

MEDICAL RESERVE CORPS REVIEW

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

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Upcoming Events

National Volunteer Week. April 27-May 3, 2008. Additional information is available from the Points of Light Foundation at http://www.pointsoflight.org/programs/seasons/nvw/tools_cfm.

16th Annual Voluntary Organizations Active in Disaster (VOAD) Conference: Pathways to Partnership. May 5-8, 2008 in Little Rock, AR. Sponsored by the National Voluntary Organizations Active in Disaster. For more information, visit www.nvoad.org/annualconf1.php.

National Nurses Week. May 6-12, 2008. For more information, visit <http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/NationalNursesWeek.aspx>.

7th UCLA Conference on Public Health and Disasters. May 18-21, 2008 in Torrance, CA. Sponsored by the UCLA Center for Public Health and Disasters. For more information, visit www.cphd.ucla.edu.

National Emergency Medical Services Week. May 18-24, 2008. For more information, visit <http://www.acep.org/practres.aspx?LinkIdentifier=ID&id=30212&fid=1702&Mo=No&acepTitle=EMS%20Week>.

REGION VII



National Conference on Volunteering and Service. June 1-3, 2008 in Atlanta, GA. Sponsored by the Corporation for National & Community Service and Points of Light & Hands On Network. For more information, visit <http://www.volunteeringandservice.org/index.htm>.

New Madrid Seismic Zone Conference. August 12-14, 2008 in Rolla, MO. Sponsored by the U.S. Geological Survey, Missouri University of Science and Technology, Missouri Department of Natural Resources, Missouri State Emergency Management Agency and the Society of American Military Engineers. For more information, visit <http://conference.mst.edu/newmadridconf/>.

2008 ASTHO-NACCHO Joint Conference. September 9-12, 2008 in Sacramento, CA. Sponsored by the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO). For more information, visit <http://www.naccho.org/conferences/asthonaccho2008/index.cfm>.

IAEM 56th Annual Conference and EMEX. November 15-20, 2008 in Overland Park, KS. Sponsored by the International Association of Emergency Managers (IAEM). For more information, visit <http://www.iaem.com/events/annual/intro.htm>.

Kansas Names State MRC Coordinator

The Kansas Department of Health and Environment's (KDHE) Center for Public Health Preparedness has appointed Alicia Parkman as the state's interim MRC/ESAR-VHP coordinator. With this appointment, Alicia becomes the first state-level MRC coordinator in Region VII.

Since February 2008, Alicia Parkman has been serving as the Director of Administrative Services for the Center for Public Health Preparedness. In this position, she works to ensure that all CDC and state fiscal management requirements are met and that all funds are judiciously expended during each grant cycle. She assists in managing the public health preparedness aid-to-local and vendor contract programs and supervises the administrative support staff in the bureau.

Alicia has been with KDHE's Center for Public Health Preparedness since February 2006, working as the Outreach and Planning Specialist for the Hospital Preparedness Program until promoted to her current position. She has also been the project manager for the state's K-SERV program (Kansas System for the Early Registration of Volunteers; Kansas' version of ESAR-VHP), a central volunteer registry designed to improve volunteer registration and deployment, while also pre-verifying credentials of volunteer health professionals.

Alicia has a BA in Sociology from Oklahoma State University and an MA in Sociology from the University of Kansas.

Alicia Parkman may be contacted at (785) 296-8115 or aparkman@kdhe.state.ks.us. Please welcome Alicia to the regional network of MRC units.

Please note: Since Alicia is the *interim* MRC/ESAR-VHP coordinator, KDHE is currently recruiting to fill the MRC/ESAR-VHP Coordinator position (called the Hospital and Volunteer Outreach Coordinator). The vacancy announcement and application procedures for this new position are available at <http://da.ks.gov/ps/pub/reginfo.asp?id=159828>.

Douglas County MRC Kicks Off National President's Fitness Challenge

The Douglas County MRC kicked off the unit's involvement in the National President's Fitness Challenge on March 20, 2008 with a walk on the trail at the Clinton Lake softball complex in Lawrence, KS.

MRC members, family and friends participated in the event to set the example of a healthy lifestyle. Participants were also encouraged to register for other fitness challenges, including Walk Kansas, sponsored by the Kansas State University Agricultural Experiment Station and Cooperative Extension Service and supported by the Douglas County Health Department's Community Health Improvement Project (CHIP).

Launched by the President's Council on Physical Fitness and Sports, the National President's Fitness Challenge is a six week physical activity event developed to encourage all Americans to get up and move at least 30 minutes a day, five days a week. A website has been created (www.presidentschallenge.org) so that participants can register for the challenge and track their progress. The challenge began on March 20th and will culminate on May 15, 2008.

"Our goal is to have Americans of all ages be more active, and what better place than to start in our own community with MRC volunteers setting the example," said Kellie Worley, Douglas County MRC Planner.

For more information on the Douglas County MRC, visit www.ldchealth.org/medicalreservecorps.htm.

Missouri MRCs Respond to Flooding

In mid-March, a cold front slowly moved across Missouri, bringing locally heavy rains to much of the state. The National Weather Service reported rainfall amounts around the southern half of the state ranging from 2" to 10", with the highest total in the Reynolds-Shannon County area. Five people died in Missouri due to weather-related events, and a Presidential disaster declaration was issued for Missouri.

In response to this flooding, the South-Central Missouri MRC and the Texas County MRC were contacted by the Missouri Department of Health and Senior Services (DHSS) for volunteers to assist with shelter operations (and perhaps other activities) in affected communities.

The South-Central Missouri MRC was contacted by DHSS on the evening of March 18, 2008. The South-Central Missouri MRC prepared for a deployment on the morning of March 20, 2008. However, on the afternoon of March 19, 2008, DHSS informed the South-Central Missouri MRC that they would not need to deploy.

On March 18-19, 2008, in response to a request from DHSS, the Texas County MRC deployed three nurses (two nurse practitioners and an RN) to a shelter serving

75-100 people at the Harvest Baptist Church in Piedmont, Wayne County, Missouri. At the shelter, Texas County MRC members assisted with the following activities:

- Provided first aid
- Conducted medical assessments
- Obtain oxygen and breathing medicines for patients
- Assessed patients with cardiac and pulmonary disease
- Obtained medication that was lost in the flood
- Obtained tetanus shots for rescue workers and people returning to flood-damaged areas
- Assisted American Red Cross personnel with relaying information to citizens

Texas County MRC volunteers were demobilized and deactivated on the afternoon of March 19, 2008.

For more information on this deployment, please contact Terry Bruno, Texas County MRC coordinator, at (417) 962-3015 or tbruno@tcmh.org, or contact Beverly Stewart, South-Central Missouri MRC coordinator, at (573) 458-6032 or stewab@lpha.dhss.mo.us.

MRC and ESAR-VHP Integration

Presented below is the revised version of the *MRC and ESAR-VHP Integration Fact Sheet* (which was released and discussed at the MRC National Leadership and Training Conference in Portland, OR on April 8-11, 2008). In January 2008, the Office of the Civilian Volunteer Medical Reserve Corps sent a draft of this document out for comments. The Office of the Civilian Volunteer Medical Reserve Corps received over 120 comments. Jennifer Hannah, the ESAR-VHP Team Leader, and CAPT Rob Tosatto reviewed all of the comments and tried to address as many as possible in this revised version. According to CAPT Tosatto, "this document is intended to inform, but since an effort was made to keep it fairly short, it will not answer all questions. Expect to see further information as the integration work proceeds."

Background: The Medical Reserve Corps (MRC) and the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) each represent key national initiatives of the U.S. Department of Health and Human Services (HHS) to improve the nation's ability to prepare for and respond to public health and medical emergencies. The MRC is housed in the Office of the U.S. Surgeon General; ESAR-VHP is

based in the Office of the Assistant Secretary for Preparedness and Response (ASPR).

The MRC is a national network of community-based volunteer units that focus on improving the health, safety and resiliency of their local communities. MRC units organize and utilize public health, medical and other volunteers to support existing local agencies with public health activities throughout the year, and with preparedness and response activities for times of need. One goal of the MRC is to ensure that members are identified, screened, trained and prepared prior to their participation in any activity. While MRC units are principally focused on their local communities, it is clear that MRC volunteers could be vital to the success of response efforts in a statewide or national disaster as well.

The National ESAR-VHP program provides guidance and assistance for the development of standardized State-based programs for registering and verifying the credentials of volunteer health professionals in advance of an emergency or disaster. Each State program collects and verifies information on the identity, licensure status, privileges, and credentials of volunteers. The establishment of State programs built to a common set of national standards gives each State the ability to quickly identify and assist in the coordination of volunteer health professionals in an emergency. State ESAR-VHP programs are intended to serve as the statewide mechanism for tying together the registration and credential information of all potential health professional volunteers in a State. States may include non-health professional volunteers in their registries. These systems should include information about volunteers involved in organized efforts at the local level (such as MRC units and SNS volunteer teams) and the State level (such as NDMS/Disaster Medical Assistance Teams (DMAT) and State Medical Response Teams). The programs also allow for a ready pool of volunteers by providing mechanisms for the recruitment and registration of individual health professionals who are willing to help in an emergency, but prefer not to be part of a unit structure such as an MRC or DMAT. State ESAR-VHP programs could provide a single, centralized source of information to facilitate the intra-State, State-to-State, and State-to-Federal deployment or transfer of volunteer health professionals.

This document outlines the benefits and recommendations for integration of MRC and ESAR-VHP. It is clearly understood, however, that there is variability amongst MRC units and differences between the approaches taken by State ESAR-VHP programs.

While the Federal programs can provide guidance, it is up to the MRC and ESAR-VHP leaders to best determine the mechanisms that will work for their local and State jurisdictions.

Vision for Integration: Develop a unified and systematic approach for Local-State-Federal coordination of volunteer health professionals, in support of existing resources, to improve the health, safety and resiliency of local communities, States, and the Nation in public health and medical emergency responses.

Benefits of Integration: There are significant advantages to integrating local MRC volunteer resources and state ESAR-VHP programs. Integration will:

- Strengthen local and state coordination by establishing integrated procedures and clarifying roles and responsibilities in the management and utilization of volunteers during an emergency.
- Increase surge capacity by ensuring Local-State-National coordination of volunteers within a tiered response system.
- Allow for the maximum use of volunteer health professionals' skills and expertise.
- Minimize duplications of effort in identifying, registering, screening and managing volunteer health professionals.
- Improve resource planning and allocation which reduces costs for local, State and Federal governments.
- Increase the resiliency of local communities and States, making them less dependent on Federal resources.

Recommendations for Integration: Although there are significant advantages to integrating these local and State resources, MRC units and ESAR-VHP programs need to work collaboratively to ensure successful integration. Recommendations include:

- All States should have an ESAR-VHP State Coordinator and an MRC State Coordinator. If possible, these positions/roles should be filled by the same person. However, in states where the two coordinators are different individuals, it

is essential that the programs work collaboratively.

- MRC and ESAR-VHP should be included in local and State response plans.
- MRC units and ESAR-VHP programs should coordinate activities and share responsibility for identifying and recruiting potential volunteers.
- The State ESAR-VHP program should be responsible for developing and implementing the mechanisms for registration and credentials verification.
- MRC units should use the State ESAR-VHP program for registering and verifying the credentials of their members.
- All volunteer health professionals who register directly with the State ESAR-VHP program should be informed of MRC units in their area and encouraged to join.
- If there are interested volunteers, but no current MRC units in their vicinity, the State ESAR-VHP program should notify local public health and other authorities and encourage them to establish an MRC unit. New MRC units should address identified gaps in coverage areas and should not duplicate or compete for membership with existing MRC units.
- There should be written State-level policy regarding information sharing between the ESAR-VHP program, MRC units and other local authorities.
- Training and preparing volunteers for activation at the local level should be the responsibility of the MRC, in coordination with their local and State response partners. (Recommendations regarding training for activations outside of the local jurisdiction are under development.)
- Tracking, training and preparing volunteer health professionals who are not affiliated with a local MRC unit or another local/State response organization should be the responsibility of the State ESAR-VHP program.
- MRC units, ESAR-VHP programs and local/State response partners should coordinate

activities and share responsibility for the development of coordinated notification, activation, mobilization and demobilization procedures for local, intra-State and State-to-State deployments.

- State requests for the activation and deployment of MRC volunteers should require a sign-off/approval of their local MRC unit leader to ensure that local needs are met first and to prevent impingement on the autonomy of the MRC.

MRC Highlights from Across the Region

Administration

On March 11, 2008, Nebraska MRC leaders participated in a statewide MRC meeting in Hastings, NE to address issues such as collaboration and standardization among Nebraska MRC units, training, liability protection, recruiting and credentialing. Meeting resulted in the formation of the "Nebraska MRC Consortium."

Preparedness and Training

On February 12, 2008, the Douglas County, KS MRC conducted an emergency call-down exercise to see how many volunteers could be reached in the event of an emergency. 23 MRC members were contacted immediately and 14 additional MRC members promptly returned the call.

A Shawnee County, KS MRC physician volunteer conducted a special training course on Disaster Preparedness and Pediatrics for the medical community, school administrators and MRC on February 19, 2008.

The Butler County, KS MRC conducted training course on Animal Sheltering in Disaster on February 23, 2008.

On March 1, 2008, the South-Central Missouri and Texas County, MO MRCs conducted Psychological First Aid training courses in Rolla, MO.

On March 4, 2008, members of the Douglas County, KS MRC gave a presentation to the Lawrence Noon Lyon's Club on the MRC, emergency preparedness and public health emergencies.

The Butler County, KS MRC conducted a training course on Sheltering Special Needs Populations on March 5, 2008.

Region VII MRC members participated in Psychological First Aid Train-the-Trainer courses in Kansas City, MO on March 5, 2008 and in Columbia, MO on March 10, 2008.

Members of the Northeast Missouri MRC taught a Basic Disaster Life Support (BDLS) class for other Region VII MRC members in Kansas City, MO on March 14, 2008.

On March 18, 2008, the St. Louis County, MO MRC participated in a full-scale Strategic National Stockpile (SNS) exercise.

Public Health

Nebraska/Western Iowa MRC volunteers participated in the first annual "Walk for Warmth" on February 1, 2008, sponsored by Omaha Public Power District, Municipal Utility District and Aquila (local utility companies). The purpose of this walk-a-thon at Heartland of America Park was to raise awareness and funds to help low income residents, many who are elderly or disabled, to be pay utility bills and to keep their homes cool in the summer and warm in the winter. MRC members helped to provide safety on the one mile route and manned two first aid stations. In the 30 degree temperatures that evening, over 700 walkers participated and the total donations raised was over \$125,000.

Douglas County, KS MRC volunteers assisted with Lawrence Memorial Hospital's Health Hearts Fair on February 9, 2008. MRC volunteers conducted blood pressure screenings and helped patients fill out paperwork. They conducted a total of 105 blood pressure screenings.

On March 20, 2008, the Douglas County, KS MRC hosted a "Healthier MRC Kick-Off Walk" to encourage all of their volunteers to participate in the program and set an example for the community.

Response

On March 18-19, 2008, members of the South-Central Missouri and Texas County, MO MRCs deployed to Piedmont, MO to assist with special needs patients in an American Red Cross shelter set up as part of emergency operations in response to flooding.

If your MRC unit has participated in a public health, medical or emergency preparedness activity that is not listed here, please let the Regional Coordinator know (gary.brown@hhs.gov) so that your story can be shared.