



THE SENTINEL



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Reporting on Preparedness

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FEMA issues third annual National Preparedness Report

FEMA has released its third National Preparedness Report summarizing progress in building, sustaining, and delivering the 31 core capabilities described in the National Preparedness Goal. This report is required annually by Presidential Policy Directive 8: National Preparedness. Each year, the National Preparedness Report presents an opportunity to evaluate gains that community partners—including all levels of government, private and nonprofit sectors, faith-based organizations, communities, and individuals—have made in preparedness and to identify where challenges remain.

Although the report evaluates efforts for all Emergency Support Functions (ESF's) we will only look at the Public Health and Medical Services section of the report here. For the complete report, visit <http://www.fema.gov/media-library/assets/documents/97590>

With support from the Biomedical Advanced Research and Development Authority (BARDA), Department of Health and Human Services (DHHS) developed new treatments for public health threats including three new products licensed by the U.S. Food and Drug Administration (FDA). First, FDA approved a new treatment for seven types of botulism. Also approved was a more efficient process for influenza vaccine production and a new treatment for aero-

Hoarding, a public health and responder problem

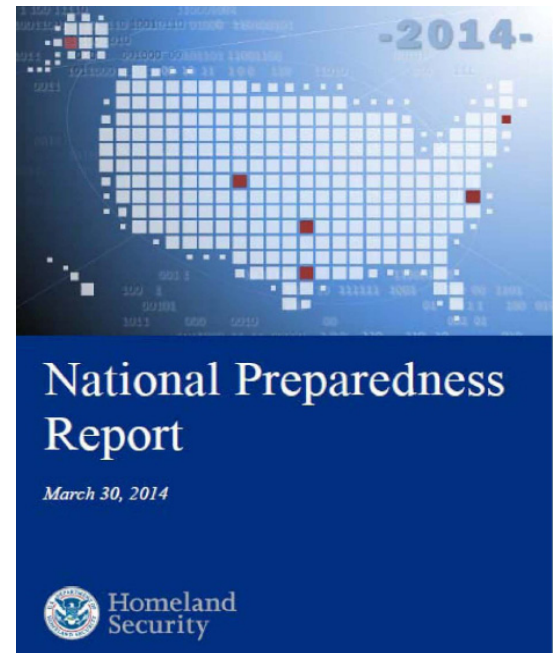
Hoarding. It is defined as collecting or keeping large amounts of various items in the home due to strong urges to keep them, and experiencing distress or anxiety when asked to discard them. Hoarding leads to homes being so filled with things that the rooms can no longer be used for their intended purpose, compromising everyday living. For example, this behavior could result in not being able to sleep in the bed because of objects stacked on it or rendering a kitchen useless because it is stuffed with possessions piled on appliances and counters.

Imagine so much clutter piled in the rooms and hallways of a home that a person can barely go from room to room. Suppose that person experienced some medical emergency and had to call 911 for assistance. But when responders arrived, they could not get to the victim quickly because of all the belongings accumulated in the home. Precious lifesaving moments could be lost, especially if that person was experiencing a stroke or heart attack.

From a preparedness perspective, hoarding can prevent a person from developing an effective plan for evacuation or sheltering-in-place by limiting access to doors and windows. It also creates additional risks for injury due to objects falling or being tossed about if a tornado or earthquake occurred. The additional weight from combustible items such as paper and cloth can also cause intense heat during fires or lead to structural collapse. In case of a fire, hoarding can put firefighters at additional risk for injury due to blocked exits and falling objects.

These examples of problems caused by hoarding are getting more attention after television shows brought hoarding to light. The programs have shown moving stories about individuals that endure extreme conditions because of hoarding and the problems it has caused.

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solized anthrax. In addition, the Centers for Disease Control (CDC) and FEMA are engaging with key federal partners and community stakeholders to develop and evaluate plans for distributing medical countermeasures.

This process includes identifying resources,

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FEMA issues third annual National Preparedness Report

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assessing vulnerabilities, and coordinating rapid response to a public health threat.

According to the report, in 2013 the Public Health Emergency Medical Countermeasures Enterprise also took steps to improve the efficiency, effectiveness, and flexibility of the Federal Medical Station (FMS) program. The FMS program provides a scalable medical surge capacity for all-hazards mass casualty care.

The CDC is continuing work with local public health departments and private-sector partners to establish points of dispensing (PODs) to distribute treatment quickly and effectively. HHS has expanded coordination and planning with Federal, state, and local partners to provide emergency medical, biosurveillance, medical countermeasure and other support during special national events such as the Presidential Inauguration. Updated legal authorities have also been enacted such as the Pandemic and All-Haz-

ards Preparedness Reauthorization Act (Public Law 113-5), which reauthorizes funding for public health and medical preparedness programs including BARDA, the Hospital Preparedness Program and the National Disaster Medical System (NDMS) under Assistant Secretary for Preparedness and Response (ASPR). The CDC's Strategic National Stockpile (SNS) and the Public Health Emergency Preparedness (PHEP) programs will continue to be funded.

The report identified stressors on public health and medical services in major disasters and mass casualty incidents. Challenges include the loss of power at hospitals and long-term care facilities; too few trained staff, ambulances, medical supplies, and beds; acute and long-term psychological trauma and distress of survivors and responders; and ongoing threats to responder safety. During the year, stakeholders developed and issued updated guidance to help improve medical services coordination and response to incidents.

Emerging diseases continue to test public health response capabilities

This year there have been many challenges in the field of public health. In addition to common illnesses such as Influenza, Tuberculosis, West Nile Virus, and Pertussis, public health officials have been tracking and responding to Chickungunya, Middle Eastern Respiratory Syndrome (MERS), and Ebola cases. Surveillance enhancements brought about through preparedness efforts and partnerships fostered on the local, national and international level, have improved detection of illnesses and coordination of resources. The CDC continues working with other U.S.

agencies, the World Health Organization, and international organizations through its EOC to coordinate technical assistance for Ebola, MERS, and other diseases.

Information concerning these health threats and steps taken to contain these illnesses have also been readily available to responders as well as to the public. In the United States, this capability is a result of years of work led by the CDC and its Public Health Emergency Preparedness (PHEP) program and the ASPR Healthcare Preparedness program in the Department of Health and Human Services.

SEPTEMBER IS NATIONAL PREPAREDNESS MONTH

FEMA AMERICA'S PrepareAthon! Ready

BE DISASTER AWARE
SUPPORTS EMERGENCY PREPAREDNESS
TAKE ACTION TO PREPARE

September is National Preparedness Month and this year's theme is: *Be Disaster Aware, Take Action to Prepare*. In September a special emphasis is placed on raising awareness for becoming more prepared as an individual, family, community, state, and nation. And, each year organizations and agencies are recognized for the work that they have completed in the preparedness arena.

Now is a good time to remind everyone, even those who work in the preparedness field, to think about their own emergency plans. Have you made a plan? Is your emergency kit complete and are the items in the kit up-to-date and functional? Are your family members familiar with your emergency plan and has it been prac-

ted recently? Have you taken care of your pet's needs? Are elderly family members' needs considered? How about medications and personal health needs? Are you prepared to stay (shelter-in-place) or evacuate your home if needed? Do you know what to take to a shelter if you are directed to go to one? Have you considered your neighbor(s)? Can they care for themselves or can you help them?

If you have not considered the situations above, now is a good time to prepare. First, think about what is the most likely event that would cause an emergency in your area. Most likely it is weather. Weather events can cause loss of power which creates many challenges. Think



Hoarding, a public health and responder problem

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of the shows have shown hoarders living in filthy conditions, while others spoke of how their behavior has alienated loved ones. Individuals who hoard are at more risk for falls because of clutter and also for injuries if the stacks of belongings fall on them.

Hoarding is a mental disorder that usually begins in early adolescence and gets worse as a person ages. It is included as part of obsessive-compulsive personality disorder and obsessive-compulsive disorder (OCD) in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. Identifying the hoarding condition has been problematic because many cases do not meet the criteria for either disorder, according to experts.

In addition to mental health, hoarding is a public health issue because it presents safety issues for the individual and their neighbors. Hoarding limits individuals from cleaning their homes which over time can become infested with rodents and insects. People who have pets in hoarding conditions often allow pet urine and feces to accumulate in the home. All of these conditions result in a very unhealthy living environment and can affect others living in the home and in apartments or homes close by.

Recent studies suggest that between three and five percent of the population are compulsive hoarders. In some communities, landlords, property owners and family members are being asked to inform local fire services and



building inspectors of hoarding situations that pose a fire safety risk to the occupant or neighbors. Firemen, EMS personnel and other responders must learn how to deal with these situations. In many communities responders are receiving training on how to identify hoarders and how to talk with them.

How do you talk with someone about hoarding? First, be respectful and show concern for the person's safety. Remember that there is a disorder that is causing the behavior and it is difficult for the person to deal with the

situation. Listen to the person's description of their possessions. If he says "collection" then use that term when talking about their things. Avoid using derogatory terms such as junk, trash or hoarding. Focus on safety issues, such as fires, fall hazards, and avalanche conditions. Point out possible ignition sources or trip hazards and try to reach an agreement

on addressing those issues. Don't insist on an immediate and overwhelming cleanup.

Show empathy. Indicate that you understand that discussing the situation is difficult and upsetting for the person, but that some kind of change is necessary. For more information visit these organizations:

International OCD Foundation

<http://www.ocffoundation.org/hoarding/>

Drowning in Junk: Hoarding called public health issue

<http://www.cnn.com/2010/HEALTH/07/29/hoarding.mental.behavior/index.html>

Region B Healthcare Coalition needs your participation

The Region B Healthcare Coalition represents the 13-county area in northeast Georgia known as District 2. Coalition members include representatives from law enforcement, fire departments, coroners, hospitals, public health, long-term care facilities, Emergency Management, EMS, state and local government, volunteer agencies, non-profits, and interested citizens. There is always the need for more county representation and we warmly extend an invitation

to you. Some of the projects completed for the area by the coalition include a mass fatality plan, an area resource list, and an evacuation and receiving plan.

The coalition meets every two months usually from 10:00 am to 1:00 pm. If you would like to attend, please contact Jennifer Davis at jennifer.davis@nghs.com, Mark Palen at mark.palen@dph.ga.gov, or Donna Sue Campbell at donnasue.campbell@dph.gova



September is National Preparedness Month

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through these issues and decide what items you would need during an emergency. Assemble an emergency kit that you can take with you or that you can use in your home. An emergency kit should have the following:

- One gallon of water per day for each person in family for at least three days
- Non-perishable, ready-to-eat food. Enough for three days
- Prescription medications
- Flashlight and batteries (or crank type)
- Battery operated radio and extra batteries (or crank type)
- NOAA weather radio
- First aid kit
- Whistle to signal for help
- Dust mask
- Hand Sanitizer and moist towelettes
- Garbage bags for personal sanitation
- Tools (wrench or pliers to turn off utilities)
- Local maps
- Some cash
- Food and water for pets
- Cell phone and charger

Additional items:

- Copies of important documents - identification, insurance cards, copies of prescriptions,
- Blankets and clothing for warmth
- Sturdy boots or shoes
- Books, Games or other entertainment
- Important phone numbers/addresses/contact info
- Extra eyeglasses
- Maps of local area

Next, make a plan. During a disaster everyday conveniences will probably not be available. Assess the situation and determine what you will need to take care of yourself and your family for at least three days. Develop a family communication plan. Decide how you will contact each other and have a central person that everyone will contact. Create a plan to stay in your home - shelter-in-place - and a plan to evacuate if you cannot stay in your

home. Make sure that each family member understands the plan and is familiar with what to do by practicing the plan periodically.



Get familiar with the emergency plans at your place of work and at your childrens' schools. Find out how they communicate with families if an emergency event happens. If you are an employer, make sure you have an emergency plan and that your employees are familiar with the plan.

Talk to your neighbors about how you can work together. Perhaps you can develop a neighborhood plan to make sure everyone is safe and accounted for during an emergency.

Become informed about emergency planning in your local county emergency management agency, law enforcement, fire department and hospital. What are some incidents that they are preparing for? Adapt this information to your own personal circumstances and follow instructions and recommendations from authorities during an event.

Get involved. After taking care of getting a kit, making a plan and being informed, find out where you can get involved in your community. Join a local CERT (Citizens Emergency Response Team) or MRC (Medical Reserve Corps). Preparing makes sense.

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