

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL



3rd Annual Emergency Preparedness Conference, – Abstracts Due August 20, 2007

Earthquakes, tornados, heat waves, floods, oil spills, fires, nuclear accidents, dirty bombs, pandemic flu, terrorism threats, hurricanes, blackouts, blizzards; the list of disasters is endless – and continues to grow. On average, natural disasters cause 185 deaths per day. The loss of human life, the physical and environmental damages, the disruption to school, homes, business and productivity and the financial impact can be devastating to any community or country. But the impact of many disasters can be sharply reduced if an effort is made to assess risk and develop and test contingency plans for disaster response before it happens, rather than after the damage has been done.

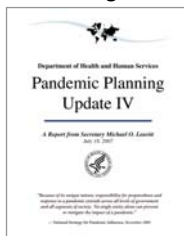
Joint Commission Resources (JCR) will present its third annual emergency preparedness conference at the Hilton Alexandria Mark Center in Alexandria, Virginia, on October 10 and 11, 2007. This outstanding program will provide attendees with new ideas, concrete tools, tips, checklists and strategies to help them prepare their organizations and jurisdictions for peak performance, self-sufficiency and constant readiness. Once again, JCR is partnering with the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) on the scientific abstract session for the conference. Providing a forum for attendees to share their experience and expertise with colleagues from around the country, the abstract session will be even bigger and better than last year, with 25 submissions being selected for poster presentation and two selected for platform presentation during the conference plenary sessions on October 10, 2007. **Abstracts must be submitted by August 20, 2007, and will be peer-reviewed for their quality, originality and relevance to the conference.** For more information on the abstract submission process, please go to <http://yalenewhavenhealth.org/emergency/disasterconferenc/e/>. For more information or to register for this conference, please visit <http://www.jcrinc.com/24835/>, or call JCR Customer Service at (877) 223-6866.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of July 11, 2007, is 318 cases and 192 deaths.

- On July 11, 2007, the United States Department of Agriculture National Veterinary Services Laboratories confirmed the presence of antibodies indicating a possible prior exposure to an H5N1 avian influenza virus in samples collected from a turkey farm in Virginia. There have been no signs of illness or death in the birds, indicating that this is not the highly pathogenic H5N1 virus that has spread through birds in Asia, Europe and Africa. Additionally, several thousand poultry samples collected from poultry operations in the area of the affected farm have all been negative for avian influenza, reinforcing the conclusion that this involves a common avian influenza virus that poses no threat to human health. Every indication is that the virus detected is consistent with the North American strain of low pathogenic H5N1, which is not a human health concern. LPAI is commonly found in birds and typically causes only minor sickness or no noticeable symptoms in birds. To read this release in full, please visit http://www.aphis.usda.gov/newsroom/content/2007/07/re_avianinfluenza.shtml.
- In a study, to be published in the *Proceedings of the National Academy of Sciences (PNAS)*, Robert G. Webster, PhD, and colleagues at St. Jude Children's Research Hospital in Memphis, found that disabling the body's destructive immune-system overreaction to the H5N1 avian influenza virus, known as "cytokine storm," did not protect mice infected with the disease. The study found that groups of mice genetically programmed to lack one of three important inflammatory cytokines, died after they were exposed to a Vietnamese H5N1 virus strain. They also found that mortality rates were high in non-altered mice that were given glucocorticoids to suppress cytokine production after exposure to the H5N1 virus. The researchers concluded that deficiency of any of the three key cytokines alone does not protect mammal hosts from H5N1 avian influenza death and that glucocorticoids do not reduce the lethality of the H5N1 infection. The authors state, "these results refute the popular paradigm that the cytokine storm is the cause of death during H5N1 infection, adding that more research is needed to examine the contribution of each cytokine to factors other than weight loss and mortality." For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul1607cytokine.html>.

Pandemic Planning Update IV Report Released on July 18, 2007: **New**



On July 17, 2007, the Department of Health and Human Services released a one-year update, *Pandemic Planning Update IV*, on the federal government's pandemic influenza preparedness strategy. The report outlines current monitoring and surveillance efforts, vaccine and vaccine production capacity, antiviral drugs, state and local preparedness and communications. For more information, please visit <http://www.pandemicflu.gov/plan/panflureport4.html>.

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Duration of Influenza A Virus Shedding Longer than Expected: **New**



The Clinicians Biosecurity Network features a narrative by Luciana L. Borio, MD that discusses the duration of influenza A virus lasting longer than expected. Adults infected with influenza A are generally considered infectious from the day before the onset of

symptoms until about five days after onset. Longer periods of shedding have been described in children and immunocompromised patients. The estimated period of infectivity in adults guides current infection control guidelines for the prevention of influenza in acute care facilities, which recommend that patients hospitalized with suspected or confirmed influenza be placed under standard and droplet isolation precautions for five days after onset of symptoms. In addition, infected healthcare workers are encouraged to abstain from patient care for five days after onset of their symptoms. A recent study by Surbhi Leekha and colleagues from the Mayo Clinic College of Medicine, suggest that more prolonged isolation precautions may be necessary to prevent nosocomial outbreaks. In addition, additional studies, including surveillance of contacts, should be undertaken to assess whether prolonged viral shedding as determined by testing is associated with continued infectivity. To read this discussion in full, please visit http://www.upmc-cbn.org/report_archive/2007/07_July_2007/cbnr_eport_07172007.

Students Pandemic Hotline Plan Interests Health Agency



The Santa Clara County Public Health Department in San Jose, California, is helping Stanford University students develop a plan model for a local influenza pandemic information hotline.

The hotline will be staffed by home-based volunteers with general knowledge and would also offer the ability to route emergency calls directly to experts. Volunteers would use computer programs to obtain local pandemic information, including information about hygiene, school closures and how to stay healthy during a pandemic. This service would be a source of information for vulnerable populations, including those who do not have a computer and those who prefer person-to-person interaction. Plans calls for the pandemic hotline model to be made available to anyone interested at no cost. To read more about the hotline plan, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul0607stanford.html>.

HHS Announces \$896.7 Million in Funding to States for Public Health Preparedness and Emergency Response: **New**

On July 17, 2007, United States Health and Human Services (HHS) announced the awarding of \$896.7 million to the states, territories and four metropolitan areas to improve and sustain their ability to respond to public health emergencies. HHS is coordinating the funding to be used for preparedness and response to all-hazards public health emergencies including terrorism, pandemic influenza and other naturally-occurring public health emergencies.

The funding includes:

- \$175 million for pandemic influenza preparedness to assist public health departments in their pandemic influenza planning efforts
- \$57.3 million to support the Cities Readiness Initiative (CRI). CRI is designed to ensure that selected cities provide oral medications during a public health emergency to 100 percent of their affected populations
- \$35 million to improve the early detection, surveillance and investigative capabilities of poison control centers to provide information to health care providers and the public to respond to chemical, biological, radiological and nuclear events
- \$5.4 million is specifically allocated for states bordering Mexico and Canada (including the Great Lakes States) for the development and implementation of a program to provide effective detection, investigation, and reporting of urgent infectious disease cases in the three nations' shared border regions

For more information, please visit

<http://www.hhs.gov/news/press/2007pres/07/pr20070717c.html>.

Secretary Chertoff Discusses Increased Risk/Threat Situation

On July 10 Department of Homeland Security (DHS) Secretary Michael Chertoff spoke to the editorial board of the *Chicago Tribune*: "I believe we're entering a period this summer of increased risk. We've seen a lot more public statements from Al Qaeda. There are a lot of reasons to speculate about that but one reason that occurs to me is that they're feeling more comfortable and raising expectations. In last August, and in prior summers, we've had attacks against the West, which suggests that summer seems to be appealing to them. I think we do see increased activity in South Asia, so we do worry about whether they are rebuilding their capabilities. We've struck at them and degraded them, but they rebuild. All these things have given me kind of a gut feeling that we are in a period of increased vulnerability." To read this article in full, please visit

<http://www.chicagotribune.com/news/nationworld/chicago0711chertoffjul11.1.7742749.story?coll=chi-newsnationworld-hed>.

Emergency Credentialing Program: **New**

On Tuesday, July 17, 2007, the United States Intelligence Community released its National Intelligence Estimate which addresses the continuing threat of terrorism in the United States. What is abundantly clear is that our country remains at very high risk of a terrorist incident for the foreseeable future. With such an event, there comes the potential for large numbers of casualties overwhelming our healthcare facilities and staff. Hospital Disaster Volunteers, such as those registered with the State of Connecticut Emergency Credentialing Program for Health Professionals or the Medical Reserve Corps play a vital role in meeting the inevitable surge of patients that accompanies such an event, as well as continuing to ensure the operation of the hospital to meet these increased needs and deliver essential services. Please consider joining us as a member of the ECP program or the Medical Reserve Corps. Volunteers receive online required education and can participate in drills. If a mobilization or initiated, the volunteer will receive institution and event specific "just-in-time" training as well as liability and Workers' Compensation coverage. Most importantly, if you are asked to deploy, the final decision is *yours*. Please visit us at <http://www.ct-esar-vhp.org/> for information or to submit an application. If you have further questions, please contact Dr. Joseph Filakovsky, Emergency Credentialing Coordinator at 203-688-4486 or by e-mail at ecp@ynhh.org.

Importante en Caso de Emergencia (ICE) – Spanish Version



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 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 and offers "ICE" decals to be placed on cell phones to let emergency personnel know that this valuable information has been programmed into the phone. Now available in Spanish too, you may order "ICE" decals by sending an e-mail to center@ynhh.org.

Special Edition of the CT-LRN Newsletter



The Connecticut Laboratory Response Network (CT-LRN) has published a special edition of their newsletter discussing the possible return of reference testing at the State Department of Public Health Laboratory. CT-LRN is requesting feedback

regarding interest in having this service available once again. Further information about this and details regarding the State Laboratory's annual bioterrorism (BT) functional drill set of microbiology samples and BT drill reporting procedure to the State Laboratory can be found in the CT-LRN newsletter by visiting http://www.yalenehavenhealth.org/emergency/CT-LRN_July2007.pdf.

Positions Available at YNH-CEPDR

YNH-CEPDR has openings for Exercise Specialists, Regional Education Specialists and a Grant Research Specialist. Please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org for more information, or apply online at <http://www.yalenehavenhealth.org/info/jobs.html>.

Questions, Comments, Suggestions or to Subscribe

For questions, comments, suggestions or to subscribe to the Preparedness Report, please e-mail us at center@ynhh.org. www.yalenehavenhealth.org/emergency



Personal and Family Preparedness: **New**

• Top Five Reasons to Become a MRC Volunteer:

1. Do it for yourself - Do it for your family - Do it for your community
 2. Increases your personal and family emergency planning efforts
 3. Training is free
 4. Provides you with rewarding experiences that fit your schedule
 5. Feels good to help others
- Do you know how to prepare yourself and your family for a natural or man-made emergency? Whether you're a medical professional, community member, student, or someone who has a question, turn to the Medical Reserve Corps for reliable and current resources on personal and emergency preparedness. The Medical Reserve Corps at Yale New Haven Center for Emergency Preparedness and Disaster Response (MRC-YNH CEPDR) is proud to be known as "**the source**" for accurate and current information and education and training on emergency preparedness. The MRC-YNH CEPDR has an expert staff that will provide effective education and training resources to audiences around the state. Find out how to set up training and access other resources by contacting Eugenie Schwartz at Eugenie.schwartz@ynhh.org or at (203) 688-2659.

Disasters Around the Nation and the World: **New**



Click on photo to enlarge
Photo Credit:
AP/Jason DeCrow

On July 18, 2007, an underground steam pipe explosion burst through a Manhattan street near Grand Central Terminal in New York City. This explosion created a crater that engulfed a tow truck, killing one person and injuring 45 people. The initial burst of steam rose higher than the nearby 77-story Chrysler Building, one of Manhattan's tallest buildings. The air near the site was filled with debris, streets were closed for several blocks in all directions and subway service in the area was suspended as a result of the explosion. Asbestos that was wrapped around the pipes caused some concern that it was released into the air. At a press conference, Mayor Michael Bloomberg said that the explosion was not due to terrorism but rather a failure with steam pipe infrastructure. The explosion is thought to be caused by a condition known as "water hammer," the result of condensation of water inside a steam pipe. For more information, please visit http://www.wral.com/news/national_world/national/story/1609103/.

- On July 17, 2007, TAM airlines Airbus-320 was en route to Sao Paulo from Porto Alegre in southern Brazil when it skidded on the rain-slicked runway in Sao Paulo, barreled across a busy road and slammed into a gas station and TAM building. Rescue crews pulled dozens of bodies Wednesday from the Brazilian airliner that crashed as the number of people feared dead rose to 180. President Luiz Inacio Lula da Silva declared three days of national mourning following Brazil's second major air disaster in less than a year. In September, a Gol Aerolinas Inteligentes SA Boeing 737 and an executive jet collided over the Amazon rain forest, killing 154 people. The runway at Sao Paulo's Congonhas airport has been repeatedly criticized for being too short, and two planes slipped off it in rainy weather just a day earlier, though no one was injured in either incident. To read this story in full, please visit http://www.wral.com/news/national_world/world/story/1604750/.
- On Monday, July 16th a 6.8-magnitude quake hit northwestern Japan. In Kashiwazaki, Japan, Kashiwazaki-Kariwa Nuclear Power Plant, suffered a barrage of leaks and malfunctions as a result of the earthquake. The Nuclear and Industrial Safety Agency found radioactive iodine had leaked from an exhaust pipe at the plant to the Sea of Japan. In addition to the leak, a plant fire, which blazed for two hours after the quake, caused the ground beneath an electric transformer to sink, damaging cables, causing a short circuit and igniting leaked insulation oil. The quake has caused trouble for other industries as well. Toyota, Nissan, Honda, Mitsubishi and Fuji Heavy Industries, the maker of Subaru, all halted production because a key parts supplier was damaged by the temblor. Fears of an electricity shortage in the nation's capital increased when Tokyo Electric Power Co., Japan's largest utility, struggled to keep up with conventional power output. For more information, please visit http://www.wral.com/news/national_world/world/story/1610000/.

Education and Training Services

YNH-CEPDR is committed to developing and delivering effective and scaleable 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 additional information about these services, please contact Scott Selig at scott.selig@ynhh.org or (203) 688-2587 or Kimberly Spaulding at kimberly.spaulding@ynhh.org or (203) 688-4482.

Education and Training Courses



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. An online version of EM 110 is scheduled for release in the summer of 2007. A more advanced radiological preparedness course is under development and planned for release in the fall of 2007. EM 110 CD-ROM is available for a fee and can be obtained by contacting Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

NIMS Compliance



At the request of the Bioterrorism Training and Curriculum Development Program of the HHS, the YNH-CEPDR EM 103 w/NIMS and EM 140 w/NIMS courses were reviewed by the NIMS Integration Center. 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 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 w/NIMS and EM 140 w/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. To download a brochure, please visit http://www.ynhhs.org/emergency/NIMS_Brochure-Final.pdf. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

- YNH-CEPDR has developed a strategic partnership with HealthStream to distribute EM 103 w/NIMS and EM 140 w/NIMS. This partnership will support a broader dissemination of these courses as a strategy for hospitals and healthcare systems to become compliant with NIMS education and training requirements. For more information, please contact Scott Selig at scott.selig@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.



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 the fall of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Education and Training Courses



The online publication *Emerging Infectious Diseases* article 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 and will meet OSHA fit-testing requirements. 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 in the summer of 2007. 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 healthcare-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 fulfill specific roles in the decontamination process and trains healthcare workers to properly use protective equipment. The course meets OSHA Standard 29 CFR 1910.120 and the Best Practices for Healthcare-Based First Receivers of Patients, which was a result of the OSHA revisions of February 2005 to address concerns of hospital responders. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
7.21.07		All Hazard Incident Management Teams (AHIMT) Training <i>Sponsored by the Connecticut Fire Academy</i>	Windsor Locks, CT For more information, please visit http://www.ynhhs.org/emergency/AHIMTClass.pdf or contact Jackie Kilby-Richards at (860) 627-6363 x 285 jacklyn.kilby-richards@po.state.ct.us .
7.24.07, 7.25.07 and 7.26.07	10:00 a.m. to 7:00 p.m. 8:00 a.m. to 5:15 p.m. 8:00 a.m. to 5:30 p.m.	Teaching Psychosocial Aspects of Terrorism and Disasters Train-the-Trainer Course	The New York Academy of Medicine Fifth Avenue at 103 rd Street New York, New York For more information, please visit http://chip.med.nyu.edu/file.php/1/Psychosocial_Brochure_53007_FINAL.pdf .
7.25.07	8:00 a.m. to 5:15 p.m.	Diagnosing and Managing Psychosocial Aspects of Terrorism and Disasters One-Day Workshop	The New York Academy of Medicine Fifth Avenue at 103 rd Street New York, New York For more information, please visit http://chip.med.nyu.edu/file.php/1/NYAM_60507_Colored.pdf .
7.26.07	1:00 p.m. to 2:30 p.m.	New England Region Webinar: EM 103 w/NIMS Train-the-Trainer, Residential Care	For more information, please contact Ella Holst at Ella.holst@ynhh.org .
8.14.07	11:00 a.m. to 12:30 p.m.	New England Region Webinar: EM 103 w/NIMS Train-the-Trainer, Home Health Agencies	For more information, please contact Ella Holst at Ella.holst@ynhh.org .
8.22.07 and 9.19.07	1:00 p.m. to 2:30 p.m. and 11:00 a.m. to 12:30 p.m.	New England Region Webinar: EM 103 w/NIMS Train-the-Trainer, Hospitals	For more information, please contact Ella Holst at Ella.holst@ynhh.org .

UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
7.26.07 and 7.27.07	8:00 a.m. to 5:00 p.m. 8:00 a.m. to 12:15 p.m.	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 .
8.3.07	<i>More Information to Come</i>	State of Connecticut Biodosimetry Laboratory 2007 Biomedical Advanced Research and Development Authority (BARDA) Industry Day Sponsored by HHS	For more information and registration, please visit http://www.hhs.gov/aspr/ophec/barda/ .
8.14.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
8.14.07	9:30 a.m. to 10:30 a.m.	Regions 1, 2 and 5 Hospital Meeting	Connecticut Hospital Association
9.11.07 and 9.12.07	9:00 a.m. to 5:00 p.m. and 6:00 a.m. to 2:00 p.m.	National Preparedness Month Booth sponsored by YNH-CEPDR	Greenwich Hospital, Atrium area For more information, please contact Samantha Kopp at samantha.kopp@ynhh.org .
9.13.07 and 9.14.07	9:00 a.m. to 5:00 p.m. and 6:00 a.m. to 2:00 p.m.	National Preparedness Month Booth sponsored by YNH-CEPDR	Bridgeport Hospital, Lobby For more information, please contact Samantha Kopp at samantha.kopp@ynhh.org .
9.18.07 and 9.19.07	9:00 a.m. to 5:00 p.m. and 6:00 a.m. to 2:00 p.m.	National Preparedness Month Booth sponsored by YNH-CEPDR	Yale-New Haven Hospital, 2 nd Floor in the Atrium For more information, please contact Samantha Kopp at samantha.kopp@ynhh.org .
9.19.07	<i>Save the Date</i>	2007 National Summit <i>Sponsored by the New York Primary Care Development Corporation</i>	For more information, please visit http://www.pcdcny.org/ .
10.10.07 and 10.11.07	<i>Save the Date</i>	Preparing for the Unknown: "Are You Ready?" <i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i>	For more information, please visit http://www.jcinc.com/24835/ .

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

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