



Spring Garden,
Bellagio, Las Vegas

Wachusett Medical Reserve Corps

The Newsletter

Volume 4 Issue 1

Spring/Summer 2011

Wachusett MRC Honored

Special points of interest:

- **Conference Notes:** Toolkits, Short summaries of ideas and lessons learned in emergency response.
- **Social Media** is changing the way information is exchanged during a disaster.
- **Urgent need for MRC** volunteers to help tornado victims.

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Late Friday afternoon, April 29th, the MRC phone in my downstairs office rang. It was the office for Service Learning at Mount Wachusett Community College. The office wanted to let us know that our organization was nominated for an award by the student nurses who have been working with us this past year. My first reaction was 'wow, what an honor, I'm speechless'. But there was more to come.

Unfortunately for me and ironically, I was leaving for the National MRC convention two days later in Texas so I would not be able to be at the luncheon on May 5th. I left a thank you note for my husband Dennis to read with a warning not to adlib, and asked Rita Pope and Joann Pepper to represent

our MRC. At the luncheon many students were honored for their many hours of community service or their special projects such as the wall murals that the art students did for downtown Gardner.

But then the award for the Community Partner of the Year was announced. The Wachusett Medical Reserve Corps. What



an honor!

The award is hand blown glass representing a flame. Thank you to the student nurses who nominated our group and thank you for your endorsement and confidence in us.

Congratulations are extended to all of the student nurses as you graduate, receive your pins, and move into an ever expanding and rewarding career. *judie*

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever did.
Margaret Mead

Notes from 2011 Integrated Medical, Public Health, Preparedness and Response Training Summit Conference May 1-5, 2011

Communications: Public health emergencies have unique features requiring targeted strategies to address unfolding events. Lessons learned from the early stages of the H1N1 outbreak caused significant changes to be made to communication strategies to alter the course of the incident for the

and recover to an event. The home care and hospice industry recently have begun to have inclusion in the preparedness process, but still is for the most part a missing but very necessary component.

—Fusion: In a national disaster there is a data overload of information that needs to be organized and analyzed quickly. Fusion is a national program that utilizes both traditional and newer (i.e. twitter) sources and fuses the the data together to form usable information packets for Federal, states, and local agencies and groups responding to the emergency.

Cultural Diversity: Evidence indicates that racially and ethnically diverse populations suffer disproportionately at every stage of a disaster. HHS’s Office of Minority Health has developed an e-learning online continuing education program. The link to the program is www.thinkculturalhealth.hhs.gov. Check our website for the link as well.

Leadership: There were some excellent workshops on leadership this

year. More than ever, we live in a digital, fast paced society where every hour of the day, we become more ‘high tech’ and ‘low touch’. As leaders our primary connection is the hearts and minds of those we have the duty to lead. Developing a united vision and culture within the organization is paramount to the success of the organization. Level 5 leadership is based on the idea that by respecting people, acting selflessly, and having a strong commitment to achieve stellar results you will bring out the best in those you lead. This becomes a challenge to meet these values in the face of a disaster.

Patient Movement: The need to move large numbers of medical evacuees has been occurring more frequently. The HHS movement plan consists of the following: 1. Patients and special needs populations from point of origin to receiver, 2. First receiver to point of embarkation, 3. Reception area to definitive care or healthcare facility and 4. Healthcare facility to final return dis

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| Vincent T. Covello, Ph.D., 2003 | | Message Map Question/Concern | |
|---|--|---|---|
| Key Message/Fact | Key Message/Fact | Key Message/Fact | Key Message/Fact |
| <u>1.</u> I came | <u>2.</u> I saw | <u>3.</u> I conquered | |
| <u>Keywords:</u> <u>Supporting</u> <u>Fact 1.1</u> Long journey | <u>Keywords:</u> <u>Supporting</u> <u>Fact 2.1</u> Large armies | <u>Keywords:</u> <u>Supporting</u> <u>Fact 3.1</u> Engage | <u>We engaged</u> <u>them</u> <u>immediately</u> |
| <u>Keywords:</u> <u>Supporting</u> <u>Fact 1.2</u> Heavy Losses | <u>Keywords:</u> <u>Supporting</u> <u>Fact 2.2</u> Well armed | <u>Keywords:</u> <u>Supporting</u> <u>Fact 3.2</u> Fought bravely | Our legions fought bravely |
| <u>Keywords:</u> <u>Supporting</u> <u>Fact 1.1</u> Arrived safely | <u>Keywords:</u> <u>Supporting</u> <u>Fact 2.1</u> Well positioned | <u>Keywords:</u> <u>Supporting</u> <u>Fact 3</u> Defeated enemy | <u>The enemy is</u> <u>(totally)</u> <u>defeated.</u> |
| <u>Keywords:</u> <u>Supporting</u> <u>Fact 1.1</u> Arrived safely | <u>Keywords:</u> <u>Supporting</u> <u>Fact 2.1</u> Well positioned | <u>Keywords:</u> <u>Supporting</u> <u>Fact 3</u> Defeated enemy | <u>The enemy is</u> <u>(totally)</u> <u>defeated.</u> |

better. If a message is important enough to send out, then be certain it is the right message-to the right people-at the right time. Suggested the following formula: 27 words/9 seconds/3 messages.

—All of the major Federal and state preparedness documents, emphasize communications between agencies that prepare, respond

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position/home of record. Coordinating medical evacuation requires dedicated planning team from local, state, and Federal levels.

—FAST: Functional Assessment Service Team.

A concept first used in California, FAST provides assistance to people who may have medical or access needs within a shelter. By activating FAST and training medical service volunteers, in areas such as alternative communications, disability competencies, functional needs, medical oversight, quality assurance and positive public health outcomes, the coordination of services is enhanced.

Toolkits: Infectious Disease Emergency Response Toolkit (IDER) is an online resource that assists local health departments in developing and/or supplementing their infectious disease emergency response plans. The IDER plan is a collection of downloadable templates that describe the responsibilities of all components of an infectious disease emergency response, with guidance on activation protocols and communication structure within an ICS (Incident Command System)

framework. There are also training materials and a variety of forms that local health departments can modify for their use.

—Mental Health Tools and Resources; Little guidance has been offered in the past on how to manage the psychological impact of a disaster that involve a surge of psychological casualties. The Substance Abuse and Mental Health Service Administration (SAMHSA) put together some free toolkits. PsySTART is a rapid disaster mental health triage and ICS triage used in conjunction with the SAMHSA Disaster Kit and the SAMHSA Disaster Behavior Health Information Series (DBHIS). The kits are easily found online by the keywords SAMHSA or DBHIS. Many resources for information translated in many languages including many less known and harder to translate languages.

Other: Navigation Skills for Disaster Response Teams. Just think about it, a tornado or earthquake can alter a neighborhood creating great difficulties in locating streets because landmarks are now lost. All response teams need to have basic navigation skills. This course of-

fered basic navigation skills. There is a system available that is simple to learn and to use that very accurately relays information from command to the response team onsite.

—Going Nuclear: Preparing for a nuclear detonation used to be unthinkable, and has been the least addressed of the National planning scenarios. There is a need for planning for these events in the areas of sheltering the displaced, evacuation issues, triage and treatment of affected.



10 bed Mobile Treatment Clinic including a Surgical Suite. Nice!!



Public Health Notes from The Nation's Health

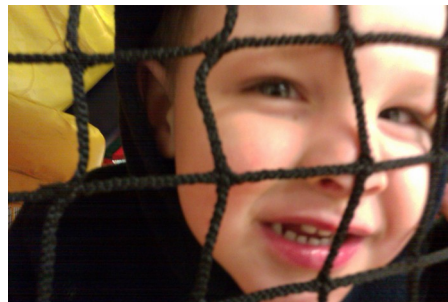
—A national program to accredit the nation's health departments, which is expected to transform the delivery of community health services, is on target to launch this fall. The Public Health Accreditation Board, the nonprofit organization that is spearheading the voluntary accreditation program, recently completed a nationwide pilot test.

To prepare health departments for the voluntary program, the Public Health Accreditation Board expects to release a range of materials in early summer that will help health departments gear up for the accreditation process, including the first version of the standards and measures, application information and a fee schedule for 2011–2012.

“These standards and measures become like an operations manual or a road map for what a health department

should do,” Kaye Bender, PhD, RN, FAAN, president and CEO of the Public Health Accreditation Board said. “And it is even more important during these tough economic times, because health departments are struggling to keep their identity and also to educate the public about what they do.”

—Today, record numbers of children are tipping the scales in the obesity range. According to the U.S. Centers for Disease Control and Prevention, the percentage of obese 2- to 5-year-olds jumped almost 54 percent during the past three decades.



With a goal of preventing excessive weight gain in young children and reversing the trend, a new

book of standards co-developed by American Public Health Association (APHA) helps teachers and caregivers in early care and education programs build healthy lifestyles for generations to come.

Released in November, “Preventing Childhood Obesity in Early Care and Education Programs” provides selected standards in three topic areas: nutrition, physical activity and screen time. The standards are based on emerging research and evidence-based findings that link eating nutritious foods, engaging in daily age appropriate physical activities and limiting the time in front of a

television or computer screen with maintaining a healthy weight.

Also available in Spanish online at nrckids.org.

Social media, texting plays new role in response to disasters by Charlotte Tucker The Nation's Health

“The people who see what we’re saying are not just the folks who follow us, but the followers of our followers of our followers.”

As technology has advanced, so too have the ways that public health officials are communicating with the public. Twitter, Facebook and smartphone apps have become the latest tools in the public health and disaster preparedness fields, in part because they allow officials to reach a large number of people quickly with important information. Social media is another tool in the arsenal of the public health and disaster preparedness and response community. It works in concert with more traditional methods to reach the widest range of people possible.

An earthquake or tornado might cause a power outage. People without battery-operated radios can

be cut off from the news, and social media tools and text messages might be the only way to communicate.

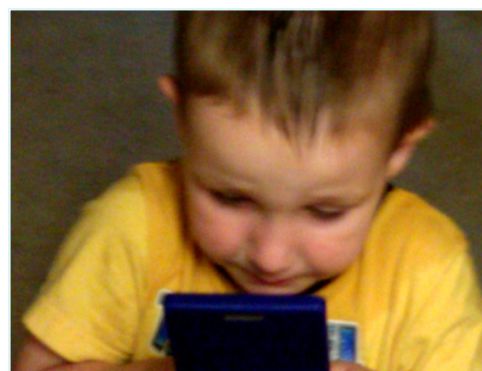
Nowhere was that more evident than in the aftermath of the recent earthquakes in New Zealand and Japan. Google created a Person-Finder page where people could go if they were looking for someone or if they had information on someone. The Japan page includes more than 530,000 records.

The American Red Cross also collected donations from people from around the United States for victims of the Japanese earthquake via text messages, and people were able to follow the unfolding of the earthquake and tsunami in real time using Twitter.

Locally, The Boston Public Health Commission also uses social media to reach out to its users. It has 4,500 followers on Twitter and thousands have signed up to follow the commission’s various Facebook pages.

“We figured out that we needed to reach them where they are,” said Ann Scales, director of communications for the commission. “The people who see what we’re saying are not just the folks who follow us, but the followers of our followers of our followers.”

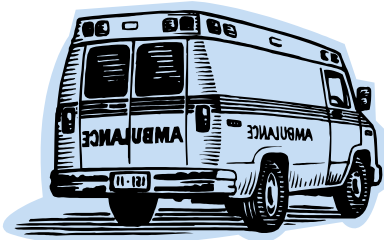
FEMA uses social media for communication not just from the agency to the public, but the other way around as well. People have sent tweets to FEMA about roads that have washed out in a storm, or posted YouTube videos about dangerous situations.



MRC Activities Around the Nation

By Ian B. Murphy/Daily News staff /The MetroWest Daily News

May 6, 2011 NATICK — Three remote-controlled



bomb squad robots swirled around a suspicious blue Dodge minivan in the parking

lot of Natick Soldier Systems Center yesterday, trying to determine whether the three white tubes in the van's trunk were dangerous.

Suddenly, a bomb detonated, filling the parking lot with white smoke and leaving several people unconscious and on the ground, with jagged glass, broken bones or metal spikes poking out of bleeding wounds.

But the most dangerous effect of the blast may have been what no one could see: radioactive particles scattered by the explosion, leaving everyone and everything nearby contaminated.

Fortunately, no radioactive particles were found. And as bad as the injuries looked, the blood wasn't real.

The scene was part of the army base's annual "force protection" exercise and some of the victims were local MRC members.

From MRC InFocus:

—The Oklahoma Region 8 – Oklahoma County MRC (OKMRC) The unit supported public health initiatives and was very active in 2010 with several flu vaccination clinics, in addition to staffing a first aid station during a high school marching band competition. The MRC was activated last May to provide tetanus vaccinations in response to a tornado. MRC Coordinator, Emily Rightmyer, noted that the unit's largest event was assisting with the Remote Area Medical (RAM) event in July, which involved 930 KMRC volunteers serving 1,635 members of the community's public health needs that included eye exams, dental services, and pelvic exams.

—In November 2010, the Greater Kansas City (KS) MRC received investigator training from the Health Department of the Unified Government of Wyandotte County, KS. This training enables qualified MRC volunteers to assist investigators during disease outbreaks. This training is essential to MRC volunteers who may be called on to assist with food-borne outbreaks. During the training, volunteers gained a better understanding of basic epidemiology concepts and learned how to conduct face-to-face and telephone inter-

views for disease outbreaks. They also developed an understanding of the role of an investigator during a public health emergency and learned how to properly use personal protective equipment when responding to a public health event.

—The Public Health Reserve Corps of Seattle and KingCounty (WA), in collaboration with the Health Care for the Homeless Network, set up 21 flu vaccination clinics in homeless shelters and day centers throughout Seattle. Forty-one MRC volunteers and public health staff successfully vaccinated more than 600 people. In addition, volunteers distributed Centers for Disease Control and Prevention vaccine information sheets and thermometers. The MRC unit experience was a huge success because the unit provided flu protection and a human touch for a population living in a collective environment that does not generally receive such care or services.



American Red Cross Needs MRC Volunteers



May 12th

The American Red Cross is reaching out to ask your support as we are in dire need of members from our local Medical Reserve Corps who are trained and licensed professionals willing to respond as soon as possible to provide support to the victims of the Alabama tornados. To date over 5000 volunteers are deployed to disaster relief operations in 20 states and more are needed.

Those wishing to support the response are instructed to contact their local MRC /Red Cross chapter for details and will go through the application process, background check, training and a medical and emotional health intake prior to being deployed for no less than a 10 day assignment.

On a conference call today the following statement was made about the situation in Alabama: Over 200 deaths have been confirmed, many who are from the same family, living in small tight knit communities.

The Federal Emergency Management Agency is providing funds to bury victims and the ARC is providing additional funds for funeral related costs. Teams consisting of trained medical, emotional health, spiritual counseling and case management staff are doing outreach to those that have survived. The need is great for medical and mental health trained workers especially since the plan is to continue to shelter the residents for the next month.

We continue to monitor flooding situations and expect the deployment requests to maintain at a level of 150-250 new volunteers needed daily as the first round of responders are returning home.

How can you help?

We will train immediately/Ten day commitment required

THIS IS A HARDSHIP ASSIGNMENT

They will need to do the following:

- Complete the background check
- Complete an ARC volunteer application. This does not mean they will be joining the Red Cross only that they are partners and are following the guidelines of the National MOU with MRC to allow for deployment
- Attend a general overview training.

Nicole Valentine

Director of Emergency Services/Public Affairs

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Call or E-mail for the application and additional details:

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Moving Forward...Announcements

A simple question?

If you were to be arrested for being good to people, would there be enough evidence or people come forward to testify and convict you?

—There have been pictures of items that have been picked up at various MRC conferences put on the pages of this newsletter. The plan is to share more of these items in the future.

—We are working with the other MRC units of central Mass. To develop some trainings. Many of you have taken the time to explore the online trainings from the University of Minnesota, an excellent source for

information and CEU's. We would like to have some dinner and speaker programs. If you have a name or idea then pass it along. Also any good places to have a group.

—We continue to have some issues with email addresses, so if you have changed your email address, send a note or you haven't given your email address to us send a note. And thanks to those who have recently sent us notes with your new email address!

—We continue to gather recipes, to gather ideas for games that teach nutrition, to gather resources and activities that central Mass offers for a resource book, and to explore possibilities working with the senior citizen groups of the area. Have ideas, suggestions or seen something that you thought was great, give us a call or email.

—Don't forget to check the website as well for new items.

www.Wachusettmrc.org