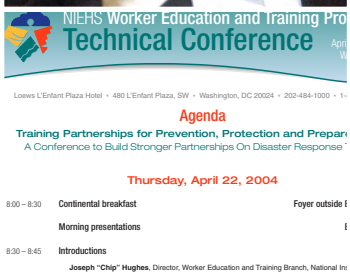
NIEHS WORKER EDUCATION AND TRAINING PROGRAM

Spring 2004 Technical Workshop

TRAINING PARTNERSHIPS FOR PREVENTION, PROTECTION AND PREPAREDNESS



NIEHS Worker Education and Training Pro
Technical Conference

Loews L'Enfant Plaza Hotel • 480 L'Enfant Plaza, SW • Washington, DC 20024 • 202-484-1000 • 1-

Agenda

Training Partnerships for Prevention, Protection and Prepar
A Conference to Build Stronger Partnerships On Disaster Response

Thursday, April 22, 2004

8:00 – 8:30 Continental breakfast Foyer outside

Morning presentations

8:30 – 8:45 Introductions

Joseph "Chip" Hughes, Director, Worker Education and Training Branch, National In

FINAL REPORT

April 22-23, 2004

Loews L'Enfant Plaza Hotel

Washington, D.C.

Produced by Ê
The National Clearinghouse for Worker Safety and Health Training

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Executive Summary

The Worker Education and Training Branch of the National Institute of Environmental Health Sciences (NIEHS) conducted a major national technical workshop in the spring of 2004 in Washington, D.C at the Loews L'Enfant Plaza. The conference was titled "Training Partnerships for Prevention, Protection and Preparedness" and was held on April 22nd and 23rd. NIEHS, in conjunction with the Office of Domestic Preparedness within the Department of Homeland Security (ODP/DHS) and the Occupational Safety and Health Administration (OSHA), sponsored the workshop to focus on building stronger relationships for the training of disaster responder populations most at risk of illness and injury, particularly fire fighters, health care workers, and the construction trades needed at disaster responses. NIEHS is one of 27 Institutes and Centers of the National Institutes of Health (NIH), which is a component of the Department of Health and Human Services (DHHS). The Director of the NIEHS is Dr. Kenneth Olden. NIEHS has been a leading force for training workers to safely respond to terrorist actions. A detailed workshop report is posted on the NIEHS National Clearinghouse website at http://www.wetp.org/wetp/1/04meeting/index.html.

The goal of this workshop was to strengthen the partnerships that NIEHS has created with other federal agencies to better protect workers and coordinate resources. Representatives from DHS, OSHA, EPA, and the National Response Team spoke at several plenary sessions. Each agency reviewed its respective role in homeland security and its relation to response training and preparedness. In addition, to provide an opportunity for interaction between speakers and participants, several breakout sessions focused on the lessons learned by current awardee partners and their potential contributions to WETP's emergency activation plan. Finally, keynote speakers highlighted policy, training, and preparedness issues for the chemical industry and for public health in response to terrorism.

The Technical Workshop began on Thursday with a Department of Homeland Security Plenary. The DHS plenary addressed two issues: 1) how the new National Response Plan, National Incident Management System and Incident Command System will deal with response training; and 2) how the Office for Domestic Preparedness views the relationship between homeland security and HAZMAT training and preparedness.

Speakers pointed out that response training is being addressed by incorporating FEMA into the new DHS. The Agency is tasked with preventing, responding to, and planning for disasters. In addition, the DHS developed a National Response Plan (NRP) and a National Incident Management System (NIMS). The need for a standard approach and common terminology across all disaster incidents, regardless of size and location was emphasized. The NRP is the Federal Government's "recipe book" for emergency planning and the NIMS is the structure of the command and control system. The DHS speakers addressed the importance of a credentialing system for responders, but noted that the strategy had not been worked out yet.

In addition, the Office for State and Local Government and Preparedness (OSLG), formerly the ODP, has been expanded and transitioned to the DHS from the Department of Justice. Its Training and Technical Assistance Division (TTAD) funds comprehensive training to prevent, deter, respond to and recover from threats and incidences of terrorism.

Individual states and localities have also coordinated emergency services and skilled trades so they can work together in case of an event. Seattle's First Response and the Skilled Trade (FIRST) program is one of the most active groups, as A.D. Vickery and Charles Soros, the group leaders, explained. FIRST has established a strong working relationship among all the key groups that will be needed in Seattle if there is a terrorist action or a natural disaster. Their focus has been on the first 24-36 hours of an event.

Keynote speaker, Dr. James Carafano, a Senior Fellow at the Heritage Foundation, then addressed some of the challenges of establishing national preparedness. One challenge is that neither DHS nor OSLG have the capacity to directly conduct training, so they must rely on other organizations, through contracts and agreements. Consequently, the

integration of training is a problem. In addition, there are no systems in place to identify the needs of individual communities or the effectiveness of programs. Carafano feared that federal money may be going towards building a national system that is not meeting the needs of communities.

Another panel addressed the successful development of the Disaster Site Worker course, a joint effort of OSHA and NIEHS and its grantees. Materials developed by NIEHS awardees were provided to OSHA, along with expertise from master instructors, to create a 16-hour course for the construction trades that addresses the key problems discovered at Ground Zero: misunderstandings of the Incident Command System and insufficient hands-on training with respirators. The join effort also created a 24-hour Train-the-Trainer program. OSHA and NIEHS officials are hopeful that the cards issued by the OSHA Training Institute under these courses will be recognized by DHS as part of the national credentialing program. OSHA has aggressively begun training teams of specialists in every region across the country to deal with the safety and health aspects of responses to terrorist actions. OSHA, NIEHS, and its grantees pledged to continue to work together protecting those who protect our homeland security.

Erich "Pete" Stafford, the Director of the Center to Protect Worker's Rights (CPWR), noted that his organization, which is the safety and health research arm of the Building and Construction Trades Department of the AFL-CIO, has developed an interactive DVD training program for skilled support personnel. As an OSHA Education Center, CPWR and its 4000 instructors in affiliated building trade unions will train thousands of their members and prepare them to support first responders; however, not enough skilled support personnel are currently receiving training.

The need for these training programs was highlighted in the EPA Keynote Speech given by Marianne Horinko, who at the time of her presentation was the Assistant Administrator for the EPA Office of Solid Waste and Emergency Response. She explained how, given the nature of terrorism, it is nearly impossible to fully prepare for the repercussions of an attack. The best ways to deal with these uncertainties is to prepare for many possible scenarios and to promote coordination among agencies.

Breakout sessions concluded Thursday's activities. The common theme that bridged these breakout sessions was "partnerships." Breakout session 1 focused on Federal and Tribal Partnerships and was highlighted by the success of the partnership between University of Alabama and the Poarch Band of Creek Indians. They have created a mutual aid agreement between their responders. John Kovach from the Operating Engineers National HAZMAT Program discussed the partnerships the program has been pursuing with other organizations concerned with preventing or mitigating biological or chemical attacks released inside buildings.

Speakers from breakout session 2 shared insights into current training at hospitals and other first receiver/emergency response organizations, focusing on WMD modules about working with contaminated patients and strengthening the ER capabilities of fire and other emergency response entities. In particular, the breakout examined the characteristics of four successful partnerships around hospital, WMD and emergency response training. These partnerships include:

1. Brookdale University Hospital and the Service Employees International Union, Local 1199 NY;
2. Lutheran Hospital (NY), the Federation of Nurses/United Federation of Teachers and the International Chemical Workers Union;
3. The Commonwealth of Kentucky and Office of Applied Innovation; and
4. The Chicago Fire Department, International Association of Fire Fighters, and the OAI.

Breakout session 3 focused on the partnerships between Industry and Trade Associations that have increased the number and quality of courses available for responding to WMD incidents and other emergencies. NIEHS awardees such as the Midwestern Consortium and the International Chemical Workers Union have built strong relationships with various organizations.

Breakout session 4 concentrated on state, local and bi-national partnerships and closely examined the Massachusetts approach to preparing communities for a public health emergency as well as the Arizona effort to partner with several Mexican states to train emergency responders along their long border.

Friday began with the second OSHA plenary, which reviewed OSHA's newly emerging role in disaster response and homeland security and the actions the agency has taken to prepare for its new challenges. The focal point of the agency's efforts is the development of a National Emergency Management Plan (NEMP) and Regional Emergency Management Plans (REMPs). Part of these plans involve Specialized Response Teams (SRTs) which are made up of teams of toxic chemical, biological agent, ionizing radiation and structural collapse specialists. In addition, OSHA has drafted a Safety and Health annex to the National Response Plan that is currently being reviewed by the other federal partners.

Next, the EPA plenary panelists reviewed the role of the National Response Team (NRT), EPA's participation on the team and the changes anticipated under the NIMS. First, it was explained that response planning and coordination is accomplished at the federal level through the NRT, which is comprised of the Response, Preparedness and Science committees.

John Ferris, Special Assistant for Homeland Security to John Henshaw, the head of OSHA, highlighted the importance of linking training exercises to the National Contingency Plan (NCP). The NCPs contains regulations developed to ensure that federal resources and expertise are available immediately for hazardous material releases that are beyond the capabilities of local or state responders. John Ferris also noted that all emergency response programs should be consistent with each other and the EPA's Response Operations Center (OEPPR) has developed criteria to measure consistencies among programs.

Other successful programs include The NRT's Hazardous Materials Emergency Preparedness (HMEP) grant program and the collaboration between the EPA and inter-agency personnel. The HMEP provides financial and technical assistance as well as national direction and guidance to enhance State, Territorial, Tribal and Local hazardous materials emergency planning and training.

Friday concluded with more breakout sessions. For these sessions, participants were broken up into groups reflecting their sector of industry. These groups included: transportation, hospital and public health, chemical facilities and construction trades. The purpose of these sessions was to provide the WETP with enough information to develop an Emergency Support Activation Plan that will allow NIEHS to support OSHA with trainers, facilities, and specialists during an event of national significance. Information was gathered by questionnaire from all participants. The surveyed revealed that the WETP community has numerous professionals, including health physicists, industrial hygienists, and occupational physicians who could be activated for an emergency. There are thousands of instructors who could also train responders during an event in hundreds of facilities located throughout the country. All awardees offered HAZWOPER training, but also many specialty courses.

The consensus of respondents also believed that not only should each WETP-funded organization have one special person to contact in case of an incident (with a back-up person), but there needs to be one person that coordinates communication between organizations and agencies.

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I. Department of Homeland Security Plenary

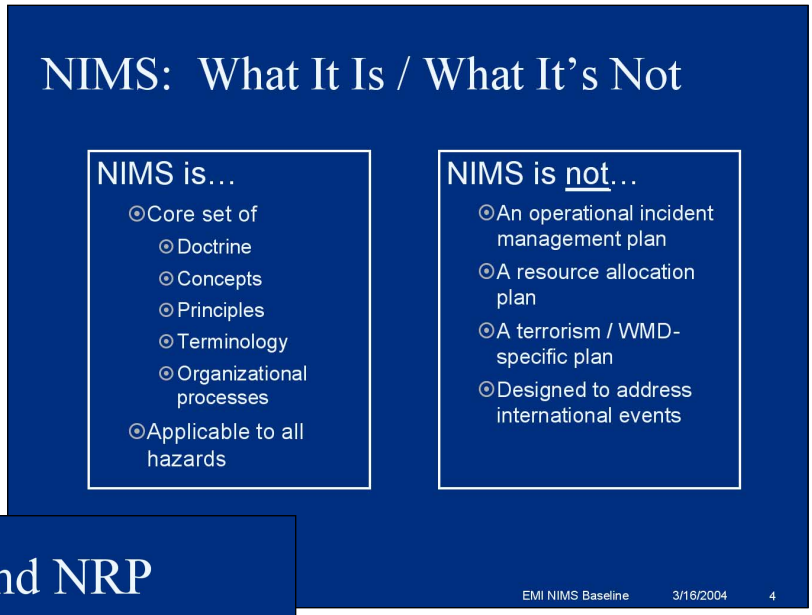
Moderator: Chip Hughes

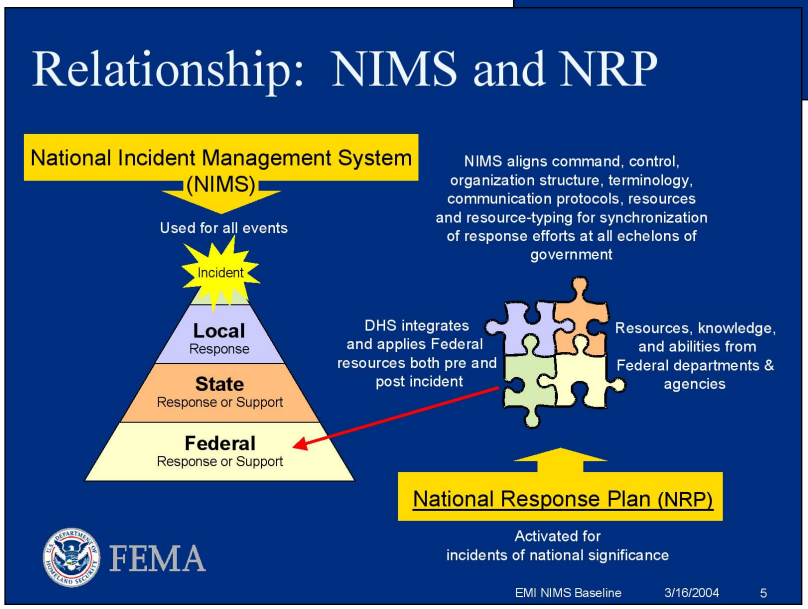
Chip Hughes began the Department of Homeland Security (DHS) Plenary, noting that the plenary would address two important concepts: (1) how the new National Response Plan, National Incident Management System, and Incident Command System will deal with HAZMAT training; and (2) how the Office for Domestic Preparedness views the relationship between homeland security and HAZMAT training and preparedness.

Marco Bourne, Deputy Director of the Emergency Preparedness and Response Division of the Federal Emergency Management Agency (FEMA), initiated his discussion with a background on FEMA. In March 2003, under the Emergency Preparedness and Response Directorate, FEMA was incorporated into the new Department of Homeland Security. The agency is tasked with preventing, responding to and planning for disasters.

Next, Mr. Bourne spoke about the 2003 Homeland Security Presidential Directive 5 that emphasizes the need to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system (NIMS). The directive recognized the need for common terminology across all disaster incidents, regardless of size and location. DHS was commissioned to develop and administer the NIMS and the National Response Plan (NRP).

Mr. Bourne differentiated between the NRP and NIMS. He described the NRP as the federal government's recipe book to emergency planning. It tells who does what and when and how. Mr. Bourne said NIMS, on the other hand, is the structure of the command and control system (not the plan) that allows state, local, and federal levels to operate. Its basic components include command and management, preparedness steps, resource management, communications and information management, supporting technologies, and ongoing management and maintenance. NIMS serves as a scaleable core set of doctrines, principles, concepts, and terminology. NRP and NIMS are related in the sense that they create an integrated federal, state, and local response plan that is scaleable and based on common standards and language.





Importantly, FY05 will be the first year

that to receive federal preparedness assistance funding, state and local level agencies must adopt NIMS. These same parties will be involved in discussions with the Office for Domestic Preparedness to ensure compliance and that all entities understand what NIMS entails. You can access the full, official NIMS document text at: *http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf*

To view the NIMS awareness web-based course offered through FEMA, please visit: *http://training.fema.gov/emiweb/IS/crslist.asp*

The next presenter was Darrell Darnell, Division Director of Local Programs for Domestic Preparedness in the Department of Homeland Security. He spoke about the history of the Office for Domestic Preparedness (ODP), now referred to as the Office for State and Local Government Coordination and Preparedness. Mr. Darnell then explained the expanded responsibilities of the Office and offered an overview on ODP training, support, courses, and resources.

Specifically, he discussed how in April 1998, ODP was established through the Department of Justice to improve state and local WMD incident response capabilities nationwide. In March 2003, ODP was transitioned to DHS and its mission expanded to incorporate the national strategy into planning guidance, support risk analysis, coordinate preparedness efforts, provide training, and other tasks. Moreover, Mr. Darnell discussed ODP's Training and Technical Assistance Division (TTAD), which provides comprehensive training to prevent, deter, respond to, and recover from threats and incidents of terrorism. ODP provides funding for such programs through formula grants to institutionalize terrorism training at the state and local levels. With the help of partners such as the National Domestic Preparedness Consortium, TTAD trains emergency responders nationwide in over forty courses.

ODP Training courses cover three levels of training: awareness, operations and technician performance, and planning and management. These courses are administered via mobile, residential, and distance learning mechanisms and incorporate a comprehensive development and evaluation process based on instructional systems design, gap/needs assessment, pilot courses, subject matter experts and interagency review. For more information on training resources, Mr. Darnell directed the audience to call (800) 368-6498 or to visit *www.ojp.usdoj/gov/odp*.

The third presenter, A.D Vickery, Deputy Chief for Homeland Security of the Seattle Fire Department, spoke about the First Response and the Skilled Trades (FIRST) program. Mr. Vickery explained that FIRST is set up to ensure the safe and successful coordination of emergency services and the skilled trade. Those involved with the Program strive to meet this mission by supporting two core objectives: (1) improving the safety and effectiveness of specific trained assets from labor and industry, and (2) developing a strategic plan to formalize the integration of resources.

He also mentioned that in November 2003, the FIRST Program Stakeholder Summit was held and several operational and training recommendations were agreed upon. Operational recommendations included integrating the skilled trade community into local, state, regional, and national response plans and exercises; establishing procedures for skilled trades notification, activation, and involvement; developing a set of coordinated safety operating rules; identifying local

"construction liaison superintendents" and integrating them into command staff; collaborating with local emergency planning committees; formalizing coordination between construction liaison superintendents and safety officers in the fire service; developing MOUs between the construction industry, skilled trades, and the emergency response agencies; and sustaining existing employee-employer relationships for the skilled trades.

Mr. Vickery continued with a discussion of some of the training program recommendations. These included providing training in four content areas such as hazard recognition, decontamination, incident command, and personal protective equipment; issuing identification/skill cards that verify completion of training; and ensuring that continuing education credentials are current. He concluded his presentation by restating the importance of first responders and skilled trades working together.

The final presenter, Chuck Soros, Chief of Special Operations of the Fire Department Safety Officers Association, further discussed the Seattle experience and the vision for first responders and skilled trades to work together to prevent chaos and minimize risks at disaster sites. To reach this vision, Mr. Soros explained that planners needed to find a focal point that could be used to increase emergency response awareness – and the strategy to do so was through collaboration with the Seattle Associated General Contractors (AGC).

This collaboration helped to advance two goals: meeting emergency response planning objectives and establishing an emergency incident response process. The first goal, meeting planning objectives, includes using incident command systems (ICS) effectively, incorporating training modules, establishing liaisons with superintendents, addressing credentialing needs, and identifying minimally acceptable training. The second goal, establishing a planning approach, determines the main concerns of a terrorist incident, who is responsible for what, who is needed to help, and how to get the resources to do the aforementioned.

Focusing on the first 24-36 hours of an incident, seventeen training modules were agreed upon and developed for the construction trade. These module topics included SCBA, first aid, blood-borne pathogens, fire behavior, trench rescue, personal protective equipment, confined space, hazardous materials, asbestos warning, and fall protection. Furthermore, module requirements should included prerequisite courses, general knowledge, site operational knowledge, and experience working in the hazard zone. Mr. Soros emphasized that from this, basic skilled support personnel training programs should be developed and supported to help prevent chaos and minimize risks at disaster sites.

Following the plenary, were questions from the audience. Some participants asked for more information on credentialing, the NIMS framework, workers compensation, and how unified command is being incorporated into recent decisions. Others asked specific questions regarding training for public work employees, ERTs in the building trade, transportation workers, and community residents.

II. Keynote on Homeland Security Preparedness Training: Emerging Policy Issues.

Dr. James Jay Carafano, Senior Fellow, The Heritage Foundation

Dr. Carafano is a Senior Fellow at the Heritage Foundation, and a national authority on the policy issues of appropriate training for emergency response. He presented a policy overview of the national effort to train and credential emergency responders. He also gave his own perspective on Homeland Security Presidential Directive # 8.

Dr. Carafano began his talk by explaining that emergency response and preparedness is one of the five strategies the government outlined to improve homeland security. It includes training for firefighters, police and EMTs, but it neglected to include the skilled support personnel. The 2002 Act definition addresses emergency responders not just first responders. It also created the Homeland Security Council, which creates policy. The Council staff does the work every day, getting the job done without a lot of publicity.

Dr. Carafano stressed that we must have security (offense and defense) and economic growth, while at the same time protecting civil liberties and privacy. We need to pay attention to how we're setting the system up, as we will have to live with it for 30 years.

He then explained the Homeland Security Presidential Directive #8: It is not a law, but the President tasking the federal government with a job to do.

> *("This directive establishes policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal, establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments, and outlining actions to strengthen preparedness capabilities of Federal, State, and local entities." – from Whitehouse website)*

Some aspects of the directive are: First responder/emergency responder become synonymous; Establishes a requirement for national preparedness goals (mandates completion by September); Requires the government to establish objectives and focus resources; Requires federal agencies to establish a single contact for state and local governments (by September 2005); Requires a national training program, bringing all the programs together holistically; Assess national preparedness. Federal agencies must identify equipment needs of responders at state and local level, and ODP moved to Office of State and Local Governments, which will ultimately benefit communities.

Dr. Carafano then commented about the directive, noting:

- Neither the DHS nor the OSLG have the capacity for training; therefore, the integration of training is a key problem;
- The program evaluates level of preparedness but not its effectiveness, thus, there is no system to evaluate if we're gaining progress for the funds being spent.
- There is no committee that exists to identify the equipment needs of a community.
- If there is a new president in January, the HSPD does not have to survive the presidency; Authorization Oversight Select Committee for DHS only exists in the House, not The Senate and is not a permanent committee; HSPD says we have to prioritize, federal money is going towards building a national system that is not meeting the needs of communities.

After Dr. Carafano finished speaking, the floor was opened for questions and comments. Don Elisburg noted that policies set by White House advisors are not getting to the budget line thus there is a disconnect. Dr. Carafono replied that the OMB has made strides in improving what each department is spending on homeland security and that new measurements in place are helping.

Tom McQuiston then asked: "Our concerns are centered around potential disasters around chemical facilities, how do we ratchet up concerns for tens of thousands who might be harmed in that event?" Dr. Carafano replied that DHS is identifying that the biggest bang for the buck is prevention rather than mitigating/response. The National Guard is not structured to support this type of response however. Thus, there is work to be done at that level. There is enormous capacity of the military to help reduce our requirements to ramp up on the response side.

III. OSHA Plenary: The New Disaster Worker Course

Moderator: Dr. Bruce Lippy

Dr. Bruce Lippy, Director of the National Clearinghouse, opened the Occupational Safety and Health Administration (OSHA) Plenary by stating the theme of the session, which was to review the status of the disaster site worker course being developed jointly with NIEHS and its grantees.

Dr. Henry Payne, Director of OSHA Office of Training and Education (OTI) began the plenary with a brief discussion on OSHA and its objective to set and to implement national safety and health standards for emergency responders. He then talked about what OSHA is currently doing in emergency preparedness training. Dr. Payne explained that following September 11th, OSHA sought to better serve its employees and recognized the need to internally train its employees in the case of emergency situations. Thus, in July 2003, OSHA put together an awareness-training program that served the aforementioned purpose.

Dr. Payne further noted that when responding to an emergency situation, the best knowledge that responders should receive is that about worker safety and health. Thus, responders should be advised to complete emergency preparedness training for which they can receive a certification card for the 16-hour Disaster Site Worker course and OSHA 10-hour construction course. Dr. Payne concluded his talk by proposing to Chip Hughes of NIEHS that both agencies have semi-annual meetings to look at disaster and training issues and to see where both agencies can cooperate to make better use of the materials that the grantees develop. More information on OSHA's OTI can be found at *http://www.osha.gov/fso/ote/training/training_resources.html*

Pete Stafford, Director of the Center to Protect Workers' Rights (CPWR), was the next panelist to address the audience. He described aspects of his organization including its background in disaster response training and the training structure within the Building Trades. The program is structured to deliver training to skilled support personnel, including 2,500 training centers nationally that annually train over 500,000 construction workers. Mr. Stafford emphasized the importance of the on-site training of approximately 1,300 construction workers at Ground Zero immediately following September 11, 2001. The focus of this immediate training was personal protective equipment (specifically for respiratory protection), hazard identification and decontamination, and incident command.

The lessons learned resulted in the development of CPWR's DVD training program for skilled support personnel. Over 4,000 instructors will be trained to deliver the program, with over 700 trained to date. The model, in collaboration with OSHA as a regional training institute, will allow CPWR and its affiliated building trades unions to train thousands of their members and prepare them to support first responders when called upon in their role as skilled support personnel. Mr. Stafford concluded his talk by stating that CPWR has worked with OSHA to assist them with the agency's training programs. More information can be found at *http://www.cpwr.com/Training.htm*

The third panelist, Cathy Cronin, Coordinator of the OSHA Construction Outreach Program, commented that not enough skilled support personnel are received training even though the available HAZWOPER training programs are excellent. Furthermore, Ms. Cronin stated that OSHA has decided to focus their training programs as all hazard courses - not just ones created for weapons of mass destruction training only.

She also explained that through lessons learned, OSHA has established hands-on, skills-training components, which have been included in new curriculum. Also, OSHA has recognized the need for advanced respiratory protection training and has used a CPWR DVD to create a 16-hour curriculum program.

More so, Ms. Cronin noted that OSHA has been encouraging workers to obtain HAZWOPER training. In doing do, the agency has issued a Program Card, which verifies that workers have successfully completed the necessary levels of accredited training programs and any other additional programs that individual workers choose to take. Additionally, OSHA is expecting to give out a second card for trainers who complete a four-day course. This training is expected to be available by July. Ms. Cronin said that trainers must be authorized in outreach construction, have completed the HAZWOPER 40-hour course, and have three years of experience as a safety and health trainer. More information about OSHA's training programs can be found at *http://www.osha.gov/fso/ote/training/training_resources.html*

In closing, Ms. Cronin directed the audience to read OSHA's "Inside the Green Line" report available at the following website: *http://www.osha.gov/Publications/osha3189.pdf*.

Doug Feil, Director of Environmental Programs at Kirkwood Community College (KCC) was the forth presenter during the OSHA Plenary. Mr. Feil explained how KCC, as part of an OSHA pilot program, used OSHA's education centers to offer a six-day train-the-trainer (TTT) class. These TTT classes are targeted at responders other than skilled support personal who would appear at the incident site during the latter portions of an emergency such as the consequence management or recovery phase stage. Amongst other groups, public health representatives were invited, as were veterinarians.

Mr. Feil explained that the first three days of the TTT classes related to the programs OSHA offered while the last three days focused on different topics. The KCC classes trained the trainers on how to analyze incidents and how to develop training for the hazards specific that site. Mr. Feil noted that trainers who participated were asked to bring maps and information specific to their communities. The trainers then looked at site safety plans and practiced developing efficient on-site training programs. More information can be found at: *http://www.hmtri.org/moec/moec_index.htm*

The final panelist was Stew Burkhammer, the Director of OSHA Office of Construction Services. Mr. Burkhammer challenged the audience to think about the purpose of developing the training programs and to really think about why responders need the training to begin with. Understanding what training is about can help with compliance of regulations and response to unexpected incidences on-site. He then compared his experiences with health and safety training at the Kuwait oil fields and at Ground Zero in New York to elucidate this point.

Mr. Burkhammer explained how the challenge in Kuwait centered on first explaining safety and health and then developing a safety and health program for twenty-three nationalities. At Ground Zero, he and his team were challenged with two things: (1) getting all the involved agencies, twenty-six in total, to approve the response plan before it could be implemented; and (2) training over ten thousand people with different skills and occupations.

These two experiences shed light on an important lesson, which is to proactively plan for emergency incidents in a manner that is collective and cooperative. The way to achieve this objective, Mr. Burkhammer alluded to, is via

effective training - training that addresses roles, responsibilities and capabilities. More information can be found at http://www.osha.gov/doc/mission.html

The OSHA Plenary ended with a question and answer period. Participants asked questions about enforcement in emergency situations, the need to train chemical plant employees, and the adequacy of the level of protection implemented at Ground zero. One participant asked how to define a disaster site compared to a HAZWOPER site to which Donald Elisburg replied that "Current statue does not speak to the Superfund, it never has. The issue as to which regulations apply is based on whether or not the site is an uncontrolled hazardous waste site."

IV. Keynote on EPA's Efforts in Homeland Security

Marianne Horinko, Assistant Administrator for the EPA Office of Solid Waste and Emergency Response (OSWER).

Ms. Horinko began by noting that it was the Anniversary of EPA and Earth Day. In the early days of the EPA, things like cleaning up streams and car exhaust was considered the EPA's most important goals. This is not true today.

Global terrorism has added new uncertainties and demands to the EPA. The Exxon Valdez incident, 9/11 and the anthrax cleanup are all new examples of what new things the EPA has to deal with. Each of these events has made the EPA re-evaluate its priorities. Given the nature of terrorism, the future of what is needed to deal with an attack is uncertain. The EPA must assume that its assumptions are incomplete and that future attacks will be different from previous attacks. There are hundreds of prospective targets and a number of different weapons; therefore it is nearly impossible to predict what may happen in the event of an attack. She noted that the best way to deal with these uncertainties is to prepare for many possible scenarios. In addition, coordination on site and across agencies is a must. The EPA is committed to this.

Frank Meyerer then asked if the resulting health of residents of lower Manhattan due to 9/11 made EPA reassess air standards? Ms. Horinko answered that while the general answer is 'Yes,' the EPA had put out a report that stated there were no health effects found in residents (not true for responders).

V. Keynote on Chemical Facilities Safety and Security: Training and Preparedness Issues.

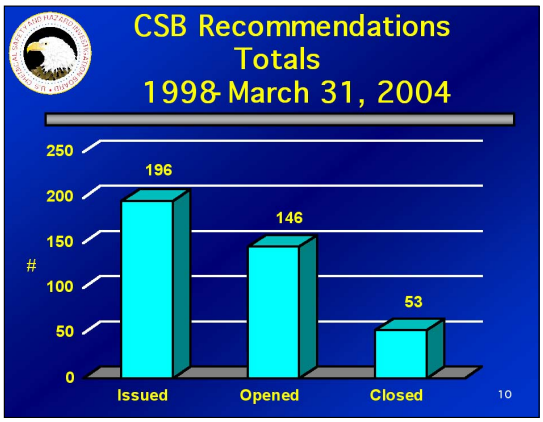
Rixio Medina, Member, U.S. Chemical Safety and Hazard Investigation Board.

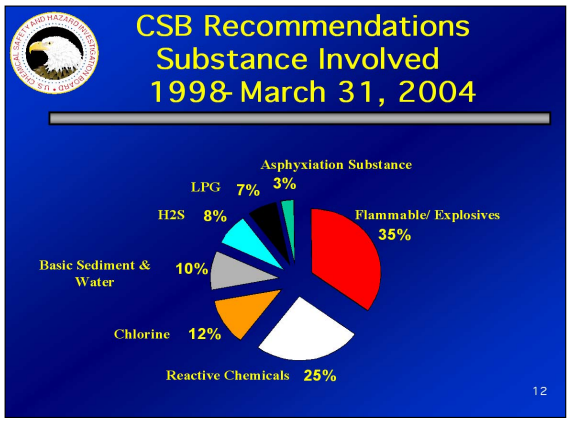
Rixio Medina, a recent Bush appointee and former chemical company executive shared his perspective on the complicated issue of chemical security. He related his experience in the private sector and his new role as a member of the Chemical Safety Board.

The CSB was conceived by congress following a series of catastrophic industrial accidents in mid to late 1980. It was authorized under the 1990 clean air act amendments 42 USC-7412 (r)(6) and funded in 1998. It independently investigates chemical accidents or potential chemical accidents at fixed industrial facilities that result in or had the potential to result in fatality, serious injury or substantial property damage such as the one caused by fires and explosions, that can harm the public, employees or the environment. The board is required to determine the root causes and contributing causes in their investigation and not blame or determine who is liable as a result of an accident. The board is required to report to the public the facts of the accident including the conditions, circumstances and probable causes of the accidental chemical releases in addition to the hazards or potential hazards the accident might cause. The board holds public meetings in the area where the accident happened, and it shares the information though its publications and website.

The Board is authorized to issue recommendations aimed to reduce the risk and consequences of accidental releases or potential hazards and to propose corrective measures to improve the safety of industrial facilities producing, processing, handling and storing chemicals.

Since the CSB started operations through the end of March of 2004, it has completed 20 accident investigations and is engaged in eight current investigations of accidents that occurred in 2003. It has completed five hazard studies and has two in progress during the same timeframe. The CSB has issued a total of 198 recommendations, 53 of which have been fully implemented and 145 are still opened. 14% of the recommendations were issued to specialty chemical companies, 13 % to oil and gas and petroleum refining, 12 % to chlorine repackaging facilities 8 % to the wood & pulp industry, 7% to users of petroleum products such as oil blending and lubricant operations, 5% to waste treatment and disposal facilities, 3 % to petrochemical companies and the remaining 25% of the recommendations were issued to a variety of industries. 30% of the recommendations have been issued to professional and trade associations, mainly requesting that the report, lessons learned and recommendations be shared with their constituents. 25% were issued to industrial facilities involved in the accident, 20% to the corporate offices of those industrial facilities, 25% to governmental agencies including OSH and EPA, 8 % to Union and ½ a percent to trade associations and academia. More information can be found at: http://www.csb.gov





VI. Thursday Breakout Sessions

a. Breakout #1
Federal and Tribal Partnerships
Moderator - Alan Veasey, Program Director, Workplace Safety Training, University of Alabama Birminham (UAB)

The purpose of this breakout session was to share federal and tribal partnerships that have successfully provided health and safety training to underrepresented populations. The training topics included hazardous materials, incident management, and WMD response. Effective outreach materials were reviewed.

April Sells, Wellness and Activities Director from the Poarch Band of Creek Indians, explained her partnership with UAB and how it benefits counties in Alabama that surround her reservation. UAB uses NIEHS grant funding to provide training to the Poarch Creeks, who then used either there own tribal funds or federal funds routed through the State of Alabama.

Her tribal community has a lot to offer the surrounding communities. They have a large fire department, very well trained individuals, and equipment counties may not have. The Poarch Band of Creek Indians consolidates and shares resources with the nearby counties. They also train personnel in nearby counties thanks to the funding from UAB. She emphasized that communities should look into partnering with nearby tribal communities. The best way to do so is to contact the "Chief or Tribal Chair."

John Kovach discussed the partnerships the Operating Engineers National HAZMAT Program (OENHP)has with the DHS, the chemical industry, MSHA, Energy Assurance Technical Training and Awareness Program, Human Factors Assessment Program, Orange County Florida Sheriff's Association, OSHA, NIOSH, West Virginia Army National Guard and the West Virginia Department of Health and Human Resources.

In response to a question, it was noted that one way to get tribes to understand the value of training or to get imbedded into a tribal council is to contact the EPA office of tribal affairs or the ATSDR office of Tribal Affairs. It was also noted that there are more than 300 tribes in the U.S. It is therefore important to be patient of their traditions that may make an impact on their interactions. You must develop a relationship with tribal leaders and get to know the leaders before you start talking business.

b. Breakout #2
Hospital, WMD, and Emergency Response Training
Moderator: Mark Catlin

Moderated by Mark Catlin from SEIU Education and Support Fund, this breakout session focused on current training at hospitals and other first receiver/emergency response organizations. In particular, the breakout examined the characteristics of four successful NIEHS partnerships around hospital, WMD, and emergency response training.

Michael Vatch of Brookdale University Hospital and Steve Schrag of SEIU Local 1199 NY, began the breakout by discussing the training partnership with the Brookdale University Hospital and Medical Center. With approximately 100,000 visits a year, Brookdale has one of the busiest Emergency Departments in New York City's five boroughs. A recently remodeled emergency room facility now includes a decontamination area and is prepared to serve wounded in case of a terrorist attack. Worker trainers at SEIU Education and Support Fund provide two levels of training. The first level, the 8-hour emergency response awareness training, is intended for employees from across hospital departments and uses the small group activity method. The second level, the 24-hour emergency response operations level training, with Paul Penn of EnMagine, is intended for emerging health threats, including WMD, for pre-hospital, emergency department, safety and security staff.

The second group of speakers highlighted the partnership between Lutheran Hospital (NY) and the Federation of Nurses/United Federation of Teachers (UFT). Renee Gestone-Setteducat and Jihad Hamad discussed how the Federation of Nurses/UFT collaborated with Lutheran Hospital on an 8-hour emergency preparedness/disaster response training for emergency room nurses to improve the hospital's emergency response capabilities.

Building on this successful collaboration, the next step involved providing more-in depth training to nurses, including those in the intensive care and recovery rooms. The International Chemical Workers Union (ICWU) in conjunction with the Federation of Nurses/UFT and the American Federation of Teachers conducted a four-day course "Protection of Hospital Personnel and Patients in Response to a Weapons of Mass Destruction Attack" at the UFT headquarters in March 2004. Having both the employer and the UFT collaborating together in this training was eye-opening and very well received. An immediate outcome of the March 2004 course is that ICWU will conduct a 4-day course at Lutheran Hospital for staff nurses and supervisors.

The third discussion, led by Dennis Decker and Tipawan Reed, focused on the partnership between the Commonwealth of Kentucky and OAI (of the Puerto Rican Forum), their respective organizations. Building upon the ongoing relationship with the State Fire Marshal's office, OAI served as a catalyst in bringing together, for the first time, all key state agencies to develop and implement: (1) a statewide training plan for first responders; and (2) a needs assessment to determine WMD preparedness. Effective collaboration at the statewide level is more critical now than ever before and learning from this experience and replicating it elsewhere would be a worthwhile endeavor.

The final discussion, led by Scott Solomon and Tipawan Reed, offered information on the partnership between the Chicago Fire Department, IAFF and OAI. The attacks on 9-11 caused us all to realize that we must learn to work together and that first responders must be provided with as much knowledge, skills and tools as possible to ensure that the 9-11 experience will never repeat itself. This two-phase initiative between IAFF and OAI strives to do just that. The goal of the partnership, to provide HAZMAT technical level training to Chicago Fire Department personnel, consists of a five-day train-the-trainers course, attended by 28 selected Chicago fire fighters. These trainers will, in turn, conduct technician-level HAZWOPER training for 250-300 individuals during the current program year.

Mark Catlin concluded the session by dividing the participants into four separate groups and asked them to list what successes, obstacles, and unexpected benefits can arise from partnerships. From these lists, the breakout session as a whole defined what they felt were the four key factors for success – quality programs, adequate funding, mutual respect, and champions for the idea/partnership.

c. Breakout #3
Industry and Trade Associations
Moderator: John Morawetz, Director, Center for Worker Health and Safety, International Chemical Worker's Union

This breakout provided information on the industry and trade association partnerships that have increased the number and quality of courses available for responding to WMD incidents and other emergencies at fixed sites and other public facilities.

This breakout examined the partnerships between industry and the NIEHS awardees that have increased the number and quality of courses available for responding to WMD incidents and other emergencies. Dr. Carol Rice, a Professor from the University of Cincinnati and the Principal Investigator for the NIEHS-funded Midwest Consortium, provided a PowerPoint overview of the work the Midwest Consortium has done to build strong links to industries through training. She pointed out those even seemingly nonhazardous industries like American Dairy Brands still deal with industrial chemicals – in this case, ammonia – as a standard business practice. Lake Shore Community College, part of the Midwest Consortium, provides annual hazardous waste worker refresher training for this firm, along with chemical storage security training. The consortium also trains the Port Huron Hazmat team at a technician level to deal with hazardous materials transportation.

Dr. Rice's PowerPoint included testimonials about the value of training from managers at Neilson and Bainbridge, a Tennessee-based electroplating firm that experienced a fire in one of their production facilities. The consortium training had actually included tabletop scenarios about how they would handle potential loss of acid tanks if there were a fire or other disaster. Consequently, they were prepared. They kept workers who did not need to be involved away from the response and provided outside emergency responders with timely and correct information about the chemicals potentially involved. The result: limited damage and no injuries. The consortium also regularly provides hazardous waste training for U.S. Oil Co, Inc., Ford Motor Company, and Technical Plating and Rubber, Inc.

Don Ritter, a member of the International Chemical Workers Union who works at the Cabot Corporation and the Security Manager from that firm, Matt Zimmerman, discussed the partnership at the firm between labor and management that has been so successful at protecting workers and the community. Mr. Ritter described an incident where the firm experienced a leak of sodium that local volunteer fire fighters responding to the emergency call were about to spray with water, which would have produced a potentially deadly reaction. Workers had been trained sufficiently to prevent the fire fighters from taking this action. The partnership now extends to local emergency responders and the plant does a full evacuation every 6 months and they stage a major event at least yearly.

The breakout session then conducted an exercise called "Industrial Disaster Preparedness" which built on the small group activity approach that has been a core approach of the ICWU training programs. The attendees were broken into groups and asked to discuss four questions and then designate one person to report back to the rest of participants at the end of the session. The four questions and the various responses from the groups are provided below.

Question 1: Why was the training partnership started?

Quite a few of the partnership were identified as being formed to protect responders to emergencies at the facilities. The partnerships also came into being to provide more support and information to stakeholders outside the plant. In at least one case, it was a deliberate effort to involve labor in the development of an emergency response plan. More than one partnership formed after an incident occurred, causing a strong desire to prevent further incidents and to establish a procedure for getting to root causes afterwards. These partnerships were seen as natural ways to share expertise and therefore were mutually agreed upon. One participant noted that training under grants like

NIEHS naturally leads to lasting partnerships through repeated contacts with key individuals. Being able to customize training enabled more organizations to justify partnering. Finally, the enabled and mobilized workforce that results from meaningful safety and health training makes partnership easier to form.

Question 2: Why do you think this partnership has been successful? What are some of the benefits?

Participants opined that the partnerships were successful because they involved all parties, shared resources, built trust, involved partners with complimentary backgrounds, established a level playing field, shifted the safety culture, allowed examination of root causes of incidents, and permitted nurturing of safety and health issues.

The benefits that came out of that success included more efficiency in operations, improved outreach to the community, better and quicker response capabilities, and better buy-in from all parties.

Question 3: What are some of the problems encountered during the development of the partnership?

Some in the discussion group indicated that management's tendency to assign individual blame for problems was counter-productive. Several found that outside help may be needed to resolve conflicts that arise in the partnership. Traditional rolls were also seen as obstruction and new partnership required new ways for labor and management to view their relationship and their combined efforts with outside responders. Jargon was seen as an obstruction, too, and participants agreed that information about worker safety and health needed to be clear. One participant indicated that when problems developed, a fortress mentality often resulted at facilities, which would invariably lead to more difficulties.

Question 4: What are some examples of catastrophic events you have planned for (both intentional and unintentional)?

The following list was generated by the participants of events that occurred at their facilities:

Hydrogen fluoride vapor suppression failure
Collapse of a building
Hazardous materials transportation problem
Ammonia release
Sodium metal release
Security problems
Heat stress incidents

d. Breakout #4

State, Local, and Bi-National Partnerships: Public Health and Emergency Response
Moderator: Eric Lamar, Principal Investigator, IAFF

This breakout closely examined the Massachusetts approach to preparing communities for a public health emergency as well as the Arizona effort to partner with several Mexican states to train emergency responders. Issues to be considered include: serving large and small communities, reconciling local government operations with regional needs, challenges confronting trainers in a bi-national preparedness program, as well identifying and planning for future challenges.

Emphasis was placed on the Border 2012 goal relating to releases of chemical and biological warfare agents and acts of terrorism along the Mexican Border. They are working in liaison with: "Bi-National Prevention and Emergency Response Plan between Nogales, Sonora and Nogales, Arizona"; "Sonora Proteccion Civil"; "Border 2012 Arizona/Sonora Chemical Emergency Preparedness and Response Task Force"; and "Arizona Governors Office of Homeland Security".

Chemical Emergency Preparedness and Emergency Response at the Arizona/Sonora Mexican Border

Themes: Partnerships – State and Local – Bi-National, serving a wide variety of communities.

The main areas of concern are:

- The fixed facilities on the Mexican side of the border (3000) all have hazardous chemicals of different sorts
- Truck and rail traffic with hazardous chemicals which cross the border

The challenges involved in this area are:

- Incorporating modifications related to anti-terrorism efforts into the curriculum
- Identification of risks
- Preparation of joint contingency plans
- Include plans for counter-terrorism in curriculum

Over 400,000,000 people travel to the US via land borders.

Logistical challenges in a bi-national training:

- Bi-lingual transmission of curriculum and emergency responder information flow is one key component to coordination of efforts
- The disparity of the quality of equipment available on each side of the border
- The issue of radio interoperability across the border is a challenge
- The Mexican side of the border is mostly all-volunteer fire fighters
- Implementation, training and availability of PPEs on the Mexican side of the border
- Our training focus is prevention of a catastrophic event on each side of the border, not necessarily to encourage bi-national response teams (although when needed, the teams have responded across the border)

New England Consortium All Hazards Training Project

Agents for change as well as deliver training.

The Project has evolved and has expanded the training to include:

- Involving public health workers in training
- Offering the 8-hour emergency response training
- Offering the 24 hour basic health and safety course
- Expanding the training programs to include Introduction to Levels A, B & C equipment, introduction to chemical and biological weapons and introduction to decontamination equipment, training from the DOT manual

The success of the training program has led to requests for additional training. We also work on identifying who needs training.

- The volunteer fire departments serving much of the region
- EMS workers who have medical training, need emergency response training
- Hospital staff need training for Level C hot zones and proper use of PPEs and equipment
- Health department staff
- Police department

Our effort has been focused on hands-on training, familiarizing trainees with equipment, and team building with local, state and private responders. We have trained them on OSHA regulations for emergencies, working while wearing protective suits with respirators and radio communication equipment, identification of emergency situations, and identification of biological hazards, including mass vaccination clinics.

Emergency Management

All emergencies are local.

- Actions taken by the first arriving agency are key to success
- Public/private training (Kodak, Xerox) where large employees in the private sector tailor their curriculum to mirror that offered to the public sector
- Working with trade unions, trainers, training sites to make training more accessible
- Public sector workers need to know what to do at their sites (i.e., training for fire wardens at office buildings)
- Improve emergency command and control for inter-agency communication (NIMS)
- Curriculum across all agencies adopted, public and private sector included
- Partnering with other agencies to increase awareness of WMD, and give background incident command training
- Share the curriculum
- Involve other agencies

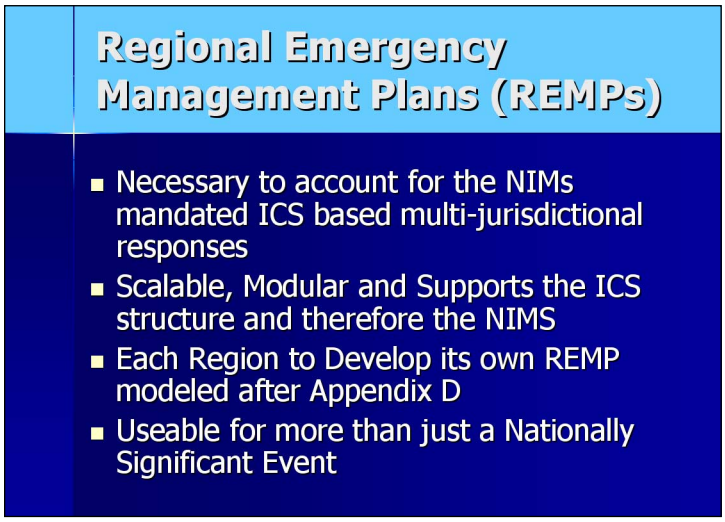
VII. Second OSHA Plenary: Worker Protection and Homeland Security

Moderator: Chip Hughes, Director, WETP

This plenary was a review of OSHA's newly emerging role in disaster response and homeland security and the actions the agency has taken to prepare for its new challenges.

Ruth McCully, Director, Directorate of Science, Technology and Medicine spoke first. She explained why OSHA developed a National Emergency Management Plan (NEMP). She explained that during the WTC response over 1000 OSHA staff members were deployed to the WTC over 10 months. During this time there were 15,000 shifts worked, 131,000 respirators distributed and more than 6,500 air samples taken. OSHA also fielded specialized expertise teams (e.g. crane team), provided 24/7 safety monitoring and created successful partnerships with FEMA, EPA, Army Corp and Coast Guard. They were also the lead agency for worker health and safety during the Anthrax decontamination.

She explained they learned lessons from these incidents. In order to improve preparedness for the future it was clear that they would need Regional Plans (REMPS) supported by a National Plan (NEMP). The NEMP is the agency's first homeland security directive. It is OSHA's emergency management plan during nationally significant incidents. It is a living document.



Part of the plan includes specialized response teams (SRTs). SRTs are made up of Four Teams: Toxic Chemicals, Biological Agents, Ionizing Radiation, and Structural Collapse. They enhance existing regional WMD capabilities. The teams contain an average of seven subject matter experts and are dispersed throughout agency and regions. OSHA is also implementing many training initiatives. More information can be found at: http://www.osha.gov/OshDoc/Directive_pdf/HSO_01-00-001.pdf

John Ferris, Special Assistant for Homeland Security then discussed OSHA's involvement in NIMS/NRP. The National Incident Management System (NIMS) establishes the national standard for incident management response structures. It is based on the National Interagency Incident Management System (NIIMS) Incident Command System (ICS). It calls for interoperability of response structure, equipment, communications, qualifications, and certifications. It employs a continuous cycle of planning, training, equipping, exercising, evaluating and taking corrective action. It utilizes safety officers. NIMS requires and oversees the implementation of the ICS system nationwide. It also oversees the allocation of funds to State and Local Government. It specifically addresses the role of the Safety Officer in multi-agency responses.

The National Integration Center (NIC) coordinates and oversees the (NIMS). The NIC educates the Nation on the NIMS/ICS, promotes interoperability, promotes minimal training requirements & course curricula for EP&R personnel, establishes national standards for incident management exercises and establishes national standards, guides and protocols for qualifications and certifications of responders and incident managers.

This creates an opportunity for OSHA. OSHA supported the ICS in 1910.120 before there was a NIMS or a NIC. The NIC is a grass roots opportunity, similar to the Coast Guard/EPA/OSHA collaboration that took place back in 1989 to create HAZWOPER. It influences the emerging processes to integrate responder/recovery worker safety & health. More information can be found at: *http://www.dhs.gov/dhspublic/display?theme=43&content=3421*

Following the speakers' presentations, there was a question/comment and answer session.

Q: This national plan should be explicit about Federal OSHA and FEMA and their role with states that have state plans.

A:
1. In HSPD 5 that issue is addressed – it does talk about in what circumstances national intervention is needed.
2. State evaluations showed where states' weaknesses are and when they will need help.
3. The Annex outlines role of locals, states, and national organizations.

Q: As the Bush Administration tries to privatize government, we see DOD etc. being outsourced. Do OSHA standards apply to these private outsourcing companies (since it is not usually involved in the military)?

A: OSHA does not get involved in uniquely military operations.

VIII. EPA Plenary Panel

Moderator: Chip Hughes

Chip Hughes from NIEHS was the moderator for the EPA Plenary and began the session by briefly outlining the topics to be presented. Specifically, he said that the panelists would review the role of the National Response Team (NRT), EPA's participation on the team, and the changes anticipated under the National Incident Management System (NIMS).

John Gustafson, Executive Director of the NRT, gave an overview of the NRT and its role in the National Response System (NRS). He first explained that response planning and coordination is accomplished at the federal level through NRT, which is comprised of the Response, Preparedness, and Science and Technology committees. More specifically, the NRT does not respond directly to incidents, rather, it is responsible for three major activities related to managing responses: (1) distributing information; (2) planning for emergencies; and (3) training for emergencies.

Following major incidents, the NRT assesses the effectiveness of the response. The NRT may use information gathered from the assessment to make recommendations for improving the National Contingency Plan and the National Response System (NRS), which is comprised of the NRT, regional response teams, federal on-scene coordinators, and state and local governments. Mr. Gustafson then detailed the NRS response process and the plans supporting it

Mr. Gustafson continued with a discussion of the NRT recommended priorities for 2004. These priorities include: implementation of Homeland Security Initiatives; improvements in worker health and safety protection; information management; the advance of environmental missions; law enforcement; and awareness of NRT structure and roles. He then provided a more detailed description of the worker health and safety priority. This recommendation calls for support of the NRP health and safety annex; continued clarification of OSHA's role in response; improved worker health and safety protection; consideration of next step reports on worker safety and health; and improved protective action decision-making information. Mr. Gustafson concluded his presentation with a description of the NRT's training subcommittee that helps with interagency training coordination and hospital hazmat training. For more information on NRT please visit: www.nrt.org.

The second presenter, Mark Mjonness, Director of the EPA Response Operations Center (OEPPR), highlighted the importance of linking training exercises and national contingency plans (NCP). He first explained that NCPs are regulations developed to ensure that the resources and expertise of the federal government are available immediately for oil or hazardous substance releases that are beyond the capabilities of local and state responders. Mr. Mjonness then emphasized that all emergency response programs should be consistent with one another. OEPPR developed 10 elements/criteria to measure the consistencies amongst programs, with two of these criteria addressing worker training and safety and health. Another item that the OEPPR recognized was the need for the EPA to branch out to muster agency resources and to be ready for simultaneous disasters. Nine priority areas were established to meet this objective.

To enhance EPA's involvement with worker health and safety, and to become more integrated in the incident command system (ICS), Mr. Mjonness noted recommendations for the EPA to develop a manual with guidance on new threats, to implement critical management teams and on-site coordinators, and to track health and safety training requirements. This would help the EPA to become more of a streamlined, melded player in the ICS. More information can be found at: http://www.epa.gov/ceppo/

Charles Rogoff, co-chair of the NRT Training Committee and Director of DOT Hazardous Materials Emergency Preparedness (HMEP) grant program, spoke about the HMEP grant program. Mr. Rogoff explained that the HMEP grant program is intended to provide financial and technical assistance as well as national direction and guidance to enhance State, Territorial, Tribal, and local hazardous materials emergency planning and training. The HMEP Grant Program distributes fees collected from shippers and carriers of hazardous materials to emergency responders for HAZMAT training and to Local Emergency Planning Committees (LEPCs) for HAZMAT planning. He also noted that the Training and Curriculum subcommittee of the National Response Team's Preparedness Committee, co-chaired by DOT and FEMA USFA, provides coordination for the HMEP grant program at the Federal level.

Mr. Rogoff discussed the progress the HMEP grant has made over the years. In particular, he emphasized that since the program's inception, approximately $99 million has been awarded in HMEP grants, and over 1,512,000 responders and others have been trained in part thus far with these funds. The HMEP Curriculum guidelines have been distributed to grantees, LEPCs/State Emergency Response Commissions and local fire departments on a request basis (telephone (301) 447-1009 for a copy). Grantees use these guidelines to qualify courses for the list of courses mandated by Congress. Assistance is being provided to grantees in using the guidelines to qualify their courses.

He concluded with a discussion of the IAFF train-the-trainer course developed with HEMP grant money. For the past twelve years, this TTT program has successfully trained workers in the fire, police, and EMS services. The NRT was an integral component of this training. More information can be found at: *http://hazmat.dot.gov/hmep.htm*

Rod Turpin, Chief National Health and Safety Advisor of the Environmental Response Team, was the final speaker during the EPA Plenary. Mr. Turpin used a slide show of vivid pictures to guide the audience through his presentation. He discussed the EPA's approach to collaborate with IPA during emergency situations; the EPA's partnership with the Coast Guard to set up a training and response partnership; and the lessons learned from the Missouri dioxin incident where workers learned later on in the clean up process that they could have been using a lower level of personal protective equipment. Mr. Turpin concluded his talk by noting that if training programs are not integrating the *www.wetp.org* sites into their programs, they are doing something wrong. More information can be found at: *http://www.epa.gov/superfund/programs/er/*

IX. Friday Breakout Sessions

a. Breakout #5
Transportation
Moderator: – Brenda Cantrell, George Meany Center-National Labor College

The purpose of this group was to help identify key Transportation emergency response resources throughout the WETP community and to give information that will help establish a protocol for making these resources available quickly and efficiently to local, state, and key federal partners.

The group began with candid comments about transportation and emergency response plans. They discussed what resources, as grantees, they would have immediately accessible to help with transportation needs during an emergency. There was an overall consensus that stress management training would be a valuable addition to an emergency support activation plan.

The group went on to discuss the thought stimulators and breakout discussion guidelines. Group answers follow.

Questions:

I. Should there be a single contact point within a grantee organization that the WETP should contact to activate the response Plan?

Yes, but there should be at least one alternate in case the initial contact is absent.

II. What types of training have been provided within your organization that could be useful in response to a WMD incident in the hospital/public health sector?

There were a variety of combinations amongst the participants. Each type of training was represented by some of the participants. However, some topics were taught only on the awareness level (e.g. lead and asbestos). Additional training topics not listed included first responders, stress management, technicians, EMS, adult education, incident command, pesticides, DOT, and infectious diseases.

III. What training specific to hospitals and public health is appropriate for responses to the following WMD threats? (Use the numbers above, or add additional specific topics).

The group agreed that HAZWOPER, OSHA 10, confined spaces, SSP, and WMD preparedness were the topic training priorities across all four WMD threats. The group also made the distinction that depending on an individual's previous training, these courses can either be developed as awareness or refresher courses.

IV. Do you have instructional staff that would be available to assist in a response either in developing specific incident-targeted training or in on-site training activities?

All participants answered yes to this question.

A. If so, would their temporary reassignment have an impact on your ongoing instructional program?

Some participants said yes as it would impede normal training operations. However, they agreed that other projects that were less of a priority could be put on hold or that the temporary reassignment would not pose a significant problem to their organizations.

B. In what training programs listed in II above is instructional staff most limited? Most extensive?

There were a variety of answers for this question…

Professional staff, such as industrial hygienists, safety experts, and health physicists are employed by some of the grantees to support their programs. What professionals are on staff with your organization?

The groups' answers included certified industrial hygienists, heath physicists, industrial engineers, and health and safety experts. All but one participant responded that these people would be able to respond to an incident.

VI. If the individual grantee has training facilities in the proximity of the response scene, would those facilities be available to aid in the response should such be needed, particularly to support a long-term response action such as the WTC or the anthrax contaminations?

The group was split with half saying yes and half saying no.

VII. Assuming financial support would be required in such an instance, how long would it take the grantee to develop a cost estimate for WETP? Are their barriers to the utilization of such facilities?

The group mentioned that a barrier could be that fire stations are too small to handle a large incident and that it would take about 1-2 days to develop a cost estimate.

VIII. What issues or constraints arise for a grantee when considering whether to participate in a response that WETP should be aware of in preparing the ESAP?

Some participants mentioned that they would not face any constraints while others listed availability of instructors, location, cost, arranging military assistance, using local unions, lag time, and safety of personnel if involved as issues to be addressed.

IX. What would the participants suggest with respect to an approach within WETP for assuring coordination among those grantees who might be engaged in a response action?

The group made the following comments:

- One coordinator should be assigned to represent unions, schools, and agencies
- There should be a financial MOU for reimbursement for major expenses
- There should be a pool of funds available for immediate costs
- Current programs should have automatic extensions
- Participants should be allowed to provide input throughout the development process.

X. Are their additional training programs that are needed in order to more effectively support a response action in this sector?

The group made the following comments:

- We need to practice what we preach (e.g. cooperation between organizations)
- Plans should include courses for stress management
- Classes should cover first aid, CPR, EMT, and hazmat security
- Awareness training should be mandated
- There should be more worker training to promote recognition.

b. Breakout #6
Hospital and Public Health
Moderators – Mitch Rosen, UMDNJ and Mark Catlin, SEIU Education and Support Fund.

The purpose of this group was to help identify key Public Health emergency response resources throughout the WETP community and to give information that will help establish a protocol for making these resources available quickly and efficiently to local, state and key federal partners.

The group discussed what they thought of when they thought of Public Health. They discussed that Public Health is broad. Not only must you include Health Departments within the purview of Public Health but you must also include 'blue collar' trade workers in health care settings. When there is a public health emergency, it is important to think of the safety of workers as well as the safety of patients. Mitch Rosen explained how the UMDNJ received a grant from the CDC to train these public health trade workers. He strongly recommended that local agencies try to tap into this CDC money as well as HRSA money in order to set up these training programs. A good way to go about this is to contact their individual state departments to find out where you can fit into grants that they may already have received.

The group went on to discuss the thought stimulators and breakout discussion guidelines.

Questions:

I. Should there be a single contact point within a grantee organization that the WETP should contact to activate the response Plan?

Yes, But there should be at least one (better if 2) alternates in case the initial contact is absent.

II. What types of training have been provided within your organization that could be useful in response to a WMD incident in the hospital/public health sector?

HAZWOPER

III. What training specific to hospitals and public health is appropriate for responses to the following WMD threats? (Use the numbers above, or add additional specific topics).

(The group noted that it depends on what you are going to do)

The group notes that PPE, DECON, HAZCON may be the top priorities for training.

The group also noted that if you give a type of specific training (HAZMAT for example), to healthcare workers, you must put the training into a healthcare context.

(The group also suggested that it might be worth it to divide the above question into 2 columns, one column for public health, the other for hospital workers (because for example, hospital workers are not dealing with explosives.)

VIII. What issues or constraints arise for a grantee when considering whether to participate in a response that WETP should be aware of in preparing the ESAP?

Individual organization constraints

Liability

Some universities are part of state agencies – so who would deploy, the state or university?

See Appendix D

c. Breakout #7
Chemical facilities

I. Should there be a single contact point within a grantee organization that the WETP should contact to activate the response plan?

There definitely needs to be one or more alternatives in case the prime is out of the country.

There must be a mechanism for reaching the individuals.

There is an emergency response team in the PACE union that responds to fatalities and emergencies.

II. What types of training have been provided within your organization that could be useful in response to a WMD incident in the chemical facilities sector?

We should be teaching more on emergency planning. Tom

There should be a list of trained individuals within a plant who can help with an emergency.

There are members who work in pharmaceutical plants.

There is a need for NIEHS grantees to do training of local incident commanders, particularly about radiation. Don't plan on high exposure levels.

III. What issues or constraints arise?

There is legal liability.

A. What is the residual risk?

We need to assess it.

B. Would it be voluntary?

Scott: if it were a staff assignment, there wouldn't be a problem, but if we are reaching out to worker-trainers to do instruction, away from their normal worksite, we would need to look to NIEHS to protect them.

For USAR teams, they have specific language about liability. We need to check the FEMA website for this language.

IV. Coordination among grantees

Need to develop an algorithm for decision-making.

Need to look at existing UCS, NIMS models to see how to coordinate our efforts.

V. Other training programs?

We need to run through pilot programs to see how this training would work.

We need to address chemicals being brought on site as terrorist attacks.

Need to focus more on catastrophic events on sites.

Two issues: do we need to offer other training? How do we get bodies to the sites?

Another issue: how do we evaluate the emergency plans?

Training at chemical plants needs to address the "worst case scenarios" for the facility.

Need to focus on looking at probability. Hal Berkowitz from Louisiana pointed out that he worried at night about a plane hitting the largest chlorine tank, but then focused on the smaller tanks where they worked more often.

VI. Additional matters that the WETP should consider in preparing the draft ESAP

We should be focused on prevention. Need to emphasize inherently safer processes.

d. Breakout # 8:
Construction Trades
Moderators – Don Ellenberger, Center to Protect Workers Rights; Gary Gustafson, Laborers-AGC

Skilled construction trades have proven to be absolutely indispensable for responding to disasters caused by terrorist and by nature. This breakout group focused on the resources that the WETP community could provide construction workers at a major disaster. This breakout group, more than the others, represented organization that had direct experience responding to national disasters. Several of the WETP awardees were involved in the rescue and recovery at the World Trade Center and Pentagon, as well as at the anthrax cleanup at the post office and other federal buildings. These responses were impressive, but not closely coordinated. The thrust of this breakout was to identify the full-range of resources available and determine how to apply them more efficiently, quickly, and systematically after future events. The group's discussions were guided by the same thought stimulators that were used by the other groups to allow a consistent inventory of training resources and staff skills. Fourteen participants filled out the "thought stimulator questionnaire." Their answers to the questions follow.

I. Should there be a single contact point within a grantee organization that the WETP should contact to activate the response Plan? Is there an obvious contact person within your organization now and, if so, who?

The group generally felt that there should be a primary contact within the organization, but also a secondary given the possibility that the primary person may not be available. Several individuals felt that there should be more of a phone "tree" or "snowday" approach so that everyone who needs to know would get systematically contacted. Slightly under half indicated that their principal investigator or head technical person should be the first individual contacted. Several did not provide an answer to who should be contacted, which may reflect real uncertainty.

II. What types of training have been provided within your organization that could be useful in response to a WMD incident in the hospital/public health sector?

This table indicates the responses received. The results may have been lower than expected because three of the participants were curriculum developers rather than training providers.

Course	Number providing training	Percentage (N=14)
HAZWOPER (b)-(o)	8	57%
HAZWOPER (p)	7	50%
HAZWOPER (q)	8	57%
OSHA 10	8	57%
Lead	6	42%
Confined space	10	71%
Asbestos	6	42%
HAZCOM	9	64%
SSP	6	42%
Radworker I/II	4	29%
WMD preparedness	8	57%

As expected, the highest percentages were reported in training all three populations of HAZWOPER workers: general site workers, (b)-(o); workers at Treatment, Storage, and Disposal facilities, (p), and emergency responder (q). The lowest responses were received for lead, asbestos, skilled support personnel, and particularly

radiation worker training. It is noteworthy that over half of the participants presently provide some type of WMD preparedness training. When asked to identify other relevant courses, participants mentioned fire fighter/EMT training, DOT HAZMAT training, lockout-tag out, multi-lingual hazardous waste courses, and on-line training.

III. What training specific to the construction sector is appropriate for responses to the following WMD threats? (Use the numbers above, or add additional specific topics).

There was broad range of responses to this question, but all indicated the importance of HAZWOPER training to enable construction workers to safely respond to all possible WMD threats. There also appeared to be general agreement that OSHA-10 and SSP training were important for WMD preparedness. Several wrote that ICS training and PPE were important for all WMD threats. Several also noted crime scene preservation. One individual suggested that there should be two levels of training provided: one for site workers and more in-depth training for construction liaison officers in the ICS system. The specific responses:

Chemical agents
There were more courses cited as appropriate for these WMD agents than any other. HAZCOM, logically, was cited often, but so was asbestos and confined space.

Biological agents
HAZCOM was cited as important. Several noted that training for biological agents had to focus on specific agents to be effective.

Radiological agents
Along with the obvious choice of Radworker I/II, participants also indicated HAZCOM and confined spaces were important, the latter presumably because of the greater risks from physical proximity to radiation sources. Training in radiological work permits (RWPs) and Rad monitoring principles were mentioned, as were DOE and NRC requirements.

Explosive/energetic agents
Most participants cited asbestos as important training for responding to these agents, possibly because of the experience at WTC. Several wrote in that training on secondary devices would be critical for responders.

IV. Do you have instructional staff that would be available to assist in a response either in developing specific incident-targeted training or in on-site training activities?

Nearly all participants, except those from curriculum development firms, answered yes to this question.

A. If so, would their temporary reassignment have an impact on your ongoing instructional program?

Of the eleven members of the group who answered this, five indicated it would impact their program, four said it wouldn't, and two weren't sure. One individual commented that their organization had thousands of trainers in the field and would adjust schedules to compensate.

B. In what training programs listed in II above is instructional staff most limited? Most extensive?

Although there appeared to be significant misunderstanding of this question, one generalization that could be made was that radiological training was the greatest limitation and HAZWOPER was the greatest strength. Several respondents indicated that there organizations could handle all of the training indicated.

V. Professional staff, such as industrial hygienist, safety experts, and health physicists are employed by some of the grantees to support their programs. What professionals are on staff with your organization?

There was clearly a wealth of professional support personnel within their organizations, including not just certified industrial hygienists, heath physicists, industrial engineers, and health and safety experts, but also epidemiologists, physicians, and hazmat experts. Eight of the 14 participants indicated that these individuals would be able to respond.

VI. If the individual grantee has training facilities in the proximity of the response scene, would those facilities be available to aid in the response should such be needed, particularly to support a long-term response action such as the WTC or the anthrax contaminations?

Of the ten who answered this question, nine said yes and one said no.

VII. Assuming financial support would be required in such an instance, how long would it take the grantee to develop a cost estimate for WETP? Are their barriers to the utilization of such facilities?

The responses were positive. Most indicated very limited barriers and the ability to produce an estimate within hours or days. The longest was 2 weeks. One respondent noted that on-line course could be delivered at local libraries, schools, and offices, which would greatly facilitate delivery.

VIII. What issues or constraints arise for a grantee when considering whether to participate in a response that WETP should be aware of in preparing the ESAP?

Some constraints raised included staffing, political blessings, background and technical expertise of staff, communication, cooperation to avoid duplication, availability of equipment, access to PPE, geographically dispersed staff and equipment in larger states, coordination of resources by NIEHS, workers compensation, and liability insurance.

IX. What would the participants suggest with respect to an approach within WETP for assuring coordination among those grantees who might be engaged in a response action?

The group made the following comments:

- Focus on communications
- Establish an ICS hierarchy
- Continue working on this ESAP, which is a good start
- Establish a phone tree
- Establish points of contact, horizontal and vertical

X. Are their additional training programs that are needed in order to more effectively support a response action in this sector?

Several participants mentioned site-specific training, incident command training, disaster site worker training, and evidence collection.

XI. Additional matters that the WETP should consider in preparing the draft ESAP.

The following items were mentioned:

- Central database of trained workers
- On-site training w/Disaster Response Refresher should conform to a response plan
- Think locally, not nationally. All incidents begin and finish locally.
- Need ER awareness training for security guards in certain places that could be terrorist targets like transit centers, industrial plants, and communications centers.

X. Appendices

Appendix A

NIEHS **Worker Education and Training Program**

Technical Conference

April 22-23, 2004
Washington, DC

Loews L'Enfant Plaza Hotel • 480 L'Enfant Plaza, SW • Washington, DC 20024 • 202-484-1000 • 1-800-635-5065

Agenda

Training Partnerships for Prevention, Protection and Preparedness:

A Conference to Build Stronger Partnerships On Disaster Response Training

Thursday, April 22, 2004

8:00 – 8:30 **Continental breakfast** — **Foyer outside Ballrooms C&D**

Morning presentations — **Ballrooms C&D**

8:30 – 8:45 **Introductions**

Joseph "Chip" Hughes, Director, Worker Education and Training Branch, National Institute of Environmental Health Sciences (NIEHS)

8:45 – 10:30 **Department of Homeland Security Plenary**

60 minutes of presentations followed by a 45-minute facilitated discussion

Moderated by **Joseph "Chip" Hughes**, Director, WETP

Marko Bourne, Deputy Director, Emergency Preparedness and Response Division (EPR), FEMA

Darrell Darnell, Division Director, Local Programs for Domestic Preparedness, Department of Homeland Security

A.D. Vickery, Deputy Chief for Homeland Security, Seattle Fire Department

Chuck Soros, Chief of Special Operations, Fire Department Safety Officers Assn.

This plenary will address how the new National Response Plan, National Incident Management System, and Incident Command System will deal with hazmat training and how the Office for Domestic Preparedness (ODP) views the relationship between homeland security and hazmat training and preparedness. The panel will also provide an update on the FIRST Seattle Summit report on integrating skilled support personnel and emergency responders.

10:30 – 10:45 **Break**

NIEHS **WETP Technical Conference** Thursday, April 22, 2004 — Washington, DC

10:45 – 11:15 **Keynote on Homeland Security Preparedness Training: Emerging Policy Issues**

20-minute presentation with 10 minutes of questions

Dr. James Jay Carafano, Senior Fellow, The Heritage Foundation

Dr. Carafano is a national authority on the policy issues of appropriate training for emergency response. He will present a policy overview of the national effort to train and credential emergency responders. He will give his own perspective on Homeland Security Presidential Directive # 8.

11:15 - 12:30 **OSHA Plenary: The New Disaster Site Worker Course**

50 minutes of presentations followed by 25 minutes of facilitated discussion

Moderated by **Dr. Bruce Lippy**, Director, National Clearinghouse

Stew Burkhammer, Director, OSHA Office of Construction Services

Dr. Henry Payne, Director, OSHA Office of Training and Education (OTI)

Cathy Cronin, Construction Outreach Program Coordinator, OSHA OTI

Doug Feil, Director, Environmental Programs, Kirkwood Community College

Pete Stafford, Director, Center to Protect Workers Rights

This panel will review the status of the disaster site worker course being developed jointly with NIEHS and its grantees. The course has already undergone two pilot tests of the 16-hour course for workers and two pilots of the 4-day train-the-trainer course for instructors.

12:30 - 1:30 **Lunch** **Solarium**

Luncheon presentation

David Von Drehle, author of the book: "Triangle: The Fire That Changed America"

David Von Drehle is a senior writer on the staff of The Washington Post, having served the paper previously as New York Bureau Chief, political writer and Assistant Managing Editor in charge of the renowned Style section. His latest book, "Triangle: The Fire That Changed America" was acclaimed one of the best books of 2003 by The New York Times, Amazon.com, the New York Public Library and the American Library Association.

1:30 - 2:15 **Two Keynotes on EPA, Homeland Security, and Chemical Industry Security** **Ballrooms C&D**

45 minutes for two presentations and questions

Keynote on EPA's efforts in Homeland Security

Marianne Horinko, Assistant Administrator for the EPA Office of Solid Waste and Emergency Response (OSWER)

Marianne Horinko was named Acting EPA Administrator by President Bush on July 10, 2003 and served in that capacity until the recent formal appointment of Michael Leavitt in that post. Following September 11th, Ms. Horinko spent her first few months at EPA in the unprecedented role of assisting in environmental cleanup activities at Ground Zero, the Pentagon, and the U.S. Capitol due to anthrax contamination.

NIEHS **WETP Technical Conference** Thursday, April 22, 2004 — Washington, DC

Keynote on Chemical Facilities Safety and Security: Training and Preparedness Issues

Rixio Medina, Member, U.S. Chemical Safety and Hazard Investigation Board

Rixio Medina, a recent Bush appointee and former chemical company executive, has a strong interest in training issues. He will provide his unique perspective on the complicated issue of chemical security, relating his experience in the private sector and his new role as a member of the Chemical Safety Board.

2:15 – 4:00 **Concurrent Breakout sessions on Awardee Partnerships**

(A 15-minute break will be taken at approximately 3:00 pm)

Introduction to the Breakouts

Sharon Beard, Industrial Hygienist, WETB will explain the scope and goals of the breakouts.

Breakout 1: Federal and Tribal Partnerships — Montcalm Salon

Moderator: **Alan Veasey**, Program Director, Workplace Safety Training, University of Alabama Birmingham (UAB)

This breakout will share federal and tribal partnerships that have successfully provided health and safety training to underrepresented populations. The training topics include hazardous materials, incident management, and WMD response. Effective outreach materials will be reviewed.

Presenters

April Sells, Wellness and Activities Director, Poarch Band of Creek Indians

John J. Kovach, Safety Specialist Project Manager, International Union of Operating Engineers (IUOE)

Breakout 2: Hospital, WMD, and Emergency Response Training — LaFayette Salon

Moderator: **Mark Catlin**, Hazardous Materials Project Coordinator, Service Employees International Union (SEIU) Education and Support Fund (ESF)

This breakout will share insights into current training at hospitals and other first receiver/emergency response organizations, focusing on WMD modules about working with contaminated patients and strengthening the ER capabilities of fire and other emergency response entities.

Presenters

ICWUC Partnership – United Federation of Teachers (UFT)/ American Federation of Teachers (AFT) - Lutheran Hospital (Brooklyn, NY)

Rebecca Gestone-Setteducat, UFT Chapter Chairperson

Jihad Hamad, Lutheran Hospital, New York City

NPRF Partnership - Commonwealth of Kentucky-OAI Collaboration

Dennis L. Decker, Chief Deputy State Fire Marshal, Hazardous Materials Section, Office of the State Fire Marshal, Kentucky

Tipawan Reed, Executive Director, Office of Applied Innovations (OAI)

NPRF/IAFF Partnership - The Chicago Fire Department Training Initiative

Chief Eugene D. Ryan, HAZMAT Coordinator, Chicago Fire Department, Special Operations

Scott M. Solomon, Director, Hazardous Materials Training Department, International Association of Fire Fighters

SEIU/ESF Partnership - Partnership with Brookdale University Hospital and Medical Center, Brooklyn, NY

Michael Vatch, Emergency Department Administrator, Brookdale University Hospital and Medical Center, Brooklyn, New York.

Steve Schrag, Health and Safety Project Coordinator, SEIU 1199NY

Breakout 3: Industry and Trade Associations — Caucus Room

Moderator: **John Morawetz**, Director, Center for Worker Health & Safety, International Chemical Workers Union

This breakout will provide information on the industry and trade association partnerships that have increased the number and quality of courses available for responding to WMD incidents and other emergencies at fixed sites and other public facilities.

Presenters

Charlie Wise, ICWU Local 619

Don Ritter, ICWU, Local 959

Matt Zimmerman, Security Manager, Cabot Corporation

Al Valerioti, Master Instructor, IAFF

Dr. Carol Rice, Professor, University of Cincinnati

Breakout 4: State, Local, and Bi-National Partnerships: Public Health and Emergency Response — Quorum Room

Moderator: **Eric Lamar**, Principal Investigator, IAFF

This breakout will closely examine the Massachusetts approach to preparing communities for a public health emergency, the Arizona effort to partner with several Mexican states to train emergency responders, and the New York State initiatives in emergency management. Issues to be considered include: serving large and small communities, reconciling local government operations with regional needs, challenges confronting trainers in a bi-national preparedness program, as well identifying and planning for future challenges.

Presenters

Massachusetts Approach

Paul Morse, Project Manager, The New England Consortium

Charlie Kaniecki, District Health Officer and **Claudia Sarti**, Assistant to District Health Officer/ Zoonotic Specialist, Department of Public Health, Center for Emergency Preparedness, State of Massachusetts

NIEHS **WETP Technical Conference** Friday, April 23, 2004 — Washington, DC

Arizona-Mexican Effort

Hal Berkowitz, Manager, Arizona State University Program (Cal-Arizona Consortium)

Karina Ordonez, Southwest Border Specialist, Arizona Governor's Office of Homeland Security

Willebaldo Alatriste Candiani, General Director Emergency Management, Sonora, Mexico

New York Effort

Kevin Neary, Supervisor, State Emergency Management Office, NY

4:00 – 4:30 **Report Back**

Summary by breakout moderators

5:30 – 7:30 **Reception** **Solarium**

In honor of Workers' Memorial Day — April 28th

Friday, April 23, 2004

8:00 – 8:30 **Continental breakfast** **Foyer outside Ballrooms C&D**

Plenaries **Ballrooms C&D**

8:30 - 9:20 **Second OSHA Plenary: Worker Protection and Homeland Security**

30 minutes of presentations followed by 20 minutes of facilitated discussion

Moderated by **Chip Hughes**

Ruth McCully, Director, Directorate of Science, Technology and Medicine

John Ferris, Special Assistant for Homeland Security

This plenary will be a review of OSHA's newly emerging role in disaster response and homeland security and the actions the agency has taken to prepare for its new challenges.

9:20 - 10:10 **EPA Plenary Panel**

40 minutes of presentations followed by 15 minutes of facilitated discussion

Moderated by **Chip Hughes**

John Gustafson, Executive Director, National Response Team

Rod Turpin, Chief National Health and Safety Advisor, Environmental Response Team

Charles Rogoff, Co-Chair, NRT Training Committee and Director, DOT Hazardous Materials Emergency Preparedness (HMEP) grant program

Mark Mjonness, Director, EPA Response Operations Center , OEPPR

The plenary panel will review the role of the National Response Team, EPA's participation on the team, and the changes anticipated under the NIMS.

NIEHS **WETP Technical Conference**

Friday, April 23, 2004 — Washington, DC

10:10 – 10:15 **Charge to the Breakout Groups**

John Moran, National Clearinghouse

10:15 –10:30 **Break**

10:30 – 12:00 **Concurrent Breakout Sessions**

These breakouts will address awardee efforts and potential contributions to WETP's emergency activation plan. This plan, which is still under development, will identify key emergency response resources throughout the WETP community and establish a protocol for making these resources available quickly and efficiently to local, state, and key federal partners. The plan will meet requirements of the National Incident Management System (NIMS). Participants will be assigned to one of the following breakouts.

Breakout 5: Transportation	**Montcalm Salon**
Breakout 6: Hospital and public health	**LaFayette Salon**
Breakout 7: Chemical facilities	**Caucus Room**
Breakout 8: Construction trades	**Quorum**

12:00 – 12:30 **Report Back**

Summary by breakout moderators

12:30 **Closing**

Chip Hughes

Appendix B

NIEHS WETP Conference Participant List

April 21 - 23, 2004

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Appendix C

The standard application form HRSA 6025-1, HRSA Competing Training Grant Application, General Instructions and supplement for these grant programs have been approved by the Office of Management and Budget under the Paperwork Reduction Act. The OMB Clearance Number is 0915-0060.

APPENDIX AND LETTERS OF SUPPORT

All pages in the appendices are part of the application and must conform to the page limit requirements as described in the General Instructions. **The application may not exceed 100 pages total.**

RESOURCE MATERIALS

CDC Public Health Preparedness and Response for Bioterrorism Program and HRSA Bioterrorism Hospital Preparedness Program Awardees by State

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GUIDELINES

Office of Domestic Preparedness - at the Department of Justice has issued "EMERGENCY RESPONDER GUIDELINES," which includes EMS personnel. Available at: http://www.ojp.usdoj.gov/odp/docs/EmergencyRespGuidelinesRevB.pdf.

Centers for Public Health Preparedness, Disease Control and Prevention - "Bioterrorism and Emergency Readiness: Competencies for all Public Health Workers" These competencies build on the core emergency preparedness competencies developed by the Center for Health Policy in 2000 and have been used by the Mailman School of Public Health Center for Public Health Preparedness and other preparedness centers in their training activities. Available at: http://www.nursing.hs.columbia.edu/institute-centers/chphsr/btcomps.pdf.

BIOTERRORISM & OTHER DISASTER TRAINING CENTERS

Clara Barton Center for Domestic Preparedness – A center of the American Red Cross

Noble Training Center - Noble Army Hospital at Fr. McClellan, Alabama
Trains doctors, nurses, paramedics and emergency Medical technicians to recognize and treat patients with chemical exposures and other public health emergencies. A training program has been developed for pharmacists working with distribution of the National Pharmaceutical Stockpile.

TRAINING COURSES/CURRICULUM:

National Domestic Preparedness Consortium - HHS has been working closely with the Office of Justice Programs (OJP) National Domestic Preparedness Consortium to develop a health care assessment tool and have also developed a combined MMRS/first responder training program.

FEMA -Integrated Emergency Management Course (IEMC). CDC and FEMA have been working to expand the scope of FEMA's Integrated Emergency Management Course (IEMC) which will serve as a vehicle to integrate the emergency management and health community response efforts in a way that has not been possible in the past. The website for further information is: http://www.ndms.dhhs.gov/CT-Program/Nobletrainingcenter.html

NDMS Response Team Training Program -The goal of this program is to ensure that all National Disaster Medical System team members will have appropriate orientation and training for optimal in-field performance. This on-line training program allows team members to receive training as their schedule permits from any computer that has Internet access. Content has been developed by a functional working group of response team members under the guidance of the DHHS Office of Emergency Preparedness. This group has

identified subject matter experts who contribute to course development. Assessment tools verify competency and completion of each module. http://nams.umbc.edu/

Association of State and Territorial Directors of Health Promotion and Public Health Education - http://www.astdhpphe.org Model Emergency Response Communications Planning for Infectious Disease Outbreaks and Bioterrorist Events. 2nd Ed. October 2001. This second edition is intended for a diverse group of state and local public health and emergency response officials whose efforts must be coordinated on short notice to contain a deliberately planned or naturally occurring infectious disease outbreak. The model provides a framework for communications among public health officials, between health officials and other emergency response players, and directly with the public and the media. The model addresses several important areas including situation and assumptions, operational guidelines, and organizations and assignment of responsibilities. $29.95

American Hospital Association -"http://www.aha.org/Emergency/EmIndex.asp Information on dealing with various aspects of mass casualty terrorism, including readiness resources, education and training, and relevant government, academic, and private and professional organizations links. Includes "A crisis communication primer for hospital CEOs" at http://www.aha.org/emergency/resources/crisiscomprimer.asp "Hospital preparedness for mass casualties" at http://www.ahapolicyforum.org/policyresources/MOdisaster.asp

American Medical Association - "Disaster preparedness and medical response." http://www.ama-assn.org/ama/pub/category/6206.html Frequently updated site that provides resources on disaster preparedness and medical response including news, physician resources, national and state resources, psychosocial resources, and an index of bioterrorism resources. Also has link to 10-part series of web-based educational programs on the clinical, psychosocial, and disaster preparedness issues raised by acts of terrorism.

Centers for Disease Control and Prevention, National Pharmaceutical Stockpile - "Receiving, Distributing, and Dispensing the National Pharmaceutical Stockpile(NPS) : A Guide for Planners." Version 9-Draft, April 2002. This training resource was written primarily for state and local planners so they can understand the NPS Program and create detailed local plans for distributing the NPS resources as needed to hospitals to treat the sick – and to other locations to protect the well. It is anticipated that it will also be useful to senior federal, state, and local leadership to help them understand what their plans for distributing the NPS must contain so they can determine what they need to do to prepare for a future event. For further information, contact Stephan G. Reissman, PhD, CEM, at (404) 639-0459 or smr8@cdc.gov.

Centers for Disease Control and Prevention - "Public health emergency preparedness and response." http://www.bt.cdc.gov This site on public health emergency preparedness and response to biological, chemical or radiological terrorism is organized by type of agents and threats as well as by such site topics as preparation and planning, emergency response, laboratory information, surveillance, and training. In addition, it provides links to related

resources both inside and outside the CDC.

Center for the Study of Bioterrorism and Emerging Infections - Saint Louis University. http://bioterrorism.slu.edu/ Links to various activities and publications of the Center, whose mission is to provide public health and healthcare facilities with the tools needed for preparedness, response, recovery, and mitigation of intentional or naturally occurring outbreaks. Includes fact sheets, current news, congressional testimony, case studies, bibliographies, and links to relevant resources.

Department of Defense, U.S. Army Soldier and Biological Chemical Command. Homeland Defense - http://hld.sbccom.army.mil/ Dec. 2001. The Homeland Defense Program integrates the critical elements of WMD Installation Preparedness, [Bioterrorism] Improved Response, and Technical Assistance upon the solidly proven foundation of the Domestic Preparedness Program. Using the "Site Map," select Improved Response Program under Products & Services. Toward the bottom of that page, you will find the link to Biological Weapons Improved Response Program. In addition to these training resources, "Reports," this organization provides fee-for-service training to enhance the capabilities of federal, state, and local emergency responders.

Federal Emergency Management Agency - Guide for all-hazard emergency operations planning. State and Local Guide (SLG) 101. Sep. 1996 & updates. http://www.fema.gov/pte/gaheop.htm This guide provides emergency managers and other emergency services personnel with information on FEMA's concept for development risk-based, all-hazard emergency operations plans. It includes a May 11, 2001, attachment on terrorism to aid state and local emergency planners in developing and maintaining a Terrorist Incident Appendix to an Emergency Operations Plan for incidents involving terrorist-initiated weapons of mass destruction.

HazMat/Decon Task Force (Sacramento, CA) - "Hazmat for healthcare." http://www.hazmatforhealthcare.org . Program is designed for hospitals and related organizations to create and/or improve their hazardous materials emergency response programs for both internal spills and managing contaminated patients. Modules on awareness, operation's foundation, personal protective equipment, and decontamination can be downloaded free of charge.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - Emergency preparedness consultation and custom education. http://www.jcrinc.com/generic.asp?durki=1023 The Joint Commission Resources of JCAHO offers consultation and custom education services on emergency preparedness and bioterrorism.

Johns Hopkins University. Center for Civilian Biodefense Strategies - http://www.hopkins-biodefense.org A comprehensive website dedicated to informing policy decisions and promoting practices that help prevent the development and use of biological weapons and

should prevention fail, lessen the death and suffering that would result. Current information including educational and policy resources.

National Academies Press. Responding First to Bioterrorism - http://stills.nap.edu/shelfves/first Expertly-selected web resources for First Responders on bioterrorism and public safety. Includes 18 Training Programs; three online training sites; and one database of National Emergency Managers Association Listing of Training Programs, a state-by-state catalog of training programs for emergency response to terrorism. The online courses include the American Board of Quality Assurance and Utilization Review Physician's "Online Course" in bioterrorism for doctors and nurses.

Public Health Foundation - http://trainingfinder.org Clearinghouse of distance learning courses on a variety of topics, including 92 courses on bioterrorism/emergency preparedness. One central website provides public health professionals of all disciplines with a comprehensive database of distance learning opportunities. The site provides information to assess and meet the development needs of the public health workforce, while further advancing state-of-the-art training and utilization of public health competencies. Prices vary.

Public Health Grand Rounds- "Bioterrorism: implications for public health." http://publichealthgrandrounds.unc.edu/bioterrorism/resources.htm Nov. 15, 2001. Provides links to a variety of bioterrorism resources, including viewable webcasts, online books, and selected CDC resources.

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) - http://miemss.umaryland.edu/Home.htm The WMD Response Plan includes best practices for health care organizations (hospitals, public health, emergency medical services, and health care providers) and specific tasks and preparation actions that these and other health care system partners should implement in Maryland and are applicable in other states and territories.

U.S. Army. Medical Research Institute of Infectious Diseases - Medical management of biological casualties handbook. 4th ed. Frederick MD: Fort Detrick, Feb. 2001. http://www.usamriid.army.mil/education/bluebook.html Intended for the health care provider on the front lines, this resource provides basic summary and treatment information in the prophylaxis and management of biological casualties. It includes effective countermeasures available against many of the bacteria, viruses, and toxins which might be used as biological weapons.

American Medical Association - Bioterrorism Resources for the Physician Currently includes information on Anthrax, Antibiotic Misuse, Bioterrorism, Botulinum Toxin, Chlordane during time of disaster, organized medicine's role in the national response to terrorism, diagnosis and treatment related to disaster medicine problems, hospital preparedness, post-traumatic stress disorder, smallpox, tuleremia, and responding to the growing threat of biological weapons which can be located at: http://www.ama-

assn.org/ama/pub/category/6671.html Also,"Disaster preparedness and medical response." http://www.ama-assn.org/ama/pub/category/6206.html Frequently updated site that provides resources on disaster preparedness and medical response including news, physician resources, national and state resources, psychosocial resources, and an index of bioterrorism resources. Also has link to 10-part series of web-based educational programs on the clinical, psychosocial, and disaster preparedness issues raised by acts of terrorism.

American Red Cross - "American Red Cross materials dealing with terrorism and unexpected events." http://www.redcross.org/pubs/dspubs/terrormat.html Information on how to prepare for disasters, as well as how to cope with the emotional and physical reactions to disasters.

Primary Care Physicians - Diagnosis of smallpox, anthrax and other Bioterrorism-Related Infections -This web site is sponsored by the Agency for Health Research and Quality (AHRQ)of the Department of Health and Human Services. It is directed toward the estimated 265,000 primary care physicians across the country to enhance their ability to diagnose and treat rare infections and exposures to bioterrorism agents, such as smallpox and anthrax. The site was prepared by the University of Alabama at Birmingham under a contract from AHRQ. It offers five online courses for hospital emergency department physicians, nurses, radiologists, pathologists and infection control practitioners. Courses cover identification of potential bioterrorism agents, including smallpox and anthrax and commonly associated syndromes. http://www.bioterrorism.uab.edu

U.S. Army Medical Research Institute of Infectious Diseases - Department of Defense. U.S. Army Courses on medical management of biological agents http://www.usamridd.army.mil/education As the Department of Defense's lead laboratory for medical aspects of biological warfare defense, USAMRIID conducts research to develop vaccines, drugs and diagnostics for laboratory and field use. In addition to developing medical countermeasures, USAMRIID formulates strategies, information, procedures, and training programs for medical defense against biological threats.

American Hospital Association - http://www.aha.org Information on dealing with various aspects of mass casualty terrorism, including readiness resources, education and training, and relevant government, academic, and private and professional organizations links. Includes "A crisis communication primer for hospital CEOs" at http://www.aha.org/emerency/resources/crisiscomprimer.asl2 "Hospital preparedness for mass casualties" at http://www.ahgpolicyforum.org/policyresources/Modisaster .

Agency for Toxic Substance and Disease Registry
www.atsdr.cdc.gov

The American Society of Professional Emergency Planners-
http://www.iprimus.ca/tmhealth/index.htm Bioterrorism Learning Center
http://bioterrorism.digiscript.com

Centers for Disease Control and Prevention- public health emergency preparedness and response site www.bt.cdc.go

Food and Drug Administration Bioterrorism- page
http://www.fda.gov/oc/opacom/hottopics/bioterrorism.html

US PUBLIC HEALTH SERVICE, OFFICE OF EMERGENCY PREPAREDNESS:

Web-Based Training Modules: CCRF
http://ccrf.umbc.edu/
http://oep.osophs.dhhs.gov/ccrf/training.htm
http://www.training.fema.gov/
http://oep.osophs.dhhs.gov/dmat/resource/ICS/sld001.htm
file:///Pl/USA Freedom Corps/Training Materials/MMRS.htm

CD-ROM BIOTERRORISM EDUCATIONAL RESOURCES

Headquarters Air Force Civil Engineer Support Agency and Air Force Combat Support Systems, 139 Barnes Drive, Suite 1, Tyndall AFB, FL 32403-5319. CDCHelp@tyndall.af.mil. These resources are FREE.

Emergency Response to Terrorism: Basic Concepts. Train-The-Trainer Support Material. January 2002. The primary target audience includes fire personnel, EMS responders, and HazMat responders. It will benefit public health workers; public works management; law enforcement personnel; disaster response agencies; emergency management personnel; emergency communications personnel; and the Armed Forces, Reserves, and National Guard. Includes Lesson Plans, Student Study Guide, Appropriate Appendices, Presentation Slides, Glossary of Terms, and a Bibliography.

Emergency Response to Terrorism: Self-Study. Train-the-Trainer Support Material. The target audience includes firefighters, emergency medical personnel, and HazMat emergency responders. It will benefit public health workers; public works management; law enforcement personnel; disaster response agencies; emergency management personnel; emergency communications personnel; law enforcement personnel, jurisdictional emergency coordinators, and the Armed Forces, Reserves,and National Guard.

Emergency Response to Terrorism. For Emergency Responders. This course is designed to raise the emergency responder's level of awareness and better prepare them for responding to a potential criminal or terrorist event. The target audience included police/security forces, firefighters, EMS and HazMat responders, and EOD personnel.

OTHER RELEVANT BT/WMD LITERATURE

New Disaster Curriculum for Schools of Public Health. You can order this new book from Public Health Foundation: http://bookstore.phf.org/prodl7O.htm

Disaster Preparedness in Schools of Public Health: a Curriculum for the New Century. "Disaster Preparedness in Schools of Public Health: a Curriculum for the New Century" contains a model curriculum for schools of public health and others involved in training programs for emergency preparedness. Materials include transparencies and 13 tabbed modules in a 3-ring binder. Examples of the modules include: Overview of types of hazards and disasters and their consequences; Roles and responsibilities of public health in disaster preparation, mitigation, planning, and response; Bioterrorism issues in public health response to disaster; and Evaluation methods for assessing the medical and public health response to disaster. The course was designed to be flexible in meeting the needs of schools. Instructors may wish to teach the modules as a unified course or may choose to use individual modules as lectures in already established courses. "Disaster Preparedness in Schools of Public Health: a Curriculum for the New Century" was edited by Linda Landesman, DrPH, MSW, formerly of the Albert Einstein College of Medicine, through support of the Centers for Disease Control and Prevention and the Association of Schools of Public Health. Target Audience: Academicians, Community Leaders, Environmental Health Professionals, Health Planners, Infection Control Professionals, Program Managers, Public Health Program Staff Price: $73.50

"Emergency Medicine Practice an Evidence-Based Approach to Emergency Medicine." A monthly newsletter directed toward clinical issues faced by emergency medicine physicians and nurses. Email: http://www.emp@empractice.net Web Site: http://www.empractice.net

The Public Health Consequences of Disasters. Edited by Dr. Eric Noji Dictionaries Program 263 Main, Suite 301 Old Saybrook, CT 06475 Phone: 860 388-6664 This book summarizes the most recent and useful information about the public health impact of natural disasters, illustrated by examples from recent research in the field. The author starts with a section on the concepts and role of surveillance and epidemiology, highlighting general environmental health, health concerns. The other chapters cover discrete types of natural and technological hazards, covering their history, origin, nature, observation, prevention, and control. Throughout the book the focus is on the level of epidemiologic knowledge on each aspect of natural disasters. Noji emphasizes he need for better epidemiologic awareness as the basis for better understanding and control of the different types of disasters. Each chapter is based on a variety of experiences and literature drawn from both developing and industrialized countries. Target Audience: Academicians, community leaders, environmental health professionals, health planners, infection control professionals, program managers, and public health program staff. Oxford University Press USA Price: $73.50 *Can be ordered through the Public Health Foundation at:

http://bookstore.phf.org/prod170.htm

Annals of Emergency Medicine. "Disaster medicine/emergency preparedness." http://www.harcourthealth.com/scripts/om.dll/serve?action=open&location=em/em-disastercoll&id=em&group=toc Nov. 2001. Bibliography of more than 40 articles from the journal from 1994 to November 2001 on disaster medicine and emergency preparedness.

Centers for Disease Control and Prevention. "Public health emergency preparedness and response." http://www.bt.cdc.gov This site on public health emergency preparedness and response to biological, chemical or radiological terrorism is organized by type of agents and threats as well as by such site topics as preparation and planning, emergency response, laboratory information, surveillance, and training. In addition, it provides links to related resources both inside and outside the CDC.

American College of Emergency Physicians (ACEP). providing updated bioterrorism information and resources. ACEP has developed two web-based resources: one that provides links to sites containing response plans, diagnosis, and treatment information; the other a discussion forum with a CDC representative relating to anthrax and the CDC's treatment and diagnostic protocols.

American College of Emergency Physicians. "Bioterrorism resources for emergency physicians." http://www.acep.org Provides information on relevant conferences, journal articles, and protocols.

Emergency Management Strategic Healthcare Group (EMSHG). http://www.va.gov/emshg Jan. 7, 2002. EMSHG manages, coordinates and implements the emergency medical preparedness mission for the Department of Veterans Affairs through various Federal laws and regulations. Web site provides resources on a wide variety of topics relating to emergency medical preparedness, disaster response and recovery operations, including decontamination procedures, anthrax guidelines, upcoming broadcasts on terrorism, and the Emergency Management Academy education and training materials.

Federal Emergency Management Agency. http://www.fema.gov Information on many aspects of disaster preparedness, including the United States governmental interagency domestic terrorism concept of operations plan (CONPLAN) http://www.fema.gov/r-n-r/conplan Jan. 2001.

Guide for all-hazard emergency operations planning. State and Local Guide (SLG) 101. Sep. 1996 & updates. http://www.fema.gov/pte/gaheop.htm This guide provides emergency managers and other emergency services personnel with information on FEMA's concept for development risk-based, all-hazard emergency operations plans. It includes a May 11, 2001, attachment on terrorism to aid state and local emergency planners in developing and maintaining a Terrorist Incident Appendix to an Emergency Operations Plan for incidents involving terrorist-initiated weapons of mass destruction.

American Hospital Association. "Disaster readiness."
http://www.aha.org/Emergency/EmIndex.asp Information on dealing with various aspects of mass casualty terrorism, including readiness resources, education and training, and relevant government, academic, and private and professional organizations links. Includes "A crisis communication primer for hospital CEOs" may be found at: http://www.aha.org/emergency/resources/crisiscomprimer.asp

American Medical Association. "Disaster preparedness and medical response." http//www.ama-assn.org/ama/pub/category/6206.html Frequently updated site that provides resources on disaster preparedness and medical response including news, physician resources, national and state resources, psychosocial resources, and an index of bioterrorism resources. Also has link to 10-part series of web-based educational programs on the clinical, psychosocial, and disaster preparedness issues raised by acts of terrorism.

National Academy of Sciences. Bibliography of Academy reports on terrorism, bioterrorism and related subjects. Bibliography available in two formats, subject order and author order at: http://www.nap.edu

National Criminal Justice Research Service. Department of Justice.
http://www.dtic.mil/biosys/org/ Develops Guidance, Provides Leadership and Oversight in the Following Technology Areas: Human Systems, Biomedical, Chemical/Biological Defense, Environmental Quality, and Civil Engineering.
http://virlib.ncirs.org/more.asp?category=51&subcategory=151 Provides numerous training resources, especially those for decontamination equipment for Emergency First Responders.

National Domestic Preparedness Office. http://www.ndpo.gov Clearinghouse for state, local and federal weapons of mass destruction information and assistance. Office coordinates all federal efforts, including those of the Department of Defense, Federal Bureau of Investigation, Federal Emergency Management Agency, Department of Health and Human Services, Department of Energy, and the Environmental Protection Agency, to assist state and local emergency responders with planning, training, equipment, and exercise needs necessary to respond to a weapon of mass destruction (WMD) incident.

Center for Civilian Biodefense Studies. Johns Hopkins University. http://www.hopkins-biodefense.org Links to various publications and activities of the Center, whose approach is to increase national and international awareness of the medical and public health threat posed by biological weapons. Includes biological agent's fact sheets, bibliographies, full text articles, and current news of relevant legislation and government reports.

Public Health Foundation. "TrainingFinder.org." http://trainingfinder.org Clearinghouse of distance learning courses on a variety of topics, including 50 courses on bioterrorism/emergency preparedness.

Center for the Study of Bioterrorism and Emerging Infections. Saint Louis University. Mission is to provide public health and healthcare facilities with the tools needed for preparedness, response, recovery, and mitigation of intentional or naturally occurring outbreaks. Includes fact sheets, current news, congressional testimony, case studies, bibliographies, and links to relevant resources.

Institute of Medicine. Chemical and biological terrorism; research and development to improve civilian medical response. Washington, DC: National Academy Press, 1999. http://bob.nap.edu/books/0309061954.html This 279-page document Collects and assesses existing research, development, and technology information on detecting potential chemical and biological agents and protecting and treating both the targets of attack and health care providers. In addition, it also provides specific recommendations for priority research and development.

National Institute of Allergy and Infectious Diseases. "Bioterrorism." http://www.niaid.nih.gov/publications/bioterrorism.htm Jan. 15, 2002. General information on Naiad's research on bioterrorism, as well as related news releases, congressional testimony, and links relevant bioterrorism to sites.

Department of Health and Human Services. "Anthrax and biological incidents: preparedness and response." http://www.hhs.gov/hottopics/healing/biological.html Jan. 11, 2002. Information regarding HHS's role in emergency preparedness and response in the event of a biological or other public health emergency. Includes general information on bioterrorism, as well as specific information on anthrax and smallpox, and related testimony and speeches.

BIOLOGICAL AND OTHER WMD TERRORISM ARTICLES/ REFERENCES

Centers for Disease Control and Prevention, National Center for Infectious Diseases. "Bioterrorism-related articles." http://www.cdc.gov/ncidod/EID/bio_links.htm Jan. 12, 2002. Provides links to bioterrorism-related articles from the journal Emerging Infectious Diseases.

Chemical and Biological Arms Control Institute. Bioterrorism in the United States: threat, preparedness, and response. Final report. http://www.cbaci.org/CDCSectionLinksMain.htm Nov. 2000. A 339-page report on the growing threat of terrorist use of biological weapons in the United States, and the public health and medical response to this threat.

Summary of USDA's activities to ensure the well-being of America's agriculture and food

supply. Oct. 25, 2001. http://www.usda.gov/special/biosecurity/anthraxq&a.htm

Federal Emergency Management Agency. "An orientation to hazardous materials for medical personnel: a self-study guide." http://www.fema.gov/emi/is346.htm Apr. 1998.

JAMA (online). Updated May 22, 2002 http://pubs.ama-assn.org/bioterr.html Updates on Anthrax, Smallpox, Botulinum Toxin, Plague/Yersinia pestis, Tularemia, and Brucella.

National Institutes of Health (NIH). Updated frequently. Provides information on various health aspects of biological and chemical weapons, including the latest news, general information, alternative therapy, coping, prevention/screening, research, specific conditions/aspects, directories, organizations, and information pertaining specifically to children and teenagers. http://www.nlm.nih.gov/medlineplus/biologicalandchemicalweapons.html See also http://www.nlm.nih.gov/medlineplus/healthtopics.html for information on specific biological and chemical agents.

New England Journal of Medicine. Site can be searched to retrieve full text articles on most biological and chemical weapons http://content.nejm.org

Public Health Grand Rounds. "Bioterrorism: implications for public health." http://publichealthgrandrounds.unc.edu/bioterrorism/resources.htm Nov. 15, 2001. Provides links to a variety of bioterrorism resources, including viewable web casts, online books, and selected CDC resources.

State University of New York at Buffalo. Health Sciences Library. "Medical aspects of biological warfare." http://ublib.buffalo.edu/libraries/units/hsl/resources/guides/bt.html Jan. 4, 2002. Resources on medical aspects of biological warfare compiled for healthcare providers and students in the health sciences. Includes selected Web-based books and reports, periodicals, and books that are held at the University at Buffalo Libraries.

Taylor, Eric R. Lethal mists: an introduction to the natural and military sciences of chemical, biological warfare, and terrorism. Commack, NY: Nova Science Publishers, 1999. Available at bookstores and academic libraries.

JAMA. Amon, Stephen S., et al. "Botulinum toxin as a biological weapon: medical and public health management." JAMA 2001 Feb 28; 285(8):1059-1070. Full text also available at http://jama.ama-assn.org/issues/v285n8/ffull/ist00017.html

Centers for Disease Control and Prevention. "CDC Plague Home Page." June 22, 2001. Detailed information on plague, including images, diagnosis, and prevention and control available at http://www.cdc.gov/ncidod/dvbid/plague/index.htm

Inglesby, Thomas V., et al. "Plague as a biological weapon: medical and public health

management." JAMA 2000 May 3;283(17):2281-2290. Full text also available at http://jama.ama-assn.org/issues/v283nl7/ffull isuet90013.html

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