



The InfoGram

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Highlights:

[Identifying “Shake and Bake” Meth Labs](#)

[Handling Mass Fatality Incidents](#)

[HazMat Training Gap Survey](#)

[Nationwide Meningitis Outbreak Investigated](#)

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Identifying “Shake and Bake” Meth Labs

Over the past year, “shake and bake” methamphetamine (meth) labs have been found in aisles or bathrooms of stores in [Oklahoma](#), [Alabama](#), and [Missouri](#), and in a store parking lot in [Tennessee](#). The [“one-pot” method using plastic water or soda bottles](#) has quickly become popular due to their small size and fast production.

This method also needs less over-the-counter drugs and chemicals, which helps circumvent legal purchasing limits put in place to prevent larger labs.

Small and mobile, people sometimes [drive around with them in cars](#) to help dissipate the toxic fumes and then toss them out the window once the drug is done cooking. They have been found alongside roads, in [deserted areas](#), and in cars or trucks during traffic stops.

[Educating community, jurisdictional, and private sector partners](#) about signs of [“soda bottle labs”](#) is advised, including a reminder that both the cooking process and used bottles are explosive, and people handling them have been seriously injured. The [National Law Enforcement and Corrections Technology Center](#) has a [fact sheet on meth labs](#) (PDF, 67.28 Kb), and the [Illinois State Attorney General's website](#) has information available to aid in spotting suspicious activities relating to meth labs.

(Source: [National Law Enforcement and Corrections Technology Center](#))

Handling Mass Fatality Incidents

During post-disaster response, most of the health care systems focus on managing and treating the wounded. However, a regional medical system that does not have a suitable mass fatality plan in place can quickly be overwhelmed.

Damage to electrical or transportation systems can make a mass fatality event a logistical failure and since most severe natural and man-made disasters happen without warning, prior planning is imperative. [Target Capability 5](#) (PDF, 902.5 Kb), part of the [Hospital Preparedness Program](#) (HPP), discusses fatality management preparations to include core tasks, plans, and equipment supporting three functions:

- Coordination with community fatality management groups
- Management of family assistance through community agencies
- Administering mental and behavioral care to survivors and responders

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

[“Handling of Human Remains from Natural Disasters”](#) (PDF, 82.95 Kb), a two-page fact sheet from the U.S. Army Public Health Command, discusses in greater detail some of the more sensitive aspects of mass fatality management, such as bloodborne pathogens, infection control, and the need for proper PPE.

(Source: [Public Health Emergency](#))

HazMat Training Gap Survey

The [InterAgency Board](#) (IAB) Training and Exercise Subgroup is conducting a [HazMat Training Gap Survey](#) to determine the current level of expertise, education, and response capabilities of hazardous materials teams across the country. The survey includes questions on jurisdictional hazmat responsibility, sampling methods, standards of training, and collection procedures.

Separate surveys are available to [law enforcement](#) and Laboratory Response Network (LRN) coordinators in order to obtain a broader view of response needs. The aim of the survey project is to determine the gaps in education and training as they relate to response to potential biological threats.

The survey deadline is Wednesday, October 31, 2012. The IAB’s mission is to strengthen the nation’s ability to prepare for and respond safely and effectively to emergencies, disasters, and CBRNE incidents. They provide a structured forum for the exchange of ideas across organizations to improve national preparedness and promote interoperability and compatibility among first response communities.

(Source: [Responder Knowledge Base](#))

Nationwide Meningitis Outbreak Investigated

The Centers for Disease Control and Prevention (CDC) is investigating a nationwide outbreak of fungal meningitis. As of October 10th, 113 confirmed cases and 11 deaths have been reported in 10 states. It is important to note that this type of meningitis is not contagious.

The CDC has linked the outbreak to three possibly contaminated batches of epidural steroid that have been used for back injections since May. A Washington Post article published this week states that [13,000 people may have received tainted steroid injections](#).

The production facility voluntarily recalled the products, but the [CDC recommends clinicians check their stocks](#) for lot number of the recalled products, check lot numbers of steroids that have been administered since May, and contact possibly affected patients.

The CDC also reports “infected patients have presented with mild symptoms, only slightly worse than baseline,” generally within a month of their injection. Several patients have had strokes, but the most common symptoms are fever, headache, neck stiffness, redness or infection at the injection site, and sensitivity to light.

[The CDC](#) and the [Food and Drug Administration](#) (FDA) are regularly updating their websites with the most current information and statistics relating to the outbreak, including maps showing affected facilities and confirmed cases.

(Source: [CDC](#))

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