



DODEA

SAFE Schools

NEWSLETTER



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Camp Lejeune Schools at Center of Full Scale Exercise

On October 4, Lejeune High School at Camp Lejeune, North Carolina participated in an installation-wide full scale exercise to help emergency responders improve their crisis management capability. The resulting exercise benefited the entire installation by reinforcing strengths and identifying areas to emphasize during future training.

The installation spent 10 months planning the exercise that began with an active shooter at the high school and escalated into an incident that required the installation to stand up the Emergency Operations Center (EOC). Initially, U.S. Marine role players at the school acted out a shooting incident that required the Provost Marshal Office (PMO)/Security Forces to respond to a realistic scenario. Enough simulated casualties resulted to allow Emergency Management Services personnel an opportunity to practice “triaging” several patients.

Casualties were then transported to the hospital where medical personnel practiced responding to a mass casualty event. Meanwhile, at the District Schools Office, Assistant Superintendent Carl Albrecht, implemented the district level coordination procedures, including: requesting transportation, coordinating messages with public affairs, and notifying thousands of parents that their children were safe.



No students were directly involved in the exercise. Instead, Marine volunteers with realistic artificial wounds portrayed students. To minimize disruption to learning, the role players concluded the simulation at the high school within two hours. To maximize the benefit for school preparedness, principals from other schools were invited to observe.

Immediately following the role play, the action continued via a table top exercise at the EOC where role players simulated the coordination necessary to: respond to press inquiries, transport students to a parent-child reunification center, manage reunification of children with parents, counsel distraught families, and provide for psychological recovery of students and staff members. A follow-on seminar explored opportunities to enhance planning.

The exercise benefitted from the support and presence of senior leadership including Second Marine Expeditionary Force Commander General Gore. Following the seminar, Col. Brad Vickers, Director of Operations, Marine Corps Base Camp Lejeune, said, “We are glad the schools allowed us to start the incident there.” He praised the educators for their high level of preparedness, noting, “Everyone takes an exercise more seriously when it concerns the security of students.” ■

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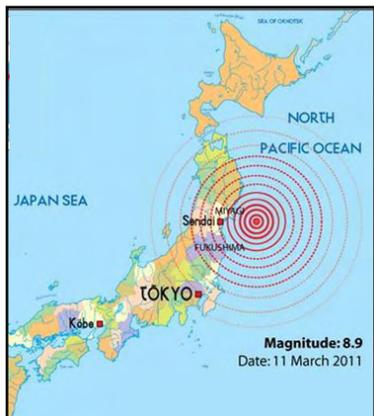
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Operation Tomadachi Database Offers Information about Radiation Exposure

Many DoDEA students and staff members were evacuated in the wake of the Great East Japan Earthquake and Tsunami on March 11, 2011. For those who have been concerned about possible future adverse effects stemming from radiation exposure, the Operation Tomodachi Registry offers some reassuring news: radiation exposure levels did not exceed 2.5 REM or about half of what adults receive in a typical full body CAT Scan.

The Operation Tomodachi Registry provides “location-based radiation dose estimate reports for adults and children.” The site offers daily dose estimates for 13 Department of Defense (DoD) installations on mainland Japan. Dosage estimates for off-shore locations, such as U.S. Navy ships responding to the crises, will be added later. These daily doses were calculated by the Armed Forces



Radiobiology Research Institute using U.S. and Japanese government data taken from air, soil, and water samples in addition to ambient radiation readings collected between March 12 and May 11, 2011.

According to a spokesperson for the DoD, “After extensive environmental monitoring and analysis, it has been determined that none of the nearly 70,000 members of the DoD-affiliated population (service members, DoD civilian employees and contractors, and family members of service members and civilian employees) who were on or near the mainland of Japan between

March 12 and May 11, 2011, are known to have been exposed to radiation at levels associated with adverse medical conditions.”

In the coming months, the registry will expand to include customized radiation dosage information for each of the 70,000 U.S. personnel and family members affected by the earthquake and tsunami. Individuals can request a calculation of their radiation dose based on more detailed location data, age, and body weight. The site will offer test results for the approximately 8,000 people who had their radiation levels measured during the days immediately following the earthquake.

To maintain privacy, these personalized reports will only be available by request and will not be published on the Internet. The Operation Tomadachi Database can be found online at <http://registry.csd.disa.mil/otr>. ■

Eye Wash a Magnet for Bacteria

Modern chemistry classrooms and other laboratories in DoDEA are equipped with both an eye wash and a chemical decontamination shower. Both require regular cleaning to impede bacterial growth and to remove sediment building up in the system. Flush the eye wash weekly and the decontamination shower monthly. This ensures that the school can respond effectively if a student or staff member is exposed to chemicals – without risk of additional injury.

In addition, provide training to ensure students and staff members understand how to use eye shields and protective clothing when working with hazardous chemicals. For guidance and tips on eye wash testing and maintenance contact your area safety manager or Mr. Donald Golaszewski, DoDEA Safety and occupational Health Program Manager, at Donald.Golaszewski@hq.dodea.edu. ■

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Four Factors that Affect the Psychological Impact of a Crisis Event

In the wake of a critical incident, mental health professionals need to quickly assess the level of crisis impact to determine how much additional support to summon. Often the school psychologist or counselor must help decide how much assistance is required to address psychological recovery. Considerations include whether this is a minor incident that can be addressed by the school counselor and mental health professionals at the building level, or whether reinforcements are needed from the installation, district, or area level.

The National Association of School Psychologists (NASP) designed the PREPaRE curriculum to help school officials develop crisis prevention and intervention procedures. This model discusses four factors that contribute to the impact of a crisis event: predictability, duration, consequence, and intensity. Understanding these factors enables school administrators to take action to limit students' risk of psychological trauma.

Predictability

In general, the risk of psychological harm decreases if the event was expected. If students and staff members have had an opportunity to prepare themselves physically and/or psychologically, the impact of psychological trauma can be lessened. The death of a staff member who has been on leave due to a terminal illness would be a predictable event. On the other hand, a sudden event that could happen without warning, such as an earthquake, could have a significant impact due to the sudden fear experienced and concern that it might happen again.

Duration

Duration refers to the length of time that individuals experience the crisis event. Exposure to a stressful situation for an extended period of time, such as a hostage situation that unfolds over several hours, can increase the psychological impact. On the other hand, moving students away from the vicinity of a crisis incident to limit their exposure to frightening scenes can decrease the duration and minimize psychological impact.

Consequence

Consequence refers to the damage or outcome of the incident. A crisis event that resulted in minor injuries will have far less psychological impact than an incident resulting in death. Studies have repeatedly shown that incidents involving death, or multiple deaths, are more likely to result in higher reports of Post Traumatic Stress Disorder (PTSD) and other psychological trauma.

Intensity

The intensity of a crisis incident refers to how violent or damaging the incident was and how vividly the individual experienced the event. This characteristic may vary for each individual. Generally, students who are physically present at a critical incident are more likely to have higher levels of psychological trauma than students who are not.



The National Association of School Psychologists (NASP) developed this graphic depicting factors that influence the psychological impact of a crisis.

It is important to accurately assess the level of response needed to avoid over-reacting and heightening the level of fear, or under-serving the needs of students and staff. It is also important to consider prior trauma history and/or experiences which can also elevate traumatic impact. For additional information, visit the NASP Web site at www.nasponline.org/resources/crisis_safety/index.aspx. For information about how to include psychological recovery procedures in crisis management contact safeschools@csc.com. ■

Anger Management for Teens: Calm the Body First . . .

Anger is normal and healthy when handled constructively. It becomes destructive when individuals react to their anger in negative ways. According to Fredric Provenzano, Ph.D., University of Washington, there are two steps teens can use in learning to manage anger. First, the individual must control the physical tension related to anger. Second, after regaining a measure of calm, he or she uses the energy generated by the anger to employ problem solving skills and find a solution. Managing tension related to anger is not easy. Dr. Provenzano recommends the following three methods for helping teenagers manage the physical response to angry feelings:

- ▶ Learn to recognize the anger. The human body has over 600 ways of preparing for fight or flight. These include increased heart rate/heart pounding; rapid, shallow breathing; hunched shoulders; flushed face; jaw tensing; fists clenching; muscles tensing throughout the body; or an upset stomach. Each person responds to anger differently. Knowing their individual patterns of response can help teens recognize anger before they lose control.
- ▶ Take a break from the action. Find some way to disengage from the situation either physically or mentally.
- ▶ Relax/de-escalate. Adopt a relaxation technique such as deep breathing, counting to 10, positive self-talk, or tensing and relaxing muscles as a means of relaxing the body.



After a teenager has mastered these steps, he or she is ready to work on rationally solving the problem that initially triggered the anger. Dr. Provenzano notes that anger management is a skill learned over time. It can take several iterations of the above three steps before a person feels sufficiently “in control” to move on to problem solving. Learning to think critically and solve problems offers the best long term solution for managing anger. ■

. . . and Your Heart Will Thank You

While hypertension was previously a disease that only affected adults, the Centers for Disease Control and Prevention (CDC) note that approximately five percent of U.S. children now meet the diagnostic criteria for hypertension. Teaching teenagers life skills such as stress relief and anger management can have a positive impact on their blood pressure as well as improve their behavior in school, according to a study published in the journal *Translational Behavioral Medicine*.

The study was conducted during 2005 and 2006 at two inner city high schools in Augusta, Georgia. About 30 percent of the 86 students who took part in the study already suffered from high blood pressure. Many of the students also had behavior problems stemming from poor anger management skills. Redford B. Williams, Ph.D., director of the Behavioral Medicine Research Center at Duke University, developed and taught 10 life skills workshops. During each of the 50 minute workshops, students learned how to behave assertively without being aggressive. They also learned to evaluate their negative thoughts and determine when it was appropriate to act on those thoughts and when it was not. Students also worked through conflicts and stressful life events they were experiencing. Their blood pressure was measured constantly over the course of the study.

According to researchers involved in the study, the workshops helped students strengthen their interpersonal skills. This resulted in better classroom behaviors and better health. The students with elevated blood pressure levels experienced a two point reduction in diastolic blood pressure readings compared to 73 peers who did not attend the workshops. A follow up assessment six months later showed the benefits continued over time. ■

Holmes and Watson Tackle the Password Conundrum

Watson: Help me, Holmes. I'm attempting to access this Web site and can't remember my password.

Holmes: (Sighs) Security is not supposed to be convenient.

Watson: That's easy for you to say! You know, Holmes, too much security is counterproductive. If passwords have to be this complex – with numbers and special characters – people will just write them down, and that defeats the integrity of the security system. And then on top of that, we're required to change them frequently.

Holmes: Easy, Watson, perhaps you would feel better if I ask you to solve one simple riddle.

Watson: As you wish, what is it?

Holmes: The conundrum of the secure password: Which is harder for a password cracker – a long password or a complex password?

Watson: By complex, do you mean with lots of exasperating symbols and numbers and capital letters thrown in?

Holmes: Precisely.

Watson: Probably both – a hybrid password with both length and complexity.

Holmes: You astonish me. That is correct, but how did you guess?

Watson: Two clues. You always say that “Brute Force” password attacks simply use lots of computer power to quickly check all the possible combinations of letters and symbols, for example: “aaaa,” then “aaab,” and then “aabb,” until they have exhausted all the possibilities.

Holmes: Correct. What else?

Watson: These days thieves also use mathematical algorithms that guess all of the easy passwords by using online dictionaries to test possible words, or substitute special characters for similar letters. Thus “a” is replaced with the “at” symbol or the dollar sign stands in for “S.”

Holmes: Indeed. That must appeal to the Americans.

Watson: They're still too hard to remember. Like most people, I need dozens of passwords. How can one come up with passwords long enough to delay attacks, yet complex enough to prevent penetration?

Holmes: It's elementary, my dear Watson. Construct pass phrases using the steps below.

1. First, create a phrase rather than use a word (mydoghasfleas).
2. Make sure to use at least eight or nine letters (mydoghasmanyfleas).
3. Mix upper and lower case letters (MYdghasmanyFleas).
4. Then add a special character (MYdghzmanyFleas!).
5. Finally include a number or numbers (MYdghz33Fleas!).

Watson: That's all very well, Holmes, but we haven't got a dog.

Holmes: Watson, you really are quite exasperating. Check the password tips for yourself at: US-CERT: www.us-cert.gov/cas/tips/ST04-002.html. ■

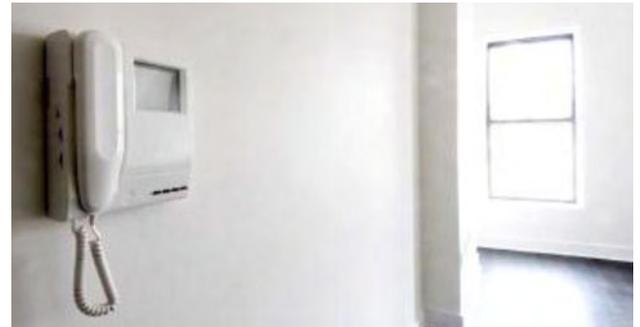


Help Is Only a Phone Call Away

The Department of Defense (DoD) and the Defense Suicide Prevention Office provide a Military Crisis Line that offers confidential help for service members and their families and friends. While the crisis line was developed for military personnel, family members are encouraged to use it if they are facing a crisis.

There are several ways to reach the Military Crisis Line:

- ◆ Dial toll-free in the Continental US: 1-800-273-8255 (press 1)
- ◆ From Europe, dial toll-free: 00800-1273-8255
- ◆ On DSN, dial: 118
- ◆ Text the Military Crisis line at: 838255
- ◆ Chat via the Internet, at MilitaryCrisisLine.net



The Military Crisis Line is available at no cost to military personnel and those who might be concerned about them. All calls are confidentially handled by specially trained responders. The responders address issues relating to mental health, substance abuse, relationship problems, chronic pain, anxiety, depression, sleeplessness, and anger. Many of the responders are former military personnel who can empathize with the unique challenges military life presents. To learn more, visit www.militarycrisisline.net. ■

Suicide Prevention: a Family Affair

A new suicide prevention campaign led by the Suicide Prevention office of the DoD in collaboration with the Department of Veterans Affairs (VA) seeks to raise awareness of the importance of including family members in suicide prevention. The “Stand by Them: Help a Veteran” program includes public service announcements emphasizing the influence family members, friends, colleagues, and others can have in suicide prevention among veterans.

General Martin Dempsey, Chairman of the Joint Chiefs of Staff, urged all service members and families to learn the warning signs of suicide. According to the Veterans Crisis Line, individuals considering suicide often exhibit signs of sadness, anxiety, hopelessness, and despair. The behavioral warning signs of suicide include:

- ▶ Talking about wanting to “go away” or die.
- ▶ Withdrawing from friends, family, activities, or hobbies.
- ▶ Acting out aggressively, such as punching walls or getting into arguments with others.
- ▶ Sleeping too much or too little.
- ▶ Giving away possessions and/or putting affairs in order.
- ▶ Exhibiting risky or self-destructive behaviors, such as driving through red lights or abusing drugs or alcohol.
- ▶ Changes in personal appearance or grooming.
- ▶ Seeking to acquire the means to commit suicide.

The 2012 National Strategy for Suicide Prevention details 13 goals and 60 objectives for reducing suicides over the coming decade. The bottom line: suicide is preventable. To learn more, visit www.samhsa.gov/prevention/suicide.aspx. ■