



## Highlights:

Updated Ebola Guidance  
from the IAB, CDC, HHS

FEMA Amends Fire  
Assistance Grant Program

Pediatric Tactical Emergency  
Casualty Care

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# The InfoGram

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## Updated Ebola Guidance from the IAB, CDC, HHS

The Centers for Disease Control and Prevention (CDC) and the InterAgency Board (IAB) recently published or updated four procedural documents aimed at keeping first responders safe from Ebola exposure during the course of their duties.

The IAB published “[Recommendations on Selection and Use of Personal Protective Equipment \(PPE\) for First Responders against Ebola Exposure Hazards](#)” (PDF, 623 Kb). The selection and use of specific PPE is based upon the risk of exposure. The document provides a quick table to help determine that risk. It also discusses PPE decontamination, donning and doffing, and provides a detailed description of different PPE.

The Department of Health and Human Services (HHS) created an [Ebola presentation template](#) (PDF, 1.5 Mb) for organizations and public health departments interested in giving a slide presentation on Ebola to their employees or staff. The 35 slides can be customized with departmental or agency names and logos.

“[Guidance on Personal Protective Equipment to be Used by Healthcare Workers during Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting on \(Donning\) and Removing \(Doffing\)](#),” by the CDC, emphasizes the proper use of PPE by healthcare workers, especially removal, which is complicated and the most risky part of the process.

The CDC has also again revised the “[Interim Guidance for Emergency Medical Services \(EMS\) Systems and 9-1-1 Public Safety Answering Points \(PSAPs\) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States](#).” The updates reflect “lessons learned from the recent experiences caring for patients with Ebola” in national healthcare settings.

Lastly, this week the CDC released guidance on monitoring people traveling back to the United States from areas of the world stricken with Ebola and who may have been exposed. “[Monitoring Symptoms and Controlling Movement to Stop Spread of Ebola](#)” defines the four risk levels based upon the degree of exposure. The guidance recommends stricter actions, active monitoring on the part of state and local public health agencies instead of relying on individuals to self-monitor, and detailed guidance on monitoring health care workers.

(Sources: [CDC](#), [HHS](#), and [IAB](#))

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For information specifically affecting the private sector critical infrastructure contact the **National Infrastructure Coordinating Center** by phone at 202-282-9201, or by email at [nicc@dhs.gov](mailto:nicc@dhs.gov).

## FEMA Amends Fire Assistance Grant Program

On October 24, 2014, the Federal Emergency Management Agency (FEMA) published a [Federal Register Notice](#) formally modifying the [Fire Management Assistance Grant Program](#) (FMAG), which provides support to states, local, and tribal governments for mitigation, management, and control of fires on public or private-owned land. The changes increase deadlines to applicants who may benefit from additional time to prepare the needed records.

FEMA amended the program to provide grantees with additional flexibility in receiving reimbursement following a declaration. The revision lengthens the extension period that can be requested by a grantee for submitting a grant application to FEMA, and lengthens the project worksheet submission period from the current 3-month time period to a 6-month time period.

This may reduce or eliminate financial losses due to delayed invoices by third parties that exceed the maximum 3-month deadline extension. FEMA also added the requirement that a fire or fire complex must be on public or private forest land or grassland in order for a state to receive a fire declaration.

These changes will become effective on November 24, 2014. The FMAG Program is authorized by section 420 of the Stafford Act. For more detailed information on the changes, please visit the Fire Management Assistance Grant program website.

(Source: [FEMA](#))

## Pediatric Tactical Emergency Casualty Care

The presence of children at emergency or disaster scenes make working the event more challenging for first responders, both logistically and personally. If it's a mass casualty incident (MCI), the situation intensifies. First responders often handle pediatric MCI patients the same way they handle adult MCI patients, which may not be the best way to handle them.

The Journal of Emergency Medical Services ([JEMS](#)) recently highlighted the [draft Pediatric Guidelines](#) developed by the [Committee for Tactical Emergency Casualty Care](#) (TECC). The guidelines specifically address casualty extraction, tourniquet use, airway management, and other critical care.

The other intent of the guidelines is to minimize the distress and fear response of the pediatric patient, as ineffective management "will damage trust, complicate medical care and create difficulty in communication." Some techniques to use with pediatric trauma patients:

- Don't provide explicit detail, which may confuse or frighten the child;
- Give the child a job or provide an active role ("Could you hold these bandages for me?");
- Describe actions or things using terms the child will understand;
- Approach child from their eye level;
- Ask them questions; have them repeat back what you've said.

Introducing these and other practices into current procedures will help eliminate problems and anxiety during the situation. The committee is currently still [seeking comments on the draft](#); please feel free to contact them through their website.

(Source: [JEMS](#))