2018 NDMS Training
SUMMIT
ATLANTA, GA
REGISTRATION HOURS

Monday, July 23rd
4:00pm - 8:00pm

Tuesday, July 24th
6:00am - 7:30pm

Wednesday, July 25th
6:30am - 7:30pm

Thursday, July 26th
6:30am - 3:00pm

DOWNLOADING THE FREE CROWD COMPASS APP

Get the app - Go to the right app store
1. Access the App Store on iOS (iPhone) devices and the Play Store on Android. If you’re using a Blackberry or Windows phone, skip these steps. You’ll need to use the web version of the app found here: https://crowd.cc/2018ndms.

Install the app
1. Search for CrowdCompass AttendeeHub. Once you’ve found the app, tap either Download or Install. After installing, a new icon will appear on the homescreen.

Find your event
1. Once downloaded, open the AttendeeHub app and enter 2018 National Disaster Medical System Training Summit.
2. Tap the name of your event to open it.
INTRODUCTION

WESTERN SHELTER BUILD OUT
Location: Exhibit Hall C2

Teams have been identified to build and tear down Western Shelter tents and vestibules for Familiarization Training.

STATIC TENT DISPLAY INFO & HOURS
Location: Exhibit Hall C2

Exhibit Hall C2 (lower level, near registration) will house various Base of Operations (BoO) static displays of National Disaster Medical System (NDMS) components, including the Disaster Medical Assistance Team (DMAT), the Trauma Critical Care Team (TCCT), the National Veterinary Response Team (NVRT), and the Disaster Mortuary Operational Response Team (DMORT) Disaster Portable Morgue Unit (DPMU). Also on display will be a Federal Medical Station (FMS) and a unit of the National Guard’s Civil Support Team (CST) (only Tuesday, July 24).

Tuesday, July 24th
9:00am - 7:00pm

Wednesday, July 25th
9:00am - 7:00pm

Thursday, July 26th
9:00am - 5:30pm

Training Summit namebadge is required for entrance into exhibit halls. Only authorized personnel with pre-approved credentials will be allowed access inside the Static Tent Display area before/after posted hours. DMORT and TCCT Hands-On Skill Stations will also be conducted in the Display.

Notice of Filming and Photography
When you enter a National Disaster Medical System (“NDMS”) Training Summit event or program, you enter an area where photography, audio, and video recording may occur.

By entering the event premises, you consent to interview(s), photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for news, web casts, promotional purposes, telecasts, advertising, inclusion on websites, social media, or any other purpose by NDMS and its affiliates and representatives. Images, photos and/or videos may be used to promote similar NDMS events in the future, highlight the event, and exhibit the capabilities of NDMS. You release NDMS, its officers and employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication and use of interviews, photographs, computer images, video, and/or sound recordings.

By entering the event premises, you waive all rights you may have to any claims for payment or royalties in connection with any use, exhibition, streaming, web casting, televising, or other publication of these materials, regardless of the purpose or sponsoring of such use, exhibiting, broadcasting, web casting, or other publication irrespective of whether a fee for admission or sponsorship is charged. You also waive any right to inspect or approve any photo, video, or audio recording taken by NDMS or the person or entity designated to do so by NDMS.

You have been fully informed of your consent, waiver of liability, and release before entering the event.
SHUTTLE BUS HOURS & BOARDING LOCATIONS
Shuttle service from designated zones will run every 5-10 minutes to the GWCC, Building C between the hours listed.

Tuesday, July 24th
MORNING HOURS: 5:30am - 7:15am*
EVENING HOURS: 7:00pm - 8:00pm**

Wednesday, July 25th
MORNING HOURS: 6:00am - 7:15am*
EVENING HOURS: 7:00pm - 8:00pm**

Thursday, July 26th
MORNING HOURS: 6:00am - 7:15am*
EVENING HOURS: 7:00pm - 8:00pm**

* Indicates time the last shuttle departs hotels coming to the GWCC, Bldg C
** Indicates time the last shuttle departs the GWCC, Bldg C returning to hotels

Zone A
(Servicing guests of the Marriott Marquis, Sheraton, and Hilton hotels)
Stop #1 - Atlanta Marriott Marquis, 265 Peachtree Center Ave NE, Atlanta, GA 30303
Boarding Location: Curbside on Peachtree Center Ave

Zone B
(Servicing guests of the Westin, Courtyard, Ritz-Carlton, Ellis, Indigo, and W hotels)
Stop #1 - Westin Hotel, 210 Peachtree St NW, Atlanta, GA 30303
Boarding Location: Curbside on Ted Turner Dr
Stop #2 - W Hotel, 45 Ivan Allen Jr. Blvd NW, Atlanta, GA 30308
Boarding Location: Curbside on Ted Turner Dr at Ivan Allen Jr. Blvd

Please note that the following hotels are located within walking distance of the GWCC; therefore, no shuttle service is provided: AC Hotel, The American, Embassy Suites, Glenn Hotel, Hilton Garden Inn, and Omni.

SPEAKER READY ROOM HOURS
Room: C110
Monday, July 23rd
4:00pm - 8:00pm

Tuesday, July 24th
6:00am - 7:30pm

Wednesday, July 25th
6:30am - 7:30pm

Thursday, July 26th
6:30am - 3:00pm

SCANNED ID ACCESS REQUIRED
To ensure that NDMS provides the maximum level of security for all attendees, presenters, guests, and staff, your ID badge must be worn while on the premises at the Georgia World Congress Center at all times during the 2018 NDMS Training Summit.

You must provide your ID badge with your proper name and QR code to be scanned for entry into all 2018 NDMS Training Summit functions.

Please visit the Registration Area for all ID badge replacements.
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Americans with Disabilities Act Policy
The National Disaster Medical System (NDMS) is committed to complying fully with the Americans with Disabilities Act (ADA) title II (state and local government services) and title III (public accommodations and commercial facilities), and other applicable federal, state, and local laws. NDMS wishes to ensure no individual with a disability is excluded, denied services, segregated, or otherwise treated differently from other individuals attending this training because of the absence of auxiliary aids and services. If you either have a disability and require accommodation in order to fully participate in the training summit or if you require any special arrangements to attend and fully participate in any educational workshop provided by NDMS, please notify a member of the NDMS staff at the NDMS Training Summit Registration Desk.
# AGENDA AT A GLANCE

## Day 1: July 24

<table>
<thead>
<tr>
<th>Room</th>
<th>7:30-9:00</th>
<th>9:30-10:45</th>
<th>11:15-12:30</th>
<th>2:00-3:15</th>
<th>3:45-5:00</th>
<th>5:30-7:00</th>
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<tbody>
<tr>
<td>Georgia Ballroom #1</td>
<td>Opening General Session #1 Preparing All Hazards Response: Strengthening Health Security</td>
<td>Session #2 NDMS Updates</td>
<td>Session #8 Emergency Repatriation: Patient Assessment</td>
<td>Session #14 Disaster Medical Assistance Team (DMAT), Trauma and Critical Care Team (TCCT), and National Veterinary Response Team (NVRT) Updates</td>
<td>Joint Session #20 Travel Systems and Policy 101</td>
<td>Closing General Session #23 Bombs and Blasts: Surge and Injury Patterns and Care</td>
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<tr>
<td>C211-213</td>
<td>Session #3 Strategic National Stockpile (SNS) Overview</td>
<td>Session #9 Federal Medical Stations (FMS)</td>
<td><strong>ROOM: C111/C112</strong> Session #15 Stop the Bleed Training for Responders</td>
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<tr>
<td>Georgia Ballroom #2</td>
<td>Session #4 Urgent Matters in Health Care Response</td>
<td>Session #10 Medical Emergency Radiological Response</td>
<td>Session #16 Readiness &amp; Resiliency: Basics for Deployment</td>
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<td>Joint Session #21 Crisis Standard of Care</td>
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<tr>
<td>Georgia Ballroom #3</td>
<td>Session #5 Chemical Threat Preparedness and Response — Fundamental Issues for Disaster Responders</td>
<td>Session #11 Not Ebola: Pathogens of High Consequence</td>
<td>Session #17 The Nuclear Threat</td>
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<td>Joint Session #22 Today’s Hospital Preparedness Program</td>
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<tr>
<td>C302</td>
<td>Session #6 Logistics Overview</td>
<td>Session #12 Cache Transition</td>
<td>Session #18 Property Accountability</td>
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<tr>
<td>C301</td>
<td>Session #7 Responder Communication (Repeated)</td>
<td>Session #13 Responder Communication (Repeated)</td>
<td>Session #19 Communications Lead/ Specialist (VSAT)</td>
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## Day 2: July 25

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<th>3:45-5:00</th>
<th>5:30-7:00</th>
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<tbody>
<tr>
<td>Georgia Ballroom #1</td>
<td>Opening General Session #24 New Incident Management Team (IMT) Process</td>
<td>Session #25 Vulnerable populations: Who are They?</td>
<td>Session #31 Social Media Guidelines</td>
<td>Session #37 Repatriation</td>
<td>Joint Session #43 RMS Self-Service Overview</td>
<td>Closing General Session #46 Behavioral Health: How Can Responders Prepare, and What Resources are Available After Deployment?</td>
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<tr>
<td>C211-213</td>
<td>Session #26 Disaster Mortuary Operational Response Team (DMORT), Victim Information Center (VIC) Updates</td>
<td>Session #32 USPHS Teams (RDF, SAT, APHT, and MHTs) Updates</td>
<td>Session #38 How Do EMS/Emergency Medicine/Nursing Responders Work with NDMS?</td>
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<tr>
<td>Georgia Ballroom #2</td>
<td>Session #27 The Best of ASPR Technical Resources, Assistance Center, and Information Exchange (TRADE)</td>
<td>Session #33 Cultural Awareness: What Bias Do You Bring to the Table?</td>
<td>Session #39 Responder Force Protection Strategies for Traumatic Exposures Downrange</td>
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<td>Joint Session #44 Enhancing Federal Response to CBRNE Agents</td>
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## Day 2: July 25

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<th>3:45-5:00</th>
<th>5:30-7:00</th>
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</thead>
<tbody>
<tr>
<td>Georgia Ballroom #3</td>
<td>Session #28 Hurricanes Harvey, Irma, Maria FCC Operations</td>
<td>Session #34 Las Vegas: Exploiting Soft Targets</td>
<td>Session #40 Federal Patient Movement; Transporting and Caring for NDMS Patients</td>
<td>Joint Session #45 Vehicle Attacks: Faster Than a Shooter</td>
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<tr>
<td>C302</td>
<td>Session #29 What NDMS Providers Need to Know About Smallpox (Repeated)</td>
<td>Session #35 What NDMS Providers Need to Know About Smallpox (Repeated)</td>
<td>Session #41 What NDMS Providers Need to Know About Smallpox (Repeated)</td>
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<tr>
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<td>Session #30 Responder Communication (Repeated)</td>
<td>Session #36 Responder Communication (Repeated)</td>
<td>Session #42 Communications Lead/ Specialist (BGAN)</td>
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## Day 3: July 26

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<th>3:45-5:00</th>
<th>5:30-7:00</th>
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<tbody>
<tr>
<td>Georgia Ballroom #1</td>
<td>Opening General Session #47 Regional Disaster Healthcare Response System (RDHRS)</td>
<td>Session #48 Crisis Response to Mass Shootings: Lessons Learned for NSSE Consequence Management Planning</td>
<td>Session #54 A Threat We Can Count On: When &quot;Empty Space&quot; is Neglected Space</td>
<td>Session #60 Corrective Action Program</td>
<td>Session #66 Medical Readiness Requirements for Deployment</td>
<td>Closing General Session #71</td>
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<tr>
<td>C211-213</td>
<td>Session #49 The Recovery Mission</td>
<td>Session #55 CDC, FDA, and VA Response Tools</td>
<td>Session #61 Health Care Preparedness Response Issues: Highlights from Stakeholders</td>
<td>Session #67 Civil Support Teams</td>
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<td>Georgia Ballroom #2</td>
<td>Session #50 Radiation Injury Treatment Network (RITN)</td>
<td>Session #56 National Ebola Training and Education Center (NETEC) 101</td>
<td>Session #62 Accomplishing the Mission in the Presence of Human Suffering</td>
<td>Session #68 Maintaining Responder Clinical Efficacy Across the Deployment Lifecycle</td>
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<tr>
<td>Georgia Ballroom #3</td>
<td>Session #51 CBRNE: Does this 20th Century Acronym Still Make Sense?</td>
<td>Session #57 What Wilderness Medicine Can Teach Disaster Responders</td>
<td>Session #63 All About Anthrax</td>
<td>Session #69 Evolving Terrorist Threats</td>
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<td>C302</td>
<td>Session #52 Strategic National Stockpile Formulary (Repeated)</td>
<td>Session #58 Strategic National Stockpile Formulary (Repeated)</td>
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<td>Session #53 Responder Communication (Repeated)</td>
<td>Session #59 Responder Communication (Repeated)</td>
<td>Session #65 Communication Lead/ Specialist (Network)</td>
<td>Session #70 Responder Communication (Repeated)</td>
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# MANDATORY SESSIONS

## Day 1: July 24

<table>
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<th>Room</th>
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<tbody>
<tr>
<td>C114</td>
<td>9:30-10:45</td>
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<tr>
<td>Exhibit Hall C1</td>
<td>11:15-12:30</td>
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<tr>
<td>C206</td>
<td>2:00-3:15</td>
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<tr>
<td>C209/210</td>
<td>3:45pm-5:00</td>
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</tbody>
</table>

### C114 - Fit
- Fit testing (see below for schedule)

### Exhibit Hall C1 - PPE
- PPE #1
- PPE #2
- PPE #3
- PPE #4

### C206 - EMR
- EMR #1
- EMR #2
- EMR #3
- EMR #4

### C209/210 - JPATS
- JPATS #1
- JPATS #2
- JPATS #3
- JPATS #4

## Day 2: July 25

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<tr>
<td>C114</td>
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<tr>
<td>C206</td>
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<td>C209/210</td>
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### C114 - Fit
- Fit testing (see below for schedule)

### Exhibit Hall C1 - PPE
- PPE #5
- PPE #6
- PPE #7
- PPE #8

### C206 - EMR
- EMR #5
- EMR #6
- EMR #7
- EMR #8

### C209/210 - JPATS
- JPATS #5
- JPATS #6
- JPATS #7
- JPATS #8

## Day 3: July 26

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<tr>
<td>C209/210</td>
<td>3:45pm-5:00</td>
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### C114 - Fit
- Fit testing (see below for schedule)

### Exhibit Hall C1 - PPE
- PPE #9
- PPE #10
- PPE #11
- PPE #12

### C206 - EMR
- EMR #9
- EMR #10
- EMR #11
- EMR #12

### C209/210 - JPATS
- JPATS #9
- JPATS #10
- JPATS #11
- JPATS #12
### FIT TESTING SCHEDULE

**Day 1: July 24**

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<td>2:30-3:00</td>
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<td>3:00-3:30</td>
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<td>Session #11</td>
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<td>Session #12</td>
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<tr>
<td>4:30-5:00</td>
<td>Session #13</td>
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<tr>
<td>5:00-5:30</td>
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**Day 2: July 25**

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<td>Session #21</td>
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<td>Session #22</td>
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**Day 3: July 26**

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<td>Session #41</td>
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**Fit Testing Requirements**

*(Room: C114)*

Respirator fit testing is an annual OSHA requirement for all NDMS and U.S. Public Health Service (PHS) Commissioned Corps response personnel based on the potential for exposure to airborne infectious diseases during deployments or National Security Special Events. The purpose of the fit testing focus area is to perform N-95 qualitative fit testing of all NDMS and PHS personnel participating in the NDMS Summit and will fulfill the respirator fit testing requirement for the remainder of 2018 and the first half of 2019. All personnel are required to attend this focus area of the NDMS Summit. Upon completion of fit testing, each person will receive an NDMS fit test card with the make, model, and size of the N-95 respirator with which they successfully fit tested.

Below are the requirements for Fit Testing.

1. Must be clean shaven. No stubble or hair which will interfere with the seal (mustache is acceptable, ref to Appendix for additional facial hair information).
2. No eating, chewing gum, drinking, or smoking 30 minutes prior to fit testing (water is ok).
3. Bring any information on previous fit testing (size, make, and model) if available.
HANDS-ON SKILL STATIONS

Purpose:
These stations are intended to familiarize attendees through instructor-led, hands-on, and interactive exposure to the critical equipment and capabilities in the caches. Attendees will also explore the operational and logistical implications of the cache from the perspective of use in an austere environment.

All hands-on skill stations are repeated using the session schedule listed below using equipment from the DMAT, DMORT, and TCCT caches. Please note, attendees will need to pre-register for these sessions during the registration process.

July 24
- Session 1 - 09:30-10:45
- Session 2 - 11:15-12:30
- Session 3 - 14:00-15:15
- Session 4 - 15:45-17:00
- Session 5 - 17:30-18:45

July 25
- Session 6 - 09:30-10:45
- Session 7 - 11:15-12:30
- Session 8 - 14:00-15:15
- Session 9 - 15:45-17:00
- Session 10 - 17:30-18:45

July 26
- Session 11 - 09:30-10:45
- Session 12 - 11:15-12:30
- Session 13 - 14:00-15:15
- Session 14 - 15:45-17:00

DMAT Hands-On Skill Stations
(Room: C207)

Purpose:
These stations are intended to train attendees through instructor-led, hands-on, and interactive exposure to the DMAT equipment and capabilities. Attendees will also explore the operations and logistical implications as they relate to the DMAT mission.

DMAT Hands-On Skill Station #1: EMR
(Room: C207)

EMR Learning Lab Overview:
- EMR application skill stations: Students attending a skill station session will review the following through use of the EMR application task cards
- Task cards provide users with an overview of all clinical positions within the EMR application and the clinical pathways
- The EMR task cards allow users to proceed at a self-paced tempo

The EMR task cards and Quick Guides allow users to review the following.

EMR System Set-Up
- Provides an overview of the EMR system setup, logging in as an Administrator, and performing admin tasks: location set up, user set up, bed set up, and bed assignments
- Upon completion, students will be able to execute administrative setup of locations, users, and patient bed assignments

Fundamentals of the EMR
- Provides instruction on registering patients, linking patients with family members and friends, and assigning beds
- Upon completion, students will be able to log in and register a patient via the Medical Services and Rapid Encounter processes

EMR Triage
- Provides instruction on how to enter in a patient’s vitals, injury/illness, medical history, allergies, and the prescribed medications
- Upon completion, students will be able to enter patient vitals, and update medical history and medications and allergies

EMR Treatment
- Provides instruction on how to enter the diagnosis, follow-on procedure, and orders
- Upon completion, students will be able to update patient medical history, document a physical exam, and enter a diagnosis

EMR Pharmacy
- Provides instruction on pharmaceutical tasks such as updating orders, and adding and disabling medication
- Upon completion, students will be able to fill pharmacy orders and manage the pharmacy inventory

Medication Administration
- Provides instruction on the administration of medication, view and update orders, and review the Medication Administration Record (MAR)
- Upon completion, students will be able to administer medication, complete orders, and understand the MAR
Discharge, Disposition, and Other
- Provides instruction on discharging, moving, and closing out a patient’s record
- Upon completion, students will be able to accurately close a patient record, discharge a patient, and generate reports

DMAT Hands-On Skill Station #2: JPATS (Room: C208)

JPATS Learning Lab Overview:
- JPATS application skill stations: Students attending a skill stations session will review the following with JPATS web applications

JPATS Overview
- Provides an overview of JPATS, how it fits into the NDMS ecosystem, and the user registration process
- Upon completion, students will be able to identify the basic features of JPATS and register their user accounts

JPATS Patient Registration
- Provides instruction on how to register a patient in JPATS
- Upon completion, students will be able to successfully register a patient in JPATS

JPATS Patient Status
- Provides instruction on receiving, discharging, and transferring patients, as well as importing and exporting patient data
- Upon completion, students will be able to successfully review and update patient status

JPATS Manifests & Reports
- Provides instruction on navigating through the Manifest process, adding, editing, and viewing patients associated with the Manifest, creating reports and navigating the dashboard
- Upon completion, students will be able to create a manifest to move a patient, report on patient movement, and use the dashboard

DMAT Hands-On Skill Station #3: Airway Ventilator (Room: C108)

Airway-Ventilator
Objectives:
At the conclusion of this hands-on, interactive station, students should be able to:
1. Properly identify controls, choose appropriate settings, and operate the ventilator
2. Recognize alarm indicators and troubleshoot alarms
3. Recognize resource and clinical limitations of the ventilator

DMAT Hands-On Skill Station #4: NDMS Pharmacy Cache (Room: C108)

Objectives:
At the conclusion of this hands-on, interactive station, students should be able to:
1. Understand the content and capabilities of the pharmacy component of the cache
2. Understand the logistical and resource considerations of the pharmacy component of the cache

DMAT Hands-On Skill Station #5: Mobile Lifesaving Kit (MLK), MLK Augmentation Kit, Thomas Pack (Room: C106)

Mobile Lifesaving Kit (MLK) and MLK Augmentation Kit Objectives:
At the conclusion of this hands-on, interactive station, students should be able to:
1. Understand the purpose, components, and location of supplies with the MLK
2. Understand the purpose, components, and location of supplies with the MLK Augmentation Kit

Mobile Lifesaving Kit (MLK) – Thomas Pack
Objectives:
At the conclusion of this hands-on, interactive station, students should be able to:
1. Explain the purpose, components, and location of supplies within the Thomas Pack
2. Describe Thomas Pack patient treatment capabilities

DMAT Hands-On Skill Station #6: MLK Airway Bag, Glide Scope – Intubation, Cricothyrotomy, Suction (Room: C106)

Airway-Glide Scope Portable Video Laryngoscope
Objectives:
At the conclusion of this hands-on, interactive station, students should be able to:
1. List indications, contraindications, and precautions for use of the Glide Scope
2. Successfully perform endotracheal intubation using the Glide Scope
Airway-QuickTrach Percutaneous Cricothyrotomy

Objectives:

At the conclusion of this hands-on, interactive station, students should be able to:

1. Identify components of the QuickTrach device
2. Discuss the indications, contraindications, and safety precautions for percutaneous cricothyrotomy
3. Review procedures to perform percutaneous cricothorotomy
4. Ventilate a patient via QuickTrach

Airway-Suction/Aspirator

Objectives:

At the conclusion of this hands-on, interactive station, students should be able to:

1. Review suctioning techniques
2. Discuss indications, contraindications, and safety precautions
3. Employ infection control processes during skills performance

DMAT Hands-On Skill Station #7: Zoll EKG Monitor (Room: C204)

Zoll Propaq MD

Objectives:

At the conclusion of this hands-on, interactive station, students should be able to:

1. Identify controls for Zoll MD
2. Demonstrate full functionality of the Zoll MD, to include synchronized cardioversion/defibrillation/pacing/12-lead ECG/SpO2/vital sign monitoring
3. Recognize safety issues during routine use and electrical therapy procedures

DMAT Hands-On Skill Station #8: Basic and Advanced Lab Kit, ISTATs, Piccolo, Urinalysis, Pregnancy Test Kits, Troponin Test Kits, Glucometer (Room: C204)

Laboratory

Objectives:

At the conclusion of this hands-on, interactive station, students should be able to:

1. Calibrate the glucometer
2. Obtain finger-stick blood glucose analysis
3. Identify basic lab cache components
4. Utilize i-Stat to obtain blood chemistry analysis
5. Describe process for inputting lab results into an EMR patient record
6. Discuss cardiac marker, urine, and pregnancy tests
7. Review Piccolo operation, capabilities, and limitations

DMAT Hands-On Skill Station #9: Ultrasound (Room: C202)

Ultrasound

Objectives:

At the conclusion of this hands-on, interactive station, students should be able to:

1. Review techniques of ultrasound examination
2. Understand acute care clinical use of the point of care (POC) ultrasound
3. Understand acute care diagnostic use of the point of care (POC) ultrasound

DMAT Hands-On Skill Station #10: EZ-IO and IV Pumps (Room: C202)

EZ-IO Intraosseous Access Drill

Objectives:

At the conclusion of this hands-on, interactive station, students should be able to:

1. Identify components of EZ-IO
2. Recall indications, contraindications, and precautions for intraosseous access
3. Perform successful intraosseous access employing appropriate safety and infection control procedures

Intravenous (IV) Infusion Pump

Objectives:

At the conclusion of this hands-on, interactive station, students should be able to:

1. Describe the indications and operational procedures for use of the IV infusion pump
2. Understand power, battery, safety, and equipment requirements for the IV infusion pump

DMORT Hands-On Skill Stations (Room: Hall C2)

Hands-On Skill Stations DMORT: located at the Static Display July 24 and 25 from 5:30-7:00pm in 20-minute rotations (5:30-5:50pm; 5:50-6:10pm; 6:10-6:30pm; 6:30-6:50pm).

Purpose:

These stations are intended to train attendees through instructor-led, hands-on, and interactive exposure to the DMORT equipment and capabilities. Attendees will also explore the operations and logistical implications as they relate to the DMORT mission.
DMORT Hands-On Skill Station #1: Admitting/Personal Effects  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Describe the indications and procedures for registering and admitting human remains  
2. Describe the methods for logging and securing personal effects

DMORT Hands-On Skill Station #2: X-Ray  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Describe the indications, precautions, and procedures for the x-ray of human remains using current x-ray equipment  
2. Understand safety procedures and implications during x-ray performance

DMORT Hands-On Skill Station #3: Fingerprinting  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Describe the indications and procedures for fingerprinting human remains  
2. Use fingerprinting tools to ensure adequate and successful fingerprints for identification

DMORT Hands-On Skill Station #4: Pathology/Forensic Pathology  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Describe the background and importance of pathology in the identification of human remains  
2. Perform the procedures required for baseline pathology using various autopsy tools

DMORT Hands-On Skill Station #5: Morgue Information Center (MIC)  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Describe the procedures for ante-mortem and post-mortem data collection  
2. Understand the provided forms and computers respective to data collection

TCCT Hands-On Skill Stations  
(Room: Hall C2)  
Hands-On Skill Stations TCCT: located at the TCCT Static Display July 24 and 25 from 5:30-7:00pm in 20-minute rotations (5:30-5:50pm; 5:50-6:10pm; 6:10-6:30pm; 6:30-6:50pm).  
Purpose:  
These stations are intended to train attendees through instructor-led, hands-on, and interactive exposure to the TCCT equipment and capabilities. Attendees will also explore the operational and logistical implications as they relate to the TCCT mission.

TCCT Hands-On Skill Station #1: Hamilton T-1 Vent  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Provide overview of the features and operation of the new ventilator  
2. Demonstrate ventilation on adult airway with manikin using endotracheal tube intubating manikin that can be ventilated, adult circuit tubing

TCCT Hands-On Skill Station #2: Zoll EMV+731 Vent and Zoll Aspirator  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Provide overview of the features and operation  
2. Demonstrate ventilation on adult airway manikin  
3. Requires endotracheal tube, intubating manikin that can be ventilated, adult circuit tubing. Aspirator requires suction tubing, suction catheters
TCCT Hands-On Skill Station #3: Glidescope Ranger Videolaryngoscope  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Provide overview of features and operation  
2. Demonstrate endotracheal intubation on adult intubation manikin

TCCT Hands-On Skill Station #4: Sonosite Edge II Ultrasound  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Provide overview of features and operation  
2. Demonstrate FAST exam on a live team employee

TCCT Hands-On Skill Station #5: Operating Room Familiarization  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Provide overview of prep of surgical patient  
2. Provide overview of surgical capability  
3.Provide brief overview of equipment

TCCT Hands-On Skill Station #6: Bodyguard Infusion Pump and Carevision Fluid Warmer  
(Room: Hall C2)  
Objectives:  
At the conclusion of this hands-on, interactive station, students should be able to:  
1. Provide overview of features and operation  
2. Demonstrate operation
### MANDATORY SESSIONS FOR NDMS AND PHS

#### JULY 24
- Session 1 - 09:30-10:45
- Session 2 - 11:15-12:30
- Session 3 - 14:00-15:15
- Session 4 - 15:45-17:00

#### JULY 25
- Session 5 - 09:30-10:45
- Session 6 - 11:15-12:30
- Session 7 - 14:00-15:15
- Session 8 - 15:45-17:00

#### JULY 26
- Session 9 - 09:30-10:45
- Session 10 - 11:15-12:30
- Session 11 - 14:00-15:15
- Session 12 - 15:45-17:00

**Fit Testing**
(mandatory for all NDMS/PHS personnel to attend – sessions repeated)

Schedule for FIT Testing can be found on Page #10

(Room: C114)

Respirator fit testing is an annual OSHA requirement for all NDMS response personnel based on the potential for exposure to airborne infectious diseases during deployments or National Security Special Events. The purpose of this session is to perform N-95 qualitative fit testing of all NDMS and U.S. Public Health Service (PHS) Commissioned Corps personnel participating in the NDMS Summit and will fulfill the respirator fit testing requirement for the remainder of 2018 and the first half of 2019. All personnel are required to attend one session during the NDMS Summit. They must arrive on time and be clean shaven the morning of their fit test appointed day/time. Upon completion of fit testing, each person will receive an NDMS fit test card with the make, model, and size of the N-95 respirator with which they successfully fit tested.

These sessions are offered throughout the Summit and are required for all NDMS and PHS personnel. Please note all attendees will need to pre-register for one of these sessions during the registration process.

These sessions are offered every 30 mins from 9:30am -6:30pm daily.

**PPE Familiarization**
(mandatory for all NDMS/PHS personnel to attend – sessions repeated)

(Room: Exhibit Hall C1 (behind registration))

The purpose of this session is to expose NDMS response personnel to elements, differences, and uses of Level A, B, C, and D personal protective equipment (PPE). Any NDMS personnel could be a First Receiver, working in a cold zone, up to level C. Exposure to hazardous substances found in these chemical, biological, radiological, and nuclear (CBRN) weapons is usually high and difficult to characterize. PPE is the primary means of employee protection during a WMD emergency response. All NDMS and U.S. Public Health Service (PHS) Commissioned Corps personnel participating in the NDMS Summit must attend one (1) PPE session during the NDMS Summit in order to gain an appreciation for the four (4) levels of personal protection utilized during emergency response operations. They will see the major components of the PPE ensembles, including suits, respirators, gloves, and boots, and have the opportunity to observe and participate in limited (level C) donning and doffing activities.

These sessions are offered throughout the Summit and are required for all NDMS and PHS attendees. Please note all attendees will need to pre-register for one of these sessions during the registration process.
EMR Familiarization (mandatory for all NDMS/PHS personnel who provide patient care to attend – sessions repeated)
Speaker – Educology Solutions, Inc. (ESI)
(Room: C206)

Description:

The Disaster Medical Information Suite (DMIS) EMR software is a custom-built electronic health information system designed to provide NDMS/PHS clinical providers the ability to document patient care during public health events and emergencies while they provide crisis casualty care in an austere environment.

As part of the DMIS, EMR is a purpose-built Electronic Health Record (EHR) application that uses ruggedized handheld devices, notebook computers, applications, servers, printers, wireless access points, and supporting peripherals. The EMR application supports the documentation of medical care during all ASPR deployments. This system enables NDMS/PHS clinical personnel to automate data entry, collection, retrieval, reporting, and transfer. This health information is critical for situation awareness and decisions at all staff levels during events.

Over the course of the 2018 NDMS Training Summit, the EMR Familiarization course is built on the past EMR training foundation and provides a refresher for clinical providers on the latest EMR version (Version 7). The training will include a review of the EMR Kits and their contents and an application refresher of the clinical user and provider tasks using the EMR clients. All clinical NDMS and U.S. Public Health Service (PHS) Commissioned Corps personnel participating in the NDMS Summit must attend one (1) EMR Familiarization session unless they have completed EMR training in 2018.

DMIS overview focused on EMR, EMR set up, and clinical roles for the NDMS responder.

♦ NDMS/DMIS overview
♦ EMR infrastructure hardware
♦ System setup
♦ EMR fundamentals (clinical roles)

These sessions are offered throughout the Summit and are required for all NDMS and PHS. Please note all personnel who provide patient care will need to pre-register for one of these sessions during the registration process.

JPATS Familiarization (mandatory for all NDMS/PHS personnel to attend – sessions repeated)
Speaker – Educology Solutions, Inc. (ESI)
(Room: C209/C210)

Description:

The Joint Patient Assessment and Tracking System (JPATS) is a web-based application that runs in any internet browser. JPATS provides the capability for real-time accountability of patients seen by Emergency Support Function #8 personnel. It is used by patient movement teams located at every major patient care and reception point when ESF #8 patient movement is active during events; these include federal medical shelters, regional evacuation points, and the Federal Coordinating Center patient reception areas.

The sessions in this focus area will review the basics of the JPATS application and emphasize the importance of coordination and collaboration within the patient movement teams and stakeholders. Each session will provide a review of the JPATS application, its capability, function, and uses in order to provide participants with an understanding of planning factors and special considerations involved with ESF #8 patient movement and the use of JPATS. All NDMS and U.S. Public Health Service (PHS) Commissioned Corps personnel participating in the NDMS Summit must attend one (1) JPATS Familiarization session unless they completed JPATS training in 2018.

DMIS overview focused on JPATS, JPATS set up, and patient movement personnel.

♦ JPATS overview
♦ Patient registration
♦ Patient status
♦ Manifests and report

These sessions are offered throughout the Summit and are required for all attendees. Please note all attendees will need to pre-register for one of these sessions during the registration process.
OPEN SESSIONS FOR ALL ATTENDEES

July 24: 7:30-9:00
Opening General Session

Session #1 - Opening Remarks 7:30-7:40
Welcome 7:40-8:00
Speaker: Ron Miller
Preparing All Hazards Response: Strengthening Health Security 8:00-9:00
Speaker: Robert Kadlec, MD
(Room: Georgia Ballroom 1-3)
Description:
New leadership within federal agencies responsible for the nation’s public health and health care preparedness enterprise will inevitably bring change and a new vision for preparing a nation that is responsive to and resilient in the face of disasters and other public health emergencies, including deliberate threats from both state and non-state actors. From their first day, our new leaders have been tested as never before during the unprecedented events of the past year, including a series of devastating hurricanes and wildfires, mass casualty and fatality incidents resulting from active shooters, mudslides, and train disasters, and a looming influenza virus outside our domestic boarders. Join the Assistant Secretary for Preparedness and Response as he shares his experiences leading and responding to these events; describes his goals and expectations for strengthening the nation’s health security in the future; and offers suggestions for how to engage state, local, tribal, and territorial partners.

July 24: 9:30-10:45
Sessions

Session #2 - NDMS Updates
Speaker: Ron Miller
(Room: Georgia Ballroom 1)
Description:
The presentation is to address the transition of NDMS related to its new mission requirements and what is expected of team employees; how do teams remain engaged when we are not deployed; and how do we respond to environments where morale must be improved but done so ethically and safely.

Objectives:
1. New mission requirements
   a. Operation in hazardous environments
   b. Aeromedical transport
   c. Infectious disease patient transport
2. Remaining engaged
   a. Training attendance
   b. Team calls/meetings
3. Morale while deployed
   a. What can we do
   b. Safety first
   c. Ethical actions

Session #3 - Strategic National Stockpile (SNS) Overview
Speaker: Greg Burel
(Room: C211-213)
Description:
The presentation is designed to provide basic background information and definitions of federal agencies, stakeholders, and other partners that are involved in SNS operations during a public health event. The SNS Overview presentation will provide information on preparing for and managing SNS assets that may be deployed to sites during a public health emergency. The participants will learn the levels of support provided by the SNS, response concepts, and planning considerations for receiving, distributing and dispensing of SNS material.

Objectives:
1. Identify the mission of the SNS
2. Describe the SNS and its assets
3. Identify SNS emergency response concepts
Session #4 - Urgent Matters in Health Care Response
Speakers: Paul Biddinger, MD, Eileen Bulger, MD
(Room: Georgia Ballroom 2)
Description:
This session will describe the most pressing challenges for a medical response to disasters. The following questions will be posed to SME’s with real-world experience: (1) Which day-to-day challenges are anticipated to have the greatest impact on a health care organization’s capacity and capability to respond to a disaster? (2) Which gaps in our health care system’s preparedness need to be urgently filled to best prepare for manmade or natural disasters? (3) What diseases or injuries resulting from disasters are we most and least prepared to assess and treat?
Objectives:
1. Identify day-to-day health care system challenges that will have the most impact on medical response to disasters
2. List the most important gaps in our health care system’s preparedness and what’s being done to address them
3. Know three diseases or injuries resulting from disasters requiring increased assessment and treatment capability

Session #5 - Chemical Threat Preparedness and Response — Fundamental Issues for Disaster Responders
Speaker: Duane Caneva, MD
(Room: Georgia Ballroom 3)
Description:
The threat of chemical release events — whether the intentional use by terrorists or the accidental spill of toxic industrial chemicals — poses the potential to cause many human casualties. The disaster response community must be aware of current concepts in the management of such events. The speaker in this session will provide an overview of chemical threat agents, describe the array of medical countermeasures available to manage them (including current thoughts regarding decontamination), and describe current concepts regarding mass casualty management, including the development of plans for delivery of treatments in a scarce resource environment.
Objectives:
1. Describe chemical threat agents and their physiological consequences
2. Review available countermeasures for chemical threat response
3. Highlight current concepts in planning and response to chemical threat events resulting in mass casualties

Session #6 - Logistics Overview
Speakers: Victor Harper, Tim Powers
(Room: C302)
Description:
During this session the Logistics Division Chief will provide information regarding logistics activities; i.e. logistics lessons learned from the 2017 Hurricane Response; the changes in process and improvements based on the lessons learned. The speaker will address both near- and long-term modifications to current business practices and offer audience participation in the form of relevant Q&A.
Objectives:
1. Inform attendees on the way ahead regarding logistics support
2. Encourage attendees to identify shortfalls and gaps while they are at the Summit, and to attend unfamiliar events that rely on logistical support
3. Motivate attendees to participate in the Communications/Information Technology Focus Area being offered during the Summit

Session #7 - Responder Communication (combined didactic and skills training)
Speaker: CDR Kojo Danso
(Room: C301)
*Please note, this session will be repeated during the Training Summit.
Description:
This session is designed to provide responders with the basic knowledge needed to communicate in a deployed environment. It consists of a brief didactic presentation followed by hands-on stations for use of a variety of handheld communications devices from ASPR’s C&E inventory.
Objectives:
1. Increase the knowledge base of the responder community on the various handheld communications devices ASPR provides during a deployment
2. Negate poor communication through effective hands-on training
July 24: 11:15-12:30

Sessions

Session #8 - Emergency Repatriation: Patient Assessment
Speaker: Richard Catherina, MD
(Room: Georgia Ballroom 1)

Emergency repatriation is a distinct contingency within the federal emergency management framework that bears little resemblance to conventional disaster response. Factors such as international deployment, geographic isolation, and mission-critical limitations on time will require NDMS to adapt, revise, and even abandon traditional concepts of medical support. This session considers the two principal responsibilities of NDMS providers supporting overseas evacuation of Americans under emergent conditions: (a) rapid and effective medical screening at aerial points of embarkation (APOEs); and, (b) accurate stratification of evacuees by priority and method of departure. Further, the session will introduce the newly-developed ASPR Handbook of Contingency Medicine: Emergency Repatriation, a pocket reference intended to assist NDMS personnel tasked with screening evacuees during emergency repatriation.

Objectives:
1. Define emergency repatriation and identify characteristics that distinguish it from conventional disaster response, specifically with regard to medical operations and patient assessment
2. Differentiate triage from screening, with a focus on absolute and relative medical contraindications to aeromedical evacuation
3. Describe how environmental, biological, industrial, and hostile threats to repatriation can influence patient assessment, and recognize their ethical implications for screening decisions

Session #9 - Federal Medical Stations (FMS)
Speakers: Robert Gum, MD, Jonathan Rackard, REDDOG, IRCT Operations
(Room: C211-213)

Description:

Federal Medical Stations (FMS) were developed to meet local, state, tribal, and territorial needs to provide medical care for patients who are displaced by disasters from their community health care options or from nursing home or skilled nursing facilities. FMS operations present significant logistical considerations and operational challenges that are best resolved through advance planning.

Objectives:
1. Describe at least six (6) attributes of a “building of opportunity” and three (3) examples of wrap-around services for an FMS
2. From a list, select common patients appropriate for placement in an FMS
3. Describe the staffing requirements for an FMS and identify potential sources of FMS staff
4. Explain the relationship between the IRCT and the FMS

Session #10 - Medical Emergency Radiological Response
Speaker: Stan Bravenec
(Room: Georgia Ballroom 2)

Description:

This session will describe the most pressing challenges for a medical response to nuclear disasters. In disaster response to a nuclear power plant accident the Department of Veterans Affairs (VA) and Department of Defense (DOD) medical resources will be used to mitigate the impact to health and safety. The VA developed a specialized team of VHA health professionals who note that, if such an accident occurred, could be rapidly deployed to an off-site medical provider to render both direct patient treatment and technical advice. The Medical Emergency Radiological Response Team (MERRT) comprised of physicians with radiological expertise and medical health physicists assigned to VA medical facilities throughout the United States will discuss response considerations to render patient treatment and technical advice in response to an accidental or deliberate release of radiation.

Objectives:
1. Increase knowledge of medical radiological response considerations

Session #11 - Not Ebola: Pathogens of High Consequence
Speaker: Bruce Ribner, MD
(Room: Georgia Ballroom 3)

Description:

Clinicians had little knowledge of how to assess or treat Ebola until survivors were cared for in the United States. Health care providers have little or no experience with other emerged or emerging pathogens of high consequence. Clinical experts from the National Ebola Training and Education Center will equip health care responders with a working knowledge to mount an initial response to highly lethal diseases that most threaten health security. These include Category A and selected Category B agents.
Objectives:

1. List pathogens of high consequence
2. Identify key features of each pathogen of high consequence
3. Know PPE required for each pathogen of high consequence
4. List initial interventions for each pathogen of high consequence

Session #12 - Cache Transition
Speaker: CAPT Michael Bourg
(Room: C302)
Description:
What’s going on in the area of Cache Management and Upgrades to specific Cache Equipment? CAPT Bourg will also cover the Emergency Prescription Assistance Program (EPAP) and our primary pharmaceutical provider’s (McKesson Corporation) capabilities.
Objectives:

1. Provide understanding of what is happening behind the scenes regarding ASPR’s effort to enhance and modernize a variety of Caches key to the “Life Saving” mission during a response

Session #13 - Responder Communication (combined didactic and skills training)
Speaker: CDR Kojo Danso
(Room: C301)
*Please note, this session will be repeated during the Training Summit.
Description:
This session is designed to provide responders with the basic knowledge needed to communicate in a deployed environment. It consists of a brief didactic presentation followed by hands-on stations for use of a variety of handheld communications devices from ASPR’s C&E inventory
Objectives:

1. Increase the knowledge base of the responder community on the various handheld communications devices ASPR provides during a deployment
2. Negate poor communication through effective hands-on training
OPEN SESSIONS

Session #15 - Stop the Bleed Training for Responders (combined didactic and skills training)
Speakers: Eileen Bulger, MD, Patrick Reilly, MD, Mark Gestring, MD
(Room: C111/C112)
Description:
The key goal of the Stop the Bleed program is that the general public will know how to recognize and control life threatening bleeding. Military medical advances in hemorrhage control are a foundation for Stop the Bleed. This session will describe the national objectives of the Stop the Bleed program and provide didactic and hands-on training which will fulfill the prerequisite for the attendee to become a Stop the Bleed trainer. Practical tips on how to establish a Stop the Bleed Program will also be provided.

Objectives:
1. List the national Stop the Bleed objectives
2. Identify actions needed to stop life threatening hemorrhage
3. Demonstrate life threatening hemorrhage control skills
4. Learn how to start a Stop the Bleed program in your community

Session #16 - Readiness and Resiliency: Basics for Deployment
Speakers: CDR Elizabeth DeGrange, LCDR Kimberly (Shay) Litton-Belcher, Dustun Ashton
(Room: Georgia Ballroom 2)
Description:
NDMS intermittent employees and Commissioned Corps personnel must ensure they are prepared to deploy at a moment’s notice, and both NDMS and the Corps have basic requirements to help ensure their personnel are ready to serve their missions. This session will provide an overview of the administrative, physical ability, and training requirements for each responder group; how and where each responder must submit and track his or her information; and a brief overview of deployment orders will be covered. Additionally, this session will define resiliency, discuss its importance to all of our response staff, and cover some basic mental health principles of self-care and warning signs for responders to ensure mission success, health, and safety for responders.

Objectives:
1. Define current readiness requirements for NDMS and Commissioned Corps
2. Describe the reporting and tracking systems for NDMS and Commissioned Corps responders to verify readiness status
3. Define resiliency, and discuss the importance thereof for mission success and personnel safety

Session #17 - The Nuclear Threat
Speaker: Norman Coleman, MD
(Room: Georgia Ballroom 3)
Description:
The nuclear threat has evolved quickly over the past year. Participants will know current and anticipated nuclear threats. Given U.S. health care providers have no experience with nuclear attacks, available just-in-time resources, immediate protective actions, and immediate lifesaving interventions will be described.

Objectives:
1. Describe current and anticipated nuclear threats
2. List just-in-time nuclear response resources available to health care providers
3. List protective actions required of health care providers in a nuclear response
4. Identify immediate lifesaving interventions for survivors
5. Provide overview of federal planning and current federal guidance on nuclear response

Session #18 - Property Accountability
Speaker: Purry Wacker
(Room: C302)
Description:
The speaker will touch on everything you need to know about the ASPR requirement for including the various property. The speaker will cover various property accounting documents used during a response, training event, or National Special Security Event (NSSE). This session will cover all aspects of property accounting, from the initial push of equipment from the Mission Support Center (MSC), handing equipment off to another responder, issuing equipment to the user, rules for transferring equipment to another federal government agency, and what to do when equipment is lost, stolen, or damaged during a deployment.

Objectives:
1. Provide understanding on how to identify the appropriate level of accountability a specific item requires
2. Inform on the property accountability process from the perspective of individuals within the ASPR/NDMS framework
Session #19 - Communications Lead/Specialist (VSAT) (combined didactic and skills training)
Speaker: CDR Kojo Danso
(Room: C301)
Description:
This session is designed to enhance the skill set and knowledge of those who are responsible for communications and electronics in the field.
Objectives:
1. Provide participants with knowledge on the use of Satellite Systems for delivering broadband services and broadband connectivity
2. Provide understanding on how to better deploy satellite broadband technologies and assess the VSAT System
3. Review a wide range of issues relating to satellite communications and VSAT issues

July 24: 3:45-5:00
Joint Sessions

Session #20 - Travel Systems and Policy 101
Speakers: Dave Murray, Sarah Borza
(Room: Georgia Ballroom 1)
Description:
This session is designed to provide travelers with an overview on the travel system, travel card program, and policies to include the vouchering process, documents needed to process travel and vouchers, travel do's and don'ts, and how to check the status of documents in the travel system. In addition, the Lead AOPC will discuss the do's and don'ts of travel cards, misuse and delinquency, the upcoming switch to the new travel card system, and how to access JPMC for account overview.
Objectives:
1. Understanding and expectations with the upcoming travel card change
2. Provide general overview of travel system and processes
3. Understanding of travel policy

Session #21 - Crisis Standards of Care
Speakers: John Hick, MD, Dan Hanfling, MD, CAPT Catherine Witte, RPH, MDIV, MS, Murad Raheem
(Room: Georgia Ballroom 2)
Description:
The National Academy of Medicine (formerly Institute of Medicine) released reports in 2009, 2012, and 2013 articulating “crisis standards of care,” which encompass a framework for catastrophic disaster planning and response. Response to a number of disasters over the ensuing years has demonstrated the utility of this framework, including efforts focused on medical surge response, alternate care system implementation and prioritization of patient care needs. This session will describe the ethical basis for crisis decisions, the principles of crisis standards of care, the barriers preventing their implementation, and strategies being used to address them.
Objectives:
1. Review the ethical foundations for disaster decision-making
2. Understand the core principles that comprise crisis care and planning for catastrophic disaster response
3. Identify crisis standard of care strategies as applied in recent disasters

Session #22 - Today’s Hospital Preparedness Program
Speakers: Melissa Harvey, Paul Biddinger, MD
(Room: Georgia Ballroom 3)
Description:
This session will provide an overview of the Hospital Preparedness Program and plans for the Regional Disaster Health Response System. Using the Boston Marathon bombing response as an example, the Health Care Coalition’s role in response will be described as well as how Health Care Coalitions can interface with NDMS and integrate with an ESF #8 response.
Objectives:
1. List “then and now” highlights of the Hospital Preparedness Program’s evolution
2. Know plans for the Regional Disaster Health Response System
3. Identify the response role of Health Care Coalitions and how they can integrate with NDMS and ESF #8
July 24: 5:30-7:00

Closing General Session

Session #23 - Bombs and Blasts: Surge and Injury Patterns and Care
Speakers: Paul Biddinger, MD, Melissa Kohn, MD, Kobi Peleg, Ph.D.
(Room: Georgia Ballroom 1-3)

Description:
At a moment’s notice, vast numbers of survivors require definitive care following a terrorist bombing. The Boston Marathon bombings were a predictable surprise following the Madrid train bombings which resulted in over 2,000 casualties. Experience with recent bombings in Great Britain and Europe continues to inform how health systems and clinicians can best respond to these attacks. This session will describe how health care systems can optimize their response and clinicians can identify and care for the unique patterns of injuries from bombings.

Objectives:
1. List successes and challenges in health care responses to recent terrorist bombings
2. Identify health care system responses that optimize survivor outcomes
3. Know the unique bombing injury patterns and care requirements

July 25: 7:30-9:00

Opening General Session

Session #24 - Opening Remarks 7:30-7:40
New Incident Management Team (IMT) Process 7:40-9:00
Speakers: Edward Gabriel, Kevin Yeskey, MD
(Room: Georgia Ballroom 1-3)

Description:
The cornerstone of HHS/ASPR’s new approach to localized incident management under the National Incident Management System/Incident Command System (NIMS/ICS) doctrine is the Incident Management Team (IMT). IMTs are comprised of dedicated, experienced, and specially trained emergency management professionals, medical and public health planners and providers, and ASPR regional liaisons who are able to deploy on short notice to support all-hazards incident response activities or in support of pre-planned special events as directed by the ASPR or his/her designated representative. Collectively, IMT members have expertise in the core NIMS-based functions (Operations, Logistics, Plans, and Administration and Finance) and command and general staff positions, experience with specialized public health and medical planning and resource delivery, and specific area knowledge and professional relationships corresponding to the HHS region(s) to which they are assigned.

An overview of the new IMT structure and its role in response will be provided.

Session #26 - Disaster Mortuary Operational Response Team (DMORT), Victim Information Center (VIC) Updates
Speakers: Ed Kilbane, MD, Jennie Thommen, Charles Smith
(Room: C211-213)

Description:
The DMORT and VIC work hand in hand to support the federal fatality management mission by obtaining antemortem information on disaster victims and providing forensic science-based evidence to jurisdiction authorities so remains can be positively identified. This session will provide information on these teams and their capabilities and discuss current CONOPs and deployment capability of these NDMS response teams.

Objectives:
1. Describe the composition, mission, and capabilities of the DMORT
2. Describe the composition, mission, and capabilities of the VIC
Session #27 - The Best of ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE)
Speaker: Shayne Brannman  
(Room: Georgia Ballroom 2)
Description:
The ASPR Technical Resources, Assistance Center, and Information Exchange has rapidly built an extensive medical response to disasters knowledge base. This resource has been developed by the best of the best subject matter experts. Pearls from the most commonly viewed or requested resources will be highlighted, and a “How to Find What You Need in a Hurry on TRACIE” user’s guide will be presented.
Objectives:
1. Describe the resources available on TRACIE that would benefit NDMS and other responders
2. List five (5) key points from the most commonly viewed or requested TRACIE resources
3. Demonstrate how to quickly search TRACIE for two self-identified topics of interest
4. Explore future content for NDMS and other responders

Session #28 - Hurricanes Harvey, Irma, Maria FCC Operations
Speaker: LTC William Robbins  
(Room: Georgia Ballroom 3)
Description:
VA is no stranger to federal coordinating centers, or storms with names like Rita, Gustav, Ike, and now, Harvey and Irma, which usually prompt the opening of one. When Hurricane Harvey hit Houston and Texas’ Gulf Coast August 25, bringing fear and devastation, facilities throughout VA’s South Central Health Care Network and Oklahoma City VA Medical Center put their training, expertise, and experience to work in support of a federal coordinating center which stood up to support the storm’s victims. This session is focused on VA staff and teams of volunteers who worked with federal partners to stand up centers with state and local emergency response agencies and officials to be on alert to receive, triage, and transport patients evacuated from Hurricane Harvey’s wrath.
Objectives:
1. Understand the FCC Selection, Alert, and Activation Process
2. Learn about Patient Reception Activities
3. Gain knowledge of the Response Teams for VA, DoD, HHS

Session #29 - What NDMS Providers Need to Know About Smallpox (Mandatory session for NDMS/PHS MDs, NPs, PAs, Pharmacists and RNs)
Speakers: CDR Agam Rao, MAJ Anna Mandra  
(Room: C302)
*Please note, this session will be repeated during the Training Summit.
Description:
Smallpox is a life-threatening acute illness caused by the variola virus, a member of the orthopoxvirus family. It has been eradicated worldwide after a massive decades long public health effort. However, it is among the top infectious illnesses that might occur again in large numbers, specifically as a result of nefarious and intentional exposures, e.g., during a bioterror event. The objectives of this presentation are to provide responders with the information they would need to be most effective if such an event occurred. We will summarize, 1) the clinical presentation and transmission of smallpox, 2) the medical countermeasures stockpiled by the U.S. government for treatment and monitoring, 3) procedure for proper administration of smallpox vaccine with a bifurcated needle and, 4) adverse events that can occur from vaccination.
Objectives:
1. The clinical presentation and transmission of smallpox
2. The medical countermeasures stockpiled by the U.S. government for treatment and monitoring
3. Procedure for proper administration of smallpox vaccine with a bifurcated needle and adverse events that can occur from vaccination

Session #30 - Responder Communication (combined didactic and skills training)
Speaker: CDR Kojo Danso  
(Room: C301)
*Please note, this session will be repeated during the Training Summit.
Description:
This session is designed to provide responders with the basic knowledge needed to communicate in a deployed environment. It consists of a brief didactic presentation followed by hands-on stations for use of a variety of handheld communications devices from ASPR’s C&E inventory.
Objectives:
1. Increase the knowledge base of the responder community on the various handheld communications devices ASPR provides during a deployment
2. Negate poor communication through effective hands-on training
**July 25: 11:15-12:30**

**Sessions**

**Session #31 - Social Media: Guidelines**  
**Speaker:** Gretchen Michael  
**(Room: Georgia Ballroom 1)**

**Description:**
Telling your response story? This session will discuss the guidelines and appropriate etiquette for responders’ use of social media, photography, and interviews with local newspapers during and after a disaster response. The presenter will also describe how ASPR utilizes social media as a communication tool and markets the HHS and NDMS response story.

**Objectives:**
1. Discussion of how ASPR uses Social Media as communications tool  
2. Telling the ASPR NDMS story  
3. Guidelines for use of photography and SM by NDMS while deployed and upon return

**Session #32 - USPHS Teams (RDF, SAT, APHT, and MHTs) Updates**  
**Speakers:** CAPT Dale Thompson, CAPT Holly Williams Ph.D., MN, RN, CDR Damon Smith, CDR Selena Ready  
**(Room: C211-213)**

**Description:**
This session will cover the capabilities and capacities of the various types of response teams available through the USPHS REDDOG: Rapid Deployment Forces, Service Access Teams, Applied Public Health Teams, and Mental Health Teams.

**Objectives:**
1. Explain the capabilities of the Rapid Deployment Forces (RDF) to include team size, skill sets, and mission capacity  
2. Discuss the Service Access Team (SAT) composition and capacities, including the typical missions for which they are employed  
3. Describe the Applied Public Health Team (APHT) to include team size, skill sets, and mission capability  
4. Discuss the USPHS Mental Health Team (MHT) composition and mission capabilities

**Session #33 - Cultural Awareness: What Bias Do You Bring to the Table?**  
**Speaker:** Cheri Wilson  
**(Room: Georgia Ballroom 2)**

**Description:**
Discuss what cultural awareness and cultural competency are; why they are important; how culture is a factor in all phases of public health and emergency management; and what the impacts are if we don’t recognize culture, especially as responders. This session will help responders develop knowledge, skills, and awareness to best serve all individuals, regardless of cultural or linguistic background.

**Objectives:**
1. Define culture, cultural awareness, cultural humility, and cultural competency  
2. Describe potential impacts to responders and communities if responders do not recognize culture during response operations  
3. Describe strategies to provide culturally aware and competent services during a disaster

**Session #34 - Las Vegas: Exploiting Soft Targets**  
**Speakers:** CAPT Mark Kittleson, Debra Kuhls, MD, Dave MacIntyre, Ph.D  
**(Room: Georgia Ballroom 3)**

**Description:**
Never had a U.S. health care system mounted a no-notice response to such large numbers of casualties until Las Vegas. Those who led the scene and hospital responses to the 1 October shooting will share the unique challenges in care and transport of survivors from the scene, identify how hospitals responded, and describe how health care providers proactively developed and implemented lifesaving strategies.

**Objectives:**
1. Know the unique challenges presented in care and transport of survivors from the scene  
2. Identify how trauma centers and non-trauma centers responded to the hundreds of casualties  
3. List key actions health care systems and providers can take to decrease morbidity and mortality from events of this scale
Session #35 - What NDMS Providers Need to Know About Smallpox (Mandatory session for NDMS/PHS MDs, NPs, PAs, Pharmacists and RNs)
Speaker: CDR Agam Rao, MAJ Anna Mandra
(Room: C302)
*Please note, this session will be repeated during the Training Summit.

Description:

Smallpox is a life-threatening acute illness caused by the variola virus, a member of the orthopoxvirus family. It has been eradicated worldwide after a massive decades long public health effort. However, it is among the top infectious illnesses that might occur again in large numbers, specifically as a result of nefarious and intentional exposures, e.g., during a bioterror event. The objectives of this presentation are to provide NDMS responders with the information they would need to be most effective if such an event occurred.

Objectives:
1. The clinical presentation and transmission of smallpox
2. The medical countermeasures stockpiled by the U.S. government for treatment and monitoring
3. Procedure for proper administration of smallpox vaccine with a bifurcated needle and adverse events that can occur from vaccination

Session #36 - Responder Communication (combined didactic and skills training)
Speaker: CDR Kojo Danso
(Room: C301)
*Please note, this session will be repeated during the Training Summit.

Description:

This session is designed to provide responders with the basic knowledge needed to communicate in a deployed environment. It consists of a brief didactic presentation followed by hands-on stations for use of a variety of handheld communications devices from ASPR’s C&E inventory.

Objectives:
1. Increase the knowledge base of the responder community on the various handheld communications devices ASPR provides during a deployment
2. Negate poor communication through effective hands-on training

Session #37 - Repatriation
Speakers: Joe Lamana, Briana Stephan
(Room: Georgia Ballroom 1)

Description:

Repatriation is the process of returning American Citizens from foreign soil back to the United States. Generally, in large-scale repatriations, it comes at a time of turmoil or crisis. During this session, the role of the Federal Government, HHS, and ASPR (specifically) in repatriation will be discussed. ASPR is in the unique position of leading planning efforts for the Department related to the medical repatriation of AMCITs during an emergency situation (500+ repatriates). The Adaptive Planning Team will show the deliberate and delicate collaboration that is ongoing with federal, state, and local partners. These efforts require “out-of-the-box” thinking and potentially utilizing NDMS and other HHS personnel in ways never before attempted.

Objectives:
1. Provide an overview of the levels of American Citizen departure and who controls those movements
2. Discuss the mission and concept of operations for ASPR in repatriation operations
3. Understand the global scene and how the potential for repatriation could occur
4. Discuss the federal players in the repatriation operation
5. Provide a list of repatriation assumptions as they apply to the ASPR’s intent
6. Describe the medical and public health mission sets associated with repatriation
7. Identify the problem sets and gaps known

Session #38 - How Do EMS/Emergency Medicine/Nursing Responders Work With NDMS?
Speakers: Ira Nemeth, MD, Gerald Beltran, MD, Sharon Vanairsdale
(Room: C211-213)

Description:

Disaster leaders from EMS, emergency medicine, and nursing will describe how their colleagues perceive their role and engage in disaster response. Participants will learn the successes and challenges of local emergency care providers working with NDMS during responses, and know how NDMS responders can best work with local emergency care providers in future responses.
OPEN SESSIONS

Objectives:

1. Describe how members of professional organizations representing EMS physicians, emergency physicians, and nursing perceive their role and engage in disaster response
2. List professional organizations’ members successes and challenges working with NDMS during disasters
3. Know how NDMS responders can best work with local EMS, emergency medicine, and nursing care providers during a response

Session #39 - Responder Force Protection Strategies for Traumatic Exposures Downrange
Speakers: CDR Johnathan White, Ph.D., LCSW-C, Sachiko Kuwabara
(Room: Georgia Ballroom 2)

Description:

Trauma exists in all parts of many our personal and professional lives. As responders, we often believe that we are not susceptible to the same impacts that the communities we serve are, but we experience both direct and indirect traumas in the execution of our missions. Added impact results because we often place as a low priority or even totally ignore the mental health of our own fellow responders until unaddressed issues turn into inappropriate behavior or poor performance. Because so many of our responders are part-time responders, we often do not have daily contact with all of them post-deployment, so this session is designed to give responders the knowledge and tools to recognize warning signs and implement strategies to grow and thrive as healthy, active, secure responders, professionals, and family members.

Objectives:

1. Identify physiological impacts of direct, indirect, and repeated trauma
2. Identify healthy coping mechanisms and actions to take
3. Describe various types of support systems and discuss their importance

Session #40 - Federal Patient Movement; Transporting and Caring for NDMS Patients
Speakers: CDR Christine Collins, RN, BSN, MA, Lisa Maddry, Ken Hopper
(Room: Georgia Ballroom 3)

Description:

Discussion on the process and the various components involved in transporting and moving patients, both in- and out-patients, from a disaster setting to definitive medical care.

Objectives:

1. Attendees will be able to articulate when Federal Patient Movement initiated
2. Attendees will be able to describe how a patient is transported, to include who becomes a federal NDMS patient and who does not
3. Attendees will be able to describe the roles of the Federal Patient Movement team, to include partner roles

Session #41 - What NDMS Providers Need to Know About Smallpox (Mandatory session for NDMS/PHS MDs, NPs, PAs, Pharmacists and RNs)
Speakers: CDR Agam Rao, MAJ Anna Mandra
(Room: C302)

*Please note, this session will be repeated during the Training Summit.

Smallpox is a life-threatening acute illness caused by the variola virus, a member of the orthopoxvirus family. It has been eradicated worldwide after a massive decades long public health effort. However, it is among the top infectious illnesses that might occur again in large numbers, specifically as a result of nefarious and intentional exposures, e.g., during a bioterror event. The objectives of this presentation are to provide NDMS responders with the information they would need to be most effective if such an event occurred.

Objectives:

1. Understand the clinical presentation and transmission of smallpox
2. Understand the medical countermeasures stockpiled by the U.S. government for treatment and monitoring
3. Understand the procedure for proper administration of smallpox vaccine with a bifurcated needle
4. Understand adverse events that can occur from vaccination
Session #42 - Communications Lead/Specialist (BGAN) (combined didactic and skills training)
Speaker: CDR Kojo Danso
(Room: C301)
Description:
This session is designed to enhance the skill set and knowledge of those who are responsible for communications and electronics in the field.
Objectives:
1. Provide participants with knowledge of the IT components associated with the Morgue and Victim Identification System
2. Provide better understanding of the concepts of the system
3. Provide an overview of the system

July 25: 3:45-5:00
Joint Sessions

Session #43 - RMS Self-Service Overview
Speaker: Crystal Green
(Room: Georgia Ballroom 1)
Description:
Overview and demonstration of the RMS Self-Service “My-information” page, responder team time and salary, and pre-rostering. This session will cover responder entry and use as well as the process flow for responder, AS, and TC for all three (3) business flows.
Objectives:
1. Responder will understand how to log-in into RMS Self-Service and update, My-information, Time & Salary, and complete pre-rostering availability
2. AS & TC (and responders) will provide an overview of the three processes end to end

Session #44 - Enhancing Federal Response to CBRNE Agents
Speakers: Gary Disbrow, Ph.D., Greg Burel
(Room: Georgia Ballroom 2)
Description:
Building readiness and response capacity for emerging threats to include chemical, biological, radiological, and nuclear (CBRN) agents, as well as naturally occurring emerging infectious diseases (EID) is a priority for the ASPR. The nation must have nimble, flexible capability to produce and effectively use medical counter measures (MCM) in the face of any attack or threat, whether known or unknown, novel or reemerging, natural or intentional. To this end, HHS established the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) in July 2006, to coordinate federal efforts to enhance civilian MCM preparedness. In an infectious disease outbreak or after a terrorist strikes, getting the right drugs, vaccines, therapeutics, and diagnostics to your patients can mean the difference between life and death. Do you know how easy the medical countermeasures you rely on during a disaster or emergency are to deploy? Professionals on the front lines of health play a vital role in getting those medical countermeasures to the people who need them.

This session will focus on discussions around MCM initiatives that ASPR’s BARDA and SNS are involved in.

Objectives:
1. BARDA’s initiatives on advanced research and development of MCM’s for national preparedness
2. SNS’s role in inventory management, distribution, and development and communication of MCM utilization policy

Session #45 - Vehicle Attacks: Faster Than a Shooter
Speaker: Thorsten Hauer, MD
(Room: Georgia Ballroom 3)
Description:
Attacks on civilians by large vehicles have emerged as a terrorist method that inflicts massive horrific injuries and death in seconds. This session will describe experience with how the attack occurs, patterns of injury, challenges experienced by health care providers on the scene and in hospitals, and strategies to decrease morbidity and mortality. The severe consequences to the mental health of survivors and health care providers from these attacks will also be addressed.

Objectives:
1. Know how vehicle borne attacks occur
2. Identify patterns of injury from vehicle borne attacks
3. Describe challenges on the scene and in hospitals and strategies to mitigate them
4. List the mental health consequences of vehicle attacks
**OPEN SESSIONS**

**July 25: 5:30-7:00**

**General Closing Session**

**Session #46 - Behavioral Health: How Can Responders Prepare, and What Resources are Available After Deployment?**

Speakers: CAPT Michael King, CAPT Catherine Witte, RPH, MDIV, MS, LCDR Kimberly (Shay) Litton-Belcher  
(Room: Georgia Ballroom 1-3)

Description:

This session is intended to help responders build their capacity to make rapid self-assessments of their own needs and concerns, of their teammates, and of other responders in the community, and then to identify resources that are available to responders after the deployment ends. Federal responders confront people in distress after large disasters and play a role in supporting impacted community members and local responders through response and recovery operations. Community members and local responders often look to NDMS, Commissioned Corps, and MRC responders for reassurance, hope, and solidarity. Because of this, responders must be prepared with knowledge, skills, and resources to address the emotional aspects of our work and our experiences, especially as we often meet the most vulnerable populations while providing health care and human services. Responders working in emergency preparedness, response, and recovery should all be able to engage other responders with compassion; provide a safe, stable environment; and be able to gather information while providing assistance or connecting with other available support. It’s also imperative that responders know how to find resources they might need for themselves and fellow responders once a deployment has ended.

Objectives:

1. Describe psychosocial consequences of natural disasters and terrorist events for responders
2. Discuss mental health effects of disasters, including anxiety, stress, substance abuse, and resilience
3. Identify available resources available for NDMS and Commissioned Corps respectively
4. Describe the process by which responders can contact and request resources
5. Provide points of contact for responders in case they can’t find a resource

**July 26: 7:30-9:00**

**Opening General Session**

**Session #47 - Opening Remarks 7:30-8:00**

Regional Disaster Healthcare Response System (RDHRS) 8:00-9:00

Speaker: Kevin Yeskey, MD  
(Room: Georgia Ballroom 1-3)

Description:

Dr. Kevin Yeskey is the new Principal Deputy Assistant Secretary for Preparedness and Response at ASPR. As part of his new role, he manages the day-to-day operations of three (3) newly created offices within ASPR: Resource Management; Acquisitions Management, Finance, and Human Capital; and Emergency Management & Medical Operations (EMMO), of which NDMS is a part. Dr. Yeskey will present a short overview of his part of the organization and then speak about the new Regional Disaster Health Response System.

The proposed Regional Disaster Healthcare Response System (RDHRS), sponsored by the U.S. Department of Health & Human Services, Assistant Secretary for Preparedness and Response, is a network of existing regional health care coalitions and trauma systems that ensures EMS, hospitals, trauma centers, public health, specialty care centers, emergency management, and outpatient care services are responsive, aware, ready, and resourced to respond to major disasters. The system will improve regional coordination through the use of expanded health care coalitions; common plans, procedures, and policies; and localized centers of excellence. These regional systems will be able to call upon expanded response partners including medical providers from the National Disaster Medical System, Department of Veterans Affairs, and local civilian agencies to more quickly surge medical care immediately after a disaster.

The systems will also ensure enhanced awareness of public health threats and emergencies, and ensure that all systems are ready to respond to a disaster through standardized training (particularly for CBRNE response), readiness exercises using standardized scenarios, and independently verified readiness standards. Lastly, federal response assets will be more thoroughly integrated across all regional coalitions to ensure that local, state, and federal response resources are used effectively and efficiently during a disaster response. This system will save lives and protect Americans from the 21st century health threats that we face today.
**July 26: 9:30-10:45**

**Sessions**

**Session #48 - Crisis Response to Mass Shootings: Lessons Learned for NSSE Consequence Management Planning**  
Speakers: CAPT Mark Kittelson, Carlito Rayos, Murad Raheem  
**(Room: Georgia Ballroom 1)**

*Description:*  
This session will identify the lessons learned from recent mass attacks. Emphasis will be placed on emergency management pre-planning, initial response, triage, transport, and emergent and definitive care. Information derived from the session may be used to guide the ASPR response plan in the event a mass casualty incident occurs at a National Special Security or Planned Event.

*Objectives:*  
1. Distinguish the similarities and differences in recent mass attacks  
2. Examine the key lessons learned from the public health and medical response to mass attacks, including the community’s recovery  
3. Generate key elements for inclusion in the development of an ASPR/OEM consequence management plan  
4. Apply the lessons learned to consequence management operations following a mass casualty incident at a NSSE or planned event

**Session #49 - The Recovery Mission**  
Speakers: CAPT Elizabeth Hastings, Kaleinani Lau, Josh Barnes  
**(Room: C211-213)**

*Description:*  
This session will focus on the ASPR mission of Recovery following a disaster. The nine (9) core mission areas of the Health and Social Services Recovery Support Function under the NDRF will be presented. The three (3) basic steps of the Recovery process will be discussed, utilizing case studies from the 2017 hurricanes.

*Objectives:*  
1. Describe the field leadership roles and responsibilities for health and social services recovery  
2. Identify the nine core mission areas of Recovery and the methodology utilized to address these operations  
3. Describe the actions and accomplishments of the Recovery missions for Hurricanes Harvey, Irma, and Maria

**Session #50 - Radiation Injury Treatment Network (RITN)**  
Speaker: Cullen Case  
**(Room: Georgia Ballroom 2)**

*Description:*  
The Radiation Injury Treatment Network® (RITN) prepares for the medical surge resulting from a distant radiological disaster. RITN hospitals will provide comprehensive evaluation and treatment for patients with Acute Radiation Syndrome; many of the patients will require outpatient and/or inpatient care. Recognizing this in 2006 the US National Marrow Donor Program (NMDP), US Navy (Office of Naval Research) and American Society for Blood and Marrow Transplantation (ASBMT), collaboratively developed RITN. Since 2006 RITN has grown to comprise 80 medical centers with expertise in the management of bone marrow failure, stem cell donor centers, and umbilical cord blood banks across the US.

*Objectives:*  
1. Educate responders/first receivers on triaging casualties with Acute Radiation Syndrome (ARS), the use of medical countermeasures i.e., cytokines, and who should be referred to a RITN facility for treatment  
2. Educate health care professionals on treatment of ARS (inpatient vs. outpatient) and the challenges likely faced following a large-scale radiological incident  
3. Educate health care professionals and responders on the coordination and movement of ARS patients within the NDMS system  
4. Educate health care professionals and responders on resources available to assist them in the treatment of ARS patients

**Session #51 - CBRNE: Does This 20th Century Acronym Still Make Sense?**  
Speaker: Herb Wolfe  
**(Room: Georgia Ballroom 3)**

*Description:*  
Can 21st Century threats still be viewed in the context of CBRNE planning? What are the similarities across these threat areas? What are the differences? In this session, the speaker will briefly review the history of CBRNE planning and will highlight some of the limitations arising from this approach to current threats.

*Objectives:*  
1. Review history of CBRNE planning  
2. Identify similarities and differences across these threats  
3. Highlight requirements for 21st Century threat planning
Session #52 - Strategic National Stockpile Formulary (Mandatory session for NDMS/PHS MDs, NPs, PAs, Pharmacists and RNs)
Speakers: Susan Gorman, Debralee Esbitt
(Room: C302)
*Please note, this session will be repeated during the Training Summit.

Description:
SNS will provide information on the SNS formulary as well as rules and regulatory requirements to consider when distributing and dispensing those assets. They will also provide information on the planning functions for designing a system to quickly dispense prophylactic medications to the public.

Objectives:
1. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an inter-professional team of health care providers
2. Identify what is in the SNS formulary

Session #53 - Responder Communication (combined didactic and skills training)
Speaker: CDR Kojo Danso
(Room: C301)
*Please note, this session will be repeated during the Training Summit.

Description:
This session is designed to provide responders with the basic knowledge needed to communicate in a deployed environment. It consists of a brief didactic presentation followed by hands-on stations for use of a variety of handheld communications devices from ASPR’s C&E inventory.

Objectives:
1. Increase the knowledge base of the responder community on the various handheld communications devices ASPR provides during a deployment
2. Negate poor communication through effective hands-on training

Session #54 - A Threat We Can Count On: When “Empty Space” is Neglected Space
Speaker: Richard Catherina, MD
(Room: Georgia Ballroom 1)

Description:
For all of the attention given to “emerging” or “anticipated” threats, there is a more immediate and ever-present threat to mission success that, while predictable and mitigable, remains consistently unexamined: the “empty space” within disaster response. Like the “rest” in musical composition, or “whitespace” in graphic design, this negative space within emergency operations often appears static, incidental, unoccupied — and therefore irrelevant. Yet within this space are found all of the unstated presumptions, unasked questions, and undelegated responsibilities which, if overlooked or ignored, can only remain inconsequential by chance and chance alone. This session explores the negative space in operational planning — both prior to and during disaster response — and the risk it can present to personnel, resources, and mission success.

Objectives:
1. Define “negative” or “empty space” as it pertains to disaster response
2. Explore the implications and consequences of misunderstanding negative space as unimportant
3. Discuss methods of identifying and mitigating hazards that may exist within the negative space of emergency operations

Session #55 - CDC, FDA, and VA Response Tools
Speakers: Jeff Bryant, Paul Kim, MD, CAPT Tom Mignone
(Room: C211-213)

Description:
This presentation will discuss the response and recovery resources available through key ESF #8 partners in the Centers for Disease Control Prevention (CDC), Veterans Administration (VA) and Food and Drug Administration (FDA), including the capabilities and diversity of resources available from these agencies.

Objectives:
1. Discuss teams and resources available through the CDC
2. Explain how emergency operations within CDC coordinate with ESF #8 response and recovery
3. Discuss team and resources available through the FDA
4. Explain how emergency operations within FDA coordinate with ESF #8 response and recovery
5. Discuss teams and resources available through the VA
6. Explain how emergency operations within VA coordinate with ESF #8 response and recovery

Session #56 - National Ebola Training and Education Center (NETEC) 101
Speakers: Bruce Ribner, MD, Chris Kratochvil, MD, Nicholas Cagliuso, Ph.D
(Room: Georgia Ballroom 2)

Description:
Pathogens of high consequence will continue to be a national threat. The National Ebola Training and Education Center (NETEC), funded by ASPR and CDC, is a consortium of three (3) institutions that successfully treated patients with Ebola virus disease and which supports our nation’s preparedness for those threats. This session will describe how responders can access NETEC resources and progress made in (1) assessment and support of health care facility readiness, (2) education and training of providers, (3) real-time technical assistance, (4) exercises, and (5) a special pathogens research network.

Objectives:
1. Know how to access NETEC’s resources
2. Identify resources available to health care providers
3. List NETEC identified successes and challenges in preparedness for infectious diseases of high consequence

Session #57 - What Wilderness Medicine Can Teach Disaster Responders
Speaker: Tom Kirsch, MD
(Room: Georgia Ballroom 3)

Description:
Participants will learn principles of wilderness medicine that directly apply to disaster medicine. Unique illnesses and injuries that occur in the wilderness which are also found in disaster survivors will be discussed. Novel lifesaving techniques used in austere environments will be described.

Objectives:
1. Know principles of wilderness medicine that can apply to disaster response
2. Identify illnesses and injuries unique to the wilderness environment that may occur during disasters
3. List novel lifesaving techniques used in wilderness medicine that apply to disaster response

Session #58 - Strategic National Stockpile Formulary (Mandatory session for NDMS/PHS MDs, NPs, PAs, Pharmacists and RNs)
Speakers: Susan Gorman, Debralee Esbitt
(Room: C302)

*Please note, this session will be repeated during the Training Summit.

Description:
SNS will provide information on the SNS formulary as well as rules and regulatory requirements to consider when distributing and dispensing those assets. They will also provide information on the planning functions for designing a system to quickly dispense prophylactic medications to the public.

Objectives:
1. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an inter-professional team of health care providers.
2. Identify what is in the SNS formulary

Session #59 - Responder Communication (combined didactic and skills training)
Speaker: CDR Kojo Danso
(Room: C301)

*Please note, this session will be repeated during the Training Summit.

Description:
This session is designed to provide responders with the basic knowledge needed to communicate in a deployed environment. It consists of a brief didactic presentation followed by hands-on stations for use of a variety of handheld communications devices from ASPR’s C&E inventory.

Objectives:
1. Increase the knowledge base of the responder community on the various handheld communications devices ASPR provides during a deployment
2. Negate poor communication through effective hands-on training
OPEN SESSIONS

July 26: 2:00-3:15

Sessions

Session #60 - Corrective Action Program
Speakers: Sandra Cosgrove, Tom MacKay
(Room: Georgia Ballroom 1)
Description:
This session discusses the process and importance of the Corrective Action Program (CAP) within ASPR. All responders have an important responsibility to help identify areas of improvement in ESF #8 response. Many of these opportunities are best identified by the responders closest to the incident. Participants will learn how to provide this important feedback both positive and negative. The participants will also learn how ASPR addresses this feedback and steps taken within ASPR to mitigate and correct shortfalls.
Objectives:
1. Identify the various mechanisms by which the Corrective Action Program collects information on the positive and negative aspects of the response
2. Discuss the types of information that are most useful and how to suggest recommended corrective actions
3. Identify how all feedback is processed through the corrective action process
4. Explain how corrective action issues are resolved and documented
5. Provide examples showing changes implemented as a result of the CAP process

Session #61 - Health Care Preparedness Response Issues: Highlights from Stakeholders
Speakers: Gregg Pane, MD, Christopher Lake, MD, Dara Lieberman
(Room: C211-213)
Description:
It takes the whole community of health care stakeholders to provide effective medical response to disasters. This session will put a spotlight on issues faced by organizations and health care sectors that are critical to saving lives and supporting the rapid return of health care delivery to normal operations after a disaster. Leaders from various key sectors, such as suppliers, home health providers, pharmacies, etc., will provide insights into their activities in support of disaster response and the biggest challenges and solutions in their response to disasters. This session will particularly focus on how external stakeholders integrate with responders on the ground during a response at a tactical level.
Objectives:
1. Identify key stakeholders supporting medical response to disasters
2. Identify how stakeholders are supporting the medical response to disasters
3. List the most important issues facing stakeholders supporting medical response to disasters

Session #62 - Accomplishing the Mission in the Presence of Human Suffering
Speakers: CAPT Catherine Witte, RPH, MDIV, MS, CAPT Calvin Edwards
(Room: Georgia Ballroom 2)
Description:
Responders have a great capacity for compartmentalizing their activities during response. However, it cannot be ignored that loss of human life and the presence of human suffering can weigh on the mind of those responders. Leaders who ignore the impact to their responders, and indeed to themselves in a response do so at the risk of endangering the mission. This presentation will discuss the ways in which loss of human life and human suffering have their effect and ensure that leaders have the tools they need to mitigate this ever-present aspect of disaster response.
Objectives:
1. Consider the immediate impacts of human suffering on the activities of responders
2. Consider the additional impact on responders when they identify strongly with the affected population
3. Recommend tools for leaders and responders to ensure that mission can be accomplished in the most austere and challenging of environments

Session #63 - All About Anthrax
Speakers: Dan Lucey, MD, David Boucher, Ph.D.
(Room: Georgia Ballroom 3)
Description:
The intentional use of anthrax as a weapon of terror remains high on the list of threats faced by the United States. The 2001 anthrax mailings highlighted significant gaps in preparedness and response capabilities in communities across the United States. In this session, participants will learn about the fundamental clinical issues related to inhalational, gastrointestinal, and cutaneous exposure to anthrax spores. Participants will learn the basic pathophysiology and clinical manifestations of anthrax disease progression. Participants will be introduced to the growing array of medical countermeasures now available to manage anthrax exposure. Participants will gain insights related to mass casualty screening and management of an anthrax bioterror event.
Objectives:

1. Understand threats posed by anthrax release
2. Review existing screening protocols for large-scale anthrax attack
3. Understand existing MCMs and their uses for anthrax release

**Session #64 - Strategic National Stockpile Formulary (Mandatory session for NDMS/PHS MDs, NPs, PAs, Pharmacists and RNs)**

Speakers: Susan Gorman, Debralee Esbitt

*(Room: C302)*

*Please note, this session will be repeated during the Training Summit.*

**Description:**

SNS will provide information on the SNS formulary as well as rules and regulatory requirements to consider when distributing and dispensing those assets. They will also provide information on the planning functions for designing a system to quickly dispense prophylactic medications to the public.

Objectives:

1. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an inter-professional team of health care providers
2. Identify what is in the SNS formulary

**Session #65 - Communications Lead/Specialist (Network) (combined didactic and skills training)**

Speaker: CDR Kojo Danso

*(Room: C301)*

**Description:**

This session is designed to enhance the skill set and knowledge of those who are responsible for communications and electronics in the field.

Objectives:

1. Provide participants with knowledge of broadband global connectivity
2. Assist participants understand when and how to use the BGAN System when deployed
3. Learn about future BGAN models

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**July 26: 3:45-5:00**

**Sessions**

**Session #66 - Medical Readiness Requirements for Deployment**

Speakers: Richard Catherina, MD, CDR Ivan Pierce, MSN, Barry Simon, MD

*(Room: Georgia Ballroom 1)*

**Description:**

This session will explore how NDMS Responder Health Statement is handled and who makes the decisions. Additionally, updates and requirements for Commissioned Corps will be discussed.

Objectives:

1. Discuss current medical readiness concerns for NDMS and the Commissioned Corps
2. Discuss future possibilities for changes to medical readiness requirements

**Session #67 - Civil Support Teams**

Speakers: CAPT Randall Stover, LTC Steven Tucker

*(Room: C211-213)*

**Description:**

These specialized National Guard units are the nation’s first lines of defense against chemical, biological, radiological, and nuclear (CBRN) threats. These self-contained units can provide immediate response for intentional and unintentional CBRN or hazardous material releases and field analytical laboratory capability for rapid identification of unknown hazards to assist in the immediate response to a CBRN event.

Objectives:

1. Describe the structure and operational capabilities of the CST
2. Identify how CSTs can support the ESF #8 response

**Session #68 - Maintaining Responder Clinical Efficacy Across the Deployment Lifecycle**

Speaker: CDR Jonathan White, Ph.D., LCSW-C

*(Room: Georgia Ballroom 2)*

**Description:**

Research over the past 15 years on the effects of the field response environment on the clinical skill of health providers supports what experienced ESF#8 responders have long observed: that in-theater environments can subtly erode health care workers’ clinical skills and risk analytic abilities
over the course of a high-pressure mission. However, there are evidence-based techniques and interventions that mitigate environmental factors, helping responders maintain their clinical capacity and judgment over the mission period. This training briefly traces the environmental causes of reduced responder performance, and then teaches very specific, actionable procedures that responders and team leaders can use to maintain force efficacy from the first to the last day of the mission.

Objectives:
1. Identify (4) four response-theater factors that can negatively affect responder clinical functioning over a mission period
2. Differentiate high-risk from moderate-risk mission environments for clinical performance
3. Implement (5) five actionable interventions to optimize clinical functioning and risk analytic skills over the deployment cycle

Session #69 - Evolving Terrorist Threats
Speaker: Duane Caneva, MD
(Room: Georgia Ballroom 3)

Description:
Threats to the nation have rapidly changed, and media reports on almost daily occurring disasters. This session will describe current threats and threats that may emerge. Health care providers will know resources available to prepare for the medical consequences for each of these threats.

Objectives:
1. List current terrorist threats
2. Know anticipated new threats
3. Identify resources available to prepare for emerged and emerging threats

Session #70 - Responder Communication
(combined didactic and skills training)
Speaker: CDR Kojo Danso
(Room: C301)

*Please note, this session will be repeated during the Training Summit.

Description:
This session is designed to provide responders with the basic knowledge needed to communicate in a deployed environment. It consists of a brief didactic presentation followed by hands-on stations for use of a variety of handheld communications devices from ASPR’s C&E inventory.

Objectives:
1. Increase the knowledge base of the responder community on the various handheld communications devices ASPR provides during a deployment
2. Negate poor communication through effective hands-on training

July 26: 5:30-7:00

Closing General Session

Session #71 - Closing Session
Speakers: Don Boyce, Ron Miller
(Room: Georgia Ballroom 1-3)
PLANNING COMMITTEE

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### PRESENTERS

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<td>Gerald Beltran, MD</td>
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<td>Kevin Yeskey, MD</td>
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# INTEGRATED TRAINING SUMMIT ACRONYM GUIDE

## A
- AAR/IP: After Action Report / Improvement Plan
- AE: Aero-Evacuation
- APHIS: Animal and Plant Health Inspection Service
- APOD: Aerial Ports of Debarkation
- APOE: Aerial Ports of Embarkation
- ARES: Amateur Radio Emergency Services
- ART: Assessment and Response Team
- ASH: Assistant Secretary for Health
- ASPR: Assistant Secretary for Preparedness and Response
- ASH: Assistant Secretary for Health
- ASPR: Assistant Secretary for Preparedness and Response

## B
- BRAC: Bioterrorism Response Advisory Committee

## C
- CBRN: Chemical, Biological, Radiological, and Nuclear
- CC: Commissioned Corps
- CDC: Centers for Disease Control and Prevention
- CDARG: Catastrophic Disaster Response Group
- CERT: Community Emergency Response Team
- CHCS: Chairman of the Joint Chiefs of Staff
- CHEP: Certified Healthcare Emergency Professional
- COCOM: Combatant Command
- CONOPS: Concept of the Operations
- CONPLAN: U.S. Government Interagency Domestic Terrorism Concept of Operations Plan
- CST: Civil Support Team

## D
- DART: Disaster Assistance Response Team
- DASF: Disaster Aero Medical Staging Facility
- DCCPR: Division of Commissioned Corps Personnel and Readiness (including former Office of Force Readiness and Deployment)
- DEM: Department of Emergency Management
- DEST: Domestic Emergency Support Team
- DFO: Disaster Field Office
- DHS: Department of Homeland Security
- DMAT: Disaster Medical Assistance Team
- DMORT: Disaster Mortuary Operational Response Team
- DOC: Department of Commerce
- DoD: Department of Defense
- DOE: Department of Energy
- DOH: State Departments of Health
- DOI: Department of Interior
- DOJ: Department of Justice
- DOL: Department of Labor
- DOS: Department of State
- DOT: Department of Transportation
- DSCA: Defense Support of Civil Authorities
- DTRIM: Domestic Threat Reduction and Incident Management

## E
- EEGs: Exercise Evaluation Guides
- EMA: Emergency Management Agency
- EMAC: Emergency Management Assistance Compact
- EMG: Emergency Management Group
- EM&MO: Emergency Management & Medical Operations
- EMS: Emergency Medical System
- EMS: Emergency Medical Service
- EMS: Emergency Management System
- EOC: Emergency Operations Centers
- EPA: Environmental Protection Agency
- ERC: Emergency Repatriation Center
- ERC: Emergency Response Coordinator
- ERCG: Emergency Response Coordination Group
- ERT: Emergency Response Team
- ERT-A: Emergency Response Team-Advanced
- ERT-N: Emergency Response Team-National
- ESAR-VHP: Emergency System for Advance Registration of Volunteer Health Professionals
- ESF#8: Emergency Support Function #8
- EXPLAN: Exercise Plan

## F
- FBI: Federal Bureau of Investigation
- FCC: Federal Communications Commission
- FCC: Federal Coordinating Center
- FDA: Food and Drug Administration
- FECC: Federal Emergency Communications Coordinator
- FEMA: Federal Emergency Management Agency
- FERC: FEMA Emergency Response Capability
- FESC: Federal Emergency Support Coordinator
- FIRST: Federal Incident Response Support Team
- FMC: Federal Mobilization Center
- FNS: Food and Nutrition Service
- FOC: FEMA Operations Center
- FRCM: FEMA Regional Communications Manager
- FRERP: Federal Radiological Emergency Response Plan
- FRP: Federal Response Plan
- FTX: Field Training Exercise
- GIS: Geographical Information System
- GSA: General Services Administration
- HAN: Health Alert Network
- HETC: Health Education Training Center
- HHS: Department of Health and Human Services
- HRSA: Health Resources and Services Administration
- HSAS: Homeland Security Advisory System
- HSC: Homeland Security Council
- HSEE: Homeland Security Exercise and Evaluation Program
- HSOC: Homeland Security Operations Center
- HUD: Department of Housing and Urban Development
- IIMG: Interagency Incident Management Group
- IMT: Incident Management Team
- INRP: Initial National Response Plan
- IPR: In Progress Review
- IRCT: Incident Response Coordination Team
- JFO: Joint Field Office
- JIC: Joint Information Center
- JIS: Joint Information System
- JOC: Joint Operations Center
- JPMT: Joint Patient Movement Team
- JPRT: Joint Patient Reporting Team
- JTF: Joint Task Force
- JTTF: Joint Terrorism Task Force
- LEPC: Local Emergency Planning Committee
- LTAC: Long Term Acute Care
- LTC: Long Term Care
- MAC: Entity Multi-agency Coordinating Entity
- MACC: Multi-agency Command Center
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>MAC-ST</td>
<td>Mobile Acute Care Strike Team</td>
</tr>
<tr>
<td>MMRS</td>
<td>Metropolitan Medical Response System</td>
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<tr>
<td>MPC</td>
<td>Mid Planning Conference</td>
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<tr>
<td>MRC</td>
<td>Medical Reserve Corps</td>
</tr>
<tr>
<td>MRTE</td>
<td>Medical Readiness, Training, and Education Committee</td>
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<tr>
<td>NRC</td>
<td>Nuclear Regulatory Commission</td>
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<tr>
<td>NRCC</td>
<td>National Response Coordination Center</td>
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<tr>
<td>NRP</td>
<td>National Response Plan</td>
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<tr>
<td>NRT</td>
<td>National Response Team</td>
</tr>
<tr>
<td>NSA</td>
<td>National Security Agency</td>
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<tr>
<td>NSC</td>
<td>National Security Council</td>
</tr>
<tr>
<td>NSP</td>
<td>National Search and Rescue Plan</td>
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<tr>
<td>NSSE</td>
<td>National Special Security Event</td>
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<tr>
<td>NTIA</td>
<td>National Telecommunications and Information Administration</td>
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<tr>
<td>NVOAD</td>
<td>National Voluntary Organizations Active in Disaster</td>
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<tr>
<td>NVRT</td>
<td>National Veterinary Response Team</td>
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<tr>
<td>NWC</td>
<td>National Wildlife Coordinating Group</td>
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<td>NWR</td>
<td>NOAA Weather Radio</td>
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<td>NWS</td>
<td>National Weather Services</td>
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<td>NIA</td>
<td>Office of the Assistant Secretary for Health</td>
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<tr>
<td>OASH</td>
<td>Office of Intergovernmental Affairs</td>
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<tr>
<td>OEM</td>
<td>Office of Emergency Management</td>
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<tr>
<td>OER</td>
<td>Office of Emergency Response</td>
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<tr>
<td>OIGA</td>
<td>Office of Global Health Affairs</td>
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<tr>
<td>OIA</td>
<td>Office of the Assistant Secretary for Information Analysis</td>
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<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
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<tr>
<td>OPHPR</td>
<td>Office of Public Health Preparedness and Response</td>
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<tr>
<td>OS</td>
<td>Office of the Secretary</td>
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<tr>
<td>OSG</td>
<td>Office of the Surgeon General</td>
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<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
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<tr>
<td>OSLGCP</td>
<td>Office of State and Local Government Coordination and Preparedness</td>
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<tr>
<td>PCC</td>
<td>Policy Coordination Committee</td>
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<tr>
<td>PDD</td>
<td>Presidential Decision Directive</td>
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<tr>
<td>PHS</td>
<td>Public Health Service</td>
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<tr>
<td>PM</td>
<td>Patient Movement</td>
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<tr>
<td>RACES</td>
<td>Radio Amateur Communications for Emergency Services</td>
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<tr>
<td>RAMP</td>
<td>Remedial Action Management Program</td>
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<tr>
<td>RCP</td>
<td>Regional Contingency Plan</td>
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<tr>
<td>RCRA</td>
<td>Resource Conservation and Recovery Act</td>
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<td>RHA</td>
<td>Regional Health Administrator</td>
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<td>RET</td>
<td>Regional Equipment Training</td>
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<td>Regional Interagency Steering Committee</td>
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<td>Regional Medical Coordinating Center</td>
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<td>RRCC</td>
<td>Regional Response Coordination Center</td>
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<td>RRT</td>
<td>Regional Response Team</td>
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<tr>
<td>S</td>
<td>State Emergency Management Office</td>
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<tr>
<td>SEMO</td>
<td>Strategic Information and Operations Center</td>
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<tr>
<td>SITMAN</td>
<td>Situation Manual</td>
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<tr>
<td>SLPP</td>
<td>State and Local Preparedness Program</td>
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<td>SLPS</td>
<td>State and Local Programs and Support Directorate</td>
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<tr>
<td>SLT</td>
<td>State, Local, Tribal, and Territorial</td>
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<td>SNS</td>
<td>Strategic National Stockpile</td>
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<tr>
<td>SOC</td>
<td>Secretary’s Operations Center (HHS)</td>
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<tr>
<td>START</td>
<td>Scientific and Technical Advisory and Response Team</td>
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<tr>
<td>STARTEX</td>
<td>Start of Exercise</td>
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<tr>
<td>T</td>
<td>USTRANSCOM Component Command</td>
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<tr>
<td>TCC</td>
<td>Trauma and Critical Care Team</td>
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<td>TCCT</td>
<td>Turbo Challenge 2011</td>
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<td>TELL</td>
<td>Training, Exercises, Lessons Learned</td>
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<td>TSA</td>
<td>Transportation Security Administration</td>
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<td>TSC</td>
<td>Terrorist Screening Center</td>
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<td>U</td>
<td>Urban Area Security Initiative</td>
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<tr>
<td>UASI</td>
<td>Urban Search and Rescue</td>
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<td>USAR</td>
<td>U.S. Army Corps of Engineers</td>
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<tr>
<td>USACE</td>
<td>U.S. Army Corps of Engineers</td>
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<td>USCG</td>
<td>U.S. Coast Guard</td>
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<td>USDA</td>
<td>U.S. Department of Agriculture</td>
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<td>USF</td>
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<td>USNORTHCOM</td>
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<td>USPHS</td>
<td>United States Public Health Service</td>
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<td>USSS</td>
<td>U.S. Secret Service</td>
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<tr>
<td>USTRANSCOM</td>
<td>United States Transportation Command</td>
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<tr>
<td>V</td>
<td>Department of Veteran Affairs</td>
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<tr>
<td>VAMC</td>
<td>Veterans Affairs Medical Center</td>
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<tr>
<td>VIC</td>
<td>Victim Information Center</td>
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</table>
GWCC MAP

CAMPUS FACILITIES
- Georgia World Congress Center
- Centennial Olympic Park
- Mercedes-Benz Stadium
- College Football Hall of Fame

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of Spaces</th>
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<tr>
<td>Marshalling Yard</td>
<td>1,377</td>
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<tr>
<td>Yellow Lot</td>
<td>1,284</td>
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<tr>
<td>Blue Lot</td>
<td>722</td>
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<tr>
<td>Red Deck</td>
<td>2,000</td>
</tr>
<tr>
<td>Silver Deck</td>
<td>600</td>
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<tr>
<td>Green Deck</td>
<td>359</td>
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<tr>
<td>Gold Deck</td>
<td>300</td>
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</table>
BUILDING C FLOORPLANS

4 Exhibit Halls
23 meeting rooms
2 Auditoriums
Georgia Ballroom
Georgia Ballroom Galleria
West Plaza

Amenities
FedEx Office
Gift Shop

NOTE: Floor plan drawn smaller scale.
BUILDING C FLOORPLANS

Building C – Level Two Concourse

NOTE: Floor plan shown smaller scale.

Amenities
Fedex Office
Gift Shop

23 meeting rooms
2 Auditoriums
Georgia Ballroom
West Plaza

4 Exhibit Halls

Housekeeping Mgr
Set-Up
Lobby
Entrance
Information Desk

To Concours Below
To Concours Above

Exhibit Halls Below
Exhibit Halls Down

Mens
Womens

Check Coat Ext.
FIT TEST FACIAL HAIR INFORMATION

OSHA MANDATES NO FACIAL HAIR BETWEEN SKIN AND RESPIRATOR SEAL. REMEMBER ALL RESPIRATORS SEAL ON JAW AND CHIN BONE!!!!!!!!!!!!!!

NO! NO! NO!

full beards

goatee

YES! YES! YES!

handlebar

petit handlebar

soul patch

pyramidal mustaches

walrus
APPENDIX

STATIC TENT DISPLAY MAP

EXHIBIT HALL C-2

ENTRANCE HALL C-2

TCCT
DMAT
TRACIE
TCCT
DMORT
DMORT
FMS
FORTS 1
FORTS 2
FORTS 3
FORTS

EXHIBIT HALL C-1

ENTRANCE HALL C-1

PPE
FIT TESTING

ENTRANCE DOOR C14