



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

INFOGRAM 23-11

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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 Risks Continue

(Source: American Journal of Infection Control)

A recent [study](#) published in the June issue of the Journal for the [Association of Professionals in Infection Control and Epidemiology](#) concluded that "fire personnel interact with both the hospital and community population as part of their job and thus have the potential for exposure to Methicillin-resistant Staphylococcus aureus (MRSA) from both sources." Specifically, MRSA strains commonly found in hospitals were identified in the study, demonstrating that both community- and hospital-like MRSA can contaminate fire station surfaces.

Upon reviewing this research, the [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) noted the frequency of MRSA and other bacterial indicators on the various surfaces in fire/EMS stations, offices, and training sites. Researchers found the highest prevalence of MRSA bacteria "in the medic trucks, kitchens, and other areas such as computer keyboards and computer desks." Therefore, the EMR-ISAC provides the following recommendations from multiple sources to protect responder personnel from potentially life-threatening infections:

- Replace cloth surfaces with hard surfaces wherever possible. For example, remove carpeting in favor of 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 the bacteria.
- 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 cleaning and storage by confining turnout gear, which can carry MRSA, to work areas.
- Reduce the risk of carrying MRSA on 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 enough heat needed to kill bacteria.)
- Consider having 9-1-1 dispatchers ask if patients have a cough, fever, or any known diseases. If the 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.

[FireChief.com](#) has additional information about this current MRSA study. Also, more recommendations for emergency responder organizations can be seen at "[Basic Infection Control Procedures](#)."

Chemical Suicide Hazmat Danger

(Source: FireRescue1 News)

The chemical suicide phenomenon began in the United States approximately three years ago and continues to increase throughout the nation, according [to FireRescue1 News](#). The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) confirmed that chemical suicide or detergent suicide involves mixing readily available household chemicals to produce a flammable, noxious gas that causes the perpetrators to lose consciousness and suffer heart failure.

Numerous cases of chemical suicide substantiate that the common links are the use of lethal chemicals in an enclosed space, usually a car, and the signs posted to warn any approaching individuals of the poisonous gas. While most suicides affect only the deceased and their families, these cases have the potential to kill emergency personnel and nearby observers when the car door is opened while the chemical is still active. "It is extremely toxic by inhalation, posing a large risk to first responders who do not wear proper respiratory protection when dealing with it or who are unaware of its presence."

Because it would be imprudent to believe that everyone who commits suicide in this manner will definitely warn responders of the potential hazard, the EMR-ISAC reminds of the following situational awareness considerations using guidance from various sources, including August Vernon (Office of Emergency Management, Forsyth County, NC):

- Conduct a thorough "windshield survey" of the scene. In these cases, the scene may be more dangerous than a routine "man down in a car."
- Remain alert for any activities, vehicles, or materials that arouse suspicion.
- Look for unusual indicators, e.g., notes, chemical containers, taped windows/vents, unusual smoke or fumes, etc.
- Scan the area using binoculars or spotting scopes before approaching a "suspicious incident" or "hazmat incident with injury."
- Establish zones of control (Hot, Warm, Cold) once the scene is determined to be a hazmat incident, and initiate hazmat procedures. Make appropriate notifications if presented with this scenario.
- Establish the Incident Command System (ICS) immediately and use Unified Command to develop a plan of action and coordinate response activities and resources.
- Consult the Department of Transportation's (DOT) [Emergency Response Guidebook \(ERG\)](#) (PDF, 2.4 Mb). As materials may be mixed or in unlabeled/mislabeled containers, check Guide 111, Mixed Load/Unidentified Cargo (ERG 2008, p. 169).
- Determine whether to make an immediate decision for "life rescue" or "wait and hold." If believed to be an "unconscious victim," responders should don appropriate Personal Protection Equipment (PPE) and Self-Contained Breathing Apparatus (SCBA) before breaching window or door. This decision may need to be made in conjunction with local or regional hazardous materials teams, depending on training, personnel, and resources available to initial responders.
- Treat the scene as a crime scene.

Additional information can be seen at the following articles: ["Hollywood Suicide Points to Chemical Danger,"](#) and ["Hazmat Dangers of Detergent Suicides."](#)

NIMS Compliance Assistance Support Tool

(Source: FEMA)

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) received [notification](#) (PDF, 26 Kb) pertaining to the release of the National Incident Management System (NIMS) Compliance Assistance Support Tool (NIMSCAST) version 4.00.12. [Homeland Security Presidential Directive-5](#) requires that all Federal Departments and agencies make adoption of NIMS by state, tribal, and local organizations a condition to obtain Federal Preparedness assistance.

The National Integration Center of the Federal Emergency Management Agency (FEMA) developed [NIMSCAST](#) as a free self-assessment instrument for federal, state, tribal, and local governments to evaluate and report on their respective implementation of NIMS. Users will see a NIMSCAST with familiar navigation but improved functionality. Included in the new release is the ability to rollover prior year's Corrective Action Plan information and the restored capability to send e-mails to user accounts through NIMSCAST.

For additional information on NIMS, NIMS implementation, or NIMSCAST, contact the National Integration Center at 202-646-3850 or via e-mail at FEMA-NIMS@dhs.gov.

2011 Assistance to Firefighters Grant Workshops

(Source: U.S. Fire Administration)

The [United States Fire Administration](#) (USFA) recently announced the availability of the FY 2011 Assistance to Firefighters Grant (AFG) application [workshops](#). All workshops are approximately two hours in length and conducted free of charge. AFG [regional representatives](#) should be contacted with any questions about the workshops in their region.

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) verified that those who are unable to attend can view the workshop [presentation](#) (PDF, 3.7 Mb).

Questions regarding the AFG opportunity should be directed to the help desk at 1-866-274-0960 or to firegrants@dhs.gov.

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REPORTING NOTICE

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: 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/emr-isac, Mail: E-108, 16825 South Seton Avenue, Emmitsburg, MD 21727