



NIEHS Worker Education and Training Program

April 21-23, 2004
Washington, DC

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

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MEETING NOTES FROM BREAKOUT 6: HOSPITAL AND PUBLIC HEALTH

Friday, April 23

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 highly recommends 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 — Appendix A provides a list of these resources.

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 (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?

1. 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).

(group notes 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?