

# The Region 3 News Update

*We're here to help you prepare for those really bad days*

## **Region 3 Healthcare Preparedness Network**

1600 N. Michigan Ave.  
Saginaw, MI 48620

Visit us on the web at: [www.region3hpn.org](http://www.region3hpn.org)

## **Regional Office Contacts:**

Jim Brasseur, PA-C (989) 758-3712

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*The new National Terrorism Advisory System (NTAS) has replaced the old color codes of the Homeland Security Advisory System. For more information go to: <http://www.dhs.gov/files/programs/ntas.shtm>*

***Be Situationally Aware – See Something, Say Something!***

**December 29, 2011**

The Region 3 News Update is now available on both the Regional Website and MIHAN

## **Regarding the Frequency of Publication of the Region 3 News Update**

With the current staffing levels in the Region 3 office and increased tasking this grant cycle, the Region 3 News Update has been decreased in the frequency of its publication. We will continue to provide this newsletter as our schedules allow.

## **New Protocol for Activation of the Region 3 Medical Coordination Center (R3MCC)**

At the request of the State Office of Public Health Preparedness(OPHP), we have made a change in the activation protocol for the R3MCC. This change took effect as of Nov 21, 2011.

**To activate the Region 3 Medical Coordination Center, call: 989-732-5141**

State that you are requesting activation of the Region 3 Medical Coordination Center

Information you will need to provide when you ask for activation of the R3MCC:

1. Your name and agency
2. Your contact number(s)

3. Reason for requesting the R3MCC activation

If no response in 15 minutes, call the R3MCC pager: **(989) 222-9946**

The R3MCC's function is to coordinate medical, EMS and healthcare response to an emergency or disaster either within Region 3 or in coordination with other Regional Medical Coordination Centers or State and/or Federal agencies.

The new protocol has been provided to all hospitals, medical control authorities, EMS agencies, Emergency Managers, Health Departments, OPHP and the Community Health Emergency Coordinating Center.

In addition, there are wallet cards available upon request from the Region 3 office with the new activation number and related information. To request copies of the cards, please contact Jennifer Stefaniak in our office at 989-758-3713 or at [jstefaniak@saginawcounty.com](mailto:jstefaniak@saginawcounty.com).

## **CyanoKits being deployed to all Region 3 Hospital Emergency Drug Caches**

Since the early stages of this program, Region 3 has had caches of emergency drugs pre-deployed at each of our acute care hospitals.

Over time, the contents of these caches, commonly referred to as "Black Boxes" for that is what they are stored in, have been revised and refined.

Two drugs that have been in the black boxes from the beginning have been Sodium Nitrite and Sodium Thiosulfate, which were used for treatment of Cyanide poisoning. There is now limited availability of these drugs and the treatment options have changed over the years, so earlier this year our Pharmacy Committee recommended to the Regional Planning Board that these two drugs be removed and replaced with CyanoKits.

The new CyanoKits have now been received and are available for each of the hospitals. Once they receive this new component of the cache, they will need to return the two older drugs to the Region 3 office for processing. We are also keeping a small supply of the CyanoKits at the Region 3 office for back up.

Cyanide poisoning is not just an issue with terrorism events. Cyanide is a byproduct of the combustion of many of the contents of home fires. If a hospital needs to utilize one or more of these CyanoKits for treatment of victims of such fires, they are required to immediately replace the used kits at their expense.

Those hospital pharmacies who have not yet contacted the Region 3 office to arrange for either pick up or shipping of their CyanoKits are strongly encouraged to do so as soon as possible so that we can assure that all of the 'black boxes' are fully stocked and ready for use.

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## **Report on Changed Format for Monthly 800 MHz Radio Drills**

Over the last few months, we have been working to make the monthly tests of the 800 MHz radios more challenging. In December, for the first time, we added a new requirement to the monthly test.

The monthly Region 3 radio drill was held December 9, 2011 for all Hospitals, MCA's, Public Health Agencies and other key partners in the region.

### **Procedure:**

No advanced notice was provided prior to the drill, as per the current protocol.

The drill was started on December 9th at 8:30AM with a high level MIHAN alert instructing all agencies to contact the Region 3 office by 11:30P.M. on that date then to switch channels.

Note that this drill included agencies with previous letters of daily use because it was intended to test if all agencies could communicate on talkgroup CHREG3 then change channels to GEVENT4.

### **Results: Responded to talkgroup: CHEREG3:**

|   |      |
|---|------|
| Hospitals listed (includes Tribal Wellness Center): | 23   |
| Hospitals responding:                               | 23   |
| Percentage:   | 100% |
| (Up from previous test)                             |      |

|                           |     |
|---------------------------|-----|
| MCA's listed:             | 11  |
| MCA's responding:         | 10  |
| Percentage:               | 90% |
| (Down from previous Test) |     |

|                           |     |
|---------------------------|-----|
| Health Dept. listed:      | 10  |
| Health Dept. responding:  | 9   |
| Percentage:               | 90% |
| (Down from previous Test) |     |

Other personnel listed:  
(Includes, Regional Coordinator, Asst. Coordinator, Medical Director EMHSD Coord. & Regional Lab, 5  
Other personnel responding: 5  
Percentage: 100%  
(Unchanged from previous test)

### **Results: Responded to talkgroup: GEVENT4:**

|   |     |
|---|-----|
| Hospitals listed (includes Tribal Wellness Center): | 23  |
| Hospitals responding:                               | 21  |
| Percentage:   | 91% |

|                   |     |
|-------------------|-----|
| MCA's listed:     | 11  |
| MCA's responding: | 10  |
| Percentage:       | 90% |

|                          |     |
|--------------------------|-----|
| Health Dept. listed:     | 10  |
| Health Dept. responding: | 9   |
| Percentage:              | 90% |

Other personnel listed:  
(Includes, Regional Coordinator, Asst. Coordinator, Medical Director EMHSD Coord. & Regional Lab, 5  
Other personnel responding: 5  
Percentage: 100%

### **Correctly Performed full drill (Called in on both channels)**

|   |    |
|---|----|
| Hospitals listed (includes Tribal Wellness Center): | 23 |
|---|----|

|  |      |
|--|------|
| Hospitals responding   | 20   |
| Percentage:  | 86%  |
| MCA's listed:  | 11   |
| MCA's responding   | 10   |
| Percentage:  | 90%  |
| Health Dept. listed:   | 10   |
| Health Dept. responding:   | 9    |
| Percentage:  | 90%  |
| Other personnel listed:  |      |
| (Includes, Regional Coordinator, Asst. Coordinator,<br>Medical Director EMHSD Coord. & Regional Lab, | 5    |
| Other personnel responding:  | 5    |
| Percentage:  | 100% |

Overall Percentage of agencies contacted on CHERG3: 95% **Down** from November 2011 drill.

Overall Percentage of agencies contacted on GEVENT4: 92%

Overall Percentage that preformed the drill correctly: 90%

Follow up Plan:

The Agencies that did not respond during the exercise period was sent a letter of non-compliance reminding them of their responsibility to respond during these exercises.

This format, using different event talkgroups, will be used for future monthly drills.

Thank you to everyone who worked to complete this exercise.

**Remember to register for the MI VOLUNTEER REGISTRY – it's a great way to help your neighbors, our community and the State! For more information, go to: [www.mivolunteerregistry.org](http://www.mivolunteerregistry.org)**

**Cooperative Reimbursement Project for Hospitals and Medical Control Authorities Approaching Deadline**

The Jan. 30, 2012 deadline for those hospitals and MCA's wishing to participate in the current cooperative reimbursement project is fast

approaching and we still have a number of agencies who have not submitted their Justification forms. These forms must be reviewed and approved by the Region 3 office BEFORE any purchases are made.

Once the Justification form is approved, the purchases made and paid for, a copy of the paid invoice and/or check stub must be submitted to the office before the 1/30/12 deadline in order to receive reimbursement. If we do not receive agency's submissions by the deadline, we will not be able to process their reimbursement requests and they will be responsible for the expenses themselves.

On January 31<sup>st</sup>, a second Cooperative Reimbursement program will begin, this time being offered to Long Term Care agencies.

For further information on either of these programs, please contact Jim Brasseur in the Region 3 office at 989-758-3712 or [jbrasseur@saginawcounty.com](mailto:jbrasseur@saginawcounty.com).

**Successful Fundamental Disaster Management Course Held at Covenant Healthcare**

Region 3 and Covenant Healthcare co-sponsored another successful Fundamentals in Disaster Management course on October 7<sup>th</sup>.

This one-day course, developed by the Society of Critical Care Medicine, offers intensive, hands-on training and course work for healthcare professionals who work as first receiver-intensivists for adult and pediatric patients, following natural or intentional mass disasters.

The course covers the types of disasters that would likely result in an expanded need for critical care services which will likely have to be provided outside a typical critical care setting. From nuclear detonation to multiple shooting victims to mass chemical release, this course covers the algorithms and pathways to critical care response during mass disasters. You will learn guiding principles for triage and allocation of scarce resources during a disaster, as well as the proper use of appropriate personal protective equipment and environmental controls required while caring for critically ill victims.

An additional component of this course includes the importance of working within an Incident Command System to effectively accomplish medical mass disaster response. Finally, knowing what staffing, supplies, and equipment would be required, and the resources available to you will help prepare you to respond appropriately to specific disaster types.

The next FDM course is tentatively being planned for May, 2012.

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**UPCOMING Region 3  
COURSES, TRAINING  
OPPORTUNITIES AND  
CONFERENCES**

**Psychological First Aid  
Co-Sponsored with SVSU  
March 22<sup>nd</sup>  
At SVSU**

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**800 MHz Radio Training  
March 30<sup>th</sup>  
At Hills and Dales Hospital**

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**BDLS  
Co-Sponsored with Region 6  
and the Saginaw Chippewa  
Indian Tribe  
April 23<sup>rd</sup>  
At Soaring Eagle Casino**

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**ADLS  
Co-Sponsored with Region 6  
and the Saginaw Chippewa  
Indian Tribe  
April 24-25  
At Soaring Eagle Casino**

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**Fundamentals in Disaster  
Management  
Co-Sponsored with Covenant  
Healthcare  
TBD – May, 2012**

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**Cornerstones in Preparedness  
The Tiered Response to  
Disaster  
June 21<sup>st</sup>  
DoubleTree Hotel, Bay City**

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**To register for any of these  
programs, please go to the  
Region 3 website:  
[www.region3hpn.org](http://www.region3hpn.org)**

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**Quote of the Day:**

It is not a weakness to say  
you're sorry.  
Fred Meijer



**Happy Holidays!**

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# SAVE THE DATE

MARCH 22, 2012

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REGION 3 HEALTHCARE PREPAREDNESS NETWORK PRESENTS:

## PSYCHOLOGICAL FIRST AID

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JOIN US FOR THIS **FREE** DAY OF TRAINING

Thursday, March 22, 2012

Program: 8:30 AM to 4:30 PM

Registration: Begins at 7:45am

Saginaw Valley State University

Saginaw, Michigan

Recommended as the standard acute Behavioral Health Intervention by CDC, World Health Organization, SAMHSA, the National Institute for Mental Health and many other professional organizations **Psychological First Aid** is aimed at reducing initial post-traumatic distress, and supporting short and long-term functioning following mass disaster events

**This seminar is directed towards:**

- First Responders
- Community Emergency Response Teams
- Medical Reserve Corps
- Citizen Corps
- Mental Health Specialists
- Clergy
- Healthcare Providers who will be assisting people in the immediate aftermath of emergencies and disasters



*A brochure with complete information will be available soon*

**SPACE WILL BE LIMITED:**

REGISTRATION AT: [WWW.REGION3HPN.ORG](http://WWW.REGION3HPN.ORG)

*Funding for this conference is made possible by a grant from the Assistant Secretary for Preparedness and Response (ASPR) through the Michigan Office of Public Health Preparedness.*

# SAVE THE DATE!

## **Region 3 Healthcare Preparedness Network 800 MHz Radio Training** (Required for any operators using an MPSCS 800 MHz radio)

**Hills and Dales General Hospital**  
(Cass City, MI.)

March 30, 2012  
11:00 a.m. – 5:00 p.m.

**This is a full-day training. Attendees will be required to complete the entire course in order to receive your certificate of completion. Attendees should also plan on bringing their own 800MHz portable radio for the course.**

**Food, beverages, and snacks will be provided for all attendees.**

Class size is limited to 30 participants.

Register at: [www.region3hpn.org](http://www.region3hpn.org)

This training is supported 100 % by the Michigan Department of Community Health with funding from the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness (ASPR) Hospital Preparedness Program Cooperative Agreement #5U3REP090218-03-00.

# REGISTRATION IS NOW OPEN



Region 3 together with Region 6 and the Saginaw Chippewa Indian Tribe is co-sponsoring a BDLS Course.

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Monday April 23, 2012

8:00 am - 5:00 pm - registration begins at 7:30 am

Soaring Eagle Casino - specific rooms TBA

Space is limited. To register simply follow the link on the Region 3 Healthcare Preparedness Website:

[www.region3hpn.org](http://www.region3hpn.org)

If you need assistance with registration please contact the Region 3 Office at  
989-758-3713.

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## Basic Disaster Life Support™ (BDLS®) Course Description:

The BDLS course is a competency-based, awareness-level course that introduces concepts and principles to prepare health professionals for the management of injuries and illnesses caused by disasters and public health emergencies. The aim is to improve the coordination of response in disasters and other public health emergencies by developing a common approach and language among multiple disciplines in the health care community.

This course targets emergency medical service, personnel, hazardous materials personnel, public health personnel and other health care professionals simultaneously and offers a review of natural disasters, traumatic and explosive events, nuclear and radiological events, biological events and chemical events. Information on the health care professional's role in public health and incident management systems, community mental health and special needs of underserved and vulnerable populations is also included in the BDLS course.

Course objectives:

- Identify the critical need to establish health care preparedness for disasters
- Define "all-hazards" and list the possibilities
- Define "disaster" and "mass-casualty-incident (MCI)"
- Identify the components of DISASTER Paradigm™
- Identify and apply the BDLS triage model using SALT triage and "ID-MED"
- Describe the differences between the BDLS and ADLS® courses

The BDLS course meets the Occupational Safety and Health Administration's (OSHA) Code of Federal Regulations (CFR) 1910.120 requirement for Hazardous Materials Awareness.

## **This course is provided at NO COST to participants:**

This course is supported 100% by the Michigan Department of Community Health with funding from the U.S. Department of Health and Human Services (HHS) Office and Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program Cooperative Agreement Number 5U3REP090218-03-00.

# SAVE THE DATE

JUNE 21, 2012

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REGION 3 HEALTHCARE PREPAREDNESS NETWORK PRESENTS:  
**CORNERSTONES IN PREPAREDNESS:**  
**The 6 Tiers of Medical Surge Capacity and Capability (MSCC)**  
**Response: Who Does What & When**

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PLAN ON JOINING US FOR THIS **FREE** CONFERENCE  
Thursday, June 21, 2012



Program: 8:30 AM to 4:30 PM

Registration: Begins at 7:45am

At the DoubleTree Hotel

Bay City, Michigan

**The scenario is a major tornado event: Learn how responses to large scale emergencies and disasters are coordinated from the Local level (Tier 1) through the Federal level (Tier 6)**

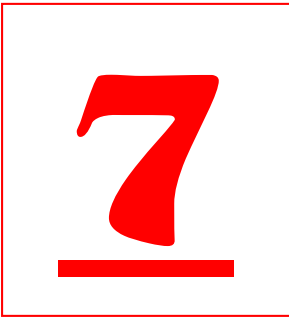
Guest Speakers Include:

- Dr. Robert Dodson, Mercy/St. John's Hospital, Joplin, MO
- Mark Torregrossa, Chief Meteorologist, NBC WEYI TV 25
- Jim Brasseur, PA-C, MA, Region 3 Coordinator
- Chris Izworski, Bay County Emergency Manager
- Melissa Maillette, Bay County Department of Public Health, Emergency Preparedness Coordinator
- Lt. Lisa Speary, MSP/EMHSD, 3<sup>rd</sup> District Coordinator
- Shelley Norris-Chapman, Office of Public Health Preparedness (OPHP), Preparedness Program Specialist
- Dr. Robert Dunne, FEMA Region 5, Medical Director
- Duane Wagner, RN, DC, LCDR, Field Officer, DHHS Region V, OS/ASPR/OPED/HPP

*A brochure with complete information will be available soon*

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# THE SEVEN SIGNS OF TERRORISM

## **1. Surveillance:**

Someone recording or monitoring activities. This may include the use of cameras (either still or video), note taking, drawing diagrams, annotating on maps, or using binoculars or other vision-enhancing devices.

## **2. Elicitation:**

People or organizations attempting to gain information about military operations, capabilities, or people. Elicitation attempts may be made by mail, fax, telephone, or in person.

## **3. Tests of security:**

Any attempts to measure reaction times to security breaches or to penetrate physical security barriers or procedures in order to assess strengths and weaknesses.

## **4. Acquiring supplies:**

Purchasing or stealing explosives, weapons, ammunition, etc. Also includes acquiring military or other uniforms, decals, flight manuals, passes or badges (or the equipment to manufacture such items) or any other controlled items.

## **5. Suspicious persons out of place:**

People who don't seem to belong in the workplace, neighborhood, business establishment, or anywhere else. Includes suspicious border crossings and stowaways aboard ship or people jumping ship in port.

## **6. Dry run/Trial Run:**

Putting people into position and moving them around according to their plan without actually committing the terrorist act. This is especially true when planning a kidnapping, but it can also pertain to bombings. An element of this activity could also include mapping out routes and determining the timing of traffic lights and flow.

## **7. Deploying assets:**

People and supplies getting into position to commit the act. This is a person's last chance to alert authorities before the terrorist act occurs.