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

Course: PER - 211
April 11-13, 2008 (24 Hours Total)
4/11/08  1:00 PM- 9:00 PM (8 Hours)
4/12/08 & 4/13/08  8:00 AM- 5:00 PM (16 Hours)

Location
New York State Preparedness Training Center
5900 Airport Boulevard
Oriskany, NY 13424

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

Course: PER - 211
April 11-13, 2008

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5900 Airport Boulevard
Oriskany, NY 13424

Cost:
- There is NO FEE for this course.
- **Lodging will be provided on the nights of April 11 & 12, 2008. You are only eligible for lodging if your residence and official work station are more than 50 miles from the training center and you are a Local Governmental or Agency First Responder (see registration form).**
- Travel and meals are the responsibility of the course participant.

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 at [http://teexwmdcampus.com](http://teexwmdcampus.com) or another WMD/Terrorism Incident Awareness course, and (3) 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](http://www.security.state.ny.us/training/training_calendar.html)
- Fax: 1-518-485-8469

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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

## COURSE REGISTRATION (FAX) FORM

**Course:** PER-211  
**Location:** New York State Preparedness Training Center

**April 11-13, 2008** (24 Hours Total)  
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**Participant’s Signature:**

**SUPERVISOR / TRAINING OFFICER NAME**

**CONTACT NUMBER**

**SUPERVISOR’S E-MAIL ADDRESS**

**Sign only if you will need lodging ***Eligible local governmental or agency first responders only.**

I certify that I am traveling more than 50 miles from my residence and official work station and request lodging for this training course.

**Signature**

**Date**

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

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