



San Diego County MRC and the Red Cross: An Integrated Response to Disasters

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San Diego County MRC

- “Sponsored” by SD County Public Health Services (PHS)
- Development and organization contracted to SDCMS
- MRC Coordinators include PHS and EMS staff
- Volunteers registered with County Office of Emergency Services (OES) as Disaster Service Workers (DSW)



Disaster Shelters in San Diego County

- Operational Area Emergency Plan
- Annex "G" – Care And Shelter Operations
 - Red Cross provide bulk of Mass Care Services
 - HHSA and PHS will assist Red Cross
 - Provide trained personnel to Mass Care Shelters (PHNs)



Disaster Shelters in San Diego County

- Public Health Nursing provides PHNs
 - Administer first aid following Red Cross protocols
 - Perform health assessments to identify health problems
 - Perform a variety of other health related tasks:
 - Chronic disease monitoring
 - Protect residences from communicable disease
 - Monitor food preps
 - Health education



Background

- Viejas and Julian Fires (2001/2002) - need to open more than 2 Disaster Shelters simultaneously
- Public Health Nursing agreed to provide some PHNs to be trained on Red Cross Shelter Operations and Protocols
- Training Program initiated by PHS and Red Cross for the PHNs



Background

- Fall 2003 - Cedar Fires
- Largest wildfire in California history
- Within 48 hours Red Cross established 12 Disaster Shelters
- 85 PHNs worked more than 100 12-hour shifts



MRC Status in 2003

- SDCMS establishing physician volunteer network to assist PHS
- Working with PHS to submit application for MRC grant
- Hospital ERs not overwhelmed with victims (except for Burn Unit)
- Did not realize health situations at shelters
- Decision made with PHS to not activate volunteers



Cedar Fires Debrief

- RC and PH Nurses encountered large number of medical issues
 - Most didn't require transport to ER, but did not fall within protocols for treatment at shelter either
 - Huge number of maintenance med prescriptions
 - Medical supply needs such as oxygen/insulin
 - Not out of the norm, but volume was overwhelming

- **NEED TO HAVE A SYSTEM TO MEET MEDICAL NEEDS OF VICTIMS IN SHELTERS!!**



Developing the Partnership

- Brainstorming session
- County
 - EMS Disaster Coordinator
 - Lead PHN
 - MRC Coordinators
- Red Cross
 - Disaster Health Services Directors
 - Lead Physician
 - Lead Nurse



Developing the Partnership

- Brainstorming session
 - Educated each other!
 - Discussed what had been needed in fires
 - Discussed what could possibly have been done
 - Discussed liability (RC vs. DSW) to ensure RC immune
 - Discussed RC notification that MRC is needed
 - Next steps



Developing the Partnership

- Public Health Nurses
 - PHS and Red Cross developed training curriculum
 - Red Cross Shelter Operations
 - Red Cross Disaster Health Services Protocols
 - MRC capabilities and interaction
- Over 180 PHNs trained



Developing the Partnership

- MRC Advisory Board
- Red Cross represented by:
 - RC Physician
 - RC Lead Nurse
 - Disaster Health Services Staff
- MRC adopted Disaster Shelters as a core mission



Developing the Partnership

- Developed notification procedure
- Developed shelter layout structure
- Developed client flow to include medical
- Determined the scope of practice for MRC would be defined during activation by Public Health Officer
- No need for MOU since already in Annex G



Hurricane Katrina

■ 1st MRC Activation

- Notified by EMS of possible evacuees arriving in SD
- Sept 2nd: conference call w/Red Cross, County, DHS..
- Sept 3rd: conference call at 1800 hrs
 - Shelter being established for up to 170 evacuees arriving via plane on Sept 4th
- Called 9 volunteers, reached or left message with 8



Hurricane Katrina

- 3 MDs and 5 RNs mustered at shelter
 - MRC/RC established medical location and client flow
 - MRC brought basic medical items
 - RC provided first aid materials, purchased additional supplies and made arrangements to fill prescriptions
 - Deputy PHO assigned to establish scope of practice



Hurricane Katrina

- 80 evacuees arrived approx 1900 hrs
 - All seen by PHNs under RC protocols
 - 35 referred to MRC RNs and MDs
 - Performed medical assessments/exams
 - Wrote prescriptions
 - Referred for follow up
 - 1 transport to ER
 - MRC deactivated at 2230 hrs



Hurricane Katrina

- Throughout week of Sept 5th prepared for arrival of FEMA flights
- Red Cross was lead agency
 - MRC/Disaster Health Services developed shelter layout at local university for 600
 - MRC communication system to solicit volunteers
 - Activated 2 MRC MDs to see clients at RC offices
 - MRC pharmacist system to assist filling prescriptions
 - RC established Family Assistance Center (FAC)



Hurricane Katrina

- Sept 10th to Oct 14th at FAC
 - 17 physicians volunteered for 79 4-hour shifts
 - 12 nurses volunteered for 21 4-hour shifts
 - 3 pharm techs volunteered for 7 4-hour shifts
 - More than 2300 clients registered at FAC
 - Nurses from RC, PH, and MRC saw 547 under RC protocols
 - 339 needed to be seen by MRC physicians



Hurricane Katrina

- Sept 10th to Oct 14th at FAC
- What did they do?
 - Performed medical assessments/exams
 - Wrote prescriptions
 - Worked with community clinics on referrals/follow up
 - Provided emotional comfort and support
 - Arranged transport to ER or Urgent care if needed



Hurricane Katrina

- Identified a need to better fill prescriptions
 - Some MRC physicians brought sample meds
 - Solicited other MRC and SDCMS physicians
 - MRC pharmacists and pharm techs inventoried
 - Allowed for onsite filling of the common prescriptions
- Saved the local RC chapter thousands \$\$



Lessons Learned

- MRC needs more medical supplies than RC or PHN carry
- Medical location in shelter set up
- MRC protocols “tailored” for each event
- Scope of practice set by PHO each time
- Collaborate with RC on training programs/drills
- Train MRC nurses and physicians on RC forms



Lessons Learned

- Develop J-I-T training on Shelter Ops
- Train the PHNs on MRC volunteer management
- Develop MRC patient forms
- For long term shelters, establish watch bill system
- Identify common issues and establish prescription plan



QUESTIONS?



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