

Rhode Island Emergency Management Advisory Council

Meeting Notice

THE MEETING OF THE COUNCIL WILL BE HELD:

May 19, 2009

10:00 AM

Room 313, State House

Providence, Rhode Island

AGENDA

I. Call to Order/Attendance

Lieutenant Governor Elizabeth H. Roberts

Major General Robert Bray

RIEMA Director David Smith

Alysia Mihalakos Joseph Baker

James Lanni Carol Kent

Richard Brown Ray LaBelle

Dawn Lewis Michael McDonough

Brian Pires Randall Ricketts

Jim Celenza Joe McCooey

Steven Florio Christine West

Michael Grzybowski William McKenna

Steve Preston Pete Gaynor

Douglas Pesce Vladimir Ibarra

Sean Daly

Meeting was called to order at 10:03 am.

I. Approval of Minutes from March 31, 2009

The minutes from the March 31st meeting were unanimously approved. Chair Roberts noted that the minutes from the special meeting on May 4th and the current minutes would be mailed out to members as usual.

II. RIEMA Update

- Major General Robert T. Bray, Adjutant General of Rhode Island
General Bray urged members to visit the RIEMA website to find updated information on the 2009 Hurricane Preparedness. According to the Colorado State University Tropical Meteorology Project this hurricane season will be less active than recent years, with only six Atlantic hurricanes and 12 named tropical storms expected to form. General Bray expressed his concern over cuts in funding, as they would hamper the state's ability to operate effectively.

- RI Emergency Management Agency Director David Smith
Director Smith announced that on June 18th there would be a Hurricane Conference with a focus on Recovery. The conference will be held at the Crowne Plaza with a capacity for two hundred and twenty five individuals and ten vendors.

On Monday, May 18th the FEMA STEP program provided fourth graders with backpacks and videos. Rhode Island leads the country in per capita student participation. Director Smith envisions the program expanding to the High School level.

EMAC member Steve Florio asked if the videos contained close captioning. Director Smith did not recall but stated that it was a good point since they want to be all-inclusive.

Ed Johnson, a RI native, has been hired as the new Deputy Director of RIEMA.

Lastly, Director Smith continues his efforts towards regionalization and has divided the nine Local Emergency Planning Committees (LEPC's) into five districts.

**III. Update on H1N1 (Swine Flu) - Rhode Island Department of Health
Director David R. Gifford, MD, MPH**

HEALTH Director David Gifford, MD, MPH provided an update on the latest swine flu developments for our state. Daily briefings have been scaled back to a weekly basis.

The H1N1 virus continues to spread to more countries and the deaths have increased. The CDC reports forty-eight states with five thousand seven hundred and ten confirmed and probable cases and eight deaths. In the International front, the World Health Organization

reports ten thousand four hundred and twenty three cases of influenza A (H1N1) infection worldwide. Dr. Gifford believes that as a result (WHO) will raise their current level to six.

The virus continues to act as the seasonal Flu but the new strain seems to target young adults and children unlike the regular Flu. Rhode Island continues to track school absenteeism as well as hospital room visits and physicians offices. The hospitalization rate maintains at four percent (the normal rate is one). The hotline created has received about four hundred calls thus far. The CDC and WHO are working on two vaccines.

Chair Roberts asked if a different group is being vaccinated. Dr. Gifford responded that the health community interest seems to be growing to vaccinate school-aged children but they are proceeding with caution.

Following up on that question, Lt Governor Roberts asked if he knew what measures directors, nurses and doctors were taking at summer camps? Dr. Gifford stated that the virus is not tied to traditional networks and thus summer camps are capable of handling it since they deal with the Norovirus quite often.

IV. Presentation on the Principles of Psychological First Aid Training **Carol Kent, MHRH**

Psychological First Aid (PFA) is a supportive intervention for use in

the immediate aftermath of disasters and terrorism. It includes basic information techniques to help providers make rapid assessments of survivors' immediate concerns and needs, and to implement supportive activities. These intervention strategies are intended for use with children, adolescents, parents, families and adults exposed to disaster or terrorism. Carol Kent highlighted certain disaster features that determine the degree of trauma. These are based on the proximity to the event (exposure), the personal loss suffered (death of a loved one) and the previous trauma experience.

The PFA Goals are to:

- Engage the person**
- Attend to their physical, comfort needs (blanket, food, drink, etc.)**
- Protect them from further harm – sights, smells**
- Briefly assess for need for referral**
- Empower them – enlist their help when appropriate**
- Provide information about the event when requested**
- Connect them with their support networks**

Some of the guidelines that should be followed are to politely observe first, don't intrude. After ask simple respectful questions to determine how you may help. Initiate contact only after you have observed the situation and the person or family, and have determined that contact is not likely to be intrusive or disruptive. Speak calmly. Be patient, responsive, and sensitive.

Acknowledge the positive features of what the survivor has done to keep safe. Give information that directly addresses the survivor's immediate goals and clarify answers repeatedly as needed. Give information that is accurate and age-appropriate for your audience. When communicating through a translator or interpreter, look at and talk to the person you are addressing, not at the translator or interpreter.

Carol's presentation offered cultural aspects that are extremely important and should be considered. She explained that the type of physical or personal contact considered appropriate varies from person to person and across cultures and social groups. For example, how much eye contact to make, how close to stand to someone, or whether or not to touch someone, especially someone of the opposite sex. Unless you are familiar with the culture of the survivor, you should not approach too closely, make prolonged eye contact, or touch. You should look for clues to a survivor's need for "personal space," and seek guidance about cultural norms from community cultural leaders who best understand local customs.

Lastly, Mrs. Kent discussed the Behavioral Health Disaster Response Network (BHDRN) divided into 7 Regional BH Response Teams (CMHC based). The teams are:

· DCYF CISM TEAM

- **RI CISM TEAM**
- **Family Service of RI**
- **Psych Hospital Response Teams (Butler, Bradley, ESH)**
- **The Chaplaincy Center**
- **MHRH Disaster Response Team**
- **At large trained responders which contains over four hundred and twenty trained BH responders.**

V. New Business/ Member Comments and/or Suggestion

Next meeting on June 23rd Subcommittee Reports

The State House has been deemed accessible to those with disabilities by the State Building Commissioner. Individuals requesting interpreter services for the deaf or hearing impaired or needing other accommodations, please call 401-222-2371 and ask for Vladimir Ibarra or email Mr. Ibarra at vibarra@ltgov.state.ri.us at least 48 hours in advance of the meeting.