



Preparedness and Planning

Citizen Corps Volunteer Liability Guide

Citizen Corps is the Federal Emergency Management Agency's (FEMA's) grassroots strategy to build a nationwide culture of emergency and disaster preparedness to support national and community resilience. FEMA has learned from volunteers that liability is a significant concern and a potential barrier to volunteer involvement in emergency services. Liability—legal responsibility for one's acts or omissions—includes diverse concerns: legally imposed payment of damages for personal injury or property damage; penalties for practicing a profession or trade without the required license or permit; compensation for lost income and medical expenses of an injured volunteer; and damages for breach of contract. FEMA designed [this guide](#) to provide an overview of liability and to suggest some approaches to addressing these concerns.

Airtightness Evaluation of Shelter-in-Place Spaces

Shelter-in-place strategies involve having building occupants stay in the building, generally in a space designated for such sheltering, until the outdoor contaminant have decreased to levels that are acceptable to leave the building. [This report](#) includes: literature review on strategies and performance issues; shelter-in-place airtightness evaluation methods and results; and recommendations for suitable shelter-in-place spaces. Tighter shelters result in better protection against outdoor releases; however, they also limit the duration of occupancy in the shelter due to carbon dioxide buildup.

Wildfires on the Rise

The threat of wildland fires for people living near wildland areas or using recreational facilities in wilderness areas is real. Dry conditions at various times of the year and in various parts of the United States greatly increase the potential for wildland fires. Advance planning and knowing how to protect buildings in these areas can lessen the devastation of a wildland fire. There are several safety precautions that you can take to reduce the risk of fire losses. Protecting your home from wildfire is your responsibility. To reduce the risk, you'll need to consider the fire resistance of your home, the topography of your property and the nature of the vegetation. [This website](#) from the Federal Emergency Management Agency offers tips on how to prepare for a wildfire, and what to do before, during, and after the event.

Seasonal Flu Vaccinations Available at Local Locations

Two leading pharmacies will assist in the seasonal [flu vaccination campaign](#) this year. Walgreen's is making it faster and easier to get a flu shot this season. The nation's largest drugstore chain announced it will begin offering seasonal flu shots on September 1 at more than 7,000 points of care nationwide, including nearly all of its stores in 50 states

News

MDCH Offering KI Pills

The Michigan Department of Community Health (MDCH) is [announcing](#) the availability of potassium iodide (KI) pills to people living, working, or visiting areas within ten miles of the state's nuclear power plants. This program will begin October 1.

September is National Preparedness Month

September is dedicated to encouraging the public to learn how they can better prepare themselves and their families before the next disaster. As part of this campaign, the Federal Emergency Management Agency (FEMA) is working closely with states across the country to ensure that all communities are taking the simple [steps to prepare](#).

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Read the Next *Guardian* Issue!
September 25, 2009

and almost 350 instore Take Care Clinics. With more than 16,000 pharmacists, nurse practitioners and physician assistants licensed or certified to provide flu shots, Walgreens has the largest retail network of immunizers in the U.S. and can provide seasonal flu shots most hours its pharmacies and Take Care Clinics are open. In addition, CVS/pharmacy and MinuteClinic announced the availability of seasonal flu vaccinations and urged Americans to protect themselves early against the flu.

Seasonal Influenza Vaccination of Pregnant Women in Georgia and Rhode Island

To assess the percentage of women who were vaccinated during pregnancy among women with recent live births, CDC analyzed data from the Pregnancy Risk Assessment and Monitoring System (PRAMS) from Georgia and Rhode Island, the two states that collected this information on the PRAMS survey. [This report](#) summarizes the results, which showed that in Georgia, the prevalence of influenza vaccination during the woman's most recent pregnancy increased from 10.4% in 2004 to 15.5% in 2006. In Rhode Island, vaccination prevalence increased from 21.9% in 2004 to 33.4% in 2007. During 2006 in Georgia, the most common reasons for not receiving vaccination were, "I don't normally get the flu vaccination" (69.4%), and "my physician did not mention anything about a flu vaccine during my pregnancy" (44.5%). Increased efforts are needed to assess vaccine coverage during pregnancy and to educate providers and pregnant women about ACIP and ACOG recommendations on providing intramuscular, inactivated influenza vaccine during any trimester of pregnancy.

Universal Influenza Vaccination May Reduce Antibiotic Use

We all know that influenza vaccination helps prevent disease, but [a new study](#) from Canada suggests it may also prevent another public health problem: inappropriate antibiotic use. Starting in 2000, the Canadian province of Ontario introduced a universal immunization program offering free influenza vaccines to anyone 6 months of age or older. Other provinces continued to target only high-risk groups and their contacts for vaccination. The authors compared prescription rates for influenza-associated respiratory antibiotics before and after the Ontario program began, and compared the Ontario prescription rates with those of other provinces.

FEMA Announces Creation of Children's Working Group

The Federal Emergency Management Agency's (FEMA's) Administrator Craig Fugate announced the creation of a "[Children's Working Group](#)" that will allow FEMA and its partners to explore and implement planning and response strategies specific to the needs of children during a disaster, and integrate them into FEMA's general operations. "It is time for special needs populations, whether children or any other segment of our communities who have traditionally been underserved, to be more fully and consistently integrated into preparedness and planning efforts at every level of government," Fugate said. The group's areas of focus will include specific guidance for evacuating, sheltering and relocating children; assisting childcare centers, schools, and child welfare systems in preparing for disasters; incorporating children into national planning scenarios and exercises; including children's needs in the department's grant programs; and increasing public awareness efforts to educate families and protect children during disasters.

Surveillance

Next Generation Syndromic Surveillance

A knol published in the online knowledge base *PLoS One Currents*, talks about the benefits of electronic health records in regard to epidemiology. The [re-](#)

[searchers found](#) the electronic health records identified at-risk populations for an infectious disease outbreak. They also found the electronic health records can help identify the virus through DNA of patients.

Fitness of H1N1 and Seasonal Influenza Viruses during Co-infection

A [knol](#) published in the online knowledge base *PLoS One Currents*, explores the possibility of H1N1 and seasonal influenza viruses reassorting during a co-infection. The researchers infected ferrets with both novel H1N1 influenza and seasonal H3N2 influenza viruses and waited for signs of virus reassortment. The [study showed](#) that the viruses did not reassort.

H1N1 Pediatric Deaths in the United States

Children aged <5 years or with certain chronic medical conditions are at increased risk for complications and death from influenza. As of August 8, CDC had received reports of 477 deaths associated with 2009 pandemic influenza A (H1N1) in the United States, including 36 deaths among children aged <18 years. [The results](#) of that analysis indicated that, of thirty-six children who died, seven (19%) were aged <5 years, and 24 (67%) had one or more of the high-risk medical conditions. Twenty-two (92%) of the twenty-four children with high-risk medical conditions had neurodevelopmental conditions. Among twenty-three children with culture or pathology results reported, laboratory-confirmed bacterial coinfections were identified in 10 (43%), including all six children who 1) were aged ≥5 years, 2) had no recognized high-risk condition, and 3) had culture or pathology results reported.

H1N1 Dual Infections?

Soon after the novel H1N1 virus began to circulate in areas in which human infections with H5N1 have occurred (Asia, Egypt, etc.), the [prospect arose](#) of a dual infection with the highly transmissible H1N1 strain and the highly lethal H5N1 strain. Given the genetic characteristics of influenza viruses, this event was feared because of a dual event's capacity to spawn a reassorted virus with the pathogenicity of H5N1 and the transmissibility of H1N1. While reassortment with the H5N1 virus is the most feared event, reassortment with less severe seasonal strains could also produce a virus more adept at causing disease.

H1N1 Flu in Turkeys May Spread

Chilean authorities reported that the pandemic H1N1/2009 virus was present in turkeys in two farms near the seaport of Valparaiso, Chile. The flu strain found in the poultry flocks is identical to the H1N1/2009 pandemic strain currently circulating among human populations around the world. However, the discovery of the [virus in turkeys](#) does not pose any immediate threat to human health and turkey meat can still be sold commercially following veterinary inspection and hygienic processing. "Once the sick birds have recovered, safe production and processing can continue. They do not pose a threat to the food chain," said Lubroth.

H1N1 Infections – Chicago, Illinois – April to July 2009

The study found that the overall attack rate was highest among children aged 5-14 years (147 per 100,000 population), which was 14 times higher than for adults aged 60 years. [These findings](#) affirm prevention strategies that target children and young adults, who are at a disproportionate risk for infection and hospitalization.

H1N1 Influenza Activity - United States, April to August 2009

By August, the cumulative number of 2009 pandemic influenza A (H1N1) virus infections in the United States was estimated to be at least 1 million. Pandemic H1N1 activity peaked in the United States during May and June and declined during July and early August. However, during the last 2 weeks of August, ac-

tivity increased in certain areas of the United States. These [recent increases](#) might signal an early start to the 2009-10 influenza season, with pandemic H1N1 influenza viruses predominating at least initially.

Many American Colleges and Universities Report H1N1 Outbreaks

More than half of the nation's colleges and universities tracking H1N1 flu cases are reporting [infected students](#), with more than 1,600 cases within the first weeks of classes. The American College Health Association, in the first of what will be weekly reports on swine flu activity, said 55 percent of 165 institutions surveyed counted a total of 1,640 cases as of the week of Aug. 22-28. So far, one student has been hospitalized and no deaths have been reported.

Communications

Don't Miss Anything, Get Vaccinated

Blu Line Media will provide interior bus advertising space in various markets from September 11 to December 2009 for a CDC-designed artwork/poster regarding flu vaccination titled "[Missed Work. Missed School. Missed Out.](#)" Michigan locations include: Ann Arbor (100), City of Detroit (200), Detroit Suburban (200), Flint (200), Grand Rapids (100), Kalamazoo (50).

Feds Join Sesame Street Team for H1N1 Campaign

The Departments of Health and Human Services, Homeland Security, and Education and Sesame Workshop, the nonprofit educational organization behind Sesame Street, have teamed up to launch a new, [national public service advertising campaign](#) designed to encourage American children and families to practice healthy habits and to take steps to prevent the spread of the 2009 H1N1 flu virus.

Pandemic Planning

Vaccine May Protect Pigs from Human H1N1 Flu

The U.S. Department of Agriculture has given several animal vaccine manufacturers the "[master seed virus](#)" from the H1N1 flu strain now circulating among humans. At least one of the companies said it's developing a vaccination for pigs, which can contract the virus from infected people - in much the same way people do. A pig vaccine would help livestock producers prevent their animals from getting the novel human H1N1 strain, as well as help thwart the development of other flu strains that could endanger humans and animals in the future. Pigs, which also are susceptible to avian and human flu strains, are considered mixing vessels where the viruses can mutate together into novel variations.

H1N1 Influenza, Public Health Preparedness, and Health Care Reform

Nicole Lurie M.D. published [a letter](#) to the *New England Journal of Medicine* concerning healthcare reform and H1N1. She talks about preparing vulnerable populations, chronic health conditions, as well as rescuers on how to best serve them in an emergency. She also notes policy changes and HIT (health information technology) to be implemented to reduce overcrowding in hospitals.

H1N1 Guidance

The Centers for Disease Control and Prevention has updated and released new guidance on many influenza A (H1N1) topics.

- [Updated Interim Recommendations for the Use of Antiviral Medications in](#)

the Treatment and Prevention of Influenza for the 2009-2010 Season

- Questions & Answers: Revised Recommendations for the Use of Influenza Antiviral Drugs
- 2009 H1N1 Influenza Vaccine and Pregnant Women
- Vaccine Distribution Q&A
- 2009 H1N1 Vaccination Campaign Planning Checklist
- "Ask the Experts" Q&As about 2009 H1N1 influenza vaccination.
- The Centers for Medicare & Medicaid Services (CMS) recently posted guidance on billing for the administration of the Influenza A (H1N1 Virus Vaccine

Ten Things You Need to Know about H1N1 Flu

The Associated Press has tried to boil down the mass of information into ten things you should know to be flu-savvy.

1. No cause for panic. So far, H1N1 flu isn't much more threatening than regular seasonal flu. During the few months of this new flu's existence, hospitalizations and deaths from it seem to be lower than the average seen for seasonal flu, and the virus hasn't dramatically mutated. That's what health officials have observed in the Southern Hemisphere where flu season is now winding down. Still, more people are susceptible to H1N1 flu, and U.S. health officials are worried because it hung in so firmly here during the summer -- a time of year the flu usually goes away.
2. Virus tougher on some. H1N1 flu is more of a threat to certain groups -- children younger than 2, pregnant women, people with health problems like asthma, diabetes and heart disease. Teens and young adults are also more vulnerable to H1N1 flu. Ordinary, seasonal flu hits older people the hardest, but not H1N1 flu. Scientists think older people may have some immunity from exposure years earlier to viruses similar to H1N1 flu.
3. Wash your hands often and long. Like seasonal flu, H1N1 flu spreads through the coughs and sneezes of people who are sick. Emphasize to children that they should wash with soap and water long enough to finish singing the alphabet song, "Now I know my ABC's..." Also use alcohol-based hand sanitizers.
4. Get the kids vaccinated. These groups should be first in line for H1N1 flu shots, especially if vaccine supplies are limited -- people 6 months to 24 years old, pregnant women, health care workers. Also a priority: Parents and caregivers of infants, people with those high-risk medical conditions previously noted.
5. Get your shots early. Millions of H1N1 flu shots should be available by October. If you are in one of the priority groups, try to get your shot as early as possible. Check with your doctor or local or state health department about where to do this. Many children should be able to get vaccinated at school. Permission forms will be sent home in advance.
6. Immunity takes awhile. Even those first in line for shots won't have immunity until around Thanksgiving. That's because it's likely to take two shots, given three weeks apart, to provide protection. And it takes a week or two after the last shot for the vaccine to take full effect. The regular seasonal flu shot should be widely available in September. People over 50 are urged to be among the first to get that shot.
7. Vaccines are being tested. Health officials presume the H1N1 flu vaccine is safe and effective, but they're testing it to make sure. The federal government has begun studies in eight cities across the country

to assess its effectiveness and figure out the best dose. Vaccine makers are doing their own tests, as well.

8. Help! Surrounded by H1N1 flu. If an outbreak of H1N1 flu hits your area before you're vaccinated, be extra cautious. Stay away from public gathering places like malls, sports events and churches. Try to keep your distance from people in general. Keep washing those hands and keep your hands away from your eyes, nose and mouth.
9. What if you get sick? If you have other health problems or are pregnant and develop flu-like symptoms, call your doctor right away. You may be prescribed Tamiflu or Relenza. These drugs can reduce the severity of H1N1 flu if taken right after symptoms start. If you develop breathing problems (rapid breathing for kids), pain in your chest, constant vomiting or a fever that keeps rising, go to an emergency room. Most people, though, should just stay home and rest. Cough into your elbow or shoulder. Stay home for at least 24 hours after your fever breaks. Fluids and pain relievers like Tylenol can help with achiness and fever. Always check with a doctor before giving children any medicines. Adult cold and flu remedies are not for them.
10. No H1N1 flu from barbecue. You can't catch H1N1 flu from pork -- or poultry either (even though it recently turned up in turkeys in Chile). H1N1 flu is not spread by handling meat, whether it's raw or cooked.

Presidential Remarks Regarding H1N1

On September 1, President Obama offered some remarks regarding the nation's H1N1 campaign. He stated that the nation was making steady progress on developing a safe and effective H1N1 flu vaccine, and that the vaccination program will be voluntary but strongly recommended. He stated that every American has a role to play in responding to this virus. We need state and local governments on the front lines to make antiviral medications and vaccines available, and be ready to take whatever steps are necessary to support the health care system. We need hospitals and health care providers to continue preparing for an increased patient load, and to take steps to protect health care workers. We need families and businesses to ensure that they have plans in place if a family member, a child, or a co-worker contracts the flu and needs to stay home. President Obama's full remarks are available from the [White House website](#).

Lack of Airborne H1N1 Transmission

During June 2-8, 2009, an outbreak of influenza A pandemic (H1N1) 2009 occurred among thirty members of a tour group in China. To identify the [mode of transmission](#) and risk factors, the authors conducted a retrospective cohort investigation. The index case-patient was a female tourist from the United States. Secondary cases developed in 9 (30%) tour group members who had talked with the index case-patient and in 1 airline passenger (not a tour group member) who had sat within two rows of her. None of the fourteen tour group members who had not talked with the index case-patient became ill. This outbreak was apparently caused by droplet transmission during coughing or talking. That airborne transmission was not a factor is supported by lack of secondary cases among fellow bus and air travelers. The findings highlight the need to prevent transmission by droplets and infected surfaces during a pandemic.

H1N1 Respiratory Protection for Healthcare Workers

The Institute of Medicine [report](#) focuses on the scientific and empirical evidence on the efficacy of various types of personal respiratory protection technologies as one measure to protect healthcare workers against H1N1. The report states that an emphasis is needed on launching a range of strategies to minimize the risk of infection among healthcare workers exposed to patients with suspected or confirmed H1N1.

Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009-2010 Influenza Season

On September 4, the Centers for Disease Control and Prevention (CDC) released new guidance to help decrease the spread of flu among children in early childhood programs and among early childhood program providers during the 2009-2010 flu season. [This guidance](#) provides actions that should be taken now as well as additional strategies to use if flu conditions become more severe than conditions in spring/summer 2009. To help implement recommendations from the new guidance, CDC released "[Preparing for the Flu: A Communication Toolkit for Child Care and Early Childhood Programs.](#)" The toolkit provides information and communication resources to help early childhood programs communicate with their staff and parents. The toolkit includes questions and answers on 2009 H1N1 Flu, a fact sheet with action steps for providers, three fact sheets to inform parents, a poster for to remind parents to keep sick children at home, and a template letters for E-mailing parents.

Questions about Novel Flu Vaccines for Pregnant Women

On August 27, federal health officials hosted [a webcast](#) to help pregnant women and new mothers prepare for an uptick in novel H1N1 flu infections, a day after a federal judge rejected an advocacy group's request to limit use of the H1N1 vaccine in pregnant women. Pregnant women in the United States and other countries have had high rates of severe infections and deaths from the novel flu virus, which prompted a federal vaccine advisory group in July to recommend that pregnant women be placed high on the priority list to receive the vaccine. Experts say immune suppression during pregnancy puts women at greater risk for flu complications, and that respiratory compromise as women advance into the later trimesters may also play a role.

WHO Antiviral Recommendations

On August 23, the World Health Organization (WHO) issued guidelines for the use of antivirals in the management of patients infected with the H1N1 pandemic virus. [The guidelines](#) represent the consensus reached by an international panel of experts who reviewed all available studies on the safety and effectiveness of these drugs. Emphasis was placed on the use of oseltamivir and zanamivir to prevent severe illness and deaths, reduce the need for hospitalization, and reduce the duration of hospital stays.

Preliminary H1N1 Vaccine Safety Information

This [preliminary report](#) evaluates the immunogenicity and safety of the vaccine 21 days after the first of two scheduled doses. By day 21 after vaccination, antibody titers of 1:40 or more were observed in 116 of 120 subjects (96.7%) who received the 15- μ g dose and in 112 of 120 subjects (93.3%) who received the 30- μ g dose. No deaths, serious adverse events, or adverse events of special interest were reported. Local discomfort (e.g., injection-site tenderness or pain) was reported by 46.3% of subjects, and systemic symptoms (e.g., headache) by 45.0% of subjects. Nearly all events were mild to moderate in intensity. A single 15- μ g dose of 2009 H1N1 vaccine was immunogenic in adults, with mild-to-moderate vaccine-associated reactions.

Antiviral Resistance in Two Campers Receiving Prophylaxis

Initial testing of the 2009 pandemic influenza A (H1N1) virus found it susceptible to neuraminidase inhibitors (oseltamivir and zanamivir) and resistant to adamantanes (amantadine and rimantadine). On July 14, CDC was contacted by a physician at a summer camp in North Carolina regarding two cases of influenza-like illness (ILI) in adolescent girls receiving oseltamivir chemoprophylaxis during an ILI outbreak that had begun June 18. The two girls stayed in the same cabin, and both received oseltamivir during a mass chemoprophylaxis program in which approximately 600 campers and staff

members received oseltamivir or zanamivir. This is the first report of [oseltamivir resistance](#) in pandemic H1N1 cases with an epidemiologic link.

Single-Dose H1N1 Vaccine?

Chinese officials say they are about to approve vaccines that prevent the new flu in a [single dose](#). If they're right, it would be good news. Many health researchers fear it will take two shots to protect people, vastly complicating efforts to stem the spread of the illness. The World Health Organization says it is encouraged after reviewing the test details from one of the two Chinese vaccines. However, experts said more results are needed from other vaccine makers to determine if one dose would be potent enough.

Other News

Crisis Care Network Monthly E-Newsletter

Crisis Care Network offers a variety of [information](#) on topics of interest in their monthly newsletter. Clinicians, business leaders, and managers will find these articles and trainings to be a convenient avenue for staying on top of latest developments impacting the workforce when it comes to critical incident response. In this issue you will find; Researchers Explore the Role of Meaning Following Collective Trauma, Finding Meaning Out of Tragedy, "The Last Lecture" Video, and CCN Organizational Update - Pandemic Preparedness.

Training and Education

Date/Time	Event	Location
Sept. 14, 2009 9am	Large Animal Handling Workshop This one-day workshop is intended for Michigan first responders, animal control officers, and other interested animal volunteers. The goal of the workshop is to help participants develop or reinforce skills and response capabilities used when dealing with cattle, horses, and other domestic livestock during emergencies or other response situations.	MSU Pavilion 4301 Farm Lane East Lansing, MI 48824
Sept. 14, 2009 12pm	Clearing the Air: Smoke-Free Policies, Politics, and Promoting Evidence-Based Strategies Join us for this national live internet discussion. The Public Health Grand Rounds will provide a current look at tobacco control research, policies, and laws, and the role for public health practice.	webcast and Ann Arbor, MI
Sept. 15, 2008	Immunization Webcast Series Michigan State Medical Society and the Michigan Department of Community Health proudly present this brand new immunization series. Statewide experts will share best practices, and evidence based data on the importance and necessity of immunizations for all ages. Don't miss your dose of immunization education. For more information, including registration details, visit the MSMS website . The topics, by date, are as follows: <ul style="list-style-type: none"> • Sept 8: Adolescent Immunization • Sept 15: Immunizations for Infants and Young Children • Sept 22: Immunizations for Adults • Sept 29: Influenza Update for 2009-2010 Seasonal and H1N1 Flu 	webcast

Date/Time	Event	Location
Sept. 21, 2009	<p>Caring for the Community: Preparing for an Influenza Pandemic Breakout sessions will focus on topics such as legal and ethical concerns, integration and collaboration of state and local agencies, staffing and technology requirements, and pre-ED screening. The conference will also feature three prominent keynote speakers: John Barry (Author of The Great Influenza), Dr. Marc Siegel (Fox News Medical Correspondent), and Dr. Howard Markel (Professor of Historical Medicine, University of Michigan). To register, please visit the Spectrum Health website.</p>	Holiday Inn Hotel and Conference Center 1005 Perry Street Big Rapids, MI 49307
Sept. 21, 2009	<p>Wireless State of Technology Conference This free event will bring together both domestic and international stakeholders in a think tank environment to examine the potential of wireless communications technology for improving support and assistance for persons with disabilities before, during, and after a natural or manmade disaster. The target audience is the wireless industry, emergency management and public safety officials, broadcast and cable industry, individuals with disabilities, disability organizations, and researchers working on issues of emergency communications.</p>	Atlanta, GA
Sept. 21, 2009	<p>National After Action Workshop on H1N1 Epidemic Spring 2009 Leaders from the Centers for Disease Control and Prevention, and state and local health departments will participate in this national dialogue that will give participants the unique opportunity to interact with colleagues from all levels of the response, and to participate in working sessions designed to help identify gaps to be addressed as we enter the fall influenza season. Updates will be given on the current status of the Novel Influenza A H1N1, both domestically and internationally, and what to expect as we enter the 2009-2010 influenza season.</p>	Los Angeles, CA
Sept. 22, 2009	<p>Frontline Disaster Planning Workshop This interactive workshop focuses on handling mass casualties and establishing alternative care sites and the processes involved in establishing organized systems to limit the loss of life: coordination, collaboration, and communication with police, fire, emergency medical services, hospitals, community emergency response teams, and other community resources. The workshop will identify planning, guidance, and tools needed to ensure an effective community agency, health, and medical care response.</p>	Arlington, VA
Sept. 23, 2009 2pm	<p>Planning Innovative Training to Keep America Safe Key Learning Objectives for this program: Define the overall mission of the National Domestic Preparedness Consortium. Learn the purpose and mission of each individual member of the NDPC. Learn how the NDPC can assist first responders nationwide for training/educational purposes. Learn about specialized programs, workshops and research activities being implemented within the consortium.</p>	OPHP Library (517) 335-8150

Date/Time	Event	Location
Sept. 24, 2009 9:00am	<p>Leadership Skills and Emotional Intelligence This one-day course explores the dimensions of emotional intelligence and how they relate to personal and leadership effectiveness. Emotional intelligence (EQ) is a term that describes a complex ability to regulate your impulses, empathize with others, and persist and be resilient in the face of obstacles. Emotionally intelligent people communicate effectively, form strong relationships, and create powerful coping strategies. The cost is \$199.00 per participant. All course materials and lunch will be provided. To register please visit the OH-TRAIN website and search for course ID #1018888. A repeat of this event will also be held on October 21.</p>	The Blackwell Hotel and Conference Center 2100 Tuttle Park Columbus, OH 43210
Sept. 27, 2009	<p>Michigan Primary Care Association Annual Conference Save the Date! This conference offers a variety of sessions designed to address or improve health center programs and services. Sessions are tailored to meet the needs of administrators, board members, medical providers, executive directors, fiscal officers, clinical directors and others who work in the healthcare field.</p>	Amway Grand Plaza Hotel Grand Rapids, MI
Oct. 9, 2009 10:00pm	<p>Disparities Series: Unnatural Causes The award-winning documentary: Unnatural Causes Is Equality Making Us Sick is set for national rebroadcast on PBS for Fridays at 10:00 p.m. October 9, 16, 27, 30. The series discusses popular conceptions linking health to medical care, lifestyles and genes to explore evidence of other more powerful determinants: the social conditions, in which we are born, live and work.</p>	Local PBS TV Station
Oct. 12, 2009	<p>Michigan Emergency Management Conference This three-day summit will be held at the Grand Traverse Resort in Acme. The cost for this conference is \$225. For more information, including registration details, please visit the MSP Emergency Management and Homeland Security website.</p>	Acme, MI
Oct. 18, 2009	<p>2009 NPHIC Annual Conference This year's National Public Health Information Coalition (NPHIC) conference attendees will participate in a special risk communication training by renowned expert Peter Sandman. Also, the CDC's Barbara Reynolds will lead a training in "RiskSmart", a program designed to enhance organizational credibility and stakeholder trust. Visit the NPHIC website for further details.</p>	Miami Beach, FL
Oct. 22, 2009	<p>Water Laboratory Alliance Security Summit The Water Laboratory Alliance (WLA) provides the water sector (drinking water and wastewater industries) with an integrated nationwide network of laboratories. This network provides the analytical capabilities and capacity in the event of natural, intentional, or unintentional water contamination involving chemical, biological, or radiochemical contaminants. The WLA Security Summit will actively engage a vast array of technical and leadership staff from the water, laboratory, and emergency response communities to learn about WLA Program elements, practice the WLA Response Plan (WLA-RP) for incident response, and provide hands-on experience with EPA security-related tools and resources. Please visit the EPA website for further details.</p>	

Date/Time	Event	Location
Oct. 22, 2009	Media Relations and You This unique <u>one-day conference</u> focuses on how you can prepare for your moment in the lights, doing a great media interview, developing a crisis communication plan, writing for the media, and making the news. The conference will provide participants with proven public information tools and techniques that can be applied in a variety of crisis situations.	Dow Event Center Saginaw, MI
Oct. 27, 2009	CDC RiskSmart System Organizations must have the public's trust to do their mission. An organization's credibility is based on a combination of its behavior and its communication about what it does or doesn't do. The Centers for Disease Control and Preventions' (CDC) RiskSmart™ system provides tools and training to enhance (measure, preserve and grow) stakeholder trust and safeguard (monitor, detect, assess, forestall) against threats to stakeholder trust. There is no fee for this course, but participants are responsible for their own travel arrangements and costs. For more information about this training event, please contact Ms. Lisa Williams by email at fki3@cdc.gov or by telephone at (404) 639-1786.	Atlanta, GA (404) 639-1786



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