KANSAS
Center for Public Health Preparedness

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KS Preparedness Times

K-SERV Now Registering Volunteers

By Alicia Parkman, CPHP Director of Administration and Evaluation

The Kansas System for the Early Registration of Volunteers, K-SERV, is a secure registration system and database for volunteers willing to respond to public health emergencies in Kansas or other areas across the country. The system is maintained by the Kansas Department of Health and Environment (KDHE). It can be utilized as a volunteer database at the local and state levels, therefore avoiding duplication of information at each level.

During an event with health and medical consequences, hospitals, local health departments and other healthcare facilities may experience a surge in patients requiring additional staffing. Volunteers may be called upon to meet the demands of the incident, and some may be healthcare professionals with specialized skills. K-SERV improves the efficiency of this process by verifying the credentials of volunteer healthcare professionals in advance. This in turn enhances the state's ability to quickly send and receive appropriate health professionals to assist with the response.

Registration on K-SERV does not obligate volunteers to serve during a disaster. If an event requiring volunteer assistance occurs, appropriate public health officials will use K-SERV to generate a list of potential volunteers based on information provided during registration. Those listed will be contacted and given information regarding the event, including where they would need to report, and be given the opportunity to accept or decline service as a volunteer. Volunteer data entered onto the system is considered highly confidential and is protected by federal, state and local laws governing security and confidentiality.

We would like to invite you to join our database of potential volunteers by registering on the K-SERV website: https://kshealth.kdhe.state.ks.us/ . Once there, click on "Login or Register for K-SERV." Again, it should be emphasized that registration does not obligate one to volunteer during an emergency. Registration takes approximately 10 to 15 minutes, and it is recommended that you have your driver's license and professional licensure information ready in order to speed up the registration and approval process.

For more information, contact Sonia Jordan at sjordan@kdheks.gov or 785-296-5201.

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KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
KDHE

www.kdheks.gov

As the state's environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans.

Through education, direct services and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent illness, injuries and foster a safe and sustainable environment for the people of Kansas.

A Minute with Mindee

According to Wikipedia, the word "change" means "to add to, to make different in some way." The Center for Public Health Preparedness (CPHP) is currently going through the process of change related to staffing, evolving federal grant requirements, the end of the earmarked pandemic flu preparedness funding and continued development of the all-hazards approach to our collaborative work.

With the challenge of dealing with organizational change comes an opportunity. Existing staff were promoted to face different challenges and grow in their careers. New staff members with fresh enthusiasm have joined our team, which is breathing life anew into those of us who continue on the journey we began at some point in the past. They bring unique perspectives and ideas, and are fostering the continued improvements we're making toward keeping Kansans safe from all types of disasters.

Decreasing funding for the state's preparedness effort is something we have been dealing with for the past few grant cycles, and doing more with less is not a new requirement of government at all levels. It's a fact of life in the positions we hold. A little over six years into the comprehensive public health and medical preparedness effort, now is a time for creative thought and teamwork. If you have identified best practices in your facility and/or jurisdiction, please share the information with your partners. If you are experiencing a specific challenge, call upon others to discuss possible solutions.

I feel safe to say there are likely to be more challenges, more changes on the horizon in the overall preparedness effort. As far as I'm concerned, we're all partners working toward the same goal: a well protected and safer community, county and state in which to live. Please accept my appreciation for your continued efforts toward a safer Kansas.

Mindee Reece, CPHP Director

Digital TV on Its Way – Prepare for the Switch to Get the Picture

Big changes are coming in television broadcasting. On February 17, 2009, all full-power television stations are required to stop broadcasting in analog and continue broadcasting in digital only. This is known as the DTV transition.

Some consumers are asking why they need to switch. First, all-digital broadcasting will give needed communications channels to police, fire and emergency rescue personnel. It will also allow for new wireless services for consumers. In addition, since digital is more efficient than analog, it allows stations to broadcast several programs at the same time, instead of just one program with analog. This means broadcasters can offer consumers more choices. Digital also allows broadcasters to offer improved picture and sound quality, including high-definition (HDTV) programming.

It is also important to know that the end of analog broadcasting does not mean that consumers must purchase new TVs, and you certainly don't need an HDTV to watch digital broadcasts. If you currently receive over-the-air programming on an analog television using a broadcast antenna, either through "rabbit ears" on your set or an antenna on your roof, you will only need a digital-to-analog converter box to continue watching broadcast television on that set after February 17, 2009. These boxes will cost approximately $40 to $70, and are available in stores now.

To help defray the cost of digital-to-analog converter boxes, each household can request up to two coupons, worth $40 each, to be used toward the purchase of eligible boxes. This coupon program is being administered by the National Telecommunications and Information Administration

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Digital TV

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(NTIA). For more information on the coupon program visit www.dtv2009.gov or call 1-888-DTV-2009.

If you watch over-the-air programming on a DTV (a TV with a built-in digital tuner), you will not need a digital-to-analog converter box. Also, an antenna you use to receive analog broadcasts should work for receiving digital broadcasts, both on a DTV and on an analog TV connected to a digital-to-analog converter box.

If you subscribe to a paid television service such as cable or satellite TV, you will not need a digital-to-analog converter box, and the TVs connected to your paid service will continue to receive local broadcast programming. However, consumers are advised to check with their providers to see if they will need any additional equipment in the future.

For more information, call the FCC at 1-888-225-5322 (TTY: 1-888-835-5322) or visit their DTV website at www.dtv.gov.

Dr. Ingrid Garrison Joins KDHE

Dr. Ingrid Garrison has joined KDHE as the Environmental Health Officer and State Public Health Veterinarian. Dr. Garrison is a native Kansan. She received her Doctor of Veterinary Medicine from Kansas State University in 2003. After graduation, she practiced small animal medicine in southwest Missouri before moving to Iowa to obtain her master of public health degree from the University of Iowa in 2005.

She recently completed a two-year fellowship with the Centers for Disease Control and Prevention's Epidemic Intelligence Service (EIS). She served as the EIS officer for the Illinois Department of Health, Division of Infectious Diseases. In addition, Dr. Garrison is the Public Health Officer for the 190th Air Refueling Wing at Forbes Field in Topeka.

Eisenhower Center for Homeland Security Studies Opens

Governor Kathleen Sebelius, Rep. Nancy Boyda and Maj. Gen. Tod Bunting, Director of Kansas Homeland Security and Kansas Adjutant General, announced the opening of a new homeland security education center earlier this year. The Eisenhower Center for Homeland Security (HLS) Studies is located on the State Defense Building Complex in Topeka.

The Eisenhower Center is a collaborative public/private initiative that will support local and state government and private sector homeland security partners. Designed as a one-stop shop for homeland security activities, initiatives and best practices for all of Kansas, the center is planned to serve as a classroom, simulation center, and as a rapid set-up situational awareness facility for assisting with large-scale disaster response.

"Collaboration is the key to successful homeland security efforts," said Gov. Sebelius. "This center will help Kansans work together as a team and best leverage our physical and intellectual resources for dealing with future challenges."

Over the next year, a variety of classes, seminars and exercises will be offered exploring subjects such as individual and organizational disaster preparedness, homeland security situational awareness, information sharing and basic homeland security principles. The multi-agency, multi-discipline approach will utilize computer-generated simulations to allow public officials, private industry partners, non-governmental organizations and elected officials to experience and discuss the challenges faced during natural and manmade disasters, including terrorism.

"Unlike many current initiatives across the nation, the Kansas center is unique in its multi-agency, multi-

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CPHP Staff Update

By Mike Cameron, CPHP Risk Communications Specialist and Cait Purinton-Day, CPHP Contingency Planner

Since the last issue of the KS Preparedness Times was published, the CPHP has experienced some major staff changes. Two staffers were promoted, and three left the program to work for other agencies.

Promotions:

Alicia Parkman, former Outreach and Planning Specialist, was promoted to Director of Administration & Evaluation. In her new position, Parkman supervises the office staff and oversees day-today functions of the office, as well as works with local partners on contract and funding issues.

Michael McNulty, former Operations Specialist, was promoted to Operations Director. As Operations Director, McNulty oversees the planners, SNS coordinator, Hospital and Outreach Coordinator and the Operations Specialist. He also works with other state agencies on planning and preparedness issues, including pandemic influenza.

Transfers:

Barry Autrey transferred positions within in the CPHP from Rural Planner to SNS Coordinator. Autrey has been a member of the CPHP for over two years. In addition to the SNS function, he also oversees the Cities Readiness Initiative (CRI), Countermeasure Response Administration (CRA) system, and tribal coordination.

Sandy Johnson, former Operations Director, transferred to the Kansas Department of Agriculture (KDA), accepting a position as Homeland Security Specialist. She was an original member of the KDHE Bioterrorism Program staff. Johnson, who had previously worked for the Kansas Division of Emergency Management, transferred to KDHE in 2002. She originally held the position of Strategic National Stockpile Coordinator for the Bioterrorism Program prior to her promotion to Operations Director.

During her nearly six years of service, Johnson built the SNS program from the ground up and made numerous operational and planning improvements since the Bioterrorism Program was launched in 2002. She oversaw the KDHE Division of Health's operational response to the four weather-related disasters in 2007.

As the Homeland Security Specialist for the KDA, Johnson is responsible for coordinating Emergency Support Function 11 (Agriculture and Food Safety) activities for the state. She also coordinates with all of the KDA program managers regarding training, worker safety, infrastructure protection, hazardous materials, security and interoperable communications.

"My time at KDHE was a very rewarding and educational experience. I worked with such an amazing group of people, and I think that we made significant progress when it comes to public health and medical preparedness in Kansas. I am very proud of the work that we have done," Johnson said.

Stacy Robarge-Silkiner, who had served as the SNS Coordinator since 2005, accepted a position with the Mid-America Regional Council (MARC), as a planning, training, and exercise coordinator. MARC serves as the association of city and county governments and the metropolitan planning organization for the bi-state Kansas City region. She has since moved on to CH2M Hill, a preparedness consulting firm in Lawrence.

Robarge-Silkiner was SNS coordinator during KS-HEAT, a statewide SNS exercise conducted in August 2006 that tested the state's capacity for receiving, storing, and re-distributing medication for local use during a public health emergency. The exercise was the final requirement to obtain a favorable assessment by the Centers for Disease Control and Prevention (CDC). KDHE received a rating of 93 percent from CDC after the assessment was completed.

Greg Morgan, former Contingency Planner, accepted a position Cushing Memorial Hospital in Leavenworth. At Cushing, he is the Emergency Planner. Greg joined the CPHP in 2005 and worked with hospitals and health departments in 40 urban counties across the state.

New Hires: The CPHP staff was brought up to full staff by mid-August with the additions of ***Joshua***

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Buffington, Sonia (Rosales) Jordan, Kelly Rhoades, Michelle Wishon, and ***Cait Purinton-Day.*** Biographies on each of our new staff members can be found on this and following pages.

A complete CPHP contact list with names, titles, phone numbers, and e-mail addresses also is included in this newsletter. The contact list includes a brief description of each person's job responsibilities.

Staff Bios

Cait Purinton-Day is the new Contingency Planner at the CPHP and is assigned to continuity of operations planning and working with local health departments and hospitals in 40 urban counties of the state. Cait came to KDHE from the Kansas Highway Patrol, where she was a publications writer and assistant public information officer. While at the KHP, Cait was part of a team that researched and wrote the agency's pandemic influenza response plan, which has been used as a model by other state agencies in Kansas and other law enforcement agencies across the country.

Cait grew up in Lamar, Missouri, and graduated from Kansas State University with a bachelor of sciences degree in journalism and mass communication. While at K-State, Cait also studied cultural anthropology. Before joining state service three years ago, Cait worked as a reporter at the Topeka Capital-Journal and Kansas City Star, and she dabbled briefly in radio news and non-profit work.

Cait keeps quite busy in her spare time. She is learning American Sign Language at Johnson County Community College and enjoys reading books about American history. Cait is very passionate about fundraising efforts for breast cancer research. In September, she completed the Breast Cancer 3 Day, which is a 60-mile walk over three days to support Susan G. Komen for the Cure and the National Philanthropic Trust's breast cancer initiative. She also volunteers on the planning committee for the American Cancer Society Relay For Life of Silver Lake.

Cait and her husband, Travis Day, reside in Auburn, Kansas, with their very spoiled Labrador retriever, Yankee.

Kelly Rhoades serves as the Exercise & Training Coordinator for the Center for Public Health Preparedness. She is responsible for managing the day-to-day planning of exercises and trainings.

Kelly is originally from Lawrence and currently resides in Ottawa. She is completing her social work degree at Washburn University.

Before joining the CPHP team, Kelly worked as the safety and accountability audit coordinator with the Kansas Coalition Against Sexual and Domestic Violence in Topeka for the previous six years and as the assistant executive director of Women's Transitional Care Services in Lawrence. Prior to Kelly's eight-year hiatus from state civil service, she had worked for Kansas Department of Social and Rehabilitation Services in Lawrence.

Kelly has two sons, Andy, 20 and Joel, 16. Her hobbies include reading, volunteering and spending time with her three dogs, Minime, Maverick and Moxy.

Michelle Wishon has been hired as the Rural Planning Specialist with KDHE's Center for Public Health Preparedness. She is dedicated as a CPHP health and medical planner to help rural hospitals and public health agencies become more locally and

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Staff Bios

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regionally prepared for disasters.

Wishon comes to KDHE with an in-depth knowledge of all-hazards preparedness and rural planning. Prior to joining CPHP, she was the Regional Public Health Coordinator for preparedness and epidemiology for the Western Kansas Pyramid Region.

Wishon has a strong educational and working background in biochemistry. She is a graduate of Washburn University's Biology Program, where she conducted undergraduate research in Naegleria and her seminar project in Botulinum Toxin as a bioterrorism agent. After graduating with her bachelor's degree, Michelle was a high school biochemistry instructor before pursing a career in disaster preparedness.

She is a lifelong Kansan from Garden City and recently relocated to Topeka. In her free time, Wishon enjoys traveling and outdoor activities, including scuba diving, snow skiing, and water sports. This year, she plans on continuing her travels to Australia and New Zealand and pursing her educational goals by working on her master's degree in public health.

Joshua Buffington joined the CPHP staff in May as Operations Specialist, replacing Michael McNulty, who was promoted to Operations Director. A native Kansan, Buffington grew up in Labette County in southeast Kansas. He has vast work experience in the area of emergency medical services (EMS). He started his EMS career after a move to Colby, Kansas, where he worked his way up to the director of EMS for Thomas County.

Before coming to KDHE, Buffington worked as a field operations supervisor for American Medical Response (AMR) in Shawnee, Wabaunsee and Osage counties. At AMR, he was lead for the disaster response team and bicycle medic team programs. He held the rank of captain when he left AMR.

Buffington has worked for KDHE for the last year as the assistant director of the Immunization Program. He was heavily involved with the Kansas statewide employee flu clinic campaign in November 2007, with a lead role in the Topeka clinic operations.

He obtained his ICS training throughout his 10-year EMS career and is a Kansas-certified Mobile Intensive Care Technician (Paramedic) and a Training Officer II. Buffington also is heavily involved in the KDHE lay responder training program. He is pursuing a bachelor of business administration degree from Friends University.

Joshua is married to Stephanie, and they have a 21-month-old son, Zachary, their first child. In his spare time, he enjoys hiking, camping and spending time with his family.

Sonia Jordan started working in June as the Hospital and Volunteer Coordinator at CPHP. In this role, she manages the Kansas System for the Early Registration of Volunteers (K-SERV), works as the Medical Reserve Corps state coordinator, and assists in regional planning.

Jordan graduated in 2005 from Kansas State University with a bachelor of arts degree in sociology. She then went on to earn a master's in sociology from the University of Oklahoma, specializing in social theory and gender studies. Prior to working at KDHE, Sonia taught sociology courses and was a research assistant at the University of Kansas.

Sonia is a newlywed and is enjoying settling into her home in Lawrence with her husband James, a law student at KU. They are both avid readers and spend most of their evenings on the couch, reading. In extra time, Sonia enjoys gardening, going for walks in East Lawrence, and watching The Office, 30 Rock, and Arrested Development on DVD.

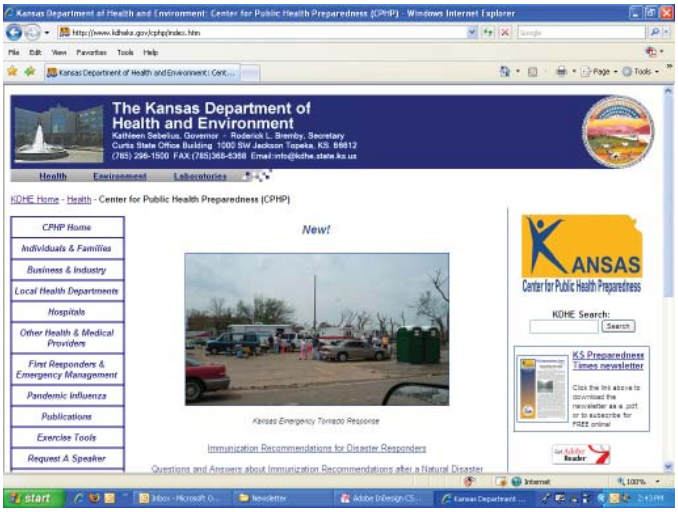
CPHP Website Undergoes Changes

By Michael McNulty, CPHP Operations Director

As many of you have noticed, the CPHP website (www.ksprepared.org) has gone through an enormous amount of changes in the past few months. CPHP is attempting to increase transparency of efforts and the availability of information for ESF 8 (Health and Medical), state, federal, and local partners, as well as the general public. This more robust and active website seeks to increase communication from CPHP to all partners and the public on preparedness efforts in the health and medical fields.

The left-hand tool bar acts as the main navigational tool for the CPHP website. This tool bar has been designed with target audiences in mind -- Individuals and Families, Hospitals, Local Health Departments, First Responders and Emergency Management, etc. This change is an attempt to make material easier to find for hospitals, health departments, laboratories, EMS providers and the general public. In addition, CPHP has included pages related to Pandemic Influenza, Exercise Tools, Requesting a Speaker, and a contact list for CPHP. This contact list offers email links to all CPHP staff, phone numbers, and a brief list of functions for each CPHP staff member as the arrow lands on their name.

It is the goal of CPHP to constantly update this website with new material developed from CPHP and to provide helpful links to other planning and readiness websites. New material will be added at least monthly to the website and placed directly on the CPHP home page and the applicable target audience pages, so please check back regularly for newly available information. Please share this website with all your community preparedness response partners and public community members as we strive to make the CPHP website the focal point of health and medical preparedness planning information sharing.



Eisenhower Center Opens

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discipline approach," said Bunting. "Tremendous effort has gone into designing a high-tech facility with the flexibility to help Kansas homeland security professionals from all disciplines."

"I'm thrilled that the federal government is able to support the state's only dedicated location where first responders, National Guardsmen, homeland security professionals, agency leaders and elected officials can plan for and respond to a variety of natural and manmade disasters," said Boyda. "These types of efforts are critical in helping us prepare for the future."

Currently, the Eisenhower Center for Homeland Security Studies is partnered with more than 20 government agencies, educational institutions, non-governmental organizations and private industry partners. In addition, the center works closely with the Governor's Commission on Healthy and Prepared Schools to keep Kansas schools safe. The number of partners is expected to significantly expand within and beyond the borders of Kansas.

The center is a result of several years of work between the Kansas Adjutant General's Department and Defense Microelectronic Activity, a part of the Department of Defense. Initial money came from congressional funding in 2006, with Boyda securing additional financing of $929,000 for the center for 2008.

The center is named in honor of Kansan Dwight D. Eisenhower, who built an alliance of partners dedicated to overcoming the greatest challenge of the 20th century.

Nobody Left Behind

Michael H. Fox, Sc.D. and Cathy Rooney, M.S. ,
University of Kansas Medical Center Research and Training Center on Independent Living at the University of Kansas
http://www.rtcil.org

Why We Do What We Do

As anyone who reads "The Kansas Preparedness Times" knows, disaster management systems can be slow to change. In the nearly three years since the devastation of Katrina began on August 29, 2005, stories documenting inaction still appear to outnumber those describing success. Reasons sometimes cited for this include bureaucratic wrangling, political infighting, flawed leadership, unrealistic expectations, and lack of a clear vision. Dealing with these obstacles may lead many of us to question our commitment to what we do or why we do it here in Kansas or elsewhere.

In the immediate aftermath of Katrina, the Nobody Left Behind team was approached by the National Institute on Disability and Rehabilitation Research (NIDRR) to investigate the impact of the storm on people with disabilities in the Gulf Coast and make recommendations on how systems that impact disaster management services for persons with disabilities can be improved. Our entire report and its major findings can be downloaded at http://www.rtcil.org/products/NIDRR_FinalKatrinaReport.pdf. Our findings will be the subject of a future article in this newsletter.

What we would like to share with you today, however, are portions of some of the human stories behind our research in actual word. They provide us with the reasons we consider this work so important.

The first segment describes a home that we visited in the Lower Ninth Ward in New Orleans. The second segment describes, in the words of the resident of that home, what happened to create the scene that we had come across.

Recorded by one of the research team members after returning to Kansas from New Orleans, February 25, 2006:

"….one of the houses on the corner of Rampart and Tupelo Streets had a ramp and we stopped and got out. It was a wooden ramp leading up into the house. I walked through the gate and up the ramp to the porch and the first thing I saw in the living room was a power wheelchair that was staring at the front door. Right next to the front door to the left was a black cane. The TV was turned over and there was one garbage bag that had moldy papers in it. There wasn't much else in the living room; a little clock in the shape of an owl next to the door, a memorandum book in which there were some names and phone numbers. I looked through the house further. In the hallway there was a black princess phone that was set into a phone setting which older houses had at that time. To the right was a bedroom. There was a beautiful old bed in it. The bed was askew, the frame somewhat disconnected, and the mattresses still there. On top of the bed was knitting, shoes, clothes. There was a dresser that was partially opened that was leaning against part of the bed. There was a suitcase up against the closet that was filled with clothes and a cloth shoe rack, in which the woman who was the resident of the house kept some of her good clothes. I looked further. The dining area had a hanging area for clothes, all neatly arranged in the closet. The dining room table was tipped over. It was adjacent to the kitchen. The refrigerator was on the floor with the freezer portion opened and in disarray. It was a little too cluttered for me to actually walk in. There was also a guest room on the other side both connecting to the kitchen and the little hallway that went into the other bedroom. There was a bed filled with lots of small children's effects, including Fisher-Price toys. It appeared as though the older woman had

either done babysitting or may have been entertaining her grandchildren for periods of time.

It was almost like a shrine.

What were my feelings in going through the house and looking at the garage and the collapsed roof which fell on her Jeep, other things that were in the yard, her lawnmowers? This whole experience was not so much like looking at a tragedy as looking at a point in time. It was like looking at a piece of life that simply disappeared in the blink of an eye. There was a community there. There were churches there. There were schools there. There were people in each of these homes; people with stories, activities; people whose lives depended upon other people. And within a fairly short period of time, in spite of their efforts at staying and enduring and trying to get through all of it, they were forced out of this life never to return.

I don't think this compares to anything in history I am aware of other than possibly Chernobyl or Pompeii. I don't know how the city can fully recover from something like this or the people themselves. I think all we can do is bear witness to what we have seen and try to make sure that when this happens again, that people have some plan in mind so they can extend their life and extend their community beyond their immediate neighborhoods. This means extending their communities to friends and family and other places so that they don't have to start all over again if they have to leave and not come back."

We were able to track down the owner and resident of this house, who had been evacuated to Fort Scott, Arkansas. The following is an excerpt of what she experienced when we spoke with her by phone, recorded March 8, 2006.

"I got up that morning about 5:30 and I went in and made my coffee. About 6:15, I went and got the paper off the porch. I went back in and got me a cup of coffee and I went to the bed and sat on the side of the bed. I've got to have my wheelchair and I sat on the side of the bed and opened the paper. I was going to read the paper, and I decided I'd better lay down and read the paper. But then I started to hear something that sounded like gurgling water. I said, 'Oh my God what is this?' Then the bathtub was floating and all of a sudden…. my head. I tried to get up in my bed. The mattress was soaked and everything was turned kind

of over. I made it to the wheelchair, I couldn't move the wheelchair and I couldn't move nothing. And the water had me rising up, rising up. Then I went down under the water. When I come back up I was at the front door. I was holding it against the wall. I had one foot on the outside and one on the inside. I couldn't find the screen. I was up and down in the water. I screamed and hollered because I had called 911 on the cell phone, and the operator told me to get up as high as I could get. But I told her, I said, 'Miss, I can't get me any higher. The water is up to my neck and I'm drowning. Please come by. The police, they help me.' Lord, Lord. Then it was my neighbor came and he put me in the attic, and that was where I was until they come and got me out of the attic.

When they come and got me out of the attic (a day later), someone heard me still screaming. They cut the motor and they tried to cut through the door to my house. Mr. Lloyd he come in a little boat, they got me down in the water and they brought me on Charter Street not far from Margaret Miller on Tupelo. It wasn't until they brought me to the Army base and from there to the airport. I didn't have no clothes or nothing. It was the water. The water took everything. They give me clothes to put on my body. Until they put me in the plane, they put me in some kind of a basket or something and hoisted me up in the airplane and they took me to the hospital. They worked on me there. They had to cut my hair. There were long black things in my head and all over my body and all kinds of bugs and things. But now I'm here, thank God."

This is why we do what we do.

UNIVERSITY OF MINNESOTA

School of Public Health

Center for Public Health Preparedness

University of Minnesota Center for Public Health Preparedness Centers for Public Health Education and Outreach

Established in 2002, the University of Minnesota Center for Public Health Preparedness (http://cpheo.sph.umn.edu/cpheo/umncphp/about/home.html) seeks to improve the capacity of the Public Health System. The UMNCPHP is funded in part by the Centers for Disease Control and Prevention as a member of the national network of centers for public health preparedness. The primary purpose of these educational activities is to build competency for preparation, response and recovery from public health threats and emergencies.

The University of Minnesota Public Health Emergency Training (PHET) (http://cpheo.sph.umn.edu/umncphp/online/home.html), is a series of awareness-level online modules covering various topics related to emergency preparedness. We encourage you to explore the available trainings on their website, and then register for them through KS-TRAIN so they may become part of your learning record. Most of the courses are posted there. You may search for the course by the course title, or also search first by the course provider and then scroll to the title. Many courses include guidebooks and exercises. **Some courses were developed prior to 'NIMS Standard Curriculum Training Development Guidance - FY07' and may not be NIMS-compliant.**

1. National Incident Management System and the Incident Command System: A Primer for Volunteers
2. Protecting Our Food System from Intentional Attack
3. The Off-Site Care Facility - An Alternate Care Site: A Primer for Volunteers
4. Mass Dispensing Sites: A Primer for Volunteers
5. Decontamination
6. Zoonoses
7. Isolation and Quarantine
8. Disaster Mental Health
9. Personal Protective Equipment
10. Special Populations
11. Disease Surveillance
12. Contact Investigation
13. Application of Surveillance Principles to Food Safety
14. Emergency Preparedness and Response for Environmental Health Professionals
15. Disaster in Franklin County: A Public Health Simulation
16. Emergency Preparedness and Response Fundamentals Training for Environmental Health Professionals

Franklin County Health Dept. Conducts Pandemic Flu Exercise

Franklin County Health Department conducted a public health preparedness exercise on Saturday, October 18 in preparation for pandemic flu. The scenario involved receiving direction from CDC to hold a mass immunization clinic for the county. Seasonal influenza vaccine was administered to patients for the exercise.

Once everyone was set up at their stations, vehicles were guided through a drive-thru clinic. Records of flu vaccination were entered into the Kansas Immunization Registry (KSWebIZ) upon departure.

All in all, the clinic was conducted without any major incidents or slowdowns and the patients that came through were extremely thankful for the accessibility and convenience of the clinic. About 55 staff and volunteers assisted with the exercise, and approximately 280 patients were seen in a six-hour time frame.

Kansas Public Health Association
Emergency Preparedness Section Report – Annual Meeting

Section Chair, AAron Davis, Sedgwick County Health Department
Section Secretary, Gordon Alloway, KU Center for Telemedicine and Telehealth

The Emergency Preparedness Section, a subgroup of the Kansas Public Health Association (KPHA), held a very productive meeting at the annual KPHA Conference in September, with section members voting in new leaders and voicing a strong desire to improve inter-county communication on topics of mutual interest. (So, expect more notes from this section as the year goes on.)

By-laws Reviewed

New KPHA by-laws that were to be voted on in the later KPHA business meeting were read by the outgoing Section Chair, Cindy Mullen, and opened for discussion by the group.

Elections

After an explanation of section leadership positions and responsibilities by the out-going Section Chair, section members elected a new Chair (AAron Davis) and Secretary (Gordon Alloway).

Presentations

Two short presentations were made to the group:

1. Many new staff members at the KDHE Center for Public Health Preparedness were in attendance to provide introductions, explain their job responsibilities, and offer their availability for assistance. After hearing from the staff members, other section members expressed a desire to communicate more through the Center for Public Health Preparedness newsletter.

2. AAron Davis reviewed changes made in the Sedgwick County point of dispensing process and demonstrated how those changes had been included in the preparedness notebooks Sedgwick County makes available.

2008-09 Goals

The group identified two goals for the Section members to support during the upcoming year:

1. Increasing communication about various preparedness topics to all those interested – Including both internal (KPHA) and external partners.

2. Sharing best practices for special needs population planning and preparedness.

Action Items

An Action Committee (AAron Davis, Gordon Alloway, Jamie Lloyd Simpson and Virginia Downing) was selected to consider best methods for gathering information on activities and getting this information out to the group.

If you are a current KPHA member and wish to be added to the Preparedness Section email listserve, please email Gordon Alloway, Section Secretary, at galloway@kumc.edu. If you have any questions about the group and its efforts, please contact AAron Davis, Section Chair, at adavis@sedgwick.gov.

Do you have news about your agency's preparedness efforts?

If you would like to include it in the next issue of the KS Preparedness Times, please e-mail your news to Cait Purinton-Day at cpurinton-day@kdheks.gov.

All I Really Need to Know About Emergency Management, I Learned in Kindergarten…

By Kathy Guy, Butler County Emergency Management

These are the things I learned:

• Share everything. (If you have a good plan or a good idea, share it with everyone because a good plan is one way to tell others that you are proud of your county. Good ideas encourage everyone to think outside of the box.)

• Play fair. (Don't try to enhance your department at the expense of someone else's department. Remember that the old saying to be kind to the little people on the way up because you'll meet them on the way down is very true.)

• Don't hit people. (Be careful what you say about your citizens – remember that the only job qualifications for most elected officials is that they must be 18 years of age and a citizen of your county.)

• Put things back where you found them. (We all have a tendency to focus on the response efforts of disasters. Remember that people want to go home again so think more about recovery.)

• Clean up your own mess. (All disasters are local. Make sure you are working with your local groups before turning to state and/or federal sources for assistance.)

• Don't take things that aren't yours. (Share credit when things are good and accept the blame when things go badly. Too many people get this backwards.)

• Say you're sorry when you hurt somebody. (Ego is not a gift, but humility is. One stunts growth while the other nourishes not only your soul, but the relationships of those around you.)

• Wash your hands before you eat. (Remember that negative energy is attracted to positive energy. Sometimes you have to wash your hands, in a manner of speaking, and walk away to get a better perspective on things.)

• Flush. (Always remember that politicians come and go, but bureaucracies have a shelf life of 1,000 years.)

• Warm cookies and cold milk are good for you. (During times of stress, remember to nurture your body -- it's the only one you will ever have.)

• Live a balanced life - learn some and think some, and draw and paint, and sing and dance, and play and work every day. (Your job and your community will get along without you so don't take yourself so seriously that your life and your family suffers.)

• Take a nap every afternoon. (Get plenty of rest during times of calm because the times of turmoil will take every waking moment it can from you.)

• When you're out in the world, watch for traffic, hold hands and stick together. (Learn to rely on those who have "been there, done that." Some of the best ideas we ever get are from those who just came aboard.)

• Be aware of wonder. Remember the little seed in the Styrofoam cup; the roots go down and the plant goes up and nobody really knows how or why, but we are all like that. (Get out and talk to the people you serve. Take a drive around your communities. Listen to the elderly and laugh with those less fortunate. This job is about serving the people. If you aren't serving them, you are only serving yourself.)

• Goldfish and hamsters and white mice and even the little seed in the Styrofoam cup -- they all die. So do we. (At the end of your life or at the end of your job, remember not to take everything too seriously. Leave room in your life to live.)

• And then remember the Dick-and-Jane books and the first word you learned - the biggest word of all - LOOK. (See what the effects are of the planning, training and exercises that you do. Too many of us see these as chores when in reality, they are the looking glass for others to see how to make things better for those that matter the most -- the citizens we serve.)

Winter Weather Safety

Snowy days will be here before we know it, which is why it's important to start thinking of winter weather safety now. After all, we are in the business of preparedness.

Keeping driveways and sidewalks well-shoveled and applied with materials such as rock salt or sand will help reduce hazards for slips and falls. However, there are other hazards to be mindful of during cold weather, including frostbite and hypothermia.

Frostbite

Exposure to cold without adequate protection can result in frostbite. If you're planning any outdoor activities dress warmly, using several thin layers. Multiple thin layers will keep you warm and dry. Also, come inside periodically and warm up with drinks such as hot chocolate.

If you have numbness or pain in the fingers, toes, nose, cheeks, or ears while working in snow, or if your skin is blistered, hard to the touch, or glossy, be alerted to the possibility of frostbite and take the following steps:

- Go indoors.
- Call a doctor.
- Wiggle the affected body part(s) to increase blood supply to that area, and warm the frozen part(s) against the body. (Hold fingers to the chest, for example.)
- Immerse frozen part(s) in warm, not hot, water. Frozen tissue can be damaged easily. Avoid warming with high heat from radiators, fireplaces, or stoves, and avoid rubbing or breaking blisters.

Hypothermia

When exposed to cold temperatures, your body begins to lose heat faster than it can be produced. Prolonged exposure to cold will eventually use up your body's stored energy. The result is hypothermia, or abnormally low body temperature. Body temperature that is too low affects the brain, making the victim unable to think clearly or move well. This makes hypothermia particularly dangerous because a person may not know it is happening and won't be able to do anything about it.

Hypothermia is most likely at very cold temperatures, but it can occur even at cool temperatures (above 40°F) if a person becomes chilled from rain, sweat or submersion in cold water.

Anyone can become a victim of hypothermia, but those at greatest risk include: (1) elderly people with inadequate food, clothing, or heating; (2) babies sleeping in cold bedrooms; (3) people who remain outdoors for long periods such as campers, hikers and hunters, as well as people who are homeless; and (4) people who drink alcohol or use illicit drugs.

For adults, the warnings signs of hypothermia can include shivering, exhaustion, confusion, fumbling hands, memory loss, slurred speech and drowsiness. Infants may have bright red, cold skin or a very low energy level.

If you notice any of these signs, take the person's temperature. If it is below 95°F, the situation is an emergency – seek medical attention immediately. If medical care is not available, begin warming the person as follows:

- Get the victim into a warm room or shelter.
- Remove any wet clothing worn by the victim.
- Warm the center of the body first – chest, neck, head, and groin – using an electric blanket, if available. Or use skin-to-skin contact under loose, dry layers of blankets, clothing, towels or sheets.
- Warm beverages can help increase the body temperature, but do not give alcoholic beverages. Do

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not try to give beverages to an unconscious person.

- After body temperature has increased, keep the person dry and wrapped in a warm blanket, including the head and neck.
- Get medical attention as soon as possible.

A person with severe hypothermia may be unconscious and may not seem to have a pulse or to be breathing. In this case, handle the victim gently, and get emergency assistance immediately. Even if the victim appears dead, CPR should be provided. CPR should continue while the victim is being warmed, until the victim responds or medical aid becomes available. In some cases, hypothermia victims who appear to be dead can be successfully resuscitated.

Home Safety

December, January, and February are often the leading months for home fire deaths, associated with heating equipment. Major causes of home heating fires include human error (particularly with the misuse of portable heaters, fireplaces, and woodstoves), lack of regular cleaning of chimneys, locating combustible materials too close to portable and space heaters, misuse of fuels involving liquid or gas fueled heaters, and leaving portable or space heaters unattended.

The following safety tips can help reduce fire-related injuries and property loss in Kansas.

- Always read and follow the manufacturer's instructions when using a heating device, especially when using a new heater for the first time.
- Portable and space heaters, regardless of their power source should be kept a at least three feet away from any type of combustible material (i.e. furniture, bedding, clothing, pets or people).
- Never leave space heaters operating when you are not in the room or when you go to sleep.
- Only use the fuel recommended by the manufacturer in liquid-fueled space heaters. Substitute fuels could burn hotter than the equipment's design limits and cause a fire.
- Have your fireplaces and chimneys inspected by a professional prior to the start of every heating season. Never burn paper or pine boughs in your fireplace because the fallout can float out the chimney and ignite your roof or a neighboring home.
- Follow the same safety rules for wood stoves as you would for space heaters. Be sure the wood stove is placed on an approved stove board to protect the floor from heat and hot coals.

Vehicle Safety

Monitoring the weather, traveling only when necessary, slowing down and driving defensively are keys to improving your safety while driving in Kansas winter weather.

- Prepare your vehicle for winter by checking all fluids and the vehicle's exhaust system, ensure your tires have adequate tread, equip your car with good wiper blades, fill your windshield washing fluid tank, and check all belts, hoses and brake systems for excessive wear.
- Increase the following distance between you and the vehicle in front of you. Ice and snow significantly increase your stopping distance.
- Accelerate and brake gently, and make turns slowly and gradually. Braking is best accomplished by easy pumping on the pedal. If your vehicle has an anti-lock braking system (ABS), it is imperative that you read the owner's manual and understand how to use it.
- Visibility is very important. Use your headlights, and clean frost and snow off all windows, mirrors and lights.
- If you lose traction and begin to slide, steer toward the direction you want to go. Anticipate a second skid in the opposite direction as your vehicle straightens out.
- Always plan for travel delays in inclement weather. To check road conditions, call 1-866-511-KDOT (5368) or log on to www.kanroad.org. If you become stranded and need assistance, and you have a cell phone, call the Kansas Highway Patrol at *47 (*HP) or the Kansas Turnpike Authority at *582 (*KTA). You also may dial 9-1-1 for assistance.

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