

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

4th Annual Joint Commission Resources Emergency Preparedness Conference



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://yalenewhavenhealth.org/emergency/disasterconference/>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of December 18, 2007, is 340 cases and 209 deaths.



Pakistan Bird Flu
Credit: AFP

On December 15, 2007, the Ministry of Health in Pakistan reported eight suspected human cases of H5N1 avian influenza infection in the Peshawar area of the country. These cases were detected following a series of culling operations in response to outbreaks of H5N1 in poultry. One of the cases has now recovered and a further two suspected cases have since died. Samples taken from the suspected cases have tested positive for H5N1 in the national laboratory and are being forwarded to a WHO H5 Reference Laboratory for confirmation and further analysis. For more information, please visit http://www.who.int/csr/don/2007_12_15/en/index.html.

- On December 17, 2007, WHO sent a team to Pakistan to investigate at least eight suspected human cases of H5N1 avian influenza in the same general area, including cases in four brothers and two of their cousins. WHO spokesman Gregory Hartl said limited human-to-human transmission in the cases is possible however to date 40 contacts of the suspected case-patients have tested negative. If limited human-to-human transmission is determined, the cases will mark the first such transmission of H5N1 infections in Pakistan. They also appear to constitute the largest cluster of related infections since eight cases (seven confirmed, one probable) occurred among relatives in North Sumatra in May 2006. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/dec1707pakistan.html>.



On December 17, 2007, officials of the Republic of Benin have confirmed the presence of the H5N1 virus on two poultry farms. Agriculture Minister Roger Dovonou says tests confirmed the virus was present at one farm in the city of Cotonou and another in the town of Adjarra, outside the capital Porto Novo. Benin reported its first suspected cases of bird flu on December 7th, 2007. Workers slaughtered several hundred chickens at the two farms as a precautionary measure and also disinfected the sites. For more information, please visit <http://www.flulab.com/overview.php?a=2007-12-17-fl41>.

- On December 14, 2007, Burma, officially the Union of Myanmar, confirmed the country's first case of human H5N1 influenza virus. The case is a seven year-old female from Kyaing Tone Township, Shan State (East). The case was detected through routine surveillance following an outbreak of H5N1 in poultry in the area in mid-November. The girl developed symptoms of fever and headache on November 21, 2007 and was hospitalized on November 27. Currently, she has recovered. Samples taken from the case tested positive for H5N1 at the National Health Laboratory in Yangon, and the National Institute of Health in Thailand. The diagnosis was further confirmed at the WHO Collaborating Centre for Reference and Research on Influenza, National Institute of Infectious Diseases in Tokyo, Japan.

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

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:

Field Guides (Misc.), Wisconsin Chapter, International Association of Arson Investigators
<http://www.wiaai.com/news.htm>

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>

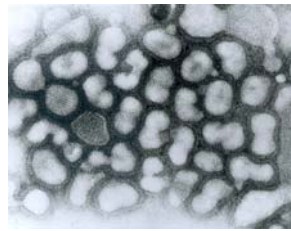
Radiation Issues, Armed Forces Radiobiology Research Institute. Multiple guides and resources, including:

- 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>

The medical management of a large-scale radiation accident or terrorist-related radiological/nuclear event will necessitate the ability to separate rapidly those who have received a large exposure of radiation from those who did not receive any radiation. The Armed Forces Radiobiology Research Institute (AFRRRI) provides several resources and software products designed to assist first responders and first receivers determine the amount of radiation received by victims of a radiological event. These include the Biodosimetry Assessment Tool (BAT), Adult/Pediatric Field Medical Record, the Biodosimetry Worksheet and the AFRRRI Pocket Guide – Emergency Radiation Medicine Response. Complementing these products, Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) has developed **EM110 – An Introduction to Radiological Emergency Preparedness, A Quick Guide for the Management of Radiation Disaster** and the **Hospital Emergency Management Plan Annex for Radiation Emergencies**, all of which provide healthcare facilities a framework for coordinating effective responses to radiation emergencies. Topics covered include hospital incident command, triaging of patients with radiological contamination and patient decontamination. In addition, YNH-CEPDR manages one of only a few biological dosimetry laboratories in the nation, providing physicians with information regarding potential radiation injury to victims accidentally or intentionally exposed to radiation. For further information about AFRRRI products, please visit <http://www.afrrri.usuhs.mil>. For information regarding products offered by YNH-CEPDR or the Radiation Emergency Response Biodosimetry Laboratory, please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org.

Evidence for a Heritable Predisposition to Fatal Influenza: **New**



A recent study reviewed by Luciana Borio, MD studies the hypothesis of a heritable predisposition to fatal influenza. This study was conducted by Albright and colleagues from the University Of Utah School Of Medicine. Conclusions of the study support the hypothesis that there exists an inherited predisposition to developing and dying from severe influenza. There are other infections for which genetic predisposition has been shown to play a role in disease severity but, this is the first study that looked at such predisposition with

influenza. To read more about this study and how it was conducted, please visit http://www.upmc-cbn.org/report_archive/2007/12_December_2007/cbnreport_12192007.html.

Pandemic Flu: Taking the Lead Spiritual Toolkit: **New**

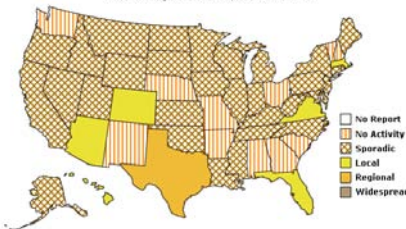


A kit titled, "Take the Lead – Working Together to Prepare Now", has been developed by Health and Human Services, the CDC and community leaders including the Church World Services, the United Jewish Communities and the Association of Professional

Chaplains. This toolkit is designed to provide information and tools to assist an organization understand and prepare for the threat of pandemic influenza. Featured items include sample emails, fact sheets, sample newsletter articles and more. To access this toolkit, please visit <http://www.pandemicflu.gov/takethelead/index.html>.

Seasonal Influenza: **New**

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*
Week Ending December 08, 2007 - Week 49



During week 49, December 2-8, 2007, a low level of influenza activity was reported in the United States. Influenza activity was reported as regional in one state (Texas), local in six states (Arizona, Colorado, Florida, Hawaii, Massachusetts and Virginia) and as sporadic in 32 states (Alaska, California, Connecticut, Delaware, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Montana,

Nevada, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, West Virginia, Wisconsin and Wyoming), the District of Columbia and Puerto Rico. Eleven states reported no influenza activity. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/index.htm>.

- On December 10, 2007, the Public Health Council, New Jersey, voted 5-2 today in favor of making flu shots required for preschoolers. The Public Health Council is an advisory board, and final approval needs to come from the state's Health Commissioner. The Council's recommendations are usually implemented. New Jersey health officials say the immunizations will help bring down the total number of sick children, hospitalizations and parents having to stay at home (to care for a child who is ill). Apart from flu shots, preschoolers will also have to have pneumococcal shots, while sixth graders must take a whooping cough booster as well as a meningitis vaccine. For more information, please visit <http://www.medicalnewstoday.com/articles/91356.php>.

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

Old Man Winter



A review of this past week's severe winter weather in the Midwest shows just how quickly a minor inconvenience can become a major event. Nearly entire states without power and basic utilities for the foreseeable future, increased chances for large fires in vulnerable communities and major highway accidents create the potential for large numbers of casualties to quickly overwhelm hospitals in the area and drastically increase resource needs. 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 and Regional Education Specialists. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.valenewhavenhealth.org/info/jobs.html>.

Public Response to Pandemic Influenza Vaccination Plan

On December 12, 2007, a report on public response to the earlier released Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine by a Federal interagency working group representing all sectors of US Government was published. Responses were gathered through a 3-day Web dialogue that started on December 3 and included the consensus that protecting critical infrastructure should be prioritized in moving employees who maintain electrical systems to the top tier of receiving pandemic influenza vaccination. Support for vaccinating families of first responders and key healthcare workers was also evident as they may be more inclined to come to work knowing their family is protected. To read this report in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/dec1207priority.html>. To read the Draft Guidance in full, please visit <http://www.pandemicflu.gov/vaccine/prioritization.html>.

Disasters around the World: **New**



With winter snow and ice hitting many parts of the US, the effects of a strong winter storm can be devastating. Cold weather and the loss of electricity can create potential health hazards. HHS has created a website to provide information

on staying prepared, protecting yourself, managing and coping with stress in a disaster, aid and assistance resources and information about protecting your pet. Please visit <http://www.hhs.gov/ice/> for winter resources.



Wide Spread US Ice Storms
Credit: The Associated Press

Starting on December 10, 2007, a storm lasting 3 days caused problems in many states throughout the US midsection where many counties were declared disaster areas. At least 33 deaths are blamed on the storm that created damage due to ice accumulation, including downed power lines and icy roadways. Widespread power outages forced people to evacuate homes as it took up to seven days to restore power in some areas. To read more about this storm, please visit

http://hosted.ap.org/dynamic/stories/W/WINTER_STORM?SITE=TXDAM&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.

Merck Announces Voluntary Recall of Certain Lots of PEDVAXHIB(r) and COMVAX(r): **New**



On December 12, 2007, Merck & Co., Inc. announced a voluntary recall of 11 lots of its *Haemophilus influenzae* type B vaccine, PEDVAXHIB [Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate)], and two lots of its combination *Haemophilus influenzae* type B/ hepatitis B vaccine, COMVAX [Haemophilus b Conjugate (Meningococcal Protein Conjugate)]. The recall is specific to these 13 lots and does not affect any other vaccines manufactured by Merck. The affected doses of PEDVAXHIB and COMVAX were distributed starting in April 2007. Merck is conducting this recall because it can not assure sterility of these specific vaccine lots. The potential contamination of these specific lots was identified as part of the company's standard evaluation of its manufacturing processes. Sterility tests of the vaccine lots that are the subject of this recall have not found any contamination in the vaccine. The potential for contamination of any individual vaccine is low, and, if present, the level of contamination would be low. For more information, please visit http://www.merck.com/newsroom/press_releases/product/2007_1212.html.

The Medical Reserve Corps: **New**



Trust for America's Health released their fifth annual report this month, <http://healthyamericans.org/docs/print.php?DocID=124>. As noted in the report, "important progress has been made, however, critical areas still require attention..." Included in this report is a state-by-state health preparedness matrix where Connecticut ranked 8 out of 10 (10 being the highest) in emergency preparedness indicators. The Medical Reserve Corps (MRC) in Connecticut ranked near the top in the number of MRC units per 100,000 persons providing an indication of community resilience. The report also states that the "ability of trained volunteers to come to the aid of their fellow community members is part of the White House's National Strategy for Public Health and Medical Preparedness." If there are employees in your organization that need to be trained, the MRC can bring the training to your location making it efficient, cost effective and specific to your needs. For more information or to schedule a visit, please call us at Eugenie Schwartz (203) 688-2659 or email at Eugenie.schwartz@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.



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).

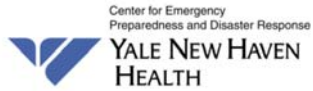


The OSHA Respirator Standard 1910.134(k), 1910.120 requires Health Care Workers who wear the N95 respirator in the workplace to be fit tested annually and more often if necessary. YNH-CEPDR has developed **the N95 Respirator Fit Tester Training (EM 122)**, a 20-minute online course which provides training 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
01.15.08, 01.16.08 and 01.17.08	8:00 a.m. to 4:30 p.m.	WMD Threat and Risk Assessment TEEEX (Texas A&M) This course trains key personnel within a local jurisdiction who are required to prevent, mitigate, manage, and/or respond to all hazards, mass casualty events with special attention on terrorists incidents. <i>Connecticut Department of Emergency Management and Homeland Security</i>	DEMHS Training Facility Maxim Rd, Hartford, CT For more information, including prerequisites and how to register, please visit http://www.ct.gov/demhs/iCal/eventDetail_page.asp?date_ID=CDC6C7CFC783CDC9C8 .
01.22.08, 01.23.08 and 01.24.08	8:00 a.m. to 4:30 p.m.	Introduction to Cameo The <i>Introduction to the CAMEO Suite</i> course provides performance-level training to emergency response personnel, principally by training representatives of local and state agencies who respond to intentional acts, natural occurrence or accidental events. <i>Connecticut Department of Emergency Management and Homeland Security</i>	East Hartford Public Safety Complex 31 School Street East Hartford, CT 06108 For more information, including prerequisites and how to register, please visit http://www.ct.gov/demhs/iCal/eventDetail_page.asp?date_ID=CDC6C7CFCA83CDC9CB .
1.31.08	1:00 p.m. to 2:30 p.m.	Emergency Management Assistant Compact <i>Alabama Department of Public Health</i>	To register, please visit http://www.adph.org/alphnt/vcomm.asp?action=conflistone&templatelnbr=3&deptid=143&templateid=1252 .
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.jcrinc.com/5/Programs2008/ .

FOR MORE INFORMATION, PLEASE CONTACT:

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Preparedness Report Archive: http://www.yalenehavenhealth.org/emergency/commu/archives.html			
One Church Street, 5 th Floor • New Haven, CT 06510 • Tel. (203) 688-3224 • Fax (203) 688-4618 center@ynhh.org • www.yalenehavenhealth.org/emergency			

US DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTACTS:

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JFK Federal Building, Room 2100 • 15 New Sudbury Street • Boston, MA 02203	
US Department of Health and Human Services 24x7 Operations Center hhs.soc@hhs.gov • (202) 619-7800 • http://www.hhs.gov/disasters/	