

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

## Greenwich Hospital Pandemic Influenza Tabletop Exercises:

**New**

In February 2007, YNH-CEPDR facilitated two pandemic influenza Tabletop Exercises (TTXs) for staff at Greenwich Hospital. The two sessions were identical in design and were scheduled so that staff from various shifts could participate. Player assignments made based upon the Hospital Incident Command System command chart. Some players were asked to serve in positions that they had never previously assumed. Given the low-stress environment of a TTX, players were encouraged to discuss how they would respond to a real world emergency and identify issues that require further development. Players were also advised that this TTX was just one format in which they would be asked to exercise in preparation for a pandemic event and that other exercises were being developed. YNH-CEPDR is planning to facilitate at least one more TTX for Greenwich Hospital staff. For more information, please contact Michael J. Mozzer at (203) 688-2594 or [michael.mozzer@ynhh.org](mailto:michael.mozzer@ynhh.org).

## Hawaii Case Study in Multi-jurisdictional Emergency

Response Preparedness: **New**



Big Island, HI  
Photo credit: AP  
Photo/Agustin  
Tabares

After a magnitude 6.7 earthquake shook the Big Island of Hawaii on October 15, 2006, the state's emergency response plan went into effect. During this disaster much of Hawaii's emergency response plans were tested. One lesson learned is that most of the state's commercial TV and radio stations do not have back-up

generators, which hampered communicating emergency information to the general public. Hawaii County Mayor Harry Kim is now considering subsidized back-up generators for Hawaiian TV and radio stations. "Most people have high-power radios, or they can go to their car to listen," he said. "In the case of power outages here, not everywhere went down, but Honolulu had a catastrophic power outage." The latest magnitude 6.7-quake is a reminder for Hawaii residents that earthquakes are a natural part of the islands, they operate on geological time, with long pauses until the next big one, Kim said. Because of this, residents tend to forget about them until they happen, so it is up to citizens and especially emergency response personnel to be prepared. To read more of this case study, please visit [http://www.emergencymgmt.com/story.php?id=102346&story\\_pg=1](http://www.emergencymgmt.com/story.php?id=102346&story_pg=1).

## Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of February 19, 2007, is 274 cases and 167 deaths.

- A report written by Eric Toner, MD, of the Clinicians Biosecurity network reviews a current study conducted on N-95 masks. In an article published recently in the *American Journal of Industrial Medicine*, Y. Li and colleagues from The Hong Kong Polytechnic University report the results of their study comparing the *in vivo* protective performance of surgical masks and N95 respirators. The authors found that N95 respirators filtered out 97% of a test aerosol while surgical masks did almost as well, filtering out 95% of the aerosol. During a pandemic event, N95 masks may not be available and use of a surgical mask along with other routine barriers such as gowns, gloves and goggles, may afford significant protection from infection. Since surgical masks vary in design, further study is needed to evaluate the aerosol filtering efficiency of different masks. The Institute of Medicine is hosting a meeting entitled "[Workshop on Personal Protective Equipment for Healthcare Workers in the Event of Pandemic influenza: Next Steps and Research Agenda](#)" on February 22, 2007 in Washington, DC to explore these issues, <http://www.iom.edu/CMS/3740/39644/39679.aspx>. To read Dr. Toner's report in full, please visit [http://www.upmc-cbn.org/report\\_archive/2007/02\\_February\\_2007/cbnreport\\_02152007.html](http://www.upmc-cbn.org/report_archive/2007/02_February_2007/cbnreport_02152007.html).
- On February 16, 2007, WHO reported "encouraging progress" on the development of H5N1 avian influenza vaccines, while cautioning that global capacity to make the vaccines remains limited. "WHO stresses that the world still lacks the manufacturing capacity to meet potential global pandemic influenza vaccine demand as current capacity is estimated at less than 400 million doses per year of trivalent seasonal influenza vaccine." The current world population is more than 6 billion. Sixteen companies from ten countries are developing prototype pandemic flu vaccines against H5N1, the WHO said. Five of those companies also are developing vaccines against other avian flu strains, including H9N2, H5N2, and H5N3. More than 40 clinical trials have been completed or are under way, most of them involving healthy adults. In addition, some companies have begun clinical trials in children and the elderly. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/feb1607vaccines.html>.



In a February 12, 2007 article in *Computer World*, Patrick Thibodeau writes that a flu pandemic could choke the Internet, requiring usage restrictions as expected surge in online traffic puts teleworking plans at risk. Many companies and government agencies are counting on teleworkers to keep their operations running in the event of an influenza pandemic. But those plans may be untenable as millions of people turn to the Internet for news and even entertainment, potentially producing a bandwidth-choking surge in online traffic. According to business continuity planners who gathered at a SunGard Availability Systems site facility in northern New Jersey, such a surge would almost certainly prompt calls to restrict or prioritize traffic, such as blocking video transmissions when possible. To read this article in full, please visit <http://www.computerworld.com/action/article.do?command=viewArticleBasic&articleId=9011125&pageNumber=2>.

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## Survey says public health workers lag in preparedness: **Updated**

The American Public Health Association (APHA) conducted an informal survey of its members in October and November and published the results in the December-January 2006 issue of its newsletter, *The Nation's Health*. Of 4,100 public health workers who responded, 60% said they didn't have evacuation plans for their households, 52% said they didn't have emergency communication strategies for their families, and 81% didn't know the evacuation plan for their community. More than 60% of the survey respondents acknowledged a need to be more prepared. The APHA said some respondents reported that taking the emergency preparedness survey would motivate them to prepare at home and at work. The APHA cautioned that the findings may not represent a complete picture of public health worker preparedness nationwide, because the respondents were self-selected and included only people who had Internet access. The organization said it plans to gauge the level of the public's overall preparedness by conducting a formal survey in April during National Public Health Week. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/feb1307survey.html>.

## Pandemic Influenza

### Workgroups: **Updated**

The six statewide Connecticut pandemic influenza workgroups established as a result of the Pandemic Influenza Summit include Triage, Alternate Healthcare Facilities, Human Resources, Risk Communications, Surge Capacity and Ethical/Legal Pandemic Influenza Planning. The Triage Workgroup is evaluating triage management, triage leadership and large-scale diagnostic/treatment determination. The Alternate Healthcare Facilities workgroup is reviewing existing New England/NY Pan Flu AHCF state plans. YNH-CEPDR will participate with the Alternate Healthcare Facilities workgroup at the next New England/New York pandemic planning meeting in early March. The Risk Communications Workgroup and the Human Resources workgroup presently work together to address overlapping issues of communication policies and procedures to protect healthcare personnel. The Surge Capacity workgroup is developing recommendations for the purchase of supply pods for hospital stockpiling and budgetary resource management. The Ethical/Legal workgroup is discussing standards of care regarding directives for ventilator, antivirals, beds and personnel and inter-hospital collaboration. For more information, please contact Dr. Kelly Martens at [kelly.martens@ynhh.org](mailto:kelly.martens@ynhh.org) or Richard Kleindienst, Sr., at [richard.kleindienst.sr.@ynhh.org](mailto:richard.kleindienst.sr.@ynhh.org).

## Avian Influenza: **New**

- On February 21, 2007, the Influenza Genome Sequencing Project, funded by the National Institute of Allergy and Infectious Diseases (NIAID), one of the National Institutes of Health (NIH), announced that it has achieved a major milestone. The entire genetic blueprints of more than 2,000 human and avian influenza viruses taken from samples around the world have been completed and the sequence data has been made available in a public database. "Scientists around the world can use the sequence data to compare different strains of the virus, identify the genetic factors that determine their virulence, and look for new therapeutic, vaccine and diagnostic targets," says NIAID Director Anthony S. Fauci, M.D. To read further, please visit <http://www.nih.gov/news/pr/feb2007/niaid-21.htm>.
- The CDC has released infection control guidance for the prevention and control of influenza and pandemic influenza in acute-care facilities. This guidance lists prevention and control measures such as influenza vaccination, infection control measures including standard and droplet precautions, antiviral prophylaxis, testing control measures and more. For information on this guidance, please visit <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm>.
- WHO announced that the latest analysis of human H5N1 avian influenza cases supports previous evidence that young people are more susceptible to the virus and more likely to die of this than older people. In examining 256 confirmed cases over three years, the WHO found that 89% of patients were younger than 40, and the case-fatality rate for patients older than 50 was 40%, versus 76% for 10- to 19-year-olds and 60% for all ages. The findings were reported in the February 9 issue of the WHO's *Weekly Epidemiological Record*. The agency said the reason for the skewed age distribution is unknown and does not appear to be entirely a result of the preponderance of young people in the affected countries. Analysts looked at all human H5N1 cases reported to the WHO that had onset dates between November 25, 2003, and November 24, 2006. The report updates a previous analysis that covered the 205 cases up to April 30, 2006. These observations, they suggest, "are consistent with a biological model of geographically widespread immunity to avian influenza A (H5N1) in persons born before 1969, i.e., about 35 years before the onset of the currently recognized panzootic in domestic poultry." The WHO report also says a deeper analysis of the clinical data from human H5N1 cases will be conducted at an international meeting scheduled for March 19 to 21 in Turkey. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/feb1407epi.html>.

## Seasonal Influenza: **Updated**



From February 4, 2007 to February 10, 2007, widespread seasonal influenza activity was reported by by nineteen states (Arkansas, Delaware, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Minnesota, Nebraska, New York, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas and Wisconsin); regional activity was reported by fourteen states (Alaska, Arizona, California, Connecticut, Illinois, Maine, Nevada, New Jersey, North Carolina, North Dakota, Pennsylvania, Utah, Virginia and Washington); local activity was reported by New York City and twelve states (Alabama, Colorado, Florida, Hawaii, Louisiana, Maryland, Michigan, Missouri, Montana, New Mexico, West Virginia and Wyoming); and sporadic activity was reported by the District of Columbia and five states (Mississippi, New Hampshire, Ohio, Rhode Island and Vermont). For more information, please visit <http://www.cdc.gov/flu/weekly/>.

- The CDC has released a fact sheet on influenza symptoms, protection and what to do if you get sick. This fact sheet also identifies habits for maintaining good health such as hand washing, avoiding contact with people who are sick, staying home from gatherings and not touching your eyes, nose or mouth. To access this fact sheet, please visit <http://www.cdc.gov/flu/symptoms.htm>.
- The CDC has released information on antiviral drugs for seasonal influenza. This document discusses how antivirals medications are used and who should get antiviral medications for treatment and prevention. In addition, antiviral drug side effects are also made available in this document. For more information, please visit <http://www.cdc.gov/flu/professionals/treatment/>.



The CDC has released a "Questions and Answers: Information for School" fact sheet. This document defines the flu and describes the symptoms. The fact sheet also provides information on the length of contagion, the differences between the cold and the flu and the circumstances under which the flu is spread. Protection and recovery in the form of risk reduction behaviors, antivirals and vaccines are also discussed. For more information, please visit <http://www.cdc.gov/flu/school/qa.htm>.

## Emergency Credentialing Program: **Updated**



One-hour training sessions for Emergency Credentialing Program (ECP) hospital contacts on using the ECP web-enabled volunteer information system is underway. Thus far, feedback on the

application's content and ease of use has been positive. Suggestions for improvements or additional enhancements to the application have already been implemented or will be implemented over the next several weeks. Rapid access to volunteer contact information to arrange for additional medical professional resources is a critical component of a medical emergency response during a large scale disaster or public health emergency. It is strongly recommended that at least two individuals from each hospital become familiar with the ECP and the volunteer management database and that these individuals have a designated and defined role in the hospital's emergency management plan. At the time of an event, the database will be available to authorized users in "real-time" mode via the Internet. In anticipation of internet failure, hospital contacts will be asked to regularly download a complete database copy for local (desktop) access using FileMaker™, a user-friendly and widely used database management tool. Note: FileMaker™ does not require user licensing fees or installation. For more information or to schedule your training, please contact Carol Luddy at (203) 688-5544 or [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org).

## Connecticut Laboratory Response Network – February 2007

### Newsletter: **Updated**

The Connecticut Laboratory Response Network has published its February 2007 newsletter. This newsletter features information about proper packaging of patient specimens for courier transport according to CFR Title 49: Transportation Code of Federal Regulations. To download a PDF copy of this newsletter, please visit [http://www.ynhhs.org/emergency/CT-LRN\\_February2007.pdf](http://www.ynhhs.org/emergency/CT-LRN_February2007.pdf).

#### Questions or Comments

Questions, comments or suggestions should be forwarded by fax to (203) 688-4618 or by e-mail to [center@ynhh.org](mailto:center@ynhh.org)  
[www.yalenewhavenhealth.org/emergency](http://www.yalenewhavenhealth.org/emergency)

## National Disaster Life Support Program Taught in Suffolk County, NY: **Updated**



The Yale New Haven Center for Emergency Preparedness and Disaster Response recently taught a four-day National Disaster Life Support program to the Suffolk County EMS and MRC. Over 60 participants completed the Basic Disaster Life Support course and over 40 participants completed the two-day Advanced Disaster Life Support course, including a day of practical skills. As part of the course, students were trained to wear Level C PPE and utilize one of Suffolk County's Decontamination trailers through a training scenario. Another outdoor session had students complete a mass casualty exercise. Indoor sessions taught students how to administer smallpox vaccines and Mark I Nerve Agent Antidote kits. The fourth session had participants working through various scenarios with high-tech simulators. For additional information regarding the National Disaster Life Support courses, contact David Burich, Regional NDLS Coordinator at 203-688-3721 or [david.burich@ynhh.org](mailto:david.burich@ynhh.org)

## Education and Training Services: **Updated**

- YNH-CEPDR has developed a series of emergency preparedness courses and workshops designed to prepare healthcare workers in community health centers for their roles in disaster response. These instructor-led sessions combine didactic lecture and group exercises that address topics including triage, personal protective equipment, infection control, risk communications and incident command. The course objectives ensure compliance with NIMS training requirements. These courses may be further adapted to better meet the needs of other healthcare delivery organizations such as home health agencies and skilled nursing facilities. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- Introduction to Emergency Management with NIMS (EM 103 w/NIMS) and Incident Command Systems for Healthcare (EM 140 w/NIMS) have been approved as compliant by the Department of Homeland Security (DHS) National Incident Management System (NIMS) Integration Center (NIC). These courses are cost-effective, time-efficient and provide a healthcare-focused alternative to required FEMA courses. Together, EM 103 w/NIMS and EM 140 w/NIMS have been approved by the DHS NIC as meeting the required objectives of IS 100, IS 200, IS 700 and IS 800 for healthcare organizations. To access these courses, please visit <http://ynhhs.emergencyeducation.org/>. For more information, please contact Scott Selig at (203) 688-2587 or [scott.selig@ynhh.org](mailto:scott.selig@ynhh.org).
- YNH-CEPDR is committed to developing and delivering 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.

## Education and Training: **Updated**



### Introduction to Emergency Management with NIMS

(EM 103 w/NIMS) is available at <http://ynhhs.emergencyeducation.org/>. EM 103 w/NIMS has been **certified by the DHS NIMS Integration Center** as meeting 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](mailto: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/>. EM 140 w/NIMS has been **certified by the DHS NIMS Integration Center** as meeting the required objectives of IS 200, IS 700 and IS 800 for healthcare organizations. This course describes the ways an ICS can provide a consistent approach to command, control and coordination of all efforts aimed at protecting life, preserving property, supporting the emergency response and stabilizing the operations of a healthcare site during an emergency or disaster. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

## Education and Training: Updated

- **Best Practices for the Protection of Hospital-Based First Receivers (EM 120)** is available at <http://ynhhs.emergencyeducation.org/>. EM 120 is aligned with the Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. Sample job classifications that will be required to complete EM 120 in order to ensure compliance with OSHA standards include: (1) All employees who work in the emergency department (such as clinicians, housekeeping, security, patient registration, etc.); (2) All employees who are regularly scheduled to be on call for the emergency department; (3) Volunteers and residents assigned to the emergency department; (4) Employees involved in setting up, taking down or maintaining decontamination facilities, regardless of their primary job role and location; (5) Nursing leadership who function as potential nursing administrators on call; (6) All members of the hospital decontamination team. This course is a prerequisite to a series of operations-level courses currently under development and planned for release in March. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- **Best Practices for the Protection of Hospital-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 hospital-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 to fulfill specific roles in the decontamination process and trains healthcare workers to properly use protective equipment. This course adheres to Occupational Health and Safety Administration (OSHA) Standard 29 CFR 1910.120 and the Best Practices for Hospital-Based First Receivers of Patients, which was a result of the OSHA revisions of February 2005 to address the concerns of hospital responders. EM 220 is planned for release in March. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

## Education and Training Services: Updated

YNH-CEPDR is committed to developing and delivering 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 more information, please contact Scott Selig at (203) 688-2587 or [scott.selig@ynhh.org](mailto:scott.selig@ynhh.org).

## Safe and Resilient Hospitals;

## Preparing for the Next Disaster: Updated

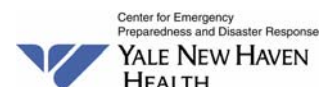


How well do you think your hospital would withstand a large-scale disaster? Would you be able to continue to fulfill your mission to provide ongoing healthcare to your community, or would your organization be yet another victim of the disaster? How does one define a "Prepared/Resilient Hospital", and what are some approaches that hospitals can take to become prepared?

Work has begun through various groups around the world to define guidelines and associated benchmarks for various aspects of healthcare emergency preparedness. However, much remains to be done to provide healthcare organizations with consistent and practical tools that can be used to objectively measure their level of preparedness, regardless of location, culture and population. Equally important is developing recommendations and flexible solutions that can be readily implemented by organizations of various sizes and with other unique characteristics to address identified preparedness gaps and incorporate evidence-based, best practices learned from disaster research. **As an experienced healthcare leader, you will want to be a part of this international benchmarking and implementation process.**

Please join Joint Commission International, the Pan American Health Organization and the Yale New Haven Center for Emergency Preparedness and Disaster Response at the 15<sup>th</sup> World Congress for Disaster and Emergency Medicine as we lead a two-day working session focused on: (1) reaching consensus on 5 key hospital emergency preparedness guidelines; (2) developing a framework for meeting those guidelines through the identification of measurable benchmarks; (3) identifying evidence-based, best practice approaches to guide healthcare preparedness activities; and (4) establishing a process to engage healthcare delivery experts in benchmarking for emergency preparedness. The work completed by the workshop participants will be published and your participation cited.

Register for the Congress and this unique workshop at [http://www.ynhhs.org/emergency/hospital\\_prepared.pdf](http://www.ynhhs.org/emergency/hospital_prepared.pdf) and receive the early bird discount! More information on the Congress may be found at [www.wcdem2007.org](http://www.wcdem2007.org). Don't miss this opportunity. Register today!



## Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
2.24.07	8:00 a.m. to 5:00 p.m.	Chemical Agents of Opportunity  <i>Sponsored by the American College of Medical Toxicology (ACMT) and the Agency for Toxic Substances and Disease Registry (ATSDR) Berkshire Medical Center</i>	Berkshire Medical Center, Pittsfield, MA  For more information, please visit <a href="http://www.ynhhs.org/emergency/ChemicalAgentsConference_2_24_07.pdf">http://www.ynhhs.org/emergency/ChemicalAgentsConference_2_24_07.pdf</a> .
3.13.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
3.13.07	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association

## Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
2.20.07	1:00 p.m. to 2:00 p.m.	Travel Medicine: The Pre-Travel Consultation  <i>Sponsored by the CDC</i>	For more information, please visit <a href="http://www.bt.cdc.gov/coca/callinfo.asp">http://www.bt.cdc.gov/coca/callinfo.asp</a> .
2.27.07	1:00 p.m. to 2:30 p.m.	When the System is Overwhelmed: Protecting the Provider During Bioterrorism  <i>Sponsored by the Alabama Department of Public Health</i>	To register for this call, please visit <a href="http://www.adph.org/alphnt/vcomm.asp?action=conflistone&amp;templateno=3&amp;deptid=143&amp;templateid=1252">http://www.adph.org/alphnt/vcomm.asp?action=conflistone&amp;templateno=3&amp;deptid=143&amp;templateid=1252</a> .

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

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