

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

CDC Health Advisory: **New**

Total Body® Formula

Voluntary Recall

On April 14, 2008, the CDC reported that they were working collaboratively with state health departments, the American Association of Poison Control Centers and the FDA on reports of adverse health effects following consumption of the dietary supplement "Total Body Formula," and "Total Body Mega Formula" manufactured in the US exclusively for

Total Body Essential Nutrition, Inc. This dietary supplement has been found by the FDA to contain hazardous levels of selenium (up to 200 times the label value) and chromium (up to 17 times the label value). As of April 11, 2008, 91 adverse reactions have been reported from Florida, Georgia, Kentucky, Pennsylvania, Tennessee, and Virginia health departments. The American Association of Poison Control Centers and the FDA report additional exposures in other states. Total Body Essential Nutrition, Inc., reportedly distributed this product to 16 states (Alabama, California, Florida, Georgia, Kentucky, Louisiana, Michigan, Missouri, New Jersey, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, and Virginia), and also sells its products over the Internet. For more information on the adverse effects of ingesting hazardous levels of selenium and chromium, please visit <http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00274>.

CDC Publishes Report on Updating Guidelines for the Management of Anthrax: **New**

On April 14, 2008, the Clinicians' Biosecurity Network reported that a little over two years ago the CDC, in collaboration with the Southeastern Center for Emerging Biologic Threats, convened approximately 40 subject matter experts for a meeting in Atlanta to "review research developments and clinical experience with anthrax prophylaxis and treatment and to make consensus recommendations for updating guidelines for PEP (postexposure prophylaxis), treatment, and clinical evaluation of patients with anthrax." The journal *Emerging Infectious Diseases* recently published a conference report summarizing the meeting's presentations, discussions and consensus recommendations. The authors indicate that updated CDC guidelines are forthcoming. The major changes discussed in the meeting related to the treatment of severe anthrax disease are: 1) the preference given to ciprofloxacin over doxycycline, as concomitant meningitis should be suspected in all patients and ciprofloxacin has better meningeal penetration; and 2) the emphasis on "early and aggressive" drainage of pleural effusions in all patients. To learn more about the proposed changes to the guidelines, please visit <http://cms.upmc-cbn.org/>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of April 15, 2008, is 380 cases and 240 deaths.



More Bird Flu in Egypt
Credit: Reuters

On April 15, 2008, the Ministry of Health and Population of Egypt announced a new human case of avian influenza A (H5N1) virus infection. The case is a 30-year-old female from Al-Matarya, Cairo Governorate. She developed symptoms on April 2, was hospitalized and died on April 11. The case was confirmed as being infected with influenza A (H5N1) by the Central Public Health Laboratories and by Cairo-based US Naval Medical Research Unit 3 (NAMRU-3).

Investigations into the source of her infection indicate a history of contact with sick and dead poultry. Of the 49 cases confirmed to date in Egypt, 22 have been fatal. For more information, please visit http://www.who.int/csr/don/2008_04_15/en/index.html.



On April 12, 2008, The Times of India reported that Russia's agriculture ministry confirmed a bird flu outbreak in a village in the Far East region of Primorye, which was quarantined after scores of chickens died. "In two days, 28 out of 42 hens and guinea fowl died on a farm" in the village of Vozdvizhenka, 110 kilometres north of Vladivostok, the ministry's veterinary control unit said in a statement on April 10. The dead birds had been incinerated, it added. A regional laboratory made the discovery after testing samples taken from sick birds, and a national laboratory was due to determine if it was the deadly H5N1 strain of the virus. Authorities cordoned off the village, killed all other fowl on the farm and vaccinated birds in the village and nearby areas, the ministry said. To learn more about the situation in Russia, please visit http://timesofindia.indiatimes.com/World/Russia_ministry_confirms_bird_flu_outbreak/articleshow/2946293.cms.

- On April 9, 2008, CIDRAP reported that a 52-year-old Chinese man probably caught H5N1 avian influenza from his dying son while caring for him in a hospital last December, but others who had close contact with both patients were not infected, Chinese researchers reported this week in *The Lancet*. The two cases represent another example of probable but limited person-to-person transmission of the H5N1 virus. The article comes on the heels of WHO's report last week that two brothers who were part of a family cluster of suspected H5N1 cases in Pakistan last fall had the virus. "We believe that the index case transmitted H5N1 virus to his father while his father cared for him in the hospital," says *The Lancet* report by a mostly Chinese team led by Hua Wang of the Jiangsu Provincial Centre for Disease Control and Prevention in Nanjing, China. The team found no other plausible source of infection for the father and no evidence that the virus spread to anyone else. Though the 24-year-old son died, his father recovered. The older man's treatment included double-dose oseltamivir (Tamiflu) starting early in the illness and a blood plasma transfusion from a woman who had received an H5N1 vaccine in a clinical trial, suggesting the possibility that vaccine-induced antibodies in the woman's plasma played some role in his recovery. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/apr0908cluster.html>

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

The Occupational Safety and Health Administration (OSHA) Publication Focuses on Security Personnel

Security personnel (i.e., guards) stand to benefit from a new publication by OSHA entitled **Preparing and Protecting Security Personnel in Emergencies**. This publication addresses emergencies involving hazardous substance releases and provides guidance for employers and their security personnel who may be involved in the emergency response. Printed copies can be obtained by calling OSHA's publications office at (202) 693-1888.

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

Individual Preparedness Guide: "Are You Ready: Guidelines for Navy Family Emergency Preparedness," Naval Services Family Line January 2008 (ady0308.pdf) <http://www.lifelines.navy.mil/idc/groups/public/documents/image/areyoure>

IAEM Discussion Group: Behavior and Needs of Professionals in Emergency Preparedness and Management <http://is.njit.edu/turoff>

Federal Stafford Act Disaster Assistance: Presidential Declarations, Eligible Activities, and Funding, January 28, 2008 <http://opencrs.com/document/RL33053>

Emergency Management Assistance Compact (EMAC) use for public health and medical emergency response and recovery operations <http://www.bt.cdc.gov/planning/emac>

Public Health Emergency Law and Forensic Epidemiology CD-ROM, Version 3
To learn more about the courses or to order a free CD-ROM, visit <http://www2a.cdc.gov/phlp/phel.asp>

Positions Available at YNH-CEPDR

YNH-CEPDR has openings for an Evaluation Specialist and Network Development Specialists. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.ynhhscareers.org/>.

Seasonal Influenza: **New**



During the week of March 30-April 5, 2008, widespread influenza activity was reported by Connecticut, Maine, Maryland, New York, Pennsylvania and Vermont; regional activity was reported by Alaska, California, Colorado, Hawaii, Illinois, Iowa, Massachusetts, New Jersey, North Dakota, Oregon and Washington; local activity was reported by Alabama, Arizona, Georgia, Idaho, Indiana, Kentucky, Louisiana, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Rhode Island, South Carolina, South Dakota, Texas, Utah, Virginia and Wyoming; and sporadic activity was reported by the District of Columbia and Arkansas, Delaware, Florida, Kansas, Mississippi, Missouri, Oklahoma, Tennessee, West Virginia and Wisconsin. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/index.htm>.

CDC Creates "What's New" in Emergency Preparedness and Response Link: **New**



On April 10, 2008, the CDC announced a new link in the navigation bar of their www.bt.cdc.gov/cdc website entitled "What's New". This link will inform users of new programs, information, etc., that the CDC is creating in the area of emergency preparedness and disaster response. The CDC has created a video presentation called "A New Era of Preparedness" detailing what the CDC is doing to ensure that you and your family are safe and healthy in these ever-changing times. Preparing people for emerging health threats is one of the CDC's overarching goals. This video may be viewed by visiting <http://www.bt.cdc.gov/video/newera.asp>.

California Department of Health Announces Mandatory Reporting of Severe MRSA Cases: **New**



Dr. Mark Horton, director of the California Department of Public Health, announced last month that California will require that severe cases of staph infections, including methicillin-resistant *Staphylococcus aureus* (MRSA) be added to the list of diseases reported to local health departments in the state. "Our goal is to prevent severe staph infections, including MRSA, to the greatest extent possible," said Horton. "By making severe cases of staph infections a reportable disease in California, we will be able to better understand the incidence of these infections in California and who is at greatest risk." MRSA is a type of staph infection that is resistant to certain antibiotics. Until recently, most MRSA infections occurred among hospitalized patients. However, newer, more virulent strains of MRSA have emerged in the community, causing community-associated MRSA infections. The new reporting requirement mandates that healthcare providers report all cases of severe staph infections, including MRSA, to their local health department, which will report the infections to the state. Severe cases are those in which there is an infection in a previously healthy person that results in death or admission to a hospital intensive care unit. For more information, please visit <http://www2.cdph.ca.gov/HealthInfo/news/Pages/PH08-06.aspx>.

DHS Announces Global Entry Pilot for International Travelers: **New**



Credit: NASA

On April 11, 2008, the US Customs and Border Protection announced the Global Entry™ pilot program, scheduled to launch this summer. Global Entry allows pre-approved, low-risk travelers expedited clearance upon arrival into the US. Global Entry will be available for US citizens or lawful permanent residents who are frequent international travelers, provided they have not been found guilty of a criminal offense, charged with a customs or immigration offense or declared inadmissible to the US under immigration legislation. The program described as International Registered Traveler in the *Federal Register* has officially been renamed Global Entry. To read more about this program, please visit http://www.cbp.gov/xp/cgov/newsroom/news_releases/04112008_5.xml.

FEMA Announces the Launch of IS-808: **New**



On April 11, 2008, FEMA announced the launch of a new independent study course to provide an introduction to Emergency Support Function (ESF) #8 – Public Health and Medical Services. As part of the National

Response Framework (NRF), Emergency Support Functions (ESFs) are primary mechanisms at the operational level used to organize and provide assistance. A series of courses have been designed to overview each of the 15 ESFs. This course is intended for government executives, private-sector and nongovernmental organization (NGO) leaders, and emergency management practitioners. This includes senior elected and appointed leaders, such as federal department or agency heads, state governors, mayors, tribal leaders and city or county officials – those who have a responsibility to provide for effective response. IS-800.B National Response Framework, An Introduction, or equivalent is a prerequisite for this series of courses. For more information, please visit

<http://training.fema.gov/EMIWeb/IS/IS808.asp>.

2008 MRC National Leadership and Training Conference: **Update**



On April 8-11, 2008, the Medical Reserve Corps (MRC) held their annual National Leadership and Training

conference in Portland, OR. This year's program provided opportunities to network, learn and share with each other. The theme – *Prepared Volunteers, Resilient Communities, Strong Nation* – illustrated the passion that each Medical Reserve Corps unit puts into its programs. Program partners and experts addressed hot-button issues that face the MRC program at all levels. Additionally there was time to share best practices in regional and topic-specific breakout sessions. This was the largest conference the program has ever hosted. For further information about the MRC at YNH-CEPDR or to schedule a talk about personal and family preparedness, please contact Eugenie Schwartz, Medical Reserve Corps Coordinator, eugenie.schwartz@ynhh.org.

Important Notice for ECP/MRC Volunteers Interested in Working in the Otilie W. Lundgren Memorial Mobile Field Hospital (MFH): **New**



An introduction and orientation to the medical equipment used in the MFH will be offered shortly in each Connecticut Department of Emergency Management and Homeland Security (DEMHS) region (at several locations around the state). Topics include working in the austere environment of a MFH and the medical devices specific to the Otilie W. Lundgren Memorial Mobile Field Hospital, as many of these devices may be different from the ones currently used in acute care hospitals. Please watch your email in the coming weeks for details. Medical professional enrollees of the ECP/MRC volunteer groups are strongly urged to attend.

Flu Vaccination Still a Challenge for Hospitals



On April 9, 2008, CIDRAP reported that healthcare institutions still face significant hurdles in getting their staff members vaccinated against seasonal influenza,

and fear of flu infection and caring for sick family will keep many staff home during an influenza pandemic, according to research released this week. Four teams of researchers reported at the 18th Annual Scientific Meeting of the Society for Healthcare Epidemiology of America, held in Orlando, FL, that large proportions of hospital staff believe that flu vaccine causes influenza or triggers other side effects. Others believe that previous bouts of flu have made them immune to contracting the flu again. On average, only 40% of healthcare workers receive flu shots each year, according to the Centers for Disease Control and Prevention (CDC). To learn more about this ongoing issue, please visit

<http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/apr0908shea.html>.

Changes to Warnings and Precautions Sections of Prescribing Information for Relenza



On April 2, 2008, the United States Food and Drug Administration (FDA) reported that GlaxoSmithKline informed healthcare professionals of changes to the WARNINGS AND PRECAUTIONS sections of prescribing information for Relenza[®] regarding information from postmarketing reports (mostly from Japan) of delirium and abnormal behavior leading to injury in patients with influenza who are receiving neuraminidase inhibitors, including Relenza[®]. These events were reported primarily among pediatric patients and often had an abrupt onset and rapid resolution. The contribution of Relenza[®] to these events has not been established.

Influenza can be associated with a variety of neurologic and behavioral symptoms which can include seizures, hallucinations, delirium and abnormal behavior, in some cases resulting in fatal outcomes. These events may occur in the setting of encephalitis or encephalopathy but can occur without obvious severe disease. Patients with influenza should be closely monitored for signs of abnormal behavior. If neuropsychiatric symptoms occur, the risks and benefits of continuing treatment should be evaluated for each patient. For more information, please visit <http://www.fda.gov/medwatch/safety/2008/safety08.htm#Relenza>.

Joint Commission President Calls for Robust Safety Processes



On April 8, 2008, the American Hospital Association (AHA) reported that during their annual AHA meeting on April 7, Mark Chassin, MD, president of The Joint Commission, said hospitals can transform healthcare into a "high-reliability industry" with rates of adverse events and safety process breakdowns comparable to the airline industry. To achieve this goal, he proposed that hospitals increase their capacity to execute robust patient safety processes and their understanding of how to greatly reduce serious adverse events. Chassin said that the next generation of Joint Commission accreditation standards will assess institutions on their capacity for robust process improvement. "I believe that The Joint Commission and others have an obligation to be as confident as we can be that when hospitals spend scarce resources [on quality improvement activities], outcomes will improve as a result," he said. "Our goal must be to drive the delivery system to achieve major, durable improvement and we must be able to document it." To read this article in full, please visit http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_080408_JCo&domain=AHANEWS.

DHS Fact Sheet: Protecting Our Federal Networks Against Cyber Attacks



On April 8, 2008, DHS released an article detailing the issues surrounding the protection of federal networks against cyber attacks. They feel that information technology has grown to provide both

government and the private sector with an efficient and timely means of delivering essential services around the world. As a result, these critical systems remain at risk from potential attacks via the Internet. It is the policy of the United States to prevent or minimize disruptions to our critical information infrastructure in order to protect the public, the economy, government services and the national security of the United States. The federal government is continually increasing capabilities to address cyber risk associated with critical networks and information systems. On January 8, 2008, President Bush approved National Security Presidential Directive 54/Homeland Security Presidential Directive 23, which formalized a series of continuous efforts designed to further safeguard federal government systems and reduce potential vulnerabilities, protect against intrusion attempts and better anticipate future threats. To read this article in full, please visit http://www.dhs.gov/xnews/releases/pr_1207684277498.shtm.

Protecting the Healthcare Workforce



Ensuring that all of your staff know how to protect themselves during a disaster in which they may be exposed to a

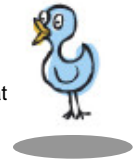
chemical, biological or radiological substance is an important factor in their decision to come to work and fulfill their role in a disaster and to your facility's ability to provide ongoing healthcare services. OSHA requires that employees performing certain functions complete training programs that prepare them to don and doff appropriate levels of personal protective equipment (PPE) and recognize when such precautions may be necessary. YNH-CEPDR has developed a comprehensive suite of courses that addresses these OSHA requirements and provides an effective method to train your staff in proper PPE procedures. Whether your need is for fit testing N95 respirators or operations-level PPE and decontamination training for your decontamination team, YNH-CEPDR has a solution for your organization. For more information, please contact center@ynhh.org.

Don't Forget to CHIRP!



Flu season is definitely upon us, and YNH-CEPDR wants to remind you to CHIRP.

YNH-CEPDR has developed educational tools suitable for distribution to your employees, volunteers, patients and visitors that describe personal infection control practices that can help keep them flu-free. For more information, please contact center@ynhh.org.



FEMA for Kids: Preparing Kids and Their Families



On April 4, 2008, DHS's Federal Emergency Management Agency (FEMA) announced a new web site dedicated to teaching children about disaster preparedness. FEMA created *FEMA for Kids* to help children and their families become

better prepared in the event of a disaster by playing games, enjoying stories, doing puzzles, going through mazes and watching videos. They can even become a Disaster Action Kid and get their very own certificate to hang on the wall. To access the site, go to www.fema.gov, and click on Kids. To read the FEMA press announcement in full, please visit <http://www.fema.gov/news/newsrelease.fema?id=43128>.

CDC HAN Info Service Message

The HHS Office of the Secretary announced the recent release of Public Health Emergency Response: A Guide for Leaders and Responders. This guide provides information on public health emergencies that addresses the unique needs of first responders (e.g., police, fire, EMS) and public officials (e.g., mayors, governors, county executives, emergency managers). The content of the guide is based on HHS's Terrorism and Other Public Health Emergencies: A Reference Guide for Media and its companion field guide. Hard copies of the guide can be ordered for free by calling (240) 629-3180 or visiting <http://www.hhs.gov/disasters/press/newsroom/leadersguide/order.html>. For an electronic version, please visit <http://www.hhs.gov/disasters/press/newsroom/leadersguide/>.

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

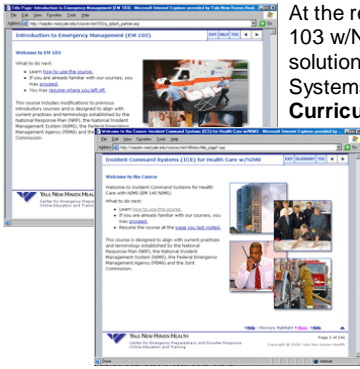
For additional information about these services, please contact us at (203) 688-3224 or center@ynhh.org.

YNH-CEPDR Web Site has Changed



As of April 1, 2008, previews for our online course offerings are available and will include selected screens from each course, a full outline of the course table of contents and three sample quiz questions. Users with approved access to courses will still have full access to complete versions of their assigned courses, as well as their transcripts and certificates. Those interested in enrolling in the current course offerings may do so by visiting <http://ynhhs.emergencyeducation.org>. We are excited to be bringing our users more diverse offerings, as well as other web site improvements in 2008! For more information, please contact us at (203) 688-5000 or center@ynhh.org.

Education and Training Courses



At the request of the Bioterrorism Training and Curriculum Development Program of DHHS, 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_CompetyencyCrosswalk.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.



EM 120: Best Practices for the Protection of Hospital-Based First Receivers. Information topics include: special threats from specific agents; levels of biological, chemical and radiological protection and isolation; various levels of respiratory protection; principles of decontamination; decontamination procedures; mental health concerns regarding decontamination; and personal safety issues regarding decontamination. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



EM 121: N95 Respirator and Personal Protective Equipment (PPE) Training for Healthcare Workers. Information topics include: reasons for respirator and personal protective equipment (PPE) use; proper methods for inspecting, donning and doffing a respirator and PPE; the effective use of a respirator and PPE; and common errors made in PPE and N95 respirator use. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



EM 122: N95 Respirator Fit Tester Training. Information topics include: identifying the need to conduct the N95 respirator fit test; conducting a fit test for N95 respirator use; and performing proper inspection and disposal of respirators. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



EM 220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level. Information topics include: preparation for healthcare workers, such as emergency department clerks and clinicians who are assigned to work in the contaminant-free areas but who may need to identify possible risks associated with unannounced patients; preparation for healthcare workers with designated roles for contaminant removal or who will be working in areas that are considered to be contaminated (training includes proper use of protective equipment); and preparation for hazardous materials specialists, including radiation safety officers. For more information, please contact us at (203) 688-3224 or center@ynhh.org.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
04.23.08	9am to 1pm	Records Management and Business Continuity: A Cultural Perspective <i>Sponsored by NEDRIX and CAPS</i>	3 Corporate Drive Shelton, CT For more information, please contact Lori Adamo, ladamo@coderedbcs.com or Tracy Hall, thall@capsbrs.com .
04.25.08 to 04.29.08	Save the Date	The American Organization of Nurse Executives (AONE) 41 st Annual Meeting and Exhibition <i>Sponsored by American Nurses Credentialing Center (ANCC), API and others</i>	Washington State Convention and Trade Center Seattle, WA For more information, please visit http://www.aone.org/aone/conference2008/welcome.html .
05.04.08 to 05.07.08	Save the Date	2008 VHA Leadership Conference <i>Sponsored by Abbott Laboratories, KCI, Siemens Healthcare Diagnostic and others</i>	Pennsylvania Convention Center Philadelphia, PA For more information, please visit www.vha.com .
05.08.08	8am to 5pm	Disaster Emergency Preparedness Summit <i>Sponsored by Paramount Disaster Recovery, Strategic BCP and others</i>	The Westin Michigan Avenue Chicago, IL For more information, please visit http://www.nationaldisastersummit.org .

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
04.23.08	10am to 11am CST	National Safety Council Webinar "PPE: Who Pays?"	For more information, please visit http://www.nsc.org/webinars/042308.htm or call (800) 621-7615.
05.06.08 to 05.08.08	Save the Date	Hazardous Materials Officer Training <i>Training conference sponsored by the State of Maine Department of Defense, Veterans and Emergency Management and the Maine Emergency Management Agency</i>	Central Maine Commerce Center Augusta, ME For more information, please visit http://www.smrrc.org/ .
05.13.08 to 05.15.08	Save the Date	WMD Incident Management/Unified Command (MGT 313) <i>Sponsored by the Rhode Island Emergency Management Agency and conducted by the Texas Engineering and Extension Service Emergency Services Training Institute</i>	Radisson Airport Hotel Warwick, RI For more information, please contact Michelle SanSouci, (401) 946-9996.

FOR MORE INFORMATION, PLEASE CONTACT:

<p>Christopher M. Cannon National Director (203) 688-3224 christopher.cannon@ynhh.org</p>	<p>Elaine Forte Deputy Director, Operations (203) 688-3391 elaine.forte@ynhh.org</p>	<p>Anthony Tomassoni, MD Medical Director (203) 688-3224 anthony.tomassoni@ynhh.org</p>	<p>Joe Filakovsky, DNP, APRN ECP Coordinator (203) 688-4486 joseph.filakovsky@ynhh.org</p>
<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 Central Office: Deanna Bourgeault (214) 648-9450 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 HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) CONTACT:

Arthur W. Cleaves
Regional Director
FEMA Region One
(617) 956-7506
art.cleaves@dhs.gov

99 High Street • 6th Floor • Boston, MA 02110

<http://www.fema.gov/>

US DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTACTS:

Gary J. Kleinman, EMT-P
Region I Regional Emergency Coordinator
(617) 777-6444
gary.kleinman@hhs.gov

Gregory T. Banner, MS, CEM
Region I Regional Emergency Coordinator
(617) 777-6404
gregory.banner@hhs.gov

Mark C. N. Libby, RN
Region I Regional Emergency Coordinator
(617) 777-6458
mark.libby@hhs.gov

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/>