

Multnomah County Health Department

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Training Volunteers for Field Response Operations... “Just in Time”

Multnomah County, Oregon Approach

Presentation Objectives

Give participants...

- ❖ Knowledge of Multnomah County’s MRC unit and approach to volunteer training
- ❖ Understand experience training volunteers for community bioterrorism preparedness field exercise

Multnomah County, Oregon

Background Information

	Multnomah County	Portland Metro Area
Geographic area (2000)	465	3,685
Population (2002)	677,626	1,872,938
# of Hospitals	8	16
# of Health Departments	1	4
# of Emergency Management Agencies	Multiple (e.g. City of Portland, City of Gresham, Multnomah County, Port of Portland, Coast Guard)	Multiple x 4

Multnomah County MRC

Overview

Goal of Unit:

To provide surge capacity for the health/medical response to significant, large-scale incidents

- Mass Injury (earthquake)
- Public Health Crisis (communicable disease)

Multnomah County MRC

Development Process

- ❖ Conducted stakeholder assessment
 - “Good health response system in place, we just need more bodies with a variety of health care skills”

- ❖ Identified roles for MRC volunteers
 - Mass Medical Care – health care delivered to many individuals at a particular location

Development Process

- ❖ Identified types of Mass Medical Care settings
 - **Medical Care Points (MCPs)**
 - Rapid Screening Points (RSPs)
 - Mass Prophylaxis/Vaccination Clinics

- ❖ With partners, developed mass medical care operations and identified key personnel
 - Fire/EMS
 - Public Health
 - Medical Reserve Corps
 - Hospitals
 - DMAT
 - Community partners (public works, Red Cross, etc.)

Multnomah County MRC

Development Process

- ❖ September 2003 – Health Department hosted Bioterrorism Preparedness Exercise
 - Medical Care Point – will it work?
- ❖ Identified number of MRC volunteers needed
- ❖ Set training date and location
- ❖ Recruited volunteers to participate
- ❖ Developed training

Note: MRC participation in the Medical Care Point exercise was on a pilot basis to learn if non-traditional responders could function in medical field operations. We identified roles for 10 volunteers...if the volunteers were successful, we planned to expand their role in future exercises.

Development Process

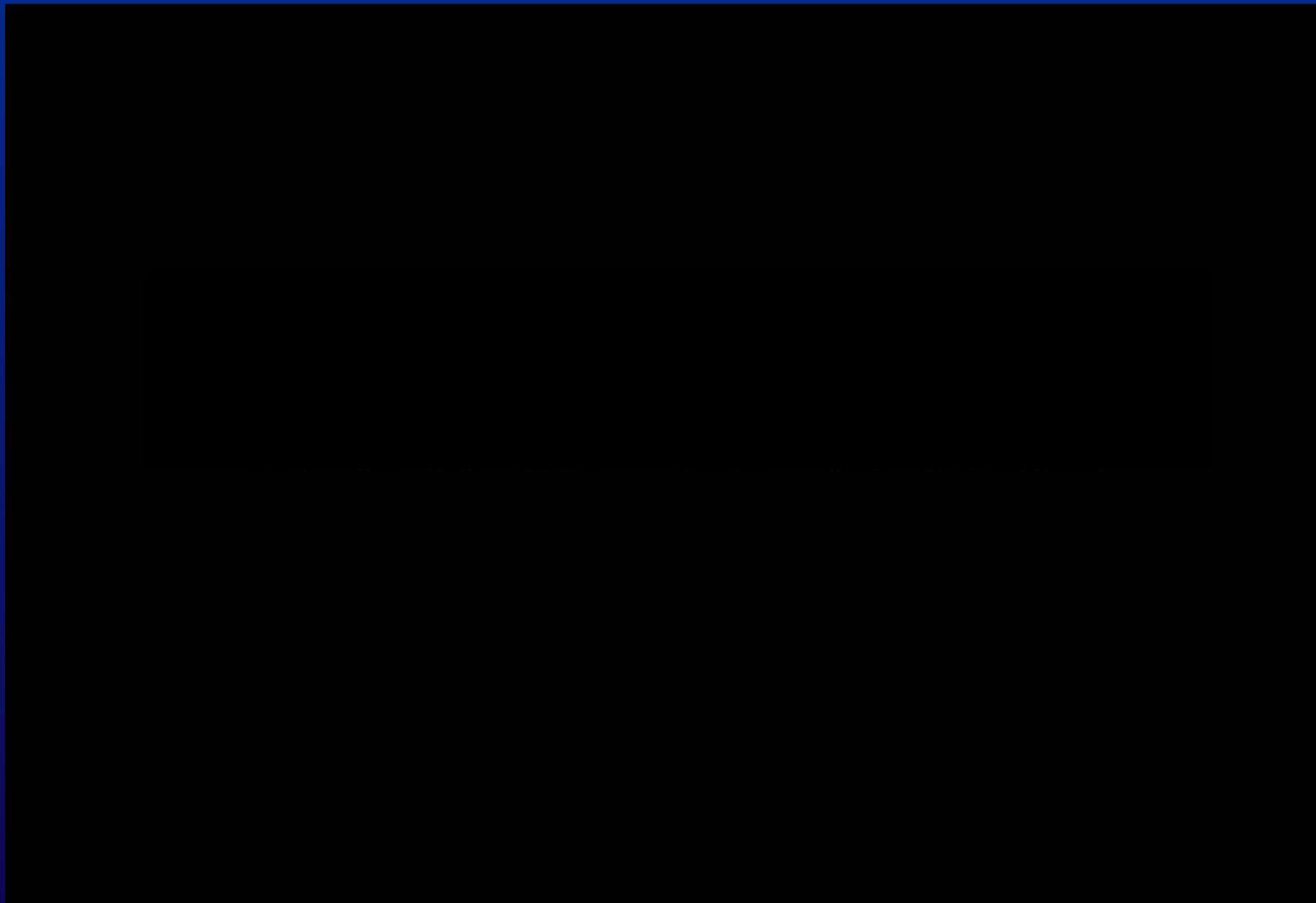
- ❖ Multnomah County MRC Training Philosophy – “Just in Time”
 - Adult learners must use skills to maintain
 - Cannot predict event or health response needs
- ❖ Medical Care Point operation required two part training for volunteers
 - In the classroom (2 hours)
 - In the field (3 hours)



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What is a Medical Care Point?



Medical Care Point

Mission

In a mass injury or illness event, provide hospital-associated health care “surge capacity” to evaluate presenting patients, and assure* they receive appropriate care

*“Assure” implies providing or referring for care as appropriate

Medical Care Point

Mission

Variations in Mission:

1. Care for exposed, symptomatic individuals related to the “incident”
2. Care for individuals going to hospital ER for a variety of medical needs *not* related to the “incident”

Medical Care Point

Objectives

- ❖ Prevent overcrowding of hospital facilities, preserve resources
- ❖ Provide evaluation for all presenting patients, immediate care for ambulatory patients
- ❖ Promote active surveillance for health or disease trends related to the incident

Command & Control

Phase 1	Phase 2	Phase 3 (if required)
Portland Fire/EMS	<ul style="list-style-type: none">• Multnomah County PH• Oregon DMAT	Other Federal Agencies

- ❖ MCPs use ICS/NIIMS for all operations
- ❖ MRC volunteers involved in Phases 2-3

Medical Care Point

Staffing

- ❖ MCPs use a mixed staffing model
 - Fire/EMS
 - Public Health
 - Medical Reserve Corps
 - Selected on-duty hospital personnel
 - DMAT
 - Other support organizations (e.g. mental health, Red Cross)

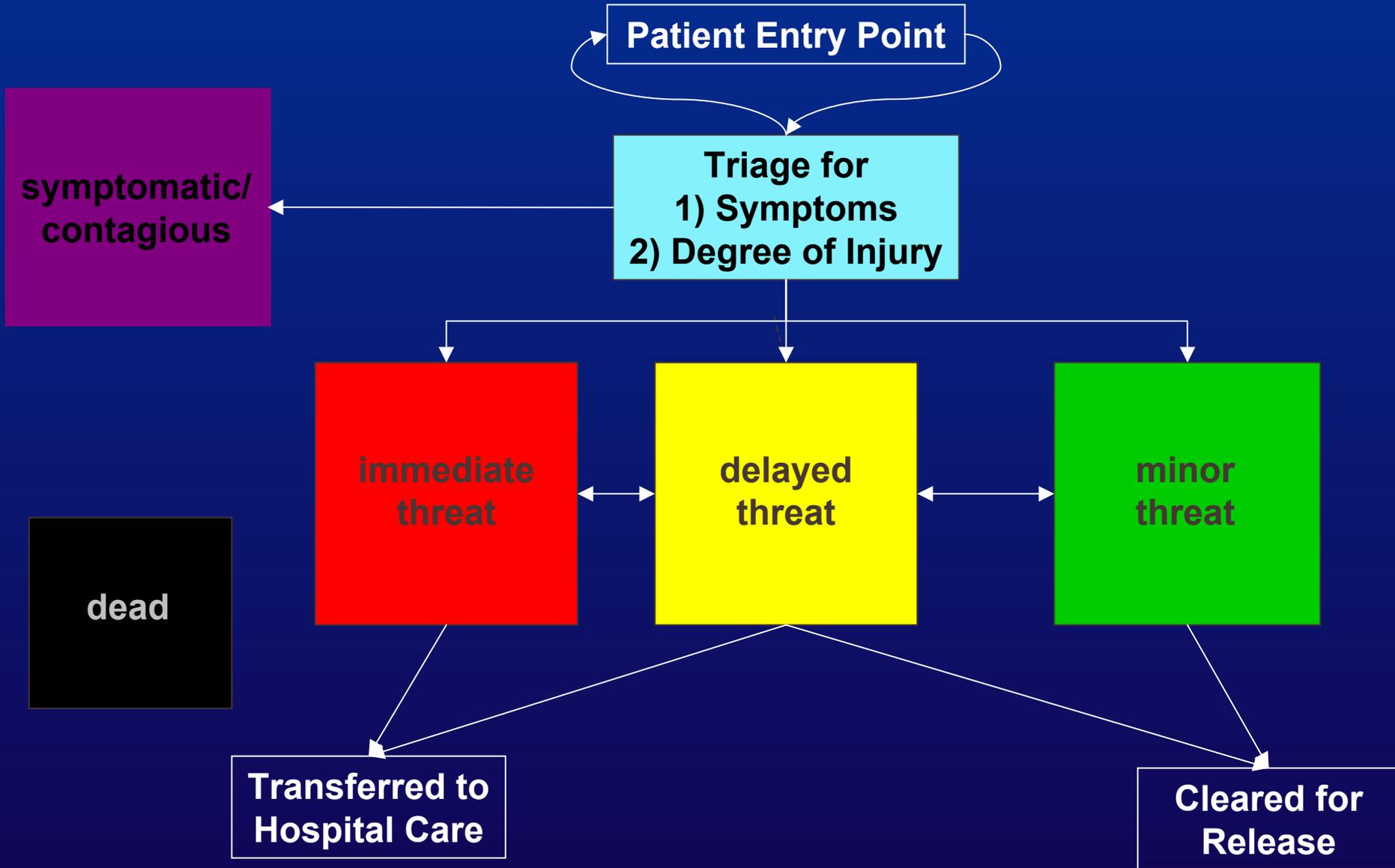
Health Care Volunteers (MRC)

- ❖ Necessary to sustain MCP activities
- ❖ Pre-identified, credentials verified
- ❖ Only provide care in low risk areas
- ❖ Focus solely on providing care to patients
- ❖ Work under command of the health department

Patient Flow - 1

- ❖ Patients triaged, tagged, and sorted by the following categories:
 - Green – Minor threat to life/health
 - Yellow - Delayed threat
 - Red - Immediate threat
 - Purple – Symptomatic/Contagious
- ❖ Critical (and seriously ill patients) transported for hospital (or DMAT) care

Patient Flow - 2



Partner Agencies

Agencies Providing Care

- ❖ Fire Departments
- ❖ Emergency Medical Services
- ❖ Health Department
- ❖ Medical Reserve Corps
- ❖ Hospitals
- ❖ Pharmacy
- ❖ Mental Health
- ❖ Federal Disaster Medical Teams (DMAT)

Agencies Providing Support

- ❖ Public Safety
- ❖ Parks Department
- ❖ Public Works
- ❖ Department of Transportation
- ❖ American Red Cross
- ❖ Veterinary Services
- ❖ Mental Health
- ❖ Media Relations (Public Information)



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*Now, back to the volunteer
training...*

1. In the classroom
2. In the field

MCP Classroom Training

Purpose

Give volunteers...

- ❖ Orientation to emergency preparedness, and
- ❖ Specific information on exercise scenario and volunteers' role in the operation

So that...

- ❖ Volunteers can perform successfully in MRC field exercise component

MCP Classroom Training

Who was there?

- ❖ Volunteer participants included:
 - Nurse Practitioners
 - Physicians
 - Registered Nurses

- ❖ Training presented by:
 - MRC Coordinator
 - EMS Medical Director
 - Health Officer

MCP Classroom Training

Topics covered

- ❖ Overview of Multnomah County MRC
- ❖ “Medical Care Point” operations
 - Role of MRC volunteer (patient care)
 - Patient flow
 - Incident Command System
- ❖ Incident Briefing – emergency scenario
 - Hospitals reported cases of a severe, acute, infectious disease

MCP Classroom Training

❖ Incident Briefing, cont.

- Presumptive laboratory confirmation of *Y. pestis* (pneumonic plague)
- Governor declared “impending public health crisis”
- Initial epidemiological investigation revealed commuter train(s) as likely site of plague dissemination
- Spread likely intentional (a bioterrorism event)
- Public health and FBI co-managing investigation

MCP Classroom Training

- ❖ Incident Briefing, cont.
 - 213 cases, 54 dead
 - Cases dispersed across tri-county; no other cases in Oregon or the US
 - Media coverage prompted people to seek diagnosis and treatment
 - Medical Care Points established to assist overwhelmed hospitals
 - Many people have one or more of initial symptoms – difficult to identify those exposed

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MCP Classroom Training

- ❖ Medical Briefing
 - Plague disease
 - Epidemiology
 - Signs and symptoms
 - MCP clinical protocols
 - Patient management and infection control precautions
 - Triage, evaluation and treatment modalities
 - Community clinical system for plague care
- ❖ What to expect on field exercise day

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MCP Classroom Training

Wrap up

- ❖ Answered questions and concerns
- ❖ Distributed t-shirts and study materials from classroom training
- ❖ Dismissed volunteers

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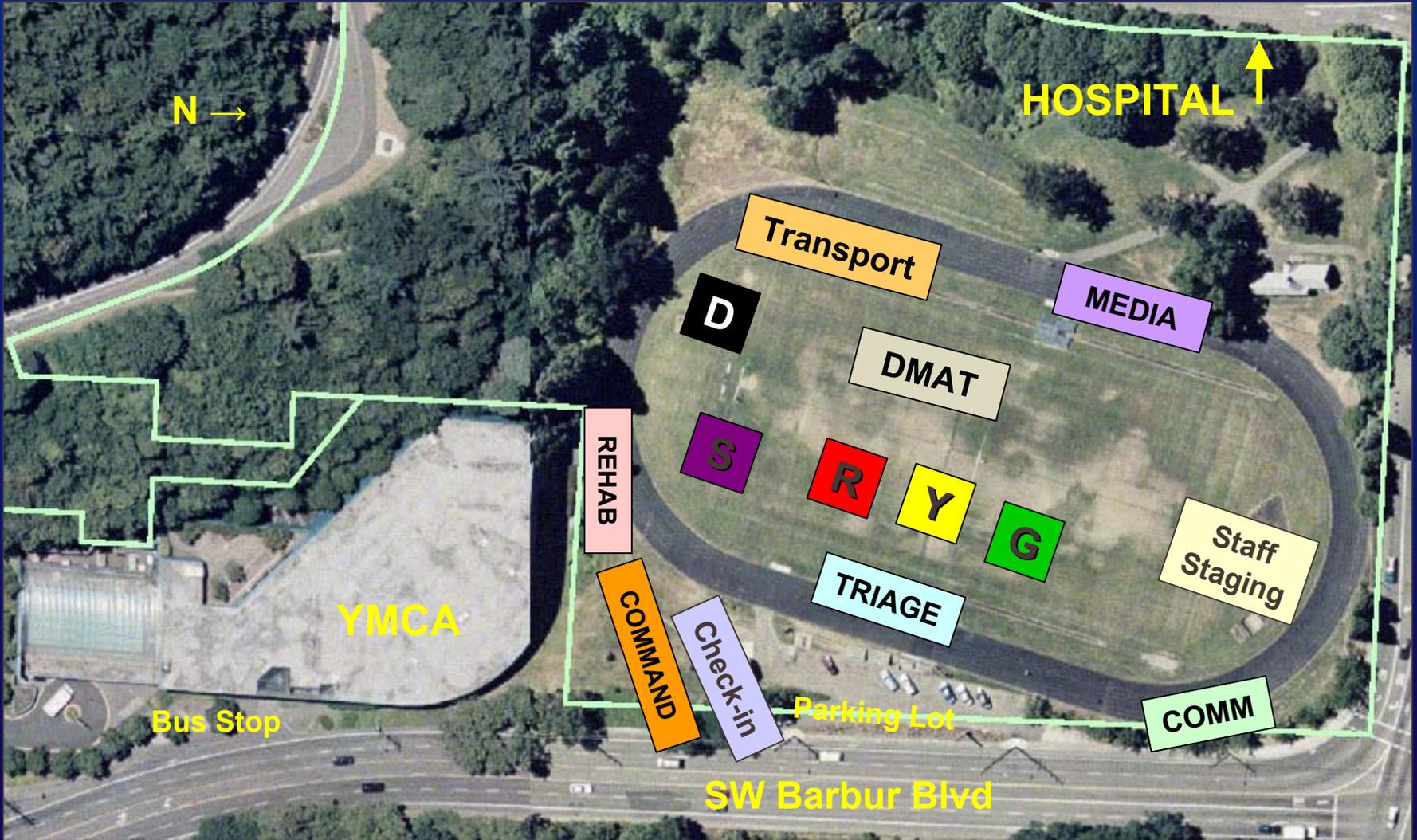
MCP Classroom Training

The next morning...

Volunteers:

- ❖ Arrived at field site (park near hospital)
- ❖ Reported to staff staging area
- ❖ Observed DMAT “in action” providing patient care in tents
- ❖ Relieved DMAT of patient care roles when public health took over command

MCP Layout at Duniway Park



Tent setup for patients



Portland Fire



DMAT

Treatment Tents (green, yellow, red, purple)



The “Patients”



Portland Fire Incident Commander



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Portland Fire “Unified Command” with Public Health



Portland Fire Triage



DMAT Tent (transport tent)



MRC, DMAT and Portland Fire Responders



MRC Patient Care



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Partner Agencies



American Red Cross



Mountain Wave Communication



Oregon Humane Society

What we learned

- ❖ “Just in time” training works
 - Effective and efficient
- ❖ Volunteers can be inserted into a large-scale medical field operation
 - Worked well with traditional responders
 - Most successful when primary focus is strictly on patient care

Areas for Improvement

Feedback from our volunteers:

- ❖ Longer classroom training session
- ❖ Modify patient flow for MCP
- ❖ Allow more time for transition of command and operations from one agency to another
- ❖ Provide more formal written and/or verbal command briefings

Summary of Training

- ❖ First multi-agency medical field response operation in Portland-metro area
- ❖ In general, exercise ran smoothly
 - Well-designed
 - Showed challenges of a multi-agency response to an incident
 - Participants identified areas for improvement

Summary of Training

- ❖ All responders appreciated opportunity to train with other agencies
- ❖ Planning team received Coordination Award from Oregon Emergency Management Association
 - MCP plan new concept for Oregon

Next Steps

- ❖ Expanding MRC role in Fall 2004 exercise
 - Large-scale recruitment of physicians, pharmacists, and nurses underway
- ❖ Developing web-based self study orientation and training materials
 - MRC Overview
 - Mass medical care operations – volunteer roles
 - General emergency preparedness
 - Other topics as necessary



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Questions

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