

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

HHS issues Interim Guidance for the Use of Facemasks and Respirators in Public Settings during an Influenza Pandemic:

New



On May 3, 2007, the Department of Health and Human Services' (HHS) CDC released interim advice to the public about the use of facemasks and respirators in certain public (non-occupational) settings during an influenza pandemic. There is very little research

about the value of masks to protect people in public settings. These interim recommendations are based on the best judgment of public health experts who relied in part on information about the protective value of masks in healthcare facilities. The guidance stresses that during an influenza pandemic a combination of actions will be needed, including hand washing, minimizing the likelihood of exposure by distancing people who are infected or likely to be infected with influenza away from others and treating them with antiviral medications, having people who are caring for ill family members voluntarily stay home, and encouraging people to avoid crowded places and large gatherings. When used in conjunction with such preventive steps, masks and respirators may help prevent some spread of influenza. For more information, please visit <http://www.hhs.gov/news/press/2007pres/05/pr20070503a.html>.

I.C.E. In Case of Emergency

The In Case of Emergency (ICE) program enables first responders to identify an individual's emergency contact to obtain important medical information, especially if the person is unable to communicate. People are encouraged to enter in their emergency contact information in their cell phone under the listing "ICE", then list the name(s) and relationship (parents, spouse, child, etc.) and telephone number(s). YNH-CEPDR enthusiastically supports this program. In order to facilitate it, YNH-CEPDR offers "ICE" decals to be placed on cell phones to let emergency personnel know that this valuable information has been programmed into the phone. To order "ICE" decals, please send an e-mail to center@ynhh.org.

Avian Influenza: New

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of April 11, 2007, is 291 cases and 172 deaths.



Map credit:
encarta.msn
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A deadly strain of the N5H1 virus was found in Ghana on a small poultry farm 13 miles east of the capital of Accra. According to a World Health Organization (WHO) official, this is the first reported case of bird flu in the country. As a result, all birds on the farm have been incinerated, and the surrounding metropolitan port area of Tema has been declared an avian influenza infected area. Bird markets in that vicinity are closed, and the movement of live birds has been halted. Investigations into surrounding areas are continuing. To read more about this, please go to: <http://www.flulab.com/overview.php?a=2007-05-02-fl53>.

- A new report from Congress' Government Accountability Office (GAO) says key organizations that make-up some of the US financial industry need to do more to prepare for an influenza pandemic and urges federal regulators to set deadlines for them to complete pandemic plans. Pandemic planning is one component of the GAO report, which evaluates the overall preparedness of the financial markets for a range of events, from natural disasters to terrorist attacks. The report notes that the pandemic threat is different from other disasters because it could affect large numbers of people simultaneously and strike in waves that last for weeks at a time over several months. The GAO focused its attention on seven critical exchanges, markets, clearing organizations and payment processors. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may0207gao.html>.
- Faced with the reality that an effective vaccine is not likely to be available for at least the first several months of influenza pandemic, some corporations are buying antiviral medications for their employees—both to protect them and to improve the chances that the company could keep providing vital products and services through a pandemic. Few companies have revealed their plans concerning the use of antivirals, but two of them recently described their plans to supply employees with oseltamivir (Tamiflu): the US division of Roche, the company that makes Tamiflu, based in Nutley, N.J., and Public Service Enterprise Group (PSEG), an energy company that serves nearly 2 million electric customers and 1.6 million gas customers in New Jersey. Ronald Mack, MD, medical director at PSEG, based in Newark, N.J., said the company takes the threat of a pandemic very seriously. "We have been sensitized to this type of threat by our past experience responding to 9/11, Severe Acute Respiratory Syndrome (SARS), anthrax, the Northeast blackout (of August 2003) and the terrorist threats against downtown Newark," he said. To read this news article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/apr2007tamiflu.html>.
- Representatives from countries that have experienced human H5N1 outbreaks, donor countries, and vaccine manufacturers agreed at an April 25th meeting at World Health Organization (WHO) headquarters that it would be feasible to create a stockpile of the H5N1 vaccine and to 'develop a mechanism to ensure broader access' to the vaccine for developing countries in case of a pandemic. The details of how to implement the plan will be worked out by expert focus groups to be set up by WHO. Further information can be found at: www.who.int/mediacentre/news/releases/2007/pr21/en/index.html.

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NYSDOH Establishes Draft of Ventilator Guidelines: **New**

A group of experts assembled by the New York State Department of Health (NYSDOH) developed guidelines for rationing scarce ventilators during a pandemic influenza event. The group released a 52-page draft plan that provides detailed guidance for determining who will receive ventilator treatment in the face of a pandemic-related shortage. The plan calls for allocating ventilators in acute care hospitals solely on the basis of patients' medical need and chance of survival, without regard for age, occupation, ability to pay or other factors. Acknowledging that ventilator rationing would be likely to trigger lawsuits, the proposal says that guidelines issued by the NYSDOH "would provide strong evidence for an acceptable standard of care during the dire circumstances of a pandemic." However, it adds, there is no guarantee that a court would accept this view. Only legislation would provide certain protection. The task force, called the New York State Workgroup on Ventilator Allocation in an Influenza Pandemic, has invited public comments on the proposed guidelines and plans to revise them in coming months. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/apr3007ventilator.html>.

New Service Provides Access to Disaster Victim's Prescription History: **New**

A recent article by Eric Toner, MD, in the Clinicians' Biosecurity Network describes a new service that gives pharmacists and clinicians immediate access to the medication histories of displaced disaster victims. Emergency RxHistory, developed by SureScrip®, is an internet based service that pulls information from a network of pharmacy databases to provide an aggregate view of a patient's prescription history. As Toner points out in his article, the importance of access to a disaster victims pharmaceutical records was evidenced in the aftermath of Katrina. In his view, Emergency RxHistory is "a significant step in collaborative community-based disaster preparedness and should be applauded." For more information, please go to: <http://cms.upmc-cbn.org>.

Questions or Comments

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

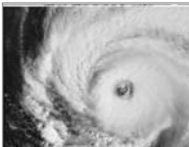
Avian Influenza

- On April 24, 2007, six developing countries were awarded grants to establish in-country manufacturing capacity for an influenza vaccine. The countries are Brazil, India, Indonesia, Mexico, Thailand and Viet Nam. Up to \$2.5 million from the governments of Japan and the United States of America will go to each of the six countries as immediate funding to begin the process of acquiring the needed technology. Japan has provided \$8 million and the United States \$10 million for technology transfer. "With increased developing country flu vaccine production, there is a dual life-saving benefit. Countries will be able to protect their populations against seasonal influenza, which causes up to half a million annual deaths worldwide, as well as millions of cases of severe illness. In addition, should a pandemic emerge, production lines at these facilities can be converted to manufacture vaccine based on the pandemic strain," said Dr Marie-Paule Kieny, Director of the WHO Initiative for Vaccine Research. To read this release in full, please visit <http://www.who.int/mediacentre/news/notes/2007/np18/en/index.html>.
- On April 20, 2007, WHO modified its recommended guidance and treatment for patients with H5N1 avian influenza and the use of corticosteroids. New treatment guidance reports that corticosteroids have not been effective, "and prolonged or high-dose corticosteroids can result in serious adverse effects in H5N1 patients, including opportunistic infections. Corticosteroids should not be used routinely, except for persistent septic shock with suspected adrenal insufficiency." In addition, WHO recommended the following:
 - Experiences with early oseltamivir treatment suggest its usefulness in reducing H5N1 associated mortality. In addition, evidence of prolonged H5N1 virus replication indicates that treatment is warranted even with late presentation.
 - Antibiotic prophylaxis should not be used. When pneumonia is present, antibiotic treatment is appropriate initially for community-acquired pneumonia according to published evidence-based guidelines. When available, the results of microbiologic studies should be used to guide antibiotic usage in patients with A(H5N1) infection.

To read these recommendations in further detail, please visit http://www.who.int/csr/disease/avian_influenza/meeting19_03_2007/en/index.html.

- On April 26, 2007, the Committee for Medicinal Products for Human Use (CHMP), that reviews medical product applications for the European Union (EU) recommended approval of a cell-based seasonal influenza vaccine made by Novartis, improving the company's chance of becoming the first to market a flu vaccine grown in cell culture instead of in eggs. CHMP found that Novartis's Optaflu vaccine, given to more than 3,400 people during clinical studies, met the CHMP's immunogenicity criteria. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/apr2707optaflu.html>.

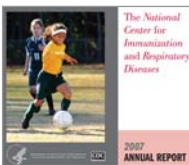
National Hurricane and Nuclear Exercise: **New**



A hurricane roars ashore in Rhode Island. A nuclear device goes off in the Midwest. And terrorists begin wreaking havoc in Alaska. What do you do? The Pentagon and other US and Canadian agencies plan to answer that question in a major exercise called Ardent Sentry-Northern Edge 07 that began April 30, 2007, and will play out over the next 18 days, involving thousands of US troops and state and local officials. The

US Northern Command said it is "the largest and most complex exercise" it has undertaken, combining natural and man-made disasters to test preparedness plans on a national level. "The intent obviously is to stress the system," said Mike Kucharak, a spokesman for the Northern Command. To read this article in full, please visit http://www.breitbart.com/article.php?id=070430233755.vertyy5z&show_article=1.

2007 NCIRD Annual Report



During 2006, the CDC's National Immunization Program (NIP) joined together with components of the National Center for Infectious Diseases to establish the National Center for Immunization and Respiratory Diseases (NCIRD). On April 6, 2007, they released their first *2007 NCIRD Annual Report* which discusses goals, vaccine recommendations, preparedness efforts and more. To download a copy of this report, please visit <http://www.cdc.gov/nip/webutil/about/annual-rpts/ar2007/2007annual-rpt.htm>.

Spencer, MA Water Supply Contaminated



Map credit:
Mapquest.com
Click to enlarge
photo

On April 26, 2007, much of Spencer, MA came to a halt after a malfunction at the town's water treatment plant released noxious chemicals into the water supply. At least 93 people were treated at hospitals and authorities ordered residents not to

drink, cook or bathe with tap water. The malfunction released too much sodium hydroxide, also known as lye, into the drinking water supply. Sodium hydroxide is routinely put into water to reduce acidity and limit pipe corrosion. Ingesting lye can cause ulcers to the esophagus and external exposure can cause burning and itching to the skin. To read further, please visit

http://www.boston.com/news/local/articles/2007/04/26/spencer_water_supply_contaminated/.

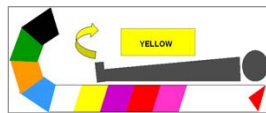
- YNH-CEPDR provides programs and services that focus on medical surge, decontamination and toxicology and can help train hospital and healthcare staff to recognize and respond to a serious issue such as the recent event in Spencer, MA. Hospitals should evaluate resources ahead of time and use on their Memorandums of Understanding (MOUs) and emergency agreements to identify and secure supplies such as water if necessary. The impact to a basic community infrastructure can have devastating effects to the operations of hospitals and community healthcare institutions. Only through appropriate preparedness, training and exercises can hospitals and healthcare providers be assured of limiting the impact of an event on their continued ability to delivery healthcare. For more information, please contact Jonathan Best at (203) 688-2535 or jonathan.best@ynhh.org.

The Preparedness Report RSS Feed: **New**



The weekly Preparedness Report is available now as an RSS feed. You can download the PDF file directly, or subscribe to the RSS feed, which will deliver a link to your application every week. To access this feed, please visit <http://www.ynhhs.org/emergency/commu/archives.html>.

Pediatric Disaster Assistance Toolkit (PDAT) Training – May 8, 2007



On Tuesday, May 8, 2007, from 11:00 a.m. to 12:00 p.m., James F. Wiley II, MD, MPH, will be conducting a Pediatric Disaster Assistance Toolkit (PDAT) training in Wallingford, CT. The PDAT is a resource to assist general hospitals in their evaluation and treatment of pediatric victims of a critical incident

involving chemical, biological or radiological weapons. Each acute care hospital has received the first installment of their Pediatric Disaster Toolkit as of January 6, 2007. This 1-hour presentation will introduce participants to the components of the PDAT, identify the intended end user of each component and provide direction and additional resources for the participants to integrate the PDAT into their hospital's Emergency Operations Plan and emergency preparedness education. Ample time for questions will be provided. The target audience includes hospital emergency preparedness planners and hospital clinical educators. For more information, please contact Dr. Wiley at (860) 545-9195 or jwiley@ccmckids.org.

HICS IV Workshop – June 5, 2007, or June 11, 2007



The Hospital Incident Command System (HICS) was recently updated to its fourth version by the California Emergency Medical Services Authority. The update ensures compliance with the National Incident Management System (NIMS). The HICS IV workshop will take place on June 5, 2007, from 8:00 a.m. to 10:00 a.m. or June 11, 2007, from 2:00 p.m. to 4:00 p.m. at the Connecticut Hospital Association. The workshop program will highlight what is new with HICS IV, detail the changes to the organizational chart, job action sheets and forms as well as provide an overall context for implementation of HICS IV. Program participants will receive a copy of a HICS IV Quick Reference Manual. To register for this workshop, please download the PDF, <http://www.yalenehavenhealth.org/emergency/HICSIVBrochure-Final.pdf>, and email, fax or mail your registration. Please contact Samantha Kopp at samantha.kopp@ynhh.org or (203) 688-2563 or Kimberly Spaulding at kimberly.spaulding@ynhh.org or (203) 688-4482 with any questions or concerns.

Emergency Credentialing Program (ECP)

Development of the database used to support the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is complete. Unique UserIDs and passwords that will be required for access to the system were assigned and distributed to each of the designated hospital contacts in November of 2006. A UserID and password will be necessary to 1) access the portion of the database that allows for credential verification of these non-physician or mid-level volunteers who have enrolled in the program and have reported that they are employed by a particular hospital and 2) access names, specialty and contact information for all volunteers (all hospitals and non-hospital agencies) across the state. The Connecticut Emergency Credentialing Program remains "ahead of the curve" when compared to the capability of similar programs across the country. Its success to date can be attributed to the commitment of the Statewide Credentialing Committee, colleagues representing their professional associations, Connecticut hospitals and the Connecticut Department of Public Health for ensuring citizens have uninterrupted access to healthcare during a large-scale disaster or public health emergency. Please visit www.ct-esar-vhp.org to learn more about the program, or contact Joseph Filakovsky, DNP, APRN at (203)688-4486 or joseph.filakovsky@ynhh.org.

State Health Department Urges Residents to Protect Health if their Home is Impacted by Flooding or Water Damage

In response to recent flooding in Connecticut, the Connecticut Department of Public Health has released information on precautions to prevent illness due to the potential of contaminated well water and other health concerns. Private wells that flood should be considered contaminated and must be disinfected. Water should be pumped away or allowed to recede around the well before the well is disinfected. Homeowners with dug wells should expose their wells and clean the well of possible debris that may have been swept in before carrying out disinfection. A licensed electrician should evaluate the electrical panel and/or connections that have been submerged by flooding. To read more recommendations, please visit http://www.dph.state.ct.us/Agency_News/Press_Releases/wellwater%2010-28-05%20final.pdf.

Education and Training Services

YNH-CEPDR is committed to developing and delivering services that advance healthcare planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other healthcare delivery organizations, emergency management professionals, the business community and others.

- **ASSESSMENTS:** Hazard Vulnerability Analysis, Business Impact Analysis and Gap Analysis
- **PLANNING:** Emergency management plans, emergency operations plans and business continuity plans
- **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- **DRILLS and EXERCISES:** Design, development, facilitation and evaluation

For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

Education and Training Courses

At the request of the Health and Resources Services Administration of the Department of Health and Human Services, the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) EM 103 w/NIMS and EM 140 w/NIMS courses were reviewed by the NIMS Integration Center. Taken together, these courses provide a solution to address elements 9 through 11 of the NIMS Implementation Activities for Hospitals and Healthcare Systems. These courses meet all of the required objectives defined by the NIMS National Standard Curriculum Training Guidance (March 2007) as demonstrated on the YNH-CEPDR NIMS Competency Crosswalk which may be accessed at http://www.ynhhs.com/emergency/YNH_CEPDR_NIMS_CompetencyCrosswalk.pdf. EM 103 with NIMS and EM 140 with NIMS have also been approved as being NIMS compliant for healthcare education and training requirements by the State of Connecticut Department of Public Health and the State of Connecticut Department of Emergency Management and Homeland Security. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

N95 Respirator Fit Tester Training (EM 122) in Development:



A May, 2007 research paper run by the Centers for Disease Control and Prevention (CDC) in the online publication *Emerging Infectious Diseases* entitled "Respirator Donning in Post-Hurricane New Orleans" makes the observation that, "An observational study of 62 healthcare workers in three California hospitals found that 40 (65%) improperly put on N95 FF respirators before entering the room of a patient in isolation for tuberculosis," <http://www.cdc.gov/eid/content/13/5/700.htm>. Properly fit personal protective

equipment can help control the spread of airborne infections including pandemic influenza. YNH-CEPDR is currently developing **N95 Respirator Fit Tester Training (EM 122)**. This 20-minute online course will provide an in-depth look at the fit testing process used to test the seal of the N95 respirator. The N95 respirator is worn by healthcare workers treating patients with infectious airborne diseases, including pandemic influenza. This course is designed to provide just-in-time training to healthcare workers that must perform fit tests. The use of text and video combined with a cue card, available to print, gives fit testers a more robust learning experience and a useful job aid. This course is anticipated to be released summer 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Education and Training Courses

- **Best Practices for the Protection of Healthcare-Based First Receivers (EM 120)** is available at <http://ynhhs.emergencyeducation.org/>. EM 120 is aligned with the Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. Sample job classifications that may 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 and planned for release in May. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Best Practices for the Protection of Healthcare-Based First Receivers, Operations Level (EM 220)** is a four-hour online course followed by a four-hour hands-on training. EM 220 is designed to advance healthcare workers from the awareness level to the operations level of training for hospital-based decontamination teams. Prior to enrolling in this operations-level course, participants are required to have successfully completed the awareness-level course, EM 120. EM 220 is recommended for healthcare workers with roles in their facility's decontamination process including medical practitioners (MD/DO, PA, NP), nurses (RN, LPN), allied health (ED techs, nurses aides, etc.), maintenance staff, environmental services staff, facilities staff, engineering staff, security and outside contractors. This course prepares healthcare workers to identify possible risks associated with unannounced patients and to fulfill specific roles in the decontamination process and trains healthcare workers to properly use protective equipment. The course adheres to OSHA Standard 29 CFR 1910.120 and the Best Practices for Hospital-Based First Receivers of Patients, which was a result of the OSHA revisions of February 2005 to address the concerns of hospital responders. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- YNH-CEPDR has developed **Introduction to Radiological Response (EM 110)**, a 30-minute narrated CD-ROM course which provides the learner with the basic principles of radiation, definitions of 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 or 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. An online version of EM 110 is scheduled for release summer of 2007. A more advanced radiological preparedness course is under development and planned for release in the fall of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Education and Training Courses

- Introduction to Emergency Management with NIMS (EM 103 w/NIMS)** is available at <http://ynhhs.emergencyeducation.org/>. Yale New Haven Health System employees should access the course via the learning management system at <http://cmecourses.com/ynhh/>. EM 103 w/NIMS meets the required objectives of IS 100, IS 700 and IS 800 for healthcare organizations and provides awareness-level emergency preparedness training for the healthcare delivery workforce. EM 103 w/NIMS is designed to assist healthcare workers in understanding their role in providing continuous care for existing patients and additional patients in the event of an emergency or a terrorist event. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 w/NIMS)** is a 50-minute course which offers an introduction to ICS for healthcare workers and is available at <http://ynhhs.emergencyeducation.org/>. Yale New Haven Health System employees should access the course via the learning management system at <http://cmecourses.com/ynhh/>. EM 140 w/NIMS meets the required objectives of IS 200, IS 700 and IS 800 for healthcare organizations. 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. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Safe and Resilient Hospitals; Preparing for the Next Disaster – May 13-16, 2007

How well do you think your hospital would withstand a large-scale disaster? Would you be able to continue to fulfill your mission to provide ongoing healthcare to your community, or would your organization be yet another victim of the disaster? How does one define a "Prepared/Resilient Hospital", and what are some approaches that hospitals can take to become prepared?

Work has begun through various groups around the world to define guidelines and associated benchmarks for various aspects of healthcare emergency preparedness. However, much remains to be done to provide healthcare organizations with consistent and practical tools that can be used to objectively measure their level of preparedness, regardless of location, culture and population. Equally important is developing recommendations and flexible solutions that can be readily implemented by organizations of various sizes and with other unique characteristics to address identified preparedness gaps and incorporate evidence-based, best practices learned from disaster research. **As an experienced healthcare leader, you will want to be a part of this international benchmarking and implementation process.**

Please join Joint Commission International, the Pan American Health Organization and the Yale New Haven Center for Emergency Preparedness and Disaster Response at the 15th World Congress for Disaster and Emergency Medicine as we lead a two-day working session focused on: (1) reaching consensus on 5 key hospital emergency preparedness guidelines; (2) developing a framework for meeting those guidelines through the identification of measurable benchmarks; (3) identifying evidence-based, best practice approaches to guide healthcare preparedness activities; and (4) establishing a process to engage healthcare delivery experts in benchmarking for emergency preparedness. The work completed by the workshop participants will be published and your participation cited.

Register for the Congress at http://www.ynhhs.org/emergency/hospital_prepared.pdf! More information on the Congress may be found at www.wcdem2007.org. Don't miss this opportunity. Limited spaces are still available so register today!



The Joint Commission



Joint Commission International



Pan American Health Organization
Regional Office of the World Health Organization



Center for Emergency Preparedness and Disaster Response
YALE NEW HAVEN HEALTH

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Preparedness Report Archive: <http://www.yalenevhealth.org/emergency/commu/archives.html>

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UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
5.8.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
5.8.07	9:30 a.m. to 10:30 a.m.	Regions 1, 2 and 5 Hospital Meeting	Connecticut Hospital Association
5.15.07	1:00 p.m. to 2:00 p.m.	NEPHERET WebEx Session	To join this WebEx session, please contact Rebecca Chestnutt at rebecca.chestnutt@ynhh.org or (203) 688-2656.
5.15.07	10:00 a.m. to 1:00 p.m.	NATHCER Exercise, NY <i>Sponsored by YNH-CEPDR</i>	For more information please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
5.17.07	10:00 a.m. to 1:00 p.m.	NATHCER Exercise, FL <i>Sponsored by YNH-CEPDR</i>	For more information please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
5.18.07	11:00 a.m. to 1:00 p.m.	NATHCER Exercise, CT <i>Sponsored by YNH-CEPDR</i>	For more information please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
6.12.07	1:00 p.m. to 2:00 p.m.	NEPHERET WebEx Session	To join this WebEx session, please contact Rebecca Chestnutt at rebecca.chestnutt@ynhh.org or (203) 688-2656.
7.26.07 and 7.27.07		4 th Annual Arkansas Statewide Preparedness Conference <i>Sponsored by Arkansas Medical Services, UAMS Regional Programs, Arkansas Children's Hospital, AR DHHS, AR Hospital Association, AR Dept. of Emergency Management, Arkansas Office of the FBI</i>	For more information, please visit http://www.ynhhs.org/emergency/AKStatewidePreparednessConf.pdf .

UPCOMING

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
5.8.07	11:00 a.m. to 12:00 p.m.	Pediatric Disaster Assistance Toolkit (PDAT) Training	For more information, please contact Dr. Wiley at (860) 545-9195 or jwiley@ccmckids.org .
5.23.07	2:00 p.m. to 3:00 p.m.	Live Response – the National Infrastructure Protection Plan <i>Sponsored by the National Terrorism Preparedness Institute</i>	For more information, please visit http://www.dlnets.com/ntpi_23May07.htm .
6.5.07	8:00 a.m. to 10:00 a.m.	HICS IV Workshop	To register for this workshop, please download the PDF, http://www.yalenehavenhealth.org/emergency/HICSIVBrochure-Final.pdf , and email, fax or mail your registration. For more questions please contact Samantha Kopp, samantha.kopp@ynhh.org .
6.11.07	2:00 p.m. to 4:00 p.m.	HICS IV Workshop	For more information please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .