



Emergency Management and Response Information Sharing and Analysis Center (EMR-ISAC)

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NOTE: This INFOGRAM will be distributed weekly to provide members of the Emergency Services Sector with information concerning the protection of their critical infrastructures. For further information, contact the Emergency Management and Response- Information Sharing and Analysis Center (EMR-ISAC) at (301) 447-1325 or by e-mail at emr-isac@dhs.gov.

MRSA Infection Update

Methicillin-resistant Staphylococcus aureus (MRSA), so named because the bacteria have developed a resistance to treatment with the drug methicillin, increasingly refers to a multi-drug resistant group of bacteria. Staphylococcus aureus, or staph A, is a type of bacterium commonly found on the skin and/or in the noses of healthy people. Although usually harmless at these sites, it occasionally enters the body through breaks in the skin causing the MRSA infection.

Healthcare-acquired (HA-) MRSA has long been a serious problem in hospital settings. However, it is the new strain, Community-acquired (CA-) MRSA, which has sickened many Emergency Services Sector (ESS) responders. Health officials indicate that CA-MRSA tends to be more aggressive but easier to treat, whereas HA-MRSA is less aggressive but more difficult to treat.

FireChief.com described the results of MRSA infestation tests performed in the stations of a large metropolitan fire department. The bacteria were discovered predominantly on dry surfaces such as towels, upholstered furniture, carpeting, and the television remote. Therefore, the Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) offers the following suggestions to protect ESS personnel from potentially life-threatening infections:

- Replace cloth surfaces with hard surfaces wherever possible. For example, remove carpeting in favor of any hard flooring; replace upholstered furniture fabric with material that can be cleaned with disinfectants; replace kitchen counters and tables with stainless steel.
- Apply cleaning agents correctly to control MRSA. Check the product's label to verify it is a disinfectant, and follow directions specifying the time necessary on the surface to kill MRSA.
- Ensure stations have positive air pressure compared with the apparatus bay. Research shows that hospitals cut the incidence of infection by regularly filtering the air.
- Regulate turnout gear storage and cleaning by confining turnout gear, which can carry MRSA, to work areas, and complying with National Fire Protection Association (NFPA) 1581, "Standard on Fire Department Infection Control Program" at http://www.nfpa.org/freecodes/free_access_agreement.asp?id=158105.
- Reduce the risk of carrying MRSA on station boots and uniforms from the work site to family homes by keeping station wear at the station and laundering it after use. According to researchers, a clothes dryer running for at least 28 minutes on a high-heat cycle will kill MRSA. (Energy-efficient cycles do not generate the heat needed to kill bacteria.)
- Consider directing 9-1-1 dispatchers to ask if patients have a cough, fever, or any known diseases. If any answer is yes, first responders should enter wearing gloves, goggles, and masks. They should wear added protection when in high-risk environments, such as nursing homes, jails, or shelters.
- Maintain the station as a "clean zone." Encourage hand-washing and keeping contaminants out of communal areas by having sinks in apparatus bays if possible, or by placing disinfectant hand-gel dispensers at access points between bays and the station. Do not share hand towels.

To view the full the FireChief.com article, "Lurking Danger," click on http://firechief.com/health-safety/ar/firefighting_lurking_danger_0608.

Making Critical Infrastructures Less Critical

At a conference late last year of professional emergency managers from state and local jurisdictions, conferees agreed that emergency management “seeks to promote safer, less vulnerable communities with the capacity to cope with hazards and disasters.” The Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) maintains that the ability of a community to survive and recover from all hazards will require the protection of its critical infrastructures. This is why the EMR-ISAC asserts that emergency managers must be in the business of infrastructure protection.

When considering the realities of critical infrastructure protection (CIP), the EMR-ISAC proposes that the understanding of critical infrastructure is necessarily negative. Since everything vital in a community cannot be protected, the “critical” aspect of critical infrastructure is based on the consequences of their degradation or destruction. Thus, from a local perspective, it is the absence of resources, services, and facilities (i.e., critical infrastructures) that creates their “critical value” and indispensability for survival and recovery.

To mitigate the tremendous significance of critical infrastructures to communities and their emergency leaders, the EMR-ISAC suggests making these substantial resources, services, and facilities less critical. The goal here should be to make the effects of the inevitable man-made or nature disaster as negligible as possible. According to several security experts such as Stephen E. Flynn, the most time-efficient and cost-effective way to make critical infrastructures less critical is by providing for their resilience.

Critical infrastructure resilience (CIR) actions provide redundancy for that which cannot be protected. (For example, some municipalities have dedicated unused structures for back-up stations for their emergency responders.) CIR strategies ensure that unprotected infrastructures can restore essential operations shortly after an all-hazards attack. At its core, CIR refers to the ability of a community or organization to expeditiously recover and reconstitute fundamental services with minimum disruptions to personnel, processes, procedures, information, and facilities.

For more information about CIR, see “America the Resilient” by Stephen E. Flynn at: <http://www.foreignaffairs.org/20080301faessay87201/stephen-e-flynn/america-the-resilient.html?mode=print>.

Hazmat Preparedness Planning

According to the Federal Railroad Administration (FRA), railroad safety improved during the past year, because of its focus on eliminating the most frequent and high-risk causes of accidents. FRA officials attribute many accidents that occurred in the last 12 months to human error and faulty tracks. They additionally observed an increase in the transportation of hazardous materials (hazmat), “which has had a great impact on the latest spike in hazmat spills.”

The recent derailments and the steady increase in hazmat spills have challenged community leaders and several Emergency Services Sector (ESS) response units throughout the nation. Therefore, the Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) researched preparedness planning practices for hazmat incidents. The following recommendations to protect local critical infrastructures are for the consideration of community emergency managers and the chief officers of local ESS departments and agencies:

- Identify the local rail and road routes used for hazmat transport.
- Determine the critical infrastructures located along the hazmat transport routes.
- Alter emergency management plans to include appropriate response actions along these routes.
- Arrange for newspapers to publish emergency information regarding hazmat incidents.
- Coordinate with radio and TV stations to provide community service announcements.
- Ensure all responders have an adequate level of hazmat training.
- Guarantee all responders have quality personal protective equipment for all hazmat events.

- Promote cooperation between and among local organizations that would assist in disaster response.
- Establish a dependable and sufficient mutual aid system.
- Practice using the National Incident Management System and the Incident Command System.

For more information on hazmat preparedness planning, visit these sites:

- www.fema.gov/hazard/hazmat/backgrounder.shtm.
- www.usfa.dhs.gov/fireservice/subjects/hazmat/hmep.shtm.

NFA Course Deadline

The Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC), on behalf of the U.S. Fire Administration reminds INFOGRAM readers that the application deadline for Fiscal Year 2009 National Fire Academy resident courses is 30 June 2008.

Emergency Services Sector (ESS) personnel interested in attending first-semester resident courses scheduled from 1 October 2008 through 31 March 2009 are required to have their applications postmarked by the 30 June deadline. The schedule for resident courses for the period October 2008 to March 2009 is available at <http://www.usfa.dhs.gov/applications/nfacsd/report.jsp?fy=2009&sem=1>.

Links to application information, including eligibility, costs and stipends, college credit, directions to the campus, etc., can be accessed at <http://www.usfa.dhs.gov/nfa/about/index.shtm>.

Each course has specific application requirements, all of which are explained at <http://www.usfa.dhs.gov/nfa/about/attend/apply.shtm>. One of the documents available at the site, "Eight Tips for Completing a Successful NFA Application," is recommended reading, particularly for first-time applicants.

Students not accepted for first-semester courses must reapply for the second semester: April 2009 through September 2009. The application period for second-semester courses is 1 November to 31 December 2008. To contact the Office of Admissions, call (800) 238-3358, ext. 1035, or (301) 447-1035. The National Fire Academy is located at the National Emergency Training Center campus in Emmitsburg, Maryland.

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The National Infrastructure Coordinating Center (NICC) within the Department of Homeland Security (DHS) Office of Infrastructure Protection is the central point for notifications regarding infrastructure threats, disruptions, intrusions, and suspicious activities. Emergency Services Sector personnel are requested to report any incidents or attacks involving their infrastructures using at least the first and second points of contact seen below:

- 1) NICC - Voice: 202-282-9201, Fax: 703-487-3570, E-Mail: nicc@dhs.gov
- 2) Your local FBI office - Web: <http://www.fbi.gov/contact/fo/fo.htm>
- 3) EMR-ISAC - Voice: 301-447-1325, E-Mail: emr-isac@dhs.gov, fax: 301-447- 1034, Web: www.usfa.dhs.gov/subjects/emr-isac, Mail: J-247, 16825 South Seton Avenue, Emmitsburg, MD 21727