

# THE PREPAREDNESS POST

UTAH DEPARTMENT OF HEALTH  
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## After Quake Practice, It's Time to Improve

*By Joe Dougherty for the Deseret News, Published Sunday, April 22 2012 at 5:18 p.m. MDT. Reprinted by permission.*

The Great Utah ShakeOut may be over for this year, but as its organizers, we hope your personal preparedness isn't. If you haven't heard yet, more than 941,000 people registered to participate. More than 33 percent of the state's population did an earthquake drill this past week, giving Utah the highest participating percentage of any ShakeOut yet.

Thousands of people, hundreds of businesses and many government agencies are beginning to make plans to improve themselves to be the best we can be when disaster strikes. Eventually, we'll invite everyone to do this again to test the new plans we create.

If you participated, you can still share your stories, pictures and videos at [ShakeOut.org/Utah](http://ShakeOut.org/Utah).

Recovering from an earthquake will take all of us: law enforcement, firefighters, emergency management, volunteer organizations and neighbors helping neighbors.

Here are some more things you can be aware of:

### Earthquake insurance

Your personal recovery for a damaged home will depend on what you do now. Consider adding earthquake insurance to your homeowner's insurance policy. My

family recently shopped around and found a policy which offers a 5 percent deductible. After seeing how the 1994 Northridge earthquake easily damaged my parents' home to the tune of \$40,000, and how earthquake insurance paid for \$38,000 of those costs, it's easy for me to shell out a few hundred extra dollars a year to know my home can be repaired.

Currently, only about 14 percent of Utah homeowners have earthquake insurance.

### Going to a shelter

Care for large numbers of people displaced during a disaster will take place in shelters set up by relief organizations, such as the [American Red Cross](#). If your family needs to stay in a shelter, plan to take the following items with you:

- Personal disaster supply kits.
- Water, food and snacks.
- Blankets, pillows and a change of clothing.
- Toothbrush, diapers and baby supplies.
- Personal identification and items for comfort.
- Games and toys for children.



Volunteer high school students hold their mock patients that will be evacuated at Intermountain Medical Center. (Jeffrey D. Allred, Deseret News)

	
<b>In this issue:</b>	
After Quake Practice, it's Time to Improve	1
After-earthquake Safety Tips	2
The CSEPP Legacy	4
UDOH Employee of the Month	5
Hospital Preparedness Program and Public Health Emergency Preparedness Alignment	5
Calendar	6

**Continued on page 2**

## After Quake Practice, It's Time to Improve (continued)

What you do now will help you and your loved ones recover. More information is always available at [BeReadyUtah.gov](http://BeReadyUtah.gov).

*Joe Dougherty is a preparedness expert and the spokesman for the Utah Division of Emergency Management and Be Ready Utah.*

***Maralin Hoff, also known as the earthquake lady, is available to speak to your group or organization about preparing for earthquakes. She can be reached by cell phone (801) 652-7316 or by email: [mhoff@utah.gov](mailto:mhoff@utah.gov)***

## After-earthquake Safety Tips *by Becky Ward and Charla Haley*

### Immediately after an earthquake

- Assess your own situation and circumstances.
- Aftershocks may cause additional damage or items to fall, so get to a safe location.
- If possible, get to your emergency disaster kit.
- If you're trapped by falling items or a collapse, protect your mouth, nose, and eyes from dust.
- If you are bleeding, put pressure on the wound and elevate the injured part.
- Signal for help with your emergency whistle, a cell phone, or knock loudly on solid pieces of the building, three times every few minutes. Rescue personnel will be listening for such sounds.
- Once you are safe, help others and check for damage. Protect yourself by wearing sturdy shoes and work gloves to avoid injury from broken glass and debris. Also wear a dust mask and eye protection.

### Check for injuries

- Help injured or trapped people.
- Give first aid where appropriate.
- If a person is bleeding, put direct pressure on the wound. Use clean gauze or cloth, if available.
- If a person has no pulse, begin CPR.
- Do not move seriously injured persons unless they are in immediate danger of further injury.
- Cover injured persons with blankets or additional clothing to keep them warm.
- Call for help.
- Listen to a battery-operated radio or television for the latest emergency information.
- Remember to help your neighbors who may require special assistance—infants, the elderly, and people with disabilities.

**Continued on page 3**

## After Earthquake Safety Tips *(continued)*

### Food and Water

- If power is off, plan meals to use up refrigerated and frozen foods first. If you keep the door closed, food in your freezer may be good for a couple of days.
- If your water is off or unsafe, you can drink from water heaters, melted ice cubes, or canned vegetables. Avoid drinking water from swimming pools or spas.
- Do not eat or drink anything from open containers that are near shattered glass.

### As soon as possible after you're safe

- Be in communication.
- Turn on your portable or car radio for information and safety advisories.
- Call your out-of-area contact, tell them your status, then stay off the phone. Emergency responders need to use the phone lines for lifesaving communications.

### Check for damage

- **Fire.** If possible, put out small fires in your home or neighborhood immediately. Call for help, but don't wait for the fire department.
- **Gas leaks.** Shut off the main gas valve only if you suspect a leak because of broken pipes or the odor or sound of leaking natural gas. Don't turn it back on yourself—wait for the gas company to check for leaks.
- **Damaged electrical wiring.** Shut off power at the main breaker switch if there is any damage to your house wiring. Leave the power off until the damage is repaired.
- **Broken lights and appliances.** Unplug these as they could start fires when electricity is restored.
- **Downed power lines.** If you see downed power lines, consider them energized and stay well away from them. Keep others away from them also. Never touch downed power lines or any objects in contact with them.
- **Fallen items.** Beware of items tumbling off shelves when you open the doors of closets and cupboards.
- **Spills.** Use extreme caution. Clean up any spilled medicines, drugs, or other non-toxic substances. Potentially harmful materials such as bleach, lye, garden chemicals, and gasoline or other petroleum products should be isolated or covered with an absorbent such as dirt or cat litter. When in doubt, leave your home.
- **Damaged masonry.** Stay away from chimneys and walls made of brick or block. They may be weakened and could fall during aftershocks. Don't use a fireplace with a damaged chimney. It could start a fire or let poisonous gases into your home.

To find Preparedness Training information:

<https://www.utah.train.org>

## The CSEPP Legacy *By Bob Fowler*



Prior to the start of the Chemical Stockpile Emergency Preparedness Program (CSEPP) operations at the Deseret Chemical Depot in Tooele county, Utah was the national depository for 42 percent of aging military munitions. Since August 1996, more than 27 million pounds of deadly military chemical munitions have been safely destroyed, including the entire inventory of nerve agents, mustard (blister) vesicants, and lewisite. Over the past 20 years, the surrounding communities have been protected

by dedicated emergency responders. Ten hospitals located in Tooele, Salt Lake and Utah counties were equipped and trained to triage, decontaminate and treat potential victims. The trained medical personnel and retained equipment will remain as the CSEPP legacy.

The Utah Department of Health (UDOH) has been involved in CSEPP since its inception. Early planning for the demilitarization of military chemical munitions helped Utah conduct an integrated 2002 Winter Olympics, since the framework of cooperation between emergency management, law enforcement, public health, and the many support agencies had already been established.

Through CSEPP funding, health care providers have received professional toxic chemical training, chemical detectors, decontamination systems, and personal protective equipment that enhance their readiness to respond to a variety of multi-hazard events. Of greatest value is their ability to diagnose, triage, decontaminate, and treat victims of a hazardous material release, regardless of its origin. The capability of the hospital command centers to coordinate with their state and local departments of health, emergency operation centers, Utah Poison Control Center and law enforcement increases their value in a mass casualty incident. These capabilities must, and will, be maintained through training and exercises funded by Hospital Preparedness Program grants. The Utah hospitals and medical centers participating in the program have become more cohesive as they willingly share information and join in integrated training and exercises. CSEPP has been the catalyst for this voluntary cooperation.

Utah has become the model for the other communities around the country with chemical munitions storage sites. Recently, two employees from Colorado's Pueblo City/County Health Department visited the Utah Department of Health's Bureau of Emergency Medical Services and Preparedness to learn about our victim care program. The exchange of information about our program, together with tours of St. Mark's Hospital Emergency Department and the state and department emergency operation centers, was very beneficial as they begin to build their demilitarization program. Pueblo, Colorado and Blue Grass, Kentucky are the two remaining CSEPP communities that have not started destroying their stored munitions. Their programs are expected to extend through 2017 and 2021, respectively.

As we move into the final phase of the chemical stockpile program, the Utah Department of Health expresses sincere appreciation to all those who have participated. The Tooele Chemical Disposal Facility incinerator and buildings will now be dismantled and the depot will revert to its pre-World War II condition, with the exception of those facilities that will be retained by the Tooele Army Depot for storing conventional munitions. Utah has served the nation well and contributed to a safer world, free of chemical warfare agents.

## Robert Jex - February 2012 UDOH Employee of the Month



The Utah Department of Health Employee of the Month for February was Robert Jex from the Emergency Medical Services for Children (EMSC) program. Robert was nominated for his outstanding contributions when he assumed the leadership role for EMSC while also maintaining his regular duties related to trauma center designation, stroke center designation, and implementation of STEMI (ST Elevation Myocardial Infarction) protocols for EMS providers. The latter two programs are new and have been implemented statewide. Robert has done an outstanding job and is very deserving of recognition for his exceptional efforts and willingness to take on additional duties with ease.

Congratulations, Bob!

## Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Alignment

*By Dean Penovich*

Public health and health care preparedness are realized when partners at the federal, state, local, tribal, territorial, and nongovernmental levels work in synergy to prepare for, respond to, and rapidly recover from health security incidents and emergencies.

To advance all-hazards preparedness and national health security, promote responsible stewardship of federal funds, and reduce awardee administrative burden, the U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC) are aligning the administrative and programmatic aspects of the ASPR Hospital Preparedness Program (HPP) and the CDC Public Health Emergency Preparedness (PHEP) cooperative agreements.

As ASPR and CDC align their programs, which represent critical sources of funding and support to our nation's public health and health care preparedness systems, our federal partners (ASPR and CDC) are committed to the following goals:

- Increase program impact and advance preparedness
- Reduce awardee burden and enhance customer service provided to states and localities
- Improve federal efficiencies
- Promote innovation
- Demonstrate a clear return on investment and communicate preparedness accomplishments to help ensure sustainability of the PHEP and HPP cooperative agreements

This alignment has resulted in several key changes for the 2012 HPP-PHEP grant cycle. Among them are a single HPP-PHEP funding opportunity announcement, funding application, and grant award.

*Information source: Announcement Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements Funding Opportunity Announcement, CDC-RFA-TP12-1201*

## Calendar—2012 Training

Date	Event	Location	Information
JUNE 4	Active Shooter Response Training for EMS Responders and Hospital/Health care	Blanding, UT	<b>U-Train</b> <b>Course #1032899</b>
JUNE 5	SNS Public Information Communication (PIC) Training	UDOH Cannon Building, Salt Lake City UT	<b>U-Train</b> <b>Course #1032995</b>
JUNE 8	Interacting with People with Disabilities During a Disaster	Radisson Hotel, Salt Lake City, UT	<b>U-Train</b> <b>Course #1033478</b>
JUNE 18-19	2-Day Advanced Disaster Life Support (ADLS)	Intermountain Center for Disaster Preparedness (ICDP) Salt Lake City, UT	<b>U-Train</b> <b>Course #1033016</b> <b>Cost: \$50</b>
JUNE 20	Advanced Disaster Life Support Instructor Course (4 hours)	Intermountain Center for Disaster Preparedness (ICDP) Salt Lake City, UT	<b>U-Train</b> <b>Course #1033277</b>
JULY 10-11-12	Homeland Security Exercise and Evaluation Program (HSEEP) Course	TBD	<b>U-train</b> <b>Course #1033712</b>

*Newsletter edited and produced by Charla Haley*

### UDOH Web sites:

[health.utah.gov](http://health.utah.gov) (main)

[health.utah.gov/preparedness](http://health.utah.gov/preparedness)

[health.utah.gov/ems](http://health.utah.gov/ems)



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