●Statewide Avian Flu Summit 1(BH) ●Geriatric EP Training (MCPH/HSPH) (UNE) ●Pandemic Flu Preparedness and Response 1 (SMRRC) 	<ul style="list-style-type: none"> ●CAMEO ●ALOHA ●One Plan (MEMA)

Target Audience	Broad Based Education	Technological & Man-Made Hazards & Response	Communications	Specialized Training	Command and Control
<p>Allied Health Personnel</p>	<ul style="list-style-type: none"> ●Current Topic Statewide conference 1,2,3 ●Avian flu Tabletop 1,2,3 ●Advanced Clinical Train (MCPH/HSPH) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ●Statewide Avian Flu Summit 1(BH) ● HAZMAT (MEMA) 2 ●Advanced Clinical Aspects (MCPH/HSPH) ●Surveillance & Epi (MCPH) 2,3 ●Advanced Clinical Aspects of Terrorism 1 (MCPH/HSPH) SMRRC) ●Surveillance & Epi (MCPH) 2,3 ● Chemical Agents of Opportunity(SMRRC) 	<ul style="list-style-type: none"> ●Statewide Avian Flu Summit 1(BH) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ●County BHDREP Planning 1,2,3(BH) ●Avian flu Tabletop 1,2,3 (MCPH/HSPH) ●Statewide Avian Flu Summit 1(BH) ●Geriatric EP Training (MCPH/HSPH) (UNE) ● Pandemic Flu Preparedness and Response (SMRRC) ● Lab Training : Testing, Transferring and Handling of Chemical Agents 1 (SMRRC) 	<ul style="list-style-type: none"> ●CAMEO ●ALOHA ●One Plan (MEMA)

Target Audience	Broad Based Education	Technological & Man-Made Hazards & Response	Communications	Specialized Training	Command and Control
General public	<ul style="list-style-type: none"> ●Are You Ready (1,2,3) Preparedness Training (UNE) ●Disaster Behavioral Health 1,2,3(BH) ●Current Topic Statewide conference 1,2,3 ●Avian flu Tabletop 1,2,3 (MCPH/HSPH) 	<ul style="list-style-type: none"> ●Statewide Avian Flu Summit 1(BH) 	<ul style="list-style-type: none"> ●Statewide Avian Flu Summit 1(BH) 	<ul style="list-style-type: none"> ●County BHDREP Planning 1,2,3(BH) ●Avian flu Tabletop 1,2,3 (MCPH/HSPH) ●Statewide Avian Flu Summit 1(BH) 	

Target Audience	Broad Based Education	Technological & Man-Made Hazards & Response	Communications	Specialized Training	Command and Control
Health Advocacy and supportive services providers	<ul style="list-style-type: none"> ● Psychological First Aid Basics 1,2,3(BH) ● Current Topic Statewide conference 1,2,3 ● Avian flu Tabletop 1,2,3 (MCPH/HSPH) ● Risk Communication Training 1,2, (SMRRC) 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1(BH) 	<ul style="list-style-type: none"> ● Statewide Avian Flu Summit 1(BH) ● Risk Communication Training 1,2,3 (SMRRC) 	<ul style="list-style-type: none"> ● County BHDREP Planning 1,2,3(BH) ● Avian flu Tabletop 1,2,3 (MCPH/HSPH) ● Statewide Avian Flu Summit 1(BH) ● Geriatric EP Training (MCPH/HSPH) (UNE) ● Pandemic Flu Preparedness and Response 1 (SMRRC) 	

KEY

BH- Behavioral Health

SMRRC- Southern Maine Regional Resource Center

CMRRC- Central Maine Regional Resource Center

MEMA- Maine Emergency Management A

**MCPH/HSPH – CPHP Maine Center for Public Health& Harvard School of Public Health
Center for Public Health Preparedness**

UNE- University of New England

LAB- Sentinel Laboratory

**NEPHERET - New England Partnership for Healthcare Emergency Response Education
and Training**

Broad Based Education-

General EP and Bioterrorism education

Introduction to EP

Basic terminology

Disaster Mental Health

Technological & Man-Made Hazards & Response-

Diagnosis, treatment, standardized protocols and expected consequences of events

Decontamination and Personal Protective Equipment (PPE)

Surveillance and epidemiological issues

Laboratory

SNS (Strategic National Stockpile)

Worker Safety

Legal authority

Population Movement

Communications-

Health risk communications and media relations

Use of communication equipment

Specialized Trainings-

Community planning

Vulnerable Populations

Ethical Issues

Information and Intelligence

Command and Control-

Incident and unified command (NIMS)

Leadership in emergency management

Hospital Incident Command Systems (HICS)