



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

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National Preparedness Month

(Source: FEMA)

September is the eighth annual [National Preparedness Month](#) (NPM). Led by the Federal Emergency Management Agency (FEMA) Ready Campaign, NPM is a nationwide effort encouraging individuals, families, business, and communities to work together and take action to prepare for emergencies. This year, the [U.S. Fire Administration](#) encourages fire and Emergency Medical Services (EMS) departments across the country to raise the awareness and preparedness of citizens in protecting themselves, their residences, and places of employment from all hazards and risks due to national, regional or local disasters.

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) confirms that the theme for this year's NPM is "A Time to Remember—A Time to Prepare." It is intended to help promote activities that will honor fire and EMS providers, support community service, and reaffirm that preparedness is a shared responsibility.

There are many ways for emergency departments and agencies to get involved, particularly as an opportunity to fulfill local outreach goals. Suggestions for NPM activities, materials, information, and ideas are available [here](#) (PDF, 1.5 Mb) for consideration.

West Nile Virus Vigilance

(Sources: CDC and WUSA9.com)

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) learned this week that the [West Nile Virus](#) (WNV) has been identified in [thirteen states](#) as well as [Washington, D.C.](#) WNV is most often spread to humans from the bite of an infected mosquito. Consequently, emergency responders with exposed skin performing duties in these areas are at risk of contracting the virus.

Approximately 80% of human WNV infections cause no symptoms, and about 20% result in flu-like symptoms such as fever, fatigue, headache, and muscle or joint pain. Less than 1% of infected humans become severely ill. Severe symptoms include high fever, stiff neck, disorientation, tremors, muscle weakness, and paralysis.

The Centers for Disease Control and Analysis (CDC) advises first responders working in the identified states or any areas where mosquitoes are present to remain vigilant, cover exposed skin, and apply insect repellent with DEET or other mosquito repellents.

First Responder Autism Awareness

(Sources: FireRescue1 and NIH)

“Knowing that an emergency situation involves an individual with autism is important, from the dispatcher to the first responders on the scene,” according to an [article](#) by Fire Captain John Sokol. Because of the frequency by which emergency responders may come in contact with an autistic person, it is essential to understand how to properly interact with individuals having [Autism Spectrum Disorders](#) (ASDs) to avoid unfortunate and unnecessary outcomes for the person as well as any responders.

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) noted that health care providers think of autism as a “spectrum” disorder characterized by a complex developmental disability causing problems with social interaction and communication. “Symptoms usually start before age three and can cause delays or problems in many different skills that develop from infancy to adulthood.”

Individuals with ASDs may initially display no physical differences in appearance, which make it difficult for first responders to quickly confirm the presence of autism. Therefore, for the protection of the person and responders, it is advisable to first recognize if the individual is having problems in following areas identified by the [National Institute of Health](#):

- Communication—both verbal (spoken) and non-verbal (unspoken, such as pointing, eye contact, and smiling).
- Social—such as sharing emotions, understanding how others think and feel, and holding a conversation.
- Routine or repetitive behaviors such as repeating words or actions, obsessively following routines or schedules, and playing in repetitive ways.

Captain Sokol recommends the best way to diagnose ASDs is to observe behaviors. “Traits that you might experience when an individual has some level of autism may also include hand flapping, repeating what has been said, lining up objects, pacing back and forth, avoiding eye contact, rocking, spinning, jumping or bouncing, limited to non-existent language, and a high pain threshold.”

The author further suggests having a primary caregiver accompany the autistic person when providing transport to the hospital, which should be notified that the incoming patient has ASDs.

First Responder Documentary Standards

(Source: NIST)

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) was notified by the [National Institute of Standards and Technology](#) (NIST), through its [Law Enforcement Standards Office](#) (OLES), that it will measure needs of the first responder community for [documentary standards](#) at the federal, state, and local agency levels. Documentary standards can specify product characteristics; establish accepted test methods and procedures; characterize materials; define processes and systems; or specify knowledge, training, and competencies for particular tasks.

In order to accomplish the needs analysis, the OLES has funded a small pilot project running 1 August through 31 October 2011, which is open to first responders with either “.gov” or “.mil” email addresses. Participants will have access to approximately 300 responder-relevant standards through a [registration and login](#) process. The OLES develops equipment performance standards, measurement tools, operating procedures, and usage guidelines that help public agencies select criteria for their equipment procurement, deployment, operations, and training applications.

The NIST announcement states: “This pilot will contribute to a better understanding of who in the federal, state, and local first responder communities needs access to standards, what types of standards they use the most, and how OLES can better serve this community.” The OLES contact for more information is Dr. William Billotte, at phone 301-975-8610, or at email william.billotte@nist.gov.

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