



The Newsletter

A Reminder...

by Michelle Kanavos

The month of September is also known as National Preparedness Month. Each year, public safety officials focus on an aspect of emergency preparedness for all of our nation's citizens. The 9/11 Drill Down for Safety initiative was created last year to improve readiness and resiliency, and lessen the devastating impact of disasters on individuals, their communities, and the nation. The goal is to encourage individuals to conduct emergency drills at home, work and in their communities. Locally, the Medical Reserve Corps wants citizens to be aware of this initiative and how to prepare their families for the unexpected. I have to say that I think this initiative is very important.

Speaking from personal experience, I know the value of a good communication plan for a family. My husband, Jay, is a retired Air Force Officer whose specialty is Communications. My sister, Tammy, now a retired Army Officer, was still on active duty and stationed at the Pentagon during 9/11. She was near the section that was hit by the jet as it careened into the side of what was considered to be an impenetrable fortress. As soon as we heard what had happened, I contacted Jay, whose job at that time was in Communications at Hanscom Air Force Base, here in Bedford, Massachusetts. He worked non-stop to try and reach Tammy at the Pentagon through a large array of communication methods – both civilian and military – but was not able to contact her. Meanwhile, Tammy had managed to get out of the building and she later described that she was also trying to get word to our family that she was all right.

We had family and friends in the Washington DC area, but neither Jay nor I had their phone numbers with us at our respective jobs. After all, why would any of us think to carry a listing of phone numbers or email for our family and friends? I left work and went home to get an address book and began to chain dial everyone I knew in DC for information. With phone lines down, I was about to give up when I remembered that my parents had established an 800 number for our family to use at any time. Because we are a military family, my parents wanted us to be able to reach them at any time. I took a chance, called the line, and there was a message from Tammy. I'll never forget the message. It said, "Hi, It's Tam. I don't know who will get this, but I am out of the Pentagon and I am okay." Honestly, that okay sounded pretty shaky – but it was great to hear. She went on to say that she was WALKING home to Alexandria, had seen a pay phone along the Chesapeake by the boat house, remembered the 800 number and figured it was worth a try as nothing else had worked. And, if anyone could find Jim (her husband, also an Army Officer in DC then) to tell him to please come pick her up. What can I say – on a day where so many waited for so long to get word for a loved one, an old fashioned 800 number had been my family's salvation from the painful process of waiting for news from a loved one.

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Times have changed, and telephone connections can drop quickly during times of peak use whether it be due to an emergency or a large event such as the Boston Marathon where the phone lines go down as the bulk of the runners reach the finish line and call to say they made it to the finish. Phones may not be our primary means of communication during these events. Texting is an excellent option for maintaining communication when phone lines are down. But texting is more of a young person's media. To illustrate, with Hurricane Earl approaching I texted my father who was on Cape Cod and wrote, "Dad – I am texting you to make sure you know how to send and receive text messages on your phone". After a couple of hours with no response, I called my father and said, "Dad, did you get my message?" He had, but he was not certain what to do, so I walked him through the process of how to send and receive text messages. Fortunately, Earl passed without major incident and even more importantly, my father learned how to text messages as an alternate way to communicate. So not only do we want to be able to communicate but we also need to ensure those we communicate with also know how to use those methods.

With communication at the center of our focus this year, National Preparedness Month is focused to encourage families to create a family and friend contact number listing. Then practice – or drill – ways to maintain family communication during times of crisis. This year the primary method to practice contacting each other is through texting. We encourage all families to take the time to develop a communication plan and practice that plan at least once during the month of September. Make sure that all family members are able to send and receive text messages. While all of us hope that we will never have to use that plan, being prepared provides families a measure of confidence that they are prepared should the unexpected occur.

For more information, the following are excerpts from the Medical Reserve Corps National Program Office Notification to their Medical Reserve Corps Units nationwide explaining the specific Drill Down for Safety initiative for 2010.

"This year, the organizers of Drill Down for Safety also seek to test the collective ability of Americans to simultaneously react using telephone and wireless devices. So, as part of the initiative this year, Safe America is encouraging a national "texting drill." The goal is to have people make a quick 'text' to family members and others who would be important for them to reach in an emergency. It is becoming better understood that 'texting' may become the first form of communications in a disaster – replacing voice communications (which may not be generally available)."

The Safe America Foundation in conjunction with communities as well as corporate partners, has developed a website which features many ways for families to be prepared in the event of an emergency. To learn more about the initiative and access materials, as well as connecting with our Emergency Preparedness organizations, please visit <http://www.safeamericaprepared.org>."

Don't wait another day – develop your family communication plan today, practice contacting each other and update the plan as necessary. And, speaking from experience, I truly hope you never need to use it – but I know how much comfort it will bring if you need to contact someone during an emergency and are successfully able to do so.

Michelle Kanavos is a Nurse Practitioner and Chairs the Marlborough, MA, Medical Reserve Corps Unit.

Emergency Response-Personal Preparedness Checklist

Before Winter Storms and Extreme Cold

Add the following supplies to your family disaster supplies kit:

- √ Rock salt to melt ice on walkways
- √ Sand to improve traction
- √ Snow shovels and other snow removal equipment.

- √ Prepare for possible isolation in your home by having sufficient heating fuel; regular fuel sources may be cut off. For example, store a good supply of dry, seasoned wood for your fireplace or wood-burning stove.
- √ Winterize your home to extend the life of your fuel supply by insulating walls and attics, caulking and weather-stripping doors and windows, and installing storm windows or covering windows with plastic.
- √ Winterize your house, barn, shed or any other structure that may provide shelter for your family, neighbors, livestock or equipment. Clear rain gutters; repair roof leaks and cut away tree branches that could fall on a house or other structure during a storm.
- √ Insulate pipes with insulation or newspapers and plastic and allow faucets to drip a little during cold weather to avoid freezing.

- √ Keep fire extinguishers on hand, and make sure everyone in your house knows how to use them. House fires pose an additional risk, as more people turn to alternate heating sources without taking the necessary safety precautions.
- √ Learn how to shut off water valves (in case a pipe bursts).
- √ Know ahead of time what you should do to help elderly or disabled friends, neighbors or employees.
- √ Hire a contractor to check the structural ability of the roof to sustain unusually heavy weight from the accumulation of snow - or water, if drains on flat roofs do not work.

Check or have a mechanic check the following items on your car:

- √ Antifreeze levels - ensure they are sufficient to avoid freezing.
- √ Battery and ignition system - should be in top condition and battery terminals should be clean.
- √ Brakes - check for wear and fluid levels.
- √ Exhaust system - check for leaks and crimped pipes and repair or replace as necessary.
Carbon monoxide is deadly and usually gives no warning.
- √ Fuel and air filters - replace and keep water out of the system by using additives and maintaining a full tank of gas.
- √ Heater and defroster - ensure they work properly.
- √ Lights and flashing hazard lights - check for serviceability.
- √ Oil - check for level and weight. Heavier oils congeal more at low temperatures and do not lubricate as well.
- √ Thermostat - ensure it works properly.
- √ Windshield wiper equipment - repair any problems and maintain proper washer fluid level.
- √ Install good winter tires. Make sure the tires have adequate tread. All-weather radials are usually adequate for most winter conditions. However, some jurisdictions require that to drive on their roads, vehicles must be equipped with chains or snow tires with studs.
- √ Maintain at least a half tank of gas during the winter season.

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Place a winter emergency kit in each car that includes:

- √ a shovel
- √ windshield scraper and small broom
- √ flashlight
- √ battery powered radio
- √ extra batteries
- √ water
- √ snack food
- √ matches
- √ extra hats, socks and mittens
- √ First aid kit with pocket knife
- √ Necessary medications
- √ blanket(s)
- √ tow chain or rope
- √ road salt and sand
- √ booster cables
- √ emergency flares
- √ fluorescent distress flag



For more information:

http://www.fema.gov/hazard/winter/wi_before.shtm

<http://www.ready.gov/america/index.html>

Family ideas

You and your family can collect items for your emergency supply kit during a family scavenger hunt! Print two copies of the Family Supply List which can be found on the internet at Ready.gov/kids. Then separate your family into two teams with adults and kids on each team (if possible) and assign each group a different list of items. Set a timer and see who comes back first!

Your family may not be together when an emergency or weather event strikes, so plan how you will contact one another and review what you will do in different situations.

It may be easier to make a long-distance phone call than to call across town, so an out-of-town contact may be in a better position to communicate among separated family members.

Be sure every member of your family knows the phone number and has coins or a prepaid phone card to call the emergency contact. You may have trouble getting through, or the telephone system may be down altogether, but be patient.

You may also want to inquire about emergency plans at places where your family spends time: work, daycare and school. If no plans exist, consider volunteering to help create one. Talk to your neighbors about how you can work together in the event of an emergency. You will be better prepared to safely reunite your family and loved ones during an emergency if you think ahead and communicate with others in advance

Who takes care of your family
while you take care of your community?

✓ You Do.

- Get a Kit
- Make a Plan
- Stay Informed

ready.gov/responder

Ready Responder

Prepare. Plan. Stay Informed. ®

Vector-borne diseases growing as threats to U.S. public health: Climate change, travel linked to illness

by Kim Krisberg

Last fall, an old resident returned to the beaches of Florida, though it certainly was not welcome and officials are determined to see its visit cut short.



The unwanted visitor is mosquito-borne dengue, which made headlines this summer after public health officials found that 5 percent of Key West residents showed recent exposure to the virus. The problem began late last year with 27 reported cases, prompting immediate responses from local health and mosquito control officials. Winter came and went with no more reported cases, and health officials hoped that it meant the end of dengue's stay. But April saw

another case with more after that, finally leading to the headline-grabbing Key West study, which began after the initial cases in 2009. "These people had not traveled outside of Florida, so we need to determine if these cases are an isolated occurrence or if dengue has once again become endemic in the continental United States," said Harold Margolis, chief of the dengue branch at the Centers for Disease Control and Prevention.

With the last reported Florida dengue outbreak in 1934, its recent re-emergence has health officials worried that with the right conditions, the virus could gain a new foothold in its old stomping grounds. Health officials also worry that outbreaks such as the dengue one are part of a growing trend that could be poised to get worse — that changing climates, more travel and urbanization mean vector-borne, once-tropical diseases such as dengue and West Nile virus are not only here to stay, but are on the move.

"This is not going away," said Peter Hotez, president-elect of the American Society of Tropical Medicine and Hygiene. "I actually think that this is a bigger threat than many of the biodefense pathogens that we're spending huge amounts of money on."

Other U.S. communities have been confronting dengue for a while now. In Brownsville, Texas, health officials are constantly on watch for the disease, said Art Rodriguez, director of the health department in Brownsville, which sits on the U.S.-Mexico border. A study in a 2007 issue of CDC's Emerging Infectious Diseases journal found that past dengue infection had been detected in 40 percent of Brownsville residents. The last reported cases in which health officials believe residents acquired dengue locally was in 2005, Rodriguez said, noting that the health department has significantly restructured its vector-borne disease surveillance in the last three years. Central to the department's strategy is trapping mosquitoes after rainfalls and sending specimens to the state health department for testing. Rodriguez said the trapping not only provides data on the species and density of mosquitoes, but helps pinpoint hotspots and gauge if, when and where to use chemical pesticides. Regarding susceptibility to dengue, Rodriguez said there tends to be a disparity between those with central air conditioning and heating and those without. But because Brownsville is home to many low-income residents, prevention education is targeted citywide, from TV spots to leafleting neighborhoods.

"It's under control until the next rainfall, and then you can scratch all that hard work we did and we're back at ground zero," Rodriguez told The Nation's Health. "It's a constant state of alert."

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Back in Florida, Carina Blackmore, DVM, PhD, state public health veterinarian with the Florida Department of Health, said the source of the recent dengue outbreak is "certainly" travel-related. She said the strain found in Key West ultimately originated in Mexico, with the likely scenario being a person transporting the virus to the Keys and infecting the local mosquito population. Blackmore noted that dengue was once endemic in Florida, but with housing and mosquito control advancements in the 1950s, the disease lost its hold.

"We have the environmental conditions for these diseases," Blackmore told *The Nation's Health*. "But it's human behavior that's different now than 50 years ago, so it's difficult for these diseases to get re-established."

Blackmore said she is more concerned with vector-borne diseases that have animal hosts, such as Rift Valley fever, which infects livestock and can be transmitted to humans via contact with an infected animal's blood or organs. The mostly Africa-based virus, which has human symptoms similar to West Nile virus, has not been detected in Florida, but she said officials are watching and preparing for it.

Low-income communities are much more susceptible to vector-borne diseases, often due to poor housing conditions and weak community infrastructures. In a 2008 article in the *Public Library of Science Neglected Tropical Diseases* journal, Hotez, of the American Society of Tropical Medicine and Hygiene, called the spread of certain tropical and vector-borne diseases inside the United States "neglected infections of poverty."

Regarding the dengue outbreak in Florida, Hotez said "it's not too much of a stretch to believe that it could emerge along the Gulf Coast," however, he said the biggest determinant of its spread will be poverty.

"My concern is the poorest people on the Gulf Coast," Hotez told *The Nation's Health*. "First we had (Hurricane) Katrina, then the oil disaster, and dengue, in my opinion, could be the third threat."

Despite data that show vector-borne diseases pose a threat, President Barack Obama in his 2011 fiscal year federal budget proposed eliminating funding for CDC's vector-borne disease program. In a letter to key members of the House and Senate, APHA and fellow public health advocates said the proposal has the "potential to leave America vulnerable to some of the world's deadliest diseases."

Article from *The Nations Health*- Publication of the American Public Health Association
Edited for this newsletter.

From the CDC:

The principal symptoms of dengue are:

High fever and at least two of the following:

- Severe headache
- Severe eye pain (behind eyes)
- Joint pain
- Muscle and/or bone pain
- Rash
- Mild bleeding manifestation (e.g., nose or gum bleed, petechiae, or easy bruising)
- Low white cell count

Generally, younger children and those with their first dengue infection have a milder illness than older children and adults.

Watch for warning signs as temperature declines 3 to 7 days after symptoms began.

Severe abdominal pain or persistent vomiting

Red spots or patches on the skin

Bleeding from nose or gums

Vomiting blood

Black, tarry stools (feces, excrement)

Drowsiness or irritability

Pale, cold, or clammy skin

Difficulty breathing

Dengue hemorrhagic fever (DHF) is characterized by a fever that lasts from 2 to 7 days, with general signs and symptoms consistent with dengue fever. When the fever declines, warning signs may develop. This marks the beginning of a 24 to 48 hour period when the smallest blood vessels (capillaries) become excessively permeable ("leaky"), allowing the fluid component to escape from the blood vessels into the peritoneum (causing ascites) and pleural cavity (leading to pleural effusions). This may lead to failure of the circulatory system and shock, and possibly death without prompt, appropriate treatment. In addition, the patient with DHF has a low platelet count and hemorrhagic manifestations, tendency to bruise easily or have other types of skin hemorrhages, bleeding nose or gums, and possibly internal bleeding.

Flu Season

FDA Approves Flu Shot With H1N1 Protection for 2010-2011 Season

August 2, 2010 — The US Food and Drug Administration (FDA) has approved vaccines for the 2010 to 2011 flu season that protect against 3 strains of influenza, including the 2009 H1N1 pandemic swine flu virus. The new vaccine protects against:

1. A/California/7/09 (H1N1)-like virus (pandemic H1N1 2009 influenza virus),
2. A/Perth /16/2009 (H3N2)-like virus, and
3. B/Brisbane/60/2008-like virus.

The components were selected by the FDA's Vaccines and Related Biological Products Advisory Committee as likely to cause the most illness in the upcoming season, based on an evaluation of surveillance data related to the epidemiology and antigenic characteristics of recent influenza isolates.

Although the match between predicted and actual circulating strains may not prove optimal, vaccinated individuals who contract influenza may have less severe illness or a reduced risk for complications.

"The best way to protect yourself and your family against influenza is to get vaccinated every year," said Karen Midthun, MD, acting director of FDA's Center for Biologics Evaluation and Research, in an agency news release. "The availability of a new seasonal influenza vaccine each year is an important tool in the prevention of influenza related illnesses and death."

New guidelines from the Centers for Disease Control and Prevention taking effect this season advise annual influenza vaccination for all people aged 6 months and older, including low-risk individuals aged 19 to 49 years.

The Advisory Committee on Immunization Practices recommended the change based on evidence that yearly flu shots are a "safe and effective preventive health action with potential benefit in all age groups," and concerns that a "substantial proportion" of young adults may be susceptible to H1N1-like viruses that continue to circulate.

The FDA emphasizes that it is also important for healthcare professionals to get vaccinated to protect themselves, their patients, their family, and the community from influenza.

This season's influenza vaccine will be marketed as

1. Afluria (CSL Limited),
2. Agriflu (Novartis Vaccines and Diagnostics),
3. Fluarix (GlaxoSmithKline Biologicals),
4. FluLaval (GlaxoSmithKline Biologicals),
5. FluMist (MedImmune Vaccines, Inc),
6. Fluvirin (Novartis Vaccines and Diagnostics Ltd), and
7. Fluzone/Fluzone High-Dose (Sanofi Pasteur, Inc).

The safety labeling for Afluria has been updated this season to inform clinicians about the increased rate of fever and febrile seizure observed among young children, mostly younger than 5 years, in Australia and New Zealand during the southern hemisphere's flu season. The FDA is requiring the manufacturer to conduct a pediatric study for additional information regarding these events.

FDA officials note that 0.25-mL single-dose prefilled syringes of Afluria will not be available this year for use in children aged 6 to 35 months; the 0.5-mL single-dose prefilled syringes and 5-mL multidose vials will be distributed.

According to the Centers for Disease Control and Prevention, more than 200,000 individuals are hospitalized and about 36,000 die each year from influenza-related complications. Those at increased risk for potentially fatal complications include the elderly, young children, and people with chronic medical conditions.



Nationwide Happenings

PHRC Participates in Earthquake Drill with the Red Cross

In July, the Public Health Reserve Corps (PHRC) of Seattle and King County (WA) participated in a full-functional earthquake drill with the American Red Cross. The scenario included a 6.8 magnitude earthquake along the Seattle Fault, part of the “Sound Shake” exercise series that occurs multiple times a year in the Puget Sound.

MRC participants included seven registered nurses, two emergency medical technicians, two AmeriCorps members, and MRC unit coordinator, Dave Nichols. The victims of the earthquake were sent to two different shelters—one was located at the south end of the county, and the other in the middle of the county. On day two of the drill, the MRC unit deployed to one of the shelters.

Roles of MRC Volunteers

At the shelter, the MRC volunteers checked-in and were assigned roles. The MRC unit operated in support of the Red Cross Health Services at the shelter and treated patients in need of medical care. Nichols said after briefing volunteers, that he stepped back and “they [volunteers] worked among themselves and elected” a leader who helped volunteers function as a team. Nichols says his unit was prepared to function as a team by using the principles they learned in IS 100h and 700. Nichols says it was “very heartening to watch this group kick into action as they treated victims with heat exhaustion, crush injuries, and engage with victims who were experiencing alcohol withdrawal and a lack of medication.” In the afternoon, the MRC volunteers managed the medical aspects of the shelter on their own continuing to provide medical care to victims.

Successes and Challenges

Both the success and challenge of the drill was the act of volunteers working together. MRC volunteers reflected that the Red Cross and MRC volunteers interacted respectfully and everyone was helpful toward one another during the exercise. The MRC will have a follow-up meeting with the Red Cross to build procedures and policies to work together in the future. The Sound Shake exercise helped other MRC units in the state follow in similar footsteps to begin conversations with the Red Cross. In addition, volunteers were given real world scenarios that helped them work through such challenges as where to get water, food, and additional supplies.

To watch a video of the exercise, please visit <http://soundshake2010.com/blog/index.php>.

To learn more about the multi-year Sound Shake event, visit <http://soundshake2010.com>.

Preparedness Fair slated for Sept. 25

News - Community News-Liberty Tribune, Liberty, Missouri

Sunday, September 12, 2010

Volunteers, along with the city of Liberty, are planning the second annual citywide emergency preparedness fair — Liberty Prepared — on Saturday, Sept. 25. The event will run from 10 a.m. to 4 p.m. on the Square during the Liberty Fall Festival.

The preparedness fair is geared toward individuals and families to teach them how to survive natural and other disasters including: tornados/severe weather, terrorist attacks, power outages, floods, health epidemics and personal and financial crisis, according to a press release. The indoor/outdoor fair will host various booths and speakers. KCTV5’s Chief Meteorologist Katie Horner will do a presentation on keeping safe during dangerous Midwest weather. Her “Weather-Wise” presentation will take place at 1 p.m., following the parade. Volunteers will hand out free water storage systems to the first 500 visitors. Also, there will be a drawing for six kits, packages containing items needed to survive a disaster during the first 72 hours.

Other presenters and booths include: Clay County Health Department, Liberty Hospital, Liberty Ambulance, Clay County Sheriff’s Office-Internet Safety, Liberty Police Department, Liberty Fire Department, CERT Trailer Missouri Highway Patrol, Medical Reserve Corps, Chain Saw Ministry, Canine Search and Rescue, Insurance (adjuster, expectations, what you need for claims), Consumer Credit Counseling, Vital Records Preparedness class, 72-hour emergency kit, Long Term Food Storage, Pets in an emergency, Chris Gabriel, a resident impacted by a tornado, School District Ham Radio Club, Liberty Water Plant, FEMA, Liberty Fire Safety Trailer/Robot (interactive for kids), Clay County Sheriff’s Ident-A-Kid, Northland Incident Command Center, Missouri Highway Patrol’s Seat Belt Convincer and Clown Ministry.

Announcements...

Reminder: Check the website.

The website has been updated with a brighter design and new items. As events unfold, information will be added to keep you up to date as to what is being forwarded to MRC leaders. Additionally, there are CEU links and copies of various MRC newsletters including this one. Please take some time a couple of times each month and check it for new items.

www.wachusettmrc.org

Upcoming meetings:

The New England Regional MRC Summit will be held at the Gideon-Putman Hotel, Saratoga Springs, NY - November 15-17, 2010. An informative and fun-filled conference is planned. This will be a combined Region I and Region II event. The theme is Recovery: Who's Going to Break Down the Sandbags. Featured speaker: Ana-Marie Jones from CARD in Oakland, CA. There will be 12 break out sessions, 3 plenary sessions, national updates, a scavenger hunt and much, much more!

Statewide MRC meeting will be held on September 29, 2010 from 10AM - 2PM at the Doubletree in Westborough. The new state MRC database is to be demonstrated at this meeting. Collaborative Fusion, Inc. has been selected as the vendor to implement the data system. Collaborative Fusion will provide a volunteer management system for the Commonwealth that will have the capacity and functionality to integrate information for local, regional and state volunteer programs including but not limited to Medical Reserve Corps units and MSAR. Collaborative Fusion already provides this type of system for California, Pennsylvania, Minnesota, and twelve other states.

Core Competencies

There are 8 basic core competencies for MRC volunteers. The summary sheet is on the National MRC site. There is also available an excellent expanded version that further describes activities and resources for volunteers and we have been including that in the handbook. This past year, Wachusett MRC has focused on a few of these competencies through this newsletter and we plan to continue this practice. Each newsletter will have a theme and this newsletter is based on core competency number 2.

Document that the MRC member has a personal and family preparedness plan in place.

With winter fast approaching and New England weather totally unpredictable, please take the time to stash some supplies and develop a plan for emergencies with your family. Send in a picture by snail mail or email to us so that ideas can be shared. Remember that as a volunteer responder, the response follows this order: first get your family settled and safe, then check on your neighbors and then your community.

E-mail addresses

We are constantly updating email addresses, trying to get everyone's email into the system and updating those that have changed or have errors. Even if you are not a full member (that is you are on the mailing list but haven't completed all of the registration paperwork), we would appreciate that you drop us a quick note via your email to wachusettmrc@juno.com. We don't use the email system too often, so you are not going to get inundated with emails, but the email system is another way of communication about various emergent and non-emergent events. So if you haven't given us your email address or it has changed or you haven't received any test emails and you know you gave it to us, then send along a quick email. Thank you!!

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Core Competencies-A Framework for the Local MRC

Medical Reserve Corps (MRC) members come from a variety of backgrounds and enter the program with varying credentials, capabilities and professional experience. Competencies define a core or standard set of activities that each MRC member would be able to perform. They also provide a framework for the program's training component and assist in describing what communities can expect of their MRCs.

1. Describe the procedure and steps necessary for the MRC member to protect health, safety, and overall well-being of themselves, their families, the team, and the community.
2. Document that the MRC member has a personal and family preparedness plan in place.
3. Describe the chain of command (e.g., Emergency Management Systems, ICS, NIMS), the integration of the MRC, and its application to a given incident.
4. Describe the role of the local MRC unit in public health and/or emergency response and its application to a given incident.
5. Describe the MRC member's communication role(s) and processes with response partners, media, general public, and others.
6. Describe the impact of an event on the mental health of the MRC member, responders, and others.
7. Demonstrate the MRC member's ability to follow procedures for assignment, activation, reporting, and deactivation.
8. Identify limits to own skills, knowledge, and abilities as they pertain to MRC role(s).