

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 5, Issue 31 | August 3, 2007

ELEVATED THREAT LEVEL

US Department of Health and Human Services (US DHHS) Region I (New England) Emergency Planning Office (Office of the Assistant Secretary for Preparedness and Response – OASPR): **New**

Greetings! This is the first posting from our office in the YNH-CEPDR Preparedness Report. To further broaden communication for Region I, we have established a collaboration with YNH-CEPDR. Information previously was posted to the Region I ESF-8 list server and that list server will remain as a mechanism for the region to share information of common interest. We determined, however, that the YNH-CEPDR Preparedness Report was sometimes publishing the same information, so we are trying to reduce the redundancy between the two. We will send content to the Preparedness Report related to resources, calendar events and other miscellaneous information important to the Region. If anything is time-sensitive or falls in another category it will go to the list server (then will likely also be repeated in the Preparedness Report). Each format will serve a purpose and we encourage individuals to sign up for both. Future notes will describe our office, other ESF8 assets and processes and ESF8 activities in which we are involved. We are happy to take suggestions and recommendations as to any better ways to communicate and help serve your needs in the region. For more information, please contact Gary J. Kleinman, Region I Regional Emergency Coordinator at (617) 777-6444 or gary.kleinman@hhs.gov.

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources: TB Respiratory Protection Program in Health Care Facilities, Administrators Guide, NIOSH
<http://www.cdc.gov/niosh/99-143.html>

Office/Asset Highlighted: US Department of Health and Human Services, Emergency Planning Site (updated)
<http://www.hhs.gov/disasters/>

City of Minneapolis Moves to Recovery Phase in Aftermath of I-35W Bridge Collapse: **New**



Interstate 35W Bridge Collapse
Photo Credit:
AP Photo/Star Tribune, David Denney

As reported from the City of Minneapolis website on August 2, 2007, rescue possibilities have exhausted and Minneapolis firefighters are now in the recovery phase at the site of the deadly Interstate 35W bridge collapse. Specially trained crews along with structural engineers, divers and other recovery experts will begin checking approximately 50 vehicles that are still submerged in the Mississippi River following the accident, which happened at 6:05 p.m. on Wednesday, Aug. 1, 2007. Minneapolis authorities have confirmed four deaths, with more than 60 other victims transported to Twin Cities hospitals. Officials warned that the number of fatalities is expected to climb once all the vehicles are thoroughly searched. At a news conference hours after the collapse, Minneapolis Mayor R.T. Rybak and Minnesota Governor Tim Pawlenty praised the extraordinary rescue efforts made by local, state and federal agencies who joined Minneapolis Fire and Police departments. They announced that they're closely monitoring the operation,

and that State and Federal investigators will begin a thorough investigation of the disaster once the City's recovery phase is curtailed. For the latest updates, please visit <http://www.ci.minneapolis.mn.us/news/>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of July 25, 2007, is 319 cases and 192 deaths.

- On July 25, 2007, the Ministry of Health and Population of Egypt announced a new human case of avian influenza H5N1 virus infection. The case is a 25-year old female from Damietta Governorate. Her infection was confirmed by the Egyptian Central Public Health Laboratory and by the WHO HS Reference Laboratory, US Naval Medical Research Number 3. Investigations into the source of her infection indicate exposure to sick and dead poultry in the week prior to onset of symptoms. For more information, please visit http://www.who.int/csr/don/2007_07_25/en/index.html.
- Acambis, a British biotechnology company, recently announced the launch of a phase 1 clinical trial of an influenza vaccine designed to provide a stable shield against seasonal and pandemic flu strains. This development would potentially eliminate the need to revise the flu vaccine each year. Known as ACAM-FLU-A, the vaccine is designed to target all influenza A virus strains and would protect against all strains of both influenza A and B; the majority of laboratory-confirmed flu cases each year in the United States are type A. The randomized, double-blind, placebo-controlled, multi-center trial will be conducted in the United States. Investigators will assess the vaccine's safety, tolerability and ability to generate an immune response in up to 80 healthy volunteers between ages 18 and 40. Michael Watson, Acambis' executive vice-president for research and development, said in the press release that an effective universal vaccine would not require reengineering each time the virus mutates. Such a vaccine could be manufactured continuously and people could be immunized any time of year. To read this release in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul3007acambis.htm>.

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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 is 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 provides 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/disasterconference/>. 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.

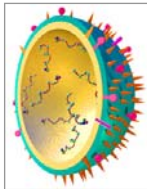
Questions, Comments, Suggestions or to Subscribe

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

Avian Influenza: **New**

- In late 2005, European researchers conducted telephone surveys in five European countries (Denmark, Spain, Great Britain, the Netherlands and Poland) and three Asian regions (Singapore, Hong Kong, and Guangdong, China). Asian individuals were selected because of experiences with SARS (severe acute respiratory syndrome) in 2003, which may have influenced citizens' perception of what might be high-risk activities during a pandemic. A total of 3,436 people answered the survey, which represented 42% of those called (ranging from 21% in Great Britain to 81% in Poland). The number of regional participants ranged from 401 in Great Britain and Hong Kong to 502 in Poland. This survey, published online July 20 in *Emerging Infectious Diseases*, found that "avoidance of public transportation was consistently reported across the region as the most likely precautionary behavior," with about 75% of respondents choosing that option. In addition, Europeans and Asians reported that, when faced with an influenza pandemic, most would avoid mass transit and limit shopping for essentials and many would avoid other public places, including restaurants, theaters and the workplace. Reactions to other risk-avoidance measures varied by region. For example, 79% of Europeans would likely avoid places of entertainment such as cinemas, restaurants and theaters, while only 33% of Asians said they would. And 52% of Asians reported they would stay home from work, compared with 35% of Europeans. The researchers also discovered that responses varied little for a hypothetically severe pandemic versus a milder one. To read this article in full, please visit

<http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul2607panflu.html>.



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>.

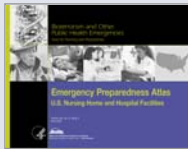
Potential Health Problems Related to Formaldehyde Among People Living in Mobile Homes or Travel Trailers



FEMA Trailer
Photo Credit: FEMA

In the aftermath of Hurricane Katrina, the Federal Emergency Management Agency (FEMA) provided either mobile homes or travel trailers to Gulf Coast victims who had lost their homes in the hurricane. Currently, nearly 65,000 households occupy units in Alabama, Louisiana, Mississippi and Texas. Concerns have surfaced recently about air quality in the trailers and the occurrence of respiratory and other symptoms resulting from exposure to formaldehyde or other respiratory irritants among residents of the mobile homes. The CDC is working with FEMA to investigate the health concerns of those living in the trailers and mobile homes. There is no specific antidote or treatment for environmental exposure. Exposure to formaldehyde should be treated symptomatically. Asthma associated with formaldehyde exposure should be treated with the usual approach to asthma with consideration given to avoiding specific exposures and allergens and using beta agonist bronchodilators and steroids, depending on the judgment of the healthcare provider. Clinicians can access additional information about indoor air pollution and formaldehyde at <http://www.epa.gov/iaq/formalde.html>. For emergent information about acute exposures, healthcare providers should contact their local poison control center. Call 1-800-222-1222 to locate the nearest poison control center. More information about the American Association of Poison Control Centers is available at www.aapcc.org.

US Nursing Home and Hospital Facilities Emergency Preparedness Atlas



The Agency for Healthcare and Research Quality (AHRQ) sponsored the creation of a *US Nursing Home and Hospital Facilities Atlas* to support

local and regional planning and response efforts in the event of a bioterrorism or other public health emergency. The atlas contains case studies in six areas that illustrate the location of nursing homes relative to population and various emergency preparedness regions. The atlas is intended to stimulate discussion about how nursing homes may be used to handle a surge of patients in response to emergency situations. It is also designed to help explain the state-specific regulatory environment of nursing homes with respect to surge capacity and illustrate nursing home geographic distribution in the United States. Maps display the location of hospitals and nursing homes relative to the regional boundaries used by a variety of emergency management and bioterrorism preparedness organizations to coordinate services. For more information, please visit <http://www.ahrq.gov/prep/nursinghomes/atlas.htm>.

Hurricane Public Service Announcements



The CDC has created audio and video public service announcements (PSAs) on hurricanes preparedness and

recovery. Audio and video files can be downloaded on the topics such as key facts about preventing illness, keeping food and water safe, animal and insect hazards, clean-up safety, health professionals, evacuees and other affected persons and more. To access hurricane PSAs, please visit <http://www.bt.cdc.gov/disasters/hurricanes/psa.asp>.

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>.

Radiation Event Medical Management



The greatest nuclear threat to the United States is that a terrorist group will detonate a nuclear weapon in a US city in the next decade, former Defense Secretary William Perry told a House subcommittee on July 25, 2007 at a hearing on US nuclear weapons policy. Perry also said the risks of an accidental nuclear war have increased since the Cold War as Russia's early warning capability has deteriorated. For more information,

please visit http://www.hstoday.us/Global/WMD/20070720_Former_SecDef_Says_Nuclear_Threat_Worse_Than_During_Cold_War.cfm.



Education and availability of timely information to healthcare workers regarding the magnitude of radiological hazards and management of individuals potentially contaminated with radiological materials significantly contribute to prompt and confident responses for necessary patient care. The US Department of Health and Human Services (HHS) recently developed the Radiation Event Medical Management (REMM) Web Portal

(<http://www.remm.nlm.gov>) to assist first receivers with clinical diagnosis issues and treatment questions during a mass radiation event and provide just-in-time, evidence-based, usable information with sufficient background and context to make complex issues understandable to those without formal radiation medicine expertise. The information provided on the REMM website was compiled by subject matter experts from the National Cancer Institute, the Centers for Disease Control and Prevention and many international and US consultants, including Drs. Andy Salner (Hartford Hospital) and Nicholas Dainiak (Bridgeport Hospital and YNH-CEPDR). The REMM Web Portal complements resources developed by YNH-CEPDR to help healthcare facilities prepare for mass-casualty radiological events and manage victim of such events. These include the establishment of the Radiological Emergency Response Biodosimetry Laboratory which provides timely assessments of radiation dose for victims; Radiation Clinical Guidelines for the Management of Radiation Disasters and accompanying job aids which provide the framework for a coordinated, effective hospital response to a radiological emergency; the Connecticut Hospital Emergency Management Plan Annex for Radiation Emergencies which presents a comprehensive radiation management strategy for hospitals; as well as Emergency Management courses, EM 110 and EM 210 which are intended to provide basic and advanced information, respectively, regarding radiation principles, management of radiation accidents and treatment of radiation injuries. For further information about the Radiological Emergency Response Biodosimetry Laboratory, the Radiation Clinical Guidelines for the Management of Radiation Disasters or accompanying job aids please contact Dr. Joseph Albanese (Joseph.Albanese@ynhh.org). For information about the Connecticut Hospital Emergency Management Plan Annex for Radiation Emergencies, please contact Dr. Nicholas Dainiak (pndain@bpthosp.org). For more information on EM110, EM210 (scheduled for release fall 2007), please contact Mark Schneider (Mark.Schneider@ynhh.org).

The Medical Reserve Corps (MRC): **New**



The State of Connecticut has recently formed a Connecticut Medical Reserve Corps (MRC) Advisory Committee. Chaired by Mary Duley, Hospital Preparedness Program Coordinator, and consistent with federal guidelines, the committee will adapt a regional approach to emergency preparedness planning, modeled after the five Department

of Emergency Management Homeland Security regions for organization and regional capacity building. The advisory committee was formed to encourage regional planning among existing and newly formed MRC units. While MRC units are still a local asset, this approach will allow for increased medical capacity in the regions, program sustainability and sharing of resources. Additionally, please consider joining the Medical Reserve Corps, <http://www.mrc-ynh.org>. 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.

Education and Training Courses

YNH-CEPDR has developed a strategic partnership with HealthStream to distribute EM 103 w/NIMS and EM 140 w/NIMS. This partnership supports 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.

Personal Emergency

Preparedness Tool



Launched in October of 2006, AlertSF, is a new tool that that San Francisco area city government is using to

provide text-based emergency notification system to residents. Originally designed to deliver tsunami alerts and other post-disaster information, AlertSF subscribers can receive alerts about flooding, power outages and traffic disruptions. For example, after smoke was spotted billowing from a San Francisco subway tunnel on June 5, the city government alerted citizens via AlertSF to not panic and to expect public transport delays. Alerts are sent based on zip codes or areas selected, and depending on the importance, some alerts are sent to all areas. Users can opt in and out of California weather alerts issued by US National Oceanic and Atmospheric Administration and USGS earthquake alerts. For more information, please visit

<http://www.alertsf.org/index.php?CCheck=1>.

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



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_CompencyCrosswalk.pdf. EM 103 w/NIMS and EM 140 w/NIMS were 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.



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

<https://www.healthstream.com/HLC/Login/Login.aspx?organizationID=6e27bcaa-71bd-db11-bf7b-000423d6b5c1>. 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

<https://www.healthstream.com/HLC/Login/Login.aspx?organizationID=6e27bcaa-71bd-db11-bf7b-000423d6b5c1>. 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 coordinate 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/>. Yale New Haven Health System employees should access the course via the learning management system at

<https://www.healthstream.com/HLC/Login/Login.aspx?organizationID=6e27bcaa-71bd-db11-bf7b-000423d6b5c1>. 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. 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” states 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 provides an in-depth look at the fit testing process used to test the seal of the N95 respirator and meets 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. The anticipated release is the fall 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. It 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
8.6.07 and 8.8.07	8:00 a.m. to 5:00 p.m.	Emergency Medical Services Operations and Planning for Weapons of Mass Destruction Sponsored by US Department of Homeland Security, Office of Grants and Training National Emergency Response and Rescue Training Center, Texas Engineering Extension Service and Texas A&M University System	Brunswick Naval Air Station, Brunswick, Maine For more information or to register, please visit http://www.smrrc.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 .
8.1.5.07	1:00 p.m. to 2:30 p.m. EST	The Pharmacists Role in Disasters <i>Sponsored by the Alabama Public Health Training Network</i>	For more information, please visit https://www.adph.org/alphnt/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252 .
8.22.07	2:00 p.m. to 3:30 p.m.	Influenza-Avian Flu: Infection, Transmission, Risks in Transplantation – Audio Conference <i>Sponsored by American Association of Blood Banks</i>	For more information, please visit http://www.aabb.org/AABBContent/TemplateS/AABBSub.aspx?NRMODE=Published&NRORIGINALURL=/Content/Meetings_and_Events/Audiocferences/&NRNODEGUID=%7BE034BF8D-DB9D-40A2-9032-7DCCDD3ED472%7D&NRCACHEHINT=NoModifyGuest#0815 .
8.22.07 9.19.07	1:00 p.m. to 2:30 p.m. 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 .
8.11.07	8:30 a.m. to 4:00 p.m. EST	Global Public Health Preparedness: Is it Possible <i>Sponsored by the University of Michigan School of Public Health Office of Public Health Practice</i>	For more information or to register, please visit http://www.sph.umich.edu/micphp/globalposium.html

UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
8.14.07	8:30 a.m. to 10:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
8.21.07 and 9.8.07	10:00 a.m. to 3:00 p.m. and 10:00 a.m. to 3:00 p.m.	<p>Playing It Safe Conference Emergency Planning for People with Disabilities and Seniors</p> <p><i>Sponsored by the State Office of Protection and Advocacy for Persons with Disabilities and the University of Connecticut Center for Excellence in Disabilities in collaboration with the Connecticut Council on Developmental Disabilities, CT Department of Social Services and Yale Center for Children with Special Health Care Needs</i></p>	<p>West Haven, CT and Hartford, CT</p> <p>For more information, please visit, link from http://www.ynhhs.org/emergency/PlayingItSafeConference.pdf</p> <p>To register, please contact Elanah Sherman 860-297-4322, or elanah.sherman@po.state.ct.us.</p>
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	<p>Greenwich Hospital, Atrium area</p> <p>For more information, please contact Samantha Kopp at samantha.kopp@ynhh.org.</p>
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	<p>Bridgeport Hospital, Lobby</p> <p>For more information, please contact Samantha Kopp at samantha.kopp@ynhh.org.</p>
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	<p>Yale-New Haven Hospital, 2nd Floor in the Atrium</p> <p>For more information, please contact Samantha Kopp at samantha.kopp@ynhh.org.</p>
9.19.07	<i>Save the Date</i>	<p>2007 National Summit</p> <p><i>Sponsored by the New York Primary Care Development Corporation</i></p>	<p>For more information, please visit http://www.pcdcny.org/.</p>
10.10.07 and 10.11.07	<i>Save the Date</i>	<p>Preparing for the Unknown: "Are You Ready?"</p> <p><i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i></p>	<p>For more information, please visit http://www.jcrinc.com/24835/.</p>
10.26.07 and 10.27.07	<i>Save the Date</i>	<p>The New England MRC Leadership and Education Conference</p> <p><i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i></p>	<p>For more information, please contact Jennifer Frenette at Jennifer.frenette@hhs.gov.</p>

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

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