

DID YOU KNOW?



The Disaster Distress Helpline is a national crisis hotline (1-800-985-5990 / TTY 1-800-846-8517) and SMS (text TalkWithUs to 66746) service for individuals and families experiencing emotional distress as a result of any natural or human-caused disaster. The helpline provides counseling and support for overwhelming anxiety, trouble concentrating or completing daily tasks, problems sleeping, or having pre-existing mental health concerns such as depression or substance use triggered by disaster. The service is administered by SAMHSA (Substance Abuse and Mental Health Services Administration). Learn more at <http://disasterdistress.samhsa.gov> and find additional Disaster Response materials and resources at www.samhsa.gov/disaster/ and <http://store.samhsa.gov/product/SMA11-DISASTER>

Www.DisasterAssistance.gov provides information on how a person might be able to get help from the U.S. Government before, during and after a disaster.

- Learn what a person might be able to apply for from 17 government agencies in Spanish and English
- Reduce the number of forms a person has to fill out
- Shorten the time it takes to apply for aid
- Check the progress of a person's applications online
- Continue to receive benefits from government programs even if a person has to leave the home
- Apply for help from FEMA online
- Learn about Small Business Administration loans using an online application
- Have Social Security benefits sent to a new address
- Find federal disaster recovery centers near a person's current address
- Search a list of housing available for rent
- Get information about a person's federal student loan
- Get help from the Department of State if a person is affected by a disaster while living or traveling outside the U.S.



Emergency preparedness is not the sole concern of Californians for earthquakes, those who live in "Tornado Alley"; or Gulf Coast residents because of hurricanes. Most communities may be impacted by several types of hazards during a lifetime. Americans also travel more than ever before; to areas impacted by hazards they may not be at risk of near their homes. Knowing what to do before, during and after an emergency is a critical part of being prepared and may make all the difference when seconds count. Two comprehensive and trustworthy sites are Ready.gov **Www.Ready.gov** and from the US Library of Medicine, NIH-Medline Plus <http://www.nlm.nih.gov/medlineplus/disasterpreparationandrecovery.html>

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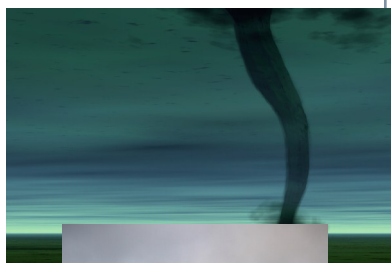
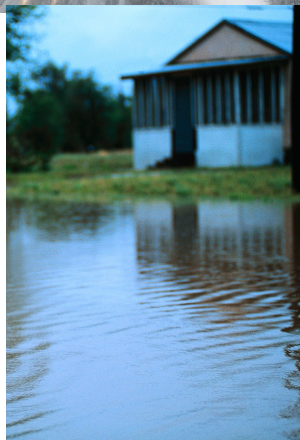
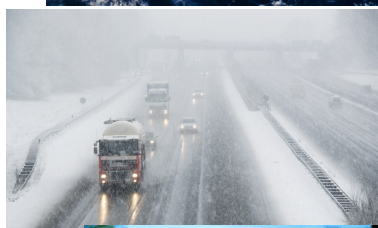
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Special points of interest:

- * MRC Leadership Meeting
- * Public Health Focus
- * ABC's of Exercises
- * Announcements

Public Health Focus

CLIMATE CHANGE AND EMERGENCY PREPAREDNESS



The past three winters in parts of North America and Europe were unusual. First, during the winters of 2009–2011, the eastern seaboard of the U.S. and western and northern Europe endured a series of exceptionally cold and snowy storms—including the February 2010 “snowmageddon” storm in Washington, D.C., that shut down the federal government for nearly a week. Later that year, in October, very low temperatures and record snowfalls hit New York City and Philadelphia in January 2011, catching the forecasters who had predicted a mild winter by surprise. This past summer, the Midwest struggled with a drought that brought devastation to the harvest.

There is scientific consensus that the global climate is changing, with rising surface temperatures, melting ice and snow, rising sea levels, and increasing climate variability. These changes are expected to have substantial impacts on human health. There are known, effective public health responses for many of these impacts, but the scope, timeline, and complexity of climate change are unprecedented.

The potential health effects of climate change have been extensively reviewed. Principal concerns include injuries and fatalities related to severe weather events and heat waves; infectious diseases related to changes in vector biology, water, and food contamination; allergic symptoms related to increased allergen production; respiratory and cardiovascular disease related to worsening air pollution; and nutritional shortages related to changes in food production. Indirect concerns, for which data to support projections are less available and uncertainties are greater, include mental health consequences, population dislocation, and civil conflict. In addition, changes in the patterns of pests, parasites, and pathogens affecting wildlife, livestock, agriculture, forests, and coastal marine organisms can alter ecosystem composition and functions, and changes in these life-support systems carry implications for human health.

Preparedness efforts have assumed a central role in public health in recent years. The threat of terrorist attacks, the emergence of new infectious diseases, the reemergence of old ones, and the occurrence of natural disasters such as earthquakes, tornados and hurricanes have all compelled health

professionals to study, anticipate, and prepare for such eventualities.

Risk management-systematic ongoing efforts to identify and reduce risks to health-is another relevant framework. As climate change has become a certainty, so has the need for public health action to anticipate, manage, and diminish the health burdens it will impose.

In developing and implementing services to address climate change, public health professionals will need to confront several practical realities. First, the effects of climate change will vary considerably by region. Second, they will vary by population group; not all people are equally susceptible. Third, these effects are highly complex, and planning and action will need to be multidimensional.

What can we do in our communities? 1. **Assess health vulnerability to climate change.** There are many surveillance tools that will provide data on population vulnerability, topography and other environmental influences that can influence the health of a community. 2. **Inform, educate, and empower people about health issues.** Effective health communication on climate change will inform the public and policymakers about potential health effects and about steps that can be taken to reduce risk. The communication needs to be targeted to specific groups, accounting for varying levels of understanding, cultural and ethnic differences, vulnerability to the health effects of climate change, and other factors. Messages should empower people to access and use necessary health resources. 3. **Link people to needed health services and ensure provision of care.** A strong infrastructure for delivering health care services must be part of the health response to climate change. To prepare for disasters such as hurricanes, floods, and heat waves, support is needed for developing local, regional, and national emergency medical systems and enhancing their disaster response capacity, including specialized services and surge capacity.

Howard Frumkin, Jeremy Hess, George Luber, Josephine Malilay, and Michael McGeehin. Climate Change: The Public Health Response. American Journal of Public Health: March 2008, Vol. 98, No. 3, pp. 435-445. doi: 10.2105/AJPH.2007.119362 http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2007.119362 Accessed 2013-01-06

Emergency Preparedness



THE ABC'S OF EXERCISES

Exercises may range widely in cost, size, scope, complexity, purpose, and approach. There are seven accepted types of exercises in what is called the Building Block Approach. The most basic exercise type in the building block approach is the seminar, which involves brief discussions of preparedness strategies and goals. At the other end of the spectrum, the most complex, full-scale exercises can involve thousands of participants in responder gear, using equipment, trucks, evacuation routes, and actors, to simulate real emergency procedures.

The first group of exercises are discussion forums which can be in the form of seminars, workshops, table top exercises and games. They provide a forum for discussing or developing plans, agreements, training and procedures and are generally less complicated than operations-based types. Typically they focus on strategic, policy-oriented issues.

- Seminars provide an opportunity to orientate participants to new or existing plans, policies, or procedures. They also may allow an opportunity for exploration capabilities that the community may have. The goal is to find a common framework of understanding.

- In a workshop, participants develop new ideas, processes, or procedures through a sharing of information and consensus. The final goal is to develop a written product that is consistent and practical.

- The purpose of a table top exercise is to test existing plans, policies, or procedures without incurring the costs associated with deploying resources. The goal is to identify strengths and shortfalls of the community through a scenario format. Often what happens, as participants problem solve new concepts and perspectives are realized and adopted.
- A game is a simulation of operations using rules, data, and procedures designed to depict an actual or assumed real-life situation. The games are often designed around 'what if' analyses.

Operation based exercises which include drills, functional and full-scale exercises, involve deployment of resources and personnel and are more complex than

discussion-based types. They require actual execution of plans, policies, agreements, and procedures. The goals are to clarify roles and responsibilities, and improve individual and team performances in response to an emergency. The exercises build to full scale exercises.

- A drill is a supervised activity that tests a specific operation or function of a single agency. In a drill, participants gain training on new equipment and test new procedures. Participants practice skills in preparation for more complex exercises in a realistic but isolated environment.
- Drills involve a single function and actual deployment of resources and personnel; Functional exercises involve multiple functions in a simulation. The goal is to evaluate management of Emergency Operations Centers, command posts, and headquarters and assess the adequacy of response plans and resources. It involves simulated deployment of resources and personnel and an expectation of rapid problem solving in a stressful environment.
- A full-scale exercise is a high-stress multi-agency, multi-jurisdictional activity involving actual deployment of resources in a coordinated response, as if a real incident had occurred. It gives agencies and participants to assess and evaluate plans, procedures and coordinated responses under crisis conditions. It involves mobilization of units, personnel, and equipment and creates a stressful, realistic environment through a scripted exercise scenario.

The information in this article is based on the introduction to IS-120.a Introduction to Exercises.

For more information and an opportunity for Continuing Education credits and certificate go to :
<http://emilms.fema.gov/IS120A/module0.htm>

Interested in putting together a program using one of the discussion forums from above? I have a couple of game scenarios that I have collected from MRC conferences as well. It would make for a fun training program. Please call 978-928-3834 or email wachusettmrc@juno.com if you would like to help put a program together. Thanks!! judie

MRC News

STATE MRC LEADERSHIP MEETING NOTES

Highlights from November 27, 2012:

Ms. Clark (DPH) said the curriculum for a MRC-specific sheltering training is currently being developed through a statewide grant. The protocol is a working document intended to improve communication with MRCs, Red Cross and MEMA. The new protocol will not jeopardize any previously established working relationships or procedures between communities and local Red Cross chapters. Ms. Clark said the documents will also be shared with Kurt Schwartz, MEMA Director. Recommendations for improving the Communications Protocol included providing training to EMDs and Town/City Administrators to familiarize them with the process. Additionally, including organizations like the Department of Agriculture in MEMA during preplanning would be helpful.

Ms. Tallon reported there are now 39 units in MA Responds. Ms. Tallon reported there are currently 10,000 volunteers in the system, but many still need to have background checks. Ms. Coggin said there are many materials and giveaways for local leaders to use to incentivize volunteers to complete the necessary paperwork, and she noted that she can be contacted if any one is in need of materials.

Johnna Coggin, MMS, gave an update of the successful September marketing campaign. The team is currently working on a campaign to publicize the MA Responds name and brand; one way of doing this is linking to the MA Responds page to other sites (most recently Veterinarian Association and Veterinarian Technicians Association). MRC representatives expressed their interest in the state providing a public relations campaign for all the MRCs. A press release template was proposed, to be generated by the state, and sent out by locally communities if need be.

Samantha Stone, DPH, gave a PowerPoint presentation about the new communications tool developed for victims to use at shelters who have any circumstance which limits their communication ability

Unit Updates: Greater River Valley: Flu clinics: 30 people on standby for Sandy call out; 222 members; drop in orientation for members 8 times a year; Reading no longer member; Wilmington joined Greater River Valley (from 4A); rebranding to reflect these

changes.

Springfield MRC: Set up staging area for unit; warming and cooling centers; flu clinics; protection unit for last week's explosion in Worcester. Northeast: October flu clinic; set up Hurricane Sandy shelter (unneeded); monthly training Greater Fall River: American Red Cross regional shelter set up (unneeded); Alvin McMahon stepping down as Executive Director. Burlington: Flu clinics; ICS 100 and 700 training; 120 volunteers; September annual meeting; no need for Sandy notification Upper Merrimack Valley: Updated website; flu clinics; appreciation dinner held; no sites open for Hurricane Sandy but 71 responses in the first 5 hours Worcester: Going through a restructuring; No impact from Hurricane Sandy Franklin County: No volunteers deployed during Hurricane Sandy; MRC 101 course in the fall; reworking policies and procedures documents; February and March trainings (Berkshire asking for support) SHAR: No deployment for Hurricane Sandy Region 4A: Structure changes; Wendy Diotalevi stepped down as unit director and Kitty Mahoney from Framingham is new Executive Director; 434 volunteers available for Sandy; partnerships with YMCA and health club for showering purposes; quarterly regional speaker trainings; Boston Globe coverage from the training in Weston. Boston: Flu clinic; Trainings in ICS, patient tracking and preparedness; no deployment for Hurricane Sandy; 150 volunteers for Urban Shield exercise with many from other units Topsfield: Hurricane Sandy shelter opened in Newbury but no deployment; flu clinic at event on Saturday North Shore Cape Ann: Volunteer handbook; activation and request protocol; Hurricane Sandy shelter opened at Lynn Classical High School Hampshire County: Seasonal flu clinics; Hurricane Sandy shelter in Northampton with 26 people at peak; hurricane preparedness training with Glen Fields of National Weather Service; ICS and personal preparedness training.

Note: I can't always make these meetings because of my work schedule and family obligations. Many of these meetings are telephone conference calls. If you would like to either sit in on the meetings to take notes or contribute as a representative of this MRC unit, I will gladly forward to you the email notices. Either email me at wachusettmrc@juno.com or leave a message at 978-928-3834. And thank you!! Remember, this is a member run unit and all are welcome to contribute in any way they can, large or small. judie



Instructions

This tool has been tested with and co-created by public health professionals and the populations it is designed to help, including:

- People who have cognitive disabilities
- People who are deaf or hard of hearing
- People who have limited English proficiency
- Anyone who may struggle to communicate verbally during an emergency

Tips to help you use this tool:

- ✓ Speak clearly and slowly.
- ✓ Look directly at the person when asking questions or giving instructions.
- ✓ Give directions one step at a time. Check for understanding after each step.
- ✓ Give the person time to respond to questions or instructions.
- ✓ Use hand gestures (movements) to help communicate.

Remember, good communication is key to helping people feel safe and calm during an emergency.

ANNOUNCEMENTS

We are going to be offering a series of speakers this spring and our first speaker is Ms. Wendy Pease. I get occasional "advertising" from her and it always entertaining. She comes recommended by way of other MRC leaders and so you are invited to join other volunteers for a dinner and speaker on **February 6th. Dinner at 5:30 to 6:30pm with guest speaker following.** Please respond to this email or call 978-928-3834 to register. Please respond by February 1. The program will be at the Chocksett Inn in Sterling on Rt 12. Please feel free to invite a friend or a CERT member with a hope that they will join you as a volunteer in the Medical Reserve Corps.

Wendy Pease is the Executive Director of Rapport International, LLC a full-service translation and interpretation company based in metro-west Boston, Massachusetts. The company offers foreign language translation and interpretation services in over 100 languages. Ms. Pease is also an expert on diversity training and international marketing communications. Ms. Pease has an MBA from the Amos Tuck School at Dartmouth College and a BA from the Pennsylvania State University in Foreign Service and a minor in Business Administration. She has lived abroad in Mexico, Taiwan and the Philippines. Ms. Pease is regularly published with articles on exporting and multilingual work forces. She also speaks on global communications, translation, interpretation and cultural considerations. As Executive Director of Rapport International, this position is the culmination of all her prior experience. Ms. Pease majored in foreign service and spent years living abroad. Ms. Pease recognizes that she loves connecting people through networks and has a fondness for languages and cultures. She is passionate about her work and enjoys figuring out with clients the best ways to handle the translation process to ensure the highest quality project.

With the advent of an early flu season, some of the teachers and school nurse are open to opportunities to teach children ways to stay healthy. We have a program called WHACK the Flu and it is a lot of fun. If you have a child in school and would like to bring this short puppet program to your child's

**classroom, then join us at the NU-Café on January 21 at 6:30pm. The program will be explained, scripts will be available (although once you understand the program, you don't need it, adlibbing is encouraged) and puppets will be introduced. When we first started this, we were determined to do it right by following the script. About 2 minutes in, the script was gone and the agenda was all we had left. We followed the children. So please join us at the NU Cafe
486 Chestnut St,
Gardner, Massachusetts 01440
Tel: (978) 630-1555**

Can't come? Contact us at 978-928-3834 or email wachusettmrc@juno.com and we will come to you.

Expansion:

We have expanded our program to include 22 towns of North Worcester County. Needless to say this means we need a more formal structure to continue to build a quality organization. We have been growing and adding a little bit each year and I acknowledge that this has been at a tortoise pace. This has worked for our group allowing volunteers, including myself, to work around work schedules and family obligations. We have remained small at about 150-175 members and another 100 or so on our mailing list. Now we just doubled in numbers and so we need to become more formal. How can you help?

- We are a member run organization. So please let me know what you have seen or been part of that you think will work for a volunteer group. Every idea is valid and will be evaluated to see if it will fit the mission of the MRC.
- Looking for Community Liaisons. This would be a person who would stay in touch with the Board of Health, school nurse and other agencies of the community. We have tried this in a few communities and it works well as an extra support to the community. It is a behind the scenes but valuable activity and time obligation is minimal.
- **We will have an open meeting on February 21 at 7pm at the Hubbardston Senior Center on Main Street.** All are invited and we hope to see you there!! Will review where we have been and plan for where we want to go. Thanks!! judie



**WACHUSETT
MEDICAL RESERVE
CORPS**

PO Box 555
Hubbardston, MA 01452

Tel: 978-928-3834

E-mail:

wachusettmrc@juno.com

Website:

www.wachusettmrc.org



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

Margaret Mead



RECIPES FOR DISASTER

Remember the ice storm of December 2008? What would you make for dinner if an emergency knocked out power in your home for multiple days? What is in your emergency stockpile? A couple of ideas:

Curried Chicken and Artichoke Salad

Serves 4 Ingredients:

1 can (10 oz) chunk white-meat chicken, drained
1 jar (6 oz) marinated artichoke hearts, drained and chopped
1/2 cup raisins
1 tablespoon olive oil
1 tablespoon rice vinegar
1 teaspoon curry powder
1/4 teaspoon garlic powder

Directions

Toss chicken, artichoke hearts and raisins in a medium bowl.
Separately blend oil, vinegar, curry powder and garlic powder and gently stir into chicken mixture. Serve right away.

Troubled Times Trifle

Serves 8 Ingredients:

1 (16 oz) box of milk (or milk powder pouch reconstituted with bottled water to make 2 cups)
1 box instant vanilla pudding
1 box plain vanilla cookies or animal crackers (there will be some left)
1 can raspberry pie filling
1 small can mandarin oranges (drain liquid into a cup and enjoy it as a sweet beverage)
1/2 cup slivered almonds (optional)

Directions: In a 3-cup container with a tight fitting lid, combine milk and instant pudding, shaking the container for about 3 minutes, or until the pudding is thickened.

Layer the ingredients in this order: crumbled cookies, pudding, pie filling, rest of the pudding, mandarin oranges
Optional slivered almonds