

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

## Pandemic Influenza Conference Call – January 23, 2007: **New**

On January 23, 2007, from 1:00 to 2:00 p.m. Barbara Reynolds from the CDC will host a crisis and emergency risk communication pandemic influenza conference call. Objectives for this call include the psychology of a severe influenza pandemic and what kinds of messages the public will need from their public health professionals; why stigmatization occurs and how officials can respond and discourage it; the importance of strengthening community hardiness and personal resilience to provide the optimum opportunity for recovery from the crisis; and how to incorporate loss, grief and mourning rituals in communication to the community while respecting cultural differences. For more information about this call, please visit <http://www.bt.cdc.gov/coca/callinfo.asp>.

## JCAHO Proposed Additions to EM Standards: **New**

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has posted for public comment proposed revisions to the emergency management standards for hospitals and long-term care facilities. According to the JCAHO, the standards are designed to emphasize "scalable" emergency management needed to respond to the variety, intensity, and duration of the disasters that healthcare facilities may encounter. The changes to the current emergency management standards are extensive. The new standards provide guidance for developing an emergency management program that identifies six critical functions, regardless of the cause or causes of an emergency. It is important that organizations have an understanding of their capabilities in meeting these six critical functions during conditions when their facility's infrastructure, the community's infrastructure, or both are compromised. Click here [http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/FieldReview/em\\_stds\\_fr.htm](http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/FieldReview/em_stds_fr.htm) to read the complete release of the proposed standards or here <http://www.ynhhs.com/emergency/commu/JCAHOProposedAdditionstoEMStandards.pdf> to read a summary of the standards.

## Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of January 10, 2007, is 264 cases and 157 deaths.

- [Pandemicflu.gov](http://www.pandemicflu.gov) has developed a checklist for US businesses with overseas operations. This checklist provides suggestions and can serve as a starting point for developing a comprehensive plan. The checklist highlights actions applicable to businesses of all sizes, although each item does not necessarily apply to every overseas business. For further information and resources, please visit <http://www.pandemicflu.gov/plan/business/businessoversea.html>.
- On January 4, 2007, the Department of Homeland Security awarded a \$102.6 million, four-year contract to BioCryst Pharmaceuticals, Inc. for advanced development of their influenza antiviral drug, peramivir. In laboratory studies to date, peramivir has shown effectiveness against a number of influenza strains. Funding provided under the new contract will support further studies to determine if peramivir can be an effective treatment for seasonal and life-threatening influenza, including highly pathogenic H5N1 influenza. Additional research may also examine the drug's potential use for prophylaxis to protect against influenza infection. Peramivir is a member of the neuraminidase inhibitor class of influenza antiviral drugs. While the other antiviral drugs in this class are either taken orally (oseltamivir/Tamiflu) or by an inhaler (zanamivir/Relenza), peramivir is being studied as a drug that can be administered through intravenous or intramuscular injection. The ability to administer the drug through injection may be especially useful in hospital settings where it can be given to persons with life-threatening influenza upon admission to emergency rooms. Additional advantages to injection of peramivir include the potential for high levels of the drug to be achieved rapidly throughout the body and its ability to be administered to people too ill to take medications by mouth. To read this release in full, please visit <http://www.hhs.gov/news/press/2007pres/20070104.html>.
- The first human trial of a DNA vaccine designed to prevent H5N1 avian influenza infection began on December 21, 2006, when the vaccine was administered to the first volunteer at the National Institutes of Health (NIH) Clinical Center in Bethesda, MD. Unlike conventional flu vaccines, which are developed by growing the influenza virus in hens' eggs and then administered as a weakened or killed form of the virus, DNA-based vaccines contain only portions of the influenza virus' genetic material. Once inside the body, the DNA instructs human cells to make proteins that act as a vaccine against the virus. For more information, please visit <http://www.nih.gov/news/pr/jan2007/niad-02.htm>.
- The US Department of Health and Human Services (DHHS) has updated its "sheltering-in-place" recommendations. DHHS suggests that US residents prepare two weeks of emergency supplies (food, water, medicines, etc.) in order to shelter-in-place during an influenza pandemic. Due to varying conditions overseas, Americans abroad should evaluate their situation and prepare emergency supplies accordingly (non-perishable food, potable water, medicines, etc.) for the possibility of sheltering-in-place for at least two and up to twelve weeks. Water purification techniques such as boiling, filtering and/or adding chlorine to locally available rainwater, swimming pools, lakes, rivers and wells may replace the need to store large quantities of water. For more information, please visit [http://travel.state.gov/travel/tips/health/health\\_3096.html](http://travel.state.gov/travel/tips/health/health_3096.html).

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## Travel Warning to Indonesia: **New**

On January 9, 2007, the Department of State updated its travel warning for Americans who travel or work in Indonesia. Due to the possibility of terrorist attacks directed against American or other Western citizens and interests, the Department of State urges American citizens to evaluate carefully the risks of travel to Indonesia. Terrorist attacks in Indonesia could occur at any time and could be directed against any location, including those frequented by foreigners, as well as identifiably American or other Western facilities or businesses in Indonesia. Such targets could include but are not limited to places where Americans and other Westerners live, congregate, work, study, shop, or visit, including hotels, clubs, restaurants, shopping centers, identifiably Western businesses, housing compounds, transportation systems, places of worship, schools or public recreation events. While past terrorist attacks have involved the use of vehicle-borne explosives or suicide bombers carrying explosives in backpacks, terrorists may use other forms of attack in the future. Terrorists may target individual American citizen residents, visitors, students, or tourists and tactics could include but are not limited to kidnapping, shooting, or poisoning. The Department of State urges Americans in Indonesia to avoid crowds, maintain a low profile, and be vigilant about security at all times. Americans are advised to monitor local news broadcasts, vary their routes and times in carrying out daily activities and consider the level of preventive security when visiting public places in Indonesia. Americans who choose to vacation in Indonesia despite the security risks are advised to consider the level of preventive security when choosing hotels, restaurants, beaches, entertainment venues and recreation sites. To read this release, please visit [http://jakarta.usembassy.gov/news/trv\\_warning\\_02.html](http://jakarta.usembassy.gov/news/trv_warning_02.html).

## CDC Shipping Instructions for Specimens from People who may have been Exposed to Chemical-Terrorism Agents: **New**

The CDC has updated and created instructional picture diagrams for proper shipping of specimens after a chemical-exposure event. To access these diagrams, please visit <http://www.bt.cdc.gov/whatsnew.asp>.

## Seasonal Influenza: **Updated**

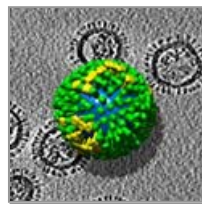


Photo Credit: [NIH](#)  
A three-dimensional structure of influenza virus from electron tomography

Scientists at the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), part of the National Institutes of Health in Bethesda, MD., and colleagues at the University of Virginia in Charlottesville have succeeded in imaging the virus that causes influenza. A team of researchers led by NIAMS' Alasdair Steven, Ph.D., working with a version of the seasonal H3N2 strain of influenza A virus, has been able to distinguish five different kinds of influenza virus particles in the same isolate (sample) and map the distribution of molecules in each of them. This breakthrough has the potential to identify particular features of highly virulent strains, and to provide insight into how antibodies inactivate the virus, and how viruses recognize susceptible cells and enter them in the act of infection. The research team used electron tomography (ET) to make its discovery.

ET is a three-dimensional imaging method based on the same principle as the clinical imaging technique called computerized axial tomography, but it is performed in an electron microscope on a microminiaturized scale. For more information, please visit <http://www.nih.gov/news/pr/dec2006/niams-29.htm>.



Illustration: CDC  
Click to enlarge

During the week of December 24 to December 30, 2006, widespread activity was reported by four states (Alabama, Florida, Georgia and Tennessee); regional activity was reported by 10 states (Indiana, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Nevada, North Carolina, Oklahoma and Texas); local activity was reported by 12 states (Alaska, Arizona, Connecticut, Hawaii, Illinois, Kansas, Massachusetts, Michigan, Missouri, South Dakota, Utah and Wisconsin); sporadic activity was reported by the District of Columbia, New York City and 20 states (Arkansas, California, Colorado, Delaware, Idaho, Maine, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Virginia, Washington, West Virginia and Wyoming); no influenza activity was reported by one state (Vermont); and three states did not report (Pennsylvania, Rhode Island and South Carolina). For more information visit <http://www.cdc.gov/flu/weekly/>.

## FluWorkLoss 1.0 released by the CDC: **Updated**

- Pandemic influenza can overwhelm a community, causing very serious public health, social, and economic problems. Approximately 36,000 deaths and 220,000 hospitalizations per year are related to seasonal influenza in the U.S. However, because illness rates during a pandemic are likely to be 2-5 times higher than a typical influenza season, special planning for work loss during pandemics is critical to maintain continuity of operations in a severe pandemic. The CDC has created FluWorkLoss 1.0 which estimates the potential number of days lost from work due to an influenza pandemic. Users can change almost any input value, such as the number of workdays assumed lost when a worker becomes ill or the number of workdays lost due to a worker staying home to care for a family member. Users can also change the length and virulence of the pandemic so that a range of possible impacts can be estimated. FluWorkLoss provides a range of estimates of total workdays lost, as well as graphic illustrations of the workdays lost by week and percentage of total workdays lost to influenza-related illnesses. To access FluWorkLoss 1.0, please visit <http://www.cdc.gov/flu/tools/fluworkloss/>.
- In addition to FluWorkLoss 1.0, the CDC has designed FluAid 2.0 to assist state and local level planners in preparing for the next influenza pandemic by providing estimates of potential impact specific to their locality. FluAid provides only a range of estimates of impact in terms of deaths, hospitalizations and outpatient visits due to pandemic influenza. The software cannot describe when or how people will become ill, nor how a pandemic may spread through a society over time. To access FluAid 2.0, please visit <http://www.cdc.gov/flu/tools/fluaid/>.

## Connecticut Sentinel Laboratory Newsletter: **Updated**



The Connecticut Laboratory Response Network has published its December 2006, volume 3 newsletter. This newsletter features important biosafety practices, information on laboratory surge planning and more. To access this newsletter, please visit <http://www.ynhhs.org/emergency/commu/PanFluInfoForSentinelLabs.pdf>.

## DHS Introduces New Regulations to Secure High-Risk Chemical Facilities: **Updated**

On December 22, 2006, DHS made available for public review an aggressive and comprehensive set of proposed regulations that will improve security at high-risk chemical facilities nationwide. The proposed regulations are expected to be published in the Federal Register as an Advanced Notice of Rulemaking and will be available for public comment until February 7, 2007. The proposed regulations provide chemical facilities with two quick and simple opportunities to challenge the disapproval of a site security plan. Failure to comply with performance standards may result in civil penalties up to \$25,000 per day, and egregious instances of noncompliance could result in an order to cease operations. For more information, please visit [http://www.dhs.gov/xnews/releases/pr\\_1166807052891.shtm](http://www.dhs.gov/xnews/releases/pr_1166807052891.shtm).

## Epidemics after Natural Disasters: **Updated**

In the January 2007 issue 1 edition of *EID Journal*, John T. Watson, Michelle Gayer and Maire A. Connolly of WHO discuss epidemics after natural disasters. Their article discusses the relationship between natural disasters and communicable diseases. The risk for outbreaks is often presumed to be very high in the chaos that follows natural disasters, a fear likely derived from a perceived association between dead bodies and epidemics. However, the risk factors for outbreaks after disasters are associated primarily with population displacement. The availability of safe water and sanitation facilities, the degree of crowding, the underlying health status of the population and the availability of healthcare services all interact within the context of the local disease ecology to influence the risk for communicable diseases and death in the affected population. This article outlines the risk factors for outbreaks after a disaster, review the communicable diseases likely to be important and establish priorities to address communicable diseases in disaster settings. For more information, please visit <http://www.cdc.gov/ncidod/EID/13/1/1.htm>.

### Questions or Comments

Questions, comments or suggestions should be forwarded by fax to (203) 688-4618 or by e-mail to [center@ynhh.org](mailto:center@ynhh.org) [www.yalenehavenhealth.org/emergency](http://www.yalenehavenhealth.org/emergency)

## FDA Approves Hydroxocobalamin for Cyanide Poisoning: **Updated**



On December 15, 2006, the Food and Drug Administration (FDA) approved intravenous hydroxocobalamin for the treatment of known or suspected cyanide poisoning. Cyanide has long been used as a weapon by the military and terrorists, has caused mass casualties in industrial accidents and is a hazard to firefighters and victims of smoke inhalation. Hydroxocobalamin, also known as vitamin B12a, is a precursor of cyanocobalamin (vitamin B12) and has been used for ten years in France as the treatment of choice for cyanide poisoning. The FDA approved the drug as Cyanokit®. It is manufactured by Merck Sante s.a.s. in France and packaged by Dey Laboratories for EMD Pharmaceuticals, Inc. The kit contains an unconstituted form of hydroxocobalamin and the supplies needed to reconstitute the drug and administer it intravenously. because of its good safety profile, hydroxocobalamin can be used in the pre-hospital setting. In France, it is routinely given to smoke inhalation victims at the scene of a fire. To read further, please visit <http://www.upmc-cbn.org/>.

## Questions and Answers about Immunization Recommendations Following a Disaster Fact Sheets: **Updated**

- The CDC has created a "Question and Answer about Immunization Recommendations Following a Disaster" fact sheet. This fact sheet answers who should get immunization for hepatitis A, hepatitis B and vaccines recommended for evacuees of a disaster. In addition, this fact sheet outlines guidance for child evacuees entering a new school. To access this fact sheet, please visit <http://www.bt.cdc.gov/disasters/hurricanes/katrina/immunizationqa.asp>.
- The CDC has updated its childhood, adolescent and adult immunization schedules. These schedules list who should get what immunization and when. The CDC recommends keeping vaccines up-to-date in the event of a disaster. For more information, please visit <http://www.bt.cdc.gov/disasters/hurricanes/katrina/vaccine displaced.asp>.

## GAO Report: Transportation for Disadvantaged Populations: **New**

The United States Government Accountability Office has created a report "Transportation of Disadvantaged Populations: Actions Needed to Clarify Responsibilities and Increase Preparedness for Evacuations." This report identifies transportation problems that states and localities will have in the event of a disaster. The GAO studied the District of Columbia, Los Angeles, Miami, New Orleans and Buffalo because they were identified as being high risk because of a large concentration of elderly, disabled and low-income populations without their own vehicles. To read this report, please visit <http://www.gao.gov/new.items/d0744.pdf>.

## Emergency Credentialing Program: **New**

One hour training sessions are being scheduled with Emergency Credentialing Program (ECP) Hospital Contacts to learn how to access and navigate the ECP volunteer management database to conduct pre-event credential verification and for resource identification and contact information when the ECP system is activated. It is strongly recommended that at least two individuals from each hospital become familiar with the ECP program and the volunteer management database and that these individuals have a designated and defined role in the hospital's emergency management plan. At the time of an event, the database will be available to authorized users in "real-time" mode via the internet. In anticipation of internet failure, hospital contacts will be asked to regularly download a complete database copy for local (desktop) access using FileMaker™, a user-friendly and widely used database management tool. Note: FileMaker™ does not require user licensing fees or installation. For more information or to schedule your training, please contact Carol Luddy at (203) 688-5544 or via email at [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org).

## Training and Education Services: Updated

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 and business continuity plans
- **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- **DRILLS and EXERCISES:** Development, facilitation and evaluation

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

## 15<sup>th</sup> World Conference on Disaster and Emergency Medicine: 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. The need for consistent standards and benchmarks in emergency preparedness for hospitals and healthcare organizations around the world is critical. To address this need, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Joint Commission International (JCI), the Pan American Health Organization (PAHO), the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) and WADEM will offer an 1 ½ day workshop to develop recommendations on a focused subset of hospital emergency preparedness benchmarks, define and implement an ongoing process to pilot and evaluate those benchmarks, define and implement an ongoing process to pilot and evaluate those benchmarks and promote a consensus building process that will be used to develop and implement these and additional benchmarks in the future. Hospital and healthcare leaders and decision makers are encouraged to register for this exciting educational opportunity and participate in an international standard-setting initiative. To learn more about this conference, please visit <http://www.wcdem2007.org/>.

## Training and Education Website: Updated



YNH-CEPDR has updated its education and training website. In addition to a new look, registration is now required to access online courses. This new approach will permit users to view a transcript and review or print their Certificate of Completion for courses previously passed. It also enables YNH-CEPDR to provide more complex offerings that require documented completion of prerequisites. Please visit <http://ynhhs.emergencyeducation.org/>.

## NIMS Compliance Approval for EM 103 w/NIMS and EM 140 w/NIMS: Updated

EM 103 w/NIMS (Introduction to Emergency Management) and EM 140 w/NIMS (Incident Command Systems for Healthcare) have been deemed NIMS-compliant by the Department of Homeland Security NIMS and the State of Connecticut Department of Emergency Management and Homeland Security. Upon completion of EM 103 w/NIMS and EM 140 w/NIMS, individuals will receive a course completion certificate. For more information, please contact Scott Selig at (203) 688-2587 or [scott.selig@ynhh.org](mailto:scott.selig@ynhh.org).

## Training and Education Courses: Updated

- **Introduction to Emergency Management with NIMS (EM 103 w/NIMS)** is available at <http://ynhhs.emergencyeducation.org/>. This course addresses basic emergency management concepts required by the federal Department of Homeland Security for courses IS 100, IS 700 and portions of IS 800. EM 103 w/NIMS provides awareness-level emergency preparedness training for the healthcare delivery workforce. Based on NIMS objectives, 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](mailto: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/>. 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. EM 140 w/NIMS addresses objectives required by the federal Department of Homeland Security for courses IS 200, IS 700 and portions of IS 800. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- **Best Practices for the Protection of Hospital-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 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 and will be planned for release in spring of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- **Introduction to Radiological Response (EM 110)** is 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. A more advanced radiological preparedness course is under development and planned for release in the spring of 2007. For more information or a copy of an EM 110 CD-ROM, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
2.14.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
2.14.07	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting Only	Connecticut Hospital Association

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
1.23.07	1:00 p.m. to 2:00 p.m.	Crisis and Emergency Risk Communication: Pandemic Influenza <i>Sponsored by the CDC</i>	Dial in number: (888) 889-4431 Passcode: CERC For more information, please visit <a href="http://www.bt.cdc.gov/coca/callinfo.asp">http://www.bt.cdc.gov/coca/callinfo.asp</a> .
2.27.07	1:00 p.m. to 2:30 p.m.	When the System is Overwhelmed: Protecting the Provider During Bioterrorism <i>Sponsored by the Alabama Department of Public Health</i>	To register for this call, please visit <a href="http://www.adph.org/alphn/vcomm.asp?action=conflistone&amp;templatnbr=3&amp;deptid=143&amp;templateid=1252">http://www.adph.org/alphn/vcomm.asp?action=conflistone&amp;templatnbr=3&amp;deptid=143&amp;templateid=1252</a> .

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

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