

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Local Pandemic Preparedness Toolkit: **New**



U.S. Department of Health & Human Services

On December 1, 2007, the US Department of Health and Human Services (HHS) released a pandemic flu toolkit aimed to help community leaders educate and inform community members about the threat of a global influenza pandemic and also outline steps that can be taken to prepare for an influenza pandemic. The toolkit is the result of input from The Centers for Disease Control and Prevention (CDC) and community leaders through an online blog and leadership forum and includes activities and tools encouraging personal preparedness, fact sheets and templates for emails and newsletter articles on pandemic influenza preparedness. To access the HHS Community Leaders Toolkit, please visit http://www.pandemicflu.gov/takethelead/full_toolkit.pdf.

Influenza Pandemic: Non-Pharmaceutical Interventions: **New**

On December 5, 2007, HHS published a condensed version of the national "community-mitigation guidance" that was developed by the CDC in accordance with WHO recommendations, promoting non-pharmaceutical interventions (NPI) that may mitigate effects of disease during an influenza pandemic. Principles discussed in the guidance are designed to be adaptable outside the United States, especially in developing countries, and recommend introduction of multiple NPIs early during a pandemic in locations with the most potential for transmission of a virus, including schools and large public gathering spots. The NPIs discussed include isolation and supportive treatment, voluntary home quarantine, social distancing of children and adults in schools, communities and workplaces. The guidance also discusses rationale and evidence for use, activation, duration and plans to minimize adverse consequences of NPIs. To access a complete copy of the guidance, please visit <http://www.pandemicflu.gov/nonpharminterv.html>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of December 4, 2007, is 336 cases and 207 deaths.



On December 4, 2007, WHO confirmed a new case of human avian influenza H5N1 infection. A 24-year old man from the Jiangsu Province in China became sick on November 24, was hospitalized on November 27 and later died on December 2, 2007. The investigation into the source of the infection has indicated that the man did not have contact with any sick birds before becoming sick. To read this release in full, please visit http://www.who.int/csr/don/2007_12_04/en/index.html.

- Vietnamese authorities announced that the country is planning to import vaccinations for mutated strains of the avian influenza H5N1 virus such as H7N3 and H7N8 as they are concerned new bird flu epidemics reported in South Korea (H7N3) and Canada (H7N8) may enter Vietnam. To read this December 5, 2007, news release in full, please visit <http://english.vietnamnet.vn/social/2007/12/758194/>.
- On December 3, 2007, it was reported that avian influenza H5N1 has been confirmed at two turkey farms near Plock in eastern Poland. Between the two farms, 360 birds died from H5N1 infections and all 4,245 remaining birds were culled. On the same day, authorities confirmed that around 1,060 pounds of H5N1-tainted turkey meat were distributed by two warehouses to retail stores in the country's Pomorze Region and it is believed that the meat has already been purchased by the public. To read this release in full, please visit [http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/dec0307poland_\(2\).html](http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/dec0307poland_(2).html).



Dr. Jacques Diouf

The Director-General of the Food and Agriculture Organization of the United Nations (FAO), Dr. Jacques Diouf, reminded attendees at an international conference on avian and pandemic influenza in New Delhi, India, that continued vigilance and control efforts focused on animals is still required as avian influenza continues to be a global pandemic threat. The December 4, 2007, presentation by Dr. Diouf also

informed the audience that globalization and climate changes favor the increased risk of pathogens transferring over long distances in short time periods and that the role wild birds play in spreading the avian influenza H5N1 virus is still uncertain. To read this article in full, please visit <http://www.fao.org/newsroom/en/news/2007/1000720/index.html>.

Flu Shot at the Airport: **New**

Some major airports throughout the country are offering travelers the option of receiving a flu shot for a fee between \$15 and \$35 after they have passed through the security checkpoint. This offers a convenient option for frequent travelers to receive their flu shot and usually takes no more than a few minutes. According to a December 5, 2007, article, so far this season, major airports in the cities of Atlanta, Chicago, Denver, Newark, N.J., and San Francisco have given about 15,000 shots. To read the article in full, please visit http://hosted.ap.org/dynamic/stories/A/AIRPORT_FLU_SHOTS?SITE=NCWIN&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): **New**

Project XTREME: Cross-Training Respiratory Extenders for Medical Emergencies Training Program

The Agency for Healthcare Research and Quality (AHRQ) has released an interactive cross-training program to teach non-respiratory therapy healthcare professionals to provide basic respiratory care and ventilator management in a public health emergency. The training program was developed in cooperation with ASPR. To order a single free copy of this DVD/CD, please visit <http://www.ahrq.gov/prep/projxtreme/>.

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

US Army Strategic Planning and Resource Reference Book:
<http://www.pokerleadership.com/sitebuildercontent/sitebuilderfiles/strategicplanningreferenceandresourcebook.pdf>

Public Health Emergency Response: A Guide for Leaders and Responders. US Department of Health and Human Services, August 2007:
<http://www.hhs.gov/disasters/press/newsroom/mediaguide/guideleader.html>

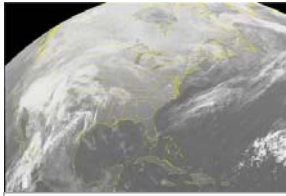
NACCHO's Preparedness Peer Assistance Network (PPAN):
<http://www.naccho.org/topics/peerassistance/PPAN.cfm>

Radiation Issues, Armed Forces Radiobiology Research Institute. Multiple guides and resources, including:

- The Biodosimetry Assessment Tool
- Adult/Pediatric Field Medical Record
- Biodosimetry Worksheet
- AFRRRI Pocket Guide—Emergency Radiation Medicine Response

<http://www.afrrri.usuhs.mil/www/outreach/biodostools.htm#software>

Disasters around the World: **New**



NOAA Satellite Image
Credit: AP Photo/Weather Underground

Starting on December 1, 2007, winter storms moved throughout many parts of the United States, including a rain, sleet and snow storm moving from the Northwest through the Northeast starting on December 1, causing 17 deaths in Michigan, Wisconsin, Illinois, Indiana, North Dakota, Colorado and the Northeastern states. Oregon and Washington were struck by a second severe storm on December 3 with hurricane-force winds and heavy rains, killing 7 people and causing devastating flooding, widespread damage and power outages. To read more about these

storms, please visit

http://hosted.ap.org/dynamic/stories/W/WINTER_STORM?SITE=AP&SECTION=HOME&TEMPLATE=DEFAULT and http://hosted.ap.org/dynamic/stories/S/SEVERE_WEATHER?SITE=ININS&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.

National Strategic Plans for Pandemic Influenza in Europe: **New**



In the December 2007 issue of the *Bulletin of the World Health Organization* an updated evaluation of national pandemic influenza preparedness plans of European countries is presented. This update is based on a 2005 evaluation and also includes an assessment of the progress made between November 2005 and November 2006, focusing on the areas of border control issues, antiviral drug strategies and pandemic vaccination. Findings included an increased number of countries with national pandemic influenza preparedness plans (21 in 2005, 29 in 2006) although these often deviate from international recommendations. The possibly politically volatile issue of border control during a pandemic is discussed, identifying apparent gaps and inconsistencies, along with the finding that only half of the countries have developed storage, distribution and administration strategies for antiviral drugs and vaccines. The evaluation concludes that governmental commitment to prepare for a pandemic seems strong in Europe and plans have strengthened based on previous evaluation while immediate attention is needed for gaps and inconsistencies identified. To read the evaluation in full, including a discussion of findings for each focus area, please visit <http://www.who.int/bulletin/volumes/85/12/06-039834/en/index.html>.

FDA Recommends Stronger Warnings for Two Influenza Drugs

On November 27, 2007, the US Food and Drug Administration's (FDA) Pediatric Advisory Committee voted to recommend stronger label warnings for two antiviral influenza medications that have been linked to reports of neuropsychiatric problems in children and teens in Japan. Oseltamivir already carries a warning, but zanamivir currently carries no warning about reported neuropsychiatric effects. The committee said it is unclear if the two drugs play a role in reported neuropsychiatric events, but because reports of adverse effects are still occurring, labeling changes are needed for both drugs to urge healthcare providers to monitor children closely when they begin taking the medications. Typically, the FDA follows through on the recommendations from its advisory committee and stronger warning labels are expected. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/nov2707tamiflu2.html>.

Tis the Season: **New**

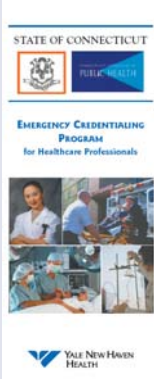


The December holidays are quickly approaching and with that, large numbers of people are concentrated in areas for activities such as

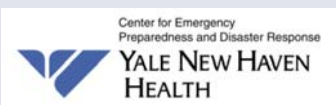
shopping, partying and just having fun. In the event of some unforeseen event such as an accidental or purposeful explosion, large numbers of casualties could quickly overwhelm hospitals in the area and resource needs would drastically increase. A key resource would be trained healthcare personnel.

The State of Connecticut Emergency Credentialing Program for Health Care Professionals 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.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

4th Annual Joint Commission Resources

Emergency Preparedness Conference: **New**



The Joint Commission Resources (JCR) will present its 2008 annual emergency preparedness conference "Practical Applications for Health Disaster Preparedness" at the Hilton Alexandria Mark Center in Alexandria, Virginia, on

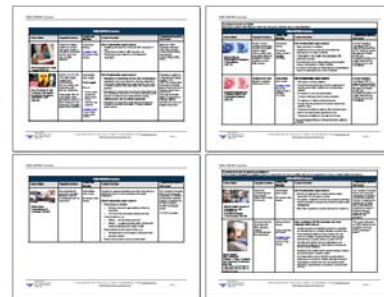
April 8 and 9, 2008. **Call for Abstracts:** Joint Commission Resources (JCR) and the Occupational Safety and Health Administration (OSHA), in collaboration with the Yale New Haven Center for Emergency Preparedness and Disaster Response, invite interested participants to submit one or more abstracts for exhibit in the poster presentations track of the conference. The Yale New Haven Center for Emergency Preparedness and Disaster Response will provide the coordination for this track on behalf of the conference. Abstracts must be submitted by **January 18, 2008**, and will be peer-reviewed for their quality, originality and relevance to the conference. *By submitting an abstract, the author(s) agree in advance that, if accepted, at least one author will register for the conference to present the poster as scheduled.* The format for the preparation of abstracts may be found on the submission form. Abstracts may be submitted via e-mail at center@ynhh.org with the subject line *abstract submission*. Notification of acceptance for poster presentation will be made via email by March 1, 2008. **Abstract submissions should demonstrate hospital-based best practices for emergency management planning, response and recovery including but not limited to:** Hospital Incident Command Systems; Exercise strategies; Surge capacity; Defining and managing staff roles and responsibilities; Education and training; and Topical issues: pandemic influenza, evacuation, fatality management.

Poster Presentations: Authors of accepted abstracts will be provided with a 4' by 8' board on which to display the poster. Presenters must bring their own tacks to affix the poster to the board. Authors may present their information in any format they choose, but should avoid trying to crowd too much information into the space allotted. Prior experience has demonstrated that a single poster, rather than individual pages, present best. Posters should be readable from a distance of 3 feet. Posters will remain on display for the entire conference. Authors are required to be present during the specific poster presentation times noted in the program. Accepted authors will be offered a reduced registration rate for conference participation. All associated costs of participation (registration, lodging, travel, food) are the responsibility of the author(s).

For details and abstract submission form, log on to:

<http://yalenehavenhealth.org/emergency/disasterconference/>.

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.

Global Earth Monitoring System Could Cut Disaster Toll by 2018

A global earth monitoring system which links ocean buoys and satellites is expected to be completed by 2018. This monitoring system, set up by the Global Earth Observation System of Systems (GEOSS), is being developed to help track climate changes around the world allowing heightened global observation and sharper modeling of natural disasters such as hurricanes and floods. In addition, GEOSS also has the capability to track outbreaks of contagious diseases such as cholera and meningitis by monitoring environmental conditions where they occurred. GEOSS's goal is to bolster preparedness against natural and manmade disasters around the world. For more information, please visit <http://www.alertnet.org/thenews/newsdesk/L28289618.htm>.

Physical Interventions May be Most Effective in Controlling Virus

A November 27, 2007, *British Medical Journal (BMJ)* article reports on the effectiveness of physical barriers, including regular hand washing and use of Personal Protective Equipment (PPE) such as masks, gloves and gowns in preventing the spread of respiratory viruses, including influenza and severe acute respiratory syndrome (SARS). The article suggests that use of vaccines and antiviral drugs will not be enough to reduce the spread of a virus and that physical barrier interventions should be given higher priority in preparing for a potential pandemic. Results are based on review of 51 studies that are discussed in the article and conclude that hand washing, wearing masks and isolation were especially effective in containing the spread of respiratory virus infections. To read an abstract of the article, please visit <http://www.bmj.com/cgi/content/abstract/bmj.39393.510347.BEv1>. To read the article in full, please visit <http://www.bmj.com/cgi/reprint/bmj.39393.510347.BEv1>.

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_CompetencyCrosswalk.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.



HealthStream

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.



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's **N95 Respirator and Personal Protective Equipment (PPE) Training for Health Care Workers (EM 121)** online course uses both text and video to demonstrate the proper indications for use, maintenance, capabilities, limitations, and donning and doffing of the N95 respirator and personal protective equipment (PPE). This course offers the new or experienced health care worker an introduction or review of how to maximize their safety. This course is designed to align with current practices and terminology established by the OSHA Respirator Standard 1910.134(k), 1910.120, and the armed forces training requirements (USACHPPM, NHRC, AFRL).

Education and Training Courses *(continued)*:



The OSHA Respirator Standard 1910.134(k), 1910.120 requires Health Care Workers who wear the N95 respirator in the workplace to be fit tested annually and more often if necessary. YNH-CEPDR has developed **the N95 Respirator Fit Tester Training (EM 122)**, a 20-minute online course which provides training for individuals who will perform fit tests for healthcare workers on an annual basis. It may also be used as a just-in-time training in the event of a pandemic when additional staff may need immediate fit testing. This course meets the OSHA fit-testing requirements as outlined in the Fit Testing Procedures 1910.134 App A.



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.

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.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
04.08.08 and 04.09.08	<i>Save the Date</i>	2008 Annual Emergency Preparedness Conference <i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i>	Hilton Alexandria Mark Center Alexandria, VA For more information, please visit http://www.jcrlinc.com/5/Programs2008/ .
12.13.07	12:00 p.m. to 3:30 p.m.	Surveillance of Vaccine-Preventable Diseases <i>National Center for Immunization and Respiratory Diseases and Public Health Training Network Satellite Broadcast and Webcast Presented by CDC</i>	Satellite Broadcast and Webcast For more information and a course overview, please visit http://www2a.cdc.gov/PHTN/VPD-07/index.asp .
12.18.07	1:00 p.m. to 2:00 p.m.	Disaster Surveillance <i>Conference Call Sponsored by CDC Clinician Outreach and Communication Activity (COCA)</i>	For Dial-in Number, Passcode and more information, please visit http://www.bt.cdc.gov/coca/callinfo.asp

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

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