

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 - 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 February 1, 2008, is 357 cases and 225 deaths.



On January 29, 2008, WHO confirmed four new cases of human avian influenza H5N1 infection in Indonesia with no evidence of an epidemiological link between the cases. Two cases were from East Jakarta in the Jakarta Province where a 31-year old woman was hospitalized after developing symptoms on January 18. Investigations found that the woman visited a wet market days prior to onset of symptoms. The other case being hospitalized 3 days earlier from

symptoms beginning on January 19. The source of her infection is under investigation. Elsewhere in Indonesia, a 9-year old boy from the Depok Municipality in West Java died in a hospital on January 27 after developing symptoms 11 days earlier. The boy lived next door to a wet market where live poultry are sold. The fourth case, a 32-year old man from the Tangerang Municipality in the Banten Province was hospitalized on January 24 after developing symptoms a week earlier. The source of infection has not been determined and is under investigation. A January 30 WHO update confirmed that the man died on January 29. An additional February 1 WHO update confirmed that the final of these four cases, the 31-year old woman from East Jakarta, died on January 31, making this the 102nd fatal case in Indonesia. To read these releases in full, please visit http://www.who.int/csr/don/2008_01_29/en/index.html, http://www.who.int/csr/don/2008_01_30/en/index.html and http://www.who.int/csr/don/2008_02_01/en/index.html.



Saudi Chicken Cull
Credit: AFP/File

<http://www.cidrap.umn.edu/cidrap/content/influenza/avianflu/news/jan3008birds.html>.

On January 29, 2008, Saudi Arabian health officials reported that the avian influenza H5N1 virus was confirmed on a farm in the country's Kharaj province, south of Riyadh, where 158,000 chickens were culled to control the outbreak. The following day, Chinese officials reported on an avian influenza H5N1 outbreak killing 1,000 birds in Tibet. Officials later culled around 13,000 birds to contain the outbreak. To read more about these outbreaks and additional information about situations in India, Bangladesh and the United Kingdom, please visit

- A kit titled, "Take the Lead – Working Together to Prepare Now", has been developed by Health and Human Services, the Centers for Disease Control and Prevention (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 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/calcenters/>

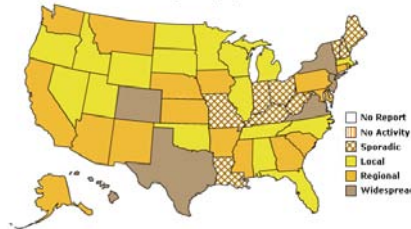
Field Guides (Misc.), Wisconsin Chapter, International Association of Arson Investigators
<http://www.wiaai.com/news.htm>

Connecticut Hospitals Collaborate to Prevent and Control Infections: **New**

CHA CONNECTICUT HOSPITAL ASSOCIATION On January 30, 2008, the Connecticut Hospital Association (CHA) announced a multi-tiered effort to prevent and control multiple drug-resistant organisms in healthcare facilities. The effort includes activities such as an educational symposium, hospital and long-term care facility working group and a pledge to prevent infections. To read the CHA press release in full, including details about planned activities, please visit <http://www.chime.org/Advocacy/documents/MDROs.pdf>.

Seasonal Influenza: **New**

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*
Week Ending January 19, 2008- Week 3



Oklahoma, Oregon, South Dakota, Tennessee, Utah, Wisconsin and Wyoming); sporadic activity was reported by Puerto Rico and Delaware, Indiana, Kentucky, Louisiana, Maine, Missouri, New Hampshire, Ohio, Vermont and West Virginia. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.

CDC Health Advisory: Influenza-Related Pediatric Mortality and Staphylococcus aureus

Co-Infection: **New**



Health Alert Network

On January 30, 2008, Health Alert Network (HAN) released a CDC Health Advisory that requested that all US states report all cases of influenza-related deaths among pediatric patients during the 2007-2008 influenza season. According to data collected through the Influenza-Associated Pediatric

Mortality Surveillance System, influenza-related deaths during the 2006-2007 season was moderately higher than during the two previous seasons and included a five-fold increase in deaths where pneumonia or bacteremia due to *Staphylococcus aureus* was noted. Among the 73 pediatric-associated influenza deaths reported in 2006-2007, 22 of 30 cases with bacterial co-infection were infected with *S. aureus*. Reported numbers from the 2005-2006 influenza season included 46 deaths with three *S. aureus* co-infections and only one *S. aureus* co-infection among the 47 pediatric influenza-related deaths during the 2004-2005 season. The median age of children with *S. aureus* co-infection was 10 years of age (5 years older than children without *S. aureus* co-infection) and they were more likely to have pneumonia and Acute Respiratory Distress Syndrome (ARDS). The CDC is requesting that healthcare providers test people hospitalized with respiratory illness for influenza, including those with suspected community-acquired pneumonia and request bacterial cultures in children that are severely ill or if they suspect community-acquired pneumonia. Furthermore, healthcare providers should keep updated on any prevalence of methicillin-resistant *S. aureus* strains in local communities when choosing empiric therapy for patients with suspected influenza-related pneumonia. Clinicians, healthcare providers and medical examiners are asked to contact their local or state health department as soon as possible when deaths among children associated with laboratory-confirmed influenza are identified. State health departments are asked to report all cases of pediatric influenza-associated deaths to CDC through <http://sdc.cdc.gov> and complete the Influenza-Associated Pediatric Mortality Surveillance System case report form with information about bacterial pathogens isolated from sterile sites and/or from sputum or endotracheal aspirates. If the influenza death was complicated by *S. aureus* infection, state health departments are asked to contact the clinical agency that reported the case to determine if the *S. aureus* isolate is available. CDC will receive *S. aureus* isolates in order to better characterize those *S. aureus* isolates from children who have died from influenza. To read the CDC Health Advisory in full, please visit <http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00268>.

CEP America and YNH-CEPDR Expand Delivery of Emergency Preparedness Services: **New**

Through a cooperative agreement between the nation's third largest provider of physician staffing and comprehensive management services for emergency departments, CEP America, and YNH-CEPDR, emergency preparedness assessments, education and training, drills and exercises, and evaluation services will be available to CEP America client organizations throughout the US. This agreement underscores and expands the critical role of emergency medicine professionals in the delivery of emergency preparedness services across a wide range of healthcare settings. Leadership for the joint program will be provided by Robert Spencer, M.D., FACEP, FCCP, a CEP America Senior Partner with emergency preparedness program service delivery coordinated by YNH-CEPDR staff. To read the press release announcing the agreement, please visit http://cep.com/news/press_releases_2007/yale_release.pdf. Please visit the CEP America website at <http://cep.com/> and the YNH-CEPDR website at <http://www.yalenehavenhealth.org/emergency/>.

Positions Available at YNH-CEPDR

YNH-CEPDR has openings for Program Coordinator - Product and Services Development 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.yalenehavenhealth.org/info/jobs.html>.

Expect the Unexpected: **New**



The recent spate of tornados and flooding in the midwest as we approach the month of February serves to demonstrate that the unexpected can happen at any time. With the unexpected, there is always the possibility of a public health crisis which may tax the resources of an institution or even an entire region, particularly the human resources involved in the care and welfare of the public. A great way to respond to this potential crisis is to become a volunteer 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. 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.

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.yalenehavenhealth.org/emergency

Disasters around the World: **New**



China Snow
Credit: AP Photo/Xinhua, Cheng Min

Since January 10, 2008, parts of China have been suffering from the worst winter weather in decades to hit the country, including unusually heavy snow affecting the country's east, central and southern parts. The snow has halted food and fuel shipments, closed dozens of factories and caused the collapse of several dozens buildings. At least 50 deaths related to the storms are reported while China's Civil Affairs Ministry said the economic losses related to the winter storms is at \$3 billion. Millions of travelers are stranded and the authorities have deployed army troops and extra police forces to help clear roads and provide

emergency supplies. To read more about the storms, please visit

http://hosted.ap.org/dynamic/stories/C/CHINA_ECONOMY_SNOW?SITE=RIPRJ&SECTION=HOME&TEMPLATE=DEFAULT.

- 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.



New Report: Research Priorities in Emergency Preparedness and Response for Public Health Systems: **New**

On January 28, 2008, the CDC announced the publication of a new report that includes recommendations from an Institute of Medicine (IOM) committee charged by the CDC's Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) to identify where information and knowledge is missing regarding emergency preparedness and response systems within public health. The study was done to assist the US Department of Health and Human Services in meeting a mandate of the "Pandemic and All-Hazards Preparedness Act" (PAHPA) that Centers for Public Health Preparedness (CPHP) conduct research. The report "Research Priorities in Emergency Preparedness and Response for Public Health Systems" identified the top four priority research areas to be 1) enhancing the usefulness of training, 2) improving timely emergency communications, 3) creating and maintaining sustainable response systems and 4) generating effectiveness criteria and metrics. COTPER will use the IOM recommendations in planning for research funding opportunity announcements and requests for proposals (RFPs) during fiscal year 2008. To read the CDC news release, please visit <http://emergency.cdc.gov/planning/iomreport2008.asp>. To read the report, please visit http://www.nap.edu/openbook.php?record_id=12136&page=R1.

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.

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



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/inf/nza/panflu/news/jan2308gao.html>. To view the report in full, please visit <http://www.gao.gov/new.items/d0892.pdf>.

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.



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.

Is your organization NIMS compliant?

Education and training is only one facet of the NIMS Implementation Activities for Hospitals and Healthcare Systems. Other requirements include organizational adoption of NIMS, implementation of an incident command system, review and revision of emergency operations plans, exercises compliant with the Homeland Security Exercise and Evaluation Program and resource, communications and information management. YNH-CEPDR has programs and services to help your organization become fully NIMS compliant, as well as compliant with the new Joint Commission emergency management standards which became effective January 1, 2008. Please contact center@ynhh.org for more information.

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. The Occupational Safety and Health Administration (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 address these OSHA requirements and provide 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.

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.



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.



Upcoming Meetings and Events

| DATE | TIME | EVENT | LOCATION |
|---|----------------------|---|--|
| 02.19.08, 02.20.08, 02.21.08 and 02.22.08 | <i>Save the Date</i> | 2008 Public Health Preparedness Summit <i>Measuring Preparedness: Celebrating Our Success, Challenging Our Future</i> | Hilton Atlanta Atlanta, GA For more information, please visit http://www.phprep.org/ . |
| 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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|--|---|--|---|
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| James Paturas Deputy Director, Clinical Services (203) 688-3496 james.paturas@ynhh.org | Patrick Ward Deputy Director, Network Development and Contracting (203) 688-4473 patrick.ward@ynhh.org | Louise-Marie Dembry, MD Associate Medical Director (203) 688-4634 louise-marie.dembry@ynhh.org | Mark Schneider Program Manager, Education and Training (203) 688-2577 mark.schneider@ynhh.org |
| YNH-CEPDR West Coast Office: Kevin M. Storm, NREMT-P (650) 312-1196 kevin.storm@ynhh.org | | YNH-CEPDR Central Office: Deanna Bourgeault (469) 619-3005 deanna.bourgeault@ynhh.org | |
| Preparedness Report Archive: http://www.yalenehavenhealth.org/emergency/commu/archives.html | | | |
| One Church Street, 5 th Floor • New Haven, CT 06510 • Tel. (203) 688-3224 • Fax (203) 688-4618 center@ynhh.org • www.yalenehavenhealth.org/emergency | | | |

US DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTACTS:

| | |
|---|--|
| 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/ | |

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 • 6 th Floor • Boston, MA 02110 |
| http://www.fema.gov/ |