

Fall 2010

MRC of Boulder County Activated to Assist Fire Evacuees

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On September 6, the Fourmile Canyon fire spread near Boulder, CO, and emergency response was activated as people were evacuated from their homes throughout the canyon. The county sheriff determined that the fire was 100 percent contained on September 12 and evacuees were permitted to return to their homes to assess the damage after being advised of remaining hot spots.

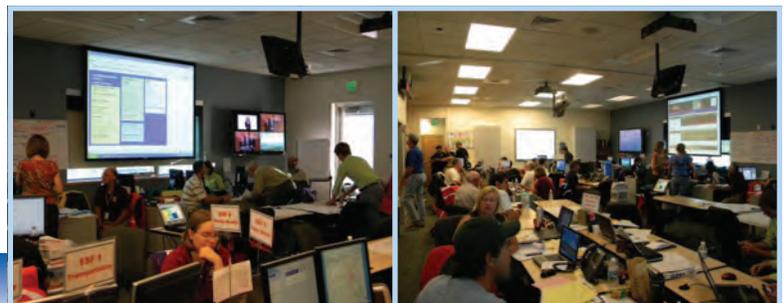
MRC Activation—The MRC of Boulder County (MRCBC) was then activated by Boulder County Public Health (BCPH) as part of the chain of command for emergency support function #8. From September 12 to September 17, the MRCBC unit coordinator and 15 MRCBC members served as greeters for evacuees as they arrived at the Boulder County Justice Center to be processed for permits allowing only neighborhood residents to re-enter their property. The MRCBC used skills from Psychological First Aid training and operated under the Incident Command System (ICS). The MRC volunteers answered questions, provided basic information about the permit process, and assisted evacuees through the media gauntlet outside the Justice Center. Because the evacuee population was small and the evacuation zone did not include skilled nursing or assisted living facilities, it was determined that BCPH and the MRCBC did not need to open and staff a special needs population shelter.

The MRCBC volunteers also served as greeters and escorts for the evacuees visiting the Red Cross and Boulder County Community Services victims' assistance centers located on the BCPH and community services campus. Behavioral health volunteers and those MRCBC members with a professional background in mental health worked with the victims' advocates from the Sheriff's Department at check-in stations located in the affected neighborhoods. On September 16, the Boulder County Health Department hosted a tetanus clinic for returning evacuees. MRCBC nurses, emergency medical technicians, and non-medical members assisted in staffing the clinic.

“On September 6, the Fourmile Canyon fire spread near Boulder, CO...”

Collaboration with Other Agencies—During these events, the MRC unit worked with other agencies including the county public health department, county emergency management, local mental health center, Red Cross, and other related organizations. MRCBC volunteers also witnessed the ICS in a real-life scenario, and this experience will prove useful during future training sessions.

Going forward, the BCPH and the MRCBC will continue working with the Red Cross regarding opening evacuation sites and general population shelters for future emergencies and natural disasters, and determining when the MRCBC should provide medical services to both the general population and evacuees with functional needs. The Emergency Operations Center (EOC) stood down its response efforts on September 17, and Boulder County is now in recovery mode. ★



Volunteers and response partners at the county EOC.

National Notes



Dear MRC Leaders,

For this issue of the *MRC★In Focus*, Captain Tosatto suggested that it would be beneficial for the MRC community to hear from some of the staff in the Office of the Civilian Volunteer Medical

Reserve Corps describing what they do. I am the Senior Program Officer for Deployment Operations, and I am glad to have an opportunity to describe the exciting developments taking place regarding the MRC and federal deployment.

Deployment Operations focuses on issues related to federal deployment of MRC members and was established in 2007 after Congress passed the Pandemic and All Hazards Preparedness Act (PAHPA). This law gives the Secretary of Health and Human Services the authority to deploy willing, able, and approved MRC volunteers as part of the federal response to a disaster.

The PAHPA legislation allowed OCVMRC to pre-identify MRC volunteers who could deploy federally. We have initiated a pilot program to establish an MRC Federal Deployment Cadre. This group consists of seasoned MRC volunteers who have been approved by their local unit leader to deploy federally after a disaster, if needed. At this time, the MRC Federal Deployment Cadre consists of 170 volunteers who have undergone specialized training.

The focus of MRC units will always be on strengthening the health and safety of their local community. However, for those MRC members who are willing, able, and approved; federal deployment may provide them with an opportunity to respond outside their jurisdiction as part of the federal response to a disaster or public health emergency. To ensure that the local unit's ability to respond is not compromised; we will ensure that we have the approval of the local unit leader and MRC

State Coordinator prior to any actual federal deployment. In addition, volunteers would only be deployed from units located in areas unaffected by the disaster or public health emergency.

In the past two years, we have made great strides in developing a federal deployment capability for the MRC. Although our team has worked hard to prepare the MRC Federal Deployment Cadre, our fervent wish is that these individuals never need to put their training to use and our nation is spared the large-scale disasters that would necessitate a federal deployment. If called upon, however, I have no doubt that the MRC Federal Deployment Cadre will make a major contribution to the disaster response.

When I responded to Hurricane Katrina, I was privileged to deploy alongside volunteers and witnessed first hand the remarkable role they played in helping the victims of that disaster. The volunteers' altruism and dedication left an indelible mark on me, and I am certain our mission would not have been a success without their tireless efforts. I recently saw a quote that made me recall their importance: "Don't ever question the value of volunteers. Noah's Ark was built by volunteers; the Titanic was built by professionals." MRC volunteers should never be underestimated, as we have seen time and again the critical role they play in improving the health and safety of their communities.

Thanks for all your hard work. If you desire more information about federal deployment and the MRC, please visit us at <http://www.medicalreservecorps.gov/MRCDeployment>. In addition, you can follow us on Twitter at <http://twitter.com/mrcdeployment>. ★

Warmest Regards,

//CAPT Narayan Nair//

CAPT Narayan Nair
Senior Program Officer for Deployment Operations
Office of the Civilian Volunteer Medical Reserve Corps

News from NACCHO

Health Reform—NACCHO's health reform Web page is now reorganized with links to new resources and details about aspects of the health reform law that are of particular interest to local health departments. For more information, please visit <http://www.naccho.org/advocacy/healthreform/index.cfm>.

Advanced Practice Centers—Do you know about NACCHO's Advanced Practice Centers (APCs)? Currently, eight APCs make up a network of local health departments that exist to serve the public health community by developing resources and trainings on topics such as biosurveillance, vulnerable populations, risk communication, countermeasure distribution, and workforce development. For more information and for access to the APC Toolkit, please visit <http://www.naccho.org/topics/emergency/APC/index.cfm>. ★

MRC Units Promote Sun Protection

The Cape Cod (MA) MRC and Martha's Vineyard (MA) MRC completed a Safe Sun Education Initiative on 14 local beaches during July and August. The MRC units collaborated with the Barnstable County Department of Health and Environment and a public health intern to target teens and provide them with sun safety information at nearby beaches.

Target Audience—Teens were the target population in this effort because 80 percent of a person's lifetime sun exposure occurs before the age of 18, and previous health fairs showed that teens use tanning beds in preparation for prom season. Although teens were the target population, MRC volunteers provided sun safety information to approximately 3,000–4,000 people of all ages.

The Cape Cod and Martha's Vineyard MRC units used a "health belief model" to design the program. An assessment was given to teens before and after the sun safety promotion intervention, which consisted of a 3–5 minute presentation. The teens were surveyed on their perceived susceptibility and perceived risk for skin cancer and other ultraviolet exposure health problems using a survey developed by the public health intern; 500 teens completed the survey. In the post-intervention assessments, teens indicated that they would actively use at least two additional sun-protective measures.

Outreach on Beaches—The MRC units set up tents displaying safe sun messages on nearby beaches. The

tents featured a poster of a teenager who had used tanning beds, and volunteers used a UV light source to reveal the teen's skin damage (which is normally invisible in young people). This striking example of sun damage proved to be a potent teaching tool. In addition, volunteers provided samples of sunscreen in small cups and included instructions on how to properly apply sunscreen. To demonstrate the damaging effects of the sun, a glow vista light was used at some beaches. Volunteers also distributed brochures about skin cancer, UV exposure, and protection, along with a *Cosmopolitan* magazine article, "Death by Suntan at 26," which is about a young local lifeguard who died from melanoma.

Many people visited the tent, including lifeguards, teens, and older adults accompanied by younger children. Some older adults shared their own stories of skin cancer. The Cape Cod unit coordinator, Jean Roma, says that the unit will conduct more training prior to sun safety promotion interventions in 2011. The unit has also presented this information at the Massachusetts Health Officers Association Conference and the Regions I and II MRC Conference in New York. ★



MRC volunteers teach safe sun protection.

MRC Spotlights

Unit Spotlight—The Eastern Nebraska/Western Iowa MRC works closely with medical, public health, and emergency services organizations to enhance the preparedness, safety, and health of the Omaha metropolitan area. The unit has 550 active volunteers. The MRC regularly participates in large-scale emergency response exercises and in community events such as providing first aid at the College World Series and health screenings at the Bi-national Health Fair. During the 2009–2010 H1N1 influenza response, 115 volunteers of the Eastern Nebraska/Western Iowa MRC provided over 1,000 hours of service, and received the Governor's Points of Light award. MRC Region VII Coordinator, Gary Brown, describes the Eastern Nebraska/Western Iowa MRC as a "model MRC unit that makes valuable contributions to the health, preparedness, and resiliency of the citizens and communities it serves."



Eastern Nebraska/Western Iowa MRC Volunteers at a 2009 H1N1 clinic.

Volunteer Spotlight—Doris Reimer has been a volunteer with the Eastern Panhandle MRC (EP-MRC) since 2006. She first became familiar with the MRC through her work as a registered nurse with the Shenandoah Valley Medical Systems where she serves as the Director of Special Populations. Ms. Reimer states that she "saw the EP-MRC as being a vehicle to coordinate the volunteers that were already available and also to promote the idea of volunteerism within the medical and clinical arenas." Doris Reimer is very active with the EP-MRC unit's Steering Committee, trainings, exercises, and recruitment events. She also helps to identify opportunities for MRC involvement, such the organization of a full-scale disaster exercise at her workplace. EP-MRC unit leaders indicated that Ms. Reimer has been very instrumental in encouraging community partners to support the MRC by highlighting the unit's activities. ★



Eastern Panhandle MRC volunteer
Doris Reimer, RN.

Green River MRC Honors Victims & Heroes of 9/11

The Green River District (KY) MRC unit hosted a Terrorism 101 training in honor of the victims and heroes of the 9/11 attacks and to boost camaraderie among volunteers. The MRC unit coordinator, Margaret Hibbs, contacted Sheriff Keith Cain to speak about terrorism to MRC volunteers at the training. Sheriff Cain is a veteran of the U.S. Marine Corps with an extensive background in law enforcement.

Topics during the training included the history of terrorism and its definition, types of terrorism, and legal issues. Twenty-two MRC volunteers learned how to prepare for terrorist attacks and protect themselves and loved ones in the event of an attack. After the training, each volunteer received a small card with different “Random Acts of Kindness” printed on it. To honor the victims of 9/11, each volunteer performed one of the acts on the card at least once. Tasks included baking goodies and sending them to the police station, fire station, or emergency room; buying pet food and donating it to a local animal shelter; paying for a police officer’s lunch; and sending thank-you notes to police officers. Volunteers also received a yellow ribbon with a Kentucky MRC lapel pin.

Hibbs says, “The MRC unit decided to participate in the event to not only learn about the history of terrorism, but to understand that 9/11 was not the beginning and nor will it be the end of terrorism. We all need to understand what terrorism is, where it comes from—both at home and abroad and how it changes—so that we can prepare not only ourselves, but our communities too. We have to do more than cross our fingers and hope it doesn’t happen to us. We have to educate our communities so they understand and actively make plans—not live in fear—because to instill fear is what the terrorists want. On any given day, our world could be turned upside down—everything we know could change in a moment. To be ready, resilient, and reliable is what our MRC unit wants!” ★



MRC volunteers learn about terrorism.

New Resources

Community Health and Vaccinations—NACCHO launched a campaign, with support from Sanofi Pasteur, to increase awareness of the Vaccines for Children (VFC) program to educate parents about how they can access no- or low-cost vaccines for their children and teens. Campaign materials will include radio Public Service Announcements (PSAs) in English and Spanish, radio interviews, posters, and other printed outreach materials. Materials will be available soon for local health departments to order and share with community partners. To access the information, please visit <http://www.naccho.org/topics/HPDP/immunization/vfc.cfm>.

Partners in Preparedness Case Studies—These five case studies illustrate how local health departments collaborated with local businesses and universities to respond to and mitigate the effects of the H1N1 influenza pandemic. The studies describe how the partnerships were formed and maintained, as well as the impact of the partnership in planning for and responding to the H1N1 influenza pandemic. A recommendation section at the end of each document provides succinct guidance for a local health department or private entity interested in engaging in a partnership. To access this information, please visit <http://www.naccho.org/topics/emergency/RBBS/partnersinprep.cfm>. ★

MRC Participated in Healthcare Camp Sessions at Dartmouth College

Groups of 25 high school students from across the nation participated in one of three weekly healthcare career camp sessions at Dartmouth College (NH), coordinated by the Area Health Education Center. The purpose of the camp sessions is for students to learn about different careers in healthcare and to participate in activities at the Patient Safety Training Center at the Dartmouth Hitchcock Medical Center. Three volunteers from the Upper Valley (NH) MRC unit joined the students for one day during each camp session.

The MRC volunteers participated in hands-on sessions within the Patient Safety Training Center (simulation center). Each volunteer taught a simple skill such as monitoring vital signs, wound care, and how to approach and interact with patients. The purpose of these sessions was to offer students a view of basic care skills prior to a hands-on exercise that simulated a motor vehicle crash the following day. Additionally, the MRC volunteers participated as a “train the trainer” for the lead person at the camp so that first-aid skills could be taught to camp counselors.

Unit co-coordinator, Mariah Capurso says, “Positive feedback was provided to the MRC by both the students and the camp organizers. The students were very enthusiastic and implied the training was beneficial. The MRC volunteers were asked by the camp organizers to participate again next year, but with more volunteers.” ★

Kent County MRC Participated in Wilderness Extrication Exercise

On September 22, five Kent County (MI) MRC volunteers participated in a wilderness extrication training exercise with the Kent County Radio Amateur Civil Emergency Services Search and Rescue (RACES/SAR) at Provin Trails Park in Grand Rapids, MI.

Kent County RACES/SAR is a volunteer organization that is frequently deployed for search and rescue (SAR) operations in Kent County. Kent County MRC unit coordinator, Stacy Madden says, “We see our integration into their search teams as not only a volunteer opportunity for our active medical volunteers, but as an additional means to train our medical volunteers for situations in more austere and realistic conditions that some of them may not be used to. Collaboration with other local volunteer emergency response organizations ensures a more effective and efficient response by all volunteer emergency response organizations during any deployment or training by allowing relationships to strengthen, and trust and respect to grow.”

Exercise Scenarios—During the exercise, MRC volunteers deployed into two groups with existing SAR teams. In the first scenario, MRC volunteers deployed into the field with SAR teams and assisted in locating the victim using Kent County SAR protocol. After locating the victim, MRC volunteers provided initial patient assessment, triage, and first-aid using items and resources available in the woods as well as resources

they brought with them. MRC volunteers stabilized injuries with items such as twigs and gauze rolls. Once the victim was assessed, treated, and stabilized, the MRC volunteers assisted with removing the victim from the location using several different transport devices, including a stokes basket and a SKED stretcher. MRC volunteers and their designated SAR teams carried the victim from the location to the on-scene Emergency Medical Services (EMS) personnel.

In the second scenario, MRC volunteers and their designated SAR teams were given GPS coordinates for a victim’s location. Volunteers went into the field with their SAR team and provided initial patient assessment, triage, and first aid upon reaching the correct GPS coordinates. MRC volunteers provided care within their scope of practice and used a variety of different resources and equipment to treat, stabilize, and transport the victim from the location to awaiting on-scene EMS personnel.

Madden says, “The biggest success of the event was the actual integration of the MRC volunteers into search teams for the purpose of providing medical care to victims at the location they are found, and stabilizing the patient for extrication from the location to awaiting on-scene EMS personnel. It worked exactly how we envisioned it!” ★

Yates County MRC Participated in Rabies Vaccination Clinics

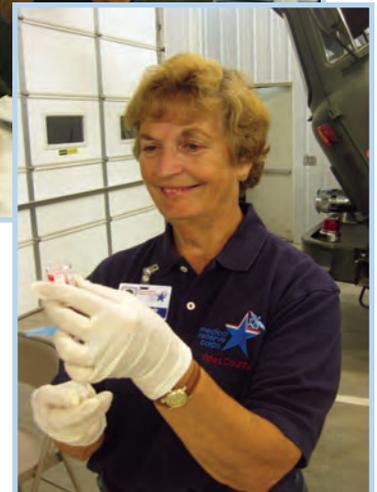
The Yates County (NY) Public Health Department, with the help of the Yates County Public Health (YCPH) MRC, hosted eight animal rabies vaccination clinics between the months of March and November 2010. At each clinic, three MRC volunteers acted as clerical staff or vaccinator assistants. The clinics were located throughout the county in fire halls, town garages, and building facility garages.

Each year, the health department vaccinates approximately 950–1,150 animals; including dogs, cats, and ferrets. The clinics are publicized through newspapers, radio stations, the YCPH MRC Web site, and posters in veterinary offices.

Through the successful vaccination clinics, MRC volunteers help to control animal rabies in rural Yates County. MRC volunteers also provide pet owners with pet emergency preparedness brochures at the clinics. The volunteers’ contributions at the rabies clinics helps them to stay connected, involved, and engaged with public health staff, which is part of the MRC unit’s mission. ★



MRC volunteers drawing vaccine during clinic.



Connecting the MRC with Radiation Professionals

Several federal agencies, state radiation protection programs, professional health organizations, and societies have started reaching out to local MRC units to help them better prepare for a radiological event. If a radiological emergency occurred, communities would become quickly overwhelmed. Reaching out to local radiation professionals in advance will allow communities to be prepared.

Six states have received \$25,000 in grants to fund radiation volunteer programs. For example, Florida recently received a grant of \$25,000 to train a radiological professional volunteer and for MRC units to respond to a radiological event. In addition, several radiation organizations and societies are willing to collaborate with MRC units offering continuing education units for emergency response training.

MRC coordinators can begin their radiation protection efforts by reaching out and collaborating with their state radiation protection programs to discuss how existing volunteer services and radiation protection plans can serve the local community. To learn more about plans in your state, contact your MRC State Coordinator or visit the Radiation Control Programs page of the Conference of Radiation Control Program Directors (CRCPD) Web site, at <http://www.crcpd.org/Map/RCPmap.htm>, to find the agency responsible for radiation protection in your state. You can also refer to publications for additional guidance, such as the October 2010 *Health Physics News* and the book *Radiation Threats and Your Safety* by Armin Ansari of the Centers for Disease Control and Prevention.

For questions on how to get started in radiation protection activities, please e-mail the CRCPD HS ER-10 Chairperson for Radiation Volunteer Development, Dawn Burke, at dawn.burke@ncdenr.gov. Please look for additional information on funding opportunities and lessons learned resources in the Winter 2011 *MRC★In Focus*. ★



Radiation Response Training & Drill in Florida

On September 11, 2010, three St. Johns County (FL) MRC volunteers participated in a radiation response training and drill at the Duval County Health Department in Jacksonville, FL. Staff from the Florida Department of Health Bureau of Radiation Control, the Duval County MRC, and the Duval County Medical Society also participated.

The training was intended for trained responders who could assist with population monitoring after a radiological event or incident, including the detonation of a “dirty bomb” or unexpected radiation release from one of three sites in Florida that produce nuclear power.

During the training, volunteers learned the role of population monitoring and the Radiation Response Volunteer Corps in a radiological disaster. Additionally, they were trained in the steps needed to establish and operate a population-monitoring center within the framework of the MRC and in the concepts of radiation, radiation protection, detection, contamination, and removal. Resources needed to assist with responding to a radiological event were also reviewed. With this information, the MRC volunteers will be better able to integrate their newly learned skills and abilities with local and state MRC response activities.

The volunteers also participated in a field drill to practice using the monitoring equipment and volunteers learned the proper method of performing line searches over a large area to locate radioactive sources.

According to St. Johns County Health Department Risk Manager, Martha Wagaman, “By the end of the day, the volunteers understood that the objective of the training was to be able to aid and/or reinforce governmental agencies in the event of a radiological incident, to identify hazard zones and secure them from the general public, and to be a force-multiplier for first responders.” ★



Introducing MRC-TRAIN to the MRC Volunteer Workforce

MRC-TRAIN provides MRC units with the ability to expand, track, and analyze training opportunities for volunteers. Several resources were developed to help introduce volunteers to MRC-TRAIN and to help MRC leaders use the system, including MRC-TRAIN's "10 TRAIN Tips for TRAIN Administrators."

"10 TRAIN Tips for TRAIN Administrators" provides instructional videos for unit coordinators who want to set up and manage their unit on MRC-TRAIN. The "How to Create a User Account" topic can help volunteers create their accounts and can be accessed through the "MRC-TRAIN References" section of the Resources tab on the MRC-TRAIN Web site.

Once volunteers have an account, an excellent first course is "MRC-TRAIN 101 for Volunteers." This course can be found by searching for Course ID "1019212" or for the keyword "MRC-TRAIN."

The MRC-TRAIN QuickGuide outlines the basics of MRC-TRAIN, including searching for courses and managing one's personal transcript. This document can also be found in the "MRC-TRAIN References" section of the Resources tab on the MRC-TRAIN Web site.

Questions about MRC-TRAIN or requests for assistance should be directed to the MRC-TRAIN Support Desk at mrcsupport@train.org or (202) 218-4426.

Additional MRC-TRAIN resources are available on the Web at:

MRC Web Site

<http://www.medicalreservecorps.gov/TRAINResources>

MRC-TRAIN Web site

<https://www.mrc.train.org>

MRC-TRAIN is FREE, available 24/7, and on track! ★

★ ★ ★ A Look Ahead ★ ★ ★

December

Safe Toys and Gifts Month

1 World AIDS Day

5–11 National Handwashing Awareness Week

January

National Blood Donor Month

Cervical Cancer Screening Month

February

American Heart Month

National Children's Dental Health Month

14 National Donor Day

22–25 Public Health Preparedness Summit 2011

<http://www.phprep.org>



We Want to Hear from You!

We need your help to make this newsletter informative, interesting, and beneficial to MRC units nationwide. Send us your interesting stories, news, best practices, and photos. Stories accompanied with photos are more likely to be included in the newsletter.

- Please include contact information (e-mail and telephone number) for followup.
- If you include photos, please send as a **high-resolution** JPEG, TIF, or EPS attachment.
- Digital cameras should be set for a high-quality image using the maximum megapixel setting available.
- Photo submissions also should include a caption or description of the event.

E-mail us at: MRCnewsletter@naccho.org

Submittal Guidelines:

