

# CDP Alumnus

Center for Domestic Preparedness – Anniston, Ala.

Missouri  
healthcare  
professionals take  
on the Integrated  
Capstone Event



**FEMA**

*Winter 2015  
Issue 21*

## CDP Mission

The CDP develops and delivers training for emergency response providers from state, local and tribal governments and the Federal government, foreign governments and private entities.

## CDP Vision

An emergency response community prepared for and capable of responding to all-hazards events.

## CDP Training Tally

908,526 as of Dec. 18, 2015

## Cost

Training at the CDP campus is federally funded at no cost to state, local and tribal emergency response professionals or their agencies. All tuition, lodging, meals and transportation are covered.

Training focuses on incident management, mass casualty response and emergency response to a catastrophic natural or man-made disaster. For more information or to register for CDP specialized programs or courses, visit <http://cdp.dhs.gov>.

Cover photo: A student in the Healthcare Leadership for Mass Casualty Incidents (HCL) course triages a "patient" during the Integrated Capstone Event, Oct. 23.

# CDP employees receive award from Secretary of Homeland Security

Four employees from the Center for Domestic Preparedness (CDP) received the Unity of Effort Award for Ebola Worldwide Response from Secretary of Homeland Security Jeh Johnson, Nov. 4.

The four-member team from the CDP's Training and Education Directorate was recognized for their unprecedented work in designing and developing "just-in-time" training just days after the first Ebola patient was diagnosed in the United States. That patient, a Liberian citizen who had traveled to Dallas, died Oct. 8, 2014 while being treated at a Dallas hospital. Adding to the tragedy, two of the nurses who had attended the

patient had contracted Ebola.

Just six days later, on the afternoon of Oct. 14, the team – Jeremy Guthrie, Babbette Harman, Jamie Johnson and Mallory Lowe – received the mission to develop a course on the safe and effective use of personal protective equipment by emergency responders operating in an infectious disease environment. For their efforts, the team received the Secretary of Homeland Security's Unity of Effort Award.

"The intent was to quickly design, develop and deliver just-in-time training for the range of personnel that may be involved in transporting or treating Ebola patients. The

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*Secretary of Homeland Security Jeh Johnson and Deputy Secretary of Homeland Security Alejandro Mayorkas present the Unity of Effort Award for Ebola Worldwide Response to CDP employees Jeremy Guthrie (center) and Jamie Johnson (right of Guthrie), Nov. 3, at a ceremony held at DHS headquarters in Washington, D.C.*

## The latest CDP news sent in a new format

The CDP is committed to keeping former students informed on CDP news.

To more effectively share news and information with our former students, the CDP is transitioning from the *Alumnus* newsletter to a more direct format, sending links to individual news stories.

This will be the last issue of the *Alumnus*. Starting February, the CDP will send a "GovDelivery" email every two months that will include a menu of news articles for you to peruse. These articles will include the latest news on courses, training venues, programs and any changes that may be of interest to you as CDP students.

Below is the 2016 schedule for the delivery of the CDP News Bulletin:

Feb. 29, 2016  
April 29, 2016  
June 30, 2016  
Aug. 31, 2016  
Oct. 31, 2016  
Dec. 30, 2016

We always welcome your questions, comments and suggestions. Please contact us at [pao@cdpemail.dhs.gov](mailto:pao@cdpemail.dhs.gov).

primary training objective was to appropriately don and doff personal protective equipment in a manner that reduced the potential for contracting the disease,” said the CDP’s Director of Training and Education Denis Campeau.

The team, all members of Training and Education’s Curriculum Department, immediately consulted with subject matter experts from the Centers for Disease Control and Prevention who were on the CDP’s campus delivering similar training in a three-day resident course. They also consulted internal subject matter experts, according to Assistant Director of Curriculum Development and Evaluation Bernice Zaidel.

“We knew it would be a mobile, non-resident course and the target audience would be first responders and other staff who could potentially have contact with infectious disease patients,” Zaidel said. “We also knew the just-in-time training had to be held to no more than eight hours.” The CDP team had a very tight deadline. The course had to be completed, piloted and ready for delivery the following week.

The team quickly set to the task. Lowe led the team, Johnson was the lead writer, Harman the lead editor, and Guthrie developed all the job aids and videos.

In three days the team designed and developed the eight-hour Personal Protective Measures for Biological Events (PPMB) course, an undertaking that usually takes 160 hours, according to Zaidel. The following Monday, Oct. 20, the CDP piloted the course on the CDP campus. Just three days later, CDP instructors delivered the first PPMB



Center for Domestic Preparedness Superintendent Mike King (right) presents Babbette Harman the Secretary of Homeland Security’s Award for Unity of Effort Award for Ebola Worldwide Response. Harman was deployed to Columbia, S.C., in support of FEMA’s response to the flooding in that area and was not available to participate in the DHS ceremony, Nov. 3.

course in Dallas, Texas.

“The development of the PPMB course was critical in meeting the needs of first responders and healthcare workers, as well as protecting them. The [proper] use of personal protective equipment for these individuals allowed them to continue to work effectively and safely,” Harman said.

The course was very successful and the demand for training quickly outpaced the CDP’s ability to deliver enough courses. To address the high demand for the training, the team subsequently partnered with other members of the National Domestic Preparedness Consortium to deliver training across the country.

“I am very proud that the hard work of these members of the CDP’s staff was recognized by the Secretary and they received this award. They are representative of the entire CDP staff who

routinely perform their duties with unmatched commitment and professionalism,” said CDP Superintendent Mike King. “Through their work, the CDP provides the Nation’s emergency responders the absolute highest quality training, support services and campus services.”

In all, the CDP’s instructors alone trained 1,678 responders on PPMB in 36 cities across the country. The team’s efforts made a notable impact on the Nation’s Ebola response, according to King.

“The combination of Secretary Johnson’s recognition and knowing that we potentially saved lives made all the exhausting, intense and sometimes frustrating

moments worth every minute of it,” said Jamie Johnson, speaking of the long hours he and the other team members put into developing the course. “I wouldn’t trade that experience for anything.”

The CDP’s primary mission is to train state, local, tribal and territorial emergency response providers, as well as the Federal government, foreign governments and private entities, as available. A popular aspect of CDP courses is the hands-on training with a multi-disciplined audience. In addition, the CDP is the only civilian [facility](#) that trains with toxic chemical and live biological agents. The center also has the only [hospital facility](#) in the United States dedicated solely to training hospital and healthcare professionals in disaster preparedness and response.

# Medical Center VP says CDP training was a significant experience for her

The CDP often receives feedback from students who have put their training to the test following a disaster. First-time CDP student Leslie Irwin didn't wait for a disaster to hit to give the CDP feedback on how taking a CDP course was a significant experience for her.

Irwin is the vice president of Fort Sanders Regional Medical Center and the administrator of Patricia Neal Rehabilitation Hospital in Knoxville, Tenn. She took the Healthcare Leadership for Mass Casualty Incidents (HCL) course and participated in the Integrated Capstone Event in September.

Irwin's hospital is part of Covenant Health, a healthcare system that includes nine acute-care hospitals and more than 10,000 employees who provide healthcare for more than 20 counties across Tennessee. She, along with nine others from Covenant Health, spent Monday through Thursday in the HCL class, a course that exposes healthcare professionals to the dynamics involved in the decision-making processes during an all-hazards disaster involving mass casualties. The course uses a combination of lecture and exercises to provide responders and receivers foundational information on which to base critical decisions during the fast-paced final exercise.

Then, on Friday, the HCL students teamed up with students from the Hospital Emergency Response for Mass Casualty Incidents course to



*Leslie Irwin, vice president of Fort Sanders Regional Medical Center in Knoxville, Tenn., said she found significant similarities between her hospital location and the scenario in the Integrated Capstone Event.*

participate in the ICE, a student-led exercise that puts the students' newly learned skills to the test in response to a mass casualty incident that is exacerbated by some sort of hazardous material contamination.

"I believe that a disaster affecting a community is not an 'if it happens' but 'when it happens,'" said Irwin, a key leader in a 500-plus bed hospital. "I am a firm believer that regular and ongoing disaster response drills are critical to maintaining continuous readiness for these types of situations. And treat the drill like the real thing! The key to an effective response is a team of individuals who are trained, confident and who have full trust

in the other members of the team to execute the plan in the most effective way possible."

Irwin was able to continue to build those trusting relationships during her training. In addition to her colleagues from Covenant, she was also joined by 20 other members of the Knox/East Tennessee Healthcare Coalition who attended CDP training that week.

Irwin said her instructors emphasized the need to continuously drill and to train all staff, not just senior leaders, on mass casualty response. She also experienced first-hand the importance of team building during the ICE.

"My role in treating the drill like the real thing is a huge change for me. My clinical team

were so 'in the moment' for the ICE event, that I forgot it was a drill!" she said. "We came together as a team, one that completely trusted each other.

"Clear and concise communication can be taught, but trusted communication is the key! A team that works together and trusts each other fully is not to be taken lightly," Irwin said. "Senior leaders must be aware of this as we are moving staff around every day, every shift, in fact, to make our numbers work. We must consider the lost efficiencies when we disrupt a team that has developed this high level of trust among its members."

Irwin learned about CDP training from her hospital's safety officer, Robert Laney. Laney had taken CDP training some years before and was returning to the CDP for a refresher.

"I have participated on many occasions in the Command Center during disaster drills at my hospital and I was interested in learning more about hospital leadership in these disaster situations," Irwin said. "When the opportunity arose, I jumped at the chance to travel to the CDP for the hospital leadership training."

The Fort Sanders Regional Medical Center in Knoxville is located next to the University of Tennessee campus, home to nearly 30,000 students. On Saturdays in the fall, the football stadium on campus holds over 102,000 paying attendees. There are nearby chemical factories, railroad lines, interstate highways and – of course – the beautiful Tennessee River with its commercial and recreational traffic. Multiple nuclear power plants and the Oak Ridge National Laboratory are located nearby, she said.

"There are some significant similarities between my hospital location and the ICE event [we participated in]," Irwin said.

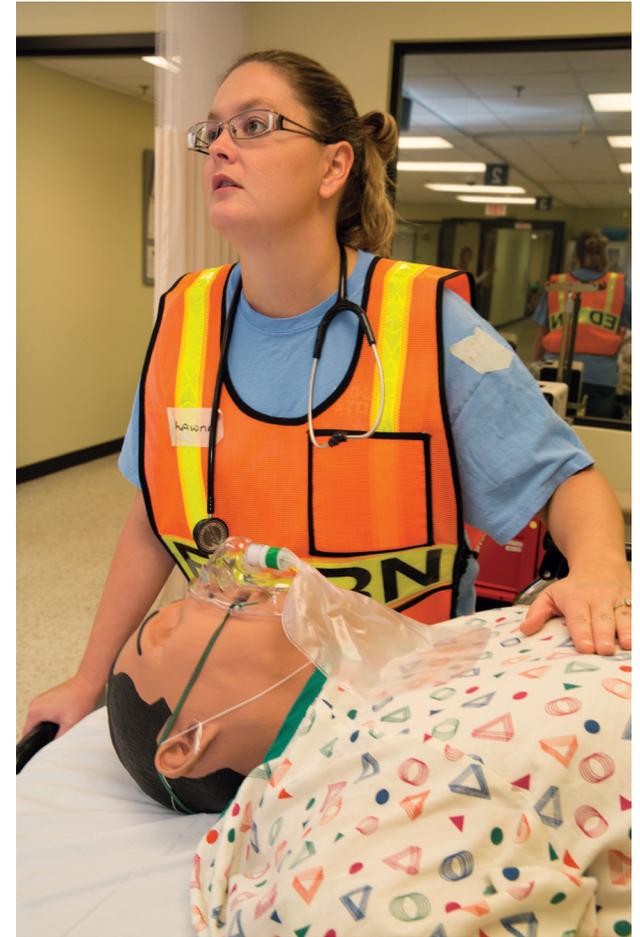
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Students in the Healthcare Leadership for Mass Casualty Incidents (HCL) course take on various roles during the end-of-course exercise and the Integrated Capstone Event.

Above: HCL students assume roles in the hospital Emergency Management Center during a disaster response exercise.

Right: An HCL student treats a “patient,” a human patient simulator in the Noble Training Facility Emergency Department during an exercise.



Irwin left the CDP with a different perspective on Incident Command operations than she had when she first arrived at the CDP.

“I am changed as a result of this experience. The educational/technical benefits to me were significant, and the instructors are without equal in my opinion,” she said. “[Instructor] Rick [Bearden] has convinced me that, as senior leaders, we do bring value to the Incident Command Center, but that there are others in the organization better suited to leading the incident command. I believe this, now, as I know there are others in my organization better suited and trained than I am.

“I respect so much your decision to place me as a member of the clinical leadership team during the exercises,” Irwin said. “I have come away with an incredibly elevated level of respect for my floor staff and I am making a concerted effort to let them know that!”

Continued training in mass casualty response and other emergency response is not only important, it is critical for healthcare leaders, Irwin said.

“When a mass casualty or other disaster event occurs, responses by healthcare and other emergency personnel must be finely tuned and nearly automatic,” she said. “I believe all

personnel involved in the emergency do need to think through and execute the response, but there is little time to pull the policy and procedure manuals off the shelf and search through the policies for what actions to take.

“Hospital leaders will definitely benefit from the comprehensive training at the CDP, but don’t stop at the executive- or even leadership-levels. Front-line staff need and will certainly benefit from at least some training in emergency response. After all, they are involved in the disaster response, as well as the leaders of the organization,” Irwin said.

# Role players add realism, excitement to CDP exercises

When Laurie Thomas Wallace took the CDP's Healthcare Leadership for Mass Casualty Incidents (HCL) course, she commented on the CDP's Facebook page that training at the CDP was an "awesome experience" and the CDP's "role players are fantastic!" The Bloomsburg, Penn., native is a clinical educator in respiratory care services with Geisinger Health System in Danville, Penn., and is just one of thousands of students who interact with the CDP's role players every year.

The CDP provides advanced, hands-on training to which the center's role players add an extra level of realism during the end-of-course exercises and the Integrated Capstone Event (ICE), exercises in which students from several courses work together in a culminating, all-hazard, mass casualty incident training exercise.

The CDP's role players take on many different characters during an exercise, depending on the scenario, according to Chuck Medley, assistant director for Training Delivery. Many of the actors take on the parts of injured survivors in the mass casualty exercises, but they also portray elected officials, concerned family members or



fellow responders.

They act from scripts that are written to advance the goals of the exercise, Medley said. Depending on the exercise, the CDP will use as few as five or as many as 100 role players.

The CDP's role players represent a diverse group, he said. They range in age from young adult to senior citizen and include persons with special needs, such as those who are physically challenged. They also represent victims who are deaf, blind, have language barriers or are pet owners who have their pets with them.

"They add realism and a sense of urgency to the exercises," Medley said. "A mannequin can depict an injured person in an exercise and give the students a subject to triage and treat. It takes the training to a whole new level when you have someone in front of you who is bleeding and screaming for help."

The role players participate in exercises for several CDP courses. For example, in the Emergency Medical Operations for CBRNE Incidents (EMO) course, the role players may portray victims at the incident scene, screaming for help from the smoky confines of a subway car. In the Field Force Operations (FFO) course exercise, the role players take on the personas of irate protestors, causing civil unrest to which

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Top: A role player is decontaminated by students in the Hospital Emergency Response for Mass Casualty Incidents (HERT) course.

Bottom: Protestors stage outside the "Noble Community Hospital" during the Dec. 12 Integrated Capstone Event. They used U-bolt locks and homemade devices to make it more difficult for law enforcement officers to remove them from the premises.

police officers are called to respond. For the Field Force Extrication Tactics (FFE) course, the actors may take on the parts of environmentalists who have chained themselves to railings outside of a chemical company. In that scenario, law enforcement officers in the FFE course respond with the tools to safely remove the protestors from the devices. In the HCL course, a role player may portray an elected official, such as the mayor, who shows up at the scene demanding to be briefed on the incident response, while another will be a concerned family member demanding assistance for his wounded loved one. They also play various roles in the ICEs.

“The role players portray the people the responders are likely to encounter at a real incident response,” Medley said.

The actors are an integral part of the exercises they support. In many cases, they portray “injects” or clues for the students that support the exercise objectives. In one instance, a “patient” shows up exhibiting symptoms such as a high fever, runny nose, a cough and a bad rash. In so many words, the actor is telling the student he has measles, which adds an extra complexity to the response. In addition, the role players keep the exercise focused on the learning objectives. They add stress and adjust the operational tempo of the exercise.

“While we knew it was an exercise in training, you kept thinking in your mind, ‘Is it? Is it really?’” said HCL student Vicki Buchanan, a nurse supervisor at Florida Hospital Zephyrhills. “The pressure was on, and it was absolutely intense.”



Above left: A student in the Field Force Extrication Tactics (FFE) course prepares to cut away a protestor device.

Above: A student in the Hospital Emergency Response for Mass Casualty Events (HERT) guides a “patient” (role player, Margaret Sanders) to the triage area.

Left: A student triages a severely wounded “patient.” The role player is in the “legs” simulator, a prosthetic torso and amputated legs used in the CDP’s healthcare exercises.

# Rural Domestic Preparedness Consortium teams up with CDP for training week

For the first time, the Rural Domestic Preparedness Consortium (RDPC) teamed up with the CDP to offer training specifically to responders from rural communities, Nov. 2 - 5.

Sixty-seven responders from rural communities across the country converged on the CDP. For their first three days, the responders took one of two CDP courses, either [Incident Command: Capabilities, Planning and Response Actions for All Hazards \(IC\)](#) course or [Field Force Command and Planning \(FFC\)](#) course. Then, on the fourth training day, the responders all took the RDPC course, [Emergency Operations Planning for Rural](#)

[Jurisdictions \(EOP\)](#).

The idea of an RDPC/CDP joint training was sparked by discussions between CDP Superintendent Mike King and Lonnie Lawson, the president and CEO of the Center for Rural Development, based in Somerset, Ky.

“Mike King and I had discussed this concept for some time, and once we were able to discuss it with the leadership at [Department of Homeland Security], we started the planning,” Lawson said. “Since CDP has students in on a weekly basis, we wanted to see how it would be able to include an outside trainer. We hoped to be able to take advantage of CDP having students

on site already and to provide other classes than what the CDP offers.”

A rural city or town is one that has a population of less than 50,000 residents, according to Kent Latimer, chief of the CDP’s Training Management Branch.

“The benefit of a joint CDP/RDPC training opportunity is that we are better able to maximize the funds appropriated for response training while at the same time impacting the readiness of smaller, rural communities,” Latimer explained.

Jason Moran, the director of the Tallapoosa County (Ala.) Emergency Management Agency, took the IC course that week. This was Moran’s first time training at the CDP.

Incident Command is a three-day course that provides management-level responders with knowledge of how decisions made by responders from various disciplines can impact the handling of a chemical, biological, radiological, nuclear or explosive (CBRNE) incident. The course incorporates preparedness planning considerations and incident management concepts to train participants to serve as members of an incident management team.

“I wanted to gain any information that will make my county and its citizens safer during an incident,” he said. Moran, who lives in Dadeville, about 60 miles from the CDP’s campus, learned about the training from colleagues in the emergency management field and from the Alabama Emergency Management Agency.

The advantages are endless when it comes to training with and sharing experiences with emergency managers in other rural communities, Moran said.

“The larger counties in our state normally



Responders in the Incident Command: Capabilities, Planning and Response Actions for All Hazards (IC) course review an area map as they plan the response to an incident.

have more resources than the smaller ones, but the effects on the citizens are the same,” he said. “Having someone who has been through a certain situation and then sharing best practices from their situation are priceless.”

Moran said that continued training is so important because “training opportunities provide us with education that could possibly save lives in the long run. We will never know everything, but as first responders of any type, we should always be diligent and willing to learn new things.”

Todd Brown, the director of the Madison County (Iowa) Emergency Management Agency, took the FFC course. Unlike Moran, Brown has taken other CDP courses. He learned about this particular training opportunity from his state training officer.

Field Force Command is a three-day course that prepares management-level responders to serve as a member of an incident management team during a civil action or disorder. The course provides instruction on incident management, incorporating preplanning considerations and other responsibilities of management level responders. Brown said he took the course in order to gain a better understanding of field force deployments.

According to Brown, learning from peers from other parts of the country was a big advantage to training with other responders from rural communities. “Great diversity brings great knowledge,” he said. “[I learned] ways



Responders in Field Force Command and Planning (FFC) course work together in a small-group setting to plan a response.

to get things done with less investment and I learned from others’ mistakes and successes.

“Continued learning gives you more tools for your toolbox,” Brown said. “There are many different ways to accomplish a particular job. The more ways you know helps when you are in a complicated situation.”

All of the responders took EOP the fourth day of their training. The Emergency Operations Planning course is an eight-hour planning and management-level course designed to provide rural first responders with the knowledge and skills to develop an emergency operations plan for their local jurisdiction or region.

“The feedback has been positive with one exception,” Lawson said. “A few class members were there for the CDP class and the RDPC class was not the best fit. We can remedy that by making sure that we recruit for the specific classes.”

Lawson said that he could see this type of

collaboration being very effective if held three or four times a year at the CDP.

“The initiative was very successful,” he said. “We just need to make a few tweaks before we do this again.”

Moran was very happy with his first CDP training experience.

“Overall, it was great! The training facilities themselves are great! The food was excellent!” said Moran. “We are fortunate to have a facility of this magnitude right here in Alabama... and just 60 miles from Dadeville. I will attend training at the CDP again!”

This is the second such joint training venture the CDP has embarked on in 2015. In July, the CDP teamed up with the [Federal Law Enforcement Training Centers](#) for a joint training venture.

“The CDP staff knows we can offer training that is more valuable to the responders by partnering with other agencies. This is a win-win situation. We have the opportunity to support students we may not normally reach and the RDPC has another venue in which to teach their courses,” said Chuck Medley, the CDP’s assistant director for Training Delivery.

“The real winners are the communities that are better prepared for a disaster. If this training saves just one life, it’s worth it,” he said.

Training for state, local, tribal and territorial responders is fully funded by Department of Homeland Security, including travel, lodging and meals. For more information or to sign up for CDP training on line, click on <http://cdp.dhs.gov>.

# Missouri healthcare professionals sharpen mass casualty response skills with CDP training

More than 100 Missouri healthcare professionals traveled to Anniston, Ala., the week of Oct. 18, to take on the challenge of training at the Center for Domestic Preparedness (CDP) and participate in the Integrated Capstone Event (ICE).

The students took one of three classes, based on their disciplines: 58 took the [Healthcare Leadership for Mass Casualty Incidents \(HCL\)](#); 27 took the [Hospital Emergency Response Training for Mass Casualty Incidents \(HERT\)](#); and 27 took the [Emergency Medical Operations for CBRNE Incidents \(EMO\)](#).

Then, on Friday, all of the students participated in the [ICE](#), a hands-on mass casualty response exercise, in which students from several courses take the leadership roles to handle the response to a catastrophic event.

“The opportunity [to train at the CDP] allowed us to learn together in the classroom and apply our collective knowledge in the integrated exercise,” said HCL student, Jackie Gatz, the director of Emergency Management and Safety for the Missouri Hospital Association. Gatz had attended a previous CDP course in 2008 at which 50 Missouri responders attended one class. Based on her experience then, Gatz decided to coordinate this training event.

“Recalling the success of our 2008 training, when I learned of the Integrated Capstone Event – an opportunity to bring together a



A medic in the Emergency Medical Operations for CBRNE Incidents (EMO) course escorts a “survivor” from the incident scene.

larger group for more extensive training – I was immediately interested,” Gatz said.

During the week, the students were divided into their individual courses. Dr. Courtney Schellpeper, an emergency medicine physician at Saint Luke’s Health System in Kansas City, Mo., opted for HERT, her first CDP course.

“I don’t think there is anything that can completely prepare a team to handle a mass casualty incident with 100 percent ease, but as the saying goes, ‘Practice makes perfect,’” she said. “The CDP training was just that: A practice run for the real deal. I think all the

members of the team I attended the course with would agree that the training I received will help prepare us for further trial runs at our own hospitals, as well as for an actual mass casualty incident, should one occur.”

Schellpeper said that because of her geographic location, she is most concerned with weather-related incidents like the tornado that hit Joplin, Mo., in 2011, or the one that hit Oklahoma City in 2013. Also concerned about incidents involving large gatherings, Schellpeper, a Kansas City Royals fan, pointed out that Missouri students were training at the CDP while the Royals were competing in the post-season games for the American League pennant.

On Friday, the students learned what it’s like to respond to a mass casualty incident. With the individual courses completed, all of the students

participated in the ICE, a [mass casualty event](#) in which “injured” role players and human patient simulators were the survivors the students had to triage, transport and treat in the midst of a chaotic situation that was still unfolding.

The ICE took place in and near the Noble Training Facility, the only hospital in the nation dedicated solely to training. The facility includes an emergency department, emergency operations center, ICU, isolation wards, etc. The

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responders trained as if they were staff members in a real hospital, responding to the large influx of patients in a very short timeframe. The training tied into real-world events that hospital staffs might encounter, such as earthquakes and other natural disasters.

Other Missouri students are also concerned about weather-related disasters, among others, in their own communities.

Kelly Pearce, the vice president for Operations at SSM Health St. Clare Hospital in Fenton, Mo., just outside of St. Louis, took HCL that week. He's concerned with responding to disasters and incidents such as tornadoes, ice storms, pandemic events and active-shooter incidents.

"The training provided better clarity around where to focus our mitigation and prevention resources," Pearce said. "It also helped me better understand the local, regional and Federal resources available in a disaster and how to access those resources."

Pearce said the networking opportunities



Above: A student in the Healthcare Leadership for Mass Casualty Incidents (HCL) course types in patient information in the triage area during the Integrated Capstone Event (ICE).

Right: A student in the Hospital Emergency Response for Mass Casualty Incidents (HERT) course records information on a "patient."

and camaraderie were tremendously rewarding, especially because most of the students were from Missouri.

Michael Dawson, the EMS operations manager at CoxHealth in Springfield, Mo., took the EMO course that week. He, too, is concerned with response to tornadoes and ice storms, as well as earthquakes, considering that Springfield is near the New Madrid Fault line.

"[This training] helped mostly to reorganize my thoughts on patient tracking and transport," Dawson said.

Gatz also mentioned her concern about a seismic event.

"Looking at our statewide Hazard Vulnerability Analysis, I am most concerned with the catastrophic occurrence of a New



Madrid Seismic Zone event," she said. "This training assisted in providing participants with the tools and resources necessary to lead their organizations in a successful response.

"I must commend the CDP for securing such a phenomenal cadre of instructors to deliver their courses – professional, engaging and experienced!" Gatz said.

Dawson, too, enjoyed his time training at the CDP. "Awesome facility! Very organized! And, great food!"

# Responders can teach CDP training through the Indirect Training Program

Emergency responders who attend Center for Domestic Preparedness training can easily become qualified to share that training with their colleagues back home through the [CDP's Indirect Training Program](#).

Several [CDP courses](#) offer a "train-the-trainer" option. By taking an additional day of training at the CDP's Anniston, Ala., campus during which the students learn to deliver the training, they can become an authorized trainer for that course. It's the most flexible approach to delivering awareness-level training, according to CDP Registrar Michael Aguilar.

Authorized trainers have the ability to increase the preparedness of their agencies and help build the skills of new responders who join the agency, Aguilar said.

"The CDP trains thousands of emergency responders each year through resident training on the CDP campus," Aguilar said. "Authorized Trainers who then go back and deliver national preparedness training to their response communities is a significant training multiplier.

"Authorized trainers can deliver vital national preparedness, all-hazards training to emergency responders in their local communities at their convenience," Aguilar explained. "The program is arguably the most powerful and cost-efficient vehicle available to deliver national preparedness training to the largest number of people in the emergency response community."

Authorized trainers receive

professional training, updated curriculum and the full support of the CDP staff, all fully funded by the Department of Homeland Security. In addition, the CDP recognizes trainers who achieve a level of excellence, measured by the number of classes taught or students trained each year.

"These trainers are members of the emergency response community who have the skill and dedication to carry out this important training mission," Aguilar said. "The CDP staff is here to support their efforts every step of the way."

For more information, call (866) 291-0698 or (256) 231-5550 or email: [indirecttraining@cdpemail.dhs.gov](mailto:indirecttraining@cdpemail.dhs.gov).



A student participates in a decontamination exercise as part of the [Hospital Emergency Response for Mass Casualty Incidents \(HERT\)](#) course. HERT is one of the CDP courses that offers an additional train-the-trainer course option.

## Tribal training week set for March 20-26

The CDP is hosting a special training week for tribal responders, March 20-26.

"Tribal responders receive fully funded training at the CDP," explained David Hall, the CDP's tribal training coordinator. "That funding covers their travel, meals and lodging while training at the CDP.

"Tribal responders train at the CDP all the time, but during this week they will have an opportunity to train with other tribal and Native Alaskan responders, which gives them the opportunity to train and network with others who may be facing similar challenges, Hall said.

During the upcoming tribal training week, the CDP will offer the following programs:

- Healthcare Leadership for Mass Casualties with Integrated Capstone Event (ICE)
- Hospital Emergency Response Training for Mass Casualty Incidents combined with ICE
- Emergency Medical Operations for CBRNE Incidents with ICE
- Incident Command: Capabilities, Planning and Response for All Hazards with table-top exercise
- Law Enforcement Response Actions for CBRNE Incidents; Law Enforcement Protective Measures for CBRNE Incidents; and Hands-on Training for Law Enforcement with a table-top exercise.

For more information on any of these courses, go to <http://cdp.dhs.gov> or contact David Hall at [david.hall@cdpemail.dhs.gov](mailto:david.hall@cdpemail.dhs.gov) or (256) 847-2081.

# Worth Repeating



Marlena Holden  
Communications Manager  
University Health Services at  
University of Wisconsin, Madison

“These classes are important to help me stay relevant and to make sure I have as much information as possible.”

Advanced Public Information  
Officer Course

Johnny Vandiver  
Rural Medical Director  
Tanana Chiefs Conference  
Fairbanks, Alaska

“The knowledge gained from this course will help us when we go out to each of the villages to help them develop their emergency preparedness plans.”

Framework for Healthcare  
Emergency Management



Russell Broadhurst  
Patrol Officer  
Helena (Mont.) Police  
Department

“This training has taught me what indicators law enforcement officers should look for to detect an IED and the basic tactics for extricating someone from a protessor device.”

Vehicle-Borne Improvised  
Explosive Device Detection  
Course  
Field Force Extrication Tactics  
Course



Tony Schwarm  
President of Missouri Baptist Sullivan  
Hospital  
Sullivan, Mo.

“It’s more beneficial to others from your hospital training at the CDP at the same time because you can experience the same training and you can take what you’re learning and say ‘How can we make that work back home?’”

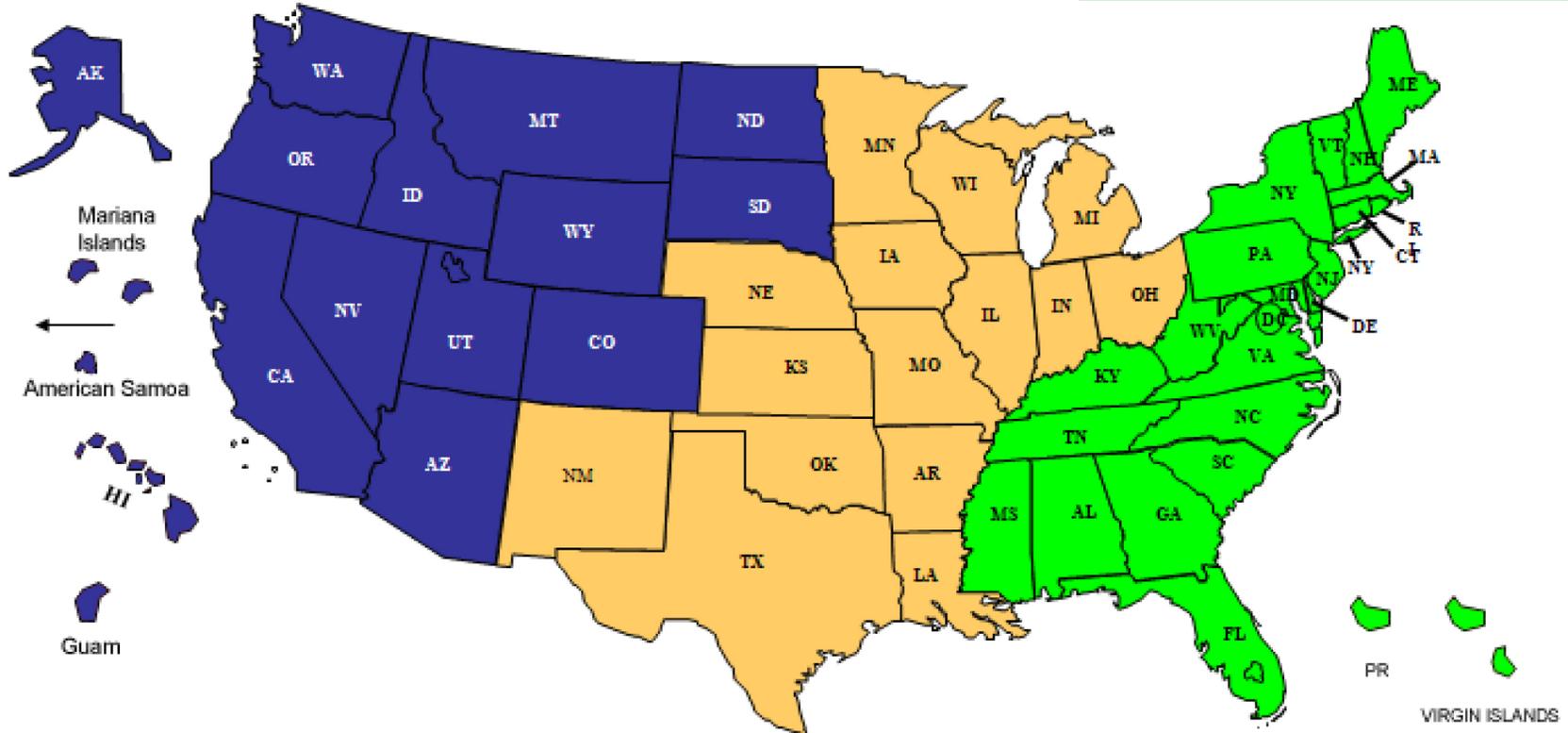
Healthcare Leadership for  
Mass Casualty Incidents



# CDP Region Map

Western Region  
David Hall  
(866) 213-9547  
[david.hall@cdpemail.dhs.gov](mailto:david.hall@cdpemail.dhs.gov)  
FEMA Regions 8, 9 & 10

Eastern Region  
Tom Tidwell  
(866) 213-9546  
[thomas.tidwell@cdpemail.dhs.gov](mailto:thomas.tidwell@cdpemail.dhs.gov)  
FEMA Regions 1, 2, 3 & 4



Central Region  
Dan Cody  
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FEMA Regions 5, 6 & 7

Federal, Private-Sector & International  
Dan Cody  
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FEMA Regions 1, 2, 3 & 4

