BOOTS ON THE GROUND: OPIOIDS: AN EMERGENCY MANAGEMENT PROBLEM

By Timothy L. Roth, Emergency Management Supervisor
Pennsylvania Emergency Management Agency

The opioid overdose epidemic is the worst public health crisis in Pennsylvania, and the nation, in almost a generation. Currently, the opioid crisis is of such magnitude or severity that emergency action is necessary to protect the health, safety, and welfare of affected citizens in Pennsylvania. This crisis is a public health emergency in Pennsylvania contributing to addiction, overdose emergencies, and deaths.

Nobody is more aware of the opioid crisis than Wyoming County Emergency Management Coordinator Eugene “Gene” Dziak. Wyoming County is rural county and is the second smallest county in the commonwealth. As of November 13th of this year, Wyoming County has seen a total of 17 deaths directly related to opioid overdoses. While this does not sound like a large number, you must factor that Wyoming County only has a population of 28,287. The deaths total .06 percent of the county’s population. In comparison, in 2016, there were 21 opioid-related deaths or .07 percent of the county’s population.

Data also shows that in 2018, there have been 81 overdose dispatches in Wyoming County. The Wyoming County Emergency Management Agency has reissued 60 doses of Narcan (Naloxone) to county agencies to replenish used stock.

The Wyoming County Emergency Management Agency coordinates the services of six full-time police departments which do not provide 24-hour coverage; seven Basic Life Support (BLS) ambulance units; and two Advanced Life Support (ALS) ambulance units. The Pennsylvania State Police (PSP) Tunkhannock Barracks is the only 24-hour law enforcement agency within Wyoming County. (continued on next page)
Mr. Dziak has seen his share of overdose victims – through his position as the county emergency management coordinator, as an emergency medical technician with an ambulance unit, and as an employee with a local funeral home. These three jobs have provided him with insight to the effects the opioid crisis has on different levels – the victims, their families, and the first responder community.

To Dziak, the opioid crisis is an ever-expanding trend that he does not see slowing down anytime in the near future. With this thought, Dziak asked himself, “What can I do?” He then thought of the mission of the Wyoming County Emergency Management Agency: “To reduce vulnerability of people and municipalities within our county to damage, injury and loss of life and property.” Dziak often said to himself, “I’m sick of losing people.”

**The Emergency Management Role**

Since the preventing loss of lives falls within the mission statement of most emergency management agencies, it becomes logical that emergency management plays a major role within the opioid crisis. During a crisis, the emergency management coordinator coordinates municipal, law enforcement, fire department, and emergency medical services efforts to help resolve the emergency. Therefore, how can you not be engaged when people are dying?

Wyoming County has developed an Opioid Action Plan which provides these measures:

- Have 100% engagement of the Wyoming County Commissioners
- Place Drug Takeback container and sharps container at the courthouse
- Established the Wyoming County Drug Court Program
- Provide five voting members of the Luzerne/Wyoming County Drug and Alcohol Commission
- Manage the Narcan program for Wyoming County
- Provide two doses of 2mg of Narcan to all BLS trucks and police departments within Wyoming County

- Train in the use of Narcan
- Be a part of community education
- A Better Tomorrow in our Correctional Facility (12 step program)
- Smart Recovery (nonfaith-based initiative)
- Young People in Recovery program
- Established the Wyoming County Recovery Center
- Take part in the Wyoming County Drop-In Center
- Co-chair of Wyoming County Hope Coalition

The county also utilizes a team of volunteer recovery counselors. These counselors, who are former addicts, visit with individuals who have been provided Narcan by first responders. They encourage the individuals to seek treatment and counseling for their addiction.

Other services Wyoming County provides are a Drop-In Center and a Recovery Center. The Drop-In Center provides resources, support services, referrals, and Narcan training for those struggling with opioid addiction and the people that care about them. Treatment centers help clients with substance abuse issues. The first step when you arrive in treatment is to begin a drug detox. Medical professionals monitor the detox program to make sure that the detox is safe and appropriate. The second step is to begin therapy, either in groups or individually. Finally, successful treatment includes a plan for after leaving the treatment center. Whether it is Narcotics Anonymous or engaging with family and friends, the treatment center provides counselors who guide and prepare a plan to stay substance free.

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Why should emergency management be involved in the opioid crisis? The people involved are someone’s mother, father, son, daughter, brother, sister, and so on. Addiction is a disease that knows no boundaries. Addiction can affect anyone: doctors, lawyers, business people, families, and every walk of life. People want to hide their addiction due to the stigma it casts on them. Most of all, we need to get people to treatment.

What is the county emergency management agency’s role in the opioid crisis? Emergency managers are key players in the opioid crisis, not just based on their mission but also based on the question: “How many more people do you want to lose to this crisis?” For starters, they can coordinate the roles of county agencies (drug and alcohol; probation and parole; the district attorney’s office; to name a few) with municipalities and local response agencies. They can also include information on the opioid crisis and the use of Narcan in training classes. Wyoming County includes it in all of its cardio-pulmonary resuscitation (CPR) classes. They can also form or work with groups within the county that can provide information and support to potential victims and their families.

**Whole Community Solution**
Currently, the Wyoming County Emergency Management Agency participates on the Luzerne/Wyoming Drug and Alcohol Commission, as well as the Wyoming County HOPE Coalition through the University of Pittsburgh, in which Dziak is the co-chair. According to the coalition’s three-year strategic plan, the seven subcommittees and their respective goals are as follows:

- Increase coordination of local law enforcement and community safety agencies to introduce a broad, county-wide pro-treatment approach and eliminate the drug supply in Wyoming County.
- Increase coordination between county agencies surrounding responses to overdoses and connecting persons to treatment across intercept points.
- Ensure that all residents of Wyoming County are well informed on overdose, signs of substance/opioid use disorder, treatment options, and recovery programs available throughout the community with the purpose of eliminating stigma throughout the county.
- Increase county-wide, evidence-based prevention efforts to prevent or delay the onset of Substance Use Disorder/Opiate Use Disorder for target populations.
- Increase access and utilization of naloxone to save lives.
- Increase treatment capacity in Wyoming County to ensure that all persons have access to appropriate care and recovery services, including Medication Assisted Treatment.
- Increase capacity and utilization of current non-treatment, recovery-based initiatives, introducing new programs/initiatives when necessary to address gaps and barriers.

**What can county emergency management coordinators do to get started or be involved?**

1. **Recognize it as a hazard.** Several counties, including Wyoming, list the opioid crisis in their Hazard Mitigation Plan. Make the opioid crisis a high priority than other disasters.

2. **Expand your team.** Get your county commissioners involved. Explain to them that people are dying in alarming numbers. Also, work with other county social service agencies such as human services and children and youth.

3. **Start a Narcan program.** In Wyoming County, the county emergency management agency is the central distributor of Narcan to emergency responder agencies. Get your local coordinators engaged. Make it part of their duties.

**For more information, contact:**
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Wyoming County  
Emergency Management Agency  
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UPDATE

FEMA Deputy Administrator Pete Gaynor Confirmed by U.S. Senate
On October 11th, the U.S. Senate confirmed Pete Gaynor to serve as FEMA Deputy Administrator.

Mr. Gaynor served as the Rhode Island Emergency Management Director since January 2015. Previously, he served in the U.S. Marines for 26 years. In that role, he oversaw security at Camp David, and was in charge of Plans, Policy and Operations at Marine Corps Headquarters.

FEMA Releases "The Value of Insurance" PrepTalk
FEMA and its emergency management partner organizations released Sean Kevelighan’s “Understanding the Value of Insurance”, the second PrepTalk presentation from the September 6th symposium event. Kevelighan is president and chief executive officer of the Insurance Information Institute, an organization dedicated to improve the public’s understanding of insurance.

In his PrepTalk, Kevelighan shares the pivotal role that insurance plays in people’s lives and the economy before and after a disaster. Kevelighan describes the insurance industry as the financial first responder after catastrophe, getting into communities to help rebuild and restore people’s lives and the economy.

Kevelighan’s PrepTalk, the question-and-answer session that followed, a discussion guide, and additional reference materials are available at https://www.fema.gov/preptalks/kevelighan.

Additional PrepTalks from the September 6th symposium held in Washington, D.C. will be released in the coming months.

FEMA Releases New and Updated Continuity Brochures
FEMA released a new set of continuity brochures, which provide additional tools, templates, and resources to assist in implementing the concepts found within the Continuity Guidance Circular (CGC).

The CGC guides whole community efforts to develop and maintain the capability to ensure continuity of operations, continuity of government, and enduring constitutional government during an emergency that disrupts typical operations.

Continuity Titles Include:
- Whole Community Continuity
- Federal Continuity
- Telework: An Essential Component of Continuity Planning
- Continuity Webinar Series
- Continuity Essential Records Management
- Continuity Planning for Pandemics and Widespread Infectious Diseases
- Continuity Excellence Series - Master Continuity Practitioner Program Level I
- Continuity Excellence Series - Master Continuity Practitioner Program Level II

Download FEMA materials from: www.fema.gov/continuity-guidance-circular-cgc
On the Front Lines
First responders are the soldiers on the front lines of the battle against opioid addiction. They often find themselves receiving multiple overdose calls to the same address or for the same individual over time. Understandably, this may lead to frustration with the endless cycle of addiction and the unwillingness of many overdose survivors to change. Resources are stretched thin as the number of overdoses continues to rise. Preliminary estimates from the CDC indicate 74,000 Americans died from drug overdoses in 2017, which represents a 10% increase over 2016. In response to the epidemic, Pennsylvania has made commendable efforts to increase the availability and use of naloxone (a drug that can reverse opioid overdoses).

Since November 2014, Pennsylvania law enforcement officers have saved over 7,600 lives by administering naloxone. Emergency medical services personnel have revived thousands as well.

The Brain and Decision Making
The human brain has evolved over time; the frontal lobe of the brain above the eyes (known as the Pre-Frontal cortex) separates humans from the rest of the animal kingdom.

- **Prefrontal Cortex** — The part of the brain responsible for rational, logical thinking.

- **Central/Middle** — The more primitive portion of the brain, where ‘fight or flight’ survival, emotional and reward systems reside.

The Central/Middle part of the brain evolved early on in human development to keep us safe from ancient predators. When the lion jumps in front of you and bears its teeth, this central part of your brain instinctually and without logic or intellectual assessment revs up your body nearly instantaneously to compel you to run as fast as you can away from the threat. You do not think about it; you just run. The primitive, instinctual brain takes over and keeps you alive, while the more evolved frontal lobe of the brain takes a back seat to the imminent threat.

Data and research explain how addiction affects decision-making.

When the front and middle parts of the brain are in balance, the frontal lobe acts as the brake pedal for impulses. The more primitive middle brain acts as a gas pedal that can bypass rational thought and propel us to act based on fear, perceived threat and instinct.

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As a substance use disorder progresses, brain balance is lost and communication between the logic and fight or flight parts of the brain is significantly impaired. As a physician and a person in long-term recovery from an opioid use disorder, I have perspective both as a care provider and as someone whose rational brain was essentially ‘hijacked’ by this progressive disease. I speak from painful experience when I tell you that I truly believed I had my use under control, even when it became glaringly obvious to those around me that I did not. As a scientist, it was important to me and my recovery to understand what had happened to my brain, what compelled me to act in ways so incongruent with my values and to lie to others and myself.

**Addiction and Survival**

I had zero insight into my behaviors and their consequences at the time? In hindsight, it is obvious that my thinking was incredibly distorted. I still struggle to reconcile who I am now with the person I became in my active addiction. It is as if I was another person altogether.

Why someone who is revived multiple times with naloxone, facing death repeatedly, refuses intervention attempts and continues to use drugs.

Why do lifeguards in training learn defensive maneuvers? When someone is drowning, and his/her body is deprived of oxygen, that person will scratch and claw his/her way over them with singleness of purpose in order to reach the surface to breathe the air that sustains life.

When opioids become our ‘oxygen,’ and we feel like we are literally dying without it, our primitive, instinctual fight or flight brain kicks in. We will often do whatever it takes to get the ‘oxygen’ we so desperately need, which leads us to sustain the addiction at all costs. My desperation and negative consequences accumulated to the point where I became willing to endure detox and purge the opioids out of my system long enough for my executive, rational frontal brain to start coming back ‘online.’ Once it did, I was able to recover and to recognize and take full responsibility for my bad actions and behaviors. The persistent compassion and encouragement of those around me was essential in nudging me through that door.

Health care professionals and first responders trudge onward to help those of us with substance use disorders. You merit our limitless gratitude for the difficult work that you do. While it is understandable for professionals to develop compassion fatigue, I encourage you to consider the science next time you interact with someone struggling with this disease. You make an impact every time you respond to an overdose call or interact with an overdose survivor, and your actions, body language and words matter. Words can be used as weapons that merely compound the overwhelming shame and hopelessness a person with a substance use disorder already feels or they can be used to plant a seed. This seed may not sprout on command, but if given enough time and cultivation with support and compassion, it can blossom into hope and long-term recovery.

For more information on the opioid epidemic in Pennsylvania, visit the Pennsylvania Opioid Data Dashboard at: [https://data.pa.gov/stories/s/9q45-nckt/](https://data.pa.gov/stories/s/9q45-nckt/)
Pennsylvania Snow Squall Impact Study Using PennDOT Crash Data From 2007-2016

Study purpose
The purpose of the study was to look at Pennsylvania winter crash data and causative weather events, specifically snow squalls, to determine if there were correlation statistics that would illustrate the risk to drivers driving in a snow squall.

A snow squall is an intense short-lived burst of heavy snowfall and gusty winds that leads to a quick reduction in visibilities including near zero white out conditions. It is usually accompanied by falling temperatures which sometimes cause a “flash freeze” on roadways. The sudden drop to near zero visibility combined with icy roadways can have serious impact on Pennsylvania drivers and has led to multi-vehicle pileups, injuries, and loss of life. Pennsylvania winter crash data for the months of October through March from 2007 through 2016 was obtained from PennDOT. NWS examined radar, weather maps and observations to develop a snow squall database for this same time period. The two data sets were then compared.

Results to Date
- Snow squalls are mesoscale (meaning they cover a relatively small area) convective weather event; “Convective” in the sense of a winter version of a thunderstorm.
- Of the 118 snow squall events identified, 17 of the produced 11 fatalities, mostly in pile-ups and we anticipate these numbers to continue to grow as we work more through the data.
- Pennsylvania has 60% more pileups on snow squall days during the winter months than on days without snow. Pennsylvania drivers are at a 60% greater risk of getting into a pileup when driving on a day with snow squalls than a day without snow.

Some potential educational campaign statements
- “On the road, there is no safe place in a snow squall” – get off the road or delay your travel
- “You are more likely to die from a snow squall than a tornado in Pennsylvania.”
- “You are at a 60% greater risk of getting into a pileup on roadways during a snow squall”

Next Steps
We may look into adding additional years and develop our snow squall cases to improve the statistical analysis. We also are exploring different ways of graphically showing the risks using GIS mapping.

We would like to work with PEMA, PennDOT, and PTC at this time to launch a campaign working with our media partners. We also would like to put a brochure/handout together that the DOTs might be able to print and distribute at PA rest stops that tells people how to get warnings and weather information, what to do when a snow squall warning is issued, what a snow squall is and why they are so dangerous.
WHERE IN THE WORLD IS PEMA????

Stephen A. Michelone, Jr.,
Individual Assistance Officer / Volunteer Agency Liaison
Hilo, Hawaii County, Hawaii

Mr. Michelone was sent on an EMAC deployment to Hilo as a Volunteer Agency Liaison (VAL). Steve worked with volunteer agencies already involved in the volcano disaster in organizing a long-term recovery group (LTRG) which included National VOAD member organizations to bring additional help to the island for the survivors. He also worked to develop better relationships between the State of Hawaii VOAD and the Hawaii County VOAD. Steve brought knowledge of the FEMA Individual Assistance programs in addition to the National VOAD model and points of consensus proved extremely valuable in providing technical assistance to both organizations and individuals who had outstanding information needs. He also found the ability to network with representatives from multiple agencies allowed for more integrated conversations on the long-term solution available to the island residents who were affected by the volcanic activity. Steve learned much about the Hawaiian Homelands, which is land set aside by the government for the use of the native population, very similar to an Indian reservation. This system was plagued with issues that inhibited those indigenous to the island from ever seeing a lease for them to use this land executed in their lifetime.

Darlene Bracken,
Emergency management Specialist,
PEMA Western Area Office
Hawaii Island

Ms. Bracken was deployed as a result of an EMAC request as a Hawaii State VOAD Liaison to the County of Hawaii on the Big Island for the Kilauea Volcano Eruption and Earthquakes. Darlene took with her thirteen years of experience with organizing and assisting County VOADs in Western PA and working as the Western Area Regional VOAD Liaison. She has experience with assisting Long-Term Recovery Groups; setting up DRC’s (Disaster Recovery Centers) during numerous federally declared disasters, setting up MARCs (Multi-Agency Resource Center) when there isn’t a federally declared disaster. Darlene learned that each disaster is different and that you need to be flexible to work under various conditions, in various cultures, and with various (and sometimes difficult) personalities. I learned that the mission of recovery remains the same, but sometimes you need to adjust and adapt to whatever the situation and do your very best!
WHERE IN THE WORLD IS PEMA????

Alan Brinser,
Division Chief, Bureau of Technological Hazards
South Korea

Mr. Brinser traveled to South Korea on an information exchange to discuss radiological emergency preparedness and planning (REPP) with educators and REPP officials. The invitation was at the behest of the Korean Electric Power Company (KEPCO) and their affiliate KEPCO International Nuclear Graduate School (KINGS). The trip was in response to previous visits by officials from South Korea to Pennsylvania. KINGS is working to develop an Emergency Preparedness Graduate Program and Busan Metropolitan City (population 3.5 million) would like to develop a new Regional Emergency Operations Center similar to what we have here at PEMA.

Jonathan Anschutz,
Director, Bureau of External Operations
Hawaii State Emergency Operations Center (SEOC), Honolulu

Jonathan Anschutz deployed to Hawaii in response to a EMAC request for assistance for an EMAC team leader to operate out of the Hawaii State Emergency Operations Center (SEOC) in Honolulu to coordinate interstate mutual aid for two events: recovery operations from flash flooding in Kauai and response operations due to the eruptive volcanic activity in Kilauea’s Lower East Rift Zone. As part of the assignment, Jonathan was tasked with working with the state and counties of Hawaii to identify resource needs, acquire resources through EMAC, track resources on the islands, and coordinate demobilization of those resources. During his deployment, Jonathan was also tapped to assist with resource coordination in preparation for and response to an imminent impact by Hurricane Lane. In addition, Jonathan conducted accountability of deployed resources before, during, and after Hurricane Lane impacted the islands. Jonathan was one of several individuals from across the U.S. who were specifically requested based on the experience gained while deployed to Puerto Rico in 2017 during the recovery phase of Hurricane Maria. They were selected due to the complexities involved with deploying resources from the mainland U.S. to an island. In the course of his assignments, Jonathan learned that each state approaches emergency management differently. What makes Hawaii unique is many of the county emergency management organizations are still structured as Civil Defense organizations. This, combined with some of the cultural challenges and time zones differences, presented challenges in coordinating resource support from the mainland US.
LEGISLATIVE UPDATE
By Westburn Majors
Legislative Liaison, PEMA

Senate Bill 1172

On October 24, 2018, Governor Tom Wolf vetoed Senate Bill 1172. SB 1172, sponsored by Senator Randy Vulakovich, which sought to amend the Pennsylvania Price Gouging Act to clarify certain restrictions during a declared state of disaster emergency.

The bill would have required the Governor to expressly state in a declaration of disaster emergency, to impose a price restriction on the sale of consumer goods or services necessary for the use or consumption in the affected geographic area of the disaster for a period of fifteen days. For the price restriction to remain in place, the Governor would have the ability to renew it for three additional fifteen-day periods (60 days total).

Additionally, the bill would have made the issue of what is considered an unconscionably excessive price a question of law and required the court to consider all relevant factors when determining such, including whether there is a gross disparity in prices before and after the disaster declaration, and the seller's price substantially exceeds those prevailing on the date and in the locality in question.

In his veto message, the Governor noted that the purpose of the Price Gouging Act is to prohibit parties from taking an unfair advantage of consumer by charging unconscionably excessive prices during an emergency. The bill, SB 1172, would alter the existing standard in determining price gouging and permits pre-established increased costs during emergency. The timeframe of the price gouging restriction in the bill, 15 days with three optional 15 day renewals, is inconsistent with the length of a Governor’s Proclamation. A Governor’s proclamation lasts 90 days unless sooner terminated by the Governor.

Governor Wolf looks forward to working with the legislature to address declarations of emergency in the upcoming session, including establishing a declaration of public health emergencies and working on the comprehensive rewrite of Title 35.

Act 117 of 2018

Towards the end of the 2017-2018 Legislative Session, Governor Wolf signed HB 1958 (Act 117 of 2018) which enables the use of highly automated work zone vehicles by the Pennsylvania Department of Transportation (PennDOT) and the Pennsylvania Turnpike Commission (PTC). Additionally, the legislation empowers military vehicles to travel in platoons without fear of being cited with a traffic violation.

The legislation is a product of work of the stakeholder community coming together too as automated vehicle technology continues to grow in the Commonwealth and the potential benefits it has to improve public safety.

Act 117 permits PennDOT and PTC to pilot the use of Truck Mounted Attenuator (TMA) trucks, referred to as “Highly Automated Work Zone Vehicle” in work zones. TMA’s are safety vehicles designed to protect workers and decrease damage to work zone equipment by absorbing the impact of any vehicle that encroaches in a work zone. Truck Mounted Attenuators, by policy and national standards, are required to be in all mobile maintenance and construction operations such as pavement marking painting, crack/joint sealing, and pothole repairs. Currently, a PennDOT employee is required to be in the vehicle at all times.

Act 117 permits PennDOT and PTC to pilot an autonomous TMA in a mobile work zone application to help improve the safety of those operating in a work zone.

Further, the bill establishes a 21-member advisory committee to advise and consult the Governor, the PennDOT secretary and the General Assembly on all aspects of Highly Automated Vehicles. The advisory committee is tasked with developing technical guidance, evaluating best practices, recommending legislation and policy, and continuing research and evaluation of the technology necessary to ensure safe testing, deployment, and continued innovation in this Commonwealth.

This is a proactive step to ensure the commonwealth is a hub of automated vehicle innovation in the nation.
Last evening the Sabbath school attached to the Baptist church at Newberry, in the Seventh Ward of this city, assembled to participate in the ceremonies of Christmas night. Some three hundred men, women and children were present.

The ceremonies of the occasion had been inaugurated, and Mr. Kinsloe, of this city, proceeded to address the children, when a peculiar shake and quivering of timbers was felt that denoted a sudden downfall of the building. No sooner had the impression taken firm hold upon those present than the floor gave way, precipitating the whole assemblage into the cellar below.

The church was constructed with an upper audience room, and it was in this that the congregation had assembled. The interior dimensions of the floor are twenty-six feet in width and forty feet in length. There was a centre girth, with joints thickly placed on each side, and through the centre from above were two bolts connecting with this main girth. Evidently the weight of those assembled sprung the truss bearers, and the supports slipping out of their places caused the terrible catastrophe. This is evident from the fact that the timbers were not broken. The gas pipe, two inches in diameter, which was beneath the centre girth, was bent double by the immense weight.

When the crash came there went up a heart-rending wail of mangled humanity. Children wildly shrieked for their parents and the groans of the wounded and dying filled the air. To add to the horror, the oil lamps of the edifice ignited and bade fair to destroy all in a general conflagration. Those outside worked with a will and used every possible effort to rescue the living. The church was now on fire, but providentially the flames could be reached and were speedily extinguished.

Before the floor gave way many of those within were able to reach the windows and leaped to the ground, a distance of fifteen feet. In the panic several were wounded by being run over.

The Dead.
At eleven o'clock P.M. the dead bodies were removed and were identified as follows:

John Richie, Boyd Mehaffy, Mrs. Duncan Campbell and two children, a child of C. V. S. Mcginnis, Miss Ladie Moffitt, Miss Mary Fisher, Miss Lizzie Boskin, Miss Grace Seaman, Miss Tillie, a boy named Shuman, a child of John Bubb, and Mrs. John Wilkinson.

The Wounded.
There were some forty or fifty wounded, among whom were the following:
Mrs. Thomas Ames, badly bruised; Miss Sechinof, slightly burned; Mrs. Moffitt, badly bruised; Miss Fessler, leg broken; Daniel Newcomer, leg broken; Mrs. Abraham Berry, leg broken; Robert Moffitt, slightly bruised; Howard Reeder, jaw fractured; Lewis Reeder, badly bruised;

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PENNSYLVANIA DISASTER IN HISTORY (continued from page 11)

Mrs. Jonathan Fisher, leg broken; Miss Barkins, arm broken; Mrs. E. B. Campbell, badly injured; John Antes, head cut; Miss Thomas, limb broken; Miss Toner, limb broken; Andrew Mentier, ribs broken; Sadie Ramsay, ankle sprained; Gertie Ramsay, wounded; second daughter of James Toner, ankle sprained; James McFeshler, badly bruised, having had his scalp torn loose; George Snook, bruised; Carrie Bushy; Mr. And Mrs. McMinn, badly bruised; Alice Newcomer; Emma Brown; Lewis Hartman; William Houck; Miss R. Jacoby; Miss Annie Shaw; Alice Mcbride and father; Sarah Waltz; Amanda Waltz; and William Waltz were injured.

Lewis Cupp had his nose broken in four places and others were more or less injured, among whom are: Jackson Newcomer, Lottie Adams, Edward and Jennie Kinley, Lizzie Flexir, George Boskins, William Hellumworthy, J. N. C. Connelly and a child of Mr. Berry, and Mr. and Mrs. J. B. G. Kinstoe.

Some of the injured will probably die. It is impossible to give the names of any more of the wounded at this time, as many of them were immediately removed to their houses in different parts of the city.

New York Herald New York 1872-12-27
PEMA GRANTS UPDATE

The Non-Profit Security Grant Program (NSGP) is a federal program administered by the Pennsylvania Emergency Management Agency (PEMA). The purpose of this program is to provide funding to eligible non-profit organizations, generally limited to target hardening and physical security enhancements. The focus is on organizations that are at high risk of a potential terrorist attack. The program further seeks the integration of preparedness activities of the non-profit sector with the local and state preparedness efforts, while promoting emergency preparedness collaboration and coordination. See the announcement below for further information.

Non-profit Security Grant Program (NSGP)
A federally-funded program managed by Pennsylvania Emergency Management Agency

Get Ready to Apply Checklist

The Grant
The purpose of the Non-Profit Security Grant Program (NSGP) is to help eligible nonprofit organizations that are at a high risk of a potential terrorist attack by: 1) Providing funds to increase their location’s physical security through target hardening and/or physical security enhancements and 2) Establishing working relationships between the emergency response efforts of the non-profit sector and those of the local and state emergency responders.

Eligibility
To be eligible for the NSGP grant, applicants must:
- Be registered/recognized as a 501(c)(3) organization as described in the Internal Revenue Code of 1986.
- Be physically located within the state of Pennsylvania.
- Be at a high risk of a terrorist attack.

Application
Non-profit organizations may only apply for the grant through the Pennsylvania Emergency Management Agency (PEMA). Once the Federal Fiscal Year (FFY) 2019 Notice of Funding Opportunity is released from the Federal Emergency Management Agency, the 2019 application, instructions and deadline along with other necessary information will be posted on PEMA website at www.pema.pa.gov. In-person application workshops will be held in Pittsburgh, Philadelphia and Harrisburg areas from January through March 2019. Web-based workshop sessions will also be available.

Resources for You
The PEMA website is designed to be a complete resource to help you determine eligibility and learn about application requirements. For general inquiries, contact us at NSGPgrant@pa.gov. Include your organization’s name and contact information in your email.

Getting Ready
Once announced, you will have a very limited timeframe to apply.
Visit www.pema.pa.gov and get started now.
- From the PEMA homepage, select the, “Non-Profit Security Grant Program (NSGP)” link under, “Alerts and Advisories
- Download and review the getting ready checklist.
- Monitor the website for workshop announcements. Once available, register for the grant application.
- Bookmark the webpage and check back regularly for announcements.
### UPCOMING TRAINING

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<td>22-Apr-19</td>
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<tr>
<td>Emergency Operations Center Just-in-Time Training</td>
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<td>Web Based</td>
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<td>PA Damage Reporter Module 301 – Quick Guide to Damage Assessment Reporting</td>
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<td>Resource Request Form (RRF) Training</td>
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<td>Emergency Operations Centers and Catastrophic Emergencies</td>
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<td>PA Damage Reporter Module 201 – Handheld Application</td>
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<td>PA Damage Reporter Module 101 – Damage Reporting Overview</td>
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<tr>
<td>PA Damage Reporter Module 201r – Console Application</td>
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</table>

To register, visit Train PA: [https://pa.train.org](https://pa.train.org)

**TRAIN PA** is a gateway into the **TRAIN Learning Network**, the most comprehensive catalog of public health training opportunities for professionals who serve the citizens of Pennsylvania. TRAIN is a free service for learners from the Public Health Foundation. Through this site, you can:

- Quickly find and register for many courses listed on TRAIN PA and participating TRAIN affiliate sites
- Track your learning with personal online transcripts
- Access valuable materials, course reviews, and discussions to improve your learning experience
- Stay informed of the latest public health trainings for your area or expertise

Looking for a course? TRAIN PA uses simple course name prefixes to help you easily find trainings geared toward you! Just type the course name prefix into the Search by Keyword or Course ID field and click the search button. Here are just a few:

- **PA** for all PA-sponsored courses
- **PA-EMS** for all PA-sponsored EMS courses
- **PA-PEMA** for all emergency management training
Need Ideas For Getting The Word Out?

Each month, the PEMA External Affairs Office distributes numerous preparedness resources designed to help make communicating to your communities about preparedness easy. We encourage everyone to share this valuable information with their partner agencies, schools, faith-based organizations, family and friends.

These tools are emailed each month and are also available online at www.ready.pa.gov.

**ReadyPA Monthly** - Community preparedness information designed for citizens. Forward to libraries, schools, local municipalities, etc.

**Fact Sheets** - One-page preparedness material about a specific hazard. Please make this easily printed information available to your community members, elected officials, civic organizations, and anyone who could benefit from this valuable information.

**Talking Points and Social Media Toolkit** - Graphics, tweet suggestions, and talking points for you to use on social media, websites, and when speaking to groups.

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The Pennsylvania Emergency Management Agency would like to wish all of our partners a safe and happy holiday season.

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