

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 6, Issue 7 | February 15, 2008

ELEVATED THREAT LEVEL

The Joint Advisory Committee Welcomes Comments: **New**



The Joint Advisory Committee on Communications Capabilities of Emergency Medical and Public Health Care Facilities (Joint Advisory Committee) was established by the Chairman of the Federal Communications Commission and the Assistant Secretary for Communications and Information, US Department of Commerce pursuant to the Implementing Recommendations of the 9/11 Commission Act of 2007 (the "Act"). The Joint Advisory Committee's mission is to examine the communications capabilities and needs of emergency medical and public healthcare facilities. Specifically, the Joint Advisory Committee is to assess: specific communications capabilities and needs of emergency medical and public healthcare facilities, including the improvement of basic voice, data and broadband capabilities; options to accommodate growth of basic and emerging communications services used by emergency medical and public healthcare facilities; and options to improve integration of communications systems used by emergency medical and public healthcare facilities with existing or future emergency communications networks. The Joint Advisory Committee must report its findings to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Energy and Commerce within 6 months after the date of enactment of the Act, February 4, 2008. The Joint Advisory Committees welcomes the submission of written comments on the issues listed above. Written comments should be sent to Lisa M. Fowlkes, Deputy Chief, Public Safety and Homeland Security Bureau, Federal Communications Commission via e-mail lisa.fowlkes@fcc.gov or via US mail at 445 12th Street, SW, Room 7-C753, Washington, DC 20554. To learn more about the role of the Joint Advisory Committee, please visit, <http://www.fcc.gov/pshs/advisory/jac/>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of February 12, 2008, is 360 cases and 226 deaths.



Jakarta Market
Credit: REUTERS/Beawiharta

On February 5, 2008, the Ministry of Health of Indonesia announced two new cases of human H5N1 avian influenza infection. The first is a 29-year-old female from Tangerang City, Banten Province who developed symptoms on January 22, was hospitalized on January 28 and died on February 2. Investigations into the source of her infection are ongoing. The second case is a 38-year-old female from West Jakarta, Jakarta Province, who developed symptoms on January 24, was hospitalized on January 26 and is currently in the hospital in critical condition. Investigations into the source of her infection are also ongoing. Of the 127 cases confirmed to date in Indonesia, 103 have been fatal. To learn more about this story, please visit

http://www.who.int/csr/don/2008_02_05/en/index.html.

- On February 12, 2008, the Ministry of Health of Indonesia announced another new case of human H5N1 avian influenza infection. A 15-year-old female from West Jakarta, Jakarta Province, developed symptoms on February 2, was hospitalized on February 8 and is currently in the hospital in critical condition. The case is the daughter of a previously confirmed case, the 38-year-old female from West Jakarta, Jakarta Province, who developed symptoms on January 23. Investigations into the source of her infection are ongoing. However, she was exposed to her sick mother on January 27-28 and spent time in a neighborhood where chickens and other birds were found. Samples from these birds have been taken and are undergoing tests to determine whether they may have been the source of infection. For more information regarding this growing problem in Indonesia, please visit http://www.who.int/csr/don/2008_02_12/en/index.html.
- On February 12, 2008, the New Jersey Hospital Association stated that they have published the first installment of a guide that hospitals may use to develop or assess a pandemic flu response plan. The ten-module guide will address critical planning areas such as clinical care, communication, ethics, finance, human resources, leadership, operations and supplies. The first module addresses supplies, logistics and support services, with additional modules to be posted online over the coming months. For more information, please visit http://www.ahanews.com/ahanews_app/index.jsp.
- On February 1, 2008, European officials reported more evidence that one of the three types of seasonal influenza viruses is showing resistance to oseltamivir (Tamiflu) and said this represents the first clear sign that the resistant variant can spread. A report published by the European Centre for Disease Prevention and Control (ECDC) says the resistant variant of the influenza A/H1N1 virus accounted for 59 (14%) of 437 European H1N1 isolates from 19 countries tested. The variant has been seen in nine of the 19 countries, according to the report in *Eurosurveillance*. The new report suggests the resistant variant is more widespread than indicated by the initial report from the ECDC on January 27. That report said the resistant virus was found in four countries and made up 19 of 148 isolates tested. Increased H1N1 resistance to oseltamivir was also reported in the United States and Canada this week. US officials said about 5% of tested isolates showed resistance, and Canada reported that about 10% were resistant. Officials have said the oseltamivir-resistant H1N1 viruses remain susceptible to amantadine and rimantadine. WHO said the increased drug resistance is unexpected and so far unexplained, especially since few of the patients are known to have taken oseltamivir. "Influenza viruses are continuously changing, and it is possible that a resistant strain has emerged spontaneously," said WHO in a statement released in a question-and-answer format. To read further, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/general/news/feb0108tamiflu.html> and http://www.eurosurveillance.org/edition/v13n05/080131_2.asp.

INSIDE THIS ISSUE

- 2 US DHHS Region 1 (ASPR)
- 2 Seasonal Influenza

- 3 Anthrax MedKit Evaluation Study
- 3 Recommendations for Post-Exposure

- 4 Revised Requirements for EM Protective Clothing
- 5 Education & Training Courses

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.

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/EMWeb/IS/IS800b.asp>

Call for Federal Funding to Implement National Interoperable Broadband Network: **New**

A new report published from a congressional advisory committee, calls for a national, interoperable broadband network to improve communications between emergency responders and healthcare facilities. The Federal Communications Commission panel said the network should be built on standardized Internet protocols that can rapidly and securely transmit information such as video and graphics and recommends Congress establish a federal interagency committee to provide consistent federal guidance and standards to ensure compatible communications systems. It also calls for mobile applications to create "virtual hospitals" on the scene and greater use of telemedicine technologies for both day-to-day and emergency response. The panel is calling for federal funding for the adoption of the technology, pointing out that as a major healthcare provider, the federal government will benefit from the changes it has proposed. For more information, please visit http://www.ahanews.com/ahanews_app/index.jsp.

Seasonal Influenza: **New**

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*
Week Ending February 02, 2008 - Week 5



During the week of January 27-February 2, 2008, widespread activity was reported by Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Mississippi, Nebraska, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas, Vermont and Virginia; regional activity was reported by California, Illinois, Michigan,

Minnesota, Missouri, Montana, Nevada, New Hampshire, North Dakota, Oregon, Rhode Island, Tennessee, Utah, Washington, West Virginia, Wisconsin and Wyoming; and local activity was reported by the District of Columbia and 2 states (Florida and Maine). To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.

- The CDC said that most circulating influenza B viruses tested so far this season do not match this year's vaccine, signaling that two of the three vaccine components are not as effective. Joe Bresee, MD, chief of epidemiology and prevention in the CDC's Influenza Division, told reporters at a briefing that 93% of the circulating influenza B viruses analyzed so far belong to the Yamagata lineage, which doesn't match the influenza B component of this year's vaccine. The B component is a B/Malaysia/2506/2004-like virus, which belongs to the Victoria lineage. Because the Yamagata and Victoria lineages are distinct, the vaccine provides little cross-protection for influenza B, but he added "while a less-than-ideal virus match between the viruses in the vaccine and those in the circulating viruses can reduce vaccine effectiveness, we know from past influenza studies that the vaccine can still protect enough to make illness milder or prevent flu-related complications. This is particularly important in people at high risk for flu complications." The transcript of this CDC Media Advisory can be found at: www.cdc.gov/od/oc/media.

Potential 2009 National Patient Safety Goal Requirements and Implementation

Expectations: **New**

The Joint Commission first introduced its National Patient Safety Goals in January 2003 in an expanded effort to improve patient safety in accredited organizations. Each goal includes specific evidence-based requirements that identify opportunities for reducing risk to patients. The potential new and revised goals, requirements and implementation expectations under consideration for 2009 implementation can be accessed on The Joint Commission website. To read this article in full, please visit <http://www.shea-online.org/>.

Proposed Establishment of Patient Safety Organizations (PSOs) to Improve Patient Safety: **New**



On February 12, 2008, the US Department of Health and Human Services (HHS) announced a proposed regulation to improve the quality and safety of healthcare for all Americans by fostering the establishment of PSOs. PSOs are private entities recognized by the Secretary to collect and analyze patient safety events reported by healthcare providers. They are new and separate from all currently existing entities that are addressing healthcare quality. The creation of PSOs has been called for by the Institute of Medicine and would help improve the quality and safety of healthcare in several key ways. They would allow for the voluntary reporting of patient safety events without fear of new tort liability. In addition, they would encourage clinicians and healthcare organizations to voluntarily share data on patient safety events more freely and consistently. Under the proposal, PSOs can collect, aggregate and analyze data and provide feedback to help clinicians and healthcare organizations improve healthcare quality. The HHS Agency for Healthcare Research and Quality (AHRQ) will administer the rules for listing qualified PSOs. The HHS Office for Civil Rights (OCR) will be responsible for enforcing the confidentiality provisions of the act. In addition, the department plans to issue guidance soon that would allow entities to be listed as PSOs, consistent with the statute, prior to publication of the final rule. To read this press release in full, please visit <http://www.hhs.gov/news/press/2008pres/02/20080212a.html>.

Progress Toward the Development of a Universal Influenza Vaccine

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>.

Anthrax MedKit Evaluation Study



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 (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/m_edkit-evaluation-summary-2007.pdf.

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**



David Paulison
Credit: AP Photo/
Alex Brandon

The Department of Homeland Security's Federal Emergency Management Agency continues to support the states impacted by severe storms and tornadoes. President Bush toured the tornado damage in Lafayette, Tennessee, on February 1, 2008. Secretary Chertoff and FEMA Administrator David Paulison flew to Tennessee to view the devastation firsthand and to work directly with Governor Bredesen to facilitate federal-state coordination. Among the resources being delivered to support state and local response operations are mobile emergency communications equipment and generators to restore power to critical infrastructure. For more information, please visit <http://www.dhs.gov/index.shtm> and <http://www.fema.gov/>.

- 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 also promotes 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 and provides 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.yalenehavenhealth.org/info/jobs.html>.

Recommendations for Post-Exposure Interventions for Persons Wounded during Bombings and Mass Casualty Events: **New**



The CDC has developed a *draft* report outlining recommendations for postexposure interventions to prevent infection with hepatitis B virus, hepatitis C virus or human immunodeficiency virus and tetanus in persons wounded during bombings or similar mass casualty events. Persons wounded during such events or in conjunction with the resulting emergency response may be exposed

to blood, body fluids or tissue from other injured persons and thus be at risk for infection with a bloodborne virus. This guidance adapts existing US recommendations on the use of immunizations and postexposure prophylaxis for tetanus and for occupational and non-occupational exposures to bloodborne pathogens for the specific mass casualty event situation. These recommendations represent the consensus of federal public health officials, influenced by the experience and input of public health officials at all levels of government as well as those of the acute injury response community. Public comments will be received through ncirdwebteam@cdc.gov. Opportunities for public comment will end on **February 22, 2008**. After that date, the draft document will remain available for public viewing, but no further comments will be received and incorporated into the formal review process for this document. To review the draft document, please follow this link:

<http://www.cdc.gov/vaccines/vac-gen/safety/recs-post-public-comments.htm>.

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



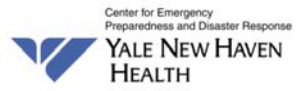
On February 26, 2008, from 1:00-2:00 EST, Jim Schwendinger, MSN, MPH, CCRN, ANP-C, CDC, and Mollie Melbourne, MPH MEP, National Association of Community Health Centers, will be conducting a conference call on the Radiation Event Medical Management Web Portal. For more information, please visit

<http://emergency.cdc.gov/coca/callinfo.asp>.

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 us at (203) 688-3224 or center@ynhh.org.

Positions Available at YNH-CEPDR

YNH-CEPDR has openings for Project 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.yalenevhealth.org/info/jobs.html>.

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.

Revised Requirements for Emergency Medical Protective Clothing



**National Fire
Protection Association**

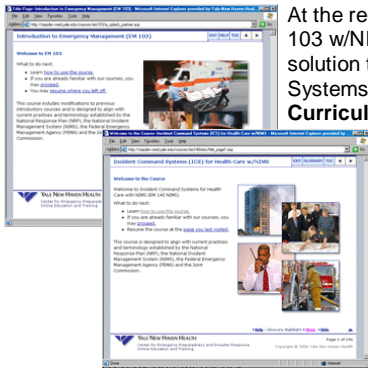
The National Fire Protection Association (NFPA) 1999: Standard on Protective Clothing for Emergency Medical Operations, 2008 edition is now available. This edition has been revised to address changes requested by end

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/>.

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 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_CompetyCrosswalk.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 .

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 HEALTH AND HUMAN SERVICES CONTACTS:

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

US DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) CONTACT:

<p>Arthur W. Cleaves Regional Director FEMA Region One (617) 956-7506 art.cleaves@dhs.gov</p>
<p>99 High Street • 6th Floor • Boston, MA 02110</p>
<p>http://www.fema.gov/</p>