THE NEWSLETTER

WACHUSETT MEDICAL RESERVE CORPS

SPECIAL EDITION
INTERNATIONAL DISASTER
CONFERENCE AND EXPOSITION
NEW ORLEANS JANUARY 2014

This special edition are the notes that were taken while at a conference in New Orleans January 7-10, 2014 by myself and my husband, Dennis. I hope that you find a little something in each article that may be promoted in your community. Remember the community that is healthy and is prepared for an emergency/disaster event is a resilient community. Thank you, Judie

8 Point Checklist for Communities

Every $1.00 spent on preparedness saves 7 lives.

1% of emergency/disaster funding is spent on preparedness. This leads to greater cost for recovery and people who may need assistance are missed because of uneven distribution of resources. Individuals, families and communities have a natural resilience and we need to build on this.

Community Leadership

This doesn't necessarily start with those in political office. Community groups can use PR activities, discussion groups and other events to build awareness. Community awareness can have an influence on leadership bringing in new ideas or changes.

Critical Infrastructure

Know your vulnerabilities. Think beyond roads and buildings. Railway coming through town? Chemical hazard potentials?

On an individual level, look around. Besides potential structural damage in a storm, what other potential problems could you encounter in and around your home?

Healthcare

Public Health agencies are key. Not just the Boards of Health and VNA but your other groups too. Social Health, Mental Health and Spiritual Health. Where are your resources to address these needs?

Hospitals are often underutilized. They have resources that may serve the community well during an emergency.

Services for the vulnerable populations: Mental health, seniors, those with language barriers. How can their needs be met?

Schools

Build community resiliency through the children. This can be part of

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In this issue:

* **Our mission is to be dedicated to establish teams of local medical and public health professionals and lay volunteers to contribute their skills and expertise throughout the year as well as during times of community need.**

their Social Studies curriculum or political science courses on the upper levels. What makes our community unique and how can we make it stronger especially in the face of an emergency? Children teach adults very well as they bring the message home to their families and neighborhood friends.

Communication

How do we respond? Give the right message in the right way. Using different media in an effective way.

People

Build resiliency through businesses. Use them to reach into the community

Use high school/college students needing community hours for smaller special events

Greet your neighbor campaign helps neighbors identify the vulnerable or build neighborhood friendships that may help in an emergency

Vulnerable Populations

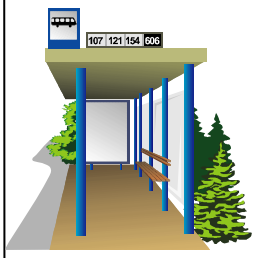
Take some time to meet and greet these populations. Ask them what is important to you if you found yourself in emergency/disaster situation?

Community Based Response and Recovery

Are we empowering the people of the community? Lots of money being spent on equipment, training professionals and developing protocols and plans but are the people of the community empowered? Have they been given the information and tools to build resiliency to respond and recover?

Sheltering

It is the government that is legally responsible for sheltering in a disaster but the challenge is providing sheltering within some reasonable cost control and having adequate available resources.



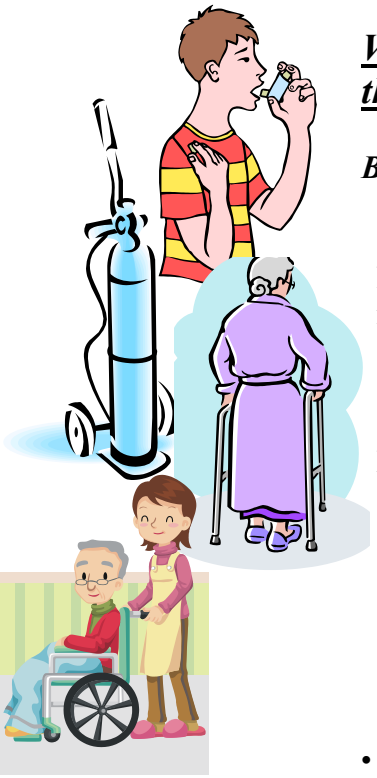
The government cannot delegate to Red Cross and Salvation Army. These services are in partnership through agreements. Additionally, the public is going to evaluate and grade government response on perception with or without factual information.

Governments should develop standards, codes and/or criteria/ thresholds for opening shelters based on populations and potential hazards i.e. a fire in a housing complex or high rise for seniors to wide spread ice storm. Shelters operate under guidelines found in ESF-6 and ESF-8. The National Mass Casualty Strategy offers an outline for planning and addressing sheltering issues.

Shelters should be planned around population needs. Elder care, long term care, children and mental health are a few populations that may need additional planning. Should you add a health information release to assist with medications or healthcare needs? What about triage for mental health or health care needs? Follow up care may need case management for placement or determining follow up needs. And how do you get other districts to accept people, families that have

needs that your present jurisdiction may not be able to meet.

Cities are often blessed with access to professional planners who are familiar with process and procedure for developing shelter guidelines but there still remains the responsibility of coalitions of departments, agencies and volunteer organizations to review that they truly know and meet their populations and their needs in their planning. Smaller towns need to consider a coordinator to plan, recruit, train and operate their shelters. This may be a less formal approach but the concept is the same, looking at your population and anticipating their needs based on different potential scenarios.



Vulnerable Population-Helping those with Respiratory Issues

Breathing is not optional!

Crucial to have a plan when you have a respiratory condition or illness requiring treatment support i.e. oxygen support or nebulizer needs.

Help the vulnerable to build a kit. The kit should include the following items and kept by the door for that one what if event:

- Scripts for supplies/medications. Reviewed and renewed as need. If unable to have equipment or medications available, these scripts may be time and life savers for treatments.
- Documentation of Care. This may be part of an instructional notebook which can be as simple or as elaborate as needed regarding history of illness, equipment and medication needs, and treatment routines.
- Have duplicate supplies packed in a Go Kit to offset mechanical/electrical failures or contamination issues. Don't forget to include extra batteries, plugs, distilled water, CPAP supplies. Extra nebulizer etc.
- Plan for potential environments-travel, health institutions, hotel and sheltering.
- Anticipate potential problems-infection/contamination issues, loss of electricity, and loss of supplies.

www.Nopersonleftbehind.org

Evacuation Plan for the Vulnerable

Suggest a tiered plan based on different scenarios. For example a fire may mean evacuation under a plan that offers control and minimal disruption for supplies while a tornado event will bring not only loss of home and personal supplies but a disruption to replace those supplies.

Suggest development of different ICS charts for these different scenarios. Color coded if possible for quick reference. Job action sheets

Suggest having a Materials Box with some start up supplies.

Suggest having a Guidebook that may help those who may become instant care givers. Just – in –Time training booklets.

Plan for potential challenges:
Language barriers
Access to healthcare support
Where are like organizations that can assist for shelter/care
Medications/supplies
Transportation i.e. wheelchair transport
Triage needs
Family contacts

Other: Coordinate for animal care. (May want to consider prisons for animal care)
If evacuation is a need, may want to start with long term care facilities first, then move into neighborhoods.

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A PERSONAL PERSPECTIVE

By Dennis O'Donnell, Treasurer
Wachusett MRC

Over the thirty plus years I have attended a number of professional conferences for business, for government and for volunteer work. I always had two goals: 1) To learn something new; 2) Validation of how I and/or the entity I was representing were doing things. The 2013 International Disaster Conference and Exposition (IDCE) in New Orleans did not disappoint.

A common thread at this conference: Plan, Prepare, Execute. To be honest, planning and preparing are not exciting things to do. And we hope we never have to execute. But planning and preparing are needed if we ever have to execute. For those who have been in a disaster, you know that no event is ever text book. Flexibility is key. Therefore you have, or will at some time in the future, fully appreciate one of the mottos of the U.S. Marine Corps:

" Improvise, Adapt, Overcome".

The new things that I learned were mostly technology based. The array of software and hardware solutions continues to grow and can prove to be invaluable. (But for those of us who lived through the Ice Storm of 2008, we know technology can be humbled by Mother Nature.) One seminar I attended reviewed how a staple of every community, the public library, could and did become a lifeline in the aftermath of Hurricane Sandy. Librarians in effect became 'second responders' as they opened their buildings to become warming centers, provide charging stations, access to the Internet, a meeting point for families, a central point to disseminate information from emergency agencies. I no longer look at my local library as a repository of information, but as an important resource that should be included in our local community emergency plan.

Validation comes when you hear presenters give recommendations and examples of how you can carry out your mission, and you find that you have already implemented many of them. Reoccurring themes on public outreach sent the same message: Engage people at as many levels as you can and in as many venues that you can. Wachusett MRC has from the start delivered the emergency planning message of self-preparation in order to protect yourself, your family, your neighbors, your community. On health issues we have made presentations to schools, churches, scouts, community and senior citizen groups. We provide training and educational materials to our members and community partners whenever we can. Our volunteers have been greatly appreciated by all those they have come in contact with.

I came away from the conference with new knowledge and new ideas. The strides made over the past ten years have been tremendous. But as noted at several workshops I attended, we cannot become complacent. There will always be new things to learn, knowledge to be shared, events to respond to.

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MASS CASUALTY

Planning for the Unthinkable-Mass Casualties and Fatalities

Plan A will cover 90% but it's the last 10% you need extra plans for in the form of plan B, C etc.

Mass fatality can quickly overwhelm any plan. Large numbers of fatalities can come from natural events such as was seen in Haiti or recently in the Philippines, or from human events such as a plane crash or act of terrorism, or from public health events such as a pandemic. Variables that will have an influence on the response and its success includes the cause, size of debris field, pollution issues, and types of populations affected.

In a mass fatality event, recovery is about working for the families. And being aware of societal and cultural norms while working with the families. In North America, often times the expectations of the public are for an immediate, effective and timely response. Bodies are expected to be treated with care and dignity as if the person were still present and alive and then released to the families for services. In North America there is a great deal of diversity of belief and burial practices. In a mass fatality incident these burial practices may need to be suspended and expectations i.e. cause of death, may not happen. Additionally these expectations may also be challenged when rumors and misinformation generated from fragments of information, often distributed by the media as fact without confirmation, circulate through communities as in Joplin when it was rumored that there was a 'secret morgue' set up by the government to keep the bodies of loved ones from families during the recovery. The truth was that it takes time to identify and then to certify release is to the appropriate funeral homes per family wishes, there was never any government secret morgue. An example of cultural expectations influencing plans of recovery was in Haiti where thousands will never be identified because belief is that if bodies are not buried immediately, their souls will wander to haunt the living. Thousands of bodies were dumped unceremoniously and buried in mass graves without any identification so families are left with assumptions. A societal expectation example was in Japan where cremation is the normal expectation, but after the earthquake the resources were not available for this so the bodies were identified as was humanly possible at the time and tagged with a number for a temporary grave. Prayers and supervision were provided for the dead by the Buddhist priests. This was done with reverence and care to meet expectations of the families. Presently families are now taking the time for services and cremation but in one city the bodies were buried in a trash dump site as a cemetery. The reality is that some of these bodies will never be removed from their temporary grave.

Planning and training by entities such as police, fire and EMS is geared toward High Probability/High Consequence events but it is the Low Probability/High Consequence event that will quickly overwhelm the best plans. Expectations are not going to be Reality.

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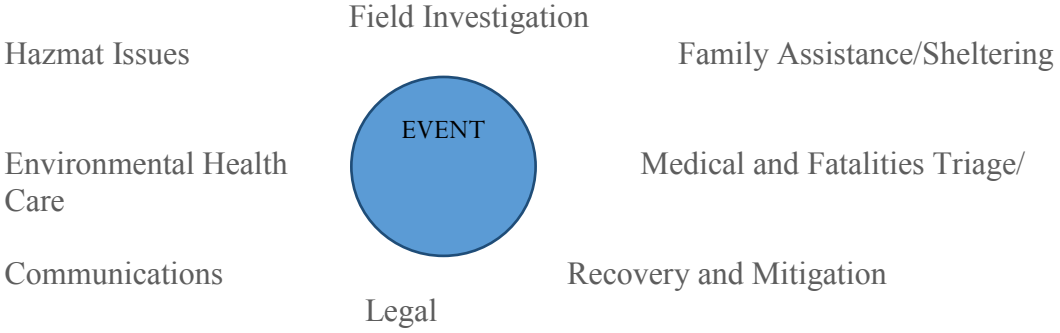
Standard of Care	Death
Conventional- Daily and Expected	Dignity and Respect of the body Refrigerated storage Family services
Contingency- Out of sync with norms Triage/Priorities	Surge Capacity teams ?Non refrigerated storage Family wishes may be sec. to public health
Crisis- Norms are suspended and alternate plans are put in place.	No exams/no autopsy Limitations on possible identification of remains Temporary or mass internment

U.S. planning using ESF-8 scenarios is based on Conventional and Contingency planning for up to 5,000 fatalities. But in the wake of recent hurricane, tornado, tsunami and earthquake events, Crisis planning is needed for anywhere from 10,000 to a million deaths.

In planning for recovery, task force concept works well using government support agencies, public sector agencies, public health agencies, and other disaster support groups. Groups may be decontamination, field investigation, licensure (medical), tracking, etc. Tasks may include contracting with vendors, transportation, developing memorandums of understanding, descendant care, tracking and identification etc.

Recovery capabilities is dependent on capability to assemble and then utilize resources but understand that each resource has its limitations. This was seen in Hurricane Katrina where the National Guard was an asset but for them to search a home either the police or fire department had to open up the house for them. The National Guard could not do this.

When the plan is written, try to get it into some chart form as in the midst of a disaster, do you really have time to read through 20 pages of information however good it may be?



A spider web form for expansion of ideas may be a good way to encourage ideas and discussions when developing a plan. Start with 8 legs and keep growing the web of ideas from each of the legs.

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Emergency Preparedness

Planning for Events beyond your Capacity-

A gasoline tanker slides on an icy road and slams into a school bus that is full having picked up the last child on its route. There is a fire and the driver of the truck and 50 children are burned. Some of the children are critical with 3rd degree burns. Does your community have the resources to handle this event? Do you have enough burn care beds or have access to other burn care beds?

Burn care is complicated, long term and expensive. Care for a burn victim requires several disciplines from triage and assessments to physical therapy and mental health. Coalitions need to be formed to address the potential issues as no community can handle this type of emergency alone. These groups should include hospitals, VNAs, pharmacies, EMS services and rehabilitation facilities to name a few.

Steps to the plan:

Educate yourself-What are all of the potential issues in responding, treating, and follow up care.

Plan-Define the problems, List the assumptions, Create core definitions and core concepts, Plan for the concepts and set up test scenarios.

Test and evaluate-Expect that with each revision the task force will add new groups and members

Some of the tasks:

Developing an information system as some patients will be triaged to a burn center, others will be treated at a trauma center and still others will be treated on the community level inpatient or outpatient. Tracking and sharing information makes for better patient care and provides families with information as well. Database need not be complicated or expensive. Explore Microsoft Shareware for database that can be tailored to what the coalition needs for resource availability, tracking patients and for family information. Think about medical forms to be uniform from one facility to the next so information is not lost or incorrect as patients are placed for care or are transitioned from facility to facility.

Understand that a hospital is generally only capable of ramping up for burn care 1 1\2 times what they already have designated for burn care. For most hospitals this is small numbers which means for a major incident there needs to be an ability to expand the plan quickly and efficiently. Who and where are other resources? Who are your target groups that can help in such an event and develop job descriptions designed to the skill sets needed.

Work to have mutual aid or MOUs in place from a number of different agencies as the care and follow -up will require a broad group that can provide a wide range of services. Everyone has a role. Who is everyone? Plan that the incident will be a three day event. Plan to offer trainings in response to such an event and for the care of the patient. Brochures or Just in Time booklets available to staff and others who may be involved on immediate or follow up care.

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Public Health Focus

Planning for Pandemic- Review of lessons learned with SARS

Usually a pandemic occurs about every 30-40 years, sometimes weakly and sometimes with great force. Plans should include epidemic planning and pandemic planning. Pandemic planning should also plan for quarantine scenarios.

Emerging diseases, especially those without a history, have potential to become an epidemic quickly. H1N1 demonstrated that these new diseases can start anywhere and spread very quickly. 400,000 hospitalizations and 18,000 deaths. SARS demonstrated that even when plans are there for large scale populations affected by an illness, these plans need to be adapted and revised to the situation continually through the event. SARS involved 30 countries, 8000 cases, 174 deaths at its end. Some of the newer viruses carry a high death. MERS Co-V that is present in Saudi Arabia carries an almost 50% fatalities rate because presently there is no treatment except supportive care.

SARS challenges-Toronto

Many of the researchers who worked on the identification of the disease died of the illness before a way was found to contain it.

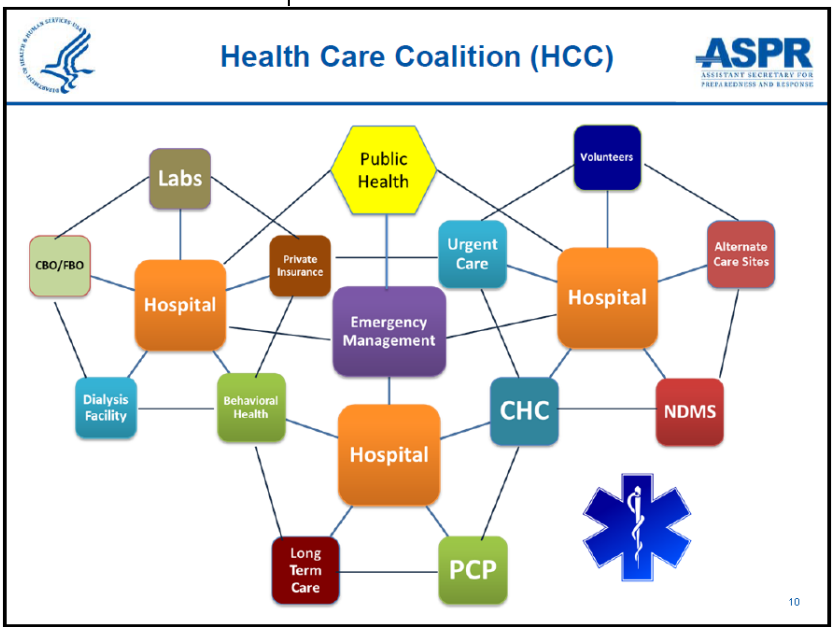
Potential pandemic, staff refused to work because they felt the risk of exposure was too great and they did not want to bring it back to their families. Health workers were the most vulnerable.

180 were quarantined and this meant to their bedroom only. This meant case management, delivery of groceries and other supplies and mental health services. Quarantine was for 10 days.

Education and debunking rumors was crucial and constant. Getting the message delivered in the right way in the most effective and efficient way. Telehealth and 800 numbers were helpful.

Economic impact was huge. 20,000 jobs lost. $500 million in lost revenue to the city of Toronto and its businesses.

Case management was a must as the care continued at home or in rehab facilities for days and weeks after.



OTHER INFORMATION

Miscellaneous

Planning for potential hazards or events may be supplemented by the use of a database capable tracking data, mapping data and outlining potential expansion of an incident.

The benefits of a data/mapping program is that the event can be tracked for immediate and expanding impact on environment and people, the system can store data on clusters of emergency calls or languages that may impact a disaster or public health pre and post disaster and will help to provide data that may impact evacuation and sheltering decisions. Most databases that are presently available do not address smaller community needs, are complex, and expensive.

There is a database known as IMPACT that is free to any government or nonprofit involved with disaster response. The program/ application is available from ***www,leexpore.ieee.org.***

The platform can provide Imagery –USGS maps from all over the United States.

Not complicated-Non GIS professionals can easily use the system.

Allows for editing data and generating reports.

Can run on a PC or a tablet. Stand alone operation in the field.

Allows for local data and local map making for response groups.

Download the maps/data you need instead of a full database of information not needed or wanted.

Announcements

Please check the website and your email for periodic updates. Have an idea or saw something that you would like to share, call or email. Would love to hear about it.

Think of the positive effect 400 volunteers could have with 400 ideas!!

SAVE THE DATE!

February 27 Gardner Chamber of Commerce (above the Bank of America downtown) 6pm-9pm Training by CMDART for caring animals in disasters. **This does require pre-registration so please call 978-928-3834 and leave your name. See Web site for details Www.wachusettmrc.org**
And power point presentation from the IDCE conference on Decontamination of Animals. Excellent presentation that both of us missed due to its popularity and limited enrollment for the program.

In planning: March 20 at the King Phillips Restaurant, Phillipston

April 12, 2014 Wachusett Mountain, Mountain Rd, Princeton, MA
Triage in a Disaster Scenario
Program on triage during a disaster. The triage concepts and response is different during a disaster sometimes with tough-decisions. Program will also include hands on practice activities. CEUs are available. **No cost 9-2pm**

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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

«First Name» «Last Name»

«Home Address»

«City» «State» «Zip»

Incident Management Preparedness Coordination Toolkit

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Daily Use Suggestions

Weather

Traffic

Asset/personnel tracking

Hazard monitoring (earthquakes, wildfires, accidents, etc.)

Power outages

Webcams

GIS for Response

Situational awareness

Collecting damage information

Tracking assets/personnel

Publish/Subscribe for common operating picture

After-action reports

OAK RIDGE National Laboratory