



THE HPPO



The Hospital Preparedness Program Observer

DECEMBER 15, 2015

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REGION REPS BRAVE 75° TEMPS TO ATTEND COALITION CONFERENCE

-ANDY KLITZKE HPP COORDINATOR

In the first week of December, over twenty SD Healthcare Coalition members battled a snowstorm to attend the National Healthcare Coalition Conference. After a couple days of delayed flights and missed connections, everyone made it to sunny San Diego. The theme of this year's conference was "Resilience" and featured keynote speakers including RADM Nicole Lurie, Assistant Secretary for Preparedness and Response (ASPR) and former California Representative Mary Bono. In a first for South Dakota, Sandy Frentz, Lynn DeYoung, and Sam Hill made a poster presentation on Mass Fatality Planning.



NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Ensuring Readiness, Building Resilience

SAN DIEGO, CA | DECEMBER 1-4

Also a first, Sam and Sandy presented on their no-notice surge exercise work with RAND and Sanford USD.

discussed the morning's sessions over lunch or huddled-up in the hallways to swap key points from a breakout session.

Coalition members attended break-out sessions on a variety of topics ranging from Hazard Vulnerability Analysis using the Delphi method, long-term care organization resiliency, Ebola preparedness to establishing crisis standards of care. Most of all, I enjoyed watching and listening as Coalition Members

Thanks to everyone who attended the conference for great learning and networking experience. I look forward to the ideas and energy that all of you will bring back to the Regions. Also, a big thank you to the coalition members who worked to organize travel, registration, and reimbursement.

SHARING OUR STORIES

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BABY, IT'S WARM OUTSIDE?

With the wacky warm weather last week it's hard to believe that it's December in South Dakota.

As the next few weeks prove to be full of hustle and bustle make sure to have fun and celebrate the season!

Eat delicious cookies at will! Put a ridiculous amount of ribbon on a present! Sing Jingle Bells at the top of your lungs!



And as winter finally returns to the plains, I dare you to run outside and make a snow hippo!

Happy Holidays to you all!

Sam Hill
Editor in Chief



NATIONAL NO-NOTICE HAVBED EXERCISE

A No Notice HAVBED Exercise will be held sometime during the week of **January 11 - 15, 2016**. It will take place during business hours (8-5 CT).

This is a mandatory exercise for all hospitals. Clinics and Long Term Care facilities are encouraged to participate as well.

Notification of the exercise will be sent out as an SDHAN

alert and through HAVBED when it begins. Please update your HAVBED status as soon as possible after receiving the alert. Your morning update doesn't count for this exercise. It has to be updated again during the exercise.

The Department of Health is required to submit HAVBED status responses within four hours of the start of the exercise.

Please share this information with all HAVBED account holders at your facility.

If you have any questions, please contact your Regional Coordinator.



REGION 1-SPECIAL PROJECTS & ICS

ICS Training

Earlier in the year, Region 1 Coalition Members identified Incident Command System Training (ICS) as a need. Plans are underway to for Region 1 to sponsor an ICS 100, 200 and 700 refresher course in Pine Ridge and an ICS 300 & 400 series in Sturgis. Courses will be held in early 2016. Stay tuned for more information on the dates and times.

Special Projects Funding

Tis the season for Region 1 Special Projects Funding! Region 1 Members are invited to begin submitting proposals.

Proposals should address identified planning, training, exercise, and surge equipment gaps or needs and include:

-A proposed itemized list of services, equipment, or other anticipated expenses.

-An assessment which identifies the gaps/needs addressed by the proposal. Provide a justification of how the proposal would enhance one or more HPP Capabilities for your facility and/or Region 1.

Have request(s) prioritized in the event only a portion of it is granted.

Cosmic Fruitcake

A pineapple fruitcake was brought along on the Apollo 11 space mission. The fruitcake is currently on display at the Smithsonian Air and Space Museum in Washington, D.C., because, according to the museum's website, "As it was not consumed during the mission it was returned to earth..."

Click the cake to learn more!



Please send completed proposals or questions to [David Egermier](#) or [Andy Klitzke](#). Proposals will be evaluated by the Region 1 Executive Committee.

When final documentation and invoices are submitted to the Region 1 Fiduciary, facilities will be reimbursed up to a specified amount.

REGION 2-USING EMTRACK IS EASIER THAN YOU THINK!

-KATHY THORPE-AVERA ST. LUKE'S

Using the EMTrack hand-held tracking device, a facility can easily track patients, gifts, people at events, and even keep track of those who have received a flu vaccine.

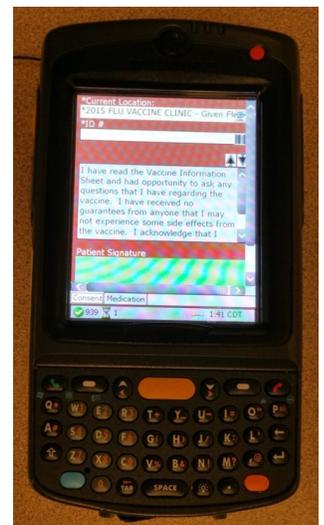
At Avera St Luke's, the hand-held tracking device (see picture) has proven optimal for use in all the above. For now, I'll just focus on how we use it annually for our flu vaccines.

Within the device, an 'event' is created. We use "Flu

Vaccine Clinic" followed by the year for the name of the 'event'. Working together with Intermedix, a full listing of all employees is loaded to the event, and then as we give the vaccine, the employee can sign on the device, and the RN scans the employee ID, scans the vaccine bottle, gives the injection, and moves on to the next employee to repeat the process. The device tracks how many staff have been served. Because of the program we have set up, this

will also send the vaccine information to our clinic records and patient portal!

Nearing the end of the flu vaccine clinic, we can run a complete report by employee name, or even by departments to show who got the vaccine, and who still needs to receive it. This has proven to be a real time saver, and tracking has never been easier. For more information contact [Alexandra Little](#).





REGION 3- MOVING ON AND MOVING IN

Moving On



Kathy Jacobs
An HPP Original

Region 3 wishes a fond farewell to Kathy Jacobs. After almost 35 years of service to Avera McKennan, the Sioux

Falls Healthcare Coalition and to Regional and Statewide HPP Planning, Kathy will be retiring from her position as the Director of Safety & Emergency Management on the 29th of January 2016. During her career at Avera McKennan, Kathy shared her talents with the Coronary Care Unit, the Education Department, and the Critical Care Stepdown Unit before assuming her role as a Safety Officer in 1996. Shortly after taking on that role, Kathy became the Director

of Safety and Emergency Management. Since that time, she has shared her leadership skills, time and talents with her organization, the city and the state. She will be missed! Thanks Kathy

The new digs features 22 beds and a broad range of services including physical therapy, mammography, chemotherapy, radiology, and a full-service laboratory.

Moving In

Happy hospital-warming to Madison Community Hospital!

In October 2015, MCH moved into their brand new 110,000 square foot facility.



REGION 4-EVACUATION PLAN MAKES FOR A SMOOTH MOVE

-SHARON HAUCK, AVERA ST. MICHAEL'S

St. Michael's Hospital Avera in Tyndall SD built a new hospital wing with the anticipation of moving equipment, patients, and staff on June 16, 2015. Using the evacuation plan developed with HPP funds over the years everything was in place to make the move. Avera Sacred Heart Hospital IT department would be on hand to relocate all computer systems. A new phone system had been installed earlier. As many supplies as possible had been relocated the week

before. Everyone was looking forward to the move and felt everything possible was being addressed.

However as fate would have it, Murphy's Law had to jump in and let us know we had more hoops to jump through. The HVAC system (air conditioning) failed four days prior to the scheduled move. The weather cooperated for the first 3 days and we were able to keep patients and staff members comfortable with the use of fans.

The patients were relocated with a minimum of challenges, however the main emergency department was also affected by the HVAC failure and was not part of the relocation plan. Ironically the HVAC failure had been one of the core capabilities addressed in the April state disaster drill. SMHA staff were able to utilize the lessons learned and improvement plan identified from that exercise to deal with the real life situation.

ICD 10 Codes for Christmas



W55.32XA - Struck by other hoof stock, initial encounter

Just in case Granny gets run over by a reindeer and shows up at your facility!

MASS FATALITY MANAGEMENT TAKES THE SHOW ON THE ROAD

At this years NHPC in San Diego, South Dakota was selected to do a poster presentation on Mass Fatality Management in a Rural State. The presentation highlighted the planning process, mobile assets and morgue operations capabilities. Mass Fatality Committee members Lynn DeYoung, Sandy Frentz and Sam Hill hosted.

This was a great opportunity to swap best practices and lessons learned with fellow planners from around the country.





THE PARTNERSHIP PROJECT



Children.....young human beings below the age of puberty or below the legal age of majority..... also known as kids, youngsters, little one, kinderen (Dutch), bambini (Italian), niño (Spanish), cherub, minor, young'un, ankle-biter, off spring, progeny ,brood; and, many other terms or descriptions for this very special population of individuals who are considered to be at high risk in the event of a major disaster or other event that exceeds the ability or resources of those who are responding.

During this Award Year the Partnership Project will address the HPP deliverable that has a focus on meeting the needs of children as a 'special' population as well as continuing to work with Community Based Organizations (CBOs) who provide services to children.

Please see the article on the **PILLOWCASE PROJECT** submitted by Summer Geraetz, American Red Cross Disaster Services Specialist-SD. This is an opportunity to collaborate with agencies/organizations in your local community in preparing not only individual children/their families but our next generation of adults who will be responsible for planning, preparing for, or responding to an event.

Collaboration with SD Emergency Medical Services for Children (EMS-C) provides us with an opportunity to identify training or resources that may assist in the preparedness and response efforts. Corolla Lauck, Program Manager for EMS-C, highly encourages prompt completion of the National Pediatric Readiness (on-line) survey which was sent to all hospitals November 18th. A similar survey is being developed for clinics. Data from the surveys will be brought to the Regional meetings.

In addition to the At-Risk population work, the Partnership Project includes several activities to meet the HPP grant deliverables. Healthcare Coalition sustainability, addressing patient tracking, updating Fatality Management information, continuing to work on COOP and Recovery planning, and others will certainly make this an exciting year for HPP partners. I look forward to another year and thank you, in advance, for your participation, support, and leadership in emergency planning efforts!

Jan Clites ~Consultant/Coordinator

WHAT IS EMSC?

South Dakota



The Emergency Medical Services for Children Program is a national initiative designed to reduce child and youth disability and death due to severe illness and injury.

Medical personnel, parents and volunteers, community groups and businesses, and national organizations and foundations all contribute to the effort.

South Dakota EMS for Children was started in 1994 and continues to provide resources to make the children of South Dakota safer and well taken care of in the unfortunate event they become sick or injured.

SD EMSC provides PEPP courses, Broselow-Hinkle training and equipment, bike safety events, and much more.

For more information on [SD EMSC](#), contact

Corolla Lauck
SD Emergency Medical Services for Children
Program Manager
1400 W 22nd Street
Route # 5679
Sioux Falls, SD 57105
605-328-6668 Office
Corolla.Lauck@usd.edu



COALITIONS AND THE AMERICAN RED CROSS TEAM UP FOR KIDS



**American
Red Cross**

The Pillowcase Project

Learn. Practice. Share.



The Pillowcase Project was created by the American Red Cross in Southeast Louisiana and implemented in New Orleans following Hurricane Katrina in 2005. The Red Cross had learned that Loyola University students carried their valuables in pillowcases when they were evacuated for Katrina. This inspired a program in which children living in makeshift communities across New Orleans decorated pillowcases as emergency supplies kits. Soon, The Pillowcase Project became a preparedness education program for elementary school students, and in just a few years was adapted and implemented by several other Red Cross chapters with substantial success.

Vision

The Pillowcase Project will help create a generation of children who understand the science of hazards, are empowered to take action preparing for emergencies, and are excited to help create a prepared community by sharing what they have learned with family and friends.

Program Structure

The Pillowcase Project is:

- A 40- to 60-minute, classroom-based presentation given by Red Cross employees, volunteers and community partners.
- Targeted to 8- to 11-year olds, or the grades 3-5 audience
- Presented in schools, after-school programs, summer camps and at other youth-serving sites.
- A standardized curriculum that combines instruction with physical and small-group collaborative learning activities.
- A program that meets many performance expectations for the Common Core Math and Language Arts Standards and Next Generation Science Standards for grades 3-5.

Curriculum Components

- The Pillowcase Project consists of:
- A Learn, Practice, Share framework to discuss preparedness concepts
- Emergency preparedness skills and information for a locally prominent hazard
- Home fire prevention and safety skills and information
- Age-appropriate coping skills for handling emergencies and other stressful situations
- Tools for increasing household preparedness
- A brief hazard specific quiz

Learning Objectives

Students who participate in The Pillowcase Project will be able to:

- Use their knowledge to act as advocates for emergency preparedness in their homes and communities.
- Identify the best ways to stay safe during emergencies that can occur in their communities.
- Identify the best ways to prevent and stay safe during a home fire.
- Use coping skills to help manage stress during emergencies and in everyday situations.
- Gain confidence in their abilities to be prepared for emergencies through hands-on activities.
- Discuss the role science plays in emergency preparedness.
- Understand and communicate the work of the Red Cross in their communities.

Program Tools for Youth

- A My Preparedness Workbook for students to continue learning and preparing after the presentations
- A Disney-designed pillowcase to personalize and use as a personal preparedness kit
- A Certificate of Accomplishment



**American
Red Cross**

To learn more about the program in your area, become a volunteer, or schedule a presentation, please contact:

Summer Geraets

summer.geraets@redcross.org 605.630.4594



THE HUNGRY, HUNGRY HIPPO

Easy Sugar Cookies for Cut-outs –Sandy Frentz



Hungry Hungry Hippo says,
"Don't forget the sprinkles!"

- | | |
|--|------------------------|
| 4 cups flour | ½ cup sour cream |
| 1 cup shortening (use ½ butter and ½ Crisco) | 1 teaspoon baking soda |
| 4 egg yolks | ½ teaspoon salt |
| 1 cup sugar | 1 teaspoon vanilla |



Mix the flour and shortening together as if you were making a pie crust. Beat the eggs and add the sugar, sour cream, soda and salt. Add in the vanilla. Add in the flour/shortening mixture.

Roll out the dough and cut with cookie cutters. You do not need to refrigerate this dough before you roll it out.

Bake at 350 degrees until light brown (the time will vary depending on the size of your cookies, I usually start at 8 minutes).

I WANT A HIPPOPOTAMUS FOR CHRISTMAS -JON ROXX



When it came time to write a poem for this edition of The HiPPO, I pondered several themes. Twinkling lights. The hardness of fruitcake. The fact that I've been listening to Christmas music non-stop since mid November. And then it hit me! The perfect poem had already been written! "I Want a Hippopotamus for Christmas!" The song was written by Jon Roxx and originally recorded on Columbia Records in 1953 by little, 10 year old Gayla Peevey. This is one of the best Christmas songs ever! And a personal favorite of mine.

Right away, I shot off an email to Gayla Peevey, now relaxing in Southern California, for her blessing to print it. She was quick to write back and thought it was fun that "I Want a Hippopotamus for Christmas" would be in The HiPPO. She also added, "Give a big hello and Merry Christmas wish from me to all your coworkers!" (She's terrific!) So, I invite you to turn up your speakers and click on the picture of Gayla to hear this holiday classic and watch the video of her 1953 performance on Ed Sullivan. I promise it will make you smile!

Enjoy!

[Click here](#) for The Official –I Want a Hippopotamus for Christmas website by Gayla Peevey.

I want a hippopotamus for Christmas
Only a hippopotamus will do
Don't want a doll
No dinky tinker toy
I want a hippopotamus to play with and enjoy

I want a hippopotamus for Christmas
I don't think Santa Claus will mind do you
He won't have to use
A dirty chimney flue
Just bring him through the front door
That's the easy thing to do

I can see me now on Christmas morning
Creeping down the stairs
Oh what joy and what surprise
When I open up my eyes
To see a hippo hero standing there

I want a hippopotamus for Christmas
Only a hippopotamus will do
No crocodiles
No rhinoceroses
I only like hippopotamuses
And hippopotamuses like me too

Mom says a hippo would eat me up but then
Teacher says a hippo is a vegetarian

There's lots of room for him
In our two car garage
I'd feed him there
And wash him there
And give him his massage

I can see me now on Christmas morning
Creeping down the stairs

Oh what joy and what surprise
When I open up my eyes
To see a hippo hero standing there

I want a hippopotamus for Christmas
Only a hippopotamus will do
No crocodiles
Or rhinoceroses-es
I only like hippopotamuses-es
And hippopotamuses like me too!



[Click here to listen!](#)



FUSION ZONE



(U) Warning: This document is **UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO)**. It contains information that may be exempt from public release under the Freedom of Information Act (5 USC 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public, the media, or other personnel who do not have a valid need-to-know without prior approval of an authorized DHS official.

SOURCE: South Dakota Fusion Center
SDFusionCenter@state.sd.us
 (605) 367-5940

(U) Public Awareness – Marijuana Candy

(U) The use of marijuana candy has been increasing across the United States. This poses serious health risks to users, especially children during the holidays. It is possible that children could accidentally receive marijuana candy. Adults should check for strange odors in candy received by children. *Currently there is no information indicating that anyone would intentionally give out marijuana candy.*



(U) The photos above show marijuana candy packaged to resemble legitimate candy bars and hard candy. The photos at right show marijuana wax (found in New Jersey), packaged to resemble caramel candy. The wax is also used in gummie candy (bottom right), lollipops and brownies.



(U) Marijuana candy contains Tetrahydrocannabinol (THC), which is the psycho-active component in marijuana plants that causes the “high” felt by users. Companies are selling candy containing THC as medical marijuana on the Internet. The candy poses a serious risk to children because it looks like hard or gummy candy or chocolate. The THC level in these products may be as high as 90% compared to 10 to 20% found in marijuana cigarettes.

(U) Marijuana candy is made with oil from marijuana plants. This oil is added to the candies during production. Marijuana chocolate is made by mixing marijuana oil with melted chocolate. Some marijuana products have different levels of THC, and the levels of products sold on the black market may be unknown.

(U) There has been an increase in the variety of edible marijuana products available, including candy. The higher levels of THC in these products present increased risk if ingested by children.





STOP THE RINGING!! CONFIRMING SDHAN ALERTS BY PHONE



Confirm SDHAN Alerts received by Telephone

Although it may appear there are two options to confirm an alert from the phone, there is only one available for the SDHAN system. The **Call In Account** option is visible but is not currently offered. Here are the instructions to confirm via the telephone:

Upon answering your phone, listen to the automated greeting.

Press 1 on your phone to continue.

When prompted, enter the **four-digit alerting security code** you created as your alerting security code.

After successfully entering your code, listen to the alert message.

PLEASE NOTE: If you are unable to enter your code, or if you enter an incorrect code, the prompt repeats. After three unsuccessful entries, the portal disconnects.

When you have listened to the entire alert message, **press 1** on your phone to confirm the alert or **press 0** to repeat the message.

HHS AND CDC ASSESS EBOLA READINESS IN SD

DOH & HHS Staff Conduct Ebola Readiness Assessments in Sioux Falls and Rapid City

In early November, the DOH Special Pathogens Team along with an Ebola Readiness Assessment Team from HHS traveled to Sanford Medical Center and Rapid City Regional Health to evaluate Ebola preparedness at those facilities. Together, they reviewed the capabilities necessary to effec-

tively and safely receive, isolate, and care for a patient under investigation for Ebola and provided technical assistance and guidance where needed. Much thanks to the staffs at Sanford Medical Center and Rapid City Regional Hospital for sharing their expertise and hospitality during the day-long site visits.

Angela Jackley, Danette Hoffman, Whitney Lutkemeier,

Tim Southern, Sam Hill, Tammy Rhames and Andy Klitzke represented SD DOH during the assessment visits.



Pictured: Brian Christensen, Luis Lowe, Jean Grigg, Cheri Randolph, and Kevin Sheehan.

Did ya' know?...

In Italy, people wear red underwear on New Year's Day to bring good luck all year long!



HAPPY HOLIDAYS WITH OUR FURRY FRIENDS

Just a few helpful tips to ensure you and your pets have a wonderful holiday season!

Anchor your tree to the wall.~ With a little fishing line or dental floss and a tack, you can prevent a curious kitty catastrophe.

Cover water in the tree stand.~ Standing water can grow bacteria. A thirsty pup could blow your shopping budget on vet bills. A quick wrap with cellophane should do the trick!

Use flameless candles.~ Don't let a wagging tail ruin your holidays. Although the red and blue lights are festive, nobody wants a fire truck in their front yard.

Keep food covered and out of reach.~ Aunt Pam's famous Christmas fudge is great for you and your guests, but can be fatal for Fido. Keep treats up high and in the center of the table.

A private party for pets.~ If you're having a holiday party, pick a quiet room for your pets to hide out so they don't become overwhelmed by all of the activity or slip out the front door as you greet your guests.



HHS SEEKING INPUT ON HPP CAPABILITIES AND PERFORMANCE MEASURES

NOW OPEN - NHPP Topics on the ASPR TRACIE Information Exchange

The HHS ASPR National Healthcare Preparedness Program (NHPP) is seeking your input as they refresh the [HPP Capabilities](#) and [HPP Performance Measures](#). By updating the healthcare preparedness capabilities, the US healthcare system will be better able to prepare for and respond to health and medical emergencies, and by updating the HPP performance measures, the nation will be better able to assess the healthcare system's progress and the value of HPP.

These discussions are hosted exclusively on the Information Exchange on [ASPR's Technical Resources, Assistance Center, and Information Exchange \(TRACIE\)](#). If you haven't already, follow these simple steps to participate in these important discussions and share your expertise, ideas, and experiences.

Under the [Information Exchange](#) tab, click on "[Apply for Access](#)" and provide the information requested. You will then receive two separate emails.

1. The first email will ask you to "complete your account registration." Once you verify your registration, you will be logged in to the general site (not the Information Exchange).
2. Within one business day, you will receive a second email notifying you of your acceptance into the IE.

Once registered for the Information Exchange, you can directly access the [Healthcare Preparedness and Response Capabilities Revision](#) and [Healthcare Preparedness and Response Performance Measure Revision](#) discussions. Please note the first post under each thread provides additional background information and specific questions and guidance.

If you have any questions or need assistance, please contact the [ASPR TRACIE Assistance Center](#) Monday-Friday, 9am-5pm ET (excluding federal holidays) at 1-844-5-TRACIE (587-2243) or askasprtracie@hhs.gov. We want to hear from all our stakeholders- please share this announcement widely with your colleagues!

KIGHTLINGER ON CDC ASSIGNMENT IN GUINEA

- BARB BUHLER, SD DOH



Lon Kightlinger, State Epidemiologist, is on a 30-day CDC assignment with the Ebola response in Guinea, Africa. Here are some email updates from Lon.

Look for follow up on Lon's deployment to Guinea, in the next edition of The HiPPO.

November 11, 2015

I have been assigned to collect epi data for the deployment of the Ebola rapid Dx test. Today in Conakry I did QA visits to 4 clinics doing the rapid Ebola testing. These clinics are in the "hot zone" still less than 21 days since the zone's last case.

I expect to be moving soon to a rural area in the southeast bordering Sierra Leone.

Good news: the CDC Guinea director feels we are close to the end of the Ebola outbreak here. The last case is an infant who is under the care of MSF doctors. Some of the previous case's contacts have been "lost", nobody knows if they have become ill and died, or fled.

November 20, 2015

I have been in the Forecariah region of Guinea this week and will likely be here until I leave. This region just marked the 21st day since their last Ebola case, putting us in a phase of active surveillance.

Each day I have been going with a local doctor to remote rural clinics and health stations to check on the newly deployed Ebola rapid diagnostic test (OraQuick) and collect comparative data on fever, malaria and Ebola testing.

One of the rural clinics had >100 Ebola cases in past months. The local health workers have a calm, fatalistic nonchalance about Ebola. They seem more concerned about malaria.

For me and other foreigners the scourge has been the Paederus beetles, which emit a hemolymph toxin. I have several blisters and lesions on my arms and neck ---- hope they heal before I get back to South Dakota.



The Educated Hippo!!

Lunch and Learn

Region 2 will be hosting a lunch and learn for members to share information/resources gathered from the National Healthcare Coalition Preparedness Conference during our January 18th coalition meeting. I have provided the conference line below to call in if you are interested in hearing from our members!

Call in— 1-866-410-8397

Pass code — 160 031 7991

Post it here!!

Is your facility hosting a training event?

Did you hear about a great webinar?

Do you have a suggestion for new classes?

If you have training opportunities that you would like to share with the coalitions, please contact:

[Samantha Hill](#)

605-357-4510



Social Media for Disaster Response and Recovery (PER-304)

This course focuses on the use of social media in disaster preparedness, response, and recovery. Social media has shown to help people communicate and collaborate about events as the events unfold. Social media can provide rapid and immediate real-time information about events that helps provide greater situational awareness leading to better decision making. Participants are provided with the knowledge and skills to integrate social media into their current communication plans. The course defines social media and its uses and identifies the tools, methods, and models to properly make use of social media in the context of disaster management and provides the information and hands-on experience necessary to help the participants' social media disaster plans. **TWO** training opportunities will be offered in Sioux Falls.

February 9, 2016

8:00 am - 5:00 pm

Sioux Falls, SD

February 10, 2016

8:00 am - 5:00 pm

Sioux Falls, SD

Both courses will be held at:

Morningside Community Center

2400 South Bahnsen Avenue

Sioux Falls, SD 57103

Course Modules:

- Introduction to Social Media
- Understanding the Use of Social Media and Disaster Management
- Implementing Different Social Media Platforms for Disaster Management
- Facebook Hands-On
- Twitter Hands-On
- Crowdsourcing & Data Mining

Who should attend?

- Government Administrative
- Emergency Management
- Fire Services
- Law Enforcement
- General Public
- Citizen/Community Volunteer
- Public Works
- Private Sector /Corporate Security and Safety

What you'll need:

- Participants will be required to bring their own laptop or Wi-Fi enabled device to the training session for the hands-on exercises.
- This course conducts a Pre-test, Post-test, and Course Evaluation online. If you do not have an online account prior to the class start date, you may not be able to participate in the class.

REGISTER AT: <https://ndptc.hawaii.edu/training>

FAX: 808.536.9110

FOR REGISTRATION ASSISTANCE CONTACT:

Regan Smith

rsmith@siouxfalls.org 605-367-8753



MESSAGE FROM THE ADMINISTRATOR

Dear Partners in Preparedness:

The recent active shooter incident in California emphasizes the threat we face from within our own borders. The California incident happened in a local public health department and was perpetrated by terrorists. Incidents like this could easily happen in our area and in fact, during the past year, we've had three active shooter incidents. Two in South Dakota and one in Minnesota. In February, two people were killed and two injured at Sioux Steel in Tea. In September, one person was injured at Harrisburg High School. In October, a deputy Sheriff was shot and killed by a patient he was monitoring at St. Cloud Hospital.

If you haven't had the opportunity to attend one of the active shooter training sessions we've held in recent years, please take the time to learn more about how to respond. Encourage staff in your facility to do the same. Consider holding a joint exercise with local law enforcement. In any building you're in, make sure you know where the exits are. If you can't reach an exit, there are strategies that will increase your chance of surviving the incident.

There are many educational videos about surviving an active shooter incident. A couple of good "Run. Hide. Fight." videos are available online. Click to view videos from [Ready Houston](#) and the [Los Angeles County Sheriff's Department](#).

We all hope we don't have to face an active shooter incident. However, we simply can't take the chance it won't happen here. Your continued training, exercise and awareness activities will ensure your safety and that of your staff and visitors.

Bill Chalcraft
Office of Public Health Preparedness and Response

Contact Office of Public Health Preparedness & Response Staff

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SOUTH DAKOTA DEPARTMENT OF HEALTH

South Dakota Healthcare Coalition

Mission: To enhance statewide relationships for Healthcare Emergency Preparedness, Response and Recovery.

Vision: To significantly improve coordination of healthcare resources among South Dakota Healthcare Coalitions.

SOUTH DAKOTA DEPARTMENT OF HEALTH

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600 E. Capital Avenue
Pierre, SD 57501

Phone: 605-773-3361
Fax: 605-773-5683
<http://doh.sd.gov/>

