

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



Abstracts due January 18 2008

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 January 2, 2008, is 348 cases and 215 deaths.



Pakistan Bird Flu
Credit: AFP/File/Fabrice Coffrini

On December 27, 2007, the first case of human infection with H5N1 avian influenza in Pakistan has been confirmed. The H5N1 positive case was a 25 year old male who developed the illness on November 21, was hospitalized on November 23 and died on November 28, 2007. Additional laboratory analysis, including gene sequencing, is ongoing. At the request of the Pakistan Government, a WHO team traveled to Pakistan to participate with national authorities in the ongoing investigations of several suspected cases of human H5N1 infections. This team found no evidence of sustained or community human to human transmission in the preliminary risk assessment. In addition, all identified close contacts including the other members of the affected family and involved healthcare workers remain asymptomatic and have been removed from close medical observation. For more information, please visit http://www.who.int/csr/don/2007_12_27/en/index.html.

- As of January 1, 2008, Bangladeshi authorities have slaughtered nearly 20,000 chickens after the bird flu was detected at a government-run poultry farm. The bird flu was first detected in Bangladesh in March of 2007 at a state-owned poultry farm. For more information, please visit <http://www.flulab.com/overview.php?a=2008-01-01-f15>.
- The Food and Agriculture Organization of the United Nations has posted its overview of HPAI (H5N1) virus update. In 2007, HPAI outbreaks in poultry and other avian species were high between January and April, with a peak in March. HPAI outbreaks declined from May onwards until the end of September, then started rising again during November and December. A total of 61 countries in Asia, Europe and Africa have been affected by HPAI (H6N1) since the beginning of the epidemic. Of the 61, 30 countries have experienced outbreaks during 2007, five of which reported outbreaks for the first time. The five countries included Bangladesh, Benin, Ghana, Saudi Arabia and Togo. Except for a few outbreaks in wild birds, most of the confirmed outbreaks have been in domestic poultry including chickens, turkeys, geese and quails. In 2007 there were 74 human cases reported, 49 fatal in seven countries which included Cambodia, China, Egypt, Indonesia, Lao People's Democratic Republic, Nigeria and Viet Nam. To read this report in full, please visit <http://www.fao.org/docs/eims/upload/237149/ah693e.pdf>.
- Greg Garcia, the Department of Homeland Security's Assistant Secretary of Cybersecurity and Communications, recently discussed the effects of a pandemic outbreak on telecommunications. He recommended that internet service providers, telecommunications carriers and service vendors put in place safeguards, policies and best practices ahead of time. Such practices include hospitals, businesses and government agencies obtaining a telecommunications service priority (TSP) for enterprises; subscribing to government emergency telecommunications service (GETS) cards and/or wireless priority services (WPS) capabilities for critical IT staff; limiting access to business critical services; limiting remote access to users critical to maintaining business continuity; adjusting or retiming automatic desktop backup software updates for telecommuters; and enhancing the cybersecurity due to increased reliance on communications and IT. To read Mr. Garcia's recommendations in full, please visit <http://www.govhealthit.com/online/news/350155-1.html>.
- 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>.

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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:

Adapting Community Call Centers for Crisis Support, a Model for Home-Based Care and Monitoring. AHRQ Sept 2007. <http://www.ahrq.gov/prep/callcenters/>

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/quideleader.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.afri.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.afri.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.

Dr. Katherine (Kati) Kelley: **New**

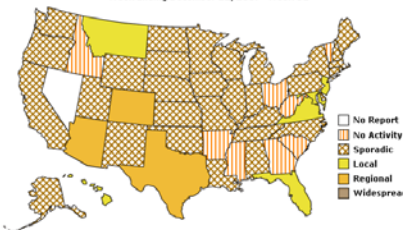


Dr. Katherine (Kati) Kelly
Credit: Hartford Courant

It is with great sadness that we report the passing of Dr. Katherine (Kati) Kelley, the chief of the Connecticut Department of Public Health's laboratory. Kati was a public health practitioner for more than 40 years, beginning her career at the Vermont Public Health Laboratory researching the "new" measles vaccine. She served as the director of public health laboratories in Alaska and Vermont and from 1993 to 1999 served as the chief of the training branch for the Division of Laboratory Systems of the CDC in Atlanta, Georgia. Since 1999, Dr. Kelley served as the chief of the Connecticut State Public Health Laboratory in Hartford and was a key player in the state and national response to the anthrax attacks of 2001. She published many articles in scientific journals and received many awards, most recently the prestigious Charles Edward Amory Winslow Lifetime Achievement Award, the highest professional achievement award bestowed to a public health professional in Connecticut, presented to her by Governor M. Jodi Rell. Her dedication, vision and contributions to the practice of public health and laboratory medicine will be greatly missed by those who had the opportunity and privilege to know and work with her.

Seasonal Influenza: **New**

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*
Week Ending December 22, 2007 - Week 51



During week 51, December 16-22, 2007, regional activity was reported by Arizona, Colorado and Texas; local activity was reported by six states (Florida, Hawaii, Maryland, Montana, New Jersey and Virginia); sporadic activity was reported by the 32 states (Alabama, Alaska, California, Connecticut, Delaware, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Washington, Wisconsin and Wyoming); no activity was reported by eight states (Arkansas, Georgia, Idaho, Mississippi, Ohio, South Carolina, Vermont and West Virginia); and, Nevada and the District of Columbia did not report. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/index.htm>.

FDA Clears First Test for Drug-Resistant Staph Infections: **New**



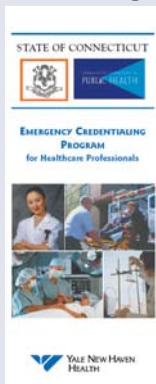
On January 2, 2008, the U.S. Food and Drug Administration announced it has cleared for marketing the first rapid blood test for the drug-resistant staph bacterium known as MRSA (*methicillin-resistant Staphylococcus aureus*). Methicillin is an antibiotic that has been used successfully to treat infections from the *staphylococcus aureus* bacterium. Over the years, the staph bacterium mutated and spawned MRSA, a strain of staph bacterium that is resistant to methicillin and which has a higher rate of being fatal. This new rapid blood test, the BD GeneOhm StaphSR Assay, uses molecular methods to identify whether a blood sample contains genetic material from the MRSA bacterium or the more common, less dangerous staph bacterium that can still be treated with methicillin. MRSA can cause potentially life-threatening conditions such as blood stream infections, surgical site infections or pneumonia. FDA cleared the BD GeneOhm StaphSR assay based on the results of a clinical trial at five locations. The new assay identified 100 percent of the MRSA-positive specimens and more than 98 percent of the more common, less dangerous staph specimens. The BD GeneOhm StaphSR test is manufactured by BD Diagnostics, a subsidiary of BD of Franklin Lakes, N.J. To read this release in full, please visit <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01768.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.yalenewhavenhealth.org/emergency

Seeking Volunteers: **New**



Just like the Marine Corps, we are looking for a “few good men and women” to become volunteers 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 others are needed. This is a program of both pre-credentialed and credentialed hospital disaster volunteers

from many disciplines who have offered to respond when a natural or manmade 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 visit our web site at www.ct-esar-vhp.org to see if this program is for you. Enrollment is completed online and basic disaster related education is provided. For more information or questions, please contact Joseph Filakovsky, DNP, APRN, Emergency Credentialing Program Coordinator at (203) 688-4468 or email ecp@ynhh.org.

Positions Available at YNH-CEPDR

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

Evidence for a Heritable Predisposition to Fatal Influenza

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_20_07/cbnreport_12192007.html.

Disasters around the World: **New**



With extreme cold hitting many parts of the US, effects can be devastating to the young and elderly. 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.

- 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.

The Medical Reserve Corps: **New**



As you make your 2008 New Year’s resolutions, make sure to include one that can save your life. Make a resolution to prepare yourself and your family before an emergency happens. Make a plan, build a kit and be informed. For more information or to schedule a talk with your group please contact; Eugenie Schwartz at 203-688-2659 or 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_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.



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.

Education and Training Courses (*continued*):



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).

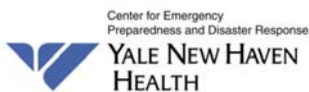


The OSHA Respirator Standard 1910.134(k), 1910.120 requires Health Care Workers who wear the N95 respirator in the workplace to be fit tested annually and more often if necessary. YNH-CEPDR has developed **the N95 Respirator Fit Tester Training (EM 122)**, a 20-minute online course which provides training 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 scalable 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.	<p>WMD Threat and Risk Assessment TEEEX (Texas A&M)</p> <p>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.</p> <p><i>Connecticut Department of Emergency Management and Homeland Security</i></p>	<p>DEMHS Training Facility Maxim Rd, Hartford, CT</p> <p>For more information, including prerequisites and how to register, please visit http://www.ct.gov/demhs/iCal/eventDetail_page.asp?date_ID=CDC6C7CFC783CDC9C8.</p>
01.22.08, 01.23.08 and 01.24.08	8:00 a.m. to 4:30 p.m.	<p>Introduction to Cameo</p> <p>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.</p> <p><i>Connecticut Department of Emergency Management and Homeland Security</i></p>	<p>East Hartford Public Safety Complex 31 School Street East Hartford, CT 06108</p> <p>For more information, including prerequisites and how to register, please visit http://www.ct.gov/demhs/iCal/eventDetail_page.asp?date_ID=CDC6C7CFC83CDC9CB.</p>
1.31.08	1:00 p.m. to 2:30 p.m.	<p>Emergency Management Assistant Compact</p> <p><i>Alabama Department of Public Health</i></p>	<p>To register, please visit http://www.adph.org/alphnt/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252.</p>
04.08.08 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>

FOR MORE INFORMATION, PLEASE CONTACT:

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<p>James Paturas Deputy Director, Clinical Services (203) 688-3496 james.paturas@ynhh.org</p>	<p>Patrick Ward Deputy Director, Network Development and Contracting (203) 688-4473 patrick.ward@ynhh.org</p>	<p>Louise-Marie Dembry, MD Associate Medical Director (203) 688-4634 louise-marie.dembry@ynhh.org</p>	<p>Mark Schneider Program Manager, Education and Training (203) 688-2577 mark.schneider@ynhh.org</p>
<p>YNH-CEPDR West Coast Office: Kevin M. Storm, NREMT-P (650) 312-1196 kevin.storm@ynhh.org</p>		<p>YNH-CEPDR South West Office: Deanna Bourgeault (469) 619-3005 deanna.bourgeault@ynhh.org</p>	
<p>Preparedness Report Archive: http://www.yalenehavenhealth.org/emergency/commu/archives.html</p>			
<p>One Church Street, 5th Floor • New Haven, CT 06510 • Tel. (203) 688-3224 • Fax (203) 688-4618 center@ynhh.org • www.yalenehavenhealth.org/emergency</p>			

US DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTACTS:

<p>Gary J. Kleinman, EMT-P Region I Regional Emergency Coordinator (617) 777-6444 gary.kleinman@hhs.gov</p>	
<p>Gregory T. Banner, MS, CEM Region I Regional Emergency Coordinator (617) 777-6404 gregory.banner@hhs.gov</p>	<p>Mark C. N. Libby, RN Region I Regional Emergency Coordinator (617) 777-6458 mark.libby@hhs.gov</p>
<p>JFK Federal Building, Room 2100 • 15 New Sudbury Street • Boston, MA 02203</p>	
<p>US Department of Health and Human Services 24x7 Operations Center hhs_soc@hhs.gov • (202) 619-7800 • http://www.hhs.gov/disasters/</p>	