



Disaster in Franklin County:

A Public Health Simulation

Group Facilitator's Guide

WHY A GROUP ACTIVITY?

Although Disaster in Franklin County was designed for individual use on a personal computer, it also offers many opportunities for enhanced learning through group discussion. Group participants learn from each other in addition to learning from the online simulation.

HOW BIG OF A GROUP?

Groups of all size can benefit:

- 2-4 people gathered around a computer
- 10-20 people in a conference room viewing the simulation projected onto a screen. A group this size should have a FACILITATOR to lead the discussion, call on people, and keep the group moving through the simulation. It may be helpful to have a separate person act as a DRIVER to operate the simulation (making choices with the mouse, skipping to certain chapters, etc.) and to act as time keeper so you accomplish your training goals.

WHAT DISCIPLINES SHOULD PARTICIPATE?

Disaster in Franklin County is a public health simulation that focuses on decisions made by a county public health director, a public health nurse, and an environmental health specialist. However, the scenario is applicable to a wide range of disciplines, and can provide an opportunity to:

- Discuss emergency response and recovery activities with a range of public health workers.
- Discuss public health concerns with other elements of the overall emergency response.

The biggest benefit comes from a multi-disciplinary group, where group members can gain insight into the thought processes that other disciplines utilize while making decisions. It is also beneficial for individuals of the same discipline to participate in the simulation together. There is no right mix of disciplines; the composition of your group will depend on your organization and its training goals. The facilitator will want to choose chapters and discussion questions that best fit the group.

Consider having multiple group sessions utilizing this simulation. One session can focus on the ICS briefing chapters and the higher level public health concerns and pull people from across public health, public works, fire, and emergency response. Include people who typically are not at the table when discussing emergency response but should be. One group had a representative from a high security prison that posed questions that nobody else had considered. Another group session could be conducted with various public health disciplines that focuses on some of the public health intensive chapters.

Any of the following disciplines could be included in a group experience:

- Public health nurse
- Emergency management
- Administrators
- Health educators
- Elected officials
- Law enforcement
- Community health worker
- Fire/EMS/HAZMAT
- Food establishments
- Volunteers
- Public information specialists
- Sanitarian
- Support staff
- Social worker
- Community organizations that you will depend on during a disaster

ABOUT DISASTER IN FRANKLIN COUNTY

OVERVIEW

In this simulation, the learner will assume the perspective of various public health professionals responding to a natural disaster. They will make decisions on behalf of a county public health director, a public health nurse, an environmental health specialist, and other public health professionals. By approaching the emerging public health issues from these perspectives, the player will gain a deeper understanding of the issues at hand, the decisions that colleagues in other disciplines face, and how those decisions impact his or her area of expertise.

This simulation focuses on the application of public health response and recovery principles related to the following topics, but is not intended to provide a thorough foundation in these topics:

- Incident Command System
- Risk Communication
- Food Safety
- Disaster Mental Health
- Disaster Preparedness

This project was developed by the University of Minnesota Center for Public Health Preparedness supported in part through a grant from the Centers for Disease Control and Prevention (CDC), Grant/Cooperative Agreement Number U90/CCU524264. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

THE SIMULATION

Disaster in Franklin County: A Public Health Simulation consists of 14 chapters occurring over the first 30 days following a severe storm striking the fictional community of Franklin County. It is best to visit the chapters sequentially, but the chapters menu allows the learner to move through the experience in any order, or to return to chapters of particular interest. When completed by an individual, the simulation takes approximately 45 minutes to complete.

LEARNING OBJECTIVES

After completing the simulation, participants should be able to:

- Identify public health concerns resulting from the simulated natural disaster.
- Apply risk communication principles to public health concerns associated with the simulated natural disaster.
- Correlate characters' attributes to roles within the Public Health Incident Command System.
- Describe the primary roles in an Emergency Operations Center.
- Choose appropriate actions within the simulated scenario to minimize risk associated with food safety.
- Describe the roles of public health disciplines within the simulated disaster.
- Identify at least two individual knowledge gaps associated with the simulated scenario.
- Integrate learnings about the public health response and recovery of other public health disciplines into future disaster planning.

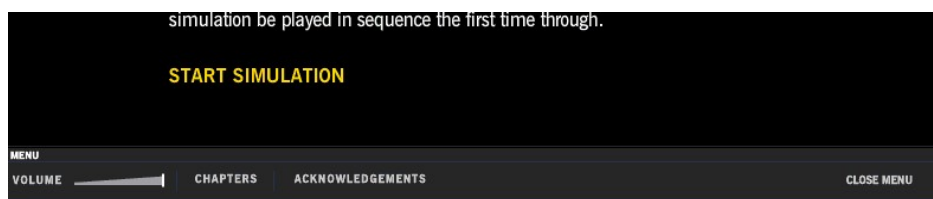
TARGET AUDIENCE

The primary audience for this training includes local and state health department staff, Medical Reserve Corp Volunteers, and public health students. The training will also be useful to public health agencies and other organizations who may respond in a large-scale emergency.

TECHNICAL DETAILS AND LOGISTICS

TECHNICAL INFORMATION ABOUT THE SIMULATION

- The simulation can be accessed at: <http://cpheo.sph.umn.edu/umncphp/franklincounty.html>
- You'll need the latest, free FLASH PLAYER to experience this site. If you don't have it you can [get FLASH here](#).
- A JavaScript-enabled browser is also necessary.
- The person operating the simulation will need to create a login and password. The first time you access the simulation you will have to fill out a series of online forms. After these are filled out, you will not be asked to do so again, and will be directed to the simulation home page upon logging in.
- You should see a MENU bar in the lower portion of the simulation window. When you hover over the word MENU, you will have options to change the volume and to choose CHAPTERS. This will allow you to skip or repeat chapters.



- "The Storm" introductory chapter contains audio and is helpful in setting the scene and engaging the group in the story. There is also ambient audio in between chapters. The other chapters do not contain audio.

IF USING A PROJECTOR

When using a projector it is most effective if the projected image is as large as possible and the simulation window fills the full monitor window. Exact settings will vary from system to system, but these steps may help:

- Change the screen resolution to 800x600. To do so on a PC, go to Control Panel - Display - Settings - Screen Resolution.
- Login to the simulation home page using Internet Explorer
- Select "Launch"
- Verify that you can see the entire simulation window including the Menu bar across the bottom (see details above)
- It is possible to use other web browsers such as Mozilla Firefox, but depending on your computer settings, the Menu bar may be cut off the bottom, which will inhibit your ability to navigate.
- You can use a screen resolution larger than 800x600, but your projected image will be a little smaller, which may make more difficult to read.
- If simulation window is cut off by the PC Task Bar at the bottom of your screen: Right click on the Start button in the Task Bar at the bottom of your PC window; Select Properties; Select Taskbar; Uncheck "Keep task bar on top of other windows."

TIPS

- TEST your audiovisual set up before your group arrives!

TIPS FOR FACILITATORS

- Before the group exercise, the facilitator should decide what chapters are most appropriate for the group and choose a few discussion questions per chapter. There are far more discussion questions provided than you will be able to discuss in a single session. Choice of discussion questions should be based on the composition of your group, your training goals, and issues that are most relevant in your community.
- Set a time line and try to stick to it to prevent frustration on not seeing the simulation to the end.
- Even if the simulation is projected on a screen, it is helpful to have the text read out loud. The facilitator can do the reading and also ask others to read sections in order to mix up the voices. Another idea is to have group members assume roles in the simulation (such as the Fire Chief, Public Health Director, etc.)
- It is not required, but group participants could be asked to complete the simulation individually ahead of time.
- When the simulation presents a choice, you can have the group discuss to consensus what they think is the correct response, or call on an individual to choose. Participants may appreciate hearing from other disciplines about how they would respond. Alternatively, calling on an individual keeps things moving more quickly.
- Note that not all questions posed in the simulation have a right or wrong answer, but instead “Depend” on assessing additional information. These questions are particularly good for group discussion.
- Sometimes the group might disagree with what the simulation presents as the correct answer. That is okay - the important learning comes from the discussion itself. Realize that response is not one size fits all and that your county or city might be very different than Franklin County. Questions to consider along the way are “How is your county different than Franklin?” or “What did Franklin County do that you would not do?”
- As you are going along, make a list of action items for your team to follow up after the training session (For example, review plan, make contact with certain people, and obtain more training on this topic.)
- The amount of time it will take you to conduct a group session depends on your group and facilitator. Allow at least 2.5 hours to complete the entire simulation and a few of the discussion questions listed in each chapter. Rule of thumb is 10 minutes per chapter for a brief discussion. A particularly hot topic could lead to a 30 minute discussion. If you want time for these deeper discussions, choose fewer chapters or allow more than one session. The more multi-disciplinary your group is, the more time you should allow for group members to ask each other questions about what they do.
- See Appendix A for potential handouts for participants.

CHAPTER BY CHAPTER INFORMATION

THE STORM, DAY 1

This chapter sets the scene with audio, visual and verbal descriptions of the storm unfolding between 8:00 pm and 3:00 am.

FACILITATOR TIP

Be sure your audio and visual systems are functioning well for the best impact.

DISCUSSION QUESTIONS

What goes through your head after a night like that?

What would you be doing at home as you watch the news? Who would you call when you know that this storm is going to be a bad one? Whose job is it to pay attention? How do you know you need to respond?

QUESTIONED BY A REPORTER, DAY 1 - 8:00 AM

As a public health director you are heading to the City of Donnel Fire Hall for an Incident Command Briefing. As you arrive, you are approached by a reporter who has some questions for you:

Question 1: Have time for a question?

Question 2: Unconfirmed deaths?

Question 3: Storm siren system?

FACILITATOR TIP

After each selection, select “Review Choices” to see all the options again. Then discuss why the other options were incorrect.

DISCUSSION QUESTIONS

Does how you answer the questions depend on who you are? Is there a time when you shouldn't answer any questions? Who in your organization is authorized to answer the questions from the media?

How would you respond to the following questions if approached by a reporter prior to being briefed on the situation?

- How certain are you that the situation is under control?
- How are those who were harmed getting help?
- What is being done to ensure the public's safety?
- We have heard that water levels in the river are continuing to rise, putting more people in danger. Is this true?

ATTEND INCIDENT COMMAND BRIEFING, DAY 1 - 8:10 AM

As the Public Health Director, you have been asked to join the Fire Chief, Police Chief, the Public Works Director and the EMS Director for an Incident Command Briefing at the City of Donnel Fire Hall. An update on the disaster is provided with text and video (no audio). You provide a list of potential public health concerns.

FACILITATOR TIP

The Fire Chief asks “Public Health, do you have any concerns?” Before you click “Contribute” ask the public health group members to come up with a list of possible public health concerns associated with the disaster.

DISCUSSION QUESTIONS

In your district, who would be at the briefing?

Public Works, Police, Fire, EMS - what would you contribute to the briefing at this time?

Logistically, what are some of these areas going to need?

Are you going to evacuate? How do you let people know?

How do you get a hold of your staff?

What messages do you want to get out to the public?

Who is going to handle the hazardous material spill?

ESTABLISH PUBLIC HEALTH INCIDENT COMMAND SYSTEM, DAY 1 - 10:00 AM

At the Public Health Department, the deputy director has been called on to establish the department Incident Command Center. Only eight people have been able to show up to work! Conduct a matching exercise to assign these eight people to the six incident command posts.

FACILITATOR TIP

First display and read the biography of each person in the office. After reading through all the bios, pose the question, “For which role would this person be best suited?”

DISCUSSION QUESTIONS

Eight staff showed up. How problematic would that be for your department? Under what conditions would *you* not show up for work?

Does your public health department have a plan to organize itself according to ICS? Does that plan outline who might have what ICS role and responsibilities?

How many people in your department would be able to take on the role of Public Health Incident Commander?

A large scale incident has just occurred in your county, preventing 40% of your department from coming to work. How many of the following roles would you be able to perform if assigned? Do you know how to access job action sheets for these positions?

- Planning Chief
- Liaison Officer
- Public Information Officer

- Logistics Section Chief
- Staff Support Unit Leader
- Health Information and Public Education Branch Director
- Hotline Telephone Operator

ATTEND THE FIRST EOC BRIEFING, DAY 1 - 11:00 AM

The Emergency Operation Center (EOC) has been stood up. See Appendix A for full ICS organizational chart. The operations chief, the logistics chief and the public health group give updates. Chapter ends with public health being tasked to prepare a public health press statement for the upcoming press conference and to send an environmental health specialist to inspect the shelter.

FACILITATOR TIP

This is a short chapter. If your group is focusing on the broad emergency response (as opposed to focusing on the public health response) you could replay this chapter, discussing each item in greater detail as it is presented in the briefing. If your group is primarily public health, reading through it once is appropriate.

DISCUSSION QUESTIONS

How is your EOC structure different than Franklin County's? How is your Public Health Department represented in the EOC?

Where would your EOC be located for an event like this?

After Operations briefing: What else is Operations looking at?

After Logistics briefing: What else is Logistics looking at? What is public health starting to think about at this point?

After Public Health briefing: What else is public health thinking about?

What is public health's role in hazardous material spill?

Who has already figured out where the temporary housing shelters will be set up in your county/city?

What is your communication plan for public health emergencies that occur when land line and cell phone communications are disrupted?

CREATE A PRESS STATEMENT, DAY 1 - 4:30 PM

To prepare for the city-wide press conference later this afternoon, the public health Public Information Officer must prepare a press statement by choosing what messages to include. Note that this activity focuses on the *public health* press statement, not that of the overall response.

FACILITATOR TIP

After each selection, you can select "Review Choices" and discuss why the other options were incorrect.

DISCUSSION QUESTIONS

Do you have pre-prepared statements to address these issues?

What other methods will you use to get the word out?

What non-public health information will be important to present at the press conference?

SHELTER INSPECTION SHELTER, DAY 1 - 4:30 PM

The temporary housing shelter has been set up by a volunteer agency. An environmental health specialist has been sent to inspect the shelter and to see how things are going. The player will make several decisions regarding the health and sanitation conditions at the shelter. This chapter is very public health focused. Inspection focuses on:

- Hot professionally prepared food – OK to be served?
- Hot Dish – brought in from someone's home
- Living Conditions – what to do with pets?
- Restroom conditions – overcrowded and unsanitary

FACILITATOR TIP

Two of the questions posed do not have a correct or incorrect answer, as “It Depends” on obtaining additional information. These questions are good for group discussion. (These questions are “hot professionally prepared food” and “living conditions.”)

DISCUSSION QUESTIONS

Who would establish a housing shelter in your community? Have you already established potential locations for shelters?

Would you send anyone else from public health along with the EHS to the shelter?

What are the temperature and time requirements for serving hot food?

What are the public health concerns associated with pets at the shelter?

Is food prepared in the home ever acceptable?

How would you obtain portable toilets?

ATTEND THE SECOND EOC BRIEFING, DAY 1 - 5:00 PM

The EOC is holding its second briefing. See Appendix A for full ICS chart. The operations chief, the logistics chief and the public health group give updates. Chapter ends with public health being tasked to conduct restaurant inspections and to send public health nurses to participate in a door knocking task force.

FACILITATOR TIP

This is a short chapter and could be replayed for further discussion if desired.

DISCUSSION QUESTIONS

1500 homes are without power. What implications does this have?

What should public health be doing about tetanus vaccinations? Would that be an inappropriate expenditure of resources or a real concern? This is sometimes controversial. It is helpful to have a united message on how this will be handled.

Do you have any mutual-aid pacts established? What mutual-aid pacts would be helpful in preparing for future disasters?

After Operations Brief: Who else besides fire, public works and public health could be included in the multi disciplinary task force to check on residents isolated by the flooding?

PARTICIPATE IN A DOOR KNOCKING TASK FORCE, DAY 1 - 7:00 PM

As a public health nurse, you have been sent with a multi-disciplinary team to check on residents isolated due to severe flooding. Other team members include representatives from fire and public works. There is a scripted list of the most crucial health-related questions (see Appendix A) that will be asked to these four residents:

- Matt Westlund – mix of household chemicals that have spilled in the garage
- Rosario Alvarez – speaks only Spanish
- Jason Fugate – his blood pressure medication has run out
- Susan Fuhr – Is struggling alone to take care of baby and mother-in-law and has run out of supplies

FACILITATOR TIP

Before you click “Advise this resident” ask the group how they would respond and what options they would present.

DISCUSSION QUESTIONS

What sort of documentation should you be taking as you talk to people? How do you ensure the promised follow up will happen?

Do you have pre-made handouts? In what languages? CDC has lots of handouts available on topics, how will you get what you need to take with you?

What items should a public health nurse bring while conducting a door knocking campaign? If your Public Health Department was significantly damaged in a disaster similar to Franklin County, how would he or she access these materials?

Is your community resource list up-to-date?

Do you have an adequate supply of boots?

What languages are spoken in your area of service? Have key resources and handouts been translated?

If you have limited staff resources, how do you handle the EHS questions?

What is the appropriate course of action to follow-up with Susan Fugate one month after the storm?

CONDUCT RESTAURANT INSPECTIONS, DAY 4 - 11:00 AM

Several restaurants that were closed due to the power outage and boil water notice are now ready to reopen. They must be inspected by the Environmental Health Specialist before being permitted to re-open. You will conduct the inspection of four eating establishments and decide if they should be allowed to serve the public:

- Don’s Café – Everything in good order
- Sir G’s Italian Restaurant – Still no power
- Opportunity Knocks – Entrepreneur without a license
- The Moveable Feast – Mobile food vendor

FACILITATOR TIP

Show the group the Inspection Notes and let them discuss whether or not to allow the establishment to remain open.

DISCUSSION QUESTIONS

To what extent do you suspend some regulatory functions to allow recovery?

What resources have been provided to the food establishments in your community on proper operating procedures when water and power supplies are disrupted?

ATTEND THE FINAL EOC BRIEFING, DAY 5 - 2:00 PM

The EOC is holding a briefing. See Appendix A for full ICS chart. The operations chief gives an update about people returning to their homes in a previously flooded portion of town. The public health director brings up public health concerns that may be associated with people returning to their homes. Chapter ends with the Incident Commander announcing a town hall meeting in two days.

FACILITATOR TIP

Have the group brainstorm the public health concerns associated with people returning to their homes before the list appears on the screen.

DISCUSSION QUESTIONS

What public health services should be provided to the people returning to their homes from the shelter? How would you deliver these services?

What is your town hall meeting plan?

The Incident Commander announced that an “information fair” would be conducted before the formal meeting. Is that a good plan? Who might need to be there?

TOWN HALL MEETING, DAY 7 - 7:00 PM

As the Public Health representative, you are fielding some questions from the audience and must choose the appropriate response from a list of options. Topics include:

- Is there a Typhoid outbreak?
- Planned flooding prevention in the future?
- Federal aid?

FACILITATOR TIP

After each selection, you can select “Review Choices” and discuss why the other options were incorrect.

DISCUSSION QUESTIONS

Who should answer questions from the crowd at the town hall meeting? What might be the state or federal role?

What other concerns might the audience have on day seven of the disaster?

What public health materials, people, and organizations should be present at the “information fair” portion of the Town Hall meeting?

SUBSEQUENT HEALTH CONCERNS, DAYS 15 THROUGH 28

At the public health department, calls continue to trickle in from people with a variety of concerns. As a public health nurse, you must answer the calls and respond to three people's concerns and questions:

- Liz Hillstrom – Is having a hard time coping. She has a temperamental husband who is out of work and a daughter who draws pictures of the storm.
- Roger Grism – Apartment was flooded and he suspects mold, but landlord isn't taking care of it.
- Mark Broughton – Discovered some chemicals down by the soccer field that burned his daughter.

FACILITATOR TIP

Allow the group to discuss the options before a selection is made.

DISCUSSION QUESTIONS

Who would you refer Liz to in your county/city?

What did you like/dislike about the other options?

What is the proper procedure to connect Liz Hillstrom to social services in your agency?

AFTER ACTION REPORT, DAY 30

The Public Health Director compiled a list of observations and recommendations for the After Action Report. This chapter does not have interactive questions, but serves as a summary of the activity. See Appendix A for a copy of the report.

FACILITATOR TIP

While reading through the observations and recommendations, compile a to-do list in order to help your department or group members be better prepared for a similar disaster.

DISCUSSION QUESTIONS

Observation 1: What is your agency's plan to coordinate messages to the public?

Observation 2: What does your agency's Emergency Communication Plan say about emergency communication? Are two-way portable radios available for use by the department? Could Amateur Radio Emergency Services provide support communications for your agency?

Observation 4: What are your relationships, procedures, and protocols for engaging with Medical Reserve Corp volunteers?

Observation 5: What is your COOP (Continuity of Operations) Plan? What would have happened if the main public health department office was also damaged?

Observation 6: What relationships do you have with the listed organizations? Do you have Mutual Aid pacts in place?

Observation 7: What is your Behavioral health plan?

Observation 8: How do you meet language barrier needs?

APPENDIX A: HANDOUTS FOR PARTICIPANTS

To access the simulation, visit:

<http://cpheo.sph.umn.edu/umncphp/franklincounty.html>

EMERGENCY OPERATIONS CENTER (EOC) INCIDENT COMMAND CHART



DOOR KNOCKING TASK FORCE QUESTIONS

1. Is everybody doing okay here?
2. Is there anyone here that needs medical attention or has any special needs? Is anybody homebound or have trouble moving around?
3. Are there any essential medications that you are running out of? Does anybody require equipment using electricity to sustain health such as respirators, nebulizers, or require oxygen, chemotherapy, dialysis etc?
4. Do you have any infants or small children in the house? What method are you using to feed your infant? Do you have enough baby food, diapers etc?
5. It is anticipated that the power will be out to your home for at least another four days. Do not eat food that is at risk of being contaminated. We have a handout that will help you determine what might be contaminated.
6. Do you have adequate food supply? Given the lack of electricity, do you have a way to cook your food?
7. What are you using for your water supply right now?
8. If they use a well: Well pumps will be inoperable until the power is restored. Was there any flooding in the area of your well or septic system? (If yes) You need to treat your water until it can be determined if it has been contaminated. Here is a handout that describes how. If resident uses city water: You need to treat your drinking water until you receive further notice. Here is a handout that describes how.
9. Did you have any flooding in your basement, or other damage to your home? (If yes) It would be helpful if I could see the damage. Can I come in and take a look? Have you contacted your insurance agency yet?
10. A shelter has been opened in town. Given your situation, would you prefer to stay here at your house or would you feel more comfortable going to the shelter?

AFTER ACTION REPORT

LIST OF OBSERVATIONS

1. Dissemination of public health information needs to be improved. Callers received mixed messages about public health concerns.

Recommendations

- Contact other agencies that distribute public health information to conduct joint assessment of communication plan (hospitals, state health department, other counties, etc.).
- Train all staff on communication plan for consistent and effective communication.

2. The lack of efficient emergency communications among public health staff was apparent when cell towers and landline phones were disrupted.

Recommendations

- Work with Emergency Management to locate emergency communications resources for use by public health.
- Revise the Emergency Operations Plan to include clear procedures for use of emergency communications.
- Conduct emergency communication equipment training.

3. Large amounts of donated food had to be thrown away because it was homemade, or was not at the proper temperature.

Recommendations

- Issue public service announcements regarding food donations sooner.
- Develop a Fact Sheet on food donations to have available during future incidents. Information to include on the fact sheet should cover what food sources are acceptable and instructions on how to donate money for the purchase of food in lieu of food donations.

4. There were difficulties deploying Medical Reserve Corp Volunteers.

Recommendations

- Review and revise MRC notification and reporting system.
- Establish protocols and procedures required to utilize this resource.
- Work with state and/or federal agencies to eliminate legal issues that may be barriers to an effective emergency response.

5. The Public Health Emergency Operations Plan inadequately addressed continuity of services issues.

Recommendations

- Develop Continuity of Operations Plan (COOP) to identify and prioritize critical services that the public health agency must deliver.
- Include plan for relocation of Public Health Department Office in the event of significant damage.
- Address the use of personnel and other resources.

6. No formal plan was in place to deal with dead animals and fish, or vectors such as rats and mosquitoes.

Recommendations

- Develop effective relationships with partners in veterinary medicine and agencies such as the Board of Animal Health, the Department of Agriculture, the Department of Natural Resources or the US Fish and Wildlife Service.
- Conduct joint review of plan addressing vector control.
- Conduct joint table top exercise with appropriate partners.

7. There was not an adequate plan in place to handle the mental health service needs that were identified throughout the incident.

Recommendations

- Convene a group of responders, mental health service providers, and community members to review identified mental health needs and conduct a joint assessment of the mental health services plan.
- Based on assessment, revise Emergency Operations Plan.

8. Effective response was occasionally delayed due to language barriers.

Recommendations

- Conduct a community assessment to determine what might be needed to meet the needs of culturally diverse communities.
- Where are we most likely to have these needs?
- Who are key partners and leaders within these communities that can facilitate communication?
- Based on assessment, establish departmental training plan.

THINGS THAT WENT WELL

- Public health department's NIMS training was evident as the department quickly established ICS for effective organization and response.
- Execution of Mutual Aid pact to bring in additional Environmental Health Specialists from neighboring county was effective and allowed for the rapid reopening of restaurants. This was critical in returning the community to normalcy.
- Public Health Involvement at the Incident Command and the Emergency Operations Center from very early in the incident created a beneficial head start in responding to public health concerns.
- Public Health Nurse involvement in door-knocking efforts throughout the incident provided information critical to sustained recovery efforts. Needs for resources were identified well in advance.
- Inclusion of materials and public health staff at the Information Fair (during the Town Hall meeting) was extremely effective in providing general public health information, as well as addressing specific questions from the community.

ADDITIONAL RESOURCES

CLEANING UP

CDC: "Say no to CO" - Proper use of generators and pressure washers

http://www.bt.cdc.gov/disasters/pdf/co-flyer_washer-generator.pdf

CDC: Preventing Carbon Monoxide Poisoning After an Emergency

<http://www.bt.cdc.gov/disasters/cofacts.asp>

EPA: Private Drinking Wells – What to Do After the Flood

<http://www.epa.gov/safewater/privatewells/whatdo.html>

CHILDREN

NIMH: Helping Children and Adolescents Cope with Violence and Disasters

<http://www.nimh.nih.gov/publicat/violence.cfm>

WHO: Guiding Principles for Feeding Infants and Young Children during Emergencies

<http://whqlibdoc.who.int/hq/2004/9241546069.pdf>

Wellstart International: Infant and Young Child Feeding in Emergencies

http://wellstart.org/Infant_feeding_emergency.pdf

FLOODING

CDC: Floods: Sanitation and Hygiene

<http://www.bt.cdc.gov/disasters/floods/pdf/sanitation.pdf>

NIOSH: Recommendations for the Cleaning and Remediation of Flood-Contaminated HVAC Systems: A Guide for Building Owners

<http://www.cdc.gov/niosh/topics/flood/Cleaning-Flood-HVAC.html>

FOOD AND WATER SAFETY

NACCHO: Additional Resources for Food Managers

<http://www.naccho.org/topics/demonstration/APC/MN.cfm>

FDA: What Consumers Need to Know About Food and Water Safety During Hurricanes, Power Outages, and Floods

<http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm076881.htm>

CDC: Keep Food and Water Safe after a Natural Disaster or Power Outage

<http://www.bt.cdc.gov/disasters/foodwater.asp>

INCIDENT COMMAND SYSTEMS

Public Health Incident Command System (PHICS): Implementing ICS Within Public Health Agencies

<http://www.ualbanycphp.org/pinata/phics/>

DHS: National Incident Management System

<http://www.dhs.gov/xlibrary/assets/NIMS-90-web.pdf>

The National Incident Management System (NIMS) and The Incident Command System (ICS): A Primer for Volunteers

<http://cpheo.sph.umn.edu/cpheo/umncphp/online/home.html>

MENTAL HEALTH

Disaster Mental Health – Public Health Emergency Training

<http://cpheo.sph.umn.edu/umncphp/pHet/>

Emergency Readiness Rounds: Psychological Issues Following Disaster

http://cpheo.sph.umn.edu/cpheo/events/rounds/rounds_020707.html

SAMHSA: Emergency Mental Health and Traumatic Stress Resources

<http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/>

CDC: Disaster Mental Health Primer: Key Principles, Issues and Questions

<http://www.bt.cdc.gov/mentalhealth/primer.asp>

Lessons Learned in the Wake of Hurricanes Katrina and Rita: What We Know Now About Health Care Access

http://www.sph.umn.edu/roundtable/Roundtable_120805.html

MOLD

CDC: Protect Yourself from Mold

<http://www.bt.cdc.gov/disasters/mold/pdf/moldprotection.pdf>

CDC: "Get Rid of Mold" Flyer

<http://www.bt.cdc.gov/disasters/pdf/flyer-get-rid-of-mold.pdf>

CDC: Additional Mold Resources

<http://www.bt.cdc.gov/disasters/mold/protect.asp>

PETS

The Humane Society of the United States: Disaster Preparedness for Pets

http://www.hsus.org/hsus_field/hsus_disaster_center/resources/disaster_preparedness_for_pets.html

FEMA: Information for Pet Owners

<http://www.fema.gov/plan/prepare/animals.shtm>

CDC: Resources for Planning How to Protect Your Pets in an Emergency

<http://www.bt.cdc.gov/disasters/petprotect.asp>

RISK COMMUNICATION

CDC: Crisis & Emergency Risk Communication: By Leaders for Leaders

<http://www.cdc.gov/communication/emergency/leaders.pdf>

SAMHSA: Communicating in a Crisis: Risk Communications Guidelines for Public Officials

<http://riskcommunication.samhsa.gov/RiskComm.pdf>

Risk Communication: Evolution and Revolution

<http://www.psandman.com/articles/covello.htm>

SPECIAL POPULATIONS

Emergency Readiness Rounds: Planning and Engaging Special Populations in Emergency Preparedness

http://cpheo.sph.umn.edu/cpheo/events/rounds/rounds_110806.html

Special Populations - Public Health Emergency Training

<http://cpheo.sph.umn.edu/umncphp/phet/>

National Organization on Disability: Emergency Preparedness Initiative

<http://www.nod.org/index.cfm?fuseaction=Page.viewPage&pageId=1564>

FEMA: Individuals with Special Needs

<http://www.fema.gov/plan/prepare/specialplans.shtm>

GENERAL EMERGENCY AND DISASTER RESOURCES

CDC: Key Facts About Hurricane and Flood Recovery: Protect Your Health and Safety After a Hurricane or Flood

<http://www.bt.cdc.gov/disasters/hurricanes/pdf/recovery.pdf>

Emergency Preparedness and Response Fundamentals: Training for Environmental Health Professionals

<http://cpheo.sph.umn.edu/cpheo/umncphp/envirohealthpros.html>

Emergencies R Us: What's the Big Deal, lecture by Kristine M. Gebbie

<http://cpheo.sph.umn.edu/cpheo/courses/Gebbie.html>

Public Health Emergency Training

<http://cpheo.sph.umn.edu/cpheo/umncphp/phet.html>