Emergency Management and Response - Information Sharing and Analysis Center (EMR-ISAC)

The InfoGram



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Preventing derailments is key while old tank cars are still operational

The National Academies of Sciences, Engineering and Medicine released the <u>results</u> of a two-year study on the <u>safe transportation</u> of energy liquids and gases by rail, <u>barge and pipeline</u>, including crude oil, natural gas and ethanol, all of which caused unforeseen safety issues several years ago.

This study reviews energy transportation methods and makes recommendations that may help reduce the possibility of future incidents and ensure effective emergency response if one does occur.

Railroads had little experience moving crude oil and ethanol prior to 2005. The result of increased production was transportation in cars not built to handle the load with shippers lacking experience. Until improved tank cars replace older designs, derailment prevention is key.

Oil transmission mileage via pipeline grew over 40 percent between 2010 and 2016, but incident rates have been fairly stable. The committee found no new safety problems, but stress that such fast growth may result in incident increases over time.

When reviewing the historical record of energy fluids moved on waterways, the committee found no reports of ethanol or natural gas releases in the past 10 years, and few crude oil releases. This is likely due to a series of strong regulatory reforms 30 years ago created in response to a series of spills and releases at that time.

The committee relayed several recommendations to the U.S. Department of Transportation's Pipeline and Hazardous Materials Safety Administration (PHMSA), including grant money for communities facing these transportation hazards, a review of how emergency responders are taking advantage of training opportunities, and finding ways to incentivize these programs to get higher levels of participation.

(Source: National Academies of Science, Engineering and Medicine)

Disaster response for homeless service providers

Individuals and families who are homeless depend on a variety of service providers for support during the best of times. During disasters and emergencies they are extremely vulnerable, yet this at-risk population is sometimes overlooked in the planning process.

In 2015, statistics showed nearly <u>18 homeless people per 10,000 population on average nationally</u>. Rates for homeless veterans are even higher, prompting the Department of Veterans Affairs (VA) to develop "<u>Disaster Preparedness to Promote Community Resilience</u>: <u>Introduction to Promoting Community Resilience</u>," a toolkit for homeless service providers.

Though developed by the VA, the toolkit discusses all homeless populations and provides strategies to better coordinate homeless service providers, healthcare providers and emergency management agencies to address the needs of homeless populations, with a section of the guide focusing on each.

Highlights

Preventing derailments is key while old tank cars are still operational

Disaster response for homeless serivce providers

Cybersecurity hygiene for first responder agencies

Webinar: Starting a Crisis Intervention Team Program



The InfoGram is distributed weekly to provide members of the Emergency Services Sector with information concerning the protection of their critical infrastructures.

This toolkit is intended as a planning and preparation aid, not as a guide for response and recovery.

(Source: Department of Veterans Affairs)

Cybersecurity hygiene for first responder agencies

In today's world, almost everything is cyber-related, which means first responder, law enforcement, and justice organizations of every size should be aware of the potential vulnerabilities they might face and feel confident they are well-equipped to handle those threats. But we know: trainings that even hint of being related to "cyber" don't sound fun or productive.

If you're not sure where to start, the International Association of Chiefs of Police (IACP) <u>Cyber Center</u> has published a short <u>White Paper</u> with a detailed list of cybersecurity hygiene steps an organization can take to successfully implement a cybersecurity awareness training program.

Stacey Wright, Senior Intel Program Manager, who runs the Intel Team for the Multi-State Information Sharing and Analysis Center (MS-ISAC) co-authored this Cybersecurity Awareness Training document with Michael Yu, a Sergeant with the Montgomery County Department of Police. The paper explains common vulnerabilities and initial steps to proactively protect an agency's infrastructure, in a way that most everyone can understand.

(Source: MS-ISAC)

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Webinar: Starting a Crisis Intervention Team Program

When responding to an incident involving a person with mental illness who is in crisis, law enforcement officers often find themselves as the initial "caregiver," a role they may not have received any training for.

Crisis Intervention Teams (CITs) bring together public safety, community organizations and public health departments to address responses to crisis situations, and provide much-needed training to help diffuse psychiatric situations in the field.

Join the National Alliance on Mental Illness (NAMI) on Wednesday, December 13, 2017, from 2-3:30 p.m. Eastern for the webinar "<u>Starting a Crisis Intervention Team Program: Steps for Success.</u>" NAMI staff will present jointly with one of the pioneers of CIT creation and development.

This webinar is suitable for any community partner-law enforcement, NAMI leader, peer, family member or mental health professional interested in starting a CIT program in their community. NAMI will also reveal a new resource that lays out the key steps for developing successful CIT programs. The presentation will include an audience Q&A. Registration is limited.

(Source: NAMI)

The U.S. Fire Administration maintains the Emergency Management and Response – Information Sharing and Analysis Center (EMR-ISAC). For information regarding the EMR-ISAC visit www.usfa.dhs.gov/emr-isac or contact the EMR-ISAC office at: (301) 447-1325 and/or emr-isac@fema.dhs.gov.

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