



MRC of SOUTHWESTERN VERMONT NEWSLETTER

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Shingles Vaccination Clinics Training Opportunities for MRC

Thanks to the involvement and participation of MRC members, the community Influenza vaccination clinics were extremely successful. Successful in not only providing flu vaccines to our community, but, more importantly, in demonstrating the value of the MRC in promoting public health initiatives throughout the state. As a result of these successes, the Vermont Department of Health is expanding community vaccinations to include free Shingles Vaccinations for residents over the age of 60; the Bennington District Office is the first in the state to begin these clinics.

One difference between the Shingles clinics and the flu clinics is that patients are being "scheduled" for specific appointments and there will be little if any lag time in between patient vaccinations.

Marcia Russo, VDH Bennington District Office Director, reports that over 70 appointments have already been



made for the April clinics. "We will be running 4 pods with each pod seeing 8 patients an hour." This will mean a rapid clinic flow with little wait in between.

To accomplish this we will need the support and participation of MRC members; nurses, administrative and clerical support personnel, escorts and security/traffic flow personnel. These clinics will truly resemble the Mass

Immunization Clinics which the MRC trains.

Community vaccination clinics provide a wealth of educational and training opportunities for the MRC volunteers including hands-on practice of utilizing the Public Health Incident Command System (PHICS) and breeding familiarity with the VDH Critical Event Clinic Model.

The MRC will provide a **Mass Immunization Clinic Training Program :**

**April 14th
6:00-8:00 PM**

**Vermont Department of Health Bennington Offices,
324 Main St. Bennington.**

This training program is optional as "just in time" training will be provided at each clinic. Please RSVP to vtmrc@phin.org or register on the website (www.vtmrc.org)

Medical Reserve Corps of Southwestern Vermont

100 Hospital Dr,
Box 10
Bennington, VT 05201

Phone (802) 440-4236

Fax (802) 447-5074

Email: vtmrc@phin.org

www.vtmrc.org

Vaccination Clinic Trainings

<u>Dates:</u>	<u>Times</u>	<u>MRC Roles Needed</u>
• April 16th	9:00 am—12:00 PM	Nurses, Administrative/Clerical, Non-Medical Support
• April 25th	9:00 am—12:00 PM	Nurses, Administrative/Clerical, Non-Medical Support
• May 16th	9:00 am—12:00 PM	Nurses, Administrative/Clerical, Non-Medical Support
• May 21st	9:00 am—12:00 PM	Nurses, Administrative/Clerical, Non-Medical Support

Please contact:

Marlene Downey at (802) 447-6401 or mdowney@vdh.state.us.vt

if you can assist with these clinics.



2008 MRC Member Survey Report

A Members Survey was distributed in January to all current MRC members (N=206) via email and placement on the website. Thirty-seven members completed the online survey (18% response rate). The survey consisted of fourteen questions designed to determine the interest and involvement levels of our members in an effort to assist the Steering Committee with setting the direction and scope for the MRC over the next year. The Steering Committee wishes to thank everyone who participated in this survey.

2-Hat Syndrome

The two-hat syndrome is a common concern in rural communities like Vermont. Emergency responders who hold two or more (paid or volunteer) positions related to emergency management are considered "2-Hat Responders. During an emergency, these members may be called upon to perform both jobs, or to wear both hats. Because each member would only be able to fill one position at a time, the MRC needed to identify which members wear more than one hat, and determine where an individual's primary duty lies when personnel call-ups occur and what contingencies the MRC will need to do to overcome their reliance on the same individuals? 76% of MRC members reported having at least two different positions in agencies which would be activated during a disaster.

Figure 1: Multiple Roles of MRC Members:

Dual Roles of MRC members	%
MRC & Hospital Role	24
MRC & Vermont Dept of Health	5
MRC & Community 1st Responder	21
MRC, Community 1st Responder AND another primary role	26

Disaster Response

The MRC originally began as a secondary medical response organization designed to assist our communities when our healthcare systems are overwhelmed during times of natural or man-made disasters. To obtain the necessary professional liability and worker's compensation protections for our members, the MRC of Southwestern Vermont needed to be listed as a "Mobile Support Unit " (MSU) in Vermont State Statutes (Title 20). As the only MRC in the state, the MRC may be called upon to assist other Vermont communities in the event of a disaster.

To assess whether the MRC would be able to meet this objective, we asked the MRC members if they would be willing and able to respond to other areas within Ver-

mont. Forty-six percent (46%) of respondents indicated they would be willing and able to deploy within Vermont if a request was made. Fifty-one percent (51%) stated that it would depend on the circumstances of the events.

Figure 2: Statewide Deployment Availability

Able to Respond Statewide	%
Yes	47%
No	3%
Depends upon circumstances	50%

Based upon these results, the MRC will continue to work with Vermont Emergency Management and the Northern New England Metropolitan Medical Response System (NNE MMRS) to integrate response capabilities and ensure the preservation of healthcare services during major disasters.

MRC Activities:

MRC's are individually designed to meet the needs of their specific communities. Some MRC units are dedicated for disaster response activities only; others provide public health activities (i.e. flu clinics, wellness clinics, free medical clinics, etc.); others perform a combination of both.

To assist the MRC Steering Committee with determining the direction our MRC should take in planning activities, members were asked about their ability to assist in both venues. Sixty-six percent (66%) of respondents expressed an interest in performing both Emergency Response activities and general Public Health initiatives. Twenty-nine percent (29%) indicated they would only be able to assist during disaster response activities.

Activity	%
Emergency (Disaster) Response Only	29
General Public Health Initiatives Only	5
Both Emergency Response and Public Health Initiatives	66

Figure 4: Types of MRC Activities

(Continued on page 3)

Education/Training

Needs Assessment:

There are certain minimum training requirements for MRC members as specified by unit specific or state/federal requirements; CPR, Incident Command System (ICS), National Incident Management System (NIMS) as well as the unit-specific orientation. The survey illustrated a lack of meeting these minimum requirements:

This survey identified the need for the MRC to focus on providing educational opportunities to MRC members to receive and maintain the minimum requirements as well as additional educational opportunities.

Requirement	% Met
CPR Verification	86%
Incident Command System (ICS) Training	59%
National Incident Management System (NIMS) Training	32%
MRC Unit-Specific Orientation	76%

Figure 5: MRC Minimum Training Requirements

In order to address this need, we asked members to tell us their preferred modality for education and the best days and times for meetings and/or trainings to be held. Sixty-eight percent (68%) of respondents preferred in-person (i.e. classroom) courses. 32% preferred online computer based courses. The survey results indicated an even split regarding the best times to schedule in-person education & training opportunities: 34% weekday daytime hours; 32% weekday evening hours and 34% weekend daytime hours.

Type of Education & Training

Recognizing that MRC members have limited time available for trainings, the MRC initially contracted with Swank Healthcare to provide online, streaming video continuing education courses for our members. This was an expensive proposition, costing approximately \$7,000 a year. Even though the quality of content was great and there was a large selection of material available, very few MRC members participated.

The MRC has offered "in-classroom" courses such as Advanced Burn Life Support, Trauma Nursing Core Curriculum, etc. Again, very few MRC members participated in these programs. We surveyed members to determine what type of courses and style of presentations MRC members wanted.

When asked what type of education/training MRC members wanted, only 15 respondents answered. Of those 15 responses we received seventeen different kinds of trainings were listed in which only 15 people answered,

stated they would like all the trainings offered to take place; 68% would like class room training while 32% would like on line training.

Figure 6: Education Methodology

Methodology	%
In-person (classroom)	68%
On-line (computer) courses	32%

MRC Members where asked what the MRC can do to better meet the individual's needs. Since this was a fill-in answer with free-text responses, it is not possible to report statistical data on the trends. Responses included:

- Ensuring members remain updated on new treatments and techniques
- Provide regular drills and exercises designed to support MRC members participation and role familiarization
- Providing regular in-services or trainings
- Scheduling training well in advance (more than a month) to allow members time to arrange their schedules
- Consider MRC more of a regional entity in relations to meeting/education locations.

Survey Implementation Flaws:

In reviewing the response rates of this survey, issues were identified which may be used in future surveys to increase response.

This survey was distributed solely via electronic means (website and email). Several MRC members either do not have email/internet access or do not access electronic formats on a regular basis. Future surveys should consider both hard-copies mailed to members as well as electronic copies.

Secondly, the ability to obtain congregate data or trends from a survey is diminished when "fill-in" or free-text choices are allowed. Future surveys should minimize these types of questions to obtain maximal value of the congregate data.

Despite these limitations, the results of this survey will greatly assist the Steering Committee with planning for the MRC to better meet the needs of the community and the MRC members. We wish to thank everyone who took the time to complete a survey.

We salute Dr. Michael Polifka for his humanitarianism and dedication

Dr. Michael Polifka had a thriving private practice in Manchester and one day decided to do something many of us only wish we could do....dedicate his life to helping others in parts of the world where medicine is a luxury. Dr. Polifka is a humble man who does not seek fame or fortune; but rather to make a difference in this world.

The following is an email excerpt from Dr. Polifka while he was on a medical mission in Accra, Ghana in March 2008.

"As I continue to be interested in supporting one of the few bits our government's foreign policy that I agree with, I have signed up once again to participate in a joint project between Project HOPE and the U.S. military. We are in western Africa for a month, the first half in Ghana. This is a land based mission of relatively small scale; the military has sent a dental team of 5, a veterinary team of 2, and a public health surveillance team of 2. Project HOPE is doing the medical piece; there are three nurse educators and two nurse midwives teaching their Ghanaian counterparts, and two nurse practitioners and myself doing primary care clinics.

The weather here is not surprisingly hot, in the mid 90's but with the humidity not off the charts, some usual daily high cloud cover and a bit of a breeze from the ocean, it is not unbearable. Our medical team will travel one hour each way from our very comfortable quarters on the Ghanaian Air Base in Accra to an established clinic in the port city of Tema. As we leave the congested and bustling capital city we pass the well to do neighborhoods, and then in the suburbs the shanty towns sitting side by side with the newer development. The trees are flowering profusely and I am generally impressed by good condition of the roads and

the availability of electricity that political stability has brought.

When we arrive at the clinic we walk through the crowds of people dressed in beautiful bright colored patterned dress. The three of us doing primary care share a small office in which will also be clinic nurses who are helping us with translation from local African languages and with whom we exchange medical knowledge, my ever present suitcase pharmacy as well as three to five patents. This is not for those who are uncomfortable with 'violation of personal space'.



**We salute
Dr. Michael Polifka
for his humanitarianism
and dedication.**

The patients' problems are all too familiar, being the result of personal poverty in a country, which though better off than some its neighbors, still lacks for resources to care for the population. There are the adults, young and old, who have neck aches, back aches, tendonitis and arthritis from balancing heavy loads on their heads, the ever present intestinal parasites, the underweight young children with lung infections and the multiple cases of malaria in young and old. What is new for me is how sick so many of the patients are: multiple patients daily have profoundly elevated blood pressures, more than one woman in her 40's has already suffered a stroke; more than one man with the night fevers, weight loss and bloody cough of TB for 9 months; a 65 year old woman has irreversibly lost vision in one eye ten days before being seen from acute glaucoma; a 9 month old with brain damage from untreated hydrocephalus;



lus; a 10-pound one year old with congenital heart problem too advanced for repair here; the 36 year old woman with weight loss referred to us by the clinic nurses whose polygamist husband is being treated in the HIV clinic, but hasn't told at least this wife (she has two children); and the list goes on and on and on.

These are the challenges here. Dealing with the heat or the lack of space or the number of patients in any one day or even with the 250 pound African woman who barged into the clinic at the very end of a work day as we were leaving, having lifted up her blouse and bra now blocked my exit with extended elbows and absolutely enormous breasts and politely but firmly requested a breast exam, these are the easy ones to deal with. The others, the patients with medical problems that could have been so easily prevented or treated with adequate resources, those are the harder ones to get out of my head in the evening as I go for a jog along the runway at the Air Base. The food, the blackness of the skin color, the bright color of the clothing and the native languages are all new to me here, but the sincerity in their eyes as they simply say 'thank you' is universal. And it deeply touches me every single time."

-Michael

Role of MRC in Community Disaster: Special Needs Sheltering

Bennington County has in excess of 25 "special needs facilities" including nursing homes, residential care homes and mental health group homes. In addition to these facilities, the Bennington area has a large contingent of homebound and senior housing with individuals who require daily medical care or assistance (oxygen dependent, dialysis, home health patients, invalid/non-ambulatory, etc). In a disaster which requires evacuation of homes or prolonged loss of utilities (ice storms, power outages, floods, etc), many individuals within our community would require assistance with sheltering and food.

The Vermont Department of Health, under State Support Function-8 (SSF-8), is the state agency responsible for coordinating health and medical needs during a disaster. The American Red Cross provides mass sheltering for individuals who are able to provide for their own assistance or care needs and are self-sufficient in the shelter setting. However, the American Red Cross cannot operate a facility during a disaster that would require licensure (of the facility and/or staff) during non-disaster times. Thus, individuals with special medical needs would seek shelter at the local hospital. The influx of less-acute, chronic care patients into the hospital system would quickly consume the limited resources of the hospital (beds, staff, supplies) and significantly reduce the availability of care available for the acutely ill and injured related to the disaster itself.

Mitigation

In an effort to minimize the impact on the hospital and the community, the MRC has been working in concert with the Vermont Department of Health, Green Mountain Chapter of the American Red Cross, VNA-Hospice of Southwestern Vermont and the Local Emergency Planning Committee

(LEPC) to create a "Special Needs Shelter" to augment the sheltering capabilities of the Red Cross in our communities.

The initial plan developed allows for the Red Cross and MRC to co-habitate the Mass Care Shelter and the Medical Needs Shelter in the same physical location and share basic resources. However, the two shelters must be organizationally and operationally separate.



Special Needs

Special Needs Shelters are shelters or portions of shelters designed to care for people with special needs, such as:

- minor health/medical conditions that require observation, assessment and maintenance;
- contagious health conditions that require minimal precautions or isolation which cannot be handled in a general population shelter;
- chronic conditions who require assistance with activities of daily living and do not require hospitalization;
- regular need for medications and/or regular vital sign readings, and who are unable to do so without regular assistance

The intent is to provide, to the extent possible under emergency

conditions, an environment in which the current level of health of the shelterees with special needs can be sustained within the capabilities of available resources. Persons eligible for the Special Needs Shelter have physical or mental conditions that require limited medical/nursing oversight that cannot be accommodated or provided for in a general population shelter.

Lessons Learned

Lessons learned from the Red Cross and others throughout the country who have experience with medical shelters are helping the MRC in developing an operations plan and procedure for a Medical Needs Shelter. Southwestern Vermont Medical Center and the Medical Reserve Corps of Southwestern Vermont have established a cache of "disaster supplies" — special medical disaster cots, supplies, equipment, etc— sufficient for a 100 bed Medical Needs Shelter. In addition, SVMC has an enclosed cargo trailer for the storage and rapid deployment of these supplies..

Staffing

In the event a Medical Needs Shelter was necessary, MRC volunteers would be needed to care for the shelterees. MRC Nurses, physicians, behavioral health professionals, security personnel, communications and logistics specialists, non-medical administrative and support personnel would be needed to manage a shelter. The length of operations for such a shelter would be dictated by the specific circumstances or events, but shifts of 8 or 12 hours would be necessary to provide 24 hour operations.

The MRC of Southwestern Vermont is continuing the development of Special Needs Sheltering plans and procedures and welcomes the involvement of anyone interested in assisting with the planning process. Please contact Chris Phelps at (802) 447-5637.

Journal Scan:

What's new in Disaster Preparedness

The Impact of Hurricanes Katrina and Rita on Louisiana School

Lisa Broussard L, Myers R, Meaux R. The Impact of Hurricanes Katrina and Rita on Louisiana School Nurses The Journal of School Nursing: Vol. 24, No. 2, pp. 78-82

In the fall of 2005, the coast of Louisiana was devastated by two hurricanes, Katrina and Rita. Not only did these natural disasters have detrimental effects for those directly in their path, the storms had an impact on the lives of everyone in Louisiana.

The professional practice of many Louisiana school nurses was affected by several factors, including a sudden influx of students with no medical records. A qualitative descriptive study was conducted to gain an under-

standing of school nurses' feelings and experiences related to the hurricanes and their aftermath. Forty-one school nurses participated in the study, and findings revealed significant effects on their personal and professional lives.

Themes within each area were identified: uncertainty, hopelessness and helplessness, thankfulness, practice challenges, and practice rewards. Implications for school nursing practice include the need for support during natural disasters and the importance of school nurse involvement in disaster preparedness.

Crowds 'pick leaders to follow'

By Roger Highfield, Science Editor. All-Hands Information Portal

People in crowds behave just like sheep, scientists claim, by blindly following one or two people who seem to know where they are going. Researchers at Leeds University believe their findings could have important applications, notably in the management of disasters. The team, led by Prof Jens Krause, conducted a series of experiments in which volunteers were told to walk randomly around a large hall without talking to each other. A select few were then given more detailed instructions.

The results show that it takes a minority of just 5 per cent of what they called "informed individuals" to influence the direction of a crowd of a minimum of 200 people. The remaining herd of 95 per cent follow without realizing it. "There are strong parallels with animal grouping behavior," says Prof Krause, who reports the work with John Dyer in the *Animal Behavior Journal*, with colleagues at the Universities of Oxford and Wales Bangor. "We've all been in situations where we get swept along by the crowd but what's interesting about this research is that our participants ended up making a consensus decision despite the fact that they weren't allowed to talk or gesture to one another. "In most cases the participants didn't realize they were being led by others." The work follows another study by Dr Simon Reader of Utrecht University that showed that most of us are happy to play follow-my-leader, even if we are trailing after someone who does not really know where they are going." Even more striking, that study found that even when we are shown a faster route, we still prefer to stick with the old one and tell others to take the long road too. That discovery could have lethal implications when it comes to evacuating a building or ship in an emergency, when people would likely stick to the familiar evacuation route, even if slower than an alternative.



News From Vermont:

Vermont Volunteer Mobilizer

To enhance coordination and collaboration between the various emergency response organizations and potential volunteers within the state, the Vermont Department of Health has created a centralized registry of emergency response volunteers.

Vermont Emergency Response Volunteers ("VERV") will be the umbrella registry for all emergency response volunteers including each of the 13 VDH District Offices, 15 VT Hospitals, Washington County Mental Health, VEM Community Emergency Response Teams (CERT), MRC of Southwestern Vermont, Northern New England MMRS and the VT Commission on National and Community Service. Citizens of Vermont who wish to volunteer, either in their community or the entire state, will be able to choose from any number of opportunities as "Healthcare Volunteers" or "Community Volunteers".

The benefits of having a centralized volunteer registry are many; VT citizens can view and choose a group which best matches their area of expertise for volunteering; organizations will have immediate access to volunteers from other groups in emergencies and disasters, and VDH will be able to validate the identity, credentials, and licenses of healthcare professionals in near-real time.

VERV is currently being implemented statewide. Within the next month or two, the MRC of Southwestern Vermont will begin transferring our database to this statewide registry for improved coordination and credentialing.

Flood Season is Here – Preparation is Key (excerpt from Vermont Emergency Management Update)

WATERBURY – Vermont's record snowfall this winter season has made for great skiing and other enjoyable outdoor activities, but the deep snowpack could have an adverse effect on Vermont communities this spring.

The National Weather Service is reporting above average snow depths for most of the state, particularly in the mountains this year. While flooding is not guaranteed, favorable weather conditions could melt the snow slowly and evenly for example, the extra moisture does elevate the chance for floods this spring.

"There is no guarantee we will see flooding this year," Vermont Emergency Management Director Barbara Farr said. "With the right weather conditions we could escape serious damage, but with warmer weather on the way it is critical for everyone to be ready for flooding or other potential problems."

Flood preparation tips:

- Monitor radio, television, and newspapers as well as web sites for flood warnings.
- Never walk or drive through flood waters as current and washouts can carry a car or a person away.
- Move any vehicles or equipment like lawn mowers or tractors to higher ground.
- Elevate and secure your furnace, water heater, and electric panel if susceptible to flooding.
- Install "check valves" in sewer traps to prevent flood water from backing up into the drains of your home.
- Construct barriers (levees, beams, floodwalls) if possible to stop floodwater from entering your home or other building.
- Seal walls in basements with waterproofing compounds to avoid seepage.

For more information on flood preparation you can visit the Vermont Emergency Management web site at www.vemvt.com or the Federal Emergency Management Agency web site at www.fema.gov.

Medical Reserve Corps Of Southwestern Vermont

April 2008

Schedule of Events

- ♦ April 3rd — **MRC Steering Committee Meeting.** SVMC Conference Dining Room. 5:30—6:30 PM
- ♦ April 14th— **Mass Immunization Training Program.** 6:00– 8:00 PM VDH Offices Bennington.
- ♦ April 25 & 26th. **Pediatric Advanced Life Support Provider Course.** SVMC Call (802) 447-5637 for more information.
- ♦ April 29th— **OSHA Hazmat Awareness Course.** 8am—11 am or 6:00 PM—9:00 PM. Bennington Rescue Squad Building.
- ♦ May 6, 8 & 10th. **Pediatric Education for the Prehospital Provider (PEPP).** SVMC.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3 <i>Steering Cmte</i>	4	5
6	7	8	9	10	11	12
13	14 <i>Mass Immunization Training</i>	15	16 <i>Shingles Clinic</i>	17	18	19
20	21	22	23	24	25 <i>Shingles Clinic</i>	26
27	28	29 <i>Hazmat Course</i>	30			

To register for any of these course please visit the MRC website's training calendar: www.vtmrc.org

Upcoming Courses

OSHA Hazmat First Receiver Awareness Course.

April 29th 8am—11 am or 6 PM- 9 PM. Bennington Rescue Squad Building. 120 McKinley St. Bennington, Vermont.

The Occupational Health And Safety Administration (OSHA) requires Hazardous Material (Hazmat) First Responder Awareness Level training for those who work in the contaminant-free, post-decontamination zone, but might be in a position to identify a contaminated victim who arrived unannounced. Even though MRC members are secondary-responders and are not expected to provide hazardous material decontamination, the risk of accidental or unintentional exposure remains. Therefore, knowledge of the risks, roles and responsibilities in dealing with potentially contaminated patients and the proper usage of Personal Protective Equipment (PPE) is important.

This 2.5-3 hour course or equivalent, is required for all MRC members in order to comply with the OSHA standards. If you have already taken an equivalent course, please send a copy of the course certificate to Kara Leonetti in the MRC Office.

Pediatric Education for the Prehospital Provider (PEPP)

May 6th 6-9 PM, May 8th 6-9 PM & May 10th 8am—4 PM. Southwestern Vermont Medical Center.

Caring for an ill or injured pediatric patient is one of the most stressful parts of being a healthcare provider. Even in a non-critical setting, assessing a pediatric patient presents unique challenges. Do you have the skills to answer these questions in the first few seconds of your assessment:

- How sick is this child?
- How quickly do I need to act?
- What is this child's physiological problem?

PEPP represents a comprehensive source of prehospital medical information for the emergent care of infants and children. Developed by the American Academy of Pediatrics, designed specifically to teach prehospital professionals how to better assess and manage ill or injured children.