

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

DHS Preparedness Hurricane Preparedness Exercise at the U.S. Coast Guard Academy: **New**

The devastation caused by Hurricanes Katrina, Rita, and Wilma resulted in a major dislocation of citizens and the destruction of critical infrastructure. These consequences have initiated a series of plan, policy and procedural revisions at all levels of government. In support of this initiative and at the direction of the Secretary, the Department of Homeland Security (DHS) conducted the Hurricane Preparedness Exercise under an ambitious timeline, designed to assist Federal agencies, States, and Territories with their preparations for the upcoming hurricane season. This exercise encompassed all of the Gulf Coast and Eastern Seaboard States and territories and was organized by FEMA regions I, II, III, IV and VI. Participation included appropriate federal, state, territory, local and tribal representatives, in addition to nongovernmental organizations (NGOs) and partners in the private sector. Yale New Haven Health System was asked by the American Hospital Association to serve as its representative for the healthcare delivery and public health sector response. During the event, Yale New Haven Health was able to provide a greater understanding of the role that hospitals play in the response and the need to have support from all public and private partners in the event that the hospitals require evacuation. We were also able provide the other participants with information about the State of Connecticut Emergency Credentialing Program and how it enhances personnel surge capacity. For more information, please visit http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0853.xml.

Connecticut Inter-hospital Working Group – July 13, 2006:

New

As you may be aware, July 13th marks the date of the first meeting of the Inter-hospital Working Group, which will bring together both the Northern and Southern Tier hospital representatives. This joint meeting will promote standardized healthcare delivery emergency planning across Connecticut and facilitate the sharing of ideas and lessons learned among the acute care hospitals. The combined meeting will be held at the Connecticut Hospital Association on July 13 from 8:30 – 9:30 am followed by separate Northern and Southern Tier meetings from 9:30 a.m. – 10:30 a.m. A schedule of meeting dates through the end of this year and 2007 will be available shortly.

DHS Responds to Mid-Atlantic Flooding: **New**



New Hope, PA condos flooded by the Delaware River.

June 29, 2006 (AP Photo/Matt Rourke)

The U.S. Department of Homeland Security (DHS) is providing personnel and assets from the Federal Emergency Management Agency (FEMA) and the United States Coast Guard, in support of state and local response efforts to ongoing flooding in the Mid-Atlantic region. State and local authorities have primary responsibility for disaster response, and no formal disaster assistance requests of the federal government have been made by governors of impacted states at this time.

FEMA has activated the Regional Response Coordination Center in Philadelphia to integrate federal support for state and local response efforts in this region. This center is staffed with approximately 30 FEMA personnel to monitor events as they unfold in the affected region. FEMA is in contact with state emergency management officials in the impacted states and it is deploying liaisons to state Emergency Operations Centers in Maryland, Delaware, New Jersey, Pennsylvania and the District of Columbia, to provide assistance to state officials as requested. In Maryland, FEMA has deployed four teams of three members each to conduct disaster assessments.

In addition, the United States Coast Guard has two Jayhawk helicopter rescue crews conducting ongoing search and rescue operations. These crews rescued four people in the New Milford, Pa. area earlier on Wednesday. For more information, please visit <http://www.dhs.gov/dhspublic/display?theme=43&content=5707&print=true>.

Flood Preparedness: **New**

With the unprecedented rain in New England, many areas are at risk for floods. When preparing for a possible flood, it is important to understand the terms flood watch, flash flood watch, flood warning and flash flood warning and when to take action immediately. In addition, during a flood, you should not walk through moving water or drive in flooded areas. Six inches of moving water can cause you to fall and will reach the bottom of most passenger cars causing loss of control and possible stalling. A foot of water will float many vehicles and two feet of rushing water can carry away most vehicles including sport utility vehicles and pick-ups. This severe weather emphasizes the need for all Americans to take basic steps to prepare for emergencies. Individuals are encouraged to create an emergency supply kit, make a family emergency plan and be informed about local emergency plans. For more information, please visit <http://www.fema.gov/areyouready/flood.shtm>.

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Avian Influenza Readiness:

New

- The July 18th issue of the *Annals of Internal Medicine* contained an article titled "Planning for Avian Influenza." This article discusses how influenza A(H5N1) contains three of the four properties necessary to create a pandemic. The properties are human-human-transmission, people are immunologically naïve and its high lethality. The article discusses approaches to minimize the impact of the disease, hospital preparedness, risks and healthcare workers and final conclusions. The end of the article suggests that if a pandemic flu strikes a community, its full impact will last three to four months. To read this article in full, please visit <http://www.annals.org/cgi/content/full/0000605-200607180-00133v1>.
- An emergency appropriations bill passed by Congress on June 15, 2006 provides another \$2.3 billion for pandemic influenza preparedness, including \$250 million for state and local efforts. "These funds are a second installment in response to the President's requests and will be allocated in the most effective manner possible," Mike Leavitt, Secretary of the Department of Health and Human Services (HHS) said in a statement.

"We will continue our essential work to increase our domestic capacity to produce pandemic influenza vaccine and antiviral medications," Leavitt said. "These funds will also enable us to further enhance federal, state and local preparedness efforts and to further strengthen the international public health infrastructure, which is a critical component of our global surveillance efforts." To read further, please visit

<http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jun1606funding.html>.

- GlaxoSmithKline may seek approval this year for its vaccine against avian influenza. "This is a preventive vaccine, and what we are discussing now with governments across the world is to use this vaccine to stockpile or to vaccinate their high-risk people," said Jean Stephenne, president of Glaxo's Biologicals in a meeting in Geneva. "We also plan to register it on the private market, which means everyone would have the right to purchase an H5N1 vaccine." To read further, please visit http://www.bloomberg.com/apps/news?pid=10000102&sid=aMVm1RxM_t80&refer=uk.

Questions or Comments

Questions, comments or suggestions should be forwarded by
fax to (203) 688-4618 or by e-mail to
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www.yalenehavenhealth.org/emergency

Avian Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of June 20, 2006 is 228 cases and 130 deaths.

[Click on map for an enlarged view.](#)
Map courtesy of www.who.org

- Below is a list of countries with poultry or wild birds confirmed to have the H5N1 or H5 virus as of June 30, 2006:

Africa: Burkina Faso, Cameroon, Djibouti, Egypt, Ivory Coast (Côte d'Ivoire), Niger, Nigeria and Sudan

East Asia & the Pacific: Burma (Myanmar), Cambodia, China, Hong Kong (SAR/PRC), Indonesia, Japan, Laos, Malaysia, South Korea, Thailand and Vietnam

South Asia: Afghanistan, India, Kazakhstan and Pakistan (H5)

Near East: Egypt, Gaza, Iraq (H5), Iran, Israel, Jordan, Pakistan, Palestinian Territories and the West Bank

Europe & Eurasia: Albania, Austria, Azerbaijan, Bosnia & Herzegovina (H5), Bulgaria, Croatia, Czech Republic, Denmark (H5), France, Georgia (H5), Germany, Greece, Hungary, Italy, Mongolia, Poland, Romania, Russia, Serbia and Montenegro (H5), Slovak Republic, Slovenia, Sweden, Switzerland, Turkey, United Kingdom and Ukraine

To read current reports, please visit

http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm.

- A three-day international consultation starting on June 21, 2006 took place in Jakarta, Indonesia. The focus of the meeting was the continuing outbreaks, involving both humans and animals, of avian influenza. An international group of experts reviewed the status of the H5N1 virus in humans and animals, provided recommendations to control the virus in both animals and humans, reviewed lessons learned for rapid response and containment and provided an authoritative risk assessment of avian influenza in Indonesia. This consultation brought together experts from Indonesia's Ministries of Health and of Agriculture with those from the World Health Organization, the Food and Agriculture Organization, UNICEF and experts from Airlangga University Surabaya, Udayana University Bali, Persahabatan Hospital, U.S. Centers for Diseases Control and Prevention, France's Epicentre, Hong Kong University, NAMRU-2 laboratory and Japan's National Institute for Infectious Diseases. For more information, please visit <http://www.who.int/mediacentre/news/notes/2006/np14/en/index.html>.
- On June 22, the CDC hosted a conference call on avian influenza surveillance and related updates. Dr. Anna Likos, a CDC medical epidemiologist, provided a background on the H5N1 virus and also the current avian influenza situation. Dr. Emi Saito, a veterinary epidemiologist with the National Surveillance Unit in the National Center for Animal Health Surveillance, discussed avian influenza veterinary surveillance and procedure. If you missed this call, you can listen to the replay and read the transcript at <http://www.bt.cdc.gov/coca/callinfo.asp>.
- Scientists from the University of Hong Kong have reported that avian influenza infections in human cells are more likely to trigger a destructive immune-system overreaction, or "cytokine storm". Writing in the July 1 *Journal of Infectious Diseases*, the researchers report that two avian flu viruses, a 1997 strain of H5N1 and a 1997 H9N2 strain, caused immune system cells in lab cultures to produce much greater levels of certain chemokines (a class of cytokine, or messenger protein) than such cells did when infected with an ordinary human flu virus. "In general, the chemokines and chemokine-receptor responses of MDMs [monocyte-derived macrophages, a type of immune cell] to avian influenza viruses were much stronger than those to human virus, which may account for the high pathogenicity of avian viruses," the report states. To read about this study further, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jun1406cytokine.html>.

HHS Awards BioShield

Contract: **New**

Earlier this month, the Department of Health and Human Services (HHS) awarded a contract to the Cangene Corporation of Winnipeg, Canada in the amount of \$362,641,105 for 200,000 doses of Heptavalent Botulism Antitoxin. The contract runs for five years with product delivery to the Strategic National Stockpile scheduled to begin next year.

"Botulinum toxin is one of the most poisonous substances known to science," said Dr. Gerald Parker, HHS Acting Assistant Secretary for Public Health Emergency Preparedness. "Today's Project BioShield contract award is part of our effort to protect the American public from biological threats."

The number of doses being purchased under the new contract is based on the Department of Homeland Security's determination that botulinum toxins pose a threat to the U.S. population and the interagency Weapons of Mass Destruction Medical Countermeasures Subcommittee's recommendation that heptavalent botulism antitoxin be acquired to improve the nation's biodefense preparedness and response capabilities and protect civilians from a potentially lethal exposure to botulinum toxin.

The botulinum neurotoxin disrupts nerve functions which may result in muscle paralysis within hours. Respiratory muscle paralysis can result in death unless assisted (mechanical) ventilation is provided; therefore, the need for rapid diagnosis, access to intensive medical care and antitoxin is vital. Botulism antitoxin blocks the action of circulating neurotoxin in the bloodstream. To read this release in full, please visit <http://www.dhhs.gov/news/press/2006pres/20060601.html>.

DHS Releases Review of Catastrophic Event

Preparedness: **Updated**

The Department of Homeland Security (DHS) issued findings on June 16, 2006 from a national assessment of the country's catastrophic planning capabilities. The *Nationwide Plan Review* examined whether existing emergency operations plans for states and urban areas are sufficient for managing a catastrophic event. *The Review* identifies actions that require execution by the federal government to improve and coordinate planning. To download this 174 page PDF document, please visit <http://www.dhs.gov/interweb/assetlibrary/PrepNationwidePlanReview.pdf>. To read more about the details of how the review was conducted, please visit <http://www.dhs.gov/dhspublic/display?content=5695>.



HHS to Acquire New Anthrax Therapeutic Treatment for Stockpile: **Updated**

The Department of Health and Human Services (HHS) announced on June 20, 2006 that it will purchase 20,000 treatment courses of ABthrax, an anthrax therapeutic treatment, from Human Genome Sciences of Rockville, Md. for \$165,205,217. Delivery is expected to begin in 2009.

"This important addition to the Strategic National Stockpile will provide physicians a way to neutralize the deadly toxin anthrax bacteria produces," said Dr. Gerald Parker, HHS Acting Assistant Secretary for Public Health Emergency Preparedness. "And we found it is the toxin which accounted for the majority of anthrax-related deaths during the anthrax attacks of 2001." To read this release in full, please visit <http://www.hhs.gov/news/press/2006pres/20060620.html>.



DHS Announces Completion of TOPOFF 4 Command Post Exercise: **Updated**

The U.S. Department of Homeland Security (DHS) has completed the TOPOFF 4 Command Post Exercise (T4 CPX), a congressionally mandated counterterrorism exercise for top officials. The exercise, which took place from June 19-22, 2006, was a multifaceted effort to prevent and respond to a simulated terrorist attack using weapons of mass destruction (WMDs). The T4 CPX focused on senior officials' abilities to respond to a complex and demanding exercise scenario, in accordance with the National Response Plan (NRP) and National Incident Management System (NIMS).

"The T4 CPX provided an excellent opportunity to strengthen the nation's capacity for effective, coordinated action to address terrorist threats and major disasters," said DHS Under Secretary for Preparedness George Foresman. "Although the scenario is simulated, the risk is real. Every TOPOFF exercise builds on real-world and exercise experiences and lessons learned to further enhance our national preparedness." For more information, please visit <http://www.dhs.gov/dhspublic/display?content=5701>.

Governor Rell Reminds Connecticut Residents that Vacation Season is also Mosquito Season:

Updated



Photo Credit: CDC

"For the last few years, West Nile Virus, Eastern Equine Encephalitis, and other diseases have been detected in mosquitoes in our state, so it is important to be practical when venturing outdoors," said Governor Rell.

Increases in mosquito populations are being seen in many of the state's flooded regions. Precautions to avoid mosquito bites include: minimizing time outdoors at dusk and dawn; making sure door and window screens are tight fitting and in good repair; wearing shoes, socks, long pants, and long-sleeved shirts that are tightly woven; use mosquito netting when sleeping outdoors; using DEET mosquito repellent according to label instructions when it is necessary to be outdoors. For more information, please visit <http://www.ct.gov/governorrell/cwp/view.asp?Q=316566&A=2425>.

Outbreak Notice: Malaria, Great Exuma, Bahamas: Recommendations for Travelers: **Updated**

The CDC has recently received official reports of 14 confirmed malaria cases in Great Exuma, Bahamas, an area where malaria transmission does not normally occur and for which antimalarial drugs have not previously been recommended. Thirteen cases occurred in residents of the Bahamas, and an additional malaria infection was confirmed in a U.S. citizen who traveled to Great Exuma in early May 2006. All these confirmed infections were caused by *Plasmodium falciparum*. Most of the thirteen patients reported no recent travel to malaria-endemic areas, but some of the Bahamas residents may have recently traveled from Haiti, where *P. falciparum* is endemic. For more information, please visit http://www.cdc.gov/travel/other/2006/malaria_bahamas.htm.

From Silos to Systems – July 13, 2006: **Updated**

South Central Center for Public Health Preparedness and the Alabama Department of Public Health will host a satellite broadcast on transdisciplinary approaches to public health assurances in the post-Katrina era. This broadcast is scheduled for July 13, 2006 from 1:00 p.m.-2:30 p.m. EST. The broadcast will identify key areas that sciences play in post disaster rebuilding. Transdisciplinary strategy for support assurance will be examined and policy deployment for health systems will be evaluated. To register for this broadcast, please visit

<http://www.adph.org/alphnt/vcomm.asp?action=conflistone&templatename=3&deptid=143&templateid=1252>.

Training/Education:

Updated

- **Introduction to Radiological Response (EM 110)** is a 30-minute introductory CD-ROM course which provides the learner with the basic principles of radiation, definitions to terms commonly encountered in radiological and nuclear incidents, a description of the health risks associated with radioactive material, recommendations for safeguarding personal safety during a radiological and nuclear incident and an outline of the strategies for addressing the psychological impact of radiological and nuclear incidents. This introductory course has been designed for nurses, doctors, radiology technicians, radiation oncologists, radiation safety officers, patient care associates, technical assistants, nuclear medicine workers, EMS workers and mental health professionals. A more advanced radiological preparedness course is under development and will be released later this year. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- YNH-CEPDR has developed a series of emergency preparedness courses and workshops designed to prepare healthcare workers in community health centers for their roles in disaster response. These instructor-led sessions combine didactic lecture and group exercises that address topics including triage, personal protective equipment, infection control, risk communications and incident command. The course objectives ensure compliance with NIMS training requirements. These courses may be further adapted to better meet the needs of other healthcare delivery organizations such as home health agencies and skilled nursing facilities. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

Spanish Translation of Clean Hands Saves Lives: Emergency Situations: **New**



The CDC has translated its *Clean Hands Saves Lives: Emergency Situations* into Spanish. This article is in PDF format and can be downloaded at <http://www.bt.cdc.gov/disasters/espanol/pdf/handhygienefacts.pdf>

Car Seats and Child Passenger Safety (CPS): **Updated**

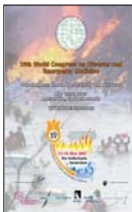
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH Connecticut SAFE KIDS and the Department of Public Health are again teaming up to offer a free training on car seats and child passenger safety (CPS). This four-hour training will help answer questions you may have about transporting children safely. In addition, it will provide you with answers to parent/caregiver's questions on how to keep their children safe while riding in the car. The training will cover car seats, booster seats, seat belts, and safe transportation on school buses. Connecticut's new booster seat law went into effect on October 1, 2005, and this training provides an opportunity to learn about the new law. For more information, please visit <http://www.yalenehavenhealth.org/emergency/commu/briefings/CPWorkshop.pdf>.

World Health Statistics 2006: **New**



WHO has published its World Health Statistics 2006 that presents the most recent statistics since 1997 of 50 health indicators for WHO's 192 member states. This edition includes an expanded set of statistics, with a particular focus on equity between and within countries. It also introduces a section with 10 highlights in global health statistics for the past year. For more information, please visit <http://www.who.int/whosis/en/>.

15th World Conference on Disaster and Emergency Medicine – May 13-16, 2007 in Amsterdam, Netherlands: **Updated**



The World Association for Disaster and Emergency Medicine (WADEM) will hold a conference from May 13-16, 2007 in Amsterdam, Netherlands. The central theme of the 2007 congress is preparedness, knowledge, training and networks. Experts from around the world will have the opportunity to actively exchange and enhance their expertise, develop and strengthen their networks and further the development of emergency disaster medicine. To download a copy of this brochure, please visit http://www.ynhhs.org/emergency/links/flyer_WCDem2007.pdf. To learn more about this conference, please visit <http://www.wcdem2007.org/>.

Training and Education: Updated

- YNH-CEPDR is offering instructor-led **Incident Command Systems (EM 140)** training to all southern tier Connecticut hospitals. This course describes the ways an ICS can provide a consistent approach to command, control and coordination of all efforts aimed at protecting life, preserving property, supporting the emergency response and stabilizing the operations of a healthcare site during an emergency or disaster. The instructor-led EM 140 NIMS-enhanced course takes approximately three hours to complete and targets senior hospital administration and those healthcare workers who fill HICS positions within their hospital. At the conclusion of the training, the facility will retain training materials that will support any additional instructor-led training that is required. If you are interested in scheduling a one-time instructor-led NIMS/ICS training for your hospital's leadership staff, please contact Lynette Lines at (203) 688-2590 or e-mail lynette.lines@ynhh.org.
- To facilitate completion of required **National Incident Management System (NIMS)** training by key hospital executives and management staff with incident command roles and responsibilities, YNH-CEPDR has developed instructor led, train-the-trainer courses that incorporate the NIMS objectives into a healthcare focused, time-effective program. A facilitator's guide will be provided to allow the facility to deliver trainings as needed on an ongoing basis. Please contact Mark Schneider at (203) 688-3224 or mark.schneider@ynhh.org to schedule this program at your facility.
- **Bioterrorism Preparedness for Clinicians (EM 201)** is a 50-minute course designed to prepare physicians and other clinicians for a bioterrorist event or other potential public health emergency. Now available at http://ynhhs.emergencyeducation.org/sign_in_em201.asp, EM 201 helps clinicians recognize bioterrorism agent disease syndromes, learn the precautions they should take and understand their roles in the event of a public health emergency. **This course is available in a Connecticut and a national version.** For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (EM 230)** is now available at http://ynhhs.emergencyeducation.org/sign_in_em230.asp. This 50-minute course trains health professionals in the recognition, treatment and referral of patients exhibiting behavioral health consequences related to public health emergencies and incorporates brief video vignettes to enhance the learner experience. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Emergency Credentialing Program (ECP) and the Medical Reserve Corps (MRC): New



To support hospital and public health pandemic flu plans for personnel surge capacity, a special Emergency Credentialing Program (ECP) volunteer recruitment campaign will be launched next week. The ECP recruitment campaign will specifically target nurses, pharmacists, pharmacy technicians and respiratory therapists and will include a program promotion mailer that will be sent to home addresses. Please ask your colleagues to watch for the mailer and take advantage of the easy online enrollment process by visiting www.ct-esar-vhp.org. To date, 1 out of 25 healthcare professionals licensed in Connecticut - nearly 3,500 physicians, nurses, respiratory therapists, pharmacists, and behavioral health, laboratory medicine, radiology professionals - have enrolled in the State of Connecticut Emergency Credentialing Program (ECP) for Healthcare Professionals. This is a great start but we need to do more to reach our program goal of 12,000 healthcare professionals or at least 1 out of every 10 healthcare professionals licensed in Connecticut. Online enrollment for the MRC-YNH is available at www.mrc-ynh.org. Volunteers who can help support the hospital or public health infrastructure are also essential for personnel surge capacity. The goal of the Medical Reserve Corps at Yale New Haven (MRC-YNH) is to recruit and register individuals from Biomedical Engineering, Materials Services, Patient Registration, Patient Services, Plant Engineering, Plant Maintenance and Security Services. For additional information about the ECP and any other essential hospital support services or to schedule a program presentation at staff or management meetings, contact Carol Luddy at (203) 688-3224 or by email at carol.luddy@ynhh.org. For information about the MRC at YNH-CEPDR contact Eugenie Schwartz at (302) 688-3224 or by email at eugenie.schwartz@ynhh.org.

Training/Education: Updated

- **A narrated CD-ROM of Introduction to Emergency Management (EM 103)** is available in both a hospital and a non-hospital version. The CD-ROM of EM 103 is playable on most computers and can be used to complement instructor-led training events such as workshops or new hire orientations. EM 103 toolkits are available for healthcare educators and staff development coordinators responsible for conducting instructor led emergency preparedness training to staff. In addition, this course is available online at http://ynhhs.emergencyeducation.org/sign_in_em103.asp. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Reminder: Best Practices for the Protection of Hospital-Based First Receivers (EM 120) is now available on CD-ROM at http://ynhhs.emergencyeducation.org/sign_in_em120.asp.** EM120 is aligned with Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. Job classifications that will be required to complete EM 120 in order to ensure compliance with OSHA standards include: (1) All employees who work in the emergency department (such as clinicians, housekeeping, security, patient registration, etc.); (2) All employees who are regularly scheduled to be on call for the emergency department; (3) Volunteers and residents assigned to the emergency department; (4) Employees involved in setting up, taking down or maintaining decontamination facilities, regardless of their primary job role and location; (5) Nursing leadership who function as potential nursing administrators on call; (6) All members of the hospital decontamination team. This course is a prerequisite to a series of operations-level courses currently under development.
- The operations-level decontamination course will also align with the Occupational Safety and Health Administration (OSHA) operations-level competencies and will be a prerequisite to a practical session designed for employees involved in setting up, taking down or maintaining decontamination facilities, and for employees responsible for performing decontamination procedures. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

UPCOMING

Upcoming Meetings

DATE	TIME	EVENT	LOCATION
7.13.06	8:30 a.m. to 9:30 a.m.	Connecticut Inter-hospital Working Group	Connecticut Hospital Association
7.13.06	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association

UPCOMING

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION/REGISTRATION
7.13.06	1:00 p.m. to 2:30 p.m. EST	<p>From Silos to Systems: Transdisciplinary Approaches to Public Health Assurances in the Post-Katrina Era</p> <p>Sponsored by South Central Center for Public Health Preparedness and the Alabama Department of Public Health</p>	<p>To register, please visit: http://www.adph.org/alphnt/vcomm.asp?action=conflictone&templatnbr=3&deptid=143&templateid=1252</p>

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