

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 6, Issue 6 | February 8, 2008

ELEVATED THREAT LEVEL

Progress Toward the Development of a Universal Influenza Vaccine: **New**

Acambis

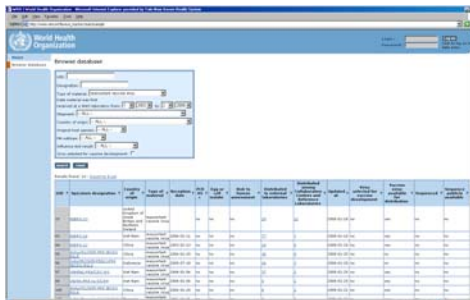
On February 1, 2008, a press release was issued by a British-American vaccine company called Acambis, announcing positive preliminary results from two studies of its universal influenza vaccine, ACAM-Flu-A™. ACAM-FLU-A™ is a recombinant vaccine linked to a Hepatitis B core protein. It targets M2e, a conserved region of all influenza 'A' strains. This approach could overcome the need for annual vaccine reformulations and, since all pandemic influenza strains are type 'A', it could also be a potential vaccine against pandemics. The trial results demonstrate that ACAM-FLU-A™ is well tolerated and immunogenic. While immune responses were seen in all vaccinated groups, the highest immune responses occurred in the group vaccinated with ACAM-FLU-A™ plus QS-21. To read more about this promising discovery please visit <http://www.acambis.com/default.asp?id=2039>.

Revised Requirements for Emergency Medical Protective Clothing: **New**

The National Fire Protection Association (NFPA) 1999: Standard on Protective Clothing for Emergency Medical Operations, 2008 edition is now available. This edition has been revised to address changes requested by end users and the industry. Many of the changes to the NFPA 1999 were aimed at addressing requirements for clothing categories where there were no certified products being made available to the end user. Research by the [National Institute for Occupational Safety and Health](#), which supported the revision effort, focused on the introduction of sensible, field-based criteria to encourage industry participation. Key changes in the new edition include establishment of separate performance categories to distinguish single and multiple use garments (formerly the same strength requirements were used for both disposable and reusable garments); reconciliation of confusing criteria for cleaning gloves and footwear covers; the creation of three separate types of acceptable face protection devices and related performance criteria; establishment of a new category of head protection defining helmets for emergency medical operations; and the introduction of a new category of footwear for medical care facilities. For more information, please visit <http://www.ems1.com/Columnists/jeffrey-stull/articles/348546/>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of February 7, 2008, is 359 cases and 226 deaths.



November 21-23, 2007. To access the live interim version of this tracking system, please visit http://www.who.int/fluvirus_tracker.



On January 24, 2008, a report from Rome by the Food and Agriculture Organization of the United Nations (FAO) stated that recent avian influenza outbreaks in 15 countries demonstrate that the H5N1 virus remains a global threat requiring close monitoring. Despite the progress achieved in keeping the H5N1 virus under control, the crisis is far from over and has become particularly worrisome in countries such as Indonesia, Bangladesh, and Egypt where the virus has become deeply entrenched despite major control efforts. Indonesia remains the most highly affected, with 31 out of 33 provinces infected since 2004. With 21 out of 64 districts having been infected with H5N1, the disease appears to be endemic in the country with surveillance and control campaigns unable to succeed in interrupting viral transmission between provinces. The FAO has strengthened its presence in Bangladesh to provide support to its government in its efforts to bring the disease under control. To read more about these outbreaks please visit <http://www.fao.org/newsroom/en/news/2008/1000775/index.html>.



On January 30, 2008, CIDRAP unveiled a statewide project in Kentucky that engages communities to assist vulnerable populations prepare for an emergency. The Kentucky Outreach and Information Network (KOIN) was initiated by the Kentucky Cabinet for Health and Family Services. This newly established organization brings together representatives from diverse community groups, faith-based organizations, health and social services agencies, and the media. They are hoping that the creation of this network will assist state health officials in reaching vulnerable populations with preparedness information. KOIN will begin testing the network with information regarding seasonal flu to ensure that the system is successful in transferring pertinent preparedness information. They hope that certain challenges such as poor rural communities, language barriers and delivery systems can be overcome to make this kind of system an effective practice for pandemic planning. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jan3008koinpp.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:

Management of Public Health Emergencies; A Resource Guide for Physicians and Other Community Responders.

American Medical Association.

<http://www.ama-assn.org/ama/pub/category/18200.html>

A correspondence course to provide an overview of the new National Response Framework.

<http://www.training.fema.gov/EMW/eb/IS/IS800b.asp>

Anthrax MedKit Evaluation Study: **New**

In January 2006, the Missouri Department of Health and Senior Services with the CDC conducted an evaluation of MedKit distribution of antibiotics to the general public as an effective measure against a release of anthrax. Five modalities were proposed for bolstering the nation's capacity to respond to large-scale events by providing the necessary countermeasures to the population in a timely manner. Modalities included classical points of dispensing (or PODs) for medicines or vaccines; direct residential delivery of antibiotics by postal carriers; pre-deployed community-based caches of pharmaceuticals for emergency use; pre-event dispensing of pharmaceuticals as equipment to first responders; and pre-event placement of pharmaceuticals in individual households for use only as directed by public health authorities. For further results and information about this study, please visit

<http://www.bt.cdc.gov/agent/anthrax/prep/pdf/medkit-evaluation-summary-2007.pdf>.

Seasonal Influenza: **New**

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*
Week Ending January 26, 2008 - Week 4



During the week of January 20-26, 2008, widespread activity was reported by Alaska, Colorado, Hawaii, Kansas, Massachusetts, Mississippi, New Mexico, New York, Pennsylvania, Texas and Virginia; regional activity was reported by Arizona, Arkansas, California, Connecticut, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, North Carolina, Ohio, Oklahoma, Rhode Island, South Carolina, Tennessee, Utah, and Washington; local activity was reported by the District of Columbia, and 9 states (Alabama, Illinois, New Hampshire, North Dakota, Oregon, South Dakota, Vermont, Wisconsin, and Wyoming); sporadic activity was reported by Puerto Rico, and 4 states (Delaware, Florida, Maine, and West Virginia). To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.

- On February 1, 2008, the CDC reported that flu season is in full swing with widespread outbreaks in 11 states, and a new strain is starting to emerge that this year's flu vaccine does not specifically target. However, it is important for people to continue to get their flu shots, and there is plenty of stock currently available according to Dr. Julie Gerberding, head of the CDC. To date, the majority of flu cases are being caused by strains that are a good match to the vaccine, and Dr Gerberding feels that the vaccine should provide some cross-protection against the new strain as well. Each year the flu virus infects approximately 20 percent of the population, causing the hospitalization of 200,000 people and killing 36,000. Those with weak or compromised immune systems such as children and the elderly are especially vulnerable and should be closely monitored. To read the CDC article in full, please visit <http://www.cbsnews.com/stories/2008/02/01/health/main3781516.shtml>.

The Radiation Event Medical Management Web Portal – February 26, 2008 Conference Call: **New**

On February 26, 2008 from 1:00-2:00 EST Jim Schwendinger MSN, MPH, CCRN, ANP-C, CDC and Mollie Melbourne MPH MEP, National Association of Community Health Centers will be conducting a conference call on the Radiation Event Medical Management Web Portal. For more information, please visit <http://emergency.cdc.gov/coca/callinfo.asp>.

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

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.

Connecticut Hospitals Collaborate to Prevent and Control Infections

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>.

Expect the Unexpected



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.

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.

Disasters around the World: **New**



Atkins, Arkansas Tornado
Credit: AP Photo/The Courier, Mike Avery

Hospital emergency departments treated a large number of people injured by violent storms and tornadoes on February 6, 2008 in Alabama, Arkansas, Florida, Georgia, Kentucky and Tennessee. The weather caused significant damage to Stone County Medical Center in Mountain View, AR, and cut off power to Muhlenberg Community Hospital in Greenville, KY. Overall damage and number of storm-related deaths was greatest in Tennessee, where hospitals escaped any serious damage and continue to help with the relief effort, said Craig Becker, Tennessee Hospital Association president and CEO.

"We have been coordinating with our members to make sure hospitals in the affected areas, many of them too small to handle the volume we've seen in the last 24 hours, have all they need to provide medical treatment." For more information, please visit http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANews/AHANewsNowArticle/data/ann_080206_storms&domain=AHANews and <http://www.wsmv.com/weather/15225132/detail.html>.



Wisconsin Snow Snarls Traffic
Credit: AP Photo/Morry Gash

As many as 800 vehicles remained stranded on February 7, 2008, according to Wisconsin National Guard Lt. Col. Tim Donovan. In Wisconsin, traffic backed up for 19 miles south of Madison on Wednesday after semitrailer trucks got stuck on a hill. Gov. Jim Doyle later called a state of emergency, sending National Guard troops to help vehicles stuck in traffic blocking Interstate 90. Snowmobiles and all-terrain vehicles were used to check on the stranded motorists and bring them food or fuel. More than 200 public school districts and private schools in southeastern, central and western Michigan canceled Thursday's classes, as did many community colleges. Dozens

of schools in northern and eastern New York were closed or delayed the start of classes because of icy conditions. General Mitchell International Airport in Milwaukee stopped all flights Wednesday afternoon because of whiteout conditions. More than 100 people spent the night in the concourses, airport spokesman Ryan McAdams. Air traffic resumed at 7 a.m.

Thursday, although McAdams said delays were expected. For more information, please visit http://www.cnn.com/2008/US/weather/02/07/winter_weather.ap/index.html.



Ohio Floodwaters
Credit: AP Photo/Mark Duncan

Flood warnings were issued in Illinois, Indiana, Ohio and New York after three days of heavy rain and melting snow. People in northwest Ohio moved to higher ground as forecasters predicted that floodwaters would continue to rise in an area still recovering from flooding five months ago. Rising waters from the Blanchard River in Findlay, Ohio, were another blow to residents and business owners just getting their lives back to normal after flooding in August displaced hundreds and caused millions of dollars in damage. For more information, please visit

http://www.cnn.com/2008/US/weather/02/07/winter_weather.ap/index.html.

- 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.

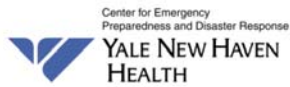
Positions Available at YNH-CEPDR

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.valenewhavenhealth.org/info/jobs.html>.

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.

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.

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

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



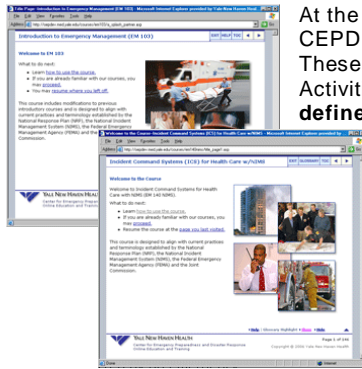
YNH-CEPDR develops, delivers and evaluates educational programs designed to prepare the healthcare delivery workforce for effective response to all types of disasters and emergencies. YNH-CEPDR creates and adapts courses for healthcare organizations based on the latest research and developments in emergency 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.

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

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 were 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>.

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_CompentencyCrosswalk.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/ .

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
2.26.08	1:00 p.m. – 2:00 p.m. EST	The Radiation Event Medical Management Web Portal - A Novel Resource for Health Care Providers <i>Sponsored by the CDC</i>	For more information, please visit http://emergency.cdc.gov/coca/callinfo.asp .

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