

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 6, Issue 4 | January 25, 2008

ELEVATED THREAT LEVEL

4th Annual Joint Commission Resources Emergency Preparedness Conference - Alexandria, Virginia, April 8 and 9, 2008:



**Extended Deadline:
Abstracts due
February 8, 2008**

Share Your Innovations With a National Audience!

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 (YNH-CEPDR), 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. The abstract submission deadline has been extended to **February 8, 2008**. Abstracts 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. **Never done a poster before? Don't be nervous – we can help. Contact us at center@ynhh.org with your questions.**

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/>.

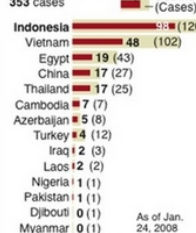
Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of January 24, 2008, is 353 cases and 221 deaths.

Bird flu deaths

Vietnam announced its first bird flu death this year, taking its toll to 48 since the virus afflicted Asian poultry stocks in 2003.

Human cases of bird flu
Total: 221 deaths; 353 cases



SOURCE: World Health Organization AP

On January 24, 2008, WHO confirmed a new case of human avian influenza H5N1 infection in Vietnam. A 34-year old man from the Tuyen Quang Province died on January 18 after being hospitalized two days earlier for symptoms developed on January 10. The man had contact with sick and dead poultry prior to developing symptoms and H5N1-infected poultry were identified in the village where he lived. Health authorities have implemented control measures in the area and have identified the man's close contacts who will be monitored. To read this release in full, please visit http://www.who.int/csr/don/2008_01_24/en/index.html.

Also on January 24, WHO confirmed another fatal case of human avian influenza H5N1 infection in a 30-year old man from the Tangerang District, Banten Province in Indonesia. The man died January 24 after being hospitalized for five days. The source of the man's infection has not been identified and is under investigation. To read more about this case, please visit http://www.who.int/csr/don/2008_01_23/en/index.html and http://www.who.int/csr/don/2008_01_24a/en/index.html.

- Indian authorities are worried that outbreaks of avian influenza H5N1 infection will spread to the city of Kolkata, home to more than five million people, in the country's West Bengal province. Poultry markets in the city are patrolled by authorities and every truck entering the city is checked for birds and poultry. This current outbreak has spread to nine of the 19 districts in West Bengal and is being categorized as the most serious outbreak of avian influenza H5N1 since 2006 when the virus was first detected in the country. To read this January 24, 2008, news release in full, please visit <http://www.alertnet.org/thenews/newsdesk/SP21949.htm>.
- The Food and Agriculture Organization of the United Nations (FAO) said in a January 24, 2008, press release that the human avian influenza H5N1 virus remains a global threat and continued control efforts and monitoring is necessary. Joseph Domenech, the FAO Chief Veterinary Officer, said progress has been made worldwide to control the virus, including surveillance, early detection and immediate response, however the threat for a global pandemic remains. The press release reviews situations in several countries, including Indonesia, Bangladesh and Egypt where the virus, despite control efforts, remains a major threat. To read the FAO press release in full, please visit <http://www.fao.org/newsroom/en/news/2008/1000775/index.html>.
- The WHO announced on January 22, 2008, the launch of an interim electronic tracking system that will provide information about avian influenza H5N1 viruses and specimens that are shared with the WHO since November 24, 2007, utilizing the Global Influenza Surveillance Network (GISN). The system includes information about viruses and specimens shared, their location, analyses done and subsequent development into vaccine viruses. Additional data input and system improvements are ongoing. To access the Influenza Virus Tracking System, please visit http://www.who.int/fluivirus_tracker.



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): **New**

New 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.

Preparing and Protecting Security Personnel in Emergencies. OSHA 2007.
<http://www.osha.gov/Publications/3335-security-personnel.pdf>

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

GAO Report: Influenza Pandemic: Efforts Under Way to Address Constraints on Using Antivirals and Vaccines to Forestall a Pandemic. GAO-08-92, December 21, 2007.

Highlights:

<http://www.gao.gov/highlights/d0892high.pdf>

Full Report:

<http://www.gao.gov/cgi-bin/getrpt?GAO-08-92>

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>

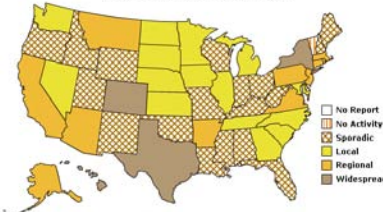
National Response

Framework: **New**

On January 22, 2008, the US Department of Homeland Security (DHS) released the National Response Framework (NRF), replacing the National Response Plan that was released in 2005. The NRF, which becomes active on March 22, 2008, focuses on providing all-hazard disaster responders with a user-friendly operating structure and details roles and responsibilities across all levels of government and all sectors of communities. The NRF includes recommendations from federal, state, local and tribal governments, non-governmental agencies and associations and the private sector and also reflects over 5,000 public comments received following a September 2007 release of the draft NRF. Supporting documents such as Emergency Support Functions and Support and Incident Annexes have been updated and remain an integral part of the NRF. To read the DHS press release in full, please visit http://www.dhs.gov/xnews/releases/pr_120103056_9827.shtm. You may also visit the NRF Resource Center at <http://www.fema.gov/emergency/nrf/> for detailed information and a link to the NRF.

Seasonal Influenza: **New**

Weekly Influenza Activity Estimates: Reported by State and Territorial Epidemiologists*
Week Ending January 12, 2008 - Week 02



During the week of January 6-12, 2008, widespread activity was reported by Colorado, Hawaii, New York and Texas; regional activity was reported by Alaska, Arizona, Arkansas, California, Connecticut, Massachusetts, Montana, New Jersey, Pennsylvania, Rhode Island and Virginia; local activity was reported by the District of Columbia and 15 states (Georgia, Illinois, Iowa, Kansas, Maryland, Michigan, Minnesota, Nebraska, Nevada, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee and Washington); sporadic activity was reported by Alabama, Delaware, Florida, Idaho, Indiana, Kentucky, Louisiana, Maine, Mississippi, Missouri, New Hampshire, New Mexico, Ohio, Oklahoma, Oregon, Utah, West Virginia, Wisconsin and Wyoming); no activity was reported by Vermont. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.

GAO Report: Constraints to Using Antivirals and Vaccines for a Pandemic: **New**



The Government Accountability Office (GAO) issued a report on January 22, 2008, discussing the role antivirals and vaccines may play during an influenza pandemic. The report

discusses challenges and limitations utilizing these tools to debilitate the spread and impact of a pandemic, including the fact that a targeted vaccine can not be developed until the influenza strain has been identified, and once this has occurred, it will still take 20 to 23 weeks to develop and produce a vaccine. With the increased mobility of the public throughout the world, a vaccine that is not available at the onset of a pandemic may have minimal effect on initial phases of a pandemic. The report also states that limited production, distribution and regulatory capacity may hinder the immediate expansion of antiviral production needed in order to treat populations throughout the world as they become sick from the pandemic influenza virus. Even with available antivirals, distribution networks are underdeveloped in many countries, hampering the delivery of stockpiled targeted medications which medical experts recommend be taken within 48 hours of onset of symptoms. More international support for clinical trials is called for as most of today's funding for these studies come from the US, Australia, Japan and the United Kingdom. Comments from the US Department of State and Department of Health and Human Services (HHS) are included in the report. To read more about this report, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jan2308gao.html>. To view the report in full, please visit <http://www.gao.gov/new.items/d0892.pdf>.

Plague: A Growing Threat?

On January 15, 2008, researchers at the University of Liverpool warned that plague has appeared in new countries over recent decades and is currently appearing in Africa. The disease has killed between 100 and 200 people over the last 20 years, and the WHO reports around 1,000 to 3,000 cases each year. The researchers worry that outbreaks seem to be on the rise after virtual inactivity during the 20th century with the latest outbreak of pneumonic plague with hundreds of suspected cases taking place in the Democratic Republic of Congo in 2006. The report also discusses how plague has been weaponized throughout history. To read the new release, please visit <http://www.reuters.com/article/scienceNews/idUSL1446129320080115>. To read the report published by the Public Library of Science in full, please visit <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0050003>.

Commitment and Volunteerism

As of January 17th, almost four thousand professionals have enrolled in the State of Connecticut Emergency Credentialing Program for Healthcare Professionals. These individuals have made a commitment to "be there" to support activities related to a manmade or natural disaster anywhere in the State of Connecticut. Despite the fact that many of these professionals are very busy in their own roles, they are cognizant of the fact that in a large and overwhelming incident, "human resources" may be a key asset in disaster response. The Emergency Credentialing Program pre-credentials 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 prepare 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 Program Coordinator - Product and Services Development, Network Development Specialists and a Drills and Exercises Specialist. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.yalenehavenhealth.org/info/jobs.html>.

Education and Training Courses



At the request of the Bioterrorism Training and Curriculum Development Program of HHS, the YNH-CEPDR EM 103 w/NIMS and EM 140 w/NIMS courses were reviewed by the NIMS Integration Center. These courses provide a solution to address elements 9 through 11 of the NIMS Implementation Activities for Hospitals and Healthcare Systems.

These courses meet all of the required objectives defined by the NIMS National Standard Curriculum Training Guidance as demonstrated on the YNH-CEPDR NIMS Competency Crosswalk, which may be accessed at

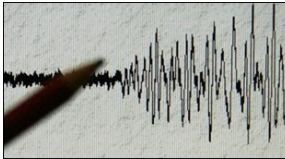
http://www.ynhhs.com/emergency/YNH_CEPDR_NIMS_CompencyCrosswalk.pdf. EM 103 w/NIMS and EM 140 w/NIMS were approved as being NIMS compliant for healthcare education and training requirements by the State of Connecticut Department of Public Health and the State of Connecticut Department of Emergency Management and Homeland Security. To download a brochure, please visit http://www.ynhhs.org/emergency/NIMS_Brochure-Final.pdf. For more information, please contact us at (203) 688-3224 or center@ynhh.org.



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/Logi.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.

Disasters around the World: **New**



Indonesia Earthquake
Credit: AFP/File/Oliver Morin

On January 23, 2008, a 6.2 magnitude earthquake hit Nias Island in Indonesia, located off the west coast of Sumatra. The quake killed one child and injured four others however no major damage to structures or buildings was reported. There were no immediate tsunami warnings or watches issued. To read this article in full, please visit http://coe-dmha.org/apdr/index.cfm?action=process3&Sub_ID=100&news=23836&pubDate=01/23/2008.



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. 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.

Yale New Haven Center for Emergency Preparedness and Disaster Response: Winter 2008 Course Guide



YNH-CEPDR develops, delivers and evaluates educational programs designed to prepare the healthcare delivery workforce for effective response to all types of disasters and emergencies. YNH-CEPDR creates and adapts courses for healthcare organizations based on the latest research and developments in emergency response, incorporating national standards and regulations relevant to healthcare emergency preparedness, adhering to industry standards for instructional design and considering the special needs of busy adult learners. To view the new Winter 2008 Course Guide, please visit

http://ynhhs.emergencyeducation.org/downloads/YNH-Courses_Winter08.pdf. For more information, please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org.

Programs and Services



YNH-CEPDR is committed to developing and delivering effective and scaleable services that advance healthcare planning, preparedness and response for emergencies and disasters.

YNH-CEPDR offers the following services to hospitals, other healthcare delivery organizations, emergency management professionals, the business community and others.

- **ASSESSMENTS:** Hazard Vulnerability Analysis, Business Impact Analysis and Gap Analysis
- **PLANNING:** Emergency management plans, emergency operations plans and business continuity plans
- **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- **DRILLS and EXERCISES:** Design, development, facilitation and evaluation

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

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.



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, 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.



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.

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

UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
1.28.08	10:00 a.m. to 3:00 p.m.	Emergency Preparedness Forum <i>Presented by Connecticut Public Health Committee & Public Safety and Security Committee</i>	Room 2C Legislative Office Building 300 Capitol Avenue Hartford, CT
1.31.08	1:00 p.m. to 2:30 p.m.	Emergency Management Assistance Compact <i>Alabama Department of Public Health</i>	To register, please visit http://www.adph.org/alphn/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252 .
04.08.08 and 04.09.08	<i>Save the Date</i>	2008 Annual Emergency Preparedness Conference <i>Emergency Preparedness Conference Sponsored by Joint Commission Resources (JRC)</i>	Hilton Alexandria Mark Center Alexandria, VA For more information, please visit http://www.jcrinc.com/5/Programs2008/ .

FOR MORE INFORMATION, PLEASE CONTACT:

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

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