

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Oseltamivir Use in Hospitalized Influenza Patients: **New**



On November 15, 2007, the Clinician's Biosecurity Network (CBN) reported on a study conducted at the Mount Sinai Hospital, Toronto, Canada, that concluded hospitalized, adult influenza patients' mortality rate decreased by nearly 80% when oseltamivir therapy was administered. The trial also suggested that antiviral therapy is beneficial to older, sicker

patients even if administered 48 hours after onset of symptoms as viral replication might be persistent. To read the CBN report in full, please visit <http://cms.upmc-cbn.org/>. To read the published study, please visit http://www.journals.uchicago.edu/CID/journal/issues/v45n12/51609/51609_web.pdf.

Preparedness and Preventive Medicines Critical for Pandemic Planning: **New**

"Our greatest challenge is human resources..."

On November 14, 2007, results from a national survey conducted among 700 healthcare workers in Canada, including nurses,

hospital support staff, medical technicians and pharmacists, revealed that 43% would be uncomfortable about reporting to work if someone in their city were to be diagnosed with pandemic influenza. If a pandemic plan is in place, this percentage decreases by more than 20%, and if employers have preventive medicines available to their workforce, only 10% would still feel uncomfortable about reporting to work. The results of this study underline the importance of proper pandemic planning and stockpiling preventive medicines to ensure that essential frontline healthcare services will function during a pandemic. To read more about this survey, please visit <http://www.newswire.ca/en/releases/archive/November2007/14/c7921.html>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of November 12, 2007, is 335 cases and 206 deaths.



On November 12, 2007, WHO confirmed a new case of human avian influenza H5N1 infection. A 31-year old man from the Bengkalis District in Indonesia's Riau Province was hospitalized on November 3 and died on November 6.

The investigation into the source of the infection is ongoing, focusing on the close proximity of a swallow farm to the victim's house. To read this release in full, please visit http://www.who.int/csr/don/2007_11_12/en/index.html.



H5N1 in Suffolk, England
Credit: AP Photo/Kirsty Wigglesworth

The British government announced on November 13, 2007, that avian influenza H5N1 virus had been detected on a farm at Redgrave Park in Suffolk, eastern England. All 6,000 birds on the farm were culled and an additional 22,000 turkeys across four closely linked farms were also destroyed in an effort to stop spreading the virus. An investigation into the source of the outbreak is ongoing. To read the article in full, please visit

http://www.guardian.co.uk/uk_news/story/0,2211060,00.html.



On November 14, 2007, nearly 50,000 birds were culled at a poultry farm in Al-Kharj, Saudi Arabia, after tests earlier in the week confirmed avian influenza H5N1 as the cause of death after 1,500 birds died on the farm. The country's Agriculture Ministry said that measures have been taken to ensure that other area farms are not affected by the outbreak and that an investigation into the origin of the source for this outbreak is ongoing. To read this article in full, please visit <http://209.190.25.146/viewNews.php?id=1396>.

CDC Advises Broadening of Seasonal Flu Vaccination Efforts: **New**

On November 9, 2007, The Centers for Disease Control and Prevention (CDC) announced that 103 million doses of this year's seasonal flu vaccine have been distributed throughout the country as the 2007-2008 influenza season is beginning. Currently, influenza activity is very low throughout the country and the CDC hopes that a record number of people will get vaccinated. The government continues urging everyone, including those at high risk, to get vaccinated as the seasonal flu infects up to 20% of the population every year, hospitalizing 200,000 and killing 36,000. People over the age of 50 or under 5 years old, anyone with asthma, heart disease, weakened immune systems or other chronic illnesses and pregnant women are considered high risk for seasonal flu. To read this article in full, please visit http://hosted.ap.org/dynamic/stories/F/FLU_SHOTS?SITE=AP&SECTION=HOME&TEMPLATE=DEFAULT.

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US DHHS Region I (New England) Emergency Planning Office (Office of the Assistant Secretary for Preparedness and Response – ASPR)

Flu Stafford Act Reimbursement: A memorandum available on the Federal Emergency Management Agency (FEMA) web site describes FEMA's policy for Stafford Act reimbursement for pandemic influenza. The document, titled "Disaster Assistance Policy 9523.17: Emergency Assistance for Human Influenza Pandemic," is dated March 31, 2007, and outlines the legal mechanisms, triggers and areas of eligibility for reimbursement following a pandemic. The Association of State and Territorial Health Officials (ASTHO) is currently examining the policy for its implications for state health agencies. To access the memorandum, please visit http://www.fema.gov/government/grant/pa/9523_17.shtm.

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

A collection of resources for emergency management and specifically medical issues: http://www.ynhhs.org/emergency/US_DHHS_web_sites.pdf

A new, electronic newsletter focusing on emergency preparedness and response is now available for health educators. "Emergency Preparedness and Response News U Can Use" is produced biweekly by the Society for Public Health Education (SOPHE). If you are interested in receiving the newsletter list or to learn more about what SOPHE is doing related to emergency preparedness and response, please contact Tanya Maslak at tmaslak@sophe.org.

Retention and Recruitment for the Volunteer Emergency Services, Challenges and Solutions. US Fire Administration, May 2007: <http://www.usfa.dhs.gov/downloads/pdf/publications/fa-310.pdf>

Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths. United Kingdom: http://www.ukresilience.info/news/manage_deaths_guidance.aspx

Center for Domestic Preparedness Training Site, Anniston, Alabama, Medical Training Courses: <https://cdp.dhs.gov/resident/healthcare.html> (Courses offered and for the most part fully funded by the federal government)

ICS All Hazard Core Competencies, FEMA: http://www.fema.gov/emergency/nims/ics_comp_etencies.shtm

Disasters around the World: **New**



On November 14, 2007, a 7.7 magnitude earthquake hit northern Chile with the towns of Maria Elena and Tocopilla hardest hit. Strong aftershocks were observed the following day, some as strong as 6.2 and 6.8 magnitude. The quake killed 2 people and injured more than 150 others while thousands of houses were damaged or destroyed, leaving 15,000 people homeless. In Tocopilla, 40% of the towns' homes were damaged while 70% of houses sustained damage in Maria Elena. Other damage included loss of power, damaged roads and crushed cars. To read this article in full, please visit http://hosted.ap.org/dynamic/stories/C/CHILE_EARTHQUAKE?SITE=CAVI&SECTION=HOME&TEMPLATE=DEFAULT.



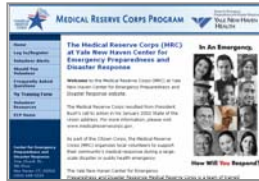
Tropical Cyclone Sidr hit Bangladesh's southwest coastline on November 15, 2007, with sustained winds of 150 mph. At least 1,100 people were reported killed before the storm weakened and moved inland before destroying houses, tearing up trees and power lines, leaving much of the region without power. At least 650,000 people were evacuated to cyclone shelters and all flights and ferries were halted across the region in anticipation of the storm making

landfall. To read this article in full, please visit

http://hosted.ap.org/dynamic/stories/B/BANGLADESH_CYCLONE?SITE=RIPRJ&SECTION=HOME&TEMPLATE=DEFAULT.

- Incident command can be used to provide management over various resources. The management of logistics over a large area is important to priority setting in a large-scale event. Use of incident command can help decide who to evacuate, what property to protect, what types of people and resources are required, healthcare concerns and more. Incident Command for Hospitals, HICS IV, updated by the California Emergency Medical Services Authority, not only ensures compliance with the National Incident Management System (NIMS) but cross communication between multiple agencies and jurisdictions in the event of an emergency such as the Los Angeles wildfire. YNH-CEPDR has developed workshops that discuss the HICS IV organizational chart, job action sheets and forms as well as provide an overall context for implementation. For more information on how your hospital or healthcare organization can receive HICS IV training, please contact us at (203) 688-3224 or center@ynhh.org.

MRC Preparedness Report: **New**



The Medical Reserve Corps at YNH-CEPDR is a group of both clinical and non-clinical trained volunteers who, when called upon during a disaster or public health event, will support their communities. Go to our web site at www.mrc-ynhh.org to register now. For more information, please contact Eugenie Schwartz at (203) 688-2659 or Eugenie.schwartz@ynhh.org.

Global Health Security Initiative Focus on Preparedness

On November 7, 2007, the US Department of State's Bureau of International Information Programs reported on the November 1-2, 2007, meeting of the Global Health Security Initiative (GHSI) in Washington, DC. The GHSI is an international partnership that originated following the September 11, 2001, terrorist attacks in the US and consists of health ministers from Canada, France, Germany, Italy and the United Kingdom; health secretaries from Japan, Mexico and the US; and the European Union health commissioner. The initial focus of GHSI was chemical, biological and radio-nuclear terrorism, while pandemic influenza was added as a global threat in 2002. This month's meeting focused, among other issues, on a risk analysis to determine threats within health security. This analysis led to specific objectives and actions that will be put into place during the next twelve months, including:

- Maintaining strong technical cooperation
- Identifying emerging issues and coordinating a policy-development process
- Strengthening risk-communication strategies
- Addressing threats through research and development and access of medical countermeasures
- Strengthening GHSI as a forum to discuss global health security and threats, such as pandemic influenza

To read this release in full, please visit <http://usinfo.state.gov/xarchives/display.html?p=washfile-english&y=2007&m=November&x=20071107122140lcniellep3.269595e-02>. To read the GHSI Ministerial Statements relating to this meeting, please visit <http://www.ghsi.ca/english/statementWashington2007.asp>.

North American Countries to Coordinate Infectious Disease Efforts



On November 1, 2007, HHS announced a Memorandum of Understanding (MOU) signed by HHS Secretary Mike Leavitt, Canadian Minister of

Health Tony Clement and Mexican Secretary of Health José Ángel Córdova Villalobos. The nations agreed to improve coordination and cooperation between the countries in regards to surveillance, prevention and control of infectious diseases. Included in the MOU is the agreement of all three countries to develop and implement protocols to share:

- Healthcare and public health personnel
- Regulated medical products from national stockpiles
- Unregulated medical supplies from national stockpiles
- Specimens and reagents from each country's national reference laboratories

All three countries agree to improve public health emergency preparedness and response related to border health, laboratory testing, diagnosis and treatment, epidemiological investigation and control of infectious diseases. Furthermore, the countries agree to share laboratory information before and during an emergency and to work in partnership on review and sharing of assay methods, reagents and laboratory results. The agreement calls for the countries to participate in trilateral or bilateral exercises to test and strengthen emergency response plans. To read the HHS release in full, please visit http://www.hhs.gov/news/press/2007pres/11/pr2_0071101a.html.

H5N1 Avian Influenza Virus May Retain Fitness

On November 1, 2007, the Clinician's Biosecurity Network (CBN) issued a report "Drug-Resistant H5N1 Influenza Viruses May Retain Fitness" that discusses a study investigating the fitness of neuraminidase inhibitor (NAI) resistant avian influenza H5N1. The thought has been that as an influenza virus acquires NAI resistance, it becomes less fit resulting in the virus transmitting less efficiently. A new study done at Robert Webster's Laboratory at St. Jude's Children's Research Hospital finds that not all mutations conferring NAI resistance leads to a virus' loss of fitness. The study concludes that the use of NAIs for prophylaxis and treatment is one of the main strengths of a response to pandemic influenza and also indicates that there is a greater than earlier believed risk of a pandemic where antivirals may have limited efficacy. To read the CBN report in full, please visit <http://cms.upmc-cbn.org/>.

GAO Identifies Opportunities for Infrastructure Protection in Pandemic Planning



The Government Accountability Office (GAO) issued a report on October 31, 2007, recommending that the US Department of Homeland Security (DHS) lead efforts to

encourage the infrastructure sector to prepare for challenges they will be faced with during an influenza pandemic. The five sectors other than public health and healthcare the GAO reviewed for preparedness efforts were transportation, food and agriculture, water, electric power and telecommunications. During its research, the GAO found that both the federal government and the private sector have worked together in preparing certain pandemic guidance including business continuity plans, determining number of workers necessary to maintain operations during a pandemic and conducting pandemic preparedness workshops, forums and exercises. The GAO also reported several challenges the government and the private sector face in working together on pandemic preparedness, including:

- Maintaining focus on pandemic planning when faced with more immediate problems, such as outbreaks of foodborne illnesses
- Lack of clarity on federal versus state roles regarding border closures and pandemic vaccine distribution
- Consistency of messages from government entities charged with providing pandemic-related information
- Development of strategies to address cross-sector interdependencies, including the electricity and telecommunications capabilities necessary to support all other sectors
- Obtaining funds for training and infrastructure and potential legal and regulatory issues

To read more about this report, please visit

<http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/nov0207gao.html>. To view the report in full, please visit <http://www.gao.gov/new.items/d0836.pdf>.

Yale New Haven Center for Emergency Preparedness and Disaster Response: Fall 2007 Course Guide



YNH-CEPDR develops, delivers and evaluates educational programs designed to prepare the healthcare delivery workforce for effective response to all types of disasters and emergencies. YNH-CEPDR creates and adapts courses for healthcare organizations based on the latest research and developments in emergency response, incorporating national standards and regulations relevant to healthcare emergency preparedness, adhering to industry standards for instructional design and considering the special needs of busy adult learners. To view the new Fall 2007 Course Guide, please visit

http://www.ynhhs.org/emergency/YNH-CEPDR_Courses_Fall07.pdf. For more information, please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org.

Expect the Unexpected

There is always the possibility of an unexpected public health crisis which may tax the resources of an institution or even an entire region, particularly the human resources involved in the care and welfare of the public. A great way to prepare for potential crises is to become a volunteer in the State of Connecticut Emergency Credentialing Program for Health Care Professionals. Professionals in Medicine, Nursing, Radiology, Physical Therapy, Behavioral Health, Respiratory Therapy as well as many other professions are needed. This is a program that pre-credentials hospital disaster volunteers from many disciplines who have offered to respond when a natural or man-made event overwhelms a facility, region or state. Volunteers who agree to assist are given facility and event specific "just-in time" training to assist them to function in their new setting, and volunteers are covered for liability and workers' compensation. Please check out our web site at www.ct-esar-vhp.org to see if this program is for you. Enrollment is completed on-line, and basic disaster related education is provided. If you have any questions, please contact us at ecp@ynhh.org, or call Joseph Filakovsky, DNP, APRN, Emergency Credentialing Program Coordinator at (203) 688-4468.

Positions Available at YNH-CEPDR



YNH-CEPDR has openings for Network Development Specialists; Drills and Exercises Specialists; Regional Education Specialists; and a Grant Research Specialist. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.yalenewhavenhealth.org/info/jobs.html>.

Joint Commission 2008 Annual Preparedness Conference



The Joint Commission Resources (JCR) will present its 2008 annual emergency preparedness conference at the Hilton Alexandria Mark Center in Alexandria, Virginia, on April 8 and 9, 2008. The Joint Commission has announced a call for presenters to deliver a 60 or 90 minute live presentation that highlights new processes, technologies, techniques and/or tools, creativity and innovation used within any health care setting for the purpose of meeting any of the four phases of emergency preparedness: mitigation, preparation, response and recovery. **Presentation topic and outline must be submitted by November 30, 2007, to emergprep@jcrinc.com.** For more information or to register for this conference, please contact Leslie LaBelle, RN, MSN, MBA, CPHQ at (630) 792-5435 or emergprep@jcrinc.com.

Programs and 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 YNH-CEPDR at (203) 688-3224 or center@ynhh.org.

Education and Training Courses



At the request of the Bioterrorism Training and Curriculum Development Program of 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 us at (203) 688-3224 or center@ynhh.org.



YNH-CEPDR has developed a strategic partnership with HealthStream to distribute EM 103 w/NIMS, EM 140 w/NIMS and other healthcare-focused emergency preparedness courses. This partnership supports a broader dissemination of these courses as a strategy for hospitals and healthcare systems to become compliant with NIMS, OSHA, CMS and Joint Commission education and training requirements. For more information, please contact us at (203) 688-3224 or center@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 us at (203) 688-3224 or center@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 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 us at (203) 688-3224 or center@ynhh.org. This course is also available as an instructor-led workshop combined with a tabletop exercise to reinforce key concepts.



Best Practices for the Protection of Healthcare-Based First Receivers, Awareness Level (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 us at (203) 688-3224 or center@ynhh.org.

Education and Training Courses *(continued)*:



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 who 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 us at (203) 688-3224 or center@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 us at (203) 688-3224 or center@ynhh.org.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
12.6.07	1:00 p.m. to 2:30 p.m.	<p>Mass Antibiotic Dispensing: Taking Care of Business</p> <p><i>Strategic National Stockpile (SNS) and Public Health Training Network Satellite Broadcast and Webcast sponsored by the Centers for Disease Control and Prevention (CDC)</i></p>	<p>For more information, including goal, objectives and a link for registration, please visit http://www2a.cdc.gov/PHTN/business/default.asp.</p>
04.8.08 and 04.09.08	<i>Save the Date</i>	<p>2008 Annual Emergency Preparedness Conference</p> <p><i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i></p>	<p>Hilton Alexandria Mark Center Alexandria, VA</p> <p>For more information, please visit http://www.jcrinc.com/5/Programs2008/.</p>

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

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