

## Public Information in a WMD/Terrorism Incident Training by MRC Ole Seitel

On February 22 & 23, 2012, this session was offered at the Morris County Public Safety Training Academy in Morristown/Morris Plains; presented by Shawn Mecham and John Garnecki, Media Relations Training Manager, of TEEX (Texas Engineering Extension Service). As a MRC volunteer I was able to attend this training.

As we know, public speaking is our greatest fear, especially in emergency situations. This class reassured all that attended, that communication with the public via the media is the most important job public health officials will have during an incident. Many times it is not what you say, but the way you say it. We learned with NIMS and Incident Command, using a PIO (Public Information Officer) and MACS (Multi-Agency Coordination Systems) [police, fire, EMS, FBI], how to help News Media focus on the facts that are known within the first hour of an incident. The PIO shows empathy (express "caring") to any victims; they explain what has happened, what is being done presently, and what will be done in the future in brief, concise statements, without looking like they are "holding back any information", because that can be interpreted as "hiding something". Updating of information should be given on a time-line, preferably every half-hour, as the situation

changes or resolves, done in a positive attitude, in order to show competency.

It is best to present a conference in a place that you designate, with support personnel behind the PIO [the MACS], especially with TV/internet. It should be mandatory that all press wear name tags, to prevent unauthorized people from being there.

It is **OK** to say "I don't know, but we'll look into it". Never agree to be "Off the Record", as there is no "off the record" with a reporter. Make sure your staff repeats the same information, as a unified voice. Allow a Q&A (question and answer) period, maybe limiting one question per press reporter.

Handouts and Visual aids help relay information that the PIO can share with the media, in a designated room where the PIO can end the press conference "...until further information becomes known".

Having the class participate in a press conference media interview gave us the opportunity to put into practice all that we learned. I found it to be a valuable training and would recommend it to other MRC volunteers.



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Morris County Office of Health Management

## Medical Reserve Corps:

### Letter From MCOHM Health Officer *Carlos Perez, Jr.*

As we enter a new grant year, I would like to inform you about some developments and future directions relative to the Office of Health Management's (OHM) public health emergency preparedness and response grant activities.

On April 23, 2012, the NJ Department of Health performed a state-wide comprehensive vulnerability assessment in which public health and emergency management officials from each county were tasked with assessing their readiness to respond to various public health threats including pandemics, natural disasters (flooding), foodborne illness outbreaks, CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive events), nuclear facility accidental releases, and hazardous materials

response. The findings of the assessment both for the State and Morris County will be released by the close of August 2012.

Since OHM's founding, the principal mission, planning, and associated activities have primarily focused on pandemics and bioterrorism. With the help of our public health stakeholders including the Medical Reserve Corps, Morris County's readiness to respond to pandemics and/or acts of bioterrorism is robust.

Our focus will be shifting somewhat from pandemic and bioterrorism planning to all-public health hazards planning. One area of particular interest for the CDC, the NJDOH, and OHM is public health's readiness to

respond to radiological terrorism. FEMA has designated Morris County as part of the New York City Urban Areas Security Initiative (UASI). As such, the County will be receiving funding for radiological preparedness and response.

As we enter this new and exciting area of planning, we will make training opportunities in radiological emergency response available to all MRC members. For more information of radiological emergency response, I urge you to visit the CDC's web page at: <http://www.bt.cdc.gov/radiation/groups.asp>

I hope you find this edition of the MRC Newsletter informative and I look forward to our collaboration on future readiness activities.



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#### Upcoming Training Dates\*

**September 11, 2012**  
Family and Pet Preparedness  
**October 29, 2012**  
Introduction to Public Health  
**November 8, 2012**  
Movie Night/Disease Outbreak

#### MRC Core Competencies:

**ICS 100/NIMS 700**  
**MRC Orientation**  
**POD Management**  
**Family Preparedness**  
**Psychological First Aid**

**Disease Outbreak**  
\*Dates to be confirmed and posted online at NJLMN.

#### September is Emergency Preparedness Month: A Time to Get Prepared

The 2011 August hurricanes and October snow storm destroyed some homes and left many people without electricity.

What we heard in the community was that people who had taken measures to prepare home emergency kits managed the storms better than those that didn't.

A Morris County resident shares this:

"When I think back to Hurri-

cane Irene, as frightening as it was, I'm really glad my family had bottled water, non-perishable food and a manual can opener. When the power went out, flashlights meant we didn't have to sit in the dark the whole time. The battery powered radio helped us feel connected to what was going on outside our home. We could listen for additional instruction related to the area in which we live. The emergency supply

bags prepared ahead of time meant that if we had to leave home for an emergency evacuation, we had basic provisions, including medication, in one portable carry along bag. Above all else there was peace of mind in knowing we had something set aside to help us endure."

Come join us on September 11 to learn more about family and pet preparedness and how MRC can help their neighbors get prepared.

## Happy 7th MRC! From the Coordinator—*Cindie Bella, R.N. B.S.N.*

July 2012 was the 10<sup>th</sup> anniversary of the original announcement of the Medical Reserve Corps (MRC) demonstration project. The MRC has evolved since the Federal Register Notice in July 2002 that led to the initial establishment of the MRC volunteers and I am proud to be your coordinator. Below is a letter from New Jersey Department of Health that I wanted to share with you.

The New Jersey MRC was created in 2004 and implemented in August 2005. There are 24 MRC Units in our state with over 5,700 approved and registered volunteers that include: 3,763 Health Care Professionals, 2,021 Community Health Volunteers.

Morris County's MRC has 377 professional and 141 community health volunteers to date. During our hectic lives I realize how difficult it is to attend our trainings and I thank you for this effort. We have a wonderful team of MRC volunteers and I am proud to be your coordinator. Below is a letter from New Jersey Department of Health that I wanted to share with you.

Each of you has unique skills and abilities that add to the overall state and local response capabilities to disasters or emergency events. You all provide a valuable service to the residents of New Jersey. Your contributions of dedication and service are essential to the accomplish-

ments and the success of the New Jersey Medical Reserve Corps Program. Thank you for your willingness to volunteer your time and skills to the New Jersey Medical Reserve Corps Program."



## Increase in Influenza A H3N2v Virus Infections in U.S.

H3N2v, a variant influenza A virus, was first detected in humans in July 2011. It has also been isolated in U.S. swine in many states.

In 2011, when H3N2v was identified, there have been 12 cases. Since July 12, 2012 there have been 154 cases identified in four U.S. states. All of the cases report contact with swine prior to illness onset. There is no indication that these cases are epidemiologically related.

Clinical characteristics of the 16 H3N2V recent cases have been generally consistent with signs and symptoms of seasonal influenza, and have included fever, cough, sore throat, myalgia and headache. No hospitalizations or deaths have occurred among the 16 confirmed cases since July 2012. Public health and agriculture officials are investigating the disease among

humans and swine, and additional cases are likely to be identified as the investigation continues.

Novel influenza Z virus infection has been a nationally notifiable condition in the U.S. since 2007. Since that time, human infection with animal-origin influenza viruses has been rare, with less than 6 cases reported each year, until 2011 when 14 cases were identified. While most of the cases are thought to have been infected as a result of close contact with swine, limited human-to-human transmission of this virus was identified in some cases in 2011. Therefore, enhanced influenza surveillance is indicated, especially in regions and states with confirmed H3N2v cases.

Interim recommendations for the public include:

- Persons at high risk for influenza complications (asthma, diabetes, weak immune sys-

tems, pregnant, younger than 5 years old and over surveillance and reporting through the Health Alert Network (65) should consider avoiding exposure to pigs and swine barns

- Persons engaging in activities that may involve swine contact should wash their hands frequently with soap and running water before and after exposure to animals
- Patients who experience influenza-like symptoms following direct or close contact with pigs and who seek medical care should inform their health care provider about the exposure.

The four states involved are Hawaii, Ohio, Illinois and Indiana. The majority of the cases were in Indiana associated with attendance at a fair where reportedly ill swine were present. At this time, CDC is continuing

surveillance and reporting through the Health Alert Network (65) should consider avoiding exposure to pigs and swine barns. Expectations are that when the summer fair season ends so will the cases of H3N2v. A variant virus is an influenza virus which normally circulates and causes illness in pigs, however, once a human is infected, it is called a "variant" influenza virus.

Source: CDC Health Alert 08/06/12



<http://www.cdc.gov/flu/swineflu/influenza-variant-viruses-h3n2v.htm>

## Radiation—What Is It?

**Radiation** is energy that comes from a source and travels through space and may be able to penetrate various materials. It can be divided in to two types Ionizing Radiation and Non-Ionizing Radiation.

**Ionizing Radiation**— is comprised of alpha and beta particles, gamma rays, and X-rays. This type is the more dangerous form of naturally occurring elements.

**Non-Ionizing Radiation**— consists of UV light, visible light, infrared radiation, microwaves, radio and television, and power transmission. This type of exposure is generally harmless; however prolonged exposure at higher levels can have a negative effect.

**Radioactive Decay**— is the spontaneous change of an unstable nucleus as it transforms itself to lose energy.

The three types of decay emitted from the nucleus are: Alpha Particles, Beta Particles, and Gamma Rays.

**Alpha Particles**— are the slowest, heaviest and have the lowest penetrating power. This type of radiation can travel up to an inch in the air. Alpha radiation is unable to penetrate clothing, paper, or even the outer layers of dead skin. If alpha particles are inhaled, swallowed, or absorbed through open wounds, the radiation can be harmful to humans. The damage they do can increase the risk of cancer. The most common cancer from alpha's is lung cancer because of how easy they are inhaled and the softness of the lung tissue. This is the risk from breathing in air that has high levels of radon and the decaying products of radon.

**Beta Particles**— are a light weight, high energy, high

speed, short-range particle, being either an ejected electron or positron. This type of radiation can travel several yards in the air and can penetrate half an inch through human skin to the layer where new skin cells are produced. Beta-emitting contaminants may also be harmful if inhaled or ingested. If the particles end up on the skin and stay there for a prolonged time, skin damage can occur. If the particle comes in contact with DNA within the cell, it can cause mutations. The mutation can end up being cancer. Plastic and clothing can shield beta particles.

**Gamma Rays**— along with X radiation are the most dangerous and serious types of radiation. Gamma radiation is highly penetrating and is able to travel several yards in the air. On reaching human tissue, they can travel several inches into the tissue. The best way to protect yourself against gamma

rays are dense materials like lead lined suits.

**It's all about dose:** Common exposure doses are:

Chest x ray = 10 mrem

NY to London by air = 5mrem

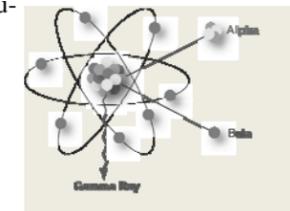
Natural background = 300mrem

Radiotherapy (tumor) =

8,000,000 mrem

**Radiation protection:**

Time, distance and shielding are the principles used to reduce exposure once the source is identified. The guiding principle is: **ALARA**, As Low As Reasonably Achievable. Edu-



## Radon- What Are The Risks?

**Radon** is a radioactive gas. It is colorless, odorless, tasteless, and chemically inert. Unless it is tested for, there is no way of telling how much is present. It is formed by the natural radioactive decay of uranium in rock, soil, and water.

Radon has a half-life of about four days. When it undergoes radioactive decay, it emits ionizing radiation in the form of alpha particles.

The northwestern part of NJ is part of the "Reading Prong" a geological region with a higher granite content. Granite can contain

higher than average amounts of uranium, which decays to radon gas. This region experiences higher doses of radon than other parts of NJ.

**Health effects associated with radon exposure:**

Radon is the second leading cause of lung cancer in the United States. The gas decays into radioactive particles that can get trapped in your lungs when you breathe. The Environmental Protection Agency states that any radon exposure carries some risk; no level of radon exposure is always safe.

**How to test for Radon:** Homeowners can test for radon themselves or they can hire a NJ certified radon measurement company to perform the testing. If you buy your own test make sure it is labeled with the NJ certification number of the company that produced the test kit. The number will begin with ("MEB9" followed by 4 digits). When a home is being sold a radon test is required. The average American receives about 200 mrem (millirem) per year from radon. Taking all sources into consideration, a person receives about 620 mrem per year, which includes 50% natural background sources and the rest medical/occupational sources.

**H5N1 Avian Influenza 2012 Update**  
29 cases  
18 deaths

**Countries:**  
Bangladesh, Cambodia, China, Egypt, Indonesia, Viet Nam

**World wide since 2003:**  
607 human cases  
358 deaths  
WHO continues surveillance for H5N1