

MEDICAL RESERVE CORPS REVIEW

"Volunteers Building Strong, Healthy, and Prepared Communities"

A MONTHLY NEWSLETTER SERVING THE MEDICAL RESERVE CORPS UNITS OF IOWA, KANSAS, MISSOURI AND NEBRASKA

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Upcoming Events

National VOAD Conference. May 5-7, 2009 in Little Rock, AR. Sponsored by the National Voluntary Organizations Active in Disaster (VOAD). For more information, visit <http://www.nvoad.org/>.

Kansas MRC Coordinators Meeting. May 7, 2009 at 10:00 a.m.-2:00 p.m. at the Kansas Department of Health and Environment, Curtis State Office Building, 1000 SW Jackson, Topeka, KS 66612. Contact Sonia Jordan, Kansas Hospital and Volunteer Outreach Coordinator, at (785) 296-5201 or sjordan@kdheks.gov for more information.

Missouri MRC/Public Health Volunteers Meeting. May 26, 2009 at 1:00-4:00 p.m. in the Wild Pine Conference Room, Missouri Department of Health and Senior Services, 930 Wildwood, Jefferson City, MO 65102. Contact Sharlet Kern Howren, Missouri MRC/Volunteer Program Coordinator, at (573) 522-4098 or sharlet.howren@dhss.mo.gov for more information.

2009 National Conference on Community Preparedness. August 9-12, 2009 in Arlington, VA. Sponsored by FEMA's Community Preparedness Division and the International Association of Emergency Managers (IAEM). For more information, visit <http://www.iaem.com/NCCP2009.htm>.



New MRC Unit: Kansas State Animal Response Team/Veterinary MRC

On March 31, 2009, the Kansas State Animal Response Team/Veterinary MRC became Kansas' 12th MRC unit and the 32nd MRC unit in Region VII. The housing organization for this MRC unit is the Kansas State Animal Response Team. The unit will also develop local County Animal Response Teams (CARTs) to serve local jurisdictions throughout the state. The mission of the MRC unit is to help ensure the safety and welfare of animals affected by natural and man-made emergencies and disasters; to educate and train the public on issues related to animals and emergencies; and to help minimize the effects of emergencies and disasters on people and their pets.

The Kansas State Animal Response Team/Veterinary MRC is made up of veterinarians, veterinary technicians, and others concerned with animals in disasters. Unit members have expertise in the treatment and care of a wide variety of animals, ranging from dogs, cats and other pets to horses, livestock and exotic animals.

The unit leader is Dr. Christen Skaer, DVM. She can be contacted at:

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MRC and ARC Sign Joint Memorandum of Understanding

On April 2, 2009, CAPT Rob Tosatto, Director of the Office of the Civilian Medical Reserve Corps (OCVMRC) and Joe Becker, Senior Vice President of Disaster Services for the American Red Cross (ARC), signed a Joint Memorandum of Understanding (MOU) to ARC chapter and MRC unit leaders, which will solidify the organizations' relationship. After successful experiences working together in response to hurricanes and other events, the value of this partnership has been well illustrated. This partnership will further connect the MRC and ARC at both the national and local levels.

The missions of the MRC and the ARC are complementary and working together will only better prepare and protect our communities to recover from disaster. The leadership of the ARC and MRC have held several planning meetings, and we have reached a common understanding of how mutually beneficial support activities may evolve in the future. Basically, there are three ways for ARC and MRC volunteers to work together:

1. MRC volunteers working as ARC volunteers
2. MRC volunteers working alongside ARC volunteers (i.e. in shelters, emergency aid stations, etc.)
3. ARC volunteers working as MRC volunteers

In order for the relationships to function smoothly and effectively in emergencies, it is important that local ARC chapters, public health departments and MRC units begin to develop functional relationships now. Some local ARC chapters and MRC units have already established this process and are increasingly collaborating in many communities across the country.

We strongly encourage local ARC chapters and MRC unit leaders to join together now to improve the health and safety of their local communities. To this end, we urge you to enter into local partnerships and document your collaboration. PDF versions of the joint MOU signed on April 2, 2009 and the template for a local ARC/MRC MOU have been posted on the MRC listserv and sent by e-mail to all MRC leaders in Region VII. In addition, a Word version of the MOU template will be available on the MRC website in the near future.

We all look forward to seeing our partnership grow stronger at the local and national levels, thus

strengthening our responses to disasters...and our resiliency.

OCVMRC Develops Strategic Plan

On April 6, 2009 at the 2009 Integrated Medical, Public Health, Preparedness and Response Training Summit, CAPT Rob Tosatto announced that the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) has completed its Strategic Plan for 2009-2010. He encouraged all MRC members to review this document, as it will guide the OCVMRC's efforts as it continues to improve the program and strengthens our collective impact on the health and safety of the nation.

This plan sets forth a clear vision and mission, and highlights the OCVMRC's goals and strategic objectives for the coming years. Performance measures for each of the strategic objectives have been developed, and a Balanced Scorecard approach is being used to implement this plan.

The OCVMRC paid close attention to ensure that its Strategic Plan aligns with the priorities of the Office of the Surgeon General, the Office of Public Health and Science, and the Office of the Assistant Secretary for Preparedness and Response, as well as with the broader goals of the Department of Health and Human Services.

Please note that this plan is for the OCVMRC . . . not the "MRC network." According to CAPT Tosatto, "As we [the OCVMRC] initiated the planning process, it was often difficult for us to discern which entity we were talking about. Ultimately, we decided that our focus should be on OCVMRC and the areas that we can directly affect. As we implement this strategic plan towards these specific issues, we foresee that it will ultimately lead to improvement in the overall MRC network and accomplishment of the MRC mission."

The OCVMRC looks forward to sharing its progress with you over the coming year. The OCVMRC will keep you up-to-date through their reports, the MRC website, and future listserv messages.

To see the full OCVMRC Strategic Plan for 2009-2010, please visit:

<http://www.medicalreservecorps.gov/About/StrategicPlan0910>.

A PDF version is also available on the MRC website for downloading. Please let the OCVMRC know what you think. This is a living document, and the OCVMRC expects to make course corrections as they go.

The OCVMRC encourages all MRC units to begin, or continue, developing their strategic plans. Currently, about 64% of MRC units report that they have implemented a strategic planning process. The OCVMRC would like to see that number rise over the next year. Remember that your strategic plan is your roadmap, and without that map you won't know where you are going or when you've arrived.

Two Region VII MRC Members to Attend Deployment Training

The Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) has selected **Mindy Hobelman** of the **Central Nebraska MRC** and **Elizabeth Gibbs** of the **St. Louis County MRC** for the Spring 2009 MRC Deployment Training on May 18-22, 2009 in Bethesda, MD.

The selection process was extremely challenging, as there were over 270 applicants and only 25 slots available for the training event. Because of the tremendous number of applicants, many highly qualified and motivated MRC members could not be accepted. However, the OCVMRC will offer future deployment training opportunities and hope to be able to accommodate the enormous demand at these subsequent training events.

The Spring 2009 MRC Deployment Training will begin with disaster preparedness and response related lectures and hands-on activities facilitated by subject matter experts from the Centers of Disease Control and Prevention (CDC), the Assistant Secretary for Preparedness and Response (ASPR), and OCVMRC. Participants will also tour the HHS Secretary's Operations Center. The training course will culminate with participants putting the knowledge and skills learned into practice as they take part in a mass casualty triage exercise.

Congratulations to Mindy Hobelman and Elizabeth Gibbs on their selection to participate in this highly sought-after training opportunity!

AHRQ Issues Recommendations for Safeguarding Children During Public Health Emergencies

From AHRQ E-Mails, March 17, 2009 and April 20, 2009

On March 17, 2009, the Agency for Healthcare Research and Quality (AHRQ) released two new tools designed to protect and care for children who are in a hospital or a school during a public health emergency:

- [Pediatric Hospital Surge Capacity in Public Health Emergencies](http://www.ahrq.gov/prep/pedhospital/) consists of guidelines to assist pediatric hospitals in converting from standard operating capacity to surge capacity and help community hospital emergency departments provide care for large numbers of critically ill children. The tool addresses needs such as communications, staff responsibilities, triaging, stress management, and security concerns when handling large numbers of children with either communicable respiratory diseases or communicable foodborne or waterborne illnesses. For additional information, see <http://www.ahrq.gov/prep/pedhospital/>.
- [School-Based Emergency Preparedness: A National Analysis and Recommended Protocol](http://www.ahrq.gov/prep/schoolprep/) is a national model for school-based emergency response planning. It provides guidance on the recommended steps for both creating and implementing a school-based emergency response plan. Steps outlined include performing needs assessments, conducting site surveys, developing training modules for school staff, and informing parents of the plan, as well as steps relating to building security and safety, preparation for large-scale emergencies, sheltering-in-place and lockdown, evacuation, relocation, and communications. Included with the guidance is a model school-based emergency response plan developed by the Brookline, MA school district in cooperation with the Center for Biopreparedness, the division of Harvard Medical School that prepared both sets of guidelines under contract to AHRQ. For additional information, see <http://www.ahrq.gov/prep/schoolprep/>.

Both tools are available on AHRQ's website (<http://www.ahrq.gov/prep/>).

AHRQ has other tools that can be used for pediatric emergency preparedness planning, such as *Decontamination of Children: Preparedness and Response for Hospital Emergency Departments and Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians*.

According to AHRQ, children are not just small adults; their different medical needs make it essential for health care facilities to prepare for child victims of public health emergencies. In addition, children spend most of their waking hours away from their parents in school. Schools, therefore, must assure that children have appropriate care and proper interventions in a public health emergency. Hospital and school disaster response plans should account for children as a priority population. To showcase resources that can support emergency preparedness planning for children, AHRQ will host a Webcast, ***Planning and Preparedness for Children's Needs in Public Health Emergencies, on May 12, 2009 at 12:00 p.m. Central Time (1:00 p.m. Eastern Time)***.

This event will feature a panel discussion of preparedness initiatives and insights from pediatric emergency preparedness planners. Participants will also learn more about AHRQ's aforementioned resources on school-based emergency preparedness and pediatric hospital surge capacity in public health emergencies. In addition, Webcast attendees will hear from the National Commission on Children and Disasters, which is developing pediatric emergency initiatives, and grantees of the Assistant Secretary for Preparedness and Response's (ASPR's) Hospital Preparedness Program. Co-moderator Daniel Dodgen, PhD, Director of the Office for At-Risk Individuals, Behavioral Health, and Human Services Coordination, ASPR, will also share information about his program's initiatives. Presenters will offer perspectives on both clinical preparedness and school-based preparedness.

To register for the Webcast, please visit <https://ahrq-kt.webex.com/ahrq-kt/onstage/g.php?t=a&d=754911203>.

For more information about the event, please visit <http://www.academyhealth.org/knowledge/transfer/EPWebcasts.htm>.

MMRS Funding Cap Lifted for Support of MRC

FEMA's Metropolitan Medical Response System (MMRS) program has increased its support for the MRC

in its current (FY09) guidance through the removal of the funding cap for the amount an MMRS grant recipient can use to support MRC units. MMRS funding is currently provided to 124 communities. A list of these communities is available on FEMA's website at <http://www.fema.gov/mmrs/jurisdictions.html>.

The specific guidance language and interpretation in support of the MRC is as follows:

FY09 MMRS Guidance

MMRS subgrantees are encouraged to collaborate with local, regional, and State health and medical partners, such as Medical Reserve Corps units and Citizen Corps Councils, as well as leverage other Federal programs, such as the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (DHHS-ASPR) Hospital Preparedness Program and Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Center for Disease Control and Prevention Cities Readiness Initiative and Strategic National Stockpile, to coordinate and support plans, processes and strategies related to, but not limited to: Continuity of Government; Continuity of Operations; Equipment and Supplies Procurement; Fatality Management; Forward Movement of Patients; Hospital Evacuation; Interoperable Communications; Patient Tracking; Pharmaceutical and Medical Supply Management and Distribution; Public Education; Outreach and Information; Recruiting Volunteers; and Training. The guidance is available at http://www.fema.gov/pdf/government/grant/hsgp/fy09_hs_gp_guidance.pdf (see page 16).

Interpretation

The main point here is that there are no caps on the use of MMRS funds to support other programs. However, the request for any funds has to be initiated by the MRC unit and must be approved by the MMRS leadership and the State Administrative Agent. Support for funding requests will only be granted if the MRC program supports the MMRS mission and can be sustained beyond the FY09 grant's Period of Performance and without using future MMRS funds.

If your MRC unit serves a jurisdiction(s) which participates in the MMRS program, please contact your local MMRS coordinator for additional information. You are encouraged to work closely with your MMRS program to enhance the emergency preparedness and response capabilities, and the resiliency, of your communities.