EMERGENCY MEDICAL SERVICES (EMS): OPERATIONS AND PLANNING FOR WMD INCIDENTS

Course: PER – 211

April 22-24, 2008 (24 Hours Total)
8:00 AM - 5:00 PM (24 Hours)

Location
New York City REMSCO
475 Riverside Drive
New York, NY 10115

You Will Learn About: Preparing pre-hospital and hospital medical personnel with the skills they will need to ensure proper patient triage, treatment, and transportation in the event of exposure to chemical, biological, radiological, nuclear, and explosive (CBRNE) weapons. It consists of facilitated discussions, small group exercises, hands-on activities, and task oriented practical applications using both adult and pediatric human patient simulators to promote critical thinking skills while utilizing the RAPID û Care concept. The exercises conducted in a CBRNE scenario will reinforce classroom lectures and interaction. In addition, course participants will receive training on the proper techniques for protecting themselves and limiting cross-contamination.

At the conclusion of this course You Will Be Able To:

- Respond to an incident involving CBRNE and activate appropriate resources utilizing available assets;
- Address environmental factors and protective issues for the jurisdictional first response community;
- Plan for potential consequences of a CBRNE incident;
- Understand the basics of detecting and identifying CBRNE agents and their physiological effects on the adult and pediatric patient;
- Apply appropriate self-protection measures to mitigate patient cross contamination;
- Understand and apply patient and facility decontamination techniques; and
- Obtain the minimum requisite knowledge to safely prepare for and respond to the emergency medical needs resulting from a terrorist chemical, biological, radiological, nuclear, explosives (CBRNE) incident using an all hazards approach.

NEW YORK STATE OFFICE OF HOMELAND SECURITY

“The first responders of this nation put themselves on the line every day to protect and help our communities. Properly trained and equipped first responders have the greatest potential to save lives after any disaster.”

- U.S. Department of Homeland Security

To REGISTER online, go to http://www.security.state.ny.us/training/training_calendar.php
For more information, contact the OHS Training & Exercise Division
Phone: (518) 485-9453 ■ Email: training@security.state.ny.us
NEW YORK STATE OFFICE OF HOMELAND SECURITY

TRAINING ANNOUNCEMENT

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Cost:
- There is NO FEE for this course.
- Lodging, travel and meals are the responsibility of the course participant.
- Lunch will be provided.

You Should Attend if you are:
- Emergency Medical Services
- Public Health
- Health Care

Prerequisites: Participants must (1) work in one of the above disciplines/services, (2) have successfully completed AWR-111: EMS: Basic Concepts for WMD Incidents and AWR-110 : WMD/Terrorism Awareness for Emergency Responders at http://teexwmdcampus.com and (2) have completed a first responder, basic, or intermediate paramedic course or other advanced medical certification or license.

REGISTRATION & CONTACT INFORMATION

For more information contact the OHS Training Division at 518-485-9453 or by email at register@security.state.ny.us. This class has a capacity of 40 people. You may register either online or by faxing the application.

- Online http://www.security.state.ny.us/training/training_calendar.html
- Fax: 1-518-485-8469

To REGISTER online, go to http://www.security.state.ny.us/training/training_calendar.php
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COURSE REGISTRATION (FAX) FORM

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Location
New York REMSCO
475 Riverside Drive
New York, NY 10115

FIRST NAME

MIDDLE NAME

LAST NAME

SUFFIX (Sr./Jr./II)

STUDENT ID

(Last four numbers of Social Security number or other easy-to-remember number)

POSITION/TITLE

ORGANIZATION

ORGANIZATION TYPE

DEPARTMENT

WORK ADDRESS

CITY/STATE/ZIP CODE

COUNTY of EMPLOYMENT

MAILING ADDRESS

CITY/STATE/ZIP CODE

E-MAIL ADDRESS

HOME PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

FAX NUMBER

Participant’s Signature: ______________________________

SUPERVISOR / TRAINING OFFICER NAME

CONTACT NUMBER

SUPERVISOR’S E-MAIL ADDRESS

Please FAX completed registration form to: (518) 485-8469

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