

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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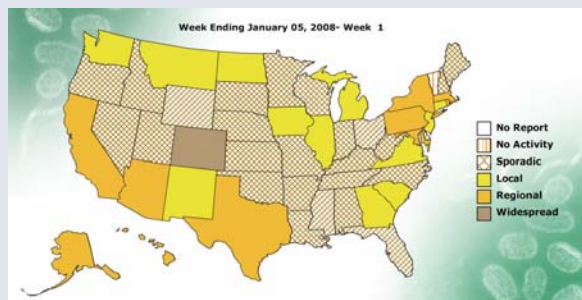
ELEVATED THREAT LEVEL

Law on flu vaccinations may be tested: **New**

New Jersey's new law requiring young children attending licensed pre-school and childcare centers to get flu vaccinations will be tested when thousands of children return to classrooms and playrooms after the long holiday break. New Jersey, the first state in the nation to require flu shots for young schoolchildren, set a December 31 deadline for parents to obtain flu vaccinations for their children. It was part of a new policy requiring four additional immunizations for schoolchildren over the objections of some parents who worry about possible risks from vaccinations. The requirement applies to children between 6 months and 5 years who are attending licensed day care and preschool programs. State public health experts said that flu shots for young children are important for overall public health. Health officials said they would not know until after the holiday how many children have met the requirement. The state relies on schools, preschools and day care centers to collect immunization records. To read *The New York Times* article, please visit: http://www.nytimes.com/2009/01/04/nyregion/new-jersey/04fluinj.html?_r=1&ref=new-jersey

Seasonal Flu: **Updated**

For the week ending December 27th, CDC reported regional influenza activity in three states (Massachusetts, New Jersey, and Virginia). Local influenza activity was being reported by ten states (Arizona, Colorado, Florida, Hawaii, Illinois, Maine, Maryland, New Hampshire, North Carolina, and Texas). Sporadic activity was reported in the District of Columbia and thirty states (Alaska, California, Connecticut, Delaware, Georgia, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New York, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington, Wisconsin, and Wyoming). No influenza activity was reported in six states (Alabama, Arkansas, Kentucky, New Mexico, Ohio, and Oklahoma) and West Virginia did not submit. The complete report can be accessed by going to: <http://www.cdc.gov/flu/weekly/fluactivity.htm#SGSI>.



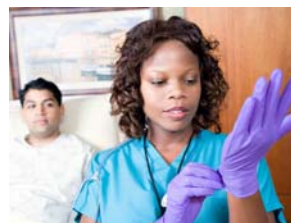
Avian Influenza: **New**

The WHO reports the cumulative number of confirmed human cases of avian influenza A/ (H5N1) as of December 16th, 2008 as 391 cases with 247 deaths, resulting in a case mortality rate of 63%. To view the cumulative and individual country indexes, please visit: http://www.who.int/csr/disease/avian_influenza/country/cases_table_2008_12_16/en/index.html.



The 1918 influenza pandemic was the most devastating outbreak of infectious disease in human history, accounting for about 50 million deaths worldwide. In addition to a significant number of cases of secondary bacterial pneumonia, this highly pathogenic strain of influenza A virus caused fatal primary viral pneumonia. *The Proceedings of the National Academy of Sciences* reports on a recent study whose findings strongly implicate the viral RNA polymerase complex

as a major determinant of the pathogenicity of the 1918 pandemic virus. This new insight may aid in identifying virulence factors in future pandemic viruses that could be targeted with antiviral compounds. To read the entire study, please visit <http://www.pnas.org/content/early/2008/12/29/0806959106.full.pdf+html>.



Credit: CDC

Health care workers and emergency services personnel who could have direct contact with individuals who are ill during an influenza pandemic should be protected with antiviral drugs throughout the pandemic, even before these workers are exposed or become ill themselves, according to guidance released on December 16th by the U.S. Department of Health and Human Services. The guidance also recommends preventive antiviral drug use for certain individuals following exposure to someone who is sick with pandemic influenza. These individuals include people with weakened immune systems, as well as for health care and emergency services workers such as law enforcement, firefighter, and emergency services personnel who do not routinely come in contact with ill people, and for residents in nursing homes, prisons and other group residential settings if an outbreak of pandemic illness occurs in the facility. For a copy of the guidance, visit www.pandemicflu.gov.



In virtually all pandemic plans, the use of personal protective equipment (PPE) is a key component of protection for healthcare workers and prevention of disease spread. Two recent studies raise important questions about the best use of PPE by healthcare workers and should prompt further study and examination of current recommendations, policies and readiness. Taken together, these two papers illustrate the difficulties that healthcare facilities may face during an influenza pandemic when fit testing may not be possible at all, as well as that use of PPE materials during a pandemic is likely to be much greater than previously thought. To read this thought provoking essay, please visit: <http://www.upmc-cbn.org/index.html>.

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

The following resources are identified to assist your preparedness activities:

Highlighted Resources:

"A Manual for the Health Care of Children in Humanitarian Emergencies." WHO. 2008. To access the document, please visit:

http://whqibdoc.who.int/publications/2008/9789241596879_eng.pdf.

Storm Surge Barrier Going Up to Protect New Orleans: **New**



Credit: USACE

Defense of Greater New Orleans' most vulnerable area from storm surge has begun with the groundbreaking for the Inner Harbor Navigation Canal

Lake Borgne Surge Barrier Project, the largest design-build civil works project in Corps history. When completed, the 26 foot high, \$700 million surge barrier, similar to a flood wall but much larger, will run for nearly two miles near the confluence of the Gulf Intracoastal Waterway and the Mississippi River Gulf Outlet. The surge barrier is a new feature, authorized by Congress in 2006, the year after hurricanes Katrina and Rita devastated the area. It is expected to reduce the risk of storm damage to some of the region's most vulnerable areas - New Orleans East, metropolitan New Orleans, the 9th Ward, St. Bernard Parish and Gentilly - to a one percent chance in any given year. For more information, please visit:

<http://www.ens-newswire.com/ens/dec2008/2008-12-29-091.asp>.

Winter Weather

Preparedness: **New**

CDC has published a guide that deals with personal protection and safety during periods of extreme cold. There are sections on protecting your car, your home and advice for those who must be outdoors during these events. The page has resources related to protecting oneself from hypothermia and frostbite, dealing with power loss, protecting oneself from carbon monoxide, information about wind chill and a list of other resources you can access for further information and assistance. A copy of the guide may be downloaded by visiting:

http://www.emergency.cdc.gov/disasters/winter/pdf/cold_guide.pdf.

Avian Influenza: **New (Continued)**



A new study, from the University of Colorado at Boulder, shows the resistance of the avian flu virus to a major class of antiviral drugs is increasing through positive evolutionary selection, with researchers documenting the trend in more than 30 percent of the samples tested. The avian flu, Influenza A subtype H5N1, is evolving a resistance to a group of antiviral drugs known as adamantanes, one of two classes of antiviral drugs used to prevent and treat flu symptoms. The article is currently in press in the journal *Infection, Genetics and Evolution*. To view the article, please visit:

http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6W8B-4TT9GK9-1-K&_cdi=6650&_user=483692&_orig=search&_coverDate=10%2F30%2F2008&_sk=999999999&view=c&wchp=dGLbVIW-zSkWb&md5=83770e4dc462c66abf275b32ed516558&ie=/sdarticle.pdf.

- Researchers from Virginia Tech are developing a computer simulation that matches the movements of all 300 million people in towns across the US. The team hopes that the model will help them understand the spread of contagious diseases such as pandemic influenza. The software, called EpiSimdemics, can provide an accurate simulation of the demographic attributes of groups composed of 1500 people or more. One of the first applications for compiling all this data will be studying how contagious diseases might spread through different regions. The software infects a few simulated individuals with the flu, and tracks them as they go about their daily lives. The model gives each person a different probability of responding to the virus, derived from the individual's data, such as age and general health. To read more on this simulation model, please visit: <http://www.physorg.com/news148018856.html>.



Credit: OSHA

Hospital workers who followed official infection control guidelines for pandemic influenza for 1 day used 10 times as many gloves as usual, generated three times as much clinical waste and found that many tasks took longer than normal, according to a new report. The 24-hour exercise in a British hospital also revealed various other challenges, including that hospital workers lacked confidence in their ability to follow infection control guidelines, felt uncomfortable wearing surgical masks and felt that wearing personal protective equipment (PPE) hindered communication. To read a detailed description of the study, please visit:

http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/nov_2508ppe-w.html?s_cid=ccu120108_PandemicInfluenza_e.

CDC's Medical Record Abstraction Form for Domestic Bombing Events: **New**

Data capture regarding the diagnosis and treatment of injuries is important to quantify the true impact of a disaster. This one-page form allows public health personnel at the city, county, state or federal level to quickly extract basic medical information from hospital and emergency medical services' records in order to advise officials as to the immediate impact of the event and the potential need for special resources (e.g., blood products, types of medical personnel, etc.). The form contains data elements regarding when and how injured persons arrived for hospital care, who administered their initial care, basic details regarding individuals' location at the time of the blast if present in the chart documentation, basic categories of type of injury a person may have sustained, medical resources needed for initial treatment (such as x-rays or blood transfusions), types of physicians involved in initial care (such as trauma surgeons, orthopedic surgeons, etc.)

and disposition (i.e., treated and released, admitted to the hospital, deceased). The form is designed to be used for chart extraction purposes only. No interviews are needed to obtain data. To download this form, please visit:

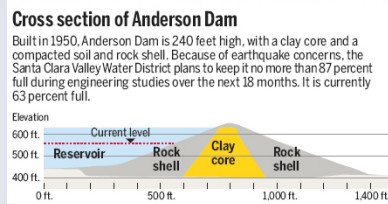
<http://emergency.cdc.gov/masscasualties/pdf/bomb-medical-surveillance-form.pdf>.

"Milestone in Security of Radioactive Materials": **New**

On January 5th, the Nuclear Regulatory Commission announced that it has deployed the National Source Tracking System (NSTS), a centralized national registry to provide cradle-to-grave accounting of certain high-risk radioactive materials used in industry, medicine and research. Radiation sources to be tracked include the individual sources used in irradiators, Gamma Knife® teletherapy devices, most radiography sources, some well logging sources and others. Anyone possessing and using such sources is required to be a licensee of the NRC or one of its 35 Agreement States and will be responsible for reporting information to the NSTS. For additional information, please visit: <http://www.nrc.gov/security/byproduct/nsts.html>.

Study Indicates a Massive Earthquake could cause California Dam to Fail: **New**

The risk is small, but the largest dam in Santa Clara County could collapse in a major earthquake. According to an engineering report from the Santa Clara Valley Water District, a 6.6 magnitude quake centered directly at Anderson Reservoir near Morgan Hill, or a 7.2 quake centered one mile away, could cause the reservoir's 240-foot-high earthen dam to fail. In the worst case, a complete failure of Anderson Dam could send a wall of water 35 feet high into downtown Morgan Hill within 14 minutes, and eight feet deep into San Jose within three hours, under state emergency scenarios. To read the newspaper article, please visit: http://www.mercurynews.com/ci_11381307?source=most_emailed.



FEMA Announces Revised National Incident Management System: **New**

On December 18, 2008, FEMA released a revised National Incident Management System (NIMS)—the national standard for incident management. NIMS establishes standardized incident management processes, protocols and procedures that all federal, state, tribal and local responders will use to coordinate and conduct response actions. The new release expands on the original version released in March 2004 by clarifying existing NIMS concepts, better incorporating preparedness and planning and improving the overall readability of the document. To view or download the revised document, please visit: http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf.

Preparedness: **New**

- Modern steel buildings have long been considered among the most sturdy in the event of a major earthquake. But a model of a massive quake in Southern California has sparked debate among scientists and engineers over whether these structures are more vulnerable than previously thought. The Great Southern California ShakeOut, the nation's largest quake drill, suggested that about five high-rise steel buildings in the region would collapse in the modeled magnitude 7.8 quake along the San Andreas Fault. To read the Los Angeles Times article, please visit: http://www.latimes.com/news/printedition/california/la-me-steeltower2-2009jan02_0_293347_story.



Credit: CDC

- SNAPS, a CDC program that provides local-level community profile information nationwide is available on the CDC website. It can be browsed by county and state and searched by zip code. SNAPS serves as a valuable tool when responding to public health emergency events at the state, tribal and local levels. It provides a "snap shot" of key variables for consideration in guiding and tailoring health education and communication efforts to ensure diverse audiences receive critical public health messages that are accessible, understandable and timely. To access the SNAPS program, please visit: <http://emergency.cdc.gov/snaps/>.

- HHS has announced the launch of "MedicalCountermeasures.gov," a new Web-based system that nongovernmental stakeholders can use to request a meeting with representatives of designated federal public health agencies regarding medical countermeasures for public health threats. Relevant agencies include the National Institutes of Health, HHS' Biomedical Advanced Research and Development Authority, the U.S. Food and Drug Administration and the U.S. Department of Veterans Affairs. The meetings are intended to foster information sharing among the various agencies and the private sector. To view a more detailed description published in the *Federal Register* please visit <http://edocket.access.gpo.gov/2008/E8-30150.htm>.
- Senior-level government and industry officials in a two-day cybersecurity simulation exercise that concluded on December 18th said it demonstrated the importance of a cross-sector, integrated approach to cybersecurity. The simulation also illustrated some challenges the Obama administration and next Congress will face in terms of cybersecurity. The 230 participants in the Cyber Strategy Inquiry came from the public and private sectors in areas such as homeland security defense, transportation, telecommunications and information technology and intelligence. To view the results of this exercise, please visit: <http://fcw.com/Articles/2008/12/18/Cyberattack-simulation-highlights-security-challenges.aspx>.



Michael Chertoff

- DHS made significant strides in 2008 to protect the country from potential attacks involving chemical, biological, radiological and nuclear weapons, Homeland Security Secretary Michael Chertoff said in a speech at Georgetown University in Washington. The department's counterterrorism progress fits within its overarching goals of bolstering disaster preparedness and response abilities, streamlining its own organization, safeguarding vital infrastructure and working to prevent dangerous goods and individuals from infiltrating the country. To view a detailed description of these accomplishments, please visit: http://www.globalsecuritynewswire.org/gsn/nw_20081219_8615.php.
- An independent commission has concluded that terrorists will most likely carry out an attack with biological, nuclear or other unconventional weapons somewhere in the world in the next five years unless the United States and its allies act urgently to prevent that. In a report released last week, the Congressionally mandated panel found that with countries like Iran and North Korea pursuing nuclear weapons programs, and with the risk of poorly secured biological pathogens growing, unconventional threats are fast outpacing the defenses arrayed to confront them. To download or read the entire report, please visit: <http://www.preventwmd.gov/report/>.



- YNH-CEPDR and the United States Northern Command (USNORTHCOM) working in support and coordination of the National Center for Integrated Civilian-Military Domestic Disaster Medical Response (ICMDDMR), successfully held both a joint N95 Fit Test Drill and a Personal Protective Equipment (PPE) Donning/Doffing Exercise concurrently for 22 participants/4 trainers at Evans U.S. Army Hospital at Fort Carson, and 20 participants/7 trainers at Penrose-St. Francis Hospital in Colorado Springs, Colorado. The purpose of these exercises was to enhance the coordination and integration of civilian and military healthcare personnel in providing a medical response to a domestic emergency or disaster event. Participants were selected as a cross section of various disciplines within the hospital setting, and were educated on the use of appropriate self-protective equipment through both instructor-led and interactive CD ROM courses. These exercises will be conducted again in early spring 2009 to measure the level of education retained.

Disasters around the World: **New**

- Yellowstone National Park was jostled by swarms of small earthquakes from December 26th through January 1st and scientists watched closely to see whether the more than 500 tremors were a sign of something bigger to come. Such swarms of small earthquakes happen frequently in Yellowstone, but it's very unusual for so many earthquakes to happen over several days, said Robert Smith, director of the Yellowstone Seismic Network, and a professor of geophysics at the University of Utah. They're certainly not normal," Smith said. "We haven't had earthquakes in this energy or extent in many years." For the latest update from Yellowstone, please visit: <http://volcanoes.usgs.gov/yvo/>.



Credit: Philimon Bulawayo

The WHO reports that Zimbabwe's cholera epidemic is accelerating, with 1,732 deaths out of 34,306 cases. Concerns have been voiced that the epidemic could get worse as the rainy season develops. The outbreak is adding to the humanitarian crisis in the country, related to Zimbabwe's political strife. For additional information on this developing crisis, please visit: <http://uk.reuters.com/article/healthNewsMolt/idUKTRE5052BP20090106>.



FEMA has declared several areas in the United States as disaster areas, eligible for assistance in recovery. Both Hawaii and Massachusetts were declared as disaster areas due to episodes of severe storms and flooding occurring in mid December of 2008. Additionally, New Hampshire was declared as a disaster area due to severe winter storms occurring during the same period. For further information and instructions for applying please visit:

<http://www.fema.gov/news/event.fema?id=10969>

(Hawaii),

<http://www.fema.gov/news/event.fema?id=10968>

(Massachusetts)

or

<http://www.fema.gov/news/event.fema?id=10948>

(New Hampshire).

- There remains no significant tropical weather activity in the central, eastern and northwest Pacific Ocean or the Indian Ocean. The Atlantic Hurricane season ended on November 30th.

Positions Available at YNH-CEPDR



YNH-CEPDR has openings for a Drills and Exercise Specialist and a

Senior Financial Contracts Analyst. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.ynhscareers.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 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 addresses these OSHA requirements and provides 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: **Updated**



The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) is pleased announce that previews for National Incident Management System (NIMS) courses are available at <http://ynhhs.emergencyeducation.org/>. YNH-CEPDR is committed to ensuring that our courses remain current with applicable federal and accrediting agency requirements. The current course updates meet the requirements outlined in the FEMA February 2008 National Incident Management System (NIMS): Five-Year NIMS Training Plan.

- EM 108: Emergency Preparedness for Healthcare with NIMS (New)** Hospitals and many healthcare organizations are still required to implement the National Incident Management System (NIMS) education and training for appropriate personnel. YNH-CEPDR has developed Emergency Preparedness for Healthcare Professionals with NIMS (EM 108) as an equivalent IS 700 NIMS course. This course is time-efficient and relevant to public health, hospital and healthcare workers. The course provides information and action steps all employees can take to ensure a work environment prepared for disasters.
- EM 141: Role of the Medical or Technical Specialist During an Incident (New)** A course which explores the roles and responsibilities of medical and technical specialists when the ICS has been activated and includes an interactive case study. During a disaster, members of the command or general staff may require additional information about chemical, biological, radiological or nuclear (CBRN) emergencies, information technology or legal issues, which a designated medical or technical specialist can provide.
- EM 142: Incident Command Systems for Healthcare with NIMS (New)** This course is designed to help healthcare leaders understand their role in managing continuous care for patients in the event of an emergency or disaster and to meet the federal requirements for IS 100.HC, An Introduction to Incident Command System and IS 200.HC, Applying Incident Command System to Healthcare Organizations. EM 142 is designed for all those who may serve in a leadership role in a healthcare organization during an emergency or disaster.

YNH-CEPDR also offers a number of non-NIMS offerings that address important issues in healthcare preparedness. Programs on Special Populations, Protection of the Healthcare Workforce and compliance with Joint Commission/CMS regulations. These courses may also be previewed at <http://ynhhs.emergencyeducation.org/>. YNH-CEPDR is committed to ensuring that our courses remain timely and current with best practices and cutting-edge content.

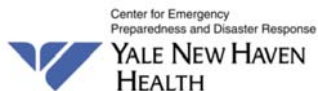
- 106: Emergency Preparedness for Healthcare – At Work and At Home (New)** Emergency preparedness is the responsibility of every healthcare employee. Whether meeting The Joint Commission, Centers for Medicare and Medicaid Services requirements or ensuring that employees will come to work during a disaster, emergency preparedness training is essential. This awareness-level course will provide the information and action steps all employees can take to ensure a work environment prepared for disasters and is recommended for all hospital and healthcare employees.
- EM 120: Best Practices for the Protection of Hospital-Based First Receivers.** Information topics include special threats from specific agents; levels of biological, chemical and radiological protection and isolation; various levels of respiratory protection; principles of decontamination; decontamination procedures; mental health concerns regarding decontamination; and personal safety issues regarding decontamination.

Education and Training Courses: Updated (Continued)

- **EM 121: N95 Respirator and Personal Protective Equipment (PPE) Training for Healthcare Workers.** Information topics include reasons for respirator and personal protective equipment (PPE) use; proper methods for inspecting, donning and doffing a respirator and PPE; the effective use of a respirator and PPE; and common errors made in respirator and PPE use.
- **EM 122: N95 Respirator Fit Tester Training.** Information topics include identifying the need to conduct the N95 respirator fit test; conducting a fit test for N95 respirator use; and performing proper inspection and disposal of respirators.
- **EM 210: Advanced Radiological Emergency Preparedness for Clinicians (New)** This course is designed for clinicians with an interest in understanding radiation concepts, the medical effects of radiation on biological systems, radiation countermeasures and essential elements for dealing with radiological and nuclear emergencies in the health care environment.
- **EM 220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level** Information topics include preparation for health care workers, such as emergency department clerks and clinicians who are assigned to work in the contaminant-free areas but who may need to identify possible risks associated with unannounced patients; preparation for health care workers with designated roles for contaminant removal or who will be working in areas that are considered to be contaminated (training includes proper use of protective equipment); and preparation for hazardous materials specialists, including radiation safety officers.
- **EM 250: Small Victims, Big Challenges: Pediatric Triage, Treatment and Recovery for Emergencies (New)** A course which introduces clinicians acting as first receivers to the unique challenges encountered with children in a disaster. Children represent a special subset of individuals at-risk as they have unique physiological and pharmacological considerations. The federal Pandemic and All-Hazards Preparedness Act (PAHPA) encourages the Department of Health and Human Services to promote appropriate pre-disaster activities at the state and local levels to address the medical health needs of children.
- **EM 260: Geriatric Preparedness, Triage and Treatment in Disasters (New)** A course that introduces clinicians acting as first receivers to the unique challenges encountered with the elderly in a disaster. Senior citizens represent a special subset of individuals at-risk as they have unique physiological and pharmacological considerations. The federal Pandemic and All-Hazards Preparedness Act (PAHPA) encourages the Department of Health and Human Services to promote appropriate pre-disaster activities at the state and local levels to address the medical health needs of the elderly.

For more information on any of our courses or to develop a customized course for your specific needs, 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, or visit our web site at <http://www.yalenewhavenhealth.org/emergency/index.html>.

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
1.13.09	1:00 p.m. – 2:00 p.m.	Biosafety: Assessing the Risks <i>Sponsored by The Association of Public Health Laboratories</i>	Teleconference To participate, please visit https://www.aphlnet.org/eweb/Dynamicpage.aspx?webcode=EventInfo&evt_key=cdcdcee8-0321-4bd6-ab4b-5fe687a9bd21
1.15.09	8:00 a.m.--4:00 p.m.	Intelligence Liaison Office Conference <i>Sponsored by the Connecticut Intelligence Center</i>	The Adante Student Center, Southern Connecticut State University, 345 Fitch Street, New Haven, CT For further information, please e-mail ctic@nespin.riss.net or call (203) 777-6311
1.21.09	6:30 p.m.	Public Service Academy Open House <i>Sponsored by the Capitol Region Education Council (CREC)</i>	Location: 227 Brainard Road Enfield, CT Please contact wjaeger@crec.org or call (860) 253-0274

FOR MORE INFORMATION, PLEASE CONTACT:

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<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 HOMELAND SECURITY
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99 High Street • 6th Floor • Boston, MA 02110

<http://www.fema.gov/>

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US Department of Health and Human Services 24x7 Operations Center
hhs.soc@hhs.gov • (202) 619-7800 • <http://www.hhs.gov/disasters/>