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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

Thanks for assisting with the Community Influenza Flu Clinics

On behalf of the Vermont Department of Health, SVHC and the communities we serve, we would like to thank everyone who participated in the flu clinics this year. These clinics serve several valuable purposes; protecting our community, helping to make it "the healthiest in the nation" and providing an immeasurable amount of training for our MRC volunteers.

This year, 377 vaccinations were given at the VT Dept. of Health and Bennington Rescue clinic sites. When asked to rate their experience at the flu clinic, 92% of patients said they had an excellent experience and 60% stated they would rather get their flu shots at our clinics vs. a physician's office or "other".

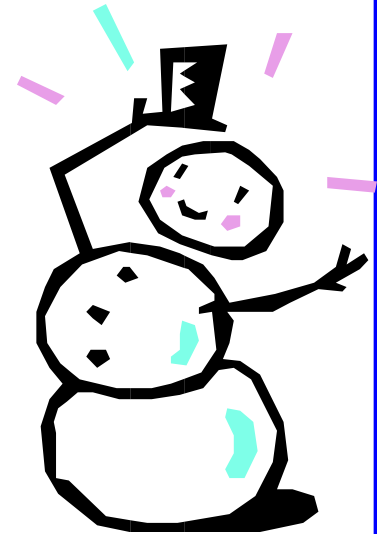
If you take a moment to visualize the many steps that are involved for the patient, you can see how MRC played a huge roll in the satisfaction of the community;

an MRC volunteer greeted the patient, brought the patient to get their shot, an MRC volunteer gave the shot, and then was accompanied by an MRC volunteer to wait after the shot. It's the interaction and atmosphere that we provide that many enjoyed (that, and the hardship waiver).

92% of patients reported clinic experience as "Excellent"

According to the MRC volunteer's survey, 100% of the respondents felt

that the 'just in time' training was adequate and pertinent to all roles, however some felt that it could have been more formal; 100% found the job action sheets useful and that roles were clearly explained; 88% found that the clinics provided a better understanding of their role in the MRC. That is a concern as we want to be sure everyone understands how important their role is in any given situation.



Stay Warm!!

MRC Steering Committee

The MRC Steering Committee is comprised of MRC members and community stakeholders who will help to guide the MRC in meeting our mission and objectives.

The first Steering Committee meeting will be held on January 15th 5:30 PM at SVMC. Dinner will be served.

Anyone interested in being on the Steering Committee is welcome. Please contact Chris Phelps 440-4236.



Combining Trainings and Community Health Initiatives

The MRC of Southwestern Vermont is comprised of healthcare professionals who are actively working in the communities we serve. Many do not have the time or energy to devote to monthly training & meetings. But, in a “real emergency” we know those involved in the MRC would be the first to respond to our communities’ call for help.

We have been fortunate in Vermont to not have experienced any major disasters or need for MRC activations. However, this presents several challenges as a disaster medical response organization:

- How do we maintain volunteers’ interest & involvement?
- How do we maintain the knowledge and skills of our volunteers for when disasters do happen?
- How can we utilize this exceptional resource to better our communities?

One answer to these challenges came in the form of the flu.

By partnering with the Vermont Dept of Health, SVMC

and the VNA-Hospice Home Health agency, the MRC provided a much needed community public health initiative while at the same time offering volunteers the opportunity to learn and practice their roles in a “mass immunization” clinic.

In the event the Bennington District of Dept of Health had to provide mass immunizations to the county’s population, it is estimated that 16 different PODs or Points of Distribution would need to be established within the county. With limited VDH personnel to staff these simultaneous clinics, the VDH would need assistance from the MRC.

The clinics were overwhelmingly successful; both in improving access to immunizations for the community and serving as a training opportunity for MRC members.

In order for the MRC members to know what to expect and how to function independently or with minimal supervision and direction from VDH staff, the MRC members would need experience and practice.

One of the primary objectives of these Flu Clinic “trainings” was to assess the



ability of the MRC to deploy volunteers to augment public health department staff in setting up and operating an immunization clinic. Assess the ability of the MRC volunteer to function properly, with minimal supervision, under the Public Health Incident Command System (PHICS) structure.

Utilizing the Vermont Department of Health’s Critical Event Clinic model, the MRC volunteers assisted with the creation and operation of 11 pre-scheduled community flu vaccination clinic beginning in November.

The Flu Clinic “training exercises” provided the cognitive and psychomotor skill necessary for the MRC volunteers to be better prepared in a mass immunization situation related to public health emergencies, natural disasters or terrorist events.

Risk of Carbon Monoxide Poisoning Increased with Portable Generator usage

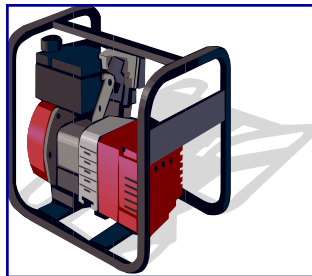
Portable generators are commonly used throughout the Northeast; especially on cold winter nights when the power goes out. Over the last few years there has been increasing evidence that gas powered portable generators can be a serious health hazard and a common source of unintentional CO poisoning after natural disaster and/or sustained power outages.

Carbon monoxide (CO) is a colorless, odorless, poisonous gas that results from incomplete combustion of fuels (e.g., natural or liquefied petroleum gas, oil, wood, coal, or other fuels). CO sources (e.g., furnaces, generators, gas heaters, and motor vehicles) are common in homes or work environments

The July 2005 CDC Morbidity & Mortality Weekly Report (MMRW) (July 22, 2005 / 54 (28);697-700) reports that after a series of hurricanes that struck Florida in 2004 resulting in substantial power outages, the Consumer Product Safety Commission (CPSC) investigated six deaths in Florida attributed to carbon monoxide (CO) poisoning. In addition a total of 167 people with nonfatal CO poisoning were also identified, representing 51 incidents. A portable, gasoline-powered generator was implicated in nearly all nonfatal incidents and in all fatal poisonings. The majority of poison-

ings occurred overnight, with patients waking in the early morning with symptoms.

The Journal of Emergency Medicine reported similar findings after a major ice storm in Maine (An outbreak of carbon monoxide poisoning after a major ice storm in Maine. [J Emerg Med.](#) 2000 Jan; 18 (1):87-93)



“There were 100 cases identified, involving 42 common-source exposure incidents, most of them during the first week. Though classic CO symptoms of headache, dizziness, and nausea predominated, 9 patients presented with chest pain and 10 were asymptomatic. One patient died and 5 were transferred for hyperbaric oxygen therapy. Gasoline-powered electric generators were a CO source in 30 incidents, kerosene heaters in 8, and propane heaters in 4. In the community, 31.4% of households used a generator after the ice storm. The strongest risk factor for poisoning was locating a generator in a basement or an attached structure such as a ga-

rage. Cases of CO poisoning with various presentations can be expected in the early aftermath of a severe ice storm.”

After Hurricane Rita in 2006, Cukor and Restuccia reported (Carbon monoxide poisoning during natural disasters: the Hurricane Rita experience. [J Emerg Med.](#) 2007 Oct; 33(3): 261-4.) an increased incidence of carbon monoxide exposure during the 5 days after the hurricane.

“Improper placement of portable generators in indoor locations or proximate to home air conditioning intake systems were completely responsible for the 21 exposures including 5 fatalities, 1 brain dead, 2 transfers for hospitalization, and 13 treated and released.”

Health professional need to be cognizant of the risks and potential for carbon monoxide exposure during power outages and disasters.



Emergency Preparedness and Professional Competency Among Health Care Providers During Hurricanes Katrina and Rita: Pilot Study Results

Lynn A. Slepski

Disaster Management & Response- 2007 October (Vol. 5, Issue 4, Pages 99-110, DOI: 10.1016/j.dmr.2007.08.001)

Background

To date, no systematic examination of the preparedness of individual health care providers and their response capabilities during a large-scale disaster has been conducted. As a result, very little is known about what knowledge, skills and abilities, or *professional competencies* are needed, or how professional competency requirements may change depending on the circumstances of a disaster. The objective of this pilot study was to collect, explore, and describe background data on professional competencies from health care providers who were involved in the Hurricanes Katrina and/ or Rita disaster responses.

Methods

Utilizing an anonymous survey of a convenience sample, 200 health care providers attending 2 disaster conferences were asked to respond to open-ended questions about the competencies they needed and performed during their disaster response.

Results

Of the 200 respondents, registered nurses (37%) and physicians (24%) were the largest categories of providers. Basic clinical care (39%) and triage (26%) were the most frequent

response skills reported; the areas wherein respondents felt least prepared were disaster-specific response skills (22%) and systems issues (34%). Only 22% of respondents reported that they did not know a specific skill. The 200 respondents made 495 individual recommendations for future responders, including actions to improve the respondent's personal preparedness (23%) and the need for training (25%). However, only 3% of the recommendations (n = 15) actually identified a specific type of training such as Advanced Cardiac Life Support or triage.

Conclusion

Few respondents reported knowledge deficits. Rather, what they described was an abrupt change or transition from their everyday practice worlds that required accommodation in order to practice effectively. Current training programs generally focus on providing skills information. Further research is required to determine if training programs should address facilitating the transition process.

For the full text article: <http://www.disastermgmt.com/article/PIIS1540248707001009/fulltext>

MRC Core Competency

Psychological First Aid: Field Operations Guide (MRC version)

MRC members are in a unique role to provide emotional care and comfort to disaster survivors, MRC team members, and others. Providing emotional care and comfort in the early aftermath of disaster may mitigate short and long-term psychological consequences in disaster survivors, MRC team members, and others

The National MRC Mental Health Work Group is recommending 'Psychological First Aid' as a standard model of mental health intervention in early response to disasters and other traumatic events. We believe this Guide and direction helps to fill a major gap in the field by helping to standardize and clarify the concepts of 'Psychological First Aid', one of the few evidence-driven intervention strategies in disaster mental health response.

To learn more or download this free Field Operations Guide, please visit

www.naccho.org/topics/emergency/MRC/coreCompetencies.cfm

Kara's Reflections from the Region I MRC Conference

I wanted to take a few minutes to share with you my first experience at the Region I MRC Conference that took place October 26 and 27 in South Portland, Maine. The conference took place at the Sheraton Hotel.

Beginning bright and early Friday morning, we were greeted with a warm welcome from Don Ward, Maine CDC. Olan Johnson and Christina Tolis from Lebanon, New Hampshire shared with us how MMRS (Metropolitan Medical Response System) should incorporate MRC. For those who are not familiar with MMRS, it is a system that brings together the EMS, fire, and public health organizations to function as a whole during a disaster.

Next, Jack Hermann for NACCO, (National Association of County and City Health Officials) made his point regarding MRC



Core Competencies; so be aware, certain trainings are required ac-

ording to federal standards and are in the works for our MRC unit.

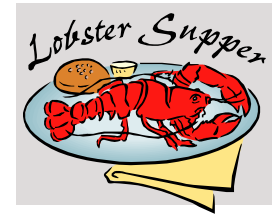
Saturday morning was an eye opener that to Kate Kelly, Massachusetts SNS (Strategic National Stockpile) Coordinator. MRC is greatly needed during disastrous events to aid in mass medication distribution. The state of Massachusetts had a successful drill in September involving MRC, the postal service and their warehouse. It took months of planning and coordination, it was well worth it thought. The drill was amazing and something I think



Chris and I will have to consider in the future.

The best part of the weekend was the presentation that Chris and I gave about our flu clinics. We shared how MRC works in conjunction with the VT Department of Health, the American Red Cross, and SVMC. We shared our processes, our successes, and the "win-win's" for all involved.

While in Maine



...Fish or Lobster Dinner?

*Pick the Lobster
...he's crabby in
the morning*



I decided that since I was in Maine, I should have some lobster since I have never had one. Maine lobster is supposed to be the best, right?

Well, from the moment I walked through the door, the overwhelming smell of fish turned my stomach. I also decided that I was not worthy enough to wear one of those plastic bibs that are provided so that lobster juice will not get on your shirt...

I turned around and went to the Olive Garden down the street!!

—Kara

P.S. Remember. All cameras add 10 lbs!!

MRC Awarded \$5,000 Capacity-building Grant

For a second year in a row the MRC of Southwestern Vermont has been awarded a capacity-building grant from the National Association of City & County Health Officials (NACCHO) with support from the Office of the Surgeon General's Medical Reserve Corps (MRC) Program. The purpose of this funding is to support the development of MRC units and to promote the integration of MRC units into their local public health and emergency response systems.

One of the greatest challenges for the MRC of Southwestern Vermont has been maintaining our unit's preparedness level and providing training for our members who have limited time and availability. To address this, the MRC is working collaboratively with Southwestern Vermont Medical Center to improve the education and training resources available to MRC members. The funds of this grant will be used to support training and address the challenges of education, training and preparedness for our MRC members.

Make a Plan and *Be Prepared*

Winter is upon us and we have already had the pleasure of experiencing a snow storm, with more to come as the season drags on.



Where were you when the storm hit? Safe at home

I'm willing to bet. There was plenty of notice to prepare for the storm so that you would not have to leave your warm, cozy homes. But what if you weren't at home. What if you were in your car, would you have been prepared?

Suggestions for such a situation from the U.S Department of Homeland Security include keeping water, food, first aid kits, blankets, flashlights, baby formula, prescriptions, games, and many, many other items on hand just incase.

Visit www.ready.gov for more information.

Upcoming Events

MRC Steering Committee Meeting

Date: January 15, 2008

Time: 5:00 – 6:30 PM

Place: SVMC, Conf Rm C

Pediatric Advanced Life Support (PALS) Renewal Course

Date: January 25, 2008

Time: 8:00am – 5:00 PM

Place: SVMC, Cn Rm C

Cost: \$125.00 (100% reimbursed for MRC volunteer MD and RN)

Pediatric Advanced Life Support (PALS) Initial Course

Date: February 22 & 23, 2008

Time: 8:00am – 5:00 PM

Place: SVMC, Cn Rm C

Cost: \$125.00 (100% reimbursed for MRC volunteer MD and RN)

Hazmat Awareness & Operations Course

Date: April 29, 2008

Time: 7:00am – 10 am, 10am-4 PM, 6PM– 9PM

Place: SVMC,

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