

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

FEMA Announces the National Response Framework (NRF) Webcast/Television

Broadcast: **New**



On February 25, 2008, the Department of Homeland Security (DHS) and the Federal Emergency Management Agency (FEMA), following a lengthy period of input, an extended comment period, and formal approval by the President on January 8, 2008, are now moving into the implementation phase of the National Response Framework (NRF). The Framework is a National guide that cuts across all jurisdictions and explains how officials and responders at all levels of government will work as a team in responding to disasters of all types and sizes. As one of the first steps in implementation, FEMA will be conducting a nationwide broadcast on the NRF on March 5, 2008 from 1:30 – 2:30 PM EST from the studio of the National Preparedness Network (PREPnet) located at the National Emergency Training Center (NETC) in Emmitsburg, Maryland. Access information on this important network follows: What's New in the National Response Framework; and Access Information. For a copy of the NRF document and supporting information, please visit <http://www.fema.gov/emergency/nrf/>, and for additional information regarding this broadcast, please visit http://www.vodium.com/login.asp?lib=pn100501_fema_nrf.

Public Health Preparedness:

Mobilizing State by State: **New**

COTPER Office for Terrorism Preparedness and Emergency Response (COTPER) has released its inaugural report on public health emergency preparedness. The report highlights the progress that has been made in state and local preparedness and response, identifies preparedness challenges facing public health departments, and outlines the CDC's efforts to address those challenges. Designed to increase accountability regarding the country's investment in preparedness activities, the report presents national data as well as state-specific snapshots for all 50 states and four directly funded localities: Chicago; Los Angeles County; New York City; and Washington, DC. To read this press release in full, please visit <http://www.cdc.gov/od/oc/media/pressrel/2008/r080220.htm>, and for a copy of the entire report, please visit <http://emergency.cdc.gov/publications/feb08phprep/>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of February 26, 2008, is 368 cases and 234 deaths.



Chicken vendor at market
Credit: REUTERS/Stringer

On February 26, 2008, the Ministry of Health in Vietnam confirmed a new case of human infection of H5N1 avian influenza. The case has been confirmed by the National Institute of Hygiene and Epidemiology (NIHE). A 23-year old female from Cam Khe district, Phu Tho province developed symptoms on February 14, was hospitalized on February 19, and died on February 25. She had contact with sick and dead poultry prior to her illness. Of the 105 cases confirmed to date in Vietnam, 51 have been fatal. For more information, please visit http://www.who.int/csr/don/2008_02_26b/en/index.html.

- On February 26, 2008, the Ministry of Health in China reported a new case of human infection with the H5N1 avian influenza virus. The case is a 44-year old female from Haifeng county, Shanwei city, Guangdong province. She developed symptoms on February 16, was hospitalized on February 22, and died on February 25. The case was confirmed by the national laboratory on February 25. She had contact with sick and dead poultry prior to her illness. All contacts have been placed under medical observation, and all remain healthy to date. Of the 30 cases confirmed to date in China, 20 have been fatal. To learn more about this situation in China, please visit http://www.who.int/csr/don/2008_02_26/en/index.html.
- On February 21, 2008, the Ministry of Health of Indonesia announced two new cases of human H5N1 avian influenza infection. The first is a 16-year-old male from Sragen district, Central Java Province who developed symptoms on February 3, was hospitalized on February 7, and died on February 10. Prior to his illness, he was exposed to sick and dead poultry at his home, where he slaughtered a sick chicken. The second case is a 3-year-old boy from South Jakarta District, Jakarta Province who developed symptoms on February 3, was hospitalized on February 10, and died on February 15. The investigation team found that chickens and a pet bird had died in the neighborhood in the two weeks prior to his onset of symptoms. Of the 129 cases confirmed to date in Indonesia, 105 have been fatal. For more information, please visit http://www.who.int/csr/don/2008_02_21a/en/index.html.
- The CDC Influenza Pandemic Operation Plan (OPLAN) is an *internal* document that provides guidance for CDC operations as directed by the Director, Centers for Disease Control and Prevention (CDC). This plan is made available to outside agencies for the sole purpose of providing an understanding of the internal processes within the CDC. This document does not prescribe guidance for any entity other than CDC agencies, and shall not be construed to alter any law, executive order, rule, regulation, treaty, or international agreement. Noncompliance with this plan shall not be interpreted to create a substantive or procedural basis to challenge agency action or inaction. To download PDF files of the plan in sections please visit <http://www.cdc.gov/flu/pandemic/cdcplan.htm>.
- On February 18, 2008, MIT researchers released an article explaining why two mutations in the H1N1 avian flu virus allowed the disease to spread during the 1918 pandemic that killed at least 50 million people. This work may assist scientists in detecting and containing a future bird flu outbreak among humans. The research team showed that the 1918 influenza strain developed two mutations in a surface molecule called hemagglutinin (HA). This, in turn, allowed it to bind tightly to receptors in the human upper respiratory tract. An important discovery such as this could aid researchers in monitoring the HA mutations in the H5N1 avian flu strains currently circulating in Asia. Epidemiologists fear these mutations could enable the virus to jump from birds and spread between humans; a possibility that could trigger more deaths than the 1918 pandemic. To read this article in full, please visit <http://web.mit.edu/newsoffice/2008/birdflu-1918-0218.html>.

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

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

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

National Disaster Response: FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors. GAO-08-369, February 27.

<http://www.gao.gov/cgi-bin/getrpt?GAO-08-369>
Highlights

<http://www.gao.gov/highlights/d08369high.pdf>

The Great Pandemic, US DHHS, Office of the Public Health Service Historian.

<http://1918.pandemicflu.gov/>

Congressional Research Service. Homeland Security: Roles and Missions for United States Northern Command

<http://www.fas.org/sqp/crs/homesecc/RL34342.pdf>

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

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

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.ynhhscareers.org/>.

Seasonal Influenza: **New**



During the week of February 10-February 16, 2008, widespread activity was reported by Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York,

North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, West Virginia, and Wyoming; regional activity was reported by Florida; and local activity was reported by the District of Columbia. To read this report in full, please visit

<http://www.cdc.gov/flu/weekly/>.



The CDC reported that during week 7 (February 10-16, 2008), influenza activity continued to increase in the United States. Two thousand three hundred forty (34.0%) specimens tested by WHO and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza.

The proportion of deaths attributed to pneumonia and influenza was above the epidemic threshold for the sixth consecutive week. The proportion of outpatient visits for influenza-like illness (ILI) and acute respiratory illness (ARI) was above national baseline levels. ILI increased in six of the nine regions compared to week 6, and was above region-specific baselines in all nine regions. All nine regions reported ARI at or above their region specific baselines. For more information, please visit

<http://www.cdc.gov/flu/weekly/>.

- New and updated Question and Answer sections have been added to the CDC Seasonal Influenza website. The following topics are addressed: the 2007-2008 influenza season; selecting the viruses in the influenza vaccine; and influenza antiviral drug resistance. To learn more about these topics, please visit <http://www.cdc.gov/flu/>.



American Hospital Association

On February 28, 2008, the American Hospital Association (AHA)

News Now reported that a federal advisory committee posted a recommendation on February 27, 2008 that all children receive annual flu vaccinations. The Committee on Immunization Practices, which advises the CDC on vaccine issues, anticipates its new recommendation would expand vaccination to 30 million more

children. Currently, the CDC recommends flu vaccination for children six months through four years old. The expanded recommendation would take effect as soon as feasible, but no later than the 2009-2010 flu season. For more information, please visit

http://www.ahanews.com/ahanews_app/index.jsp.

Campaign Launched to Make Hospitals Safe from Disasters: **New**



Credit: CDC

In the February 2008 issue (129) of the Health Emergency Management in New Zealand (HEMNZ) Bulletin, an article was released detailing a global campaign called "Hospitals Safe From Disasters". The campaign was launched this January in Davos, Switzerland by the secretary of the International Strategy for Disaster Reduction (UN/ISDR) and WHO, with support from the Global Facility for Disaster Reduction and Recovery (GFDRR) of the World Bank, and its aim is to encourage all those responsible for hospital safety such as, decision makers, politicians, architects, engineers, public health officials, development banks, and donors to take action and make hospitals safe from disasters. Damage to

primary healthcare centers during disasters can deal serious blows to public health infrastructure and national health systems, sometimes leaving entire populations without adequate access to crucial primary healthcare or health facilities months after the tragedy. This could mean disruption of essential health interventions such as routine immunization or maternal and child healthcare, as well as an increased risk of epidemics. Therefore, there are three main objectives in the WHO and UN/ISDR campaign: to better protect the lives of patients, the health of staff and the public by reinforcing the structural resilience of healthcare facilities; to ensure that health facilities and services continue to function in the aftermath of disasters; and to better prepare and train healthcare workers on preparedness plans that will keep health systems operational when disasters strike. To read further about this initiative, please visit

http://www.hemnz.org.nz/newsletters/HEMNZ_bulletin_129.pdf.

Check Your Emergency Preparedness Kits When You Check Your Clock: **New**



On February 22, 2008, the American Public Health Association (APHA) reported the launch of a new campaign aimed at encouraging Americans to make sure their emergency preparedness kits are

stocked when they change their clocks for daylight savings time. The "Get Ready: Set Your Clocks, Check Your Stocks" campaign aims to build on the message of preparedness that already exists with using daylight savings time as a reminder to check the batteries in our smoke detectors. "Since we already use daylight savings time as an opportunity to ensure that our families are prepared for an emergency, it's a great time for us to also make sure that we have a fully stocked emergency kit and that none of the perishable items have expired," said Georges C. Benjamin, MD, FACP, FAACP(E), executive director of APHA. "When we spring forward this year, we want every American to make sure their family has a preparedness kit to fall back on in the event of an emergency." For more information, please visit

<http://www.apha.org/about/news/pressreleases/2008/clocksandstocks.htm>.

Call for Destruction of Expiring Dryvax® Smallpox Vaccine



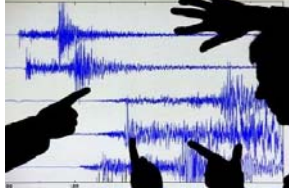
Credit: CDC

On February 6, 2008, HHS issued a press release notifying public health providers that all lots of Dryvax® smallpox vaccine will expire on

February 29, 2008 and should no longer be used after this date. The HHS indicated that after the expiration date the product should be destroyed on site and written documentation of this destruction must be sent to the CDC Drug Service. Destruction of the vaccine must be carried out within 30 days of the expiration date in accordance with the current CDC Policy on Unused Smallpox Vaccine

(<http://www.bt.cdc.gov/agent/smallpox/vaccination/unusedvaccinepolicy.asp>.) For a copy of the press release containing the letter that may be used to provide written documentation to the CDC Drug Service, please visit http://emergency.cdc.gov/agent/smallpox/vaccination/pdf/Dryvax_destruction_note_GEN.pdf.

Disasters around the World: **New**



Great Britain Earthquake
Credit: REUTERS/David Moir (BRITAIN)

On February 27, 2008, the Associated Press reported that the strongest earthquake to hit Britain in more than two decades was felt across large parts of the country early Wednesday. Some homes had minor damage and one man was injured by a collapsing chimney. The 5.3-magnitude quake struck at about 1 a.m. and was centered about 125 miles north of London, the British Geological Survey said. Julian Bukits of the geological survey called it the most powerful quake in Britain since a 5.4 temblor hit North Wales in 1984. To read this story in full, please visit

http://hosted.ap.org/dynamic/stories/B/BRITAIN_QUAKE?SITE=WVEC&SECTION=HOME&TEMPLATE=DEFAULT.



Philippine Flooding
Credit: REUTERS/Stringer (PHILIPPINES)

On February 27, 2008, Reuters reported that residents in central and southern Philippine were rebuilding houses as floods subsided after two weeks of heavy rains that killed 35 people and left 10 missing. Hundreds of thousands of people were returning to their dwellings, although in some parts of the province houses were still submerged in flood waters, officials said. A majority of the deaths were due to drowning, but at least 11 people were killed by landslides which environmental groups have blamed on illegal logging. For more information, please visit

<http://www.alertnet.org/thenews/newsdesk/MAN254594.htm>.



Indonesia Earthquakes
Credit: REUTERS/Graphics

On February 26, 2008, international earthquake experts stated that four large earthquakes which hit off the coast of Indonesia's Sumatra Island in the last two days are a further sign foreshadowing a major earthquake sometime within the next century. On Monday (February 25), the BBC reported that two earthquakes, 7.3 and 6.9 in magnitude, struck within three hours of each other about 185 miles from the city of Bengkulu in western Sumatra. The quakes occurred in the same area as an 8.4-magnitude earthquake that caused a 10-foot tsunami that killed about 25 people last September, according to the BBC. A tsunami alert was issued after Monday's 7.2-magnitude quake, but was quickly retracted and no damages or injuries were reported, according to Agence France-Presse (AFP). Early Tuesday (February 26) morning, two powerful aftershocks from Monday's quakes struck about 102 miles southwest of Sumatra's Padang city, again within three hours of each other. To learn more about the series of earthquakes affecting this region, please visit <http://www.coe-dmha.org/apdr/user/printfriendly.cfm?news=24080>.



Great Lakes Snow
Credit: AP Photo/Weather Underground

On February 26, 2008, a broad storm system spread heavy snow across the Great Lakes region and created violent thunderstorms that knocked out power to thousands of homes and businesses in the Southeast. At least two deaths were blamed on the stormy weather. Fallen trees and other debris on roads slowed travel and several traffic accidents brought morning rush hour traffic to a standstill in Birmingham, authorities said. A falling tree struck a mobile home and killed a 71-year-old woman in Leeds, a town outside of Birmingham, The Jefferson County coroner's office said. To read this article

in full, please visit <http://hosted.ap.org/dynamic/stories/S/STORMS?SITE=RIPAW&SECTION=HOME&TEMPLATE=DEFAULT>.

CDC Releases Results of Formaldehyde Level Tests

On February 14, 2008, FEMA and the CDC issued a joint press release indicating preliminary results from recent testing that found higher than typical indoor exposure levels of formaldehyde in travel trailers and mobile homes used as emergency housing in the Gulf Coast Region. The CDC's preliminary evaluation of a scientifically established random sample of 519 travel trailers and mobile homes tested between December 21, 2007 and January 23, 2008 showed average levels of formaldehyde in all units of about 77 parts per billion (ppb). Long-term exposure to levels in this range can be linked to an increased risk of cancer, and as levels rise above this range, there can also be a risk of respiratory illness. These levels are higher than expected in indoor air, where levels are commonly in the range of 10-20 ppb. Levels measured ranged from 3 ppb to 590 ppb. FEMA is taking steps to expedite the relocation of residents from temporary housing units to apartments or other alternative housing such as motels and hotels. To read this article in full, please visit

<http://www.cdc.gov/print.do?url=http://www.cdc.gov/od/oc/media/pressrel/2008/r080214b.htm>.

Department of Homeland Security (DHS) Ramps Up Collection of Fingerprints from International Visitors



On February 19, 2008, the DHS issued a press release detailing their efforts to

increase security at international airports throughout the US DHS stated that they have begun collecting additional fingerprints from international visitors arriving at Detroit Metropolitan Wayne County Airport (Detroit). The change is part of the department's upgrade from two- to 10-fingerprint collection to enhance security and facilitate legitimate travel by more accurately and efficiently establishing and verifying visitors' identities. These changes have already taken place at Washington Dulles International Airport, Hartsfield Jackson Atlanta International Airport, Boston Logan International Airport, Chicago O'Hare International Airport, George Bush Houston Intercontinental Airport, and San Francisco International Airport. Miami International Airport and Orlando International Airport, and soon, New York's John F. Kennedy International Airport will begin collecting additional fingerprints. The remaining air, sea and land border ports of entry will transition to collecting 10 fingerprints by the end of 2008. The US-VISIT program currently checks a visitor's fingerprints against records of immigration violators and FBI records of criminals and known or suspected terrorists. Checking biometrics against the watch list helps officers make visa determinations and admissibility decisions. Collecting 10 fingerprints also improves fingerprint-matching accuracy and the department's ability to compare a visitor's fingerprints against latent fingerprints collected by the Department of Defense (DOD) and the FBI from known and unknown terrorists all over the world. Additionally, visitors' fingerprints are checked against the FBI's Criminal Master File. To learn more about the expansion of this vital program, please visit http://www.dhs.gov/xnews/releases/pr_1203435560790.shtm.



Protecting the Healthcare Workforce

Ensuring that all of your staff know how to protect themselves during a disaster in which they may be exposed to a chemical, biological or radiological substance is an important factor in their decision to come to work and fulfill their role in a disaster, and to your facility's ability to provide ongoing healthcare services. OSHA requires that employees performing certain functions complete training programs that prepare them to don and doff appropriate levels of personal protective equipment (PPE) and recognize when such precautions may be necessary. YNH-CEPDR has developed a comprehensive suite of courses that 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.

UN Food Agency Begins Providing Aid to Cyclone Victims: **New**



Madagascar
Credit: AP Photo/Joana Coutinho

The United Nations World Food Programme (WFP) has started distributing emergency food assistance to tens of thousands of people in Madagascar, where at least 73 people have died and almost 150,000 others have been left homeless after cyclone Ivan battered the island nation last week. WFP has already handed out three-day rations of high-energy biscuits to 2,000 Malagasy living in tents in the capital, Antananarivo, after their homes were destroyed by the cyclone winds. Later this week it expects to distribute corn-soya blend porridge to some of the tent camps, the agency said in a press statement, adding that general food

distributions and food-for-work activities will also start in the coming days. To learn more about the aid that WFP is providing to this region, please visit <http://interdiscussion.blogspot.com/2008/02/madagascar-un-food-agency-begins.html>.



Cyclone Ivan
Credit: REUTERS/Njaka Rajaoisonaona

On February 26, 2007, Reuters reported that cyclone Ivan killed 60 people when it tore through Madagascar last week, more than doubling the previous death toll of 22. Ivan, one of the biggest cyclones ever to hit Madagascar, was packing winds that topped 125 mph. Six cyclones struck Madagascar last year, killing at least 150 people. Scientists say warming seas linked to climate change are likely to increase the frequency and intensity of tropical cyclones in coming decades. For more information, please visit <http://www.alertnet.org/thenews/newsdesk/L26914414.htm>.

Regional Practical and Train the Trainer Hazmat Course Brings Area Hospitals Together: **New**



Eighteen participants from seven hospitals attended a regional training session of **EM220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level hazmat and decontamination course** recently held at Middlesex Hospital in Middletown, Connecticut. The four-hour course, led by instructors Deborah Smith, David Burich and Samantha Kopp, included a hazardous material identification exercise, practice in donning and doffing of level C personal protective equipment, and a decontamination exercise. This was followed by an additional two hour Train-the-Trainer session which prepared participants to return to their institutions and train additional staff in the course material. The regional approach

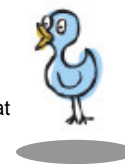
allowed participants the opportunity to share ideas and best practices, while learning in a collaborative environment. For information on bringing EM220 to your hospital or region, please contact Deborah Smith at Deborah.Smith@ynhh.org

Don't forget to CHIRP!



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

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



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

FEMA Requests Applicants for the National Advisory Council



FEMA is requesting individuals who are interested in serving on the National Advisory Council (NAC) to apply for appointment.

Current Council members, whose one year terms end in June, 2008, are also encouraged to apply. All future appointments will be for three-year terms. The Council consists of thirty three members, all of whom are experts and leaders in their respective fields. The following discipline areas for the one year expiring terms will be open for applications and nominations: emergency management, emergency response, health scientist, standards setting, infrastructure protection, communications, disabilities, local government official (non-elected), and tribal elected official. Individuals seeking to be considered for an appointment on the Council should submit a resume or CV detailing their experience in the arena of emergency management and related fields, along with letters of recommendation. Resumes must be received on or before 5:00 pm EST on Friday, March 14, 2008, and sent to Alyson Price, Designated Federal Officer, via one of the following outlets: FEMA, National Advisory Council, 500 C Street, SW, Washington, DC 20472; alyson.price@dhs.gov or fax: (202) 646-3347.

Natural Disasters and Volunteers

The weather news of the past two weeks shows us only too well how quickly a major weather disaster can develop. The recent spate of severe weather, ice storms, flooding and tornados have devastated many areas in the United States as well as leaving many people in these areas seriously injured and without shelter. Even the best planning comes up short when dealing with unexpected events of this magnitude. Extra resources are always needed as this type of unexpected event can happen anywhere. One resource that can answer the call is the Emergency Credentialing Program. This is a program of pre-credentialed 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 assist them to function in their new setting and volunteers are covered for liability and workers' compensation. Please visit the 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. If you have any questions, please feel free to contact us at epp@ynhh.org or call Joseph Filakovsky, DNP, APRN, Emergency Credentialing Program Coordinator at (203) 688-4468.

Emergency Management: Implications from a Strategic Management Perspective



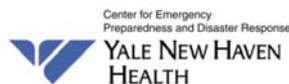
The February 20th online edition of *the Journal of Homeland Security and Emergency Management* features an article by Sang Ok Choi titled "Emergency Management: Implications from a Strategic Management Perspective." This article argues the necessity for and the benefits of a strategic management approach in current emergency management systems. Strategic management is characterized as a long-term process for developing a continuing commitment to the mission and vision of an organization, nurturing a culture that identifies with and supports the mission and vision and maintaining a clear focus on the organization's strategic agenda throughout all its decision processes and activities. Recent emergency management practice demands that more strategic approaches and management styles be utilized than before. This study addresses the following benefits of the integration of strategic management into emergency management: forward thinking, professionalization, capacity building, goal identification and achievement, increased public support, increased funding, and greater accountability. This study offers the following suggestions for fostering strategic planning in emergency management practice: centralize planning and decentralize execution, strengthen the intergovernmental response process, build cooperation among public and nonprofit organizations, provide training for operating emergency management strategic planning, and recruit professional emergency managers. Implications for future research are also presented. To read further, please visit <http://www.bepress.com/jhsem/vol5/iss1/1/?sending=10037>.

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_Comp_encyCrosswalk.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.

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.

UPCOMING Meetings and Events

DATE	TIME	EVENT	LOCATION
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
3.5.08	1:30 p.m. to 2:30 p.m. EST	National Response Framework Webcast/Television Broadcast <i>Sponsored by FEMA</i>	For more information, please visit http://www.vodium.com/login.asp?lib=pn100501_fema_nrf .

FOR MORE INFORMATION, PLEASE CONTACT:

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Preparedness Report Archive: http://www.yalenehavenhealth.org/emergency/commu/archives.html			
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US DEPARTMENT OF HOMELAND SECURITY
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